

The Pros and Cons of Scientific Progress

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In the beginning of January, professor Anthony Bateman gave a guest lecture on mentalisation-based treatment (MBT) at Lund University. MBT is an integrative treatment model where psychodynamic, cognitive-behavioural and other approaches interface. Developed and manualised by Peter Fonagy and Anthony Bateman, MBT originally aimed at treatment of borderline personality disorder, also known as emotional instability disorder – the treatment has proven effective in a number of randomised controlled trials and is currently being tested on other diagnostic groups.

Bateman's lecture was interesting and informative in several aspects. He showed how MBT, markedly influenced by psychodynamic theory, can offer an important alternative to cognitive behaviour therapy which has for decades, dominated psychiatry. At the same time his speech raises questions in regards to values within contemporary psychiatric healthcare and related disciplines. By no means specific to Bateman, but instead quite a common occurrence on psychiatric units and in television debates with national and international experts on mental health, is an us-and-them segmentation. A group of "borderlines" are lumped together under a string of symptom descriptions focused on problems, weaknesses and deviations. Following is a manual on how to deal with this.

THE BALANCE between research and practice is far from simple. We are at times faced with a catch-22: the insights and explanations, originally meant as guiding techniques, end up becoming self-fulfilling prophecies. While seeking to validate hypotheses, the personal story and the individual pathways to recuperation and well-being might elude us. At times it appears more than anything to be about a rationalising of the human being and the existential dilemmas which ultimately serves the

research and the industry more than it does the individual. Theorists and practitioners have written about treatment on the client's terms yet psychiatry and its models still appear somewhat rigid. When paying attention to clients' thoughts on the road to recuperation, as Alain Topor does in his *Managing the Contradictions*, the caregiver's personal level of engagement is given great importance. It's a matter of acknowledging the potential in each individual and of being able to communicate the possibilities inherent in this potential, rather than being dictating. It is possible that parts of the *positive psychology* should be allowed more influence. What would it mean if we refocus on people's strengths, motivation and driving force more than we currently do?

THE RELATION between natural science or scientific research, psychiatry and psychology, becomes particularly strained when it comes to psychological trauma. According to John Read's *Models of Madness*, trauma is an underlying factor in almost 80% of cases of severe mental health issues. In spite of this, psychiatry appears perplexed in regards to the phenomena of trauma. As Per Borgaa and Suad Al-Saffar puts it in *Svensk Psykiatri no 32/07*: "The complications concerns how to determine how horrible reality is allowed to be, and where fantasy begins." What system of categorisation can rightfully describe the subjective reality? These types of questions give psychologists all the more reason to participate in the discussions concerning treatment of people suffering from mental health issues, not least as a counter perspective within psychiatry.

At the end of the day the psychodynamic school is not automatically more humane than the behavioural, MBT not necessarily more efficient than dialectical behaviour therapy. Any theoretical disputes amongst psychologists should be put aside for a greater question concerning power. What does psychiatry's prerogative of interpretation mean for people with mental health problems? The discipline of psychology appears in its attempt to receive recognition from the medically rooted psychiatry, all the more influenced by its undifferentiated systems of categorisation and philosophically positivistic imprint. Side-by-side, medicine, psychology and sociology stands the best shot at understanding, describing and dealing

with the complexity of the individual and the human condition itself.

In contemporary Swedish society and elsewhere, psychology appears to lack mandate when it truly comes down to it- which is explored thoroughly in Jurgen Reeder's *The silenced dialogue – The state, psychiatry and the attempt to eliminate the psychoanalytic influence*. Reeder highlights, for instance, how the psychological perspective was scarcely represented in the expert council behind the National Board of Health and Welfare's new guidelines for treatment of people with mental health issues.



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