

Review of: "Philosophy as a Way of Life as a Pathway to Recovery for Addicted Individuals"

Dr. med. Martin Gossmann

Potential competing interests: The author(s) declared that no potential competing interests exist.

In this paper Guy Du Plessis suggests the reading of a particular philosopher's work and the notion of philosophy as 'a way of life' in order to counter-act or out-weigh a counselees' addictive behaviour (which is not specified).

Du Plessy's paper is not a case study because he argues in a very well structured way why and how he came up with a certain suggestive approach but he does not tell us what the results actually were.

He does argue, however, that it is possible to outweigh the propensity of addictive behaviour (and it may be assumed - but is not really clear - that he refers to substance abuse rather than other forms of addictions) by identifying the counselee's/patient's false beliefs and put them out of action by a tailor fit antidotal thought and thinking practice.

I was asked to review Du Plessys' paper and I do so as a neuro-psychiatrist with training in psychoanalysis of a particular persuasion (self-psychology) and in behavioural therapy and as the current head of a treatment facility for adults with (mostly substance related) addictions.

Du Plessys' approach is based on the assumption that 'things would not need to be the way they are, if only'. And he maintains, in particular, that 'things would not be to be the way they are (your addiction) if only you would not think the way you think'. This is an approach which is wide-spread but not necessarily 'true'. It is an approach which appeals to a person's rational thinking and it is certainly not true that psychological problems can be overcome with rational means and it is certainly not true that individuals' behaviours (addictive or not) could be 'explained' - let alone, 'justified' - by rational reasons alone.

Motives are different, motives are complex, and motives are rational and irrational, conscious and unconscious, malleable by rational thinking, and unmalleable by rational thinking.

Du Plessys' approach appears, however, compatible with 'Dialectic Behavioural Treatment' approaches, wide-spread in Germany, these days, and with the work of Byron Katie 'The Work'. The Work asks 4 questions:

- 1: Is that true (i. e. That I have to be perfect).
- 2: Can you be absolutely sure that it is (always) true?
- 3: How do you respond as you give this thought credit? 4: Where would you be without this thought? ...

Find potential reversals of these statements and identify at least three examples ...

Du Plessy makes the attempt to counteract a counselee's thinking/basic beliefs in a similar way: by stretching the belief to its max it loses its credibility - at least in the logical realm of the adult. By stretching the adult's basic beliefs acquired in the early years of life during which such basic beliefs follow a 'child's logic' and, thus, seem(s) convincing the adult is enabled to recognize how rigid, all-encompassing, how dictatorial/childish/both these basic beliefs actually are.

Or at least that is the hope.

It is certainly worth while making this effort.

Making the effort to unveil the irrationality of our motives, the pseudo-logic of our thinking. Well: welcome to the crowd. Throughout the centuries we see clever thinkers struggling with the same dilemma: trying to capture and tame the human mind with logical and rational arguments only to find that the human mind does not necessarily work according to the rules of logic (in the sense of rationality). Because not everything relating to the human mind is logical, some aspects are 'psycho-logical' (this is a quote from one of my multiple instructors at the University of Freiburg, Germany, gynecological department in the 1980s; he deserves credit for this utterance but I do not remember his name).

At the same time good old Siddharta Gautama was certainly right when he said: 'all suffering is related to the individual's craving and his/her clinging to his/her (unmet) expectations' (my wording).

Thus it is unclear what Du Plessy has in mind:

the approach of calling upon the patient's ability to think reasonably? The approach of counterweighing 'false beliefs' by 'correct (or more adaptive) beliefs'?

The approach of leaving our rational and irrational worldly strivings behind by accepting that as human beings we are caught in the cycle of things until we are enlightened and thereupon enter nirvana? If calling upon the individual's rational thinking were the solution then psychoanalysis as the attempt to identify not only unconscious but at times irrational motives and as an attempt to explore the mind without expecting it to be designed according to rational aims, targets, and strategies could be done with.

And should be done with. And all of those developmental theories which explore the ways in which the child's and adolescents' embeddedness in their social environments shape their minds in very complex ways and, thus, form the basis for the adult's mind at some stage can be thrown out, as well.

Nonetheless anything helpful shall be offered; anything which was helpful for someone shall be offered to every consecutive 'someone' if there is justified reason to believe it might be of help to the consecutive someone.

What may not be under-estimated, however, in searching for ways how to enable a particular someone (with his/her thinking, feeling, experiencing him-/herself) in the particular moment of relapse into the addiction to withstand is the strong neurobiological pull of the cycle of substance abuse - withdrawal - renewed substance abuse.

If anything, then *that* has been one of the main teachings I received from the multiple men and women with substance abuse problems I had the privilege to work with: that the psychological realm is one dimension of the human mind - rational and irrational; when withdrawal sets in, then rational thinking is, it seems, switched 'off'. What Plessy offers is a way of life which includes the dedication and the discipline to not enter this cycle. What remains to be identified is what it takes to *leave* the cycle. What we as professionals working in the field of addiction always hope is to find the answer to this question.

And maybe there are different answers. Or, as one of my patients said this week: "Everyone has to find his own way out". Or: 'her way out', for that matter.

