



The Pyramid of Change in Psychotherapy

Counselling and psychotherapy are about change, whether that is a fundamental change in how we experience ourselves in the world or in working through a difficult emotion and changing how we are feeling. Everybody who enters into a process of therapy is seeking change of some kind.

A myriad of books have been written about applied psychology, counselling and psychotherapy. These books use different psychological methods (theories) to explain people's problems and how change can happen. However, while these thoughts, theories and models all talk about the process differently, what they all have in common is the aim of helping the client to change.

While the process of change is difficult, understanding the fundamentals of what drives change and how we change can be really useful. At Brighton & Hove Psychotherapy, we call this The Pyramid of Change.

What is the Pyramid of Change?

Humans are embodied beings, as are all living creatures. We reside in our bodies and are constantly receiving data from our bodies. The problem is that most of us have either never learnt to listen to our bodies or have 'tuned out' the body's messages. Why does this matter? Because all of our emotions, leading to feelings, leading to thoughts, leading to behaviours and, finally, leading to change or results, originate in the body – our physiology.

The base of the pyramid refers to 'physiology' and can best be described as the orchestra the body plays moment to moment. It comprises all our biological and emotional systems. For example, we all take for granted the fact that we are breathing and generally pay little attention to this process. However, through bringing our attention to our breath, we can obtain valuable feedback – am I breathing deeply or shallowly? Is my breathing fast or slow? We can then influence our breath. The same goes for our heartbeat. With some concentration, we can become aware of our heartbeat, feel it beating in our bodies and calm our heartbeat down (or speed it up).



Our physiology – the data stream from our body – is both influenced by our internal and external environment. For example, we may feel some discomfort in our legs after sitting for a long time, informing us that we need to move position (internal) and our heartbeat will likely speed up if we hear a loud explosion or noise nearby (external).

This orchestra of the body, whether it is an itch on the top of our head or a sensation in our big toe, provides us with a constant stream of data. And it is this data that comprises our emotions.

Emotions are data streams ‘in-motion’; the data being fed from all the systems in our bodies dictates what emotions we are experiencing. Emotions are synonymous with pieces of music – data from our body – that have a unique composition. They are felt states of arousal. And there are a lot of them. 34,000 have been identified!

Feelings, the next level up the pyramid, are the labels we apply to emotions. It is common in our language to say ‘I am **angry**’ or ‘I feel angry’. A more accurate expression would be ‘I am doing anger in my body’.

Feelings and thoughts are intrinsically linked. Through neuroscience, we now know that while some thoughts can impact on our emotional state, generally the process works the other way around – feelings dictate our thoughts. The problem lies in the fact that as most of us are so cut off from our bodies, and thus cut off from the felt state in our bodies, we don’t know from one moment to the next what we are actually feeling and so proceed on the thoughts that seem to randomly appear in our minds.

Hopefully by now it may be clear that rather than being random, our thoughts are often driven by feelings, which are ultimately driven by our physiology. However, very few of us stop to ‘think about what we are thinking’ – to ask ourselves, “How is my felt sense (physiology in-motion leading to feelings) influencing how I am thinking right now?” If we did, we would discover the answer is in fact, quite a lot!

Our behaviour is driven by our thoughts. If we think we are enjoying something, we move towards it, and vice versa if we fear something. There are plenty of studies that have shown that the human thought process can be influenced without our being aware of it, leading to



changes in behaviour. And these changes are driven by our physiology changing in response to the stimulus.

As a society, we tend to focus on behaviour changes to change results. Examples are numerous from how children are schooled, how the judicial system functions through to how we try and create different results in our own lives through pure behaviour focused strategies that tend to fail. A good example that most of us can relate to is that of New Year's resolutions.

Change therefore, needs to be driven through an attunement with our physiology – by our psychotherapists and by ourselves.

Our next blog focuses on the clinical implications of [therapy](#) in the context of The Pyramid of Change.

Working with The Pyramid of Change

So we have now introduced the concept (and paradox) that in order to achieve results (change) the locus of attention needs to begin not with change but with the felt sense in the [body](#). How can we facilitate this?

Counsellors and psychotherapists are taught to ask one particular question, in many different guises – “And how do you feel about that?” But this question is based on a very unrealistic and dangerous assumption: that the client can feel, knows what a feeling really is, and also knows how to distinguish between feelings.

The ability to feel requires an attunement with our bodies; the development of a moment-to-moment sensitivity to our physiology (the orchestra playing in our body) that brings forth our emotions and enables us to define our feelings.

Most people presenting for [counselling](#) or [psychotherapy](#) have experienced some sort of relational [trauma](#) in childhood, the severity of which correlates to their pathology, or current relationship to self and others. In attachment theory language, they are insecurely attached. And remaining in attachment theory language, the role of therapy is to change



that attachment style to one of secure attachment. We re-parent our clients. At least, that's the idea.

When we assume that a client knows what they are feeling, we assume that there was enough attunement – bodily, psychically, emotionally and mentally – from their primary carer for this developmental process to have been completed. Sadly, this is very unlikely to have been the case.

The role of culture and gender

In the Western world, 'feeling' is not seen as helpful. In fact, most corporate and political structures reward a lack of feeling. Thought is prized above all else, yet few of us stop to think about why we are thinking a certain way.

Add into this mix generations of subscribing culturally to a patriarchal model that dictates that 'boys should be strong' and you have a recipe for disaster when it comes to people being able to work out how they feel. Most [men](#) have profound trouble defining a feeling and when they can, the feelings tend to be somewhere in the region of 'OK' or 'shit', with little in between. Women may generally be slightly better at this than men, but their sensitivity to their emotional state remains curtailed by the mind-body split and social conditioning.

If, as is increasingly being evidenced through research in the fields of neuroscience and neuroendocrinology, results (change) are driven by an attunement to our physiology as the first step, and then the regulation of affect (physiology and emotions) through directly influencing our physiology as the second step, I would suggest that as counsellors and psychotherapists, our job is two-fold.

Firstly we are responsible for using our own physiology, emotions, psyche and mind – to help clients understand what they may be sensing in their bodies, how these sensations are travelling (emotions), how clusters of emotions comprise feeling states, how these feeling states influence their thoughts, how their thoughts influence their behaviour and how all of this ultimately contributes to how they experience themselves and others in the world (results).



The second step is to help clients tolerate their uncomfortable feeling states while remaining connected to the here-and-now. This is, in part, initially achieved through the relationship in the therapeutic dyad and subsequently in part through helping clients' access tools (internal and external) that enable them to regulate their own emotional state (which we have blogged about before).

It is these two steps, that we believe comprise results-driven [Functional Psychotherapy](#) and should lie at the core of any treatment plan. To quote Dr Allan Shore, [psychotherapy](#) is “an affect-communicating and affect-regulating cure.”

And, of course, there is a process preceding steps one and two that clinicians can come to overlook; if we want to be able to offer this to our clients, we need to be able to do it for ourselves. It can't be learnt from a book, or in expensive training courses. It is the cultivation and development of our own felt sense and emotional landscape. Otherwise, we are offering our clients mere insights, at best, which can only lead to short-term behaviour changes. And as we now know, behaviour changes lead to failure, as long-term change starts in the body and not in the behaviour.

So, to conclude, I would suggest that we all need to reconsider our intentions in asking our stock question of “So how do you feel?” and follow it up with variations on the following:

“And how do you know you are feeling that?” “What is happening in your body that tells you that?” “Notice that and hang out with it, how is that?” and “What happens next?”

[Mark Vahrmeyer](#)