"It is invariably saddening to look through new eyes at things upon which you have expended your own powers of adjustment."

F. Scott Fitzgerald
The Great Gatsby

It is human nature to be drawn to books, writings, and well-articulated commentaries that confirm our familiar beliefs. Consequently, I thoroughly enjoyed reading Keith Devlin's book Goodbye, Descarte: The End of Logic and the Search for a New Cosmology of the Mind. When he writes that logic is inadequate to understand thought because "many aspects of what we generally refer to as logical thought and logical behavior do not follow the rules of logic at all," I think, "yes, yes." He points out the need to blend logic with context, since context tells the brain whether "flies" is a noun or a verb as in these sentences: "Time flies like an arrow" or "Fruit flies like bananas." The mind's language is also metaphor. It tells someone how to interpret the statement "You're the cream in my coffee." And, of course, the language of metaphor is very much the language of psychoanalysis wherein we search to discover the underlying messages in seemingly commonplace thoughts and behaviors. For, as Devlin quotes the French mathematician Pascal as saying, "The heart has its reasons that reason does not know."

For the past several years I have organized symposia in which psychoanalysts and cognitive-behavioral therapists, prominent in their fields, have discussed and compared their plans of treatment for the specific cases presented. What has been strikingly evident is that, given a description of the history and present illness of a patient, psychiatrists from the two disciplines made similar assessments of the patient's developmental history as well as areas of stress and conflict. In a blind case testing based on this part of the discussion, you would not be able to identify the theoretical orientation of the speakers. Both, also, recognize the importance of the therapeutic relationship, the value of support and reassurance, and the potential usefulness of medication.

The uncommon factors lie in the methods of obtaining material and the amount and direction of activity once an assessment is completed.

For instance, a cognitive behavioral therapist might obtain a history by having the patient write out his or her autobiography. This request is an expeditious use of time and can elicit information that the patient is too shy to tell the therapist directly. However, the psychoanalyst would say that therapists who use this technique may miss the opportunity to observe the affects associated with the events described, the hesitations in revealing various events, and clues provided by the potential illogic in the flow of associations. How patients reveal their life stories can at times prove to be more important than the content.

The cognitive therapist battles the illogic with logic, while the psychodynamic therapist searches for the logic in the illogical.

A cognitive-behavioral therapist approaches the presentation of illogical ideas, such as negative thoughts about oneself that affect self-esteem or are linked to depression, with education and a systematic attempt to replace the irrational ideas with reality. The psychoanalyst, while recognizing and pointing out these distortions to a patient, will encourage the patient to put aside the usual restraints of organized thought and allow his or her thoughts and feelings to roam freely, anticipating that such freedom in associating will facilitate the emergence of significant hidden (repressed) sources of conflict. One could say that the cognitive therapist battles the illogic with logic, while the psychodynamic therapist searches for the logic in the illogical and, by making the

MARCIA KRAFT GOIN, MD, PhD, is Clinical Professor of Psychiatry at the University of Southern California School of Medicine and Director of Residency Training in the Adult Outpatient Department of the Los Angeles County/University of California Medical School. She is the past Chair of the American Psychiatric Association Committee on Psychotherapy and is currently consultant to the APA Commission on the Practice of Psychotherapy by Psychiatrists.

Jnl. Prac. Psych. and Behav. Hlth.
unconscious conscious, releases the patient from the grip of the irrational. Both psychotherapies attempt to change maladaptive learned reactions. If a child learns to be afraid to go out of the house because his mother reacted with fear whenever he stepped outside the door, is it necessary to know the origin of this fear? Many such fears can be successfully treated by reassurance, desensitization, and exposure. Others stubbornly persist.

Case Study
Shirley, a woman in her late 30s, came for treatment for panic attacks and secondary phobias. The first attack occurred when she was on a business trip in the northeast, was drenched in a sudden rainstorm, became ill with pneumonia, and was isolated in an unfamiliar hotel for a week. Attempting to recreate this episode in her imagination, she could attach no particular significance or emotions to the precipitating events. "Yes," it was lonely and isolating to be ill in a city without friends or relatives to rely on, but this was not a new situation for her. "No," she was not frightened by the illness. It felt good to have an excuse to take to her bed and have legitimate time away from her high pressure job. Shirley's subsequent panic attacks were controlled with medication; she also joined a group of patients who had a similar diagnosis—there she learned methods to push past the phobic situations. Meanwhile, we met in weekly sessions and she was encouraged to let her thoughts and feelings travel at will. I explained that we were exploring her history, searching for clues to understand if feelings and events from the past were distorting her feelings and actions today. And so she talked about the recent and unexpected death of a loved one, her anxiety about depending upon others, an unexplained uneasiness when wet and cold that caused her to hate cloudy days and to always dress warmly, wrapped up in sweaters, even on summer days. One unexpectedly cold and rainy day she came to the office chilled by the weather and visibly anxious. When I encouraged her to feel the anxiety and panic and search for images, she realized that she felt afraid for herself and also afraid that something was going to happen to me. Then a terrifying memory emerged. She was about 3 years old. Her mother was giving her a bath when suddenly her mother had a seizure and fell to the bathroom floor shaking. Shirley remembered running frantically through the house, naked and cold shouting for help; but no one was there, no one heard, and she was unable to run outside for help because the door was locked and she didn't know how to unlock it. This was the logical origin of her illogical fear—a fear that had been reactivated by being caught unprotected by the storm in the northeast, and then heightened by the regressive experience of being sick in bed. The tip of the iceberg emerged, prompted by again being wet and cold. This time there was the added stimulation of the transference. Threads of feelings in which I was experienced as a comforting mother-figure stimulated imagery in which I, like her mother, was in danger that was somehow associated with wetness and cold, which consequently prompted an irrational concern for my health. Piecing the two together and connecting today's fear with that of the 3-year-old brought the past to light. We could dust off the 38-year-old woman's fears and put them in the perspective of today when she wasn't helpless to unlock doors, go for help, or telephone a doctor. In today's world, she need not run around the room, cold, crazed, and helpless.

Psychodynamic psychotherapy creates an atmosphere, a space, in which the origins of illogical learned affects surface. The symbols and metaphors of the past can be put into the logical context of the patient's present day world. Psychoanalysts can learn much from the pragmatic, efficient methods of the cognitive behaviorists. In turn, cognitive-behavioral therapists should remember that psychodynamic methods may make it possible to unlock the tenacious and at times destructive force of the unconscious and thereby discover the "reasons that reason does not know."

References