

THE ROLE OF PHILOSOPHY IN PSYCHOTHERAPY

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A Publication of



The Jefferson School
of Philosophy, Economics, and Psychology

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Good Morning, Ladies and Gentlemen:

The title of my talk today is the role of philosophy in psychotherapy. Actually, a more accurate title is "The Role of a Correct Philosophy--namely, Objectivism--in Psychotherapy." Because what I will be showing you is how Objectivism provides me with an indispensable framework for the diagnosis and treatment of psychological problems.

Let me tell you at the outset that philosophy and psychology are inherently connected. Everyone lives his life on the basis of a conscious or subconscious philosophy, and a person's philosophy of life is clearly apparent in his psychology. Without a correct philosophy, therefore, or at least an implicit knowledge of correct philosophical fundamentals, a therapist cannot help a patient change in any significant way.

To quote Ayn Rand: "In order to live, man must act; in order to act, he must make choices; in order to make choices, he must define a code of values; in order to define a code of values, he must know what he is and where he is--i.e., he must know his own nature (including his means of knowledge) and the nature of the universe in which he acts--i.e., he needs metaphysics, epistemology, ethics, which means: philosophy." ("Philosophy and Sense of Life" in *The Romantic Manifesto*.)

It is therefore essential that a therapist have sufficient philosophical knowledge to evaluate the philosophy of life underlying the patient's psychology. Objectivism, in my judgment, provides this knowledge. Objectivist metaphysics, epistemology, and ethics are both the cornerstone of my approach to psychotherapy and the basis for my understanding of the fundamental psychological concepts involved in it, such as self-esteem, core evaluations, conflicts, dependence, defense mechanisms.

With very few exceptions, every patient I work with suffers in various degrees from the influence of a wrong metaphysics, from the application of a wrong epistemology, and from the acceptance of a wrong ethical code. And every patient who continues in therapy for years without solving his problems

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does so as a result of his conscious or subconscious resistance or refusal to change some aspects of the philosophy of life he is guided by.

Consequently, very early in therapy, I form two concurrent diagnoses of the patient: one psychological, and one philosophical. In every therapy session, whatever psychological principles and concepts I am focusing on, I am always asking myself at the same time: Does this patient accept facts and the metaphysical rules of reality? Does he apply reason and use his mind to understand the facts the way they are, or does he distort reality because his method of thinking and acting is based on subjective desires and wishes? Does this patient pay lip service to reason and reality, but in some areas of his life act purely on his emotions? And what are the patient's values? Do they promote his life and well-being or are they destructive? How does this patient evaluate himself, other people, and life in general, and by what conscious or subconscious standards? And are these standards consistent with the rules of reality?

The philosophical diagnosis I make, when I have the answers to these questions, is based on my acceptance of the metaphysics, epistemology, and ethics of Objectivism--a metaphysics which recognizes the existence of an objective reality, an epistemology which holds that reason is man's only means of knowledge, and an ethics of egoism which holds that rational self-interest is the essence of virtue.

Now I want to tell you actual case histories to show how my philosophy guides me in psychotherapy.

Let's start with an extreme case that demonstrates with stark clarity the problems that a wrong philosophy of life can cause in a person's psychology. In reality, this is not a single case, but represents a composite of a number of patients I have worked with.

Mrs. Gray, who is not an Objectivist, is a 30 year old secretary. Her husband, a 34 year old civil engineer, frequently beats her and their two young children. He drinks heavily and often goes to work intoxicated. He does not hide his promiscuity with other women. He wishes to divorce his wife, though due to their disastrous state of finances, he is forced to continue to live in the same house with her.

Mrs. Gray does not want her husband to leave her. She alternates among hysterical crying fits, rage, guilt, and depression. She is on the verge of losing her job due to her inability to concentrate. She badly neglects her children. She follows her husband when he goes out on dates with other women. She often approaches these women, creates scenes, and screams at them to leave her husband alone. On other nights, she goes out and tries to pick up men (though she does not sleep with them), in order to prove to her husband that men desire her.

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Mrs. Gray wants me to help her keep her husband. She is willing to let him sleep with other women as long as he stays married to her. She says his drinking and the beatings are not so bad after all. She says she loves her husband and the children need a father. Divorce in her opinion is wrong. She is convinced her husband really loves her, but does not know it. Why else, she asks, would he want to have sex with her even after he comes home from dates with other women? She feels guilty because she told her husband's boss about his drunkenness and the beatings. She speculates that her husband was passed over for promotion because of her complaint. She also feels that she deserves the bad treatment from her husband because she manages money badly and is somewhat overweight.

Mr. Gray is unwilling to speak to a therapist. He claims his wife is the cause of his problems, and that if he can leave her, his problems will disappear. Mr. Gray was married before, and his wife left him because of his drunkenness and the beatings he subjected her to.

Briefly, my psychological diagnosis is that among other problems Mrs. Gray is suffering from low self-esteem and a major psychological conflict that paralyzes her, causing extreme anxiety, guilt, and depression. She is severely psychologically dependent on her husband and has inappropriate core evaluations. But let me set aside my psychological diagnosis for the moment.

Let me turn instead to my philosophical diagnosis, namely, to the identification of Mrs. Gray's metaphysics, epistemology, and ethics. I want you to pay attention to how I must intermingle my philosophical and psychological diagnoses.

Mrs. Gray's Metaphysics and Epistemology. You will agree, I am sure, that Mrs. Gray's view of reality is distorted and her method of thinking irrational. Facts are not facts to her and reality can be dispensed with if it clashes with her subjective desires and wishes. Sometimes, during the sessions, she does see the facts the way they are, but as a rule she does not attach any significance to the facts she identifies. Implicitly, she accepts the idea that facts are malleable, that they can be whatever she wants them to be, that A does not have to A. She clings to certain conclusions irrespective of the facts, because she has certain emotions, wishes, and desires which must be satisfied. Let's see how this is so.

She tells me her husband drinks most of the time. He often goes to work intoxicated, even though his job requires an extremely high level of focus, and mistakes may result in physical injury to others. Yet she does not see him as an irresponsible drunk.

He beats her and the children regularly. Yet she does not see him as a brute, who is out of control most of the time. On the contrary, she tells me that when he is with her, she feels that all is well in the world and that she is safe.