

Philosophy with Teeth:

The Be Wedding of Philosophical and Psychological Practices

Elliot D. Cohen

Elliot D. Cohen is Director of the Institute of Critical Thinking in Port Saint Lucie, Florida; founder of Logic-Based philosophical counseling; co-founder and Co-Executive Director of the Society for Philosophy, Counseling, and Psychotherapy; Editor-In-Chief and founder of the International Journal of Applied Philosophy; and cofounder and editor of the International Journal of Philosophical Practice. Author of many books and articles, his most recent book on philosophical counseling is *What Would Aristotle Do? Self-Control through the Power of Reason* (Prometheus Books 2003).

ABSTRACT: The American Society for Philosophy, Counseling, and Psychotherapy (ASPCP) was founded on the premise that philosophical and psychological practices are interdependent and mutually supportive. While psychological practice can benefit from becoming more philosophical, the converse is also true. In contrast, the American Philosophical Practitioner's Association, under the direction of Louis Marinoff, has driven a wedge between these two practices. In this paper, I show how philosophical therapies such as my own Logic-Based modality, and psychological therapies, especially Rational-Emotional Behavior Therapy (REBT) work together synergistically. I hold that the APPA bifurcation of psychological from philosophical practice is artificial, impractical, and self-defeating. Further, I maintain that Marinoff's position that there is a distinct class of "sane" clients appropriate for the latter form of therapy serves to propagate a dangerous popular stereotype, that clients who "need" conventional psychological therapy must therefore be "insane."

The idea that philosophical methods and theories can provide therapy to people with problems of living occurred to me in the late 1970s when I was commissioned by the Department of Behavioral Studies at the University of Florida to develop a book on the nature of value judgments in practical decision making. The result was a book that was later published under the title, *Making Value Judgements: Principles of Sound Reasoning* (Krieger, 1985). In the preface, I stated,

"This book is not intended as an attempt at introducing a theory of belief justification for *theory's* sake; its mission is rather a *practical* one, viz., to give the reader an effective basis for assessing beliefs, especially ones about value—

the reader's own beliefs or those of others. The test of whether this book meets its mark is thus whether those who read it and assimilate its ideas will be disposed to make more effective judgments in the course of their lives.”

Here was the basic idea behind philosophical counseling: the use of philosophical methods and theories to improve upon peoples practical, life decisions. Not theory for its own sake; not logic for the share contemplation, but enlistment of these in the overcoming of practical life problems!

It was in fact my early hypothesis that many of the emotional and behavioral problems that people suffer are the result of bad logic. I wondered how many marriages went awry from the commission of faulty thinking errors; how many familial dysfunctions amidst self-defeating bouts with anxiety, depression, anger and guilt were fueled by conclusions that could never pass philosophical muster. Yet the treatment of behavioral and emotional problems was classically the province of the psychologist, not the philosopher. At the same time, training in logic and philosophical analysis was not typically part of the training of psychologists.

In the mid eighties, I set out to confirm my hypothesis by attempting to treat clients by giving them logic and philosophy, and what I learned in the therapeutic endeavor confirmed my hypothesis, for I found people torturing themselves through the commission of reasoning errors that could be easily flagged by students of philosophy

101.

Prior to starting my clinical work, I had become aware of one form of *psychotherapy* that started with a similar hypothesis as my own, that behavioral and

emotional problems are rooted in irrational thinking. The theory in question was (then) known as Rational-Emotive Therapy (RET), which had been developed by psychologist Albert Ellis more than three decades before my own work began. Interestingly, I did not discover Ellis' theory until after I had completed my book on Making Value Judgments, and I became aware of it only because my wife, Gale Cohen, a mental health counselor, was perceptive enough to see that what I was doing resembled Ellis' approach.

Unfortunately, philosophers of this era did not—and still do not—usually study the work of counselors and psychotherapist in sufficient detail. Second, they did not—and still do not—usually try their theories out in the clinic. It was, however, in overcoming these two tendencies inherent in my own training as a professional philosopher that made the development of my approach to philosophical counseling possible.

Realizing the need to bring philosophers, counselors, and psychotherapists together I co-founded the American Society for Philosophy, Counseling, and Psychotherapy in 1991 under the auspices of the American Philosophical Association. The mission of this learned Society was, in the words of its Constitution, “to foster the study of issues relating to philosophy, counseling and psychotherapy” and “the means to this end shall include learned meetings to promote the scholarly exchange of views.”

In 1995, as ASPCP members became interested in practical issues such as malpractice, licensing and certification, the Society turned to development of a Code of Ethics and Standards of Certification, and in 1996 began to issue certification to philosophers in philosophical counseling.

In 1998, Louis Marinoff, who was then Executive Director of the ASPCP broke away from the Society recruiting some of its Board members to form a different society, The American Philosophical Practitioners Association. The alleged reason for the division was to form an organization that was incorporated and carried malpractice insurance. However, ideologically, this new Association was at odds with the ASPCP mission and remains so to this day. According to the APPA Mission Statement,

Philosophical practice is defined...as a set of philosophically-based activities....The intent of these activities is to benefit clients. The activities are non-medical, non-iatrogenic and not allied intrinsically with psychiatry or psychology. The foci of these activities are educational, axiological, and noetic.¹

The link that the ASPCP had tried to establish with psychology and psychotherapy was thus explicitly disavowed, and what remained was a didactic, intellectual pursuit that was alleged to “benefit” clients. All the years of progress in helping clients in the psychological practices was left out of this new pursuit of the mind framed by philosophers for people who sought help with their problems of living.

The APPA view effectively posits that there are two sorts of client populations, one that is eligible to receive philosophical counseling, and one that would more properly benefit from psychological counseling. Borrowing a phrase from Canadian philosophical counselor, Peter March, Marinoff refers to philosophical counseling as “therapy for sane.” This, however, engenders a profound confusion about the nature of psychological therapy. The implication is that those clients who “need” psychological counseling are “insane” while those eligible for philosophical counseling are sane. This merely

¹ American Philosophical Practitioners Association, Constitution, Article 1 (Mission Statement). Retrieved January 26, 2005 from <http://www.appa.edu/constitution.htm>.

propagates stigmatization of people who seek psychological counseling according to a destructive stereotyping of clients in psychological therapy. People who seek psychological help for problems related to drug addiction, anxiety, depression, and a myriad of other problems traditionally associated with the “need” for psychological counseling are not as such “insane.” Clients who find psychological help useful for problems of assertiveness or even marital issues are not properly engaging in “therapy for the insane.”

Further, the application of labels such as “sane” and “insane” to globally rate *clients* commits the elementary mistake of assessing clients rather than their behavior, cognitions, and emotions. A client whom Marinoff might dub “sane” and eligible for philosophical counseling may nevertheless have some very irrational behavioral tendency. On the other hand, even a very competent philosopher may fit the psychiatric criteria for a serious personality disorder. Such labels are therefore misleading at best and dangerous and anti-therapeutic at worst.

The idea that there is a breed of clients that is “too sane” for psychological counseling and one that is “not sane enough” for philosophical counseling is an unfortunate bifurcation of two fields that can gain much by working in concert with one another. By working in concert, I don’t mean simply making referrals to one another. What I mean is developing psychological counseling that’s more philosophical; and philosophical counseling that’s more psychological. By driving a wedge between philosophical and psychological counseling, the APPA view falsely misconstrues the reciprocal substantive relationship between the philosophical and the psychological.

This false bifurcation appears to trade on the mistaken assumption that because philosophy and psychology are themselves independent fields, that philosophical counseling must also be independent. This is a fallacy of composition, however. Philosophy is an aspect of philosophical counseling but it is not itself philosophical counseling. What's true of the part is not necessarily true of the whole. Philosophy is an input into philosophical counseling. The latter is a hybrid discipline, a form of counseling that uses philosophical methods and theories. It is not "pure" philosophy, but instead "applied" philosophy. In its application it becomes psychological. It is philosophical psychological therapy, not just philosophy. If it were the latter, it would be grist for the classroom or might make for a stimulating discussion over coffee; but it would hardly constitute therapy of any sort—for the sane or otherwise.

A viable *psychotherapy* must address the wide range of emotional and behavioral problems with which humans grapple. It must be grounded in a comprehensive theory that systematically explains the connections between cognition, emotion, and behavior; it must provide a set of tools--techniques, skills, etc.—that permits application of the theory; and it must be validated empirically. The history of clinical psychology can boast of its strides in this realm, whereas philosophy in the form of philosophical counseling has only begun to test these waters in any systematic way. How haughty an assumption to suppose that philosophers needn't call upon the wisdom of psychology while claiming to apply the "wisdom of the ages."

On the other hand, it is equally unrealistic to deny the philosophical roots of psychology and psychotherapy. To give just some historically significant examples,

Plato's tripartite division of the soul provided fodder for Freud's famous distinction between Id, Ego and Superego.

Freud's view regarding human behavior, that there were never any accidents reflected his thorough commitment to the philosophical theory of determinism (the view that all human behavior can be explained scientifically.) Within this philosophical framework, Freud launched his psychoanalytic theory, which made unconscious motivation the source of psychological maladjustment, and which, in turn, provided a litany of psychoanalytic tools to apply the theory, including ego defense mechanisms (especially repression), transference, counter-transference, resistance, dream interpretation, and free association.

In concert with Freud's deterministic philosophy, the classical behaviorists (notably B. F. Skinner) proclaimed that human subjectivity--thoughts, desires, hopes, etc.--was merely a byproduct of biological processes, which had no efficacy in determining human behavior. Instead this theory sought to explain human behavior as an effect of the environment. Relegating free will and human responsibility to myths, it defended a science of behavior control as a practical and prudent goal. Various techniques for "conditioning" behavior were accordingly devised in an effort to apply the theory.

Person-Centered Therapy began with the "humanistic" philosophical assumption that there was a forward-moving, positive, human nature that tended toward actualization unless thwarted by inadequate relationships with significant others and peers. The theory accordingly set out to define the attitudinal conditions that therapists needed to

bring to the therapeutic relationship in order to help unleash this positive potential in their clients.

Negating both behavioral and humanistic assumptions, Existential Therapy declared that there was no human nature whatsoever and that human beings instead defined their own nature through their own freely chosen courses of action. Accordingly this form of therapy sought to encourage clients to stand up to their anxieties about making choices, to live authentically without hiding behind deterministic philosophies, and to take responsibility for their lives and what they made of themselves.

Cognitive-behavioral approaches, including Transactional Analysis, Cognitive-Behavior Therapy (CBT) and Rational-Emotive Behavior Therapy (REBT), among others, brought forth a mixed bag of philosophical assumptions. These theories stressed the importance of human subjectivity (cognition) in interpreting reality and in responding to it. Borrowing from ancient Stoic philosophy, especially that of Epictetus, it declared that it was not events in people's lives that upset them but rather their interpretation of them. As in Existential Therapy, human beings were perceived as having the ability to define themselves through their actions, but they were also creatures with certain biological natures that largely defined their behavioral and emotional tendencies. Like Existential Therapy, human beings retained the power to exercise free will, make choices, and to take responsibility in controlling emotions and actions in the face of life exigencies. Along with behaviorists, these theories maintained the efficacy of a set of behavioral techniques ranging from role-playing to various forms of "operant" conditioning in helping to reinforce rational choices and in overcoming irrational tendencies.

The bifurcation of philosophical from psychological practice is therefore to overlook their complimentary roles. On the one hand, philosophical practice can be informed psychologically by its incorporation of the tools and distinctions that psychological practitioners have devised and tested. Philosophers who attempt to carve out their own professional turf without seeking the aid of their psychological brothers and sisters are doomed from the start to re-invent the wheel and to slow the progress of philosophical counseling.

On the other hand, philosophical practitioners who have taken the work of psychological practitioners seriously and have attempted to divine their complementary natures, may have a good deal to add to psychological practice in the way of making it even more philosophical than it already is. The idea that philosophy can have teeth in touching the lives of perplexed travelers of life is already, to some extent, proven in the success of the many conventional psychological modalities that are invariably based on philosophical theories.

The Preamble of the ASPCP Standards of Professional Practice has specified some of the main activities that philosophical practitioners employ in their practices:

While individual philosophical practitioners may differ in method and theoretical orientation, for example, analytic or existential-phenomenological, they facilitate such activities as: (1) the examination of clients' arguments and justifications; (2) the clarification, analysis, and definition of important terms and concepts; (3) the exposure and examination of underlying assumptions and logical implications; (4) the exposure of conflicts and inconsistencies; (5) the exploration of traditional

philosophical theories and their significance for client issues; and (6) all other related activities that have historically been identified as philosophical.²

To the extent that a psychological practitioner incorporates such philosophical methods and theories into her practice she is already a philosophical counselor. Nevertheless, there are three ways in which philosophical counselors, as distinct from psychological practitioners, usually proceed. First, by virtue of their extensive training in historically significant systematic thinkers—Plato, Aristotle, St. Thomas, Locke, Hume, Kant, Nietzsche, Heidegger, and so on-- philosophical practitioners tend to use an assortment of ideas as therapeutic tools to help clients come to grips with their problems. This goes beyond consistently applying a psychological modality or tool based on a philosophical theory. For example, while REBT adheres to Epictetus' teachings by expecting clients to distinguish between their irrational belief about an event (say, the thought that what happened was terrible, horrible, and awful) and the event itself (say getting divorced), philosophical counselors often bring other philosophical ideas to bear on the client's circumstances.

Beginning with the ancient philosopher, Socrates, philosophers have amassed many wise insights about how to live a more fulfilling life. To the extent that psychologists have already incorporated these concepts or theories into their practices, progress has been made in helping clients to reach their counseling goals. The fact that Rational-Emotive Behavior Therapy is among the most successful, popular short-term psychotherapy (and perhaps also the most philosophical one) supports the hypothesis that philosophical theories can be wedded to a psychological approach with positive results.

² American Society for Philosophy, Counseling, and Psychotherapy, Ethical Standards, Preamble. Retrieved on January 26, 2005 from <http://www.aspcp.org/Documents/Ethics/ethics.html>

But the amalgamation has been sorely incomplete and it is reasonable to suppose that a more thorough tapping of philosophical resources in psychotherapy could add versatility and value to the standard approach. To deny this assumption is at odds with the palpable fact that philosophical theories and ideas advanced in the course of history in a myriad of other practical spheres (from political, social and ethical philosophy to the philosophy of science) can and have had important, positive, practical implications for the way we live.

Second, in addition to applying substantive philosophical theories, philosophical counselors so trained, generally make abundant use of the formal methods of philosophical thinking as pointed out in the aforementioned Preamble to the ASPCP Standards--examination of clients' arguments, analysis of key concepts, examination of underlying assumptions, etc. What marks these activities out as distinctively philosophical is that they focus primarily on the *justification* of beliefs.

These *methods* of philosophy—as distinct from its theories—provide the standards of rational inference and decision-making. A person who makes decisions based on vague concepts, unjustified assumptions, inconsistencies, and lack of evidence is bound to go astray. This is as true in ordinary life as it is in scientific research. The history of human failures in virtually all spheres of inquiry and action are testimonial to this fact. To the extent that psychological practitioners have also been concerned with exploring the rationality of their client's belief systems, it would be wrong to suppose that they are not, to that extent, doing philosophical counseling.

Third, the stockpile of “fallacies” of reasoning (especially those commonly referred to as “informal fallacies”) distinguished by philosophers is considerably more inclusive than those that REBT and other cognitive approaches include in their

repertoires. The addition of these to the standard approach holds the promise for a more powerful and progressive theory of psychotherapy.

In fact, my own clinical practice corroborates the hypothesis that many of the emotional and behavioral problems people encounter in the course of their personal and interpersonal lives are indissolubly bound up with fallacious inference, in a word, to bad logic. Philosophical methodologies along with its catalog of fallacies of reasoning provide a treasure chest of logical tools to aid in the avoidance of self-defeating, regrettable decisions.³ To the extent that psychological approaches, such as REBT, already apply some of these tools, this hypothesis is also corroborated.

The potential for improving reciprocity between philosophical and psychological practice is evident. The myriad of ways each can benefit the other should not be sabotaged as a result of turf battles, tunnel vision, inflated egos, and self-aggrandizement. The mission of the ASPCP has been very clear about this. Philosophical and psychological practitioners who truly care about improving the quality of their respective services should join ranks.

³ See, for example, Elliot D. Cohen, *What Would Aristotle Do? Self-Control through the Power of Reason* (Amherst, NY: Prometheus Books, 2003)