

Reality and Rationality as Aim and Method in Psychotherapy

Psikoterapide Amaç ve Yöntem Olarak Gerçeklik ve Rasyonellik

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Abstract

The definition of reality is that the presence of which can not be denied, what is right, reflects nature as it is, and is not a product of thought. Rationality as a concept, is the quality or state of being rational or of making decisions purely based on thought and reason. In this article, it is emphasized that drawing the patient to the axis of reality and rationality may be an option in the psychotherapy process. In fact, all kind of psychotherapy apply this method using different techniques. As discussed here, reality and rationality as aim and method in psychotherapy focuses on immediate pragmatic intervention similar to holistic psychotherapy.

Keywords: Psychotherapy, reality, rationality

Öz

Gerçeklik tanım olarak, varlığı inkar edilemeyen, doğru olan şey, doğayı olduğu gibi yansıtan, düşünce ürünü olmayan anlamlarına gelmektedir. Bir kavram olarak rasyonellik, yani akılçılık, akıl yürütme yetisini ön plana çıkarmaktadır. Bu yazıda psikoterapi sürecinde hastayı gerçeklik ve rasyonellik eksenine çekmenin bir seçenek olabileceği üzerinde durulmaktadır. Aslında bunu her terapi kuramı farklı yöntemlerle zaten yapıyor. Burada ele alındığı üzere psikoterapide amaç ve yöntem olarak gerçeklik ve rasyonellik bütüncül psikoterapiye benzer şekilde anlık pragmatik müdahale seçeneklerine odaklanır.

Anahtar sözcükler: Psikoterapi, gerçeklik, rasyonellik

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IN PSYCHOTHERAPY, we may sometimes find it difficult to decide what to take as a reference and in which direction to approach the patient during the psychotherapy session. All known theories and approaches may fall flat or we may hard time to choose from several approaches. Moreover, there may be cases in which we have difficulty in making a diagnosis and in which we cannot fully determine the formulation and psychotherapy goals. In psychotherapy, due to many limitations in respect of time, costs, competencies, qualifications, etc., new approaches can always emerge about how to reach the objectives in the shortest possible time and certain ideas and strategies can be brought forward to that effect. Accordingly, in this article, it is argued that the roadmap in respect of processing of psychopathology in psychotherapy should be based on reality and rationality.

Reality and rationality in the context of philosophy

The word truth (reality), by definition, means something the existence of which cannot be denied, something which is right and reflects the nature as it is, and is not a product of thought, whereas in philosophy, it is a description used for something that has a concrete and objective existence independent of perception or mind, as opposed to phantasy or imaginary (İsi 2015). Philosophy and science have endeavored to open the doors of truth from past to present and remove the uncertainty over reality. The fact that the human beings question the things they see around them and their own existence since birth is due to the curiosity of learning. What the truth is changes according to each individual's view of life and his/her interpretation of life. Truth may be life or death for some people, whereas it may be happiness and success for others. Thus, reality is not an absolute but a relative phenomenon that can change from one person to another (Yılmaz 2014).

The ongoing discussion between the philosophers on the definition of reality as to whether it is an essence (arche) that lies at the basis of nature is based on the dilemma of appearance and reality. According to the said argument, there are two aspects of truth, namely the real truth and the shadow truth (appearance). From this point of view, the universe is divided into two phenomena, namely "the universe of facts" and "the universe of appearances", which are described based on the questions of "what the objects really are" and "what the objects look like to us". The realm of appearances that we perceive with our senses give the impression that they are continuous and unchangeable, whereas the real realm that is comprehended with the mind is in a continuous state of occurrence and flow. According to the flow theory, reality can only be understood by a law called "Logos", which ensures the order of the constantly changing universe, manages the being in question, and which can remain the same (Koç 1994, Yılmaz 2014).

A group called Eleatics opposed this understanding of 'being' and claimed that the only reality is existence. To them, change is a shadow, and things that change, disappear, and are not permanent could not be real. On the other hand, according to the sophists, who do not accept the existence of a general truth that can be valid for everyone, there is no truth to speak of. Here, the measure for all things is the human beings, and everything is as it looks to a person. The wind would be cold for those who feel it as cold, however it would not be cold for those who do not feel it as cold. Accordingly, what is right can vary from one person to person due to our sensory differences. On the other hand, according to a Sophist view, there is no truth, and even

if there is, it cannot be known, and even if it is known, it cannot be told. Additionally, according to Aristotle, it is enough for something to be deemed as real if the thing in question can be understood or if it possesses logical appropriateness. Further, according to Plato, it is the mind that pursues the truth, and the person who reaches this knowledge would be called a philosopher. Lastly, from the perspective of Hegel, everything that is subject to absolute reason is real and everything that is real is rational (Karapınar 2017).

As a concept, rationality or rationalism gives prominence to the ability to reason. A review of the historical process reveals that it is the paradigm of reason and rational human that lie behind the Enlightenment philosophy and modernization of the western world (Daştan 2017). According to Weber, the main characteristic of the modern world we live in, in which we experience great developments in the field of science, is rationality. The rationality here can be explained in a sense by the rational choice theory. The basic principle of the rational choice theory, which is based on economic principle, is that in the face of uncertainty, the individual can make prudent and rational decisions by taking both his/her own preferences and the external factors into account, choosing the option that is in his/her best interest. Rational choice theory is based on mind in understanding and interpreting of all the phenomena throughout life, assuming that the reality and unreality as well as the right and wrong could only be understood by taking reason as the reference. Accordingly, a rational person accepts the difficulties of the daily life within the scope of the existing realities and chooses the most appropriate path for his/her personal interests from among the available options (Özcan 2011). It can be readily said that the rationalization referred to in this article is addressed as a process in psychotherapy, is based on a differentiation, and has ties to the above-mentioned Enlightenment rationality, even though indirectly. Additionally, in psychotherapy, it is emphasized that reality and rationality as the purpose and method as well as the rationality and rational action with associated philosophical and cognitive dimensions, are based on the trust of the patient in reason, the belief in his/her ability to perceive the world with his/her mind, and the ability to solve the problems he/she encounters with a mind that can calculate, control and target these problems.

Objective and method in psychotherapy

The objective and method in psychotherapy can be defined from different perspectives depending on the therapy method applied. The main purpose of psychoanalysis and psychodynamic psychotherapies is to discover the emotions, thoughts and conflicts that the patient has difficulty expressing (Tunç 2019). It is emphasized that the patient's problem stems from the past rather than the present. Efforts are made to gain insight into the unconscious conflicts that emerge as symptoms and form the basis of unresolved childhood experiences. The therapist ensures that the patient confronts the defense mechanisms that protect him/her from his/her forbidden desires and negative emotions, and explains that the behaviors that disrupt his/her compliance may arise from his/her childhood (Özmen 1999, 2008). In this way, it is tried to help him/her to understand his/her own inner world and to gain different perspectives in the face of events (Özakkaş 2018). In cognitive therapy, it is aimed to help the patient become aware of unrealistic negative automatic thoughts and non-functional basic beliefs and replace these thoughts and beliefs with more rational ones (Piştöf and Esat 2013). One of the most important goals of Gestalt therapy is to increase the patient's awareness of him/herself, others and the outside world.

The discrete parts that make up the whole can form a healthy wholeness based on effective awareness. The type of contact the patient establishes with him/herself, his/her environment and the therapist is the focal point of this approach (Molaei 2015).

The ultimate goal of psychotherapy is to increase the patient's ego strength or his/her ability to withstand pain and to develop his/her problem solving skills (Özmen 2008). It was reported in the studies available in the literature that one of the common points between different psychotherapy approaches is "questioning reality over and over again" (Özakkaş 2018). Reality and rationality as objective and method in psychotherapy, as argued in this article, focus on immediate pragmatic intervention options, as is the case in eclectic holistic psychotherapy. The therapist tries to create an alternative view or suspicion in the mind of the patient in line with the approach he/she deems appropriate (Özmen 1999). In doing so, the therapist decides on the technique, which would work for both the patient and the problem being addressed, based on his/her literature knowledge and his/her own clinical experience as much as possible (Özakkaş 2018), and invites the patient to think logically taking reality and rationality as reference, during the counseling process (Karahan and Sardoğan 1994).

Reality and rationality in psychotherapy

Irrational, unrealistic, and rigid thoughts lie at the basis of Albert Ellis' rational emotive behavior therapy (REBT). In this therapy, it is aimed that the patient can think flexibly and rationally. The rational thought referred to in REBT is the expressions and ideas that can be proved in a similar manner to the scientific thought and which are generated by logical reasoning (Ahsen 2020). Rational therapists try to act as sincere and open toward the patient and convey the message to the patient that they can be mistaken in their perception of reality and that there may be different perspectives on the subject. After all, when we think realistically, we accept that unwanted events may occur in life and that we can fail and make mistakes. As a technique in the therapy setting, creating an environment of discussion under the control of the therapist on issues related to the contradictions in the patient's mind can turn into a lifestyle that the patient can adopt, and increase the patient's strength to resist criticism. In this way, the intensity of the negative emotions the patient feels, such as anger, emptiness, and anxiety, possible attempts on harming him/herself, and suicidal thoughts may be reduced (Sargin and Sargin 2015). Marsha Linehan's dialectical behavior therapy (DBT) is an approach in which the rational mind, in the sense it is perceived in western world, is integrated with the reconciliatory perspective of the eastern world. DBT discusses the nature of the truth and the existence of absolute accurate thought along with many other issues. The main characteristic of the dialectical view is that it suggests that the reality consists of contradictions and aims to resolve the tensions between these contradictions (Ergün 2015). Another characteristic of the dialectical view is that it emphasizes that reality is changeable. Accordingly, DBT aims that the patient acknowledges that there may be different solutions under different conditions since both the environment and the individual constantly change. In order for the patient to perceive the changes and to develop the appropriate coping skills to cope with these changes, it is emphasized that the patient should focus and observe what is happening in him/herself and in his/her surroundings without being judgemental (Ergün 2015, Sargin and Sargin 2015).

In mindfulness-based therapies, it is aimed that the patient gains psychological consciousness, that is he/she understands the reasons for his/her own behaviors and reflect on him/herself. Self-awareness, when defined as being aware of what has happened in the past, what is happening at present, and what might happen in the future, is a prerequisite for psychological consciousness (Şahin and Yeniçeri 2015). Only a rational mind that can think analytically and interpret facts through data can become self-aware (Budak and Kocabaş 2019). Reality therapy developed by William Glasser and Gestalt therapy meet at a common point. Both therapies emphasize that the individual consciously makes the choices that direct his/her life based on his/her inner needs and thus should take responsibility for his/her actions (Ünüvar 2012, Molaei 2015).

Reality in dynamic therapy

The search for truth is one of the main goals of psychodynamic psychotherapy (Gabbard 2004). The psychodynamic therapist helps the patient achieve a sense of authenticity and uniqueness. Children whose entrepreneurial aspects are not accepted and whose abilities are not approved may refer to alternative ways that their parents would accept and value, hence developing a false self as a result (Özakkaş 2013). The goal of the therapeutic process is to go after the real self that is hidden by various conflicts, frustrations, anxiety and defense mechanisms. Always seeking for subjective reality, the therapist tries to recognize and acknowledge the true self of the patient. This search for the hidden dimensions of the patient may necessitate inquiring his/her most embarrassing phantasies, fears, and desires (Gabbard 2004).

The external reality is distinguished from what is in the mind with the ability to assess reality. In this way, what is thought, what is action and event, and what is dream and reality can be known (Özdemir et al. 2012). In addition, the individual can also distinguish the sensations coming from the organs inside and the sensations coming from the outside, that is he/she can tell apart the boundary of his/her own body from the outside world (Özakkaş 2013). As the ego integrity is formed in the spiritual device, the id-based impulses are tried to be met by choosing the appropriate place, time and object in connection with the external reality (Özakkaş and Çorak 2016). In this process, on the one hand, the child creates internal designs and develops the ability to dream by combining these designs in his/her mind. So much so that he/she can think that the imaginary things he/she experiences and feels in his/her mind are real. Gradually, his/her capacity to tell apart the phantasy and what he/she dreams of from what is happening in the outside world, that is, the ability to distinguish between imagination and reality, begins to develop (Özakkaş 2013).

According to the cognitive development theory of Piaget, children between the ages of 3-6 in the preoperational stage do not have a strong sense of reality. Accordingly, while working with children under the age of 6, that is the pre-logical children, as well as with narcissistic, schizoid, antisocial, borderline, and histrionic structures that are trapped in a time warp this period, that perceive the outside world as a continuation of their ownelves, and who cannot see that there is another separate reality outside, it is necessary to be aware of the difficulties of these individuals in understanding the perspective of people other than themselves and in thinking multidimensionally (Türkçapar 2012, Özakkaş 2013). At the end of the therapy, it is expected that such patients, whose mentalization abilities are impaired and who have

not been able to establish a secure attachment to their parents or caregivers due to their early traumatic or negligent experiences, will gain the ability to differentiate between their inner representatives and the way they assert themselves in the outside world. In this way, the distinction between the spiritual representative in the mind and the reality begins to consolidate (Gabbard 2004).

According to the object relations theory, internal object relations determine the real relationships in a person's daily life. It is the inner spiritual world and relationship designs, rather than the real events experienced outside, that are determinant, particularly if a person has psychopathology. In this context, the objective in psychotherapy is to bring in an understanding of how internal representatives of the self and others shape the interactions with people in the outside world. In this way, the patient can replace the relationship forms that are not suitable with the environment/experience with more adaptive and realistic ones. From another viewpoint, the aim of the psychotherapy relationship is to ensure that the patient transforms these old forms of relationships that he/she had internalized, by helping patients to realize the aspects that belong to them but which they constantly reflect on others. As the patient gets better at living in the real world rather than living in the world of phantasy, he/she will be able to better perform this transformation.

In a similar way, transference-focused psychotherapy (TFP) seeks to understand the patient's movements and the underlying emotion in terms of object relations, that is, the patient's experience of internal representations of the self and the other. Here TFP is not concerned with determining what is imaginary and what is real. The basic driving factor in the patient's life is the psychic structure of the patient, and it is this basic structure which TFP focuses on its rearrangement. Promoting the reactivation of dissolved, suppressed or reflected internal object relations, under controlled conditions is the basic mechanism to drive change. As the patient's capacity to reflect on him/herself increases, his/her affect becomes more regulated; and as his/her affect is regulated, his/her capacity to reflect on him/herself increases, and consequently the emotional storms gradually subside and eventually disappear. As the therapy progresses, more integrated and realistic perspectives on the self and others are gained (Yeomans et al. 2016).

Individuals who are organized at the neurotic level have developed the capacity to think on themselves, and the way they experience themselves and significant others is more realistic and stable (Caligor et al. 2019). Neurotic level defenses, such as suppression, alter the inner reality of the individual, but do not cause the individual to substantially distort his/her perception of external reality. On the other hand, assessments of the individuals with borderline organizational levels about themselves, others and their relationships are distorted and diverged from reality (Şahin 2009). The emotions that the patients with borderline organization feel very intensely encompass the subjective experience of the patients at the moment they feel those emotions, and become their perception of the whole reality. Affective disorder damages patients' ability to cognitively assess time and external reality (Yeomans 2016), and since they use splitting-based maladaptive primitive defenses, they perceive the things around them as either extremely good or extremely bad, and the suitability of such perceptions to the external reality is very poor (Yeomans 2016, Caligor et al. 2019).

Conclusion

In this article, it is argued whether dragging the patient to the axis of reality and rationality during the psychotherapy process could be an option. In fact, each and every psychotherapy theory involves reality and rationality in different ways. The basic rule of “act humanely if you are in doubt” can be supplemented with another rule, that is “act realistically if you are in doubt. In cases when therapy seems to have fallen flat, it may be helpful to inquire patient’s unrealistic irrational conceptions. Cognitive therapists regularly and most dynamic therapists implicitly or explicitly use this method (Gabbard 2004). As a reason, reasoning abilities of the patient may have been affected, especially in cases where patients have negative strong affect. In this process, the therapist may try to present an alternative perspective while accepting the psychic reality of the patient. This method can be applied more easily in patients who are very eager to understand their inner world, who can withstand frustration, have good impulse control, and can use analogies and metaphors. Non-etheless, it may be avoided in patients, who have severe ego defects or who experience severe life crises, who have a very low capacity to endure anxiety, insufficient ability to test reality, poor impulse control, low intelligence level, cognitive disability due to brain damage, and who cannot establish therapeutic cooperation.

One advantage of adopting a reality and rationality-based approach in psychotherapy is that the patient can find the opportunity to discuss his/her experiences; and if he/she can learn to carry out this rational dialectical discussion that he/she normally conducts with the therapist inside the therapy room also to the outside world, then his/her crises may weaken. Learning to discuss, and expressing opinions, may give rise to a significant improvement in patient’s condition. It is expected that the patient, who realizes that he/she often runs away from hurtful realities to his/her phantasies, accepts the reality and that his/her phantasies wane after an effective therapy process. As the patient learns to live in reality rather than in phantasy, many dreams, phantasies, and desires wane in the course of therapy even if the patient is reluctant to do so. On the other hand, constantly having the patient to confront the facts may elicit the feeling in patient that he/she is being treated harshly. Therefore, approaches such as reassuring the patient, soothing, empathizing, and affirming should be adopted from time to time. Another disadvantage of this therapeutic approach may be that it may render difficult moving from the rational realm to the emotional realm. Thus, the therapist should try to find and reveal the assessments of the patient that are more compatible with reality instead of the explanation and interpretation styles that cause the patient’s inappropriate behaviors and negative emotions to continue (Türkçapar 2012).

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