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On the Unification of Psychological Theory: Our Quandary

Alexander G. Fowler

Abstract

This thesis explores the feasibility of and the rich fruits that psychology can enjoy by integrating the distinct theoretical orientations into a holistic understanding of the human psyche. Drawing parallels between various branches, such as cognitive psychology, neuropsychology, humanistic views, and psychoanalysis, this paper directly challenges the predominant, albeit tacit, tribalism of the theoretical orientations. This paper holds that seemingly contradictory theories not only can coexist but inherently do and that it is only the tribalism we have selfishly developed that blinds us - to the detriment of research, clinical practice, science and culture. Advocating for a unified, truly evidence-based approach, this paper stresses the need to move beyond isolationist theoretical silos for enhanced patient outcomes and the progressive evolution of the field. By championing a unified theoretical framework, this thesis prompts students and professionals to revisit and reconcile diverse perspectives, even if uncomfortable, creating a more comprehensive and nuanced understanding of humankind.

"There can be no doubt whatever that the peoples of the world, of whatever race or religion, derive their inspiration from one heavenly Source... The difference between the ordinances under which they abide should be attributed to the varying requirements and exigencies of the age in which they were revealed."

–*Universal House of Justice* (2002)

The Qualm

If for the purposes of this thesis we consider the word "heavenly" to be defined as "providential" or "great", or if we erase the word all together from the Baha'i quote cited above, then the lessons one might derive therefrom apply aptly to the divergent branches of the study of the mind, *i.e.*, psychology. And, again, for the purposes of this thesis, let psychology be regarded as the study of the mind, encompassing all of its related professions including psychoanalysis. This paper aims to serve as an expose of my own unified understanding of the human mind. In my exploration of the vast panorama of psychological theories, there lies a fundamental and outstanding issue: Given the multitudinous branches that stem from the singular tree of understanding of the human psyche - encompassing cognitive psychology, genealogy, evolution, systems theory, neuropsychology, humanistic views, behavioral theories, and psychoanalysis proper among others - can these not be seen as harmonious appraisals of identical phenomena through myriad frameworks rather than conflicting, even mutually exclusive, standpoints? For instance, a neuropsychologist may propose, on a rudimentary level, that the disorder of depression is caused by decreased serotonin levels or some

other imbalance or dysfunction amongst neurotransmitters whereas the psychoanalyst might argue that this same condition is a consequence of severe object loss or an overly harsh superego. Can these two ideas not exist simultaneously? Likewise, is it truly an impossibility to assume the Freudian view of the depressed patient sustaining an overly punitive superego while also maintaining the behaviorist perspective of this depression resulting from conditioning factors of the internal and external environment? Can one who has an overly harsh superego not exhibit certain behaviors limiting the experience of rewards and reinforcements? Can they truly not both exist in tandem? Perhaps they must - or at least tend to - do precisely this. In short, might in the case of patient A one be true and in the case of patient B the other be true, and perhaps in the case of most patients both hold true? Still, these propositions do not negate the earlier discussed neuropsychologist's view of low serotonin being the causal factor for one may simply ask "how did the serotonin levels come to be as they are in the depressed patient"? Freud himself understood the limitations of science at the time of his writing acknowledging clearly the effect of brain chemistry while leaving it open to future generations to explore and discuss these matters in a scientific fashion given the confines of the collective wisdom then (Freud, S. 1920). Kandel (1999) argued over two decades ago that the seemingly distinct fields of neurobiology and psychoanalysis ought to engage in dialogue to further our collective understanding of the human mind, but we have not listened to this canary in the coal mine – so to speak. Rather, it seems we have only gathered together with those with whom we agree and farther away from those with whom we do not, those we see as oppositional and obdurate in their stance.

The Proposal

It is my supposition that all of these things can be true. I propose that all theories can be understood unequivocally in parallel with only minor differences in opinions about relatively minuscule considerations when compared to the much greater differences in theoretical orientation and the inherent tribalism that seems to often align with such divergences in thought. It need not be this way. One can understand depression, mania, and schizophrenia as having superficially distinct causes but upon closer investigation, one can see too the multiple etiological origins that are not only possible but highly likely to be not operating in opposition but in parallel or as a consequence of the postulations of outwardly opposite, even alien, frameworks. I argue that in doing so we may serve to improve treatment outcomes as we widen the breadth of our knowledge. The mere fact that such seemingly distinct lenses may be compatible with one another suggests to me that this compatibility not only warrants, but unequivocally demands, further investigation into the practical and theoretical application of this notion - not only for the benefit of the patient, nor the benefit of the practitioner but for the benefit of the field and its future. The tribalism which is so manifest in today's psychology rooted wholly on the theoretical orientation of the practitioner and which is seen even in esteemed universities goes against the very foundations of science, *i.e.*, the furthering of our understanding even - perhaps especially so – if it makes us uncomfortable.

Another idea that has struck me since first learning about evolutionary psychology are the parallels that can be seen within Jung's (1959) collective unconscious. Although infants and young children not previously exposed have been found to not be afraid of snakes (*e.g.*, LoBue, V., & Rakison, D. H., 2013), there are several things which they are naturally afraid of without having to have been exposed prior

such as falling and loud noises (Gibson, E. J., & Walk, R D., 1960; Watson, J. B., & Rayner, R., 1920). The longstanding and well-supported fact of innate knowledge buttresses the contention of a "collective unconscious" at least to a mild extent as well as the propositions expressed by Evolutionary Psychologists of the 21st century (*e.g.*, Sampson, S. D., 2012 & Buss, D., 2015). Here again, one can see how two seemingly diametrically opposed perspectives can move towards one another rather than continue distancing themselves as has been the trend over the last several decades. And, here again, one can clearly see how unification is possible. Again, I contend, if our unification is even a miniscule possibility do we not owe it to ourselves, our patients, science, and specifically the understanding of the human mind to explore that possibility? As scientists, is this not our obligation?

Relation to Theory and Practice

Related issues like humanistic approaches versus confrontational approaches seem different but ultimately aim to help the patient using techniques devised not just from different eras but from different philosophical approaches. Why use a one size fits all model? Medication works better for some, but not others. Importantly, too, different therapy approaches can easily be integrated especially when one considers the different languages used. As a matter of fact, approaches cannot be wholly integrated but can they not be integrated to some extent in the majority of cases? Would this lead to better outcomes – taking the best demonstrated, most efficacious aspects of distinct theories and using them as indicated by the evidence? I do not know. But to neglect research into this idea in what seems to be the name of tribalism seems to be at the expense of the patient and at the expense of understanding generally.

Perhaps, too, the idea of a Cognitive-Behavioral Therapy (CBT) trained clinician learning what is in effect a foreign language when another talks about, for instance, libidinal cathexis seems a fruitless endeavor when the CBT clinician is and has been doing something that works, something that provides relief - but learning that new language only serves to increase the funds of knowledge he or she holds and the decision to use the funds as indicated by the evidence would still be based on his or her clinical judgment, but to simply act in a tribalistic manner, shooing away that which is different appears to me a manifestation of xenophobia in a field that dominantly prides itself on inclusion. As beforementioned, I argue not that the neuropsychologist nor the prescribing psychiatrist neglect lower serotonin as a parent cause of depression but I only ask and wonder "what if this manifest cause was understood through all of the lenses - through what the patient has gone, where are they from, what they have seen, what they have felt, what have they done and what has been done to them?" I argue that today's etiology should be embraced along with the comprehension of the patient's history and that this would not only improve understanding, knowledge, treatment options and research, but also outcomes of patients over time for as we stop comparing in research, for example, whether CBT is "better" than psychodynamic theory or humanistic approaches, we can focus instead on identifying for what patients what combination of techniques utilized within those theories is indicated. The first step to do this in my view is, perhaps, to abandon the labels of our tribes so we can judge treatment methods based on individual techniques utilized as opposed simply to the name ascribed to the greater philosophical set from which those techniques were derived.

Point-Counterpoint

We are inundated with literature indicating that we as therapists ought to use evidence-based treatments (EBTs) not only that we ought to do so but that we may be ethically or morally obligated to do so. The very idea of EBTs has been disputed for various reasons particularly in one detailed article which challenges commonly used methodologies, publication biases, selection bias in meta-analyses, participant selection practices and benefits over time – actually finding benefits of using psychodynamic practices over CBT in treatment at follow-up, *i.e.*, Shedler, J., (2018). Nevertheless, it is clear from such studies and similar ones that EBTs are not what they claim to be, they do not provide the benefits touted for the average person walking into the average practitioner's office. If we assume that, for the sake of argument, there are insignificant or minuscule differences in treatment effectiveness between modalities, then why are we so tribalistic? Why do we dig our feet into the ground? Why do we entrench ourselves, and then plug our ears? To be certain, not every practitioner is guilty of this but many whom I know personally are and one reading this article must ask if they themselves are guilty of contributing to this culture that seems to be the driving force of a growing chasm between the theoretical orientations, their languages, practices, and core beliefs despite the glaring similarities they all share and in spite of the fact that they are, to a very large extent, mutually inclusive. I will say once more that certainly contradictions exist in the orientations mentioned above in that they are to some extent mutually exclusive in some aspects when examining their suppositions, but those mutually exclusive factors are rather minuscule and they do not make the theories themselves mutually exclusive; such differences can and will likely be resolved in a satisfactory and largely acceptable way only from the frame of a unified theory.

Conclusion

As one looks at the human condition, it becomes necessary at some point to ask: Is it not conceivable for multiple phenomena from different branches of thought to exist agreeably within the confines of one's mind? Might an individual, burdened with a stringent superego, simultaneously display behaviors that curtail the full breadth of experiential rewards and reinforcements? Surely, these psychological states can manifest concurrently. In such a case one would be agreeing that a view combining the thoughts of behaviorists and classical Freudians can not only exist side by side but as one. Existing biases generally limit our thinking to maintain only one distinct or predominant view, one set of antecedents, but consider the incorporation through unification of the contentions held by the many different theoretical orientations. Is such unification at least possible? If so, again, is it then not our obligation to deeply consider the notion that seems so radical on its face but only appears so because we will it to be? Thoughtful consideration renders this proposition as not radical but evidently logical.

Time is of the essence given the fact that the branches of the tree of psychology only seem to grow farther apart as a function of time. Importantly, emphasizing the many different, distinct theories as a unifiable belief set does not in any way disregard, for example, the significance of serotonin levels in depression nor does it deny the effects of dopamine on motivation in cases of addiction nor the findings of neuroanatomy and neurochemistry generally. Instead, I argue that we embrace such findings but consider: "How, indeed, did the serotonin levels assume their present state in the

melancholic patient?" as this may affect the treatment methods prescribed including the prescription medications best indicated. Lastly, as research progresses the previous issue becomes all the more pertinent for only through the unification of theories in our field could we possibly reduce our own biases and identify not just what is simply "the best" treatment philosophy (or orientation) but the best specific practices that are utilized therein for specific conditions with specific etiologies and particular antecedents. Although Freud, in his humility, alluded to the profound effects of brain chemistry on human behavior, candidly recognizing the scientific fields inability to broach such topics then, we are now considering such issues over a century after his writings dominated human thought and we continue to maintain our tribes – we refuse to dip our toes into this pool of thought. However, we now have the scientific capacity to integrate the different orientations, to resolve the minuscule differences that reside within, and to arrive, as a species, to a more complete, wholistic and united understanding of etiology, theory and practice considering both how the patient presents today and the etiological underpinnings which formulated that presentation. For specific individuals such work may be like the thorough examination of a fingerprint in the uniqueness that must be assumed given the inherent nature of a unified theory with its innumerable antecedents and issues to decipher. This would make understanding more taxing, but it would, at the same time, provide clarity and, perhaps, rates of successful treatment that make today's treatment effectiveness and the longevity thereof to be one day regarded as laughably deficient.

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