III. THE RISE OF SCIENTIFIC PSYCHOTHERAPY

1. FIRST INTRODUCTION: FRAMEWORKS, HYPOTHESES, FACTS

Without going again into general considerations, we now try to present our view of scientific hypotheses as intermediary hypotheses — intermediary between general facts and metatheories: the scientific hypotheses ideally explain general facts and conform to adopted metatheories. And they should be empirically testable. For example, Newtonian hypotheses should all conform to Newton’s framework of forces acting at a distance within Euclidean space along a universal time scale; and they should explain all the known general facts of the physical world. The frameworks in medicine are, as we repeatedly say, generalist holism and externalist mechanism. The trouble with scientific medicine, we contend, is in the paucity of its explanatory hypotheses — regardless of their conforming or not conforming to either frame.

Having presented two general frameworks, one concerning general medicine, and presenting generalism and externalism as its two major schools, and the other concerning general psychopathologies, showing them as belonging to these two schools, we should now move, finally, to the topic of this volume, namely therapy. Yet we propose to tread softly: what are the relations between metatheory, science, and practice? and is psychotherapy a branch of therapy? is mental health a legitimate department of medicine? is mental illness illness proper? For, we contend, most of the fog in the literature — and the literature is notoriously foggy — centers on these questions.

Ideally, general theories should incorporate specific theories and these should lead to direct prescriptions — in all kinds of human thought and action. We have had ample occasion to show that it is hard to say who is a generalist and who is an externalist, what theory is generalist, what theory is externalist, what pathology follows what theoretical lines. In addition to all these ambiguities there is the question of the theoretical basis of any treatment. Historically, no doubt, many practices could be founded on many ideas, specific or general, yet always controversially and always to a controversial extent. How much was humoralism responsible for bleeding, cupping, and so on? We do not know, and can elicit diverse answers from Y. Fried et al., *Psychiatry as Medicine* © Martinus Nijhoff Publishers, The Hague 1983
different historical figures and from different historians. In particular, we may consider suspect all specific theoretical foundations to general practices. Was bleeding restricted to the west where humoralism was popular, for example? We do not quite know.

Yet, quite generally, certain commonsense methods, such as prescribing of a change of air, exercises and baths, diets, rest, and so on, all these were common to many medical traditions over centuries, and when psychiatry came into being, it used the same kind of commonsense prescriptions. And so we would not be surprised if the reader shows impatience here and calls for some less vague, metaphysical or commonsense ideas, and for more specific, sophisticated theories and means of treatment. This is understandable and easily satisfiable, yet with very disappointing results.

The reason is very simple and obvious: the specific theories and the specific treatments do not mix at all. For example, brain waves are as specific and sophisticated as they come, and can help diagnose epilepsy, but not psychosis. Epilepsy and Parkinsonism are chemically controllable, but precious little is known about how or why. To take a different kind of example, electric shocks and lobotomy are very specific and sophisticated treatments in the sense that last century no one thought about them, yet they are most nonspecific sorts of butchery, where the treatment is that of putting a bull in a china shop and waiting to see what effect it will have a week later. Another disappointing example: the Oedipus complex is a very sophisticated piece of psychological construction. Does it lead anyone, even the Freudians, to any practical conclusion? Is behavior modification, likewise, linked to Skinner’s variant of behaviorism, not to mention his variant of operationalism, or is it a mere systematization of most ancient and most traditional learning theory?

These and similar questions seem to us too difficult to handle without first carefully contriving a frame within which to orderly conduct the present discussion. Yet we have by now enough of a frame within which to start with the most specific treatments available: we can describe and relate them to generalism and to externalism. It will soon transpire that the specific treatments obviously link to general theories but not to specific theories. Now, this being so, the reader should not be surprised to learn that such treatments, however specific, do not force the hands of opponents: when a specific treatment rests on a specific theory, it is the theory that challenges; yet when the treatment rests on a philosophy, however obviously and straightforwardly, the holders of the opposite philosophy may see the facts differently, and with little effort. It is easier, in other words, to reinterpret facts than explanatory hypotheses so as to make them conform to a given intellectual framework. And