

# The Knot Theory of Mind

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## Abstract

The aim of this article is to present The Knot Theory of Mind, my original psychological theory. I am providing a theoretical framework for the knot psychotherapy that is based on practicing the balance between positive and negative emotions and thoughts, healthy introspection, optimistic and realistic observations about life and healthy ideation process. Every emotion, feeling and thought are important in the process of healing. Positive emotions, love especially, are the cure for psychological traumas.

## Keywords

Psychology, Psychotherapy, Sociology, Mind Knots

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## 1. Introduction

Human thoughts can be imagined as a spectrum: on the one side of the spectrum are organized thoughts in healthy individuals and on the other side is severe thought disorder characteristic for schizophrenia and other psychotic disorders. Between two opposite sides of human thoughts spectrum are milder impairments of thought quality that may sometimes occur even in healthy individuals, and more often in neurotic individuals.

Severe thought disorder characteristic for schizophrenia is called formal thought disorder (FTD), which is a dimensional, phenomenologically defined construct, and can be clinically subdivided into positive versus negative and objective versus subjective symptom clusters. FTD is the only symptom under genetic influence in schizophrenia as shown in linkage studies, but familial communication patterns (allusive thinking) have also been associated with the condition. Positive FTDs are related to synaptic rarefication in the glutamate system of the superior and middle lateral temporal cortices. Cortical volume of the left superior temporal gyrus is decreased in patients with schizophrenia who have positive FTD in structural MRI studies and shows reversed hemispheric (right more than

left) activation in functional MRI experiments during speech production. Semantic network dysfunction in positive FTD has been demonstrated in experiments of indirect semantic hyperpriming (reaction time). In acute positive FTD, antipsychotics are effective, but a subgroup of patients have treatment-resistant, chronic, positive or negative FTD. Specific psychotherapy as treatment for FTD has not yet been developed [1].

Negative emotions have their function, but should always be balanced with positive ones. Five main categories of negative emotions are sadness, anxiety, anger, guilt and shame/embarrassment. Negative situation (for example, dangerous situation) provokes negative emotion (for example, healthy anxiety) and negative thought (“I am so afraid!”), that have a function to motivate the individual for fight or flight reaction. After the negative situation is terminated, there should be a positive emotion (gratitude that the dangerous situation is over) and a positive thought (“I am so grateful for not being in danger anymore!”).

When there is no positive emotion following the negative one, the new negative emotion goes after and thus, making the knot of negative emotions that are associated with knots of negative thoughts. These mind knots can deform healthy negative emotions into pathological ones (healthy anxiety-pathological anxiety; healthy sadness-depression; healthy guilt-pathological shame). People that score high on neuroticism are more susceptible for the development of mind knots as well as people who suffered psychological, emotional and/or physical injury and trauma. Every psychological trauma is a mind knot around which many negative emotions and thoughts are accumulated in a cluster of mind knots, which usually disable traumatized patients to recover from the trauma.

The aim of this theoretical study is to further explore the complexity of human mind, to provide theoretical framework for the knot psychotherapy and to encourage the scientific community for discussion and further clinical research on this subject.

## **2. The Knot Theory of Mind**

### **2.1. Optimistic Window**

Reality is a mixture of both good and bad situations, different kind of people (friendly, unfriendly, indifferent), negative and positive emotions and thoughts (someone’s own and other people’s emotions and thoughts). Depressed patients observe reality through the pessimistic window. Observing the life through the pessimistic window causes the formation of the mind knots. Example is a person who lost a job and chooses to watch through the pessimistic window. Losing a job, especially a good one, necessarily provokes negative emotions and thoughts. First negative emotion and thought about negative situation are realistic and represent normal reaction on the difficult situation. If the person who lost a job chooses to observe the life through the pessimistic window, there will be no positive thought to balance the negative one, which represents the formation of dis-

abling mind knots.

The person who chooses to observe the life through the optimistic window will not have mind knots. It is sometimes very hard, when a bad situation happens, to stay optimistic. The person has to invest a certain amount of effort to find or create the positive thought in the difficult situation. Example is again the person who lost a job, but this time decides to watch through the optimistic window. This person will find a positive thought to balance the negative: for example, thought about finding a new job.

## 2.2. The Broken-Mirror Syndrome

When we examine our own thoughts and feelings, it is like we are looking ourselves in the mirror. Healthy introspection means that the mirror is intact and we understand ourselves very well. Psychological traumas break our introspective mirror in many pieces (the number of pieces might correspond with the number of traumas). The broken-mirror syndrome is a set of psychological and physical symptoms and signs that occur in a person with psychological trauma, and these are: broken introspective mirror with deformed picture about oneself, internalization of abuser's negative emotions and thoughts, mind knots, destructive self-criticism, low self-esteem, strong inferiority complex, somatization of emotional pain (gastrointestinal disturbances, l'acné excoriée des jeune fille, tension headaches...) and increased suggestibility.

Constructive and compassionate self-criticism is a powerful tool for improving oneself and understanding others better. Destructive self-criticism has to be replaced with constructive self-criticism. A traumatized patient should learn and practice healthy mechanisms of introspection during the knot psychotherapy. It is crucial for the victim to distinguish abuser's negative emotions and thoughts from the real-self, and fight this negativism with positive emotions and thoughts about oneself.

## 2.3. Ideation Process

Ideation is the creative process of generating, developing and communicating new ideas, where an idea is understood as a basic element of thought that can be either visual, concrete or abstract [2]. Ideation comprises all stages of a thought cycle, from innovation, to development and actualization [3].

If an idea is understood as a basic element of thought, ideation can be understood as a part of every decision making process, which starts with an idea about doing something. That idea is then processed through a person's system of values and developed until the decision is made. When decision is made, the idea is then actualized in reality. During the decision making process the person has to gather information about the environment and estimate is the particular idea realizable and worth of the effort.

When a person is depressed, mind knots will affect the ideation and the decision making process. Knots of negative thoughts cause generation of negative

ideas about inner life, environment, other people, everyday life situations and future. Example of the negative ideation process is suicidal ideation. When an individual suffers from suicidal ideation, that individual is at risk to attempt suicide, especially if there is a suicide trigger. The suicide trigger can be any bad event or situation that can stimulate a person, that suffers from suicidal ideation, to make a definitive decision for attempting suicide. Difficult situations in life will not cause attempt of suicide in a person that does not have suicidal ideation. To prevent suicidal ideation or any other negative ideation that leads further into depression, the balance between positive and negative thoughts must be maintained (mind homeostasis).

#### 2.4. Overthinking

Overthinking is a loop of unproductive thoughts [4].

**First level of overthinking** is mild level that normal people sometimes experience, especially during the stressful period of life. **Second level of overthinking** is moderate level characteristic for people with anxiety disorder. People with moderate level of overthinking are realistic, but cannot stabilize their emotions and thus, have significant problem with overthinking. These people are often stressed out more than they should really be and might have problems such as insomnia, excessive food or alcohol intake, smoking... **Third level of overthinking** is severe level that is associated with mental constructions, which are obsessive thoughts organized in a false reality.

Knots of negative emotions might trigger overthinking. When there is a lack of positive emotions, mind tries to compensate this defect with intellectual overbalance. This neurotic compensation leads to overthinking. Overthinking can further trigger formation of more knots of negative emotions and the vicious circle is closed. To prevent or treat overthinking disorder and anxiety, knots of negative emotions have to be disentangled.

Positive emotions are joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, elevation, altruism, satisfaction, relief, affection, cheerfulness, surprise, confidence, admiration, enthusiasm, eagerness, euphoria, contentment, enjoyment, optimism, happiness and love [5].

Positive emotions create a balance with intellectual capacity of the mind so that overthinking does not happen all the time. People that have enough positive emotions can better deal with everyday difficulties and are also more prepared for stressful events. Positive emotions can help to maintain the health of reflection and create productive thoughts. Love is the strongest positive emotion and it might be the best cure for overthinking and anxiety.

#### 2.5. Chains of Emotions and Thoughts

Emotions are lower-level responses occurring in the subcortical regions of the brain, the amygdala, and the ventromedial prefrontal cortices, creating biochemical reactions in the body altering physical state. Feelings are mental expe-

periences of body states. Feelings originate in the neocortical regions of the brain and are mental associations and reactions to emotions, and are subjective being influenced by personal experience, beliefs, and memories. A feeling is a mental portrayal of what is going on in the body when the person experiences an emotion and is the byproduct of the brain perceiving and assigning meaning to the emotion. Feelings are the next thing that happens after having an emotion, involve cognitive input, usually subconscious, and cannot be measured precisely [6] [7]. When something bad is happening, first reaction is negative emotion. The negative emotion continues as negative feeling, which is subconscious cognitive input. The third step in this continuum is the negative thought that is fully conscious. When something good happens, first is the experience of positive emotion, second is the positive feeling and third is the positive conscious thought.

Emotions, feelings (subconscious cognitive inputs) and conscious thoughts are the chain that organizes human mind. Negative chain of emotions, feelings and thoughts has a purpose for the adequate reaction in the negative/dangerous situation. After the situation is over, the person should experience the positive chain (chain of positive emotions, feelings and thoughts) to balance the negative chain and restore the homeostasis of the mind. Emotions and feelings organize human cognition and cannot be treated separately from cognition. That is why I believe that holistic approach in the psychotherapy is crucial. All three levels of the mind chain must be treated: emotions, feelings and cognition.

## 2.6. Subconscious Mind Knots

Knots of emotions are subconscious part of the mind knot portrayed as feeling. "How do you feel today?" is the key opening question for every doctor-patient conversation in both somatic and psychiatric medicine, and it is not just a formality. Patient's answer on this question is very important as it can reveal that patient has somatic pain, psychological pain or trauma. Mind knots can be disentangled in both conscious-subconscious and subconscious-conscious direction. Disentangling the mind knots in conscious-subconscious direction means to start from the cognitive input, whilst subconscious-conscious direction means to start with pathological negative emotion (that must be replaced with the healthy positive one).

Other people's emotions and thoughts about us influence how we feel. Non-verbal communication often reveals a lot about other people's emotions and thoughts and it influences our emotional state even more than verbal communication. For example, person A is very kind in verbal communication with person B, but has actually negative emotions and thoughts about person B that can be detected through the non-verbal communication. Person B can feel anxious or sad about person A, although person A was very kind. Unpleasant information in non-verbal communication is sometimes repressed into subconscious and can trigger the formation of subconscious mind knots. In the example

from above, person B might become insecure about oneself in the communication with person A. This insecurity is the subconscious knot triggered by the negative emotions and thoughts of the person A.

### **2.7. The Paradox of Liberating Pain**

When psychological or physical trauma (that is always associated with some level of psychological trauma) happens to a person, the feeling of emotional pain is present. If the person is repressing the trauma and the emotional pain associated with the trauma, cluster of mind knots can form, leaving this person in the traumatized state with emotional and cognitive impairments. When treating psychological trauma, it is important to disentangle mind knots. The process of healing also includes the re-experience of suppressed emotional pain. Emotional pain might sometimes be so strong in traumatized patients that will also cause physical pain. The paradox is that the emotional pain re-experienced during the psychotherapy might actually be liberating. Suppressed pain has to become evident pain that liberates the patient from subconscious knots. In the process of healing, liberating pain might be helpful for the patient to become aware of negative subconscious mechanisms that are pulling him or her deeper into the trauma.

### **2.8. Pink Glasses versus Realistic Optimism**

Term “pink glasses” (Ushakov’s dictionary) is the phraseological unit meaning illusory, naive perception of an objective reality. Pink dreams mean to look at everything through pink glasses or to see all in pink color or light (to idealize everything not to notice lacks). In the Cambridge dictionary of idioms rose-colored glasses or rose-tinted glasses are described in the following way: if someone thinks about something or looks at something through pink glasses, he considers it as more pleasant, than it actually is. German philosopher Arthur Schopenhauer (1788-1860) mentioned it in “worldly wisdom Aphorisms”: those who see everything in black color and are ready to the worst, are mistaken less often in the calculations, than people who look at life through pink glasses [8].

Optimistic window represents realistic optimism that helps a person to fight in the difficult situation, to find the solution for the problem, to preserve hope and stay mentally healthy, despite everyday life difficulties. Realistic optimism is especially important in very stressful situations. Unlike realistic optimism, pink glasses represent illusory perception and idealization. This attitude is based on mental constructions, illusions about someone or something and it usually means that the person is not capable of dealing with reality. People with low self-esteem, abused people that are not coping with traumas, and those who are maybe suicidal, tend to wear pink glasses to protect themselves from depression, anxiety, suicidal ideation and despair. Pink glasses might be a temporary solution for mentally fragile person when it is better to postpone understanding of the objective reality, but it is very dangerous attitude when it is chronic. Wearing

pink glasses for a long time might develop in psychotic elements or delusions.

A delusion is a mistaken belief that is held with strong conviction even in the presence of superior evidence to the contrary. The psychiatrist and philosopher Karl Jaspers was the first to define the three main criteria for a belief to be considered delusional. These criteria are certainty (held with absolute conviction), incorrigibility (not changeable by compelling counterargument or proof to the contrary) and impossibility or falsity of the content (implausible, bizarre, patently untrue) [9].

Another peril of pink glasses is falling into the pessimism. Illusory perception is sometimes associated with oscillation between two extremes: pink glasses and pessimism (black glasses). Both pessimistic people and people that wear pink glasses are not able to cope with objective reality. It is very important to take off the pink glasses and open the optimistic-realistic window. Realistic optimism can be achieved with everyday mental training, and for those who are not able to help themselves, with psychotherapy.

### 2.9. Self-Pitty

Self-pity is a psychological state of mind that can be defined as excessive, self-absorbed unhappiness over one's own troubles. Self-pity is a frequent response to stressful events. Joachim Stöber described in his article two studies with  $N = 141$  and  $N = 161$  university students conducted, employing multidimensional measures of personality, control beliefs, anger, loneliness, and adult attachment. With respect to personality, results showed strong associations of self-pity with neuroticism, particularly with the depression facet. With respect to control beliefs, individuals high in self-pity showed generalized externality beliefs, seeing themselves as controlled by both chance and powerful others. With respect to anger expression, self-pity was primarily related to anger-in. Strong connections with anger rumination were also found. Furthermore, individuals high in self-pity reported emotional loneliness and ambivalent-worrisome attachments. Finally, in both studies, a strong correlation with gender was found, with women reporting more self-pity reactions to stress than men. Though the primary focus of self-pity is on the self and one's own emotions that are within, it also has a strong interpersonal component. Being an interpersonal emotion is directing the emotional feeling or response toward others with the goal of attracting attention, empathy or help [10].

When someone experiences a difficult situation and suffers, it is normal to feel regret, but it is not normal to fall into the depths of self-pity. Self-pity is associated with low self-esteem and blocks the person to find hope and fight for oneself. When the person experiences suffering because something bad is happening (for example, the person is victim of injustice, psychological and/or emotional abuse, physical abuse, social isolation, gaslighting...), it is normal to experience negative emotions (for example, sadness, anger, fear). The chain of healthy negative emotions, feelings and thoughts has a function to create a con-

clusion that something bad is really happening and to provoke useful reaction with the goal of solving the problem. After experiencing healthy chain of negative emotions, feelings and thoughts, leading to the correct conclusion, there should be a chain of positive emotions, feelings and thoughts leading to the problem solving. Self-pity creates a gap between healthy chain of negativity and healthy chain of positivity, and thus, leaving the person in a passive state. Self-pity does not allow the person to solve the problem. It blocks the chain of positivity and causes the deformation of healthy negative emotions into pathological negative emotions (for example, healthy sadness becomes depression, healthy anger becomes rage and hatred, healthy fear becomes anxiety). Staying too long in the depths of self-pity will cause the formation of many knots of negative emotions and thoughts. Self-pity is a gap between suffer and hope, conclusion and decision, and it transforms healthy subject into the passive object. Self-pity closes the optimistic window and opens the pessimistic window. Self-pity is associated with typical “self-pitying” thoughts (“Why is this happening to me? I am so miserable. I will never solve this problem!”) that block the person in everyday life. Instead of having these toxic thoughts, it might be very helpful to have optimistic and realistic thoughts, such as “This is a difficult situation, but I will do everything in my power to solve this problem. I will never give up! I will fight back the abuser! I will defend myself! I will seek help!”.

The suffering is often unavoidable and there are two ways to deal with pain. One way is self-pity with all above-mentioned consequences. Other way is to accept pain and find hope, fight for oneself and solve the problem whenever is possible.

### **3. Mental Constructions and Delusions**

Mental constructions are unrealistic, obsessive thoughts organized in a false reality that exists in an individual’s mind. Mental constructions, when severe and complex, might be considered as a psychotic element in a non-psychotic individual. Unlike delusions, an individual that has a problem with mental constructions still understands the reality and can function normally most of the time. The complexity and severity of mental constructions are inversely proportional to the level of functionality in the everyday life. The more severe the mental construction is, the less capable is the individual to understand and function in the reality. Mental constructions might develop under very stressful life conditions, especially in an individual with no self-confidence and low self-esteem, which is afraid to face the difficult situation and deal with the life problems. Mental constructions represent a risk factor for the development of delusions, which are characteristic for psychotic patients.

First step in the liberation from the mental construction is to understand the existence of it. Second step is to treat the underlying cause of mental construction. Mental constructions are the top of the iceberg. Below the surface there can be psychological traumas, knots of negative emotions and thoughts, broken in-



trospective mirror, low self-esteem, strong inferiority complex, anxiety, depression, obsessive-compulsive disorder... Mental constructions might also represent an escape mechanism when an individual does not want to feel pain. It is better to face the suffering, instead of developing mental constructions, because suffering fades with time, and mental constructions do not.

Unlike mental constructions, delusions are serious psychotic elements in psychotic individuals, who do not understand the reality anymore and are severely impaired in their ability to function in the reality. Mental constructions are changeable by compelling counterargument or proof to the contrary, whilst delusions are not. Mental constructions are not completely false and have some touch points with the objective reality, whilst delusions are always patently untrue. Mental constructions are never held with absolute conviction, unlike delusions, which are always held with absolute conviction.

#### **4. Animosity and Mind Knots**

Animosity in interpersonal relationship is an antagonistic attitude between two or more persons or between two groups of people. It has objective component, the factual reason for animosity, and subjective component, envy or hatred. Hatred in antagonistic interpersonal relationships is one of the most common and one of the most powerful causes of mind knots. Hatred additionally complicates already complicated antagonistic relationships and it should be avoided. Love for the enemy means that you respect your enemy's dignity, although you have to fight. That kind of love prevents the formation of mind knots.

Love and other positive emotions are associated with healthy multidimensional interpersonal perception, which can be defined as the ability to perceive other person as a whole, with all flaws and virtues. Hatred and other pathological negative emotions (pathological fear, rage, envy) are associated with deformed one-dimensional interpersonal perception, what means that only one psychological layer of a person is perceived, only flaws. Pathological negative emotions are the base of negative continuum that starts as deformed interpersonal perception, and continues as conflict, defamation and hate speech. It is very important when faced with other people's hatred or other pathological emotions, not to react with hatred, but to avoid any kind of pathological negative emotions and feel love as well as healthy negative emotions (for example, healthy anger).

#### **5. Conclusions**

The Knot Theory of Mind is my psychological theory. Mind knots consist of knots of negative emotions, feelings (subconscious knots) and thoughts that are not purposeful, but pathological and disabling. Mind knots impair both emotional and cognitive life with numerous consequences such as impaired ideation and decision-making process, decreased productivity, overthinking, broken-mirror syndrome, anxiety, depression and even psychosis (mental constructions, delu-

sions). The goal of the knot psychotherapy, for which I am providing the theoretical framework, is to disentangle mind knots. Mind knots can be disentangled in both conscious-subconscious directions (the goal is to find a positive thought) or in subconscious-conscious direction (the goal is to provoke positive emotion). Healthy positive emotions, especially love, and realistic optimism are very important in the process of healing from psychological trauma. Destructive self-criticism must be replaced with constructive self-criticism to repair the broken introspective mirror. Self-pity is an enemy of healing because it creates a gap between healthy chain of negativity and healthy chain of positivity, thus leaving the person in a passive state. Self-pity does not allow the person to solve the problem. Suffering is often unavoidable. It is better to accept the pain and try to find a solution for the problem, than fall down into the depths of self-pitying. Re-feeling of emotional pain associated with the trauma during the knot psychotherapy can be paradoxically liberating because it helps traumatized patients to become aware of the repressed trauma and it can help to disentangle subconscious mind knots.

In antagonistic interpersonal relationships it is very important to avoid hatred, because it is one of the most common and one of the most powerful drivers of mind knots. Animosity as such is often in life unavoidable. The objective component of animosity is the factual reason for animosity, and it cannot be changed. The subjective component of animosity, envy or hatred, can be replaced with love and respect, in order to avoid the creation of mind knots and to start mediation process in antagonistic relationships whenever is possible. Love in antagonistic relationships transforms animosity into the objective antagonism, in which problem solving, even mediation, is possible.

Social and practical implications of this theoretical study should be further tested in clinical practice. I designed the Knot Theory of Mind, based on the so far published scientific literature and my own observations and reflections about complexity of human mind, in order to provide new perspectives in medical psychology, which is a very important tool not only in clinical psychiatry, but also in somatic medicine, because psychological aspects cannot be separated from the physical illness.

### **Conflicts of Interest**

The author declares no conflicts of interest regarding the publication of this paper.

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