THE GREAT IDEAS ONLINE

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THE PHILOSOPHER AS PERSONAL CONSULTANT

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I have a problem with the concept of 'psychotherapy.' If it weren't for that, I could get right to my main point, which is that therapy-which I would prefer to call personal consulting—is something for which being trained in the discipline of philosophy is every bit as good an academic foundation as being trained in psychology or in medicine. In ways, philosophy is a better background than either of these fields. I do not mean that philosophers are better therapists. I do not think academic preparation is anywhere near as important here as personal traits and practical training. My thesis is modest, if stated somewhat polemically: philosophy is a fine foundation for a counseling practice, and these other fields are over-rated.

I. Therapy is a sick word

The practice of encouraging others to talk about their thoughts and feelings, trying to exercise good judgment about when or whether

to give advice, must be nearly as old as pre-historic parenting. Making this something of a profession must go as far back as villages having designated wise men and women. No group can justly call this their sole domain. But ever since Freud (and Breur) wrote about “the talking cure” this has been too often regarded as the special province of psychoanalysis and its myriad psychotherapy descendents. Training in psychoanalysis was largely restricted to psychiatrists trained to think in terms of medicine and the vocabulary of illness. So talking became treatment! Subsequently, forms of psychotherapy not presented under the aegis of medicine came to be regarded as the province of psychology. Psychologists are trained in empirical research into the purported causes of human behavior. They are familiar with research on correlations between behavior and environmental contingencies, which they tend to think of in a causal and deterministic language. Both vocabularies smack of passivity: therapy is something you undergo, something done to you, something supposed to bring about a change, a fix, a cure.

But what sort of activity is this? What is actually done? Listening, mainly. With empathy, occasional interpretations, occasional advice. There is a focus to the discussions: the thoughts and feelings and struggles of the person undergoing the therapy. There is a body of theory and literature, much of it by persons known to be psychotherapists, which may inform the direction and content of this talking and listening. These ingredients—the kind of talking, the focus of the discussion, the surrounding theoretical milieu—are enough to give us a rough grasp of the meaning of the word ‘therapy’. They do not provide clear enough parameters to identify what therapy is, with enough precision to settle territorial disputes about who ought to do it.

A monopoly on any form of human discourse is simply offensive. The idea that some forms of discourse count as undergoing something by one of them is, at least, to be regarded with some caution. The idea that such interactions may have a clear-cut and definitive outcome in which a person is “fixed” or “cured” simplicitare, is, I think, naïve. The idea that discourse becomes the province of specialists just because the subject matter is very important to one of the participants is arrogant.

The idea that one might be excluded from an arena of human discourse precisely because one has come to know something about it, because one happens to have become informed about ideas which are, after all, part of the public’s intellectual domain, is patently absurd. Neither do one’s communications become psycho-

therapy if and when one thinks about people in ways influenced by theories about people which have been advanced by psychotherapists (Freud or whoever), for this would have the absurd consequence of making the interactions of every decently educated person in our civilization into psychotherapy. We all have been profoundly influenced by a number of psychotherapists' theories.

Neither activities nor theoretical indebtedness will do for demarcating what counts as the practice of psychotherapy. In sum, it is hard to see why therapy should be the property of any group, and, indeed, even hard to see what therapy is. Even when all these ingredients are present—the kind of talking, the focus of it, the intellectual setting—there is no really clear-cut criterion for what activity counts as doing therapy.

II. Therapy is a context-dependent concept

The answer, I think, is that therapy is a context-dependent concept. Psychotherapy, to be psychotherapy, must be represented as such, and must be thought of by both the provider and the recipient as something undergone by persons for the purpose of their receiving treatment and cure. As examples of context-dependent concepts: merely moving a chess piece does not count as playing chess, even though the movement is indistinguishable from one by someone who is playing chess. In part, you must think you are playing chess. Merely saying the words "I do" does not make you married, though exactly these words will make it so in the right context. If you have a sore back and your friend, or the coach at your gym, advises you to do sit-ups, or if you have a cold and your grocer advises you to drink orange juice for the vitamin-C, this is not the practice of medicine even though the advice, the activity, and the hoped-for outcome are all identical to what you might receive from your physician.

And when two people talk about the personal problems of one of them, the first trying to understand and encourage the expressions of the second, and the second seeking to express feelings and gain insight, they are not, on just that account, engaged in "doing therapy" even though the way they communicate, and the sorts of things they communicate about, are exactly the sorts of things that people called therapists or psychotherapists do. The activity does not count as therapy unless certain surrounding contextual conditions are fulfilled, including their both sharing certain assumptions about what they are doing.

I think the key conditions are these: (1) Representation. The con-

sultant identifies himself or herself as a “psychotherapist” or a “therapist.” (2) Suffering. The consultee, or client, identifies himself or herself as suffering from some sort of psychological or emotional problem or disorder, or a physical disorder assumed to be psychologically or emotionally related, for which he or she wishes to undergo some form of treatment in the hope that the problem can be cured or removed. 3) Expectation. The client believes that the psychotherapist may have the technical expertise to bring this about. The psychotherapist will do something for and to the client, drawing from certain theories, training, and technical know-how, which may bring about a change and cause the problem to be cured or to disappear. (4) Diagnosis and prognosis. The psychotherapist believes the client’s problem can be diagnosed and treated in accordance with theories and skills with which he or she is familiar and proposes to practice. (6) Explicit agreement. These conditions and assumptions being shared by both persons, they deliberately enter a relationship for the express purpose of attempting to treat the problem at issue, and, perhaps, related problems, similarly understood, which may come to light. (7) Professionalism. Both understand that this is a relationship entered into with a professional, who is presumed to have certain relevant abilities, to have met the standards and codes of the profession, and that it is a sort of interaction for which a fee is generally expected. (8) Passivity. While the client may be expected to do certain things, once this relationship is entered into the client is regarded as undergoing something called therapy under the guidance of a therapist presumed to be an expert and presumed to be a healer. It is understood that if this is done well it may help the person, and if it is done poorly or incompetently it may be useless or may harm the person.

III. Passivity

I believe that the absence of any of the contextual conditions outlined above suffices to make a consulting activity not count as an instance of doing therapy, and want to underscore the importance of those factors which emphasize assumptions of sickness, diagnosis, and passivity. Many professional psychotherapists will not want to agree to this. I expect them to say that the list does justice to the way behaviorally oriented psychotherapists may see themselves, and to much of psychoanalytic theory, but there are numerous practitioners from the existential-humanistic modalities who will take exception to the various ways in which the client is portrayed as passive. A reply might go like this: “I don’t do anything `to’ my clients. I don’t `treat’ them. I don’t heal the sick. I don’t make them change, nor do I think I could, and I don’t really make them do anything at all. They choose to talk with me, and I choose

to talk on a level which I hope is meaningful to us both. Having talked with me, they sometimes decide to make some changes in what they do. If they do decide to change, nothing that has gone on between them and me is going to make them do it, or guarantee that they will follow through. What they make out of our time together is going to have to be up to them. About all I can promise is that I will be as fully with them as I am able, during the time we meet together."

Exactly! But if this is how these consultants see what they are doing then it shouldn't be called therapy. The word practically reeks of the grammar of passivity: healing, treating, curing, causing to be made well, something which makes things change, makes things different and better. One doesn't get rid of these implications by the mere caveat that many psychotherapists are moving away from the "medical model," or that the bulk of contemporary private practice is with persons who are not so much "sick" as wanting to examine their lives and enhance the quality of their experience. Nor do I think it an exaggeration to say that much of the public that seeks out the counsel of a psychotherapist is lured by the presumed wizardry of these technologists of the soul, who can discern your innermost thoughts and then set your life in order for you. One can understand the incentives of economics and prestige, which would tempt psychotherapists to keep their seductive, if misleading, labels. One can see why they might maintain that image, which effectively sells them to the public, the lawmakers, and the insurance companies. But that doesn't mean they are doing what their titles suggest they are doing.

If anything, the dilemma is sharpened for those theories and modalities of therapy, which proclaim that they depart, form sickness language and deterministic assumptions. If, in actual practice, all these varieties of consultants do not see themselves as curing sickness, then what justifies them in calling what they do "therapy?"

But those approaches to therapy which more openly embrace passive language may also recoil from some of its implications. This point may be put quite simply in the form of a challenge to any persons who would call themselves psychotherapists: If a client were to complain to you that you had failed to cure his or her problem, would you think that this client had fundamentally misunderstood what you had to offer? And when you reflect on your actual practice, how much of it, do you think, is a matter of what you do, and how much a matter of what it is up to your clients to do? Do you really think that you cure them? If you are comfortable saying that (and there may still be plenty of practitioners who answer this

in the affirmative) go ahead and call it therapy. If you are from the other end of the theoretical spectrum, and think that your clients choose what they call their problems, then the best you can do is sensitively communicate this to them in the hopes that they will choose to consider the options they already have. Then you don't see them as sick, and you don't see yourself as curing. So why call it therapy?

My own sympathies will be clear enough. I think we can provide contexts that invite change. I do not think we can fix people. I do not think that anyone really makes good on an offer to diagnose an emotional disorder and then cure it. Human transformation is not a passive matter. The conclusion: there is no such thing as therapy! So to represent one's activities as "doing psychotherapy" furthers a false promise. It becomes difficult to say, with a clear conscience, that anyone—psychologist, psychiatrist, philosopher—ought to do therapy. It's rather like being asked whether someone ought to practice witchcraft. If I don't believe in witches, I cannot honestly advocate that someone practice the requisite craft.

IV) Should psychologists do therapy?

Enough quibbling about the word 'therapy'. Call it what you will: should psychologists do it?

There is an impressive amount of empirical research (something done by psychologists) which indicates that independently of diverse theoretical orientations, effective psychotherapists have certain personality traits. The three most frequently mentioned conditions or traits are empathy, genuineness, and positive regard. Now on the face of it, and giving ourselves latitude for generalizations, we may expect that any rigorous academic training, including psychology, philosophy, or medicine, is liable to foster traits of intellectualization, affective detachment, coldness, criticalness, abstractness, impersonality, insecurity and defensiveness swinging at times over to grandiosity and snobbery. Indeed, some research suggests that a decrease in therapeutic effectiveness goes along with an increase in graduate education!

One may well wonder whether the (any) academic background of a therapist is an asset, and wonder whether it not only does not foster but even selects against or discourages traits regarded as most relevant for effective therapy. Set in the larger picture of questions about whether psychotherapy is effective at all, skepticism is sure to mount.

Three possible explanations for the apparently low correlation between therapist effectiveness and graduate education come to mind. One is that there is little connection between academic ability and consulting ability. A second is that formal education fosters the wrong sorts of personal traits, or selects against them. The third is that there could be a positive connection between academic background and consulting ability, depending on whether one's studies were of a helpful sort. My guess is that a combination of the second and third accounts is likely right, and that much of what people study in the academic work in psychology graduate school (distinguished from internship experience) is not particularly helpful both with respect to content and with respect to the way it is studied. Much of the psychology taught in universities (particularly the prestigious universities, and not so much in the professional schools for clinicians) is concerned with topics which have little bearing on the practice of consulting. Often there is open hostility toward the applied realm of the clinician. This goes with the premium placed on seeing the discipline as an accumulation of facts which are causally related and such as can be described significantly only by propositions which have been empirically verified. Psychology suffers from physics-envy. In search of the respect accorded the "hard sciences," psychologists are trained to think in terms of causal language, to measure "effectiveness" in a context of "outcomes," and hence, when it comes to discussing therapy, are drawn toward affiliating themselves with the cold pragmatics of what can be "operationally defined' and measured. Academic psychology fosters competitiveness, objectivity, coldness, and distance, and this is the usual background for personal consultations which call for subjectivity, warmth, and involvement.

Carl Rogers managed to retain his traits of warmth and empathy, so it can be done. And yet it is interesting that Rogers is well within the psychologist's penchant for wanting to talk about effectiveness. Here one does not find much latitude for looking at self-exploration and personal consultation as something which just might be intrinsically worthwhile, apart from the positive (or negative) repercussions which may attend them. (Philosophers, artists, and pure theorists are used to doing things simply because they think them important, and not simply as means to some other end. This can be a good trait in a personal consultant. It is not a trait psychologists are quite so often comfortable with.) Relatedly, we should question talk of what therapists "produce" in their clients. On this score, the self-actualization theorists (Rogers amongst them) turn out to be cheerful closet determinists. They believe that the provision of the desired therapists' traits—empathy, genuineness, positive regard—will automatically produce positive change.

I prefer to think of the therapist or consultant as inviting something (self-expression, self-understanding, and an exploration of self-deception) rather than producing (change, cure, improvement). The effective consultant is someone with a talent for making invitations. Particularly with those clients who are more or less getting along all right in life without much more than the usual allotment of self-deception and human folly, the effective consultant is one who invites the client into an intrinsically important sort of self-inquiry. It is not the consultant's business to "produce change" but to invite looking and to join in trying to understand the person being looked at. When we think of "therapy" as something, which might be undertaken because it is intrinsically important to inquire into oneself, quite apart from its possible side-benefits, the research on therapist effectiveness starts to fall into a different light.

I do not deny that the traits of empathy, warmth, and positive regard are appropriate to a consulting relationship, which would invite deep and meaningful self-expression and self-inquiry: they encourage a client's acceptance of his or her own feelings. I see no reason to assume that these traits are encouraged by formal study of psychology. But more to the point, it is my contention that the perspective of passivity is fundamentally inappropriate for clear thinking about the actual practice of personal consulting, and that this is a point of view, which is nothing short of rampant in psychology. I have been maintaining that personal consultation does not do anything to anyone, doesn't bring about anything. At most, what personal consultation does is provide a client with an invitation to examine his or her conduct, perhaps with the hope that the client will remember afterwards that change is difficult, maybe unlikely or not worth the price, but possible. We must wonder whether psychologists are going to be adept at either comprehending or communicating an invitation to explore, simply because it matters, and to change, but only if one wants. Psychologists are steeped in a tradition of causal language, and of research which aspires to contribute to an understanding of what makes people do what they do. If it is true that the grammar of "what makes people do what they do" is fundamentally inappropriate for the task of inviting people to accept responsibility for the authorship of their lives, then psychologists who practice personal consulting must either be wise enough to transcend their tradition and training, dull enough to fail to see the conflict, or wishy-washy enough to not have sorted this out. Even in the best of circumstances where the psychologist transcends tradition, it seems to me that the psychologist will be working with the disadvantage of having had less opportunity than another person might have had, to learn how to really think through a theoretical perspective which does fit with what personal

consultation is all about.

In this section I have argued that psychologists are very confused about what they are really doing when they say they are doing therapy. I have also considered some reasons why, because of an alienating academic background, a means-ends way of looking at the world, and clumsy theorizing, psychologists might not make very good personal consultants.

We welcome your comments, questions, or suggestions.

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