

# CHAPTER I.

## FOREWORD

This foreword and introduction is being written on an Ohio River boat. Currently, I'm tied up in Wheeling, West Virginia. The boat looks like an old, paddle-wheel steamboat from the 1870s but it's actually a thoroughly modern ship underneath. The best of the old has been combined with the best of the new.

Things change. I have never been more reminded of that than on this vacation trip which I'm taking across the western United States and Midwest. I've taken the train, now called Amtrak, from Los Angeles to Chicago and from Chicago to Pittsburgh. From Pittsburgh, I'm taking the riverboat paddlewheel steamer from the confluence of the Allegheny and Monongahela Rivers, forming the Ohio River, down to Louisville. I'll go on from Louisville by bus back to Chicago and then by train from Chicago to New Orleans and eventually back to Los Angeles.

Whereas passenger trains were required for cross-country travel until the late 1950's and were the flagship of the railroads, they are now but a vanishing shadow of their former selves. Now, 36,000 airplane flights a day provide intercity travel and the passenger trains are gone (except for Amtrak).

Is this good? Is it bad? I don't know the answer but the last of the riverboat transportation system I'm taking, from Pittsburgh to Louisville, down the Ohio River, is also just a vestige of its former self, killed off by the railroads in the late 1880's.

Some things change slower than others. In Pittsburgh, forty years after I left in August, 1963, to finish medical school, I returned in August 2003 to the same hobby shop I patronized as a young medical student. I found the same proprietor as when I left. Not only that, but he was the same kind person he was forty years ago. I spent the same "too much money" with him as I did before! Some things never change.

However, he is going to change and so am I. As in the preceding examples, no matter how much better the changes make things, something valuable will be lost in the transition. The entire field of mental health treatment has changed in the past forty years. I've lived through most of it and, while some of the changes have been for the better, many of the changes have resulted in the loss of something valuable.

Now, most of you who are reading this won't know what it is that's been lost. That's because you've come into practice after the loss has occurred so you didn't know it was missing. As a matter of fact, even contemporary psychiatrists trained in the past twenty years aren't aware of this loss since they were never exposed to it during their training. It used to be that the psychoanalytic understanding of human nature was considered to be the pinnacle of the psychiatrist's training. A substantial number of psychiatrists aspired to have psychoanalytic training and there were no other mental health disciplines that provided intensive treatment.

However, things change. For whatever reasons--economic, political, medical, social--the psychoanalytic understanding of human emotional functioning has been lost from the new mainstream of mental health care, even for psychiatrists. While this valuable body of knowledge is still preserved and used by various psychoanalytic institutes throughout the country (and even available to non-MD therapists in some of the institutes), most current psychiatrists have no training or exposure in psychoanalytically-oriented psychotherapy.

None of the other practitioners in the other mental health disciplines have much knowledge about this subject at all since their training programs have long been divorced from psychiatric training programs. Even current psychiatrists have little or no exposure to psychoanalytic understanding.

Nowadays, I hear from my patients (and almost proudly claimed by my colleagues) that “psychiatrists don’t talk to people, all they do is write prescriptions for patients”. “Dr. Kabbischnortz saw me for an evaluation for 15 minutes, gave me medications for my nervousness and depression, referred me to a marriage and family counselor for therapy and told me to come back in six weeks. I knew that my problem was much more complicated than the counselor could handle and I was disappointed and angry that the doctor wouldn’t talk to me”.

Little did that patient know that the doctor didn’t know enough to help them either and covered it up by saying, “I don’t do therapy”, as if it were beneath him. This patient now has no one to treat them in any adequate fashion.

This book is being written because I want to share what’s valuable and useful from the old days and transfer it to the current group of therapists. It will never be and it’s not meant to be a substitute for formal psychoanalytic training. I’m not a psychoanalyst but the book does seek to preserve and pass on the deeper understanding that was afforded in my training in 1966-1970. This has been lost to psychiatrists since 1980 or so and has never been offered to non-psychiatric therapists in any other regular training, as far as I know. I want to offer the information to everyone interested in performing insight-oriented psychotherapy because there is a lot more which can be understood and used for the patient’s benefit without going into the psychoanalytic institute, but which is not taught anywhere else.

It would be invaluable to have the therapist who can begin to understand and use the concepts in this book involve themselves in clinical conferences with a well-trained, experienced teacher. Teachers can provide personal guidance in understanding the concepts involved until the therapist is fully conversant, comfortable with and capable of using the concepts to aid the patients in understanding themselves.

The patients are caught in a time warp in which they continue to perceive themselves in an environment in their characteristic childhood way, the way in which they learned the concepts. Their times have changed but they can’t see this and need our help to do so. Only an understanding in how they do see things and why they’re afraid to change can allow them the freedom to do so if they wish. Much of the material is unconscious but available to appropriate insight-oriented exploration. With the help of a skilled therapist, the patient can resolve the hidden conflicts between their natural feelings and their family’s defensive reaction to their feelings. The conflicting reaction to the feelings which arise in childhood and are carried

forward to adulthood carry certain behavioral responses. These are known as ‘symptoms’. They are usually quite destructive to the patient’s welfare and bring suffering to those associated with the patient as well. The origins of all these symptoms are usually unconscious and, therefore, not responsive to the superficial tension-relieving temporary therapies so often practiced today. Understanding the material in this handbook will go a long way towards helping the therapist change that.

## CHAPTER IV. WHAT ARE FEELINGS?

Before we talk about feelings, we have to talk about reflexes. In the physiologic system found in us mammals, everything is geared towards a steady state of homeostasis. This means to keep the organism functioning within a normal range of responses so that the physiologic function of each cell and organ system is preserved. It involves a complex system of interaction and feedback, which can tolerate wide changes in the environment, respond to these changes with survival activities and then return to a resting steady, central state and await the next environmental challenge. Among other things, what makes it possible for us to respond quickly to environmental changes and then return to the central resting state are our automatic responses known as reflexes. These can be neuronal, hormonal or emotional; they’re built-in mechanisms to automatically respond to various stimuli.

For example, we need to know the position of our body in space so that we can anticipate the next physical step we have to take in accomplishing the task involved in walking. In each tendon in the body (tendons are the thick cords of connective tissue that attach the muscles to the proper place on the bones); there are thousands of tiny microscopic stretch receptor cells. When stimulated by the tension on the tendon (“the stretch”), these cells generate an electrical nerve impulse which is proportionate to the strain upon them, they are biological transducers.

This signal, combined with thousands of other similar signals, are sent along to the nearby nerve for transmission to a processing station. To take the patellar tendon, for example (the tendon over the knee), all the signals from this tendon are collected in the sensory tract of the sciatic nerve, the long nerve running from the lumbosacral spine down the leg. All the signals are sent upwards and collected in the lumbosacral area of the spinal cord that is approximately 5 inches long, upwards of the coccyx (tailbone). In the spinal cord, the signals are processed. Some of the new information goes up to the cerebellar section of the brain but most of it goes to stimulate other nerve cells in the spinal cord. These generate secondary nerve impulses in the motor tracts of the spinal cord which are gathered together along the motor tracts of the sciatic nerve and back down into the leg. The signals cause the muscles in the thigh to contract, by a certain

amount and in a certain sequence so as to maintain balance and prepare for the next physical step. In the same way, all of the receptor signals in the tendons of the leg are coordinated in the spinal cord, influenced by some conscious control of the brain but stimulating the muscles to automatically work in a coordinated fashion to keep us walking.

All of this happens without our having to think about it and below the level of consciousness. Our brain can pay attention to the process of the position of our leg in space, if need be, if we have to be aware of our position or if we have to modify the position of our body to accomplish some task. We can voluntarily effect this but all of it is coordinated automatically through the spinal cord and the lower part of the brain, the cerebellum.

All of this is built into our bodies, biologically hard-wired, if you will, ready to act when stimulated, functioning automatically. We have no way to interfere, modify, or stop this reflexive process. We can move, walk, run, lift, carry and so on with other survival activities without which we wouldn't live very long. Not only does every primate have these automatic neuronal/hormonal/physiologic reflexes, every animal on this planet has these reflexes which enable it to adapt and survive in a changing environment.

Now, what does this all have to do with feelings? Well, feelings are emotional reflexes, they are generated in the original levels of the primate brain, but the awareness resides in the 3% expanded cerebral cortex of our brain. We don't have any choice as to whether feelings are generated or not. The capacity for generating and experiencing such responses are built into our nervous system, much like the pathways and functions that are hard-wired into a computer.

We have a capacity, a pool of 50-80 potential feelings that are built into us by Mother Nature. These are stimulated by our perceptions of the environment, both external and internal. The perception of the event is much like the stretch experienced by the patellar tendon as it goes through its range of motion, except much more complicated. The purpose of this emotional reflex response system is to serve as a signal system, telling us what is going on in our environment. These perceptions are automatic, the feelings which are generated are automatically stimulated and an awareness of them is automatic, too, under normal circumstances.

The capacity to have any of these 50-80 feelings stimulated is biologically hard-wired into us. We don't have any control over the process. If someone should tell us, in our agitated state, "You ought to have better control over your feelings!" the appropriate response would be, "I don't have any control over my feelings, they're automatic!" The word which might describe the person's innate capacity to respond to environmental stimuli is 'vulnerable' to the environment, that is, having the capacity to respond to the environment and do so automatically. I'll be having more to say about this later.

It's a good thing they are automatic in the physical realm; if we didn't have them, we'd be likely to stumble and fall. Most of our time, effort and attention would be directed towards having to be consciously aware of where and how to take the next step in simple walking. If we didn't have our "feeling response system" turned on all the time, we'd have to be constantly alert and never have any time for any other activities.

Think of the automatically generated feelings as signals. There are no value judgments associated with these emotional signals. Feelings can be pleasurable and unpleasurable but that's about all, in their natural state. Each perception stirs up the same group of feelings. This is constant from one individual to the next so that any individual who perceives a situation with the same perception will have the same group of feelings stimulated. It doesn't make any difference if the person is from Bakersfield, CA, Paris, France or Riyadh, Saudi Arabia, if they all have the same perception of the situation, they will have the same feelings generated.

## *SAMPLE QUIZ QUESTIONS*

Feelings are:

- a) Emotional reflexes
- b) Stimulated by perception
- c) Uncontrollable
- d) Vital for survival
- e) All of the above