

Thought and feeling — You can't have one without the other

THOUGHT and feeling — it seems the link between the two has been the focus of all my work as a psychologist, and of considerable interest to researchers in our premier establishments. But why did I choose it for my address? I feel that we can use the relationship between thoughts and feelings to mirror developments not only in The British Psychological Society, but also in society in general. I hope to draw together various threads into a tapestry that is rich in meaning, leaving you with some thoughts and feelings that represent a tiny shift in the way you see the world.

Looking back

The Society means a lot to me and it has been an honour to be your President for this year. As the Presidency comes to an end, perhaps we can return to the beginning. It has been a period of change and development, for the Society and for me. We can now reflect upon what has happened, what has worked, who has been involved, and where we go now.

I begin with a brief autobiographical sketch. I'm a clinical psychologist, trained as a mature student after having a family. I will be for ever grateful to Professor Alan Clarke who gave me my start at Hull University. After qualifying I have worked in the NHS with people with learning disabilities, taking on a number of managerial roles as well. I have always been active in the Society, primarily in the



In her 2000 Presidential Address PAT FRANKISH reflected on the need for a 'hearts and minds' approach to change.

Division of Clinical Psychology but also in the Parliamentary Group when we had one. Finally I followed Ingrid Lunt into the role of President.

Ingrid led the working party that informed the strategic plan for the future of the Society. Years of planning went into the objectives that we have worked on this year. This was predominantly a cognitive exercise, but the process has generated a lot of emotion. Change can be difficult as it throws us back on our internal resources. What we may think is good, right or common sense can actually feel very different.

This year has seen major changes in the Society's office, with the introduction of an increasingly business-like managerial model that is more appropriate to our size and charitable objectives. Colin Newman, to whom we owe so much, has taken early retirement from his post as Executive Secretary: his absence will be felt by many. Most Directorate managers are now in place. Our Chief Executive Barry Brooking joined us from the Parkinson's Disease Society in March, bringing many attributes and experiences that will facilitate our plans.

The information age is with us and we are well on with our IT developments. Our new database, and the revamped website to accompany it, will be fully operational this summer. The Society's e-journals are now available online to subscribers. These actions will help to spread psychological knowledge and keep psychologists in touch with each other.

Our presence in the community has been furthered by the establishment of the London office, and beginnings of offices in Edinburgh, Cardiff and Belfast. It is part of our public face and will be further enhanced during the centenary year with the exhibition in the British Museum and many other events.

Some steps forward have been taken in establishing the occupational standards more firmly. These define applied psychology and will form the criteria against which all training will be measured, once they are acknowledged and administered properly. This piece of work has taken almost 10 years, and many people need to be thanked for their contribution. This postgraduate work is dependent on the quality of the first degree and the standards for the graduate basis for registration (GBR). Many psychology teachers and researchers still do not want to join the Society, and this saddens me. GBR is our basic standard. Many attempts have been made, and I'm sure more will be, to encourage all GBR psychologists to become members.

The Council has worked hard on the issues of governance, probity and conduct. The work has involved a great deal of thinking and has generated considerable emotion. The result of the ballot on changes to the Statutes and Rules were announced at the AGM (see *The Psychologist*, July 2000, p.320). It will be some time before they can be enacted, but it will mark the beginning of the next

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chapter of the history of the Society. It has been a pleasure to be part of its genesis.

Thinking in practice

I come now to my clinical role and the way that it defines me as an individual and as an interested member of the Society.

I trained late, and I'm told against the odds. The NHS paid for my training, and I've worked there ever since, maintaining a small private practice to use my skills with other client groups. My speciality area is learning disability and, within that, psychotherapy. I now work in a forensic setting at Rampton Hospital. It's not an easy place to work: it has all the problems of a large institution and reminds me of my earlier career in long-stay hospitals. Learning-disabled offenders have often endured very traumatic lives; for them, hope for the future can be limited. Thinking is hard for them; feeling can be dangerous. It is from their position that I want to develop my theme.

Thinking is only one part of what we call cognition, but it is a word I prefer. We inhabit a thinking world of facts, certainty (or at least the extent of probability) and the 'executive function'. The effect of not being able to think can be devastating or, conversely, strangely comforting. The word 'stupid' can mean 'numb with grief'. This meaning is very relevant to my work and to many of the people we treat, where grief has become so extreme that the survival response is numbness.

Psychological research has been concentrated recently in the areas of cognition. Cognitive therapy, the executive function and theory of mind are familiar terms to most of us. There is evidence for the effectiveness of some interventions and, with brain imaging, for the location of function in parts of the brain. The hunt is on for facts and certainty. If only we knew just which synapse or brain chemical was faulty, we would be able to cure it — or so the thinking goes. I remember how enthusiastic we were when B.F. Skinner persuaded us that all behaviour was learned, could be taught, and could subsequently be modified. That was an oversimplification. I am afraid that the cognitive bubble may similarly burst.

Consider the human reaction to the 'dot.com' internet phenomenon, where common sense and reason are lost in the pursuit of fame, money, power and control. I do not intend to deny the value of the cognitive approach or the research findings. Rather I aim to warn against too many eggs in the same basket, and to remind us all that

the complexity of the human brain cannot be reduced to its individual components without some considerable loss. No amount of research into the button would have produced the zip fastener.

The role of emotion

Like the human brain, the Society is a complex, interdependent structure. The whole is greater than the sum of the parts, and we need to be vigilant over the links between thinking and feeling. Some of the struggles in the Society have arisen through attempts to control through the intellectual process. New committees and subsystems develop because the Rules say they can. There is rarely exploration of commonality and family resemblance with other parts.

The Membership and Qualifications Board was formed because there was no obvious home for the function of professional standards in either the Professional Affairs Board or the Scientific Affairs Board. A focus group to explore what it would feel like, how people would respond emotionally, may have come up with another solution. This is not to take anything away from the role that the MQB has played in ensuring that the function is fulfilled. I mention it as an example of a cognitive solution, using only some of the relevant factors, not integrating the whole.

In the cognitive therapy field it is clear that there is acceptance of the role of emotion. Cognitions are seen as providing the language and the conceptualisation of feeling. The treatment is about assisting the modification of the thoughts, with the expectation that the feelings will then



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change or be less problematic. This language of emotion can be described as rationalisation.

Donald Winnicott explained to us that the ability to rationalise is an essential stage in child development. It is the ability to explain to ourselves in a way that makes painful things tolerable. He talks about rationalisation developing around the age of three or four, at a time when a child is beginning to become more emotionally self-reliant, a time when relationships with others are part of normal development. The ability to rationalise is dependent on a level of intelligence and internal language that is not available to all, especially people with intellectual impairment.

People who seek a rational world are those who want to find certainty, who want to know that things are indeed as they believe. But what happens when the experience of life shows that what we know is not so? How can the mind accept that a loved and respected parent can be cruel? Or that a child can die? What happens to rational thought then?

The human brain is able to think about itself. But it is not able, yet, to understand fully, to reduce itself to its constituent parts. It follows that we are always concentrating only on parts of the brain, the mind, the self. We seek certainty, or at least, probability beyond chance. We gradually extend our knowledge, we computerise (another attempt to reproduce the brain), we produce and consume vast quantities of information. To what end? It seems that we live in an intellectual world, defined by the rich and powerful, dependent for success on the personal ability to think.

As psychologists we contribute to this intellectual world by providing advertisers with evidence on susceptibility to their messages, employers with criteria for selection of the right person for the job, by assessing and labelling people with psychological deficits and differences. But if we do this without feeling, as a purely cognitive exercise, it calls into question the ethics, the morality, and even the humanity of the purpose. We must learn from our thinking. As Confucius said: 'Learning without thought is labour lost; thought without learning is perilous.' The need for facts and certainty are worthy of more exploration.

Science and feeling

Melanie Klein taught us that tolerance of uncertainty is the first step to maturity. The recognition that nothing and no one is all good or all bad is a major shift. The ability

to integrate good and bad, positive and negative, marks the transition from infancy to an integrated personality. Her work is criticised because of the difficulty with measurement. Some argue that we cannot hope to evaluate a process that is pre-language and is not therefore available for introspection. If as adults we want certainty, does it not follow that we are not grown up and mature? As scientists we find it difficult to face up to this thought, and the theory is rejected.

I have found Klein's work so relevant to my clinical findings that I have pursued and developed a way of thinking about it that makes it more accessible. This has happened over a period of years, ably assisted by colleagues in the learning disability and psychotherapy field, notably Valerie Sinason and Nigel Beail. By linking several theories together it has been possible to arrive at meaning and measurement, at least for people with learning disability.

Klein talks about the early object relations, where the newborn child relates to part of the mother, then the whole mother and gradually to others. This process of object-relations development is measurable with projective testing. She describes the point at which good and bad can be tolerated in the primary carer as the depressive position. This occurs in early childhood and pre-dates the ability to accept three-person, Oedipal relationships. These processes exist before language, before ordered thinking and rationalisation.

The period before this depressive position is unintegrated, not able to be held together. Winnicott describes similar processes in *The Child, the Family and the Outside World*. He talks about 'good-enough mothering' and the way in which the mother processes difficult information for the baby, allowing dependence until the child is able to contain its own fear and confusion. He talks about the consequences of failure of this process, summarised as fear of dominance, fear of women and fear of everything.

I look around at the society we live in and see many people for whom this fear would be an appropriate description. People with severe personality disorders and many of the people I see clinically have experienced trauma in their early life. They appear to have no real emotional foundation on which to build a thinking, feeling personality. Winnicott also showed, as did Michael Rutter, that anxiety reduces thinking capacity, and that early childhood trauma is a high-risk factor for



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delinquency. The ability to care about others is a protective factor against delinquent behaviour. We cannot care about others if we have not experienced care for ourselves. Fear is acted out as violence, as hatred against the feared others. In our present society racism and sexism may be less prevalent than they used to be. But they still remain, along with other prejudices based on sexuality or religion. The worst crime in the settings where I work is to be considered a 'nonce' (a sex offender).

It seems we must always have something or someone to hate, somewhere to put the badness that cannot be contained. This is an emotional reaction, not a cognitive decision. There is, generally, no rational argument to support our hatreds.

Emotional therapy

Given that there is undeniably a link between how we develop emotionally and our behaviour, how can we establish it scientifically? How can we measure change over time, evaluate the effects of therapy that aims to aid emotional development and insight? These have been the questions that I have been asking over the last 15 years. It may be that it is easier to address such questions for people with cognitive impairments. Perhaps the emotion is more accessible. Perhaps the delay in development in learning disability is a given. I don't think so, but will stay within what has been studied.

Another analyst, Margaret Mahler, and her colleagues studied babies and small children with their primary carers

and observed different behaviours at different stages of development. Her description of these behaviours has been used, with adults with learning disabilities, to identify emotional age, to plan interventions for meeting emotional needs and to aid emotional development. People have progressed and have come to be able to think about and tolerate relationships. New measurements show the change.

We have accepted for many years that the teaching of new skills to cognitively impaired people requires that teaching should begin at the right point. This is true of all teaching, but more noticeably in this group. Failure to identify the right starting point results in failure to achieve progress. It seems that the same can be said about progress in emotional development. If the intervention is appropriate to the stage of development, progress can be made. But no amount of telling someone will make any difference. It is the provision of the function of the 'significant other' that produces the effect.

In the model for aiding emotional development the role of the significant other, the therapist or the substitute parent is a crucial one. Some of the therapy research into the effectiveness of cognitive therapy and dynamic psychotherapy has indicated that the therapist is the most significant variable.

Integration — An emotional experience

I'd like to bring us back now to the effect of failing to achieve an integrated personality. Melanie Klein would predict

that splitting would occur. In this process the human psyche fails to integrate good and bad, and therefore attributes these separately to different people. Winnicott would say that people grow up as compulsively self-reliant or with such extremes of anxiety that they cannot function. Mahler's theory would predict development sticks in the immature stage, with those ways of relating continuing into adulthood.

As well as at an individual level the integration of the human psyche can be seen and worked through in an organisation. This brings us back to the Society.

The Society is almost 100 years old. In that time it has grown, and grown up. Its parents were philosophers, psychoanalysts, neurologists and researchers. The resulting integration has been difficult, and the propensity for splitting has often been evident. What better word is there than 'Division' to indicate separate parts? But the split between science and practice is not helpful. The two are essential parts of the whole. They must be integrated for psychology to be a mature discipline and for practising psychologists to be more than counsellors or commonsense advisers. I am concerned that there is a move towards considering the humanitarian base as more important than the scientific base.

The theories I have mentioned would suggest that integration is an emotional experience, not a learned or thinking process. Integration requires tolerance and acceptance of reality, not a denial of the value of the other. Both do exist; both are vital and necessary. Without integration we remain immature, split, and driven to defend the position of 'good' — a position which inevitably labels the other as bad.

In using the theories with people, the integration process is facilitated by the therapist withstanding the pressure from the patient to be either good or bad; or with indirect work, by providing opportunities for the development of rapprochement and gradual independence.

Perhaps with organisations the process is similar. The governing body has to be able to withstand the attacks from all sides and to provide a structure within which the negotiations can be conducted fairly, allowing for independence within the structure.

I think this is what we have been doing as we have started to change the Society to a more integrated whole, with more

equality, more clarity and more freedom for members to act. Every member should have a democratic right to influence the whole. The process is not complete, and one could argue that it never will be. As the Buddha would say (if I recall correctly): once we have learned everything, we die. However, the process has moved on, I hope into a more mature phase. It remains to be seen whether we succeed in becoming really mature.

The road ahead

In this address I have tried to pull together a wealth of life experience, which has included some very humbling interactions with the people I have worked with clinically. I remember reading Patrick Casement's *On Learning from the Patient*, and I would recommend to you that we learn most from the people we try to help. I think this is relevant beyond the clinical field, although obviously it is there that we find most psychological disturbance.

I have been fascinated by the realisation that the organisation is usually as healthy, or otherwise, as the people within it. We can reflect on sick institutions past and present for confirmation of this. Successful ones seem to be the ones that have clarity of purpose, clear roles for individuals, effective leadership. In other words, they have maturity. Evidence of splitting is a warning sign if we are looking, the beginning of disintegration if we are not paying attention. Clinically, the presence of splitting indicates the appropriate treatment, and it is not cognitive. Organisationally, splitting needs a hearts and minds solution, not a heavy hand. We cannot think if we feel bad. We cannot rationalise if we are still locked into our immature demand for certainty.

I'd like to finish with the last verse from a Louis MacNeice poem entitled 'Entirely' (pub. Faber & Faber). I believe it beautifully captures the processes I have been talking about.

*And if the world were black or white
entirely
And all the charts were plain
Instead of a mad weir of tigerish
waters,
A prism of delight and pain,
We might be surer where we wished to
go
Or again we might be merely
Bored but in brute reality there is no
Road that is right entirely.
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