

## Wearing Political Blinders in Psychology's Research Doesn't Well Serve the Profession

Carl V. Rabstejnek, P.E., M.B.A., Ph.D.

The biomedical model not only requires that disease be dealt with as an entity independent of social behavior, it also demands that behavioral aberrations be explained on the basis of disordered somatic (*biochemical or neurophysiological*) processes. (p. 130)

The opening quotation is from George L. Eliot's 1977 seminal article in *Science*, "The Need for a New Medical Model: A Challenge for Biomedicine" [ital. added] (v. 196). He is widely credited with introducing the **biopsychosocial** approach to understanding the etiology and treatment of physical disease and mental illness. While others broached the subject, Eliot is generally given credit for introducing the approach and his paper is quite readable by laymen and broadly available in full text through [JSTOR](#), "... a not-for-profit that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive." It is well worth reading the 7¼ page article.

My intent is to use the biopsychosocial philosophy as an argument against politically limiting research to constricted focus—intentionally restricting consideration of out-of-favor approaches to mental illness. Specifically, I will explore family systems environs as a precursor to schizophrenia. [E. Fuller Torrey's](#) fervent opposition is shown by his ferocious attack in his [Fantasy Trial About a Real Issue](#)." His political diatribe was after the 1959 introduction of Thorazine into the U.S.A., which was observed to reduce schizophrenia's positive symptom. Torrey and chemistry were synergistic.

### My Personal Interest in Schizophrenia

My introduction to the subject of schizophrenia was somewhat inadvertent circa 1988. I was beginning the study of clinical psychology after a quarter century employed as an engineer. The professor in a developmental psychology course distributed a suggested list of term papers and with my background I chose "Murray Bowen's Family Systems Theory," solely on the basis of the word systems, because it was a hook to my previous education and career. At the time there were still relatively recent references, within the decade, on the subject. A reworked copy of this/my paper is posted as "[Family Systems & Murray Bowen Theory](#)."

Since the 1980s, articles on family contribution to the onset of schizophrenia have essentially disappeared. There is a substantial literature on [Expressed Emotion](#) (EE), as there is considerable empirical support for observations that the families of diagnosed schizophrenics can affect relapse. The contributors to this area of research are politically diligent in absolving families of actions before the psychosis is identified. While Torrey has expressed some concern with EE being a "chink in the armor" of family protection, fortified with the political disclaimer, the research stands. Feminists were not happy with the term coined by Freda

Fromm-Reichmann: "[Schizophrenogenic Mother](#)." The term became associated with mother blaming and non-psychotics were shown to have survived intrusive, critical and hostile mothering. Single-item thinking merely relates the mother-child relationship and not differential resilience of children.

### Reductionist and Exclusionist

The decline of psychoanalysis and the biomedical focus of psychiatry emphasized reductionism, defined by Engel: the *reductionist*, which says that all behavioral phenomena of disease must be conceptualized in terms of physicochemical principles; and *exclusionist*, which says that whatever is not capable of being so explained must be excluded from the category of disease [ital. in orig.]. (p. 130)

Physical and mental illness was dissociated from social and psychological causation. Essentially, a machine model was adopted in which cure was likened to fixing a broken part.

In addition to changing synaptic hardware, the brain maps software into its synapses in response to experience. Psychotropic medicines change the communication intensity of neurotransmitters (such as dopamine) across the synapsis' gaps. Signal strength attenuates or elevates downstream reactions. This does not change the geography of the synaptic map while changing the message received. Albeit, future maps respond to current changed conditions.

An aside that might be appreciated involves an experience I had when a group of acute "chronics" visited the library at the state hospital where I was volunteering in the late 1980s. As a neophyte in the field observing their hazy state, my metaphorical reaction was *ether* could have brought them to their foggy condition. It seems to me that suppression of positive symptoms is insufficient basis for theory generation, such as the dopamine hypothesis. My objection is not that this is not a good start but that it became a reductionist obsession precluding co-factors.

### Research Inclusion Rather than Exclusion

Eliot's classic paper is chosen to motivate researchers and practitioners to *remove their blinders* that keep them from considering family and other systems impinging on etiology. I posted a paper that expanded the influence of the family beyond the mother to include the father in emphasizing [reality testing](#): "When both parents collude in presenting unreal admonitions, the child has no refuge."

During the 1980s, the biochemical camp effectively suppressed psychological and sociological camps. While Expressed Emotion survived, there is a dearth of articles on family systems. For two decades, I sat through grand rounds looking at brain scans and watching neurotransmitter circuit diagrams and we still do not have a comprehensive theory.

Schizophrenia is a complicated multifaceted condition that is consistently ascribed to about *one percent* of every population worldwide. It is time to remove blinders and movement-serving restrictions on the politically unpopular.