Fundamental questions for psychology

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This paper argues that the mainstream of psychology is misconceived in ways which make it largely unsuitable as a basis for clinical interventions.

Why do we need a new way of thinking about work with distressed individuals? What is wrong with the many different styles of therapy and intervention already in use?

Like any discipline, psychology has its problems. With regard to clinical work, many of these problems flow from the fundamentally dualistic character of psychology, the way in which it typically conceptualises important aspects of our being as so distinct and different that interactions and relationships between them appear problematic. The dualisms we are most concerned with here are that between mind and body, and that between individual and society.
Mind-Body Dualism
The relationship between mind and body continues to be a troubling issue for both philosophy and psychology. At least since Descartes, philosophers have explicitly addressed this relationship and have formulated numerous ways of understanding it (see for example Graham, 1993; Heil, 2004). By contrast, aside from the occasional mention in third-year undergraduate modules, in psychology the problems of this relationship are largely ignored. On the one hand psychology maintains a predominantly empirical focus, which means that underlying conceptual questions have less prominence. And on the other, the continuing relevance of mind-body dualism for psychology is concealed by the ways in which the discipline is fragmented and compartmentalised. For example, we have neuropsychology and biological psychology – and we also have the psychologies of cognition and attitudes. One set of subdisciplines addresses the brain (body), the other addresses thoughts (mind): but the subdisciplines remain almost entirely distinct from each other. Not only are they taught at university in separate modules, their advocates pursue disparate research agendas, attending conferences and publishing papers almost exclusively within the confines of their own specialism. In a sense, then, psychology has handled the problem of mind-body dualism primarily by enshrining it deep within the structure of the discipline. Consequently, whilst it is true to say that psychology, as a whole, does address both body and mind, the nature of the actual relationship between them is nevertheless rarely considered.

Individual-Society Dualism
The issue of how individuals and their society are related appears not only deeply problematic but also highly contentious, since it lies at the heart of many political philosophies and social policies; consequently, this dualism is problematic for other disciplines too. It is much discussed in sociology, for example, where it is referred to as agency-structure dualism – the question being whether individual agency or social structure are the most important determinants of societal reproduction and transformation (e.g. Archer, 2000). With regard to psychology, there are parallels between this issue and the problem of mind-body dualism. One parallel concerns how both dualisms are submerged by the disciplinary organization of academic knowledge and research. However, whereas the mind-body problem is primarily dissolved into subdisciplines of psychology, the problem of individual-society dualism is primarily dissolved into the distinctions between actual disciplines. So we have history, anthropology, sociology, economics, politics and cultural studies, which all study society and culture – and then we have psychology, the “science of [p.10] the individual”. Again, this disciplinary specialization means that the precise character of the relationship between individuals and their society simply tends to be ignored, as researchers pursue separate agendas within which this issue apparently plays only a minor role. As a consequence, individuals and their society typically appear as such totally distinct, separate entities that it then seems difficult to understand how they could possibly be related (Burkitt, 1991).

Psychology’s character
Speaking very generally, then, psychology is fragmented internally, within the
actual discipline, by mind-body dualism; and at the same time it is circumscribed externally, at it’s boundaries with other disciplines, by the divide between individual and society. Note, however, that this claim describes general tendencies rather than absolute demarcations. For example, psychology is also structured externally by mind-body dualism, especially with the recent rise of cognitive neuroscience (Gazzaniga, 2000). It is also to some extent structured internally by individual-society dualism, as the perennially crisis ridden character of social psychology demonstrates (Parker, 1989). Moreover, it is not that bodies and the social world never become relevant within psychology, since clearly they do. The problem is that, as a consequence of the structuring influence of these two dualisms, they tend only to appear in particular ways. Because they are already conceived of as separate from and different to the primary stuff of psychology, which is usually taken to be cognition, bodies and the social world tend to enter psychology only as relatively static, uniform, fragmentary or contextual influences. Instead of being conceptualized from the outset as fundamentally necessary, integral, dynamic, constitutive elements of subjective experience, bodies and the social world tend to get included in theories and research designs as mere variables, relatively inert, neatly demarcated and primarily contextual factors, whose character and nature is definable, measurable, and clearly distinguishable from the disembodied, individual cognitions that form the primary focus of interest (Stam, 1998; Tolman, 1994).

Some readers may object to this thumbnail sketch, feeling that this is both unfair and inaccurate. What about the biopsychosocial model? What about psychoanalysis, and social constructionism? Well, psychoanalysis and constructionism are both somewhat marginal in psychology, and so might exemplify precisely the kind of fragmentation we have described. Moreover, as alternatives they are not without their own problems: both are further fragmented into subdisciplinary schools of thought (Mitchell & Black, 1995; Nightingale & Cromby, 1999), and both are themselves somewhat dualistic in ways that resemble the psychological mainstream.

For example, most psychoanalytic approaches reduce the body to metaphorical entities or processes, and maintain a relatively close focus on the internal dynamics of the person – in conjunction, perhaps, with the interpersonal dynamics of close relationships. However, interactions between individuals are always simultaneously societal as well as interpersonal: they occur in material contexts structured by social divisions such as class and gender; they are mediated by discursive and practical skills acquired through enculturation; and they are ordered by the norms and expectations of particular subcultures. Much psychoanalytic work fails to sufficiently address these fundamentally societal aspects of our relationships (Billig, 1999), and so might also obscure the societal origins of much distress. And whilst recent advances in neuropsychoanalysis do partly redress the disembodiment of other psychodynamic schools (Solms & Turnbull, 2002), for the moment at least this remains just one more subdiscipline. Unless these advances are taken up and thoroughly integrated within psychodynamic thought, more broadly considered, mind-body dualism will simply be reinstated at a different level. Similarly, most variants of social constructionism fail to theorise or study actual, embodied individuals, instead focusing more-or-less exclusively on the discourses and positions that construct their identities and subject positions. Here, the social is not ignored, but instead treated as though its linguistic aspect exhaustively embraces everything else. Somewhat paradoxically, social constructionism reflects
the reductionism of mainstream psychology but simply inverts it into a kind of mirror image, substituting reduction to discourse for reduction to the individual (Cromby, 2004).

By contrast, the biopsychosocial model is firmly within the mainstream of psychology - but as the Monty Python team might have said, “It’s only a model!” As such, it tends to be used in relatively undisciplined ways; it does not develop in coherent lines of progression; and in practice it tends to act primarily as a discursive warrant for linking together a chain of variables from different realms, often with some kind of foundational precedence given to the biological. Indeed, within the biopsychosocial model, just as elsewhere in psychology, the actual relationships between biology, individuals and society are rarely conceptualized. Instead, they are left to emerge piecemeal from the accumulation of empirical studies whose evidence is already shaped by unexamined preconceptions concerning the nature of these relationships - preconceptions which are consequently reproduced (typically covertly) within the evidence. The biopsychosocial model, in short, explains nothing because it does not set out to do so: it is a model, rather than a theory, and being limited to this status means that its preconceptions are rarely examined, and more rarely still refined and developed.

Moreover, although other tendencies in psychology or related areas might seem to challenge these dualisms, on closer examination they have similar problems (for example, cognitive neuroscience struggles with conceptual issues analogous to those described here – see Bennett & Hacker, 2003). In any case, the continual reappearance of new attempts to cross the divides between individual and society or mind and body is itself yet more evidence of how deeply rooted these problems are. Broadly speaking, then, we think it fair to conclude that psychology is predominantly structured and shaped by dualisms in the way that we have described here.

So what? These issues might seem far removed from the day to day business of intervening in the lives of distressed people, but a moment’s consideration should show that they are highly relevant. The history of clinical treatments and interventions falls into two broad strands, one focused primarily on the body and the other on the mind. Psychotherapeutic models of distress typically locate causality in the mind, whilst biological or psychiatric models locate it within the brain-body system. Both, however, tend to locate it within the individual, even though the influence of the social (as context, rather than constituent) might be acknowledged. With the exception of approaches within systemic, family therapy or community psychology, treatments and interventions tend to be similarly individualistic: and of these, only community psychology has the conceptual reach to address the structuring effects of social inequality.

As a consequence, a relatively bizarre kind of psychology has become the mainstream. It is a psychology that prioritises conscious rational thought – cognition - over all other influences upon human activity: as though what people do (especially, perhaps, people in the extremes of distress) typically follows the contours of formal rationality. This psychology endows cognition with a weight of
responsibility and a power of transformation that the evidence largely belies. It treats individuals as separate and distinct from the social fabric and power relations within which they are actually bodily embedded, and which in large part constitutes their moment-by-moment experience. It positions individuals as insightful, aware and controlling even though many of the influences upon them are far beyond their everyday comprehension. It is a disembodied psychology of individual cognitions.

[p.12]


