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Article

'Something Better than a Cure' in Times of Mental Health Crisis

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Abstract: In this paper, I turn to Adam Phillips' recent discussion of the vexed nature of cure in psychoanalysis to consider the structural differences between mental and physical health. I examine how psychoanalytic thinking raises questions for naturalistic ways of thinking about mental health and for broader crisis narratives that are becoming prevalent in Western modernity. In the latter half of this paper, I draw a comparison between thinking about matters of health and ways of thinking in the philosophy of education. I suggest that the lure of cure can be detected in statements of universalist aims and ends for education (which themselves have come to invoke conceptions of wellbeing and mental health in modern times). I also explore Phillps' account of psychoanalysis as 'something better than a cure' and consider its implications for future thinking in the philosophy of education.

Keywords: psychoanalysis; Adam Phillips; mental health; linguistic turn; disenchantment

> 'Psychoanalysis may have opened something up that couldn't be foreclosed by compelling representations like concepts of cure'.
>
> —Adam Phillips [1]

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1. Malaises of Modernity

In our current times of 'crisis'—represented in several different ways—there has been increased attention placed on the notion of mental health. People in many countries around the globe are now encouraged to take more care of their mental health, and governments and other officialdom are interested in ways of raising awareness and giving more support to people to manage their mental wellbeing. One analogy that has become familiar in the campaigns and conversations around mental health that this new focus has instigated is that being mentally unwell can be thought of as having a broken leg. In the British context, this analogy was used in a flagship campaign 'Time to Change', run by a prominent mental health charity in response to the apparently rising rates of mental ill-health amongst the population. Indeed, it should be mentioned, as well as being thought of as something 'at risk' due to the crises elsewhere in society today, the mental health of the population is itself sometimes characterised as being in a state of crisis.

The comparison of mental health problems with an accidental physical injury is thought to be a way of encouraging sufferers to seek help when they experience certain kinds of problems, removing barriers of shame and blame, for example. Notably, the analogy has received some criticism from those working in mental health professions. Yet, despite and even within these objections, there seemed to be a general approval for the move to place mental health on par with physical health. There seemed to be general agreement that mental health is taken more seriously when it is made to be comparable to physical health. In Britain, the wider context for this includes the striking lack of funding over many decades that has been (or not been) provided to social care and mental health services. In this context of dereliction on behalf of the government, the move to try to promote mental health and increase support and services is seen largely as welcome.

Yet, can we see something else happening with this analogy? To ask this might be to seek an explanation for why it has come to be so familiar—what allows the analogy to

appear as a readymade conception for mental health in current times? In other words, it is to ask whether the relation of mental to physical health chimes with wider assumptions that are familiar—perhaps too familiar to even be recognised as such—in prevalent in modern times. Take the analogy again. A broken leg needs to be fixed, and any doctor or surgeon who is treating this injury will have a clear-cut idea of what is required to restore the broken limb and a limited option for procedures that might achieve this end. Insofar as mental health is taken to be analogous to this, then there are similarly doctors or clinicians who will treat mental health—therapists and other health professionals—and who would similarly work with a general sense of what is being aimed at in such treatment. Now, there may well be some disagreement about the procedures involved in this, of course. Two osteopaths might have different views on how to treat a fracture in a particular limb, and the procedures might be much more complex when it comes to matters of mental health. But, the scope of disagreement will still fall within certain horizons. Which methods or processes will be most effective in securing the desired outcome? This is not a question concerning the appropriateness of an end that is aimed at—it is a question of the procedures used to reach that end.

In his account of the broader ways of thinking that have come to form the horizons for life in modernity, Charles Taylor identified the onset of the scientific revolution as a time in which matters of progress and method came to be centralised in Western thinking [2]. Taylor argues that the rise of science went along with a shift in ways of understanding the nature of the world, the human being, and their relationship. In broad terms, what emerged through the scientific revolution was modern naturalism—and the idea that the human being is continuous with a world that is to be understood in terms of scientific (biological, physical, and chemical) laws and causes. Yet, as Taylor points out, the supreme successes of the scientific method in offering predictions and explanations of the natural world meant it was soon extended into understanding the social and political world. This involved the rise of what Taylor calls 'instrumental rationality' as a way of thinking that governs social institutions, social interactions, and, indeed, our own understanding of ourselves. Instrumental rationality constituted for Taylor the broader horizons of our lives in modernity. It is something that conditions how we understand ourselves for the most part. It is hard to live outside of its purview (Max Weber characterised life in modernity as being within an 'iron cage'). Yet, Taylor also characterises it as constituting part of the 'malaises of modernity'—suggesting a kind of pervasive sickness that is present in 'the times' [2].

Taylor's account of historical change and modernity is broad-ranging. How does it work in relation to understanding the current crisis in 'mental health'? One thing that Taylor's analysis works to do is turn attention to the way that certain horizons will condition the possibilities of thinking about certain notions in modern times. Applying this crudely, it means that within modernity, 'mental health' will be understood in a certain kind of way and that certain possibilities will open to us about the way this should be treated (and other possibilities will remain closed or hidden). This taken-for-granted familiarity is something that readily shows up if we compare our thinking about mental health now to the way that a similar notion would have been understood in ancient civilisations. One of the most familiar features of our modern understanding, as is neatly captured in the broken leg analogy, is an assumption that mental ill-health is something that can be (should be) fixed and cured. To think of mental health in terms of a cure is to already think with a commitment to the naturalism and instrumental rationality that characterises so much of our contemporary thinking (and not only, of course, in the field of health).

How can this be so? Surely, the modern world and modern medicine are an improvement on earlier civilisations. We no longer think mental ill-health is the result of demonic possession, for example. And modern medicine has had unrivalled success in curing many physical ailments and protecting us from others (think of the coronavirus vaccine). And surely those who are suffering from poor mental health today are entitled to treatment that is similarly robust and effective? These questions show a need to approach the matters

introduced here more slowly. At this point, it will be instructive to leave a philosophical account of cultural change aside for a moment and turn to something more recognisable in the discussion of modern mental health. In what follows, I shall turn to a recent essay on psychoanalysis to work us more slowly through questions about the appropriateness of the naturalistic analogy for mental health and questions of modernity and the malaises of instrumentalism. (Of course, a turn to psychoanalysis within such a context is not unprecedented. Psychoanalysis is a field that has been frequently drawn upon as a site of resistance regarding certain features and conceptions of education and modernity more broadly. This includes, for example, developing psychoanalytically informed critiques of neo-liberal policies and the marketisation of education [3–5]. There have also been important critiques on the prominence of narratives of individualism and rationalism in education [6] and on developmental paradigms in education [7] that draw upon psychoanalytic theory. More broadly, Henriques et al. critiqued the participation of psychological models in dominant forms of social regulation and administration [8]. Regarding the theme of mental health and education, Smith also published recent work that draws on psychoanalysis to critique the focus on the individual in mental health discourse [9], and Gipps challenged pathologized conceptions of mental health problems such as anxiety in the context of education [10]).

2. Broken Legs and Broken Hearts

In a recent essay, Adam Phillips explored the vexed nature of cure for psychoanalysis [1]. (Phillips' essay was originally published as part of a collection, the first part of which contains the proceedings from a day seminar Phillips participated in and spoke at for the Institute for Contemporary Psychotherapy. As Taffel notes in the introduction, the event was itself conceived as a 'teaching event' for clinicians and psychotherapists [11]. In his preface to the collection, Corrigan remarks that it was in part the 'energy of the day' that inspired Phillips to write this essay [12]). Phillips is a practising psychoanalyst (he worked as a psychotherapist for the National Health Service in Britain for over two decades) as well as a writer of popular essays. In this latest essay, Phillips invokes the popular analogy for mental health introduced above, the broken leg image. Yet, somewhat inverting this, Phillips uses it to imply the inherent differences between mental and physical health. He does this somewhat vividly, juxtaposing the image of a broken leg with that of a broken heart.

It is worth reflecting on Phillips' choice of image some more here. This is not least because the notion of a 'broken heart' somewhat shifts the tone of the language used in talking about matters of mental health (in fact, in a recent interview, Phillips noted that he does not find the phrase 'mental health' itself a particularly helpful one to use). The idea of a 'broken heart' is itself a metaphor—it has its cultural roots in a time when the seat of human identity was thought to be in the heart. Nowadays, the phrase is often used to describe feelings of profound sadness and loss usually in relation to the loss of a loved one. Certain kinds of emotions and actions would be thought to go along with this—such as grief and sorrow. We might think of the loss of a romantic lover such as that portrayed by Romeo and Juliet in Act Five of Shakespeare's play. A perception of profound absence and sense that life is no longer worth living or can no longer be made sense of in the absence of the other person could be involved. In this way, we start to see how our understanding of a broken heart opens onto a range and field of human emotions, practices, and actions, which are themselves steeped in cultural and linguistic histories and networks of meaning.

As I said above, Phillips' example of the broken heart shifts something in our understanding of the nature of the problems that are being addressed. It also somewhat works to distance such matters from the kinds of matters that are at stake when dealing with broken limbs. Phillips characterises the difference in terms of the possibilities for disagreement that are open in relation to what is aimed at: 'the cure of, and for, a broken leg is less contentious than the cure for a broken heart' [1]. In the case of a broken leg, as noted above, there may well be a general agreement about what needs to be done, because there is more general agreement about what it is for a leg to function in an optimal fashion. Such a way

of thinking is appropriate in relation to things like physical limbs that have evolved to meet a certain function and purpose. There is hence less room for disagreement and discussion. Yet, what Phillips is trying to get at with his comparison to the broken heart is that things are quite different in this case. Consider it this way: if someone is grieving, then are they suffering from sub-optimal functioning? And what would it mean to make that person 'better'? In the words of the song, 'how do you mend a broken heart?'.

The naturalness or usefulness of the broken leg and mental health analogy here starts to unravel—in ways that bring us to see how conceptions of mental health and what it is might require much more thinking through. This is indeed something that Phillips sees as part of the main contribution of psychoanalytic thinking. As he puts it, psychoanalysis serves to 'expose the over-simplification of the concept of cure in medicine, at least when it came to so-called mental illness' [1]. Put otherwise, it can destabilise the naturalistic view that too quickly portrays mental health as on par with physical health. And at least part of the reason for this is the very idea of the human subject that is brought into view by psychoanalysis.

3. The Exorbitance of Psychoanalysis

It is worth introducing a question here. It might be objected that there is something problematic about the appeal to psychoanalysis in seeking ways of thinking beyond those dominant in scientific and medical approaches to mental health. For, after all, did Freud himself not introduce the very concept of mental health and ill-health? Put otherwise, was Freud himself not responsible in large part for the contemporary 'medicalisation' of the mind?

Phillips' own reading of Freud is alert to the struggles over where to place Freud's discoveries vis-à-vis medical science. If we read Freud as offering universal theories and models—as he may appear to be doing in some of the Anglophone translations of his works—then his work might well be seen to accord with a certain model of science. On the other hand, there are those who would read Freud as struggling much more with where to place these ideas that had come to him through his work as a physician. In a recent translation of Freud's *Beyond the Pleasure Principle,* for example, John Reddick challenges the reading of Freud as someone who was presenting 'a cut-and-dried corpus of unchallengeable dogma', suggesting instead that his writing conveys 'a hot and sweaty struggle with intractable and often crazily daring ideas' [13]. (Reddick's new translation forms part of the new Modern Classics Translations of Sigmund Freud, for which Phillips served as the General Editor. Phillips discussed how he hoped this project would be an opportunity to give a different tone to Freud's writing for Anglophone readers—to explore if 'Freud could be 'given a go as the writer he wanted to be' [13]). As Phillips puts the issue of Freud's relation to medical science: 'Freud thought he was writing science, but he ended up writing something that sounded much more like literature.' These characterisations suggest how Freud's ideas—although not explicitly formulated by him as such—nevertheless opened onto the aspects and realms of human existence that are central to the concerns of philosophers and literary writers.

Let us try to unpack these claims further. In his essay on cure, Phillips begins by mentioning a form of existential psychoanalysis—one that, following Sartre's existentialist philosophy, takes the notion of what it would be to be 'cured' for a human to feel free to lead one's preferred life (or in Sartrean terms, 'fundamental project'). In this version of psychoanalysis, as Phillips suggests, a human being is thought of as a pragmatist whose project is 'to do what he can to get the life he wants' [1]. Yet, Freud's psychoanalysis, as Phillips suggests, works to put a different slant on such matters by acknowledging that:

> that the patient also doesn't know what he wants as yet, and has gone to great lengths not to know; and is anyway always conflicted around and about his wanting; that the patient also enjoys his suffering—the punishment of it, the inhibition in it; he enjoys his lack of enjoyment—and so doesn't want to get better, or doesn't want only to get better. And that one cannot know the consequences of

> one's wanting because one can't know the future except as an assumed replication of the past. . . Freud's psychoanalysis takes the medical model of cure—at once a healing and a relieving of pain—and puts it into question. . . We are not, to mix Freud's familiar metaphors, masters in our own houses [1].

Freud's account of psychic life thus disturbs any sense of a straightforward one-to-one relationship between action and desire. At least one of the reasons for this is that, as Phillips suggests here, our psychic lives are in fact structured by a manifold of competing—and even contradictory—desires. Indeed, to some extent, even to call these 'desires' is somewhat misleading, at least if we think of desire straightforwardly as a want that we are aware of and pursuing in a conscious, purposive manner. A distinctive aspect of Freud's account of psychoanalysis is that what we want is not always something that is wholly apparent to us. There is much more going on in our conscious lives than is transparent to ourselves at any one time (hence, we are not 'masters in our own houses'). Of course, all of this depends on Freud's 'promethean discovery' of the realm of the unconscious: precisely that which Sartre's demand for absolute freedom of the *pour soi* cannot allow. It brings us to see, more crucially, how a particular orientation is characteristic of a Freudian conception of psychic life. As Phillips puts this, 'the *exorbitance* of desire is Freud's theme' [1]. Exorbitance is an interesting word here, and to some extent, it might look a little out of place. The word exorbitant is more commonly used to refer to outrageous, exploitative costs (as in, that shop charges exorbitant prices for a pair of shoes!). Yet, Phillips seems to be invoking a different—less economically orientated—sense in the term (as Phillips puts it later, psychoanalysis is after all an 'anti-commodity—when we purchase it we cannot know what to expect' [1]). The sense of exorbitance that Phillips seems to be getting to then perhaps has more to do with the excessiveness that is present within the Freudian model of the mind.

We strayed into some complex territory here. We might steady the tone by noting that it would not be out of place to consider the ideas introduced above in connection with an account of humans as a *language* being. Indeed, Phillips draws attention to the centrality of language in Freud's psychoanalysis, as is intimated most notably in the characterisation of psychoanalysis as the 'talking cure'—a phrase one of Freud's early patients used to describe psychoanalysis. Of course, Freud himself was writing at a time before the 'linguistic turn' in philosophy and the impacts this came to have on our understanding of language and our lives with language. Yet, the conceptions of language we find developed in those philosophical traditions that form part of this turn—such as those presented by Heidegger and Derrida, as well as by Wittgenstein, Austin, and Cavell—would certainly complement the orientation towards exorbitance in Freud's account. More specifically, these accounts of language can help us to understand forms that this exorbitance can take. How so?

A key upshot of the linguistic turn was the loosening of the grip of the representational picture of language, which assumed that a sign gets its meaning by mapping onto an object in the world (or a preformed thought in the head). Central to the loosening of the grip of this picture was the realisation that meaning works not atomistically, but holistically, via shared networks and cultures of meaning. A further central step in loosening the grip of the representational picture was made by understanding that such networks are not closed systems but are always open to new iterations and possibilities. That this openness to iteration is a necessary rather than contingent feature of language is something captured neatly by Derrida's statement 'what could be a mark [a sign] that could not be cited and put to use in other contexts?' [14]. Yet, this in turn means that there can be no pure 'origin' that fixes and secures meaning. Meaning, rather, is always in excess of any attempt to contain it. Meaning, we might say, is itself excessive. Far from being something we should aim to expunge from language, it is on account of this excessiveness that we are able to do the things we do with words. Put otherwise, the openness of meaning is what accounts for our possibilities to make meaning in all its variety. Yet, it is also what accounts for the fragility of meaning and the possibility that meaning can go wrong. If Derrida's thinking did more than others to attend to the exorbitance of meaning, it is perhaps with Wittgenstein and Cavell that we find a fuller account of the ways that the openness of language reveals its

fragility. Hence, we find in these thinkers analyses of the manifold ways in which we can divert, transfer, transpose, and sublimate meanings as well as the ways we hide in and behind certain formulations and fail to mean with our words (I explored these accounts of language, and the relationship between Cavell and Derrida's accounts of language, further in [15]).

For thinkers of the linguistic turn, language is not simply a feature of human lives but is the condition of the possibility of human life in the first place. As Derrida puts it: *Il n'y a pas de hors-texte* usually translated as 'there is nothing outside the text.' (The standard English translation renders the formulation somewhat metaphysical, although it is worth noting that the notion of *hors-texte* itself would refer to extra text such as the footnotes on a page, which are, in a real sense, part of the paper one is reading). Language is thus the very element in which human existence, including our desires, is born. But if language (and desire) has the character of excess and fragility in *this* way, what is implied for the possibilities of our lives with words—including the possible ways that our lives and our words can become problematic for us? Consider again the notion of the 'talking cure.' Phillips remarks on how the phrase itself is helpful (in drawing attention to the centrality of language within Freud's conception of psychic life) but at the same time misleading. The misleading part comes in with the idea that talking could be a *cure*—for on this account of language, this is precisely what would be disallowed. Meaning and desire, such as they are, will always go beyond our (individual or collective) attempts to fix things down. Of course, we might find temporary forms of resolve to the issues that are haunting us but there are not going to be solutions that will rid us of the possibility that things might go wrong again. They are not, moreover, going to be absolute or universal solutions: to recall Phillips above, 'the patient doesn't want to get better, or doesn't only want to get better'. The human life with words, we might put it, is one that is structurally unsettled. The medical idea of 'cure'—which involves healing and relieving pain—is not an adequate model for our psychic lives but is rather put into question by it. As Phillips puts it: 'psychoanalysis may have opened something up that couldn't be foreclosed by compelling representations like concepts of cure' [1].

4. Crisis of Meaning

We just suggested that Freud's account of psychoanalysis opens onto a structural unsettledness of human life. Yet, we might extend these thoughts by considering how the time in which Freud was writing, the 19th and 20th centuries, were periods that were characterised by a profound moral and political crisis. This dilemma of modernity finds one of its most profound expressions in Nietzsche's account of the growth of nihilism in European thinking. Nietzsche's striking portrayal of this involves his parable of the madman, which evokes the claim that 'God is dead and we have killed him.' As Stephen Mulhall points out, to claim that God is dead is of a different order than claiming that God does not exist [16]. The death of God is something that makes talk of certain notions—sin, ghosts, and such—taboo concepts. That is, it involves the transposition of such concepts into natural explanations such as psychological illnesses. Hence, in Nietzsche's parable, the onlookers in the crowd who hear the proclamation of the death of God respond with ridicule, viewing words as the ravings of a lunatic. The crowd takes the utterance to be one spoken by someone in the grip of 'cognitive error' [16]. Something is being portrayed here about the post-Enlightenment times we are in and how the rationalised world comes to re-describe (and mis-describe) aspects of our lives that were plausible and feasible under different horizons.

In his *Lenzer Heide* notebooks dated to 1887, Nietzsche observes how the God of Christian morality conferred a number of advantages onto human beings [17]. As Nietzsche puts it, 'morality was the great *antidote* against practical and theoretical *nihilism.*' God protected against theoretical nihilism in the sense that his existence conferred a sense of 'adequate knowledge' in relation to what we know. God also protected us against practical or moral nihilism in the sense that he ensured there was meaning and purpose in suffering

and in existence. Yet, with the advent of what can crudely be called the 'scientific revolution', the hypothesis of God no longer becomes feasible or possible. The consequences come to be felt on a number of levels. Firstly, within climate, a profound mistrust comes to stand over claims to value and meaning, insofar as these areas of our lives seem to lack the potential for being finally understood with a rational or naturalistic explanation. Secondly, and extending from this, because we lose the possibility of meaningful engagement in matters of value, the very question of the purpose of life is thrown open. The question emerges as to how one can go on and endure life—as Nietzsche puts it in the notebook, the question of duration becomes 'the most paralysing thought' [17]. Captivated by this thought, we seek only ways of living that will offer us the maximum amount of comfort and protection against suffering.

How do these wider thoughts relate to mental health and the problematics of cure? The question of the relationship between Freud's and Nietzsche's own thinking is a matter that has received a certain amount of attention. (Freud infamously remarked at a meeting of the Vienna Psychoanalytic Society in 1908 that he had never read Nietzsche. He also refers to Nietzschean ideas at various points across his writings, including an infamous reference to the notion of eternal recurrence in his 'Beyond the Pleasure Principle'. An interesting reading of Nietzsche and Freud is given by Deleuze, who (somewhat contrary to Phillips' reading) takes Freud's thinking in Beyond the Pleasure Principle as exemplary of its reactionary status, in comparison with Nietzsche's 'superior' conception of the repetition of return. Keith Ansell-Pearson provides a helpful account of Deleuze's reading of these themes of repetition and reduction (and expansion). As Ansell-Pearson surmises: 'The reason why Freud had to construe the death-drive in terms of the step backwards, a desire to return to inanimate matter, is because of his commitment to a conception of the personal utility and integrity of the organism. On this model death must, therefore, always be conceived as a negative splitting and falling apart, a "regression" involving reactive, internalised violence of a self upon itself. In the repetition of return, however, we are exposed to a "demonic power" that is more complicated, living between life and death, at the border, on the edge of chaos' [18]). Yet, in the context of the present discussion, it is worth considering how themes of nihilism themselves emerge within Adam Phillips' discussion of cure. As Phillips puts it:

> One of the ways of describing how psychoanalysis revises (and reprises) the medical model of cure, I think—though Freud was not always either explicit about this, or conscious of it—is to say that it represents the concept of cure as if it was, unavoidably, a question of morality, a moral issue; as though the so-called 'good life' of ancient and traditional philosophy had been somehow all too literally replaced or displaced by the criteria of health and modern medical science; the good person had been redescribed as the healthy person (without the question being asked, 'What is health good for?' health tending to be less controversial than goodness: health as the solvent, the redescription of morality). As though. . . in a sense, medical science could cure us of the perplexities of morality [1].

The modern focus on health is a form of response to the challenges that face us in the modern epoch. More particularly, as Phillips suggests, in placing a conception of 'health' where previously we had a concern with morality and questions of the good life, we succeed in evading challenging questions of morality and meaning. After all, the criteria for health—understood in a biological sense of what makes something function well—are universal and can (within certain limits) be readily agreed upon. It is quite different with matters of morality and questions of the good life. The replacement of concerns of morality with concerns for health thus can be thought of as an expression of Nietzschean nihilism and the connected transvaluation of values: 'the good person had been redescribed as the healthy person . . . health as the solvent, the redescription of morality.' The rise of concern for health is proportionate to the hollowing out of questions of value from our lives. It is a

replacement of certain questions of value with the kinds of value that can allow for a life of relative ease and comfort.

5. Cures and Aims

In an online interview, Adam Phillips reflected on some of the reasons that he came to leave his work as a child psychotherapist for England's National Health Service in the 1990s. As Phillips explains:

> The national health service that I worked for began to fall apart. . . When I started as a child psychotherapist, I could see children for as long as it took—that could be two weeks, it could be three years—by the time I left 'they' i.e., the government and managers, said 'we will pay for six sessions and it has got to *work*'. The criteria for cure became business criteria; it had nothing to do with what I took to be mental health criteria. We were managed by people who didn't understand what we were doing [19].

The rise of managerialism and the bureaucratisation of healthcare that Phillips invokes here sheds further light on what is at stake in contemporary conceptions of cure. Indeed, we might say that in contemporary times, the notion of health is not only a medically informed conception but is one that is conceived according to economic and business criteria. As Phillips' example of what happened in the practice of child psychotherapy suggests, over the past few decades, there has been an increasing move towards technicism and proceduralism in the realm of healthcare. Therapeutic practice is submitted to certain standards and models of evaluation, which contain preformed 'outcomes' or 'goals' that must be reached within a standard timeframe. Efficiency and effectiveness are the key watchwords. A 'cure' under this business model becomes a kind of 'quick fix' that can be costed for and calculated. The technicism to which therapy has been submitted is part of the broader forms of instrumental rationality that feed into all areas of our lives today. In this mode of being, everything becomes 'open to being treated as raw materials or instruments for our projects' [2].

It should therefore not be surprising to note the parallel between what Phillips describes happening here in child mental health care and what has happened in education over the past decades. For example, as a result of the almost global dominance of neoliberalism, teaching and learning in schools and other educational institutions is now widely understood in terms of predefined 'aims' and 'outcomes' and measured and evaluated in terms of the effectiveness of meeting those aims. In the present context, it is particularly worth noting the focus that has been placed on wellbeing and mental health in education in recent years. For example, in England and Wales, the Department for Health and Department for Education recently launched a series of initiatives designed to 'transform' mental health services, and this included the introduction of mental health as an aim in education.

Earlier, I said there was a parallel between what happened in education and what happened in healthcare over the past decades. Yet, the relationship between these two spheres could be cast in more overlapping ways. It is also true that medicine is now often taken as a model for what should happen in education. Hence, there are calls for 'evidence-based' research or research into 'what works' in education. The assumption evident in this thinking is that the effectiveness of a teaching and learning intervention could be assessed in a similar way to how the effectiveness of a particular drug is measured in medicine. (This approach has long been subject to much critique in the philosophy of education. For a particularly illuminating discussion, see Smeyers and DePaepe [20]). This is an approach that has, notably, been at the fore in recent moves towards introducing mental health as a school aim. For example, in England and Wales, the introduction of mental health into educational policy instigated a new body of research seeking to locate the most effective intervention for developing mental health literacy in young people. Notably, the findings from these empirical trials, which often take the form of statistical measures of mental health before and after an intervention, yield contradictory results—at times even suggesting that the interventions had a negative impact on young people's mental health.

Educational practice in relation to wellbeing and mental health is one example of the increasing feeling that scientific resources, particularly psychology and neuroscience, will yield solutions. Moreover, by adopting these resources and extending them across all areas of our lives, we will make our activities and practices optimally efficient and effective. It would be worth reflecting further here on how far the notions of wellbeing and mental health that follow from the sciences of psychology and neuroscience are themselves rooted in a certain economy of satisfaction and stability that runs quite counter to the exorbitance of psychic life that was part of the Freudian account of the mind. Part of the theme of exorbitance, of course, was that desire is never satisfied, and meaning is never fixed. The model we find for wellbeing from psychology from this perspective enacts a certain closure or limiting of our conceptions of wellbeing. (For an enlightening discussion on the model of the mind prevalent in psychology, and of the problems with this in the context of discussions of mental health, see Standish [21]). Wellbeing is merely the satisfaction of desire in a way that flattens what it is we are concerned with. Another way of putting this, invoking the ideas of Nietzsche introduced above, is to say that current conceptions of wellbeing and mental health are forms of 'quick fixes' that close down much of our mental lives. They work, we might say, to tranquilise us against exorbitance. Hence, what Phillips describes as the 'lure of cure'—the way that a sense of cure can itself do some psychological work for us and encourage us into a certain steady state, in a way that closes us off from the unsettledness and allows us to be more resigned to flattened values and aims.

Earlier, we saw Phillips drawing a connection between health and morality (in the sense that our modern preoccupations with health had come to replace our concerns with morality). Yet, perhaps it is possible to take these ideas further here—and in ways that Nietzsche may well open up. Is there a sense today that our attitudes towards health have themselves become moralised? We might think here of the ways that, with our physical health, we are (required to be) forever alert to what kind of diet and exercise regime we should observe. If we follow the analogy of physical to mental health, then this same moralisation transfers to mental health to some degree. In light of this, it is interesting to reflect on the phenomena of celebrities and other public figures who 'come out' and acknowledge their mental health problems. This seems to be a practice like confession: confessing a sin in a way that seeks salvation or redemption. There is a migration of the religious and the moral into our naturalised lives here. As Phillips puts a similar thought, 'a culture that believes in cure is living in the fallout, in the aftermath, of religious cultures of redemption' [1].

If we seem to be moving too quickly across some of these thoughts, then perhaps a return to structural differences might steady the tone. The ways of thinking about mental health and education being introduced in the above seem largely blind to the differences between mental health and physical health that we examined earlier in this paper. Furthermore, we might extend this discussion here by considering further the dis-analogy between a notion such as mental health and a notion of an educational aim. Put otherwise, is the notion of mental health itself well-understood *as* an aim? 'New aims of the curriculum: numeracy skills, scientific understanding, mental health. . .' Does there not seem to be something misconceived about the inclusion of something like mental health in this list? What is being suggested here is not that mental health is unrelated to education. It is that the orientation towards aims and cures is as misguided in relation to certain aspects of education as it is in relation to so-called mental health. This does not preclude us from searching for a better way of conceiving the relationship between mental health and education.

6. 'Something Better than a Cure'

Let us move beyond looking at psychology and health and psychoanalysis to directly consider education head-on. In particular, let us draw out what Phillips' discussion of psychoanalysis can illuminate for thinking about education. There are only a few steps to

fill in to make this move, not least because education figures prominently in Phillips' own account of psychoanalysis.

Phillips' discussion of the problematics of cure leads him to suggest a form of psychoanalysis that would proceed without an aim or 'too definitive an aim' [1]. Indeed, Phillips proceeding with an aim in psychoanalysis (which Phillips identifies as a 'radical version of psychoanalysis') would in fact 'be a contradiction in terms' [1]. This has a certain bearing on the status of analysts that is worth reflecting on. In this version of psychoanalysis, the analyst cannot consider themselves a kind of specialist in the way that, for example, an osteopath may become a specialist in bones and their functioning. Phillips acknowledges that some schools of psychoanalysis and therapy conceive of themselves in these terms such that they might well operate with a pre-defined conception of what good mental health in general is and hence, of what the outcome of a particular stint of therapy should involve. Yet, for Phillips, this sense of professional expertise or specialism is misguided precisely because of the nature of the activity they are engaged in (and in ways that return us to the themes of exorbitance and excess introduced earlier): 'the formulators of such aims would already have an omniscience that the theory itself disqualifies (you can't really be an expert on the unconscious)' [1].

If the analyst is not to be considered a technical specialist in the way other medics might be classified, how should they be understood? Here, Phillips draws attention to Freud's use of notions of education in describing what he is doing with his patients:

> Freud writes... "I often tell myself: above all, don't try to cure, just learn and earn some money!" ... But we should take seriously at this point that learning from the patient is proposed as both an alternative to trying to cure them and as a way of curing them. Clearly, if you can learn from the patient, you have broken the spell of your own disabling omniscience [1]. (Phillips has written more extensively about psychoanalysis as having less to do with medicine and being more akin to (a certain kind of) education. See Phillips [22]).

The possibility of being open to learning from the patient requires a readiness to be thrown off track and disarmed and a willingness to follow a pathway of thinking without marshalling it towards a specific endpoint or conclusion. Phillips characterises such learning with the notions of adventure and experiment. Hence: 'where there was a cure, there should be an adventure with all the attendant risks'; 'the analyst aims to facilitate growth as opposed to applying a remedy to solve a problem' [1].

How far has the philosophy of education itself become subject to the kind of technicism and professionalism that Phillips is resisting here? Certainly, it would not be out of place to cite the way that modern philosophy has itself moved away from the kinds of ancient approaches that Phillips cites in his paper here. Consider, for example, the way that in the 20th century, philosophical thinking was particularly inflected by logical positivism—the branch of philosophy that emerged in the 1920s and which sought to make philosophical enquiry emulate the methods and processes of science. Of course, logical positivism has in many senses lost the prestige it once had within the philosophical establishment. At the same time, it would be naïve to think that the alignment with modern science that was instigated by this has not left trail marks in the widespread 'scientific naturalism' that is evident especially in Anglophone philosophy today. We can observe this very readily in moves to make philosophical enquiry answerable to and in concert with the demands of science. In the field of education, such an inheritance is palpable when philosophy is conceived as a further tool or resource in addressing predefined problems of educational practice or government policy. Suppose, for example, that philosophy can be used as a tool to clarify a concept of mental health, such that the teaching of mental health in schools can be made more effective. Along these lines of thought, philosophy is conceived as a cure—or, rather, as one resource in the wider project of cure.

Philosophers such as Charles Taylor have used the term 'disenchantment' to characterise conceptions of human thinking and the world that emerge because of the dominance of scientific ways of thinking in modernity. We can see this disenchantment at work pal-

pably in logical positivism—for a central premise of this approach to philosophy was that strict boundaries around the use of language needed to be put in place. Hence, only sentences that could be verified as true or false (a sentence such as 'it is raining today') could be classified as meaningful sentences. Sentences that were not verifiable—including those of ethics, aesthetics, or religion—would be classified as non-cognitive. Indeed, in ways that evoke what Nietzsche was figuring through the 'death of God', logical positivism even starts to cast doubt and scepticism on these areas of our lives—classifying talk of matters of value as 'meaningless.' The result is the emergence of a disenchanted, flattened world, where matters of value and meaning are replaced with questions of technique and procedure.

Logical positivism emerged towards the end of Freud's lifetime, but at a point that was interestingly contemporaneous with the linguistic turn (and for some figures such as Wittgenstein intertwined with it). Yet, it should not be too hard to see how the findings of the linguistic turn pull in quite a different direction to the technicism and policing of language that was dreamt of by the logical positivists. If we want to resist the professionalisation of philosophy—with all the orientations towards a cure that this contains—perhaps we would do well to attend to the approaches of those who acknowledged the excess and exorbitance that characterises language and life in language. Indeed, as we also noted earlier in this paper, it is inherent to this way of thinking that philosophical problems are not of the kind that would be finally fixed or solved—rather, they are expressions of recurrent problems in human lives that will emerge for us again and again, in different forms and manners. Hence, we might say that philosophy takes place 'without aim' or, in the way Phillips suggests, we should understand psychoanalytic exchange—as an adventure or 'experiment in living.'

This opens a further question that is somewhat implicit in this paper as a whole: the question of philosophy's relationship with therapy. Adam Phillips' conception of the future of psychoanalysis seeks to turn it away from the kind of medical (or technical) practice that would involve it engaging in an outcome-orientated programme for cure. Part of his way of doing this, as we saw in this discussion, is to bring into view the resonances within Freudian and other conceptions of psychoanalysis and the problems encountered in the literature and philosophy. By the same token, we might say that future thinking in the philosophy of education stands to gain if it reconnects with therapy.

This is not to suggest that the philosophy of education should reduce itself to something like the business of 'self-help'. Then, we would be back in the realm of cure. The way that modernity has created the conditions for therapy to become a business is itself worth reflecting on. By contrast, in Ancient Greece, there was a much closer relationship conceived of between philosophy and therapy. This is something that philosophers of the linguistic turn themselves have been attentive to. For example, Stanley Cavell discussed the way that therapy has come to be divorced from philosophy because of philosophy's contemporary professionalisation and the implications of this. ('Plato ruled in to his philosophy what we might call the obligation to therapy . . . I might express my outlook by saying that if you conceive philosophy and poetry and therapy in ways that prevent you from so much as seeing their competition with one another then you have given up something I take as part of the philosophical adventure, I mean a part of its intellectual adventure.' [23]). Cavell himself was influenced deeply by Wittgenstein's thinking, by the allusions to therapy inherent in Wittgenstein's work. Wittgenstein says that the real discovery in philosophy is the one that means you no longer need to ask the question. There is a sense here of dispelling the circumstances that led you to ask the question. Yet, at the same time for Wittgenstein, this was not to be conceived as a cure that works once and for all. The disturbance (the question, or what led you to ask the question) will come up again, in different ways and in different forms. This is of a piece with the inherent disturbance—or pathology—of the human condition.

This indicates the possibilities opened if thinking about education were to reopen 'education's proximity' with therapy. Hence, the prospects for thinking of philosophy and

education as 'something better than a cure'. As Phillips notes, the psychoanalyst Wilfred Bion writes of 'something better' than a cure—and in doing so, 'he is playing on the idea of a cure as a getting better, with all its moral implications . . . what is it to be better, to improve? Something easier to assess in, say, sport or business or medicine than in morality or art or psychoanalysis' [1]. Art, morality (or philosophy), and psychoanalysis are thus all to be understood as fields that cannot be analogous to mending techniques of fixing broken bones. But, as Phillips suggests here, this does not make the notion of 'getting better' in these fields less meaningful. Rather, it opens the notion of getting better as a notion that is to be explored and experimented with—and positions these areas of art, philosophy, and psychoanalysis as fields that do this and open us to the exorbitance inherent in human forms of recovery.

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