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PSYCHOTHERAPY

Healing the Soul in the Age of the Brain
by Elio Frattaroli
Viking Press, 2001
Review by Stan van Hooft, Ph.D. on May 17th 2002



An increasing number of psychiatric patients with disorders ranging from mild depression or anxiety to full-blown psychosis are being treated with medication these days. Prozac is only the most well known of the many drugs that are currently being used to alter mood, calm distress, defeat delusional states, or relieve psychiatric symptoms of many kinds. This tendency is specially strong in the context of the US's system of managed care, in which the speed with which a 'cure' can be effected affects the level of payment received by the physician or the institution concerned. Elio's Frattaroli's book mounts a broad, sustained, and well-argued critique of this tendency.

The argument draws most of its inspiration from Frattaroli's own cases. Frattaroli is a practicing psychoanalyst whose thesis is that the psychiatric symptoms shown by patients are an expression of unresolved conflicts and need to be worked through during the psychotherapeutic process by way of transference and countertransference with the psychoanalyst. The book is especially strong in describing and theorizing these processes and also in explaining Freud's various models of the mind. While professionals will be familiar with most of these matters, they are explained with admirable clarity for the layperson and will also serve to remind psychiatrists and psychotherapists of what they are ignoring if they think that effective cures can be produced by the administration of psychotropic drugs.

Frattaroli deepens his case when he suggests that those who prefer the quick

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psychotropic fix to the lengthy and expensive processes of psychoanalytic therapy are giving expression to a mentality that seeks to avoid psychological disturbance and to restore equilibrium before all else. Using the analogy of learning to ride a bicycle Frattaroli suggests that a learner must be prepared to fall off and suffer a little hurt in order to grow in skill and strength. If one thinks of life as a quest one will accept the occasional fall as a step towards growth. It is the attitude that any fall is a bad thing and needs to be avoided that prevents growth and which drives the psychiatric profession towards an overuse of drugs. It is suggested further that Freud himself became aware of the two antithetical tendencies towards equilibrium on the one hand and towards life as a quest on the other, with his concepts of *Thanatos* and *Eros*: a drive towards homeostasis and rest, and a drive towards loving life with all its challenges and dangers. Rather than give priority to the first, a healthy psychological state would be one of harmony between the two.


While many of these ideas will be familiar to those who align themselves with the humanistic tradition in psychotherapy, Frattaroli invests his thesis with a degree of originality when he argues that an even more fundamental philosophical orientation underlies the tendency towards the quick psychotropic fix: namely, physicalism. While Frattaroli, does not use this term it is clear that what he has in mind is that those psychiatrists and physicians who prescribe drugs in order to relieve psychiatric symptoms are committed to a philosophical doctrine which equates the mind with the brain and which assumes that altering the chemistry of the brain will alter consciousness for the better. Frattaroli sees this as a form of reductionist materialism and as a deliberate form of blindness to the depth and complexity of the human mind: a complexity much more ably described by Freud in his various iterations of psychoanalytic theory. In order to counter this reductionism Frattaroli espouses the use of the word, 'soul' and urges psychiatrists and psychotherapists to 'listen to the soul' (by which he means respecting the symptoms and seeking to interpret them hermeneutically rather than seeking to suppress them with drugs).

But the problem with this approach is that it reinstates a form of mind/body dualism which most people who think deeply about such issues would be unable to accept. To use the word 'soul' as if it were the name of a metaphysical entity carries with it the same problems as using the word 'mind' as if it were the name of a metaphysical entity: problems that have led

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most philosophers to reject such dualisms in favour of a monistic view of consciousness and mental functioning. But am I being fair in attributing metaphysical dualism to Frattaroli?

There is no doubt that Frattaroli's thinking is deeply dualistic in many ways. These are but some of the distinctions that he aligns with the body/mind distinction.

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Body	Mind
Superego/it/repetition compulsion	The 'I that stand above' (superego)
Emotion	Reason
Passive	Active
Brain action	Mind action
Ego (self image)	Higher self attained by meditation
Thanatos	Eros
Flesh	Spirit
Lust	Love
Seeking equilibrium	Quest
Homeostasis	Harmony of drives and motivations
Passions of the soul	Actions of the soul (Descartes)
Being driven	Self-direction
Medical model	Psychotherapeutic model

But do distinctions of this nature imply a metaphysical dualism? The classic case of such a dualism is Descartes' positing of a 'thinking substance' as distinct from the 'extended substance' of the body. While Frattaroli frequently alludes to this distinction he also shows how Descartes himself modified it. Moreover, Frattaroli suggests that the 'I' or the soul has the function of integrating the dualities listed above. But while this suggests a monistic view, it also posits the soul as an agency over and above the dualities and so, once again, removed from the wholeness of a person's being.

The model that Frattaroli himself uses in an attempt to resolve these difficulties is drawn from the writings of Niels Bohr. Starting from the observation that light presents itself as particles when viewed in one way and presents itself as waves when viewed in another (where 'viewed' is short for a set of complex experimental procedures), Bohr developed a kind of 'double aspect' theory in which the same thing could be seen under one aspect or under another depending on the conditions of the observation. This allows one to say that there is but one metaphysical entity in question but that it cannot but present itself to observation in two differing ways. If Frattaroli were consistent in applying this model then he too could say that a person is but one thing but one which presents itself to observation in two differing ways: a physicalist/body/brain presentation and a mental/soul presentation. And this is often what Frattaroli seems to say.

However, this will not solve his problem because it would still follow from this model that drug treatment is a valid alternative to the psychotherapeutic

approach. Both treatments address the same diseased entity, albeit under the two guises that it presents to the world: malfunctioning brain or disturbed mind. What Frattaroli insists on is that drug treatment, while it may have short-term uses, does not touch on the real seat of the problem. In affecting only the brain it does not reach the soul. Insofar as this is what he wants to argue he cannot, and does not, avoid metaphysical dualism. His use of Bohr's 'principle of complementarity' merely distracts from this theoretical commitment.

Frattaroli's account of Freud suggests that the latter was caught in the same theoretical dilemma. Wanting to be scientific led him to posit a physicalist libido discharge theory of psychopathology, but wanting to 'listen to the symptoms' led him to a positing of conflicting psychological intentionalities constituting a structure in the mind/soul. His mantra, 'Where *It* was, there shall *I* become', is dualistic in form even as it suggests a monistic emergence of the soul from the merely causal processes of the body.

Frattaroli is impressed by the theory of one of Freud's pupils, Robert Waelder, for whom 'every human experience must be viewed from two complementary perspectives: both as driven by the *It* and as directed by the *I*, both as a passion and as an action.' (325) This is a sophisticated double aspect theory and is consistent with metaphysical monism. It shows that being a monist does not entail that one must also be a reductionist or a physicalist in the way that Frattaroli accuses the medical model of being. But it will not do the job that Frattaroli wants it to do. It is still open for the medical model to say that, just as there are two perspectives upon the self, so there can be two equally effective treatment approaches: namely, drugging the *It* or allowing the conflicts of the *I* to be resolved through the transferences inherent in the psychoanalytic process. And if both approaches are valid, why not opt for the briefer and cheaper one?

Frattaroli needs to do more than attack reductionist physicalism and posit a somewhat obscure form of dualism. For all of his espousal of the soul and vacillation as to its metaphysical status, he is still adopting the observational point of view of science and therapy. The paradigmatic example of an observational point of view is certainly that of the medical model with its treatment of the brain as the objective locus of disease and the symptoms of the patient as mere observational indicators of that disease. But it is no less an observational point of view to 'listen to the symptoms' and to theorise their etiology in the conflicts and repressions to which the *I* has been subject. In either case the therapist is forming diagnostic hypotheses about the patient and adopting an observational stance. Even when that perspective includes what Dennett called 'the intentional stance': that is, a recognition that the object of observation is active in the full sense of that word, such a perspective is still confined to a third person, observational point of view. The therapist is still essentially asking, 'What is going on in this case and how can I fix it?' just as the medical model does.

What is needed is a different form of question: namely, 'Who is struggling in this case and how can I help them in their struggle?' This question acknowledges another 'perspective' or 'aspect' of the patient: namely, that he or she is one who addresses the therapist and whom the therapist addresses. They are not an entity observed, no matter under what humanistic or psychoanalytic aspect. They are a person in interaction with the therapist: a self with a conception of their own life and an intention to fulfill it. However confused or pathological this conception might be, it is their subjectivity or their *I* that owns this conception and approaches the world through it.

If there are two aspects to a person they are not two schemas for observation: a physicalist and a 'soulish' one. They are the view from the outside and the view from the inside. Observation, no matter what categories it uses, can only give one the view from the outside. The view from the inside cannot be observed. It can only be lived by the subject and communicated to others by that subject. The therapist's approach to this subjectivity is to address it and be addressed by it rather than to observe it. The third person point of view must be replaced by a second person point of view.

The irony is that, in his practice if not in his theory, Frattaroli gives himself every opportunity to see this. While he struggles to articulate a theoretically acceptable form of dualism he also recounts in honest detail the processes of transference in his psychoanalytic encounters and his own reactions

and self-scrutiny in response to the interpersonal exchanges that comprise his practice. It is this personal engagement that opens him to the subjectivity of the other and that could provide the foundation for a monist theory of the self: one based on the interpersonal complementarity which discloses the patient, not as a soul/object to be cured, but as an / who addresses one with a plea for help.

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Stan van Hooft, Ph.D., Associate Professor, School of Social Inquiry
- Philosophical Studies, Faculty of Arts, Deakin University, Australia

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