

**Comments on “Compartmentalization and unity of professional psychology. A road map for the future of the discipline”, by Salvatore and colleagues**

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**Abstract**

My response to this road map has three aspects. First, I agree that the various fields of psychology do not share a consensus about basic principles, but I remain skeptical whether they could ever be linked by a unified theoretical framework. Any new set of governing concepts would immediately become a contested topic, increasing the already precarious reputation of the field. My more important reaction, however, focuses on the varied practices and theories of *clinical* psychology. Clearly, the use of diverse empirical methods by many clinical disciplines does not support the unification thesis of the road map, but rather illustrates their fragmentation. Yet, I find myself in accord with the authors that the absence of a theory with well-defined basic concepts condemns clinical psychology to a patchwork of forms of treatment with disparate goals and purposes. Without a theory, practitioners have no place to organize their observations, choose possible interventions, or even design meaningful research. The example of psychoanalysis in the paper demonstrates the inadequacy of adopting metapsychological terms for this effort. Some psychoanalytic concepts may belong to subcategories of a unifying theory to come (not an organized model). What we may need most now are conversations about this issue among clinicians. Whether this process might lead to identification of shared factors for the vast domain of professional psychology remains to be seen.

**Keywords:** Psychology, Psychoanalysis, Clinical Practices, Metatheory, Paradigm, Common Factors.

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I am responding to the invitation to comment on the position paper by Salvatore and colleagues (2022), concerning the unity of psychological science and professional practice, prepared for the newly reorganized *Rivista di Psicologia Clinica/The Italian Journal of Clinical Psychology (RPC)*. The paper presents an extremely wide-ranging and theoretically elaborate thesis about the compartmentalization of the field of psychology into discrete disciplines that exist in semi-isolation from each other. The authors support the goal of a unified professional field organized within an overarching theoretical framework within which each part links with the others, and they offer a “road map” for implementing this goal. Their proposal addresses a social and conceptual impasse, which the authors view as impeding the growth and progress of psychology.

My response to reading this road map has three aspects. First, I appreciate the ambitious scope of thinking that went into the proposal. Such far-reaching conceptions can stimulate the imaginations of participants in the disciplines and sensitize us to issues that often pass unnoticed in the current fragmented social and economic situation in which the diverse currents of psychological practice find themselves. I want to recognize the quality of creative thinking that has clearly gone into the writing. I do feel, however, that a lot more clarification and refinement will need to be accomplished before the agenda can approach meaningful implementation.

My second set of reactions is more critical. These are preliminary thoughts, of course, about some difficulties I have in following the argument. The very scope of the roadmap raises questions. Many diverse disciplines including physics, engineering, and law are compared to professional psychology, but the analogies seem weak. There are ways in which each follows accepted rules or theories in a Kuhnian sense and ways in which they do not. Probably, professions and disciplines are the historical products of complex social processes that structure each practice. Within the domain of professional psychology itself, it is evident that the various sub-categories do not share a consensus about basic principles, and I am skeptical whether they could ever be linked within a unified theoretical framework. How might such an integration actually work? Some of the fields have an empirical focus, some are sociological, others are considered forms of applied psychology, while a central one for this effort represents clinical psychology. It may be quixotic to seek a unifying conceptual framework that

would include all of them, simply because of the shared and loosely applied label “psychology”. Pursuing an overarching model strikes me as an attempt to build a metatheory that can explain many dissimilar phenomena, yet, in our current post-modern situation, we have largely moved beyond this aspiration. Even if we were able to agree on a candidate for a hypothetical metatheory of “psychology”, of what use would it be to the subjacent disciplines? Wouldn’t the new theory immediately become a contested topic, essentially adding to the precarious social-scientific reputation of the field?

My more important reaction to the roadmap focuses on the varied practices and theories of *clinical* psychology. We might better refer to “clinical psychologies”. A major issue involves the scientific status of these subtypes. Clearly, some continue to pursue validation by operationalizing and testing concepts and researching their applications through empirical methods. Perhaps within each clinical type, some practitioners advocate quantitative research for various purposes like measuring outcomes, validating the replicability of actual practices, conducting semantic analysis of clinical sessions, studying the application of specific techniques, and so forth. Others favor qualitative approaches. Whether these types of research constitute “science” or “social science” may be a matter of definition. In any case, empirical methods are important to many clinical disciplines in ways that don’t necessarily support the unification thesis of the road map paper.

The importance of a theory or a conceptual system that seeks to explain clinical practices in terms of “general theories of their object” seems more central to the proposal. Here, I find myself in agreement with the authors that the absence of a theory with well-defined basic concepts condemns clinical psychology to a disconnected patchwork of disparate parts with fragmented goals and purposes. Without a theory, practitioners have no place to organize their observations, to choose possible interventions, or even to design meaningful research. Should the basic concepts for clinical psychology involve familiar terms like mind, self, person, subjectivity etc.? Although their degree of general use is certainly extensive, I fear that such terms are so abstract and vague that nothing would be accomplished by referring to them. Moreover, I believe that the well-explicated example of psychoanalysis in the paper demonstrates the unlikelihood of success of choosing more specific metapsychological terms for this effort. True,

intentional systems have been constructed within some psychoanalytic theories, but their surface consistency often strikes me as tautological. Moreover, the status of these theories has become increasingly criticized as faulty pretensions to science (out of a materialist perspective, philosophical naivete, or a scientific bias). The prevalent current interpretation of psychoanalytic concepts as a set of awkward metaphors for human behavior, rather than explanatory objects or attempts at causal explanation, suggests we look for other alternatives.

Recently, the study of “common factors” underpinning all psychotherapies has gained attention. Included here are notions like dialogue, relationship, and alliance. Whether these can be consensually defined and identified and, perhaps most important, arranged in a hierarchy represents a major current challenge to the field. Some psychoanalytic concepts may belong to subcategories of the unifying theory to come (but not organized as a model). Probably some of these concepts like defenses, unconscious (as an adjective), repetition, framing, etc., will deserve a higher position after further definition *en route*. I can imagine delineating the different models in this way and then seeking evidence for their comparative effectiveness in various situations, which might be of interest to funding authorities. Since empirical validation studies will remain piecemeal and probably inconclusive (for reasons addressed by the paper), what we may need most now, however, are conversations about this issue among clinicians. Similar discussions within other psychological disciplines might conceivably lead to recognition of shared factors, possibly dealing with relational issues. I realize that this suggestion might lead us to renounce many intellectually interesting, highly abstract, and complex ideas to which our training and personal experiences have attached us, but which may not merit their institutional importance in the long run.

In summary, I feel that a subdisciplinary inquiry about basic concepts for which practitioners attempt to reach general agreement could help build a hierarchy of identifiable common factors for each psychological field. The goal would be to clarify a theory underlying each practice, recognizing that it would be incomplete and continuously evolving as the contexts change. Whether this process might lead to identification of shared or overarching factors for the vast domain of professional psychology remains to be seen. In the process, each subdiscipline might need to give up some traditional hallowed concepts.