THINKING, FEELING, AND PERCEIVING IN PSYCHOTHERAPY: AN APPLICATION OF THE PRINCIPLE OF SELF-CONSISTENCY

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Psychotherapy is a broad term embracing a number of approaches. The Freudian tenet ascribes great importance to the historic "working-through" of the patient's life. Adlerian thinking is teleologically oriented, or goal-directed. Sullivanites are mainly concerned with interpersonal relationships. Psychoanalytic schools chart various courses in the search for philosophical and methodological improvement of psychoanalysis as a science. We would perhaps all agree that, though the approaches differ, one goal is the same: to relieve the emotional and mental suffering of the patient.

Comparatively little emphasis has been placed on a positive approach toward the development of inhibited and disturbed mental functions. The present paper pertains to this neglected aspect of psychotherapy. It stresses what we might call a "cognitive viewpoint" in psychotherapy.

There are three major mental functions common to human beings: Feeling, Thinking, and Perceiving. Every person uses these cognitive functions in some fashion, whether to a greater or a lesser degree, and they are more or less taken for granted. Yet if we examined the mind under the psychological microscope, so to speak, we might be surprised, if not shocked, to discover the sharp contrast between the potential capacities of an individual and the insufficient development and use of his mental functions. In some cases we would find that feelings have been arrested as thinking developed; in other cases, the feelings may have matured, but thinking came to a standstill at some formative stage.

"Formative" is used here in its broadest sense, applying not alone to the early, so-called formative years. The formative period in a human being's life is infinite, can last through a lifetime, and is limited only by death. In geriatric therapy, and in therapy with the dying, positive changes can be observed until shortly before the demise (2, 3).

If we therapists accept these observations, we are obligated to direct our attention to the following questions. What mental functions has a patient developed, and is their display appropriate? Conversely, which of these functions has he not developed? And, as a final consideration, which functions are still possible of further development?

These questions provide further speculation. What prevented the development? Has inadequate development caused objective damage (in the patient's status, life situation, etc.) and subjective damage (inferiority feelings, loss of courage, depression, conflicts, psychosomatic reactions, among others)? What has the patient done

with the innate potentialities which could not develop? Has he turned them into malfunctions? Has sense turned into non-sense, humor into cynicism, talent into aimless, fumbling effort?

Sound thinking, one of the basic mental functions, implies the presence of logic. Logic stems from the Greek logos, which means speech or reason. If we take the three together, we understand that speech is comprised of words stemming from reason. We may then arrive at this definition: logic is the application of thought, dictated by reason, to communication by word (whether to others in the spoken or written word, or to oneself in thoughts). If logic is not developed, then a healthy and effective thinking process is impossible. Thinking becomes a malfunctioning process.

Where logic is missing, the patient cannot communicate efficiently, nor can there be a meeting of minds with others. The absence of logic is irritating to the listener, and confusing as well. In the therapeutic relationships, the therapist may become irritated by the patient's lack of logic, but may not be aware of the real cause of this irritation. If he can recognize the source of his irritation, he may well conclude that the patient's interpersonal difficulties may at least partly result from the malfunction of the patient's thinking. It therefore becomes the task of the therapist to bring to the patient's awareness his lack of logic.

Whatever our psychotherapeutic approach, we must not fail to help the patient to develop logic in his thinking, with the ultimate goal of mutual understanding, being able to communicate, and improving relationships. We must call his attention to his non-use of logic and, further, explore with the patient his own brand of logic, which Adler calls the "private frame of reference." Adler describes it thus: "The neurotic has ... a notion of the frame of reference of normal life ... despite this knowledge, his behavior takes place according to another frame ... The other is the neurotic, a private frame of reference" (1, p. 251). This "logic" may be sensible to the patient, but not to others. For example, in psychotherapy the "private logic" of the patient may cause him to mislead the therapist, diverting him from the real issue in order to retain the therapist's "good impression" of him. While this is not in the best interests of the patient from a long range point of view, it provides an immediate satisfaction of a goal: the "approval" of the therapist. Here we see how, on the grounds of feelings, the patient is unable to utilize healthy thinking, in which logic is implicit--that logic which the patient has failed to develop. Helping the patient to develop sound, healthy thinking should be an integral part of psychotherapy.

A young woman patient claimed that she never felt anger, knew the word but not the feeling. She thought herself the epitome of kindness and understanding. Yet within the same hour, with violent affect, she attacked the analyst roundly for "short-changing" her by observing a fifty-minute hour.

A highly intelligent young male patient was very argumentative. The therapist, recognizing that his display of quarrelsomeness was an intellectual expression of hidden hostility, tried again and again

to draw his attention to his resistance against honest expression of his true feelings. The patient finally asked, "Whatever are you talking about?" The therapist answered, "I wish you would bring out your negative thoughts, your anti-social wishes and hostile fantasies." The patient, with an expression of extreme impatience, countered with a rancorous question, "Why do you want to force me to have hostile fantasies?" (It is interesting to note that, of the three factors mentioned by the therapist, the patient seized on only one: fantasies.)

The patient described above again demonstrates the non-operation of logic. He had arrested the development of logic in order to avoid displaying hostile feelings. The same "private logic" operated in other areas also, as this patient frequently reported clashes between himself and his family, friends, and co-workers.

The non-development of logical thinking may also be based on mental inertia, often the result of discouragement. For example, one patient remembered that as a child he tried to enter into family discussions and met with strong rejection. "Don't be stupid; don't talk so much," his family would chide. He gradually lost belief in his ability to contribute when a discussion took place. Confidence in his thinking power, his ability to reason, could not develop--nor could his thinking develop to the point where it would include logic. His "life style" (1) was thus already indicated: the conviction of inadequacy led to full-blown inferiority feelings. Such feelings create extreme psychoneurotic damage such as chronic depressions and/or other psychoneurotic and even psychosomatic symptoms.

Such a patient has neither insight into, nor recognition of, his feelings. The therapist must help him to know that he has feelings, then to identify them, to unearth the misguided feelings which originally inhibited the growth of logic, and to redirect them into healthy channels.

Feelings are popularly relegated today to romanticism. Emphasized instead are machines, bombs, missiles and space achievements. Feelings are almost a cultural liability in this age of ours, and so it is more than ever the responsibility of the therapist to help the individual patient to get out of this machine-age rut. In group therapy, working with a number of people, it is especially essential. The inability to recognize and express feelings appropriately seems to be a universal modern difficulty, born of the socio-cultural-economic pattern of our society.

Some time ago this writer tried an experiment with a group of ten people, asking them to write down as many feelings as they could think of, whether by a general or a personal association. The request created some consternation, one participant (a worker in a mechanical field) even asking, "Just what do you mean by feelings?" The results were meager indeed. Each named love and hate, two exclusively. Four named more than two feelings, but none could list more than six!

What is feeling? The dictionary defines it thus: "to be conscious of being in some state or condition of mind." How conscious of feelings was the group who could list so few? And how conscious is the

majority of today's citizens in a mechanistic, materialistic society which has rejected feeling in favor of technological gains? The answer is obvious and sad, for awareness of feeling is a necessary prerequisite for true vitality. Were we without feeling, we could not fully recognize situations and implement relevant action; thinking alone would not serve our purpose. I might judge a danger with my intellect, and think out a plan with which to meet the situation. Would my thinking be enough of a stimulus to act against the danger? Indeed, what mobilizes my thinking? The answer is this: my feelings tell me what is implied in any situation which I face, and stir my thoughts to respond appropriately. If there is danger, my feelings tell me so, and dictate to my intellect that it must plan to avert the danger. In certain dire situations there may not even be the time to think. In this case, we respond with a reflex action deriving from, and stimulated by, the feeling of fear.

The ideal way of dealing with danger--or with any realistic situation--is to combine feeling and thinking, so that both may contribute to reasonable and appropriate behavior. The term "reasonable and appropriate behavior" is construed here broadly, embracing the range of so-called normal or healthy responses which might be expected to arise from a given stimulus of feeling. If the response is not within this range, it cannot be interpreted as healthy, but can more readily be classified as an aspect of neurosis, and a deviation from health.

Adler feels that perception is "... a psychological function, and, from the way in which a man perceives, one can draw profound conclusions regarding his inner self" (1, p. 210). Sullivan describes this phenomenon as being "... a very complex, relatively private or 'inner' bundle of changes of state here or there, to which I may refer as the act of perceiving, which results in the percept" (4, p. 27). The person who thinks logically, who recognizes and makes use of his feelings, is able to perceive correctly. Perceiving is the use of our senses to permit the reception of impressions from without, to convert them within ourselves into applicable concepts which we can then give forth. The stimuli are received within, for ultimate application without.

Thinking, feeling, and perceiving are interdependent mental functions. We can perceive things as they really are, or distort our percepts. Adler states that "Perception can never be compared with a photographic apparatus; it always contains something of the individual's uniqueness ... Perceptions are not strictly identical with reality, for man is able to transform his contact with the external world according to the demands of his uniqueness" (1, p. 210). When the thinking and feeling functions have gone astray, it is a corollary that perception is distorted in the same degree. By the same token, when perception malfunctions, we receive distorted percepts which then are given forth as distorted concepts. Example: the vulnerable person may hear in the voice of another a tone of hostility or criticism which was neither felt nor intended by the speaker. In the hearer's mind, however, the comment is converted into an attack.

Distorted percepts occur commonly. A person comments on an

evil odor, which he sincerely believes he smells. He is really expressing his hostility, a kind of literal "You stink!" A woman may receive an accidental touch in a crowd, and construe it as an erotic advance. Another may taste coffee in her friend's home and find the flavor unpalatable; it is actually her friend who does not please her. She might also see in her friend's truly modish appearance an example of poor or garish taste.

Distortion of perception, thinking and feeling are interactive. The woman who actually dislikes the friend of whom she professes to be extremely fond may see this person, hear her voice, eat her food, receive her touch, smell her environment with a distortion of percepts.

The functioning of perception in relation to the self is often almost totally lacking. It is essential that the patient be made aware of this lack, and his self-perceptive function developed. Without it, the beginning of that awareness which is the inescapable essential for insight becomes impossible. With it, the process of treatment, and progress toward a healthier life style, becomes a positive and possible goal.

The interrelation and interaction of these mental functions is a factor which must be of immediate concern to the psychotherapist when beginning treatment of a new patient. He must look for evidence, in the material produced by the patient, of whether or not the patient is functioning at least adequately (with sufficient logic in the general rather than the "private logic" sense) in these areas. If he is not, the first psychotherapeutic task is the constructive effort to develop these functions in order to achieve a competent communication between therapist and patient.

How does the therapist go about making a constructive effort toward competent communication from the patient: Simply by refusing to accept vague, unclear verbalizations, and by insisting that the patient clarify his utterances within the context of true rather than private logic. Consistent application of this method will help to strengthen the patient's logical thought processes over a period of time. The patient, confronted with the demand for clarification, will become aware that he has been befuddled, and will consciously, and eventually consistently, strive for clarity. Confusion of thought is frequently based on confusion of feeling. The patient will begin, with the therapist's help, to know his own feelings. Inhibitions, blocks and repressions may have contributed to his inability to recognize his emotions for what they are. This inability itself causes the patient a chronic though latent suffering. By refusing to accept the patient's vagueness regarding his emotions, and by probing constantly for the experienced emotion, the therapist aids the patient to develop clarity and a sense of true identity. Once this has been achieved, treatment may proceed, as the confidence of the therapist in the comparative soundness of the patient's communications is now well based.

The therapist must also emphasize the development of these functions with the immediate goal of betterment of the patient's other interpersonal relationships, and the ultimate goal of achieving

the highest possible operation of these relationships. Concurrently with the other aspects of the treatment, the therapist must continue actively in the direction of helping the patient develop more than adequate mental functions, to the optimum development of which the patient is capable. As the mental functions are improved, the patient's entire life style will also be beneficially affected.

Summary

The therapist, understanding the importance of maximum development of the mental functions, must implement this understanding in the psychotherapeutic approach to the patient. He must help the patient to uncover and understand his feelings, to be aware of a lack of logic in his thinking, and bias or distortion in his percepts. By helping the patient to recognize his lacks in these areas, by stimulating the awakening and strengthening of the mental functions, the therapist guides the patient toward development of these important capacities.

Unless we succeed in this realm, we are neglectful of a significant curative force, an indispensable element of psychotherapy. But if we put this force to creative use, we can help the patient to transcend his impairments and achieve optimal functioning in his life.

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