Thoughts, Feelings, Emotions

In most modern languages, there is an archaic word that precisely designates raw inner experiences that one feels emotionally "deep within oneself." In English, this word is "**feeling"**. Derived from the verb *to feel*, feeling has long referred to bodily sensations and deep internal emotional states, before taking on, in modern usage, more cognitive or emotional connotations — being often used interchangeably with "**emotion**."

Yet, across the 82 scientifically recognised models of human behaviour referenced throughout the many different models of emotion in contemporary affective neuroscience — **none** treat the words **"feelings"** and **"emotions"** as synonyms, as interchangeable, or as mere semantic variations around the same concept. This distinction is neither pedantic nor semantic. It is semiotic and fundamental to understanding everything that follows.

Feelings* are raw, bodily, interoceptive sensory experiences arising from internal states. **Emotions** are the constructed, categorical (distinct) experiences the brain builds by interpreting and integrating those feelings through learning, memory, context, and meaning. This emotional architecture is strongly supported by several models, including the Theory of Constructed Emotion (Barrett, 2017), interoception research (Craig, 2002), the Somatic Marker Hypothesis (Damasio, 1994), and the trans-diagnostic convergence mapped by Nolen-Hoeksema and Watkins (2011).

However, in everyday conversation, personal psychology, motivational and self-help literature, media, and much of mainstream therapeutic conversation, the two terms are routinely used as if they describe the same thing. This is one of the most widespread and unquestioned misconceptions in our Western culture — **a popular false belief** which, having been culturally reinforced for generations, now seems intuitively self-evident. How did this gap between scientific reality and everyday

understanding arise, and why has it proven so stubbornly resistant to correction?

The two dimensions of a feeling: emotional and somatic

Within the broader category of feelings — and directly relevant to how constructionist models of emotion understand the architecture of inner experience — a further distinction proves both scientifically precise and clinically essential: the distinction between the **emotional dimension** of a feeling and its **somatic dimension**.

The **emotional dimension** of a feeling is its categorical, named quality — the label the mind attaches to an internal state: *anxious, sad, angry, ashamed, guilty, afraid*. These labels are not raw sensory data. They are the brain's interpretive constructions — its best attempt to make sense of a bodily state by drawing on memory, context, and learned categories. According to Barrett's Theory of Constructed Emotion, what we call 'feeling anxious' or 'feeling ashamed' is not a direct readout of the body, but a meaning the brain constructs by interpreting a physiological state through learned concepts, context, and a socially shaped lens.

The **somatic dimension** of a feeling is its raw, pre-conceptual, bodily reality — the actual physical sensations through which that emotional state is carried and expressed within the body: a lump in the throat, a heaviness in the chest, a tightening in the stomach, dizziness, tension across the shoulders, a constriction in the breathing. These somatic experiences are not metaphors. They are measurable physiological events — the substrate from which the emotional label is constructed.

In short, **the emotional dimension** — called "**feeling***" (written with an asterisk) or "**emotional feeling**" — names and interprets the experience. **The somatic dimension** — called simply "**feeling**" — is the raw bodily experience itself. One is the map; the other is the territory.

This distinction is not merely theoretical. It has direct implications for what therapy can reach — and where lasting resolution is actually

possible. The emotional label (*anxiety, shame, grief*) is accessible to conscious reflection and language. It can be discussed, reframed, or re-interpreted at the cognitive level. The somatic substrate, however, does not respond to reframing. It does not update through insight alone. It requires direct engagement at the level where it lives: within the body.

This is why, in the constructionist model framework, emotional change that is lasting — rather than merely cognitive reframing — must ultimately be anchored in the body. When the somatic substrate of a feeling is resolved, the emotional label that was constructed from it loses its charge spontaneously. The emotion does not need to be argued away or replaced. It reorganises itself, because its physiological foundation has changed.

What Somatic Hypnotherapy targets — and why

Somatic Hypnotherapy works directly and specifically with the **somatic dimension** of feelings* — the bodily, interoceptive substrate that underlies and sustains the emotional experience. It does not debate or reframe the emotional label. It locates the somatic (physical) reality behind the label and addresses it there, at its root — not at the level of the label.

The emotional dimension of the feeling — *anxiety, grief, anger, shame* — is not ignored; it serves as the access point. It is the named emotional quality (the label the mind attaches to an internal state) that orients the therapeutic process and arouses the somatic component, bringing it into focused awareness. But it is the somatic component — the lump, the constriction, the heaviness — that becomes the actual target of the therapeutic work: the site of uprooting, resolution, and dissolution.

In Somatic Hypnotherapy, the emotional feeling provides orientation; the somatic feeling provides the address. Resolution happens at the address — not at the level of the label. This targeting of the somatic dimension explains why the results of Somatic Hypnotherapy are experienced within the body — not merely understood in the mind.

When the somatic substrate resolves, the change is felt as a tangible physiological shift: a release of tension, a softening, an easing of constriction, a return of breath.

The emotional reorganisation that follows — the fading of anxiety, the lifting of grief, the dissolving of shame — is not the product of a new thought or a cognitive reframe. It is the natural downstream consequence of a somatic change that has already occurred.

The linguistic and cultural transition that created the confusion

The webpage Thoughts, Feelings, Emotions, traces the historical shift with clarity. During the 19th century, under the pressures of secularisation and the professionalisation of psychiatry and psychology, the older term "feelings" — which had long denoted concrete, sensory, bodily experiences — gradually became "emotional feelings" and, more recently, simply "emotions."

Meanwhile, psychiatry (from the Greek *psyche* = soul/spirit + *iatry* = treatment) and psychology (*psyche* + *logos* = study) moved away from earlier feelings- and heart-centred understandings of human experience and toward brain-centred, consciousness-focused models. In Somatic Hypnotherapy we preserve the older, biologically grounded usage: "feelings*" and "emotional feelings" are used interchangeably to refer to sensory experiences perceived onto or "within" the body — assessed, interpreted, and integrated through interoception and conceptualised by the rational mind as "emotions." This usage aligns with traditional, biological, and medical meanings and differs considerably from the merged usage common in many intellect- and consciousness-focused approaches.

Why the misconception persists

The persistence of this belief is not accidental. It reflects a gradual shaping of the therapeutic narrative by brain-focused and intelligence-centred strategies that became the dominant, scalable, and marketable

models in Western practice. Once these intellect- and consciousness-focused approaches took centre stage, the language naturally followed. Talk therapy, positive thinking, affirmations, and intellectual reframing, all rest on the appealing premise that “changing one’s thoughts will change how one feels”.

Such approaches are far easier to standardise, teach, certify, and offer to the general public than the more personalised, precise, feelings- and body-centred work of resolving somatic patterns at their root. The business environment rewards interventions that sound empowering and intellectually accessible, such as: "change your thoughts, change your life." The uncomfortable scientific reality — that thoughts do not arise in a vacuum, that they are interpretive companions to feeling states, and that strong negative affect disables the very mechanisms needed for top-down regulation — is far less commercially convenient.

The dynamic and the scale of this shift have a strong cultural specificity. In Eastern European countries, prior to the fall of communism in 1990, intellect- and consciousness-based therapeutic models were discouraged, marginalised, even ridiculed, and therefore, largely unavailable. Psychiatry, and traditional healing practices — Bajalica, Vrač, Znakhar, and other ancestral forms rooted in heart-centred, feelings-first wisdom — remained the primary response to emotional and spiritual distress.

These living traditions operated on the same reversed paradigm that Somatic Hypnotherapy revives today: feeling differently leads to thinking and reacting differently. The body's signals were attended to directly. The rapid importation of Western, brain-centred models after 1990 therefore represented more of a cultural displacement through epistemic capture than a scientific advancement — one that brought with it the linguistic merger of "feelings" and "emotions" as a seemingly self-evident truth.

The gap between real-life experience and everyday understanding

Most people sense the distinction intuitively — "I know I shouldn't feel this way, but I still do" — yet the dominant narrative encourages them to keep trying to think their way out of it. The misconception survives because it is reinforced daily: in books, podcasts, social media, workplace wellness programs, and many therapeutic conversations. Everyday language, shaped by more than a century of secular pressure and decades of emphasis on intellectual strategies, has simply merged the two terms: feelings and emotions.

Yet the 82 scientifically recognised models of human behaviour referenced throughout different models of emotion in contemporary affective neuroscience, the interoception literature, Damasio's somatic markers, Barrett's constructionist framework, and the entire predictive-processing and allostasis paradigm all point in the opposite direction. Popular belief, however, remains rooted in the traditional secular narrative, centred on intellect and cognition — a more convenient and self-enhancing version of reality. The result is a widespread cultural blind spot.

The quiet power of conceptual clarity

This is precisely why Somatic Hypnotherapy's approach is so effective. By maintaining the clear conceptual distinction between thoughts, feelings, and emotions — and, within feelings, between their emotional dimension and their somatic dimension — and by working directly with feelings at the somatic level rather than debating or reframing at the level of thoughts, we bypass cultural misconception and reach the site where change is actually possible.

In the hypnotic state of access used in Somatic Hypnotherapy, deep bodily relaxation combined with focused attention creates an enhanced gateway to the somatic level of experience. As shown in David Spiegel's hypnosis and brain research, this state allows us to actively engage with and resolve unresolved feelings* directly at their somatic root — where they actually manifest — rather than layering new cognitive content or suggestions on top of unresolved somatic patterns, as additive

approaches do. Whenever somatic substrate changes, the associated emotional experience reorganises naturally and spontaneously.

The gap between scientific reality and popular belief is therefore not merely linguistic. It is philosophical and historical — a century-long secular shift away from the heart, from feelings, and from ancestral wisdom, towards more marketable and intellect-centered models. However, nowadays, contemporary neuroscience has caught up with what ancestral traditions and decades of clinical observation have always revealed: feelings are the primary drivers. Emotions follow. And authentic resolution does not come from re-labelling the experience at the mental level, but from its dissolution at the level of lived and felt experiences within.

When the body no longer reacts as if the past is repeating itself, thoughts and behaviours naturally follow. Physiology calms, the system reorganises, and life itself feels different — not conceptually, but tangibly. This is the difference between temporary relief and lasting resolution.

The distinction is not semantic. It underlines the conceptual coherence of the "feeling first" reversed paradigm in action. And it is the reason Somatic Hypnotherapy continues to offer results where other approaches so often fall short.

Resources supporting the above claims (Contemporary neuroscience now confirms what ancestral wisdom and clinical observation have long revealed):

- PubMed — Interoceptive awareness and affective experience (2019). https://pubmed.ncbi.nlm.nih.gov/31125635/
- Barrett, L.F. (2017). The theory of constructed emotion. *Social Cognitive and Affective Neuroscience*.
- Damasio, A.R. *Descartes' Error: Emotion, Reason, and the Human Brain*.
- Nolen-Hoeksema, S. & Watkins, E.R. (2011). A heuristic for developing transdiagnostic models of psychopathology.

- Craig, A.D. (2002). How do you feel? Interoception: the sense of the physiological condition of the body.
- Ecker, B., Ticic, R., & Hulley, L. (2012). *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Through Memory Reconsolidation*.
- Kleckner, I.R. et al. (2017). Evidence for a large-scale brain system supporting allostasis and interoception.
- LeDoux, J.E. (2000). Emotion circuits in the brain. *Annual Review of Neuroscience*. https://pubmed.ncbi.nlm.nih.gov/10845062/
- Spiegel, D. et al. (2016). Mechanisms of hypnotic analgesia. *Neuroscience & Biobehavioral Reviews*. https://pubmed.ncbi.nlm.nih.gov/27316551/
- Nummenmaa, L. et al. (2014). Bodily maps of emotions. *Proceedings of the National Academy of Sciences*.
- New Hypnotherapy — Thoughts, Feelings, Emotions.