

Correspondence

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Justifying psychoanalysis

I coined the term neuropsychanalysis in 1999 not to give psychoanalysis 'a fashionable prefix' but to describe the efforts of a group of scientists attempting to integrate our findings on the same part of nature, derived from different viewpoints. We believed integration was necessary because the capacity of the brain to feel subjective states has significant implications for how it works; feelings have causal effects and mean something. Freud was not the only scientist to explore this perspective, but he did so more systematically than anyone before him. The resulting body of hypotheses is called psychoanalysis. The advent of neuropsychanalysis coincided with the emergence of new methods capable of correlating hypotheses derived from the objective and subjective perspectives, and thereby correcting viewpoint-dependent errors. Ramus¹ suggests that this might be 'dangerous' for three reasons.

First, Freud's hypotheses (e.g. the unconscious, the ego/id dichotomy) were 'borrowed shamelessly from predecessors without credit' (e.g. Janet and Plato). The historical precursors of ideas are irrelevant to their scientific value. We use psychoanalytic ideas as the starting point of our investigations for the reason Kandel cited: taken as a whole they still represent 'the most coherent and intellectually satisfying view of the mind' that we have (p. 505).²

Second, 'The case for the importance of a cognitive level of description for any proper understanding of the mind/brain, and for its conceptual independence from the biological level has already been made long ago.' Ramus must surely concede that the claims of psychoanalysis are different from those of cognitive psychology. But he goes further: 'Psychoanalysis is not just a harmless set of ideas'. Many hypotheses and treatments in biological psychiatry were considered dangerous (e.g. opiates, frontal lobotomy), and many regrettable practices are perpetrated in its name. That is not a good reason to decry the future development of psychopharmacology or psychosurgery. The exclusion on moral grounds of certain 'schools' is a slippery slope in science. Competing claims must be contested empirically, with ethical abuses being handled by the appropriate review boards.

Third, 'It is not enough for empirical research to tackle the influence of early life experiences, the neural correlates of unconscious processing, or the decoding of dream content using neuroimaging, to support psychoanalysis as such, even if Freud happened to use the same words'. As Guterl once wrote, in a popular context: 'It's not a matter of proving Freud wrong or right, but of finishing the job' (p. 51).³ Neuropsychanalysts will readily agree that 'what is needed is to show that certain central psychoanalytical concepts [...] can now be sufficiently precisely defined to make clear, testable predictions, that some of these predictions are indeed correct, and that they are not better explained by other, simpler theories'. That is precisely what we are doing; and we call it psychoanalysis.

I am not sure whether Ramus will be amused to know that neuropsychanalysis has been similarly criticised by

psychoanalysts, decrying the supposed dangers of neuroscience (e.g. Blass & Carmeli⁴).

- 1 Ramus F. What's the point of neuropsychanalysis? *Br J Psychiatry* 2013; **203**: 170–1.
- 2 Kandel E. Biology and the future of psychoanalysis: A new intellectual framework for psychiatry revisited. *Am J Psychiatry* 1999; **156**: 505–24.
- 3 Guterl F. What Freud got right. *Newsweek* 2002; 11 November: 50–1.
- 4 Blass R, Carmeli Z. The case against neuropsychanalysis: On fallacies underlying psychoanalysis's latest scientific trend and its negative impact on psychoanalytic discourse. *Int J Psychoanalysis* 2007; **88**: 19–40.

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In Ramus's¹ enthusiasm to rid himself of Franco–Freudian bath-water and champion what he rather blandly calls 'psychology', he has jettisoned a lusty baby. It is precisely the superficiality of much of academic psychology that draws neuroscientists to psychoanalysis, in their search for models of the mind compatible with brain science. The central focus of psychoanalysis is the development and vicissitudes of intimate relationships: parent–child, adult–adult, therapist–patient. Relational neuroscience brings together insights from psychoanalysis and neuroscience, clarifying and deepening understanding in both fields. Here are three brief examples. Strathearn *et al*² show how insecurely attached mothers respond to images of their crying babies with activation of brain areas associated with disgust rather than care, compared with their securely attached counterparts. Coan *et al*'s³ functional magnetic resonance imaging study of married couples illustrates how holding a loved-one's hand mitigates the impact of anticipated threat, with reduced need for self-oriented defensiveness as manifest by less activation of the anterior insula and superior frontal gyrus. Carhart-Harris *et al*'s⁴ finding of activation of Cg25 region of the cingulate gyrus in profound depression is consistent with the idea of an interpersonally isolated and punitive superego desperately trying to prevent overwhelming Pankseppian modalities impulses of panic and rage from reaching consciousness.⁵ All three examples suggest the profoundly interpersonal aspect of affect regulation, implicit in psychoanalytic theories, and that the capacity to experience, tolerate and integrate negative emotions with the help of a loved other is a mark of psychological health, as well as being a goal for psychotherapeutic treatment of depression and anxiety.

In Whitehead's aphorism, 'a science which hesitates to forget its founders is lost'. We need to be able to kill the fathers; but it is equally important to honour them. The task of today's psychoanalysts is to sift the gold from the dross in Freud and his successors' ideas. Paradigm shift instigators like Freud may be argued with, superseded at times, but never forgotten. We are still 'Darwinians', despite the fact that Darwin had no model of DNA to help him explain how acquired characteristics were transmitted across the generations. Modern genetics, through technical and conceptual innovation, reveals the mechanisms by which evolutionary change comes about. Similarly, contemporary neuroscience helps unravel the brain patterns which underlie some of Freud's pioneering insights. These include: the fragility of the ego compared with the pulsive power of midbrain and limbic structures; the drawbacks – in terms of energetic overload and sequestration from learned experience – of self-oriented rather than interpersonal defences, preventing impulses from the limbic system from reaching the prefrontal cortex; how top-down regulation (mentalising), fostered by therapy, can mitigate self-destructive impulses 'from

below'; the impact of trauma on the hypothalamic–pituitary–adrenal axis and its embodiment in the nervous and endocrine systems; and how, given adverse developmental and interpersonal circumstances, this complex mind–body system can founder, producing the phenomena of mental illness.

Ramus is no doubt right to suggest that intensive psychoanalysis is an inappropriate first-line treatment for autism, but to base his widespread condemnation on this aberration is to mistake the part for the whole. From a psychoanalytic perspective the latter error might be a manifestation of 'paranoid schizoid', rather than 'depressive position' thinking, of pre-mentalising rather than mentalising mode. Admittedly, this letter could equally be seen as a last-ditch defense of a dearly held good object. Both viewpoints no doubt have fascinating, if as yet undiscovered, brain correlates.

- 1 Ramus F. What's the point of neuropsychology? *Br J Psychiatry* 2013; **203**: 170–1.
- 2 Strathearn L, Fonagy P, Amico J, Montague PR. Adult attachment predicts maternal brain and oxytocin response to infant cues. *Neuropsychopharmacology* 2009; **34**: 2655–66.
- 3 Coan J, Schaeffer H, Davidson R. Lending a Hand: social regulation of the neuronal response to threat. *Psychol Sci* 2006; **17**: 1032–9.
- 4 Carhart-Harris R, Mayberg H, Malizia A, Nutt D. Mourning and melancholia revisited: correspondences between principles of Freudian metapsychology and empirical findings of neuropsychiatry. *Ann Gen Psychiatry* 2008; **7**: 9–42.
- 5 Holmes J. An attachment model of depression: integrating findings from the mood disorder laboratory. *Psychiatry* 2013; **76**: 68–86.

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It is hard to know with whom Ramus¹ is most angry. Is it the esteemed neuroscientists (Damasio, Friston, Kandel, LeDoux), whom he considers to have lent credence to psychoanalysis? Or is it the neuropsychologists (largely engaged via only one position paper by Panksepp and Solms and an article co-authored by Carhart-Harris), who represent to him another attempt to 'rehabilitate' Freud? Or is it the French psychoanalysts, who, he argues, harm patients and hold back 'evidence-based psychiatry'? Or is it Freud himself, whose ideas Ramus regards as both unoriginal – Plato and Pierre Janet said it all before – and malignant?

The historian of psychoanalysis John Forrester would not be surprised by Ramus's mode of critique. Forrester noted in the late 20th century that the 'classic manoeuvre' by those opposing Freud is to argue that 'if what he says is right, he stole it from somewhere else [...] On the other hand, if what he says is wrong, it belongs entirely to him and it is we who are the fools if we believe it.'² Ramus's scattergun attack on neuropsychology should, indeed, be seen as the latest skirmish in the interminable Freud Wars.

But what Ramus's attack on neuropsychology obscures – by interpreting neuropsychology as, ultimately, an attempt simply to 'rehabilitate' Freud – is what is arguably most interesting about it (at least from my perspective as a historian of science and psychiatry). For although neuropsychology situates itself in proximity to Freudian psychoanalysis, it is a distinct project.³ It differs in several of its scientific methods, terminologies and objects; the canon on which it draws; and some of its modes of clinical treatment.⁴ And consider Solms and Panksepp, whom Ramus, like many, takes to be the central architects of neuropsychology. There is something both fascinating and unexpected about a neuropsychologist and psychoanalyst (Solms) joining forces with an affective neuroscientist (Panksepp) whose research career has been built on electrical stimulation studies

involving non-human animals (which vocalise, but do not talk; cf. psychoanalysis as 'the talking cure'). Their partnership is built on their separate and conjoined challenge to dominant models of the emotions in cognitive and affective neuroscience^{5,6} – and affect, indeed, forms one of the main lines of neuropsychological research. Both would virulently disagree with Ramus's claim that the ideas they attribute to neuropsychology 'are already mainstream within cognitive, social and affective psychology and neuroscience'.

To understand the specificities of 'neuropsychology' – in relation to as well as in contradistinction from psychoanalysis – requires, at the very least, reading the peer-reviewed journal *Neuropsychology* (not referenced by Ramus), which is the central locus for scientific and clinical data, disputation and model-building among neuropsychological researchers and clinicians, as well as their interlocutors. For Ramus, such efforts would be unnecessary. His consummate lack of doubt as regards what (the heterogeneous practices of) psychoanalysis and neuropsychology are and do, as well as '[w]hat is needed' for any proper 'rehabilitation' of psychoanalysis, ensure that for him any further enquiry would be otiose. His scientific and moral certainty is both remarkable and dismaying.

- 1 Ramus F. What's the point of neuropsychology? *Br J Psychiatry* 2013; **203**: 170–1.
- 2 Forrester J. *Dispatches from the Freud Wars: Psychoanalysis and its Passions*. Harvard University Press, 1997.
- 3 Papoulias C, Callard F. The rehabilitation of the drive in neuropsychology: from sexuality to self-preservation. In *Freud's Referenzen [Freud References]* (eds C Kirchoff, G Scharbert): 189–215. Kulturverlag Kadmos, 2012.
- 4 Fotopoulou A, Pfaff D, Conway MA (eds). *From the Couch to the Lab: Trends in Psychodynamic Neuroscience*. Oxford University Press, 2012.
- 5 Panksepp J. *Affective Neuroscience: The Foundations of Human and Animal Emotions*. Oxford University Press, 1998.
- 6 Solms M, Nersessian E. Freud's theory of affect: questions for neuroscience. *Neuropsychology* 1999; **1**: 5–14.

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Author's reply: I would like to thank Callard, Holmes and Solms for taking the time to discuss my previous paper.¹ I actually find little in their commentaries that is not already addressed in the target article. I will therefore focus on a few points.

According to Callard, my first point reflects 'the "classic manoeuvre" by those opposing Freud', that 'is to argue that if what he says is right, he stole it from somewhere else'. In my view, whether the manoeuvre is 'classic' matters little compared with whether it is well founded. Whether broadly accepted Freudian ideas about the existence of unconscious processing, unconscious motives, conflicts between desires, reason and society's constraints, etc. were Freud's 'discovery' or originated from earlier thinkers is simply an empirical matter that can be decided by checking the works of Janet, Galton, Charcot, Krafft-Ebing, Schopenhauer, Nietzsche and others. And whether his more original contributions to these ideas (e.g. the Oedipus complex) have any validity is also an empirical matter.

Holmes provides a nice illustration to my second point. The studies by Strathearn *et al*² and Coan *et al*³ are perfectly well understood using mainstream psychological concepts such as attachment, which have nothing to do with psychoanalysis. It is indeed ironical that, although John Bowlby was trained as a psychoanalyst, he found psychoanalytical concepts so inadequate to explain his observations that he had to develop an entirely

independent theoretical framework for attachment, based on up-to-date knowledge in ethology and the various areas of cognitive science, and that turned out to be rejected by the psychoanalytic community of the time.⁴ It is of course perfectly fine for contemporary psychoanalysts to now admit the errors of their predecessors and embrace attachment theory. However, adding another layer of psychoanalytical concepts to an already functioning theory would really need to increase explanatory power in order to remain parsimonious. Merely finding ‘consistencies’, as Carhart-Harris *et al*⁵ attempt to do in their review, adds little. It is also fine, as Solms proposes, to attempt to ‘finish the job’ and test hypotheses inspired from Freud’s writings. What matters is whether these hypotheses are better empirically supported than competing ones, not whether they seem ‘coherent’ or ‘intellectually satisfying’ to some.

Finally, I entirely agree with Holmes and Solms that the French psychoanalytically inspired treatment of autism does not by itself justify rejecting psychoanalysis as a whole. This was indeed not meant as a definitive condemnation, but rather as an illustration of the unfortunate side-effects of uncritical Freudism (and Lacanism, for that matter). It remains troubling, though,

that despite neuropsychologists’ admirable ambitions, when one takes a worldwide perspective, psychoanalysis seems to be the main factor of resistance against evidence-based psychology and psychiatry.

- 1 Ramus F. What’s the point of neuropsychology? *Br J Psychiatry* 2013; **203**: 170–1.
- 2 Strathearn L, Fonagy P, Amico J, Montague PR. Adult attachment predicts maternal brain and oxytocin response to infant cues. *Neuropsychopharmacology* 2009; **34**: 2655–66.
- 3 Coan J, Schaeffer H, Davidson R. Lending a hand: social regulation of the neuronal response to threat. *Psychol Sci* 2006; **17**: 1032–9.
- 4 Bowlby J. *A Secure Base: Clinical Applications of Attachment Theory*. Routledge, 1998.
- 5 Carhart-Harris R, Mayberg H, Malizia A, Nutt D. Mourning and melancholia revisited: correspondences between principles of Freudian metapsychology and empirical findings of neuropsychiatry. *Ann Gen Psychiatry* 2008; **7**: 9–42.

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