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Philosophy Revalued in Mental Healthcare

Abstract

Since the early 20th century philosophy has been generally considered to be a useless academic pursuit. But most so-called talk therapies in the field of mental healthcare are in fact thinly disguised applied philosophy. This essay argues that teaching the contents of philosophy, and the philosophical discursive skills can be of great benefit to the proficiency of clinicians and other professionals in the mental healthcare field.

Keywords

talk therapies, medications, employment, personality, paradigm shift

In the province of British Columbia (BC) in Canada, many so-called liberal arts courses are once again under attack in the name of fiscal restraint. One of the main targets tends to be philosophy. Philosophy is becoming increasingly undervalued, and often wholly devalued. The main argument in this paper is that it is a mistake to believe that a philosophy degree does not lead to a job in ‘the real world’ other than teaching. In fact, philosophy is instrumental in the treatment and ‘cure’ of mental illnesses. Unfortunately, while there is abundant evidence of its usefulness, philosophy’s role in mental health has been obscured by mental health professionals under the generic term ‘talk therapy’. Today’s educational institutions are sadly neglecting to teach their students that philosophy is foundational to professional expertise in the various ‘jobs’ within the field of mental healthcare. And this attitude is reflected in our political institutions.

I

Our provincial government is shifting education funding from the arts courses to the trades courses to, in their words, prepare students for ‘real jobs’ when they graduate. The BC government’s plan, titled *Skills for Jobs Blueprint: Re-engineering Education and Training*, will see provincial funding for post-secondary education be both universally decreased, and increasingly tied to labour market information and workplace targets (WorkBC, 2014).

On 29 September 2014, a University of the Fraser Valley (UFV) website item quotes Mark Evered, President of UFV, as saying,

“The current [provincial] government message remains focused on cost containment, fiscal discipline, and balanced budgets. Provincial funding to the post-secondary sector is in the midst of a 50 million dollar reduction over three years with 25 million dollars apportioned to 2015/16, the third year of reductions. At the same time, the cost of delivering high-quality post-secondary education continues to rise.” (University of the Fraser Valley, 2014)

The government has also instructed universities to redirect 25% of their diminishing funding to programs that produce graduates for ‘high demand occupations’, often referred to as ‘the trades’. As a result, some universities are reducing the number of philosophy courses offered, and not replacing full-time philosophy faculty when they retire. Others are combining their philosophy departments with other departments, and still, others are seriously considering shutting their philosophy departments down completely. This is not surprising given that the general impression in many Western societies is that philosophy is utterly useless to working-class citizens. The most common argument used in its defence – that philosophy is useful in *all* employment fields – is just too weak in its generality to be taken seriously by government and university administrators.

If it is true that science and technology courses are the ones that lead to jobs for graduates, then students ask, “What’s the point of taking a humanities course such as philosophy?”. This was the central question under discussion at the 2nd World Humanities Forum held in Busan, Korea in November 2012. The conference was sponsored in part by UNESCO – the United Nations Educational, Scientific, and Cultural Organization of Korea – under the general theme of “The Human Sciences and the Healing of Civilisations”. Sixty-six presenters from all around the globe discussed various problems faced not only by their people but by the entire population of the world. And the one thing all their presentations made clear is that the natural sciences – that is, the scientific activity of recording, sorting, and studying facts – is not going to give us what we need to deal with many of the serious problems faced by humanity today. For example, on the topic of the environment, the question was asked; “What is it that humanity ought to value?” This is not a question that science can, or even wants to, answer. It was also pointed out that while medical science has been doing an admirable job attending to the various physical ailments in the human population, there seems to be a considerable lack of research, knowledge, resources, and appropriate treatment directed at attending to non-physical mental health problems.

The point that all presenters came back to is that the humanities, including philosophy, should not be required to defend their existence to their university administrators. Even a cursory glance at what is taught in the humanities courses reveals that they deal with issues far more important to human life than mere empirical facts. They deal with issues such as social transformation (democracy, justice, gender equality, industrialisation, technology, health care, human rights), corporate ethics versus profit, globalisation versus local prosperity, knowledge creation, information ownership and exchange and personal privacy, gay rights and religion, the purpose of education, avoidable hunger and poverty and the richest one percent, industrial militarism, the colonisation of small states by ‘superpowers’, and art as a necessity of life. None of these topics can be adequately addressed with empirical scientific research or facts. But all are crucial to human well-being, not to mention the survival of our species.

The humanities, and especially the contents and skills taught in philosophy classes, are an essential part of both human development and personal prosperity. But the current fiscal arguments made by governments is that the teaching of practical knowledge and its technical application should supersede abstract knowledge and intellectual skills in educational institutions. Thus to defend the assumed ‘mere intellectualising’ inherent in philosophy against resource

cutbacks there must necessarily be some sort of evidentiary argument that this discipline does indeed train students in the kind of knowledge that has a solid practical application in the world of employment.

The belief that philosophy instructors only train students to become philosophy instructors, who in turn train the next generation of students to become philosophy instructors, is a misconception. But it is also a pervasive stereotype which contaminates the advice given to students by school career counsellors. Because governments are currently forcing learning institutions to focus on preparing students for ‘the workforce’, philosophy instructors have to defend against the perceived uselessness of philosophy to save not only their individual courses but also their collective existence. As long as philosophy is perceived by governments, school administrators, and students as irrelevant to attaining non-academic employment philosophy departments will see a continuing decline in enrolment. This will result in them being seen as an unnecessary burden on shrinking university budgets, and this will, in turn, justify departmental budget cuts, reduction in courses offered, and ultimately department closures. But philosophy can be rescued if it can be shown to have unambiguous ‘real world’ application, and an intrinsic value to some sort of ‘real world’ job, career, or profession other than teaching.

In a statement during a general meeting for faculty at the University of the Fraser Valley, Provost and Vice President Academic Eric Davis said, “Health and wellness programming will draw on the experience of faculty in sociology, psychology, kinesiology, and nursing” (personal notes). Unfortunately, and not surprisingly, there was no mention of philosophy. But there is no reason why philosophy should be left out of health and wellness programming. In fact, it fits well into the ‘job training’ model of education because it has a thoroughly practical application in the field of mental healthcare. But most university administrators do not know of this.

The task of informing an educational institution’s administrative staff that philosophy is fundamental to the practice of mental healthcare is not as simple as saying, “By the way, did you know philosophy is at the heart of mental healthcare?”. To some philosophy instructors, this rhetorical question may seem to be stating the obvious, but to most school administrators this is a perspective on the relationship between philosophy and mental healthcare with which they are entirely unfamiliar. It leaves them wondering: “What does philosophy have to do with treatment for mental illnesses?”

II

In the profusion of literature surrounding the topic of ‘mental illness’, and in the practice of psychiatry and psychotherapy, it is not uncommon to find references to the mind and brain as though they are identical organs and interchangeable objects. This misrepresentation is, in fact, used to justify the prescription of psychotropic medications that alter the brain as though this were a treatment for the mind. But the brain is a biological organ, much like the liver or a kidney. It is the material container for the mind. On the other hand, the mind is non-biological. It is what is found within the brain. The mind is not a natural object like the brain. There are no contents ‘in the mind’ because the mind simply is the contents of the brain. It is incorrect to refer to the mind as an ‘it’ because there is no tangible ‘it’ that serves as a point of reference.

Without the brain, there can be no mind; but without the mind, there can still be a brain. You can make up your mind, but you cannot make up your brain.

In his book *The Mind and its Discontents*, Grant Gillett gives a very effective definition of what the mind is all about. He writes,

“A mental life is a narrative construct or product of the integrating activity of a concept-using subject as a person in relation to others (...) Thus, acting and relating are the foundations of the psyche [or mind] rather than merely receiving, assembling, and connecting representations.” (Gillett, 2009: 138)

What Gillett means is that a mental life consists of non-material ‘narrative’ elements such as beliefs, values, fears, assumptions, and so on that we each have as individuals. A brain of some sort is universal to all living creatures, but each creature does its thinking and thereby develops distinctive mental elements that are unique to itself. These propositional mental elements define each person as an identifiable individual among others. They are what metamorphoses human biological components into a particular person, and what affects how that person processes the input from other people and the world in which they are situated.

The malfunctioning physical brain may be restored to health with surgery, electric shock, psychotropic medications, etc., but the distressed or ‘disordered’ mind requires something quite different. The troublesome beliefs, values, fears, assumptions and so on which constitute the distressed or ‘disordered’ mind cannot be healed with physical treatments such as surgery or electric shock, or biological chemical remedies such as medications. Troublesome mental content must be changed through the process of cognition. Thinking is what changes the mind. And effective thinking can be assisted with discussion. And the therapeutic effects of discussion can be enhanced by a discussion partner who is trained in its art and craft. This is when professionals trained in counselling and psychotherapy are called on. Psychotherapy is “today’s way of thinking about things with a doctor” (Warme, 2006: 41).

III

In *Daggers of the Mind*, medical doctor and psychiatrist Gordon Warme writes that conversations between a psychiatrist and the patient do not focus on symptoms at all

“... and in the sense that our patients tell us about their understanding of the world, the conversations are about philosophy. Once patients have legitimised their presence in our offices by talking about symptoms, it’s their view of life that gets talked about.” (Warme, 2006: 16)

Over the past two decades, many treatment outcome studies have shown that the conversations, the so-called ‘talk therapies’, that take place in counselling and psychotherapeutic sessions are the most effective treatment for not only resolving seriously troubling issues but for long-term effect and benefits (Davidson, 2006: 122; Simpson and Liebowitz, 2006: 132, 143; March and Franklin, 2006: 160; Hembree and Feeny, 2006: 204, 208; Cahill, Franklin and Feeny, 2006: 254).

In his 1997 book *Philosophy and Psychotherapy*, Edward Erwin explains how and why counselling and psychotherapy – both talk therapies – are more effective in the long term in the treatment of so-called mental illnesses than any of the psychotropic medications so commonly prescribed today (Erwin 1997). His conclusion was corroborated when a study, released in 2014, which re-

viewed 101 clinical trials in Britain, found that a talk therapy named cognitive behaviour therapy (CBT) is more effective and more long-lasting in treating social anxiety disorders than medications. CBT, pioneered by Aaron T. Beck, is the therapeutic practice of philosophy under a clinical-sounding name that helps people manage their problems by changing the way they think and behave. The study, involving more than 13,000 participants, compared different types of psychological therapy with a number of psychotropic medications such as various antidepressants and benzodiazepines. The research was carried out in collaboration with Oxford University and University College London (Mayo-Wilson *et al.*, 2014). It concluded that CBT on a one-to-one basis is the most effective treatment for this ‘mental illness’. A variety of other studies have also found that talk therapies, in general, are the most effective in helping suffering individuals recover from diagnosed ‘mental illnesses’ such as depression, compulsive and addictive disorders, post-traumatic stress disorders, and even paranoid schizophrenia (cf. Bola and Mosher, 2003; Lysaker, 2012; NICE, 2009).

Pauline Enright, an Australian student, studying philosophy with me by correspondence, wrote in an e-mail:

“I’m working as a counsellor and although I work primarily with Cognitive Behavior Therapy (CBT), this [philosophy] course is taking me further and is more challenging than what I’ve done in CBT so far. I don’t mind this as it will sharpen my skills [as a counsellor] no end.”

Since CBT is philosophy renamed with a clinical sounding label, it seems obvious that the effectiveness of CBT will be further enhanced if the therapist employing it has an understanding of the contents and practice of philosophy. All so-called talk therapies are basically philosophy with psychological-sounding titles. Philosophy is the foundation on which all talk therapies are based. But while counsellors and psychotherapists are trained in the art of interpersonal communication, empathy, and listening skills, they often lack adequate training in philosophy. They are taught the various counselling and psychotherapeutic methods without gaining an understanding of the philosophy underlying those methods.

On the other hand, philosophers often lack the interpersonal communication skills and empathy required of a good counsellor or psychotherapist. In his 1942 introductory address at the Conference for Psychology in Zurich, Switzerland, Carl Jung told his audience:

“I can hardly draw a veil over the fact that we psychotherapists ought really to be philosophers or philosophic doctors – or rather we already are so, though we are unwilling to admit it because of the glaring contrast between our work and what passes for philosophy in the universities.” (Erwin, 1997: 47)

Academic philosophy gained the reputation of being dry, abstract, lacking in empathy and human compassion, more interested in tidy hypothetical cases than complex real-life problems, largely unconcerned with women’s issues, and generally obsessed with technical details. The so-called practice of philosophy in colleges and universities has, for the most part, deteriorated into shuffling specialised terminology and disputing trivialities. The typical standpoint of the academic philosopher is exemplified in one of Bertrand Russell’s earlier Lowell lectures delivered in Boston in 1914. He said that the aim of philosophy is the *theoretical* understanding of the world, “which is not a matter of great practical importance to animals, or to savages, or even to most civilised men” (Russell, 1993: 36). Philosophy students are typically unin-

terested in using their philosophical knowledge and skills to help ordinary people deal with their mental suffering and distress. It is no wonder then that the administrators of educational institutions are sceptical of the claim that the practice of philosophy can be useful to humanity. But while philosophy students may be disinclined, counselling, psychotherapy, and social work students are more than willing. Unfortunately, counselling, psychotherapy, and social work students are rarely, if ever, made aware of the fact that philosophy has played a central role in the origin and development of the methodology they are learning.

IV

Interestingly, but not at all surprisingly, the many psychotherapeutic approaches developed by well-known theorists and practitioners – as Sigmund Freud, Carl Jung, Rollo May, Erich Fromm, Ronald D. Laing, Alfred Adler, Aaron Beck, Albert Ellis, Viktor Frankl, Carl Rogers, Irvine Yalom, Adolf Meyer, Norman Cameron, Harry Stack, and many others – were heavily influenced by, and often based on, the theories and practices of both ancient and contemporary philosophers.

Freud references Plato when describing the work he does with a patient's dreams. He follows Plato's lead in describing the mind as tripartite. He then changed Plato's labels from 'appetitive', 'rational', and 'spirited' parts of the soul or mind to *id*, *ego*, and *super-ego* (Freud, 1957: 153). Carl Jung relies on the philosophy of Nietzsche's *Zarathustra* to come to an understanding of what he believed to be the unconscious aspects of his patients and the drive to self-transformation and 'self-overcoming'. Psychoanalysts such as Rollo May were routinely using philosophical techniques and ideas as a part of the counselling process as early as 1953. May appeals to philosophers René Descartes, John Stuart Mill, Friedrich Nietzsche, Martin Heidegger, and Jean-Paul Sartre as he describes his therapeutic method as one in which the client comes to a 'consciousness of self-identity' (May, 1953). Erich Fromm uses philosophers Karl Marx and George Wilhelm Friedrich Hegel as a springboard to an understanding of the human condition, so-called sick individuals, and sick societies (Fromm, 1962). In another work, he appeals to early philosophers Thomas Aquinas and Baruch Spinoza to reinforce his perspective on human struggles and human desire (Fromm, 1976). Herbert Spiegelberg employed phenomenology (Spiegelberg, 1972), while Karl Jaspers employed existentialism (Jaspers, 1971). Ronald D. Laing references Jean-Paul Sartre's writings, Martin Heidegger's *Existence and Being* as well as his *Being and Time*, and Søren Kierkegaard's *The Sickness Unto Death* as he explains how human sorrow is the result of "the creation of a false self" rather than living 'authentically'" (Laing, 1990). The French philosopher Henri Bergson has had a significant effect on the psychological theories of schizophrenia. The writings of German philosophers Wilhelm Dilthey, Edmund Husserl, and Martin Heidegger have been instrumental in the development of phenomenological psychiatry. Psychiatrists Adolf Meyer, Norman Cameron, and Harry Stack found valuable insights within the philosophy of American pragmatism. In fact, in the United States, the two areas in philosophy that had the most influence on Western psychiatry in the mid-20th century are phenomenology and pragmatism (Morris, 1959: 52). Psychoanalytic authors such as Winnicott, Minkowsky, Horney, Kohut, Langs, and even Freud have existential elements

in their theories even though their work dealt with psychoanalytic concepts (Deurzen-Smith, 2000).

The pioneers of psychoanalysis and psychotherapy were typically thoroughly educated in philosophy, and borrowed extensively from that field while developing their various therapeutic methods. But today's students who are preparing for careers in counselling, psychotherapy, and social work are often merely taught the various methods or techniques without having adequate knowledge of philosophy which informs them.

In her essay titled "Existentialism and Existential Psychotherapy", psychotherapist Emmy van Deurzen-Smith finds it somewhat surprising that philosophy and psychotherapy do not have a more distinguished history of co-operation (van Deurzen, 1999). She wonders why today's psychotherapists have failed to note the central importance of philosophy to the practice of their profession, and why they haven't drawn on philosophy as a means for understanding their clients' predicaments. She laments the fact that psychotherapists, on the whole, have neglected the study of philosophy, which they often simply dismiss as irrelevant to their practice.

V

Some writers in the field of psychotherapy insist that the content of the therapeutic discussion, which is commonly referred to as 'talk therapy', is not nearly as important as the personality of the therapist. In his book *The Great Psychotherapy Debate: Models, Methods, and Findings*, Bruce E. Wampold, Professor of Counselling Psychology and Clinical Professor of Psychiatry at the University of Wisconsin-Madison, argues that in 'talk therapies' the 'specific ingredients' of any therapeutic approach are not as important as the relationship between the therapist and client (Wampold, 2001). But the problem with this conclusion is that it is based on data gathered at a time when schools of psychotherapy were more concerned with a supposedly scientific approach to the patient as a bundle of symptoms needing treatment than as a human being asking for assistance. Until the late 1980s, students of counselling and psychotherapy were taught 'mirroring' and other techniques similar to the so-called 'neutral' and 'zero-affect' approaches to patients found in classical psychoanalysis. It is no surprise that in that cold, analytic, clinical environment patients would say that they found a friendly and caring therapist to be more agreeable. But given that talk therapies are meant to be remedial – they are about talking with patients or clients to alleviate their emotional distress, clarify and resolve a life problem, reach a difficult personal goal, or make a moral decision – indeed a background knowledge and a basic skill in philosophy would constitute a 'specific ingredient' that is perhaps more beneficial to therapeutic practice than the therapist's pleasant demeanour.

Psychologist C. Peter Bankart also writes that a therapist's theoretical orientation, therapeutic method, choice of technique, and professional allegiance make no difference to the outcome of psychotherapy. He argues that only one variable predicts the relative success of the therapeutic process: "personality, personal style, and 'psychological presence' of the therapist". He refers to research which reveals that what helps the client most is "a caring, competent, and skilled practitioner" (Bankart, 2007: 19). This raises the question about what does he mean by 'competent' and 'skilled'. It seems that Bankart is contradicting himself. On the one hand, he says that theoretical orientation,

therapeutic method, choice of technique, and professional allegiance make no difference in outcomes and that the common factors of personality, personal style, and ‘psychological presence’ are what make a good counsellor or therapist. And on the other hand, he argues that the practitioner requires competence and skill. Surely he cannot mean that personality, personal style, and ‘psychological presence’ are forms of competence and skill? Something is missing in his explanation of what competencies and skills a therapist ought to have that will lead to successful outcomes.

In his essay titled “Philosophy and Therapy: Professional Training and Certification”, Sam Brown creates a similar contradiction, arguing that most of the efficacy in counselling

“... is attributed to the empathetic bond between client and counsellor. The therapist, must, however, be well-trained in the theory and practice of their own modality. Outcomes improve with training and experience, regardless of approach.” (Brown, 2012)

Like Bankart, Brown fails to explain why it is essential that therapists be well-trained in the theory and practice of their modality when the method or approach is supposedly irrelevant, and empathy seems to be what is required the most for a good outcome. The focus on the personality of the therapist by both these authors leaves a huge explanatory gap as to why the therapist needs any sort of training at all, and cannot simply rely on the beneficial effects of his or her kind-hearted personality.

Contrary to Bankart’s and Brown’s assertions, John Hunsley and Catherine M. Lee, both Professors of Psychology at the University of Ottawa, point out that more recent research data shows that the alliance between the patient and therapist in fact “accounts for only about 5% of the variability in the outcome of treatment” for both adults and youths (Hunsley and Lee, 2012: 659). This certainly calls into question the claim that the therapist’s personality is what counts! It clearly shows that a nice personality may be necessary to good mental healthcare practice but it is not sufficient.

A similarly misguided belief in mental healthcare is that no particular therapy has been shown to be more effective than any other. More recent research data also contradict this. Hunsley and Lee report that recent extensive meta-analysis of a large amount of research data has shown that “the cognitive-behavioural set of treatments was more efficacious than were other treatment approaches”, and that “for most conditions, the outcomes of different treatments are not equivalent, and at present, there is the strongest support for the efficacy of CBT [Cognitive-Behavior Therapy]” (Hunsley and Lee, 2012: 659).

Since the literature claims that competence and skill of some sort, beyond a nice personality, are in fact what make an effective therapist it raises the question: “What sort of competence and skill should counsellors or therapists possess?”. Jerome Frank and Julia Frank write that the similarity they see in improvement rates for all forms of psychotherapy seems to indicate that a common feature is present in all of them. But they don’t suggest that simple empathy or a friendly bedside manner is this common feature (Frank and Frank, 1999: 19). Again, what might this common feature be? It is likely the therapist’s philosophical knowledge and discursive aptitude. An effective philosophical style in therapy would fit the criteria of competence or skill. In fact, as mentioned above, a philosophical style such as is found in the cognitive-behavioural (CBT) set of treatments has been clinically proven to lead to improvements in the client or patient (Hunsley and Lee, 2012). But a clinical

approach that is very similar to, or fortuitously resembles, philosophy is not the same as a philosophically trained clinician's inclusion of philosophical content and a philosophical discursive style in their practice.

The general lack of philosophical competence in the majority of mental healthcare providers would explain why it has been argued that no method has yet 'consistently been shown to be more effective than any other' and why there are similar improvement rates for all forms of counselling and psychotherapy. But it may also be that researchers have simply attributed the effectiveness of some mental healthcare practitioners to their personality, personal style, and 'psychological presence'. It may be that in searching for the best clinical traits in practitioners, the psychologically-trained researchers who collected the data were incapable of recognising the *philosophical* knowledge and *philosophical* skills in those practitioners who were in fact the most effective. It is therefore very likely that a solid education in philosophy would make any 'talk therapist' more effective, with more improvement in treatment outcomes, than mere reliance on an affable personality (cf. Raabe, 2014: 234–236).

VI

Philosophy courses offer knowledge and skills not available in typical psychology or counselling courses. For example, students in philosophy are taught more than two dozen techniques for ethical decision-making, and how to apply them. They learn how to spot a variety of errors in reasoning – called fallacies – in both their thinking and in that of others, and how untangling a fallacy can quickly resolve many confounding issues. They come to understand that emotions, intuitions, and feelings do not simply erupt randomly and chaotically, that there is always a reason for an emotion, and that once the reasons for a troubling emotion has been dealt with the emotion will subside. They are taught how to think about power and fairness in the political system, in their community, and their families. They learn – and help others – to think about what is real and what is not, which includes not only the 'grand universal questions' but also down-to-earth matters like personal identity, self-determination, and the dubious reality of so-called mental illnesses. And they learn how to detect truth and falsity, in what people say, in what they do, including the grandiose claims made about the effectiveness of medications for the brain. They learn how to appraise their values, beliefs, assumptions, fears, and so on in order to be better able to choose rationally which ones to keep and which to discard and then help others to do the same. This, and much more, is what is included in the sort of education that cannot be found in trades classes, science labs, and most psychology courses.

Philosophy courses engage students in the act of becoming fully engaged with the mysteries and wonders of existence, and living beyond being mere producers and consumers. And when philosophy is taught to students of counselling, psychotherapy, and social work it helps them to become better able to help others who are struggling to overcome the mental suffering and distress that prevents them from being all they could be.

Philosophy's death has been announced on various occasions by a number of important individuals throughout history, including philosophers themselves, as well as world-renowned physicist Stephen Hawking. Such declarations

show that even the world's brightest often have a limited understanding of what philosophy is all about and what it can do.

Perhaps the most damning denunciation has been the allegation of its uselessness. This is because those who make this claim do not recognise its substantial role in mental healthcare. Psychology is a so-called soft science. It involves the study of human development, behaviour, and malfunction. But it is largely based on the empirical sciences. Clinical psychology is the application of scientific knowledge to problems of the biological brain and its various functions. But counselling and psychotherapy are not concerned with either the functioning or malfunctioning of the material brain. They deal with the mind, which is not a material organ. This is why educational institutions ought to focus much more time and resources on philosophy courses because it is this discipline – and not psychology – that is the foundation of mental healthcare. In counselling, psychotherapy, and social work, one can find philosophy's most apparent practical application – but only if one is willing to look there.

Clients who visit counsellors, and patients who go to see psychotherapists, present problems they have been struggling with from a variety of areas such as religion (personal beliefs), politics (which includes inter-personal relationships), ethics (moral decision-making), metaphysics (concerning what is real and what is imaginary), epistemology (issues involving the difference between knowledge and belief), logic (what conclusions follow from what assumptions), aesthetics (beauty in things as diverse as personal appearance and love), existentialism (self-determination and autonomy), feminism (equality between the sexes), and emotions and feelings. These areas are covered extensively and in-depth in the courses offered in philosophy departments. Any practitioner who has not taken at least some of these courses is like a tradesperson lacking the trade tools.

Beyond being merely an unspoken set of personal principles that individuals live by, the practice of philosophy includes accurate empirical knowledge, an understanding of the history of ideas, the ability to think and discuss critically and creatively, the ability to make both moral and beneficial pragmatic judgments, on-going self-scrutiny, and a discursive style that is respectful of diversity in all its various forms.

For those counsellors and psychotherapists who may not have much more to offer their clients and patients than empathy and an amiable bedside manner, the study of philosophy can be an important improvement in the quality of the mental healthcare they offer. Any mental healthcare provider will have far more in their 'toolbox' to draw on after studying philosophy. What is required is a paradigm shift away from the view that philosophy is a dispensable abstract academic diversion to seeing it as a primary and vital component in preparing a career in mental healthcare. Courses in philosophy do not compete with what is offered in counselling, psychotherapy, or social work departments. Philosophy is an enrichment of the practices they teach. By recognising it as the foundation of mental healthcare, philosophy departments will be revaluing this important and useful discipline, which may otherwise soon be lost from our universities.

This does not mean that philosophy departments should abandon their theoretical courses and instead only offer philosophy as a facet of mental healthcare. On the contrary, the relationship between theory and practice is reciprocal. In the same way that instruction courses must necessarily precede the practice of

any of the trades, the contents of philosophy must be studied before the skill of philosophy as a therapeutic discourse can be put into practice. Thus, rather than replace theory, what the new approach to philosophy – as the foundation of the practice of mental healthcare – will do to philosophy departments is give them the much-improved standing in the universities that comes from teaching courses that are relevant to, and applicable to, occupations in the ‘real world’.

Counselling, psychotherapy, and social work are ‘jobs in the real world’ for which a knowledge of the content and practice of philosophy is crucial. Therefore, departments of philosophy ought to promote the fact that philosophy should be studied by students who are considering careers in the field of mental healthcare. To be adequately prepared, these students should be encouraged to major, or at least minor, in philosophy.

One of the most serious problems facing today’s graduate students of philosophy is the lack of future employment in the field. But this scarcity of jobs is only a genuine problem if working in philosophy is narrowly defined as teaching in a college or university. The perception that a philosopher is always someone who teaches in an institution is a fairly recent development within the history of philosophy. In fact, philosophy did not begin as an academic subject at all. It was originally considered a practice, a way of life, and a means to help people better their lives.

VII

On a side note, in addition to job preparation, doing philosophy with university students, and even with pre-university students, can help *prevent* the onset of the kind of misery that could be diagnosed as ‘mental illnesses’. The study of the content and practice of philosophy helps students deal with past or currently distressing issues and fortify the student’s ‘mental immune system’. The student’s knowledge of the content of philosophy and the ability to reason cogently acts as a kind of ‘inoculation’ which helps to reduce the probability of future situational ‘invasions’ that can cause the sort of suffering and distress that typically leads to the diagnosis of a ‘mental illness’. In philosophical mental healthcare, initial avoidance and early intervention are much more effective than reactive counselling or psychotherapy.

Members of philosophy departments should encourage their school administrators to recognise the importance of philosophy as a practice outside their liberal arts departments. Philosophy will be revalued by relocating it at the heart of careers in mental healthcare and thereby in the centre of the everyday working world. If philosophy is to have a strong presence in schools, it is the job of philosophy instructors to bring to the attention of liberal arts course advisors and student career counsellors that not only did ‘talk therapy’ evolve from ancient philosophy, but that today’s students of counselling, psychotherapy, and social work should have a solid education in philosophy.

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Peter Bruno Raabe

Filozofija revalorizirana u mentalnom zdravlju

Sažetak

Od ranog dvadesetog stoljeća, filozofija se općenito smatra beskorisnim akademskim zanimanjem. No najviše je takozvanih terapija razgovorom u području mentalnog zdravlja zapravo slabo maskirana primijenjena filozofija. Ovaj rad argumentira da poučavanje filozofijskog sadržaja i filozofijske diskurzivne vještine mogu biti od velike dobrobiti za stručnost kliničara i drugih profesionalaca u području mentalnog zdravlja.

Ključne riječi

terapije razgovorom, lijekovi, zaposlenje, osobnost, paradigmatički pomak

Peter Bruno Raabe

Philosophie in der mentalen Gesundheit revalorisiert

Zusammenfassung

Seit dem frühen zwanzigsten Jahrhundert wird Philosophie gemeinhin als nutzloser akademischer Beruf erachtet. Allerdings ist ein Großteil der sogenannten Gesprächstherapien in der Sphäre der mentalen Gesundheit eine eigentlich schwach maskierte angewandte Philosophie. In diesem Artikel wird argumentiert, dass das Lehren der philosophischen Inhalte samt philosophischen diskursiven Gewandtheiten äußerst vorteilhaft für das Fachwissen von Klinikern und anderen Fachleuten im Bereich der mentalen Gesundheit sein kann.

Schlüsselwörter

Gesprächstherapien, Medikamente, Beschäftigung, Persönlichkeit, Paradigmenwechsel

Peter Bruno Raabe

La philosophie revalorisée dans le domaine de la santé mentale

Résumé

Depuis le début du XXe siècle la philosophie est considérée de manière générale comme une branche académique inutile. Toutefois, un grand nombre de thérapies dans le domaine de la santé mentale dites les thérapies par la parole sont en réalité de la philosophie appliquée médiocrement masquée. Ce travail affirme que l'enseignement du contenu philosophique et des compétences philosophiques discursives peuvent procurer de grands bienfaits pour le savoir-faire des cliniciens et des autres professionnels dans le domaine de la santé mentale.

Mots-clés

thérapie par la parole, médicaments, emploi, personnalité, déplacement paradigmatique