Psychology and Human Flourishing: Gaining Knowledge for Psychology Through both Philosophy and Science

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Psychology and Human Flourishing: Gaining Knowledge for Psychology Through both Philosophy and Science

by

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Presented to the Faculty of the Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

March 2013
Psychology & Human Flourishing:

Gaining Knowledge for Clinical Psychology Through both Philosophy and Science

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Has been approved

at the

Graduate Department of Clinical Psychology

George Fox University

As a dissertation for the Psy.D. Degree

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5/18/12

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Clinical psychologists are guided in their work by their comprehensive worldview, including beliefs about the nature and authority of knowledge claims, about the nature and constitution of human persons, and about ethical and moral claims. They will invariably apply their philosophies to clinical work with clients, though not always with consistency. Some hold certain views of reality yet practice as if these views are untrue.

There are currently 3 reductionist viewpoints, both dominant in Western academia and universities, and dehumanizing in their implications. They are: strict empiricism in epistemology, reductive materialism (or physicalism) in metaphysics, and relativism in ethics. Though these are theoretical concepts, the practical application of them (conscious or unconscious) has deep and profound consequences for clinical psychology, daily life, and human destiny (individual or corporate).
Each of these 3 views contains an implicit rejection of holistic and teleological conceptions of human life (Russell, 1971, p. 31). Empiricism, physicalism, and relativism all contribute to a piecemeal, fragmented, disintegrated, and abridged overall view of knowledge and the nature of reality, of human persons, and of ethics.

Many thinkers maintain that a realistic, rational, critically based, evidentially sound, and frankly more accurate view of the nature of the world and of human beings, will make psychotherapy more effective, and that ignoring these views could make psychotherapy ineffective, or even harmful.

First, knowledge is available apart from narrow empiricism. Second, we live in a world of immaterial essences joined to physical bodies, not merely material bodies. Third, important core elements of morality and ethics are indeed true for everyone, not merely subject to arbitrary, constructivist, social, or individual hermeneutic whims. There is good evidence for these 3 claims and therefore good reason to believe them.

Many clinical implications follow from the acceptance or rejection of these views, including whether human beings can know and act upon knowledge apart from science, whether we have merely instrumental or deeply intrinsic value, whether we have libertarian free will or are wholly determined by the laws of physics and chemistry, and whether the concept of moral (or other) improvement is possible or rendered incoherent by relativism.
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Chapter 1

Introduction – Ideas Have Consequences

The title of this section is taken from the philosophical work of the same name by Richard M. Weaver (Weaver, 1948). Indeed, theoretical ideas always have real-world consequences, even if it takes decades or longer to play out in an individual, group or culture. Someone once said that the killing fields of Cambodia began in the coffee houses of Paris. This quip was meant to highlight the insidious role of avant-garde socialism in late 19th century France, and how it eventually led to widespread terror and mass genocide in Eastern Europe and Asia in the name of communism.

The path to this secular utopia in the 20th century, engineered by multifarious modernist, materialist, scientific tyrants, was truly paved with more violence than has been witnessed in any era in history. In his book Empire of illusion, Chris Hedges articulates various cases, which demonstrate why being an ethical relativist, physical monist, or epistemological empiricist, is ultimately detrimental to human functioning and what that looks like in everyday life (Hedges, 2010).

Clinical psychologists, arguably more than those in other professions, are inevitably guided in their work by their comprehensive worldview. This includes what they believe is true about the nature and authority of knowledge claims, what they believe is true about
the nature and constitution of human persons, and what they believe is true (if anything) about ethical and moral claims.

Clinical psychologists will invariably apply their philosophies to their work in therapy, and in other psychological contexts, with clients. George Atwood, Professor of Psychology at Rutgers University, has observed that our clinical work always embodies our philosophical commitments, and our efficacy as analysts is powerfully enhanced by reflection on those commitments. Philosophically informed psychotherapy is therefore superior to philosophically ignorant or naïve psychotherapy in the same way that beginning a journey with a map of the terrain is superior to beginning without one. Moreover, the Aristotelian eudaemonist tradition is rich and has much to teach us about human flourishing. The eudaemonist tradition is, in ethics, a self-realization theory that makes happiness or personal well being through virtue acquisition the chief good for humankind.

An understanding of variegated and often competing worldview perspectives is helpful - prior to addressing issues of life (primarily in the Western world) - in the same way that gaining a comprehensive and working understanding of a foreign culture and language is helpful before traveling to and trying to address problems in that culture. Indeed, the history of psychology, prior to the advent of the so-called scientific method, is really the history of philosophy and theology, because background knowledge and worldview considerations played a larger role in conceptualization of patients or clients before the advent of the nearly deified scientific method.
Nevertheless, most clinical psychologists have not recognized that a comprehensive understanding of this rich and diverse history is a critical component in the helping enterprises. “Whereas philosophy should arbitrate human reason’s search for the unity of the sciences and first causes, we often see instead either an indifferent resignation in the face of the deeper questions, or the arbitrary ideological assertion of false absolutes (often secular ones) by recourse to unargued intuition” (White, 2011).

It has become astonishing in clinical psychology, as in many other disciplines, how the question “what is ultimate?” has been reduced to the pragmatic question, “what works?” It is also disconcerting that many believe the second question can be adequately answered while ignoring the first. Although in some cases it is possible to find out what works without recourse to ultimate questions, there is a limit to this method, at which point we put the cart before the horse. As E. O. Wilson once said, the greatest enterprise of the mind has always been and always will be the attempted linkage of the sciences and humanities (Wilson, 1998).

There are currently three reductionist viewpoints, both dominant in Western academia and universities, and dehumanizing in their implications. These three viewpoints exist in three corresponding scholarly arenas (which are cross- or trans-disciplinary) and are important not only for the more abstract discipline of philosophy and the applied discipline of clinical psychology, but also for the everyday life of the common person.

These three arenas are: strict empiricism in epistemology, reductive materialism (or physicalism) in philosophy of mind, and relativism in ethics. It must be noted that, though these are theoretical concepts, the practical application (conscious or unconscious) of these
positions to issues of human life has deep and profound consequences for daily life and for human destiny, individual or corporate. Practical application of these theoretical concepts also has profound implications for clinical psychologists as they go about their work.

Psychology and philosophy have (among other things), a mutual, intimate concern for the future of humanity. Both are concerned with the kinds of issues that take place in clinical contexts. Both implicitly reject relativism in practice (since they take the possibility of improvement seriously), and both assume free will in practice, whereas fatalism and determinism preclude hope.

In the epistemological arena, strict empiricism or scientism, or the view that science and knowledge arrived at via the five senses are the only legitimate forms of knowledge acquisition, is a stifling and narrow burden for those in search of truth. In the metaphysical arena, physicalism, or the view that we are identical to our brains, also has a suffocating effect on psychology by ruling out, a priori, the unique phenomena of the mental life and thereby retards fruitful investigation thereof. Finally, in the ethical arena, moral relativism has a damaging effect on discourse regarding human functioning by undermining (among other things) our common sense intuitions about objective right and wrong, and reward and punishment.

Each of these three views contains an implicit rejection of an overall, holistic (and teleological) conception of human life as a whole (Russell, 1971 p. 31). That is: empiricism, physicalism, and relativism all contribute to a partisan and piecemeal, indeed a fragmented, disintegrated, and abridged overall view of the nature of the universe as a whole, of the course of history, and of human persons. Each view will, therefore, inevitably yield a
stunted paradigm of case conceptualization in clinical psychology, ignoring some important aspect of reality in favor of it's own narrow ideological position. Currently we have a world full of specialized (often dogmatic) scientists, each incapable of viewing human life as a whole.

These views will also yield an attenuated at best – paralyzing at worst – treatment paradigm from therapist to client, primarily because the therapist is somewhere on the continuum between unwittingly misapprehending, to willfully ignoring, one or more well-attested, integral background components of the human experience.

First, knowledge is available in many ways apart from narrow empiricism, and there is good evidence for this and therefore good reason to believe it. Second, we live in a world of immaterial essences joined to physical bodies, not merely material bodies, and there is good evidence for this and therefore good reason to believe it. Third, important core elements of morality and ethics are indeed true for everyone, not merely subject to arbitrary, constructivist, social or individual hermeneutic whims, and there is good evidence for this and therefore good reason to believe it.

Professor of physics Karl Giberson, a leading scholar in the field of science and religion, has pointed out that there are many things that are eminently worth believing, that are not the conclusions of scientific arguments. If the only thing we are going to be permitted to believe are conclusions of scientific arguments, then we are going to have a very emaciated worldview.

Any therapist who hears out a client and treats he or she accordingly will therefore arguably be more effective because he or she is applying well-informed background
knowledge to the therapeutic task. The upshot of all this is that a realistic, critically based, evidentially sound, and frankly more accurate view of the nature of the world and of human beings in it, will make therapy more effective. The downside is that ignoring these views could potentially make therapy ineffective at best, useless or harmful at worst.

In this essay, I contend with each of these contemporary and popular views in turn, hopefully to establish a more accurate, and therefore more humane, approach to doing clinical psychology. These three views also represent an enduring gulf between the sciences and the humanities that I hope to contribute to closing, to some degree. My hope is that my contribution here “will be dialogical, not in the sense of being improperly polemical, but in interacting with different claims, considering those claims, and advancing cogent argumentation” (Taylor, 2004, p 31.).

The following is an example of the short vignettes that will appear in this essay in order to illustrate, in the form of dialogue, the ideas being discussed:

- Client: Isn’t it true that statistically something like 90% of Americans claim to believe in God? (Gallup, 2011)
- Therapist: I’m not really sure of that.
- Client: I read it recently in a Gallup poll.
- Therapist: OK.
- Client: If that is so, or even close to accurate, then shouldn’t psychologists take this into account?
- Therapist: We can if you want to.
• Client: I do. That means that I also really believe that science is not the only way to know things, that some things are right and wrong for everyone, at any time, and I also believe that I am not just made of bits of matter, but that I have a soul that can exist apart from my body. How will you make use of these factors in doing therapy with me?

• Therapist: Well ... I may need your help a little on this one.

This dialogue highlights two things. First, there is an easily verifiable dearth of religious or philosophical training among clinical psychologists, and this involves major ethical problems, especially with making the client function as the source of all of our information regarding their diversity (religious, racial, ethnic or otherwise). Second, psychologists are not being trained to address religious or spiritual issues, even though a vast majority of Americans consider them to be very, perhaps centrally, important in their lives.
Chapter 2

Philosophy of Science for Psychologists

Stipulation: Science is a Good Thing Within its Proper Domain

A good preliminary approach is to acknowledge a healthy respect and admiration for the scientific enterprise, within reasonable limits. So it is imperative to make a few distinctions and qualifications. Though I criticize the overreaching, intellectually irresponsible, and sometimes hubristic tendencies of scientists who dogmatically endorse both methodological naturalism and scientism/empiricism, I must first emphasize the far-ranging importance and value of empirical enterprises.

Science is wonderfully adept at description by statistical averages, and somewhat adept at prediction by use of these averages. It is a fundamentally “good thing” on the whole, and has unarguably led to many corrected beliefs, as well as to millions of medical, technological, and other breakthroughs and innovations without which nearly every convenience we solicitously appreciate in the modern world would not exist. Science is and has been a wonderful, powerful tool in the proliferation of knowledge and in the development of the contemporary world. This almost goes without saying.

Nevertheless, this valuable epistemological tool can be helpful and constructive only insofar as the empirical enterprises do not overstep their intellectually legitimate boundaries. It is easily verifiable that, on the contemporary scene, science possesses in
inordinate degree of epistemological authority and often oversteps its bounds. It is not uncommonly observed that, if there is someone with a white lab coat, a clipboard, and perhaps a pocket protector to endorse an idea, then that idea must be true or likely to be so. “More doctors smoke Camels than any other cigarette,” and so forth.

However, when empirical science demagogically exaggerates its own proper authority and claims to be the only gatekeeper and possessor of Knowledge, it becomes epistemologically sloppy. The result is that this is not practicing good science, but rather bad philosophy. The following vignette may be helpful in illustrating the practical ramifications of strict empiricism for clinical psychology. It is admitted that a client asking these questions is certainly likely to be much higher functioning than the average client but, nevertheless, average clients may have questions such as these though unable to formulate them this precisely.

- Client: Are all therapists scientists?
- Therapist: Well, some are, but most follow the scientist-practitioner or practitioner-scholar model, which means they learn to use scientific literature in their treatment planning, but are not necessarily running empirical research projects.
- Client: Are the scientists well-qualified to decide what claims are and aren’t scientific, just because they are scientists?
- Therapist: Of course, scientists ought to know what is science and what is not.
- Client: How do they decide (i.e., what are some criteria they use) when a claim or view is scientific?
- Therapist: Well, testability, for one.
• Client: So if a claim is testable, then this goes pretty far in making it scientific?
• Therapist: Yes.
• Client: A lot of people say that all things must have a material explanation. Is this testable? Can it be shown scientifically that materialistic explanations provide a true and exhaustive account for all things?
• Therapist: I never thought of it that way. I don’t think there is a way to do that.
• Client: So then the view that science is the only way you can help me is flawed at its core?
• Therapist: Perhaps...
• Client: If so, then what will you use to help me?

Widely respected philosopher of science Ian Barbour has described the ideal compromise (between competing ways of knowing) as working toward an increasing degree of verisimilitude (Barbour, 1997). This view is sometimes referred to as critical realism (about epistemology, metaphysics, and ethics). Critical Realism is in stark contrast to the often-criticized radical foundationalist position, based on what some critics have called Cartesian anxiety, wherein (some believe) 100% certainty is required in order to claim knowledge.

But in the real world 100% certainty is not required in order to say we possess real knowledge, nor is it required in order to proceed with action, whether trivial or critical. In everyday life, we make decisions constantly on the basis of partial, yet nevertheless accurate, knowledge. The position of this paper is not radical foundationalism, because
100% degree of certainty is implausible and untenable in any context, be it academic or practical.

So even though it is the case that every point of view is contextual, I will claim that nevertheless there is a truth of the matter to be known about the nature of reality (at least partially), and (at least some) facts within the world. In my critique of empiricist epistemology, I will not be defending what Paul Boghossian calls equal validity, or the view that “there are many radically different, yet equally valid, ways of knowing the world, with science being just one of them” (Boghossian, 2006, p. 2). I will rather argue that there is a hierarchy of importance or preeminence among the various ways of knowing, and that science is necessarily not first among the categories.

Scientific studies can tell us what is statistically normative, but they cannot tell us what is truly normal. Indeed, the very task of defining science (arriving at the answer to the question, What is science?) is an unavoidably philosophical process, for it is an unavoidably philosophical set of questions.

Indeed, to see the absurdity of the converse, try to imagine what it would look like to try to solve the question, What is science?, by doing exclusively experimental or empirical activities. Defining science is not an empirical process, yet an airtight definition has eluded thinkers up to the present moment. Because of this, we must leave open the possibility that worldview thinking, philosophy, ethics, and maybe even theology - are all essential to employ in answering questions about what characterizes the good life of human flourishing.
Furthermore, it is necessary to learn to integrate these into the work of clinical psychologists. These concerns will comprise the bulk of the first of three sections of this essay: Philosophy of Science for Psychologists. This brings us to the primacy of philosophy as a second-order discipline, which inevitably manifests judgments prior to all enquiries in other, first-order disciplines.

This is as true in science as in other theoretical enterprises. Before exploration can begin, philosophical questions are either explicitly or implicitly answered, and taken to be the basis upon which the research is conducted. Ethical issues, presuppositions, methodological preferences, and teleology (why is this pursuit being engaged in?) all function as pre-inquiry preliminaries, always and without exception, and we take ourselves to “have knowledge” regarding these things before we test for the null hypothesis.

The Epistemological Limits of Science

In his book *The Problem of the Criterion*, Philosopher Roderick Chisholm understood that it was necessary, before the project of justifying knowledge launches, to address the major skeptical objection. Can we have knowledge at all? How do we decide that in a given instance whether we have it (Chisholm, 1973)?

The briefest rebuttal of radical first-order skepticism about knowledge (one that claims no knowledge is possible) is that it is self-refuting and therefore necessarily false (Beckwith & Koukl, 1998). Any statement that can be shown to be rationally self-refuting is, by virtue of its self-refuting nature, necessarily false. This is a logical necessity and cannot be gainsaid, contradicted, or circumnavigated. One who says, “no knowledge is possible” is claiming to know one thing, and therefore refutes himself in the process. The unavoidable
conclusion is that some knowledge is always possible. Little more needs to be done to establish that we do indeed know some things, but much more can be done.

Chisholm’s accomplishment in discussing the problem of the criterion was to show that if we cannot know some things without knowing how we know them (i.e., without strictly empirical proof), then we could never have any kind of knowledge. Since we clearly do know some things before we ever become empiricists (with a strict set of criteria such as the scientific method), we must therefore be able to justify this knowledge (at least some of it) non-empirically.

• Therapist: Good to see you. Tell me what’s on your mind.
• Client: I’ve been wondering how do we know that we know things, and where does the cycle end?
• Therapist: Wow. What brought this on? What do you mean?
• Client: Well, I was just thinking about how you have said you can help me, and what that stuff - that knowledge or training or education - is based on, and if that stuff has to be based on something else, and so on seemingly forever.
• Therapist: It sounds like you are having doubts about what you or anyone else claims to know?
• Client: I think that’s right. And when I think this way, it makes me feel anxious, like where is the foundation?
• Therapist: You are feeling anxiety related to what we can know.
• Client: Yes; so does our knowledge stop somewhere or do we have to keep saying ‘and this his how we know this, and this is how we know this,’ on and on? It seems like a vicious regress.

• Therapist: Well, some argue that there are beliefs that are properly basic. This means that they don’t have to be based on other beliefs or arrived at by way of science or any reasoning process.

• Client: Really? Like we just know them?

• Therapist: Well they are rational to hold but nevertheless unprovable using scientific evidence or logical arguments.

• Client: How do we know which ones are basic and which aren’t?

• Therapist: Well, basic beliefs are not arbitrary or random, but they are formed in the context of having certain experiences. In seeing, hearing, and feeling the world around us, we naturally form basic beliefs. They are rational to hold but nevertheless unprovable using empirical evidence or arguments.

• Client: Are there many of these? It seems like there wouldn’t be...

• Therapist: Well, for example when that French guy Descartes said ‘I think, therefore I am,’ he was actually looking for, and found, something you really could not doubt, what he called *incorrigible* beliefs, or those one can believe without possibly being wrong.

• Client: He said that because he was thinking therefore he knew he was existing?

• Therapist: Yes, that’s exactly it.
Client: He couldn’t doubt, or possibly be wrong, that he was thinking, and whatever you cannot doubt is... incorrigible did you say?

Therapist: Yes that’s it.

Client: I don’t know why, but that is a relief. I mean the idea that there is sort of a foundation...

Therapist: It seems like having this sort of foundational or basic type of knowledge helps you feel stable in the world, or helps you not be anxious and skeptical?

Client: I think that may be so, yes.

Therapist: There are a few other good examples, would you like to hear some of them?

Client: Absolutely, yeah.

Therapist: Some other properly basic beliefs are in the reality of the past, in the existence of the external world, and in the presence of other minds besides your own. Modern philosophy, especially epistemology (the field that deals with knowledge) has shown that we don’t have real arguments or evidence for these things, but believe them in a basic way.

Client: You mean like how could you prove that the world didn’t pop into existence a few minutes ago with all the appearance of age, like rust and crumbling mountains? Or you can’t prove that you are not a brain in a vat or a body/battery like in The Matrix - with all sorts of tubes and stuff? So you can’t really prove the past exists or is real, or even the existence of the external world, or the presence of other minds besides your own?
Ideas Have Consequences

- Therapist: You cannot prove them. How would you argue them? You really can’t, as Russell, Plantinga, Craig, and other philosophers have shown.

- Client: Sounds like you’ve done your homework on this stuff. Thanks, that was helpful.

- Therapist: Shall we talk now more about your anxiety and what else helps you in that regard?

- Client: Sounds good.

Knowledge must begin somewhere. It must have a foundation, a conceptual base where the “buck stops.” Historically, this view has been embodied by the conviction that we must begin with first things. Particularists (as opposed to epistemological methodists) start with the idea that we have, quite plainly and obviously (Chisholm, 1973), some individual cases of knowledge (and this is the case, whether one person’s list of particulars matches another person’s list of particulars) from which we formulate normative deontological criteria (or any other kind of criteria). Deontological criteria refers to rule or duty-based standards, as in, “I have a duty to believe x,” or “the established rule is to apply criteria y in my investigations.”

In other words, we start with and work from what we in fact appear to know, and work up to what it is proper, right, and good to believe. This is particularism (Audi, 1999). There are genuinely basic or foundational beliefs, propositions, and premises, which do not need conditional or inferential reasons or evidence, and are not themselves in need of justification. They are self-evident and properly basic, as Alvin Plantinga, philosopher at the University of Notre Dame, has pointed out (Plantinga, 1991). This is the essence of
foundationalism and is most likely the correct interpretation of epistemological reality, even though its vehement rejection is the only common ground in much of contemporary epistemology. Based on the ideas of Aristotle and Aquinas, Plantinga espouses a common sense classical foundationalism, such that beliefs are held to be properly basic if they are either self-evident, axiomatic, or evident to the senses (as in empiricism).

We appear to need foundational beliefs that are not justified by, and independent of, other beliefs in order to create a terminus for the vicious regress created by either (a) the idea that there is no end, no ultimate justification. An infinite regress ensues, or ends with premises we have no reason to believe are true, and skepticism wins, or (b) the justificational procedure loops back upon itself and we end up with the latest conclusion serving as a premise or reason for the first premise or conclusion.

This is a vicious circle and is the essence of epistemological coherentism, which purports to reduce all belief systems into a circular web, rather than a linear progression with a foundation. The problem with this view is that the last conclusion will have to serve as the first premise, which is both circular and question begging. It is the epistemological snake eating its own tail. Coherence is a virtue and is often rightly regarded as at least one marker of truth, especially with regard to one's noetic set (web of beliefs), but it is not adequate as a complete epistemology.

Against coherentism, there is also the plurality objection. An indefinitely large number of worldviews might be true if coherence were the only real criterion for epistemic justification. A delusional psychotic, for example, may have a set of comprehensively coherent beliefs (gleaned perhaps from reading a novel and adopting its worldview while
inserting himself as a character into it), beliefs that on this view are all equally justified. There is no independent justification for his belief, in terms of truth conducivity, even though it is coherent.

Coherence among beliefs is neither a clear enough concept nor is it adequate to explain the justification of individual items of knowledge or the entire system of knowledge. Therefore, coherentism remains a mere promissory note with very slim chances at best of success for epistemology. At worst, it is beset with overwhelming and fatal objections.

As Chisholm has demonstrated, human knowledge must begin, and it must begin somewhere; otherwise we are forever consigned to severe skepticism (Chisholm, 1973). As a result of Chisholm’s kind of penetrating reasoning, most contemporary epistemologists admit that we know things, so strict skepticism in epistemology can be rejected summarily.

The problem for strict empiricism, however (and its ubiquity in clinical psychology), is thus, “To know whether things really are as they seem to be, we must have a procedure for distinguishing true from false appearances. But to know whether our procedure is a good one, we must know if it succeeds in distinguishing true from false appearances” (Chisholm, 1973, p. 3). This is known as the problem of the criteria.

With coherentism, it seems, we are caught in the *diellelus*, the wheel of a vicious circle. The simple solution is that we do in fact, as rational beings, know many things (to start with) and we can identify those instances and go from there. This is deceptively simple, but we do it every day, and cannot do otherwise. Unfortunately, these beliefs cannot be established empirically until they are already in place. That they reflect reality is
evidence that the empirical method was not necessary in order to arrive at them. Quite the contrary, these beliefs are themselves necessary in order to ever begin empirical investigations.

The Nature of Knowledge in the Clinical Setting

We start with two kinds of self-presenting states of mind, ones that are directly or immediately evident, such as the fact that you know you are thinking about the content of this paper right now. This can be called a Liebnizean “first truth of fact” (Chisholm, 1973, p. 31) it needs no further evidence. The second kind, a “first truth of reason,” or a priori truth, is similar. They are known truly as soon as they are understood - that is, you cannot understand them without thereby knowing they are true.

Chisholm admits, as other philosophers have lacked the courage to do, that, “we can deal with the problem only by begging the question” (Chisholm, 1973, p. 37). If we do not start somewhere, the knowledge project can never get off the ground. We do know many things after all, a healthy common sense would rightfully maintain. This can be very effective in addressing clients’ doubts from a generally Cognitive Behavioral standpoint. They may not need the sort of evidence they have heretofore been requiring in order to feel solid in believing something of clinical or therapeutic relevance. In order to illustrate, here is another clinical dialogue:

• Therapist: Why don’t you try the strategies we discussed this next week and see how it goes?

• Client: I am a skeptic, doc. I do not like to act unless I know that I know all the relevant data. I don’t trust anyone or anything unless they can prove it to me.
• Therapist: So you like evidence for your facts, or you won’t proceed?

• Client: Yes. And I don’t think you have shown me that this will work.

• Therapist: Can you think of anything that you know that you actually have all the relevant data for?

• Client: Well, I guess not all …

• Therapist: Can you think of any decision you have ever made about which you had every conceivable or available bit of information, before you proceeded?

• Client: Let me see … I guess not, there are a lot of unknowns...

• Therapist: So it seems like we can live, think, know, and act in the world without total or perfect proof that it is the best course every time?

• Client: I guess that’s how I do it anyway. I never really thought of it like that.

• Therapist: And does it seem to you that there is enough evidence, or reason to believe this might work for you?

• Client: I guess so.

Chisholm also agrees with Thomas Ried (Beanblossom & Lehrer, 1983) and G.E. Moore who, generations ago, parried with the methodists (about knowledge) and argued for particularism. Ried called basic beliefs “principles taken for granted,” and asked “what evidence have I for this doctrine that all the objects of my knowledge are (merely) ideas in my own mind?” (Beanblossom & Lehrer, 1983, p. 8) Much earlier, Augustine had observed the seemingly obvious fact that it is more reasonable in general to trust the senses than not to (Chisholm, 1973, p. 155). This constitutes a beginning to the structure of justification for knowledge.
In the legal arena judges and juries determine the truth of competing truth claims all the time based on many kinds of evidence that is not strictly empirical. The standards of certainty will vary, ranging from preponderance of the evidence to beyond a reasonable doubt. It may be helpful, however, to parenthetically discuss how this is done in clinical settings.

To briefly address the clinical challenge of knowledge justification, let us discuss the issue of distinguishing true self-reports from delusions or hallucinations. A few tools that may help clinicians distinguish true self-reports from delusions or hallucinations include (first): engagement in consensual validation. This means interviewing others who know the client and comparing notes. Another tool (second) is attention to the internal consistency of the client report. This requires both background knowledge related to discernment of the quality of various kinds of evidence, training in the ability to detect logical inconsistencies, and attention to detail in order to compare past, present, and future considerations within the client report. Another tool is the use of psychological testing such as the Minnesota Multiphasic Personality Inventory (MMPI-2) or the Wechsler Adult Intelligence Scale (WAIS-IV), and so forth, as a source of relatively bias-free observations. A final tool involves addressing the likelihood of various (client reported) scenarios and claims based on cumulative clinical experience and consultative collaboration. Appeal to years of clinical experience through peer consultation is integral to good clinical work.

Use of all three tools in conjunction will be most helpful. For example, how does the clinician decide whether Joe really is a former CIA agent who was sent to Jupiter to gain intelligence on an alien race to protect the US from invasion? In this rather dramatic case,
the use of the three tools above would entail: asking those who know the client if this ever really happened, asking how likely this is to have happened based on background knowledge of the world, science, logic, history, etc. - and finally, asking how likely is the claim based on many clinicians' experience and aggregate expertise.

The next dialogue, though perhaps somewhat ironic, does illustrate that most psychologists are not strict empiricists in practice, even if they claim to be in theory. So they may simply need to bite the bullet and either give up the strict empiricism, or face somewhat absurd situations like the following: What would it look like in practice to be a strict empiricist in the clinical setting?

- Client – I grew up in Michigan and my parents, who are now dead, were physically and verbally abusive. My dog also died when I was 12, and my brothers and sisters all have schizophrenia and suffer constant auditory hallucinations.
- Therapist - I'm going to need to verify all that through strict scientific experimentation before we can continue.
- Client - Wow, how will you do that?
- Therapist - Um....

The point? The clients' history itself is not strictly empirically verifiable. Instead we use testimonial evidence, we corroborate with others, and we look for internal consistency and temporal consistency. A huge percentage of what we know scientifically or empirically really comes to us by authority, and is really testimonial evidence.

Chisholm is a leading foundationalist, particularist, and internalist, and has addressed every major epistemological problem since publishing his first article in 1942.
He developed a comprehensive and robust epistemological system whose scope and subtlety is unsurpassed in the 20\textsuperscript{th} century. His simple epistemic principle of justification (he is a Critical Cognitivist) is the following: one is more justified in believing P than in withholding judgment (and P - as a knowledge claim - can be: certain, evident, probable, or “in the clear”) all depending on his aforementioned and outlined system of epistemic appraisal. His claim is simply that that there is more than one source of justification (way of knowing), not the least of which is simple self-presentation.

**The Problem With Strict Empiricism**

Strict empiricists (including many psychologists, of course) are in a contradiction because they simultaneously employ and deny the phenomena of self-presenting knowledge. What is self-presenting knowledge? Epistemological foundationalism of the kind Chisholm presents, asserts that self-presenting knowledge is thus: any proposition that it is justified for a person to believe gets at least part of its justification from more basic propositions which are themselves not justified by anything else. Here I quote Richard Foley at length:

These contingent propositions are basic insofar as they correspond to self-presenting states of the person, which for Chisholm are states such that whenever one is in the state and believes that one is in it, one’s belief is maximally justified. There are two kinds of self-presenting states of affairs, intentional states (certain ways of thinking, hoping, fearing, desiring, wondering, intending, etc.) and sensory states (ways of being appeared to or perceiving via the various senses, i.e., if I see red then I am being-appeared-to-redly). A non-contingent proposition is basic if
understanding it is sufficient for understanding that it is true and also sufficient for making it justified. ‘2+3=5’ and ‘If Jones is ill and Smith is away, then Jones is ill’ are examples of such propositions, says Chisholm.

Self-presentation and understanding are among the basic sources of epistemic justification, but according to Chisholm there are other sources as well. The most important of these other sources are perception, memory, belief coupled with a lack of negative coherence (e.g., no inconsistencies among the propositions believed), and belief coupled with positive coherence (i.e., mutual support among the propositions believed). For each of these sources, Chisholm forwards an epistemic principle that describes the conditions under which the source generates justification (Foley, 2009, p. 1).

The point here is simply that strictly empirical clinical psychologists cannot have their epistemic cake and eat it too. They employ self-presenting knowledge because they take the axioms necessary to begin scientific investigation for granted (i.e., the foundational axioms that don’t, and indeed cannot, have empirical support), and they simultaneously deny self-presenting knowledge in the service of their narrow epistemological ideology.

Examples of these axioms (necessary to begin scientific investigation) are: knowledge of what is good or right to study, knowledge of which is the best way to proceed, knowledge of whether it is morally acceptable to engage in particular research programs or therapeutic interventions, knowledge of what counts as a good theory, explanation, or confirmation - all are immaterial (not made of matter or energy) and non-empirically derived. There is more to the picture than scientism admits. It is crucial to
observe that all the above questions are philosophically asked and answered. They are outside of empirical science proper.

So the relevant axioms are philosophically derived, and have much to recommend them, but they cannot be verified empirically. We therefore have three options, (a) categorically deny them, (b) claim to have empirical support for them, or (c) admit them, but also admit they are known in a non-empirical way and employed before experimental investigation gets underway.

Dr. William Lane Craig (an American analytic philosopher and philosophical theologian), in his debate with Dr. Peter Atkins (a British chemist and former Professor of Chemistry at the University of Oxford) argued that there are a good number of things that cannot be scientifically proven but that we are all rational to accept (Craig & Atkins, 1998). None of these beliefs can be scientifically proven, yet they are accepted by nearly everyone, and we are rational to believe them:

- **Logical and mathematical truths** cannot be proven by science. Science presupposes logic and math so that to try to prove them by science would be arguing in a circle.

- **Metaphysical truths** such as there are other minds other than my own, that the external world is real, or that the past was not created 5 minutes ago with an appearance of age – are rational beliefs that cannot be scientifically proven.

- **Ethical beliefs** about statements of value – are not accessible by the scientific method – you cannot show by science that the Nazi scientists did anything wrong as opposed to scientists in western democracies.
• **Aesthetic judgments** – apprehension of the beautiful and the good - cannot be scientifically proven.

• **Science itself** cannot be justified with the scientific method – it is permeated with unprovable assumptions. A paradigm example is the special theory of relativity: it hinges on the assumption that the speed of light is constant in a one way direction between any two points A and B, but strictly this cannot be proven. You just have to assume it in order to hold to the theory, and the theory then explains other phenomena.

**Methodological Similarities Between Empirical Science and Other Disciplines**

Science cannot be exclusively unique nor superior in its method, since many of the methods science uses are regularly used by other disciplines, including historiography, literature, and theology.

Science, as J. P. Moreland has proficiently demonstrated, cannot be reduced to a set of satisfying criteria (Moreland, 1989). There are too many other academic, theoretical, and intellectual pursuits and disciplines that use from one to most of the purported elements of the so-called scientific method in order to arrive at verisimilitude (whether realist or anti-realist, for metaphysical or operational application).

Theology is such a discipline. John Polkinghorne gives a few examples of similarity; moments of radical revision (the Reformation), periods of confusion (the Christological controversies), Moments of new synthesis and understanding (Trinitarian issues), a continuing wrestling with unsolved problems (many, e.g., God and Time, Freewill and Divine Sovereignty, etc.), and realizations that the new theory has deep implications of a
kind unanticipated when it was first conceived. All these have scientific counterparts (Polkinghorne, 1998).

- Client: I like to experiment, sort of scientifically, to try things in life to see if they work.
- Therapist: But you don’t do that with prayer or other spiritual disciplines?
- Client: Well it’s not really the same thing.
- Therapist: Have you tried to use prayer or other spiritual disciplines as a trial and error approach?
- Client: How so?
- Therapist: Have you done them to see if they work, and if so repeated them, or if not then changed the strategy?
- Client: I guess I didn’t think you could use them that way. I do remember someone telling me he had asked God in prayer for something that he had been having a hard time finding, and for a specific price. Lo and behold, a few days later he found that very thing for that exact price. He attributed it to God hearing and answering.”
- Therapist: Is that something you think might work for you?
- Client: Yeah, I guess there are similarities between experimenting with the world and also with prayer. It might build my faith too.
- Therapist: Does this violate any of your other religious beliefs?
- Client: I think I am comfortable with it. I can think of times in the Bible where someone did this, like Gideon and the fleece.
- Therapist: Ok, what is the minimal thing you might do this week in that regard?
These issues materialize in other disciplines beyond science and theology as well. There are now, and have historically always been, too many methods applied in the purview of science to justifiably exclude unorthodox methodologies of approaching even one minor experiment, let alone entire paradigmatic formulations of methods aimed at a more complete understanding of our universe.

There are times, for example, when scientists have utilized their religious, philosophical, social, and/or historical knowledge. Scientists such as Copernicus, Kepler, and Newton have brought this knowledge to bear upon the initial process of guiding hypothesis formation, and especially in the subsequent analysis of the data. Whether they were right in doing so, or whether it was fruitful, is irrelevant. The point is that they brought it theoretically to bear, and not in an explicitly religious manner.

Mere data has been shown to nearly always underdetermine theories. This means that logically incompatible theories may fit all possible evidence or, in other words, that several theories are compatible with all the available evidence (Dancy & Sosa, 2000). This is embarrassing to strict empiricists because it highlights the role of philosophy and other presuppositions in theory preference. But of course these are unavoidable, because no one has 100% empirical evidence for all that they believe. And if they did, they still could not possess empirical evidence that all they believe needs empirical evidence.

A comprehensive picture of reality involves more than just raw data. Furthermore, the above intrusions upon scientific empiricism often, in fact, materialize long before observations and experiments ever begin. They (philosophical considerations) function as a starting point, from occasionally to always, in hypothesis formulation, which precedes
investigation of the physical world except possibly in cases where the experiment is supplemental or is based upon a plethora of prior research. Even then, these considerations enter in, only to a lesser degree, and it is doubtful that they could ever be eliminated from the process.

Neither is the physical world all that science studies, since it studies relations and patterns, which are not physically, spatially, or materially locatable in the strict sense. Science also utilizes non-physical entities to pursue its goals, like mathematical sets, logic, and numbers. Science cannot be utterly unique and superior in its method either, since many of the methods it uses are used by other disciplines as well, including theology.

For example, in both science and religion, models are analogical, using metaphors, symbols and parables, such as the model of God as a Father. Like in science, these models are also extensible, where they originate in experience and are extended to interpret other areas of individual and community experience (Barbour, 1997). So science cannot claim exclusive rights to any ever-elusive scientific method, which is ostensibly superior to other approaches to gaining knowledge.

All this goes to show that scientistic reductionism fails. Self-defining accounts of science are self-refuting, since what to study, how to proceed, whether it is morally acceptable to engage in particular research programs, and estimation of what counts as good theories, explanation and confirmation, are all philosophically and non-empirically derived. There is more to the picture than scientism admits. It is crucial to observe that all the above questions are philosophically asked and answered. They are outside of science proper.
• Client: How do I know your treatment plan is going to have any effect on my struggles?

• Therapist: We use evidence-based practices that we find in journals and books, based on experimental studies that show good outcomes.

• Client: Do psychologists rely just on science for ways to treat patients?

• Therapist: Well, there are other considerations.

• Client: So your evidence-based methods are not the whole story then?

• Therapist: No, many clinicians consult case studies and other sources of knowledge. There is wisdom derived from religious stories, anecdotal, metaphorical, and analogy-based connections, biographical and experiential evidence that can help guide us.

• Client: Ok.

• Therapist: Good psychotherapy is kind of an art and a science.

• Client: Sounds good to me.

The Primacy of Philosophy

This brings us to the primacy of philosophy as a second-order discipline, which inevitably manifests judgments prior to all inquiry in other, first-order disciplines. This is true both of science and theology, as well as all other theoretical enterprises. Before exploration can begin, philosophical questions are either explicitly or implicitly answered, and taken to be the basis upon which the research is conducted.

Ethical issues, presuppositions, methodological preferences, and teleology (Why is this pursuit being engaged in? or To what end?), all function in any inquiry as pre-empirical
preliminaries, always and without exception. Science and theology are both subject to these conditions, which incidentally operate throughout the process of inquiry, and not just initially.

Again, it is critical to recognize that philosophy inevitably arrives initially; it is epistemically prior to any investigative activity. Furthermore, it is better to begin with carefully articulated and assimilated presuppositions resulting from reflection, than to haphazardly leap into investigation without cognizance of the presuppositions held. So Philosophy not only must, but always does in fact enter initially, whether good or bad, careful or sloppy.

It is important to concede, however, that few non-philosophers, including clinical psychologists, will have their philosophy all worked out prior to beginning practice. It is unrealistic to hope this will be the case, though it would be nice if PhD and PsyD programs required courses in philosophy of science and epistemology as part of the early curriculum, since philosophy is logically prior to other abstract or practical pursuits. Nevertheless, in actual practice people move back and forth between these disciplines (if they study outside of their discipline) and this is sufficient.

**Happiness and How to Get Knowledge of it**

There is little controversy regarding the claim that everyone wants to be happy, but it has been very much in contention for thousands of years as to how to arrive at reliable knowledge about attaining happiness, or anything else. This is as true in our contemporary academic and cultural milieu as it was in the days of Socrates, Aquinas, Christ, or Kant.
When reflecting about happiness and how to get it, the average person naturally wonders who among the intelligentsia has the proper or rightful authority to teach human beings how to become happy or acquire truth about becoming happy. The average person may also wonder precisely what that pedagogical authority (the right to teach others) is based on.

In our culture, the scientific establishment is the primary knowledge authority, acknowledged nearly universally by educated and lay people alike. It has come to dominate, specifically regarding epistemology, in almost every field of intellectual inquiry. The empirical, scientific establishment is widely regarded as the primary, even the sole, custodian of knowledge. This includes, of course, knowledge regarding happiness. This essay has been intended to dispute that claim to exclusive authority, and to establish the epistemological boundaries of science. The central point is to show what empirical science is and is not, in principle, capable of contributing to the larger knowledge-seeking enterprise – especially with regard to human happiness.

**Human Nature and the Limits of Science**

This section uses as its source primarily ideas from philosopher of science Louis Dupre’s (2001) book, *Human nature and the limits of science*. In it, he asserts that ontological monism (the claim that the only stuff of which anything is made is physical stuff—there are no souls or minds, etc.) is only a very recently and widely accepted philosophical claim (p. 71). Very few schools of thought historically have held to this. Dupre refers to this view as *scientific imperialism*, and calls it an intellectual disorder consisting of the tendency to push a good scientific idea far beyond the domain in which it was originally
introduced, and often far beyond the domain in which it can provide much illumination (p. 74).

Dupre quotes philosopher of science Imre Lakatos, “scientists typically understand science about as well as fish understand hydrodynamics” (Dupre, 2000, p. 113).

Subsequently, Lakatos offers a common-sense approach to defining science, analogous to the famous Supreme Court Justice Potter Stewarts’ immortal reflection in his failure to explicitly define obscenity, “I know it when I see it” (p 113). This is called ostensive definition of something (Dancy & Sosa, 2000, pp. 316-17), and involves reference to a sample, such as pointing or saying, “this is what I mean by x...” as opposed to definition by conformity to predetermined criteria (such as: an x is y when it has criteria p).

We may be able to construct sets of very simplified problems that we can solve quite effectively, but it is quite erroneous to infer from this that we have discovered a method that will in principle solve any arbitrary problem we might be interested in. This is where I want to infer the limits of science. Without in any way refusing the extraordinary range of knowledge that science has provided for us, there are subject matters that require a more synoptic and integrative vision than the analytic methods of science allow.

Perhaps part of what amounts to wisdom is the ability to know what kinds of information or knowledge are needed in application to a particular case. But notoriously science education is thought to require ever-increasing depth and specificity of focus. Recognizing the limits to scientific methodologies should encourage us to shift the balance towards breadth, and perhaps more important, the
skills necessary to integrate insights from a variety of perspectives (Dupre, 2001, pp. 185-186).

This kind of synoptic breadth, integrative discernment, and holistic wisdom will contribute, whether in medicine or psychology, to appreciating and promoting the total well being of the patient. For example, Dupre discusses pharmacological solutions to, among other things, Attention Deficit Hyperactivity Disorder (ADHD). They are not always inappropriate, but pharmaceutical solutions often do encourage the assumption that such problems are unitary conditions with generally physiological causes. Another assumptive inference is from the statistically positive effect of a treatment to the generally beneficial effect of that treatment. Drugs will be good in some cases and bad in others, but refusal to reduce a patient to a physiological problem will reinforce the necessity of attending to the complex particularity of the individual clinical case.

The scientific achievements of the last few centuries have been extraordinary, and it is hardly surprising that they have to some extent distorted our conception of knowledge as a whole. It is time, nonetheless, to take a more balanced look at what we can expect from science, and at what role may remain for very different approaches to the acquisition of knowledge. The idea of a uniform, scientific project gradually spreading its light across the full range of our interests is a myth, and the domain of human nature is one of many for which this myth is particularly inappropriate and unfortunate (Dupre, 2001, p. 187).

view is that science is hard to define, apart from occasional mildly promising suggestions
that the excellence of science has something to do with a concern for evidence” (Dupre,
2001, p. 114)

But, he says this will not get us very far without some idea of what exactly is done
with the evidence. The general ideological strain throughout Levitt’s book is the following:
if it cannot be established by science, it is opinion. Knowledge, therefore, is the sole domain
of empirical science. Dupre observes that Levitt is double-minded as he affirms that there is
no single readily formulated scientific method, but at the same time “fails to notice that this
presents an extremely pressing problem for the proposal that ultimate epistemic authority
be ceded to the practitioner of this method” (Levitt, 1999, p. 115) – or, more aptly, these
various methods.

Dupre echoes Paul Feyerabend’s work, *Against Method* (Feyerabend, 2010) in
affirming the absence of an official scientific method.

Once it is shown to be an empty claim, and we can affirm a more pluralistic view of
epistemic excellence, we can go about nurturing as wide a variety of different
approaches to human behavior as possible, a variety that may even rival that of
different human cultures in which that behavior occurs. (Levitt, 1999, p. 116)

**Thomas Kuhn’s Contribution to Knowledge**

Incommensurability happens when proponents of competing paradigms disagree
about the list of problems to be solved. Often the language of the old paradigm is not suited
to or doesn’t work with the new paradigm. When Copernicus said the earth moved, he was
trying to supplant what the old guard actually meant by the term “earth.” They meant
immovable as part of the very concept of earth, whereas he meant the planet earth.

Underdetermination (Kuhn’s weak-constructivist theory) states that evidence can enter into the explanation of a belief, but it is never enough (necessarily) to fully explain it (Kuhn, 1970). I wonder if, for Kuhn, this belief is fully evidentially supported, or if Kuhn had perhaps other causes of his belief that it is so.

W.V.O. Quine had previously articulated that theory-choice is always underdetermined by evidence, and that statements about unobservable things (abstract things like ideas or motives, invisible things such as magnetic forces) always outrun what can be captured in purely observational terms (Quine, 1996). This means that many observable experiences could be logically consistent with the truth or falsity of many different theoretical statements. This thesis is helpful, though it may be that Quine went a bit too far and thought that (on this view about invisible facts outrunning observable particulars) any theory could be true and still accommodate any observation. Nagel noted rightly that this is far too radical a conclusion, but that nevertheless, it will always be true that just not any conclusion can be drawn from data: “certain revisions in response to the evidence are reasonable, others are pathological” (Nagel, 1998, p. 35).

Nagel goes on to discuss Pierre Duhems’ example of an astronomer looking at a new discovery, maybe a star in a far galaxy, which is intended to be a good example of underdetermination. The astronomer discovers a new star; so it is equally plausible for him to revise his theory of the heavens as it is to revise his theory of the telescope. In this case, the claim that the theory of the telescope is being tested to the same degree as astronomical views about some star’s existence would be bizarre and fanciful, if not absurd.
So Kuhn’s weak constructivism seems to fail at this point also. Reason (as opposed to merely non rational factors), it turns out, is fairly well equipped to help us decide which thing to revise in the experience: discovery or experiment. Just because some view or item of evidence is formally compatible or consistent with more than one theory, it does not mean it is rationally compatible (Hacking, 2000). The most common claims made by advocates of a new paradigm are an inability to solve the problems that caused a crisis for the previous paradigm (Hacking, 2000, p. 122). So, Kuhn says camps have different definitions of what science is, and which paradigm should guide research, based more on future promise than on past achievement. He says this decision can only be made on faith – a claim with which I disagree.

Boghossian (2006) says Kuhn is a constructivist and criticizes his claim that those in differing camps “inhabit different worlds” as an exaggeration, as indefensible rhetorical excess, common in constructivist literature, that of conflating a difference in representation with a difference in the thing represented. But incommensurability means a theory cannot be partially or globally translated into another with the original’s vocabulary. Kuhn does not advocate global, but only partial incommensurability of theories.

**Discussion of Kuhn**

What Kuhn contributed most constructively is the demolition of the so-called logical empiricist view of science, in which science is viewed as a linear, steady objective progression toward accumulation of knowledge and truth. Boghossian has observed that throughout the history of science, the evidence has quite often fallen far short of what we
end up believing (Boghossian, 2007). Other contributions Kuhn made include his expose of many non-rational factors and procedures that heavily influence science.

However, if thinking that the newer paradigm is closer to the truth is not the cause of a paradigm change, what explains how they happen in the first place? Kuhn says some scientists obstinately cling to old beliefs and allegiances for non-rational reasons well after many in the scientific community have abandoned it. If they do shift, it may be due to personal idiosyncrasies. But also paradigm shifts happen because a new one is simply better at solving a problem or problems than the old one.

The language of competing, even mutually exclusive paradigms is helpful to me in the sense that the paradigms I am hoping to transcend, which are so entrenched today in science, the academy, and culture, are the old guard, and the language I use to aspire to this transcendence must be new enough, or novel enough, to keep me from sounding like part of what they regard as the old guard: fundamentalist, churchy, foundationalist, oligarchic, patriarchal, rigid, and so forth.

Kuhn’s concepts can be applied beyond science. When enough anomalies accumulate in any knowledge-seeking enterprise, the prevailing theories become top-heavy. They are then therefore in danger of toppling at the slightest nudge, thus inciting a sort of thought revolution. This is where scientism, materialism, and relativism, are all heading, framed from the perspective of the larger knowledge-seeking enterprise. This grander perspective is a philosophical one. It, and it’s opposite, are both derived non-empirically as philosophy of science, and not as science proper.
Some Implications for Therapy

If these arguments succeed, then one implication is that there are many important things to know about human beings, which are in-principle undiscoverable via the traditional empirical scientific method. It is therefore necessary to take other epistemological approaches in order to uncover critical elements for clinical work. Clinicians already do this in practice, and rather consistently. My view is that this is a good thing, although those who advocate evidence-based practices tend to reject this view.

We have general theories derived imperfectly from empirical studies, but specific knowledge about any particular client always comes through the process of discovery we are all familiar with - through talking, gathering history course and symptoms, remembering, reflecting, and so forth. This is not strictly scientific the way strong empiricism defines it. Yet it is not only helpful, it is obligatory. It is a required, for example, by the American Psychological Association’s Ethical Principle E, respect for people’s rights and dignity (APA, 2002).

Indeed, it turns out to be a necessary methodology for clinical psychologists. A judgment call as to whether someone is telling the truth is a prime example. Since there is no machine or other apparatus capable of giving us a third-person perspective of the inside of a person’s mind (and this science fiction will-o-the-wisp is unlikely to ever materialize), we must as always ask questions and weigh responses (through interviews or self-report assessment measures, such as the PAI (Personality Assessment Inventory) or MMPI2 (Minnesota Multiphasic Personality Inventory, 2nd ed.). In asking clients questions and relying on the accuracy an/or honesty of their report, we employ far more than any
empirical study can deliver. We process their report (consciously or not) using wisdom from experience, ineffable forms of intuition, and various kinds of rational estimation.

- Client: So you were going to give me some career counseling to help me decide what would be best to pursue?

- Therapist: Yes, we will do that in this interview and will also have you fill out some forms that can help guide us in that regard.

- Client: If I don’t or can’t tell you all the things on my mind, can you give me tests or something that will reveal what is in there?

- Therapist: There is actually very little we can find out without asking you. You are the best authority as to what your experience and thoughts are. We rely on you being as honest as possible.

- Client: I guess it is in my interest to be as accurate or honest as I can, so you can help me in the most efficient way?

- Therapist: Definitely. One way to do this is to remember that we all have sort of an ideal self and an actual self. It is best to answer not as you would like to be, but as you really think you actually are at this time.

- Client: Good to know. I think I can do that.

- Therapist: Great, are you ready to get started?

- Client: Sounds good.
Philosophical Presuppositions (and their origins)

Underlying the Scientific Enterprise

Philosopher J. P. Moreland has identified a dozen philosophical (rationally derived) presuppositions of science that make science possible (Moreland, 1989, p. 108-133). These cannot be conclusions of science (no empirical studies can be undertaken to verify them). Further, they are necessary conditions (assumptions or axioms) that precede all empirical projects. They therefore are not known via the scientific method, but must be known first for empirical science to ever begin. Think of them as similar to the axioms of geometry.

Here is a brief list:

1. The Existence of the External World
2. The Orderly Nature of the External World
3. The Knowability of the External World
4. The Uniformity of Nature
5. The Legitimacy of Inductive Reasoning by Ampliative Reference
6. The Laws of Logic, Epistemology, and Truth
7. The Reliability of the Senses and the Mind
8. The Adequacy of Language to Describe the World
9. Mathematics and the Existence of Numbers (including the uncanny effectiveness, and real-world applicability, of mathematics)
10. The Concepts of Formal Ontology
11. The Existence of Values
12. Singularities, Ultimate Boundary Conditions, and Brute Givens
Moreland discusses each of the categories above at length and in great detail, demonstrating that they are both philosophical foundations of empirical science and underviable from it. I refer you to this excellent book for the extended discussion.

Because scientism and naturalism are so widely assumed in our society, it is critical to deal broadly with the intellectual foundations of the scientific enterprise. Did it begin when the secular “Bright’s”¹ (and their devotees) of the 18th century – Voltaire, Hume, Montesquieu, Meslier, La Mettrie, De Sade, Adam Smith, Baron d'Holbach, and so forth - finally realized that all the (heretofore ascendant) superstitious and religious gibberish and claptrap – had to be circumnavigated or supplanted by a rigidly logical, critical, skeptical program of investigation – and that was the scientific enterprise? That is, did science arise only once religion was abrogated? This is the story often told on university campuses, and in books, journals, magazines, and talk shows, but it hardly reflects historical reality.

Perhaps surprisingly, it was the ideas held by many Christians that led to the scientific enterprise. It is no small part of the question, as to the origins of modern science, that those with a non-materialist, non-empirical, and non-relativist worldview (i.e., those who generally held an eclectic/idealist/rational epistemology) were largely the very ones to lay the intellectual foundations of modern science.

In their book, *Christianity on Trial*, Carroll and Shifflett (2002) answer the charge that anti-naturalist perspectives (especially religion in general) are the cause of almost every kind of ill in the world, arguments made often by quite militant academic and

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¹ “Brights” is the self-applied term for card-carrying atheistic materialists used by Christopher Hitchens, Daniel Dennet, Richard Dawkins, Steven Pinker, Sam Harris and others. See: http://www.the-brights.net/
popularist secularists or new atheists like Sam Harris, Daniel Dennett, Christopher Hitchens, and Richard Dawkins. Therefore, an answer to these charges may begin with a demonstration of Christianity's unique role in the foundation of the West, and especially of the formal, institutional, empirical, scientific establishment.

Beginning in the 12th century, Christian scholastic philosophers began to recover, translate, copy and interpret many of the thought-to-be lost literary, scientific, and philosophical works of ancient literature. as Irish monks single-handedly copied and preserved nearly the entire western Latin canon (as we now know it) from destruction in the Dark Ages (Cahill, 1996). They kept the literary and intellectual spirit alive while monasteries popped up everywhere, blazing a progressive and innovative path toward technological advancement with the invention of what has been famously termed the mother of all machines, the clock.

Curiously, European monks invented the clock primarily so they could say their prayers on time and regularly. Other machines and mechanical and technical inventions followed: like water power, mining instruments, and brewing instruments - all invented by monks or farmers, with at least a nominally, if not profoundly devout, Christian worldview. Indeed, Roger Bacon, widely known by the appellation “father of science,” was a Franciscan Friar who, inspired by both Plato and Aristotle, placed significant emphasis on the study of nature through empirical methods. All of the above constitutes the fecund and auspicious intellectual and practical ferment, often absurdly referred to as the Dark Ages, into which science was subsequently born.
Why did all this happen in the middle Ages and in Europe, instead of in 1000 BCE in Egypt, or 500 BCE in China? Or why did it not occur in 1000 AD in South America or Africa - or at any other time or place in human history? This is a penetrating question, and the answer to it strikingly illuminates the concept of the consequences of ideas.

One answer to be rejected out of hand is that science sort of randomly appeared, with no discernible cultural or ideological precedents. Real life does not generally work this way, and the common intuition that most people share (that few things are truly un-derivative or *sui generis*) is founded on the idea that no effect can begin without a cause. The fact is that believers in the existence of the soul, in various immaterial realities, and in objective morality – were searching for knowledge and truth in ways that directly led to the development of empirical science as a legitimate enterprise. Some have claimed that it is because of Christianity that civilization, as we know it, exists at all, including the scientific community.

In his book, *How the Catholic Church built Western Civilization*, Thomas Woods (2005) adeptly refutes the so-called warfare model between science and religion. In addition to constructively illuminating the Galileo affair, which is likely the most widespread example of the alleged obstructionist position of the church toward scientific advancement, he claims that, “ever since the work of historian Pierre Duhem in the early twentieth century, the accelerating trend among historians of science has been to underline the Church's crucial role in the development of science” (p. 75). True as this may be, often little of this sort of historiography works its way into the popular consciousness, and it may
be difficult to sustain hope that it will trickle down from the academy into general into culture.

The idea that modern science could not have developed without foundational Biblical presuppositions is anathema to many contemporary scholars and academics. Nevertheless, reputable historical evidence for this claim is both abundant and powerful. Philosopher of science Stanley Jaki’s vast corpus of work makes giant leaps forward for the view that, far from hindering science, Christian philosophical ideas helped make it possible (Jaki, 1978). Jaki highlights the regular biblical articulation of the rationality, lawfulness, and orderliness of the universe as a reflection of God’s goodness, beauty, purposes, and order - and how many early Christian scientists took seriously this philosophy in their approach to structuring research programs, engaging in quantitative inquiry, and executing empirical investigations. In this tradition, Johannes Kepler and Isaac Newton were to later say they were thinking God’s thoughts after Him.

Christian philosophical thought in the Middle-Ages, often mocked and dismissed as stale and stagnant, was actually at that time setting stages and precedents for historic scientific innovations of all sorts, as well as other kinds of innovations. Some of the other (nonscience) concepts arising from this general worldview are: property rights, taxation by consent, representative and constitutional governments (first arriving out of ecclesiastical necessity and practiced by the clergy), legal equality, free market capitalism, and (perhaps most importantly) the rule of law (versus the autocratic, elitist, monarchic rule of the powerful).
If we are equal by virtue of the *imago dei* in every human being, then we are also equal before the law. All of these innovations require a belief in progress, in teleology, cosmic purpose, and in linear time (i.e., the uniformity of nature – mentioned above) all of which Christian philosophy affirmed and applied, and which many cultures failed to believe and therefore failed to achieve. Without these seemingly commonsense views that we commonly take for granted in this century (among others, a belief in progress and in linear time), many progressive innovations would never have appeared, including the scientific.

Again, ideas have consequences. They shape our responses to ourselves, to each other, and to the world around us. They have important role in shaping our views of psychological health and pathology, as well as the interventions we may use for the latter. Therefore ideas affect our whole approach to practicing clinical psychology.

Historically, other cultures worldwide have not uniformly held views such as the uniformity of nature or of linear time. Indeed this apparently obvious point has “eluded entire civilizations” whose conceptual frameworks hindered the emergence of scientific development (Carroll & Shifflett (2002), p. 76). This is why science never developed, for example, in India (apart from western influence), because taking seriously the view of *Maya* will never lead to the construction of a microscope or telescope. Indeed this was the metaphysical take on reality for 3,000 years in India, and in this rather dormant, inert homogeneity (metaphysically speaking, not culturally), a robust investigative program leading to formal and sustained empirical scientific inquiry and technological progress, will not, could not, did not get off the ground.
It seems elementary to point out that (a fortiori) if something is indeed Maya, an illusion, then why investigate it further? It is a bit like trying to apply concepts of cinematography to cartoons. There is no point asking the angle of the lens or the vantage point of the camera operator, because in a cartoon the angle and vantage point are just whatever the creator of the illusion decides it is. There just isn’t another angle from which it could have been filmed. A cartoon is two dimensional, rather than three. Conversely, varying cinematographic techniques are more apt to be useful if the real world is being set down on film. And so it is.

Science, invention, industry, and technology were all birthed in a distinctly Christian milieu, that of Europe of the 16th, 17th and 18th centuries, the only civilization on earth at the time thoroughly grounded and immersed in Christian ideas and habits of mind (Carroll & Shifflett, 2002, p. 57). Again, the reason for pointing this out is to illuminate the fact that certain ideas (i.e., items of Knowledge) necessarily precede empirical investigations (and are not the result of them), and the secondary corollary: that some ideas are more likely than others to lead to effective empirical investigation.

Unique, specific presuppositions were believed by most people, indeed were culturally ubiquitous at this conjunction of time and place in history. For example, that the universe must be intelligible, rational, and law-like. Conversely, the pagan idea of inexorable fate was rejected, and linear history embraced, which encouraged forward thinking, future-oriented optimism, curiosity and initiative. Moreover, teleology, purpose, and direction (about history and the cosmos) were assumed, instead of cyclic recurrence. Metaphysically, the physical world was regarded as real and discoverable. All of these ideas
led to a *better method for discovering reality and obtaining knowledge*. None of these ideas were arrived at through the empirical method to which they gave birth.

Augustine’s germinal opus (for philosophy of history), *City of God*, was an expression of “historical necessity,” i.e., it is a Christian philosophy of history, which planted the seeds of thought leading eventually to the scientific revolution. The ideas it purveyed were necessary underpinnings for the flourishing of empirical science. The universe was created, it was good, and God (or the gods – really anything supernatural) was distinct from the physical universe (though God can still be omnipresent / immanent). The world was not sacrosanct and inviolable (as in barbarian, tribal, or other animisms), but could be an object of scrutiny - and this was pleasing to the maker, for man could think God’s thoughts after Him.

In places outside of Europe, even much earlier, such as China, Egypt, and the Islamic world, nascent empirical investigations had begun – but soon waned. They lacked the firm, comprehensive set of ideological foundations necessary to create lasting and fertile soil for the scientific enterprise to flourish.

Building on this, the Benedictines preserved the literary treasures of antiquity, and the Cistercian monasteries, which owned large plots of land, became agricultural innovators by embracing the task of clearing, planting, and building. Christian monks pioneered farming advances like the heavy plow and the three-field method of crop rotation.

Improvements included advances in methods of wool production, iron making, smelting (using waterwheels), and the introduction of labor-saving machines and devices
like the blast furnace, the horizontal-axle windmill, steam-driven bellows, the spinning wheel, pipe organs, eyeglasses, crankshafts, gunpowder, and the compass. This all happened in the ostensibly ignorant or dark Middle Ages. Christian philosophical presuppositions such as those discussed above contributed to the direct invention, or at least paved the way ideologically, for all of this.

Additionally, the advent of hospitals, which began as annexes to Abbeys, improvements in medicine, the trial and error methodology of the alchemists - all led to improvements and advances in human health and betterment. Further, one can posit no exclusively economic motivation for helping the poor through hospitals. What drove these developments, rather, was the basic Christian conviction that each person is an eternal being of boundless worth by unique virtue of being in the image of God.

Furthermore, the introduction of the University as an institution can be attributed to ecclesiastical, especially Dominican, and Franciscan, ingenuity. Cathedral-schools were some of the very first places where careful scholarship took root. The Scholastic method took shape in the 12th century, even before the “recovery of the Aristotelian corpus, and was above all a commitment to the use of reason to elucidate faith and provide it with rational content” (Carroll & Shifflett, 2002, p. 71). Attempts to systematize and classify knowledge began here, especially with Thomas Aquinas. These methods endured to become the cornerstone for “every important legal tradition in the West: canon law, civil law, common law, and international law” (Carroll & Shifflett, 2002, p. 72).

Copernicus, Kepler, Newton, and Galileo were all Christians who took spiritual realities seriously. Copernicus was a canon at the Catholic cathedral in Fraunburg, Prussia.
Kepler wrote mystic books on religion and believed that “mathematical harmonies were laws which revealed the wonder and order of the world of God” (Carroll & Shifflett 2002, p. 73). Newton said that nature showed God’s order and beauty, and he wrote more on bible and theology than on scientific topics. Galileo was a loyal Catholic who disagreed with the church on whether indisputable facts should trump questionable interpretations of scripture.

The church never declared that the Ptolemaic universe was the only way to read relevant passages of scripture, but simply could not comprehend (like most non-Christians of the day also) Galileo’s cosmology. Later, though, cathedrals were transformed into solar observatories, and the church gave massive financial and social support to the study of astronomy. The Jesuits were teaching heliocentrism before the 1700s had even begun. Indeed, it is no exaggeration to say that most of the earliest scientists, astronomers, and mathematicians were explicitly Christian, or at least adhered to a theistic interpretation of the universe (Carroll & Shifflett 2002, p. 76-77).

There is potent and ample evidence from history that Christian philosophy has contributed to or pioneered other social advances, such as mitigation of violence, the spread of human rights, the taming or civilizing of cruel and brutal cultural practices like the adult and child human sacrifices and cannibalism of the Aztecs, Incas, Anasazi and Mayans, or the well documented torturous practice of some North American Indian tribes, such as the Iroquois, Huron and Pawnee. All of this may warrant censure or reprimand in many of the hallowed halls of academia today, but they are nevertheless historically
verifiable, dispelling the myth of the peaceful native. Facts are stubborn things, and history itself is perhaps not as malleable as the revisionists might desire (Berlinski, 2009).

**Why Does This Matter to Clinical Psychology?**

What relevance has this whole discussion for practicing clinical psychologists? The answer comes in part by remembering that, just as in physics, every action has an equal and opposite reaction. So in science, philosophy, culture, and of course in all of the professions, every idea has a consequence. Doxastic mental manifestations have one or more praxis (in-practice) manifestations. Doxastic logic is concerned with reasoning about beliefs. The term *doxastic* derives from the ancient Greek δόξα, *doxa*, which means belief. Add the praxis piece and we get, essentially, “we live what we believe.” We reason in certain ways and this comes out or even leaks out in our practices. The best way to figure out what someone believes about some particular aspect of reality is to simply watch how he or she lives.

If a clinical psychologist believes that legitimate evidence comes only through published empirical studies, then his or her toolbox of wisdom will be really quite empty. We understand that historical, rational (including inductive and deductive), aesthetic, and other kinds of judgments are often useful and powerful in connecting with people and helping them to change. While many of us live in ways that are inconsistent with our professed foundational beliefs, other problems emerge from such inconsistencies, including tendencies for our behavior to seem capricious and unpredictable at times and difficulties in communication with others.
Other kinds of evidence are important for real life, such as analogical evidence (explanatory modeling of a target phenomenon by means of a comparison with an already understood, or more easily understood, phenomenon), testimonial evidence, and anecdotal evidence – and these are not part of the official empirical or scientific method, per se. Further, self-presenting or properly basic truths must be axiomatically taken for granted prior to embarking on an empirical investigation.

This means that evidence-based therapy may be a much wider affair than has been commonly admitted so far in some quarters. To be fair, some clinicians (such as Duncan Brown and Mark Hubble) have offered a wider conception of evidence than the strict empiricists. For example, Hubble has argued that the therapy relationship and client characteristics including culture, personal values, preferences, and so forth, all contribute to good outcomes more than mechanistic and method-based reliance on mere empirically validated theories or the newest research (Corey, 2008, p. 44).

The concept of what actually constitutes evidence may need to be expanded quite a bit from the current narrowly empirical perspective. We accept all sorts of kinds of evidence in courts of law, when peoples’ futures and lives are at stake, and indeed even in everyday life. This evidence is not, nor can be, subject to empirical verification.

Why not be willing to apply this to clinical psychology? We accept the theory of evolution broadly, and it has been well documented and widely agreed that this process is not subject to empirical investigation. The evolutionary ascent of life and the building of the various kingdoms and phyla, down to species, occurred in the past. We cannot watch it unfold in the laboratory or even in the wild, for the most part. Yet we accept it as true.
In clinical work we routinely, and generally rightly, accept client reports as at least provisionally true. Relationships are commonly thought of as foundational to clinical work, although relationship is fundamentally a non-material category. Relationship is a widely accepted notion among psychologists about non-material reality. So, to the extent that relationship is more than or other than the mere physical contact of two objects or entities, the importance of relationship is a belief many clinicians hold without realizing the ontological implications. Especially, this means that no sense can be made of the concept of a relation between two entities, especially of a relationship between two persons, using only the truncated language of materialism. We must appeal to the existence of abstract entities to even affirm that the client and therapist have a relationship.

The following dialogue is intentionally ironic in tone, but is effective, I think, in exposing the contradictory ways many psychologists operate.

- Client – I thought we could begin by talking more about how you said I can proactively change my thinking processes to be more positive and optimistic, and also to alleviate some of my depression and anxiety.

- Therapist – Good to see you, but the truth is, that since everything is matter and energy in fields of forces, you are therefore necessarily causally determined to keep doing all those dysfunctional things. Further, there really is no you to make a change. There is only your genetics and neurotransmitters. Good luck.

- Client – But I thought you were here to help me change!

- Therapist – Me too, but it turns out my presuppositions about human nature preclude any hope that you could...
Of course, no therapist would do this. But if they are strict materialists (all of reality is matter and/or energy, and nothing else), then—to be consistent with their beliefs—this is what they should say to their clients. The very idea of trying to change involves both the rhetoric and the application of a given worldview directly affecting practice. If we are physicalists, we cannot believe in change by an agent, but instead only that the particles (which are all that exist) will simply causally interact according to the laws of physics, prior conditions, time, and chance. Materialism extinguishes hope for change. Good luck staying in business that way, and psychologists who are materialists jettison or ignore this belief in taking real change for granted.

Moreover, this view ignores the case for neuroplasticity made by Jeffrey Schwartz, research professor of psychiatry at the UCLA School of Medicine. He found that in focusing attention away from negative behaviors to positive ones using the concept of competing responses, he could help obsessive-compulsive patients permanently change their neural pathways. He argues compellingly, moreover, that this is not merely some part of the brain working on the other parts, but more likely (and very effectively) this is top-down change (mind to brain) in which the mind rewires the brain, and not vice-versa (Schwartz, 2002, p. 241 ff.).
Chapter 3

Relating Chapter 2 to Chapter 4

Naturalism falls into two general categories: strict naturalism and broad naturalism. According to the strict version, all that exists can be exhaustively described and explained by the natural sciences. Broad naturalism allows that there may be some things beyond physics and the natural sciences, but insists that there can be no reality beyond nature (e.g., God) and explicitly rules out the possibility of non-material souls.

Both categories (strict and broad naturalism) face substantial objections in their failure to allow for consciousness, human free will, and values. Scholarly and popular advocates of naturalism—Daniel Dennett, Richard Dawkins, Thomas Nagel, Jaegwon Kim, and others, have been subject to overwhelmingly powerful critical evaluations in recent years. Non-materialists have offered sustained replies to the naturalist critique of the soul and the existence of God (Goetz & Taliaferro, 2008).

Materialism and scientism are wedded in methodological naturalism (Craig & Moreland, 2000), which holds that all phenomena can be accounted for by empirical investigation of all and only material physical processes, and also entails a rejection of the existence of mind or soul. Strict naturalism rejects consciousness and thereby flouts everyday conceptions of human decision-making, especially freewill construals of human action.
Neither strict nor not-so-strict naturalism admits of any teleological or purposive explanations, and strict naturalism eliminates mental causality. Because the answer to naturalism cannot be decided empirically, one must use rational analysis to see naturalism’s failure to provide an adequate account of human substance or action.

Less-strict naturalism accepts consciousness, but does not try to explain it, with the flippant assurance that someday science will discover the answer. This is the typical naturalist rain check on giving a complete explanation of consciousness. Or perhaps the (naturalist) “check is in the mail” is a better metaphor. It is unlikely that naturalism will ever produce a complete explanation of everything, including and especially human beings and their emotions and motivations, for the reasons articulated in the next section.
Chapter 4

Philosophy of Mind for Psychologists

We Are Not Our Brains

The question of the nature of the self is at the core of much scientific, religious and worldview dialogue and is simply not going away any time soon. Contemporary discussions in philosophy of mind have largely been shaped by physicalism, the doctrine that all phenomena are ultimately physical.

In a short conversation one day about the mind/body issue with a professor, a neuropsychologist, I was making an argument for the soul based on some near-death experience (perception and mental processes being present with no brain activity). He said, “you know what I’m going to say, take away the brain, and the self goes away.” This is certainly hard to deny, and intimidating at first blush.

The observation, however, at best establishes a correlational, dependent, or causal relation between the self and the brain. It does not, however, prove that they are identical and could never prove any such thing. Here is why. It does seem right, *prima facie*, that if you take away the brain, then the self goes away. But a self must still exist if it is to go away or go anywhere. Of course, physicalists don’t mean the self really goes anywhere, but that it pops out of existence. The argument remains the same, even more so: a self must first exist
(have ontological status, have being-in-the-world) if it is to cease to exist. This seems obvious.

Much more importantly, if you take away the fire, the smoke goes away too. But no one would say that this argument proves that smoke just is fire. Obviously they are not identical. They could be coextensional (one obtains only if the other obtains). For example, being triangular is coextensional with being trilateral. But this cannot show that triangularity and trilaterality are identical.

In philosophy, the process of negating an identity relation is not complex. It simply involves showing that one thing is not identical to another, or that it is not ‘really the same thing as’ another. If we can find one thing true of x that is not true of y or vice versa, then x is not identical to y. This is of course true of mind and brain also.

A good analogy of mind/body is that of statue/marble. The marble of which a statue is made is not identical to the statue, because the conditions necessary for each to exist are different (these are referred to as truth conditions). For example, a truth condition for the marble to exist is that it was cut from the side of a mountain and amorphous. But a truth condition for the statue to exist is that it was cut by a skilled artisan and has specified structure and form.

Nevertheless, if the marble ceases to exist, so does the statue. In this way is the statue supervenient upon the marble. The statue’s manifestation depends on the marble existing. It is conceivable, however, that the statue’s existence does not depend on the marble existing, since both could be destroyed, the marble permanently, but the statue may still exist as a form in the mind of its maker. So the statue could be recreated or re-
manifested even though the marble has been destroyed. It is the same with the body in relation to the mind (or self).

Some physicalists are merely so with regard to humans (Christian physicalists such as Nancy Murphy and perhaps Lynne Rudder Baker and William Hasker). They believe immaterial essences can exist, since of course God is such, but do not admit an immaterial human essence exists, since they believe that science has disproven the notion. They argue for the aforementioned supervenience, defined as: “every mental phenomenon must be grounded in, or anchored to, some underlying physical base (presumably a neural state). This means that mental states can occur only in systems that can have physical properties, namely physical systems” (McLaughlin, 2009, p. 40).

For those not committed to thoroughgoing metaphysical physicalism, however, it is hard to see why they would try so hard to establish human mind/body physicalism, except perhaps to win respect among their monistic/reductionist colleagues. Perhaps not, but that sort of speculation is beyond the scope of this paper.

Many things are true of mental events, which are not true of brain events. For example, mental events can be either true or false, but it makes no sense to talk of brain events this way. Brain events either obtain or do not obtain, but they are not true or false in any meaningful sense, the way we ordinarily use the terms. Interpersonal neurobiologists are also providing a growing body of evidence that supports this view (Siegel, 2007; Thompson, 2010)

Mental events also have an about-ness (called intentionality), experienced directly by the self. Thoughts are always about things, they refer to an object of some sort. But it
makes no sense to attribute about-ness to brain states. Physical and chemical transactions in brain matter are not strictly speaking about anything. Nor do they refer to anything. But mental states involve both intentionality and reference.

This remains the case even if the mental experience is caused by, inseparable from, or dependent upon, the brain state. As the old reliable adage goes, correlation is not causation. Mere correlation will never be capable of establishing causation, therefore no amount of correlating can ever establish that the brain and the self are identical – at best they will be shown to be interdependent or mutually (bi-directionally) causal. And if brain states are not identical to mental states, then the individual human self necessarily possesses at least one or some components that are not identical to mere physical, chemical, matter-and-energy, and particle-comprised substances and/or interactions. Thus the self, like relationship, is an abstract concept that is inherently immaterial; it exists (for physicalists) as an unexplained and unacknowledged intrusion into a purportedly materialistic science.

Parenthetically speaking, it is notable that biblical anthropology (if one accepts it) affirms that God made human beings in His image. Further, since God is not a physical substance, it is no stretch (on this view) to infer that human persons are not wholly physical either, but rather holistic unities, which are composed of a duality of material body and immaterial soul/spirit.

**The Mind/Body Problem**

The true nature of knowledge about (the nature and constitution of) human persons has been in contention for at least a few thousand years. Similarly, this mind/body debate
is as alive and dynamic now as it has been in any period of human history, largely due the advent and advances of the physical sciences, including neuroscience and other biological enterprises. Are human beings reducible to matter? Are we merely physics and chemistry in motion? Is the individual human self actually identical to that self’s brain, or are these two distinguishable entities?

Again, there is a powerful zeitgeist prevalent both in contemporary culture and in psychology, largely influenced by modern scientific and philosophical claims (discussed briefly above), that human beings are reducible to physical substrates: biology and chemistry. This popular philosophical view, sometimes called reductive materialism, has much influence through the various academic disciplines: including but not limited to psychology, philosophy, theology, physics, and chemistry. This view also trickles down to the average person through various sources, including college courses, magazine, book, and journal publishing (both scholarly and popular level), and various entertainment media.

Physicalism is an implicit assumption in much public discourse, and is taken to be well established and perhaps even indisputable. Moreover, reductive materialism (referring to the elimination of any sort of immaterial mind, or reduction of mind to brain) has critical implications for salient and often urgent social debates, including beginning and end-of-life issues such as abortion, euthanasia, and reproductive technologies.

Questions about the intrinsic versus instrumental status of human persons arise. Something is said to have intrinsic value if it is good “in and of itself,” i.e., not merely as a means for acquiring something else. Happiness might be an example of an intrinsic value, because being happy is good just because it’s good to be happy, not because being happy
leads to anything else. Something is said to have instrumental value if it is good because it provides the means for acquiring something else of value. Having a net worth of a million dollars is an instrumental value. Having those assets is good only to the extent that you can use them to get something else, like happiness (Holsinger, 2011).

Are human beings intrinsically valuable, or is our value merely a useful social construction? What reasons are there to believe either view? Other than dualism and reductive materialism, there are a few other views, such as psychophysiological parallelism or so-called nonreductive physicalism (that of Nancy Murphy, Warren Brown, Stephen Post, and Malcolm Jeeves and others), in which the irreducible duality of human nature is described as duality of aspects rather than duality of substance. It is sometimes called property dualism, or even dual aspect monism, over against substance dualism.

This section is intended to dispute the claim that human persons are reducible to matter and energy, or that the self is identical to the brain, and to offer arguments and evidence that we are constituted more holistically. I also would like to show the relevance of this view for clinical work. I hope to compel the reader to consider that human beings are indeed a dynamic, interactive dualism of both immaterial soul/mind/self and material/biological/physical body, and that seeing ourselves this way is both more humane, more constructive, and contributes to more effective therapy.

Finally, this section will consider of what relevance this whole discussion might be for practicing clinical psychologists. Here is a dialogue illustrating at least two implications:

• Client: I heard in biology class that I am made of only material stuff, so then couldn’t I argue that whatever I do is just my biochemistry causing me to do it?
• Therapist: Is that what you think?
• Client: I do. But I want to know what you think.
• Therapist: It seems hard to know.
• Client: If so, then it would also seem hard to prove. Has it been proven scientifically that all I am is chemistry and biology?
• Therapist: I don’t know. I don’t think so.
• Client: If it hasn’t been proven conclusively, then why say dogmatically that we don’t have souls?
• Therapist: Who says so?
• Client: Exactly. I mean, why do therapy as if I am totally physical with no soul or spirit or whatever?
• Therapist: What would be helpful for you in this regard?
• Client: Well, I feel I am responsible for my actions, I mean really free. So I like to be held accountable and talk about my deeds as if they have real moral consequences, not just for this life, but perhaps the next.
• Therapist: Alright, let’s see what we can do.
• Client: OK. Another thing is that if only matter is real, then obviously there is no God, at least not the way most people think about Him. It seems like if evolution made me, then it’s hard to see how I have any intrinsic value, apart from what I can do, how well I can perform or survive, or what I may be used for, to speak frankly. So if there is no God, then how do I know I have any deep (intrinsic) value versus mere
instrumental value? How do I know I am truly valuable unless I am made in His image?

- Therapist: That is a reasonable question. Why don't we explore it more?
- Client: OK, I'd like that.

Complete biological determinism is hard to avoid if persons are merely particles in motion, since the laws of physics, chemistry, and biology will be the only causal agents involved in their choosing. Since physicalism necessitates determinism, embracing physicalism also makes personal responsibility difficult to defend. Causal laws in chemistry and physics are inexorable, so how could we have defied the particles operating in fields of forces? Further, people need confidence that they are following the laws of logic (if they are following them ...) because the laws are correct and they have true libertarian free will in obeying them, not because they are biologically programmed to do so.

**Materialism Entails Determinism: No Place for Free Will**

Full-blown physicalism (nothing exists but particles in fields of forces) necessarily entails determinism (material systems change over time only according to initial conditions plus laws of biology, chemistry, and physics). This means that a fatalistic determinism follows necessarily from a strict physicalist position. Determinism in turn denies libertarian freedom of the will. Libertarian free will means that our choices are free from the determination or constraints of human nature and free from any predetermination by God.

All free will theists (and many non-theists) hold that libertarian freedom is essential for moral responsibility. For if our choice is determined or caused by anything, including
our own desires, they reason, it cannot properly be called a free choice. Libertarian freedom is, therefore, the freedom to act contrary to one’s nature, predisposition and greatest desires. Responsibility, in this view, always means that one could have done otherwise (http://www.theopedia.com/Libertarian_free_will).

If all that is occurring is matter in motion, then the laws of physics and chemistry are sufficient to explain all causal outcomes, and there isn't room for freedom of the will in this scenario. Determinism makes nonsense out of all commonsense notions of moral obligation, responsibility, reward and punishment. If one cannot genuinely, freely choose to do something one “ought” to do, then all these concepts must be abandoned in order to be consistent with physicalism and its corollary, determinism. This is far too high an intellectual price to pay.

One of the most traditional objections to such one sided, reductive pictures of ourselves is that they leave no room for human autonomy or freedom. An adequate view of ourselves will include an account of the nature and limits of our powers to act autonomously to create real change in the world. (Dupre, 2001, p. 184).

Dupre offers a popular example of a very reductionist and simplistic approach (he calls it intellectual pathology) espoused by a respected scientist at MIT, a view that also has considerable public interest, namely Steven Pinker’s (2009), How the Mind Works. Dupre refers to Pinkers view as equivalent to saying that the mind is basically a computer programmed by natural selection in the Stone Age (Dupre, 2001, p. 184).

**Consciousness**

On the origins of mind, Berlinski quips,
At some time in the history of the universe, there were no human minds, and at some time later, there were. Within the blink of a cosmic eye, a universe in which all was (on the materialist view) chaos and void suddenly came to include hunches, beliefs, sentiments, raw sensations, pains, emotions, wishes, ideas, inferences ... and the taste of banana ice cream. (Berlinski, 2009, p. 421)

One might be surprised and wonder how all this got here, amidst the bare collisions of particles in fields of forces, amongst the mere atoms obeying the laws of physics. All these phenomenal qualia, of which every human mind is aware for most of every day, seem mysterious in origin. Descartes suggested there are two substances in the universe, not independent in function but distinct in ontological nature, one physical, and one mental. For many scientist and philosophers, this has seemed rather an embarrassment of riches. No sooner has the reductive materialist banished mental substances from their analysis, than mental properties or functions pop up to replace them. This has been the story of contemporary philosophy of mind. “As a conceptual category, the (irreducibly) mental is apparently unwilling to remain expunged” (Berlinski, 2009, p. 422).

Berlinski (2009) goes on to point out that we are moved by thoughts or struck by memories, or we deliberate, reckon, assess, react, regard, register, respond, or act unhesitatingly and without reflection. We are intuitively aware that these are not properties commonly found in the physical world. They are not locatable, nor do they have weight or girth.

Every human person has what is called first-person awareness of, and access to, one’s own self and mental states. Further, we experience the self-presenting nature of our
mental states. That is, our knowledge of our own mental state is incorrigible (incapable of correction from outside the self). That is, one has privileged access to the contents of one’s own mind (Audi, 1999). Unlike sensations of the outside world, which are mediately delivered by the five senses, mental states present themselves directly to the individual person in an unmediated fashion.

Senses are channels or conduits, delivering auditory, tactile or visual data to the self by means of their various complex sensory and neurological dynamics. One knows visual stimuli by way of one’s eyes and brain. One knows auditory stimuli by way of one’s hearing apparatus and relevant brain regions. And so on.

Thoughts, on the other hand, are simply directly available to one’s mind with no need for a medium. I am directly aware of my thoughts, as are you, and not by way of anything. It would be ridiculous, indeed a category error, to ask “Can you tell me by means of which of your five senses are you aware of your thoughts?” Furthermore, this line of reasoning proves we can be aware of some things without reference to or use of our five senses, namely every thought or emotion we have ever had, are having, or will have.

Even if my thought or belief is false, it necessarily remains the case that I know that I am having the thought, say, “I believe I am a poached egg.” This is what is incorrigible and what I cannot be mistaken about – the obvious and clear state of affairs expressed by the proposition: “I am feeling, thinking, or believing x currently.” Even if my emotion or cognition is inappropriate, incongruous, or fabricated, it remains that I know that I am having it. These thoughts are directly available to me in a sui generis (one of a kind) fashion. As an example, the following dialogue would be absurd:
Client: I am ambivalent about going home. My family loves me, but there seems to be so much conflict.

Therapist: You are not really having that thought, desire, emotion or belief.

Client: What do you mean?

Therapist: You are mistaken about what thought you are currently having.

Client: I don’t think so, how would you know that?

Therapist: I’m the trained expert in these matters, trust me on this...

Client: Trust you to tell me what I am thinking at this very moment? That seems absurd. I mean, you could maybe tell me what my thinking means, but that’s about it.

Some people, sometimes, do try to tell others that they are mistaken about their own thought content, which can be truly maddening. Consider the mother who tells her five-year-old, “You can’t hate me; I’m your mother.” Such claims are crazy-making. They are so patently false that the child becomes confused—and may remain so for many years.

By way of further explanation: if someone says, “I believe such and such,” you can respond by trying to refute the content of the belief (if you think it is false). But what you cannot reply is, “No, you are mistaken in your thought that you believe such and such.” Indeed we cannot be mistaken in this particular way because our mental life is immediate and self-presenting, and we have private access to our own mental life that can in no way be replicated by any technological third-person representation (PET scans etc.) of physical / brain states.
Qualia (kwəli or kwahl-yuh) and Phenomenology

A leading philosopher of mind, Jaegwon Kim, who is a physicalist, nevertheless ultimately concedes that the intrinsic, felt qualities of conscious experiences (qualia) are irreducible to the physical (Kim, 2007). Philosophers often use the term ‘qualia’ (singular, quale) to refer to the introspectively accessible, phenomenal aspects of our mental lives. The term ‘qualia’ describes the unique and distinctive subjective character of every mental state of any kind in the mind of a single person. It is a descriptive term for the what-it-is-like for one to undergo each state. It is the experiential subjective phenomenology that every mental state has when a person has it.

This is why the various technologies depicted in some science fiction movies such as Minority Report (in which thoughts are projected on a screen via technology) and The Matrix, or in books, such as The Lathe of Heaven by Ursula K. LeGuin, can never be invented or used, even in principle. This is because the qualia of each individual consciousness are accessible only to each individual person, and they are not accessible merely by physical means. In these cases the technology is intended to take the first-person (direct) conscious awareness of one person and present it wholly (on a screen or in a virtual environment) to other persons observing from a third-person perspective.

Others may be able to see (in a science fiction tale) what is going on from behind the eyes, or through the ears, of another person (through tiny implanted cameras, microphones, etc.), and have this sensation projected on a giant screen for everyone else to view, but it is quite another thing to project on a screen the very contents of that person’s consciousness. One person’s qualia are inaccessible to other people and cannot be shared.
via any conceivable technology. What we see (or hear) and what we think are not only two
different things, but also what we think about what we see (or hear, feel, smell, etc.) is
infinitely more complex and comprehensive.

This is relevant for therapy because, in spite of the existence of various objective
assessments, it nevertheless remains the case that we must ask persons the contents of
their thoughts in order to get at their thoughts. Further, we must believe their reports
if we are to proceed constructively (or address their apparent subterfuge). The
assessments mentioned also rely on some degree of self-report methodology, and the
further step of trusting to some degree the accuracy or honesty of the person’s report.

The intricate details of “what I am thinking” will always be more accessible to me
personally, through simple introspection, than by any conceivable machine intended to tell
a scientist what I am thinking by looking at my brain. Frankly, a scientist can tell precious
little about what one is thinking through these technologies, when it comes to meaning,
details, emotional content, and so forth. We are sometimes thankful that intricate details
about what we are thinking are inaccessible to others standing right in front of us, and are
equally inaccessible through any means other than by asking us. Even then, we can reveal
what we want and conceal what we want.

No machine, nor any physical inspection of the brain, even down to the molecular
level or on terms of holistic functioning, will ever be able to extract the minutia of my
thoughts out of me against my will, projected magically on a screen for all to see (as in the
aforementioned, perhaps naively optimistic, science fiction tales). We will forever be
dependent on the report of the teller as to whether this story is what is really on his or her
mind. She may be honest in telling or not, we may be discerning in hearing or not, but it remains true that only she has this ultimate, basic, and direct kind of access to her own mind.

The Mind/Brain Problem in Philosophy of Science:

Reduction or Elimination of the Mental?

“"The third person perspective cannot convey the private nature of consciousness, the first person aspects of human life, what it is like to be conscious. So certain aspects of conscious experience are beyond the limits of science” (Chessick, 2007, p 16). Moreover, physicalism cannot accommodate the recalcitrant and indisputable fact of subjectivity (Madell, 1988, p. 86).

Despite the protests of reductionist luminaries like Gilbert Ryle, Noam Chomsky, Daniel Dennett, Richard Rorty, and Paul and Patricia Churchland, the so-called “Cartesian theater,” wherein every human being is a clear and distinct “I,” and we watch our experience pass before us, has formidable arguments in its favor and many sophisticated defenders. The alternative they suggest is to eliminate the ontologically subjective self or reduce it to an epiphenomenon of physical substrates.

But there are just too many features of the mental that cannot, without violence, be either eliminated or reduced (i.e., made identical) to the physical. Thinkers such as John Searle, Colin McGinn, and Thomas Nagel (Nagel, 1997) admit this distinction (that the physical is accessible to empirical study, but the mental is ontologically subjective), but because of their commitments to both naturalism and physicalism, they are forced to conclude that the nature of the dualist self must be constitutionally inaccessible. They claim
that the self is a necessarily persistent conundrum the solution which we cannot, even in principle, discover. If the self cannot be discovered through empirical studies, and cannot be designated under physical categories, then it must forever remain merely mysterious (McGinn, 1999, p. 102).

**The Binding Problem**

Another difficulty with physicalist monism is that it has no concept of the unity of individual human experience. There must be an experiencer of all the experiences if sense is to be made of how various aspects of any perceptual object are parsed and turned into a unified perception. This is called the binding problem in philosophy of mind, and is unsolvable if persons are mere bundles of electro-chemical firings and experiences.

Materialist reductionism can be summed up as follows: Causal reduction does not automatically give us ontological reduction.

The mind still has its own features, which, in fact, it is the duty of the scientists to describe and explain.

It is much the same as in physics, when some causal reduction is given of a material such as glass. The structure of glass can be accounted for in terms of molecules and so on, but glass *itself* can still be studied. Reduced causally or not, glass is still glass. The mind is still the mind, reduced physically or not. Its basic features of intentionality, consciousness, subjectivity and causality are not to be denied. (Fotion, 2000, p. 243).

And the self is still the self, regardless of all the material phenomena that underlie it. This is called mereological essentialism, the idea that a whole is more than the sum of its
parts, and the whole cannot be explained fully by reference to the parts and their interactions (Moreland & Craig, 2003, p. 288). Searle’s advocacy for intentionality and for the centrality of consciousness highlights the obvious fact that the mind possesses a subjective character that materialist explanations (including behaviorism and strong artificial intelligence) cannot contain.

A chain of physical causes is thus not obviously useful in explaining how a human agent exhibits the capacity to alter things. Tracing the causal chain backward leads only to a wilderness of causes, each of them displacing material objects from their proper settings, so that in the end the mystery is simply shoveled back until the point is reached where it can be safely ignored. (Berlinski, 2008, p. 430).

If we are not able to explain how the human mind works, either in terms of a series of physical causes or in terms of a series of infinitely receding mechanical devices, what then is left? Some would say we can and should consult the ordinary account of mental life that, without hesitation, we routinely apply to ourselves. It turns out that this account is rich, diverse, and quite reliable. Indeed it is commonsensical.

Will the mind inevitably takes its place as a material object existing in a world of other material objects? It seems unlikely. No scientist or philosopher (or psychologist) has yet produced compelling reasoning or evidence that the mind is fully reducible to the physical. As Albertus Magnus, the 11th century teacher of Thomas Aquinas, once said: a certain power to alter things inhere in the human soul.
The Hard Problem

Then there is the hard problem, wherein a materialistic explanation has not been forthcoming, specifically regarding how neuronal activity leads to first person, immediate emotional or cognitive experiences such as envy, affection, and so forth (Chessick, 2007, p. 168). The problem is: how is the leap or connection made from neurological functioning to individual conscious experience? A detailed description of how this works is peculiar by its absence from the literature. How do the physics and chemistry lead to the qualia? These two things are radically different in their qualities, so how does one become another? This problem has baffled psychologists and philosophers from Freud to the present. Indeed, Freud abandoned his Project for a Scientific Psychology precisely because of this problem. Chessick has argued,

Certainly well established contemporary neurobiological findings about brain functioning, derived from standard empirical scientific experiments, should cause psychoanalysts to check that our basic premises are consistent with them. It does not follow, however, that we have the right to assume that, with a complete knowledge of brain physiology and genetics, we will automatically have a complete knowledge of mental processes (Chessick, 2007, p. 170).

The unavoidable conclusion for Chessick, is that

The problem of consciousness is the crucial stumbling block in the attempt to reduce mental functioning to brain functioning, it is indeed the ‘hard problem’ of the mind-brain dilemma. In the current rush to get on board the neurobiological express that is so much more acceptable in our modern fast-fast-fast relief culture, we tend
to lose sight of the fact that (Freud's) psychoanalysis developed a language and methodology that allowed the investigation of mental functioning without the necessity to know everything there is to know about brain functioning (Chessick, 2007, p. 172).

Moreover, we may even be able to make great strides in the investigation of mental functioning with no knowledge whatsoever of brain functioning. Empirically, we are sure about other minds, but few have ever seen, touched, tasted, felt or smelt the brain of ourselves or anyone else, and what would it prove if we had? If I had to consult and rely on the knowledge delivered to me via my five senses, I could not so much as tell you whether I even have a brain. I have never seen, touched, tasted, felt or smelt it. I can certainly tell you I have a mind, having experienced it directly in myriad and complex ways for most of my life. Desire-belief sets, emotions, cognitions, and so forth all flood around my consciousness in detectable ways much of the time, but if you ask me to detect or experience my brain, I wouldn’t know how to do so.

John Searle has argued well how, in this era of brain studies, “the philosophical rejection of external realism, and the denial of ontological subjectivity, leads to attacks on rationality, truth, and on intelligence, therefore they must remain a part of all philosophical thinking about the mind-brain problem” (Searle, 2002, pp. 99-100). Searle says the qualia of conscious experience are forever irreducibly ontologically subjective, and therefore it will likely remain impossible to base psychoanalysis completely on a knowledge of neurological functioning. This is the case despite constant and intense current pressure from insurance companies, academics, and others - to emphasize organic brain studies and
neurophysiology, neuroanatomy, genetics, empirical proof of validity, and evidence-based treatments (because often these insurance companies desire to avoid paying for psychoanalysis). But psychology is more than the study of the brain, it is the study of the self, and the self is much more than just a brain, even if they are radically interdependent or even if it can be argued that one is contained in the other (even if successful, this would not prove they are the same thing, that they are identical).

Searle and Kim have and continue to assert that the mind emerges from neurophysiological states (called psychophysiological supervenience), but it is not therefore merely an epiphenomenon of particles interacting. Epiphenomenalism is the view that mental events are caused by physical events in the brain, but can have no effects upon any physical events. On this view, behavior is caused by muscles that contract upon receiving neural impulses, which are generated by input from other neurons or from sense organs.

On the epiphenomenalist view, mental events play no causal role in this process. Nevertheless, Searle and Kim are right to point out that mental states do in fact affect the body, and to reduce, eliminate, or otherwise deny this is patently false. Moreover, there are critical clinical implications of adopting such a view. What does a clinician who cannot allow for, or must eliminate (at worst), or fail to take into account (at best)—free will, values, and consciousness—look like in the therapy room? Better, what does a therapist who believes in the invisible self and free-will look like?

- Therapist: We have discussed much in the past weeks about your family history, early experiences, and development up until now. So you see, there are many
reasons why you have become this way, genetic/predispositional, family dynamics, etc. Your brain is constituted a certain way and therefore you produce behaviors and actions that reflect how you are wired.

- Client: Well, if my wiring is this way, and that is all I am, then how will I change?
- Therapist: I didn’t say that is all you are. The assumption psychology makes, and must make, is that there is a “you” behind or beyond the wiring that can freely choose new thoughts or behaviors.

- Client: If not, then what would be the point of any therapy?
- Therapist: Exactly, change presupposes freedom. Causal necessity (say from your brain cells) precludes the freedom to choose to change.

- Client: It seems like people I have met and known act implicitly every day as if others have personal responsibility and are accountable for what they do. This implies they are free to do it.
- Therapist: Yes, and if all we are is biology and chemistry, then why does everyone (regardless of location in history or in the world, regardless of culture or race) blame and praise each other? It is only if we could have done differently that these make sense. This is part of my approach and theory that we talked about a few weeks ago, remember, the Existentialist school of thought?

- Client: Yes, I remember we talked about agency, responsibility, authenticity - stuff like that.
- Therapist: Would you like to continue that conversation?
- Client: Sounds great.
It may be the case that most clinicians, even those who might give verbal assent to non-free-will views, are not consciously aware of holding them or on the effect these assumptions have on their clinical work. But if one holds a view that cannot account for consciousness as we all experience it, nor take into account the reality of free will, nor can account for values – this seems dangerous for the client who would like to change.

Now we will transition from discussion of mental phenomena to some specific mental phenomena, particularly doxastic (reasoning about the nature of evidence and of belief) in their essence. Reasoning about belief is central to discussions of mind, but is perhaps more important for moral, ethical (and therefore very practical) matters. It is to these we turn now, in order to draw concrete, everyday conclusions about the comprehensively corrosive nature of relativism.
Chapter 5

Section 3: Relativism and Virtue Ethics for Psychologists

Virtue and Happiness

Questions as to what human virtue is, and what is the true, the good, the just, and the beautiful have been asked and discussed for millennia. Related is the subsequent question as to how we might know about virtue, truth, justice, goodness, or beauty. Are they subjective or objective qualities? Are they discovered or created by human beings? What difference does it make? If relativism is true (an unequivocally incoherent statement because it is self-refuting), then any virtue or description of the good life will be contrived, provisional, ultimately made up by human beings.

These concerns are sensible and substantive, because they are central to psychological functioning in most aspects of our everyday existence. Spirited debates abound on these topics in present-day, contemporary culture as well, from the intellectual elite all the way down to the person on the street. How can we become good persons? How, if at all, will goodness and virtue contribute to our happiness? If there is no objective standard of any kind by which to judge authentic goodness and virtue, then how could we know it was contributing to our happiness. How does being virtuous contribute to happiness? If relativism is true, then what is a virtue? That is, if nothing is right or wrong, then what sense can be made of virtues or virtue development (because a virtue is a trait or...
quality deemed to be morally excellent). The positive psychology efforts to study virtue, for example, become absurd under relativism and determinism.

Epistemological and moral relativism have ubiquitously infiltrated most dimensions of western culture. Moral relativism generally takes morality, ethics, virtue and goodness to be subjective, conventional, artificially constructed qualities. This view regards the moral enterprise as having no absolute or objective foundation. I intend to offer reasons to believe that this view is both demonstrably false and pernicious to society and to good psychological functioning and practice.

Finally, this section will consider what relevance this whole discussion might have for practicing clinical psychologists. For example, the entire clinical psychological enterprise (as with much of the rest of human life) is implicitly predicated on the idea that some ways of thinking and doing things are better than others, indeed psychologists widely believe that it is wrong to do some things, such as abuse children, women, or elders. This is the basis for exceptions to confidentiality, and is why the exception was established in the first place. Laws and standards presuppose morality and do not establish it. This means that, prior to the making of any rules of any kind, a moral reasoning process has taken place, in committees etc., which invariably included statements not just about healthy functioning, but about moral rights and wrongs.

This cannot be true, though, if moral relativism is true. Furthermore, relativists often harbor closet absolutes of their own, but cannot substantiate them by appealing to their objectivity. "A great many of those who 'debunk' traditional ... values have in the background values of their own which they believe to be immune from the debunking
process ... if we are to have values at all we must accept the ultimate platitudes of Practical Reason as having absolute validity” (Lewis, 1996, p. 49).

- Therapist: I have shared some views and strategies with you regarding your automatic thoughts and self-talk. We’re using logic to address some of the things you said you should not do, but logic is not the solution to all problems.

- Client: Okay. I see what you are saying, I think. But how do we decide which things can be helped with logic and which can’t without using logic and reason? Also, don’t we need to be able to reason in order to decide the things we should and should not do?

- Therapist: Perhaps.

- Client: I shared with you that I had really wronged some people in my life, but you keep talking about with words like “functional behavior” and stuff. But I have decided that my actions were wrong and that that is why I should not do them.

- Therapist: I don’t know if we need to talk about moral right or wrong.

- Client: You mean in this conversation or in real life?

- Therapist: Well, both.

- Client: If I do not come to the realization that I should not behave that way, then I will have a hard time changing it. This involves a “should,” which is a moral judgment. Saying it “doesn’t work” or is inconvenient or “dysfunctional” doesn’t really get to me at a deeper level. I cannot change my life unless I change my mind about what I was doing and admit that it was wrong.

- Therapist: If that works for you, then I recommend staying with it.
- Client: It works in real life, where my actions matter. And I cannot simultaneously say theoretically, or from my armchair, that nothing is right or wrong if I want to change.

**Against Relativism**

The issue of functional relativism is worth facing head on, bringing out into the light, and talking about directly, because its presence or absence is either implicit or explicit in nearly everything we say and do as clinicians. It is important to realize that relativism permeates our culture at nearly every level. We are swimming in it, and it is diametrically opposed to the conviction that discovery and affirmation of a reality beyond ourselves and our own opinions is indeed possible. These are the only two alternatives, for “either ethical relativism is true or ethical absolutism is true, there is no third alternative” (Miller, 1998, p. 347).

American culture and many professional psychologists unrelentingly purvey the idea that religion and morals are private, subjective, socially constructed affairs, and that any worldview is fine as long as you “aren’t hurting anybody” (does this mean that if you did “hurt somebody,” that you did something wrong? And what does it mean to “hurt somebody?”). Religiously based ethics and values are regarded as acceptable (so far ...) for home use, but not to be brought into the classroom, professional life, the public square, politics, or therapy. This is evident in the widespread injunctions of non-judgmentalism and tolerance pervading APA-style professional psychology. Despite the apparent fact that the idea that “all ideas are equal” is a bald contradiction, there is nevertheless too much evidence for the ubiquity of moral relativism to imagine that this is merely unrestrained
rhetoric. We see it everywhere. There are societal assumptions on the street that “who are you to say ...” which implies that no idea can be superior to another. There is tangible social and professional pressure not to make moral judgments about behaviors. You may have your beliefs, just don’t act like they are actually true in the office, or face very real sanctions. This is relativism in action.

Therefore it is not as important to simply ask, “What I would do or say in therapy?” as it is critically important to uncover and address the assumptions behind why I would do or say something in therapy. A pervasive and subtle relativism – and its accompanying repugnance for objective claims – may lie behind the horror at, and refusal to address, potentially thorny questions: what is the best, or even the right (as opposed to merely a good) way to understand this theory or person, and should I bring it up to the client?

Relativism often (but not always) involves rejecting the correspondence theory of truth (Sproul, 2000), which simply observes and maintains the common-sense notion that truth is that which corresponds with reality. Aristotle, Locke and most major philosophers in the history of ideas have discussed truth in this context, and the correspondence theory also has many able contemporary advocates. Relativism does not stand in any great moral tradition and indeed has had a fairly short recent history, primarily in the West, and primarily amongst the so-called intelligentsia (in particular among the Brights). Yet, as seductive ideas always do, it trickles down through the echelons of society, so that the everyday man on the street not only adopts it, but also thinks it has great credibility from scholars and thinkers in the ivory towers.
Epistemic relativism is “the extinction of the idea that any particular thing can be known for sure” (Beckwith & Koukl, 1998, p. 20). Nothing is absolutely or objectively true, it states. Absolutely nothing? This it turns out is a good question, revealing the self-refuting nature of relativism.

Subjective truths are based on internal preferences and change according to our whims. Objective truths in contrast, are realities in the external world that we discover and cannot be changed by our internal feelings. External facts are what they are, regardless of how we feel about them (Beckwith & Koukl 1998, p. 28).

Moral relativism (which I am addressing primarily) at its core is the doctrine that standards of justification, moral principles or truth are taken to be relative to language, culture, or biological makeup. It is the concept that ethical and moral points of view have no absolute truth or validity, having only relative, subjective value according to differences in perception and consideration. It is often associated with tolerance, open mindedness, and non-judgmental postures. It is the “Who are you to judge? Where do you get off condemning?” or “Says who?” response to knowledge claims, especially ethical ones. “People should be allowed to decide for themselves” is the zeitgeist mantra of the West.

Moral relativism taken to its logical conclusion is actually a kind of nihilism or anarchy. Those who espouse it “do whatever they want.” Conscience is as impotent an authority over them as is tradition or law. The word that psychologists have for persons like this is sociopath or antisocial. These persons regularly violate the rights of others, and rights are arrived at or established (invariably) using moral and ethical terms. Thus, the
quintessential heroes of relativism are the antisocial sociopaths, that is, the persons who do whatever they want, unconstrained by any external objective morality.

It has been observed that there is no discernible difference between a relativist and a person who admits to having no morality at all. This means that relativism is meaningless. It claims to be a morality of sorts, but is indistinguishable from its opposite, no morality. If a thing cannot be distinguished from its opposite, it is safe to say that thing is meaningless. If a person believes nothing whatsoever is objectively wrong - such as Hitler's genocidal activities, the killing of Matthew Shepard, the raping of emergency aid workers, the mass killings with machetes in Rwanda, or the bludgeoning of toddlers and torturing of babies for fun – then it will be difficult to reason with them about other seemingly self-evident truths. This is the case be they therapist, client, or anyone else.

Relativism is fairly impotent with handling or accounting for a number of concepts that most human beings take as axiomatic on a daily basis, such as: accountability, praise, blame, fairness, justice, moral improvement, and tolerance. Indeed if relativism is true, then tolerance is not even a virtue. If tolerance ought to be practiced by everyone, then relativism is necessarily false. Further, if relativism is true then nothing can be called good or evil, it’s all just stuff mediated by preference, that of myself, my group, or my society.

German philosopher Friedrich Nietzsche repeatedly stated, in his 1800s notebooks, that, “there are no facts, only interpretations” (Stanford encyclopedia of philosophy. http://plato.stanford.edu/entries/nietzsche/). One can imagine playfully retorting “Is that a fact, or....?” But seriously, Nietzsche’s highly regarded and widely quoted opinion in this terse statement is indeed offered to the reader as a fact. Otherwise we can write it off as
merely another of his maniacal interpretation of things, and therefore we have no reason to take it seriously (Copan, 2001).

Beckwith and Koukl point out seven fatal flaws of relativism and discuss them at length in their book. Here is a brief rundown. Relativists cannot accuse others of wrongdoing, since right and wrong are merely matters of personal choice. They also cannot complain about the problem of evil. This is both a philosophical and practical problem discussed in the literature for centuries and across disciplines. Essentially, there can be no problem of evil unless true evil exists, that is, the violation of a standard outside of individual human preference. Evil as a value judgment marks a departure from some standard of moral perfection. No standard = no departure = no evil. The most one can say is “I don't like that!”

Further, relativists cannot accept or give praise, or place or accept blame, or make charges of unfairness or injustice, because these concepts are meaningless apart from an objective standard. C.S. Lewis once quipped,

The truth is we believe in decency so much – we feel the Rule or Law pressing on us so – that we cannot bear to face the fact that we are breaking it. Consequently we try to shift the responsibility. For you notice that it is only for our bad behavior that we find all these explanations. It is only our bad temper we put down to being tired or worried or hungry. We put our good temper down to ourselves (Lewis, 1960, pp. 6-7).

Perhaps the most clinically significant problem with relativism is that proponents of it cannot make moral progress, or improve their morality. Perhaps a lateral move or change
could be identified, but it takes a standard for someone to say they are better than before and for this to have meaning. Moreover, relativists cannot assert or promote the obligations of tolerance or open-mindedness without pain of self-referential absurdity. These are indeed virtues, but not if relativism is true. They involve ought claims, such as “I ought to be tolerant,” and so forth. If there are no moral absolutes, why be tolerant?

Relativism also promotes an ethic of power. Since no higher standard of truth may be appealed to, and since truth has no authority beyond mere interpretive communities, it follows that whoever makes policy is whoever acquires power, political or other. It is a might makes right approach to ideas. On this view, even racism cannot be judged to be wrong, because if values are culturally and ethnically relative, then racism cannot be judged to be universally and objectively evil. Most would see this is absurd, and too high a street-level price to pay for this cocktail-party philosophy. When applied to the real world, relativism is revealed as self-contradictory and destructive. Indeed, it is both empty and impotent in the face of the problems of real life and has been discredited in the light of reason and in the crucible of experience, yet many still maintain it in theory.

Relativism elevates the importance of what any person, however undiscerning, may perceive, over whatever it is that is actually real. If a slur or insult is perceived, then that matters more than if one was intended, because the hermeneutics of suspicion dictate that meaning does not lie in the intended communication of the speaker or writer, but rather in whatever the reader or hearer perceives is being communicated. The dangers inherent in this sort of thing are legion. Just reflect for a moment on the idea that meaning does not lie
in the intent of the communicator, but only in the mind of the hearer. What consequences result from this sort of approach?

Many relativists also hold that only those with power are capable of moral atrocities, such as institutionalized racism or oppression. This is because power is the only court of appeals in a morality-free universe. But then, why would it be wrong to oppress or commit atrocities, if relativism is true?

For clinical practice, this means that no condition is, in itself, good or bad, healthy or pathological. Some may be preferred, others disliked. Such definitions as those embodied in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000) and clinical practices related to these definitions become absurd—or merely preferential. The plain truth is (no pun intended), that the objectivity of morality, and not relativism, is something that we all take for granted every day in personal and professional life, and in professional societies and manuals, such as the aforementioned DSM-IV. (APA, 1994) Life, and clinical work, would grind to a halt without the notion of objective morality, and even to claim otherwise is to assert the objectivity of a point of view.

This leads us to the discussion, in the following section, of the objectivity of truth. We also explore why any denial of it (i.e., epistemological relativism) is self-referentially absurd—and itself necessarily untrue.

Again, the clinical significance of this is critical. A world in which moral relativism obtains is one in which nothing is wrong, nothing good or evil, nothing worthy of blame or praise, where justice and fairness are meaningless concepts and in which there is no accountability or possibility of improvement (moral or otherwise). Further, no meaningful
moral discourse would be possible, and especially no tolerance and no multicultural progress. This nihilistic wasteland, waxed eloquent about from many an armchair, is not the real world we experience day to day. Nor is it any kind of an ideal world to work towards. Rather, it is a nightmare world filled with sociopaths who only “do what is right in their own eyes,” or whatever they simply have the power and the will to do. It follows from this that psychologists who are moral relativists (either deliberately or unwittingly) contribute, to greater or lesser degrees, to this kind of world.

**The Objectivity of Truth**

“We laugh at honor, and are shocked to find traitors in our midst ...” C. S. Lewis (1996), *The Abolition of Man*, p. 26.

The loss of belief in the nature of, reality of, and value of objective truth is at the center of most of our cultural and individual crises in the contemporary west. Happiness is, at bottom, a battle over epistemology—Who has the right to define what counts as knowledge, and in this case particularly in the area of happiness? One must believe that truth can be discovered, or the search for happiness, as the search for anything else, is futile. But many do not believe there are any objective truths at all (except of course the absurd truth that no truth exists), and this epistemological nihilism cannot contribute to the discovery of happiness because it will be a fluid, not a static concept. The “center will not hold.” It is like saying, “There are no absolute truths, and here’s one,” or “there is no such thing as right or wrong, but be good.”

The pursuit of the good life, of happiness, and human flourishing in general, depends for its inception and proliferation, primarily upon an a priori attitude of belief in and
respect for truth. This is why moral and epistemological and ethical relativism have such a corrosive, decaying effect on modern life and all of its minor constituents. It renders (and reduces) happiness to just whatever some individuals say it is, for them.

So, the pivotal, preliminary question, which cannot be divorced from either ontology or epistemology, is this: can Psychology provide a model, epistemic and ontological, especially of human nature, upon which to base its views of virtue, strength etc.? If not, then what is the value of its assertions beyond the so-called social construction of truth theories? How are virtues and strengths grounded? To what are they anchored? This is tantamount to asking; where did they come from? This is an example of the value of philosophy for psychology, the process of addressing a priori, preliminary, precursory - the first philosophy, first principles, first things. If there is no foundation, then the house cannot stand. If there is no truth, then there is no happiness that anyone will really trust.

The relevance, essence or upshot of all this is that Knowledge (of happiness or anything else) involves truth or accuracy of representation based upon adequate evidence or insight. True knowledge (but not mere belief, commitment or preference) confers on its possessor an authority, right, and responsibility to act, establish policy, and teach others about the Good Life (flourishing or happiness). Finally, denial of absolute, objective truth is self-refuting and establishes a new, self-nullifying, absolute. If “nothing is absolutely true,” then neither is that statement.

**Virtue Ethics and Positive Psychology**

Virtues are human excellences or character strengths that make it possible for people to flourish. Virtue ethics refers to the contemporary appropriation of Aristotle’s
account of virtue and the good life, and this approach stresses the overall purpose of life, which is to live well and achieve excellence and skill as a human person. The core concept is eudemonia, sometimes translated happiness, but better rendered flourishing.

Flourishing refers to the ultimate human good, because it is sought for its own sake, not for the sake of any other end. Becoming virtuous also is not undertaken merely as an instrumental means to attain the end of happiness, but is its own intrinsic end, and happiness is of secondary importance, but follows from a life integrally rooted in a holistic vision of rich meaning and purpose.

Martin Seligman, a co-founder of the Positive Psychology movement, nevertheless does not acknowledge this underlying foundation or human telos (that which we are made for, our ultimate purpose or end). Christians, it turns out, can endorse positive psychology, so long as it is recognized that there is an underlying reason or purpose (a teleology made by God) behind becoming virtuous. Jesus taught in the Sermon on the Mount that blessing (shalom, grace, peace and well-being – not precisely happiness) would follow the acquisition and application of virtue (in the classic sense of well-being, not in the modern sense of pleasurable sensation). This means that, ultimately, it is better to be good than to feel good, but both are certainly possible.

A flourishing life is characterized by actions consistently and cumulatively undertaken for the sake of worthwhile ends. Flourishing is not an episodic experience, but a matter of the way that one’s life shapes up as a whole over time. Given an understanding of God’s intended purpose for human life, an ethics built around virtue first clarifies, then
develops and nurtures being a good person. This character development must be rooted first in an overarching vision of life in the Kingdom of God as He intended it to be lived.

The relevance, essence or upshot of all this is that in both Virtue Ethics and Positive Psychology, the attaining of happiness is predicated on first becoming good. Positive Psychology acknowledges that the formation of a good person also contributes to the happiness of the person, but does not consider it necessary the same way Jesus did. Positive psychology provides the happiness side, virtue ethics provides the goodness part, theism (especially the teachings of Jesus and the Apostles) provides the epistemological and metaphysical foundation for knowledge of, and an ethic of, goodness.

**Epistemic Relativism is Self-Refuting and Necessarily False**

Thomas Nagel (1997), in his book, *The Last Word*, also offers a simple account of the self-refuting nature of epistemic relativism. He says that if someone were to try to challenge the validity of the common practice of looking for and offering reasons for our beliefs, that that person is implicitly authorizing reason in making the skeptical point. Why? Because he is using the very thing he aims to discredit, the rational process. “The skeptic has no choice but to present himself as having reasons for doubting the effectiveness of reason” (Boghossian, 2006, p. 24).

This highlights the circular, self-destructive nature of relativism, and also reveals the futility of trying to get beyond all those old traditional foundationalist dualisms that still haunt contemporary discourse. The fact is that some dualisms are impossible to avoid, and as Kierkegaard observed, there is an inevitable Either/Or ultimatum. We must decide one way or the other, as it were, and if we choose not to decide, we still have made a choice
befitting one of the two camps. As much as we hate to be categorized, we cannot forever escape the impetus to decide on which side we stand. This is part of the fabric of the universe. Eastern philosophy has tried for centuries to present a model of what it would be like to transcend dualisms, in favor of oneness. But this is offered as an instead of argument, which is itself a dualism. As some have said, “I am a nonconformist, just like all my friends….”

Boghossian formulates the paradox as follows:

The claim “nothing is objectively justified, but only justified relative to this or that epistemic system” must be nonsense for it would itself have to be either 1) objectively justified or 2) only justified relative to this or that epistemic system. But it can’t be objectively justified, since in that case it would be false if true. And it can’t be justified only relative to the relativist’s epistemic system, since in that case it is just a report of what he finds it agreeable to say. If he also invites us to join him, we need not offer any reason for declining, since he has offered us no reason to accept (Boghossian, 2006, p. 83).

The eminent Stanford professor of philosophy, and notorious relativist, Richard Rorty says, “different communities may operate with different epistemic systems and there can be no facts by virtue of which one of these systems is any more correct than any of the others” (Boghossian, 2006, p. 91). This is a tricky statement, because it sounds so reasonable and tolerant. Further, it sounds tolerant and multicultural in its implications. Most people would likely scoff, a priori, at the prospect of challenging this statement.
But let us look carefully at what he is saying, parsing it clause by clause. This discussion may seem tedious, but it is necessary to get at the contradictory nature of his claim. To clarify, one might ask (following his claim above in quotes), “is that true for everyone, or just for your community?”

First he refers to communities, to at least one of which, let us presume, he would admit being a part. So he himself is speaking from a community, perhaps one with what he calls a “different epistemic system.” Now, he seems to say, it follows from this fact that “there can be no facts by virtue of which one of these systems is any more correct than any of the others” (Boghossian, 2006, p. 96). But if he is speaking from one community, and if no fact can make any one system truer than another, then his claim is no truer than any other. He is trying to make a community-based fact into an objective fact that is true for everybody. But objective facts that are true for everybody are anathema and are just what he wants to say there are none of. So if there are no objective facts then this is in itself true for everybody, and is therefore an objective fact.

This is plainly viciously circular and therefore necessarily false. A self-referentially absurd (or self-undermining) statement is one that cannot satisfy its own epistemic criteria. Rorty’s statement above refers to something, it is about something, namely facts. One thing he says is a fact is that there are no facts that make any one system truer than another. He commits the very epistemic tyranny he is trying to crush, that of making an objective claim (that there are no objective facts) to which everyone must give heed.

If this is true, then we need not heed his statement, since it does not make his system any truer than any other, and it merely comes from his community, not an objective
vantage point. He wants to say from an objective vantage point (something that is true for everyone), that there are no objective vantage points (that nothing is true for everyone). Roger Scruton says that, “a writer who says that there are no truths, or that all truth is 'merely relative,' is asking you not to believe him, so don’t. In arguments about moral problems, relativism is the first refuge of the scoundrel” (Scruton, 1995, pp. 6, 32).

**Clinical Significance**

One of the most obvious implications for psychotherapy, assessment, forensic and other types of evaluations, triage, scholarship in the field of psychology, etc., is that relativism can be used as a trump card against any and all conclusions of the clinician, no matter how well reasoned or sound. This will be the case whether it is simply a client saying, “well, that's just your interpretation,” or a high ranking police official rejecting conclusions for work fitness or in other legally critical matters.

Moreover, relativism wrecks havoc when attempting difficult treatment paradigms with recalcitrant individuals, such as long-term substance abusers who have an entrenched, but highly inaccurate, view of themselves, the world they live in, and the relationship between the two. Therapists who collude in their clients' relativism are contributing to an overarching and cowardly approach to the difficult enterprise of human change, which involves first acknowledging the truth of dysfunctional and dangerous patterns. Relativism precludes the acknowledgement of any truth, and this turns out to be very convenient for a great many people who are reluctant to being treated by mental health professionals.
I have articulated three philosophical stances and promising alternatives to each. Now I will draw together the relationships among them. Again, the three related dichotomies are:

1. The nature of knowledge (about happiness or anything else) and a reconsideration of imperialistic scientism versus. a more expansive critical realism
2. Physicalist versus. holistic conceptions of human persons
3. Relativist versus. foundationalist views of reality, especially ethics and morality

These three discussions are deeply related and of great importance to how a contemporary clinical psychologist will approach his or her work with clients. In this paper, I have presented numerous compelling reasons why science is not the sole, nor perhaps even the primary, source of reliable knowledge in our pursuit of happiness. I have offered compelling reasons to believe that we are more than our brains and bodies, and that this dualistic view of human nature affects our functioning in relation to the search for happiness. Finally, I have given compelling reasoning and evidence to the reader that relativism is demonstrably false, and that reliable knowledge of the good, the true, the just, and the beautiful is both possible and worth attaining in relation to our search for happiness. Moreover, it is also essential to the practice of clinical psychology.
Further, I have attempted to show that attaining knowledge of each of these involves a wider epistemological purview than the empirical method alone can offer. This knowledge enterprise also involves a much wider, richer, and more fertile conception of how we are constituted (ontology) and what we were ultimately made for (teleology), than that which either contemporary popular culture or strictly secular academia has to offer. All of these issues are relevant to practicing as a clinical psychologist, and I have tried to demonstrate throughout how and why this is the case at both theoretical and practical levels.

In clinical psychology, our views of what makes for psychopathology, which interventions are to be embraced and which to be eschewed, and what goals are worthy of seeking or fostering, are all based on values that necessarily come from extra-scientific sources. The whole clinical enterprise is thoroughly value-laden, yet science is frequently not equipped to help us with these value questions that are central to our clients' lives.

The epistemological authority of the hard sciences has eclipsed confidence in other ways of knowing for many, especially in academic, medical, VA, and primary and integrated care settings. Therefore this paper is written with the hopes that a renewal, a revivification, a restoration of the reality, quality, and dependability of extra-empirical knowledge will take place among psychologists so they may be more holistic and therefore more effective in their clinical work.
References


Appendix A

Dialogues Wherein Methodological Naturalism is Scrutinized
Dialogues Wherein Methodological Naturalism is Scrutinized

These hypothetical conversations might take place between a particularly astute, high-functioning client and her therapist, or perhaps between an intern and his supervisor, or perhaps between a psychology graduate student and her professor.

- Client: “Are scientists, by virtue of being scientists, well-qualified to distinguish between claims that are and are not scientific?”
- Therapist: “Of course”
- Client: “What are some criteria by which a claim or view might be deemed scientific?”
- Therapist: “Well, testability, for one.”
- Client: “So if a claim is testable, then this goes pretty far in establishing the scientific status of a claim?”
- Therapist: “Yes.”
- Client: “In light of testability, can you help me understand how the claim that ‘all natural phenomenon must have a material explanation’ is deemed scientific? Can it be shown scientifically that materialistic explanations provide a true and exhaustive account for all natural phenomena?”
- Therapist: “Uh…”
- Client: “Is the claim: ‘all natural phenomenon must have a material explanation’ itself empirically testable?”
- Long pause.
- Therapist: “Um…”
- Client: “Have you or anyone you know tested the claim: ‘all natural phenomenon must have a material explanation’?”
- Therapist: “No.”
- Client: “Can you tell me what it would look like to empirically test this claim?”
- Long pause.
- Therapist: “Probably not…”
- Comment: (the above may seem trite, but it demonstrates that the claim ‘all natural phenomenon must have a material explanation’ is philosophy of science and cannot be the deliverance or result of any empirical investigation)
• Intern: “Is it possible that the best materialistic explanation of a natural phenomenon is not the true one?
• Supervisor: “I don’t think it’s likely.”
• Intern: “It may not be likely, but probability and possibility are two very different things. If this is not possible, please explain why not.”
• Supervisor: “I guess it’s not impossible.”

• Intern: “Alright, would you agree that methodological materialism is not scientifically testable (there is no way to confirm it scientifically) and therefore it is not a scientific claim?”
• Supervisor: “Perhaps.”
• Intern: “If it’s not a conclusion of empirical investigation, then could it be a philosophical claim, more the domain of philosophers of science than of scientists, per se?”
• Supervisor: “Maybe, probably, I guess.”

• Intern: “Have you read any classical or contemporary books or articles on the history of and/or the philosophy of science?”
• Supervisor: “No.”
• Intern: “Would you at least agree that in the history of science, often ideas that started out as ‘pseudoscientific’ eventually became properly scientific, such as the transformation of alchemy into chemistry? Something can be regarded as nonscientific at one time and be a rigorous science at a later time?”
• Supervisor: “Sounds good.”

• Student: “Are there precise criteria that tell you what belongs to science and what does not?”
• Professor: “Sure.”
• Student: “Please list the criteria that you think demarcates science from nonscience.”
• Professor: “Ok, there’s empirical testability, falsifiability, tentativity of claims, measurability, quantifiability, prediction, replicability…”
• Student: “Are these together all of the necessary and sufficient conditions for something to be science?”
• Professor: “I don’t know about all…”
• Student: “Are there examples of science, that is widely considered to be science, that do not fit any or all of these criteria?”
• Professor: “Possibly, but I don’t know.”
• Student: “Are there, anywhere, a generally agreed upon set of necessary and sufficient conditions for something to count as science, such that it is unequivocally isolated from other disciplines, such as philosophy and theology, or even historiography and literature?”
• Professor: “I guess not.”
Student: “Do we need a reductionistic, airtight definition of science in order to recognize it when we see it?”
Professor: “I don’t think so.”
Student: “Is the definition of science a largely philosophical question, or can it be answered empirically?”
Professor: “I’m not sure it can be defined or answered empirically.”

Student: “If methodological naturalism is not a properly scientific claim, then what is its authority or force as a rule or regulative principle for science? Even though it has had some success in guiding scientific inquiry, why should scientists adopt it wholesale?”
Professor: “I don’t know.”
Student: “Would it be safe to say that it is merely a working hypothesis for science, and as such aren’t scientists free to discard it when they find that it no longer works?”
Professor: “I suppose so.”
Student: “It appears that regulative principles for scientific inquiry cannot themselves be the products of empirical inquiry.”
Professor: “That does seem unavoidable.”

Student: “You mean I could be a scientist and not be systemically committed to finding ‘natural’ explanations for all phenomena?”
Professor: “Yes, I guess so.”
Student: “Ahh, the exhilaration, the freedom, the sheer humanity!”
Professor: “I think you are a bit dramatic now…”
Student: “Perhaps, but do you know what this does for intellectual inquiry?”
Professor: “What?”
Student: “It is quite refreshing. It frees us from the stifling and deadening activity of prescribing what nature ‘must be like’ in advance of actually investigating it. We can follow the evidence wherever it leads.”
Professor: “So where is it leading?”
Student: “Currently, in many disciplines, away from methodological and reductive materialism, naturalism, physicalism, determinism, and the causal closure of the physical.”
Appendix B

Curriculum Vitae
Curriculum Vitae

Chad Avery Houchnin, MPhil, MA
960 N. Jefferson St.  Moscow, ID  83843
320.266.3572  chouchin08@georgefox.edu

EDUCATION

Present  
**Psy.D. Clinical Psychology**  
- APA Accredited  
- Anticipated May 2013  
- George Fox University  
- Newberg, OR

2010  
**MA, Clinical Psychology**: Cum Laude  
- George Fox University  
- Newberg, OR

2005  
**MA, Philosophy & Ethics**: Cum Laude  
- Biola University  
- La Mirada, CA  
- Emphases in Philosophy of Science, Philosophy of Mind, Consciousness, Epistemology, and Ethics

1996-1998  
**Certificates in Theological Studies, 2 Consecutive Years**  
- Great Commission Bible School  
- McMinnville, OR  
- Part-time Instructor

1996  
**Bachelor of Science, Psychology**  
- Colorado State University  
- Fort Collins CO.  
- Research Assistant, Human Development, Sr. year.  
  - Supervisor: Ellen B. Braaten, PhD

SUPERVISED EXPERIENCE

2012  
**University of Idaho – Counseling and Testing Center**: Moscow, ID. - Current  
  *Internship (1 year – 2012-2013)*  
  - Supervisor: Dr. Brian Hopper  
  - My responsibilities consist primarily of individual psychotherapy, psychological testing and assessment, substance abuse education and outreach, and
biofeedback, with emphases on personal development, coping skills, prevention, and wellness within a brief treatment framework. I am also the CTC liaison to the Office of Multicultural Affairs on campus.

2011  **George Fox University - Behavioral Health Clinic:** Newberg, OR  
*Pre-Internship (1 year – 2011-2012)*  
Supervisor: Dr. Joel Gregor  
My responsibilities consisted primarily of evidence-based brief therapy and assessment (including intakes) for un- and under-insured citizens of Newberg, Yamhill county and surrounding areas. This includes both chronic and acute conditions, and both short and long term therapy. I work with children, adolescents, adults up to age 75, and do family and couples therapy. It also includes outreach, group therapy, and psychoeducational classes such as parenting skills. Assessment duties include screenings, comprehensive diagnostic testing for ADHD, learning disabilities, dementia, anxiety and mood disorders such as depression and bipolar disorder.

2010  **Concordia University:** Portland, OR  
*Practicum II (1 year – 2010-2011)*  
Supervisors: Dr. Marie-Christine Goodworth, Dr. Joel Gregor, and Jaklin Peake, MA, LPC  
My responsibilities consisted primarily in conducting comprehensive assessment batteries for students concerned about academic functioning. This may include learning disability evaluation, ADD or ADHD, cognitive strengths / weakness, and or career, interest, and/or vocational testing. I also did structured intakes and individual therapy, both short and long term. I completed a total of 15 (12-18 page) reports over the year.

2009  **Salem Veterans Center:** Salem, OR  
*Practicum I (1 year – 2009-2010)*  
Supervisor: Dr. Ellen Mink, PHD.  
I primarily conducted psychotherapy with military veterans (many of whom suffered from PTSD) and their spouses. I also conducted and documented structured intake interviews, and received individual and group psychotherapy training. In the process I established treatment plans, carried out various interventions, (primarily, but not exclusively, from CBT and ACT theoretical orientations), consulted complex VA medical files, contacted referral sources, and maintained files.

2008  **George Fox University:** Newberg, OR  
*Pre-Practicum (1 year – 2008-2009)*  
Supervisors: Clark D. Campbell, PhD, ABPP; Meridee Runge, MA  
I received group and individual supervision involving videotape review, case presentations, and consultation, as well as individual psychotherapy training and oversight with graduate students. I conducted and documented intake interviews
including progress notes. At this early stage of my graduate program I focused on practicing listening skills and simulated psychotherapy during videotaped sessions, and did some minimal diagnosis and treatment planning through weekly individual psychotherapy with undergraduate volunteers, primarily from a Rogerian theoretical orientation.

TEACHING EXPERIENCE

2007-2008  Bethel University – Professor (Adjunct: ½ time = about 25 hrs/wk)

- College of Adult and Professional Studies (CAPS)
- Taught Philosophy & Ethics (primarily business ethics) courses for 2 years
  o PHI 321: Ethical Decisions – Taught 8 sections
  o PHI 421: Ethics in Organizations - Taught 6 sections
- Also did Curriculum Development – syllabi generation
  o PHI: 425 Applied Ethical Decisions in Life and Business

RESEARCH / PRESENTATIONS

2013  Houchin & Bufford (April, 2013). “Schemas, Core Beliefs, Worldviews, and Clinical Practice.” Poster to be presented at the Christian Association of Psychological Studies (CAPS) conference, Portland, OR. April 6, 2013

2011  Cordova, Grosscup, Martindale, Duncan, Houchin, Pacz, Gerrie, Leland (May 2011). “Processing Ethical Dilemmas”* Symposium session presented (with the OPAEC – OPA Ethics Committee) at the Oregon Psychological Association (OPA), Annual Conference, Eugene OR.

*This was a joint presentation with the OPA Diversity Committee, using the ADDRESSING model to approach ethical dilemmas.


  *Richter Scholarship Recipient for this research, as of February 2010

2009  Bufford, Torres, Schneider, Houchin, & Berggren (2009). “Supervision and the APA Ethical Code: Remediating an Oversight.” Poster session presented at the WPA (Western Psychological Association) annual meeting.
1996  Research Assistant: Colorado State University – Child and Adolescent Development and Psychopathology (with Dr. Ellen B. Braaten, PhD.)

### RELEVANT EMPLOYMENT

<table>
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<tr>
<th>Year</th>
<th>Position</th>
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<tr>
<td>2006-2008</td>
<td>Bethel University – a four-year, liberal arts institution committed to a distinctly evangelical Christian philosophy of education.</td>
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<tr>
<td></td>
<td><strong>1) Professor (Adjunct):</strong> Philosophy &amp; Ethics, College of Adult and Professional Studies</td>
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<td></td>
<td><strong>2) Curriculum Development</strong> – syllabi generation for new courses</td>
</tr>
<tr>
<td>2003-2005</td>
<td>Biola University - Recruitment Coordinator for two Masters Degree programs: MA in Science and Religion &amp; MA in Apologetics. Biola University’s M.A. in Christian Apologetics is a premier graduate degree in the defense of the Christian faith.</td>
</tr>
<tr>
<td>2001-2003</td>
<td>Stand To Reason (STR) – Event Facilitator, also bookstore and mailroom manager. Stand to Reason trains Christians to think more clearly about their faith and to make an even-handed, incisive, yet gracious defense for classical Christianity and classical Christian values in the public square.</td>
</tr>
<tr>
<td>1999</td>
<td>Summit Ministries – Staff, general duties, including small group leader. Summit is an educational ministry that offers conferences training Christians in apologetics, worldview analysis, and social engagement.</td>
</tr>
<tr>
<td>1993</td>
<td>University of Colorado – Tutor and Mentor: <em>Introduction to Intellectual Inquiry</em></td>
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### PROFESSIONAL TRAINING

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2013</td>
<td>Various Internship Seminars, including: substance abuse, biofeedback, multicultural and diversity issues, psychological assessment, outreach and consultation, and motivational interviewing.</td>
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<tr>
<td>2011</td>
<td><strong>Motivational Interviewing.</strong> George Fox University. Dr. Michael Fulop</td>
</tr>
<tr>
<td>2011</td>
<td><strong>Assessment Conference on Adult ADHD.</strong> George Fox University. Steven J. Hughes, PhD, LP, ABPdN</td>
</tr>
<tr>
<td>2010</td>
<td><strong>Best practices in Multi-cultural assessment.</strong> George Fox University. Dr. Eleanor Gil-Kashiwabara,</td>
</tr>
</tbody>
</table>
2010 Primary Care Behavioral Health: Where Body, Mind (& Spirit) Meet. George Fox University. Clinical Colloquium. Dr. Neftali Serrano

2010 Future directions in professional psychology. George Fox University. Dr. Judy Hall

2010 Scientific, Integrative, and Clinical Dimensions of Gratitude. George Fox University. Dr. Phil Watkins, Professor of Psychology, Eastern Washington University

2010 Current Guidelines For Working With Gay, Lesbian, and Bisexual Clients; The new APA practice guidelines. George Fox University. Carol Carver, PhD.

2010 Outcomes Measure, Reimbursement, and the Future of Psychotherapy. George Fox University. Jeb Brown, PhD

2009 Multi-cultural counseling: An alternative conceptualization. George Fox University. Carlos Taloyo, PhD

2009 Treatment and teaching interventions for children with Autism. George Fox University. Gary Mesibov, PhD


2009 Introduction to the MMPI2-rf: 2009 Annual Northwest Assessment Conference. George Fox University. Dr. Yossef S. Ben-Porath

2009 Assessment, Treatment, and Forensic Testimony in the Area of Domestic Violence: George Fox University. Patty Warford, Psy.D

2009 Time Management Strategies for Graduate Students. George Fox University. Jill Banks coach/consultant (11/4)

2008 Making Behavioral Health Primary: Primary Care Psychology George Fox University. Julie A. Oyemaja, Psy.D

2008 Legal Issues in Psychology. George Fox University. Paul Cooney, J.D.

2008 APA Writing Workshop: George Fox University. Jill Kelly, PhD

PROFESSIONAL AFFILIATIONS / MEMBERSHIPS

• American Psychological Association (APA) Student Member - present
• Christian Association of Psychological Studies (CAPS) Member - present
• Oregon Psychological Association (OPA), & OPA Ethics Committee (OPAEC): Student Member, 2010 – 2012
• Society for Philosophy and Psychology (SPP) Member - present
• Evangelical Philosophical Society (EPS) Member - present
• Society of Christian Philosophers (SCP) Member - present

**ASSESSMENT EXPERIENCE**

Type & Instrument:

**Career / Vocational Assessment:**
- Interest, Determination, Exploration and Assessment System (IDEAS)
- Campbell Interests and Skills Survey (CISS)
- Myers Briggs Type Inventory (MBTI)

**Personality:**
- Minnesota Multiphasic Personality Inventory-II (MMPI-2)
- Minnesota Multiphasic Personality Inventory-II Restructured Form
  - (MMPI-2RF)
- Millon Clinical Multiaxial Inventory–III (MCMI-3)
- Personality Assessment Inventory (PAI)
- Sixteen Personality Factor (16PF)

**Cognitive:**
- Wechsler Adult Intelligence Scale-IV (WAIS-4)
- Wechsler Intelligence Scale for Children (WISC-IV)
- Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4)
- Wechsler Individual Achievement Test-III (WIAT-3)
- Wide Ranging Achievement Test–IV (WRAT-4)
- Wide Range Intelligence Test (WRIT)
- Woodcock-Johnson Cognitive
- Woodcock-Johnson Achievement

**Memory:**
- Wide Ranging Assessment of Memory and Learning-II (WRAML 2)
- Wechsler Memory Scale – Fourth Edition (WMS-IV)
- California Verbal Learning Test (CVLT)

**Neuropsychological:**
- Behavior Rating Inventory of Executive Function (BRIEF)
- Repeatable Battery for the Assessment of Neuropsychological Status
  - (RBANS)
- Wisconsin Card Sorting Test (WCST)
- Controlled Oral Word Association Test (COWAT)
- Indiana Reitan Aphasia Screening Test
- Boston Naming Test
- Rey-O Complex Figure Test
- California Verbal Learning Test
- Test of Memory Malingering (TOMM)
- Delis-Kaplan Executive Functioning System (DKEFS) Trail Making Test
- DKEFS Sorting Test
- DKEFS 20 Questions Test
- DKEFS Color-Word Association Test
- Halstead-Reitan Neuropsychological Assessment Battery - consisting of:
  - Finger Tapping
  - Grip Strength
  - Grooved Pegboard
  - Finger Tip Number Writing
  - Tactile Finger Recognition Test
  - Bilateral Simultaneous Sensory Stimulation Test
  - Tactual Performance Test (TPT)
  - Speech-Sounds Perception Test
  - Seashore Rhythm Test
  - Booklet Categories Test
  - Trails A & B

PTSD:
- Detailed Assessment of Posttraumatic Stress (DAPS)

ADD / ADHD:
- Brown ADD
- Collins ADD
- College ADHD Response Evaluation (CARE)

Other:
- Behavior Assessment System for Children, Second Edition (Basc2)
- Beck Depression Inventory, Second Edition (BDI2)
- Beck Hopelessness Inventory
- Spiritual Well-Being Scale (SWB)

**RELEVANT COURSES (DOCTORAL)**

Assessment
- Cognitive Assessment
- Personality Assessment
- Neuropsychological Assessment
Ethics and Professional Conduct
  - Ethics for Psychologists
Therapy and Diagnosis
  - Interpersonal Psychotherapy
  - Multicultural Therapy
  - Cognitive Behavioral Psychotherapy
  - Psychodynamic Psychotherapy
  - Psychopathology
  - Clinical Foundations to Treatment
  - Object Relations Theory & Therapy
  - Group Psychotherapy
Theory
  - Geropsychology
  - History and Systems of Psychology
  - Human Learning, Memory, and Emotion
  - Human Development
  - Theories of Personality
  - Social Psychology
  - Substance Abuse
  - Biological Basis of Behavior
  - Positive Psychology
Science and Measurement
  - Psychometrics
  - Statistics for Psychologists
  - Advanced Statistics and Research Methods
Practice
  - Supervision and Management of Psychological Services
  - Consultation and Supervision
  - Religious and Spiritual Diversity in Professional Psychology
Integrative
  - Integrative Approaches to Psychology
  - Christian History & Theology Survey for Psychologists
  - Spiritual Formation I and II
  - Bible Survey for Psychologists

REFERENCES *

- Dr. Brian Hopper, University of Idaho Counseling and Testing Center (current Supervisor)
- Dr. Rodger Bufford (advisor), Graduate Department of Clinical Psychology, George Fox University
• Dr. Paul Stoltzfus, Mid-Valley Counseling Center, Salem, & Graduate Department of Clinical Psychology, George Fox University
• Jaklin Peake, MA, LPC - Concordia University Portland, Director of Counseling
• Dr. Joel Gregor, GFU Behavioral Health Center, George Fox University
• Dr. Marie-Christine Goodworth, Graduate Department of Clinical Psychology, George Fox University

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