



## Review

## Points of light

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## ABSTRACT

Important developments took place during the past decade. Two major nationwide treatment/training programmes were initiated: IAPT and the US Army Resiliency Program. Work on the psychological immune system presages a major advance in scientific knowledge. The reformulation of human actions, moving the emphasis from retrospection to prospection has wide implications. The concept of wellbeing has had a major impact on health psychology. The topics covered include the U.K. scheme for improving access to psychological therapies, resilience training in the military, wellbeing, the psychological immune system, the concept of prospection, some recent trends in psychopathology, mental contamination.

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The purpose of this review is to consider some significant developments that emerged during Terry Wilson's Editorship of BRAT, 2002–2015. The construct of wellbeing has introduced a positive balance into health psychology that has been concerned primarily with illnesses. The construct is also being used to assess the progress of entire countries. In addition to economic progress, the life satisfaction (wellbeing) of the citizens is now taken into account. There have been stimulating ideas about psychopathology and the development of new therapeutic techniques. Fresh, constructive ideas about human actions are now in play. Most remarkable of all, two unprecedented undertakings are being carried out on a nationwide scale.

### 1. Nationwide psychological undertakings

The aim of the first of these undertakings, IAPT (Improved Access to Psychological Therapies), is to reduce the intolerable neglect of the estimated 6 million people in the UK who suffer from anxiety disorders and/or depression (Layard & Clark, 2014). A distinguished health economist, Richard Layard, and an international expert in psychological treatment, Professor David Clark, were the prime movers in designing and promoting an extraordinarily ambitious scheme to ramp up the provision of evidence-based treatment and reduce the completely unacceptable waiting times for treatment.

They estimated that 6000 additional therapists would be needed to carry out the IAPT plan and the UK Dept. of Health accepted and financed the scheme which began in 2008 (full details of the plan and its progress are provided by Layard & Clark, 2014, and on the IAPT website ([www.iapt.nhs.uk](http://www.iapt.nhs.uk))).

In 2008, the first year of the scheme, 10,000 people were treated. The latest figures are for 2013/2014. In this period 395,000 were treated. During the eight years more than 1.5 million people have been treated. Two-thirds of the patients showed reliable improvement, and the recovery rate has risen from 38% to 46% so far. This extraordinarily successful fusion of health economics and psychological science opens a path for comparable schemes. An essential part of the IAPT programme is to use evidence-based treatments that are recommended by the National Institute of Clinical Excellence (NICE). Cognitive Behaviour Therapy is recommended for the treatment of anxiety and depression.

Another essential element is the meticulous recording of therapeutic progress, on a session by session basis. Throughout their training, and after, the trainees are supervised by experienced therapists. The economic aim of the scheme is to make it cost-saving. Nearly half of all disability cases suffer from depression/anxiety, or other mental problems, and the expectation is that many of the successfully treated people will be able to return to work, and contribute to the economy.

The second undertaking is a massive training program designed to improve the psychological resilience of all U.S. soldiers. In 2009 the Dept. of Defense expanded their training policy. High suicide

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rates and steep increases in cases of post-traumatic stress disorders (PTSD) were degrading the efficiency and effectiveness of the Army, and it was decided to add the training of *mental fitness* to the rigorous training in physical fitness. In collaboration with the Positive Psychology Program at Pennsylvania University, headed by Professor M. Seligman, an intensive course of Resiliency Training was developed and within five years 30,000 soldiers completed the course. As planned, the training was then taken over by the Army. The aim is to enhance the mental resilience of every soldier. The training is carried out by selected sergeants (Master Trainers) who are taught the necessary skills and closely supervised by the psychologists and military personnel. The assessment of the soldiers' personal strengths, and how to enhance them, is the core of the program. Modules of emotional fitness, social fitness, family and spiritual fitness, are included, and optimism trumps pessimism. Catastrophic thinking is reduced. The development and content of the Training is described in detail by Seligman (2011) and the 4th Report of Progress shows that participants had a reduced probability of a mental health problem or of a substance abuse problem (Harms, Herian, Krasikova, Vanhove and Lester, 2013).

## 2. Common factors of the two undertakings

Both of the undertakings involve the application of psychological knowledge and techniques. This is applied psychology on a very large scale. Both undertakings are responses to important national needs, and accordingly they are centrally financed.

Both of them required the recruitment and specialized training of psychologists and counselors in the IAPT scheme, and master sergeants in the Army Resiliency scheme. In both of the schemes detailed records of progress are maintained, and statistical evaluations of efficacy are carried out before, during and after the completion of the therapy/training. Evidence-based protocols rule.

## 3. Drawn into the future

Seligman, Railton, Baumesiter, and Sripada (2013) observed that “much psychological theory and practice proceeds on the assumption that human action is determined by the past” (p.119), and recommend a shift in attention from history to prospection—“drawn into the future”. Actions are determined by antecedent conditions and prospection. Their intricate and wide-ranging reformulation has some implications for psychopathology and for therapy, and the present article focuses on this aspect of their work.

The neglect of prospection, which is a “ubiquitous feature of the human mind”, limited the explanatory value of behaviourism and of psychoanalysis, both of which are retrospective –“driven by the past” (p.119). The behaviouristic approach assumed that psychological disorders are the product of patterns of conditioning/learning that have gone astray, and the solution was to re-train or re-learn more appropriate adaptive behaviour (Eysenck & Rachman, 1965; Wolpe, 1958). Agoraphobia was a suitable target because the (avoidance) behaviour was observable, measurable and as it turned out, manipulable (Rachman, 2015). The re-learning consisted of a programme of repeated therapeutic walks, initially accompanied by the therapist. The results were modestly successful, but a return of the fear affected some patients. In the enthusiasm that was understandably generated by these early attempts an inconvenient fact was overlooked. In numbers of cases there was no trail of faulty learning, no trail of a conditioning onset. Often the onset is gradual. Some of the patients developed agoraphobia after a grievous loss, or interpersonal problems, or the emergence of unrelated depression, or after an unrelated physical illness (Thorpe & Burns, 1983).

With the development of cognitive behaviour therapy (CBT), agoraphobia was re-construed as a manifestation of a panic disorder (Clark, 1986). Patients fear that when they go out they will have a nasty episode – a heart attack, faint or collapse, lose bladder control, for examples. Prospection is an essential feature of this and other cognitive approaches to anxiety disorders. Indeed prospection is inherent in the concept of anxiety, it is a forward-looking state – “I am disturbed and feel that something very bad is going to happen to me”. Many cases of obsessive compulsive disorder have an element of prospection (e.g. “If I don't stop these repugnant intrusive thoughts something very bad will happen”). Excessive prospection travels under the name of Generalized Anxiety Disorder.

Paying attention to prospection enhances the assessment of the patient's problems. The conventional approach is to listen to the person's account of their problem and how it developed. Attention is then turned to their expectations and plans, short-term and long-term. When it is appropriate, and it often is, the information is supplemented by behavioural experiments that are designed to test the person's specific expectations. These are compiled and a set of predictions are made. As in the panic example, the person's predictions about what will happen when they walk to a designated place are set out, with percentage estimates of each prediction. The results of each experiment are evaluated and incorporated in the forward-looking therapy.

The advantages of introducing forward-looking prospection advanced by Seligman et alia (2013) are that it adds a neglected component to assessment and treatment, enhances the patient's consideration of alternatives, disconfirms unrealistic prospections, and builds more adaptive purposeful thinking and actions. Naturally this emphasis on prospection fits into Seligman's overall design of positive psychology. In particular it is directly relevant to the concept of wellbeing, a central feature of positive psychology (Seligman, 2011).

## 4. Wellbeing

Wellbeing is a versatile concept. It is very important in health psychology, and is now used as an index of the status of countries which goes beyond the customary economic indicators (gross national product, balance of payments etc.). It is also “the focal topic of positive psychology” (Seligman, 2011, p. 15).

Versatility has its price. There is no single, agreed definition of wellbeing. The use of the concept in evaluating the success of countries, and in developing policies, rests on a firm statistical basis (OECD, 2013; O'Donnell, Deaton, Durand, Halpern, & Layard, 2014) but its value in health psychology is more personally-oriented. Seligman (2011) construct is analytical and encompasses five elements (see below).

In 2014 the Fact-sheet on *Wellbeing and Longevity* published by the U.K. Dept. of Health stated that “high levels of subjective wellbeing can add 4–10 years to life”. There is abundant evidence that subjective wellbeing is associated with good health. For example, Chida and Steptoe (2005) concluded from a thorough quantitative review that positive wellbeing has a favourable effect on survival in both healthy and diseased populations. People with a negative emotional style have a poorer immune system than those with a positive emotional style (optimism, happiness etc).

Seligman's analysis of wellbeing consists of five elements: engagement, positive emotion, meaning, positive relationships, and accomplishments. Positive emotion–pleasure, happiness and life satisfaction– is subjective, as is engagement. Pleasure is experienced in the present but the subjective state of engagement is retrospective. Meaning refers to a sense of purpose and a feeling of belonging to and serving some worthwhile activities/pursuits.

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