

## Psychotherapy research and the idol mind

Michael Robertson

Clinical Lecturer, Department of Psychological Medicine, University of Sydney  
and Psychiatrist, Dept of Psychiatry, Royal Prince Alfred Hospital, Sydney, NSW

### Summary

Research into clinical outcomes in psychotherapy has traditionally been conducted along the lines of empirical observations in support of testable hypotheses. The origins of this view are the very basis of western science. However, psychotherapy is generally acknowledged to be an intense form of interpersonal relatedness, whose benefits are not readily apparent to the gaze of the scientific investigator. This paper critiques the origins of knowledge traditionally applied to psychotherapy research and concludes by proposing the notion that psychotherapy research, conducted along the lines of empiricist inquiry, may be asking the wrong questions, providing answers that are misleading.

*Key words:* psychotherapy, research, knowledge, philosophy

“You have shown me a strange image, and they are strange prisoners

Like ourselves, I replied; for in the first place do you think they have seen anything of themselves, and of one another, except the shadows which the fire throws on the opposite wall of the cave?

How could they do so, he asked, if throughout their lives they were never allowed to move their heads?” [1]

Plato: Republic, Book VII

### Introduction

In his Republic Plato’s ideas of knowledge and reality are elaborated in the ‘cave allegory’, depicting prisoners, “destitute of philosophy” dwelling in darkness, cognizant only of shadows cast by men carrying forms of objects behind them. Ultimately, a prisoner breaks free of his chains and painfully ascends to ‘an upper world’ of Forms, where he discovers a level of reality. As he stares at the Sun, the prisoner comes to know “the Good”, the single ‘normative principle’, which brings harmony to knowledge.

Plato further outlined his ideas of knowledge through ‘the divided line’ – dividing the world of ideas (intelligible realm) and the world of objects (visible realm). He distinguishes between two categories of knowledge – Doxa (opinion) and Episteme (science). Doxa as a form of ‘knowledge’ concerns itself with appearances and visible objects, which are ‘known’ through eikasia (illusion) and pisis (belief based upon perception). Like the deluded prisoners in the cave, knowledge through Doxa is flawed and must be

transcended through to the 'higher' levels of Episteme. Episteme concerns itself with intelligible mathematical and hypothetical entities known through dianoia (hypothesis and analysis) and the ultimate level of knowledge noesis, which exists independent of the physical objects and approximates the Good. Dianoia relies predominantly upon mathematics for its method - not the applied mathematics of counting sheep, but the mathematician's mathematics of theoretical constructs, particularly geometry. Dianoia still relates to objects, and is therefore inferior knowledge to noesis

The prisoner is compelled to return from the enlightened upper world to the cave of shadows. The fate of the prisoner who returns to the cave, "with his eyes ruined" from the view from the upper world is of scorn and persecution of his fellow prisoners. In a subtle illusion to Socrates' fate, earned by his constant challenges to prevailing wisdom, the prisoner suffers amongst those around him, as he is forced to dwell within the cave.

This is without doubt the most famous concept in Western philosophy, and has inspired many hackneyed allusions to the cave as a metaphor for some form of human transcendence, yet it is pregnant with irony when applied to the state of knowledge of psychotherapy research. The 'allegory of the cave' alludes to issues such as the valorisation of one form of knowledge over another, the rigid adherence to a dogma, which is misleading and emotive and the fate of those who have the temerity to question the status quo.

In this paper, I will apply some of the key principles of epistemology to the enterprise of psychotherapy research and attempt to answer the question 'are we dwelling in the shadows of the cave.'

### **The art and science of psychiatry and psychotherapy**

It is commonly held that the practices of psychiatry, psychology and psychotherapy are comprised of both 'art' and a 'science'. The 'art' is the nuance, the subtle integrating of theory and experience. The theoretical-scientific basis of psychiatry is currently dominated by the neurosciences. Amidst this are the 'softer' sciences of psychoanalysis, behaviorism, and sociology; philosophical theories of mind appear to exist on a meta-level. The notion of psychiatry and psychology as 'soft' sciences, is not new. Their integration of the humanities with science is both their strength and weakness. Psychiatry and psychology are the quintessential 'third culture'.

The co-existence of the different 'cultures' of science and humanities, and the possibility of a third, 'middle ground' culture, extends to 1959 in which the novelist and unwitting polemicist, Sir Charles Percy Snow made a claim about the existence of "two cultures", the scientific and the non-scientific. In a Rede Lecture at Cambridge University, later published as the book *The Two Cultures*, Snow argued that there is a "gulf of mutual incomprehension" between scientists and what he termed "literary intellectuals", the traditional culture. This assertion aroused considerable rancor in Cantabrigian academic circles and continues to be divisive. Snow contended:

"If scientists have the future in their bones, then the traditional culture responds by wishing the future did not exist".

A second edition to the book, *The Two Cultures: A Second Look*, was published in 1964 [2]. In it, Snow introduced the notion of a “third culture.” Snow imagined a culture where literary intellectuals conversed directly with scientists. Many now loosely define Snow’s ‘third culture’ as including economics, political science and psychiatry. They are considered to lack scientific rigour in their attempts at conflating the humanities with the sciences.

Jerome Frank [3] provided understanding of the universals of psychotherapy. Frank’s *Persuasion and Healing* compared the elements of psychotherapy with religious practices. Frank saw that there were three elements defining any kind of psychotherapy, be it secular or religious. First there is a healing agent, or therapist. Second, there is a sufferer who seeks relief from the healer. Third, there is a healing relationship with what Frank called a “more or less structured series of contacts between the healer and the sufferer”. Frank defines mental illness as ‘non-adapted states of being’. Psychotherapy or religious counselling tries to shift the non-adaptive ‘assumptive world of the sufferer into a more adaptive one. This process is achieved in psychotherapy as a function of four properties of the interaction between patient and therapist. The first is a ‘healing setting’. Second is an “emotionally charged, confiding relationship with a helping person”. Third, there is provision of a rationale or conceptual scheme explaining the patient’s symptoms. Finally, Frank outlines a ritual or procedure for resolving them.

The research conducted into the process of psychotherapy consistently identifies that the benefits of the intervention are only marginally related to the actual therapy itself, with up to 85% of outcome variance related to the therapeutic relationship, the patient’s motivation for change and the expectancy of benefit aroused by psychotherapy [4].

### **Evidence based practice and psychotherapy**

One of the most influential movements in clinical practice has been that of Evidence Based Practice (EBP). EBP asserts the principle that the only treatments that should be used in clinical practice are those for which there is robust evidence of efficacy. EBP originated largely at the instigation of a British researcher, Archie Cochrane, who proclaimed that ‘nothing could be said of any treatment until the first patient had been randomised in a scientific study’. In the eyes of EBP, the most robust scientific studies are randomised control trials (RCT’s).

Whilst RCTs represent large and expensive projects, the information they provide is not always reflective of reality. The limitations of RCT, as applied to treatments for psychiatric disorders, are commonly criticised on many grounds, including selection bias, arbitrary treatment end-points and unrepresentative definitions of states of illness.

A sardonic critique of RCTs was published in the *British Medical Journal* in 2001 [5]. The author, Leonard Leibovici, examined the efficacy of having a cleric pray for the patient’s recovery from septicaemia year after the admission to hospital (‘remote, retroactive intercessory prayer’). Leibovici randomised the files of over 1600 adults who had been admitted to hospital with septicaemia to either the prayer intervention

or nil. There was no difference in the number of deaths for either of the groups, but there were statistically significant differences in length of hospital stay and duration of fever. Leibovici was compelled to conclude, that he could not reject his explanatory hypothesis i.e. that an all-powerful God can travel back in time and cure blood infection and that “remote, retroactive intercessory prayer can improve outcomes in patients with a bloodstream infection. The intervention is cost effective and probably has no adverse effects, and should be considered for clinical practice”.

Despite the criticisms of EBM based upon the methodological shortcomings of RCTs, the major source of concern relates to the gaps in knowledge being equated with the assumption that unproven treatments are inappropriate for clinical use. The aphorism that ‘deficiency of evidence is not evidence of deficiency’ is particularly apposite in the psychotherapy debate, where the comparatively RCT friendly manualised treatments such as Cognitive Behaviour Therapy and Interpersonal Psychotherapy enjoy distinct advantages over longer-term treatments in EBM.

In attempting to advance an argument about the true state of ‘knowledge’ in psychotherapy research, it is worth briefly reflecting upon the ideas of several key thinkers in the area. I have selected a sample of ideas, which serve this discussion well by considering the effects of power upon the nature of knowledge.

### **The philosophical basis of knowledge**

#### **Francis Bacon and the ‘idola’**

Francis Bacon’s epistemological project identified many flaws in human knowledge. In Bacon’s time, the ongoing influence of Aristotle meant that the dominant form of knowledge in Western culture was deductive syllogism. Like many of his fellow Empiricists like Locke and Newton, Bacon believed that knowledge should actually proceed from observable fact to an axiom and thence to a law. Bacon believed, however, that human thought was corrupted by a multitude of factors which distort perception of truth. In his fragmentary work *Instauratio magna* (1620), Bacon identified these distorting factors, which he dubbed ‘idola’ or idols. *Idola tribus* (Idols of the tribe) are factors within a culture which affect the perception and interpretation of experience. *Idola specus* or Idols of the cave, is a direct allusion to Plato and highlights distortions of thought that are unique to an individual. *Idola fori* (Idols of the marketplace) arise from the vagaries and limits of language and *Idola theatri* (Idols of the theatre) result from the abuse of authority and the effect of power on knowledge, such as Galileo’s travails at the hands of the Vatican.

The idola seem to relate biases in our interpretation of experience. Idols of the cave and tribe are clearly evident in history, from witch burnings to the current excesses of the popular press. Idols of the marketplace and Idols of the theatre are more relevant to our enquiries of psychotherapy research. As Wittgenstein rightly quipped, the limits of language are the limits of our world. The limitations and connotations of potent phrases such as ‘efficacy’, ‘empirically validated’ and ‘cost-effective’ are amongst the most vexed in psychotherapy research.

The idols of the theatre are the most sinister of the idola. The relationship between knowledge and power, advanced by the genealogical methods of Nietzsche and Foucault will be discussed shortly. In modern times, the power structures of academia, big pharma and so-called economic rationalism are the idola most relevant to psychotherapy research.

### Nietzsche's suspicions of science

Nietzsche was concerned about the apparent excesses of science. He was particularly concerned about power structures in society that control the form that knowledge takes. In the case of knowledge in psychiatry, the hegemony of academia and the immense financial influence of the pharmaceutical industry are obvious examples. At the core of Nietzsche's thoughts about knowledge, was the concern that science merely represented a way in which man tried to make things comprehensible, rather than know them as they truly are. In the same way that man took cover from the notion of a harsh and unforgiving universe by seeking refuge in the notions of a God, man also hubristically claimed to understand the world through science. Science showed the universe as we chose to see it, not as it truly is. In many ways, this is a direct challenge to Platonism [7]. Nietzsche did not wish to reject science completely; in *Thus Spake Zarathustra* [8], he argued that a scientific truth was of value not if it was proven or not, but rather if it brought something to the table that was worthwhile. In other words, scientific 'truth' should be judged on the merits of whether it is 'species preserving' or 'species enhancing'. He argues, "it is not a question of abolishing science, but of controlling it." [9]

### Foucault and the 'archaeology' of knowledge

Michel Foucault's ideas on the nature of knowledge seem particularly apposite to psychotherapy. Foucault described knowledge as taking the form of a 'discourse' – an ongoing interaction between insiders to the discourse. Foucault collectively referred to these constituents to the discourse as 'discursive formations'. Foucault also recognised that knowledge itself was not a constant evolution of ideas. He wrote of an 'archaeology of knowledge', where the discourse had taken different forms in different eras in history [10]. An era of knowledge was dubbed an 'episteme'. Epistemes were discontinuous, and frequently appeared abruptly against the previous episteme.

In Foucault's estimation, knowledge and power could not be distinguished. In the current geopolitical climate; this is evident in what the media depicts as the actions of the state. In the clinical sciences, it is who or what has the ear of policy makers and 'stakeholders'. This genealogical method was Nietzsche's bequest to Foucault's thought, and later post-modernism – that the composition of knowledge was indistinguishable from the powerful influences in social settings. As a consequence of culture, social hierarchies and other potent forces, certain ideas are favored over others, being considered to have 'cultural capital'. These ideas are hegemonic and exert firm control over the discourse. Foucault was particularly impressed with the cultural capital of

psychoanalysis in determining the concept of madness in human societies. Foucault's acclaimed *Discipline and Punish: the Birth of the Prison* [11] advanced this idea in describing prisons as microcosms of society, a 'carcereal' society where power and knowledge or 'power/knowledge' made human sciences, such as psychiatry and sociology, possible. Knowledge and the state were one and the same. Psychiatry's traditional power and authority in society is predicated on this notion of power/knowledge, particularly with regards to psychiatric diagnosis as a means of social agency.

Applied to psychotherapy research, Foucault's ideas about psychiatric knowledge could be interpreted as the discursive formation as to what comprises effective and worthwhile treatment is influenced by ideas with strong cultural capital, such as cognitive psychology and biology, in preference to other equally valid ideas. Power/knowledge structures, such as government and academia, control the discourse and define the 'evidence'; thus the evidence base is what those in positions of power define it to be.

#### Jean-Francois Lyotard and post modernity

The quintessential post-modernist, Jean-Francois Lyotard, distinguishes between "scientific" and "narrative" knowledge, along the same lines of demarcation as those Habermas used to distinguish between technical empiricism and practical forms of knowledge [12]. Lyotard recognised in the 1970's that in the nascent 'information age', information was as critical a resource as material wealth, and that nation states and social structures that possess such information were in positions of profound influence. It therefore followed that powerful nation states, such as the USA, would accumulate knowledge in addition to material wealth. The American world view becomes an *idée fixe* through military action, diplomacy, cultural hegemony and financial influence. Apart from distinguishing between scientific and narrative forms of knowledge, Lyotard also emphasised that scientific knowledge had become so dominant in the post-modern world that it was erroneously assumed to be the only form of knowledge.

#### Jürgen Habermas and the Frankfurt School

A particularly intriguing view of knowledge, particularly with reference to science and its power, comes from the so-called "Frankfurt school". This body of thought, dubbed 'critical theory' advances ideas that have broad implications for society and culture. Amongst the most influential thinkers of the Frankfurt school is Jürgen Habermas. Habermas' work is broad, particularly his 1968 classic *Knowledge and Human Interests* [13], although his critique of knowledge is illuminating, particularly with reference to EBP.

Habermas wrote of 'knowledge constitutive interests' that divide knowledge into three categories. "Technical empirical knowledge" arises out of the Enlightenment and is, in essence, scientific. Technical empirical modes of understanding involve developing a theory and then making sets of highly contrived observations that seek to either prove or disprove the theory. Applied to EBM, particularly in psychiatry,

this mode of thought would place faith exclusively in scientific studies that were well constructed and adhered to certain methods of investigation, including complex statistical calculations.

“Practical Interpretive knowledge”, by contrast, seeks to measure the world as it is lived in. Learning and knowledge evolve from observing the world as it comes. At the core of this is language and interpretation. This form of knowledge is represented by the wisdom of experience; in the psychiatric setting it would be the wisdom of having experienced numerous interactions and making consistent observations. To contrast this with Technical empirical knowledge, consider the decisions made about antidepressants. EBP would state that the choice would only be guided by what robust findings from well controlled studies would indicate. In the case of Practical Interpretive knowledge, the decision would come down to what the particular clinician has seen and experienced working in the past.

Habermas then described ‘Emancipatory knowledge’, which tends to alloy social influences and the power structures identified by Foucault and others, with knowledge. To Habermas, Technical Empirical knowledge is so enamoured with itself that it poorly tolerates challenges to it as a basis of knowledge. Habermas, when referring to science, terms this dominance as being ‘scientism’ – science’s belief in its own supreme power. There is therefore a ‘hegemony’ of science over knowledge. The process of emancipatory knowledge is achieved through a process of ‘critical reflection’, in which we ponder the state of our knowledge, and what has brought us to think in such ways. To emancipate one’s thinking is to think about what we think, why we think it and what has influenced us to think this way. Unlike the post-modernists, Habermas is not determined to destroy the notion of truth or meta-narrative, but rather to consider alternate pathways to this.

### **The philosophy of science**

Empiricism is at the core of scientific method. Descartes and other rationalists had argued that humans possessed a priori knowledge such as mathematics and geometry – perceptual experience could not be trusted as a basis of knowledge as our senses can be fooled. Empiricists like Locke [14] rejected this notion, and argued that experience was the basis of knowledge. Our perceptions of the universe guide our knowledge of it. Our perceptions help us form ideas about the world and our observations are made in support of, or against, a particular conceived notion of the universe. If we believe that there is a force called ‘gravity’ that acts on objects, then a trolley rolling off a table and falling to the ground is seen to support this idea. The notion of scientific empiricism is that we are able to make structured observations that are associated and infer that these are causally linked. If A happens and B happens in some form of temporal relationship, the assumption is that this A and B are causally, rather than incidentally, linked.

The notion of causation is not universally accepted – David Hume [15] argued quite strongly that this reasoning was misleading, as our observations are dependant upon the vagaries of our perceptive capacities. All we can say of pairs of observations, such as described above, is that from our experience, we form expectations that when

A happens, B follows. Thus Hume believed that perhaps the human mind possessed a sense of causation to the point that we almost willed things to be true. Later exponents of Hume's thoughts, such as Bertrand Russell, dismissed causation as little more than magical thinking.

Claims to causal relationships are therefore far more vulnerable to external influences, heuristics, our hopes, expectations and our manner of observing phenomena. To sceptical Humeans, causation arises from human psychology rather than the way of the universe. The core science of psychiatry, whether it be the observation of a certain type of genetic composition associated with the onset of psychiatric disorder or the observed benefits of treatment trials, is therefore based on assumptions about causation that can never be held to be fact. Scientific empiricism is based upon generalisations that are confirmed by the experience witnessing phenomena that fit with a testable hypothesis. If I believe that tricyclic antidepressants improve melancholic depressive symptoms, my hypothesis is tested by observing the two events i.e the administration of a tricyclic antidepressant and the observation of improvement in melancholic symptoms.

This argument is also illustrated in exchanges between John Stuart Mill [16] and William Whewell [17]. In simple terms, Whewell is happy to accept that if your experimental hypothesis, or theory, seems to explain your experimental observations, then that is good enough. If the antidepressants seem to, time and time again, make depression better in treatment trials, then so be it. Whewell even conceded that one's theory might be wrong, but it might at least lead one in the right direction. In other words the antidepressants might work, not because they elevate brain serotonin, but because of the compound binding the active ingredient; or the 'placebo effect'.

Mill on the other hand would simply not accept that 'near enough is good enough'. He believed, like Karl Popper in the next century, that disproving false theories was the only way to approximate scientific truth. In the case of antidepressant medication seeming to work for depression, Mill would want to look at the people who didn't get better and focus on why.

The scepticism implicit in these thoughts, that we cannot know things completely, was a theme pursued by the most widely known philosopher of knowledge, particularly scientific knowledge, Karl Popper [18]. Popper takes the view that a theory is only scientific if it is testable i.e. open to the possibility to being falsified. In simple terms, scientific theories can only be disproved, not logically verified. If a theory is proven, it is likely that the hypothesis has been modified to fit with the experience of observations. For Popper, however, to assert that a theory is unscientific, is not to hold that it is meaningless, rather that it does not allow itself to be tested, and falsified. The context of the hypothesis may change, such as when advancement in technology makes it more feasible. This makes a hypothesis testable, and therefore scientific.

### **Reductionism in psychiatric thought**

One idea that pervades the science of psychotherapy research is the notion of 'reductionism'. Put simply, reductionism is the view that phenomena can be explained in terms of their more basic elements. Psychological states are considered as natural



phenomena and are subsumed in physiological functions of the central nervous system, neurophysiological functions are seen in terms of biochemical processes, and biochemical processes are reduced to the physics of molecules. The reductionist principle is that everything can be known and comprehended by breaking complex ideas into smaller ideas. Descartes asserted that a priori knowledge, that is knowledge that is innate and indigenous to the human mind, like shapes and numbers, comprised the basics of thought. Through reducing observations into these simple components, anything was knowable. In his *Rules for the Direction of the Mind* (1625-28), Descartes [20] wrote:

“...it is only concerning genuinely simple and absolute matters that we can have certain knowledge ... all human knowledge consists of this one thing, that we perceive distinctly how these simple natures combine to produce other things.”

Applying reductionism to psychiatry has tended to see it largely default into biological explanations of psychiatric disorders and their treatment. In the case of depression, the reductionist view sees it largely as a state of deranged brain biochemistry. Life events are defined as influences on the internal milieu of the brain. Scientific reductionism in psychiatry holds that much psychopathology and treatment can be explained in these terms.

The 14th Century monk, William of Ockham, proposed the view, “*Pluralitas non est ponenda sine neccesitate*”, which translates as “entities should not be multiplied unnecessarily”. Rather than merely ‘keep it simple’, ‘Ockham’s razor’ suggests that when we are faced with two theories which have the same predictions and the available data cannot distinguish between them, we are compelled to study in depth the simplest of the theories, rather than take the more complex. We are better served considering the physics of neurotransmitters than the arcane and complex ideas of Klein or Kohut.

### **The appropriateness of science applied to human experience**

The early phenomenologists, like Husserl [21] and Brentano [22], sought to define the relationship between the individual subject and the world of objects. In his later years, however, Husserl moved from a focus on individual experience of the world to that of a shared experience, what he termed “*lebenswelt*”. This represented a shift from the concept of the disinterested subject interacting with a world of objects to an intersubjective experience of the world; instead of ‘my’ experience, it is ‘our’ experience. Husserl and his pupil Heidegger [23] both shared a concern about a ‘moral vacuum’ being created in society by the attempt of the empirical natural sciences to define human experience. The effects of rampant positivism applied to the human experience, perhaps reaching its apogee in the science of psychology, was destroying humanism.

In the eyes of the early phenomenologists, the human experience was both intersubjective and “always already” in the world. Heidegger, in particular, situated the human being outside of the mind and engaged in a world of objects. This brought about a change in the focus of psychotherapy and has been advanced as an important challenge to therapies that are focussed entirely on internal psychological states [24].

## Discussion

This paper begins in referring to Platonic epistemology and Bacon's idolata, specifically the idols of the cave and the idols of the theatre. In Plato's estimation, being a prisoner in the cave is to be compelled to hold beliefs that are merely shadows of fact. They are deceptions, which lead to a state of profound ignorance. The prisoner who breaks free of his bonds, and through a painful pathway of knowledge is able to apprehend the 'upper world' of the good – the ultimate knowledge. When he returns to the cave he is persecuted and ridiculed by the other prisoners. When Bacon identifies idols of the cave and idols of the marketplace, he is reminding us of the susceptibilities of our mind to subjective bias, faith in false idols and the effects of power structures on our thought. This process is revisited in the ideas of the Post Modernists from Foucault and Lyotard onwards. In considering the enterprise of scientific research, the method is of observation of phenomena and attribution of causation. We are compelled to follow the most simplistic explanations first and take a method of scepticism that our observations can only be rejected. Hume and his followers cast some doubt about the equation of a temporal relationship with a set of observations, with the assumption of causation. To Hume this seems to be a confection of the human mind, perhaps an idol of the cave? Assuming we accept this methodology, Descartes chides us into accepting that we can only intellectually apprehend small or fragmentary pieces of information, based upon the limits of our God given a priori reasoning, hence we are compelled to only ask questions of small magnitude.

It is therefore Habermas, who provides us with the pathway out of the cave, with his notion of 'emancipatory knowledge', the challenge to our thinking about how and why we accept some notions as knowledge, and reject others. If we can integrate the external factors, the idolata, which affect our thought, then we can emancipate our thinking about the questions confronting us in psychotherapy research.

An intercurrent philosophical strand in this paper has been the assertions of the phenomenologists like Husserl and Heidegger in highlighting the limits of the methods of the empiricist natural sciences in understanding the human experience, and in particular the experience of the therapeutic relationship, which has been demonstrated to be the most significant factor in effecting change in psychotherapy.

If this is the case, what are the clinical benefits psychotherapy is achieving? Put in epistemological terms - how can we understand and measure the undeniable benefits of the therapeutic relationship in Plato's upper world, free of Bacon's idolata, through the reflection required of us by Habermas?

The available scientific studies, which make comparative distinctions between various forms of psychotherapy therefore seem to be arbitrary and meaningless. Empirical studies, which compare psychotherapies 'head to head', or psychotherapy with medications, seem to ask the wrong research questions. Take for example, one of the most methodologically robust psychotherapy studies The National Institute of Mental Health Treatment of Depression Collaborative Research Project (NIMH-TDCRP) [24]. In this efficacy trial two psychotherapies, Interpersonal Psychotherapy (IPT) and Cognitive Behaviour Therapy (CBT) were compared to the antidepressant

imipramine in the acute treatment of Major Depression, as defined by Diagnostic and Statistical Manual of Mental Disorders 3rd Edition (DSM-III) [25]. The results of this trial broadly supported the efficacy of both psychotherapy modalities in the acute treatment of depression, approximately equating their efficacy to that of medication.

In the first instance, the study's design enforced constraints on the conduct of the psychotherapies in order to fit with the requirements of the methods of the study. Both psychotherapy treatments were diluted in order to remove any overlap and then compelled the therapists to offer the treatment in a time frame that allowed comparison with medication treatment.

The criticism of the NIMH-TDCRP, which accords most with the phenomenologist critique of the natural sciences applied to human experience, was that the major outcome measures of the study were symptomatic. Only asking this research question missed the opportunity to ask the more relevant questions such as:

- What changes could psychotherapy achieve in the level of insight and acceptance of the limits of a person's existential distress?
- What enhancement of satisfaction with relationships, or the person's sense of fulfilment in life was achieved?
- Could the creation of a coherent narrative or sense of meaning help the patient deal with their psychological distress?

Although these concepts are difficult to quantify, their neglect through focusing narrowly on symptomatic outcome alone provides us with meaningless data in attempting to understand the benefits of the therapeutic relationship. We can say that IPT and CBT work as well as medication in the reduction of symptoms. This is rather like saying that either a push-bike or an aircraft can get us from Paris to Berlin.

Freud quipped that the essence mental health was 'lieben und arbeiten' – the capacity for collaborative affiliation and agency. It is arguable that psychotherapy is tasked with helping the patient achieve this. This begs the question, how is psychotherapy a therapy? If we accept that psychotherapy functions largely through the unique form of relationship achieved between patient and therapist and, that there are likely to be more manifold benefits than reduction of symptoms as defined by artificial scales, is it a therapy in the way that medication or surgery is a therapy?

Regardless of what one thinks about this most vertiginous of questions, it is clear that the empiricist scientific project is manifestly inadequate in understanding the benefits of psychotherapy. Power structures, superstition, cultural bias, and personal prejudice – the idolata – have elevated the false god of science into psychotherapy research.

Our challenge in psychotherapy research is to first ask the right questions before arguing over the answers.

“And when he remembered his old habitation, and the wisdom of the cave and his fellow-prisoners, do you not suppose that he would felicitate himself on the change, and pity them?” [1]

#### References

1. Plato. *Republic*. Book II, Penguin. In: Plato: *Complete Works*. Cooper JM. ed. Indianapolis: Hackett; 1997.

2. Snow CP. *The Two Cultures and the Scientific Revolution*. New York: Cambridge University Press; 1959.
3. Frank JD, Frank JB. *Persuasion and Healing - A Comparative Study of Psychotherapy*. Baltimore: Johns Hopkins University Press; 1993.
4. Lambert MJ, Bergin AE. *The effectiveness of psychotherapy*. In: Bergin AE, Garfield SL, eds. *Handbook of psychotherapy and behavior change* (4th ed). New York: Wiley; 1994. p. 143–189.
5. Leibovici L. *Effects of remote, retroactive intercessory prayer on outcomes in patients with bloodstream infection: randomised control trial*. *British Medical Journal*. 2001, 323: 1450–1.
6. Bacon F. *Instauratio magna*. In: Pentonen M, ed. *The Cambridge Companion to Bacon*. Cambridge: Cambridge University Press; 1996.
7. Nietzsche F. *Twilight of the Idols and The Anti-Christ*. Baltimore: Penguin; 1968.
8. Nietzsche F. *Thus Spake Zarathustra*. Harmondsworth: Penguin; 1961.
9. Nietzsche F. *The Philosopher*. In: Breazeale D, ed. *Philosophy and Truth*. New York: Humanities Press; 1979.
10. Foucault M. *The Archaeology of Knowledge*. New York: Pantheon; 1979.
11. Foucault M. *Discipline and Punish: the Birth of the Prison*. London: Penguin; 1991.
12. Lyotard J-F. *The Postmodern Condition: A Report on Knowledge*. Minneapolis: University of Minnesota Press; 1993.
13. Habermas J. *Knowledge and Human Interests*. Boston: Beacon Press; 1971.
14. Locke J. *An Essay Concerning Human Understanding*. In: Nidditch PH, ed. Clarendon Edition, Oxford: Oxford University Press; 1975.
15. Hume D. *The Philosophical Works of David Hume*. Green TH, Grose TH, eds. London: Longman; 1875.
16. Mill JS. *System of Logic*. Book 2, Ch 9. In: Robson JM ed. *Collected works of John Stuart Mill*. London: Routledge; 1963.
17. Whewell W. *A history of the inductive sciences*. London: J Parker; 1837.
18. Popper K. *Conjectures and Refutations: The Growth of Scientific Knowledge*. London: Routledge; 1963.
19. Clarke DM. *Descartes' Philosophy of Science*. Manchester: Manchester University Press; 1982.
20. Husserl E. *Crisis of European Sciences and Transcendental Phenomenology: An Introduction to Phenomenological Philosophy*. North Western University Press: Seattle; 1970.
21. Brentano F. *The Cambridge Companion to Brentano*. Jacquette D, ed. Cambridge: Cambridge University Press; 2004.
22. Heidegger M. *Being and Time: a translation of Sein und Zeit*. State University of New York Press: New York; 1996.
23. Bracken P. *Trauma: culture, meaning and philosophy*. London: Whurr; 2002.
24. Elkin I, Shea MT, Watkins JT. *National Institute of Mental Health Treatment of Depression Collaborative Research Program: General effectiveness of treatments*. *Archives of General Psychiatry* 1989; 46: 971–982.
25. *American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders - 3rd Edition*, Washington DC: American Psychiatric Press; 1980.

Author's address:

Dr Michael Robertson  
 Royal Prince Alfred Hospital  
 Missenden Rd  
 Camperdown NSW, Australia  
 michael.robertson@mayo.net.au