

Peer Review

Review of: "Epistemological Limits of Classical Psychosomatic Psychology"

Niall McLaren¹

1. Dept of Philosophy, The University of Queensland, Brisbane, Australia

I see major problems with this article. The first is the lack of suitable definitions. For example, what are "Classical psychosomatic models"? (p2). Does he mean psychoanalytic? That should be specified, along with some indication that practically no psychiatrists or psychologists these days pay any attention to Freudian theories. Psychoanalytic formulations of presumed psychosomatic conditions have no credibility to the extent that mainstream journals almost never refer to it other than to disparage it. That needs to be spelled out: what are the exact models he means, and who actually uses them?

More to the point, the author says that in the absence of empirical data, "...psychosomatic models can quickly slide from scientific explanation to hermeneutic closure." The real risk is that without an articulated model, they are likely to slide into charlatanry, which certainly happens. The epistemological status of psychoanalytic theories is such that this is more likely than not; practitioners are essentially free to apply their personal or even idiosyncratic interpretations to clinical conditions.

Second problem is referring to texts as though they support the assertion, e.g., referring to Popper or Ryle without showing exactly what they said and where. The term 'category error' is almost always attributed to Ryle; if Dennett mentioned it in *Intentional Stance* (1979), he doesn't refer to it specifically in his index among 16 references to "error," almost all related to IT, and numerous references to Ryle. In particular, the author relies on Engel's "biopsychosocial model" without mentioning that this "model" doesn't actually exist [1].

Third, it doesn't say enough about what reductionism is and how it came to occupy such a central position in science in general, and in medicine in particular. The concept of psychological reduction is problematic; a lot of committed reductionists would say the term is self-contradictory as all psychology will ultimately reduce to the brain. This is true of all mental disorders. The overwhelming direction of psychiatry today is a headlong rush to biology. Psychological formulations hardly get a mention.

Fourth and main problem is this: if the article is intended for a specialist audience, who can read it without having to check all the terms in a dictionary, then it says nothing new, but if it is intended for a general audience, something like the readers of *Psychology Today*, then they will be bewildered by the number of technical terms scattered through its few pages. How many people today are familiar with Popper and Dennett and psychoneuroimmunology, and Freud and category errors and holobionts and the mind-body problem? Precious few, I'll wager, and they aren't reading *Psychology Today*.

This paper tries to do too much. It needs to start with a brief account of Freudian psychosomatics and show what happened to that idea; then something on concepts of irrefutability and the demarcation of science/non-science as a set of rules that now guide all science; then something on modern concepts of psychosomatics and how they conform with the basic rules of science; and lastly something on the possibility of bowel-brain interaction at the chemical level, which is a large and growing field in its own right.

I believe practitioners, both physicians and psychiatrists (including psychologists), need to take psychosomatic interaction seriously, but psychoanalytic notions are not a good starting point, essentially a straw man. Old ideas such as ulcerative colitis as “weeping through the bowel” or Freudian conversion reactions are the reason nobody takes the idea seriously, yet the chemical effects of the bowel on the brain and vice versa are demonstrably real and need to be taken seriously.

1. McLaren N (1998). A critical review of the biopsychosocial model. *Australian and New Zealand Journal of Psychiatry*. 32; 86-92.

Declarations

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