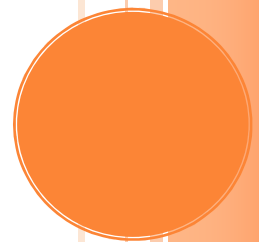


# OUVERTURES

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## PHILOSOPHY IN THE PREVENTION OF MENTAL ILLNESS<sup>1</sup>

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It's only since the 1980's that philosophy has been actively used to treat 'mental illnesses.' The idea that philosophy can be used as therapy is not new; it goes back to ancient Greece. But the idea that an individual's distress is a mental illness caused by the brain is relatively new. And it is also very misleading.

I propose that if people are taught good reasoning early in life they'll be less likely to be led into the kind of mental distress that can be diagnosed as 'mental illness.' To put it more succinctly, if the knowledge and discursive skills of philosophy are taught before university there is likely to be far less 'mental illness' in our society.

The term 'mental illnesses' is completely misleading. First of all, mental suffering and distress are not illnesses because they're not biological brain disorders. There is a noticeable equivocation in the literature that presents the mind and the brain as though they were one and the same thing, and treats them medically as though they were both biological organs. Of course the brain is such an organ, but the mind is not. The brain is the biological container; the mind is the non-biological content.

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<sup>1</sup> This paper was first presented at the University of British Columbia on May 3, 2013. This essay is the basis of what eventually became Chapter 7 "Preventive (Prophylactic) Philosophy" in my latest book *Philosophy's Role in Counseling and Psychotherapy* Published by Jason Aronson. (All rights reserved).

The mind is not material; it is propositional, consisting of beliefs, values, fears, assumptions, and so on. It is much easier to change your mind than it is to change your brain. But physicians and psychotherapists make the very common mistake of medicating the brain, convinced that this will alter the distressing beliefs, values and assumptions in the mind. Granted, drugs will dull the brain—in somewhat the same manner that drinking a large glass of scotch will—to where the patient can't recall or doesn't care anymore what the distress was about. But drugs can't resolve troubling life issues, the beliefs, values, fears, and assumptions, that are the cause of the distress in the first place.

A mistake made by the North American mental health field by the hundreds of thousands on a daily basis is diagnosing the most common human circumstances as pathological brain disorders and treating them with brain-altering medications.

For example, grieving for a loved one, finding it difficult to speak in front of an audience, talking back to your parents, and being too energetic or not energetic enough have all been formally catalogued as diagnosable 'mental illnesses' requiring medications.

According to a report published in the *Journal of the American Medical Association*<sup>2</sup> an estimated 26.2 percent of Americans ages 18 and older—or about one in four adults—suffer from a diagnosable 'mental disorder' in any given year. This amounts to almost 60 million people! Earlier this year CBC television reported that, according to the Canadian Mental Health Association, more than 50% of the Canadian workforce, and 1 in 5 students, are suffering from a diagnosable 'mental illness.' And since the year 2000 the diagnosis of pediatric bipolar disorder in the US—that's mania and depression alleged to exist in infants—has increased 44 times from the previous decade. These figures are, of course, unrealistic for various reasons. I have named this clinical over-enthusiasm "hyper-diagnosia." But there is no doubt that many people do suffer from the stress and strains of modern life with its complex technologies, complicated relationships, and confusing personal identities. But when suffering individuals consult the medical or mental health establishments they're typically diagnosed with one or more 'mental illnesses' and prescribed brain-dulling medications. Given the fact that the mind is beliefs, values, and assumptions about everyday issues, it seems totally misguided to think that the best treatment for distressing beliefs, values, and assumptions is a dose of brain-altering drugs.

Young people especially are diagnosed as suffering from a 'mental illness' when there are sexual identity issues, substance abuse, poor school performance, a negative body image, unhealthy eating habits, low self-esteem, physical, mental or sexual abuse, depression, and suicide attempts. All of these troubling life situations

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<sup>2</sup> Reported in an article on the MSNBC web site at <http://www.msnbc.msn.com/id/5111202/>

and more can be found in the psycho-diagnostic manuals as ‘mental illnesses’ requiring treatment with powerful medications.

So the first error that practitioners in the mental health care field make is diagnosing normal human suffering and distress as brain-generated ‘mental illnesses,’ and then treating them with powerful psychotropic medications designed to alter the brain. The second error that both practitioners and policy makers in the mental health care field make is that they have been focusing almost exclusively on the treatment of individuals who have already succumbed to mental suffering and distress.

Why is it that our mental health care system seems to value alleviating harm more than preventing it? For one thing, there seems to be an “If it ain’t broke don’t fix it” mentality: if there is no evidence of suffering then nothing needs to be done.

For another thing, the costs and benefits of prevention are difficult to locate, while the data on the costs and outcomes of restorative treatments is fairly easy to come by. So treatment *appears to be* more cost-effective than prevention, leading health insurance providers, including governments, to channel their attention in that direction.

From the perspective of criminal justice, it has been discovered that it is in fact more cost-effective to prevent crime than to deal with the numerous consequences in the aftermath of a crime. The same can be said about mental health: it’s more cost-effective to prevent ‘mental illness’ than to deal with the numerous consequences after onset. But does this mean that individuals should be given psychotropic medications even before they’ve been diagnosed with a so-called mental illness? That would be a valid conclusion if ‘mental illnesses’ were in fact brain disorders treatable with chemical remedies. But they’re not. So-called mental illnesses are brought on by troubling life circumstances that can’t simply be alleviated with drugs.

When it comes to physical health, there is a movement in our society toward prevention: people are learning how to eat properly, participate in regular physical activity, get adequate amounts of sleep, and so on. This movement is driving people to health care professionals who practice preventive medicine, focusing on education as a means of preventing health problems from arising, rather than just treating the symptoms of already existing conditions.

Why can’t the same proactive, preventive approach be followed in taking care of the mind? Currently philosophy is being actively used primarily as a palliative treatment after a distressing event. But philosophical counselors also often teach their clients the knowledge and discursive practices they have employed to help them. This informal education promotes the client’s autonomy and helps to avoid a dependence on the philosopher in the event of future difficulties. Philosophy can be a heuristic treatment which encourages individuals to learn how to discover,

understand, and solve problems on their own. The same is rarely true in psychotherapy.

If good reasoning is learned by students early in life then they are much less likely to be led into the kind of mental distress that can be diagnosed as ‘mental illness.’

In an essay in the *Journal of Mental Health Counseling* the authors write that “preventive counseling has been a defining characteristic of mental health counseling throughout the history of the profession. Yet a review of the literature suggests that prevention has rarely been emphasized in the training process or in the practice of mental health counseling.”<sup>3</sup>

Unfortunately, almost the same thing can be said of philosophy. There is a ‘request only focus’ in which philosophy is offered in counseling to individuals asking for relief from suffering and distress that is currently being experienced. There has been almost no deliberate attempt made to teach philosophy proactively as a preventive measure against so-called mental illnesses.

Teaching philosophy to young people at the pre-university level is a preemptive endeavour that anticipates the possibility that life stresses may result in what can be diagnosed by the medical establishment as ‘mental illnesses.’

It might be argued that to conceive of teaching philosophy as an inoculation against so-called mental illnesses is an unreasonably radical treatment when there is no means by which it’s possible to determine which child or young person will in fact succumb to a ‘mental illness.’ But this raises the question, Is irrefutable empirical data always necessary in support of taking a precautionary measure?

In discussing the role of precaution in public health, *The Lancet* ran an editorial about what is known as the ‘Precautionary Principle’ The author wrote, “We must act on facts, and on the most accurate interpretation of them, using the best scientific information. That does not mean that we must sit back until we have 100% evidence about everything... Where there are significant risks of damage to the public health, we should be prepared to take action to diminish those risks, even when the scientific knowledge is not conclusive, if the balance of likely costs and benefits justify it.”<sup>4</sup>

What are the risks and benefits of teaching philosophy to pre-university students? There are few, if any, risks involved, while the benefits will no doubt appear in the future when the incidence of so-called mental illnesses declines. The

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<sup>3</sup> Kiselica, Mark S., Christine T. Look. “Mental health counseling and prevention: Disparity between philosophy and practice?” *Journal of Mental Health Counseling*. 12/1992.

<sup>4</sup> R. Horton, “The new public health of risk and radical engagement”, *Lancet*, 352. 1998. pp. 251-252.

ability to reason cogently—free of fallacies and biases—about difficult life issues is clearly of benefit to any student. And doing philosophy with young people is not only about preventing harm, it is also about enhancing their experience of life. Philosophy is not the mere transmission of facts. It can instruct, prepare, and forearm students against difficult and distressing life situations. Some of the literature on prevention talks about three different types of prevention: Primary, Secondary, and Tertiary.<sup>5</sup>

Primary prevention includes efforts directed toward an entire population. In the case of mental health, primary prevention means providing philosophy programs for students in all schools.

Secondary prevention targets groups within a population. For example, secondary prevention efforts may include philosophical discussions among a group of teenaged students about self-esteem and inter-personal relationships since they are more likely to experience feelings of depression than younger children. Secondary prevention may also include a focus on specific topics such as religion or family politics for groups of students for whom this topic is of greater relevance than the general population.

Tertiary prevention involves efforts directed toward individuals or small groups. This type of prevention typically occurs in individual philosophical counseling sessions.

Under the heading “Preventing Problems” the authors of the book *Caring for the Mind: A Comprehensive Guide to Mental Health* suggest that good ways to prevent ‘mental illness’ include “allowing yourself small indulgences, like taking an extra five minutes in the shower.”<sup>6</sup>

This raises the question, how would taking an extra five minutes in the shower help prevent the mental distress caused by confusion about a problematic personal relationship, or a costly life decision? While a dose of warm water may be physically soothing, it certainly can’t prevent the distress that may arise from troubling life issues. What young people require are the reasoning tools that will help them to comprehend, evaluate, and respond to the challenges of life. These are exactly the skills that can be gained from philosophy. And since emotions are typically precipitated by beliefs, values, and assumptions, emotional distress can also be mitigated with philosophy.

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<sup>5</sup> From: Brooks-Harris, Jeff E., J. Judd Harbin, Laura W. Doto, Paulette M. Stronczek, and Bert H. Epstein. *Outreach Coordinator's Handbook*. 2000.  
[http://ccvillage.buffalo.edu/Village/WC/wsc/coordinators\\_corner/outreach\\_coordinators\\_handbook/02.html](http://ccvillage.buffalo.edu/Village/WC/wsc/coordinators_corner/outreach_coordinators_handbook/02.html)

<sup>6</sup> Hales, Dianne and Robert E. Hales. *Caring for the Mind*. New York: Bantam, 1995. p.792.

Turning again to the field of criminal justice, it is understood that the prevention of undesirable events must involve an entire population. The undesirable event to be prevented in the case of mental health is a diagnosis of so-called mental illness. The population is in fact partially responsible for the creation of 'mental illnesses' because an individual's beliefs, values, and assumptions are generated and supported by the social environments in which that individual is situated. So how can an entire population be involved in the prevention of 'mental illnesses'?

In countries where education is freely available, student participation in philosophy is in fact an involvement of the entire *future* population of a society. And the question of distributive justice that is so difficult to resolve in the field of medicine is a moot point in terms of an educational strategy for the reduction of so-called mental illnesses. When every child is freely given a metaphorical 'philosophical inoculation' at school distributive justice will have been realized.

When considering the cost, to both societies and individuals, of treating and caring for those who have been diagnosed as suffering from 'mental illnesses,' it seems clear that a preventive program of philosophy in pre-university classrooms will benefit not only individuals, but entire future populations.