

Mary Alice Yeskey

Welcome to the Hopkins Press Podcast. I'm Mary Alice Yeskey with the Hopkins Press journals division. Our guest today is Dr. Sahanika Ratnayake, a philosopher of psychiatry and medicine whose work focuses on talking therapy. She's interested in what constitutes evidence for talking therapy, the ethics of therapy, and the integration of therapy into healthcare systems. She's currently a researcher at the UK Council for Psychotherapy. She joins us today to discuss her paper published in a recent issue of *Philosophy, Psychiatry and Psychology* titled, "It's Been Utility All Along: An Alternate Understanding of Cognitive Behavioral Therapy and the Depressive Realism Hypothesis." Thank you so much for joining us today, Dr. Ratnayake, I really appreciate you taking the time to talk to us about your research.

Sahanika Ratnayake

No worries. Happy to be here.

Mary Alice Yeskey

The first question I like to ask all our guests is: what is your academic origin story? Can you tell us how you came to study philosophy and psychology?

Sahanika Ratnayake

I love that. Like, you're a superhero or something like, what is your origin story? So it's interesting because the philosophy one is basically, so I did my undergrad in New Zealand, where you got to try a little bit of everything. So, you don't have to kind of decide your major until a bit later down the road. And I went in going, of course, I'm going to do English and history. And it was when I did those papers, it was fine. But philosophy was the first time where from the beginning, someone wants to know what you think about something. So it's not, "have you read all this stuff" and you know, like, "what does so and so say about this?" Like, there's a bit of that in history of philosophy, but from the beginning, people want to know, what do you think about Plato? Do you think this is good or bad? And there's something about that, like now I think kind of viciousness that I love, like you just go straight for it. So almost immediately I just sort of fell in love with that spirit of philosophy. The psychology bit was kind of a surprise to me actually. So I had actually started this PhD on Buddhist philosophy and it was around this time that like almost for a joke, me and my friend, who's a classicist, we started working on mindfulness. And one of the things we were looking at was there's this way in which mindfulness exercises are presented as a-contextual these days. So you get told they have sort of roots in Buddhist stuff, but you know, that's not how we do it. And because David is a classicist and I was studying Buddhist philosophy, I was like, listen, you can't just kind of pick up these practices, move it to another place and say, it's not Buddhist. So, we just wrote this little paper on that. And we, I don't know, I think I just caught the bug really for therapy at that point. So, I actually ended up leaving that PhD and reapplying for grad school because I was like, I don't actually want to be working on Buddhist philosophy. I want to be looking at therapy and these connections. Yeah.

Mary Alice Yeskey

Very cool. Very cool. And I love, and that's one of the reasons why I always ask this question, because I feel like everyone's got this winding, you know, sort of, they say, oh, it's a sort of a meandering story, but inevitably you can kind of see where it started, like kind of the inklings of it in the beginning.

Sahanika Ratnayake

Absolutely.

Mary Alice Yeskey

Your paper in the July, 2022 issue of *Philosophy, Psychiatry, and Psychology* examines cognitive behavioral therapy and offers up some criticism of its logic. For those who might not be familiar with it, can you explain what CBT is and how it's practiced?

Sahanika Ratnayake

I think like for anyone who's done CBT or sort of, you know, gets introduced to it, one of the central things you'll first get told is this thing with the cognitive triangle or the CBT triangle, right? So you get told that there's this interlocking relationship between your thoughts and your behaviors and your feelings, and these influence each other in various ways. So, you know, when you feel bad, it often has something to do with your thoughts and then that in turn leads to problematic behavior. And so the directions can go back and forth, but the part to do with the thoughts or the cognitive part still remains quite central to contemporary CBT. So when you go in for a course of cognitive behavioral therapy, often you will talk about, you know, what are the kinds of thoughts you have around this situation or what are your core beliefs here? So the paper is very much about the cognitive part of cognitive behavioral therapy. And what I was really interested in is this way in which you get told that there's something wrong about these thoughts. So you're told they're distorted or often you get a lot of different kinds of language. So you get told they're faulty, or there's issues with their validity, and their utility and so on. So I wanted to look at one particular kind of problem, which is what philosophers say describe as epistemic problems. So where there's something erroneous about them or false, or you've sort of jumped to a conclusion here, which is very different from just, you know, this thought makes you feel bad. So someone is telling you there's something very substantively epistemically wrong with this belief. So I would say that's one of the big things that the paper is taking CBT to task for.

Mary Alice Yeskey

Yeah. Thank you. And that actually leads me right to my next question, which is that one of your big arguments in the paper is that these false beliefs, and I put that in air quotes, these "false beliefs" are something that all people deal with, regardless of their mental health. Everybody has these. Everybody jumps to conclusions. Everyone occasionally has black and white thinking. But you also note that the way that these beliefs are tested and valued is faulty at best and unethical at worst. Can you kind of walk us through that jump, I mean that conclusion, this is

sort of one of the biggest tenants of your paper, but I just kind of wanted for our listeners to understand how you got to that argument.

[Sahanika Ratnayake](#)

No, absolutely. I mean, because yeah, there's the kind of two separate things, right? The issue of whether everyone, including mentally healthy or mentally unwell people have these kind of problematic beliefs. And then there's the other, as you say, which is very central, which is, well, even if they do actually the way CBT tests this stuff, it can't actually help you with these epistemic issues. And so in order to do that, what I really did was I looked very closely at the specific therapeutic techniques that you find used in CBT. So some of the big things that is encouraged, and you get this from looking at therapist training manuals. So that's where I got the background to these techniques. And often what you'll get asked to do, and I've encountered this actually in CBT therapy, you'll get asked to think about when you think something that makes you a bit unhappy, you or leads to behaviors that you're trying to change, you get asked, hey, like, let's think about how likely that thing you're thinking. So you get told, well, what else is a plausible explanation of this? And in the more kind of textbook CBT sense, they do this thing called hypothesis testing, right? So they go, okay, you think this, but let's go out and do something to see if that belief is true or false. And this all sounds really like there's something very convincing about this, but the problem is, I think what I want to point out is that it's actually really hard to tell when something is true or false, right? That's why we do elaborate experiments in science, for instance, like you carefully control all the variables and you take all the bits and pieces are working okay. And even in those pristine conditions, it's really hard to tell when your hypothesis is supported or not. So I just thought it was extremely implausible that when you do these things kind of on the fly with much less pristine conditions that you could just very easily figure out whether someone's thinking is erroneous or not. So I think it's sort of like in philosophy of science, we talk about this thing called underdetermination. And basically what that means is if you have a certain pool of evidence, it's actually really hard to tell what's a very sensible thing to think about, like to conclude from that evidence. And that's the case in science. And in the case of everyday life, this is much worse, right? Because the evidence is much worse. One of the kind of textbook examples you get in CBT that I love is this thing about you sort of run into one of your friends after some sort of event and they sort of brush past you very quickly. And then you start thinking, oh my gosh, they want nothing to do with me, I've done some horrible thing. And the thing is like, I love this example, it's utterly relatable.

[Mary Alice Yeskey](#)

Oh my gosh, I'm smiling because I'm like, yeah, like how many times - are you mad at me? Are you mad at me? Oh God, is she mad at me? Yeah. Like I hear the voice in my head as you're describing it.

[Sahanika Ratnayake](#)

Exactly. And the thing is like when this is presented in therapy training manuals, it's presented as like, it's really obvious that once you start thinking about how likely it is, you'll think, oh, that's not likely at all. And you'll think, oh, maybe they're busy or, you know, like if you went

out and tried to see if this person wanted to hang out with you, it would be like unambiguous that evidence. And it's actually not, right? I think quite a lot of the time, if you really went into the nitty gritty of it, like it's quite hard to tell if someone's annoyed at you or not. That's why you start thinking this thought in the first place. And I know this, this is going to make me sound like a terrible person, but there's definitely cases where I've sort of slowly withdrawn from someone and become cold because I didn't know how to sort of go, listen, like our friendship is not going very well at the moment or something. So I just think...

Mary Alice Yeskey

That doesn't make you a terrible person, that makes you totally human because everybody listening has done that.

Sahanika Ratnayake

I know. I know. And that's the thing. And I think it's very... That's why I just think it's really funny that, you know, the stuff is presented to you as, it's obvious that you're just overthinking this. And it's like, it's not at all obvious actually. It's extremely hard to tell in everyday life if someone's ghosting you or not.

Mary Alice Yeskey

I love that example so much. And I just, I think it really drives home the point, which is that, you know, the, which is kind of the point, at least how I read, the point of your paper, which is that the reasoning of CBT is sort of like, it touts itself as this like very sort of logical step of like very scientifically, you know, this is your hypothesis. You need to test it out and accept it or reject it. It's sort of like, it's using logic to kind of explain away these thoughts, but you can't do that with what's going on inside your head. And not only that, but all of those thoughts have a grain of truth somewhere. You know, sometimes somebody was mean to you and they were mad at you. And like, you know what I mean? Like there's a reason why you develop these thoughts. Yeah. Yeah.

Sahanika Ratnayake

And that kind of brings, I guess, to me to that, like kind of unethical bit of the question, right. Which is like, I think partially it's utterly disingenuous because someone's making you think like, this is kind of an obvious thing about truth and falsity or accuracy and inaccuracy. And really the thing is like, does this thought make you unhappy or not? And I guess like when I was doing CBT, I really bristled at this thing where someone was telling me, look, isn't it clear that like, you've kind of jumped to this inference and I'm like, well, it's not clear, but what I can believe, like what I'm happy to live with is the thought it's really hard to tell what I'm supposed to think. So I might as well think something that's not, you know, that doesn't make me constantly second guess a friendship, or like I leave it open. Like I think that's a sort of the middle ground that I reach by the end of the paper, right? So instead of kind of disingenuously going, look, there's something wrong with your thoughts and we've got an obvious way to solve it. I think you can open up this middle ground where you say, well, if it's hard to tell, why not think something that's a little bit more positive, maybe, so they want to leave that open. I think, you know, at its worst, this can be like this and not just disingenuous, but unethical, which is like in

a clinical sense, which I think is if you go in to therapy and you're the therapist and you're convinced the other person is irrational, like you can only really provoke a hostile relationship or make someone extremely distressed, I think. And because we don't really do very much research on that aspect of therapy, it's quite, it's really hard to get anything other than anecdotal evidence about, but there's little bits and pockets of, it's funny because in training manuals, you'll often get these kind of almost side comments where people go like, you know, "there's been some evidence that this can provoke like a hostile reaction, or it can be a bit, be careful how you approach this". And that's something I think, yeah. And I think that's quite interesting that it's under-explored because I can see -

Mary Alice Yeskey

...they're skirting around it.

Sahanika Ratnayake

Exactly. I think it can be quite distressing. I've certainly found it like really off-putting when someone is quite sure that this is what's obviously going wrong.

Mary Alice Yeskey

Yeah. And there's a power dynamic to it too. You know what I mean? Where it's just like, "I know what's true and right sitting in this chair with my clipboard and you do not." And I really, that resonated with me as I was reading your paper. Cause I mean, I've had CBT, you know, the other thing that popped into my head was thinking about treatment for addiction and how there's a very similar sort of like, you need to admit that you're an addict and you need to just accept that these are the steps that you need to take, which may work wonderfully for some people. And that's great for them, but nobody ever says, well, you know, can I, can I, can I be somewhere in the middle? It's just, it's so black and white. It's almost like black and white thinking, which is one of the things they say you're not supposed to do!

Sahanika Ratnayake

It's amazing. No, and I think the authority thing is really interesting, right? Because like, I think one of the upshots of that is definitely like when you kind of go, are you sure about this? Like this isn't working for me, you're kind of almost automatically dismissed.

Mary Alice Yeskey

Yeah. Like there's a, yeah. Yeah. That's a good word.

Sahanika Ratnayake

I think, and I think that's part of the kind of like ethical conundrum of this, like all the ethical repercussions, because it is bad to go into therapy, assuming the other person's just wrong and they don't know what's good, like what's working for them. It's kind of like I think somewhere else, I kind of described it as there's an element of, do you know Miranda Fricker has written a lot about epistemic injustice, like it's become sort of like extremely trendy at the moment, but I think because of the background power dynamic, like you can see a parallel case here in therapy, right? So you have that kind of systematic discrepancy in power. And also you get

someone, and then you get the epistemic dimension where you get someone telling someone else, Hey, the way your reasoning is wrong, or the way you understand yourself and your life is wrong. And that's like quite extreme actually. And it's quite a dangerous thing, I think, to say to someone who has mental health issues, because then that's where the injustice part comes in. Because I think it's highly plausible that you can be mentally ill, but actually epistemically fine.

Mary Alice Yeskey

Interesting. One of the parts of your paper that really struck me, truly, I just kind of sat back and was like, wow, was there was a portion where you talk about that there have been studies that indicate that individuals with depression, schizophrenia, and autism actually score higher than those who are mentally healthy, again, air quotes, individuals on tests that are looking at things like reasoning and awareness of your own self-control, which really kind of hammered home your point so well. I was hoping you could speak more to that and just sort of elaborate on what those studies showed.

Sahanika Ratnayake

Yeah. I mean, so I do want to say what's really interesting about that area of the literature is that it is quite live. So no one, it's so hard to tell in these cases who is right. So this literature, I think, really kicks off with this study that gets called "The Sadder but Wiser Study" by Alloy and Abramson. And it's basically about, it sounds really daft because it's so simplistic, but basically they have a light bulbs, a series of light bulbs, I think, and it sort of comes on and off in a sequence. And then the people who are being experimented on, they get told, press the button. And it's sort of left open whether there's any relationship with the sequence of the lights and the button, but people who are mentally healthy think pressing the button has something to do with when the light comes on and off. And people who had depression just think they're totally unrelated, which they were. And the thing about these studies is, and you have them in different areas, right? So for instance, you have ones to do with feedback. So people who are mentally healthy remember positive feedback, whereas people who are depressed kind of, they tend to remember negative feedback, but they tend to remember the whole feedback in a way that people who are mentally healthy don't.

Mary Alice Yeskey

They only remember the positive, you mean?

Sahanika Ratnayake

Yeah, they tend to be, so there's this kind of positive skew in mental health, which is quite interesting.

Mary Alice Yeskey

Which is a skew!

Sahanika Ratnayake

Exactly. Exactly. So it's quite funny.

Mary Alice Yeskey

Why is that worse or better than a negative skew?

Sahanika Ratnayake

Exactly. And that's the open question, right? But like, but the thing is, there's a very, I think in a way it kind of supports the other point that I'm saying, which is like, it's one thing in the case of a light bulb and a button to be able to tell who's right and who's wrong, but in everyday life, like this is so much harder. And it's exactly as you said, like, well, you've got positive skews and negative skews, but it's not clear actually which one of them is like, right, if that's even the best question to be asking in this situation. So I just think, I just find this really fascinating because I think there's a lot of stuff, especially in the positive psychology literature that kind of adds up to the thought that mental health actually is about just kind of being that positive skew. And you can see how it becomes a self-fulfilling prophecy, right? Like you go into something expecting it to go well, so you just don't worry about it terribly and it goes fine. But if you go in nervous and anxious, like there's that kind of self-sabotage that happens, right? You're hyper aware of what you're doing. You think like, I think someone's, I think Lisa Bortolotti has got this great example of public speaking in particular. So if you go in already nervous, like of course you're going to stammer through the thing and you're going to notice every mistake you make. Whereas if you just kind of think, oh, it'll be fine, I'll wing it. Like you're just not going to get hung up every time you stumble over a word or anything. So I think that like, and it's, and the person who's, and it's not really like easy to tell, like if you're interested in it purely epistemically, whether someone should think I'm good at public speaking or not. It's very helpful to believe that, but is that true or false? Is that accurate? Like who knows? Right. That's a really tricky one.

Mary Alice Yeskey

Yeah. And I mean, it's like you said at the beginning, when you're talking about the inner workings of someone's thoughts, you can't, you can't get to that. I could, I could say I'm a virtuoso at the piano and sit down and I'm not a virtuoso at the piano and that's like a little bit more clear cut, but, but yeah, I just, I find that so fascinating. The other thing I was thinking of as you were, just as you were answering that question was kind of that notion of sort of, which I've seen a lot of in social media and other things lately, which is this notion of toxic positivity and just kind of like you, you know, just maintain positive attitude no matter what and how that just, that can backfire. You know what I mean? If you don't allow yourself the grace and, and, and understanding what it means to be human that it's not going to be like that all the time. And if you're teaching your, if you're teaching your children that then, then they're going to be in therapy.

Sahanika Ratnayake

No, absolutely. I mean, what do you do then with things like that are inevitable, right? Like failure or death or something, right? There's not like, and I think so much of that is very like, you learn so much from those experiences and it's not just about like pushing through or having a positive mindset. It can be really sort of humbling. Right. And I think, yeah, I think there's a lot of, like, I worry about this preoccupation with shifting someone constantly towards the positive mindset, because like, I think you lose quite a lot of those opportunities there as well.

Mary Alice Yeskey

Oh, I totally agree. So how could a practitioner learn from your research and their own work with clients? What kind of recommendations would you give to a therapist who's, who's listening?

Sahanika Ratnayake

I feel like one of those people on a cooking show where like, "here's something I prepared earlier!" Well, by the time the paper came out, we'd already, me and a co-author, we'd published a paper on the ethics of CBT, which has, I guess it's a more practical take on the stuff I say in this paper.

Mary Alice Yeskey

Oh, nice. Okay.

Sahanika Ratnayake

Yeah. So it's, I think it's in the Oxford handbook for psychotherapy ethics and it's just called ethics of cognitive behavioral therapy. And it looks at all the techniques that I look at in this paper, but it gives clinical recommendations.

Mary Alice Yeskey

Oh, perfect. Well, we'll link to that in the show description.

Sahanika Ratnayake

That would be fabulous.

Mary Alice Yeskey

And I love that - you know, you open up the oven and here's the cake already made. That was an excellent analogy.

Sahanika Ratnayake

I guess I want to just say like in a more general sense, I wish like therapists would come to the table with like a bit more, I don't know, less sureness, I guess about what's going on with someone. I think, I think especially with something like cognitive behavioral therapy, where you're kind of like, it's very shiny at the moment and it's, there's a lot of, it keeps getting touted as, you know, it's evidence-based and especially in the UK where I am, it's part of the National Health Service. So it's the sort of big game in town. And I think it makes people kind of think that it's on much surer foundation than it is, which I think is quite a dangerous thing to take into the therapy, right where you want to be more open-minded about what's going on with someone and whether they've interpreted their situation accurately, or even if that's the like most sensible way of looking at what's going on with them. So like, yeah, I mean, I think I would like, I think in a more general sort of, if they could take on a certain therapeutic stance where you're willing to be mistaken, like that's the one I hope will be the takeaway from the paper.

Mary Alice Yeskey

Yeah, no, I totally agree. And just the ability for a therapist to go into that relationship with the, just an iota of humbleness, humility is the word I'm looking for, to know that you could learn something new. And I think that's where this journal in particular kind of sits so nice and squarely because it's not a clinician's journal in the sense that it's like, this study was done and we showed the XYZ. It's a very particular space where you and folks that are in this discipline can kind of have these mental exercises and philosophical journeys to sort of get to like, well, what if? And I'm just thinking back to the very first question I asked you, which is kind of like, why did you get into this? And it was like, well, right away, it's like, well, what do you think? And I think that that's just a kind of, it's such a unique place in particular with this journal in the sense that it's not quantitative study all over the place. It's just more like, let's take a step back and think about why we're doing this the way we're doing this and what questions we could ask.

Sahanika Ratnayake

I think that's right. And it's quite funny because I was doing, I guess, the revisions on this paper as I was writing the ethics of CBT chapter. And I did struggle with that because I think this is like the sort of machinery in the background. Like this is why I think the things I think, and then the other one was, well, given that this is what I think people should do. And it was sort of weird to write them in a decoupled sense, but it's nice to know that both bits are out in the world.

Mary Alice Yeskey

Right. Yeah. There's a place for both. There's a place for both. No, I totally agree. That's great. Well, on that same token, what are you currently working on research-wise? Do you have any papers that you're working on or books that you'd like to share with us?

Sahanika Ratnayake

Yes. I've done something a bit weird, which is that I have left actually to go to, so I left a postdoc recently to go work for the UK Council of Psychotherapy. So I'm sort of neck deep in therapy these days and I'm doing sort of more, like I have a lot of independent research projects, but sort of out work I'm doing really applied visions of the things I'm already interested in. One of my big questions going sort of, as I moved into my post PhD work was what does evidence mean in therapy? Like when you say something is evidence-based or like this is backed by research, what does that mean for therapy? Because I think there's this tendency to think that therapy, you just do the same things that you do for medical interventions, you run clinical trials. And I think that's just like utterly wrong for therapy, which is a very different kind of thing. So it's quite fun to be able to do a job where you have those conceptual thoughts, but then you do practical things with them. Like you make submissions to the health service and you say, listen, you need things other than controlled trials for this. So I'm enjoying that. And I'm looking at, I guess, now the evidence-based for different kinds of therapies. So this is kind of, this is both like a work thing and my independent research. So other than the question of evidence, I'm still interested in these ethical questions around therapy as well. So like I'm hoping to do more around if you use particular techniques in therapy, like what problems do they present? Not just what does this school of therapy, like what are the ethical issues specific

to this type of therapy, but just this particular technique, what, what do you want to be careful around with that? I think that's quite fun. And I I'm weirdly it's weird. It's weird to say you're writing a book because like the process of writing a book is more like there's this insane lead in where you have to write the proposal and then your agent like talks to you endlessly about it. And then at some point a book will come. But I am doing that. And it's,

Mary Alice Yeskey

Well, I work at a publisher, so I do understand. [laughter]

Sahanika Ratnayake

So it's like, at what point do you say I'm writing a book?

Mary Alice Yeskey

Oh, I know. I know. I'm with you. I'm with you. But I think, I think after this conversation, you can create your own truth and say, I am writing a book. It's like how I say, I'm a runner. I say that all the time. I'm like, I'm a runner, but I don't really like, it's like, no, I run. I run. So therefore, I'm a runner and you write. So therefore, you're writing a book.

Sahanika Ratnayake

I mean, at some, at some point, at some point you've got to commit.

Mary Alice Yeskey

Exactly. No, I think that's wonderful.

Sahanika Ratnayake

Yes. I'm writing a general audience book about therapy and it's, yeah, I don't, I don't quite know how to describe it because sometimes I jokingly refer to it as my anti-therapy book.

Mary Alice Yeskey

I like it.

Sahanika Ratnayake

I think one of the things I'm trying to say, and that is like, therapy has become such a big thing culturally. So we just kind of, by default, I think we think that going to therapy is a sensible thing for a lot of things. It's like you break up with someone, you go to therapy, you're having a rough time, you go to therapy. So I think one of the things I'm hoping to do in the book is question it's like, is this the thing we want to do for all our life problems or it could have been better for some things and not others for some people and not others and so on. So yeah, this is my, I don't know. It's my sort of anti-therapy book.

Mary Alice Yeskey

Oh, but I, but I like anti-therapy book is, I mean, as, as a marketer, I'm like, oh, that's great. That's a great hook. I would pick it up off the shelf.

Sahanika Ratnayake

I know I can see that because I think my agent's been shopping it around and I don't, I think she starts off there and then she says more of the content.

Mary Alice Yeskey

Oh, but I'm really intrigued and I can't wait to read it. Thank you so much, Sahanika. This has been a great conversation and I look forward to reading your future book and all of your other research.

Sahanika Ratnayake

That'd be great. I had a great time. Thank you for having me.

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