

The Audacity Health Method: Enhancing Therapeutic Understanding and Client Empowerment

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Submitted: 2024, Jun 24; **Accepted:** 2024, Jul 15; **Published:** 2024, Jul 23

Citation: Zdyb, T. (2024). The Audacity Health Method: Enhancing Therapeutic Understanding and Client Empowerment. *J Edu Psyc Res*, 6(2), 01-04.

Abstract

The Audacity Health method utilizes the Feynman Technique, a learning method developed by Nobel Prize-winning physicist Richard Feynman. It emphasizes deep understanding and simplification of complex concepts through teaching. This paper explores the application of the technique within the context of psychotherapy to enhance both therapist and client comprehensions of psychological processes. Implementing a step-by-step approach, therapists can break down and demystify intricate behavioural and emotional patterns, facilitating a more profound grasp of factors that cause and maintain the mental illness the individual is seeking therapy to treat. Through a case study example, this paper demonstrates how the method can be employed to clarify the client's issues, empowering them to gain insight into their mental health and generate solutions for symptoms. The outcomes suggest that the Audacity Health method fosters more effective communication, reinforces therapeutic alliance, and promotes active client participation in treatment. Ultimately, this integration aims to optimize therapeutic efficacy by merging educational simplification with evidence-based psychotherapeutic interventions to advance mental health.

Keywords: Feynman Technique, Psychotherapy Protocol, Psychoeducation

1. Introduction

The Audacity Health method applies the Feynman Technique to psychotherapy. The Feynman Technique, originated by the renowned physicist Richard Feynman, is a method for learning and understanding concepts deeply through simplification and teaching. Psychotherapy often involves psychoeducation as this serves several crucial functions in the therapeutic process. Applying the Feynman Technique to psychotherapy can be particularly effective, as it catalyzes clarity and comprehension while simultaneously enhancing encouragement and empathy. This paper outlines the procedure for applying the Feynman Technique, including examples and remarks from a client who is currently piloting this protocol.

Psychoeducation is a foundational element in psychotherapy. It equips clients with the knowledge and skills they need to understand their condition, manage symptoms, and engage in treatment more effectively. Glen Gabbard astutely noted that we are consciously confused and subconsciously controlled [1]. Depth psychology seeks to understand how the unconscious influences behaviour. It typically involves the identification of personality

organization, ego mechanisms of defense and recognition of repetition compulsions. Several studies have demonstrated the efficacy of psychodynamic techniques aimed at understanding the deeper, often hidden motivations and conflicts that drive behaviour [2-6]. Psychoeducation is certainly not limited to psychodynamic psychotherapy. Most if not all evidence-based psychotherapies include some element of educating individuals about the symptoms they are seeking help to ameliorate. The Audacity Health method is transtheoretical and can easily be incorporated into psychotherapists' existing clinical orientation and practice.

The facilitation of knowledge during psychotherapy helps clients understand the condition for which they are seeking help. The more thoroughly the etiology and maintenance of their mental health issue(s) and how these affect their thoughts, feelings and behaviours is conceptualized, the greater their control over these. Demystifying client experiences reduces stigma and feelings of helplessness. When clients are educated about their condition, they are in a position to collaborate more effectively with their therapist, enhancing the therapeutic alliance. Understanding the rationale behind certain therapeutic interventions can increase

trust and engagement in the therapeutic process.

Clients who are well-informed about their mental illness can better recognize early warning signs and utilize appropriate coping strategies, leading to improved symptom management and overall clinical outcomes. Psychoeducation enhances adherence to treatment, as clients understand the necessity and benefit of sticking to their mental health promotion regime. With better understanding, clients make more informed decisions about their treatment and actively participate in their recovery process.

Motivation is maintained through monitoring the development and deepening of self-awareness in each session and setting goals based upon this new information. Knowledge gleaned through the application of the Feynman Technique informs decisions about which evidence-based psychotherapy techniques should be used by the client between sessions.

Implementing the Audacity Health method cultivates connection, maintains motivation, and stimulates self-awareness. In so doing it empowers people to increase control over personal determinants of mental health and improve overall therapeutic outcomes.

2. The Audacity Health Method – Overview

The Feynman Technique is a process for learning that includes: choosing a concept that you want to learn - in the context of it being applied to psychotherapy - deepen your understanding of the chosen concept; explaining it in simple terms; identifying gaps in knowledge and addressing these by returning to the source of information; simplifying your explanation; and reviewing this often.

In psychotherapy, the ‘concepts’ that one is seeking to understand are the presenting concerns/symptoms. During intake and in the first therapy session, the client is invited to share, verbally and in writing using the Audacity Health method worksheet (see below) everything that they currently know about the frequency, duration and severity of the symptoms that they are experiencing, any diagnoses they may have received, examples of situations in which symptoms arise, their understanding of the cause of the distressing thoughts and feelings and the behaviours they engage in as a response to these, which in turn perpetuate them.

One of the aims of the first psychotherapy session is for the client and clinician to establish a baseline understanding of the above and related treatment goals. Together they will document an explanation of the case conceptualization that can be easily understood by someone with no background in psychology or lived experience of mental illness. The explanation will be as clear and straightforward as possible. This will inform the course of treatment. Much like the constantly evolving self-awareness and clinical case conceptualization, the evidence-based interventions will be augmented as additional knowledge is integrated into the treatment plan.

Based on the information shared through the intake questionnaire

and in the first session, the therapist deconstructs the constellation of symptoms and related thoughts, feelings and behaviours, in simple layman’s terms, avoiding jargon. This ensures that both the therapist and the client gain a clear, mutual understanding of the problems the client is seeking help for. An example of the kind of specialist language that is avoided is: cognitive distortions are habitual ways of thinking that are often inaccurate and negatively biased. Avoiding this type of jargon could result in explaining that: cognitive distortions are patterns of negative thinking that can make us see things worse than they actually are.

In the next session, the therapist invites the client to explain the case conceptualization in their own words. This not only helps the client process and internalize the information but also highlights areas where further clarification is needed. It might involve the therapist asking the client to please share their understanding of what was discussed last session. For example, what they understand about how their thoughts influence their feelings and/or vice versa, and how these are related to the behaviours they engage in, as well as the patterns of thinking and feeling that they are seeking to alter.

Through this process, both the therapist and the client can identify gaps in understanding. If a client struggles to explain a concept, it indicates that further exploration is needed. The therapist can use this feedback to revisit and explain the difficult parts more thoroughly.

The next step is to refine and simplify further. After identifying gaps, the therapist refines their explanations, possibly using metaphors, examples or visual aids to make complex ideas more accessible. This mutual understanding is used to inform which evidence-based interventions from the therapists existing repertoire of training and experience will be utilized in service of meeting treatment objectives.

When appropriate, the client will demonstrate implementation of the strategies aimed at facilitating change in session, prior to practicing these between appointments. Practicing in session allows the therapist and client to evaluate understanding and efficacy as well as refine efforts if/when necessary. The Audacity Health method requires active engagement with the psychological material, constant assessment and iteration. Ideally, this method results in the client becoming an expert on the issue that brought them to treatment, including how to remedy it and prevent relapse.

3. The Audacity Health Method – Protocol

Step 1 (identify concept): Write everything you know about what you are seeking help with. Add to this during and/or after each session.

Date:

Knowledge/Insights:

Step 2 (teach): Start to synthesize the information you have gathered during and through reflection on your sessions. Practice

skills to address the symptoms and patterns of thinking, feeling and behaving that you are seeking to change.

Date:

What I understand:

Where I am stuck/confused/resistant:

Step 3 (fill in the gaps): Explain this in simple terms to your therapist. What areas need further clarification? These may pertain to how, when, and/or where to use therapeutic skills as well as poorly understood aspects of the etiology and maintenance of the cycle you are in treatment to break.

Date:

Explanation:

Step 4 (simplify and solidify): Co-create plans to address the areas needing further attention and action identified in Step 2 and disseminated in Step 3.

Date:

Objective:

Plan:

4. Case Example Excerpts: P.M.

4.1. Introduction

P.M. is a 32-year-old male seeking treatment for relationship dissatisfaction. He expressed a desire to end his common-law relationship. He is experiencing avoidant coping due to fears related to grief and change.

Step 1:

Date: Ongoing since 2023, session date: May 28, 2024

Knowledge/Insights: “Trying to make more personal time/say no so that I may be able to feel more fulfilled with my time. Anxiety of possible arguments or confrontations about saying no and speaking my true thoughts”.

Date: June 6, 2024

Knowledge/Insights: When I was “a child failure was punished. In order to guard against disappointing Dad/parents by failing, I avoiding trying”. “Another example of self-protective behaviours is passively communicating disappointment, unmet expectations, anger, frustration and other negative emotions”.

Date: June 11/24

Knowledge/Insights: “I realized that telling myself that I am ‘not

strong’ allows me to avoid having to engage in hard conversations. Then I don’t have to try. I won’t fail if I don’t try. I can’t has a different connotation than I won’t”.

Step 2:

Date: May 28, 2024

What I understand: “I understand that though things may be difficult or uncomfortable, that will end and things will move on. Going through the thought process of all the possible outcomes of conversation as a method of exposure therapy”.

Where I am stuck/confused/resistant: “Motivation to proceed with difficult conversations and tasks as I know it will be very emotional and difficult/hurtful for others, even though the situation isn’t what I want/isn’t what makes me happy”.

Date: June 6/24

What I understand: “I understand that though things may be difficult or uncomfortable, that will end and things will move on. Going through the thought process of all the possible outcomes of conversation as a method of exposure therapy”. “I don’t feel safe expressing my feelings directly so I do so passively by being quiet, withdrawn or other body language”.

Date: June 11, 2024

What I understand: “I am tolerating negative emotion in the present in order to avoid it in the future”

Where I am stuck: “Understandably scared about destabilizing my life”.

Step 3: Explain this in simple terms to your therapist. What areas need further clarification? These may pertain to how, when, and/or where to use therapeutic skills as well as poorly understood aspects of the etiology and maintenance of the cycle you are in treatment to break.

Date: May 28, 2024

Explanation: “I know that I want to leave this relationship but I am avoiding the negative emotions that will come from that”.

Date: June 6/24

Explanation: “I need to act as if I can tolerate negative emotions, tolerate disappointing someone”.

Date: June 11/24

Explanation: “I see the ways that avoidant coping is tied to low self-esteem, low motivation, and anxiety”. “I know I want to end this relationship and will likely be happier, after grieving, once I

do”.

Step 4: Co-create plans to address the areas needing further attention and action identified in Step 2 and disseminated in Step 3.

Date: May 28, 2024

Objective: Get more comfortable with conflict and navigating grief.

Plan: Exposure therapy in session to practice having difficult conversations. Reinforcing the benefits of doing these things/that the difficulty will be worth it. More strategies to manage anxiety around this.

Date: June 6/24

Objective: Increase sense of safety and ability to tolerate distress.

Plan: Review and practice distress tolerance skills.

Date: June 11/24

Objective: Establish a plan for safety in anticipation of destabilization.

Plan: Journal about what I need to have in place before leaving the relationship and moving out of the shared home.

P.M. is still in treatment and noted that he is finding the Audacity Health method has been more effective in helping him increase self-awareness, clarify his intentions, stick to goals and stay motivated than previous times he has sought professional help to navigate life's challenges.

5. Benefits and Risks of the Audacity Health Method

The potential benefits of applying the Feynman Technique to psychotherapy are: enhanced understanding; clients gain a clearer and more comprehensive understanding of their issues and the therapeutic process, increased self-awareness and insight. This, empowering them to apply coping strategies more effectively. A robust treatment plan based on this shared understanding and aligned goals. Empathy and connection are developed when therapists explain concepts simply and clearly. This fosters a sense of empathy and validation, helping clients feel understood and supported. Client empowerment; encouraging clients to explain concepts back to the therapist empowers them, as it promotes active participation and engagement in their therapeutic journey. Greater motivation during treatment is facilitated in part by tracking knowledge acquisition and therapeutic gains. Adaptability; the Audacity Health method makes it easier to adapt therapy to individual client needs, tailoring explanations to fit the client's level of understanding and background.

The potential risks of using the Feynman Technique in this way include increased intellectualization, learning things that are

destabilizing or otherwise difficult to process and integrate, feeling challenged, experiencing anxiety, anger or other uncomfortable feelings. That being noted, being challenged is not a bad thing; it is through challenges that we grow and learn. Clients may also feel some tension as they try to change and behave differently. Also, discussion of painful events from the past can lead to some emotional disruption. As clients change, they may find that this leads to some family conflict as those around them adjust to these changes.

At this pilot stage, the Audacity Health method demonstrates clinical utility. While additional applications are needed to support its efficacy, this method offers an exciting opportunity to engage with clients differently when providing psychotherapy.

References

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The Feynman Technique, though widely attributed to physicist Richard Feynman, does not originate from a single formal reference or publication by Feynman himself. It is based on his renowned approach to learning and teaching, as explained in his lecture and autobiographical accounts. The technique was distilled and popularized by others who admired his methods. Feynman's philosophy towards learning and explaining concepts simply can be best understood through his books and recorded lectures, particularly:

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