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# A THEORY OF THERAPY

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## INTRODUCTION

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The purpose of this document is to outline my particular understanding of people's need for therapy/counselling and why people seek counselling/therapy at various points in their life.

NB: There is no generally accepted definition for counsellor or psychotherapist. Some people think of therapy as long term, dealing with deeper seated issues and counselling as short-term reflecting a client's need for help with less intense issues: whatever... In the rest of this booklet I use the terms therapy and therapist predominantly to include counselling and counsellor.

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## WHY DO PEOPLE ENTER THERAPY?

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I believe that the underlying reason why people might decide to seek the help of a therapist is because their present experience of reality – the way their life is currently – does not match their expectation of how they'd like it to be. This difference may not be explicit but is generally associated with a feeling or feelings that all is not well with their life or themselves. Sometimes the reasons are relatively obvious and are to do with current or recent events. Others however can find it difficult to locate a relevant cause for they way they feel. Going to see a therapist is a way of seeking help with the aim of feeling better.

I believe that for many people, the underlying reason for seeing a therapist is because their emotional needs are not being adequately met, even if at a conscious level they are unaware of this.

The rest of this booklet describes the links between our emotional needs, the strategies we employ to get those emotional needs met, and what happens when we can't get our emotional needs met.

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## HEALTH WARNING

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This is not the truth.

The views and ideas expressed in this booklet are my own based on my training, experience and reading.

They are concepts or models or theories which I find useful to explain the process of how people get hurt and how they can heal.



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## HOW WE GET HURT

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### OUR EMOTIONAL NEEDS

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It is generally accepted that all babies have certain emotional needs.

These needs are innate; we are born with them.

Healthy emotional development depends on how well these needs are met, especially in the early years, by our care-givers (usually parent or parents).

Fundamentally we are born with the innate need *to be loved unconditionally*.

NB: All schools of psychology and psychiatry (and beyond) have differing and similar definitions (lists) of these emotional needs. In my theory, the need *to be loved unconditionally* is an umbrella concept which expresses the essence of those needs.

The experience of being loved is a *feeling* that we are OK. By extension it is also the *feeling* that the environment in which we find ourselves is OK.

If our early experiences lead us to the conclusion that we are loved [I'm OK] – this will encourage healthy emotional development.

If our early experiences lead us to the conclusion that we are not loved [I'm not OK] this will adversely affect our emotional development and the way we react to future experiences.

It is not just that we feel 'not OK', but that it can also cast doubt on the supportiveness of the environment in which we find ourselves 'I'm not OK' = 'The world is not OK' too.

Note that it is highly unlikely that any child can ever have their emotional needs met one hundred percent. What seems to matter is whether the support and care we do experience is 'good enough'. ('Good-enough' in this context is a subjective term. Only the individual child can tell whether their experience of feeling loved was sufficient.)

Most of us grow up with some of our emotional needs unmet.

This can affect the way our lives unfold, as one consequence is that we may be drawn toward experiences and people in an attempt to have these needs met – so that we can *feel* OK. (An example is the observation that a man may end up marrying someone like his mother in an unconscious attempt to get his early unmet emotional needs met.)

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### PAIN AND THE BIRTH OF COPING STRATEGIES

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The spectrum of emotions associated with not feeling OK is wide. It ranges from vague feelings of discontent, through anger, frustration, despair, desolation, aloneness etc through to a state so unbearable that suicide seems the only available option.

The emotions associated with not feeling OK are referred to generically as 'emotional pain'.

Emotional pain is the feeling of not being OK and/or not feeling safe [the world is not OK]. Since we are born with a need to feel OK, feeling not OK *continuously* eventually becomes unbearable.

Different people have different 'emotional pain thresholds' – the level at which emotional pain becomes unbearable – most probably due to inherent temperamental characteristics.

We can cope with some pain, provided we get support from our care givers.



In the absence of support or when our pain threshold is breached, the pain of 'I'm not OK' is unbearable (can't be borne) and we seek relief.

That is not to say we necessarily seek to feel OK, rather we look for ways to feel less 'not OK'.

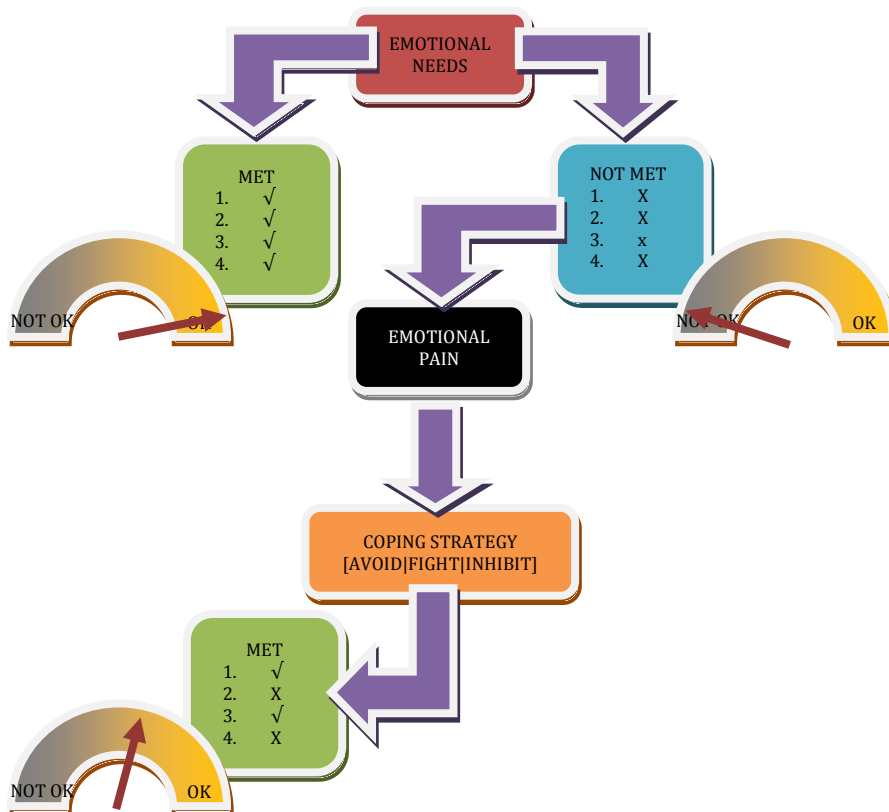
In response to our emotional pain we develop patterns of behaviour designed to alleviate the painful feelings. These patterns of behaviour are called 'coping strategies'.

These coping strategies are designed to minimise the emotional pain we experience when our emotional needs are not being met.

Note that the situation itself may not be inherently stressful or problematical – but the individual's reaction/response triggers the emotion equated with 'I'm not feeling OK' which is overlaid onto the situation so that 'I'm not feeling OK' becomes interchangeable with the 'the situation's not OK'.

We all develop coping strategies to deal with 'not feeling OK' in life.

In fact, nature has provided us with a basic coping strategy mechanism which is hard-wired into our brain at an instinctual level, namely the largely automatic flight or fight response. Although hard-wired and instinctual, so that in a pre-verbal environment, we could survive, the later human acquisition of language (and thinking) enables us to mediate the response.



In therapy terms we talk therefore in terms of 3 basic coping models: Avoidance a.k.a. Flight, Fight and Inhibition, (more on these later). In reality whilst our coping strategies are based on these 3 basic models, their actual form and content is infinitely variable and *unique* to each individual.

Coping strategies in themselves are OK. They are a form of short-hand that helps us deal efficiently with life, based on previous learning and experience.

Although, coping strategies develop at an early age, in response to emotional pain, we can adapt those coping strategies as we grow to allow for changing circumstances.

Unfortunately, coping strategies can become prisons cutting down our options and preventing us from leading a fulfilling life.

In essence they can end up perpetuating the pain they were developed to avoid.

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### HOW COPING STRATEGIES CAN BECOME PRISONS

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As we have seen, from birth onwards everything that happens to us or around us can influence us and affect our future.

Each experience teaches us something about the world and ourselves.

How we judge those experiences will affect what we think about – how we *understand* – the world and ourselves.

Good experiences can help us to feel good about ourselves and the world, [I'm OK and the world is OK].

Bad experiences can make us feel bad about ourselves and reinforce the view that the world is an unsafe place [I'm not OK and the world isn't OK].

No two people will necessarily make the same judgement about the same event.

Similarly the definition of good and bad experience varies from person to person, situation to situation.

Take the proverbial half glass of milk. Some people will see a half-full glass, others a half-empty glass.

One of the reasons why people can react or judge the same situation differently is temperament i.e. their inherent (born with) emotional characteristics.

Another chief reason why people can react or judge the same situation differently is their previous *unique* experience in a similar situation.

If for one person, a situation generates feelings akin to 'I'm not OK' and/or 'the world is not OK', they are likely to experience that situation as threatening in some way. NB: these thoughts and links to the feelings are likely to be beyond conscious awareness. They may not know why they feel uncomfortable only that they do. Being unaware of the link makes the experience even more threatening.

Someone who has experienced a similar situation in a positive way is likely to view the same similar situation with less concern.

As a consequence of our experience of life we develop a repertoire of coping strategies as life unfolds.

Overtime, coping strategies tend to become habitual; responses triggered by the situation without our conscious realisation. We think we are dealing afresh with the situation whereas one of our coping strategies kicks in and takes over our thinking our emotions and actions.

So previous experiences affect how we react to future situations.

As suggested above, coping strategies originally designed to relieve emotional pain, can end up later in life, perpetuating the pain they were developed to avoid.



For example, a child who suffers ridicule will develop various strategies to avoid situations where she could be exposed to ridicule (and the emotional 'I'm not OK' pain).

For instance, she might learn that it is best not to speak until she is spoken to, to avoid attracting attention in anyway; to remain seen and not heard. In order to do this, she will probably have to suppress natural instinctive responses (inhibition). Better to stay in the background (flight) than attract ridicule.

Remember that as a child we generally have little power. If our 'care-givers' chose to ridicule us there is little we can do unless we have another adult who acts as an advocate and intervenes to stop the abuse.

Others may respond to being ridiculed differently. They will still develop coping strategies but they might for example be based more on a fight response – they chose to get angry perhaps, to fight back, even though they may stand little chance of stopping the ridicule. In fact, often their *active* response (as opposed to the chiefly *passive* response described above) merely incurs more ridicule which further feeds the 'I'm not OK' cycle which reinforces the coping strategy ad infinitum.

NB: It is important to understand that in fact no child (or adult) deserves ridicule. Ridicule is a form of abuse which impairs the healthy development of all children and adults. There are many other forms of such emotional abuse.

For both individuals, the coping strategies fashioned at such an early age, with repeated use become habitual – that is they become their standard response to any similar situation. So when ever they sense the possibility of ridicule in life, their learned coping mechanism kicks in regardless of whether or not such a response is actually appropriate. Our learned coping strategies end up running us.

Remember that initially we developed coping strategies in response to our earliest experience of emotional pain – 'not feeling OK' and/or 'not feeling safe in the world'. The development of a coping strategy is an automatic response to a painful situation, based on the hard-wired flight/fight/inhibit mechanism. Developed at a time when we were powerless, through repeated experience/response they become us so that in time we do not even realise that we might have other options.

As life proceeds for the individual who was ridiculed in the example given above, they will automatically feel pain whenever they find themselves in a situation where they are ridiculed, and also in a situation where there is in their view the potential for ridicule.

Thus a person whose coping strategy is based on avoidance may not for instance feel confident in large groups – she will not know why but she will tend to rationalise it has some fault in herself – reinforcing the 'I'm not OK' feelings which originally engendered the avoidance coping strategy.

Similarly an individual's who's coping strategy is based on inhibition can grow up to be a person who doesn't seem to have any views of his own, or finds it difficult to make decisions, or tries to please other people (so as to avoid a potential attack).

Those whose coping strategy is based on attack will continue to fight life and others. Every time their feelings of 'I'm not OK' come into their consciousness they will automatically (directed by their coping strategy) fight back. No matter what the true facts of the situation are their attack will be directed towards the *perceived threat* and the person or people perceived to embody that threat.

So ways of being, originally designed to protect us from feeling emotional pain, become fixed reactions to any *emotionally* similar situations. We no longer realise why we feel uncomfortable; our coping strategy kicks in and runs the show. As long as we end up feeling less 'I'm not OK' we will persevere with them.

(A special mention for those whose claim they don't have feelings or they don't do emotions. My view is that you have previously chosen not to feel unbearable feelings via an inhibition coping strategy.)



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## BREAKING FREE FROM THE PRISON OF OUR COPING STRATEGIES

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It is only when, later in life, a particular strategy no longer provides relief against our feelings of emotional pain that we begin to realise we are in trouble, as it were. The usual way of alleviating the pain no longer works. The pain therefore gets worse.

Unknown to us we have a choice at this point.

We can [a] develop new improved coping strategies or [b] investigate the original cause of the emotional pain so as to once and for all replace the underlying feeling of 'I'm not OK' with the realisation that fundamentally 'I am OK' and always have been 'OK'. This is known as self-validation. If we continue to rely on others to make us feel OK we are hostage to fortune.

The truth is we don't need coping strategies to stop emotional pain if we can fundamentally eradicate the emotional pain itself.

Eradicating emotional pain is difficult, but it is possible and therapy is one way of breaking the pattern.

Therapy is a coping strategy of course, but good therapy aims to make clients self aware and self-directed.

With awareness comes choice and the opportunity to change our lives for the better.

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## THERAPY

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My approach to the therapy process is based on my understanding of why people enter therapy.

In particular I aim to provide:

- a non-critical environment for clients to get in touch with their past and present emotional pain

To help clients:

- identify those habitual anti-pain coping mechanisms that no longer serve them
- locate the origin of those coping mechanism in their early life – the painful memories we tend to have pushed below the surface
- through experiential work, replace the associated feelings of 'I'm not OK' with the fundamental realisation that they were born 'OK' and are still 'OK'
- look at the potential consequences of accepting that they are and always have been 'OK'
- accept and incorporate their 'OK-ness' into their being and life

And finally

- support clients as they move forward practising their 'OK-ness'

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Alan Robinson BACP Senior Accredited Counsellor/Psychotherapist

4 Mendip Lea Close, Draycott, Cheddar, Somerset. BS27 3SY

[counselling@in-somerset.net](mailto:counselling@in-somerset.net) Tel 01934 744123 Mobile 07979 990296

