

Psychiatry as Medicine

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Contemporary Psychotherapies

by

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CONTENTS

PREFACE	VII
ACKNOWLEDGEMENT	IX
SUMMARY AND CONCLUSIONS	1
I. Medicine:	
1. Theory	1
2. Practice	1
II. Psychiatry:	
1. Theory	2
2. Practice	2
INTRODUCTION:	5
1. The History of Ideas in Psychotherapy	6
2. What is Psychotherapy	8
I. GENERALISM versus EXTERNALISM: THE CONCEPT OF DISEASE	13
1. Introduction: Antipsychiatry	13
2. Hippocrates	18
3. Sydenham	26
4. Claude Bernard and Pasteur	30
5. John Hughlings Jackson	37
6. Cannon	42
7. Conclusion	46
II. CONTEMPORARY SCHOOLS OF PSYCHOPATHOLOGY	51
1. Introduction	51
2. Freud	53
3. Adler	61
4. Pavlov	64
5. Existentialism	69
6. Laing	76

VI		
7.	Ey	80
8.	The Buberians	88
III.	THE RISE OF SCIENTIFIC PSYCHOTHERAPY	93
1.	First Introduction: Frameworks, hypotheses, facts	93
2.	Second Introduction: The Pseudo-Scientific Character of Chemopsychotherapy	96
3.	Beginnings: Pinel	104
4.	Esquirol	109
5.	Charcot's Externalism	111
6.	Charcot's Psychiatry and its Antecedents	117
7.	Charcot's Generalism in Psychiatry	122
8.	Hysteria from Janet Babinski to Slater	127
9.	Freud as a Disciple of Charcot	134
IV	TRENDS IN 20th CENTURY PSYCHOTHERAPY	137
1.	Freud	137
2.	Psychotherapy: The Catharsis Theory	141
3.	What is Psychology? or: the Uniqueness of Freud, regardless	144
4.	The Neo-Freudians	147
5.	Post-Cathartic Psychoanalysis is Adlerian	150
6.	Jung is beyond our comprehension	152
7.	The Psychoanalytic Treatment of Psychotics: Background	154
8.	The Psychoanalytic Treatment of Psychotics: Therapy	158
9.	Antipsychiatry and All That	160
10.	The Medical Model Revisited	162
11.	Behavior Modification and its Derivatives	167
V.	CONCLUSION	173
1.	A Medical View of Psychic Ills	173
2.	Psychiatry as medicine	177
3.	The State of the Art: Descriptive	180
4.	The State of the Art: Critical	185
5.	The State of the Art: Hopeful	188
	NAME INDEX	191

PREFACE

This volume is a sequel to yet independent of our *Paranoia: A Study in Diagnosis*, Reidel, Dordrecht and Boston, 1976. Whereas our first book centered on diagnosis, this centers on treatment. In our first volume, all discussions of nosology (theory of illness) and of treatment was ancillary to our discussion of diagnosis; similarly all discussion of this volume dealing with nosology – there is very little on diagnosis here – is ancillary to our discussion of psychotherapy. It is still our profoundest conviction that to speak of treatment without diagnosis is meaningless, if not irresponsible, since otherwise one does not know what one is talking about. Hence, our present study, though it centers on theories of treatment, links psychotherapy with psychopathology. It is the rationale of psychotherapy which is of importance, and the rationale dwells in this link.

We wish our present study to be self-contained and understood by readers who are not familiar with our first book – or with any specific literature. Our discussion of medicine in general, meaning the rationale of therapy in general, helps the uninitiated reader, as well as the initiated, we hope: it certainly has helped us. We did not see how else can we study a branch of medicine; we felt the need for some idea of how medicine is supposed to work. We found very little literature about medicine in general; we found very little literature about the two schools of medicine presented here – or even about one of the two schools of medicine in general; each of the volumes within the enormous literature on the subject belongs to one or the other school. Often no book is purely of one school, thereby raising questions about its consistency, since we can consistently present conflicting views together only when we are ready to contrast them. The contrasts, however, are studied by historians, seldom by clinicians. We hope to close a gap here. What we propose is that ‘the cunning of History’, to use an ugly expression of the notorious philosopher G.W.F. Hegel, is at work here: ‘the cunning of Medicine’ is not cunning, much less of such an abstract entity as Medicine or as History; it is nothing but the attempt of the honest thinker to muddle through. Not only honesty requires the examination of opposite views and gives them expression

in the canonic writings of the professions; it is also the application of competing and mutually exclusive views in one's daily practice. The interest of the patient, after all, is shared by both schools.

The present volume is holistic in bias – very much in line with the philosophy of Mario Bunge, for example. It might, therefore, look like a defence of the holistic school in medicine, here labeled generalism. It is not. Moreover, holism has a bad name both amongst scientific researchers and amongst philosophers of science (with exceptions like Bunge, of course); it has a better reputation amongst circles not scientifically reputed. Regrettably we find this bad name justified. It is because of the victory of the opposite of holism, because of the victory of mechanism, and more so of its expression in medicine, here labelled externalism, that this volume is unbalanced: we deem the defence of mechanism in general and of externalism in particular quite redundant. Rather, we seek to rehabilitate and defend holism by showing that the interaction of generalism and externalism dialectically advances research. We confess ambivalence towards externalism, and we identify best with the remark Plato ascribes to Socrates in *The Apology*: the craftsman is wise in his craft but, alas, he is all too often willing to pronounce some foolish general judgements. We seek to supplement what we regrettably view as the philosophical narrowness of the externalist and mechanist by providing as a proper background to it a clean version of holism – philosophical and medical – and a clear description of the positive contribution of generalism to medicine. We suggest to replace the popular externalist contempt of holism and of generalism with more balanced a view. Nothing human is alien to us: contempt has no place in medicine, much less in psychiatry.

We began writing the present manuscript soon after the publication of our first work (December 1976) and finished it in Spring 1978.

Y.F.

J.A.

Tel-Aviv,

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