Deductive Reasoning in Psychoanalytic Theorizing

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To be a Freudian is to be as critical of Freud’s ideas as Freud was himself. It is to be continuously testing his and other ideas against the evidence of clinical experience. In this spirit, I propose to explore Freud’s use of deductive reasoning in his construction of psychoanalysis. I have always deeply admired the way in which Freud combined the genius of Euclid for deductive thinking with the genius of Darwin for observation. I shall explore the role of deductive thinking in Freud’s theoretical thinking by articulating the syllogistic structure of some of Freud’s major theoretical discoveries. A syllogism is an argument that enables us to extend our knowledge by deriving conclusions from premises without recourse to observation.

Although I shall concentrate on deductive reasoning, let me make it clear at the outset that deductive reasoning, observation and inductive reasoning go hand in hand in the construction of scientific theories. The power of deductive reasoning in empirical science was paradigmatically demonstrated by Harvey’s discovery of the circulation of the blood contra Galen’s church and tradition authorized theory of discontinuity (Singer, 1957) by means of an analogical inference from the conclusion of an alternative syllogism. Harvey demonstrated the circulation of the blood in humans, without making any observations at all on the human blood system. However, Harvey made an ingenious crucial observation. He measured the amount of blood produced by a sheep’s heart in a single pulse and calculated the impossible amount of air, water and fodder that would be needed in a day to maintain the animal’s blood supply if the discontinuity theory was
true. Deductive inference did the rest. Harvey knew, from his deduction, without further observation that tissue facilitating the passage of blood from arteries to veins would be there to be observed. Freud’s discovery of synapses between neurons is analogous to Harvey’s discovery of the connective tissue between arteries and veins. In Freud, as in Harvey, one finds iconoclastic thinking at its best.

It is this empiricist position in the theory of knowledge that I have called critical realism. I propose to explore Freud’s critical realism - his use of deductive reasoning linked to inductive reasoning and observation – in the well known history of his discovery of infantile sexuality and his amendment of the seduction theory. In the 2005 Freud Anniversary Lecture of which this presentation is an excerpt, I included analyses of two other major changes from topographical to structural model and from conversion to signal anxiety. They illustrate different uses by Freud of deductive reasoning and its essential linkage to observation in the construction of knowledge. I the lecture, I then applied this method of deductive analysis to a consideration of the nature of the clash between a fundamental premise of Freud’s aetiological theory and a fundamental premise of relational psychoanalysis.

Mill (1843) considered that, “To draw inferences is the great business of life” (p. 8). Here, Mill was referring to the two basic types of inference: deductive inference and inductive inference. Inferences must conform to the canons of valid reasoning. If they do and if the premises are true, then we know independently of further observation that the conclusions we have drawn are true. This is how Harvey knew that the blood systems of
mammals are circular and that connective tissue provides for its continuity. But how can
we know that the premises are true? Sometimes, we can deductively derive them from
yet other premises. But sooner or later, the truth of the premises has to be observationally
established as in Harvey’s measurement of the mass of blood distributed to the body of a
sheep by each pulse of its heart, if speculation is to be transformed into knowledge.

Given the ultimate dependence of knowledge on observation, it is essential that
the basic premises of any theory should provide for logical inferences that terminate in
descriptions and causal explanations that can themselves be tested observationally for
their truth or falsity. The inferences must unambiguously identify what observations
have to be made for the theory to be true and what observations would falsify it. (At
present psychoanalysis is awash with ideas but poor in verifiable and verified
observations. That can test them). It was for this reason that Freud considered his failures
to be so important. At the clinical level, we are always thinking about our formulations
of the patient’s conflicts in this way; as supervising analysts we ask candidates what
associations, what transferential or functional changes in the patient would falsify or
confirm their understanding of the unconscious motivations, defenses and relations at
work in the patient’s life.

Ideas are needed in order to see what we are looking at. The dependency of
observation on ideas for gaining access to realities has been evocatively articulated by
Proust. Proust (1954) describes a drawing room scene in which a man has been trying,
unsuccessfully, to arouse in a woman a degree of attention and fascination,
commensurate with the cleverness, wit and charm of his conversation, as he had often
done before. He is about to ask her, with some indignant irritability, “What is wrong
with you?” when a friend whispers to him that she is pregnant. Suddenly, he is able to see
what he has been looking at for some time—the indicative thickening about the waist,
revealed even in the attempt, by choice of attire, to hide it. Here an idea is midwife to the
perception of a reality (Hanly, 1995). An analyst needs theory to whisper ideas in his ear
even while listening to a patient with evenly suspended attention (Freud, 1912).
Generations could not see that they were looking at a motionless sun relative to
themselves and the earth until Copernicus dared to contradict a belief sanctioned since
the beginning of human life by an unavoidable and unrecognized perceptual illusion. For
centuries mankind looked at infants sucking at the breast, gaining bladder and bowel
control, taking pleasure and comfort from touching their genitals, becoming somewhat
chaotic, impulsive, anxious little females and males troubled by bad dreams, and
followed, at last, by the amenability and educability of latency without being able to see
what was happening in their children or to remember what had happened in and to
themselves. What was needed but missing was the intolerable idea of infantile sexuality.

A young woman, in a prim somewhat highhanded way, treated with disdainful
skepticism my cautious efforts to invite her to entertain the possibility that in childhood
she had loved her father despite good reasons to hate him. Then, one day, in a more
reflective mood, she told me of a dinner party at which her hostess, the mother of a five
year old daughter, had suddenly been taken ill with flu during dinner and had to retire to
her bed, whereupon, the little girl had taken her mother’s place at the table and cheerfully
announced, “Mummy can stay in bed, I will read the paper with daddy after dinner” – something that the mother and father habitually did together. Without the repudiated idea, would my patient have seen? The anticipatory idea of my interpretations allowed her to see what was transpiring before her – a little girl wanting to take her mother’s place with her father, happily indifferent to her mother’s distress. The child’s actions and words occurred independently of any thoughts my patient might have had at the time. The child’s actions and words were not co-created by my patient and the child. My patient asked, “Is that what you mean about my loving my father in childhood?” to which I readily assented. From our theory we can infer a further specification of the child’s wish. But what was probably not yet clear to my patient was the work of an incest wish in the little girl’s possessive, rivalrous love for her father. I left this question to be answered by the further work of the analysis and through her awakened curiosity. As it turned out, her sexual fantasies had been caught up in castration wishes that made them horrifying to her and had greatly intensified her guilt. When the castration fantasy later became available in a series of dreams, the sexual nature of her childhood attachments became evident to her. Along with these developments came a beneficial change in her adult sexual life. She began having sex with her husband at first awkwardly and painfully but then pleasurably and orgiastically for the first time since their marriage and possibly in her life, although before her marriage she had been promiscuously sexual.

Thus, although deductive reasoning has other tasks to perform in the construction of psychoanalytic theory, perhaps, its most important contribution is to enable us to infer two things from the leading ideas of the theory: 1. possible clinical interpretations and 2.
clear, unambiguous ideas about what we are likely and what we are not likely to observe, if the interpretations and the ideas that warrant them are sound.

Some subjectivist, post-modern analysts have claimed that the inevitable use of theoretical ideas is one of a number of factors that compromise the objectivity of clinical observation. They would agree with my claim that ideas are necessary to observation, but then conclude that it is precisely for this reason that theory always biases observation. No doubt, theoretical bias creeps into our clinical observing more often than we would like to think. And when it does, it compromises our objectivity. We begin to think and observe ideologically. A sign of this failure is the exclusive preoccupation with confirming instances of our theoretical ideas and the abandonment of the search for falsifying instances. This epistemic attitude in clinical work is not in the best interests of the patient, for it engenders forced interpretations that patients cannot usefully assimilate no matter how hard they try to and no matter what other forces of persuasion or suggestion are being brought to bear because the interpretations do not tally with the patient’s conflicts. Nor is it in the best interest of psychoanalytic theory because, if the theory in question happens to be true, its truth remains blind and risks becoming dogmatic and, if it is false, error is perpetuated. But, it is not the theoretical ideas that cause this loss of objectivity; it is our self-idealizing, aggrandizing and ideological use of them that is responsible. Freud’s (1937) ironical comment expresses his sense of both the necessity of ideas and the difficulty they pose, “Without metapsychological speculation and theorizing—I had almost said ‘phantasying’—we shall not get another step forward” (p. 225).
The Theory of Libido: from Seduction to Infantile Sexuality

The seduction theory held that memories of childhood seduction, revived at puberty, cause psychological symptoms when, on account of moral or aesthetic prohibitions, they are subjected to repression. The seduction theory’s clinical corollary was abreactive therapy. Since the theory assumed that sexuality had its onset at puberty, it required the supplementary hypothesis of deferred action to account for the delay of the trauma from childhood to puberty. These hypotheses, let us note for a later purpose, formed a coherent, logically consistent theory in the sense that, if true, they could explain the genesis of neurosis and the method of its cure.

Freud’s satisfaction with his seduction theory was short-lived (Freud, 1897). The theory predicted symptom remission and functional improvements, when scenes of seduction were recalled and their affects were cathartically abreacted. These improvements were not happening as inferences from the theory predicted (Freud, 1897; 1933). Although Freud did not, like Darwin, literally carry about with him a memo to look for negative instances, he observed Darwin’s injunction. There were too many negative instances. Freud (1897) accepted the disappointment, “I am tormented by grave doubts about my theory of the neurosis” (p. 259).

There are two conclusions to be drawn from this achievement. First, Freud had been deeply invested in the seduction theory for the past five years. The depth of Freud’s (1896) pride in his theory is evident in his implied comparison with Livingstone’s famous discovery in geography, “I believe that this is an important finding, the discovery
of the *caput Nili* in neuropathology” (p. 203). Yet Freud’s investment in his idea did not inhibit his own observational falsification of the seduction theory on the basis of negative clinical evidence. Freud’s thinking refutes the epistemologically superficial and facile claim that the deployment of theoretical ideas in clinical thinking must automatically reduce observation to a relentless search for confirmation. It was Darwin’s (1857) view that the opposite is the case, “I am a firm believer that without speculation there is no good and original observation” (p.23). Second, Freud’s seduction theory was coherent, yet it turned out to be false. Coherence is not a sufficient criterion of truth; of course, coherence is necessary but it is not sufficient.

Freud was now faced with the theoretical task of “saving the appearances”. “Saving the appearances” was an important aspect of Renaissance science especially in the fields of astronomy and optics. It involves replacing an existing theory with a second theory such that, from the second theory, the observations on which the existing theory was based can be derived. Copernicus’ theory “saved” the appearance of the rising and setting of the sun on which the Ptolemaic theory of solar motion was based by supposing that the earth rotates daily on its axis. The “appearances” Freud had to “save” were the affect laden scenes of seduction occurring in his patients’ free associations.

I raise this comparison for your consideration for two reasons: one, because of its parallel with Freud’s theoretical situation and two, because it underlines the shortcomings of enumerative induction. Enumerative induction consists of simply counting confirming instances. As far as our direct experience of nature is concerned, the number of confirming instances of the Ptolemaic idea that the sun rotates about the earth
is very large indeed and is still growing. No negative instance, no especially careful
direct observation of the sun could have led Copernicus to his idea that in reality the sun
is not in motion relative to the earth. Nothing better illustrates the power and utility of
creative imagination and abstract thought in science than Copernicus’ discovery.
Copernicus had to have asked the question, “What could account for the appearance of
the sun’s motion, if it does not move?” Freud was asking a similar question raised by the
failure of his seduction theory, “what could account for the observed memories of
childhood sexual seduction, if the experiences are not caused by seduction?”

Freud had no reason to doubt that some of the memories were caused by actual
seductions. However, the evidence obliged him to make the simple but far reaching
substitution of “some” for “all” because some were not. What then were the possible
alternatives? One possible external cause was suggestion by the analyst. Freud’s reasons
for ruling out suggestion as the cause of all instances of seduction scenes that were not
caused by actual seductions are familiar to you. An important additional consideration
from our vantage point is that Freud looked for, found and accepted negative clinical
instances of the observations implied by his seduction theory. From this fact we can infer
that Freud could not have been successfully suggesting to his patient’s that there
suffering and symptoms were caused by the remembered infantile sexual scenes. Nor
does the cogency of Freud’s fundamental argument depend upon ruling out suggestion
altogether but, rather, in ruling out the possibility of explaining the whole of the
remainder “the ‘some’ that could not be accounted for by actual seduction” in this way.
The issue of suggestion is still important to-day, despite the efforts of psychoanalytic subjectivists to make suggestion disappear by claiming that the analyst and patient are always inescapably and incorrigibly influencing each other in ways of which neither can be aware even to the extreme of dyadic co-creation. The analyst is altered by the patient and the patient by the analyst in ways that are beyond the recognition of either. As Fichte once said of the Hegelian metaphysical idea of Absolute Spirit permeating the whole of nature, “it is the night in which all cows are black”.

The only other alternative is that some seduction scenes arise internally as fantasies of being seduced appearing, later on, in consciousness as memories. From this conclusion, it followed that children have sexual sensations, impulses, curiosity, images, fantasies, thoughts and experience sexual pleasure, frustration and aggression. The theory of infantile sexuality could be deductively derived from the demise of the aetiological generalization of the seduction theory by means of an inclusive alternative syllogism. (An inclusive alternative syllogism is one in which the alternatives set out in the major premise may both be true, as distinct from an exclusive alternative syllogism in which only one of the alternatives can be true.) Freud’s (1897) mood reflects the promise of this derivation – like a phoenix, a new and better theory would arise out of the ashes of the seduction theory, “…. I have more of the feeling of a victory than of a defeat—and after all, that is not right (p.260)”.

Indeed, it was not yet right because, for the argument to be sound, it must be observationally established that there is at least one memory of having been seduced in childhood which had not been caused by suggestion and which turned out to be a fantasy.
Knowledge depends on logic for its validity, but on observation for its truth. Freud (1897) reported such a case to Fliess, “...der Alte played no active part in my case... between the ages of two and two-and-a half my libido was stirred up towards *matrem*” (p. 261). Unlike some of his critics Freud knew that such a finding did not rule out the occurrence of the sexual abuse of children by adults or its pathogenicity. Freud’s grasp of logic assured him that the contradictory of “all neuroses are caused by sexual seduction” is not its contrary “no neuroses are caused by sexual seduction” but “some neuroses are not caused by sexual seduction”.

From the vantage point of knowledge, the question of prevalence is of great importance to us. A single instance of an aetiological factor would not be of much clinical interest, whatever its logical weight might be! Freud had many more observations. Simply on the basis of the deductive argument, Freud could see that his failed cases might well be cases of strongly charged seduction fantasies caused by childhood sexual wishes recalled defensively in treatment as memories. In addition, since these causes were internal— intrinsic to development—they would be constitutional. Therefore, unlike actual seductions, they were likely to be regularly occurring fantasies in the lives of all persons. Hence, the alternatives “seduction or seduction fantasy” are not exclusive (either-or but not both), they are inclusive (either-or and possibly both). From the vantage point of the theory of infantile sexuality we can predict that sexual fantasies, in some degree of intensity, will always be present and when, to infantile sexuality, sexual seduction is added the potential for pathogenesis and its severity is exponentially increased.
I need not elaborate the rich array of corollaries that can be derived from Freud’s radically modified theory of sexuality and the explanations of normal and pathological psychic life they provide. One measure of a theory is its explanatory scope and the apparently diverse phenomena it can explain. In this respect, Freud’s theory of libido in psychodynamic psychology compares with the theory of gravity in the physics of the solar system. The idea of infantile sexuality opened Freud’s eyes so that he could see what he had for some years been looking at – the contribution of constitutional, libidinal development to neurosis and health.

References


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