

FURTHER COMMENTS ON PSYCHOANALYSIS

In my Romanes Lecture on science and literature I implied that a psychoanalytical explanation-structure answered pretty closely to Lévi-Strauss's description of a myth. By this I meant that a psychoanalytical interpretation weaves around the patient a well-tailored personal myth within the plot of which the subject's thoughts and behaviour seem only natural, and, indeed, only what is to be expected.

I must begin by making it clear that my criticism of psychoanalysis is not to be construed as a criticism of psychiatry or psychological medicine as a whole. People nowadays tend to use 'psychoanalysis' to stand for all forms of psychotherapy, much as 'Hoover' is used as a generic name for all vacuum cleaners and 'Vaseline' for all ointments of a similar kind. By psychoanalysis I understand that special pedigree of psychological doctrine and treatment which can be traced back, directly or indirectly, to the writings and work of Sigmund Freud. The position of psychological medicine today is in some ways analogous to that of physical or conventional medicine in the middle of the nineteenth century. The physician of a hundred and thirty years ago was confronted by all manner of medical distress. He studied and tried to cure his patients with great human sympathy and understanding and with highly developed clinical skills, by which I mean that he had developed to a specially high degree that form of heightened sensibility which made it possible for him to read a meaning into tiny clinical signals which a layman or a beginner would have passed over or misunderstood. The physician's relationship to his patient was a very personal one, as if healing were not so much a matter of applying treatment to a 'case' as a collaboration between the physician's guidance and his patient's willingness to respond to it. But - there was so little he could do! The microbial theory of infectious disease had not been formulated, viruses were not recognised, hormones were unheard of, vitamins undefined, physiology was rudimentary and biochemistry almost non-existent.

The psychiatry of today is in a rather similar position, because we are still so very ignorant of the mind. But the best of its practitioners are people of great skill and understanding and apparently inexhaustible patience; people whose humanity reveals itself just as much in the way they recognise their limitations as in their satisfaction when a patient gets better in their care. I am emphasising this point to make it clear that to express dissatisfaction with psychoanalysis is not to disparage psychological medicine as a whole.

One of my critics has accused me of saying or implying that he, a psychoanalyst, would attempt to treat by psychiatric means the symptoms of a brain tumour or of Huntington's Chorea. *Of course* I don't think a psychoanalyst would knowingly attempt to treat a brain tumour or a victim of Huntington's Chorea by psychoanalytic methods, but he may not realise the degree to which he is being wise after the event. Being a sensible man he naturally repudiates the idea of treating those psychological ailments of which physical causes are, in general terms, already known. But psychoanalysts do treat and speculate upon the origins of schizophrenic conditions and manic-depressive psychoses. *These* are the test cases: what are we to make of *them*?

Are 'mental illnesses' of mental or physical origin? To answer this question I shall begin with what may appear to be a digression. As recently as thirty years ago, many geneticists were still worried and confused by the problem of assessing, in precise terms, the relative contributions of nature and nurture - of heredity and environment or upbringing - to the overt ('phenotypic') differences between our mental and physical constitutions and capabilities. Both nature and nurture exercise an influence, of course; but L. T. Hogben and J. B. S. Haldane were the first to make it publicly clear that there is no *general* solution of the problem of estimating the size of the contribution made by each. The reason is that the size of the contribution made by nature is itself a function of nurture. (I use the word 'function' in its mathematical sense.)¹ If someone constitutionally lacks the ability to synthesise an essential dietary substance, say X, then the contribution made by heredity to the difference between himself and his fellow men will depend on the environment in which they live. If X is abundant in the

¹ In mathematics, x is a function of y when the value of x varies in dependence on the value of y .

food he normally has access to, his inborn disability will put him at no disadvantage and may not be recognised at all; but if X is in short supply or lacking, then he will become ill or die. The same reasoning applies to other, much more complicated examples. If people live a simple pastoral life that makes little demand on their resourcefulness and ingenuity, inherited differences of intellectual capability may not make much difference to their behaviour; but it is far otherwise if they live a difficult and intellectually demanding life. How often has it not been said that the stress of modern living raises the threshold of competence below which people can no longer keep up or make the grade? This is not to deny that some differences between us are for all practical purposes wholly genetic, wholly inborn. A person's blood group is described as 'inborn' not just because it is specified by his genetic make-up, but because (with certain rare and known exceptions) there is no environment capable of supporting life in which that specification will not be carried out. Most differences between us are determined both by nature and by nurture, and their contributions are not fixed, but vary in dependence on each other.¹

With this analogy in mind, let me now turn to psychological disorders, which - to beg no questions - I shall define as conditions which cause a person to seek, or need, or be directed towards, the care of a psychiatrist. Here, too, as a first approximation, it will be reasonable to assume that both 'mental' and 'organic' states or agencies contribute to the difference between the psychiatrist's patient and his fellow men; but here, too, we should be very cautious in our attempts to assign precise values to the contributions made by each. It seems natural to repudiate the idea of psychiatric treatment of brain tumours, because they seem so obviously organic in origin; but even in this extreme case we mustn't be too sure. Many of us now believe that there exists a natural defensive mechanism against tumours which is of the same general kind as that which prohibits the transplantation of tissues from one individual to another. If these natural defences are indeed immunological in nature, they are open to influences of a kind that common

¹ To speak (as I do here and below) of the causes of *differences* between human beings sounds clumsy and takes some getting used to; but there seems to be no avoiding it if one is to be precise and at the same time avoid a formal symbolic treatment.

sense will classify as mental, or anyhow behavioural, e.g. to prolonged frustration, unhappiness, distress, or indifference to living.¹ (The psychosomatic element in tuberculosis is specially relevant here, because the natural defence against tuberculosis depends on immunological mechanisms of a very similar kind.)

To go now to the other extreme: the psychoanalytic critic I referred to above thinks it probable that 'neurosis is the result of faulty early conditioning' rather than of brain disease or an inborn error of metabolism. No doubt; but does he not also think that constitutional or organic influences may raise or lower the susceptibility of his patients to these disturbing influences? Of course he does - and so did Freud. It is normally a mistake, I suggest, to trace any psychological disorder to wholly mental or wholly organic causes. Both contribute, though sometimes to very unequal degrees, and the contribution made by one will be a function of the contribution made by the other.

It is, nevertheless, very understandable that psychiatrists should approach their patients with two rather different kinds of aetiological purpose and interest in mind. Psychiatrist A will say, 'My interest lies in trying to see how a certain pattern of upbringing, environment, habits of life and human relationships may predispose people of certain constitutions to psychological disorders.' Psychiatrist B will say, 'Now my interest lies in trying to identify those elements of heredity and organic constitution which make a man specially likely to contract a certain psychological disorder if he is influenced by the environment and his fellow men in certain ways.' Both attitudes seem very reasonable, and over much of the territory that belongs to them the two psychiatrists will not compete. But - and now I come to my main point - in the context of those serious psychological disorders that are still disputed territory, the methodology implicit in the attitude of Psychiatrist B is very much the more powerful.

The reason is this. A physical abnormality can be the subject of diagnosis, and therefore, in principle, of treatment or avoiding action, *before* it can contribute to a psychological disturbance. The recognition early in life of a certain physical abnormality (say, the chromosomal constitution XYY) defines a priori a category of men who are at special risk; and our foreknowledge of that risk can be made the basis

¹ See 'The Crab', pp. 154-66 below, especially pp. 161-5.

of a rational system of avoidance. The physical disability represents a parameter of the situation, where upbringing and environment are variables which can be varied within certain limits at our discretion. A difficult enterprise, to be sure; but not so difficult as, and much more realistic than, say, abolishing all family life, as one 'existential psychiatrist' is alleged to have recommended, because some families may create an environment conducive to mental disorder. With certain forms of low-grade mental deficiency, this programme is now adopted as a matter of routine. When tests carried out on a baby's urine suggest that it cannot metabolise the amino-acid phenylalanine, its diet can be altered in such a way as to prevent or reduce the severity of what might otherwise be irremediable damage to the brain. I hope and expect that cognate solutions will one day be found for the major psychoses. No matter what other factors may have influenced him, there is something organically wrong with a manic-depressive patient, and it is essential to find out what it is, preferably before he becomes gravely ill.

This completes my attempt to explain why I think that the categorical distinction between brain disease and mental illness, as between 'Nature' and 'Nurture', is a fundamentally unsound one - the remnant of an effete dualism, a still further perpetuation of what Ryle called the legend of Two Worlds.

I now turn to psychoanalysis itself, taken in the sense I gave it in an earlier paragraph. I shall not attempt a systematic treatment, but shall merely draw attention to a few of its more serious methodological, doctrinal and practical defects.

The property that gives psychoanalysis the character of a mythology is its combination of conceptual barrenness with an enormous facility in explanation. To criticise a theory because it explains everything it is called on to explain sounds paradoxical, but anyone who thinks so should consult the discussion by Karl Popper in *Conjectures and Refutations*, particularly the passages that make mention of psychoanalysis itself.¹ Let me illustrate the point by a number of passages chosen from the authors' summaries of their own contributions to the 23rd International Psychoanalytical Congress held in Stockholm in 1963. I choose the proceedings of a congress rather than the work of a single author so as to get a cross-section of psychoanalytic thought.

¹ *Conjectures and Refutations* (London, 1963), pp. 34-9.

Character-traits are formed as precipitates of mental processes. They originate in innate properties; they come into existence in the mutual interplay of ego, id, super-ego and ego-ideal, under the influence of object-relations and environment.

When an individual strikes out at his wife, his child, his acquaintances or even complete strangers, we may well suspect that a gross failure in Ego-functioning has occurred. Its restraining control has been partially eluded.

Of a 'cyclothymic' patient in the fifth and sixth years of psychoanalytic treatment:

... the delusion of having black and frightening eyes took the centre of the analytic stage following the resolution of some of the patient's oral-sadistic conflicts. It proved to be a symptom of voyeuristic tendencies in a split-off masculine infantile part of the self and yielded slowly to reintegration of this part, passing through phases of staring, looking at and admiring the beauty of women.

On the aetiology of anti-Semitism:

The Oedipus complex is acted out and experienced by the anti-Semite as a narcissistic injury, and he projects this injury upon the Jew who is made to play the role of the father... His choice of the Jew is determined by the fact that the Jew is in the unique position of representing at the same time the all-powerful father and the father castrated...

On the role of snakes in the dreams and fantasies of a sufferer from ulcerative colitis:¹

The snake represented the powerful and dangerous (strangling), poisonous (impregnating) penis of his father and his own (in its anal-sadistic aspects). At the same time, it represented the destructive, devouring vagina... The snake also represented the patient himself in both aspects as the male and female and served as a substitute for people of both sexes. On the oral and anal levels the snake represented the patient as a digesting (pregnant) gut with a devouring mouth and expelling anus...

I have not chosen these examples to poke fun at them, ridiculous though I believe them to be, but simply to illustrate the Olympian glibness of psychoanalytic thought. The contributors to this congress

¹ A disease of the kind psychoanalysis would be well advised not to meddle with.

were concerned with homosexuality, anti-Semitism, depression, and manic and schizoid tendencies; with *difficult* problems, then – problems far less easy to grapple with or make sense of than anything that confronts us in the laboratory. But where shall we find the evidence of hesitancy or bewilderment, the avowals of sheer ignorance, the sense of groping and incompleteness that is commonplace in an international congress of, say, physiologists or biochemists? A lava-flow of *ad hoc* explanation pours over and around all difficulties, leaving only a few smoothly rounded prominences to mark where they might have lain. Surely the application of psychoanalytic methods in a completely alien culture might give even the most sanguine practitioner reason to pause? Not a bit of it. We have the word of two of the contributors to the congress that 'the usual technique and theory of psychoanalysis were found to be applicable to obtain an understanding of the inner life' of the Dogon peoples in Mali:

A twenty-four-year-old Dogon man, who at the beginning had met the white stranger with profound distrust, was led to change his views with surprising speed.

After first having built a subsidiary transference and involved a younger colleague in the analysis, he turned from the animate object to the inanimate (playing with sticks) and from this to tactile gestures . . . Finally he 'regressed' to somatic forms of expression in that he continued the analytic exchange by urinating . . .

The examples I have chosen above, and the psychoanalytic autopsies I shall mention later, illustrate another important methodological defect of psychoanalytic theory. If an explanation or interpretation of a phenomenon or state of affairs is to be fully satisfying and acceptable, it must have a special, not merely a general relevance to the problem under investigation. It must be, rather specially, an explanation of whatever it is we want to explain, and not also an explanation of a great many other, perhaps irrelevant things as well.

For example: if a patient cannot retain salt in his body, it is not good enough (though it will probably not be wrong) to say that his endocrine system is in disorder, because such an explanation would cover a multitude of other abnormalities besides. The explanation may well be that the patient is no longer producing aldosterone, a specific hormone of the cortex of the adrenal gland, and if that is so he can probably be

cured. Again, it will not do to say that muscular contraction is a trans-formation of energy derived originally from the sun. This is a weak explanation; it is too far removed in the pedigree of causes; we are more interested in the causal parentage of the phenomenon than in its causal ancestry. Strong explanations have a quality of *special* relevance, of logical immediacy; and this is a quality they must have if they are to be tested and shown to be acceptable for the time being or, as the case may be, unsound. Psychoanalytic explanations are invariably weak explanations in just this sense.

'Validation of psychoanalytic theory is a difficult business', my psychoanalytic disputant said, though he betrayed no logical understanding of why it should be so; and by implication he suggested that, instead of criticising it destructively, I should help find means of testing whether or not it is true. Alas – except in one respect, which I shall deal with in a moment – the methodological obstacles are insuperable. Indeed, psychoanalysis has now achieved a complete intellectual closure: it explains even why some people *disbelieve* in it. But this accomplishment is self-defeating, for in explaining why some people do not believe in it, it has deprived itself of the power to explain why other people do. The ideas of psychoanalysis cannot both be an object of critical scrutiny and at the same time provide the conceptual background of the method by which that scrutiny is carried out.

It is for this reason that the notion of *care* is methodologically so important. It provides the only independent criterion by which the acceptability of psychoanalytic notions can be judged. This is why cure is such an embarrassment for 'cultural' psychiatry in general. No wonder its practitioners try to talk us out of it,¹ no wonder they prefer to see themselves as the agents of some altogether more general ambition, for example, to give the patient a new insight through a new deep, inner understanding of himself. But let us not be put off. Some people get better *under* psychoanalytic treatment, of course; but do they get

¹ 'Curing is so ambiguous a term', says Dr David Cooper in *Psychiatry and Anti-Psychiatry*: 'one may cure bacon, hides, rubber, or patients. Curing usually implies the chemical treatment of raw materials so that they may taste better, be more useful, or last longer. Curing is essentially a mechanistic perversion of medical ideals that is quite opposite in many ways to the authentic tradition of healing.' Somewhat similar views are to be found in the writings of R. D. Laing, Michel Foucault and J. Lacan.

better as a specific consequence of psychoanalysis as such? Consider an example. A young man full of anxieties and worries seeks treatment from a psychoanalyst, and after eighteen months' or two years' treatment finds himself much improved. Was psychoanalytic treatment responsible for the cure? One cannot give a confident answer unless one has reasonable grounds for thinking:

(a) that the patient would not have got better anyway;

(b) that a treatment based on quite different or even incompatible theoretical principles, for example, the theories of a rival school of psychotherapists, would not have been equally effective; and

(c) that the cure was not a by-product of the treatment. The assurance of a regular sympathetic hearing, the feeling that somebody is taking his condition seriously, the discovery that others are in the same predicament, the comfort of learning that his condition is explicable (which does not depend on the explanation's being the right one) — these factors are common to most forms of psychological treatment, and the good they do must not be credited to any one of them in particular. At present there is no convincing evidence that psychoanalytic treatment as such is efficacious, and unless strenuous efforts are made to seek it the entire scheme of treatment will degenerate into a therapeutic pastime for an age of leisure.

The lack of good evidence of the specific therapeutic effectiveness of psychoanalysis is one of the reasons why it has not been received into the general body of medical practice. A layman might be inclined to say that we should give it time, for doctors are conservative people and ideas so new take ages to sink in. But it is only on a literary time-scale that Freudian ideas are new. By the standards of current medical practice they have an almost antiquarian flavour. Many of Freud's principles were formulated before the recognition of inborn errors of metabolism, before the chromosomal theory of inheritance, before even the rediscovery of Mendel's laws. Hormones were unheard of when Freud began to propound his doctrines, and the mechanism of the nervous impulse, of which we now have a pretty complete understanding, was quite unknown.

Nevertheless, psychoanalysts are wont to say that Freud's work carried conviction because it was so firmly grounded on basic biological principles. I am therefore sorry to have to express the professional

opinion that many of the germinal ideas of psychoanalysis are profoundly unbiological, among them the 'death-wish', the underlying assumption of an extreme fragility of the mind, the systematic depreciation of the genetic contribution to human diversity, and the interpretation of dreams as 'one member of a class of abnormal psychological phenomena'.

I said earlier that the mythological status of psychoanalytic theory revealed itself in its combination of unbridled explanatory facility with conceptual barrenness, a property to which I have not yet referred. Ever since Freud's factually erroneous analysis of Leonardo,¹ psychoanalysts have tried their hand at 'interpreting' the life and work of men of genius, and many of the great figures of history have been disinterred and brought to the post-mortem slab. The fiasco of Darwin's retrospective psychoanalysis has already been held up to ridicule.² But, Darwin apart, how can we not marvel at the way in which the whole exuberant variety of human genius can be explained by the manipulation of a handful of germinal ideas — the Oedipus complex, the puzzlement of discovering that not everyone has a penis,³ a few unspecified sado-masochistic reveries, and so on: surely we need a more powerful armoury than this? Evidently we do, for these analyses always stop short of explaining why genius took the specific form that interests us. Freud does not profess to tell us why Leonardo became an artist. 'Just here our capacities fail us', he says, with a modesty not found in the writings of his successors; but it is hard not to feel let down.

A critique of psychoanalysis is, in the outcome, never much more than a skirmish, because (as I tried to explain) its doctrines are so cunningly insulated from the salutary rigours of disbelief. It is nevertheless customary to end any such critique with a sparsely worded acknowledgement of our indebtedness to Freud himself. We recognise his enlargement of the sensibilities of physicians, his having opened up a new era of human speculation, his freeing us from the confinements of prudery and self-righteousness, etc. There is some truth in all of this. There is some truth in psychoanalysis too, as there was in Mesmerism and in phrenology (for example, the concept of localisation of function in the brain). But, considered in its entirety, psychoanalysis

¹ See B. A. Farrell, introduction to *Leonardo da Vinci* (Harmondsworth, 1963).
² 'Darwin's Illness', pp. 141-7 below, especially pp. 142-4.

won't do. It is an end-product, moreover, like a dinosaur or a zeppelin; no better theory can ever be erected on its ruins, which will remain forever one of the saddest and strangest of all landmarks in the history of twentieth-century thought.

POSTSCRIPT

My methodological criticisms of psychoanalysis deserve more attention than any psychoanalyst has yet found time or inclination to give them. While reaffirming my belief that these criticisms are valid let me again emphasise that they are expressly directed against psychoanalysis and not against psychiatry in general. This methodological criticism is of course far from complete. Professor Hugh Trevor-Roper (Lord Dacre) in the *Sunday Times* of 18 February 1973 has called attention to another methodological enormity – one specially perpetrated by 'psycho-historians'. The usual practice in science or historical research is to frame hypotheses in such a form that the facts follow from them, that is, in such a way that statements expressing the matters of fact in need of explanation are among the logical implications of the hypothesis. In psycho-history, however, the facts are shaped in such a way as to make them appear to follow from a preconceived hypothesis. This psycho-historical approach authorises us to declare with certainty that Hitler's character make-up and behaviour point to Mrs Hitler's extreme severity with young Adolf's toilet-training, a subject of which we are luckily quite ignorant.

INDUCTION AND INTUITION IN SCIENTIFIC THOUGHT

I THE PROBLEM STATED

I

IT IS NOT at all usual for scientists to write about the nature of scientific method, particularly if they are still engaged in scientific research. It is however an understood thing that scientists of a specially elevated kind, theoretical physicists for example, may from time to time express quietly authoritative opinions on the conduct of scientific enquiry, while the rest of us listen in respectful silence; but that a biologist should speak up where so many physicists and chemists have chosen to remain silent must seem to be yet another symptom of the decay of values and the loss, in this modern world, of all sense of the fitness of things.

Yet – if the task of scientific methodology is to piece together an account of what scientists actually do, then the testimony of biologists should be heard with specially close attention. Biologists work very close to the frontier between bewilderment and understanding. Biology is complex, messy and richly various, like real life; it travels faster nowadays than physics or chemistry (which is just as well, because it has so much farther to go), and it travels nearer to the ground. It should therefore give us a specially direct and immediate insight into science in the making. The wisest judgements on scientific method ever made by a working scientist were indeed those of a great biologist, Claude Bernard.¹

We all know in rough outline what lawyers do, or clergymen, physicians, accountants and civil servants; we have a vague idea of the codes of practice they must abide by if they are to succeed in their professional duties, and if we were to learn more about them we should be

¹ *Introduction à l'étude de la médecine expérimentale* (Paris, 1865), a work that has suffered in translation (which may account for its limited influence in the English-speaking world).