Report on the BPS Philosophy & Psychotherapy Meeting¹

David Arnaud

This meeting was organised by the present chair of the psychotherapy section of the BPS, Professor Emmy van Deurzen. The four invited speakers were all philosophers. The meeting divided neatly into two halves, the first half theoretical and the second half practical. In the first half Dr Edward Erwin presented an analysis of the methodology of empirical research into the effectiveness of therapy while Dr Alfons Griede presented an overview of phenomenology and its relation to psychotherapy. In the second half Dr Lou Marinoff and Dr Dries Boele provided us with detail about how they carried out philosophical counselling.

Prof van Deurzen told us that she began life as a student of philosophy, and, like many of us I suspect, was gripped by Plato's Socratic Dialogues and their enquiry into meaning and guidelines about how to live the good life—indeed she wanted to be Socrates. After initially studying in Holland she then went to France where she studied Phenomenology, Existentialism, Marxism and Psychoanalysis, concentrating on the question of what it is to be human. She says she found this too narrow and wanting a broader view in the 70's began working in psychiatry and tried to work out how to apply philosophical thinking and ideas to disturbed patients. She continued to fill out her education, studying clinical psychology to broaden her understanding of psychopathology, human memory and perception.

This led her to the question: what are the contributions that philosophy and psychology can make? She suggested that “bits” from psychology and psychiatry were essential to practice and that philosophy as a discipline was relevant “across the board”. The challenge that philosophy must face though is how to think in pragmatic terms (this challenge was taken up by later by Lou Marinoff and Dries Boele). Like many she sees Hellenistic philosophy as providing a model in its examination of the beliefs, prejudices and whole value systems by which we live our lives.

She has found in her clinical experience that there is a vacuum in meaning, identity and morality which theories of psychopathology are not enough to fill. This vacuum she suggested needed to be investigated by asking how we should live—although she stressed we should not be too quick to try and fill this vacuum with ready-made answers. Clients, she suggested, were often less concerned with particular problems but often found themselves deprived of a feeling of vitality and passion, wondering where they could find strength, courage and wisdom, concepts ignored by psychology. (Incidentally those who would like to find out more about Prof van Deurzen and her views will be delighted to hear that she has agreed to speak at the SCP conference next year).

The title of Dr Edward Erwin’s talk was “the challenge of Philosophy to Psychotherapists”. The challenge posed, it quickly emerged, was the challenge of the empirical testing of psychotherapy. The message was that simple clinical

¹ British Psychological Society (Psychotherapy Section) meeting: Philosophy and Psychotherapy held at the University of Westminster on October 18th.
intuition about the effectiveness of treatment and the correctness of explanations of cause were inadequate—what is needed is carefully controlled studies to test hypotheses. Dr Erwin’s talk was an attempt to outline normative principles underlying such testing. To the extent to which this philosophical challenge to psychotherapy is genuine it is also a challenge to philosophical counselling as well (both Lou Marinoff and Dries Boele talked about philosophical counselling as a kind of art—does this place it outside the need for experimental studies, or can there be experimental studies of an art?). Interestingly much of the audience, made up mainly of practising psychotherapists, seemed resistant to Erwin’s message wondering about its relevance to what they take themselves to be doing. Encouragingly this same audience was broadly sympathetic to philosophical counselling and looking around the room the yellow and blue of SCP reading material could be readily seen. It is less certain whether an audience of more rigorously experimental psychologists would have been as sympathetic, perhaps instead wanting to push Erwin’s challenge to psychotherapists against philosophical counsellors.

Dr Grieder found himself sympathetic to Dr Erwin’s principles but wondered about the extent to which they were applicable to the study of the subjective life-world of humans. Dr Grieder thought there were three points of contact between phenomenology and psychotherapy.

1. Phenomenology swam against the current that saw the natural sciences as the model for all investigation; the limitations of this model needed to be recognised.

2. Phenomenology tried to articulate, in detail, the structure of human subjectivity and

3. Phenomenology could provide a model of the therapist-patient relationship. Here the suggestion was that there could be three types of conversation, the fact finding, the operation/instrumental where the therapist seeks to bring about the desired effect and lastly, (and perhaps most interestingly) the existential communication which is a common journey where the pre-understanding of both client and therapist is transformed. Dr Grieder wondered how common this last form of conversation was in psychotherapy.

For Dr Lou Marinoff the roots of philosophical counselling are wide, taking in the Pre-Socratics, the Forest Sages that gave rise to Hinduism and Buddhism, and the sages of China, Confucius and Lao-tzu. Philosophical counselling he suggested could be seen as a neo-classical art form where a philosophical background provides technique and knowledge on which is built an edifice of artistry of performance, interpretation and dialogue. Dr Marinoff said that his introduction to philosophical counselling was accidental—he was working in a centre for applied ethics and people started walking in off the streets wanting help with their problems. Why though is this need felt? Dr Marinoff suggested that this was the result of a loss of ethical guidelines produced by globalisation, the abandonment of religion and the failure of science to provide absolutes. This need wasn’t being met by psychotherapy which failed to address these kinds of issues. Understandably the audience wanted to get some detail about the kinds of cases a philosophical counsellor would deal with. Dr Marinoff obliged with the following
dilemma. A graduate student wishes both to go ahead full steam on his studies and also to care for his mother for one last summer before her degenerating condition forces her into long-term care. Over two sessions the conceptual issue of what it means to act responsibly is discussed and a matrix of outcomes/choices is worked out.

Dr Dries Boele began his talk by challenging us to wonder how we would deal with this case. A man of 35 is faced with the following choice. He is in a long-term relationship with a woman he is in love with but with whom the passion is over. She wants a child but he is not so sure. He has recently met a woman on holiday and has rediscovered passion with her, finding the relationship adventurous and challenging. What should he do? Dr Boele suggested that there were four levels to philosophical counselling, and dialogue would go up and down these levels. He thought that the first three levels, of talking about experience, about habits, and about expectations, were common also to psychotherapy but the fourth level, about ideas and values was unique to philosophical counselling (this claim it must be said was disputed hotly by many of the psychotherapists so the question of what, if any, differences there are in how a philosophical counsellor goes about this fourth level compared to a psychotherapist could perhaps be more fully explored—perhaps this meeting where friendships were being made was not the best place for this analysis). For Dr Boele one pragmatic difference between psychotherapists and philosophical counsellors is that the clients of philosophical counsellors don’t think of themselves as mentally ‘ill’. Dr Boele gave the case of a client of his, 35 years old and without a job or a relationship who came to him looking for rational discourse. He had been to many therapists previously but had been told that rationalisation leads nowhere and sent to group therapy to improve his social skills. After six sessions of philosophical discourse he stopped coming and got a job. A result of the philosophical counselling? Boele admitted he could not be sure. A case for empirical research? And if so how? Come in Dr Erwin?