

PREFACE

This book represents the fourth step in a series of efforts to contribute to a science of psychotherapy that combines the clinical wisdom in psychoanalysis with the objectivity of behaviorism as defined in its early years (Skinner, 1987). The first step was to develop a reliable method of describing what patients talk mostly about: relationships with themselves and others. In other words, assess the perceived, subjective world in behavioral terms. That is Structural Analysis of Social Behavior (SASB; e.g., Benjamin, 1974; Benjamin et al., 2006). The second step was to explore the clinical implications of SASB assessments by using them to describe personality disorders in ways that enhance understanding of the developmental roots of each disorder and that facilitate identification of differences among them (Benjamin, 1996a [2nd ed., 2003a]). The third step was to provide a psychotherapy treatment model that would offer a set of principles and models that can, on a case-by-case basis, guide the clinician's choice of interventions from any therapy approach to address a variety of common challenges. That book is the treatment manual for Interpersonal Reconstructive Therapy (IRT; Benjamin, 2003b [paperback ed., 2006]). The fourth step, described in this book, is to describe a version of natural biology that was foundational to the SASB and

IRT models and also can help ground the clinician at various stages of therapy. It is most useful when faced with difficult clinical choices.

Use of principles of natural biology suggests that threat affects such as anger, anxiety, and depression become symptoms if they are miscued by maladaptive lessons from attachment figures regarding what to fear and how to be safe. In Chapter 2, evidence and theory for this perspective is developed and this interpretation of anger, anxiety, and depression is applied in Chapters 3 to 9. A report on tests of effectiveness of the approach appears in Chapter 10.

There are several relatively unique features in IRT that result from appeal to the rules of evolution. For example, according to natural biology, negative affective symptoms (e.g., anger, anxiety, depression) are not decontextualized “bad” internal energies that must be suppressed, expressed, controlled, or redirected. Viewed as attempts to adapt, they are understood to be embedded in a sequence: perceived threat (C1), elicited affect (A), and predisposed behavior (B). An individual’s C1AB sequences reflect modeling by early caregivers of what to fear and how to be safe. Such copying of behavioral information quintessentially relevant to survival is generally comparable to RNA copying DNA to pass along information about how to build bodily structures that have worked for the previous generations. The relatively new science of epigenetics explains how such copied information can be stored in ways that are heritable. It adds to descriptions of expression and silencing, yet another way of understanding how information about the environment can be recorded by genes in order to support life in this and following generations.

Treatment in IRT centers on the idea that loyalties to and love for attachment figures who modeled maladaptive rules for affect management sustain maladaptive patterns and therefore need to be altered. That is monumentally difficult for adaptive reasons including the fact that the primitive brain “wisely” resists change in rules for threat and safety. The complex process of change in IRT is discussed at length in Chapters 5 and 6 and illustrated in Chapters 7, 8, and 9. Effectiveness is tested by relating activation of mechanisms of change to outcome.

Learning to practice IRT is comparable to learning to play a musical instrument at the professional level. For music, the process of building competence includes lessons in theory, frequent modeling by experts, and in vivo review of trainee performance with feedback by experts. All that requires practice, practice, practice. For therapists, the principles in this book provide a road map, a guide for practice. Hopefully, therapist readers will use the principles to guide the training of their primitive brains to come up with creative but well-informed choices of interventions that resonate well with and are maximally helpful to individual patients with unique symptom “profiles.”

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