

## **Common and Uncommon Wisdom.2:** **A saga of scientific truths**

1.2

*There are some things everyone knows*

**Knowledge passed from generation to generation becomes part of common wisdom--- meaning it is accepted by most people as a belief 'tested by time.' Wisdom forms an available body of beliefs that we use quickly and comfortably for understanding what goes on in and around us. Such available wisdom reduces complications in our lives by guiding us in countless varieties of daily situations. These mindsets, serve as prejudgments automatically guiding without requiring us to bother thinking out a decision each time we meet a similar situation. Especially those beliefs adopted while we are very young persist; those we adopt later in life are fitted alongside as firmly held organized wisdom. This repertory of prejudgments (prejudices) exists as part of our character ---usually helping but sometimes hindering us.**

*What if some of our beliefs are false? But would we ever believe falsehoods?*

Could some of that wisdom be false? Are some of those guides we rely upon ineffectual? Is some of that wisdom destructive? Is there some less common wisdom that would better guide our lives? The answer to each of those questions is, "Yes! Especially wisdom arising from that limited and mistaken knowledge available to our ancestors may be false and seriously damaging. That damaging effect of false common wisdom is now unambiguously discernible as resulting in psychoneurotic disorders. We advance the value of our theories and methodologies to better everyone's lives by supplanting false common wisdom

with addition of uncommon (not yet common) knowledge to whatever existing, previously tested ‘true’ truths we have.

A major aim in psychology is to understand mental function in health and illness, to cure illnesses, and ultimately to prevent those. Through such comprehension, lives should be better. That would create a world of people with more satisfying and productive lives. The presumption is that mentally healthier people produce less disturbed societies because people have better lives within themselves as well as interpersonally. Over thousands of years the aim in theory and practice has been to achieve that. Why has that always fallen short?

### ***Meaningful or meaningless theory***

*Without understanding an illness and its processes, the chance of discerning and applying effectively curative procedures is infinitesimal. None of the currently dominant schools of psychological thought have succeeded in bringing full and lasting cure of symptom neuroses. Regardless of how carefully delineated, logical, and sensibly persuasive a hypothesized theoretic explanation may be, that is insufficient for establishing a scientific theory. Unless a theory is established by careful test-demonstrated continuous linkages from a soundly based premise to testable hypothesis to carefully designed studies producing data established as relevant to the aim of the theory, scientifically it is only an interesting hypothesis.*

*Without a continuous linkage, theory elements float unconnected from other elements: It does not earn acceptability as being unified theory. Missing linkage in such a chain precludes assurance of meaning for the theory. Instead, pieces of theory floating as separate units, each possibly prove something, but do not prove what was aimed for in the research study. Such floating explanations often form metatheory—interesting, logical speculations that are not amenable to measurement or tests. Those cannot provide*

*corroboration of process or effect because they do not connect theory to curative application. We generally eschew metatheories unless or until they lead to some connection to a reality.*

An example of this axiomatic statement about floating bits of theory is the frequently expressed presumption that 'measured increases in comfort of patients with therapist, therapy process, or disability are evidence that the therapy is on a curative path'. Comfort is actually nothing more than a pleasing (but neither sufficient nor necessary) condition of cure that is irrelevant to cure unless or until it has clearly established linkage within an unbroken chain of operative parts of successful cure. Where is the proof that the more comfortable a patient is with treatment the faster and better they achieve cure? Prior to establishment of actual full cure by applications of a theory, any such bits offered as "evidence" is merely interesting, unpersuasive jetsam. Ingenious meta-theories abound in psychology and psychiatry and receive undeserved credibility as scientific progress.

A careful reconsideration of long standing erroneous common wisdom and of how it has, over hundreds of generations, blighted instead of helped human lives is discussed in the following pages.

Knowledge of Isaacs' theory is available within these writings and in greater detail in the paperback edition of "Uses of Emotion." Even though not yet commonly known, it has markedly improved life experience for each person who gained understanding of that knowledge. Many people who had fruitlessly spent years in treatment in some currently standard therapy have studied and applied Isaacs' available knowledge of neurotic disorders and promptly freed themselves. The advantage of actual cure instead of lengthy, irrelevant treatment is obvious to thousands here and there across the world who have used Isaacs'

theory. That knowledge is moving from person to person toward a desirable pandemic of mental health.

### **Minds work well only when they are open.**

A restraint on this development is that psychology has not been immune to the tendency in every field of study to ignore new ideas if those controvert basic elements of current beliefs. Peers are not peers for anything that is founded on premises that differ from their own. New hypotheses when presented for peer review in any field of study meet a "glass wall" — it is not a predetermined decision, but a natural barrier comparable to a surface tension protectively holding together some substance and preventing any encroachment that would be disruptive of the existing school of thought.

Aside from disjunctive formulations there are other seriously troubling aspects of psychological theories worthy of our serious consideration. We can start with five of many relevant questions to consider:

*Why have we had neither effective description nor effective cure of neuroses?*

*What can we learn about misunderstanding of structure of scientific theory that had diverted past theory-building from actual to imagined mental processes of health and illness?*

*What can we correct among these errors?*

*What is the resistance to change?*

*How do we re-educate and heal humanity with our newer understanding?*

As a first task, we need to depose false general knowledge about emotion that has persuasively misguided hundreds of generations while enjoying status as accepted truth. Dismissing that long ruling false “wisdom” demystifies enough about mind to jolt, nudge, and change everything in psychology of personality.

*One of the great deficiencies in the education of psychology students has been the failure to emphasize the importance of the premises and the premisal matrices of the theories and methodologies they are taught to use. Knowledgeable awareness of the specific base of each theory would give students a sense of the value and limits of a theory and an openness of mind about either accepting that theory or staking out areas to re-examine. Strengths and weaknesses exist in all theories. Premisal errors portend irrelevant activity and ineffectiveness. In science, it is the asking of a cogent question that starts thinking and research on a new path. A cogent question directs toward cogent premises which, in turn, give rise to cogent hypotheses with that sequence culminating in scientific advances.*

*By questioning and supplanting mistaken premises underlying each of our current schools of psychological thought, we have now advanced comprehension of mental process beyond those theories. With that advance what had previously been impossible to accomplish in lengthy, expensive therapies is now rapidly achieved by all who gain realistic understanding of thought and feeling dynamics of health and illness and applied that knowledge to themselves. Once each person vanquishes the influence of embedded false knowledge, new understanding brings cure of neuroses with no need of treatment. This Isaacs’ theory also has brought effective prevention of the same disorders and, because of its validity, has the potential of generally improving individual experiencing of life for everyone. None of the currently dominant approaches can enable these results. The structure of each of those pioneering theories debars dealing with the actual processes of*

*neuroses. Why and how that obstruction eventuated as a natural outcome of the knowledge of the time is part of the story of advancing to a new phase of our scientific understanding in psychology.*

## **Great ideas shouldn't get in the way of progress**

Each of our current schools of psychological thought had a worthy basis in some way that persuaded people that it had merits superior to what had been previously available. Despite those genuine merits, each theory had one little defect: Each has failed to produce knowledge that enables actual cures of psychoneuroses. That defect has made those current treatments of neurosis equal in effectiveness to that achieved by the early Egyptians — they all have flubbed their aspirations.

One of the misfortunes consequent to any theory built on false premises is a sincerely intended, lengthy, futile exercise in irrelevance. Ineffectual treatment has often generated a show of value by augmenting methodology with 'bells and whistles' as part of preconditions, conditions, situation, or set procedures of psychotherapy process. Even when those turn out to be wasteful diversions from treatment, they become enduring, claptrap add-ons to methodology and are rationalized as worthwhile thoroughness, ethicality, or reassurance to the patient. Clearly, twenty-first century psychology calls for improved explanations of health, illness, and sharply aimed treatment process based on enlightened premises sufficient to enable cure.

Expectation that a genetically built-in mental immune system will self-heal neurosis is a vain hope — perhaps that hope is based on the fact that episodes of some neuroses temporarily subside with subsidence of the related affect storm.

The fact that none of the current schools of thought enable actual cure should be transparent public knowledge. Regrettably that incapacity remains an open secret that is glossed over instead of candidly discussed. Would it not be more ethical for therapists to tell patients that they do not know how to cure neuroses? But even more important is the question of why that limitation did not serve as an impetus to find, a "Why not?" or a "How can we achieve actual cure within psychology?"

How far back does history go?

Errors sheltered within those always creative, often ingenious, and usually persuasive theories of so many psychotherapies preclude cure by distorting reality or diverging from it. These errors can be discerned in a panorama of the several phases of theoretic views appearing in the historical sequence of simple truths about mind.

The earliest available written knowledge that I have come across about psychoneurotic illness and treatment refers to bits of Egyptian papyrus from 4000 years ago. How long that knowledge might have existed prior to that remains a question. But, by that time this large category of disabling neurotic illnesses were explained convincingly with straightforward truths about the condition. Those disorders were confidently understood by Egyptians as having a physical cause—they even understood that the specific cause is an upward wandering uterus. Certainty of that amazing, early truth of the basis of illness was so clear and persuasive that its ring of truth continued to dominate professional therapies for the following three millennia.

Ancient therapists are described as using a combination of treatments based upon their well-established truths. Ministrations included wafting pleasing

fumes upward and foul tastes and fumes downward, aiming either to entice or repel the uterus to descend to its natural position. Later treatments included horseback riding to enlist gravitation to pull it down and applied massage to nudge it: Theoretically, disorders would be cured by restoring the natural position of the uterus.

The psychotherapy industry was well formed 4000 years ago — therapists offered services, had a place of business, charged fees (or bartered), and enjoyed respectable standing in the community. We can understand that all the treatment methods were perfectly sensible to anyone capable of comprehending the simple truth that these disorders are caused by an unfortunate displacement of the uterus. Because these were professional ways to deal with illness, even though those therapists sometimes comforted but not actually cure, they held the faith of the populace that these were appropriate treatments. Everything done was solidly based on clear science and knowledge of the time. Although our modern view would make most of us skeptical of curative power of those treatments, the professionals and multitudes of people had faith that this was the best possible treatment. With the clear knowledge of the disorder and its appropriate treatment, failure to achieve cure could only have been the result of the persistence of such illness or resistiveness of the individual patients.

### **Neurotic troubles have blighted humanity a long time**

Neuroses continued to disrupt and disable human life over all those years. Descriptions of neurotic conduct appeared in Homer's stories 3000 years ago, although without implying diagnosis or treatment of illness other than perplexed witnesses attempting to persuade toward rationality. Hippocrates' writings, approximately 2500 years ago, recognized neurotic disturbances. For those he provided the Greek term "hysteria," which means wandering uterus, as



seemingly tacit acceptance of the known cause. But that name offered alteration of neither the already ancient truths of cause nor appropriateness of treatment.

Powerful truths of ancient wisdom continued to guide diagnosis and treatment until early medieval times. At that time, (1000 years ago) authoritative, very persuasive new truth advanced knowledge of those illnesses and forcibly took over treatment of many patients. That new truth was destined to prevail with a firm hold for several centuries.

All these human troubles were finally definitively understood as the result of witchery. This new and better truth, as a religious matter, appropriately called for expulsion of evil. As a result responsibility for therapy of neuroses, that for at least three millennia had been the sole province of physicians, was thenceforth shared with priests. Improved diagnostic perceptiveness of the time broadened demographic evidence of previously unrecognized varieties of maladies that usually were (until persuaded) unknown to those individuals suffering the illnesses. That church sponsored pastoral treatment methodology is the only treatment for which, in terms of mortality, unfavorable outcome soared. However, according to the clerics the far more important paired outcome, salvaging souls, symmetrically soared equally. Then as now, an evaluation of evidence of success of ministrations of psychotherapy for neurosis depends on the judgment of the beholder.

### **Advancing medical knowledge brought new truths**

Approximately 1500 A.D. (during the Renaissance) advanced medical knowledge enabled new truth to be known: These psychological troubles were derivative of more general physical conditions of the patients, not simply wandering of an internal organ or from satanic evil. That understanding meant

those troubles are best dealt with by physicians using massages, bloodletting, cupping, and inhalations. These obviously sensible therapy improvements accorded with scientific knowledge of this new truth. Alongside medical treatments, the clergy stubbornly, assiduously continued doing work they realized a very busy God was not able to get around to: Forceful measures effectively continued saving souls and offered as evidence based corroboration, the incidental side-effect of their ministrations — with their therapy, not one patient continued to have neurotic illness.

With the 18th century, further advances in physiological knowledge established a true basis of neuroses within human chemistry. With a new locus, nerves, as the problem, neurasthenia was named. Laudanum (opium) which for a long time had been an all-purpose medication became treatment of choice for these physical problems (while use of bloodletting diminished) and continued to be a preferred treatment into mid-20th century. Even with all these marvelous advances from ever better truths, treatment success over those many centuries had not established generally more favorable results than that of the earliest methodologies of ancient Egypt. Perhaps there was increased comfort in knowing that at least the similar lack of results was achieved in a more scientific manner.

## **Pioneers of modern psychology**

At the beginning of the 19th century, knowledge in all fields of study advanced swiftly. Truths about mind were a part of that advance. There had been approaches (explored in a tentative manner and continuing only a few years) attempting interpretation of dreams, talking therapy, and an awareness of "unconscious language." Those trials faded out of sight for about 50 years until Breuer with Freud independently learned of such talking therapy, mind sweeping, and unconscious language from their first patient, Anna O, in 1880. Those three earned credit for

starting and Freud for expanding a whole ramified set of truths of related concepts and systematizing a theory and treatment method of a new school of thought.

Psychoanalysis could legitimately claim its truths brought modification in patients with character (characteristic pattern) problems. Those were personality modifications: The value was that patients, over a period of time, learned things about themselves that had been hidden within and thereby gained some power of choice. Psychology, regardless of lineage of knowledge, had moved into a more modern science of mind. Ironically, that modern treatment method when applied to those psychoneuroses (symptom neurosis) that had been its original target remained no more successful than treatment by the early Egyptian therapists.

During this same time period, the concepts of conditioning were discovered by Ivan Pavlov and later elaborated in the United States by John Watson with studies of learning process. That important truth, conditioning, was to become a solid and lasting part of learning theory. This solid knowledge about learning process was applied to psychopathologies with the presumption that phobia is fear and is the result of conditioned learning. With that belief, it is reasonable to expect that whatever has been a result of conditioning can be deconditioned. Continuing efforts focused specifically to the triggering situation of phobias. Although a slow and often painful method, it resulted in markedly reducing the intensity and frequency of episodes in response to a situation. That considerable amelioration of episodes was categorized by behaviorists as cures of phobias and earned popularity.

Behaviorism declared, in effect, that we can better consensually validate events of conduct as data indirectly related to mental process. With that view, it is scientifically preferable to deal with measurable data indirectly related to the illness rather than the more difficult to measure mental processes actually involved. As with all the previous truths, there are self-imposed limiting problems that will be discussed on later pages.

Regardless of its limitations with other disturbances in the category of neuroses, behaviorism is the second school of thought that could justifiably claim a distinguishable advance over the earliest phases of knowledge. Instead of merely comforting phobic patients, some disturbances could be reduced in number and frequency.

### **No doubt about it, intellect is important --- emotion is just a bother**

During the early 20th century there was (within psychology) a revitalizing of an ancient truth that has continued in philosophy: Thought is singularly important in our minds. Philosophers had long continued the paradoxical understanding that on the one hand 'affects are consequences of intellect and subordinate to it but nevertheless affects are potentially dangerous mental elements that often interfere with and even overpower intellect.' That truth, in effect, asserted the far greater importance and usefulness of the left brain hemisphere in contrast to an interfering right brain hemisphere. Philosophy, from its earliest history has been an intellectual field of study.

Cognitive psychology appeared around 1960 relying on the truth of left brain activity being the important aspect of mental process in health and illness. Cognitive psychology offered to help counsel people to take rational charge of conduct and mind (including emotion). It, in effect was declaring that its half-brain approach to neurosis is the most powerful, most scientific route to cure of psychological troubles. A methodology of rational counseling in relation to that truth gained acceptance and developed into a very popular school of thought in academia, taking a strong place alongside psychoanalysis and behavioral psychology as a significant and beneficial school of psychotherapy. The goal is guidance to rationality for amelioration of illness. Their evidence of benefits as with other schools is of comfort, and palliation, but not evidence of cure of neurotic disorders.

## **Mind is brain so it is really brain chemistry that is important**

By 1960 modern knowledge had brought a new biological truth that psychoneurotic troubles are actually problems within brain chemistry. This truth became part of psychological and psychiatric knowledge and rapidly gained credibility. With this knowledge available, biological psychiatrists were able to work at adjusting brain chemistry as an expedient approach to curing neuroses. Medications with that aim cascaded from psychopharmacological companies. An ever-growing number of medications aiming either to normalize or balance brain chemistry were offered as curatives. The common use of drugs was to create suppress some brain function.

Two early drugs (becoming very evident post WWII) had considerable impact on work with mental disturbances. Chlorpromazine was found effective in subduing symptoms of schizophrenia in many patients. Lithium served well to subdue symptoms of endogenous depression in a high percentage of patients. While we cautiously distinguish between concepts “subdue symptoms” and “cure illness” we should also acknowledge that these medications made many people far more comfortable and better able to function in work and society. If medications made such astonishing changes in psychotic malfunction, it seemed natural to psychiatrists that it surely would do as much for those usually less disabling but equally strange manifestations of neuroses.

Psychopharmacological companies, in response to physiological truth, continue to produce an ever-growing number of medications aimed to deal variously with mental process: balancing, activating, or subduing brain chemistry. Biology and chemistry carry a regnant cachet of science that glosses offers of symptom suppression dissembling as cure, to the minds of anyone not considering the difference. Because neuroses are mind problems instead of brain chemistry problems, a reductive move to

adjustment of mood by adjustment of brain chemistry does not transform existing mental patterns or content---it does not change comprehension, memories, or comprehension..

These four main schools of psychotherapy along with many minor schools comprise a vast group of enterprises. All are prospering despite their diverse, mutually conflicting truths upon which they built their theories. They brought complex, often tedious, sometimes interminable treatment methodologies. Each disparate truth purported to describe the most fundamental basis, process of psychological disorder and the ultimate cure in its own way. A persistent common attribute among those ingenious schools is something they seem to regard as a small defect; failure to fully and lastingly cure psychoneuroses. Nevertheless, they had noticeable effects of one sort or another and all shared in the benefit of high popular regard for science.

The psychotherapy industry, in mid-20<sup>th</sup> century, had reached a point at which modern science became a keystone for its activities. That move toward science brought increasingly persuasive means of measuring and marketing through attempts at evaluating and validating aspects of theories. These attempts were proudly sold to the public as corroboration of advancing knowledge.

## **How scientific is the science?**

Because scientific approach requires logic as well as fact in every step of the process of theory building, there are requirements starting with the first foundational conjecture. These include each of many steps to the final interpretation of data. It is in the application of strict requirements for each and every step along the way that the ancient Egyptians could not perform effectively--- knowledge in science and physiology had not been sufficiently developed. Similarly, the vicious clergy of medieval age also failed: Pathetic logic from a delusional religious faith that declared

facts of reality to be heretical interference with God's word made a mockery of their piety. Hazy knowledge of physiology also kept the Renaissance therapists from knowing they were on a wrong track. Reductionism today diverts biological psychiatrists from curing neurotic illness. Misguided premises, faulty hypothetic constructs, and charming metapsychologies hobble all schools of thought. None has a valid theory of neurosis. All of these methodologies waste patients' time and money.

With current psychological schools, beginnings of knowledge of three elements important in science: structure of theory, research design, and a primitive philosophy of science brought more realism to some aspects of theory and method. Decades later, these three elements of science have advanced enough to advantageously critique the theories and provide a highly effective explanation and methodology that can free the world of a large cluster of neurotic disorders. We moved from primitive psychology phases through pioneering phases of scientific psychology to reach a scientific psychology that now attains the curative capacity that had been the goal from the beginning. It is time to move to the new phase of solid psychological science that finally enables actual cure.

### **Truths not based in fact are cruel deceptions when used as determinative evidence**

The many pioneering attempts to deal with psychoneuroses were invented by imputing imagined, inventive, often mystical creations of whatever seemed most reasonably determinative. The favored approach prior to advent of scientific methods has always been, indeed, could only have been imputation of a "best guess" inference of what could be reality. Such guesses were always "reasonable conjecture" in relation to the knowledge and beliefs of the time.

**Faith can make tautology acceptable as evidence.**

Various 19<sup>th</sup> Century offerings of truths about psychoneuroses had been produced with increased proportions of then known scientific steps necessary in building theory. Flaws in thought and reasoning in those may be the difference between curing and not curing disorders that are potentially curable. We can recognize flaws in theory building process for each of those schools of thought—flaws, if remedied, move toward valid theory. We need to supplant or correct theoretical flaws or retire those theories.

It is not generally recognized that failure of application of a theory of neurosis to enable full cure is the mark of an as yet imperfect theory: Enabling full cure is corroboration of validity of a theory. The often heard assertion that failure to cure does not mean faulty theory but must mean imperfect application of able methodologies is a hollow argument that should no longer persuade us. Neither should the pessimistic view that failure of all current schools is evidence that the illness is incurable. The advent of full and lasting cures (and even prevention) using new knowledge in the Isaacs' theory (along with the increase of knowledge enabling self-curing) takes away any force to the argument that psychoneurotic disorders are ameliorable but incurable.

### **Find a sensible reason to rely on unsuccessful psychotherapy**

- By consistently enabling cure a treatment methodology provides reasonable evidence of validity of the theory it is based upon. Those pioneering 19<sup>th</sup> and 20<sup>th</sup> century theories, like all their predecessor theories and methodologies, do not provide actual cure. Each of the schools of thought over history has been persuasive in its time and each of our current schools has perceivable merits of some sort. However, despite various merits, when considered in relation to understanding psychoneuroses these schools of psychological thought are



outdated and outclassed but unfortunately not yet outmoded by knowledge of emotion potentiation and storm.

- The appropriate modest proposal: change premises, hypotheses, constructs, methodology, alter some of their elements, and reduce their claims to what they can accomplish, or move to join ranks of past phases as a respected part of history.

## **Why not a general theory of psychology?**

Despite lengthy toil by sincere, well trained practitioners applying methodologies of their schools, all have failed to achieve full and lasting cures of neuroses. That ineffectiveness has been attributed to incapacity of those patients, ineptness of therapists, and insufficient treatment time. Instead, that failure should have directed scientific theorists to search for and correct errors in the explanations that comprise those theories. By critiquing elements of each of the theories, we gain an enlightening perspective of the current field of psychology. That will bring the possibility of creating a highly effective united general field of psychology coalescing valid aspects of each current school of thought along with addition of a meaningful emotion theory.

What are the important questions to ask? "Finding determinative questions can be more at issue than the answers." History tells us most of such questions could not have been asked at earlier times. But one of the questions about uses of emotion could have been asked at any time over millennia! We have the advantage of more and better current knowledge of science, its methods, and years of history of strengths and weaknesses of each school of thought being free to flood-light their rationalized ineffectiveness. Are we ready to pay attention? With knowledge of structure of scientific theory our task is no longer as formidable as it was. Correction of difficulties calls for discerning and understanding them. We can start our task of examining the currently dominant schools of thought, each of which use 19<sup>th</sup> century or earlier

concepts of science and approaches to methodology. Correcting some scientific errors and omissions in those bring valuable results.

Prior to retirement, I had personally tutored fewer than two hundred people to fully cure their own neuroses. However, other psychologists who adopted my ideas have accomplished cures with some unknown number of afflicted people. In tutoring activity, the ratio of full cure versus failure to achieve full cure became about nine to one among people who made the effort to learn. *Reports from people who have studied the material in this web site now number in the thousands. Unknown numbers of people have consistently succeeded in self-curing by learning from my writings. Is there any good reason for anyone with neurotic problems not to try Isaacs' theory? Applications of no other truths, ancient or modern, purporting to explain neurosis compare with these results! It is a free, brief, painless self-cure that is the only worthy alternative to lengthy, expensive treatments that never cure.*

## **End of part one: Common and Uncommon Wisdom--- the past**

October 2011

Part II is an exploration of some of the errors and deficiencies that are barriers to validity in theoretic formulations of current popular schools of psychological thought. Those mistakes have precluded curing patients of symptom neuroses by constructing erroneous, irrelevant theory and method. Those schools of thought have offered treatment that has thwarted the hopes of multitudes of patients seeking cure. It presents a choice between a major alteration of those theories and (most likely) abandoning those to move to a new phase. Those wonderful pioneer psychological theories fail to qualify as modern science. Their attempts to cure are exercises in futility.