

A short piece on my perspectives on psychotherapeutic theory and practice, Aaron Balick, PhD

Without the appropriate theory, one cannot develop the practice that is necessary to treat people seeking psychotherapeutic interventions. There are a wide variety of theories informing the plurality of talking therapies on the scene. While my theory is broadly “integrative” -- it is bound in some very specific discourses that I have chosen to include in my practice. I have made these choices through my own experience by identifying what “rings true” in the way that I perceive the human psyche, and what “works” with regard to effective psychotherapy practice.

The concept of *integration* works on a number of different levels: theory, practice, and the human psyche.

THEORY: Integrative psychotherapy is an inclusive model of psychotherapy that acknowledges that there are many perspectives on human psychology and that each of these has various strengths and weaknesses. While many practitioners may choose to adhere to one model, regardless of which their client is, I have found that this doesn’t work. I have selected from among the most tried and tested theories and amalgamated my own integration of theory and practice. The main theories I utilise are listed and described below.

PRACTICE: Each different theoretical model which has different ways of practicing (for example, cognitive behavioural models may offer techniques, “tricks,” or “homework” while psychoanalytic models offer deep exploration of the unconscious) -- these practices don’t need to be mutually exclusive. I have found that some practices work better with some individuals than others: additionally some methods work better with certain problems than others (e.g. CBT works very effectively for some forms of anxiety, while Relational Psychoanalysis can work very well to work through more deeply rooted relational difficulties). It is my role to work with individual clients to come to the model of practice that best works with their personality.

THE HUMAN PSYCHE: Different models also have their own ideas about what makes up the human mind. While I am most lead by contemporary psychoanalytic models of mind -- I am also “integrative” in my approach to this. That means that I am led by an overall aim to enable clients to better integrate various aspects of themselves to better enable to them to live in the world in a more conscious, coherent and holistic way.

When providing integrative therapy to my client, it is crucial to learn about them: his or her needs, desires, strengths and weaknesses, personality profile: aims and goals. By learning from the client first, I am better placed to decide with my client's consistent input how best to move forward. I prefer to work in a collegiate way -- that means that the client's needs are something that the two of us aim to address together. While this forms the basis of my work, I can at times, if appropriate, be both active and directive.

I am guided by working models. The aim of having working models is to guide the work with clients -- not to obscure the client's needs behind an arbitrary theory. The theories mentioned below come from a long history of various traditions within psychotherapy. There are hundreds of such models, and the main models I use are these:

PSYCHOANALYSIS: Though my clinical training was “integrative” -- I have always been drawn to psychoanalysis (particularly its contemporary iterations), and not only decided to pursue my PhD in psychoanalysis, but to go on to become an academic at the internationally recognised Centre for Psychoanalytic Studies at the University of Essex. Psychoanalysis is a subtle and complex set of theories that are both fascinating and controversial: it is in constant flux.

Psychoanalytic psychotherapy is concerned with the client's personal history and how it affects the way they are in the present; this is the “classic” psychotherapy most people are familiar with. Psychoanalytic theory draws a lot from Freud and Jung (Jungian analysis is often alternatively called Analytic Psychology), and more contemporary theories like relational psychoanalysis, attachment theory, and object relations. Each of these schools has their own complex meanings and backgrounds -- but they are primarily interested in how early relationships affect current ones. I am a founding member and executive vice-chair of The Relational School, part of the UK chapter of the International Association for Relational Psychoanalysis and Psychotherapy (IARPP), a contemporary form of psychotherapy and analysis that sees relating as one of the human's primary drives (and primary difficulties). I am very active in the field of Relational Psychoanalysis in the UK and abroad: it is at the centre of much of my writing and academic work.

The goal of this sort of therapy is to look at and come to understand some patterns that you might unconsciously be repeating in your life. This may be the way you do relationships, the way you think or worry about things, or simply events in your life that seem to happen over and over again that make you unhappy. By becoming conscious of these patterns, you can begin to take control of them and be in a position to make better choices. This part of the

process is "analytic" where the focus is on interpreting and understanding experience. Most people who avail themselves to psychoanalytic therapy will do so for longer periods of time, as this sort of therapy requires a good deal of time and commitment to get to the bottom of unconscious material. Psychoanalytic therapy is often utilised for:

Understanding yourself

Learning to understand and come to terms with your past.

Working out why you make the decisions that you do.

Understanding unhealthy patterns that you repeat in your life.

Deeply understanding your earlier relationships and working through how they affect your current ones.

Finding meaning in your life

Working through your sense of your own identity in a general sense, as well as your notions of your sexual identity and sexual self.

Discovering deeper aspects of yourself and your potentials that you may not have previously been aware of.

While understanding is certainly a good step -- it doesn't end there. While the past may be important, I'm cognisant of the fact that we live in the present -- and that's central to my work.

COGNITIVE / BEHAVIOURAL: While psychoanalytic work can be very effective for deep-set patterns, long-term change, and learning more about yourself, it can be a relief to know, too, that some very simple things can be done to relieve anxiety, build self-esteem, and work with some issues around depression. Cognitive behavioural therapy (CBT) is most interested in working with your thoughts, and how your sometimes-irrational thoughts will affect your behaviour, and then certain outcomes in your life. By working directly with your thoughts, and sometimes asking you to 'try things out' at home, we can begin to make serious inroads into some difficult areas. CBT is often most useful for individuals who are practically minded and looking for solutions to particular problems or "symptoms" such as fear of public speaking, social anxiety disorder, or anxiety attacks. I find it works best when allied with the other theories mentioned here so the treatment is more comprehensive. CBT is most frequently utilised for:

Fears, anxieties and phobias.

Obsessive/compulsive disorders.

Re-evaluating how negative thinking gets in your way.

Can be used (alongside other treatments) to alleviate depression.

Can be used to motivate.

HUMANISTIC OR CLIENT CENTRED: Humanistic work developed out of a response to psychoanalytic and cognitive work that not only put the therapist consistently in the “expert” position in relation to their patients, but also tended to look at individuals as “sick” or “pathological,” using a medical model to cure their ills. This often resulted in patients feeling like they did not have a great deal of power or participation in the work -- sometimes making them feel worse in therapy than they did before.

Humanistic psychology developed through thinkers like Abraham Maslow and Carl Rogers who understood that the treatment should be aimed at the whole person instead of just their “illness”. Rogers developed a “client centred” whereby the therapist is led by the client rather than thinking that the therapist knows better and has all the answers. Humanistic psychology also acknowledges that people are largely “self healing” and that they make the best choices they can give the current situation and the resources available to them. Because of this, the humanistic therapist is much more interested in making space for the client to find their own answers rather than foisting answers upon them from a know-it-all position.

Humanistic psychology has launched off a great deal offshoots including client centred therapy, Gestalt, existential, psych synthesis, and other approaches. While many practitioners identify as humanistic therapists, I find it most helpful to adopt the humanistic position as an attitude rather than a practice. I see no reason why a humanistic approach cannot be partnered with any of the approaches mentioned in these pages -- one simply takes humanistic tenets like unconditional positive regard, congruence, genuineness, authenticity, and honesty and applies them to the theory or practice of their choice. Humanistic psychology is seen to provide individuals with:

Support and containment

Space and room to explore one’s own process

Self-actualisation

A non-judgemental environment to “become” and explore who you are.

OTHER INFLUENCES

I have recently been most influenced by the relational movement (mentioned above under psychodynamic) and by the developments in the work of Carl Jung. You may know that Jung, after breaking with Freud, created another view of the psyche after 1912 creating what he called “analytical psychology” or others refer to as Jungian Psychoanalysis.

Out of his many concepts, I am most interested in his concept of individuation. Individuation is a term that understands that human experience is more than just getting through the day; it’s also about becoming authentically who we are. There are lots of blocks to individuation, and the therapeutic goal here is to identify what we need to become, and to learn how to work with our blocks in that direction. Much work has been done in contemporary Jungian studies that have built upon Jung’s earlier thoughts (just as contemporary relational theory has built upon Freud’s thoughts). Though I am not a Jungian, I carried out my doctoral research at the Centre for Psychoanalytic Studies under a Jungian supervisor and have participated in conferences related to Jungian approaches.

COACHING AND CONSULTATION

Many therapists would attest to a difficult relationship between the worlds of coaching and psychotherapy. That’s because while these are allied fields, their approaches are very different. For example, coaches tend to have a much more direct approach, their boundaries are very different, and their style of working is also very different. Instead of seeing this as a problem, I see this as an opportunity -- the two fields have much that they could learn from each other. Whereas coaching is frequently seen as being too “practical,” therapy is often seen as being too impractical, and at times even uselessly abstract.

In my own practice I try to integrate the best of both worlds -- while this isn’t always possible, it does offer interesting alternative ways of working. Though I am foremost and primarily a psychotherapist (this is where the vast degree of my training and experience lies), I have consistently been interested in coaching and have used its insights. Sometimes, though not always, it is appropriate to use some coaching insights in my work as a therapist.

Most recently I have been using this integration to supervise coaches themselves with my own psychotherapeutic insights. Further, I have developed trainings for coaches who are interested in what psychotherapy may be able to offer their own practice. I also offer a consultation service, which aims to taking a primarily active coaching approach while utilising the best of what



psychotherapy has to offer. These services are “made to order” so it is best to contact me to explore any ideas you might have in this area.