

## **Chapter 6. The Habit Model Versus The Trauma Model**

When approaching psychotherapy with a new client, I find it useful to consider their needs for healing and change from two different perspectives, the habit model and the trauma model. These two viewpoints are roughly equivalent to the two broad traditions in psychology, the behavioral and the psychoanalytic. The habit model, which is behaviorally based, asks what habits you want to change in the present, and develops a strategy for habit change. The trauma model, which is rooted in the psychoanalytic tradition, has no quarrel with habit change, but promotes the view that unresolved past traumas keep you partially stuck or fixated in the past, and continue to add fuel to your self-defeating habits. To the extent that such unresolved traumas are operative, a focus on habit change alone is likely to be insufficient, just as trying to clean up a flood in your home with a dozen sponges is likely to be insufficient if you have not yet repaired the broken pipe or cut off the water supply from the street. The source of the problem needs to be addressed before the consequences can be eliminated. Since our self-defeating defenses and habits are often developed during the course of childhood conflicts and traumas, and are unnecessarily maintained even after we leave the original environment, revisiting and resolving the issues that originally gave rise to these defenses and habits is often useful in freeing us up to try out new strategies. Unfortunately, these are the very memories and feelings that we most want to avoid. But all too often, the way out is through, rather than around. For example, if you were hurt very deeply as a teenager by the infidelity of your first true love, you might find yourself hesitant to get close again, perhaps breaking off relationships when they start to become emotionally intimate. You might try to change this habit of guardedness by reminding yourself that this partner is safe, by nudging yourself to share your inner feelings more, and by allowing yourself to be more vulnerable in general with this partner. However, you're likely to find it easier to change these habits if you first address your original core injury, and express the hurt, sadness, anger, fear etc. that you continue to carry with you from this first loving relationship. This is not to say that the trauma model is superior to the habit model. Rather, these two models work well in tandem, and the habit model is likely to be more effective if your habits did not originate in trauma, or when the trauma model has already minimized the influence of prior injuries in maintaining current dysfunctional habits.

Much more will be said about the trauma model during a later chapter on trauma and dissociation. First, however, I want to provide a simplified view of habit change. This approach applies to both cognitive change

(changing self defeating thoughts about yourself, others, the future, etc.), and behavioral change. There are basically two things you need to be able to do to change most habits. First, you must develop a Plan B, or new habit, to replace the old Plan A or old habit, and secondly, you must monitor your behavior and catch yourself before the old Plan A behavior is enacted, and substitute Plan B. For example, if you are in the habit of blowing up in anger when your child misbehaves, you might develop a Plan B of taking time out to cool down, and then asking your child questions about the unacceptable behavior, and listening to his/her response before you give your input. Sometimes the hardest part, however, is our tendency to react impulsively without even thinking of the alternative behavior. It is as if we are on automatic pilot, without a warning system to alert us to the need to switch onto manual pilot to avert a crash. So how do we add such an early warning system to our behavior? Somehow we need to red flag or radioactively tag the lousy behavior in question so we can catch it before it goes too far. The goal is to catch it soon enough, before it plays out and creates nasty consequences for us. We need to invest energy into noticing the behavior in question. This energy comes from our motivation to change; if we're not really motivated to change, we won't invest the energy needed for early identification of the behavior to be changed. Thus, if someone else wants us to change, but we are reluctant to do so, we are unlikely to invest the energy needed to change, or will do so only temporarily in order to placate them and maintain the status quo to avoid losing them as a partner or friend. If we ourselves are motivated to make this change, however, then we are likely to invest the energy, and the question becomes how to do so. What we want to do is to identify those behaviors, thoughts, feelings, etc. that typically precede the behavior that we want to prevent. Thus, if blowing up at our child is the behavior to be prevented, then we want to be on alert for any signs of anger or frustration toward our child, alert for thoughts that might set such anger in motion (e.g., "I wonder if she cleaned her room like I asked her to"), alert for situations that might precipitate anger (e.g., the day report cards are distributed), etc. If we invest enough energy into catching these prior thoughts, feelings, behaviors, and situations, we can catch ourselves and then substitute Plan B before Plan A gets up a full head of steam.

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