

Psychotherapy Guidebook

BIOCENTRIC THERAPY

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Biocentric Therapy

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e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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Biocentric Therapy

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DEFINITION

Biocentric Therapy is a cognitive-experiential approach to problems of development, personal growth, and self-actualization. It developed around a perspective that sees human beings, first and foremost, as living organisms whose primary task is to exercise their capacities effectively to satisfy their needs and thereby preserve and enhance their well-being. The way in which an individual deals with this task is seen as the key to his psychology.

If a person is to act effectively, if he is to maintain and further his life, he requires a knowledge of his environment, of his own state of external and internal reality, of the world, and of self. Thus, Biocentric Therapy sees a person's mental functioning as being psychologically maladaptive to the extent that the functioning of his consciousness is unimpeded by blocks; his psychology is biologically maladaptive to the extent that blocks obstruct the functioning of consciousness.

Thus, a central goal of therapy is to remove obstructions to awareness and restore the integrated power of the mind.

HISTORY

The biocentric approach, developed by this author, was first presented systematically in my book *The Psychology of Self-Esteem*. The primary background of this approach is in philosophy, specifically in the Aristotelian orientation and, more recently, in the Objectivist philosophy originated by Ayn Rand. My approach does have important differences, however, with both of these schools.

The most significant aspect, perhaps, of the evolution of Biocentric Therapy is an increasingly experiential orientation, a greater focus on an emotional self-awareness and self-acceptance, and the unblocking of feelings as a pathway to the integration of mind and emotion.

TECHNIQUE

Biocentric Therapy tends to see “symptoms” as representing undesirable “solutions” to real problems arising in the course of the individual’s development. The blocking or disowning of feelings, for example, can have obvious short-term functional utility for a child struggling to survive in a terrifying and painful environment — even though there are very real long-term dangers in learning this strategy.

The goal-directed character of “neurotic symptoms” cannot be

adequately understood without an appreciation of a human being's need of self-esteem and the profound role this plays in his development. Self-esteem is defined in Biocentric Therapy as the experience that one is competent to live and worthy of living.

As a being with the ability to seek awareness or to avoid it, to exercise his mind or to suspend it, he carries the responsibility of knowing that his method of functioning is appropriate to reality, to the requirements of survival and well-being, to the need of self-esteem. Self-esteem is seen as varying inversely with reality-avoidance strategies.

Virtually all techniques aim at making the client conscious of reality-avoidance strategies, conscious of the goal such avoidance strategies are intended to fulfill; they aim further at opening awareness to alternative pathways to well-being.

Methods to achieve this vary from a variety of emotional-release processes, to psychodrama, to fantasy exercises, to breathing exercises, to homework assignments, to designed experiments with new types of behavior, to what is perhaps the most distinctive technique used in Biocentric Therapy: sentence-completion work. In this technique, the client is given a sentence stem and asked to keep repeating the stem with new endings. Then a new stem is provided, building on clues suggested by the earlier responses, and so

on, taking the client deeper and deeper into his feelings. This results in an explosion of awareness that is simultaneously cognitive and experiential.

The primary values transmitted in Biocentric Therapy are those of self-awareness, self-acceptance, self-responsibility, self-assertion, and personal integrity, all of which are seen as being indispensable to self-esteem.

Biocentric Therapy differs from cognitive-oriented therapies in its heavy emphasis upon emotional-release work and emotional self-awareness. It differs from the emotion-oriented therapies in its heavy emphasis on the cognitive component of learning and growth.

It is easy enough to pay lip service to the ideal of integrating thought and feeling, mind and body in the course of doing therapy. It is unlikely that any psychotherapist would dispute the desirability of this ideal. However, psychologists who emphasize the intellect, cognition, reason, often tend to take a disparaging attitude toward emotions. On the other hand, psychologists who emphasize emotions and specialize in emotional-release types of therapy tend to be hostile to reason and the intellect, though there are exceptions. Biocentric Therapy does not sharply dichotomize conscious and subconscious, but thinks instead in levels of awareness or unawareness and holds that the making conscious of material viewed as profoundly subconscious is not nearly as difficult as certain schools, notably

psychoanalysis, seem to believe.

APPLICATIONS

Biocentric Therapy has been used successfully with a wide variety of problems, ranging from sexual disorders, anxiety, and depression to alcoholism and a host of other such behavior disorders. However, its primary focus is less on the treatment of symptoms than on the process of personal growth and self-actualization — the opening up of the individual's positive personality potentials. A great many problems are seen to fall of their own weight, without requiring separate and specific treatment, with the removal of blocks to self-actualization and with a greater utilization by the individual of his powers and abilities.