Psychoanalysis

Science, non-science or nonsense?

'People did not believe i
my facts and thought m
theories unsavoury. In th
end I succeeded, but th
struggle is not yet over.'

Sigmund Fr 19:

The nature and status of psychoanalysis has received widespread attention, both within and outside psychology. Jane McGee explores the contribution of psychoanalysis to psychology, and examines its impact from a scientific perspective.

The scientific status of psychoanalysis has been attacked at every point. Its observations, it has been said, are not objective, its data doubtful, its laws illusionary and its hypotheses scientifically untestable. The debate about the status of psychoanalysis will thus serve as a highly relevant introduction to many of the issues in the modern philosophy of science, while at the same time illustrating the need for a deeper understanding of the nature of science itself.

The nature of science

Before tackling the scientific status of psychoanalysis directly, it is necessary to outline what it means to be scientific. Box 1 shows the classical view of science according to Gasper and Trout (1991), which proceeds in a series of stages.

In terms of this four-stage model, many charges have been laid at the door of Freudian psychoanalysis by supporters of the traditional view of science. Just why psychoanalysis is so problematic becomes clearer if we look, not at what Freud wrote about psychoanalysis, but at Freud himself *at work*. We cannot do this directly, of course, but Freud's case histories are vivid and detailed, and they include a good deal of his own reflections. The case of 'Little Hans' can be used here as an example.

Stage 1: Data collection

There is an important difference between the process Freud used to gather data and the traditional view of data collection, which is supposed to be objective and usually theory-free. However, in Freud's account the data cannot be prised free from the context of psychoanalysis. Freud wrote: 'I begin treatment by asking the patient to give the whole story of his life and illness.' this looks like traditional observation, data gathering. Notice, however, what lows immediately after this, 'but even so, information I receive *is never enough t me see my way about the case*' (my ital Freud then went on to tell us that pati consciously conceal things they 'ought to and they unconsciously conceal impo information. In other words, the plain s told by the patient cannot be accepte

effectiveness of the therapeutic strategy. Therefore, gradually exposing someone with panic disorder to supermarkets will be more effective if the client focuses on gathering evidence that she will *not* have a heart attack even if her heart starts racing. To do this, the therapist may encourage the client to try and make her heart race in the supermarket, perhaps by pushing the trolley around very fast, to see what happens.

Cognitive therapists would argue that behaviour change *without* cognitive change is unlikely to result in significant or long-lasting improvement in symptoms. So, a client may have gone through gradual exposure to supermarkets but may still experience intense anxiety because she continues to believe that she will have a heart attack if she gets very anxious. If questioned carefully, the therapist may discover that when the client was in the supermarket she did things that she thought made her safer (taking aspirin or sitting down) and these safety behaviours stopped her changing her belief that she would have a heart attack in a supermarket.

Conclusions

Cognitive therapists use behavioural strategies in order to help change the maladaptive thoughts of their clients. However, much remains to be learned about exactly how best to implement lasting cognitive change and improvement in symptoms for people suffering from psychological disorders.

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