

Helping Our Clients Achieve a Sense of Okay-ness

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The topic I want to talk briefly with you about this evening is helping our clients achieve a sense of okay-ness. I believe that is vital in order to assist them in becoming autonomous individuals. My experience, however, is that it is becoming increasingly difficult these days to do so, primarily because of the current myths that are being propagated in our society – namely that there is a biological cause for many emotional problems and that the individual is at the mercy of a genetic defect or chemical imbalance in their brain. In fact, many people are being told that they have a biological condition and will have to stay on medication for the rest of their lives. Increasingly, people are being viewed once again as defective rather than okay.

What Eric Berne helped us see was the importance of assisting people in experiencing their okay-ness in order to free their energy for change. What he termed Rackets are now being elevated to the position of serious conditions and reinforced by being heavily stroked, which only reinforces the sense that people can't change. Bob Goulding used to point out that all clients see themselves as victims when they first come in for therapy and our job is to get them out of the victim position into a position of autonomy. Unfortunately so much of what is being espoused these days is reinforcing their victim position. So part of what I want to do this evening is to debunk some of these myths and emphasize the importance of knowing that people are okay and helping them get in touch with their okay-ness in order to re-claim their autonomy, and take charge of their lives.

First, I want to make it clear that I am not against the use of medication. I think the medications we have today are remarkable and an extremely helpful adjunct to psychotherapy. In some cases medication is essential to the person's recovery. Often the best course of treatment is a combination of psychotherapy. What I am against is the misuse of medication and people being given inaccurate information to justify drug sales as though the condition was totally biological and medication was the only solution. Unfortunately too many decisions in our society are being determined currently by economics rather than ethical principles. I am reminded of the tobacco companies a few years back presenting research to prove that smoking is not harmful to one's health.

A complicating factor in dealing with this issue, as John Ioannidis, an epidemiologist at the University of Ioannina School of Medicine in Greece points out, is that most published scientific research papers are inaccurate. According to a new analysis he has conducted, problems with experimental and statistical methods mean that there is less than a 50% chance that the results of any randomly chosen scientific paper are true.

He says that small sample sizes, poor study design, researcher bias, and selective reporting and other problems combine to make most research findings false. But

even large, well-designed studies are not always right, meaning that scientists and the public have to be wary of reported findings. (Most scientists know this. The problem is that the general public does not.)

He goes on to say, "We should accept that most research findings will be refuted. Some will be replicated and validated. The replication process is more important than the first discovery."

Traditionally a study is said to be "statistically significant" if the odds are only 1 in 20 that the result could be pure chance. But in a complicated field where there are many potential hypotheses to sift through - such as whether a particular gene influences a particular disease - it is easy to reach false conclusions using this standard. If you test 20 false hypotheses, one of them is likely to show up as true, on average.

Odds get even worse for studies that are too small, studies that find small effects (for example, a drug that works for only 10% of patients), or studies where the protocol and endpoints are poorly defined, allowing researchers to massage their conclusions after the fact.

Not so surprising, Ioannidis says another predictor of false findings is if a field is "hot", with many teams feeling pressure to beat the others to statistically significant findings.

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Given Ioannidis's cautions, there are two important resources I would suggest that you take a look at for correcting many of the current myths which purport to be based on research. One is the website, www.talkingcure.com which is managed by two clinical psychologists: Scott D. Miller, Ph.D. and Barry L. Duncan, Psy.D. Miller, Duncan, and their colleagues continually review the literature and report the latest research on what works in psychotherapy and what does not, and also expose the current myths that are not true.

One of the people they have cited recently is Jason Seidels, who in his doctoral dissertation at the University of Denver, 1998, concluded after an extensive review of the literature that the "empirical evidence disconfirms the biopsychiatric ontology of mental disorders." He further reports that:

The NIMH Genetics Workgroup recently published a 94-page report on the state of the art in mental health genetics research (GW-NIMH, 1997). The report contains 468 scientific references, and includes summaries of the molecular genetics research of such disorders as schizophrenia and bipolar affective disorder, two mental disorders whose genetic basis is commonly presumed to be an established fact rather than a hypothesis. Yet the NIMH Genetics Workgroup found that the molecular genetic evidence is weak or "suggestive" at best for bipolar affective disorder. The same

general finding held true for schizophrenia as well, which, like bipolar affective disorder, has been the subject of many molecular genetics studies.

A second resource that I would suggest that you take a look at is the work of Ty Colbert, Ph.D., especially his books, *Broken Brains or Wounded Hearts: What Causes Mental Illness* (Kevco, 1999), *Blaming Our Genes: Why Mental Illness Can't Be Inherited* (Kevco, 2001), and *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry has Failed its Patients* (Kevco, 2001). Colbert is a clinical psychologist who has done an extensive review of the literature on the attempt to find a genetic cause for mental disorders.

Colbert points out that despite the continued assertions by the biopsychiatric community, the evidence overwhelmingly indicates that there is no basis for the Inheritance-Genetic model of mental illness. He writes, "Even though it is assumed by many that such disorders as schizophrenia, mania, depression, OCD, and ADHD are biological in origin and possibly inherited, no biological abnormality for any disorder has ever been established" (Colbert, 2001). Even the American Psychiatric Association's DSM-IV declares that "no laboratory findings have been identified that are diagnostic of Schizophrenia" (p.280). Colbert further notes four key points that support the evidence against the Inheritance-Genetic model:

1. Inheritance studies used to support the Inheritance-Genetic model were first developed to give credence to the growing eugenics or Social Darwinism movement that was gaining momentum in the early part of the 20th century. In other words, those who believed that certain races and/or groups of people were superior to others needed a body of "scientific" evidence to support such a belief and to be able to determine who should breed and should not. Faulty inheritance studies eventually led to the sterilization (in this country) and murder (in Germany) of thousands of people labeled as mentally ill. Eventually, this purging of defective human beings evolved into the Holocaust (with the extermination of millions of Jews). Thus, there was an "inherited defective" agenda that influenced the development of the I-G model from the very beginning.
2. The inheritance studies, both the "twin studies" and "adoptive studies" are full of methodological problem areas. The results can just as easily point to environmental factors as they can to genetic factors.
3. No gene has ever been found for any mental illness – this after a search of the entire human genome (and even though this has been going on since the early part of the last century and genes have been found for all sorts of physical illnesses).

4. When the behavior or symptoms of those labeled as mentally ill are looked at closely, the behavior is not random but purposeful. The person employs his/her symptoms as defense mechanisms to ward off an overload of emotional pain. In other words, the individual has created the behavior for a reason. Intentional and purposeful behavior cannot be reduced to the deterministic cause-and-effect level of a defective gene. (Colbert, *Blaming Our Genes*, 2001, p.11-12)
(Information in parenthesis added by me)

So why has this myth been perpetuated? Much of the problem is how research findings are reported in the press. For example, the headlines read “Researchers Have Found a Marker Gene for Schizophrenia.” The problem is that the general public doesn’t know what a “marker gene” is and assumes that in fact a gene has been found for schizophrenia. For those of you here who may not know what a marker gene is, it is a gene for something that is often associated with another condition. Do you know what the marker gene is for schizophrenia? It is shyness. So you can see in this case, a marker gene means almost nothing. But that kind of distorted reporting, is how many of these myths get started.

Could it also be that much of this frenzy to find a biological cause for mental illness is economically driven? Look at who pours billions of dollars into the research, and who stands to profit most from such a finding – the drug companies – who also, by the way heavily court physicians who will prescribe them. Again, it is like the tobacco companies funding all the research on smoking not being harmful. Recently I saw an ad on TV promoting medication for “Social Shyness Disorder” for which a whole list of symptoms had been manufactured that would fit most anyone. Even more recently I saw an ad for “Restless Legs Syndrome.” The antidote of course was a neuroleptic drug. The manufacture of these disorders and syndromes by the drug companies is really becoming absurd. Once again, despite the billions of dollars spent and the frantic search since the early 1940’s, no gene has ever been found for any mental illness. In fact, Plomin and his fellow researchers (Plomin et. al., 1994), who have done much of the genetic research, in an article entitled, “Genetic Basis of Complex Human Behaviors,” which appeared in the journal *Science* in 1994, admit that most likely no gene that causes a mental illness will ever be found.

Loren Mosher (1998), who was director of research on schizophrenia for the NIMH and the first editor of the journal *Schizophrenia* made a decision to resign from the American Psychiatric Association because of this issue. In his letter of resignation he writes in part:

After nearly three decades as a member it is with a mixture of pleasure and disappointment that I submit this letter of resignation...

At this point in history, in my view, psychiatry has been almost completely bought out by the drug companies...Psychiatric training reflects their influence as well; i.e., the most important part of a resident’s

curriculum is the art and quasi-science of dealing drugs, i.e., prescription writing...

No longer do we seek to understand whole persons in their social contexts – rather we are there to realign our patient’s neurotransmitters. The *problem* is that it is very difficult to have a relationship with a neurotransmitter – whatever its configuration...

We are all just helplessly caught up in a swirl of brain pathology for which no one, except DNA (bad genes), is responsible... The fact that there is no evidence confirming the brain disease attribution is, at this point, totally disregarded. What we are dealing with here is fashion, politics and money. This level of intellectual/scientific dishonesty is just too egregious for me to continue to support by my membership. (Mosher, 1998, December 4, Resignation Letter to the American Psychiatric Association).

On the other side of the picture, as Karon (1999) has pointed out in his article, *The Tragedy of Schizophrenia (The General Psychologist, 32(1), 3-14)*, there is an abundance of solid evidence that schizophrenia can be cured by different forms of psychotherapy. He further points out that there is a 200 year history of this fact. What if all the money that is being spent on trying to find a gene for schizophrenia were spent on improving psychotherapy, which we know works. The same holds true for Bi-Polar Disorder and ADHD. We know that psychotherapy works for these as well. While medication can be very helpful and is sometimes essential, it is not possible to be “cured” by taking psychotropic medication. Medication does not change intra-psychic structure, only psychotherapy can do that. All psychotropic medications simply disable the part of the brain that is producing the troubling symptom. They do nothing about the reason the person has created the symptom in the first place nor to help them resolve that issue. The value of medication is in reducing the troubling symptoms until the individual learns how to resolve the original issue. However, once on medication, it is also important for individuals to not come off of the medication prematurely since that can also lead to serious problems. But learning that it is possible to resolve the underlying problem for oneself, and doing so, helps the person reclaim his or her autonomy and experience his or her okay-ness rather than feel defective, and like a victim of his or her own biology.

For a long time it was assumed that the mind is controlled by the brain. Now from research in neuroscience, it is clear that it is the mind that controls the brain and ultimately determines its structure. In his book *The Mind and the Brain: Neuroplasticity and the Power of Mental Force* (ReganBooks, 2002), Jeffrey Schwartz, M.D. presents the latest research in neuroscience and the power of the mind to shape the brain. Previously it was thought that neuroplasticity only existed in the brains of young children. Current research has found the same neuroplasticity in the brains of adults. While the structure of the brain is initially determined by genetics, we continually remap our brain and change its structure by the experiences we go through, how we interpret those experiences, and the subsequent behaviors we develop. Schwartz has used this information to develop an exciting new approach to treating OCD. By helping patients focus their attention away

from their symptoms and toward positive behaviors, they are able to change their own neural pathways as evidenced by his research and case studies utilizing CBT scans to measure brain changes.

Let me mention one other powerful example of what is possible. Howard Glasser works exclusively with “difficult” children. In fact, he was one himself. He has found that he can turn around any child regardless of their diagnosis, (ADD, ADHD, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder) without medication in two weeks or less. He does this by teaching the parents and teachers how to provide as much or more intensity in a positive direction as the child has been getting in a negative direction. He says that these kids are no fools, they are very bright and know where the intensity is and go after it. He teaches the parents and teachers to stroke the child intensely for what the child is not doing in a negative direction, as well as for what he or she is doing in a positive direction. His website is www.difficultchild.com. I urge you to learn about his work, get a copy of his book, *Transforming the Difficult Child: The Nurtured Heart Approach* (Glasser & Easley, 1998) and also get a video tape of his work. I think you will be as impressed as I was. Berne taught us in the 50’s that stroking was the bottom line issue in all behavior. Glasser is simply applying the principles of stroking in a very powerful and profound way.

In closing, I want to say that I think as Transactional Analysts, we have been given a great legacy by our leader Eric Berne and I think we have an obligation to pass that on to others. I think it is our challenge today to help our clients realize that they are not victims of their brains or body chemistry, but are in fact in charge of their own behavior and lives. In this manner, we can assist them to achieve their own sense of okay-ness and become whole, autonomous human beings. Thank you.