

Repetitive Maladaptive Behaviour: Beyond Repetition Compulsion

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Repetitive Maladaptive Behaviour

- * Within a psychotherapy context repetitive maladaptive behaviour is extremely prevalent, and likely the main reason that people seek psychotherapy
- * Repetitious behaviour can include thoughts, images, flashbacks, dreams, emotions, somatic sensations, and behavioural re-enactments
- * The term repetition compulsion was applied by Freud to describe repressed traumatic material repeated in the present instead of remembered
- * Psychoanalysts have traditionally emphasized a mastery aspect to the repetition of traumatic material

Mastery?

- * Despite wishes to the contrary repetition compulsion never achieves mastery
- * With Post-Traumatic Stress Disorder (PTSD) where re-experiencing of trauma is central, repetition causes ongoing suffering and no mastery
- * If repetitive maladaptive behaviour achieved mastery there would be no need for psychotherapy or treatment
- * Behaviour of this nature does not resolve on its own and remains a major treatment challenge, with psychotherapy being the main treatment modality

Types of Repetitive Maladaptive Behaviour: Non-Traumatic

- * Non-traumatic and traumatic forms of repetitive maladaptive behaviour
- * Repetition of behaviour characterizes biological organisms
- * Energy conservation aspect-An organism cannot expend more energy than what it takes in, and repeating adaptive patterns of behaviour conserves energy
- * During our evolution it would have been fitness enhancing to have a mechanism facilitating the acquisition of adaptive patterns of behaviour
- * Patterns of behaviour refer to general modes of interacting with the social and physical environment such as displaying affection or approaching novel things
- * Much like language the mechanism enables patterns of behaviour present in the early life environment to be absorbed

Patterns Of Behaviour-Adaptive Evolutionary Aspects

- * Hunting-gathering context represents 95% of our evolution-Homo sapiens arose 200,000 years ago; agriculture 10,000 years; industrial society 300 years
- * 1. Caregivers successful in surviving and reproducing would display adaptive patterns of behaviour
- * 2. The extended network of caregivers provided a range of adaptive patterns
- * 3. Highly maladaptive patterns of behaviour would be opposed by members of the hunting-gathering group-In our modern form of social organization maladaptive patterns are more likely to go unopposed
- * Compatibility of patterns of behaviour with temperament/personality also influence whether or not they are adopted-For example, a withdrawal pattern is more likely to be absorbed by someone high in harm avoidance

Maladaptive Patterns Of Behaviour

- * Although, the mechanism evolved to facilitate adaptive patterns of behaviour, maladaptive ones can also be acquired due to:
 - * 1. Being present and unopposed amongst caregivers, particularly when an extended network is not available
 - * 2. Patterns adaptive in one context might be maladaptive in another
- * Acquired patterns of behaviour become recorded as a form of habit memory
- * Non-traumatic patterns of behaviour are ego-syntonic and have a path of least resistance feel, based on their early acquisition, habit memory encoding, and fit with temperament/personality

Treating Maladaptive Patterns Of Behaviour

- * Resilient to change given that they are ego-syntonic, familiar, embedded in habit memory, and sometimes adaptive in an earlier setting
- * Key: To unlearn a maladaptive pattern of behaviour a person must over learn the alternative-Conscious representational memory is applied to modify, negate, and replace habit memory until the new adaptive pattern becomes familiar
- * Identify the patterns of behaviour that are maladaptive including those playing out in therapy, plus any triggers and reinforcers for these patterns
- * Help the patient design more adaptive patterns of behaviour that fit with personality, and reinforce over learning of them
- * Treat any conditions maintaining maladaptive patterns and blocking the acquisition of new more adaptive patterns

Repetitive Maladaptive Behaviour of Traumatic Origin

- * Trauma plays a major role in repetitive maladaptive behaviour
- * Trauma is a subjective experience and any definition of trauma need consider this- Any event producing significant distress at any point in life can be traumatic
- * Children are more vulnerable to trauma given their less developed cognitive structures, global undifferentiated thinking, and great dependence on caregivers
- * Adults are also vulnerable to the effects of subjective trauma
- * A temperament/personality style highly reactive to events is more vulnerable

Processing of Traumatic Events

- * To any event there are cognitive and emotional aspects, and these two components are automatically forged into a psychological program based on a biologically based learning process
- * Trauma related emotions and cognitions naturally enter consciousness based on the evolutionary importance of attending to traumatic events
- * In the case of traumatic events linkage of the emotional and cognitive aspects can be experienced as too painful and defensively avoided via dissociation
- * Dissociation achieves defensive avoidance either by dissociated repetition of the emotional and cognitive aspects of the trauma, or over utilization of less mature defence mechanisms facilitating dissociation, such as repression, isolation, and identification with an aggressor

Healthy Processing of Traumatic Events

- * Traumatic re-experiencing produces mastery in the form of the grieving process
- * The grieving process evolved to defend against the emotional impact of loss
- * Trauma always involves loss; hence the grieving process also evolved to deal with traumatic occurrences
- * Aspects of the grieving process facilitating mastery-Activation immediately following the event; role of components such as working through relevant emotions and thoughts to achieve acceptance; fully conscious nature and hence accessibility to mental processes designed to facilitate mastery and control
- * Grieving is a natural process that if activated following trauma and not interrupted (perhaps even by treatment intervention and debriefing strategies) fosters mastery

Treating Repetitive Maladaptive Behaviour of Traumatic Origin

- * Explain how the emotional and cognitive aspects of the traumatic occurrence have not been linked and resolved, thereby preventing resolution
- * Identify dissociated re-experiencing and less mature defence mechanisms maintaining the defensive dissociation
- * Explore the dissociated emotional and cognitive aspects of the trauma
- * Support and guide the patient in linking up the dissociated components of trauma
- * In short, activate the grieving process and bring it to a successful conclusion
- * Application to PTSD-Correcting failed activation of the grieving process

Distinguishing Types of Repetitive Maladaptive Behaviour

- * Given the subjective nature of trauma it is often difficult to separate the two types
- * Overlap common when trauma related patterns of behaviour are internalized, hence it is often necessary to treat both types simultaneously
- * Essential difference-Trauma is incidental with the patterns of behaviour mechanism, but central with the avoidance via dissociation mechanism
- * Guiding principle-Repetitive maladaptive behaviour of non-traumatic origins is typically highly ego-syntonic, while that of traumatic origin is ego-dystonic
- * The conceptual framework takes us beyond repetition compulsion, and application of the therapy recommendations enhances treatment options

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Published Research Articles

- * A Cognitive Regulatory Control Model Of Schizophrenia. Brain Research Bulletin, 2011; 85: 36-41
- * Repetitive Maladaptive Behavior: Beyond Repetition Compulsion. The American Journal of Psychoanalysis, 2010; 70: 282-298
- * Personality Disorders: A Dimensional Defense Mechanism Approach. American Journal of Psychotherapy, 2010; 64(2): 153-169.
- * Motion Sickness: A Negative Reinforcement Model. Brain Research Bulletin, 2010; 81: 7-11.
- * Hypomania: A Depressive Inhibition Override Defense Mechanism. Journal of Affective Disorders, 2008; 109: 221-232.
- * How Psychiatric Treatments Can Enhance Psychological Defense Mechanisms. The American Journal of Psychoanalysis, 2006; 66(2): 173-194.
- * Psychological Defense Mechanisms: A New Perspective. The American Journal of Psychoanalysis, 2004; 64(1): 1-26.
- * Delusions and Self-Esteem (B Bowins & G. Shugar). Canadian Journal of Psychiatry, 1998; 43: 154-158.