"On the Frontiers of Psychology: A Dialogue on the Practice and Malpractice of Power"

1. Introduction

The following conversation took place on the 29th of March in an undisclosed location in Tampere, between the present author, a student of English Philology at the University of Helsinki, and Samuli K., a student of Psychology at the University of Tampere. Present to give helpful comments was a third party, Peetu K., a student at the Tampere University of Technology. The whole conversation was recorded using a laptop, with a total running time of approximately 85 minutes. This paper contains an unabridged but type-edited transcription of the *first half* of our dialogue, which concerned the practice of psychology in its normative dimension and as a field of power, knowledge and communication. Since only about half of the material is faithfully transcribed here, the other half is relayed and paraphrased in the third chapter for completion's sake. The text itself is supplemented by this introduction and a conclusion, and the occasional footnote.

The theme of our talk was not laid out in advance, but rather followed a rather free-wheeling dialogue format where the issues and topics presented *themselves* to us and urged us on. Our shared interest in the human mind made psychology our natural focus, but what is true of one science is applicable, *mutatis mutandis*, to many more, including the arts and humanities.

The ever-lingering threat of normative normalcy was balanced by a healthy overflow of deviancy. But the dialogue should be able to speak for itself, so, without further ado, here it is.

2. Dialogue Transcribed: The First Half

Otto: Let us begin… Do you think that in psychology there are some trends that recur, or perhaps that during every decade there are some prominent theories that are floating about and become the dominant paradigm? Or do you instead think that there's a wide range of opinions that are constantly developing --- or how do you see it from your insider's perspective? You know, right now something like behaviourism, for example, is not very popular in psychology.

Sam: That is of course true, but what I see in psychology is perhaps two diverging parts which are increasingly detached from each other; the clinical psychology side, as a separate entity, and then there is the theoretical side – theory about human mental well-being and ill-being and also theory *about* the clinical side. And perhaps there is even a third side, a third entity – that is actual research – because even *that* tends to be somewhat apart from theorizing in psychology. And, what comes to these dominant modes of thinking, I can see that it applies definitely, at least in the form of theories. In the theoretical side of psychology there have been several trends that have prevailed that later have been put down, even ridiculed almost… But, then, if you look at the clinical side, it's surprising that there almost all those trends are still represented by different therapists; there *are* still psychoanalysts…

Otto: Still? [amused]

Sam: Yes, there still are psychoanalysts…

Otto: Especially in other countries, maybe not so popular in Finland…

Sam: Yea – but, in Finland too, there still are people who follow that thinking… And they are not nearly as ridiculed in practice as in theory… Because, what it really comes down to, it doesn't really make that big of a difference, according to studies, what method or terminology you use in helping the patient.

Otto: First of all, about Freudianism. Coming from my perspective in the varied humanistic fields that I've been engaged in, it seems that, even though it's not as prominent as it might have been --- and certainly, starting maybe in the 30's and 40's, it becomes this dominant thing. To the American intellectual world, for example, it becomes a paradigm. But it becomes this paradigm not only in psychology, but even in literary studies and in general cultural studies. And I can still find that Freudian ideas are applied, and psychoanalytic ideas, which includes Freud's disciples and people who have been influenced by Freud, that they are still very much applied. They are not simply part of the past; you can still find them --- especially lazy theoreticians will find it very easy to pick up some Freudian themes and just run with them. This means that it's not only simply a theory of psychology, it's also a cultural paradigm of how to understand myths, and culture as myth, and so on…

Sam: Especially, I would say, the Jungian addition to it I would say. It's true.

Otto: And of course in different countries it's different; for example, in France, the Lacanians… Jacques Lacan is the one disciple of Freud who, in fact, almost has nothing with Freud anymore but who is the leading character… But, yea, it's interesting; it seems that many of the theoretical psychological ideas have not been widely, shall we say, read or understood by the non-psychological, non-psychiatry oriented world and, in that regard, it seems that you really have to tell a good story to be able to be taken, to be assimilated into the mainstream culture in a way…

Sam: Perhaps that is the problem. More modern theories of psychology, they say that the time of great stories in psychology is over…

Otto: As anywhere else, right…

Sam: Well, you could say that, yeah. But really any comprehensive framework of psychology, I think, would have tell some sort of story, would have to be a sort of comprehensive rather than, as there are now, very specific applications and very specific purposes rather than any encompassing views. Although, now, what we are mainly taught as theoretical background is cognitive-behavioural psychology, or a combination of those, or cognitive-emotional therapy. These are the common types in use in the teaching today. It doesn't have any profound insights, or anything "to say," in that way, it's more of "an action-plan."

Otto: Right. One thing I want to clarify. You said that there's maybe three fields that are separate somehow, to some extent: the clinical, the theoretical and the research-oriented.

Sam: Yea, you could say that.

Otto: So, what's the relation, say, between clinical practice and research? Is most of research, for example clinical research, is it more oriented towards kind of "artificial" settings or more towards, kind of, real life, or psychiatric practice, related situations? How do you see that and where does this, sort of, "accumulated data" come from?

Sam: Uhm. Well, there's many kinds of research, some of it more clinical… But, a very significant portion of it is not that related to the clinical practice – especially neuropsychology,

it's very technical, medical… And then more statistical research, which is then close to sociology, social psychology… Of course clinical work *as such* is researched; how efficient it is, its methods and so on… But even that is closer to statistics perhaps. Of course there's much observational research and that sort of thing, too, but at least here[1] the real emphasis seems to be on the more "hard" type of research… They study the senses a lot, especially here: recognition, all sorts of cognitive function, as opposed to psychological well-being or the clinical side of things.

Otto: Well, do you think that neuropsychology and the neurosciences, because they offer possibilities for research – and even for theory, I guess – which have not been available for previous generations --- what do you think is the relationship between the knowledge they produce as a "sign of our times" and the knowledge they produce as a kind of necessarily developing next stage in psychiatry and psychology? In other words, do you think they are victims, in a way, to the kind of novelty that they are a part of, or, do you think that they are able to control it towards more "lasting" kind of data that doesn't look dated in twenty years?

Sam: I think what the hope within that movement is that they are finally getting something "concrete" and "permanent" when they study the neurological functions themselves, *as they are*… You can say, of course, that they are still studying through their mainly electrical and magnetic effects on the brain… But, in the sense that, for example, they can get more exact location of phenomena inside the brain; that's something that *should* be, at least, lasting and permanent, no matter what age you're at, or however you look at it… But, on the other hand, there is the tendency now to see that, the more precisely they find locations for certain things, the more they realize how *decentralized* the brain is; how some very very small area of the brain can be used for completely different functions which seemingly have nothing to do with each other, but when they are activated in connection to different parts, they produce completely different phenomena. But, of course, it is interesting that in all this neuropsychological, neuroscientific research, they are attempting to make the thinking person here, the object of study, literally that: an object of study. And, then, to connect that to psychology as a practice, or a field of "people" – what people are, how they think, what they think, why they think it --- the connection there is not really that clear at all.

[1] "here" = the Department of Psychology at Tampere University.

Otto: Tangentially related to this neuroscientific framework and, like you say, this "observer's perspective" – putting the brain, in a way, "in a jar" and observing it – we have, I think, the wider issue, or paradigm, of finding and defining *normalcy* through psychological means and defining the normal functioning of the psyche and the normal functioning of the brain through defining its aberrations - and then finding aberrations something to be corrected, or subdued, by different methods. Of course, it used to be something like electroshock therapy…

Sam: …which is still used.

Otto: … which is still used in some countries --- how is it in Finland?

Sam: There's no legal reason, at least why it shouldn't be used – I think it's still used… It's called electro-convulsive therapy. It's used for deep cases of depression, it's effective in it; it's not only quackery in that sense.

Otto: No, of course. But you know, again, it's sort of like *a big slap in the face* --- it sort of has the same role as getting someone who's hysterical and slapping them in the face; it *has* some effect on them because it affects them very *viscerally*…

Sam: And the science behind that is not that clear – how and why ECT works – but it does have to do with that, sort of, "emptying" or "rebooting" function.

Otto: Yes, exactly, it has that --- and it can seem, I guess, as improvement over *even more* primitive methods like cutting up the brain, and lobotomy and so on… which are not used anymore, I guess…

Sam: Well, not lobotomy; there are cases where, for example, the *corpus collosum* – the main pathway which connects the two parts of the brain – can be severed, either completely or partially in some cases, in very bad cases of epilepsy, where the epileptical seizure travels from one region to another --- so that sort of cutting exists.

Otto: Yeah. I've heard that that could lead to, like, multiple personality disorder or something?
Sam: I don't think they would go as far as calling it that, but it can cause symptoms similar to that, because of the lack of information transfer between the two hemispheres... It causes *all*

kinds of interesting phenomena when the two halves of the brain can't communicate fast enough with each other, or there's some other problem in the connections between them… But yea, it can make a person feel that way; as, for example, when a person is buttoning his shirt with his *left* hand, and yet at some point he notices that he's opening his buttons with his *right* hand. Because of this connection there; the two halves control, to an extent, what goes on in the body.

Otto: Again, another aspect of this same theoretical background --- I think the point is *not* that something like ECT doesn't work, but rather that what they do is they have a certain "net effect," which can be measured as a kind of weighing the positive against the negative… They measure that these [therapies] would be, *on the whole*, beneficial, especially in highly risky situations, or where the person is in a really bad state --- but, again, I think there are a number of problems with ECT: for example, long-term memory loss seems to happen a lot, especially when people even 20 years later are still registering general mental impairment – it doesn't happen to everybody, of course, but --- I mean, it's not about any specific cure or treatment, but rather this general framework, I guess, of "getting through" in a way; they need something concrete, which they can, then, sort of make pliable somehow, to form something out of it --- like the doctor's hands, the scalpel and so on; you need something to cut and something to feel, in order to feel changes. And another aspect of this, I guess, in my opinion, is the medicalization of psychiatry.

Sam: Yes, the aim of psychology is, or should be, *effective change*, as you mentioned there… Medication can make effective changes, but is, in this sense, a lazy alternative --- now, I'm *not* saying it's not a good idea in some cases, especially for acute situations which, as it stands, can be so intolerable that it would inhumane not to offer medical solutions… for such instances they are there. But for the longer term and for actual change to happen --- medicine is an easy, cost-effective solution, but whether it really changes anything in the long term is very debatable.

Otto: The question of, shall we say, what causes actual psychological problems and, as a parallel to this, what causes brain change - aberrations of brain chemistry or whatever in this mechanistic viewpoint --- Are psychological problems the result of a kind of "random" malfunctioning of the brain, or do they have actual causes in the social realm where these people work and exist? These social phenomena can cause neurological changes, because we know that neurology responds to stimuli and is developed according to the situation where the person finds himself in --- a person in love, for example, has different brain chemistry from

someone who's not; and, similarly, a person who is undergoing a depression will show signs of neurological patterns changing…

Sam: yes, neurotransmitters are changing….

Otto: …neurotransmitters, and so on, are depleted, or there's an overflow of something… So, it's not always clear to see which came first, as it were – the chicken or the egg, you know? The social and the psychological problem, on the one hand, and the neurological problem on the other…

Sam: And then the question becomes which one to treat.

Otto: Yea. In this way, it's very much easier to treat the body or the brain instead of addressing the [socio-psychological] issues. But, again, it is simply a matter of choosing --- and, of course, now we get into this whole idea – since we're talking about non-academic stuff – which is also operational in medicine and, in general, the medical profession as a whole: the way of, either, as it were, preventing, on the one hand, or then treating diseases… Which should be the priority? Are cancers first of all something to be prevented or something to be treated as they occur?

Sam: Or both, of course, ideally.

Otto: Both, yes. And another thing is: what is the social responsible of the profession? Should psychiatry just set itself some clear goals, like "we are just going to make people happier," or whatever the category may be: "more productive" or "socially acceptable" or whatever the ultimate value… Or should it be, as it were, to respond to the needs of the patient? Or even the needs of some social goal?

Sam: Yea, there is, of course, the division between the psychologists who work for the state, which are the majority – or the governments, city – and those who work for the patients, who are the minority, at least in the case of Finland --- priorities there can be widely different… And those talking about non-academic approaches, or approaches not-so-well-condoned by the institutions, they of course have to --- or the psychologists with such approaches have to gravitate towards the private field, and there you will very much variety of non-orthodox approaches, perhaps… But within the state system, which is still the employer of most

psychologists, it is much harder to promote these sorts of ideas – whether it's research or clinical work.

Otto: So there's all kinds of normative and regulative pressures there...

Sam: Yes, and as you were saying, "being productive."

Otto: It's interesting…Since we both have, as it were, our own approaches and interests, which maybe occupy a slot at the periphery of the mainstream psychological field --- and both me, as an outsider to the practice and you, as an insider --- we both find (although I can't speak for you) that there's a certain, kind of, distance between what would be the "priority" as defined by me or you and, on the other hand, the priority as defined by the standards and practices of the field and of your study --- I mean, for example, in the course of academic study you have to fulfil certain requirements and accumulate certain credits and degrees and so on…

Sam: The system of control is now – "finally," some would say – in place. Perhaps at the forefront of that standardizing is recognizing who gets to call himself a psychologist; there's a Europe-wide movement to standardize that. Because still in some countries – and a couple of decades ago everywhere – anyone could call himself a psychologist. But what is interesting is that even though there is this standardization process I don't think it takes away the fact that, once you graduate, let's say, once you have obtained that permission to call yourself that --- then, almost *anything* goes within the certain set of ethics. But beyond that, there's no control over how you do your work. The emphasis now, increasingly, as far as clinical work goes, is on the "here and now" change; change in your patterns of thinking, in how you view yourself and the world. But, still, there is the *periphery* – if you want to call it that – or the *edge* of practices, though possibly very effective from the point of view of the here and now, are still not tolerated… There are, still, some definite taboos in the field…

Otto: But of course *we* do not shy away from talking about that!
Sam: No, we do not!
[laughter]

Otto: So, maybe we can go into some specifics. I mean of course there are some issues, like you cannot really do kind of brutal human testing --- except maybe, I don't know, on some prisoners

or volunteers you can do whatever you want in some cases… But you can't really test out poisons in children like the Nazis did. But what are like the definitions of something that is on the edge or beyond the edge? How does it get defined and is it taboo in the sense of being ignored or denied categorically or is it something that is clearly defined --- like, fine, for this reason you cannot go into that?

Sam: The reasons, while in some cases clear, in many cases aren't, as to *why* it's not done… One thing avoided very much is "too close" contact between therapist and patient. Touch, of course, is something viewed very negatively, but even more generally, even at a psychological level, keeping the distance is still promoted; you're supposed to connect, of course, with the customer, form a rapport with him, form a relationship with him --- but, still, we are taught to take a very objective stance… If you share up yourself, you should do it very carefully, only if you have a certain set purpose why you're saying it about yourself --- it can of course help, but, uhm, it cannot be a true two-way process, at least, and it *shouldn't* be, that's what you're taught at least, because it is the customer, or client, who is being treated there. But one interesting thing related to this is the case of aggravating the customer, or getting him/her into an emotional state, a heightened state to solve some issues --- whether, in fact, it's right to really press them on some painful issue or ask them uncomfortable questions; "paradoxical questions" they're called, where you would say something to annoy or…

Otto: Sort of tactical manoeuvres.

Sam: … yea yea, or to infuriate the customer to see if he/she would bring out something.

Otto: It seems to me that the main technique used traditionally in the psychoanalytic or psychotherapeutic setting – maybe it's changed, I don't know – was precisely this kind of "distance" that you create where the therapist sets himself out to be the one who has the knowledge or the wisdom to guide the other person through this problem or provide the tools, or provide the information as to his "real" needs and condition --- in this process, because this distance is created, all this pressure is on the patient precisely because the patient is *not* pressured in a way… It can at least be that, if the other person is very, in a way, objective, then you realize that you are not talking with a human being, in this sense, and it is as if you [the patient] are talking with a computer, as if you're talking with a kind of machine --- which *responds* but doesn't respond in a normal, *human* way. And this was certainly the criticism that

I read in R.D. Laing's[2] books – I've read three of his books now – where he criticises the psychiatry of his time, mainly of the 50's and the 60's, of putting the patient in a kind of, well, a kind of "hermeneutical bind" (and this is more me than Laing but…), in a way forcing him [the patient] to approach the "clinical-ness" of the situation by almost forcing him to ultimately *panic*, in a way, because he realizes that he only has a few ways out of this, that the other person refuses to ask him "hey, what's wrong with you?" but rather forces him to open up… This is, of course, the whole idea of psychoanalysis, that you make the patient lie down and sort of open up, and they will ultimately slip out what they really are about, in orthodox Freudian therapy, but I think that in *any* kind of situation where the patient has to, in a way, explain something and the other person [therapist] may go, like, "I see…" and then write something down. This can be a kind of problematic relation. I don't know what my main point was, but --- on the whole, it seems that it's this kind of an old sort of hierarchical situation between the master and the student, or the priest and the layman doing the confession, or the doctor and the patient --- but it's supposed to be some kind of communication, but what kind of a communication is it? And of course there's many many ways of doing this – but, especially if touching is considered taboo, it seems that *any* kind of real human contact is taboo because *touching*, after all, is one of the basic forms of human contact.

Sam: Indeed. Even though the view on how a session of psychotherapy should be conducted has changed, in the sense that we are now taught to help the customer help himself, as far as possible, to make the customer think – whether it's true or not – that the ideas are *his* ideas, and the needs for change and methods of change are *his* methods of change; that the customer "owns the process."

Otto: That's what they say? "Own the process"?

Sam: Yes. Making him the owner of all the decisions and change. Direct suggestions are very very frowned upon today, as to what you should do… but, in a sense it is still, and perhaps even more, a *non-human* relationship: the therapist is thought of as the "helper" or "tool" for the customer to improve his or her situation, by sort of "using" the therapist. That's the idea that they are trying to convey, at least, for the client, that it was all *in him* the whole time, this

[2] Ronald David Laing, a British psychologist, 1927-1989.

change, but that this tool, this person, has helped him do that. And, yea, it is a very non-human relationship in that sense.

Otto: And of course the idea, then, is that you have to cut the relationship at some point --- that it's only a temporary relationship that cannot go on.

Sam: Yes, yes – and that of course may put some requirements on the relationship, or how it can be and can't be, because it has to be cut eventually --- and, in the modern forms of therapy, as soon as possible. Of course you don't rush the customer, but it's beneficial for everyone that it's as soon as possible.

Otto: Well, do you think and have hopes that psychology --- obviously we know that it's changing all the time, that happens --- but, if you look at the development, do you think that it is going in the right direction (if you even want to use these terms)? Do you think that it is ultimately opening up to more and more to (whatever you want to call it) more variety of opinions or whatever? Do you think it has this kind of general "progression," or do you think it is simply changing in various directions, going up and down or whatever? Do you think that psychology, like society, is moving towards a more liberal, humanist, humanitarian or whatever direction, and that ultimately it is changing in a way that, ultimately and despite all the setbacks, it's going to be able to include all kinds of possible, helpful procedures and forms of therapy? Or, on the contrary, do you think that it's sort of historically bound, that it has its own presuppositions and it cannot go *over* certain of its presuppositions?

Sam: It's difficult to see right now, really. Because I think it could go several ways… There has been this more "humanist" tradition of psychology for a long time: I would say since behaviourism became hot issue, the antidote, then, in a way, was humanist psychology. And many elements of that are still in use today, and in that sense we are going more towards that sort of "integrity" approach, more "humanistic" approach… And at least there is more focus now on the client, the current moment and on change… But as far as theory, or the *purposes* of psychology as a whole, it's hard to see where it is at the moment --- because, as we talked about, there are no great stories anymore… And humanist psychology, after all, was associated with ideas such as finding meaning and place, and sort on – and those sorts of ideas aren't propagated much at all, anymore.

Otto: Yea, I mean, a lot of the humanist movement went into all kinds of fringe therapies and, also, all kinds of New Age ideas. So that you find, like, humanist psychology applied, combined often with a kind of neo-Jungianism or something, in all kinds of New Age or "integral" seminars on "human development" and this kind of stuff that happens.

Sam: Human development is something that's not --- well, it *is* said that you should help the client not only fix his problems but "be as much as he can", to "fulfil potential" in a sense. But there really aren't, in mainstream psychology, any proper definitions or ideas of what that actually means --- where are we trying to bring this client? Or what it is that we're trying to give him, exactly – because they don't want you to use words like "meaning", anymore, or "purpose in life" or anything, as they are trying to distance themselves, in this sense, from offering solutions and, rather, acting as "tools" for whatever change there is --- so it has to be really the client's wish; if the client comes up to you saying "I want to find something" then you can start the process…

Otto: But is the client always right?

Sam: That's not the issue. Of course there are many kinds of customers; there are those who are forced to be there, but mainly I am talking about those who want to.

Otto: Yes, but of course, but even in that case, do you think that the assumption that customer is always right applies in cases where there's, simply, an impossibility to entertain [as plausible] whatever the customer is saying/thinking --- I mean, is the relationship simply that, of course, you have to *assume* in a way, that you have to *give out* the impression, at least, that you are *listening* to the patient, that you are, in a way, *agreeing* that, "OK, he's going through these things." But, at some point we still have categories, I guess, of mental illness at least --- we still have categories of unacceptable (and consequently unbelievable) behaviour... **[interrupted due to a phone call]**

[BREAK]

Otto: We have reached the idea of communication as some --- because, anyway, healthy communication is the basis for all mental health, I think, and healthy human relations and so on.

Sam: And of existence, I would say…

Otto: Of existence…

[BREAK]

Sam: That feeling, at least feeling a human contact, communicating with a human being is, uh, extremely valuable for anyone, especially someone in a precarious human state...

Otto: Yes, I mean, exactly… and isolation can aggravate all kinds of symptoms, yea… And of course precisely the main problem, we can probably agree, in clinical work, is how to help the person integrate certain relationships, meaningful relationships --- so, in the person's life, whilst still recognizing that the patient-psychiatrist relationship cannot go on as a permanent thing… but that, instead, it has to be, in a way, a rather temporary help. And this is what is meant by *therapy*, actually – that it's a kind of "before which you are not the same as after"; before which you have some issues, and these issues are, in a way, left into the therapy session, or, at least, you are able to cope with them much better…

Sam: Uhum, and here's the question as to what extent the therapy is also a situation of learning and teaching of *skills*… it's considered often that, when we're not talking of very extreme cases or very very difficult problems, it's more a question of problem-solving skills that the patient lacks… so, in situations, the process that the therapist goes through with the patient is a process that the patient can, perhaps, later use by himself… uhm, there are several systems of steps of problem-solving in systems such as these which the therapist can use on the patients but can also share with the patient so that the patient is better equipped to deal, with whatever it is he is dealing with, afterwards. And, then, the therapy sessions can be relatively few, and the relationship reasonably short.

Otto: Yea, it seems quite interesting that… for example, I think this is one of the main problems I have with Freudian therapy – one being, of course, that it's not true **[sic]** – but the other being that it tends to focus on very lengthy therapy sessions that can go on for years…

Sam: Yes, for years and years…

Otto: And at that point it becomes that, even if they claim that transference is something they want to avoid and though Freud wrote that it is something to be taken into account, but, it seems that especially in therapies where they focus on this kind of wallowing, the therapy threatens to become almost a fix that the patient needs.

Sam: Yes, indeed, I think so. And this is what we're trying to avoid, in one empirical approach, is that, from the beginning, it is made clear and perhaps even talked about openly that there's only going to be only a certain amount of sessions and after that it's going to be over, and you're going to be working on your own on these same issues.

Otto: So, do you think that psychology is the definite science of the human mind? Does it encompass the whole reality of the human mind, or does it share the field with its, sort of, "outside"; that is, the neglected practices, and the forgotten practices, and the alternative practices?

[This question we thought it better to leave unanswered; it shall remain an open question. Some ideas, however, were continued in the second part of the dialogue referenced below.]

3. Dialogue Paraphrased: The Latter Half

(The opinions in this chapter are mine alone due to the nature of paraphrasis.)

We continued further and further down the path of fundamental questioning of psychology whereby its self-defined limitations came into view: 1) its reliance on artificial or "non-human" structures of power and knowledge (in Foucauldian terms), 2) its wholesale reliance on the "disembodied ego," (the ghost-in-the-machine of the Christian ethos) despite some interesting develops towards some healthier conceptions of embodiment and corporeality.

Following this second point is the most important point, perhaps: 3) the issue of sexuality as a taboo. Unfortunately our bodies have not escaped the sordid legacy of our psychology. What Freudianism did, in all its many forms was, of course, to allow for a new debate in new terms, although it should be said that, in the opinion of the two dialogue partners, Freud's reliance on psychopathology as an explanatory principle of sexuality was a source of many unfortunate consequences. This movement caused the issue of sexuality to be understood

in terms of negativity and ultimately, in Lacan, as "a lack." This meant a deferral of the practice and art of sexuality. Sex was treated a kind of realm of "fallenness" even in the Biblical sense, as as kind of lost art where no true progress or pleasure was to be achieved. But, for a healthy human body (and mind, since there is no difference) what is needed is an overhaul of our collective metaphors and, as it were, inherited falsehoods. Even more disastrously (and this opinion is mine only), the two-fanged tale of the Oedipus and Electra complex has led sexual research astray in search of some hidden phantoms in the social dynamism of human beings, and skeletons in the family closet. The Oedipus complex was firstly hijacked by Freud from Greek tragedy and next hijacked by literary analysts and applied haphazardly onto historical, political and social personages as a kind of all-encompassing explanatory principle. What was lacking in all of this was any sense of reality or fact-checking. Today we may well relegate the Oedipus tale back to its status in Greek mythology and as an example of one pernicious 20th Century myth. As for psychosexuality and the research programme of sexology, we can but hope that in 50 years civilization will have advanced to a point where our heteronormative and religion-inspired irrational fears concerning our bodies will have subsided – at least enough for some taboos to be lifted. Taboos, on the whole, are the hidden impetus for psychological "correction" therapy. Psychology wants to be "up to date," and always forgets its roots.

On the fringes of the psychiatric movement, both of us found examples of largely neglected but highly useful and interesting psychologists. R.D.Laing is recommended, by me, for the destruction of the sanctimoniousness of psychiatric "benevolence" and "understanding." Wilhelm Reich, whose books, after all, were *burned*, indecently enough, for his heretical views, opened up the field for psychoenergetics of the body (which matter of study, of course, in the Eastern traditions, has always been acknowledged in the various forms of *prana*, *chi* and so on). Just like the list of books to be burnt during the Nazi bonfires in the '30s would have been a good "recommended reading" list, for the same reason Reich is still relevant for the new psychology and sexology that we were trying to open up toward the end of our dialogue. The potential exists to consider the neuroscientific revolution as an ally of the resurgence of alternative, hidden or fringe ideas… Where, if not in the controlled labs of Western science, is the art of meditation being demonstrated in its efficiency over and over again? The irony of the situation should not elude us – yet history has never cared much for losers, and losers are the ones who still insist on a 17th Century officially sanctioned ontology of the Christian-Spriritual world view (I am referring here to the various Baconians and Cartesians who still dominate the lesser hallways of our lesser universities). A third example, this time from my partner in dialogue, comes in the form of Stanislav Grof, who should be mentioned *twice* because his

research into holotropic breathing *by itself* is very important. In addition, no less importantly, we should note that Mr. Grof has worked with LSD in the past, continuing the fine work of Albert Hofmann and Timothy Leary. Of the ways of doing psychology in a visceral, bodily and unashamedly communicative fashion, Grof's holotropic research is among the promising, although it belongs to a longer tradition where, for example, primal scream therapy has a place. As for his LSD research, the most taboo of all psychological topics, we can but wait for a different time and a different place where research, as research, is actually practiced and condoned. Rick Strassman's work on DMT and other psychotropics should also be mentioned, just to show that psychological taboos are always relative, and one cannot keep a lid on a volcano for an unlimited period of time without facing an inevitable explosion.

NLP should be singled out for its general interest to the psychologist and the layman alike. "Neuro-Linguistic Programming," as it is properly called, is a technique or a set of practices and mind-games determined to affect patterns of man's "neuro-linguistic" operation in the world. It is, as the authors of the theory have stated, a continuation of the tradition of magick in the West, although most people will mistake it for a "self-help" philosophy or a form of hypnosis. As our discussion prolonged, we both could relate ways in which NLP has crept into Finnish society as a "mainstream" system. He could relate the story in terms of psychology, where, apparently, some of the ideas of NLP are becoming accepted and standardized. Overall, it is interesting how the post-humanist psychology revolution in USA has affected our culture.

The last philosopher-psychologist we touched upon was Ken Wilber who, as such, is perhaps not that significant a figure, but his *approach* is nonetheless important: trying to build what he calls "an integral model" which attempts both a diachronic and synchronic ordering of modes of consciousness according to stages, levels and other conceptual schemes. In any psychology *after* psychology (which may or may not be still called "psychology"), something like an integral analysis of life-forms and different paths of consciousness may be useful for the artist, philosopher and bricklayer alike. Unfortunately we ran out of time so we didn't get the chance to get into some other tangential topics, but the movement from normative-regulative psychiatric practices to fringe and taboo subjects was an important one to make. We both agreed that, by necessity, most important ideas exist in *the fringes of thought and experience*.

4. Conclusions:

The emergent theme of our conversation was the presence, or lack thereof, of **communication**. In the absence of human dignity there is the cold isolation of the psychiatric ward. In the absence of any genuine *human interest* into the abnormalcy inherent within *all* of us (including the therapist and the "free" citizen), naïve psychological theories will fail in their task of *understanding* the patient, and will, instead, merely *classify* or *objectify* him/her. The mentally ill patient may well be the last *sane* man left in the society when the society itself is mad. Likewise, the ecstasy of the saints is the madness of the demons in the eye of the beholder. Inevitably, the predominant paradigms of 19th and 20th Century psychology are being overturned, together with many of the philosophical foundations of our era. The ground is slippery and the centre cannot hold. Yet people are saner than ever before, precisely because madness has become acceptable (to an extent) and people have begun to do what they have always tried to do throughout the ages; to find ways of communicating with each other and with nature and its manifold forces. If society, following the long line of social contract theoreticians of the West (to which tradition Freud's "Totem & Taboo" still belongs, by the way), is predicated upon the denial of the beastly in man, then what we are witnessing is perhaps best characterized as a regression back into the pure *id*; however, if we want to remain optimistic in the face of change and transformation, we might want to embrace *engagement, communication* and *exploration* as the cornerstones of any psychology or psycho-somatology of tomorrow.