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Approaching Problems as Psychological Symptoms

There are many ways to approach personal problems. Educators, counselors, coaches, physicians, church leaders, and various kinds of therapists all have their particular insights and approaches. Dr. Kneier's approach comes from a tradition of examining the hidden or "unconscious" forces from which our problems arise. **This tradition is called analytic or psychodynamic.**

This tradition approaches our problems by trying to understand what they really mean and where they are really coming from. This inquiry (analysis) is directed by an understanding of the invisible processes (dynamics) by which the human mind operates. From this perspective, our troubling experiences are called **psychological symptoms**. This means our troubles are seen as manifestations of processes (mental dynamics) that are operating outside our conscious control. That is why we go to a therapist: because our problems persist, in spite of our efforts and intentions to control them.

Psychological symptoms are unconsciously motivated. They are not deliberate behavior. We do not really choose to do them. They are reactions. They seem to happen to us. They kind of have a life of their own. They are powerful and compelling, yet apparently unreasonable. They are usually troubling and disturbing. Yet these reactions persist in spite of conscious and reasonable attempts to get rid of them or alter them. The mind may find many ways to rationalize them, or to talk itself out of them, but they persist. They usually follow a recurring pattern. Sometimes they even seem like a lifestyle.

Some examples of common symptoms are the following: recurring thoughts and feelings of worthlessness; a propensity to wilt or cry easily; a propensity to become angry and blame others; excessive use of video games; unnecessary shoplifting; recurring marital arguments; loss of interest and motivation; recurring painful and unsuccessful relationships; compulsive behaviors like gambling, shopping, sexual addiction; excessive controlling behavior; excessive emotionality and drama; withdrawal from intimacy and closeness; habitual avoidance of responsibilities; inability to regulate stress; excessive susceptibility to guilt; and on and on the list goes.

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The reason we have psychotherapists is that such behavior patterns become troubling yet persist. What makes a therapist helpful is his or her knowledge about the nature of symptoms and how to relate to them. Therapists know that attacking the apparent unreasonableness of symptoms is usually not very helpful. The poor sufferer or the family has already done this for a long time, yet to no avail.

Therapists have a different lens through which they look at symptoms, that is, at apparently unreasonable, troubling, recurring emotional or behavioral reactions. Looking through the therapist's lens, you see symptoms in the following way. They are created by the mind. But the owner of the mind was not consulted about them. They arose unconsciously and automatically. They are not really choices, even though they may seem to be. The therapist sees that there is a mind, and the owner of the mind—the self. Symptoms are disturbing because they are often experienced as “not self,” “not me.” “It keeps happening to me and I can't stop it.” The therapist knows that this is really true—we are **not** our minds, thank goodness. We **have** minds. Our minds operate according to various dynamics.

We can notice and observe these dynamics. This ability to reflect and observe is what saves us when our mind creates trouble. Therapists observe the mind and, in so doing, invite their clients to do this also. **Careful observation will reveal that all psychological symptoms have three main characteristics**, in addition to being unconsciously motivated and compelling.

First and foremost, symptoms are not irrational at all. They in fact represent a creative solution to a very painful problem. True, this solution may itself be painful or costly, but it is always less painful than the real problem. The symptom avoids the real pain and keeps it from being experienced. At the time the symptom was formed, this was a good deal. By the time the symptom has brought you to a therapist, the symptom has become almost equally painful on the one hand, and your development has made you strong enough to experience more of the real pain on the other. You and your therapist will decode the symptom and face together the real pain, after which the symptom will not be compellingly necessary, but optional. You will discover the serious problem and pain that the symptom was trying to solve.

Second, far from being maladaptive, symptoms are in fact accomplishing some important positive purpose in the individual's life. In addition to

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solving some unconscious painful problem, the symptom also has some secondary positive benefit in the person's life. Discovering this positive purpose and becoming aware of it when the symptom is occurring tend to be very helpful. The symptom becomes less unconscious and more deliberate. The mind is then able to find better and less troubling ways to accomplish the secondary purpose. The symptom loses power. Therapists help to find this hidden positive purpose, and to encourage reflective awareness.

Finally, symptoms are telling a story. They are also memories. They contain the issues and elements of their origin. Therapists help to decode the symptom and articulate its story. Symptoms persist because the human mind insists that the story be told and understood. When this happens, and the associated pain is finally understood and digested, the symptom is no longer necessary. To create the symptom and to survive pain early in life, the mind needed to sacrifice or put aside some important part of the self. In contacting the story through the symptom, this part of the self is discovered and reawakened. There is a pearl in the mud, a treasure in the pain. This is why therapists see symptoms as memories and go into the past.

To illustrate these concepts, let's look at a very common symptom like excessive controlling behavior. The behavior is persistent and automatic, in spite of attempts to reduce it. Even though it causes stress and relationship problems, the sufferer cannot stop it. What painful problem is this automatic behavior solving or avoiding? What positive thing is it accomplishing in the person's life? And what story is it telling about the past?

While the meaning of any particular symptom is always unique to each individual, a story similar to the following could emerge as the symptom is decoded. If the controlling behavior were to stop, the person might begin to experience a lot of painful insecurity, or fear, or self-doubt. The person might even not know what to do and become painfully indecisive or feel lost. Worse yet, confusing and strong (*felt to be difficult to control*) emotions might begin to occur inside the person. Thus, the symptom, probably a life-long way of being in the world, is attempting to solve and avoid these painful problems. It also is achieving the purpose of feeling strong, definite, clear, and in control of oneself. It might be discovered that the controlling symptom is also telling a story about a chaotic, insecure and anxious world in early childhood. The symptom was formed as a way to adjust to this world. It was necessary to attempt to control not only the

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outside world, but even more so the inside world of strong emotions, especially perhaps anger, which would not have been tolerated in the family.

Decoding the symptom in these ways would lead to discovering those aspects of the self that had to be sacrificed in early childhood, in favor of rigid inner and outer control. Things like spontaneous creativity, playfulness, a trust in one's own and other's emotional reactions, and a trust in freedom could be discovered and activated. The ability to control would not go away, but would become balanced by these other things. But alas, this could only happen by first experiencing the real pain inside. Once this pain is known and digested, then the symptom would lose its power to compel life adjustment, and the sacrificed parts of the person could finally emerge.

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January 2011

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