



## Commentary

## A new “inside-out” perspective on general factor p

Research regarding internalizing, externalizing, and psychotic symptoms across the life span suggests that all forms of psychopathology have one common liability which Caspi and associates labeled general factor “p.” [1] At present, however, the substantive meaning of p has not been clearly defined. We posit that researchers have come up short handed thus far in their search for p because they have not been searching from the best vantage point. For example, the prevailing hypotheses regarding p include negative emotionality, cognitive impulsivity (e.g., rumination), and the disordered form and content of thought. In our view, rather than illuminating p, these speculations throw light instead on *the negative products of p*. We posit that to clearly illuminate p, mental health researchers must shift their focus to the creative agency that all people use to ruminate and to create negative emotions and disordered thought content in the first place—*the agency of thought*.

For several decades we have proposed that all forms of psychopathology have one common factor; that the mentally ill and mentally well can be viewed from the same basis because both create their experience the same way—*via their use of the agency of thought*. Our view of p is grounded in what we posit is the exclusivity of people’s understanding and use of the ability of thought in the etiology and maintenance of both mental disorders and mental health. We posit that people can use their ability to think in a manner that either produces distressing symptoms or in a way that produces mental well-being and common sense.

Just as there is an innate health-producing design behind every human system (i.e., gastro-intestinal, cardio-vascular, excretory) we posit there is also an innate health-generating design behind the agency of thought; that virtually everyone is born *thinking in an effortless, free-flowing way and experiencing mental health*. We have referred to this effortless thinking as *original or primary thought* because in our view this thinking is unconditioned, intelligent, and of highest rank or importance for psychological health. We have observed that throughout life original thought surfaces whenever one’s mind quiets or clears. In our view, original thought represents the potential for people to live in high levels of mental health, productivity, and happiness. We posit that overlooking original thought excludes a common factor in the mental health of all people. We have observed, however, that original thought is highly unrecognized and grossly underused.

The other use of the mind to think is typically referred to as *personal or analytical thought*. Personal thought must be learned and is indispensable for tasks such as mastering one’s culture,

learning myriad skills and subjects, and solving known problems with known solutions. However, unlike original thought which is effortless and free-flowing, personal thought has a stress factor because it requires effort to hold thoughts in mind and manipulate and work with them. Also, unlike original thought which is healthy regardless of content, personal thought is subject to overuse (e.g., technology addiction) and misuse (e.g., to worry, obsess, ruminate) and therefore can range from responsive and functional to unresponsive and destructive. In our view, most people grossly overuse and/or misuse personal thought which results in the chronic activation of their stress response systems. We have observed that most people don’t often realize they are creating their own psychological pain and dysfunction with their own thinking and that quieting down will allow their heads to clear, reduce their stress level, and allow for mental well-being and common sense to arise.

We posit that the optimal use of the agency of thought involves *the responsive use of original thought and personal thought; mediated by original thought*. In other words, the optimal use of the agency of thought involves a balanced movement, back and forth, between a spontaneous reliance on the intelligence of original thought and the implementation of personal thought as prompted by original thought. We further posit that gradients in people’s mental health match their understanding and use of the agency of thought (i.e., the quality and validity of their thinking). Most people, however, have limited understanding of each the following: a) that thought originates in their own minds; b) that they are creating their own thoughts, retrieving past thoughts, experiencing those thoughts, and acting on them; c) that they have some volition over how they relate to and hold their thoughts and how seriously they take them; d) that their feelings serve as a reliable indicator of the quality of their thinking; and e) that mental health is always available to them via a clear mind. The result of these understanding gaps is that most people do not realize how to use the agency of thought in their best interest, tend to misuse this creative agency, experience chronic mental stress, and obscure their mental health birthright.

In sum, we posit that *the most diagnostic element of p is people’s unrecognized (innocent) chronic misuse of the agency of thought*. We suspect that people’s chronic misuse of the agency of thought and the chronic activation of their stress response systems that typically follows is the common factor in the etiology, persistence, co-occurrence, and sequential comorbidity of multiple psychological and somatic disorders. All of this is quite

innocent; no one means to do this to oneself. But it is an innocent misuse of a tremendous power—the power to think. The process we suspect occurs from one's level of understanding of the “thought-experience connection” and “innate mental health via a clear mind,” to one's level of misusing thought, to one's stress level, to one's degree of psychopathology and mental health is presented in Fig. 1.

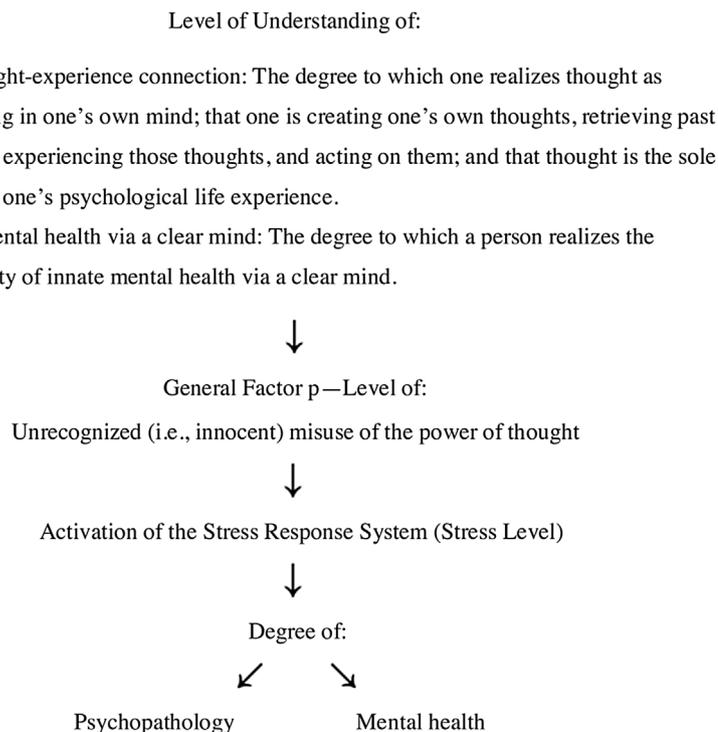
Recent research appears to support our “inside-out” view of *p*. For example, research on interoception suggests that emotions are constructed from within via the brain's attempt to explain people's perceptions of the body's internal sensations. For example, Feldman [2] posited that people's brains attempt to make sense of these perceptions by filtering them through people's conditioned thoughts. In other words, people's emotions are not reactions to external events and circumstances. Rather, emotions are constructed from within via conditioned thoughts that allow people to feel various emotions. In other words, if a person or culture does not have the thoughts for a specific emotion, that person or culture will be unable to experience that emotion. The same logic applies to vision. After receiving corneal transplants, people with congenital blindness will typically remain sightless until they learn the thoughts necessary to see. On the other hand, the emotions formed via original thought (e.g., contentment, compassion, joy, and love) are innate, do not have to be taught, and are available to everyone in every culture.

Verkuil and associates [3] stated, “. . . in psychopathology research, perseverative cognitive processes (PC's) like worry and rumination have received increasing attention . . . and have been recognized as core etiological factors in the onset and maintenance of several psychological disorders” (p.88). PC's are stress-producing cognitions that are repeatedly activated. PC's have been found to relate directly with depressed mood and pessimism, clinical depression, heightened anger, PTSD symptomology, increased anxiety, difficulty concentrating, poor problem solving, poor sleep quality, reduced

quality of life, worse self-reported physical health, and worse cardiovascular function.

Increasing evidence suggests that psychopathology is initiated and perpetuated by the chronic activation of the stress response system. The long-term activation of the stress-response system and subsequent overexposure to stress hormones can disrupt almost all the body's processes, alter immune system responses, and suppress the digestive system, the reproductive system, and the growth processes. This complex natural alarm system also communicates with regions of the brain that control mood, motivation, and fear creating various negative and often debilitating psychological and somatic symptoms.

When people understand the thought-experience connection, realize how to use the power of thought in their best interest, and recognize the availability of mental well-being via a clear mind, we posit that a common precursor to psychopathology will decrease. Everyone experiences symptoms of disordered thought, negative emotions, and strong urges to act. However, if people understand they do not have to believe in the “reality” of these experiences, their psychological functioning will remain healthy. Preliminary evidence exists which supports the efficacy of mental health education designed to deepen people's understanding of the thought-experience connection and innate mental health via a clear mind for improving the quality of their thinking, decreasing their stress levels, and improving their mental health [4]. In this regard, Teasdale and associates [5] examined the cognitive mediation of relapse prevention via mindfulness-based cognitive therapy (CT) with patients having residual depression and concluded “. . . our findings suggest that interventions that focus on changing patients' relationship to their dysfunctional thoughts and feelings, rather than attempting to modify thought content or belief, would be useful . . .” (p. 353). Our speculations regarding general factor *p* will require additional research. We invite or



**Fig. 1.** A process from one's level of understanding the thought-experience connection and innate mental health via clear mind, to one's level of misusing thought, to one's level of mental stress, to one's degree of psychopathology and mental health.

researcher and practitioner colleagues to reflect on our “inside-out” view of p and consider assisting us in this undertaking.

## References

- [1] Caspi AH, Moffit TE. All for one and one for all: mental disorders in one dimension. *Am J Psychiatry* 2018;175(9):831–44.
- [2] Barrett LF. The theory of constructed emotion: an active inference account of interoception and categorization. *Soc Cogn Affect Neurosci* 2017;12(11):1833.
- [3] Verkuil B, Brosschot JF, Gebhardt WA, Thayer JF. When worries make you sick: a review of perseverative cognition, the default stress response and somatic health. *J Exp Psychopathol* 2010;1(1):87–118.
- [4] Kelley TM, Pransky J, Lambert EG. Realizing improved mental health through understanding three spiritual principles. *Spiritual Clin Pract* 2015;2(4):267–81.
- [5] Teasdale JD, Scott J, Moore RG, Hayhurst H, Pope M, Paykel ES. How does cognitive therapy prevent relapse in residual depression? Evidence from a controlled trial. *J Consult Clin Psychol* 2001;69(3):347–57.

Thomas M. Kelley<sup>a,b,\*</sup>

<sup>a</sup>*Department of Criminal Justice, 3255 Faculty Administration Building, Wayne State University, Detroit, MI, 48202, United States*

<sup>b</sup>*Reflections Counseling Center, Troy, MI, 48085, United States*

William F. Pettit Jr.

*Creighton University School of Medicine, Department of Psychiatry, Phoenix, AZ, 85013, United States*

Jack Pransky

*Center for Inside-Out Understanding, 301 Club Circle, Boca Raton, FL, 33487, United States*

Judith Sedgeman

*Sedgeman Consulting LLC, 5616 Garden Lakes Drive, Bradenton, FL, 34203, United States*

\* Corresponding author at: Department of Criminal Justice, 3255 Faculty Administration Building, Wayne State University, Detroit, MI, 48202, United States.

E-mail addresses: [aa5216@wayne.edu](mailto:aa5216@wayne.edu) (T. Kelley),  
[bill@thedrspeittit.com](mailto:bill@thedrspeittit.com) (W. Pettit Jr.),  
[jack@healthrealize.com](mailto:jack@healthrealize.com) (J. Pransky),  
[sedgeconsult@gmail.com](mailto:sedgeconsult@gmail.com) (J. Sedgeman).

Received 17 June 2019

Available online 5 August 2019