The Affect Avoidance Model

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The Model: The following is proposed as an inclusive and unifying model for conceptualizing and organizing the formulation and treatment of psychological problems for clinical purposes. It is largely compatible with all major therapeutic traditions including cognitive, psychodynamic, experiential and relational schools as well as current neuroscience. It lends itself to an integrated, modular approach to psychotherapy.

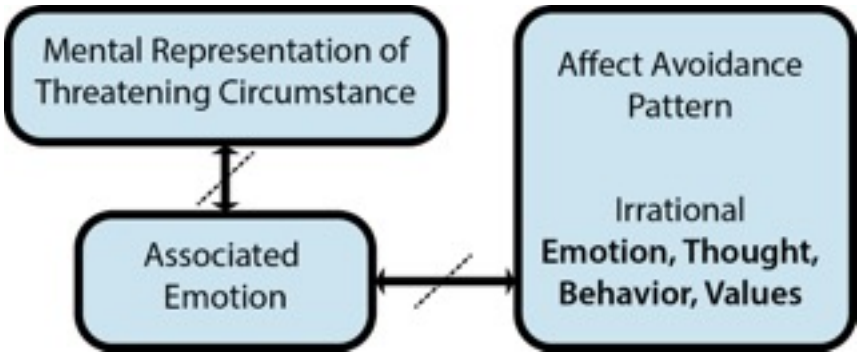
The Mind as Control Structure: We humans have the extraordinary privilege of a window seat on some, but not all of our brain's functioning. Our conscious awareness and free choices are fundamentally organized around positive and negative emotions. We tend to go towards what feels good and avoid what is associated with negative emotion. For the most part this system does an excellent job of guiding us to do what is best for survival of the species by pairing positive feelings with survival and negative ones with danger. Using emotions to influence free choices, the same system addresses not only bodily needs but social ones as well. Most of the time we make choices in accordance with our feelings as we stay close to what we commonly call our "comfort zone." The basis of psychotherapy is our unique human ability to make conscious choices outside of comfort when we believe it is in our best interest.

Pathology: Occasional errors mar the performance of this system. These are points where the principle of avoidance of negative feelings and maximization of positive ones biases towards poor choices. Examples include addictions, and, for example, avoiding a needed medical test for fear of bad news. These and many other dysfunctional patterns shown on page 3 are endemic to human life, and are the targets of psychotherapy.

One Common Denominator: I will not be the first to suggest that the common factor in human psychological problems, at least those that are amenable to psychotherapy, is that they are instances in which our brain's natural tendency to protect us from negative feelings has led us into dysfunction. Patterns originally learned to help avoid painful, overwhelming, or uncomfortable feelings have become a liability, either because the perceived danger is no longer real or because the avoidance mechanism is primitive or too costly.

Tripartite Units: The structure of dysfunctional patterns consists of three elements. 1) A triggering circumstance, represented in a neural network memory formation; 2) A synaptically associated feeling, almost always negative; 3) A pattern of avoidance consisting of irrational and dysfunctional emotions, thoughts, values and/or behaviors. Multiple such patterns are typically layered and approached sequentially in treatment starting with the most accessible and ending with the earliest one formed.

EDPs: I propose that we call these units of pathology EDPs, for Entrenched Dysfunctional Patterns. *Entrenched* means they tend to resist change, held mainly by emotional forces. They are *dysfunctional*, in that they have become a liability and are life-limiting. That they are *patterns* indicates that they are recognizable and repetitive to the point where they can be identified as targets of treatment.



Entrenched Dysfunctional Pattern, a Tripartite Unit

Modular Treatment: Treatment interventions for EDPs can approach them at two points (dotted lines on diagram) and may be tailored to a specific pattern.

First, intervention can be aimed at "processing" the negative emotion. This actually means breaking the brain link between the neural network representing a once-threatening circumstance and an associated negative emotion. The therapeutic context and/or relationship is required to disconfirm the association to negative emotion. For example, treatments for PTSD seek to resolve the distressing affect through *extinction* or *reconsolidation*, both of which interrupt the link to a painful emotional response. As the association is broken, the perceived circumstance loses its distressing quality and avoidant behaviors are no longer required.

Second, interventions can aim at the dysfunctional pattern, attempting to eliminate irrational feelings, thoughts, values or behaviors by voluntary effort. CBT is a prime example of this approach. In many cases, this type of treatment will include not only elimination of dysfunctional patterns of avoidance but development of healthy coping strategies as well.

When multiple EDPs are layered, treatment generally approaches them one at a time. As a result, psychotherapy can be conceptualized as a series of modular interventions targeting whichever aspect of the total structure is most accessible at a given time.

Treatment is dialectical, alternating between processing of emotions and voluntary change aimed at dysfunctional avoidance patterns. Often, successful intervention targeting one aspect of the EDP will subsequently open access another aspect. Processing an emotion will allow relinquishing of the avoidance pattern while direct work on an avoidance pattern may expose underlying emotions. This model also lends itself to a modular approach to treatment. Specific identification of EDPs may inform research focused on finding optimal approaches drawn from multiple therapeutic traditions.

Entrenchment: Involuntary resistance to change is a common phenomenon in all forms of therapy. When not due to errors in the therapy, it is usually due to negative emotions anticipated in association with change. This form of resistance, is also composed of tripartite EDP units. The threatening circumstance, in this case, is therapeutic change, associated with a negative emotion and manifested by a dysfunctional pattern that tends to block progress in therapy. These EDP units are approached in the same manner as other EDPs.

Affect Avoidance: 12 Clinical Patterns

Automatic Thoughts

Irrational thoughts steer choices away from painful feelings. These include cognitive science's distortions and "defenses" of the psychodynamic tradition.

Primary Emotions

Non-conscious regions in the mind produce positive and negative emotions to influence voluntary choice. Uncomfortable emotions lead to voluntary avoidance of painful material.

Avoidant Behavior Patterns

Schemas: Non-verbal behavior patterns (including attachment style) learned instinctively to gain comfort and avoid pain.

Reenactment: Helplessness and powerlessness are among the most painful feeleings. Voluntary repetition counters the feeling of being "done to," even when self-harming. Gaining control seems to be the main motivation, perhaps also the vain hope of a different outcome.

Acting Out: Expressing feeling externally in behavior so as to avoid experiencing affect.

Hidden Agendas: Irrational behaviors and nonverbal messages secretly driven by childlike hope of changing others, i.e. covertly waiting for parental acknowledgment of wrongdoing or perfectionism to "earn" love.

Guilty Quests: Five-year-olds gain a grasp of time future, permits "someday" solutions to today's problems. Wishes to achieve "illicit" ambitions and pleasures may run counter to the conscience. Such guilty quests are suppressed from awareness but drive behavior. This is the classic subject matter of psychoanalysis.

Arrested Development: We grow and develop by practicing new behaviors. Avoidance of scary or uncomfortable new experiences reduces pain, but also results in partial maturational arrest.

Addictions: Compulsive behaviors aim at masking pain and filling the emptiness of unmet needs through substitutes that are never enough. Addictions may have a biological component.

Impulses

Feeling of need to take specific action, governed by mind's "concept' of what is needed for survival.

Inborn Strategies

Partially biological responses can serve to avoid affects.

- **Depression**
- **Anxiety**
- **Panic**
- **OCD**
- **Dissociation**

Conscience Pathology

Distorted Values: Based on internalized *values, attitudes, ideals* and *prohibitions* the conscience generates secondary emotions, *shame, guilt* and *pride* which steer free choices. i.e. unhealthy values and attitudes about the self lead to inappropriate shame and guilt causing self-harming choices.

Secondary Emotions influence behavior:

- *Shame*
- *Guilt*
- *Pride*