Philosophy, Counseling, and Psychotherapy

Philosophy, Counseling, and Psychotherapy

Edited by

Elliot D. Cohen and Samuel Zinaich, Jr.

**CAMBRIDGE
SCHOLARS**

P U B L I S H I N G

TABLE OF CONTENTS

PREFACE

Even a cursory look at the various modalities of psychological counseling and psychotherapy should confirm the profound influence of philosophical ideas and theories on their development. From Freud's tripartite division of the mind, mirroring Plato's tripartite view of the soul, to the humanistic, teleological basis of Carl Roger's Person-Centered Therapy; and the existential roots of Viktor Frankl's Logo-Therapy to the Stoic principles embedded in Albert Ellis' Rational Emotional Behavior Therapy, the major traditions of psychological counseling are all (or virtually all) beholden to philosophers and their philosophies. However, from this historical marriage, it does not follow that philosophical practitioners and psychological practitioners presently enjoy a symbiotic relationship.

Instead, many philosophers believe that philosophical and psychological counseling are distinct and independent areas of practice, while many psychologists and mental health practitioners argue that philosophers should stick to their traditional roles as teachers and theorists and should not get involved in attempting to use philosophy to help others solve their emotional, behavioral, or cognitive problems. The latter sphere of practice, they maintain, should be left to psychological practitioners—psychologists, psychiatrists, mental health counselors, licensed clinical social workers, and other state licensed, mental health providers. This is because they contend that, unlike philosophy or its practice, psychology and psychological practice rests on an ever-increasing empirical foundation (it is now an evolving "social science") whereas philosophy is a humanities, suitable for the classroom, but too speculative to provide a scientifically-based, safe and effective treatment plan for persons suffering from mood disorders, anxiety disorders, psychosis, or other mental illness.

This controversy between psychologists and philosophers has tended to create a barrier between the philosophers and the psychologists when it comes to the question of who is qualified to practice. Accordingly, a principal purpose of this volume is to help create an open dialogue and exploration of the relationship between these two areas of praxis, and of what each can learn from the other.

In 1990, one of the editors of this volume, Elliot D. Cohen, along with his colleague, Paul Sharkey, co-founded the National Philosophical Counseling Association (NPCA), formerly the American Society for

Philosophy, Counseling, and Psychotherapy (ASPCP), under the auspices of the American Psychological Association for purposes of advancing this dialogue. In retrospect, it seems clear that, while the NPCA was a milestone in this endeavor to bring philosophers and psychologists together, this mission is still a work in progress. Indeed, over the more than two decades since the establishment of the NPCA, there has been steady advancement of philosophical practice in the States and abroad. But the need for philosophers and psychologists to work together has never been more important than it is now. For, as both psychological practice and philosophical counseling continue to expand, we, the editors, firmly believe that there is much that each can learn from the other. The aim here is therefore not to establish turfs, but rather to increase the efficacy of available means to help people confront their problems of living and/or improve their quality of life.

In the end, the success of our venture will be determined by how much constructive interdisciplinary and cross-disciplinary debate this volume helps to generate among and between philosophers and psychologists, both those who practice and those who do not.

Elliot D. Cohen, Ph.D.
Samuel Zinaich, Jr., Ph.D.

ACKNOWLEDGEMENTS

INTRODUCTION

The idea of going to a philosopher for counseling on problems of living would have seemed quite extraordinary in the first half of the 20th Century when philosophers, especially in the United States and Great Britain, attempted to confine the role of philosophy to linguistic analysis. According to this linguistic bent, the role of the philosopher was not to solve the moral, social, personal, and political problems people confronted in everyday life but instead to analyze the language in terms of which such concerns were framed (for example, "good," "bad," "ought," "ought not" etc.). This rather sterile approach to the practice of philosophy gave credence to the idea that philosophy could bake no bread; and the idea that philosophy could help improve a rocky marriage or help someone suffering from depression attain a life-affirming outlook has, indeed, been slow coming.

Beginning in the 1960s, some philosophers began to look more favorably on the possibility that philosophy could provide guidance in managing the affairs of life. Nowhere was this more apparent than in the gradual proliferation of literature in applied ethics to match a steadily evolving stock of course offerings at colleges and universities that were relevant to the changing social, political, technological, and moral landscape. As a result of this applied movement in ethics, we now find philosophers writing and teaching about such cutting edge matters as cyber ethics, cloning, genetic engineering, nanotechnology, robotic warfare, and a variety of other contemporary challenges. In addition, the burgeoning area of professional ethics has provided philosophers with a forum in medicine, law, engineering, journalism, business, human services, and a host of other professional areas. Despite this forward moving thrust in applied and professional ethics, the idea that philosophy should keep its nose out of praxis and the mundane affairs of life still has many protractors in the philosophical community. Many philosophers today still believe that applied philosophy, by virtue of diluting pure conceptual analysis with the contingent facts of everyday life, is an inferior strain of philosophy.

One area where this rejection of philosophical praxis has especially been true is with respect to the relationship between psychology, psychotherapy, and philosophy. Indeed, although no one acquainted with

the history of philosophy would deny that psychology has had its start in philosophy, it is still a commonly held belief among philosophers that, with the evolving empirical side of psychology and psychotherapy, these disciplines must be regarded as distinct and independent of philosophy, and that there is no legitimate role for philosophers in providing psychological counseling or therapy. Yet, despite this separation, there has been a steadily increasing minority of philosophers who have taken what appears to be the next step in the progressive movement to make philosophy more relevant to life, namely, the interfacing of philosophy with counseling and psychotherapy.

On the one hand, there are a number of philosophers who contemplate the role of philosophy in helping people to solve problems of living, but who still believe that the ways of psychological practice must be kept separate from the ways of philosophical practice. According to this view, philosophical counseling is still sui generis and distinct from its psychological counterpart. In contrast, there are other philosophers—for example, Elliot D. Cohen and Jon Mills—who believe that there are reciprocal and interdependent, mutually supportive roles that philosophy, counseling, and psychotherapy can play in the practice of philosophical counseling. Indeed, these philosophers would argue that it is of the utmost importance that these philosophical and psychological practitioners and theorists work cooperatively to build the literature of philosophical counseling. On this view, inasmuch as there are important contributions that philosophers can make to psychotherapy, the converse is also true.

No doubt, the theoretical underpinnings of psychotherapy present an enthralling interest to many philosophers. However, for those philosophers interested in philosophical counseling or practice, the interest in psychotherapy and counseling is not just theoretically oriented. All or most philosophers who practice philosophical counseling agree that the philosophical training they received can serve as the basis, or at least an essential part of becoming a philosophical counselor. For example, they make clear that even a cursory reading of the history of philosophy reveals a similar commitment. Authors from the Ancients to the Moderns all perceived, in some shape or another, that their efforts could impact the happiness of the human race. Of course, because of this fact, it is not uncommon to see contemporary philosophical counselors unearth passages from the history of philosophy in counseling sessions.

Some philosophers who aspire to be counselors add to their philosophical education some sort of psychotherapy modality. This additional training may come in different forms. For example, in some cases, philosophers, with unflinching determination, return to graduate school and procure a

degree from an institution qualified to grant mental health degrees. In fact, in some cases, to work with clients in a professional mental health setting, it is only necessary to finish successfully a Master of Arts in a degree granting University program.[1] Others take advantage of certification programs. These programs often vary in the length of time and intensity. For example, the National Philosophical Counseling Association (NPCA)—in conjunction with the Institute of Critical Thinking—offers an intensive six-week course in Logic-Based Therapy to train individuals with graduate degrees in philosophy or mental health counseling. Other programs typically offer training over a two-day period. In any case, at the end of the training period, the successful trainee will be given a diploma spelling out the certification and, in some cases, the level of certification.

There are benefits and drawbacks to certification. Benefits include learning about the dynamics of a counseling session. Trainees can gain supervised experience in counseling others as well as in being counseled themselves, thereby gaining perspective from both sides of the counselor-client relationship. Moreover, certification benefits clients as well by providing some assurance that the philosophical counselor has received counseling training in addition to his or her academic credentials in philosophy. Additionally, certification can address some concerns the client may have about accountability. This means that the client understands that the philosophical counselor is associated with and accountable to a certifying group (a professional association), and, as such, obligated to follow a set of professional codes, which guide the conduct of the counselor.

The drawbacks point to the respect that philosophical counselors often do not receive. Although certification in philosophical counseling can address certain problems, it does not provide state licensure, which, in contrast, is generally required for mental health practice. For some, this has raised the issue as to whether philosophical counselors should also be licensed. Again, it is understandable to want the recognition that comes with licensure. Philosophical counseling may appear to be more "legitimate," and thus command the respect that other licensed occupations possess. As many advocates of licensure also make clear, licensed philosophical counselors would be able to charge higher fees for service and bill insurance agencies for their services as well. Nevertheless, although respect, billable hours, and standards make a good case for licensure, it is still not clear whether such a move is desirable. If philosophical counselors were licensed by the state, the prospect of losing autonomy over practice seems inevitable. In other words, there would likely be greater uniformity in how philosophical counselors could

practice, for example, regulations on training and thus on what sort of modalities they could use.

The question of modalities is certainly an important issue. Currently, as the diverse perspectives included in this volume demonstrate, there is much controversy about the nature and purpose/s of philosophical counseling. This has, in many respects, left the issue an open question. Moreover, it has led to the impression that all philosophical counseling modalities are on an equal footing. Undoubtedly, this lack of convergence is viewed with a jaundiced eye by other professions. But it also raises a more serious issue of what does and does not count as competent philosophical practice. Again, such a question exasperates some beyond expression: "How dare you raise such a question! No one has the right to say whose method is better than the other!" For some philosophers, such attempts at regulating philosophical practice threaten to undermine the very essence of philosophical investigation, which must remain free from external constraints and interference.

Nevertheless, such a question is also exceedingly tantalizing. Indeed, only certain methods of science are respectable, only certain forms of medical therapy are appropriate methods for patient health care, only certain health standards for growing or handling food are acceptable and so forth. No one would deny the need for such standards. So why does this not also hold for philosophical counseling? Of course, the same question could be asked about psychotherapy. Currently, the American Psychological Association (APA) officially recognizes over 400 different psychotherapy modalities. Such a number is built on a generous scale. That said, even though the APA is kindly disposed toward what counts as an official psychotherapy, it has led some critics to distrust the APA and others to reject traditional psychotherapies altogether. Whether such indictments have a foundation in fact or not, will not be debated in this anthology. Nevertheless, philosophical counselors shouldn't be surprised when licensed psychotherapists spell out their incredulous viewpoint concerning philosophical counseling in an unpleasant passage of words.

As far as we can tell, no one seems to be in position to say with authority, one way or another, what counts as good philosophical practice. Of course, this is not to say that the issue hasn't emerged or been addressed. It has, and the debate is reflected in the numerous peer-reviewed journal articles. Still, there doesn't appear to be any convergence about this debate. As in all other quarters of philosophy, there are good arguments but no resolution. This may well be due to the very open-ended nature of philosophy itself.

If anything remotely resembles a convergence of opinion about good philosophical practice, the following two issues seem singularly appropriate to mention. First, there appears to be an agreement among most philosophical practitioners about what method *not* to use. That is, most agree that philosophical counselors should not use a psychotherapeutic modality unless they have been trained to do so. The insight behind this view seems reasonable: without the proper training, the probability of harming the client is considerable. The other issue follows on the heels of the first issue, namely, a philosophical practitioner should not use any version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM), the system of diagnosing a variety of mental illnesses. Again, the argument for this claim appears to be reasonable (with certain possible qualifications, as discussed by Samuel Zinaich in Part 3 of this volume). The DSM, while written in a way that any intelligent person may understand, is still a complicated text with many qualifications and exceptions. Additionally, there is an aspect of diagnosis that requires professional training and experience in order to determine the causal relationships between the physical events that take place in the environment and the psychological status of the client. Yet again, the potential to harm the client ought to be taken seriously in including diagnosis (as based on the DSM) as part of their philosophical practice. However, as argued by Shlomit Schuster in this volume, there are other senses of the term "diagnosis," such as "philosophical self-diagnosis," that may be appropriately included in philosophical counseling.

As indicated above, one further qualification should be mentioned about diagnosis. Individuals interested in philosophical counseling come to philosophers for a variety of reasons. Often, dissatisfied with traditional psychotherapy methods, an individual will approach a philosophical counselor seeking a different approach to his or her difficulties. This raises a unique problem. Philosophical practitioners are put in the unenviable position of deciding whether to accept the client or not. But why is that a problem?

The answer is that often times the philosophical counselor may not be qualified to deal with the client's problems. This is because to do so means the philosophical counselor must be able to recognize certain symptoms to know when she isn't qualified. But here's the upshot. How does a philosophical practitioner do this without engaging, in a limited sense, in the process of diagnosing? Of course, sometimes the issues a client has are obvious. If a woman, who has been brutally raped, seeks counseling from a philosophical counselor, it is in everybody's interest to send her to someone who specializes in helping women with this issue. Or

another obvious problem may occur if a client comes in with detailed plans to kill himself. In either case, the practitioner may correctly realize that a licensed therapist may be more appropriate.

This said, there are other problems a client might have which are not so obvious. Certainly, many times a client may bring his diagnosis with him; that may alleviate some of the guesswork. In such cases, the practitioner can decide whether he is qualified to take the individual as a client. But what if there isn't anything to go on? Without knowing something about the symptoms of mental health illnesses, a well-intentioned philosophical practitioner may jump into the counseling waters only to discover that he is over his head or, to his dismay, he may actually recognize that his therapeutic methods may actually be harming the client instead of helping. Although, there appears to be no easy solution to this issue, the following explanation may circumvent the problem.

It should be of no surprise that the problem above turns upon the notion of therapy and the therapeutic goals that all counselors share, viz., to improve, in some sense, the life of the client. Of course, whether the goal is happiness or autonomy is beside the point. The issue is that philosophical practitioners, like licensed psychologists, set therapeutic goals for their clients. It only seems natural for a philosophical counselor to do so and then to use a psychotherapeutic modality to achieve that end. Yet again, without the training that licensed mental health workers receive in graduate school and through continuing education seminars, the well-intended philosophical counselor my cause adverse or undesirable side effects.

But perhaps the solution is clearer now. Specifically, the way to solve this problem is to avoid setting any therapeutic goals and avoid using any psychological modality. Rather, on this way of thinking, the philosophical counselor should use only the cognitive tools she possesses, namely, the skills of conceptual analysis and critical thinking. Thus, in a counseling situation, a philosophical practitioner's goal will be to help the client think more critically and clearly about the client's issues. In other words, a session with a philosophical counselor will be just like the kind of conversation a philosophy professor has every day with her students.

Although this proposal may meet with some approbation, two problems emerge. First, because of the close connection between beliefs and emotions, a conversation with a philosophical practitioner, will, in many cases, naturally produce a therapeutic effect. For example, if a client reports that she is profoundly unhappy because she is a bad wife (a view promulgated by her spouse), she will naturally feel better about herself when she realizes that she is not a bad wife. In fact, she may even regain a sense of her own autonomous self-concept. Thus, consciously avoiding a

therapeutic goal in philosophical counseling overlooks the benefits of sound philosophical thinking. Second, disavowing oneself from a therapeutic goal may confuse a client in a number of ways. For instance, it may strike a client as profoundly odd if the philosophical counselor admitted that his goal is not to make the client happy, but only to clarify his thinking. Additionally, it doesn't take a stretch of the imagination to see that such an admission may backfire and leave the client wondering about the viability of seeking help from a philosophical counselor. Why go to a philosophical counselor then if the counselor isn't there to help enhance the happiness of the life of the client?

Despite the problems philosophical counselors face, the movement itself remains unimpeded. An increasing number of philosophers are seeking certification from credentialing associations and setting up practices here in the United States and elsewhere. For example, associations and practitioners may now be found in Canada, Germany, Netherlands, Norway, Israeli, England, Ireland, Finland, Italy, Greece, Taiwan, Australia, Spain, South Africa, Brazil, Portugal, and Korea. While all countries have regulations that direct the paradigmatic professionals in general, philosophical counselors in the United States face a great inertia that other practitioners in other countries do not. Three are worth mentioning.

First, unlike other countries, the mental health industry in the United States possesses a monopoly over who can and who cannot provide mental health services. So, unless a philosopher acquires a degree from an accredited mental health program, certified philosophical counselors must remain on the sidelines, so to speak, waiting to help clients who didn't respond to the traditional therapeutic methods.

Second, the biggest adversary the philosophical counseling movement faces is from the mental health industry itself. The majority of mental health workers (although certainly not all) feel very disconcerted when they hear about a philosopher providing something akin to mental health services. Their reaction is similar to women filling occupations traditionally held by males. In some case, males become hostile to women when they feel their turf is at risk. In a similar fashion, psychologists become hostile toward philosophers because they see it as an unjustified encroachment on their territory.

Third, philosophical counselors also face the general population who are skeptical or simply ignorant of such counselors. One explanation of the distrust points to the censorious attitude by the mental health industry toward any sort of alternative psychotherapies outside their purview. In many ways, philosophical counselors are no better than homeopathic practitioners. The ignorance of the efforts of philosophical counselors may

be explained by simply pointing to the fact that the average individual, who hasn't been to college, just isn't aware of what goes on in academic environments. Another explanation, and certainly consistent with the last one, turns on the fact that most people are too afraid or ashamed to seek any kind of help when it comes to mental health issues. These and other issues will be discussed in this anthology.

In order to enhance and clarify the topics in philosophical counseling, we have assembled the papers of a variety of authors whose views are well-known in the field of philosophical counseling. It should also be noted that several of the authors are also counselors in their own philosophical practice seeing clients on a regular basis. Thus, not only do the authors represent top academic efforts concerning philosophical counseling, many of the author's viewpoints have been tested in the trenches of philosophical practice.

To facilitate the discussion, we have broken the anthology up into three sections. Part 1 is dedicated to some of the most basic and introductory issues in philosophical counseling. Our first article written by Roger Paden makes clear that philosophical counseling is in a "pre-paradigm" period in search of a unifying definition. Our next author, Sara Waller, explores the familiar relationship between beliefs and emotions, a relationship assumed to exist in most, if not all, cognitive approaches to psychotherapy and philosophical counseling. Waller takes up the age-old problem of the dichotomy between emotion and reason. Following Waller, Lydia B. Amir draws our attention to an important and neglected topic, namely, that philosophical counselors have failed to consider three underlying assumptions brought to the counseling context, which she argues are very questionable and in need of empirical support. After that, Ben Mijuskovic raises the important matter of whether a theory of consciousness makes any difference when it comes to therapy. Mijuskovic persuasively argues that it does and he spells out the implications this has for different approaches to therapy in their management of major human challenges, in particular, that of coping with loneliness. In the last chapter of Part 1, James S. Taylor advances the view that philosophical counselors need not worry about the complaint that philosophical counseling is not real philosophy. He argues that some of the methods used in philosophical counseling contexts are the same ones used in academic philosophy.

Part 2 is dedicated to introducing the various approaches philosophical counselors have developed. Such a discussion is important for several reasons. First, like the psychological industry, it is important to make clear that philosophical counselors represent a wide-variety of approaches to philosophically-based counseling. No doubt, our list of authors represents a small sampling of the different methods developed and used by

philosophers. Nevertheless, we maintain that, even though our selection of authors is small relative to the number of different philosophical approaches to counseling, each author represents a unique approach to, and makes a significant contribution to, the growing literature and modalities dedicated to philosophical practice. A persistent theme in Part 2 of this volume and throughout the other two parts is the question of how philosophical and psychological counseling are related, that is, their similarities and differences; and, how each approach represents a deeply intuitive grasp of what is important in a counseling situation. Indeed, what Part 2 of this volume provides is not merely alternatives to the traditional psychological modalities; on the contrary, it represents a trenchant movement designed to encourage psychological counselors to also think deeply about the importance of philosophical counseling in relation to their own goals and projects.

At the start of Part 2, Ran Lahav develops the notion of a "perimetral worldview." According to Lahav, each person possesses a worldview, and, as such, it represents a person's view of life (although, as Lahav makes clear, it is rarely expressed in words). Nevertheless, it explains why people act and (habitually) react the way they do. That said, reminiscent of Russell's instinctual person, Lahav also makes clear that because worldviews have "perimeters," the worldviews limit an individual often to a narrow view of life with, unfortunate, deleterious consequences. Next, Jon Mills argues, among other things, that philosophical counseling needs to embrace a philosophically eclectic "philo-psychological" paradigm, which is comprised of both philosophical and psychological tools, which also includes alternative philosophical approaches. Following Mills, Elliot D. Cohen discusses his theory of Logic-Based Therapy (LBT), a form of philosophical counseling rooted in the psychotherapeutic approach known as Rational-Emotive Behavior (REBT). LBT holds that human beings largely create their own emotional and behavioral problems by deducing self-defeating and destructive behavioral and emotional conclusions from irrational premises. Following Cohen, Shlomit C. Schuster, a full-time practicing philosophical counselor in Israel, discusses the need for a "non-clinical" approach to philosophical counseling, contrasting it with psychotherapy. Drawing on the work of Martin Buber, Maria daVenza Tillmanns next develops a counseling perspective that emphasizes the counselor's need to understand the "I-Thou" perspective (in contrast to the "I-It" viewpoint)—an outlook which attempts to bridge the gap and restore trust between the *I* of the counselor and the *otherness* of the client. Part 2 concludes with Bryan T. Reuther, who combines Carl Roger's "reflections of feelings" and Martin Heidegger's notion of "moods" in order to clarify

the client's emotional life. The counselor's job, so to speak, focuses on elucidating the client's moods, emotions and feelings within a "here-and-now" context in order to understand how he or she functions in everyday life.

Part 3 of this volume is on applied issues in philosophical counseling, that is, practical issues that arise in the context of philosophical counseling. While there are many such issues that could be broached, this volume discusses three: the use of Stoic philosophy in philosophical and psychological counseling; the issue of whether or to what extent philosophical counselors should diagnose counselees; and, whether philosophical counselors should be licensed. These practical issues were selected because, in keeping with the theme of this volume, they raise instructive questions about the relationship between philosophy, counseling and psychotherapy. In the first chapter of Part 3, William Ferraiolo draws on ancient Stoic philosophy, especially that of Epictetus, in trying to show how it can be used to successfully treat anxiety in philosophical counseling. Expanding upon Ferraiolo's discussion of Stoicism, psychologist Bill Knaus then shows how Albert Ellis' psychotherapy of REBT utilizes the insights of Epictetus in treating anxiety, angst, procrastination, and related cognitive, behavioral, and emotional problems. Next, Peter B. Raabe offers a case study to try to show that unhappiness is not a diagnosable brain disorder, treatable with medication, but instead a propositional state of mind that can more properly be addressed with philosophical counseling. Following Raabe, Samuel Zinaich, Jr. examines Raabe's position against diagnosing mental illness in philosophical counseling, and raises the question of whether diagnosis should be a part of a philosophical practice. Employing the notion of a "culturally recognizable mental illnesses," he argues that a limited form of diagnosis is permissible as well as needed. Responding to this issue of diagnosis in philosophical counseling, Elliot D. Cohen applies his Logic-Based (LBT) approach in attempting to show that perfectionistic thinking can be symptomatic of the *DSM's* categories of Generalized Anxiety Disorder and Major Depression. Finally, Michael Davis attempts to answer the question of whether licensure is necessary in order for philosophical counseling to be considered a profession. Davis also explores what he takes to be the advantages (and disadvantages) of licensing, registration, and certification for philosophical counselors.

In the tri-partite division of this volume, we, the editors, have attempted to respond to some of the most persistent and important conceptual, procedural, and practical questions raised by the growing movement of philosophical counseling. While the perspectives included

herein are hardly inclusive of all issues raised by this movement, they are intended to stimulate future thought among philosophical counselors, philosophers, mental health practitioners, and students of their respective disciplines. The editors firmly believe that it is only through such an interdisciplinary approach, one in which philosophers as well as psychologist and other mental health scholars and practitioners share their ideas, that these disciplines will synergistically expand their horizons. We respectfully hope that this volume provides such a helpful forum for stimulating further discussion for now and future generations to come.

Contributors

Roger Padin received his Ph.D. in Philosophy from the University of Illinois, and is currently Associate Professor of Philosophy at George Mason University. He specializes, among other things, in political philosophy, urban planning, and recently published a book on Wittgenstein, Architecture, and Virtue.

Sara Waller is an Associate Professor at California State University, Dominguez Hills. She received her Ph.D. in 1999 from Loyola University Chicago, and specialized in semantics and philosophy of mind. Her current research is in philosophy of mind, and includes philosophical questions about psychometrics, meaning attribution and radical translation.

Lydia B. Amir is a professor of philosophy, and head of Humanistic Studies at The School of Media Studies, The College of Management, in Tel-Aviv, Israel. The author of "Humor as a Virtue: Pride, Humility and Humiliation," she is also in private philosophical practice.

Ben Mijuskovic received his Ph.D. in Philosophy from the University of California at San Diego and his M. A. in Literature from the same institution. He is also a Licensed Clinical Social Worker. Currently he is an Associate Professor of Philosophy at California State University at Dominguez Hills.

James Stacey Taylor is a graduate of St. Andrews University, Scotland, and Bowling Green State University. He is currently an Associate Professor of Philosophy at The College of New Jersey, where his research focuses on personal autonomy and applied ethics.

Ran Lahav received his Ph.D. in philosophy and M.A. in Psychology in 1989 from the University of Michigan. He now lives in rural Vermont, where he teaches courses at Johnson State College in psychology and philosophy, dealing with philosophical counseling and other topics. He regularly gives workshops on philosophical practice around the world. He has also published two novels in Hebrew, two books on philosophical practice in Italian, and more than 25 professional articles.

Jon Mills, Psy.D., Ph.D. is a philosopher, psychologist, and Fulbright scholar. He is an Associate with The Research Institute at Lakeridge Health, a Staff Psychologist in the Mental Health Program, Lakeridge Health Corporation Oshawa, and on Core Faculty at the Adler School of Professional Psychology, Toronto.

Elliot D. Cohen received his Ph.D. from Brown University. He is President of the Institute of Critical Thinking: National Center for Logic-Based Therapy, Executive Director of the National Philosophical Counseling Association (NPCA), and Professor of Philosophy and the Chair of the Humanities Department at Indian River State College in Fort Pierce, FL. Cohen is also the Editor-in-Chief and founder of the *International Journal of Applied Philosophy* and Co-Editor of the *International Journal of Philosophical Practice*.

Shlomit C. Schuster is a practicing philosophical counselor, who resides in Israel. She has written several scholarly articles on philosophical counseling and is the author of *Philosophy Practice: An Alternative to Counseling and Psychotherapy* and *The Philosopher's Autobiography: A Qualitative Study*.

Maria daVenza Tillmanns is a part-time Lecturer at the University of California, San Diego, and part-time Field Representative for the Professional Union for Non-tenure track faculty and Librarians at UCSD. She is past President of ASPCP (the American Society for Philosophy, Counseling and Psychotherapy).

Bryan T. Reuther, Psy.D., is the Chief Postdoctoral Resident in Clinical Psychology at the Psychology Services Center located in the Center for Psychological Studies and the Institute for the Study of Human Service, Health, and Justice at Nova Southeastern University, Fort Lauderdale, FL, and he is Adjunct Instructor in Psychology and Human Services at Indian River State College, Fort Pierce, FL.

William Ferraiolo received his Ph.D. in philosophy from the University of Oklahoma in 1997, and he has been a philosophy instructor at San Joaquin Delta College in Stockton, CA since 1997. He has published many articles, and has a deep interest in the philosophy of mind, ethics, Stoic philosophy and philosophical counseling.

Bill Knaus is a licensed clinical psychologist and former psychology professor. He is known for his work in the cognitive revolution in psychotherapy and as one of the original directors of post-doctoral training in Rational Emotive Behavioral Therapy (REBT) where he was the architect of postgraduate training programs, numerous public education workshops, and The Living School curriculum.

Peter B. Raabe teaches philosophy at Simon Fraser University and Langara College in Vancouver, Canada. He has a private practice in philosophical counseling in North Vancouver, and is the author of the book *Philosophical Counseling: Theory and Practice.*

Samuel Zinaich, Jr., received his Ph.D. from Bowling Green State University in 1997. He is currently an Associate Professor of Philosophy at Purdue University Calumet in Hammond, IN. He is also the Associate Director of the National Philosophical Counseling Association (NPCA), and a Fellow and Trainer at the Institute for Critical Thinking, the national headquarters for Logic-Based Therapy (LBT).

Michael Davis is Professor of Philosophy and Fellow at the Center for the Study of Ethics in the Professions at the Illinois Institute of Technology, Chicago, IL. He is the author of numerous books and articles, and he received his Ph.D. in philosophy from the University of Michigan in 1972.

Notes

[1] For licensure most states do require the successful completion of an examination.

PART ONE

THE NATURE AND VALUE
OF PHILOSOPHICAL COUNSELING

CHAPTER ONE

DEFINING PHILOSOPHICAL COUNSELING

ROGER PADEN

OVERVIEW: According to Thomas Kuhn a new scientific discipline comes into existence when a group of scientists adopt a common paradigm within which to conduct research. The adoption of this paradigm helps the groups' members to adopt similar methods and aims thus allowing the discipline to advance rapidly. In this chapter, following the lead of Kuhn, philosopher Roger Paden argues that philosophical counseling is in a "pre-paradigm" period and in need of a paradigm-centered definition if it is to develop an identity and advance rapidly. Paden accordingly attempts to provide such a definition though an examination of the related fields of psychotherapy and pastoral counseling.

According to Thomas Kuhn a new scientific discipline comes into existence when a group of scientists adopts a common paradigm within which to conduct research.[1] The adoption of this paradigm serves to focus the attention of the group's members on the now-common explanatory task-at-hand and leads them to adopt similar methods and aims, thus making possible the standard puzzle-solving activities that constitute a normal science. However, Kuhn argues, in pre-paradigm periods and during revolutionary phases, scientists rightfully do not engage in such single-minded paradigm-determined puzzle-solving behavior, as the paradigm itself is put into question. Instead, during these periods, they become at least partially self-reflective in that they become interested in understanding the nature of their discipline and its relationships to other disciplines. Often, they turn to the study of philosophy for insight.[2] More importantly, during these periods, scientists spend a large amount of time writing manifestoes, forming new societies, and naming new sciences, in an attempt to define or redefine their field.

Some of these new sciences are the single successors of older "parent" sciences, while others are wholly new. Still others, "like biochemistry... [arise] by division and recombination of specialties already matured."[3] Kuhn argues, that in these last cases, the "reception of a new paradigm often necessitates a redefinition of the...[related sciences in which] some old problems may be relegated to another [existing] science...[while others might even be] declared entirely 'unscientific.'"[4] Stephen Toulmin has described this kind of development of a new science out of other more mature disciplines in evolutionary terms, arguing that like new species and new cultures, new sciences require some degree of isolation in order to develop their own specific identity.[5] Kuhn himself agrees.

Of course, Kuhn applies this analysis to the sciences, although at times he seems willing to apply it to other kinds of intellectual disciplines, and even to painting.[6] In this essay, I will apply Kuhn's insights to philosophical counseling. This form of counseling, is a relatively new discipline, still unsure of its identity, its aims and methods, and its conceptual and legal relationship to other related disciplines.[7] Its modern beginnings are often traced back to Gerd Achenbach, who established the first modern philosophical practice outside of Koln, Germany in 1981. However, some have connected this modern practice to the work of a variety of philosophers in ancient Greece, such as the Cynics, the Stoics, and even to Socrates himself. Currently, philosophical counselors are working with both individual and institutional clients; they are using techniques inspired by a variety of philosophical approaches, as well as by practical experience;[8] and, they are slowly developing the beginnings of the professional structure necessary if such a discipline is to survive and flourish in our complex—not to mention litigious—society. Despite these advances, however, I would argue that this discipline still lacks a settled paradigm; and this, I believe, hampers its development. In this essay, I hope to make some remarks that will aid in the establishment of such a paradigm. My remarks will be aimed at what, for Kuhn, is a central task of the pre-paradigm period, that of developing a definition of the discipline—a definition which can, according to Toulmin, help conceptually isolate a new discipline from its closest relatives. If the analogy between scientific and therapeutic disciplines holds, such a definition would be useful in helping to establish a paradigm for the discipline and in the more important practical tasks of establishing aims, developing methods, and carving out a professional niche for the discipline.

In my approach to this project, I will follow the lead of both Socrates and Aristotle. In a Socratic mood, I will ask for the proper "philosophical definition" of philosophical counseling, one that, by "cutting at the joints,"

will properly separate philosophical counseling from other, closely related disciplines. In an Aristotelian mood, I will assume that such a definition should be cast in terms of both the genus to which this activity belongs and the essential characteristic which distinguishes philosophical counseling from its closest cousins. To simplify my task, I will make several other assumptions. I will begin with a widely-shared assumption—one that I hope to justify later in this essay—that philosophical counseling is a member of a broader class of disciplines widely referred to as "the helping professions." I will assume that the helping professions seek to help their clients solve their "life-problems;" that is, with those problems which result in general "inabilities to work, care for one's self, be around people, or engage in long term relationships."[9] Given this assumption, it follows that the two professions most closely related to philosophical counseling are psychotherapy (including both "traditional" psychotherapy and humanistic psychotherapy) and pastoral counseling. These assumptions greatly simplify the task at hand, in that, with them, all that needs to be done in order to define philosophical counseling is to define the somewhat more limited class that includes these three professions, and then to distinguish philosophical counseling from the other two—and from "traditional" philosophy, as well. Unfortunately, however, this is not as easy as it might seem, for both psychotherapy and pastoral counseling are themselves notoriously hard to define.

Traditional Psychotherapy

The difficulty in defining traditional psychotherapy arises from the fact that there exist a variety of different kinds of psychotherapies each with its own assumptions, methods, and aims. I would suggest, however, that a look at the history of psychotherapy might bring some order to this apparent chaos.

Psychotherapy developed within the context of a relatively successful medical profession that was itself, during the closing years of the nineteenth century, beginning to base its treatments on a scientific understanding of the person. As a result, traditional psychotherapy modeled itself on the practice of medicine, taking as its task the causal or "scientific" explanation of "mental illness" and its medical treatment. According to this view, scientific explanations of mental illness are to be cast in terms of causal psychological laws and these laws, in turn, are to be discovered through a kind of empirical research similar in almost all-important respects to the empirical research of other sciences. Furthermore, the treatment of the diseases uncovered by this scientific effort is to be based on what might be called the "medical model"

of pathology, according to which the role of the doctor (or the psychotherapist) is to help maintain or restore the health of his or her patients.[10]

Obviously, on this model, the concepts of "disease" and "health" play a central role in defining the goals and practices of psychotherapy. "Disease," according to a widely-shared analysis first formalized by Charles Culver and Bernard Gert, is a member of a wider class of "maladies;" a class which also includes injuries, disabilities, and even death itself. What is common to all these maladies is that they are viewed as a particular type of "evil," distinguished by the fact that they cause a "loss of capacity," which may be accompanied by pain and/or a risk to life itself.[11] If this is the case, then maladies must be understood against such background concepts as "health" or "normal functioning," where these concepts are given content by reference to both statistical normality and to some quasi-Aristotelian notion of human functioning. "Diseases," therefore, are conditions located in some way "inside" the organism, which prevent it from functioning in a way that is normal to its species. On the medical model, therefore, medical practices—including psychotherapy—are thought to be "normalizing disciplines" that seek to help return the individual to a "normal state of health." This is done by fighting disease, which in turn is accomplished by removing those internal obstacles that prevent the individual from operating above some lower limit that partially defines normal functioning.[12]

It might be best to formulate a definition of traditional psychotherapy in terms of this early history. In effect the definition developed by Philip Cushman does just this:

> Above all, the common thread uniting all these historical eras and their psychological theories is the concept of the psychotherapist as a doctor of the *interior*. This is true not only for psychodynamic theories but also for post-World War II era modalities as theoretically diverse as...self-psychology and cognitive psychology. Psychotherapists shape, maintain, and heal the realm of the private that the modern era has located within each self-contained individual.[13]

Traditional psychotherapy, that is to say, seeks to cure the psychological maladies clients present by removing their internal causes, thereby allowing the individual to function at a social acceptable "normal" level.

Humanistic Psychotherapy

During the middle part of this century, this widely shared understanding of

the nature of psychotherapy was attacked from two sides. On one side, Thomas Szasz and the "radical psychology" movement generally-attacked the idea of a mental *illness.* This attack had many facets. One of the most effective was its assault on the idea of "normality."[14] According to Szasz, "normality" is socially defined and, therefore, socially relative. Moreover, it is an essentially normative or value-laden concept that names no objective condition. Instead, it refers to a diverse set of behaviors, grouped together by the dominant society that is interested only in the production of wealth and the preservation of social order. Therefore, Szasz argued, the idea of mental illness falsely reifies "deviation"—that is, the failure to meet minimal social standards—and often leads to the gross mistreatment, even "oppression," of those labeled as mentally ill. Therefore, Szasz argued, this idea of "an illness of the mind" should be discarded entirely.[15] On the other side, behaviorists attacked the idea of *mental* illness, arguing on both philosophical and observational grounds that the real precipitating and maintaining causes of all psychological disorders are to be found outside the individual entirely. This line of attack led to an interest in pathogenic situations, rather than in the individual's mental processes, leading to the idea that "mental illness" should be "treated" by modifying the social environment. Pathological behavior, on this view, is only a symptom of pathogenic social situations, and that behavior should be the focus of treatment only if the situation itself cannot be altered.

    Together, these lines of attack led to a decline in the influence of the medical model which, in turn, paved the way for a number of developments, including the development of what came to be known as "humanistic psychotherapy." What distinguished this type of therapy was, first, its rejection of the medical model's exclusive focus on "disease." Instead of focusing only on overcoming disability and helping to maintain some "homeostatic" healthy state, humanistic psychology also explored the possibility of extending human abilities or "potential."[16] Indeed, beginning with Maslow, many humanistic psychologists argued that each human being possessed an internal drive moving him or her toward self-actualization and self-transcendence.[17] The second distinguishing feature of this movement was its focus on "reflective consciousness" rather than on unconscious processes. In describing humanistic psychotherapy, W. C. Tageson argued "whatever terminology is preferred, all [humanistic psychologists] seem agreed on the inescapable uniqueness of human consciousness and on the importance of understanding [the client's] perception of reality if we are ever to understand his or her behavior."[18] As a result of these ideas, humanistic psychotherapists adopted, what Carl Rogers has termed, a "client-centered" (or "person-centered") approach to