

Meaning Beneath Behaviour – Neuroscience and Psychodynamics Patrick Tomlinson (2021)



Making Connections

This article is an introduction to several others I have written on Meaning Beneath Behaviour. These are,

1. Acting Out' Behaviour of Traumatized Children, through the Lens of Polyvagal Theory (2019)
2. The Meaning of a Child's Stealing and Other Antisocial Behaviour (2014)
3. Reasons a Traumatized Child Runs Away? (2015)
4. Punishments and Rewards – Consequences and Discipline (2021)
5. Shifting Boundaries: Therapeutic Work and Leadership During the Pandemic (2020)
6. The Capacity to Think: Why it is so Important and so Difficult in Work with Traumatized Children (2015)
7. The Importance and Value of 'Being' (2014)
8. Thoughts on the Sexual Abuse of Children (2014)
9. Creative Psychotherapy with Developmental and Complex Trauma – Carol Duffy (2020)
10. The Therapist in me: The Art of Being a Creative Play Therapist During a Pandemic - Carol Duffy (2020)

I will start with a definition of neuroscience (Nordqvist, 2017),

Neuroscience is the study of how the nervous system develops, its structure, and what it does. Neuroscientists focus on the brain and its impact on behavior and cognitive (thinking) functions. They also investigate what happens to the nervous system when people have neurological, psychiatric, and neurodevelopmental disorders.

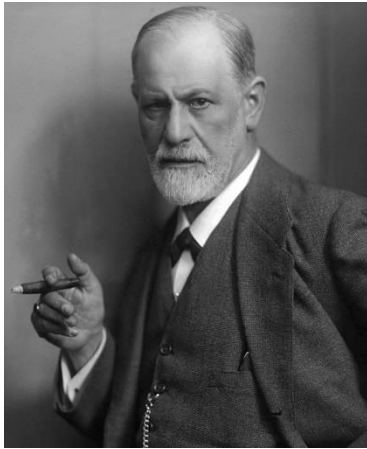
Sometimes neuroscience and neurobiology are used to mean the same thing.

However, neurobiology looks at the biology of the nervous system, while neuroscience refers to anything to do with the nervous system (ibid).

These fields of work are intricately connected with medical research. Whereas a psychodynamic approach is more focused on the subjective meaning of what is going on between people and

between a person's internal and external worlds. The human being has often been referred to as a meaning-making creature. Unlike other animals, as well as having biological functions we also can attribute infinite meaning to the world around us. This begins in the first few months of life. John Bowlby (1973) referred to our internal working models that develop in early life. These models become a major influence on how we perceive the world, our place in it, and our relationships.

With the help of technology, we can now observe the mechanics of the brain and nervous system. We can measure anxiety by changes in heartbeat, blood pressure, etc. We can see processes taking place in the brain, such as mirror neurons lighting up in an attuned interaction. We can see chemicals released in response to pleasure and pain. We can measure dream activity, but we can't see the content of a dream except through our subjective experience. Even then we are often unsure of the meaning. Dreams, play, and art are full of symbolic meaning and communication, as are daydreams and fantasies.



Sigmund Freud and other psychologists such as Pierre Janet from the 19th century onwards made connections between observable physical conditions and what might be unconscious in the mind. For example, they found that paralysis without any organic basis may be influenced by subjective and unconscious experience. McWilliams (2010) states,

“Contemporary neuroscientists have demonstrated, whether they construe their discoveries this way or not, that analysts have been right about how much mental life is unconscious.”

Freud is acknowledged to be the founder of psychoanalysis. One of its aims is to bring subjective experience into consciousness so that it can be held in the mind as an integrated part of one's narrative. The renowned psychiatrist and neuroscientist Bessel van der Kolk (2014) talks about this in his book, *The Body keeps the Score*. The body as Freud claimed, will express experience the mind has not been able to integrate due to its overwhelming and unthinkable nature. The body keeps the score when we are unable to consciously know about our experience.

The psychotherapist Ruth Schmidt Neven (2010) uses the phrase, ‘the child speaks the family’. In other words, a child's behaviour and physical condition may tell us more about the family than the biology of the child. She also refers to cases where traumatic family secrets are linked to serious physical conditions in children,

When I first came to Australia, I worked at the Royal Children's Hospital. I was the inaugural chief psychotherapist, and I saw symptomatology that I'd only ever read about in Freud's case studies - examples of what I think he called conversion hysteria. Children who believed themselves to have an organic disease or paralysis would turn up in wheelchairs. Almost as a rule of thumb, we could deduce that the extent to which the child had to develop a physical symptom was in direct relation to how far emotional issues could not be talked about in the family. The child is left with only their body, and the body has to speak.

She makes it clear that she is talking about ‘enormous secrets’ in the family and not just more ordinary problems of communication. She also states that ‘speaking the family’ does not just mean what is happening in the family now but very often what has happened in the parents’ history too.

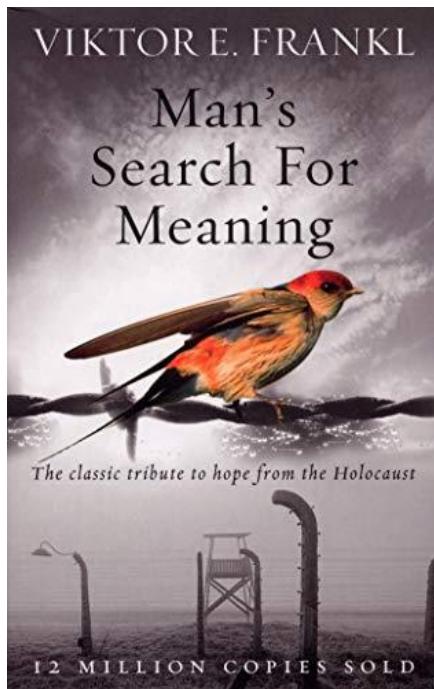
Meaning Making

As said, the psychodynamic approach is about meaning making. Schmidt Neven (1997, p.4) explains,

The psychodynamic approach puts forward the view that all behaviour has meaning, and that there is no such thing as communication and activity which has no specific communicable direction. In that sense, everything we do is part of a communication, and this of course is of vital importance in the communication between children and parents.

As well as wondering about what lies behind the behaviour, Schmidt Neven says the psychodynamic approach would ask why this specific behaviour and why now? Behaviour is always dynamic. It is never static in fact (Schmidt Neven, 2017). She argues (1997, p.4) that recognition of meaning is fundamental to our emotional well-being,

If we are not able to attribute meaning to our personal experience and to our relationships with the important people in our lives, it is difficult for us to exist in even the most fundamental state of relatedness to others and to the broader community.



This reminds me of the work of Viktor Frankl, the holocaust survivor, and how meaning is central to our existence. When asked what he thought of the success of his book ‘Man’s Search for Meaning’ (1946), selling over one million copies in the USA alone, Viktor Frankl (1972) said,

“Frankly speaking, I do not see it so much as merit or achievement of the author of this book, that is me, but rather a symptom of the mass neurosis of today. Because if so many hundreds of thousands of people are reaching out for a book whose very title promises to deal with the problem of whether or not life has a meaning, then this is an indication of the fact that the very search for meaning has been frustrated. And in fact, ever more patients turn to us Psychiatrists today, complaining of an abysmal feeling of meaninglessness, of emptiness, of an inner void, and that is why I have termed this condition the existential vacuum, and this in fact, seems to be the mass neurosis of day.”

Frankl, who was a Psychiatrist, as well as a neurologist, and philosopher, shows the need to connect meaning within psychiatry, and neuroscience. Today it could be argued that excessive reliance on medication as a treatment denies people the opportunity to find a sense of meaning, therefore, worsening health. Since Frankl wrote his book, it seems that the neurosis he refers to has grown even greater. The book has now sold over 12 million copies, in twenty-four languages!

Given the importance of both biology and meaning making it is not surprising that great pioneers in the world of psychology were both Psychiatrists and Psychoanalysts, such as Freud, Winnicott, and Bowlby among many others. Donald Winnicott in his role as a paediatrician would use his 'Squiggle' or 'Spatula' games to gain insight into a child. With the squiggle game, one person draws any kind of squiggle. The other completes it to turn it into something. This encourages the creation of meaning. The possibilities are infinite, so what is chosen reveals something about what is on the person's mind at the time. Traumatized children that I have worked with would often present pictures portraying their fear and other strong emotions. With the spatula game, Winnicott would offer an infant a shiny metal spatula. What the infant would do with it would again be revealing of many aspects of personality such as, playfulness, relatedness, responsiveness, and anxiety. Combining medical and psychodynamic observations can greatly help us understand what may be going on and the root issues.

Understanding both the 'how and why' beneath human behaviour offers us crucial insights. These insights can bring many benefits in the field of well-being and human development. For example, the neuroscientific field of Polyvagal theory might help us to understand and recognize stress responses better. We might make changes to our environment to create a more calming atmosphere, which soothes rather than triggers the nervous system. The psychodynamic field might help us to think about and understand situations where the meaning is not obvious. I will give a few brief examples to illustrate both.

Neuroscience

1. I was on a beach in Israel, where soldiers were camped and preparing food. I heard an explosion behind me. Within seconds and without thinking I had sprinted to the sea and dived in. This can simply be explained as a healthy 'polyvagal' response. My neuroception (Porges, 2017) overtook my thinking brain (neocortex) and propelled me into a protective survival response. Thankfully, it was only a small cooking canister that had exploded, and no-one was injured.

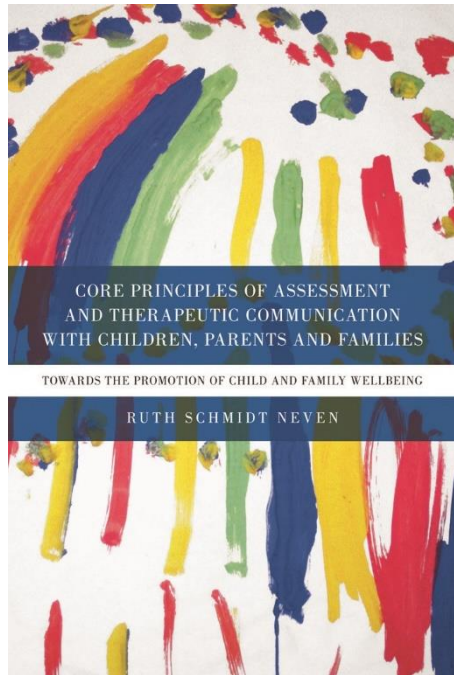
2. A father of his son who was in care was in a meeting with the Director in the care home. He was beginning to open up about some painful issues. A loud bell rang. He immediately shut down and did not say another word. Ringing a loud bell can be used to test the 'startle' response associated with PTSD. The organization understood following this, how loud bells were not helpful in that environment, so they replaced it with a more situationally appropriate sound.

Psychodynamic

1. A 12-year-old boy I was caring for in a residential home was asked to finish his breakfast as he was going to be late for school. Instantly, he had a panic attack, which took at least half an hour to recover from. Thinking why this seemingly innocuous comment triggered such a volatile response, I had another look into his large case history. On one occasion his mother had asked him to eat his breakfast – she then hit him on his head with a stick, which led to him needing hospital treatment.

In the situation I was in with him, we can see that from a neuroscience perspective he became dysregulated, was in a panic, and needed co-regulation to calm and restore his functioning. However, only the psychodynamic exploration helped us understand the meaning of why this may have happened. Such an approach can help give us a hypothesis about the meaning and we can test it out. Sometimes it may seem we have made a helpful hypothesis, other times it may not be clear if

we have. Schmidt Neven (2010) helpfully explains the process of making a hypothesis or a formulation, rather than simply making a diagnosis,



“The other important feature of working towards a formulation of the problem is that we can create a hypothesis that doesn't have to be proven every moment as being totally correct. We can discard the initial hypothesis or it can be enriched by our further experience of the child and the family. The idea that you're going to have a diagnosis that is infallible on the basis of seeing the child once or twice is completely unrealistic. I'd go as far as to say that a medical-type diagnosis - and a lot of child and adolescent mental health services go down the road of what I'd say was a 1950s medical model - really has no place in our work. I believe it actually promotes mental ill health because it doesn't get to the bottom of the problem. And of course the other thing is that if these diagnoses were truly accurate, we'd find a reduction in mental health problems. But there's an increase. That's partly because we're living in a changing world and there are many challenging issues, but also it's because we're not working in the right way. We're not offering the right sort of service to children and adolescents, or to their parents and families.”

2. A Psychiatrist and Psychoanalyst (Brett Kahr) was working with an adult who has been in a secure psychiatric hospital for years. This is how I remember what he said in a talk. The patient was virtually unable to communicate. Sometimes when the psychiatrist visited, the patient would lay in his bed, with sheets pulled over his head and not say a word. In the history of the patient when he sometimes became aggressive, he would smash a TV. None of the staff had a clear view as to why he did this. The psychiatrist was intrigued and dug out case records from the vaults of the hospital. The patient's father used to work for the BBC and had been based in Germany for a while during the patient's childhood. Over weeks if not months the psychiatrist persisted with trying to make connections with the patient. One day the patient suddenly came to life and shouted in German, “BBC ist ein Scheißhaus”. Not very complimentary to the BBC who his father worked for! It transpired over time, that as a boy the patient had been severely sexually abused by his father. The medical diagnosis may have been clear about the patient's condition and potential treatment options, which in this case had not achieved very much. It was the psychiatrist's, ‘psychodynamic detective work’ as he described it, that brought meaning to the situation.

Sometimes the psychodynamic ‘detective work’ is about making links and connections at a symbolic level. Words often have a symbolic as well as literal meaning. To gain understanding it can be helpful to play with the possible symbolic meaning. The psychoanalytic concept of free association is a helpful contribution in this respect. Recently in a consultation, a psychotherapist was explaining to me a tragic case of a boy he was working with. He told me he felt floored by this case. As we talked, I asked what it felt like to be floored. Another possible meaning of ‘floored’ opened up – flawed. This led to a meaningful discussion about our flaws and vulnerability which resonated

strongly with the therapist. Helpful connections were made by him about feeling flawed and the case he was working with.

The Helpful Integration of Neuroscience and Psychodynamic Approaches

What has emerged in the last decade is a reaffirmation of long-standing concepts such as attachment theory. As Cameron and Maginn (2009, p.28) argued,

Bowlby's theory has stood the test of time remarkably well and current neurological studies are able to confirm both the positive impact of childcare (extensive development of neural pathways and brain growth) and the negative (lack of brain growth and development).

Commission for Children and Young People (2012, p.3), in Australia, also confirm the affirmation of attachment theory by neuroscience research,

Moreover, it has received influential support in the last two decades from neurobiological research which has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems (Stien and Kendall, 2004, p.7).

This has been one of the most helpful realizations from neuroscientific research There is great potential to integrate neuroscientific and psychodynamic disciplines. Bessel van der Kolk (2014, p.113) referring to attunement which is a vital concept in attachment and neuroscience theory claims that,

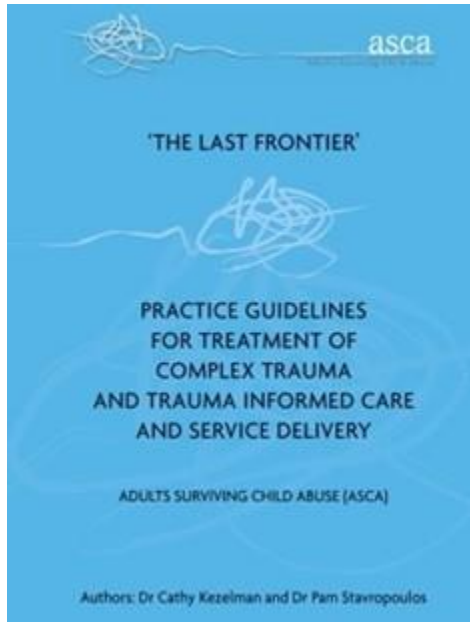
Donald Winnicott is the father of modern studies of attunement.

Van der Kolk has been acknowledged as an integrator of different perspectives that have existed since the late 1800s. When thinking of neuroscience and psychodynamics It is not 'either or' thinking that is helpful but working on the integration of both perspectives. Van der Kolk's (2003) book, Psychological trauma has been described as the first integrative text on the subject. Recently, Michaels (2020) argued,

Referring to the longstanding competition between different camps of researchers trying to show that their preferred therapy was superior, Steinert and her cross-theoretical team have shown that such competitions are pointless, and now is the time for all to accept the unequivocal fact that psychodynamic treatment is equally effective. Researchers should stop the jockeying for position, and get on to more important issues, such as figuring out which patients might benefit from which treatment in which circumstances.

Confirming the value of integration, we now have a new branch of psychoanalysis called Neuropsychoanalysis. Psychoanalysis has fared well in meta-studies of outcomes achieved by different clinical approaches. There is growing evidence that suggests that 'the talking cure' and a depth approach achieves better outcomes in the long-term for people who have serious mental health issues (Michaels, 2020).

Kezelman and Stavropoulos (2012, p.64) who have pioneered the development of trauma-informed services state,



“It is even claimed that psychoanalysis (the original ‘talking cure’) is ‘a neuroplastic therapy (Doidge, 2007)’.”

They also explain (ibid) how research has influenced the way different interventions work together,

“As Doidge (2007) points out, it was long thought that ‘serious’ treatment required medication, and that ‘talking about’ thoughts and feelings had little impact on the brain and on character. The advent of neuroscience is now showing otherwise.”

This fits very much with my own experience of working with children who have suffered complex trauma. My first ‘job’ was in a therapeutic community in 1985. From the beginning, it was clearly explained to me how young people, could recover from deeply traumatic experiences that had had such a devastating effect on their development. And also, that we as the adults working with and caring for them would also change. Psychodynamic theories and practices were used to achieve this. In today’s language, I was being told about the plasticity of the brain. Many of the concepts I learned about now have new names. For instance, we would aim to create calming environments, especially at difficult times of the day, such as bedtime. So, we would slow things down, not have loud music on, etc. Very much along the lines of what polyvagal theory tells us. Neuroscience research has helped make many things clear, which we may have known or felt previously by informed intuition and observation. As Schmidt Neven (2010) points out,

We’ve also got more than 100 years of good sound clinical evidence, a huge amount of understanding about developmental psychology. There’s also a lot of interest in the brain concerning the impact of developmental and environmental experience, but this does not seem to have filtered through to evidence-based practice. One of the main reasons for this is that there is a worrying tendency to want to split the brain from the mind, as though we’re talking about a machine rather than consciousness or the unconscious, or invention or creativity, or fantasy or motivation or connecting things up.

If we can hold our experience and knowledge in mind it can help us be more containing in our work with people so that their solutions emerge. Probably we do not achieve much, and we may even undermine the development process if we get drawn too strongly into the role of ‘fixer’ as if we know precisely what to do. To conclude this short article, I leave the last words to Schmidt Neven (2010) talking about assessing needs rather than making a diagnosis. She says,

So, the assessment period is filled with anxiety (theirs and ours!) and needs containment. Because what we’re hoping to open up is a process - which takes us completely away from the medical model of repair and cure. Fixing a broken arm is finite, but our work with children and families can’t be finite.

Addendum and Acknowledgement

I would like to thank Alan Hackett for kindly allowing me to use the consultation example. Alan is an Adult, and Child and Adolescent Psychotherapist based in Cork, Ireland. He made this comment to me when I asked him about using the section. I have added it as it is illuminating.

“I really enjoyed the consultation also and got a great deal from it. I thought afterwards about 'being floored, flawed', the 'gift and the curse', the fine line we talked about, watching someone lose their mind in front of me and my fear I was losing my mind. After our discussion, I realise the latter has had a big impact on me. Thinking about 'the detective work', I am reminded of when I started my training back in 2008. I had this notion that I need to find out as much as I can about myself, bring it to consciousness and try to heal, repair and work through. I'm now beginning to think that this was driven by the fear of losing my mind. I thought that at least if I am aware of myself, I have some hope. I was reading an article recently that said, "It's really important that you carry your grief consciously and that you don't let it slip into your unconscious as it will make you psychologically unwell". This sums it up for me, I think.”

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Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in many countries, he has helped develop therapeutic models that have gained national and international recognition.

In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- ✓ Therapeutic Model Development
- ✓ Developmental Mentoring, Consultancy and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Selection and Development

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