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The Solving Problems in Everyday Living (SPIEL) Model: Towards a De-medicalized, Education-Based Approach to "Mental Health."

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Abstract

We argue that human existential pain and threat may usefully be helped by a non-coercive educational approach that also resonates with many interpersonally focused psychological approaches, rather than by the widely touted current medical model of "mental health" treatment (using psychoactive drugs and supportive psychotherapy). First the "progress" leading to the latest *DSM* is briefly reviewed, highlighting the scientific limitations of the medical model. Next, an educational model of self-understanding and change, based on Popper's fallibilism, Freire's critical pedagogy, and Miller's Feedback-Informed Treatment is explicated. Finally, some options for funding and testing the model are discussed. We hope this offers mental health clinicians another important alternative to conceptualize the helping encounter to ameliorate personal problems in living.

Keywords: Diagnostic and Statistical Manual, DSM, Education, Feedback-Informed Treatment, Medical Model, Mental Health, Personal Change, Psychiatry, Psychotherapy, Social Work

Introduction

When the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM *5*, American Psychiatric Association, 2013) was published in 2013, it spawned a wave of criticism and debate among mental health researchers (e.g. Frances, 2013; Greenberg, 2013; Kinderman, Read, Moncrieff, & Bentall, 2013; Welch, Klassen, Borisova, & Clothier, 2013), the public media (e.g., Frances, 2012a) and professional organizations (e.g. DSM-5 Open Letter Committee, 2012; and broadly Robbins, Kamens, & Elkins, 2017), which concluded that it was no more reliable or valid than its previous iterations, perhaps even less so (Frances, 2012b). Despite these serious concerns about yet another revision of psychiatry's "bible," success in developing effective alternate approaches to help address deeply troubled or troubling mood states and behaviors has been slow and mostly unproductive. It is in this context that we note the deficiencies of the current medical model of care and propose one novel alternative, the Solving Problems in Everyday Living (SPIEL) model, which instead is based on some well-established philosophical, educational, and interpersonal approaches.

SPIEL is an educational framework for self-understanding, based in part on philosopher Karl Popper's fallibilism (Popper, 1963; Swann, 2012), educator Paulo Freire's critical pedagogy (1970), and the Feedback-Informed Treatment model developed by clinical psychologist Scott Miller and associates (see Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Miller, Duncan, Brown, Sparks, & Claud, 2003). In this article, we describe these theoretical and conceptual underpinnings. Then, we explicate the core components of the SPIEL model dependent on creating and nurturing a close, mutually supportive educator-learner relationship[1] (the therapeutic or working alliance) and the use of a formally structured method of regular critical

feedback between the learner and the educator; by which the learner aims to gain additional self-understanding, in order to motivate future action steps. We conclude by offering some insight into the future development and testing of the model. We aim to offer practitioners an alternative, non-coercive, non-patronizing, and non-pathologizing, humanistic approach for conceptualizing distress and distressing behavior, constructing the helping encounter, engaging with clients, and addressing clients' problems-in-living. We begin by briefly providing some context to the circumstances which have led to the model's development: the rise of the DSM and the medical model.

Background

In 1980, the American Psychiatric Association published *DSM-III*, marking a tactical shift from vague conceptual diagnoses reflecting psychoanalytic thinking to one modeled after contemporary medical practice and its physiological diseases. This new framework of descriptive diagnosis asserted that mental disorders are discrete medical conditions, identified by the observed or felt presence of a particular number of symptomatic (representative) behaviors and experiences (e.g., hearing voices ordering one to perform disturbing acts) which are placed into categorically distinct lists of mood state and behavior criteria, as determined by appointed expert work groups.

This checklist method of descriptive diagnosis has also become the economic lifeblood of most psychotherapists and helping professionals who must diagnose in order to receive government or insurance company based third-party reimbursement for their services (Elkins, 2009, pp. 69-70), even though diagnosis does not appear to be helpful in facilitating therapeutic change (e.g. Greenberg, 2013; Kutchins & Kirk, 1988). Indeed, the treatment of individual human social disturbance[2] from a primarily medical framework has been unsuccessful by all

accounts (e.g. Kirsch et al., 2008). The accumulated critiques of the *DSM* include long time

critics (e.g. Kirk, Gomory, & Cohen, 2013; Szasz, 1987), former mainstream supporters (e.g.

Andreasen, 2007; Frances, 2013; Greenberg, 2013; Insel et al., 2010), and researchers from

helping professions such as social work (see Lacasse, 2014) and psychology (e.g. Caplan, 1995;

Deacon, 2013; Elkins, 2009). The continued efforts to impose an empirically unsupported

framework of psychiatric explanation for disturbing behavior contradicts good scientific practice,

which demands that after data falsify a proposed hypothesis through multiple independent tests,

newly proposed alternate theories, not yet falsified, should be tested (Popper, 1979). In the case

of mental health, that suggests after the repeated failure of the medical model to substantively

advance knowledge about "mental health", researchers and helping professionals would

formulate and test alternative novel approaches based on the best available empirical data from

psychology, sociology and other social science disciplines for conceptualizing (Cooke, 2014)

and ameliorating "mad" phenomena (see broadly, Bentall, 2003).

The current medical framework's concentrated focus on the scientific exploration of the

brain, aiming to discover neurological "mechanisms" that cause behavior and misbehavior,

overlooks the obvious. People are educated and socialized into behaving (including thinking)

through the acquisition and use of verbal (language) and nonverbal signs; and make decisions for

action based primarily on their particular interpretations and understandings of such signs as

shaped by their particular learning histories and experienced environments (Peckham, 1979),

rather than by brain-based homunculi or "ghosts in the machine". Put differently, our internal

(thoughts and images) and external behavioral patterns (bodily or verbal), whether socially

approved or judged as deviant, are the result of the unavoidable instability between person and

environment, and are derived from our complex and unique, personal, social, and historical

narratives, learned through trial and error or didactic encounters, that shape individualized

patterns of response—not from the firing or misfiring of electrochemical neurotransmitters

(Tallis, 2011) or unknown and possibly unknowable "psychological dysfunctions" (Jacobs &

Cohen, 2010, p. 329). As Kirk, Gomory, & Cohen, (2013) argue:

> Words and categories matter. The philosopher Immanuel Kant proposed that
> categorizing is a fundamental and necessary act of human survival: it helps us to
> make sense and … to respond [to] and control the mysterious nonhuman noumena
> … that makes up the "out there" … [W]ords are semiotic tools, but they do not
> have any fixed meaning or direct connection to a material reality or enjoy any
> consensus about their usefulness. They are open variable definitions and
> interpretations often dependent on the *learning* history and cultural background of
> the definer. So it is with the word *madness,* because it is a word first and foremost
> and because as such it has no immanence, its meaning primarily determined by
> those responding to it. … Based on the poor track record of progress in
> [scientifically] validating madness or its contemporary semantic substitutes
> [mental disease and mental illness], we might consider admitting that ideas and
> behaviors, even the strange, troubling, and frightening ones we call mad, are *just
> that: ideas and behaviors.* (p. 39)

As a result, as one possible alternative, we propose a model of reeducation for self-understanding

and action, the Solving Problems in Everyday Living (SPIEL) model. The assumptions regarding

power and knowledge that underlie this model contrast with the current medicalized approach.

The medical model views the mental health clinician (be he psychiatrist, social worker, clinical

psychologist, or mental health counselor) as the authoritative and authoritarian expert, the client

as ill or defective, and places the power to make decisions (and to coerce) in the hands of the

helping professional with little meaningful role for input by the client. The SPIEL model

eschews the professional's assumed hierarchical authority, the medical framework of

explanation, and the use of diagnostic systems; recognizing that *DSM* diagnoses lack reliability

and validity (Kirk, Gomory, & Cohen, 2013) and that the medical framework can have a

stigmatizing effect on the diagnosed (Read et al., 2006). The SPIEL approach requires only a

willing professional (a skilled and empathic educator/facilitator), a person seeking personal

education and help (learner), and an agreement between the two to do collaborative consensual work based on agreed to compensation.

By forgoing the use of diagnosis and its accompanied medical framework, problems of "mental health" require reconceptualization. The SPIEL model, relying in part on some important intellectual precursors such as the great clinical psychologist Carl Rogers (1983) and the nonmainstream psychiatrist, Thomas Szasz (1987), views the learner's troubles not as illnesses but as *problems in living* that may indicate the learner's need for new strategies for surviving in a difficult world. The job of the professional, drawing on his or her experiences with life's travails, understanding of human behavior and development, expertise at interpersonal communication and in the use of rhetoric, is to identify and make explicit the problematic, habituated behavioral patterns, interpersonal style, and strategies of the learner, for the learner's reconsideration. Success or failure of the SPIEL approach is ultimately determined by the learner, the one seeking assistance. The learner enters with an identified problem (e.g. a conflict in a personal relationship) and concludes the arrangement when the problem is resolved or the learner deems that the encounter has not been helpful. As Thomas Szasz so elegantly stated some 56 years ago, "psychotherapy is an effective method of helping people-not to recover from an 'illness,' but rather to *learn* about themselves, others, and life" (Szasz, 1974, p. xvi, emphasis added). A more detailed description of this education-based model of helping and a proposed system of funding and testing the model are explored below.

Education and Feedback for Personal Change

The notion of (self) reeducation as a way to address emotional, behavioral, or interpersonal difficulties has been around for a long time. Perhaps the first publicly articulated advertisement for self-awareness and personal responsibility for it might be the inscription in the

forecourt of the Temple of Apollo in 9th century BCE Delphi, home of the Delphic Oracle,

urging all to "know thyself." More famously and familiarly, a couple of hundred years later,

Socrates by way of Plato in the *Apology* declared "an unexamined life is not worth living for a

human being." In more contemporary times education has been seen as an essential if not the

most essential part of "therapy" (e.g., Frank & Frank, 1993; Guerney, Stollak, & Guerney, 1971;

McWilliams, 2003; Oh & DeVilder, 2013; Rogers, 1959; Szasz, 1963).

     Frank and Frank (1993), in one of the most searching examinations of the nature of

psychotherapy, now considered a classic of comprehensiveness and clarity on the subject,

explicitly state, "[i]n all forms of psychotherapy, the therapist is a teacher who provides new

information in an interpersonal context that enables the patient to profit from it" (p. 45).[3] If one

talks to psychotherapists and asks if they are educating their clients they invariably agree that

they are, and few would disagree that it is a mode of discourse, a structured conversation. One

would be at a loss as to how that process—no matter what particular therapy is being

employed—could actually proceed without the act of learning, *however* defined (Holzman, 2014;

Tharp, 1999; Vail, 1959).

     With these considerations in mind, we restrict our definition of learning to being a

process of trial and error; one which can be considerably enhanced within the confines of a

voluntary, caring professional relationship (see Tharp, 1999, p. 20). In doing so we eschew

reliance, solely on reductionist behavioral accounts (e.g. Bandura, 1961), which restrict learning

to the conditioning and counter-conditioning of the learner; as well as neuro-cognitive accounts

(e.g. Radin, 2009), which reduce education to a fit between instruction and learning-promoting

brain states with little if any room for personal interpretation, use of volition and free will (Tallis,

2011). Rather, we suggest the latest psychological empirical research finds that it is the *feedback*

process, greatly facilitated and nurtured through a humanistic (Wampold, 2012), professional relationship that promotes learning and self-understanding. We believe that learning and education is the aim of most clinical therapeutic efforts. As psychologist Carl Rogers stated:

> [M]y experience as a therapist convinces me that significant learning is facilitated in psychotherapy and occurs in that relationship. By significant learning I mean learning which is more than an accumulation of facts. It is learning which makes a difference-in the individual's behavior, in the course of action he chooses in the future, in his attitudes and in his personality. It is a pervasive learning … which interpenetrates with every portion of his existence. This feeling is substantiated by research. (Rogers, 1959, p. 232)

We next turn to the feedback process and its important role in education, as exemplified in the works of Paulo Freire and Karl Popper.

Intellectual Influences of Paulo Freire and Karl Popper

Based on the credible presumption that education and learning are essential for effective psychological treatment, self-reflection, problem solving, and action, we describe the theoretical tenets underlying our proposed SPIEL model regarding education. The proposed model integrates the common elements of Paulo Freire's (1921-1997) and Karl Popper's (1902-1994) views about education and knowledge development. While these two prominent philosophers and educators[4] are often positioned (by their acolytes) at different ends of the political and philosophical spectrum, their views on education, learning, and personal change share common features and reinforce the notion that "therapeutic change" is best explained by the process of self-reeducation.

Freire's problem-posing education principles. Freire is perhaps most well-known as an educator-activist, especially in the service of the disempowered through his development and articulation of a critical pedagogical theory that characterizes the process of learning as existential, political, and potentially emancipatory. Freire's pedagogy is informed both by liberation theology and by the critiques of the traditional "banking" model of education collectively described as the "new sociology of education" (see Giroux, 1985, p. xiv). Freire considers knowledge acquisition to be one of the most unique and fundamental activities of being human (e.g., Freire, 1974/2014). Framed as an existential activity, knowledge development is imagined by Freire to occur primarily through our interactions with the world, one another, and ourselves in a process undertaken in action and analyzed in reflection. Thus, for Freire, being human entails in part the process of getting to know the socio-environmental context and the self through trial and error:

> Human relationships with the world are plural in nature. Whether facing widely different challenges of the environment or the same challenge, men are not limited to a single reaction pattern. They organize themselves, choose the best response, test themselves, act, and change in the very act of responding. They do this all consciously, as one uses a tool to deal with a problem. (Freire, 1974/2014, p. 3)

This process of reflection and testing via action constitutes Freire's concept of *praxis* and is based on a (critical) reflection-action-feedback loop that is conceptually similar to Popper's notion of the trial and error method by which knowledge development occurs.

For Freire, attaining an emancipatory, transformative education is possible but not necessarily an outcome of knowledge development. The liberating potential of education, or what Freire terms "problem-posing education," differs from educational methods in which students are treated as receptacles for information. Freire problematizes the latter, banking method using examples of propaganda, or information that is presented as "neutral" while

actually containing underlying assumptions about reality that—even if benevolent—serve to

remove critical engagement from the learning process and essentially transform it into one of

indoctrination (Freire, 1970, 1985). In contrast, emancipatory education involves a highly

personal, self-realized process of *conscientization*, whereby a person develops and exercises the

capacity to critically perceive his or her self and position within the relevant cultural, political,

and social context: "…an authentically critical position [is one that] a person must make his own

by intervention in and integration with his own context" (Freire, 1974/2014, p. 15).

      Freire's view thus portrays critical inquiry and action—gaining and applying

knowledge—as one of the fundamental methods by which humans interact with life and its

vicissitudes. As such, Freire argues that the contents and goals of education must be meaningful

to and informed by the learner's lived experience for the process to qualify as a form of personal

(or collective) emancipation (1970). This stipulation politicizes the relationship between

educator and learner as one imbued with the potential for domination of the former's

consciousness over the goals, meanings—indeed, the humanity—of the latter (see also Chomsky,

2000 for more on this "domestication" of consciousness). SPIEL following Freire rejects the

traditional roles of an educator as "expert" and learner as "recipient" because these would have

the potential for acts of coercion by the "expert," offensive to the innermost processes of

personal self-awareness, meaning construction, and growth of the learner (Freire, 1970). Freire's

emancipatory educational approach also assumes personal responsibility as vital to a

humanizing, liberating process of growth—and considers a system that would nourish

dependence rather than require agency as a paternalistic affront to a person's humanity.

      Popper's framework for problem solving. The 20th century philosopher of science

Karl Popper devoted much of his life to the study of science and the questions of epistemology.

Though perhaps most well-known for his critical rationalist philosophy (1963), Popper extended

his theory of knowledge development beyond science and identified the practice of critical

feedback as the ineluctable method by which we learn. For Popper, critical feedback—from one

person to another and the development and mastery of "self-critical" feedback—is simply the

application of the age-worn method of trial and error, and is the essence of all learning (Popper,

1963, p. xv). By challenging and critically appraising our most deeply held prejudices,

assumptions, and often entrenched habits, we are able to supplant mistaken or problematic

beliefs and behaviors and grow. In other words, through use of imaginative criticism and bold,

risky conjectures, we are able to discover new information about ourselves and the world, new

ways of living and being, and new possibilities not previously envisioned (Popper, 1979, p. 148).

In practice, critical feedback and knowledge development can be demonstrated by what

Popper calls the method of *situational analysis*. This entails exposing the problem to public

scrutiny so that one can become more familiar with it, to better understand the context in which

the problem developed, and to identify previously attempted solutions. Popper describes

situational analysis as a method wherein:

> [W]e can try, conjecturally, to give an idealized reconstruction of the *problem situation* in
> which the agent found himself, and to that extent make the action "understandable"
> …that is to say, *adequate to his situation as he saw it*…[T]hus the historian of science
> not only tries to explain by situational analysis the theory proposed by a scientist as
> adequate, but he may even try to explain the scientist's failure. (Popper, 1979, p. 179,
> emphasis in original)

After having identified and criticized the flaws that precluded previous attempts at resolving the

problem, new and bold conjectures are put forward in efforts to more successfully solve the

problem. Bold conjectures create new possibilities that extend one beyond the original situation,

and in resolving the problem we are faced with new problems to be solved ad infinitum (Popper,

1979, p. 148). Although Popper does not directly apply this method to the field of education, his

ideas have been extended to the educational setting by others (e.g., Perkinson, 1984; Swann, 2012).

Shared principles between the two thinkers. As we can see, Freire's pedagogical approach and the Popperian, fallibilist framework parallel conceptually in many ways as they relate to the practice of eliciting and using critical feedback to develop knowledge. Freire understands that being human entails in part the process of getting to know the world and one's self through trial and error (Freire, 1974/2014), agreeing with Popper's view that this process is the primary method of knowledge development. Further, Freire's concept of praxis, rooted in a critical reflection-action feedback loop is similar to the process as portrayed by Popper's critical rationalist theory of problem solving, which relies on explicit problem formulation and close attention to feedback gained from rigorous testing of proposed solutions in order to solve or ameliorate the problem of concern. Freire's model of problem-posing education and criticism of the banking model of education also aligns with Popper's emphasis on problem-formulation based on criticisms of the "bucket theory" of mind (Popper, 1979).

The role of the awareness of the problem-situation and its subjecting to critical analysis, as discussed in Popper's method of situational analysis, resembles Freire's insistence that critical reflection on self and one's environment/circumstances is the process that moves a problem from the student's "background awareness"[5] into the realm of objects—where now, the problem is approachable, articulable, and analyzable. Finally, for both thinkers, critical engagement and awareness through education serve as necessary referents for any change that is to be meaningful and relevant to the individual seeking growth.

Thus, in reviewing some of their ideas about pedagogy and knowledge development, we find that elements of Freire and Popper overlap significantly and are highly complementary. In

contrast to current therapeutic and educational practice, both philosophers conceive of

knowledge development—framed in this discussion within the context of the educational

encounter—as a place for a shared relationship of problem-solving, where self-reflection,

increased awareness of internal and external processes, and critical feedback are key.

Utilizing Feedback and Cooperative Learning: Essential Elements for Successful

Partnership and Individual Growth

Throughout this paper we have highlighted the importance of feedback especially of the

negative kind as an *essential* element in the correction of errors as a way to enhance learning and

knowledge acquisition about minor and serious problems in living. Feedback, we argue, is also

one of the *key* features of the successful professional relationship. Recently, careful

psychological research has indicated that clinical psychosocial interventions (e.g. cognitive

behavioral therapy, interpersonal therapy, narrative therapy) are not primarily driven by the

"specific", unique mechanisms or practices of each model but rather by shared "nonspecific" or

common factors (Asay & Lambert, 1999; Duncan, et al., 2010; Wampold, 2012), such as

working alliance, therapist's competence, client commitment to the therapeutic process and faith

in the helper (Chatoor & Krupnick, 2001). One approach, which has utilized feedback to

improve the professional clinical relationship is Feedback Informed Treatment (FIT), pioneered

by psychologist Scott Miller and associates (Miller et al., 2006). The FIT model intentionally

elicits regular feedback by way of brief validated measures from the psychotherapy client,

regarding progress towards shared goals and the quality and strength of the working alliance. It is

in these shared elements or common factors, and the complementary and essential feedback

process, very much dependent on a very firm therapeutic bond that facilitates and fosters the self-

learning process at the core of the SPIEL model. We acknowledge and applaud the research

findings regarding the importance of the therapeutic alliance (firm trust and belief in the skills of

the professional) developed by the field of psychological science in creating the openness and

vulnerability in the learner necessary for new learning and problem-solving (Rousmaniere,

2017). That supportive engagement we believe exemplifies the best learning experiences

generally no matter how conceptualized. We now turn to the model and will outline and describe

its essential features.

The Solving Problems in Everyday Living (SPIEL) Model

Using a fallibilistic model of education (Perkinson, 1984) that captures the principle

elements promoted by Karl Popper and Paulo Freire, SPIEL requires the following:

- A person (the fallible learner) seeking self-understanding (an education) voluntarily about
  explicit or felt (possibly not as yet articulated but discomfiting) problems in living
  needing explanation and perhaps solutions as identified by the person seeking help.

- A professional (this term includes *anyone* collecting a fee for the service regardless of
  certification, since no credential guarantees skill), who is empathic and a hope provider
  experienced in the travails of life, human behavior (verbal and nonverbal), in rhetoric
  (persuasive use of language, for particulars see Peckham, 1979). The job is to elicit and
  identify problematic (habituated) verbal and behavioral patterns and strategies used by
  the learner for existential survival and to posit some possible alternatives for
  consideration.

- That the professional is the agent of the learner committed to aid the full emancipation of
  that person. This places the learner squarely in the role of "decision-maker," responsible
  for shaping the professional encounter.

- A safe and confidential emotional, social, and physical environment created by the

   professional conducive to the revelation of the lack of skill, ignorance, confusion, fear,

   ambivalence, or uncertainty of the learner (this is usually identified as the therapeutic

   alliance in the psychology literature).

- That the work and its outcome are determined through mutual feedback and correction.

   This can be facilitated through the use of standardized feedback measures that can help

   track the trajectory of the mutual work, such as the Outcome Rating Scale (ORS;

   Bringhurst, Watson, Miller, & Duncan, 2006) designed to gauge the learner's current

   sense of wellbeing and the Session Rating Scale (SRS; Campbell & Hemsley) designed

   to provide feedback to the worker as to how the learner feels about the state of the

   working alliance (Bargmann & Robinson, 2012) as utilized in FIT. Depending on the

   feedback obtained from the ORS and the SRS both the content of the helping

   conversation and the worker's behavior can be altered to enhance the relationship and the

   learner's outcome. Regardless of whether these particular instruments or others are used,

   the ultimate arbiter of the success or failure of the helping effort is the person seeking

   help, because the life for which the help is sought is the learner's, and so are the

   consequences of the educational work.

Future Directions: Funding & Testing the Model

Funding such an approach

One of the major impediments to the exploration of non-medical options such as SPIEL

has to do with the current medical model offering a convenient funding mechanism for paying

the costs of mental health treatment for mental disorders as defined by the *DSM*. Are there

alternative non-medicalizing and -stigmatizing funding mechanisms available for the SPIEL

model? Although what follows is tentative and needs future research and evaluation, the suggestions are based on current existing mechanisms or proposals. We are already spending more than $100 billion a year in the United States on mental health services (SAMHSA, 2013, p. 17) so we should already have most of the economic wherewithal to fund the proposed options.

The proposed funding revenue streams are the following: First, as is done currently for students in higher education working towards gaining knowledge and skills to apply to their future employment prospects, make available government-funded or guaranteed educational loans (including private sector loans) for those looking to gain self-knowledge and improved skills to be repaid under the terms and conditions already extant to students in general. Second, addressing those in poverty, we recommend that the dollars currently being paid directly to the public and private mental health organizations providing non-coercive treatments instead be funneled through qualifying clients (using *economic status* as opposed to *mental health diagnosis* as a criterion) that can in part be spent on SPIEL educators and their services through some modified non-medical model version of what now is called self-directed care vouchers (Alakeson, 2010; Gomory, 1997).

Testing the SPIEL model

Though SPIEL rejects the medical model and its concomitant symptom-based assessment measures, the model which has a developmental research history based on both psychology and pedagogy still needs to be tested and compared with "traditional" approaches. The ORS and SRS provide one possible compatible assessment measure by which different interventions can be compared. For instance, the SPIEL model could initially be tested in a small social service agency, in comparison with a conventional intervention (e.g. CBT; pharmacological intervention) or its theoretical kindred (therapy relying on the common factors, Wampold &

Imel, 2015). Any such implementation or evaluation of the SPIEL model should be done incrementally, to ensure that the professional helper adheres to the components of the approach outlined in this article.

Conclusion

We have proposed one potential alternative non-coercive, non-medical, non-stigmatizing approach for addressing personal troubles and interpersonal difficulties in living (including major ones)—based on a self-critical, self-liberating, growth enhancing, educational model existentially situated within a setting of interpersonal trust and caring, infused with hope. Most traditional psychotherapy, we suggest, may promote a medical perspective even in its most benign form; simply by calling itself "psychotherapy" it reveals its, perhaps unintended, medical bias (Gomory 2013). Education is often identified to be a key if subsidiary element of psychotherapeutic practice (Frank & Frank, 1993). We respectfully suggest instead that the educational process, as described in SPIEL, is the more general process for personal growth and understanding, and psychotherapy (healing)[6] when effective is the educational subtype for personal development and problem amelioration. It is a subtype because it has a narrower approach to addressing *problems in living* since its proponents argue that *only* valid psychological models and theories can be used to solve these problems[7] (for this presumption see Wampold & Imel, 2015).

We think that to reduce all explanations of human behavioral difficulties exclusively to psychology even of the "validated" sort is to fall into the philosophical nightmare of reductionism. Social life and its difficulties complex as it is, is also subject to analysis and explanation through other sciences and humanities, such as sociology, economics, anthropology, literature, history, philosophy, or in fact almost any domain that addresses the human

predicament based on humanistic principals (McLeod, 2015). If it is mandated that personal growth and change be explained only through psychological principles and mechanisms, albeit these are very important to the helping effort, may leave helping professionals to act more as ideologists than scientific practitioners by proscribing potential valuable none psychologically developed explanations.

The SPIEL model developed based on both philosophical analysis and empirical research findings offers one important possible alternative to current approaches. It only requires a person interested in learning about themselves and how they may go about improving their capacity to be more effectively involved with the world they inhabit and just one other person,[8] an empathic fallible teacher, who rejects the role of authoritative "expert" and decision-maker. This professional facilitates and supports the SPIEL pedagogical process through critical feedback, use of empathy, hard-earned life experience, and formal education and training.

We further suggested that this educational approach could be funded by existing resources or through new innovative funding mechanisms and the use of the SPIEL model could potentially reduce the very large amounts of public dollars now spent on those problems in living that we currently call mental illnesses. The one major drawback to the proposed model is that it relies on the help seeking person to voluntarily engage and so it cannot serve, as the current psychiatric model often does, additionally as a policing or social control tool for society (Gomory, Cohen, & Kirk, 2013). But since that aspect of the current psychiatric model has been unsuccessful in reducing troubling behavior or in improving the welfare of most of our mental health clients it would be no great loss and the SPIEL model might if implemented, be one additional important tool helping to remove the metaphorical and literal chains subjugating all those we consider *mad*.

Being a descriptive, theoretical/conceptual article, there are several important provisos to be kept in mind. Most notably, the SPIEL model has not been formally tested. However, as we have argued, education has been identified by the psychological literature as a major component of the current helping model of psychotherapy. Some, in fact, consider the process of education *the* major component of individual, personal change (Frank & Frank, 1993; Szasz, 1963; Tharp, 1999) so we believe it should be one of the credible options considered for helping. Nonetheless, future research should formally evaluate the SPIEL model, using outcome measures that take into account the client's evaluation of whether the educational encounter was helpful and which particular elements of it were important in that encounter in addressing their perceived *problems in living*.

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Endnotes

[1]   We purposefully have moved away from using "therapist" and "patient/client" to using "educator" and "learner" instead in this article to completely divorce rhetorically from medical terminology knowing words have consequences (Peckham, 1979; Read, Haslam, Sayce, & Davies, 2006) hoping as well to reduce the overt hierarchy suggested by the medical metaphors.

[2]   All we have as data to judge the nature of disturbing personal behavior is the target person's observed behavior (subject to [self] deception) and their verbal statements about "inner" feelings and experiences along with the reports of others regarding what they observe of or hear about that person to try and reason out what's going on. This contrasts with physiological medicine where we have relatively rigorous theory and testable entities (physical signs or markers, syndromes and diseases) against which to test our observations and the reports of medical patients.

[3]   The Franks, both medical doctors, unselfconsciously exhibit in this excerpt their medical bias in their use of the designation of patients for the recipients of psychotherapy even while in much of their book they do their best to invalidate the medical model. Habits die hard, demonstrating the great difficulties ahead to undermine and replace the medical model with a non-pathologizing alternative for helping with personal troubles.

[4]   Before pursuing an academic career, Popper spent some time working as a social worker and later as a primary and secondary school teacher. Popper spent a year working as a social worker at a center, running the after-school program for working-class youth (Hacohen, 2002, p. 107). For more information on Popper's pre-academic life, see Bailey (1995) and Hacohen (2002). Paulo Freire began his role as an educator in the 1940s as a secondary school teacher and spent his life as an advocate for the poor and disempowered (see for example, Kirylo, 2011).

[5]   Freire argues "As women and men, simultaneously reflecting on themselves and on the world, increase the scope of their perception, they begin to direct their observations towards previously inconspicuous phenomena […] That which had existed objectively but had not been perceived in its deeper implications (if indeed it was perceived at all) begins to 'stand out,' assuming the character of a problem and therefore of challenge. Thus, men and women begin to single out elements from their 'background awareness' and to reflect upon them. These elements are now objects of their consideration, and, as such, objects of their action and cognition" (Freire, 1970, p. 82-83).

[6]   "Healing" is a term of art. Outside of its root meaning (the amelioration or curing of a physical disease) it is nothing more than an impressive metaphor applied to social or personal improvement or change in the lives of individuals. Such "healing" has no demonstrable mechanisms of change and no empirical evidence of its existence. These are only assumed and asserted (if the authority appears credible they may be believed rightly or wrongly). On the other hand biological/physiological treatments (healings) do have evidentiary tools (CAT scans showing presence or absence of certain cancer cells for example). After all, are witch doctors and faith healers doctors or snake oil salesmen? Healing is appealing, but in the world of science it has to depend on more than intuition and claim making.

[7]   It seems to matter more for effective helping outcome that the rituals are believable by the help seeker regardless whether there is any demonstrated science (e.g. certified as an evidence-based practice) for the ritual's particulars (Frank & Frank, 1993).

[8]   This in no way precludes group educational options or the use of multiple educators.