

Connections Between Ancient Philosophies and Modern Psychotherapies: Correlation Doesn't Necessarily Prove Causation

James D. Herbert, *Drexel University*

In 1976 an entertaining and thought-provoking series called *Connections* was first shown on public television. The show's author, producer, and host, James Burke, explored the history of science and technology by highlighting apparent connections between unlikely people and events. For example, Burke might trace how someone who invented a new technological instrument had a cousin who was the lover of the father of a scholar who used the instrument to make an important scientific discovery. To the extent that the goal of the series was to present the history of science in a highly engaging manner, it was a huge success. Burke followed the original *Connections* project with several equally successful shows and books (e.g., Burke & Ornstein, 1995). As a matter of historical scholarship, however, there is a problem. Implicit throughout the series is an important but unexplored assumption, namely, that the "connections" among the various people and events reflect a web of causal influence. Certain events are highlighted as directly or at least indirectly responsible for subsequent events, which in turn set the stage for still other events, and so on.

There is, of course, an alternative explanation. At least some of these putative connections may in fact be causally unrelated, reflecting instead the creativity of the historian. Humans are pattern-seeking animals. Characteristic features of human cognition can lead to observations of connections between phenomena that do not actually exist. Superstitious behavior is a prime example.

Both Reiss (2003) and McGlinchey (2004) recently published interesting papers in this journal in which they draw connections between ancient Hellenistic philosophies and contemporary forms of cognitive behavior therapy (CBT). Reiss argues that rational-emotive behavior therapy has its roots in the Hedonistic philosophy of Epicurus, whereas McGlinchey highlights the effect of Stoicism on contemporary CBT. Both au-

thors present interesting discussions of the parallels between these ancient philosophies and the tenets of modern CBT. And like the *Connections* series, both go a step further in suggesting that the ancient philosophies are causally related to contemporary schools of thought. For example, Reiss' article, entitled "Epicurus: The First Rational-Emotive Therapist," states that "in certain key respects, Epicurus was history's first influential rational-emotive theorist" (p. 406). In commenting on Reiss' paper, McGlinchey writes, "... I was surprised at the lack of mention of Stoicism, another Hellenistic school that also has exerted a significant influence on modern cognitive behavioral therapies..." (p. 51). He goes on to note that a reading of key Stoic works "reveals many ideas that are precursors of CBT" (p. 51).

The fact that intriguing parallels exist between Hellenistic philosophies and contemporary schools of psychotherapy is not in doubt. However, the degree to which these parallels reflect direct causal influence of the former on the latter should not be assumed. A creative scholar can find similarities between a variety of ancient philosophies and modern ideas. In terms of Hellenistic philosophies, for example, one might point to the introduction by Thales of Miletus (624–546 B.C.) of the idea of criticism as an epistemologic tool, which parallels cognitive therapists' questioning their patients' interpretations of events. Or the relativistic empiricism of the Sophists, such as Protagoras (485–410 B.C.), who held that one's reality is a function of one's unique construal of the world, again paralleling certain modern CBT ideas. And of course we cannot forget Socrates (470–399 B.C.) himself, whose very name gave rise to the method of Socratic questioning—a hallmark tool of the cognitive therapist. The point is that such parallels do not necessarily reflect direct causal links. Of course CBT is embedded within a tradition of Western thought that has been influenced by a variety of broad intellectual developments, in-

cluding the Hellenistic philosophies, the teachings of the Medieval Church, the Enlightenment, and so on. But this is a far cry from asserting that a specific historical philosophy underlies a specific modern school of psychotherapy.

One of the most difficult jobs of the historian is tracing the causal impact of historical phenomena on later developments. This exercise is hard enough with great historical persons or events, but it is much harder in the domain of ideas. The task is somewhat less daunting if the historical ideas are relatively temporally contiguous. For example, McNally (2003) persuasively argues that the notion of recovered memories that has recently captured the attention of psychotherapists was directly influenced by Freud's theories of repression. Herbert and Sageman (in press) trace the effect of various historical developments beginning in the 19th century on current conceptualizations of and treatments for PTSD. It is much more difficult, however, to trace the specific influence of a particular idea over more than two millennia. Humans have wrestled with fundamental psychological questions since the beginning of recorded history, and it is not surprising that many solutions have been proposed, subsequently forgotten, only to reemerge independently later.

The idea that parallels among schools of thought necessarily reflect causal links is not limited to the effect of the classical Greeks. Ironically, one of the most striking examples of this fallacious reasoning involves Afrocentric claims that Greek civilization itself was "stolen" from North Africa, and that scholars have conspired to hide this fact for racist motives (Bernal, 1987; James, 1954). Similarities in Egyptian and Greek scholarship are thought by certain Afrocentric scholars to reveal the influence of the former on the latter. Classical historians have convincingly demonstrated the many problems with these claims (Lefkowitz, 1996; Lefkowitz & Rogers, 1996). Once again, we see that correlation does not necessarily reveal causation.

This is not to minimize the importance of an appreciation of history and philosophy among psychologists and psychotherapists; quite the contrary. In this age of increasing specialization, an historical perspective highlights the fundamental questions that have long occupied humankind. Moreover, the study of history and philosophy has the humbling effect of revealing that these questions, as well as our modern proposed solutions to them, are almost always far

AABT'S 38TH

— annual —

CONVENTION

November 18–21, 2004

 NEW ORLEANS

Comorbidity



from novel. Insights from great thinkers of the past can sometimes shed new light on contemporary problems. However, the value in the historical study of psychological questions does not depend on the causal status of apparent connections between distant schools of thought, and scholars must be cautious to avoid excessive inferential leaps about causation. Parallels between ancient philosophies and contemporary schools of psychotherapy are interesting enough in their own right.

References

- Bernal, M. (1987). *Black Athena: The Afroasiatic roots of classical civilization*. New Brunswick, NJ: Rutgers University Press.
- Burke, J., & Ornstein, R. (1995). *The axemaker's gift*. New York: Putnam.
- Herbert, J. D., & Sageman, M. (in press). "First do no harm:" Emerging guidelines for the treatment of posttraumatic reactions. In G. Rosen (Ed.), *Posttraumatic stress disorder: Issues and controversies*. West Sussex, UK: John Wiley & Sons.
- James, G. G. M. (1954). *Stolen legacy*. New York: Philosophical Library.
- Lefkowitz, M. R. (1996). *Not out of Africa: How Afrocentrism became an excuse to teach myth as history*. New York: BasicBooks.
- Lefkowitz, M. R., & Rogers, G. M. (1996). *Black Athena revisited*. Chapel Hill: University of North Carolina Press.
- McGlinchey, J. B. (2004). On Hellenistic philosophy and its relevance to contemporary CBT: A response to Reiss (2003). *the Behavior Therapist*, 27, xx-xx.
- McNally, R. J. (2003). *Remembering trauma*. Cambridge, MA: Harvard University Press.
- Reiss, S. (2003). Epicurus: The first rational-emotive therapist. *the Behavior Therapist*, 26, 405-406. 

Clinical Forum

Assessing Secondary Trauma

Robert W. Motta, Dawn M. Chirichella, Margaret K. Maus, and Maria T. Lombardo, *Hofstra University*

Secondary trauma, also referred to as secondary traumatic stress disorder (STSD), refers to the acquisition and experiencing of trauma symptoms as a result of close and extended contact with traumatized individuals. Those with secondary trauma have not directly experienced a traumatic event, but rather have acquired characteristic trauma symptoms resulting from exposure to a traumatized person. While the symptoms of STSD are similar to those of posttraumatic stress disorder (PTSD), they are less severe (Motta, Kefer, Hertz, & Hafeez, 1999; Suozzi, 1998). The symptoms of STSD include unwanted thoughts and memories of traumatic events, detachment and withdrawal, difficulty concentrating, and sleep disturbances. Given that STSD is not included in the psychiatric nomenclature, the term "secondary trauma" will be used from this point on. Secondary trauma symptoms can evolve from scenarios such as living with a traumatized family member (Catherall, 1992), being a young child brought up by traumatized parents (Rosenheck & Nathan, 1985), or being a child of a war veteran with PTSD (Motta, Joseph, Rose, Suozzi, &

Leiderman, 1997). Secondary trauma has been used globally to encompass "vicarious trauma" and "compassion fatigue" (McCann & Pearlman, 1990). Vicarious traumatization, like secondary trauma, refers to the acquisition of trauma responses due to close association with a traumatized individual. Compassion fatigue specifically refers to trauma reactions that are acquired by individuals who work in a therapeutic manner with those who have been traumatized.

Past studies have shown that therapists who work with traumatized clients are at risk for developing secondary trauma symptoms such as acute stress reactions, emotional distress, intrusive images, and phobic avoidance. Ghahamianolou and Brodbeck (2000), for example, studied secondary trauma reactions in 89 trauma counselors who worked with clients who had been sexually assaulted. Using the Global Severity Index of the SCL-90 R (Derogatis, 1977) and the Penn Inventory of PTSD (Hammarberg, 1992), they found that many sexual assault trauma counselors developed intrusive and unwanted images similar to those of their clients. Similarly,

Brady, Guy, Poelstra, and Brokaw (1999) conducted a study on the effects of compassion fatigue on psychotherapists who work with trauma survivors, including those who had been raped. Their results indicated that female psychotherapists are more likely to exhibit trauma symptoms when they see large numbers of sexual abuse cases or when they see a high number of sexual abuse victims over the course of their careers compared to those who see fewer sexual abuse cases.

It is important to note that the impairment seen in those who are exposed to traumatized individuals could be due to factors other than secondary trauma. For example, family members or therapists who have regular contact with others who are traumatized may develop difficulties owing to their own trauma history. Therefore, the linking of emotional impairment specifically to exposure to traumatized persons should be done with caution. It may be that intervening influences exist. On the other hand, the fact that intrusive and unwanted images seen in therapists suspected of having secondary trauma are often similar to those of their clients suggests a secondary traumatic effect.

If therapists are likely to acquire the trauma symptoms of their clients, it may be that partners who have extensive contact with a traumatized partner are even more likely to acquire the trauma reactions. Nelson and Wampler (2000) attempted to address the issue of how a history of trauma,