

# The Psy-complex: Out of the Techno-Scientific Paradigm?

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## Abstract

In the age of modern sciences, a basic discrepancy has been raised between the ontologically-different kinds of body and psyche on the one hand, and the scientific epistemology on the other.

- a. Psychology as a presumed scientific endeavor uses mainly quantitative, statistical research methods which are based on the hypothesis that the psychic phenomena are essentially measurable, quantifiable.
- b. Psychotherapies are broadly equivalent in their effectiveness. It seems that the psychotherapeutic efficacy is based mostly on common, non-technical elements.
- c. The two-hundred-year-old ‘pendulum’ of psychiatry which has been swinging between the somatic and psychotherapeutic-social treatment approach, is now on the way to a less technically-oriented, more humane helping attitude.

## Keywords

Psy-complex; psychology; psychotherapy; psychiatry; techno-scientific; humanistic.

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## Mottos

Science, as its name implies, is primarily knowledge; by convention it is knowledge of a certain kind, the kind, namely, which seeks general laws connecting a number of particular facts. Gradually, however, the aspect of science as knowledge is being thrust into the background by the aspect of science as the power of manipulating nature. It is because science gives us the power of manipulating nature that it has more social importance

than art. Science as the pursuit of truth is the equal, but not the superior, of art. Science as a technique, though it may have little intrinsic value, has a practical importance to which art cannot aspire. [...]

If, therefore, a scientific civilization is to be a good civilization it is necessary that increase in knowledge should be accompanied by increase in wisdom. I mean by wisdom a right conception of the ends of life. This is something which science in itself does not provide. Increase of science by itself, therefore, is not enough to guarantee any genuine progress, though it provides one of the ingredients which progress requires [1] (p. 10-11).

*Bertrand Russell*

...science is dogmatic to an almost unbelievable degree everywhere, i.e., it operates with preconceptions and prejudices [which have] not been reflected upon. There is the highest need for doctors who *think* and who do not wish to leave the field entirely to scientific technicians [2] (p. 103).

*Martin Heidegger*

It is not the victory of science that distinguishes our nineteenth century, but the victory of scientific method over science [3] (p. 261).

*Friedrich Nietzsche*

## **I. The big suspicion**

This narrative is not aimed to provide well-balanced ‘pro and con’ arguments for the knowledge-producing processes and treatment techniques of the disciplines in the so-called psy-complex (psychology, psychotherapy, psychiatry) but to raise suspicions about the epistemological status and the theoretical basis of the practices which the psy-complex disciplines provide (with serious ethical consequences). The basic arguments of the suspicions are:

1. By following the so-called empirical, quantitative methods, the mainstream psychology cannot provide valid knowledge on psychic phenomena, because it uses inadequate research methods.
2. Some psychotherapists have mistaken ideas on basic determinants of their own effectivity, as it is supposed that, in psychotherapies,

the same kind of technical attitude is applied for controlling mental problems as for controlling material things.

3. It seems that psychiatry has been falling into its latest crisis partly because its medical model of psychic/mental problems cannot generate valid and reliable knowledge on the nature of psychic suffering by looking at them as purely medical problems. Its mainstream treatment methods – in the last few decades treating mental problems by drugs – by focusing on the brain processes have not proven successful; that is, the bio-scientifically and technically oriented treatment approach was able to gain only partial successes in alleviating psychic pain and suffering.
4. As a consequence of the above-mentioned suspicions, it seems that the modern (postmodern) psy-complex – because of several culturally created, deep seated contradictions – cannot find a stable place in the contemporary disciplinary landscape.

From the beginning of modern times, a new kind of knowledge started to rise. (We take modernity as a new period in Western history partly because of the birth of this type of knowledge.) This turn was strongly connected to a fundamental change of the whole worldview, especially to a reorganisation of ontology and structure of the world. The contemplative attitude of premodern knowledge - aiming to understand God's will and decisions – was not enough to answer the issues which evolved from the new existential insecurity of the new age anymore. Who and in what way should nature be controlled if the 'dying' God is not strong enough for this task? The Baconian thesis: 'knowledge is power' refers to a new kind of knowledge that can be suitable for gaining power over the universe by way of replacing God with man. "Savoir pour prévoir, prévoir pour pouvoir." The meaning of knowledge is in *what you can do with it*: the more you can do, the better the knowledge [4] (p. 165). This new type of knowledge has special direction and special aim – it is not knowledge for its own sake only, just because knowing is better than not knowing. In the case of this new kind of knowledge, 'good' means useful. And it is useful if it can provide tools and means for controlling nature. Natural scientific knowledge has special value and merit in our culture, because it must and can provide useful knowledge in the strict sense.

A demarcation between pure science and technology could be based on the distinction between truth (for explanations) and usefulness (for solving practical problems). A scientific theory may be true without being useful (a theory of cosmology, for example), and it may be useful without being true (Newtonian mechanics, for example). Techniques are of course neither true nor false. They are useful (to some extent or other) or useless. And they are functional (to some extent or other) or non-functional in obtaining desired results. The aim of pure science is to produce true and explanatory theories about nature, society and man. The aim of technology is to produce functional and useful techniques [5] (p. 24).

Nevertheless, the whole modern project is clearly biased towards a kind of hierarchy of knowledge, namely the useful knowledge is better and has a higher value than the pure knowledge. This cultural bias towards useful knowledge has become stronger in the last decades.

This huge and deep modern cultural trend is clearly expressed in a concise form by Max Weber:

Natural science gives us an answer to the question of what we must do if we wish to master life technically. It leaves quite aside, or assumes for its purposes, whether we should and do wish to master life technically and whether it ultimately makes sense to do so [6] (p. 144).

This means that the culture of natural scientific worldview and method is biased towards a useful kind of knowledge because even its most ‘contemplative’ basic disciplines can provide a hope that based on this kind of knowledge techniques and technology through which humans can control nature. (If one would argue that some natural sciences are not ‘useful’ in the above mentioned instrumental sense (e.g. astronomy), then it can be said that at the present historical moment this claim can be correct, but even so the ruling tendency is what is expressed in Weber’s quote. This controlling pursuit has special importance for psychotherapy and psychiatry because the task of controlling ‘mental death’ is parallel with the main task of modern medicine.)

As the truth of this modern version of knowledge ‘consisted in its effects,’ it seemed in the 19<sup>th</sup> century that this project was working as a perfectly successful endeavour; that is, Western culture could deepen its belief that knowledge provided by natural sciences is the only valid knowledge (after God’s death) about that nature.

On this basis, it seemed plausible that this project could be extended to society (cf. Marxism) or even to persons. The imperative was that if you wanted to control psychic phenomena then you had to turn to natural sciences and to technologies built on this knowledge. These were important aspects of that cultural milieu when the so-called psy-complex – psychology, psychotherapy, psychiatry – came into being. It seemed that what was important was the method itself and the differences between the ontological status of its ‘objects’ was secondary, or the method could transcend and mostly diminish these differences to the level of unimportance by successfully creating adequate knowledge for the controlling project. This means that in the light of scientific method, psychic phenomena should show some special traits, namely they should be predictable, law-like, measurable, and quantifiable. These traits create the conditions for useful knowledge, which can provide a basis for using techniques and technology on them. ‘Thus technology is an activity that develops repeatable and transferable methods (techniques) with specified effects that are useful for solving practical problems [5] (p. 11).’

In the era of the birth of the psy-complex, the so called ‘streetlight effect’ was the mainstream epistemological attitude. ‘A policeman sees a drunk man searching for something under a streetlight and asks what the drunk has lost. He says he lost his keys and they both look under the streetlight together. After a few minutes the policeman asks if he is sure he lost them here, and the drunk replies, no, that he lost them in the park. The policeman asks why he is searching here, and the drunk replies, “this is where the light is [8].’ Or as somebody would put on special glasses through which some aspects of the world could be seen but other ones would remain hidden if one did not have other type of glasses. That is, one is sure that any other images of the world provided by other types of glasses are false or they cannot provide correct images of nature. The fundamental (culturally-ordered) scientific position was that the possible objects of scientific research are open for the scientific method, that is, there are no existing beings or attributes of beings

which do not fit into the scientific method. (the aspects of human existence should be measured or should be made measurable.) From another perspective, sciences can and should play an ontological critical or cleaning task, namely what cannot be seen through the scientific glasses is not real or is less real than the scientifically-discernible beings or aspects of these beings. It can be said that

there are many mysteries in the world about which science cannot say much: whether there is a God, whether there is life after death. what moral values are the true ones, etc. We just must accept this limitation, I think. Science is limited by its empirical methods. If there is no way to test a particular theory (as in the case of a metaphysical one), then we have to accept that too, even if the theory plays an important role in science. Science simply has to stick with what it can do: develop our knowledge of the world by developing and testing empirically testable theories [5] (p. 178).

The basic problem with any other knowledge-producing method is that it is not able to provide that kind of knowledge which is useful, that is suitable for controlling nature (inc. human being). From this perspective, the basic requirement is to ‘unfold it by way of scientific method’ or ‘make it suitable for scientific research’. This positivist epistemology calls upon ‘play the scientific game even if some of its “objects” are not proper objects for this game. ‘But - as Heidegger warns - if there are matters that resist calculability due to their nature, then any attempt to measure them according to the method of an exact science is inappropriate [2] (p. 132).’

What if the ‘object’ and the epistemological tools and means do not meet? What if phenomena relating to the psy-complex cannot be subsumed under the classical scientific method without hurting their ontological attributes? As Chesterton argues: ‘You can free things from alien or accidental laws, but not from the laws of their own nature. You may, if you like, free a tiger from his bars; but do not free him from his stripes. Do not free a camel of the burden of his hump: you may be freeing him from being a camel. [8]’ In the Western culture from Descartes on an ontological difference has existed between the body and the mind (psyche) (*res extensa*, *res cogitans* respectively). The body can be opened for scientific scrutiny. It seems that methods of

quantification, measurement, supposed natural laws can provide the kind of knowledge which is useful for creating technical control on nature including human beings.

But the laws of Mind, and, in even a greater degree, those of Society, are so far from having attained a similar state of even partial recognition, that it is still a controversy whether they are capable of becoming subjects of science in the strict sense of the term: and among those who are agreed on this point, there reigns the most irreconcilable diversity on almost every other. [...] it is by generalizing the methods successfully followed in the former inquiries, and adapting them to the latter, that we may hope to remove this blot on the face of science [9] (p. 1015).

Therefore, the so-called moral sciences, including psychology, should use (adapt) the logic and method of natural sciences, because they were successful in revealing the laws of nature. The mainstream psychology and psychiatry followed this route. (And for the time being, this is the ideal route for psychotherapy as well.)

Of course, by way of this decision, the ontological gap between body and mind could not be covered but was only pushed under the surface. The ‘taken-for-granted’ cultural attitude could not avoid a philosophical critique:

*Psyche* and psychology are attempts to objectify the human being. Something noncorporeal is acknowledged, but it is determined simultaneously according to the method of corporeal [physical] objectification. The method of its determination is not derived from the “psychical,” from the noncorporeal itself, but occurs without [further] determination [from] within the horizon of scientific research, which alone counts as scientific.

The justification of psychology lies in the fact that it acknowledged something noncorporeal, and its limitation lies in the fact that it wanted to determine it [noncorporeal reality] with the method of physical research [with the method] of natural science. The justification of psychology consists only in its point of departure and in its taking the noncorporeal seriously. But then its justification already



ends because it researches this noncorporeal with inappropriate methods. It is a justification turned into something unjustified [2] (p. 216).

From this point of view, the professions of the psy-complex have suffered from the incompatibility between their ‘object’ and the method which they use for researching and approaching the psyche from the start. It is similar to a hidden disease which runs in the background seemingly without symptoms, but which would eventually have undesirable consequences on the validity of the outcomes of researches in these fields and also in the treatment practices. The aim of this essay is to unfold the signs of this hidden basic ‘complex’ in the practices of psychic disciplines, namely that the mainstream epistemological practices of psychic sphere do not correspond with some ontological traits of the human being. On these false premises, only two types of healing approaches can be built: the first one could work and could be effective but not because of its proper theory – explanatory theories of successful practices could be false (psychotherapies); the other type of treatment methods could not work properly – truly successful psychic cures cannot be shown by manipulating the so-called somatic basis of the psyche, namely the brain.

We can be suspicious about the consequences of the uncertain ontological status of the psyche, of the epistemological (scientific) worldview for unfolding its traits, of the knowledge background of the treatment methods of mental problems, of the culturally-embedded status of psychotherapy and psychiatry. As mentioned above, the existential hierarchy of beings is defined through the lenses of scientific method, the aspects of bodily phenomena can be more clearly shown, but psychic phenomena can have only a vague image, a kind of secondary and an underprivileged position on the ontological field.

To know psychology one has to know its object, the soul. But given its peculiar nature, psychology finds itself in a unique position: it must provide the object of its study—a scientific concept of soul. In fact, psychology does not know its own object, and flatly denies the object that tradition hands down [10] (p. 1).

Previously, in Western culture, the soul was one of the key elements in the relationship between God and human. The soul was – unlike the body – man’s immortal ‘part,’ the incorruptible, eternal element which

directly relates man to God. This means that the soul would lose its existence without God. After the cultural experience of God's death (see Nietzsche), the soul lost its basis and disappeared, or rather it changed into the psyche.

But unlike the soul, the existence of the psyche is unstable and insecure. The soul was firmly connected to God, in that framework it was – if it can be said so - even more securely established than the body (e.g. immortal). In our contemporary culture, the existence of the psyche is more controversial. In folk psychology – from the point of view of the 'man on the street' – its existence is taken for granted. Everybody knows that he/she has psyche, but it is not as well-embedded in the scientific frame of thoughts. It is wrapped in different concepts such as personality, self, mind, behaviour, but the meanings of these substitutes are not well-defined and are presumably narrower than that of the psyche. Its origins, roots, and 'place' are also disputed: brain or society or culture, or all of these together.

Overall, it seems that the psyche has different names, but as we are coming closer to the sciences, its contours are being increasingly blurred, its existence is waning. It has different names but no 'real' existence.

It seems that because of this doubtful status of the psyche in modern Western culture, double discrepancies have raised concerning the research and the healing of the psyche.

The object of psychic disciplines is basically unknown: it is not a bodily one, but there are no further details on what it is; scientific knowledge (in the strict sense) on the psyche is impossible because it is not a material thing; thus scientific methods are not proper for unfolding its attributes.

## **II. Psychology**

Today's mainstream psychology follows the idea of natural scientific experiments and especially the methods of statistical analysis. This tendency is the heir of Galileo's claim that the book of nature is written in mathematical language.

There has been a strong tendency since at least the 19<sup>th</sup> century that the method of the successful natural sciences should be expanded into social sphere or even beyond – to the psychic one. It means that by way of quantification as much valid knowledge on the psyche can be

generated as in the case of natural, material objects. The huge number of publications in the last few decades seemingly proved that mainstream methods in psychology research are at least as valid concerning the psyche as the physical methods on natural objects; that is, modern mainstream psychology is as much as scientific as, for instance, physical sciences. Consequently, any other methods and approaches are less scientific and probably could provide less valid knowledge about the psyche than the quantitative one.

For most professionals for whom the measurability and quantifiability of the psychic phenomena is the unshakable foundation of a scientific psychology, it can be a shocking surprise that some of their colleagues argue in an opposite way. Namely the above outlined basic ‘fault’ between the ontological status of the psyche and the improper natural scientific epistemology can be translated into the methodological problems of psychology as a scientific enterprise.

If ‘There are no psychological attributes that are quantitative! Or put it in a different way – *all quantitative derivations of psychological attributes are themselves qualitative in their nature* [11] (p.327)’, then the psychology which uses quantitative methods cannot be scientific in a natural scientific way and the knowledge which is generated by this method cannot be valid in the same way as the outcomes of researches in physics are valid.

This problem was clearly stated (before some contemporary psychologists’ critical works) by a philosopher, Martin Heidegger. He argued that the traits of the above-mentioned ‘psychological attributes’ are unmeasurably qualitative.

How do we measure sadness? Evidently, one cannot measure it at all! Why not? If one approached sadness with a method of measuring, the very approach would already be contrary to the meaning of sadness. Thus, one would preclude sadness as sadness beforehand. Here, even the claim to measure is already a violation of the phenomenon as a phenomenon. But do we not also use quantitative concepts in our speech about sadness? One does not speak of an “intense” sadness, but of a “great” or a “profound” sadness. One can also say, “He is ‘a bit sad,’” but that does not mean a small quantity of sadness. The “a bit” refers to a quality of mood. This very depth, however, is by no means measurable. Not even the “depth” of this room as

experienced in my being-in-the-world is measurable. That is, when I attend to depth in order to measure it by approaching the window over there, then the depth experience moves with me as I move toward the window, and it goes right through it. I can objectify and measure this depth as little as I can traverse my relationship to this depth. Yet I am able, more or less, to estimate the distance precisely from me to the window. Certainly. Yet, in this case, I measure the distance between two bodies, not the depth opened up in each case by my being-in-the-world. Regarding the depth of a feeling of sadness, there is no reason or occasion whatsoever to estimate it quantitatively, let alone to measure it. As far as sadness is concerned, it can only be shown how a person is affected by it and how his relationship to himself and the world is changed [2] (p. 82).

This immeasurability is rooted in the above-discussed ontologically-different status of the psyche and the soma. Now we can get closer to the basic aspects of this basic disruption, if by way of using a kind of ‘epokhé’, we are concentrating on our lived experiences:

‘But we suspend all philosophical speculations and hold to a simple principle to distinguish *soma* and *psyche*: *Psychic phenomena cannot be weighed and measured*, but only felt intuitively, whereas everything somatic can be somehow grasped by numbers. As soon as numerical values change, they indicate a change in somatic structures, a change, which of course can be conditioned emotionally. Sadness cannot be measured, but tears formed by sadness (due to psychosomatic relationships) can be investigated quantitatively in various directions. It is possible that emotional tension, by itself not measurable in terms of natural-scientific methods, can also result in a contraction of the capillaries, leading to an increase in blood pressure. Both states of tension [*Spannungszustände*] must not be equated, of course, because a person with a high degree of emotional tension does not always have the symptoms of an arterial tension (contraction).’ [...] the principle of the distinction between *soma* and *psyche* involves a different comprehension of *soma* and *psyche*, which can be stated in the following way: *Psychical phenomena cannot be weighed and measured, but only felt intuitively, whereas all that is somatic can somehow be comprehended by means of numbers.*

Therefore, the two thematic domains of *psyche* and *soma* are determined in their material content relative to accessing them [2] (p. 78-79).’

In mainstream psychological research, the logic of finding proper research methods for the special qualities of the ‘object’ has turned into the opposite – epistemology has overtaken ontology. It is a kind ‘epistemological violence’ on the quality of the object of planned research. ‘In order to use statistical data analysis techniques for building explanatory theories in psychology we first should demonstrate that these analyses are appropriate for reaching the goal of explanation. I think there is clear evidence that in many situations statistical data analysis is useless because quantitative structure is imposed to qualitative psychological phenomena so that practically meaningless numbers are generated. [...] the very fundamental question whether statistical data analysis can be used as a tool for building explanatory theory of mind at all must be answered before using this procedure [12].’

‘The real “gold standard” in science is respect for evidence, wherever it leads us, and employment of the best and most appropriate methodology *for the particular problem being studied*. [...] in any science work, we must find the best available methodology *for the problem at hand* [13].’ But if psychology developed and follows a methodology which is inadequate for its object then the outcomes of research based on false premises cannot be valid.

For understanding the difference between measurable physical and unmeasurable mental qualities Joel Michell [14] (p. 58-59) refers to Collingwood’s argument:

In heat as known to the physicist there are differences of degree; so there are in the heat we feel as a bodily sensation. In physical heat, the excess of one over another is a definite amount: we can raise a pint of water from one temperature to another by adding a certain amount of heat. In heat as we feel it, this is not the case. We cannot add a slightly tepid feeling to a feeling of moderate warmth and so produce a feeling of greater warmth. An intense feeling may be produced by a sum of small stimuli, each of which by itself would have produced a lesser feeling; but it is not itself a sum of these lesser feelings; where it exists, they do not exist at all.

As I move my hand nearer to the fire, I feel it, grow hotter; but every increase in the heat I feel is also a change in the kind of feeling I experience; from a faint warmth through a decided warmth it passes to a definite heat, first pleasant, then dully painful, then sharply painful; the heat at one degree soothes me, at another excites me, at another torments me.

Collingwood adds: ‘Cold, as understood by the physicist, is the lack of heat; it is nothing but a name for the fact that in any given body there is no more heat present; at the zero end of the scale, it is a name for the fact that there is no heat present at all. But cold as we feel it is not mere lack of heat as we feel it, but another feeling with a positive character of its own; yet these are not two distinct feelings merely, but two opposite feelings [15] (pp. 72-75)’.

Therefore, there is a degree difference, a kind of ‘more or lessness’, between the degrees of the feeling of heat, but this is not quantifiably measurable because the differences between degrees are not mutually homogenous (degrees of the same kind). One of the basic differences between psychic and bodily phenomena is that the first one is not measurable therefore it cannot be fit into the method of physical sciences. In other words, the knowledge-generating method on the psyche cannot be scientific if among the essential aspects of scientific quality should be measurability.

If this provisional conclusion seems scandalous or unacceptable at first sight, then maybe this feeling of rejection mixed with surprise could be lead back to the experience that psychological researches based on quantitative methods are so ‘taken for granted’ nowadays. It can be said with almost certainty that, as it is a complex cultural phenomenon, its understanding should come from different directions:

We have the possibility of a *methodological circle* where methods based on assumptions about the nature of the subject matter only produce observations which must confirm these assumptions. Within such a circle theoretical change would be limited to the set of theories which share the assumptions incorporated in the methodological rules. Any theoretical change beyond this would have to involve a methodological change [16].

If our worldview were so embedded in an image of a calculable world then it seems that any kind of quantifying method could prove it. If the human psyche seems to be part of the essential feature of the calculability of nature, then there is no other way leading out of this perspective but by changing the perspective itself. What if the calculability of the psyche is a hypothesis, not a proven fact; what if this 'taken-for-grantedness' is a cultural prejudice without real confirmation? 'A breakdown in critical inquiry occurs when some hypothesis is accepted as true without a serious attempt being made to test it. [...] A breakdown in critical inquiry only becomes pathological when it includes a higher-order attitude, namely that of ignoring the first-order breakdown. That is, in a pathology of science not only are some hypotheses accepted within the mainstream of a discipline without a serious attempt to test it, but that fact is not acknowledged or, in extreme cases, is disguised [17].' It means that this quantitative method as a main approach in psychology is not built and supported by inherent scientific 'interests', it does not evolve from 'searching the truth' ethos, but professional blindness towards this problematic supposition is embedded in a broad cultural 'interest-system', and it is backed by stronger cultural values than professional ones coming from inside workings of psychology. This pathology serves 'foreign interests': 'The ideological interests relate to *scientism*. The term *scientism* denotes an ideologically driven, false image of science. Ironically, it was because psychology proclaimed itself a science that this pathology arose. It is still widely thought that measurement is a necessary feature of all sciences: Knowing something *scientifically* means *measuring* it. [...]

The second interest sustaining this pathology is economic. [...] Modern science depends for its existence on research, and research requires financial resources. [...] Psychology did not actually become more rigorous, but it aped the methodological rigor of the established quantitative sciences as a way of signalling its scientific credentials to granting agencies [18].'

A tendency in psychology that quantitative method overtakes its object is much more based on ideological, social, and cultural powers than on inherent professional values:

1. 'The inferiority complex of psychology' – as a 'latecomer' discipline that did not have a special epistemological method for creating valid knowledge on an ontologically not-so-well-grounded-being

like the psyche, it borrowed a successful methodology from the natural sciences (with all of its consequences e.g. universality of knowledge, predictive capacity which is based on laws and hoping that techniques can be built on this type of knowledge for controlling the psyche) and put the ontological differences of mental phenomena into brackets.

2. Group pressure, cultural pressure – accepting the values and rules of the surrounding cultural (including scientific) environment for survival with its beneficial aspects, e.g. financial support, prestige, the member of the ‘high society of sciences’.
3. Postponed ‘identity crisis’ – they try to be disguised by way of scientifically-looking methods that the ‘object’ of research is not real from a modern scientific perspective (it is not a material thing), but paradoxically because supposedly scientific methods reflect reality, hence the ontological gap between the psyche and matter was successfully filled with quantifiability.

‘But will psychology be ready – theoretically and methodologically – when the “normal science” of current “mainstream” collapses – this is the (open) question [19, p. x].’

### **III. Psychotherapy**

The key contradiction between psychotherapy and the techno-scientific approach is clearly expressed by Martin Heidegger:

If Dr. M. asserts that psychotherapy can be done only if one objectifies the human being beforehand, then what is decisive thereby is psychotherapy and not the existence of the human being. Since one can [supposedly] only do therapy, which is a concerned handling of objects, and thus something purely technical, then the outcome of such psychotherapy cannot result in a healthier human being. In such a therapy, the human being is finally eliminated. At best, such a therapy could [only] result in a more polished object [2] (p. 215).

This Heideggerian quote argues that at least two types of psychotherapies exist: one follows a kind of ‘techno-scientific logic’ which takes the psyche as an object, then tries to change it in a



technological way. The other type tries to follow a logic based on the ontological stance that the psyche is something different than a kind of material object.

Max Scheler had already detected this difference in the early 20<sup>th</sup> century. He argues that there are two types of psychotherapists: one is the so-called 'psychic surgeon' which tries to force the patient's psyche into normalcy by way of suggestion and manipulation. In this case, the psychotherapist is a kind of 'psychic engineer' who tries to fix the patient's abnormal, 'broken' psyche. In this approach the patient's psyche is a passive object on which knowing and skilful active agent can make the necessary changes. This psychotherapy is a substitute of medical technology, a kind of surrogate drug and its efficacy should be measured the same way as the curing power of pills. The other psychotherapy is known as Socratic (psychoanalytic). The main aim of this approach is not to change the patient's psyche into a pre-given direction, but to help him/her get insight and thus free him/her from self-deception.

'The second therapeutic ideal is considerably more modest than the ideal of the psychic surgeon. It is characterized by Socratic *reserve*, instead of the "surgeon's" cynical intrusion into the way other men manage their lives [20] (p.12).'

It is interesting that even the father of psychoanalysis, Sigmund Freud, had a rather ambivalent relationship towards these two types of therapeutic ideals:

The future may teach us to exercise a direct influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be that there are other still undreamt-of possibilities of therapy. But for the moment we have nothing better at our disposal than the technique of psycho-analysis, and for that reason, in spite of its limitations, it should not be despised [21] (p. 182).

It seems from the above perspective that psychotherapy works like a pill which is a condensed manifestation and product of technological knowledge and skills of the medical sciences. If psychotherapy is equal with - and as it is a substitution of - pills, then the logic of efficacy of psychotherapy should be the same as that of pills. But against our expectations we can find a different structure of effective factors in

psychotherapy. While in the case of a pill the main effective factor should be its chemical ingredients, therefore what is created and put into it by way of technology, the so-called placebo effect – including the quality of doctor-patient relationship - can play a part in its efficacy, but only as a supplementary agent. But in psychotherapy we can find a different logic in the structure of effective components. The least technical components play the most important part in their efficacy, and the technical ones have only marginal, but indispensable importance.

Before going into details, it should be emphasized that a professional agreement on the effectiveness of psychotherapies does exist [22]. ‘...the average client receiving psychotherapy is better off than 79% of untreated clients... [23] (p.94).’

Beyond this fundamental verdict, two related and not less important questions can be raised concerning the effectivity-hierarchy of different types of psychotherapies:

- whether one type of psychotherapy is better than the other one for treating a psychic problem;
- whether specific distinguishing effective components exist or not in different therapeutic regimes.

It seems that the most plausible contemporary answer is the so called ‘dodo verdict’: ‘Everybody won, and all must have prizes.’ All therapies are broadly equivalent in their effectiveness. It does not matter what kind of disorder should be treated and by what kind of therapy the answer is the same: psychotherapies are effective but without effective special technical component. ‘Across different kinds of therapies, technique accounts for 12%-15% of variance’ [24].

The answer for the question on why there is no difference between the effectiveness of therapies which have thoroughly different theories about the human psyche and the processes of its disorder (and they have different techniques based on their theory), is that the most important effective components of psychotherapies are the so called common factors: the quality of the therapist-patient relationship and their internal and external resources. The type of therapy and technique play the role of a ‘trace element’ or a ‘catalyst’ (‘healing myth’), without which a good therapy is almost impossible, but its importance falls short of common factors.

1. Effective psychotherapy is predicated upon the relationship of the therapist and client in combination with the inner and external resources of the client (common factors);
2. Type of therapy and technique add little to the effect of the relationship and client resources if not accompanied by common factors; and
3. Relationship variables that are most often related to effectiveness are the conditions of empathy, genuineness, and unconditional positive regard [25].

The protocols which are so important in some specialities of medicine can only play the role of the Wittgenteinian ladder: they should be thrown away for a deep understanding and for providing real help for clients.

Doing therapy by a manual is like having sex by a manual. Perhaps the desired outcome is achieved if instructions are technically followed. But the nuances and creativity of an actual encounter flow from moment-to-moment interaction of participants, not from Step A to Step B. Experienced therapists know that psychotherapy requires the unique tailoring of any approach to a particular client and circumstance. Simply put, psychotherapist do not do therapy by the book. When they do, it does not go very well [26].

It should be mentioned that these latest developments provided by some systematic research were anticipated by Sandor Ferenczi, the psychoanalyst who had been trying to make progress on the technical side of psychoanalysis in the first third of 20<sup>th</sup> century by experimenting with almost all logically-possible technological innovations in therapeutic techniques. But shortly before his premature death he had wisely realised:

So finally one begins to wonder whether it would not be natural and also to the purpose to be openly a human being with feelings, empathic at times and frankly exasperated at other times? This means abandoning all „technique” and showing one’s true colors just as is demanded of the patient. [...] As for the doctor, thus sobered from his

scientific delusion, he will have a more beneficial effect in subsequent cases [27] (p. 94);

If the emphasis on the development of different types of psychotherapeutic techniques was proven to be a mirage, a dead-end, then what would be the ‘effective healing component’: ‘... no analysis can succeed if we do not succeed in really loving the patient [27] (p. 130).’

It can be argued that what Ferenczi called ‘love’ in technical terms is the most important aspect of the common elements in psychotherapy.

It follows from the above arguments that from the components of a healing (effective) therapy the main aspects of modern project are missing: no calculability, no prediction, no control. Almost no aspects exist (or marginal) which can have any relation to the techno-scientific attitude. What really works in psychotherapy is outside, even against the modernist (scientific) worldview. It means that regardless if psychotherapy works as an effective enterprise, it could only work if it keeps its technical features as low as possible. With the emphasis on technical differences between therapeutic schools they not only cover their real identity, but at the same time by reifying and objectifying patients’ personalities with emphasis on techniques, they put them at distance from their own human capacities.

The final question is why psychotherapy is so strongly connected to or even embedded in the medical model, or more precisely in the *biomedical* model, where the objectification of the human being is an unavoidable consequence of the natural scientifically-based knowledge production and the treatment established on a technological paradigm.

To put it simply, the medical model has remained the dominant descriptive system for psychotherapy, not because it offers the most accurate description of what actually occurs in therapy but, rather, because the model’s association with medicine and science gives psychotherapy a level of cultural respectability and economic advantages that other descriptive systems do not [28].

Just like in the case of psychology, the ideology and attitude of psychotherapy which is based on biomedical model is not an ‘organic’ development, but a kind of solution for the ‘homelessness’ of modern psychotherapy: for gaining respect and prestige. With attaching itself to

a powerful and prestigious profession (medicine) it tries to avoid being a 'no men's land' of modernity, for existing in an endless existential doubtful situation against the cultural mainstream. Since a profession whose practice is not based on scientific knowledge and wants to treat mental problems with 'love' - therefore it cannot guarantee or at least maintain the promise to control technically the human psyche - seems a strange, a 'not-professional profession' in the (post)modern culture.

From this point of view, we can see the predecessor of modern psychotherapy, F. A. Mesmer, and his animal magnetism story in a different light. It seems a superficial approach to state that mesmerism has only a historical interest, because by way of the first blind scientific research, the validity of theory of animal magnetism was disproved. But it should not be forgotten that Benjamin Franklin's commission (Bailly's report) made a more complex statement: 'Whereas magnetism appears non-existent to us, we were struck by the power of two of our astonishing faculties: imitation and imagination. Here are the seeds of a new science, that of the influence of the spiritual over the physical [29].' This means that although a scientific committee rejected animal magnetism, 'Mesmer was discredited not based on treatment effectiveness or theoretical cogency but on the observation that the proposed mechanism of illness remediation was questionable [23] (p. 6).' That is, the concrete theory of curing is false, but the practice under the false theory has beneficial consequences for the patients' health.

It is a widespread belief that what is scientifically proven and what practically works is strongly linked. Or in other words, what is scientifically incorrect cannot be used for improving (mental) health. But 'people in previous generations and most people today have beliefs about human behaviour broadly conceived that are scientifically incorrect. But the purpose of folk beliefs is to regulate social relations and internal states in order to survive, not to be scientifically correct. [...] all healing practices provide the person an explanation for their complaints and that the scientific basis of the explanation is not what is important [30]'.

What if Mesmer's legacy has been with us since his time, and we have been creating new therapy methods with new explanatory theories from psychoanalysis to cognitive behaviour therapy, but it does not matter whether these are valid theories or not, because the therapeutic efficacy of all these different psychotherapy schools is based on the

common elements of these practices, and not on special traits of seemingly adequate theories – and these common elements are definitely not technical ones.

So we do not know whether the most popular therapeutic methods are supported by better theories or they are merely more plausible in an ever changing cultural environment (e.g. CBT is theoretically better than psychoanalysis) or it only fits better in a late 20<sup>th</sup> century cultural landscape which prefers forgetting to remembering, prefers present and near future to past, where people feel more at home in a language related to programming and computers [31] (p. 137), than dealing with complicated biographical narratives, and they wish for therapeutic practices which promote ‘quick fix’ treatments instead of painful endless self-developing processes.

If not a special technique which plays important role in psychotherapy then generally speaking, it almost does not matter what kind of specific theory or method is used in the process of alleviating suffering, psychic pain or finding new directions for one’s life. From this perspective, the medical model is not the only valuable perspective from which mental suffering can be approached. Maybe it is not even the best one, because

...the medical model has serious limitations: (a) The model fails to describe accurately what actually occurs in therapy; (b) the model continues to dominate the field not because of its accuracy but rather because of its questionable ties with medicine, science, and the health insurance industry; (c) the model obscures the fact that psychotherapy is primarily an interpersonal process rather than a medical procedure; and (d) the model cannot account for the fact that the vast majority of clients who seek psychotherapy do so for reasons other than mental illness [32] (p.50-51).

Psychotherapy is one of the enterprises which deal with human beings. Because of the ontological characteristics of being human, it cannot play the ‘scientific game’ properly, but it pretends (or must pretend) that it can. Their ‘clumsiness’ is not a genetically-based ‘disorder’, but a normal consequence of the human condition. Maybe it is generally valid for all professions dealing with human beings as Alasdair MacIntyre claims about managerial effectiveness:

The expert's claim to status and reward is fatally undermined when we recognize that he possesses no sound stock of law-like generalizations and when we realize how weak the predictive power available to him is. The concept of managerial effectiveness is after all one more contemporary moral fiction and perhaps the most important of them all. The dominance of the manipulative mode in our culture is not and cannot be accompanied by very much actual success in manipulation. I do not of course mean that the activities of purported experts do not have effects and that we do not suffer from those effects and suffer gravely. But the notion of social control embodied in the notion of expertise is indeed a masquerade. Our social order is in a very literal sense out of our, and indeed anyone's, control. No one is or could be in charge [33] (p.107-108).

This inability for technical knowledge and control, that is professionals on the fields of psy-complexes cannot – or can only seemingly – use techniques is clearly expressed in Sigmund Koch's famous argument starting with 'the scales fell gradually from my eyes' expression concerning the scientific validity of the mainstream contemporary psychology. A psychologist and psychotherapist cannot be professionals in the technical sense, but they can 'only' play the role of a knowledge-bearer 'whose minds have dwelled for long periods – in disciplined and passionate ways – on certain realms of human phenomena. Assuming relevant observational sensitivities and analytical powers, such minds inevitably form distinctions, detect patterns, develop implemental skills. The owners of minds so schooled are disciplined *connoisseurs*. Much of their knowledge is tacit, some of it is explicit: all of it may prove helpful to fellow human beings whose minds have not been comparably immersed in the same domains. The best way to provide psychological services would be to provide, where relevant, *human beings* (as consultants, therapists, etc.) in the many contexts involving human welfare; to provide psychologists as human beings who may be *disciplined connoisseurs* of certain ranges of human action and experience. The point to stress is that we do the world a great injustice if we unleash upon the world a corps of putative

“technicians” who, under a cloak of scientific impeccability, have everything to offer but wisdom and understanding [34] (p. 7 and 310).’ Maybe the psychotherapist expertise is not a masquerade, but it is clearly not an engineering-like technical expertise over the psyche either. By their training, psychotherapists can be wiser, more insightful, intuitive, and authentic, but they cannot have more technical power than any other human being can have over controlling the psyche.

#### **IV. Psychiatry**

Psychiatry is a product of the period of first-wave medicalization and was established as an institution which can solve the problem of madness in the modern era. Since then, the culturally-chosen institution for solving the riddle of madness is medicine. 19<sup>th</sup> century medicine was basically biomedicine where the problems of diseases and disorders were closed into the body. After all typed of madness have pushed into the field of medicine, it became equal with mental illness. The final step in the sequence of relocating madness in modernity was projecting the biomedical worldview onto it, which redefined it as a series of brain disorders. (It must be recognised that from ‘Moral Treatment’ on there was a shadow-like presence of psychotherapeutic line in psychiatry, but it was always a kind of supplementary or provisional element in psychiatry’s worldview, which was used in that period when somatic treatments or biological explanations did not seem plausible or successful.) It comes from the logic of medical orientation that psychiatry just right after its birth became ‘*enkephalatrology*’: medicine of the brain. The emergent psyche has always fallen back into brain. Because the existence of psyche cannot be seriously questioned in our culture, it – in Freudian terms – started to play the role of the almost repressed content in the ‘half-consciousness’ of psychiatric profession. It was always present in the psychiatric praxis, but outside or only on the margins of professional attention. This unsolved ontological constellation proved to be a subversive agent in the history of psychiatry: psychiatry has always been in a never-ending crisis almost in its whole history; the medical model has been maintaining some basic unsolvable problems.

Perhaps the one mostly discussed is the validity of its etiological and nosological systems. The existence of mental illness as brain disease is a philosophical supposition or a fundamental decision of Western



culture. In other words, it is not the task and product of the profession of psychiatry to claim that madness is mental illness, but rather this postulate provides a basis for the existence of the medical profession of psyche. Then nosological systems of mental disorders can be based on this cultural (philosophical) decision. But the unresolved problems of the basic decision have far-reaching consequences. Creating a kind of a nosological system which has a proper etiological background and is scientifically tenable at the same time seemed unsuccessful until now; where are the roots and causes of mental illnesses in the brain or in the psyche? If they are rooted in the psyche, then only speculative etiological systems are possible from a scientific point of view (e.g. psychoanalysis); if a scientifically valid system is planned, then it can be proven to be a mirage without any scientifically valid somatically (brain) rooted, causally determined phenomena.

Let us see some typical answers for the question: Where is the 'place' from which the mental disorders originate? Thomas Insel, a former head of NIMH strongly criticised the 5<sup>th</sup> edition of DSM:

The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure [35].

Insel would have liked to see a reorientation of research away from the symptom cluster logic of DSM and suggested the Research Domain Criteria (RDoC) research program which emphasizes the biology of psychopathology and researching the biomarkers. The discrepancies between the logic of DSM and of RDoC are mostly virtual, because the constructors of DSMs – from the 3<sup>rd</sup> edition – wanted to create a nosological system which was based on biological causation. But because until now no definitive biological answer has been found for the causes of the mental disorders, they had to follow a seemingly rigorous cluster logic, by way of using a scientific-like game where the clusters should follow 'objective, impartial, observational research'. Therefore, the RDoC has the same intention as the creators of DSMs, but Insel seemed to be dissatisfied with the cluster detour and wanted to follow even a more rigorous way of biological paradigm of mental disorders. As Ian Hacking detected: 'It is [...] likely that the manual will

become more attuned to neurological causes as these gradually conquer more and more of psychiatry' [36] (p. 7-8).

Neuropsychiatry and neurodevelopmental disorders are only two recently-coined categories which are clear signs of the never proven, but very powerful tendency in psychiatry that the brain as the organ of psyche is the place of the causes, therefore of the treatments of mental disorders.

The inherent logic of this supposition has lead to a practical conclusion which was expressed by some neurologists:

From our angle of vision, there are only brain disorders that psychiatrists prefer to treat and other brain disorders that neurologists (and neurosurgeons) prefer to treat. [...] We suggest that it is unscientific, misleading, and harmful to millions of people worldwide to declare that some brain disorders are not physical ailments. Neurology and psychiatry must end the 20th century schism that has divided their fields [37] (p. 937).

This is a clear logic: if mental illnesses are products of disordered brains, then psychiatry must be redefined as a medical specialty for treating some special brain problems. There is no real difference between psychiatry and neurology. Therefore, if the program of the biopsychiatry was successful, then psychiatry would disappear, as a baseless specialty, since psyche cannot be a target of treatments aiming at the causes of mental disorders. This program – which would end by the destruction of psychiatry, seemingly with the purpose of saving it by way of connecting it to brain pathology – almost necessarily raises arguments which try to find a meaning for the psyche, therefore some have been trying to keep psychiatry as a broader enterprise than a profession which simply reduces the complex biopsychosocial task of healing the psyche into manipulating the brain processes. Several British psychiatrists [29] signed a declaration which argues against the above tendency:

Psychiatry is not neurology; it is not a medicine of the brain. Although mental health problems undoubtedly have a biological dimension, in their very nature they reach beyond the brain to involve social, cultural and

psychological dimensions. These cannot always be grasped through the epistemology biomedicine [38].

So, psychiatry cannot be part of neurology, because the brain is a necessary, albeit not a sufficient 'player' in the game named psychiatry. Or it is even more possible that the brain is not a necessary aspect in the causation and treatment of mental disorders? Can major mental disorders like schizophrenia be understood not from the perspective of the brain, but from that of culture, that these are in the strictest sense *psychic* problems, therefore the brain can be put into brackets? 'The mind is no more a product of our brain than this chapter is a product of the highly sophisticated word processor that is supporting my writing. It is produced *in* the brain *by* culture. [...] In acute psychosis it is no longer individualized culture (which is the mind), which exists by means of the individual brain, but culture as such. The brain by the means of which the process of observation and memorization happens may be completely healthy. The disturbance is not in the brain. It is in the cultural, symbolic, structures of the mind [39] (p. 84 and 158).'

As it can be seen from the above example, the culturally, poorly defined, doubtful status of the psyche causes endless identity problems for psychiatry. This can create a pendulum-like 'lifestyle': The playground for psychiatry runs throughout two other territories, namely neurology and psychotherapy: both aim to treat the brain and the psyche respectively. When psychiatry tried to make itself at home in one of these territories, it entered professional and cultural crises. The previous somatic treatments which aimed to treat mostly the brain raised more shame than pride to the profession (water treatment, rotatory machines, confining chair, purging, vomiting, electroshock, insulin coma, lobotomy, etc.). Now we live in the era of 'psychopharmacological revolution', which seems to devalue the former physical treatments considering them rather tortures than treatments, with reinterpreting the pre-psychopharmacological era as more or less shameful or premodern, unscientific periods in the profession's history. This dark period, on the one hand, can only be looked upon as a kind of professional aberration, but on the other hand, it can play as a background which can provide a contrast for the latest genuine 'scientific' developments. But what if this latest development would be proven to be mistakes, false hopes? What if the most important healing tools in the repertoire of contemporary

psychiatry, the drugs, could cause an epidemic of mental disorders or at least they do not heal their users but trigger lifelong disorders of which symptoms are more acceptable for the social environment than the original ones, but for clients they can only change one type of mental misery into another one.

Psychiatric drugs perturb normal neurotransmitter function, and while that perturbation may curb symptoms over a short term, over the long run it increases the likelihood that a person will become chronically ill, or ill with new and more severe symptoms. A review of the scientific literature shows quite clearly that it is our drug-based paradigm of care that is fuelling this modern-day plague [40].

The ‘specificity’ hypothesis can be found in the background of the widespread usage of psychiatric drugs, namely that these are basically different biochemical products than harmful street drugs. They are part of the ‘specificity’ theory of modern medicine which means that because we have specific diseases, so they deserve specific treatments. ‘Special pills for every special ills.’

The disease-centred model of drug addiction, the myth that psychiatric drugs are curative or restorative treatments, has led to their indiscriminate prescription to millions of people often for decades on end. It is likely that many people exposed to the harmful physical and psychological effects of these drugs derive no benefit from them [41] (p. 239).

After the forty-year period of the latest turn in psychiatry from biopsychosocial towards the ‘bio-bio-bio’ [42] model of causation and treatment of psychic suffering, the profession following this model was not able to answer the most important questions of ‘healing madness’. ‘The scientific issues facing translational psychiatry—the application of basic discoveries in neuroscience, genetics, and psychology to understanding disease and to advancing therapeutics—are daunting. The molecular and cellular underpinnings of psychiatric disorders remain unknown; there is broad disillusionment with the animal models used for decades to predict therapeutic efficacy; psychiatric diagnoses seem arbitrary and lack objective tests; and there are no validated biomarkers with which to judge the success of clinical trials. As a result,

pharmaceutical companies do not see a feasible path to the discovery and development of novel and effective treatments. Given the steady stream of drugs that have gained approval during recent years for treating depression, anxiety, schizophrenia, and bipolar disorder, this scientific stall may have seemed to come out of the blue. However, payers (both insurance companies and governments) and regulatory agencies have given up their willingness to accept even more expensive new drugs that, despite marketing efforts, have turned out to be no more than variations on very old themes [43].’

This conclusion implies that the somatic project that is solving the mental suffering by manipulating the brain by biochemical or technical tools and means is in crisis (again).

The pendulum is moving again towards the opposite direction, that is towards cultural, social, existential causation and treatment orientation: the Open Dialogue approach is clearly a practical consequence of a deep-seated theoretical turn from one of the main aspects of modern psychiatry, namely ‘The language of psychiatry [...] is a monologue of reason *about* madness...’ [44] [p. xii]. This professional monologue on passive ‘objects’ is changing towards a *Bakhtinian*-like dialogic relationship between healers and patients:

The consciousnesses of other people cannot be perceived, analysed, defined as objects or as things - one can only *relate to them dialogically*. To think about them means to *talk with them; otherwise they immediately turn to us their objectivized side*: they fall silent, close up, and congeal into finished, objectivized images [45] (p. 68).

The professionals in Open Dialogue take the Bakhtinian requirements very seriously, e. g. the discussions behind the patients are forbidden; every problem, topic should be put on the table in the presence of the patient, family members and professionals (who are not only psychiatrists). They use drugs only in a very limited, even marginal way.

The other important developments are the contributions of British clinical psychologists who – after several years research process – have just developed the so-called Power-Threat-Meaning Framework [46], whose aim is to understand mental suffering outside the traditional medical model and they emphasize shift of focus towards ‘power imbalance’ rather than ‘chemical imbalance’ [47]. Parallel with these two

latest developments on the professional side, some important new and critical approaches have appeared on the ‘consumer’ side of psychiatry. One of the most appreciated is the *International Hearing Voices Network* or *Intervoice* where people - whose hallucinations from the ‘monologue of reason’ perspective were only meaningless signs of their brain disorders - take the role of agents of their hallucinations by redefining them as (potentially) meaningful aspects of their life. Following this logic, they try to understand their suffering from the perspective of their idiosyncratic life events and narratives. Following a dialogue with their own inside voices, they are changing the relationship between their brain and personality into the opposite of the biopsychiatric perspective: I own a brain and not my brain owns me. ‘Mad people’ emancipatory movements aim to redefine madness and attitudes towards madness as mental illness like suffragettes wanted to change the image and the status of femininity at that time when being a woman meant inferiority not only from a cultural but also a scientific perspective.

Some professionals were involved in this changing world of psychiatry. As one of the leading figures of *post-psychiatry* approach, Patrick Bracken claims:

What people can make it through enormous suffering if they believe there is meaning and purpose to it. [...] What people need is not technical interventions in their lives, but holdings human space where our encounters with madness, distress, and alienation can be worked out in a meaningful environment, where people are treated with dignity and respect, and their experiences are valued and listened to [48] (p. 231 and 234).

Therefore the most important aspects of the latest tendencies in psychiatry regarding scientifically-produced knowledge and technical-oriented treatments as basic features of modern approaches:

- It seems that the biological roots and causes of psychic suffering in *bona fide* ‘mental illnesses’ have proven to be a possible hypothesis, but so far without any *conclusive* scientific confirmation. The madness slips out of the hands of science. (Of course, the psychic sufferings are embodied phenomena, which should have cerebral, neural, or psychobiotic correlates.) The somatic – mostly

biochemical, drug-based – treatments can only have partial successes, or they can even be proven to eventually become harmful. (One form of madness is treated by creating another one.)

- The social-cultural-existential triggers (causes) of mental sufferings are well-documented. (Even if their mechanisms are not clear.) ‘The anguish is deep inside me, here, / while its explanation lies out there.’ [49] (p.79) – as the famous Hungarian poet Attila József wrote. It means that successful recoveries from mental malaises can be achieved mostly with communal and existential assistance. Human relationships can have healing power, technical interventions can only be their servants.
- The medical model can only be an aspect of helping arrangements. That is, psychiatrists can and should be holistic healers and therefore can play an important role in changing mainstream medicine towards a humanistic direction.

## **V. Conclusion**

The psy-complex is only seemingly properly embedded in Western culture. It creates – in a disguised way – a professional game which can hide its strangeness in a materialistic and techno-scientifically-oriented belief-system. In this context, if we translate the manipulation and control of nature onto technical knowledge and skills for controlling other human beings then the professions of the psy-complex can be subsumed under this evaluation: they cannot be a real part of the modern techno-scientific enterprise.

Because on the one hand, if they meet the criteria of scientifically-produced knowledge, then they would not be able to understand the causes and aspects of their patients’ suffering and would not be able to provide them proper support for their special human recovering.

On the other hand, if their ‘methods’ worked, they would not meet the criteria of scientific project and technological approach. If they tried to play a scientific and technological game, then it would have dehumanizing effects by reducing the human psyche into a machinery.

If they tried to find a special ‘language’ for psyche and to create humane approaches for knowing and helping people who have lost some aspects of their freedom, then these approaches would not be

scientific and proper for controlling the ‘objects’ by way of technologies.

These paradoxes or even contradictions do not let professions find a well-embedded place, a home for themselves in the modern landscape – they will always be at least a little bit strange and unfitted in the contemporary Western *Zeitgeist*.

As a branch of inherently *deviant* disciplines and institutions in modernity – by sharing the fate of their subjects – they tend to play (without choice) a provocative and disruptive role in the techno-scientific project on the human being.

## References

- [1] B. Russell, *The Scientific Outlook*. London: Gerge Allen and Unwin Ltd., 1954.
- [2] M. Heidegger, *Zollikon Seminars*. M. Boss, eds., Evanston, Illinois: Northwestern University Press, 2001.
- [3] F. Nietzsche, *The Will to Power*. W. Kaufmann, eds, New York: Vintage Books, 1968.
- [4] Z. Bauman, *Life in Fragments*. Cambridge, Massathusetts: Blackwell, 1995.
- [5] I. Nordin, *Using Knowledge*. Lanham, Boulder, New York, London: Lexinton Books, 2017.
- [6] M. Weber, “Science as a Vocation,” *Essays in Sociology*, H.H. Gert and C.W. Mills, eds., London and New York: Routledge, pp. 129-148. 2009.
- [7] Y. J. John, “The ‘Streetlight Effect’: A Metaphor for Knowledge and Ignorance,” *3 Quarks Daily*, <https://www.3quarksdaily.com/3quarksdaily/2016/03/the-streetlight-effect-a-metaphor-for-knowledge-and-ignorance.html>. Accessed: May 9<sup>th</sup>, 2018.
- [8] G.K. Chesterton, “The Suicide of Thought,” *Orthodoxy, Page by Page Books*, [http://www.pagebypagebooks.com/Gilbert\\_K\\_Chesterton/Orthodoxy/The\\_Suicide\\_of\\_Thought\\_p7.html](http://www.pagebypagebooks.com/Gilbert_K_Chesterton/Orthodoxy/The_Suicide_of_Thought_p7.html). Accessed: May 9<sup>th</sup>, 2018.
- [9] J.S. Mill, “A System of Logic, Ratiocinative and Inductive.” *The Project Gutenberg EBook*, <https://www.gutenberg.org/files/27942/27942-pdf.pdf>. Accessed: May 9<sup>th</sup>, 2018.
- [10] O. Rank, *Psychology and the Soul*. Baltimore, London: The John Hopkins University Press, 1998.
- [11] A. Toomela, J. Valsiner, “General Conclusion, Have Sixty Years Really Gone Astray? Back to the Future,” *Methodological Thinking in Psychology: Gone*



- Astray?*, A. Toomela and J. Valsiner, eds., Charlotte, NC: Information Age Publishing, Inc., pp. 325-337, 2010.
- [12] A. Toomela, "History of Methodology in Psychology: Starting Point, Not the Goal," *Integr Psych Behav*, vol. 41, pp. 75-82, 2007.
- [13] P. L. Wachtel, "Beyond 'ESTs' Problematic Assumptions in the Pursuit of Evidence-Based Practice," *Psychoanalytic Psychology*, vol. 27, no. 3, pp. 251-272, 2010.
- [14] J. Michell, "The Quantity/Quality Interchange: A Blind Spot on the Highway of Science," *Methodological Thinking in Psychology: Gone Astray?*, A. Toomela and J. Valsiner, eds., Charlotte, NC: Information Age Publishing, Inc., pp. 45-68, 2010.
- [15] R.G. Collingwood, "An Essay on Philosophical Method," *An Essay on Philosophical Method*, J. Conelly and G. D' Oro eds., Oxford: Clarendon Press, 2005.
- [16] K. Danziger, "The Methodological Imperative in Psychology," *Phil. Soc. Sci.* vol. 15, pp. 1-13, 1985.
- [17] J. Michell, "Normal Science, Pathological Science and Psychometrics," *Theory and Psychology*, vol. 10, no. 5, pp. 639-667, 2000.
- [18] J. Michell, "Is Psychometrics Pathological Science?," *Measurement*, vol. 6, pp. 7-24, 2008.
- [19] A. Toomela and J. Valsiner, "Preface," *Methodological Thinking in Psychology: Gone Astray?*, A. Toomela and J. Valsiner, eds., Charlotte, NC: Information Age Publishing, Inc., pp. vii-xi, 2010.
- [20] M. Scheler, "The Idols of Self-Knowledge," *Selected Philosophical Essays*, Evanston, Illinois: Northwestern University Press, pp. 3-97, 1973.
- [21] S. Freud, *An Outline of Psychoanalysis*. New York: Norton, 1949.
- [22] cf. "Recognition of Psychotherapy effectiveness The APA Resolution," *Psychotherapy*, vol. 50, no. 1, pp. 102-109, 2013.
- [23] B. E. Wampold, Z.E. Imel, *The Great Psychotherapy Debate*. New York, London: Routledge, 2015.
- [24] D. K. Silverman, "What Works in Psychotherapy and How do We Know?," *Psychoanalytic Psychology*, vol. 22, 306-312, 2005.
- [25] J. Bozart, "The Specificity Myth: The Fallacious Premise of Mental Health Treatment," Paper presentation at the American Psychological Association, Washington, D. C. 2000.  
<http://personcentered.com/specificity.htm>. Accessed: May 9<sup>th</sup>, 2018.
- [26] B. L. Duncan, "The Legacy of Saul Rosenzweig: The Profundity of Dodo Bird," *Journal of Psychotherapy Integration*, vol. 12, no. 1, pp. 32-57, 2002.
- [27] *The Clinical Diary of Sándor Ferenczi*, J. Dupont ed., Cambridge, Massachusetts, London: Harvard University Press, 1995.
- [28] D. Elkins, "The Medical Model in Psychotherapy: Its Limitations and Failures," *Journal of Humanistic Psychology*, vol. 49, no. 1, pp. 66-84, 2009.

- [29] C-A. Lopez, "Franklin and Mesmer: An Encounter," *Yale Journal of Biology and Medicine*, vol. 66, pp. 325-331, 1993.
- [30] B. E. Wampold, "Humanism as a Common Factor in Psychotherapy," *Psychotherapy*, vol. 49, no. 4, 445-449, 2012.
- [31] 'Cognitive psychology takes computer information processing as its model of brain's function. Thereafter, this was used as the principle of the new „therapies” whose underlying postulate is something along the lines of: Russian dog + American computer = man.' A. Aflalo, *The Failed Assassination of Psychoanalysis*. London: Karnac Books, 2015.
- [32] D. N. Elkins, *Humanistic Psychology: A Clinical Manifesto*. Colorado Springs, Colorado: University of the Rockies Press, 2009.
- [33] A. MacIntyre, *After Virtue A Study in Moral Theory*. Notre Dame, Indiana: University of Notre Dame Press, 2007.
- [34] S. Koch, *Psychology in Human Context*, D. Finkelman and F. Kessel eds., Chicago, London: University of Chicago press, 1999.
- [35] Th. Insel, "Post by Former NIMH Director Thomas Insel: Transforming Diagnosis," *NIMH*, <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml>. Accessed: May 9<sup>th</sup>, 2018.
- [36] I. Hacking, Lost in the Forest, *London Review of Books*, vol. 35, no. 15, 2013.
- [37] M. Baker, M. Menken, "Time to abandon the term mental illness," *BMJ*, vol. 322, 2001.
- [38] P. Bracken, Ph. Thomas, Psychiatry beyond the current paradigm, *The British Journal of Psychiatry*, vol. 201, pp. 430-434, 2012.
- [39] L. Greenfield, *Mind, Modernity, Madness The Impact of Culture on Human Experience*. Cambridge, MA, London: Harvard University Press, 2013.
- [40] R. Whitaker, "Anatomy of an Epidemic: Psychiatric Drugs and the Astonishing Rise of Mental Illness in America," *Ethical Human Psychology and Psychiatry*, vol. 7, no. 1, pp. 23-35, 2005.
- [41] J. Moncrieff, *The Myth of the Chemical Cure*. London: Palgrave Macmillan, 2009.
- [42] S.S. Sharfstein, "Big Pharma and American Psychiatry: The Good, the Bad, and the Ugly," *Psychiatric News*, <https://psychnews.psychiatryonline.org/doi/10.1176/pn.40.16.00400003>. Accessed: May 9<sup>th</sup>, 2018.
- [43] S. E. Hyman, "Psychiatric Drug Development: Diagnosing a Crisis," *Cerebrum*, April 2013, <http://www.dana.org/news/cerebrum/detail.aspx?id=41290>. Accessed: May 9<sup>th</sup>, 2018.
- [44] M. Foucault, *Madness and Civilization A History of Insanity in the Age of Reason*. London and New York: Routledge, 2005.
- [45] M. Bakhtin, *Problems of Dostoevsky's Poetics*, C. Emerson eds., Minneapolis-London, University of Minnesota Press, 1999.

- [46] L. Johnstone, M. Boyle, "The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis," Leicester: *British Psychological Society*, <https://www1.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/INF299%20PTM%20Main%20web.pdf>. 2018. Accessed: May 9<sup>th</sup>, 2018.
- [47] "There is a need of a shift in investments in mental health, from focusing on "chemical imbalances" to focusing on "power imbalances" and inequalities.' D. Pūras, "Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health," *UN Human Rights, Office of the High Commissioner*, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21480&LangID=E>. Accessed: May 10<sup>th</sup>, 2018.
- [48] P. Bracken, "Community Development," *Outside Mental Health Voices and Visions of Madness*, Will Hall, ed., Madness Radio, pp. 229-235, 2016.
- [49] A. József, "Consciousness," *Winter Night*, J. Bátki, trans., Budapest, Corvina, 1997.