

# In defense of psychoanalysis

## Editorial

Storytelling has been with us since the days of campfire and besieging wild animals. It serves a number of important functions: amelioration of fears, communication of vital information (regarding survival tactics and the characteristics of animals, for instance), and the satisfaction of a sense of order (justice), the development of the ability to hypothesize, predict and introduce theories and so on.

We are all endowed with a sense of wonder. The world around us in inexplicable, baffling in its diversity and myriad forms. We experience an urge to organize it, to “explain the wonder away”, to order it in order to know what to expect next (predict). These are the essentials of survival. But while we have been successful at imposing the structures of our mind on the outside world – we are less successful when we try to cope with our internal universe.

The relationship between the structure and functioning of our (ephemeral) mind, the structure and modes of operation of our (physical) brain and the structure and conduct of the outside world have been the subject matter of heated debate for millennia. Broadly speaking, there were (and still are) two schools of thought:

There are those who, for all intents and purposes, identify the substrate (brain) with its product (mind). Some of them postulate the existence of a lattice of preconceived, inborn categorical knowledge about the universe – the vessels into which we pour our experience to be molded.<sup>1-5</sup>

Others regard the mind as a black box. While it is possible in principle to know its input and output, it is impossible, again in principle, to understand its internal functioning and management of information. Pavlov coined the word “conditioning”, Watson adopted it and invented “behaviourism”, Skinner came up with “reinforcement”. But they all ignored the psychophysical question: what **IS** the mind and **HOW** is it linked to the brain?

The other camp fancies itself more “scientific” and “positivist”. It speculates that the mind (whether a physical entity, an epiphenomenon, a non-physical principle of organization, or the result of introspection) – has a structure and a limited set of functions.

They argue that a “user’s manual” for the mind could be composed, replete with engineering and maintenance instructions. The most prominent of these “psychodynamists” was, of course, Freud. Though his disciples (Adler, Horney, the object-relations lot) diverged wildly from his initial theories – they all shared his belief in the need to “scientific” and objectify psychology.

Freud – a medical doctor by profession (Neurologist) and Josef Breuer before him – came with a theory regarding the structure of the mind and its mechanics: (suppressed) energies and (reactive) forces. Flow charts were provided together with a method of analysis, a mathematical physics (dynamics) of the mind.

But this was a mirage. An essential part was missing: the ability to test the hypotheses derived from these “theories”. Still, their theories sounded convincing and, surprisingly, had great explanatory power. But - non-verifiable and non-falsifiable as they were – they could not be deemed to be **scientific**.

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Psychological theories of the mind are metaphors of the mind. They are fables and myths, narratives, stories, hypotheses, conjunctures. They play (exceedingly) important roles in the psychotherapeutic setting – but not in the laboratory. Their form is artistic, not rigorous, not testable, less structured than theories in the natural sciences.

The language used in psychological theories is literary, polyvalent, rich, effusive, and fuzzy – in short, metaphorical. They are suffused with value judgments, cultural preferences, fears, post facto and ad hoc constructions. None of this has methodological, systematic, analytic and predictive merits.

Still, these theories are powerful descriptive instruments, admirable constructs of the mind. As such, they are bound to satisfy some needs. Their very existence proves it.

Peace of mind is an essential need, which was neglected by Maslow in his famous hierarchy of needs. People sacrifice material wealth, resist temptation, ignore opportunities, and sometimes risk themselves and others – just to attain this bliss.

People prefer inner equilibrium to outer homeostasis. It is the fulfillment of this overriding need that psychological theories cater to. In this, they are no different than other collective narratives (myths, for instance).

In some respects, though, there are striking differences:

First, psychology is desperately trying to link up to reality and to scientific discipline by employing observation and measurement and by organizing its results and presenting them using the language of mathematics. This does not atone for its primordial sin: that its subject matter is ethereal, ephemeral and inaccessible. Still, it lends it an air of credibility and rigorousness.

Second, while historical narratives are “blanket” narratives – psychology is “tailored” or “customized”. A unique narrative is invented for every patient (client) in which s/he is the protagonist (hero or anti-hero). This mass customization seems to reflect an age of increasing individualism.

True, the “language units” used in therapy (large chunks of denotates and connotates) are one and the same for every “user”. In psychoanalysis, the therapist is likely to always make use of the

tripartite structure of Id, Ego, Superego. But these are language elements and need not be confused with the plots. Each client, each person, and his own, unique, irreplicable and plot.<sup>6-10</sup>

To qualify as a “psychological” plot, the narrative must be:

- a. **All-inclusive (anamnetic)** – It must encompass, integrate and incorporate all the facts known about the protagonist.
- b. **Coherent** – It must be chronological, structured and causal.
- c. **Consistent** – Self-consistent (its subplots cannot contradict one another or go against the grain of the main plot) and consistent with the observed phenomena (both those related to the protagonist and those pertaining to the rest of the universe).
- d. **Logically compatible** – It must not violate the laws of logic both internally (the plot must abide by some internally imposed logic) and externally (the Aristotelian logic which is applicable to the observable world).
- e. **Insightful (diagnostic)** – It must inspire in the client a sense of awe and astonishment which is the result of seeing something familiar in a new light or the outcome of seeing a pattern emerging out of a big body of data. The insights must appear to be a logical conclusion of the development of the plot.
- f. **Aesthetic** – The plot must be both plausible and “right”, beautiful, not cumbersome, not awkward, not discontinuous, smooth and so on.
- g. **Parsimonious** – The plot must employ the minimum numbers of assumptions and entities in order to satisfy all the above conditions.
- h. **Explanatory** – The plot must explain the behavior of other characters, the hero’s decisions and behavior, and why events unfolded the way that they did.
- i. **Predictive (prognostic)** – The plot must possess the ability to predict future events, the future behavior of the hero and of other meaningful figures and the inner emotional and cognitive dynamics.
- j. **Therapeutic** – With the power to induce change (whether it is for the better, is a matter of contemporary value judgments and fashions).
- k. **Imposing** – The plot must be regarded by the client as a useful organizing principle of his life’s events past, present, and future.
- l. **Elastic** – The plot must possess the intrinsic abilities to self organize, reorganize, assimilate emerging order, accommodate new data comfortably, avoid rigidity in its modes of reaction to attacks from within and from without.<sup>11-20</sup>

In all these respects, a psychological plot is a theory in disguise. Scientific theories must satisfy most of the same conditions. But the equation is flawed. The important elements of testability, verifiability, refutability, falsifiability, and repeatability – are all missing. No experiment could be designed to test the statements within the plot, to establish their truth-value and, thus, to convert them to theorems.

There are four reasons to account for this shortcoming:

1. **Ethical** – To substantiate a theory experiments would have to be conducted on the patient and others. To achieve the necessary

result, the subjects must be ignorant of the fact that they are being experimented upon (in double blind experiments) or remain in the dark regarding what the experimenters want to achieve. Some experiments may involve unpleasant or even traumatic experiences. This is ethically unacceptable.

2. **The psychological uncertainty principle** – The current position of a human subject can be fully known. But both treatment and experimentation influence the subject and void this knowledge. The very processes of measurement and observation influence the subject and change him or her.
3. **Uniqueness** – Psychological experiments are, therefore, bound to be unique. They cannot be repeated elsewhere and at other times even if they involve the **SAME** subjects. This is because the subjects are never really the same due to the above-mentioned **psychological uncertainty principle**. Repeating the experiments with other subjects adversely affects the scientific value of the results.
4. **The undergeneration of testable hypotheses** – Psychology does not generate a sufficient number of hypotheses, which can be subjected to scientific testing. This has to do with the fabulous (=storytelling) nature of psychology. In a way, psychology has affinity with some private languages. It is a form of art and, as such, is self-sufficient. If structural, internal constraints and requirements are met – a statement is deemed true even if it does not satisfy external scientific requirements.

So, what are plots good for? They are the instruments used in the procedures which induce peace of mind (even happiness) in the client. This is done with the help of a few embedded mechanisms:

- a. **The Organizing principle** – Psychological plots offer the client an organizing principle, a sense of order and ensuing justice, of an inexorable drive toward well defined (though, perhaps, hidden) goals, the ubiquity of meaning, being part of a whole. They strive to answer the “why’s” and “how’s”. Plots are dialogic. The client asks: “why do I suffer from (here follows a syndrome)”. Then, the plot is spun: “You are like this not because the world is whimsically cruel but because your parents mistreated you when you were very young, or because a person important to you died, or was taken away from you when you were still impressionable, or because you were sexually abused and so on”. The client is calmed by the very fact that there is an explanation to that which until now monstrously taunted and haunted him, that he is not the plaything of vicious gods, that his discomfort has a label, that there is someone to blame (helpfully focusing his diffused anger) and, that, therefore, his belief in order, justice and their administration by some supreme, transcendental principle (or being) is restored. This sense of “law and order” is further enhanced when the plot yields predictions which come true (either because they are self-fulfilling prophecies or because some real “law” has been discovered).
- b. **The Integrative principle** – The client is offered, through the plot, access to the innermost, hitherto inaccessible, recesses of his mind. He feels that he is being reintegrated, that “things fall into place”. In psychodynamic terms, his energy is released to do productive and positive work, rather than to be channeled distorted and destructive forces.

- c. **The Purgatory principle** – In most cases, the client feels sinful, debased, inhuman, decrepit, corrupting, guilty, punishable, hateful, alienated, strange, mocked and so on. The plot offers him absolution. Like the highly symbolic story of the Savior – the client’s sufferings expurgate, cleanse, absolve, and atone for his sins and handicaps. A feeling of hard won achievement accompanies the spinning of a successful plot. The client sheds layers of functional, maladaptive clothing. This is inordinately painful. The client feels dangerously naked, precariously exposed. He then assimilates the plot offered to him, thus enjoying the benefits emanating from the previous two principles and only then does he develop new mechanisms of coping. Therapy is a mental crucifixion and resurrection and atonement for the sins. It is highly religious with the plot in the role of the scriptures from which solace is gleaned.

### Dichotomous classification (taxonomy) of psychological theories

All psychological theories can be classified by one or more of these dichotomies (pairs):

#### Dualism vs. monism

The belief that the mind and the body are two separate entities (though in constant interaction via various mechanisms and pathways); OR

The belief that the mind is nothing but an emergent phenomenon or a manifestation of and emanation from or a mislabelling physiological processes and qualities and, therefore, that psychology should be a branch of neuroscience or medicine (medicalization of psychology).

#### Innate vs. stimuli-driven

The belief that all psychological traits and processes are innate and autonomous; OR

The belief that psychological processes are triggered by and psychological traits are shaped and conditioned by stimuli emanating from the environment.

#### Nature vs. nurture

The belief that genes and, more comprehensively, evolution determine one’s psychological make-up and modus operandi; OR

The belief that one’s psychology is decided by one’s upbringing, human milieu, and personal history.

#### Reductionist vs. holistic

The belief that psychology can be analytically reduced to a set of interacting, distinct, atom-like components or constructs; OR

The belief that one’s psychology is the complex, irreducible outcome of shape-shifting network of ceaseless interactions and the synergy of extensive and intensive qualities, parameters of action and boundary conditions.

#### Fixed vs. plastic (childhood vs. lifespan or determined vs. mutable)

The belief that, at a certain age, one’s psychology becomes an immutable fixture, subject only to minor, almost imperceptible modifications; OR

The belief that one’s brain is plastic and reprogrammable from cradle to grave and that, therefore, one’s psychological settings and proceedings are constantly evolving and changing throughout the lifespan.

#### Static vs. dynamic (objective vs. subjective)

The belief that psychological reactions and processes are rigid and set, allowing for well-demarcated diagnoses based on sharply-delineated clinical entities which are subject to the scientific method; OR

The belief that psychology is a narrative, fuzzy, impressionistic, ever-evolving, and somewhat “artistic”. Diagnosis and treatment require human contact and interaction, mostly subjective and emotional.

#### Process vs. behavior

The belief that psychological processes constantly occur in the mind and underlie behaviors, cognitions, and choices and that they can be subject to meaningful and informed introspection; OR

The belief that, since we can never, in principle observe or measure inner processes in the mind (the intersubjective agreement is not falsifiable), we should only monitor, observe, and analyze behaviors.

#### Categorical vs. dimensional

The belief that human behaviors, both normal and pathological (aberrant), can be categorized, distinguished, and demarcated with a minimum of ambiguity and overlap; OR

The belief that human behaviors constitute a spectrum and can be described only using interacting multi-purpose dimensions.

#### Statistical-normal vs. descriptive-spectrum

The belief that human behaviors cluster around a mean or average which constitutes “normalcy”; OR

The belief that all human behaviors, preferences, drives, urges, traits, and orientations are “normal” (though they may be socially unacceptable or even illegal) and are part of a spectrum, even when there is only anecdotal evidence for their existence.

#### Analogous vs. standalone

The belief that modelling human psychology by using analogies to various technologies provides real, testable insights into the human mind; OR

The belief that the human mind and its products are sui generis and cannot be studied by analogy. Getting to know the mind requires its own models and theories, independent of models and theories in other fields of science and knowledge.

#### Occult (Multipartite) vs. overt (monolithic)

The belief that the human mind is comprised of several interacting parts, some of which are accessible trivially while the awareness to and knowledge of other parts require special efforts and knowledge; OR

The belief that the mind is a monolithic, indivisible “black box”, which can be observed and analysed only via its effects on the world and interactions with reality.

### Mechanical vs. stochastic/emergent

The belief that the mind is a machine which, like other machines, is subject to the laws of Nature and can be deciphered and contextualized objectively and even mathematically; OR

The belief that the mind is a cloud, the emergent outcome of numerous intertwined and fuzzy processes in constantly self-assembling and redundant networks and that the underlying math is stochastic rather than deterministic.

### Theoretical vs. experimental

The belief that psychology is a philosophy of the mind, not a rigorous science and that, consequently, it cannot be falsified and the results of its experiments cannot be repeated or replicated.

The belief that psychology is a science whose theories can yield falsifiable predictions and whose experiments are repeatable and replicable.

### Reactive vs. teleological

The belief that behaviors are reactions to external stimuli; OR

The belief that behaviors are goal-oriented and are selected or deselected by their familiar or anticipated consequences.

### Nomothetic vs. idiographic

Theories that study populations based on analyses of test results vs. theories that study individuals in depth with the use of interviews and psychological tests.

### Cultural sensitivity

Western psychotherapy is centered around and focused on the restoration of the individual's functionality and autonomy and the attainment of happiness.

Only a small minority of humanity adhere to these values and principles. The majority emphatically and often vociferously reject them. Western psychology is vehemently castigated as decadent and a colonial instrument.

Consider the most basic social unit: the family.

In most societies and cultures in the world, the family is sacred and centred around procreation, not recreation: children and property are by far more important than the pursuit of happiness which is considered both selfish and risky.

Why risky? Because to pursue contentment and gratification is to assiduously avoid making the long-term sacrifices required to maintain a harmonious and productive cooperative.

Everything is secondary to these long-term goals. Women tolerate abuse and domestic violence and act meek and subservient to accommodate their bullying husbands. They undergo harmful medical procedures to conform to their ideals of beauty. Spouses - both wives and husbands - accept extramarital affairs and infidelity as inescapable: you are permitted to secure love, intimacy, and sex outside the marriage as long as you sleep at home and make children and business only with your spouse.

Everyone in such societies mocks the more individualistic and rebellious as egotistical exceptions, or casts them as sacrilegious or insane. To maintain the status quo, reactionary forms of medieval

religion (the Church) join forces with oppressive patriarchy, inane "psychiatry", and stifling political authoritarianism in most of these territories.<sup>20-27</sup>

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### References

1. Stormberg D, Roningstam E, Gunderson J, et al. Pathological Narcissism in Bipolar Disorder Patients. *Journal of Personality Disorders*. 1998;12:179-185.
2. Roningstam E. Pathological Narcissism and Narcissistic Personality Disorder in Axis I Disorders. *Harvard Review of Psychiatry*. 1996;3(6):326-340.
3. Alford, Fred C. Narcissism: Socrates, the Frankfurt School and Psychoanalytic Theory - New Haven and London, Yale University Press; 1988.
4. Fairbairn WRD. An Object Relations Theory of the Personality; 1954.
5. Freud S. Three Essays on the Theory of Sexuality. Standard Edition of the Complete Psychological Works of Sigmund Freud; 1905;7.
6. Freud S. On Narcissism; 1770.
7. Golomb E. Trapped in the Mirror: Adult Children of Narcissists in Their Struggle for Self-Quill; 1995.
8. Greenberg JR, Mitchell SA. Object Relations in Psychoanalytic Theory; 1983 .
9. Grunberger B. Narcissism: Psychoanalytic Essays . New York, International Universities Press; 1979.
10. Guntrip H. Personality Structure and Human Interaction. New York; International Universities Press; 1961.
11. Horowitz MJ. Sliding Meanings: A defense against threat in narcissistic personalities - *International Journal of Psychoanalytic Psychotherapy*. 1975;4:167-180.
12. Jacobson E. The Self and the Object World. New York; International Universities Press; 1964.
13. Kernberg O. Borderline Conditions and Pathological Narcissism. New York; Jason Aronson; 1975.
14. Trust MK. The Writings of Melanie Klein. New York; Free Press; 1964.
15. Kohut H. The Analysis of the Self - New York; International Universities Press; 1971.
16. Lasch C. The Culture of Narcissism. New York; Warner Books; 1979.
17. Alexander L. Narcissism: Denial of the True Self - Touchstone Books; 1997.
18. Millon T, Davis RD. Disorders of Personality: DSM IV and Beyond. USA: John Wiley and Sons; 1995.
19. Millon T. Personality Disorders in Modern Life. New York: John Wiley and Sons; 2000. pp. 1-558.

20. Ronningstam E. Disorders of Narcissism: Diagnostic, Clinical, and Empirical Implications. American Psychiatric Press; 1998.
21. Ronningstam E. Pathological Narcissism and Narcissistic Personality Disorder in Axis I Disorders. *Harvard Review of Psychiatry*. 1996;3(6):326–340.
22. Rothstein A. The Narcissistic Pursuit of Reflection. USA: International Universities Press; 1984.
23. Lester S. Narcissistic Personality Disorders - A Clinical Discussion. *J Am Psychoanal Assoc*. 1974;22(2):292–306.
24. Daniel S. The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology; 1985.
25. David S, Ronningstam E, Gunderson J, et al. Pathological Narcissism in Bipolar Disorder Patients. *Journal of Personality Disorders*. 1998;12(2):179–185.
26. Vaknin S. Malignant Self Love – Narcissism Revisited, 10th revised impression – Skopje and Prague. Narcissus Publications; 2015.
27. Zweig P. The Heresy of Self-Love: A Study of Subversive Individualism; 1968.