

Festinger's Theory of Cognitive Dissonance: a new perspective in psychotherapy

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Abstract

Clinical psychology has developed into many theories enhancing different parts or dynamics of the psyche. The common link is that these theories are all dealing with intrapsychic conflict (IPC). Yet in psychotherapy, patients may have multiple levels of conflicts which do not all refer to the same structure. Analyzing patients in the limits of one theory may be a hindrance to the patient's development. Festinger's Theory of Cognitive Dissonance appears as a means to concentrate on the *conflict itself*, when it is actual, rather than only on the personality, or personalities, within an individual. It allows the exploration, not only of multiple levels *within* the personality, but of the multiple levels included in a conflict, such as relational, psycho-sociological, cultural, intellectual, philosophical, spiritual, relative to survival, emotions, interactions, drives, and thus addresses conflicts that arise from daily life.

Keywords: cognitive dissonance, intrapsychic conflict, psychotherapy, neurosis.

Decades have passed since practitioners and theorists such as Sigmund Freud, Alfred Adler, Carl Jung, Melanie Klein, Anna Freud, Karen Horney, and William Fairbairn were fighting over *the* correct theory of neurosis and the structure of the mind, and yet we practitioners of psychology are still split into different schools of thought. Patients have to go to one therapist for Oedipus complex, then to another one for a childhood trauma of separation, then again another one for an inferiority complex, as they feel that the therapist can only *hear* the part that seems relevant.

We may understand that the pioneers were trying to—and thought they did—find the unique, central and universal explanation to human mental suffering, but they could not

investigate enough to find out if their theory was universal.

Is that acceptable today?

In 1943, Jung was already questioning the judiciousness of the disagreement between Freud and Adler. They opposed and declared their theories contradictory and yet, as Jung stresses “if we examine the two theories without prejudice, we cannot deny that both contain significant truths and, contradictory as these are, they should not be regarded as mutually exclusive” (Para. 56).

Jung (1943), deeply taken by this conflict, understood that Freud and Adler were attached to their theories, which were both simple and elegant, and that it was comprehensible that the adherents of both schools were “unwilling to give up a beautiful, rounded theory in exchange for a paradox, or, worse still, lose themselves in the confusion of contradictory points of view” (Para. 56).

Anna Freud and Melanie Klein diverged on whether the super-ego was elaborated before or after the Oedipus phase and could not relate anymore and share their respective discoveries, and yet, Anna Freud (Kohut, 1968) writes to a youngster: Dear John ..., you asked me what I consider essential personal qualities in a future psychoanalyst. The answer is comparatively simple. If you want to be a real psychoanalyst you have to have a great love of the truth, scientific truth as well as personal truth, and you have to place this appreciation of truth higher than any discomfort at meeting unpleasant facts, whether they belong to the world outside or to your own inner person (p. 553).

Jung (1943) questioned the reason why each investigator only saw one side and seemed biased. He suggested that, “owing to his psychological peculiarity, each investigator most readily sees that factor in the neurosis which corresponds to his peculiarity” (para. 57).

Pearl King (1991), in *The Freud-Klein controversies*, underlines that psychoanalysts should “incorporate new findings and theories into their understanding of the main body of knowledge, (...) if that branch of knowledge is to develop” (p.1).

Pearl King adds that the difficulty comes from the strong personal involvement from psychoanalysts as they have “to draw from their whole psyche at a deep level to do their work” (p.2). Yet this difficulty discredits tremendously the field of psychotherapy.

It is almost ironic to realize that it is in the field of psychology—where is expected the most introspection and surpassing of oneself and one's own bias, and therefore intellectual clarity and honesty—that it happens the least. Is it defensive narcissism, intellectual laziness, gregarious compulsion, cultural narrowness or the fact that the object of study is so hard to capture and so large, or that it is *us*? Today, experiments and systematic observations can be led to verify these theories, yet it seems that psychotherapists, psychoanalysts, “psys” of all sorts, are not willing to do so and work together to unite the field. It is so admitted that when one notifies people that one works as a “psy-something”, the next question is always, “Which school do you belong to?” The commonly acceptable answer is either in reference to the major and classical schools of theory or to the modern schools of psychotherapy that indicates the technique you are using.

People get confused about the schools where therapists train, and therefore the techniques used, with the theory of the mind referred to, not to mention any philosophical approach, as if we humans could be understood in reference to a momentary fashion and a *split part*. Many patients have captured this clearly enough to hunt for the *right* psychotherapist, the one who can understand their specific problem, usually after several unsuccessful attempts. On a positive note, when they have found *the one*, it instills in some of them this impossible solving of transference, as they feel that they belong to the same *world* as their therapist. It leaves others in despair, as they have not found anyone yet able to relieve their suffering, to *understand*, and believing that psychology cannot help them. There is a feeling of humiliation, of confusion and, in the best outcome, to have been “treated” and “healed,” which may even then be felt as self-depreciating. Patients may not easily admit to having

received such “treatment,” even when the outcome is positive. This feeling comes as the patient feels his psyche reduced to a “case,” applied a theory.

After centuries of research on the human mind, many people in the general population still feel that psychology is unreliable and untrustworthy because of this lack of unity. The more intellectual ones are able to formulate the problem clearly: “I will trust psychology when it will be unified, when “psys” of all kind will agree.”

But the question remains: From what do patients suffer?

Conflict

The different schools are dealing with: 1) where the conflict happens in the psyche, 2) between which parts of the psyche, 3) at what age and stage of development it arises, and 4) whether it is within one's own self or with the introjected or “real” others. Where the conflict stands reveals how the child has been taken care of, under which familial pressure one had to develop, in which social context the child has grown, in which society and culture, under which laws.

For example, if you happen to know your sister slept with your brother, it might raise strong inner conflict, between the love for them and what they did that is not acceptable, that deeply shocks you, and whether or not you wish to continue seeing them. But all this does not exist if you are born under the Pharaohs and your brother and sister are therefore married to each other.

A brief history of intrapsychic conflict:

Before introducing how Leon Festinger's theory of cognitive dissonance can enlighten clinical psychology about actual intrapsychic conflict (AIPC), let us go back to the main findings of the pioneers on IPC.

Freud and IPC:

Roger Perron (2005) states:

In psychoanalysis, the notion of conflict generally refers to intrapsychic conflict in which antagonistic forces are pitted against each other. (...) Further, it can be said that Sigmund Freud devoted his entire life to elaborating a theory of conflict.

Freud takes a cautious approach in his early work. He remains close to a psychology of consciousness at the beginning of his theory of repression, when he evokes, in the patient under the influence of a wish, the surging forth of "contrasting representations" and "irreconcilable ideas" that are so painful that, by an effort of "counter-will" the patient decides "to forget the thing." (1941b [1892], Notice III)

Freud writes: "(...) Neurosis is the result of a conflict between the ego and its id (...)" (1923, p. 143). This led him to the conclusion that the Ego, at the centre, was trying to balance the pressure of the Id and the Superego. For Freud, sexual desire was the primary motivational energy, with the main structuring stage of the Oedipus complex. He remained adamant.

As Jung evokes *peculiarities* in the individual that influences one's theory, it is well known that Sigmund Freud was brought up by parents with a great difference in age, which emphasized the Oedipus dimension, lived in a society with sexual inhibition values and did not free himself of this pregnancy as he analyzed his own daughter, a symbolically incestuous act in this logic. We may add that Freud's position was coherent with his Jewish culture in which there is an emphasis on family links.

Freud's theory evolved over the years but it continued referring to couples of opposites such as sexual instinct/self-preservation (1940 [1938] p. 186), pleasure principle/Death instinct (Freud 1920), pleasure principle and reality principle (Freud 1911). Freud also assessed interpersonal conflicts between the individual and society in *Group Psychology and Analysis of the Ego* (1921c) and *Civilization and Its Discontents* (1930a).

Adler and IPC:

In his presentation of January 4, 1911, on *The Role of Sexuality in Neurosis*, "Adler claimed that his dynamic conception of the ego instincts was tantamount to a striving for significance (Gelten-wollen), a striving for power (Streben nach Macht), for dominance (Herrschaft) and for being "above (oben)" (Stepansky, 1983).

Adler (1930) stressed this ego instinct with its striving, rather than sexual drive, as the motivating force in human life. He originated conflict as anterior to the Freudian sexual conflict: The fundamental fact in human development is the dynamic and purposive striving of the psyche. (p.5)

The striving or goal-forming activity, which is responsible for the construction of individual personalities, presupposes another important psychological fact. This is the sense or feeling of inferiority. (p. 8)

For Adler (1930) the main conflict is between the natural feeling of inferiority of the child and the desire to equal or beat siblings or adults: "There is always the fear of being undervalued and the anger and irritation at finding others favored or preferred" (p. 7).

Adler's vision of IPC finds its source in what Leon Festinger (1954) will later call "social comparison". The conflict here is between the image of oneself, the image of others ["For Adler, it is incontestable that all children at all times and in all places perceive themselves as essentially inferior to all adults" (Stepansky 1983, p. 152).], and the images sent back to the child about himself. The child, in every stage of development, is also torn between the demands of society and what he can organically cope with (Stepansky, 1983, pp. 44-45).

Jung (1943) will say:

With Adler the emphasis is placed on a subject who, no matter what the object, seeks his own security and supremacy; with Freud the emphasis is placed wholly upon objects, which, according to their specific character, either promote or hinder the subject's desire for pleasure. (Para. 59)

If we examine Adler's life, it is understandable that for him the emphasis was put on the striving to exist as a subject. Alfred was not a healthy child. He suffered from illness and physical problems. As if this were not enough, he was run over twice on Vienna streets. He was a poor student, and his teacher urged his father to apprentice him to a shoemaker. Adler became

motivated to compensate for his learning weakness. He rose to the top of his class. (Carlson, J., Watts, R. E., Maniaci, M., 2006, p. 16)

Adlerians view all problems as social and interactive by nature. (Carlson, J., Watts, R. E., Maniaci, M., 2006, p. 205)

We may remember that Freudian and Adlerian theories, be them centered on the object, or the subject and its comparisons with the outer world, are dealing with introjected objects, which, being incompatible, create IPC. But the conflict takes place at different levels or in different clusters of thoughts.

Jung (1943) comments:

This difference can hardly be anything else but a difference of temperament, a contrast between two types of human mentality, one of which finds the determining agency pre-eminently in the subject, the other in the object. A middle view, it may be that of common sense, would suppose that human behavior is conditioned as much by the subject as by the object. The two investigators would probably assert, on the other hand, that their theory does not envisage a psychological explanation of the normal man, but is a theory of neurosis. But in that case Freud would have to explain and treat some of his patients along Adlerian lines, and Adler condescend to give an earnest consideration in certain instances to his former teacher's point of view –which has occurred neither on one side nor on the other (Para. 60).

Jung and IPC:

Jung (1943) rose up against Freud's and Adler's theories, and was convinced that it did not describe faithfully and thoroughly the human psyche:

The two theories of neurosis are not universal theories: they are caustic remedies to be applied, as it were, locally. They are destructive and reductive. They say to everything 'you are nothing but...' They explain to the sufferer that his symptoms come from here and from there and are nothing but this or that. It would be unjust to assert that this reduction is wrong in a given case; but exalted to the status of a general explanation of

the healthy psyche as well as the sick, a reductive theory by itself is impossible. For the human psyche, be it sick or healthy cannot be explained *solely* by reduction. Eros is certainly always and everywhere present, the urge to power certainly pervades the heights and depths of the psyche, but the psyche is not just the one or the other, nor for that matter both together. (Para. 67)

Jung (1914) developed a broader point of view where not only was there a necessity to unravel childhood conflicts but a need to comprehend the purposive function. "To understand the psyche **causally** is to understand only one half of it" (Para. 398).

Jung (1917) has not only added a notion of personality, culture and stage of life to IPC - do Freudian or Adlerian consideration still apply to older people with lesser sexual concerns or need of social recognition?- but also a philosophical dimension of self-realization - what is all that we feel or think supposed to lead us to ?- :

It cannot be disputed that, psychologically speaking, we are living and working day by day according to the principle of directed aim or purpose as well as that of causality. (...)We must always bear in mind that *causality is a point of view*. (...) *Finality is also a point of view*, and it is empirically justified by the existence of series of events in which the causal connection is indeed evident *but the meaning of which only becomes intelligible in terms of end-products (final effects)*. (Para. 687)

Jung developed the idea of a personal unconscious versus a collective unconscious:

The personal unconscious consists firstly of all those contents that became unconscious either because they lost their intensity and were forgotten or because consciousness was withdrawn from them (repression), and secondly of contents, some of them sense-impressions, which never had sufficient intensity to reach consciousness but have somehow entered the psyche. (Jung, C. G., 1927, Para. 321)

(...)There exists a **second psychic system of a collective, universal, and impersonal nature** which is identical in all individuals. This collective unconscious does not develop individually but is inherited. It consists of pre-existent forms, the archetypes, which can only become conscious secondarily and which give definite form to certain psychic contents. (Jung, C.G., 1936, Para. 90)

Jung understood the ego as having to fight not only with the encountered objects of his own unconscious, introjected in the course of one's own life, but also with the collective unconscious, in the means of the archetypes, and their manifestations through personal context.

Jung (1936) says: "Since neuroses are in most cases not just private concerns, but *social* phenomena, we must assume that archetypes are constellated in these cases too" (Para. 98) and:

There are in a neurosis two tendencies standing in strict opposition to one another, one of which is unconscious. This proposition is formulated in very general terms on purpose, because I want to stress that although the pathogenic conflict is a personal matter it is also a broadly human conflict manifesting itself in the individual, for disunity with oneself is the hall-mark of civilized man. The neurotic is only a special instance of the disunited man who ought to harmonize nature and culture within himself. (Jung (1943). Para. 16).

To better enlighten Jung's view of neurosis, we may refer to what he explained as the "healing process" he called *individuation*: "Individuation means becoming an 'in-dividual,' and, in so far as "individuality" embraces our innermost, last, and incomparable uniqueness, it also implies becoming one's own self. We could therefore translate individuation as 'coming to selfhood' or 'self-realization'"(Jung, 1928, Para. 266).

The IPC in Jung's thought is the Self fighting self-alienation, sacrifice in favor of the collective, false self (persona) elaborated on the demands of society as a social ideal:

Everyone knows what is meant by 'putting on official airs' or 'playing a social role'. Through the **persona** a man tries to appear as this or that, or he hides behind a mask, or he may even build up a definite persona as a barricade. (Jung, C.G., 1928, Para. 269)

And, not only the Self has to fight the persona, an adaptative device, but also its fear of depth of the psyche, the collective unconscious with its archetypes. This fear is largely evoked by Jung in his memories (1961).

It is no wonder that Jung's attention went into the spiritual realm, as his father was a pastor and his mother was born in a family which practiced spiritualism. Young Jung had done his doctoral dissertation on the investigation of a medium who happened to be a cousin.

Melanie Klein and IPC:

For Melanie Klein (1946), IPC intervenes at the very first age of the infant, rooted on the ground of the anxiety the child experiences at birth as developed by Rank (1924).

Important sources of primary anxiety are the trauma of birth (separation anxiety) and frustration of bodily needs; and these experiences too are from the beginning felt as being caused by objects. Even if these objects are felt to be external, they become through introjections internal persecutors and thus reinforce the fear of the destructive impulse within." (pp. 4-5)

It is in phantasy that the infant splits the object and the self, but the effect of this phantasy is a very real one, because it leads to feelings and relations (and later on, thought-processes) being in fact cut off from one another. (p. 6)

The IPC, for Melanie Klein, is between the introjected good and bad objects, the aggressive feelings this tearing generates, its persecutory fears as a result, as the ego splits itself in this process. This happens therefore as a fluctuating process as "the early ego largely lacks cohesion, and a tendency towards integration alternates with a tendency towards disintegration, a falling into bits" (Klein, M., 1946, p. 4).

It is known that Melanie Klein was an unwanted child who grew up with parents who did not show her much affection and it is no surprise that she explored that realm.

Fairbairn and IPC:

Fairbairn (1952) will be even more radical. Once the infant has integrated the threatening experience of birth, the caregiver becomes essential, as Fairbairn describes in his internal object relation theory where the libido is not pleasure oriented as in Freud's but relationship oriented. For Fairbairn the ego starts as a whole and pristine unit, splits because of intolerable emotions and inability to cope with the unsatisfying aspects of experience, and this splitting gives birth to endopsychic structures which are not necessary condition for psychic growth. This is when IPC emerges that endopsychic structures come to existence:

It becomes necessary to adopt the view that repression is exercised not only against internalized objects (which incidentally are only meaningful when regarded in the light of endopsychic structures) but also against ego-structures which seek relationships with these internal objects. This view implies that there must be a splitting of the ego to account for repression. (p. 168)

For Fairbairn, the psychoanalytic cure will have to try and restore the pristine unity of the psyche:

The chief aim of psychoanalytical treatment is to promote a maximum "synthesis" of the structures into which the original ego has been split. (Fairbairn, 1958, p. 380)

On top of this exposition on how the main theories have each dealt specifically with IPC, we might consider that all known defense mechanisms, as listed in the DSM, of all schools of thoughts taken together, are specifically described as dealing with *emotional conflict or internal or external stressors*.

Festinger and IPC:

A key element of Festinger's theory is that it addresses the *essence of an actual conflict*, without reducing the person herself. It is the structure of the conflict that is in the center, not the structure of one's whole psyche.

Patients often start therapy caught in anguish about their mental health when torn in long lasting dissonances: "I feel I'm crazy," "I must be getting crazy," "I feel there's something really wrong, disturbed in me," "I have felt crazy for so many years, I think I'll never be normal." Once the therapist enables them to see they are engulfed in IPC, there is an immediate relief that helps them move on with the resolution of the conflict itself.

Festinger's theory of cognitive dissonance is interesting for psychotherapy as IPC may also be actual, and not only developmental as in the traditional theories, and even more nowadays as this motivates a lot of the demands for psychotherapy. We will call Actual IPC that which is happening at this very moment in one's life.

As Tavris and Aronson (2007) have enlightened, cognitive dissonance does not just deal with choosing over a toaster and a hair-dryer, or about paying a higher fee for college, it deals with the most dramatic events of our lives.

Festinger's cognitive dissonance and Actual IPC (AIPC)

In *A theory of Cognitive Dissonance*, Festinger (1957) calls cognitive dissonance the fact that within an individual two cognitions ("any knowledge, opinion, or belief about the environment, about oneself, or about one's behaviour" (p. 3)) may be contradictory:

Thus, for example, if a person knew there were only friends in his vicinity and also felt afraid, there would be a dissonant relation between these two cognitive elements. Or, for another example, if a person were already in debt and also purchased a new car, the corresponding cognitive elements would be dissonant with one another. (p. 13)

Festinger will observe different kinds of dissonances. He will

first observe any conflicting cognitions but will rapidly mainly deal with postdecision dissonance. In therapy we may also distinguish what we may call “irrationality dissonance” (as Festinger's example of feeling afraid when surrounded by friends), “breach of certitude dissonance” and “colliding clusters dissonance”.

Festinger (1957) stresses that “the existence of dissonance gives rise to pressures to reduce the dissonance” (P.31).

Postdecision dissonance:

Postdecision dissonance has been largely exposed by Festinger in his Theory of Cognitive Dissonance (1957) and by his followers.

According to Festinger, postdecision dissonance exists given the importance of the decision, the attractiveness of the unchosen alternative, and the degree of overlap of cognitive elements concerning each alternative. We may add that, in therapy, we also find postdecision dissonance when the alternatives are drastically different, and for the very reason that choosing one excludes completely choosing the other (for example choosing to become a priest and therefore remain celibate or getting married).

“Once dissonance exists following a decision, the pressure to reduce it will manifest itself in attempts to increase the relative attractiveness of the chosen alternative, to decrease the relative attractiveness of the unchosen alternative, to establish cognitive overlap, or possibly to revoke the decision psychologically” (P.47).

Festinger (1957) distinguished between conflict and dissonance. He considered that a person was in conflict *before* making a decision and that dissonance occurred *after* making the choice: “He is no longer being pushed in two or more directions simultaneously. He is now committed to the chosen course of action. It is only here that dissonance exists, and the pressure is *not* pushing the person in two directions simultaneously” (p. 39). However, as Gerard (1967) has observed, dissonance occurs even when the choice is not completely secured.

In psychotherapy, we detect that AIPC always implies

anticipation. In this anticipation, the person will fantasize the dissonance that will occur once the choice has been made: "how will I feel if...?" or "how will they react if...and how will I feel?" even though it often happens that the anticipated dissonance is mere illusion, a product of one's past projected in the future.

Therefore we will consider dissonance an AIPC, be it pre-decisional or post-decisional, and especially if the post-decisional dissonance is long lasting, as, for example, when one was never sure of one's choice. Long lasting dissonances may also be found in situations where decisions have never been firmly made, as in addictions. It is then the decision itself that is feared in anticipation. Most addicted persons imagine they will someday have to stop.

AIPC and the feeling of dissonance is also encountered about what appears, over time, as bad decisions, for example, if one regrets his choices of person in marriage, or choice of career. They reemerge as acute when the tension is reignited by some new event or strengthening of pressure.

Irrationality dissonance:

As evoked by Festinger in the example in which one feels afraid when surrounded by friends, many people come to therapy with feelings of dissonance about what appears to them as irrational or illogical feelings, desire or behavior.

Irrationality dissonance occurs when one knows one should not feel something (be afraid in a train, feel inferior when one has successfully achieved something, depressed when one's life seems objectively satisfying) or desire something that could impair what they are building (getting married and desiring another person than one's future spouse) or act in a certain way (overeating when one wants to lose weight, wanting a promotion and not talking about it to one's manager, staying with an abusive spouse).

Breach of certitude dissonance:

Breach of certitude dissonance emerges when patients have gathered new information about some important element

relevant to the stability of their lives, be it emotional, relational, economical, social, spiritual, work-wise, health-wise, or a traumatic event.

Breach of certitude dissonance was evoked by Festinger (1957), although not emphasized, as in the case of a person adhering to a political party and observing that party holding a shocking new position (P5).

These breaches of certitude may be quite dramatic. They happen when one discovers for example that his/her spouse has been unfaithful (even more if it has been going on for a long time), or when one feels fine and happens to find out that he/she is suffering from a major disease, or that one's beloved father has been convicted for sexual abuse, or when one is fired from one's work after having received recognition for the good work, when one's mate breaks up the relationship after having given them a Valentine's day present or an engagement ring, or the spouse leaving after the birth of their baby, suffering from a natural disaster in one's life when one feels he or she has always been a good worshipper.

Clusters coming in collision:

Festinger was referring to "clusters of cognitions".

We may consider that two cognitions may not come in conflict as they are held apart in the psyche because of occurrences in different times or spaces or splitting of thoughts.

In psychotherapy, we observe that what was not an AIPC may become one, triggered by an event in one's life: "My relationship with my parents had been excellent over the past years. But when I saw my parents humiliate my daughter, all the bad memories came back to me. I remembered how I felt as a child, that my parents preferred my brother, although he always gave them a hard time. Not that I had really forgotten these memories, but I realize I just never thought about them. And now I cannot stand the view of my parents any more but I feel I can't avoid them because this is my family and they would not understand". Some may only put together knowledge they have always had: "My parents told me when I was 12 that I was conceived with IVF but that what was important and meaningful

was that my 'real father' was my Dad. They said it was a sperm donation which explained why I was so different, physically, as a métis and them being white. But this "detail" was always avoided later on. There was a strong taboo about it. Today I have become a mother and that doesn't feel right any more. I want to know who my genetic father is - since the doctor who did it knows the donor -, but I feel bad as it will hurt my parents' feelings and especially my father's".

Is dissonance conscious?

As all IPC, AIPC are not usually conscious. Festinger does not address the fact that the different elements in an AIPC may be unconscious, but most patients come to therapy with a simple feeling of discomfort felt before the elements of AIPC can be clearly identified. Festinger calls "dissonance" the incompatible cognitions, as well as the discomfort felt, and the urge to reduce the dissonance.

The term 'dissonance' should best be applied to the feeling of discomfort and the 'drive' to reach consistency: "In place of "dissonance" one can substitute other notions similar in nature "hunger", "frustration," or "disequilibrium" (...)" (p.3). As for the conflicting cognitions, AIPC would be preferable.

Sometimes only physical psychosomatic symptoms indicate that there exist an AIPC.

As Rasmussen (2003), about Adlerian psychology therapy, states:

While there are exceptions, the majority of clients present for treatment not because they do not like their private logic – their thinking. Indeed, people are generally motivated to maintain cognitive consistency and will deny and distort dissonant thoughts in order to derive consistency. (...) Most clients pursue therapy because of how they feel. (...) Essentially, *a problem is not a problem until it is felt as a problem.*

Rasmussen stresses that what "compels the client to pursue treatment is most often to gain emotional relief". (P346)

Sigmund Freud (1905 [1901]), in his explanation of repression, also came to the notion of incompatible cognitions:

“Contrary thoughts are always closely connected to each other and are often paired off in such a way that *the one thought is excessively intensely conscious while its counterpart is repressed and unconscious*. This relation between the two thoughts is an effect of the process of repression. For repression is often achieved by means of an excessive reinforcement of the thought contrary to the one which is to be repressed. (p. 55)

Conclusion:

In her *Introduction to the work of Melanie Klein*, Hanna Segal (1988) stresses that, related to the introjection-identification that are constitutive of the ego, “the structure of the personality is largely determined by the more permanent of the phantasies which the ego has about itself and the objects it contains” (p. 20). It is in that sense that all theorists draw their observations from their very own focus.

Why would psychoanalysts, psychologists, psychotherapists feel so little concern with this inclination of our structure, and thus the limiting commitment to the theory adopted, when it is one of the main interferences a psychotherapist should worry about in his practice? Should this concept of a limiting structure only apply to patients? In anthropology there is great concern about ethnocentrism and we find no such one about what we might call “psychocentrism.” We should take into account that each theory brings its unique light to the different parts, dynamic and economy of the psyche and that they should all be considered as true. Each psychology theory should be neither revered nor detested, but looked at in a kind of hypothetical sympathy. This acceptation would include an effort to consider which patients it may address. How can we possibly expect to unify patients’ psyche when the different schools split patients’ psyche in bits and pieces?

When therapy seems to work in the short term but fails in the long run, it might very well be because of the initial positive attention received, and because, unfortunately, it only works as a new justification of the symptoms.

As Joule and Martinie (2000) explain:

Faced with a situation of misattribution, we no longer find the

classical attitude change observed in situations of forced submission. The absence of attitude change (known as the misattribution effect) may signify that subjects are not or are no longer in a state of dissonance, but it may also mean that the possibility to change attitudes has been blocked. (Abstract)

Thus, when therapists apply their favorite theory, there is a danger of preventing the patient of going into further exploration, either by misattribution and because of a new artificial justification “now I know what is going on” (which gave many occasions of jokes about psychoanalysis) without solving their real and main IPC.

But we need to take it one more step, as Anna Freud stressed about the openness that can be expected in our profession, about the discomfort at meeting unpleasant facts, be them external, as Festinger evokes, in encountering new information that could be disturbing our previous beliefs or knowledge of psychology, or remembering some that could induce a new dissonance.

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