Pyrrhonian reflections: A sceptical inquiry into Philosophical Counselling

by Jaco Louw

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Supervisor: Dr Dirk Jakobus Louw
Co-supervisor: Prof H.L. (Louise) du Toit

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DECLARATION

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ABSTRACT

Philosophical counselling is generally understood as the discussion or resolution of everyday problems with the help of philosophy. However, few agree on this definition. This leads to a crisis of definition for philosophical counselling which in turn causes practical problems regarding, inter alia, the teaching of future philosophical counsellors, the question of method, and the potential scope of philosophical counselling.

I identify in this study a prevalent therapeutic thesis on the nature of philosophical counselling which ties together some of the more popular conceptions of philosophical counselling. This thesis predominates when philosophical counsellors focus on the counselling part and neglect the philosophical part of philosophical counselling. This stance keeps philosophical counselling firmly contained within a medico-therapeutic framework. In opposition to this predominant view, I propose a reconceptualisation of philosophical counselling which does *not* subscribe to the therapeutic thesis and by implication works *outside* of a medical framework.

More specifically, in fleshing out my non-therapeutic understanding of philosophical counselling, I propose twelve context-dependent conditions of philosophical counselling by drawing on a Pyrrhonian disposition and also on examples of philosophical counsellors who begin to work outside of the medico-therapeutic framework. I argue that these conditions should be met for philosophical counselling to stay firmly within the realm of philosophy as an aim in itself, thereby remaining true to its origin and basic orientation, and drawing on its innate strengths.

With this fundamental reconceptualisation and the accompanying twelve context-dependent conditions, I propose a novel account of philosophical counselling which (i) does not subscribe to the therapeutic thesis, (ii) gives a novel answer to the problem of educating future philosophical counsellors, and (iii) has a clear scope of potential counselees.

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OPSOMMING

Filosofiese berading word in die algemeen verstaan as die bespreking of oplossing van alledaagse probleme met behulp van filosofie. Min stem egter saam oor hierdie definisie. Dit lei na ʼn soort krisis van definisie oor wat filosofiese berading is, wat op sy beurt praktiese probleme veroorsaak ten opsigte van, onder andere, die onderrig van toekomstige filosofiese beraders, die vraag na metode en die potensiële omvang van filosofiese berading.

In hierdie studie identifiseer ek ʼn terapeutiese tese oor die aard van filosofiese berading wat sommige van die meer populêre konsepsies van filosofiese berading bymekaar laat aansluit. Hierdie tese kom die duidelikste na vore waar die filosofiese beraders fokus op die berading-komponent in filosofiese berading en die filosofie-komponent daarvan afskeep. Hierdie benadering plaas filosofiese berading binne ʼn medies-terapeutiese raamwerk. In teenstelling met hierdie oorheersende siening, stel ek ʼn herkonseptualisering van filosofiese berading voor wat nie die terapeutiese tese ondersteun nie en by implikasie buite ʼn mediese raamwerk funksioneer.

Meer spesifiek, in die uitbreiding van die nie-terapeutiese verstaan van filosofiese berading, stel ek twaalf konteks-afhanklike voorwaardes voor wat gebaseer is op ʼn Pyrrhonistiese ingesteldheid en op die werk van filosofiese beraders wat buite die mediese-terapeutiese raamwerk funksioneer. Ek hou voor dat daar aan hierdie voorwaardes voldoen moet word om filosofiese berading binne die gebied van filosofie as ʼn doel in sigself te hou, om sodoende getrou te bly aan die oorsprong en basiese oriëntasie van filosofie, en om die inherente sterk punte daarvan te benut.

Met hierdie fundamentele herkonseptualisering en die gepaardgaande twaalf konteks-afhanklike voorwaardes, stel ek ʼn nuwe verstaan van filosofiese berading voor wat (i) nie die terapeutiese tese onderskryf nie, (ii) die opleiding van toekomstige filosofiese beraders in ʼn nuwe lig stel, en (iii) ʼn duidelike omlyning van potensiële kliënte verskaf.

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INTRODUCTION: The problematic endeavour of defining Philosophical Counselling

Crisis of definition

Consulting the literature on what philosophical counselling (henceforth PC) is leaves one with more questions than answers. Defining PC is an arduous task – in part because of its association with philosophy. There is no consensus on what philosophy entails; defining philosophy itself is already a problem and contributes to the problem in conceptualising PC. Furthermore, finding "widespread and lasting consensus"[1] amongst philosophers is difficult. Rorty (1999:10), for example, struggles with this when he argues that there is no "neutral standpoint" from which philosophers can argue for their "first principles". Deleuze and Guattari (1994:15-16) note, in a similar fashion, that every concept is already "double or triple"; thus, there is no single coherent notion of "beginning" to philosophy because philosophers already hold different notions of the very concept of "beginning". The "quest for certainty", one might argue, is riddled with problems from the start. If what constitutes philosophy is problematic, how might one even start to conceptualise *philosophical* counselling? Derrida (1995:376) states that "[a]ll philosophical discussions carry within them the question: What is philosophy? Where does it begin, where does it end? What is the limit?". Similarly, one might ask regarding the discussion about PC: Does PC start with the question of what philosophy is? Is the beginning of philosophical counselling the discussion of what philosophical counselling is? Is philosophical counselling even possible, or is it instead a basic contradiction in terms?

What, then, is philosophical counselling? Paden (2013:27-28), for example, states that PC is the activity which aims to critically understand the "ideas and worldviews associated with a client's presenting life problems". The goal is to reflect and understand "life problems" which stem from philosophical problems lodged within the counselee's worldview. Louw (2013:67) states that PC is to "professionally care" for the counselee and to use philosophical skills to deal with problems through dialogue. In his turn, Sivil (2009:207-208) asserts that PC "is a practice aimed at improving our sense of flourishing, by reducing human suffering," achieved via a "joint personal journey" in search of a "mutual truth and wisdom" with no clear goal or method. Furthermore, PC is seen as a process of fostering virtues (Tukiainen, 2010), a quest for wisdom (Lahav, 2001a), a therapy for the sane (Marinoff, 2003), a way of life (Weiss

[1] See, for example, Plant (2012:570) regarding the problem of finding consensus in philosophy.

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2018:4), a (trans)formative activity (Weiss, 2018:15), an insight-oriented therapy (Mills, 2001:6), a hermeneutical endeavour or happening/event (Raabe, 2001:9, 19; Schuster, 1992:589 & 1999:38), an emancipatory practice (Douglas, 2014), a worldview interpretation (Lahav, 1995) or a philosophical self-investigation (Lahav, 1996).

PC defined by, inter alia, the above philosophers and philosophical counsellors leaves one perplexed rather than informed. What is PC? What are the necessary and sufficient conditions for something to be classified as PC? Again, the literature cannot answer the question without some author contradicting another. PC is in a crisis of definition (Raabe, 2001). There are four prevalent reasons for this crisis of definition. Firstly, there are no criteria to judge whether claims made by philosophical counsellors are meant as objectively "the best", or only subjectively "the best" for their own practice (Raabe, 2001:xv, 43). Secondly, PC has a history of defining itself antonymously or via what it is not; there is a particular struggle to differentiate itself from psychotherapy (Lahav, 2017:92). Thirdly, the translation of the original German *Philosophische Praxis* to the colloquially and widely used philosophical counselling in English promotes an idea fundamentally different from what Gerd Achenbach, founder of the modern PC movement, meant.[2] Fourthly, how philosophy[3] is defined or understood influences how an author will define, or simply understand, PC. I identify two major problems that stem from this lack of definition: the lack of goals or outcomes and the lack of methods. Furthermore, the view the philosophical counsellor takes regarding these two problems causes some practical troubles, such as the education of future philosophical counsellors. I briefly discuss the lack of consensus of goals and methods to show why a reconceptualisation of PC is important.

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[2] Schuster (1996), explaining and using Achenbach's work, takes the argument further when she tries to break ties with (i) counselling psychology and (ii) applied philosophy (or in her terminology "hybrid psychology-philosophy approach"). She, furthermore, does not use the term philosophical counselling in her 1999 publication; instead, she uses *philosophical practice* as *an alternative to counselling and psychotherapy*. Adding to this, if one translates *praxis* to *practice*, there is also the problem of the ambiguity in the word *practice* in the sense that it can refer to a practice as in a medical practice, or the act of practising something to get better at it (Raabe, 2008:33).

[3] See the section "Conceptualising PC without the therapeutic thesis" in this chapter for my working definition of philosophy.

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The lack of identifiable goals or outcomes

At least two considerations determine a philosophical counsellor's response to the question as to whether PC has goals or outcomes, namely (i) the philosophical counsellor's view on the therapeutic status of PC and (ii) his or her view of the medical model[4] in PC.

With regard to the first consideration, generally speaking, philosophical counsellors either confirm or deny that PC is a form of therapy.[5] For those who regard PC as a form of therapy, it has, as such, goals. These goals might include getting rid of confusion or the resolution of some problem. PC might also be seen as the treatment of some ailment, including serious mental disorders (see, for example, Raabe, 2010:14 and 2013:200-201). The philosophical counsellor who does not see PC as a form of therapy might again state that there is no particular goal or outcome to PC beyond that of philosophising with the counselee. PC, in this instance, might offer the counselee nothing more or nothing less than what philosophy itself has to offer (see, for example, Weiss, 2018:7; Schuster, 1992:598). In some respect, this claim to have no goal beyond philosophising itself is, therefore, a direct consequence of the philosophical counsellor stating that what he or she is busy doing has nothing in common with therapy (see, for example, Schuster, 1999:3, 19-20 who states that PC is an alternative to therapy in response to claims that PC is a form of therapy).

Regarding the second consideration, namely that of the medical model in PC, there are those who accept it and those who reject it. Some philosophical counsellors accept the medical model and the treatment of mental disorders within the framework of this model. These philosophical counsellors typically want to integrate PC with the mental health professions.[6] Philosophical

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[4] The "medical model" of mental disorders simply refers to the diagnosis and prescription of medication as treatment or intervention of said disorders (Huda, 2019:89). See also discussion below.

[5] Therapy is meant here in the medical sense of the word, with the focus on healing and curing within a medical framework. I use the definition of therapy as it is found in the Oxford English Dictionary (2020). Therapy is defined as "the medical treatment of disease; curative medical or psychiatric treatment."

[6] The mental health professions are, amongst others, counselling psychology, psychotherapy, and psychiatry. Only psychiatrists can prescribe medication and diagnose patients. However, I do not make this distinction in this thesis. I include all these professions when referring to mental health professions because they all function within a medical framework and accept the medical model of mental disorders. See, however, Paden (2013) who notes that, for example, humanistic psychotherapy might work outside of this framework.

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counsellors who are critical about the medical model reject this possible integration and sometimes reject the medical model entirely. An initial distinction can be made between philosophical problems and psychological problems. With this distinction in hand, one might further distinguish between broad-scoped and narrow-scoped philosophical counsellors (Knapp & Tjeltveit, 2005:559). Broad-scoped philosophical counsellors might then be understood to be philosophical counsellors who are willing to work with a counselee's psychological problems in addition to their philosophical problems. Broad-scoped philosophical counsellors tend be critical of the medical model of mental disorders and the mental health professions. The goals or outcomes for this group, consequently, might entail the resolution of problems often resolved in the mental health professions, such as psychotherapy. Narrow-scoped philosophical counsellors, in contrast, limit themselves to the counselee's philosophical problems. Instead of the antithetical relationship with the mental health professions or the critical attitude towards the medical model of mental disorders, this group clearly demarcates philosophical problems from psychological problems. Some narrow-scoped philosophical counsellors (such as Amir) apply philosophy to resolve these philosophical problems, however there are others who instead philosophise about the problems without necessarily aiming to resolve them (such as Achenbach). Furthermore, one can thus distinguish between the realm of philosophy (i.e. philosophy proper) and the realm of psychotherapy (i.e. the mental health professions).

These considerations might seem on face value to resolve the problem of goals and outcomes: the philosophical counsellor as trained philosopher cannot work with the counselee's psychological problems, because he or she is not equipped to do so; therefore, he or she can only work within the realm of philosophy. However, as the term "broad-scoped philosophical counsellor" implies, this does not solve the problem. Due, in part, to the rejection of the medical model, some philosophical counsellors (as trained philosophers) do not limit themselves to the counselee's philosophical problems. I briefly discuss two instances of broad-scoped philosophical counsellors rejecting the medical model to illustrate the tension it might cause when philosophical counsellors work outside the realm of philosophy.[7] Firstly, there is a group who argues that mental disorders are more accurately described as mind disorders rather than

[7] Throughout the thesis I accept that philosophical counsellors are trained philosophers *without* specialised training in counselling.

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biological brain disorders (see, for example, Raabe's (2013) mind-body dualism). Secondly, there is a group who argues that an unwarranted "psycho-pathologizing", "pathologizing", "medicalizing" or "disease-ifying" of everyday life is taking place (see, for example, Schuster, 1999; Marinoff, 1999). These broad-scoped philosophical counsellors reject the medical model or, more specifically, the disease model[8] of mental disorders. In their PC, they combat the medicalisation of a set of life problems that should be addressed by philosophical discussion rather than by drugs (e.g. Raabe, 2013, 2018; Marinoff, 1999). Consequently, the goals or outcomes for these philosophical counsellors constitute the de-diagnosis or de-pathologising of the counselee or the diagnosis of the counselee *philosophically* (see, for example, Schuster who reinterprets the term "to diagnose"[9] and Raabe who gives a new ontology of mental disorders[10]). However, tension is caused by untrained professionals (i.e. non-medically trained philosophers) claiming without evidence that trained mental health professionals (with evidence) somehow "have it wrong".[11]

Contrary to those who reject the medical model and who are critical about the mental health professions (such as Schuster, Marinoff and Raabe), those who accept the medical model lean towards integrating PC with the mental health professions. They would thus propose that those in PC should be more psychologically aware and that psychological counselling in turn should be more philosophically aware. This is sometimes referred to as the "wedding of philosophical and psychological practices" (Cohen, 2004:5). Inside this "integrative project",[12] it becomes the counsellor's prerogative to identify if the counselee's problem is primarily philosophical or

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[8] This refers to the view that mental disorders should be treated in the same manner as other physical illnesses, like diabetes (Varga, 2015:117; Arpaly, 2005:282).

[9] See chapter 3 for the discussion regarding Schuster. Simply put, following her reinterpretation of the term "to diagnose", the philosophical counsellor can consequently philosophically diagnose the counselee. This, in some sense, moves beyond the counselee's philosophical problems and starts to move into the realm of psychotherapy.

[10] See chapter 2 for the discussion regarding Raabe. Simply put, he proposes a different ontology of mental disorders. Instead of regarding symptoms as biological markers for disease, he states that symptoms are markers of philosophical or existential problems.

[11] Raabe makes various controversial claims, some of which I discuss in chapter 2. The problem, simply put, is that philosophical counsellors such as Raabe might rely on rational arguments as justification for a claim which might instead need empirical evidence.

[12] Martin (2001:11) uses this term, but in a slightly different manner. I continue to use this term in reference to the integration or wedding of PC and the mental health professions.

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psychological. Popescu (2015:513-514), for example, puts forward a list of guidelines for when the counselee should rather be referred to a psychiatrist, psychotherapist, or counselling psychologist. The utility of this is that the counselee can, in a sense, be "screened" to establish what "type" of problem he or she has (Sivil & Clare, 2018:138). Based on the above, tension is evident between broad-scoped and narrow-scoped PC. On the one hand, it is proposed that philosophical counsellors only work with the counselee's philosophical problems in a non-medical way (unless he or she is trained otherwise), i.e. narrow-scoped PC. On the other hand, some philosophical counsellors critique[13] this distinction and claim that therapy is part of the realm of philosophy, i.e. broad-scoped PC.

A few things are important to note here in terms of the distinction between broad-scoped and narrow-scoped philosophical counsellors: firstly, some of these claims, such as those pertaining to the nature of the counselee's problems, are highly empirical, but they are presented with little, if any, evidence. Secondly, one might state that there are ethical[14] and legal[15] reasons for philosophical counsellors to stay within the narrower realm of philosophy, and thus to not overreach their expertise. Thirdly, problems in life do not arrive "neatly packaged" as either *philosophical* or *psychological*. Philosophical problems can present as psychological problems or philosophical problems can *cause* psychological problems and vice versa. With the separation of problems, one also presupposes what philosophical problems are. There seem to be two issues here, namely (i) an epistemological one relating to how the philosophical counsellor knows what is wrong with the counselee and (ii) an ontological one relating to what constitutes a philosophical problem. The distinction between broad- and narrow-scoped PC

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[13] See, for example, those who claim that the mental health professions merely misinterpret what is wrong with the counselee (Raabe, 2005:510); that the mental health professions cannot have the sole right to have a dialogue with a counselee (Marinoff, 2002:84-85; Russell, 2001); that the mental health professions' relation to the objective sciences neglects the counselee's situated experiences (Aho, 2008:209-210); and that there needs to be a different ontology and explanation of what constitutes mental disorders (Raabe, 2010, 2013).

[14] It seems unethical and irresponsible to undermine someone's mental health because of one's own beliefs when one knows that the counselee is, say, part of a vulnerable group. Simply put, philosophy might entail dangerous experiences, someone suffering from a serious mental disorder might not benefit from philosophy at that stage.

[15] There are legal issues to what the philosophical counsellor can, firstly, call himself or herself, and, secondly, what he or she may do with a counselee who suffers from a mental disorder. See, for example, Brown (2010) and Bernstein and Bolin (1995).

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seems to be arbitrarily posited while the epistemological and ontological issues of philosophical problems or questions are still debated. Lastly, even when one makes the distinction between broad- and narrow-scoped PC, presupposing that there is a problem which needs resolution, PC might resemble *applied philosophy*.[16, 17] Although PC *can* resemble applied philosophy, I believe that PC *is not* solely applied philosophy or a problem resolution endeavour.[18] I argue, in part, that there is something beneficial to philosophical ignorance, i.e. when it is not presupposed that some or other problem needs to be solved.[19]

In short, whether the philosophical counsellor should or should not have goals and outcomes is influenced by his or her stance towards the therapeutic status of PC and his or her view regarding the medical model. Due to PC's lack of identity (i.e. the different logical possibilities), there is no clear answer to how the philosophical counsellor should approach this choice. Some philosophical counsellors, for example, focus on resolving problems through applying philosophy (i.e. a clear goal) and others focus on philosophising with the counselee (i.e. philosophy as a goal in itself). The further distinction between narrow- and broad-scoped PC seems again to highlight problem resolution as an ultimate goal, which is problematic because it neglects philosophising with the counselee as an aim in itself.

Method(s) in PC

The second problem I identify stemming from the lack of a clear definition of PC, and obviously closely related to the lack of clear aims or goals, is the varying views on its proper method(s). A clear distinction can be drawn between those who believe PC has (relatively) "fixed" methods and those who reject method(s). On the one hand, Achenbach is notable for being sceptical about using any methods. Achenbach (1995:73), for example, states that "[a]

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[16] I use Lippert-Rasmussen's (2017:3) notion of applied philosophy. Applied philosophy is philosophy applied to problems which are non-philosophical (e.g. business ethics) and not about, for example, epistemology or metaphysics.

[17] Psychotherapists like Howard (2000a) and LeBon (2007) use philosophy as a tool (or a means) to resolve psychological or philosophical problems.

[18] This sentiment is echoed by, amongst others, Schuster (1999:33).

[19] The philosophical ignorance and wonder might be at stake here; applying philosophical skills and tools does not necessarily constitute a mutual and active philosophising. See chapter 4 for a discussion on the activity rather than passivity that this style of philosophising requires.

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philosophical scepticism is needed to dispel those who see their own theories being "correct" and then accepting them as correct with no further discussion/questioning/inquiry". Marinoff (2002:167) also states that method is "antithetical to philosophical inquiry". On the other hand, Raabe (2001:169) and Zinaich (2004:10-11) state that PC cannot, as Achenbach[20] claims, be beyond or without method. The simple reason generally provided for this claim is that to guide the counselee well there needs to be clear structure to avoid confusing the probably already-confused counselee.

Two "practical problems" stem from the lack of clarity and agreement on method in PC. The first is that of training future philosophical counsellors and the second is that of referral. I discuss each problem briefly.

(i) How should philosophical counsellors be trained if there is no consensus about whether there should or should not be any particular or various method(s)? There is currently no consensus on how the training of future philosophical counsellors should be conducted.[21] Some feel that there should be no specialised training. The necessary and sufficient "training" is merely completing, for example, an MA degree in philosophy. Their basic idea is that PC cannot be taught because a "conversation characterized by authenticity" can only be initiated by individuals "who are *not* variations or modifications of a universal, normatively conceived being called human being" (Achenbach as quoted in Ramharter & Romizi, 2015:140; emphasis added).[22] An "authentic dialogue" implies unpredictability; therefore, method(s) cannot be used to engender the authentic dialogue, because certain questions and discussions cannot be engaged in a methodological way (Weiss, 2018:6). Furthermore, PC with rigid methods cannot facilitate an environment of "authentic wonder", which is also needed for authentic dialogue (Hansen, 2015:217, 225). There should be an "openness" from the philosophical counsellor to take the uniqueness of the conversation and counselee seriously, and it is claimed that this

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[20] I rely on Schuster's (1992, 1997, 1999, 2004) reading of Achenbach. Many of Achenbach's texts have not been translated into English.

[21] There are various PC courses one can take, for example, the American Philosophical Practitioners Association's (APPA) courses or MA philosophy courses which specialise in PC. However, none of these are standardised or regulated.

[22] See Schaubroeck and Vleminck (2011:315-316) and chapter 4 in this thesis for a further discussion of individuals not being variations of a universal in PC.

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cannot be done methodologically. Others feel there should be specialised training for philosophical counsellors (see, for example, Clare & Sivil, 2014; Svare, 2006), i.e. training that goes beyond the normal MA in Philosophy and that focusses on PC specifically. At this point, it is relevant to recall the integrative project and the marrying of psychology and philosophy referred to earlier. This approach, in contrast to the approach which focusses on an "openness by the philosophical counsellor", would need specialised training, especially regarding the diagnosis of a counselee and how to properly classify and distinguish between philosophical and psychological problems. If one agrees that there needs to be an integrative project, i.e. the metaphorical marriage of philosophy and psychology, and by implication specialised training for philosophical counsellors, one could talk about the referral of counselees. Mental health professionals would thus also need to be philosophically aware. However, as I discuss below and as is evident from the lack of agreement on method(s), this is still a problem.

(ii) The second practical problem is that of referral between philosophical counsellors and the mental health professions. As discussed above, some hold the idea that PC should be integrated into or at least articulated with the mental health professions. If this should be the case, the philosophical counsellor would have to refer counselees and he or she would have to accept referred counselees from the mental health professions or other philosophical counsellors. This "project" cannot currently be pursued due to, inter alia, the lack of accepted or standardised methods and the lack of recognised training of philosophical counsellors. The philosophical counsellor can also not register or belong to a recognised and credible association, because there is currently no such association.[23] In other words, referring someone to a philosophical counsellor can be dangerous because of the lack of regulation governing PC as a profession. PC has not obtained professional status yet, nor are there any regulations on calling oneself a "philosophical counsellor".[24] Any qualified philosopher, in a sense, can call himself or herself a philosophical counsellor.

As discussed here, there are two approaches the philosophical counsellor can take: either he or she accepts some form of method, or he or she rejects that PC can be done methodologically.

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[23] There are associations such as Marinoff's APPA or Cohen's National Philosophical Counselling Association (NPCA); however, these are not recognised or mandatory to belong to in order to be a philosophical counsellor.

[24] This does not include the legal problems of calling oneself a counsellor in the country in which one finds oneself. See, for example, Brown (2010) and Bernstein and Bolin (1995) in this regard.

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Either way, the lack of an agreed-upon method complicates matters, especially regarding the training of future philosophical counsellors and the referral of counselees. However, even with all the disagreement and confusion, there is some common ground which can be found and that might tie these issues together. I call this common ground the therapeutic thesis.

The therapeutic thesis

Regarding the above discussion, the question can be posed: Can one even start a "quest for certainty" in PC? What I mean by this question is that there is little, if any, agreement in PC that might give some clarity as to what exactly it is. This clarity is important for counselees, the mental health professions, and philosophical counsellors because, as of now, one might agree with those[25] who state that there are as many definitions of PC as there are philosophical counsellors. Reaching clarity with regard to PC is further obscured by various other issues, as discussed above. That said, I propose that there is a specific element present in most of the more popular conceptions of PC.[26] I call this the *therapeutic thesis*. The therapeutic thesis is adhered to if a philosophical counsellor focusses on the counselling part and not on the philosophical part of PC. In other words, in adopting the therapeutic thesis, PC might become more therapeutically orientated and less philosophically orientated.

The therapeutic thesis is adhered to in various forms. The simplest form, I propose, is when philosophy is used as a means towards some goal beyond itself. This might be for therapeutic reasons or to resolve a presupposed/predefined problem. What I mean with this is that philosophy (if one accepts a bare minimum understanding thereof as a love of wisdom) is used by a philosopher in a PC session for a goal beyond the act of philosophising with the counselee itself. One might talk here about "real philosophy", i.e. when philosophy is not placed in the subordinate position. When it has no predefined goal beyond itself, real philosophising might begin (Fusaro, 2018:66-67). If philosophy takes this subordinate position, it becomes, in part, *techne* rather than *phronesis*. Various philosophical counsellors have already problematised this subordinate positioning of philosophy and philosophising (see, for example, Lahav, 2001a; Schuster, 2004; Weiss, 2018). Another form of adherence to the therapeutic thesis is when the

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[25] See, for example, Tillmanns (2005:2).

[26] This point relates to those I label as holding the more dominant views or conceptions of PC – see chapters 2 and 3. This is in contrast to those whom I call "dissidents". See discussion below and see chapter 4.

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philosophical counsellor ceases to be critical of his or her own position(s) or assumptions. That the philosopher and philosophical counsellor can be critical of his or her own assumptions, I argue, is a unique position which can be beneficial to the counselee and the process of philosophising. One might argue that this is necessary for the act of philosophising. Mental health professionals cannot hold a similar position because it is per definition not part of their professions. For example, the psychotherapist cannot be critical of his or her own profession in the same sense as the philosopher can be critical of his or her profession. Simply put, adherence to the therapeutic thesis as I am trying to show here is the negligence of philosophy as being an activity with no goal beyond itself. When adhering to the therapeutic thesis, there might be an emphasis on resolving presupposed problems, and there might be the uncritical acceptance of assumptions. In what follows below, I take on the challenge to show (i) how this therapeutic thesis pervades the more popular conceptions of PC and (ii) why it might be beneficial for PC if the philosophy that it contains is practised as a goal in itself (i.e. PC without the therapeutic thesis).

Again, there are a few things to note here before moving on. The therapeutic thesis is not a problem in itself.[27] However, as I have noted above, adopting the therapeutic thesis will inevitably make PC less philosophical, in the sense of philosophising for the sake of philosophising. Philosophy *can* be goal-orientated or a problem resolution endeavour (e.g. applied philosophy). Philosophy *can* resemble science and mathematics (e.g. analytical philosophy). However, if a philosophical counsellor wants to subscribe to a notion of PC that adheres to the therapeutic thesis, he or she would need to provide, for example, empirical evidence of treatment efficacy.[28] This is especially the case if PC becomes more scientific in

[27] Subscribing to the therapeutic thesis purely makes PC less philosophical. If the aim of PC is to be more philosophically inclined, i.e. holding the notion of philosophy I put forward, then subscribing to the therapeutic thesis becomes a problem. However, if a philosophical counsellor wants to focus on the counselling part in PC, then subscribing to the therapeutic thesis becomes more important. But again, the burden of gaining, for example, empirical evidence for the efficacy of his or her practice rests with the particular philosophical counsellor.

[28] See, for example, Knapp and Tjeltveit (2005), Sivil and Clare (2018) and Kreimer and Primero (2017) who all emphasise the need for PC to gather empirical evidence and the warnings that it might turn into a pseudo-scientific endeavour without gathering such evidence.

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nature and less philosophical.[29] However, it is not accepted by all that PC is, in fact, evidence-based,[30] nor that there is the required stability needed for this kind of philosophy to be considered therapeutic.[31] The act of philosophising for the sake of philosophising can in certain instances be non-therapeutic; simply put, the claim that it can be therapeutic, curative, ameliorative, corrective, transformative,[32] etc. refers to goals and outcomes beyond the mere act of philosophising.[33] This type of philosophising, furthermore, does not immediately seek to resolve problems. On the contrary, one might say that this kind of philosophising, instead, complicates things further, is sometimes "bad medicine",[34] and can be dangerous.[35]

Conceptualising PC without the therapeutic thesis

I started the thesis by revisiting Rorty's (1999:10) claim that regarding the nature of philosophy there are few instances where everyone agrees, therefore the search for certainty is doomed to failure. There is a tension between this uncertainty in PC and philosophy, on the one hand, and the insistence on certainty in the mental health professions, on the other. Within the medical framework, there are, relatively speaking, fairly stable first principles from which, say, diagnoses can emerge. In other words, there are accepted definitions of what, say, depression is.[36] I claim that in philosophy, finding stable definitions of common notions is always difficult. The search for certainty is tainted with disagreement. This disagreement and uncertainty seem

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[29] Mills (2001), for example, states that PC is a form of psychotherapy. See also, for example, Kreimer (2012) who bases her philosophical ideas on scientific evidence rather than philosophical ideas, reasons, arguments, etc. This is in contrast to my claim that PC is a form of philosophy.

[30] Costello (2017:55), for example, asked Schuster in a questionnaire if PC is evidence based. Her answer was: "No, it is philosophy based."

[31] See chapter 4 for a discussion on the dangers of philosophising in this manner.

[32] See especially Mills (2001:7) regarding this claim.

[33] See especially Weiss (2018) regarding the notion that the philosophical counsellor cannot have a goal beyond that of philosophising.

[34] Jopling (2008:162) states that philosophy is sometimes bad medicine because it can lead the counselee to potentially over-intellectualise his or her mental disorder. However, I contend that this over-intellectualisation is exactly what philosophy is, amongst other things.

[35] Regarding dangerous philosophy, see chapter 4.

[36] I will not problematise the mental health professions' first principles. Regarding the philosophical examinations of the mental health professions' first principles or the Diagnostic and Statistical Manual of Mental Disorders (DSM), see, for example, Heath (2002) and Cooper (2005).

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to belong to the philosophical discussion as such. Furthermore, the idea of making empirical claims, forming hypotheses and testing them empirically seems not to be part of the realm of philosophy. Thus, accepting that PC is part of philosophy proper, the philosophical counsellor will find himself or herself in strange territory if he or she makes claims which require empirical evidence of treatment efficacy. This, again, relates to the therapeutic thesis: philosophers *qua* philosophers are not trained as empirical scientists or doctors; thus, bending philosophy to conform to these standards causes philosophy to be less philosophical and to compete on a terrain that does not suit it.

However, the need for philosophy proper in the "therapeutic space" should not be overlooked. Various authors (e.g. Fischer, 2011:57; Amir, 2005:51; LeBon, 2007; Marinoff, 2002:84-85; Russell, 2001) have voiced this need and potential benefit philosophy can have for the counselee and even for other therapists/counsellors outside of PC. But, as I have pointed out with reference to the therapeutic thesis, the transition from philosophy proper to the counselling/therapeutic space has brought about some problems such as the neglect of actively philosophising with the counselee. The need for a reconceptualisation of PC, i.e. for the conceptualisation of PC without the therapeutic thesis, will thus be of utmost importance because, as I will claim in chapters 2 and 3, various forms of PC adhere to the therapeutic thesis. My challenge in chapter 4 will be to provide an understanding of PC that is free from the expectations and limitations that accompany the medico-therapeutic framework. As noted, finding a proper definition of philosophy is itself problematic. In this reconceptualisation of PC, I will not be able to avoid the adoption of *a* conception of philosophy. A bare minimum understanding of this conception of philosophy is thus important. Philosophy is a creative and mutually active exercise with the aim of upholding the search for truth or wisdom. *Philosophia* (φιλοσοφία) being the love of wisdom, follows the Socratic tradition of continual inquiry and persistent questioning. This entails being critical of one's own position and the ability to lay out arguments.[37] Philosophy, in this working definition, has no aim beyond itself; it simply is an end in itself.[38] It is also influenced by the ancient Greek notion of a lived philosophy.[39]

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[37] See chapter 1 on Pyrrhonism which also proposes this ability to lay out arguments.

[38] See chapter 4 section 4.2 for a discussion on the dissidents who influence this conception of philosophy.

[39] See, for example, Hadot (1999:269; 2002:113, 138) for a discussion on Greek lived philosophy or philosophy as a way of life.

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Furthermore, with this understanding of philosophy and by implication PC, I will attempt to address the problems I identified in the introduction to this chapter, namely that of the training of future philosophical counsellors, the selection of potential counselees, and the question of method(s) and goals.

Roadmap

In chapter 1, I will turn to Pyrrhonism because it occupies what I call a non-position which other frameworks do not allow. This sceptical approach from the non-position allows for a continual inquiry. It permits the laying out of arguments without beliefs or unquestioned presuppositions; it also facilitates a suspension of judgement or *epoché* (withholding of assent) which ensures an open-mindedness towards the inquiry. I claim that this is required to sift through the literature on PC and that Pyrrhonism provides adequate "techniques"[40] which help one not make judgments before all the arguments are analysed. The Pyrrhonian disposition also helps with the identification of the therapeutic thesis. However, the Pyrrhonian disposition, which I explain in chapter 1, is not merely a lens or framework through which one can view the literature. Instead, it is characterised by being a way of living. As a lens, it also encapsulates one's way of being in the world. My turn to Pyrrhonism is underpinned by two aspects: a dispositional one which influences my conception of PC (as will become evident in chapter 4) and a meta-role which influences my reading of the literature on PC (as will become evident in chapters 2 and 3). Ultimately, I do not propose Pyrrhonism as a view the philosophical counsellor should adopt. I point out some of its inherent limitations and supplement them with other philosophies/philosophers that I feel improve upon these limitations. However, I still use various tenets of this sceptical approach which leads me to reject and move beyond the therapeutic thesis. As a result, I propose twelve context-dependent conditions[41] for the philosophical counsellor to stay engaged in the act of philosophising with no goal beyond itself.

[40] I use quotation marks because the Pyrrhonian sceptic would not promote any techniques as his or her own. This will be discussed in more detail in chapter 1.

[41] See discussion below.

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In chapters 2 and 3, I distinguish between antonymous and substantive accounts of PC.[42] Definitions of PC can be substantive, in which PC is defined according to positive accounts, or antonymous, in which PC is defined according to what it is not. In chapter 2, I will discuss antonymous accounts which focus on how philosophical or psychological problems are delineated or how these problems are understood. More specifically, I will discuss two conceptions of PC following the antonymous stance, which I call the *displacement* conception and the *demarcation* conception. The first conception, i.e. the displacement conception, is antithetical to the mental health professions; this concept of PC wants to displace or take over from the mental health professions.[43] The second conception, i.e. the demarcation conception, works alongside the mental health professions, while still retaining a clear separation; PC in this conception, instead, demarcates and separates itself from the mental health professions.

The first conception of PC following from such an antonymous stance, i.e. the displacement conception, overlaps with the realm of psychotherapy because of the broad-scoped nature of this particular form of PC, i.e. it deals with what is generally understood as psychological problems that is treated by mental health professionals. While the philosophical counsellor uses the same "information"[44] as the mental health professional, he or she draws different conclusions about what is wrong with the counselee. I discuss three philosophical counsellors following this antithetical antonymous position, i.e. following the displacement conception of PC. Firstly, I discuss Raabe (2005, 2010, 2013) by considering his critique of the biological treatment and diagnosis of mental disorders. This account is based on a reworked ontology of mental disorders, i.e. a reworked idea of what mental disorders are. Secondly, I discuss Marinoff's (1999) "four faces of depression" in which he gives a different account of what causes depression. And thirdly, I discuss Aho (2008) as a philosophical counsellor who uses the causal ontology of mental disorders, i.e. the conception of mental disorders within an existential framework rather than within a medical framework, to explain how a counselee experiences his or her concrete and unique situation. If these conceptions of PC are to be taken

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[42] See Louw (2013) for a more detailed discussion on the different ways in which one might distinguish definitions of PC.

[43] See, for example, Beukes' (2002:1271) discussion on Raabe, especially regarding Raabe's notion that PC might be a "more justifiable approach than psychological counselling" in certain contexts.

[44] For example, symptoms the counselee might present with.

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seriously, one might expect some validating empirical evidence. However, there is currently no such evidence. The criticism that PC is pseudo-scientific then becomes relevant. Against this understanding of PC, I would like to argue that PC should be philosophical and not "scientific". These "scientific" conceptions of PC, as will be described in chapter 2, undermine an understanding of PC as a pure philosophical activity.

The second conception of PC (the demarcation conception), still under the antonymous rubric, focusses on how philosophical problems are delineated or how problems of a philosophical nature are conceptualised using conceptions of psychological problems. In other words, philosophical counsellors using the same "information" as the mental health professions merely work with different aspects of that same information. Since this is an antonymous exercise, the proponents of this approach try to define PC by creating a clear-cut distinction between PC and psychology by contrasting the "problems" to which they respond respectively. Psychological problems are not seen as under the control of the counselee; instead, he or she is, in part, passively affected by biochemical processes to which he or she has no access. Philosophical problems, in contrast to psychological ones, are under the conscious control of the counselee (e.g. the philosophical questions he or she asks). In addition, philosophical problems are closely related to moral and ethical issues. Under this conception of PC, I discuss three philosophical counsellors; namely, Mijuskovic (1995), Segal (2006) and Amir (2005). Firstly, I discuss Mijuskovic (1995) who argues that philosophical problems are rational; the counselee should be able to reflect on them and discuss them in a philosophical dialogue. Psychological problems are, on the contrary, problems the counselee cannot rationally discuss or reflect on. In addition, the counselee is not in control of his or her psychological problems. Secondly, I discuss Segal (2006) who argues that philosophical problems are contextual in nature, i.e. it is about the context in which they originate. Thirdly, I discuss Amir (2005), who argues that problems of a philosophical nature are mostly moral problems, which falls within the realm of philosophy (rather than in the realm of psychotherapy). However, the demarcation conception of PC relies on how, say, psychological problems are defined by the mental health professions. Problems in life do not arrive labelled as either philosophical or psychological. By labelling problems, one might place them in predefined "boxes". This in turn might reinforce the idea that problems associated with PC are for those who are sane of mind and psychological counselling is for those who are not. As a result, those who need to seek psychological help are

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possibly prohibited from receiving it for fear of being judged or stereotyped.[45] These accounts of PC are almost exclusively negative or antonymous in nature. They rely on, say, how psychological problems are understood rather than positively state what philosophical problems are.

In chapter 3, I will discuss substantive accounts of philosophical counsellors' practices as an alternative definition of PC. I identify three different types of accounts: (i) those in terms of which PC follows a rigid method and has a clear goal or outcome (i.e. closed-method-closed-goal); (ii) those in terms of which PC has a clear goal of some sorts, but does not follow a rigid method (i.e. open-method-closed-goal); and (iii) those in terms of which PC neither has fixed goals nor rigid methods (i.e. open-method-open-goal).

The founder of the modern PC movement, Achenbach,[46] is sceptical about using methods and having goals. However, since the inception of PC, various methods and goals have been present in philosophical counsellors' practices. There are some shortcomings in both the claims that there should be either fixed methods or that there should be no fixed methods. I will argue in chapter 4 that it would be a better option to not have a rigid point of view in this regard. Adopting what is called "improvisation",[47] the philosophical counsellor has the option to use method(s) or go beyond method.

In chapter 4, I will propose a conception of PC which does not adhere to the therapeutic thesis. I will do this in two stages. Firstly, I will discuss those whom I will call "dissidents" and their conceptualisation of philosophy and, secondly, I will propose that my account of PC should function as a so-called context-dependent concept.[48] I will argue that it would help the

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[45] Regarding this critique, see Cohen (2004:5) and chapters 2 and 3 in this thesis.

[46] This reading of Achenbach follows the readings of Schuster (1991:220; 1995:113-114; 1997) and Raabe (2001:50-51, 57).

[47] See chapter 4 regarding the discussion of "improvisation".

[48] Simply put, a context-dependent concept, in this regard, gathers meaning from factors such as the situation or the background. A move on a chess board is sometimes used as an example to illustrate a context-dependent concept (Russell, 1998). Take the move of a pawn piece by someone sitting in the waiting room versus someone who is playing with a friend or in a chess competition. Both moves are exactly the same, but the one is not part of a chess game and the other move is. The context or situation in which the pieces are moved, is different, and, hence, the different meanings.

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philosophical counsellor to stay within the realm of philosophy, i.e. to keep philosophising with the counselee as an aim in itself. I will propose 12 provisional conditions which might help the philosophical counsellor move beyond the therapeutic thesis. Moving beyond the therapeutic thesis will ensure that the philosophical counsellor is first and foremost busy with philosophising as an end in itself. This is also the only goal the philosophical counsellor should have, that is, to philosophise with no goal beyond that of philosophising. This philosophising as an end in itself is also a mutual exercise; this might be seen as an educational mission rather than a psychological one. Philosophy sometimes being dangerous, will not always lead the counselee away from having terrible experiences. This being a mutual philosophising exercise, the counselee will not be alone on this dangerous journey. The philosophical counsellor adopting improvisation as method, will not be characterized by a single method; instead, accompanied with *phronesis* or practical wisdom, he or she will be in control of various methods to fully accommodate the counselee's needs.

I briefly lay out the two stages of moving beyond the therapeutic thesis as follows.

In the first stage, I will propose a reinterpretation of PC in light of those whom I call "dissidents". I call them dissidents because, as will become clear, their understanding of philosophy is different from the understanding of philosophy of those discussed in chapters 2 and 3. These differences are clearest on three fronts: that of education, how problems in PC are delineated, and how philosophy is conceptualised and "used", i.e. not subverted for another goal than itself. The dissidents whom I will introduce in chapter 4 are Svare (2006), Robertson (1998), Swazo (2000), Pollastri (2006), Weiss (2018), Allen (2002), Walsh (2005), Vansieleghem (2013) and Ericson (2000). With the help of these thinkers, I will redescribe or redefine PC as (i) an *educational mission* with the role of the philosophical counsellor as someone who helps the counselee with regard to the question as to how one might live (as an example), (ii) an *improvisation*, especially in that the philosophical counsellor is "proficient" in different methods and also not controlled by method but rather in control of method, and, finally, (iii) PC as a *phronetic* activity with the focus on responding intuitively and spontaneously to counselees' problems like an experienced dancer or musician can adapt to new situations without losing their ability to dance or play their instrument. These three notions, amongst others, do not subvert philosophy for some other goal beyond the act of philosophising. Philosophising with the counselee is the only goal. This thus keeps this

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conception of PC from subscribing to the therapeutic thesis by always being conscious of in what position philosophy is placed.

In the second part of moving beyond the therapeutic thesis, I will briefly discuss and endorse philosophical counsellor Russell's (1998) explanation of why PC cannot be psychotherapy. According to Russell, psychotherapy is a context-dependent concept. It needs to meet seven conditions for it to be seen as psychotherapy. PC does not meet these seven conditions he puts forward and thus cannot be classified as psychotherapy. It is important to note that this is what some philosophical counsellors, such as Mills (2001), want to propose, viz. that PC is a form of psychotherapy rather than philosophy. Following Russell's notion of context-dependent concepts, I will take the same approach to PC. I will use his reasoning to claim that for PC to stay within the realm of philosophy, it should meet 12 provisional conditions, as my account of PC is that it functions as a "context-dependent concept". I use both antonymous and substantive elements to formulate these 12 conditions for two reasons: (i) to help PC stay within the realm of philosophy, i.e. to always be busy with philosophising and not therapy, i.e. to move beyond the therapeutic thesis, and (ii) to positively rather than negatively describe what needs to be present in PC for it to be PC. Furthermore, I call these conditions *provisional* because I do not want to put them forward in a closed-prescriptive manner. I identify two reasons for this provisionality: (i) PC is not a stable and definable endeavour due to it being part of philosophy and (ii) it should be seen as akin to Sextus Empiricus's purgative drugs[49] or Wittgenstein's (2002:89) ladder – once taken, it gets flushed out; once climbed, the ladder might be kicked away. That said, I will argue that these 12 conditions might help the philosophical counsellor to stay within the realm of philosophy and keep him or her busy with philosophising. Also, it might help the philosophical counsellor to not make claims about curing, healing, treating, or problem-solving, which prohibit philosophising in the sense of this thesis.

My preferred conception of PC will be based on the above discussion. The focus of this conception is on the ability of the philosophical counsellor to edify the counselee's life in two ways: (i) by helping the counselee understand how he or she might go about answering the question, "How might I live?" and (ii) by exposing the counselee to the vastness of philosophy.

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[49] See chapter 1 for a discussion on Sextus Empiricus's purgative drugs.

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This is all done with an open mind, with no proclamation that philosophy might help the counselee, and the cautionary statement that philosophy might be a dangerous experience. Using this reconceptualisation of PC that moves beyond the therapeutic thesis, I will suggest a novel answer regarding (i) the problem of educating future philosophical counsellors, (ii) the problem of method, and (iii) the selection of potential counselees. Emphasis is placed on the philosophical counsellor being first and foremost a philosopher and not a counsellor and on the fact that he or she should be busy with philosophising first and foremost and not counselling with his or her counselee. That said, this conception of PC is different from philosophy in an important way which gives attention to the counselling (C) part in PC. Pondering issues such as the meaning of life constitutes philosophy and philosophising, but this does not constitute PC. When a counselee and a philosopher meet up and a mutual philosophising is set in motion, the counselling part in PC is satisfied. (However, it is satisfied in a different manner from those conceptions discussed in chapters 2 and 3.) The counselee's problem or concrete situation is used as a point of departure from which to philosophise. However, there are some shortcomings to this conception. One such shortcoming is the problem of referring in PC which I identified earlier, specifically because of the problem of uncertainty linked to a PC session. This conception also does not help with solving the problem of professionalizing PC. The conception of philosophising I will propose is, in some sense, antithetical to the relative stability required for the referral of counselees and the professionalisation of PC.

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CHAPTER 1: Introducing Pyrrhonism

1.1. Introduction

In the following chapter, I briefly sketch the Pyrrhonian disposition and what I take to be Pyrrhonian reflections. I discuss several stages which illustrate the Pyrrhonian disposition and how the Pyrrhonist comes to adopt this disposition. This is important for the Pyrrhonian reflections which follow. Reflecting in this manner, i.e. adopting the Pyrrhonian disposition, encourages (i) a continual inquiry, (ii) the ability to lay out arguments, (iii) the withholding of assent and (iv) an open-minded inquiry. I conclude this chapter with a brief discussion of the difficulties of adopting Pyrrhonism as a disposition with the intention to use it as a lens, and of some of the limitations of Pyrrhonism. Before turning to the Pyrrhonian disposition, I firstly motivate why exactly I turn to the Pyrrhonian disposition and not some other framework.

1.2. The nomadic Pyrrhonian sceptic

The nomad[50] is someone without permanent residence who is constantly traveling or searching.[51] The Pyrrhonian sceptic (henceforth Pyrrhonist) is such a nomad. As will become evident (in the next section) the Pyrrhonist rejects all or most of his or her beliefs in order to attain *ataraxia* or a life devoid of anxiety and other disturbances. Most of the Hellenistic schools of philosophy (e.g. the Epicureans and Stoics) were critical about beliefs in general, but the Sceptics (i.e. Pyrrhonists) rejected *all* beliefs. The reason for this rejection of beliefs or nomadic lifestyle can be understood through one of the most vocal writers in the Pyrrhonian tradition, Sextus Empiricus.[52] Sextus Empiricus tells us that the person who "believes that something is by nature good or bad is constantly upset" (PH 1.27).[53] He goes further and states that those who find what they are looking for will inevitably fear losing what they have found

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[50] The Oxford English Dictionary (2020) defines *nomad* as someone who "travels from place to place […] and has no permanent home".

[51] Martha Nussbaum (2018:281) uses the nomadic metaphor of the Pyrrhonian Sceptic.

[52] Like Socrates, Pyrrho did not write any philosophical works. We have the Platonic dialogues that documented Socrates' philosophy; we unfortunately do not have the work of, say, Timon of Phlius, one of Pyrrho's students. The most preserved document of Pyrrhonism is Sextus Empiricus's *Outlines of Pyrrhonism*, published an estimated 300-500 years after the death of Pyrrho.

[53] Benson Mates's (1996) translation is used when *Outlines of Pyrrhonism* (PH = *Pyrrhōneioi hypotypōseis*) is referenced.

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or they will constantly need to validate it. Using the nomad metaphor again, the person defending a position will be like the knight or soldier defending a fortress or castle. The nomad has no such fear of a castle being attacked, nor will the nomad feel a loss when his or her current location becomes of no use to them. They will simply move on. I call this a non-position, in the sense that the nomad and Pyrrhonist do not hold or occupy a fortress (read: position).[54] In this metaphor rests the motivation for using Pyrrhonism as a lens or framework for this thesis. As mentioned briefly, due to this non-position, the Pyrrhonian framework enables (i) a continual inquiry, (ii) the ability to lay out arguments, (iii) the withholding of assent and (iv) an open-minded inquiry. I discuss these traits in more depth in section 1.4, but I briefly want to qualify them in relation to this non-position. (i) Like the nomad, the Pyrrhonist is on a continual journey or inquiry in search of the truth. The nomad that settles down is per definition not a nomad anymore, the Pyrrhonist who stops inquiring and adopts a position is not a Pyrrhonist anymore. (ii) Due to the journey or inquiry the Pyrrhonist, like the nomad, will be familiar with this non-position. He or she develops the ability to lay out arguments and (iii) this will be done without judgement or assent. (iv) This is inevitably how the Pyrrhonist inquires with an open mind. There is no position that he or she needs to keep in mind that might steer the direction of inquiry. The nomad (read: Pyrrhonist) can venture into any direction, similarly, the inquiry can go into any direction. However, there are some limitations to this framework (as I discuss in section 1.5 of this chapter). The Pyrrhonian disposition might thus be seen as a starting point of this conversation about PC, which then transforms throughout the thesis (with the help of other philosophies and those whom I call the dissidents). I will now explain or describe the Pyrrhonian disposition or way of living in more detail.

1.3. Pyrrhonian disposition or *agōgē*

Pyrrhonism is a disposition, *agōgē* (lifestyle) or a mental attitude (Plant, 2006:137). Mates (1996) translates it as *the sceptic way*, emphasising it as a way of being rather than a position with strict rules. In fact, there are no rules one can follow to hold the "Pyrrhonian position" (Frede, 1987:179). Pyrrhonism is not a school, nor does it have a system that one can follow. Thus, to call it a "position" does not make sense. Sextus Empiricus[55] states that "[i]f one defines a system as an attachment to a number of dogmas that agree with one another and with

[54] See below for a more in-depth discussion on this non-position.

[55] I will focus on Sextus Empiricus's Pyrrhonism.

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appearances, and defines a dogma as an assent to something non-evident, we shall say that the Sceptic does not have a system" (PH 1.16). However, if what is meant by "system" represents the sceptic way, lifestyle, or disposition, then only will the Pyrrhonist have a system.[56]

Before explaining the Pyrrhonian disposition, I make a couple of remarks. One might, firstly, state that the Pyrrhonist is on an inquiry or journey to find the truth. This is a continual search which some call an epistemic journey, not over land or sea, but "through observation and argument" (Alican, 2017:8). Simply put, before the inquirer is "turned" into a Pyrrhonist, he or she was on the same quest as the Dogmatist to find the truth. Secondly, etymologically the sceptic is not someone who doubts. The sceptic is an inquirer or a seeker, i.e. someone who *looks*. See, for example, the Greek word σκέπτομαι (*sképtomai*), which means to look or examine, and σκεπτικός (*skeptikós*), which refers to the person doing the looking or examining. To doubt, in a sense, entails to already understand; thus, it is to possess knowledge of what one doubts and what the denial means or might mean (Plant, 2006:139). The Pyrrhonist does not doubt, the Pyrrhonist stands still and looks or examines. To doubt is also not in the arsenal of the Pyrrhonist because this misses the point of his or her scepticism. Following Plant (2006:139), the indecision or *aphasia*[57] of the Pyrrhonist is not to bring forth doubt, as is the case with modern scepticism. Instead, the Pyrrhonist is always at a place "where a decision for *or* against a specific belief seems arbitrary" (Plant, 2006:137).[58]

This examination or standstill will eventually turn against philosophy or philosophical commitments.[59] Fogelin (1994:3) explains this peculiar scepticism as follows. He identifies two types of scepticism which lead to Pyrrhonian scepticism, a third type of scepticism. There is *philosophical scepticism,* which is scepticism which rises from philosophical investigations, and there is scepticism *about* philosophy, which is when philosophy is the target of this scepticism. The third type of scepticism is a scepticism which stems from philosophical investigation about philosophy itself, i.e. philosophy which leads to scepticism about

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[56] But this should not be taken as a strict definition. It will become evident, but the Pyrrhonist will withhold assent to this claim and other similar claims.

[57] See discussion and Figure 1***: The seven Pyrrhonian stages*** below.

[58] See discussion below on *epoché*.

[59] There is a constant self referentiality present in Pyrrhonism. The Pyrrhonist might, for example, "philosophize only as a temporary expedient" to rid himself or herself of philosophical commitments (Fogelin, 1994:4; 2004:113).

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philosophy. Fogelin (2004:67) states that "philosophizing in a certain unrestricted way" is what causes this scepticism of philosophy itself. In other words, philosophy can dismantle itself when scepticism is left without any restrictions.[60]

Pyrrhonists regularly use a self-referential style of argument, which means the argument is used to argue against itself. See, for example, a well-known example by Sextus Empiricus:

> And even if it [the argument] does toss itself out, that there is demonstration is not thereby ratified. For there are many things that put themselves in the same condition as they put other things. For example, just as fire after consuming the wood destroys itself as well, *and just as purgatives after driving the fluids out of bodies eliminate themselves as well*, so too the argument against demonstration, after doing away with all demonstration, can cancel itself as well. (M 8.480; emphasis added)[61]

There is also a historical account of the self-referentiality in Pyrrhonism. The different Hellenistic schools' philosophy consisted of three elements: logic, ethics, and physics. Pyrrhonism, in this sense, does not constitute philosophy because having accounts of logic, ethics and physics equates to dogmatising. In other words, the Pyrrhonist would use arguments put forward by the dogmatist[62] in, say, physics to show how their argument does not lead to an attainable position. It might look like the Pyrrhonist is using this argument as if it is his or her own, but this is not the case. The Pyrrhonist does not "assent to the non-evident".[63] The Pyrrhonist does not philosophise, i.e. dogmatise. The Pyrrhonist *uses* philosophy to dispel of philosophy itself.[64] I call this a "non-position". Simply, the Pyrrhonist uses the dogmatist's

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[60] One might then understand why the Pyrrhonist wants to get rid of philosophy itself. Philosophy might bring *tarachê* (disturbances) and *pathē* (suffering). Throughout the thesis I emphasise this disturbing and discomforting element of philosophy, but I argue instead that this is an important element. See chapter 4 for a discussion of dangerous relationships and terrible experiences.

[61] Richard Betts's (2005) translation is used when *Against the Logicians* (M) is referenced.

[62] According to some readings, the Pyrrhonist would see everyone who is not a fellow Pyrrhonist as a dogmatist.

[63] This is the historical, or Pyrrhonian, understanding of the meaning to dogmatise, i.e. to "assent to the non-evident".

[64] One is reminded of Wittgenstein's ladder: "My propositions serve as elucidations in the following way: anyone who understands me eventually recognizes them as nonsensical, when he has used them—as steps—to climb up beyond them. (*He must, so to speak, throw away the ladder after he has climbed up it.*)" (Wittgenstein, 2002:89; emphasis added).

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position to argue from, but the Pyrrhonist does not endorse the position. The Pyrrhonist does not use the argument in such a way as to imply it is his or her own; instead, he or she uses it to show how the dogmatist's argument leads to a non-evident conclusion. The Pyrrhonist, in adopting this "non-position" in an argument, does not have any commitment towards it. This way of argumentation, namely using arguments without any commitment to them, is stated at the outset of Sextus Empiricus' exposition of Pyrrhonism:

> [C]oncerning the Skeptic Way we shall now give an outline account, *stating in advance that as regards none of the things that we are about to say do we firmly maintain that matters are absolutely as stated*, but in each instance we are *simply reporting*, like a chronicler, what now appears to us to be the case. (PH 1.4; emphasis added)

Sextus is only reporting his findings. As stated, the Pyrrhonist thus "refuses to assent to any proposition" (Frede, 1987:179). The Pyrrhonist uses the arguments presented by the opponent to argue from; the Pyrrhonist never argues from his or her position because there is none.

I propose seven "stages" in which the Pyrrhonist can be, i.e. from before adopting the Pyrrhonian disposition to adopting the disposition as *agōgē*. (See Figure 1***: The seven Pyrrhonian stages*** below.[65]) I lay the seven stages out as follows.

[65] My reading of Pyrrhonism is not based on one author's rendition of Pyrrhonism. Instead, I follow an eclectic reading of Pyrrhonism. This reading is based on various accounts of Pyrrhonism and does not correspond to one author. As stated, Sextus Empiricus suggests that his outlines of Pyrrhonism is purely *his* personal report and should not be read as final. The ensuing seven stages are presented in a similar manner; they are eclectic amalgamations of the discussed "parts" of Pyrrhonism. However, they are heavily influenced by Mates's (1996) translation of *Outlines of Pyrrhonism* and Sextus Empiricus's version of Pyrrhonism.

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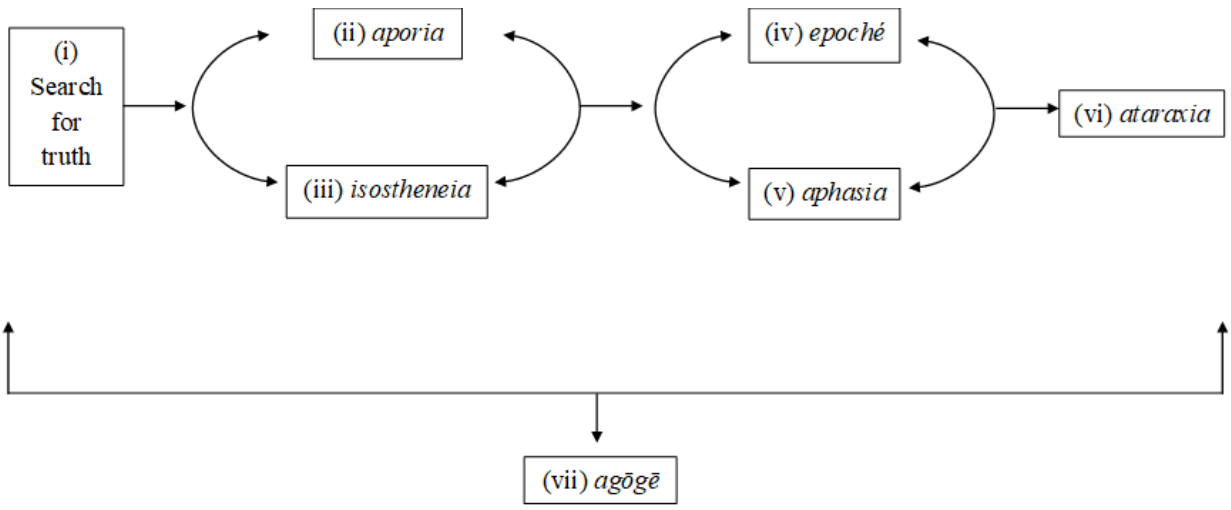

Figure 1: The seven Pyrrhonian stages

(i) The search for truth

The inquirer (or *skeptikos*, i.e. sceptic) is on an epistemic journey in search of the truth of matters, or the truth in the matter he or she is inquiring into. Resembling the dogmatist, the Pyrrhonist, before his or her conversion into scepticism, is also on an epistemic journey to find the truth of matters he or she is investigating. It is important to note, following Vogt (2011:36-37), that this journey is not a single event but a lifelong continuation. The Pyrrhonist needs to "continually produce her skepticism through a life of investigation" (Vogt, 2011:36-37). The Pyrrhonist, furthermore, gives an equal argument to every other argument, implying that assent is never fully given because if it is given, dogmatism might follow (see PH 1.205).

(ii) *Aporia*[66]

However, in this search, the inquirer finds puzzles or anomalies (*aporia*) or things he or she cannot resolve. This in turn "converts" the inquirer into a Pyrrhonist (Vogt, 2011:36-37). This conversion comes from an uneasy feeling when he or she needs to decide upon the truth or falsity of his or her inquiry into truth or when the Pyrrhonist is confronted with the equally weightiness (equipollence) of arguments. This realisation of equipollence coincides with the

[66] The Oxford English Dictionary (2020) defines *aporia* as a "perplexing difficulty". The Pyrrhonist is especially interested in the equal weightiness of arguments, which might itself be an *aporia*.

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standstill in front of *aporia*. In other words, equipollence is one form of the *aporia* which the Pyrrhonian wants or needs to overcome.

(iii) *Isostheneia*[67]

The Pyrrhonist will lay out the arguments in such a way that he or she cannot help but be struck by equipollence (*isostheneia*) or the equal weightiness of said arguments. The Pyrrhonist may use slogans such as "no more this [argument] than that [argument]" (*ou mallon*; PH 1.187-209) to show his or her indecision after the arguments are balanced. To produce or to reach this equipollence or moment of indecision, the Pyrrhonian modes or tropes[68] are used.[69] The Pyrrhonist, for example, will state that vision is not a reliable source for the truth because a building can at the same time appear square and circular from different distances; or following the Heraclitan[70] example, "Sea is the purest and most polluted water: for fish drinkable and healthy, for men undrinkable and harmful", the Pyrrhonist will state that things cannot be known in themselves. The Pyrrhonist is in this sense "made" and not born (DiCarlo, 2009:53).[71] In other words, the Pyrrhonist needs to show that the metaphorical scales are balanced or equally weighted. This is needed for *epoché*.

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[67] *Isostheneia* means equal strength (Vogt, 2018) or, as I use the term, equally weightiness. Equipollence, which means "equality of force" (Oxford English Dictionary, 2020) is also sometimes used to refer to *isostheneia*.

[68] The tropes or modes are introduced by Sextus Empiricus as the ten, five and two modes.

[69] I will not discuss the tropes or modes individually. Simply, these tropes or modes are used in arguments to bring forth the equal weightiness of arguments. In other words, if an argument is made, the Pyrrhonist can use one of the tropes or modes to make an equally weighty opposing argument (to balance the scales).

[70] Graham's (2010:163) translation.

[71] DiCarlo (2009:53) states that to hold a Pyrrhonian position in a "beneficial and practical way" takes "considerable time and discipline". However, the Pyrrhonian is also "made" and not "born" in the constant vigilance he or she needs to have against dogmatic beliefs. Also, as stated at the outset of this chapter, the Pyrrhonist, like the dogmatist on the search for truth, is turned into a Pyrrhonist due to disturbances and frustration the search produces (e.g. *aporia*).

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(iv) *Epoché*[72]

The Pyrrhonist suspends judgment or withholds assent[73] (*epoché*) because of the equipollence of arguments (*isostheneia*). In other words, because the arguments are of equal weight or strength, the Pyrrhonist does not decide for or against the argument presented. The Pyrrhonist does not require any persuasion regarding this position, nor is there any commitment to *epoché* itself (Alican, 2017:40). The Pyrrhonist is not persuaded by any argument over another. To assent to something non-evident is thus not possible for the Pyrrhonist and would cause suffering and anxiety. The Pyrrhonist will say nothing about the nature of things.

(v) *Aphasia*[74]

The Pyrrhonist cannot help but withhold assent, especially regarding the nature of things. Accordingly, the Pyrrhonist will say nothing about the nature of things for he or she is at a loss for words (*aphasia*) i.e. speechless.[75] Withholding assent and being at a loss for words coincide (see Figure 1***: The seven Pyrrhonian stages*** above). When the Pyrrhonist is at a loss for words, he or she cannot help but withhold assent. The Pyrrhonist is also not dogmatically applying *epoché*, it is rather out of frustration, a loss of words (*aphasia*), and suffering that "forces" him or her to withhold assent. This is not done to all the Pyrrhonist's beliefs at once, but *only* to

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[72] *Epoché* according to the Oxford English Dictionary (2020) means suspension of judgement (in a Greek scepticism context). However, there has been some dispute on this translation. See footnote 73 on the difference between suspending judgment and withholding assent.

[73] Mates (1996:225) states the important difference between "suspending judgement" and "withholding assent" when translating *epoché* and why it is important to withhold assent rather than suspend judgment. There is no immediate prospect of coming to a judgment in *epoché*, thus suspending judgment might not be a good translation. Throughout the thesis, I will take *epoché* as meaning *withholding of assent*.

[74] Mates (1996:114-115) translates *aphasia* as "non-assertion". However, others have translated it as "speechlessness" (Vogt, 2018; Bett, 2018) which also symbolizes the stunned silence the Pyrrhonist feels before *ataraxia* (Bett, 2018).

[75] One might recall the concluding sentence in Wittgenstein's (2002:89) *Tractatus Logico-Philosophicus*: "What we cannot speak about we must pass over in silence." This seems to be a similar position to that of the Pyrrhonist. Sextus Empiricus's claim, however, might not have been so strong. Sextus Empiricus's *aphasia*, one might state, is rather passive and the Pyrrhonist is, for a lack of better word, *forced* to say nothing. Wittgenstein's *aphasia*, one might state, is rather more active.

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those things he or she has investigated (PH 1.202).[76] It is also important to note that the Pyrrhonist withholds assent about the *discovery* of truth and *not* truth in itself (Alican, 2017: 20).

(vi) *Ataraxia*[77]

The result is freedom from anxiety (*ataraxia*), but it also ensures a journey without suffering (*apatheia*) which is caused by, amongst others, beliefs. When considering the first stage, the inquirer who investigates the truth of things felt uneasy because of the equally weightiness of the arguments. After *epoché*, the inquirer can continue his or her inquiry without anxiety and without the suffering caused by holding beliefs *because* of the Pyrrhonian disposition or way of life. *Ataraxia* is also not sought after in itself; if one longs for it, i.e. lacks it, it will lead to suffering because one will hold *ataraxia* as a good in itself. Instead, following Plant (2006:139), to achieve *ataraxia* is, inter alia, "an ability to resist supplementing unavoidable torments with theoretical speculation." In other words, holding a belief, conviction or expectation about something in itself – like an extra "layer"[78] or extra belief – causes suffering when the expectation is thwarted.

Ataraxia is, furthermore, entirely accidental. See, for example, Sextus Empiricus' discussion on Apelles the painter who only achieved *ataraxia* by accident:

> Indeed, what happened to the Skeptic is just like what is told of Apelles the painter. For it is said that once upon a time, when he was painting a horse and wished to depict the horse's froth, he failed so completely that he gave up and threw his sponge at the picture – the sponge on which he used to wipe the paints from his

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[76] The distinction is sometimes made between Rustic and Urban Pyrrhonists, i.e. Pyrrhonists who either withhold assent on all beliefs or only on some beliefs (see, for example, Frede, 1987). However, it seems to be dogmatic to withhold assent on every belief before one has investigated these beliefs.

[77] Mates (1996:61) translates *ataraxia* as "peace of mind" or "imperturbability". The Oxford English Dictionary (2020) translates it as "freedom from disturbance of mind or passion".

[78] A common example in Pyrrhonism is that of "honey is sweet". If one believes that honey is sweet, and the honey one tastes is not sweet, there might be suffering because of one's conviction that honey should be sweet. Another example is that of feeling cold. If one feels cold and thinks this is bad by nature, one will be worse off than the Pyrrhonist because he or she only feels cold but does not believe that it is by nature bad to feel cold. Therefore, the Pyrrhonist only lives by appearances and does not hold beliefs.

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> brush – and that in striking the picture the sponge produced the desired effect. So, too, the Skeptics were hoping to achieve *ataraxia* by resolving the anomaly of phenomena and noumena, and, being unable to do this, they suspended judgment. But then, by chance as it were, when they were suspending judgment the *ataraxia* followed, as a shadow follows the body. (PH 1.28-29)

After *epoché*, *ataraxia* follows "as a shadow follows the body" (PH 1.29). The inquiry (journey) can now continue without the suffering caused by beliefs (*apatheia*). This is because holding beliefs *cause* suffering (Thorsrud, 2003:230). Suspension of these beliefs will ensure "psychological health" (Berry, 2011:14). This is because once you hold something as being the truth, you will fear losing it. Sextus Empiricus says that:

> For the person who believes that something is by nature good or bad is constantly upset; when he does not possess the things that seem to be good, he thinks he is being tormented by things that are by nature bad, and he chases after the things he supposes to be good; then, when he gets these, he fails into still more torments because of irrational and immoderate exultation, and, fearing any change, he does absolutely everything in order not to lose the things that seem to him good. (PH 1.27)

(vii) *Agōgē*[79]

At this stage, the sceptic way or disposition becomes a lifestyle or preparation for a way of life[80] (*agōgē*). The Pyrrhonian disposition or way of life is the Pyrrhonist's way of living, specifically, he or she cannot *not* live his or her philosophy.[81] As stated, Pyrrhonism is not a school or set of rules one can follow; instead, it is the Pyrrhonian disposition one actually lives. The above-mentioned stages will in turn reinforce this disposition. For example, in continually weighing arguments against each other, withholding assent, and always investigating things, the Pyrrhonist will be "forced" to live his or her disposition with *epoché* and *ataraxia*. If not, the Pyrrhonist turns into a dogmatist – that which he or she constantly strives not to be.

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[79] Mates (1996:225) translates *agōgē* as "way", "method" or "mode of life".

[80] For the latter rendition, see Hegel as quoted in Bowman (2018:48).

[81] Even if this philosophy is to defeat or get rid of itself.

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1.4. Pyrrhonian reflections[82]

Pyrrhonian reflections are merely reflections on matters with the adoption of the Pyrrhonian disposition. I identify four important reasons for adopting the disposition concerning Pyrrhonian reflections in this current study.

Firstly, Pyrrhonism ensures continual inquiry, but in contrast to the dogmatist who is troubled and plagued by anxiety, the Pyrrhonist continues with *ataraxia*, i.e. without anxiety, and *apatheia*, i.e. without suffering caused by holding beliefs. The Pyrrhonist is on a journey and he or she does not know when this journey will end or if it will end at all. As mentioned in stage one, the inquirer on this journey is troubled by the *aporia*, but when he or she adopts the Pyrrhonian disposition or sceptic way, this journey will not be accompanied by anxiety or the suffering which is caused by holding beliefs. Achenbach (1995:73) mentions this position when he talks about the "philosophical experience":[83]

> The goal, then, is to maintain philosophical skepticism concerning everything which considers itself right, settled, conclusive, indubitable, or in short, everything which considers itself "true" and which therefore wants to abolish all further questioning. For it is this skepticism that would yield a renewed interest in everything which has been refuted, taken care of, finished, or explained as "untrue."

Once we stop to investigate things, i.e. when we merely accept them as true, dogma will follow. One might even go so far as to state that the Pyrrhonist is always seeking because he or she is afraid that if the continual inquiry stops, dogma[84] will follow.

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[82] The title of the thesis and this section is taken from the work of Fogelin (1994), *Pyrrhonian Reflections on Knowledge and Justification*.

[83] Achenbach (1995) does not reference Pyrrhonism when he discusses the "philosophical experience". However, there are similarities. The most important (for this thesis) being the ability not to hold something as final because this might stop further discussions and investigations.

[84] Mates (1996:61) states that the sceptic "lives *adoxastōs*", i.e. without belief. The Pyrrhonist lives without belief because to do otherwise would be to assent to non-evident matters, i.e. to dogmatize. However, this reading relies on seeing *doxa*, i.e. belief, closely related to dogma. See Mates (1996:60-61) regarding the relation between *doxa* and dogma.

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Secondly, Sextus Empiricus talks about the *ability* of the sceptic to lay out arguments in such a way as to show their equal weightiness (PH 1.8). Furthermore, Sextus Empiricus states that holding a position will bring suffering. Suffering is caused, inter alia, by the need to defend one's position (PH 1.27). Mates (1996:60) states that the sceptic does not hold any beliefs because unlike the dogmatists "there is no proposition […] that he [the sceptic] undertakes to maintain firmly, over time and against objections." In other words, the Pyrrhonist does not suffer because he or she never needs to defend a position. Furthermore, this places the Pyrrhonist in a unique position to lay out arguments without beliefs or a need to defend or deny a position. The ability to lay out arguments without beliefs is beneficial in the sense that arguments can be made for and against something *without* beliefs clouding one's judgment. Following Sextus Empiricus at PH 1.27, when things are not held as good or bad by nature, there will not be an attempt to show how a position is good or bad. The Pyrrhonist will, for example, not withhold information on a subject he or she is arguing for or against. Everything, so to speak, will be on the table. Not withholding information from any argument helps the Pyrrhonian to show that deciding for or against something would be too hasty and arbitrary and it will cause suffering because if one decides, one would need to defend said decision.

Thirdly, withholding assent (*epoché*) might yield a more thorough investigation. After laying out the arguments, the Pyrrhonist is struck by the equipollence or equally weightiness of arguments and cannot but withhold assent. The Pyrrhonist is brought to a standstill before the arguments without assenting to any of them. However, there will be a continuation of inquiry, because, as stated above, when it stops, dogma follows.

Fourthly, without assenting to a position, the inquirer carries on with an open mind. As stated above, there is no belief the Pyrrhonist will assent to in the strict sense,[85] as this will only bring forth unnecessary anxiety and suffering. The continual inquiry will thus be done with an open mind because if not, he or she will need to defend a certain position.

Hence, Pyrrhonian reflections are, simply, one's reflections on a subject influenced by the Pyrrhonian disposition discussed above. Furthermore, these reflections are on one's investigation into the nature of things. However, these investigations are not necessarily solely

[85] Only those pressed on him or her by nature (see PH 1.13 in this regard).

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aimed at finding the truth. Proclaiming to have found a final truth would be dogmatic;[86] therefore, the Pyrrhonist withholds assent. However, there is another option in the investigation of things. Vogt (2011:34) states that the understanding of "investigation" as finding the truth is sometimes too narrow. An important and often overlooked aspect of investigations is the avoidance of falsehoods. Pyrrhonian reflections can thus be read as reflections on investigations as avoidance of falsehoods – from a "non-position". This is particularly relevant in the case of giving arguments of equal weight to every argument. Sextus Empiricus reminds us of two things: firstly, different arguments require different strengths of counterarguments and, secondly, if a counterargument cannot immediately be given, there might be some future time a counterargument could be given. Consequently, the avoidance of falsehoods includes giving equally weighted arguments to bring forth *epoché*.

1.5. Limitations of the Pyrrhonian disposition

The nomad, to use the metaphor again, does not or cannot own much. He or she would need to be able to travel with what they have. There will in some sense always be a lack or insufficiency. So too the Pyrrhonist occupying this non-position will have limitations and this might warrant supplementation. In the thesis I consequently supplement Pyrrhonism with other philosophies to deal with some of the inherent limitations of the Pyrrhonian disposition. This, however, is not to go against the Pyrrhonian disposition. In fact, as discussed above, the Pyrrhonist in this non-position *does* use method or takes on a position. The crucial difference is that the Pyrrhonist is not committed to these methods or positions and, like the nomad, he or she is not committed to the place that he or she occupies at that moment in time. I will briefly discuss four limitations of the Pyrrhonian disposition and how I supplement these limitations with other philosophers/philosophies throughout the thesis.

Firstly, there is a similarity between the Pyrrhonian *epoché* and Socratic ignorance. However, there is a key difference. The Pyrrhonist withholds assent due to the equally weightiness of arguments. Socratic ignorance is the modest acknowledgment of not knowing. This more modest confession of ignorance is important. The Pyrrhonist will withhold assent on things for as long as he or she can but at the end of the journey there is still the hope for an answer. I opt to use Socratic ignorance throughout the thesis in place of *epoché*. With *epoché* there is a

[86] Agrippa's five modes (PH 1.164-177) showcases the difficulty (in epistemology) to prove a truth.

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dogmatic element of a possible future answer, but with Socratic ignorance there seems to be no such dogmatic element. Secondly, the Pyrrhonist, as stated, is on a journey in search of the truth of matters. Socrates, in a slightly different manner, states that the unexamined life is not worth living. Again, there is only a minor difference which I use as a reason for opting to choose the Socratic adage rather than the Pyrrhonian inquiry or journey. Both Socrates and the Pyrrhonist find the life riddled with dogmatic beliefs problematic to such a degree that they intervene. However, the Pyrrhonist would state that the way towards *ataraxia* is by holding no belief. The Socratic idea I put forward is less of a rejection of all beliefs in the Pyrrhonian sense, and instead a more modest notion of examining one's way of being in the world with a fellow philosophical counsellor. The idea of mutual philosophising I use in the thesis partly stems from this reasoning. In other words, the Socratic inquirer would examine his or her beliefs while the Pyrrhonist would reject said beliefs.

Thirdly, in chapter 4 section 4.3, in my discussion of the twelve context-dependent conditions, I refer to the Pyrrhonist's answer to *aporia* as a standstill. This answer is in some sense due to the, for the Pyrrhonist, equally weightiness of arguments. However, I propose that this answer is not sufficient for my conception of PC. Using Plant's (2006) discussion of Derrida, the proper answer is not to stand still in front of *aporia* like the Pyrrhonist would have done. Instead, the notion of *aporia* assumes that the proper response to it is to move through it and to make a decision.[87] Lastly, the notion of *phronesis*[88] is rejected by the Pyrrhonist. In the aptly titled chapter, "Whether the art of living benefits its possessor" (PH 3.273-279), Sextus Empiricus tells us that the Pyrrhonist looks down upon any talk of ethics and *phronesis*. The reason, again, being that the Pyrrhonist rejects all beliefs and occupies the non-position. As will be discussed, *phronesis* is practical wisdom particularly regarding making appropriate decisions while not relying exclusively on theory or methods. According to the Pyrrhonist this inherently means that those characterised by practical wisdom will only be disturbed and plagued by anxiety. Without practical wisdom, or more accurately, while withholding assent on these matters, the Pyrrhonist will find *ataraxia* as a by-product. This is problematic because *phronesis* plays a vital role in my conception of PC. For this reason, I turn to the Aristotelian

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[87] See condition "(ii) Standstill in front of *aporia*" in chapter 4 for a more in-depth discussion on the Derridean answer to *aporia*.

[88] See condition "(vii) Active/sensitivity/*phronesis*" in chapter 4 for a more in-depth discussion of *phronesis*.

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understanding of *phronesis* which influences the conception of philosophy that I use throughout the thesis. A further problem, that of "using" Pyrrhonism, will be discussed in detail in the next section.

1.6. "Using" Pyrrhonism: Identifying the therapeutic thesis in PC

Various philosophical counsellors (like Lindseth[89] and Achenbach[90]) have used both Pyrrhonism or Pyrrhonian tenets such as *epoché* in their own PC. However, when these philosophical counsellors only use some tenets of Pyrrhonism, they inadvertently try to use it as a position (or method). Adopting Pyrrhonism as a position is not possible (as discussed above). Thus, stating that I "use" Pyrrhonism in this thesis therefore constitutes an error in logic: there is no position I can adopt which is Pyrrhonian. There is merely the disposition or Pyrrhonian way of life or attitude one can adopt which influences one's way of being in the world. This error, though, is important, especially regarding the explanation and identification of the therapeutic thesis.

Philosophy, since its beginning, had a medical connotation.[91] Bodily ailments would have been treated by the doctor, similar in some regards to modern doctors, but ailments of the mind or soul[92] would have been treated by the philosopher. However, the modern philosopher entering the therapeutic space faces various problems. Ericson (2000:86) identifies the most prominent problem which the philosopher will face, and which I subsequently call the therapeutic thesis when the philosophical counsellor tries to bridge the gap: on the one hand, the philosopher wants to help the counselee with his or her problem, but, on the other hand, this might lead the philosopher to be less philosophical. Recall the two notions of the therapeutic thesis I identified at the outset: the philosophical counsellor might act less philosophical and the philosophical counsellor might subvert philosophy for some other goal beyond philosophising for its own sake, like healing or curing.

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[89] See, for example, Fastvold (2005:175) who discusses Lindseth's use of suspension of judgement, i.e. *epoché*.

[90] See, for example, what Achenbach (1995:73) calls the "philosophical experience" which is closely associated with Pyrrhonian scepticism.

[91] Regarding the medical use of philosophy in Greek philosophy, see Nussbaum (2018).

[92] The Greeks using the medical analogy did not perceive of the soul as something non-physical. The soul was simply "breath". See Nussbaum (2018:13).

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I now want to briefly "show" to what the therapeutic thesis amounts with the help of the error in logic I identified when "using" Pyrrhonism as a position. This error might illuminate why the adherence or subscription to the therapeutic thesis is problematic and does harm to philosophising for its own sake. Take as an example the adoption of the Pyrrhonist's way of living. The Pyrrhonist will use various arguments to show that every argument, on the metaphorical scale, is equally weighted or equal in strength. Everything being equal, choosing between position *x* or *y* or *z* rests on an arbitrary choice, or so the Pyrrhonist will claim it appears to him or her. The Pyrrhonist will subsequently not decide for or against any of the positions and will, accordingly, withhold assent.

That said, I am not so much interested in the outcome of the Pyrrhonist's lifestyle as a whole regarding the identification of the therapeutic thesis. Instead, I want to focus on a particular element, namely that the Pyrrhonist can use various methods, positions, and arguments, without claiming that it is his or her own (i.e. the non-position). It is at the precise moment the Pyrrhonist claims the method, position, or argument to be his or her own that he or she turns into a dogmatist. The therapeutic thesis is most visible here: the moment the philosophical counsellor adopts a method, position or argument as his or her own, he or she would start to act dogmatically. In this dogmatic position, the philosophical counsellor might start to adhere to the therapeutic thesis when he or she subverts philosophy, i.e. philosophising as end in itself, for the adopted method, position or argument, i.e. applying philosophy. This is the case, I claim, because once the philosophical counsellor adheres to the therapeutic thesis, he or she moves from the unknown or uncertainty to more known and certain grounds. As I claimed at the outset, once the philosophical counsellor enters the realm of psychotherapy, he or she would need to show, for example, evidence of treatment efficacy. Evidence of treatment efficacy or hypotheses/theories, for example, in the realm of philosophy does not have the same function as in the realm of psychotherapy.[93]

Before turning to the conceptions of PC (in chapters 2 and 3), I briefly want to describe the two forms of adherence to the therapeutic thesis I claim run through these conceptions. As I stated

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[93] Can one scientifically (i.e. objectively) study what, say, a good life is? See, for example, Rosenthal-Pubul (2018:157) who states: 'The empirical sciences *per definitionem* only deal with empirical things. […] But the empirical sciences tell us virtually nothing about higher questions which Socrates approached like "what is the good life?" or "what is virtue?" or "what is beauty?"'.

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above, the moment the Pyrrhonist moves beyond or outside of the non-position, he or she starts to dogmatise. The philosophical counsellor, thus, starts to adhere to the therapeutic thesis, firstly, when he or she "acts" less philosophical. In other words, the philosophical counsellor uncritically accepts assumptions and beliefs. This acceptance then influences his or her practice, which I claim would be less philosophical. The second form of adherence to the therapeutic thesis is when the philosophical counsellor subverts philosophy to some other goal. If philosophising is seen as an end in itself, there cannot be claims to other goals like healing or curing. There might be by-products like curing, healing or *ataraxia* from the act of philosophising, but the philosophical counsellor who does not adhere to the therapeutic thesis cannot make the claim that there are any curative or therapeutic effects form philosophising. In short, similar to the Pyrrhonist, the philosophical counsellor who does not adhere to the therapeutic thesis functions from this non-position. When the philosophical counsellor adheres to the therapeutic thesis, he or she functions beyond the non-position and starts to enter the realm of psychotherapy. I turn now to conceptions of PC which I claim adhere to the therapeutic thesis and by implication start to function within the realm of psychotherapy or within a medico-therapeutic framework.

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CHAPTER 2: Antonymous accounts of PC

2.1. Introduction: Defining PC antonymously

PC's history is, in a sense, that of differentiating itself from what it is not and, more specifically, from psychotherapy. This is evident from the language philosophical counsellors use as well as the various articles and books which state, for example, how PC is different from psychotherapy. Schuster (1999), for example, reading Gerd Achenbach, states in the subtitle to her book, *Philosophy Practice*, that PC is "[a]n [a]lternative to [c]ounseling and [p]sychotherapy". One reason for the crisis of definition of PC is this reliance on defining itself through what it is not.

Moreover, due to the proximity to the mental health professions, the medical/disease/therapeutic model will constantly be of concern to these (antonymous) conceptions of PC. These conceptions of PC, in a certain sense, rely on how problems are understood and defined by the mental health professions. Regarding these antonymous accounts, I focus on how (philosophical/psychological) problems are understood or defined as a way of defining PC.[94] The philosophical counsellor, for example, might state that in the mental health professions the mental health professional listens with a keen ear to identify symptoms which might then lead to a diagnosis. The counselee (or patient in this example), fearing judgement and the diagnosis, might withhold valuable information. Philosophical counsellors,[95] consequently, state that PC does not diagnose the counselee, hence the counselee has no need to withhold information. PC is thus "very liberating", and the counselee will not have to "consider [him or] herself abnormal" (Raabe, 2005:520).

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[94] Defining and understanding the counselee's problem is of primary importance in chapter 2; goals and methods are of primary importance for substantive accounts (as discussed in chapter 3). One reason for this might be that the philosophical counsellor first needs to show how he or she understands the counselee's problem *in contrast* to the mental health professional's understanding thereof. Only after this has been achieved, the philosophical counsellor can propose a substantive conception of PC (with the focus on methods and goals). Raabe and Marinoff are two examples of this, whom I discuss in both chapters 2 and 3.

[95] Sivil (2009:203) and Raabe (2005:520), for example, makes this argument and subsequently antonymously define PC.

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In this chapter, I identify two different conceptions of PC under the antonymous rubric. I call these two conceptions the *displacement conception* and the *demarcation conception*. Philosophical counsellors in both these conceptions aim at describing the way in which philosophical problems are understood. The difference between the two conceptions is simply the attitude the philosophical counsellor holds towards the mental health professions. In the displacement conception, the philosophical counsellor might hold an antithetical view towards the mental health professions, where in the demarcation conception a philosophical counsellor might opt to work alongside or with the mental health professions.

Firstly, I discuss the displacement conception of PC. I briefly discuss the critique made against the medical/disease model of mental disorders to situate this conception and the attitude philosophical counsellors in this conception hold towards the mental health professions. This is important in regard to the accounts of PC provided by Raabe, Aho and Marinoff; especially regarding the rejection of the medical model, the introduction of the causal framework and the different ontology of mental disorders, and several aspects depending on the causal framework. Simply put, these (usually broad-scoped) philosophical counsellors find the way in which the mental health professions treat mental disorders either lacking or wrong. Philosophical counsellors then use this negative aspect of the treatment of mental disorders to formulate their account of PC based on the way PC is different and improves on, say, psychological counselling. The prominent critique against this way of defining PC is that devising straw man arguments does not count as evidence for the efficacy of PC, nor do the stereotypes it engenders promote a beneficial idea of PC. Specifically, these antonymous accounts of PC focus so much on what it is not that what it is, i.e. philosophy, critical thinking, is neglected. It also neglects the importance[96] of active and mutual philosophising.

Secondly, I discuss the demarcation conception of PC, especially regarding the way in which philosophical problems are delineated, still in an antonymous manner. Philosophical problems, in this regard, are defined as contextual problems, problems of rationality or moral and ethical problems. With the rigid framing of problems, there is the possibility of stereotyping counselees who go to psychological counselling as "insane". Marinoff's (2003) use of the

[96] Active and mutual philosophising is not emphasized by all. My conception of PC (in chapter 4) and some other conceptions of PC (e.g. Weiss, 2018) rely on this active participation from the counselee in the mutual philosophising situation.

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phrase "therapy for the sane", for example, might reinforce this stereotype. In other words, by emphasising what philosophical problems are, one stands the chance of engendering the stereotype that PC is for the sane, in some sense locking it back in the ivory tower.

2.1.1. Displacement conception of PC: Critiquing the medical/disease model of mental disorders

Some philosophical counsellors[97] enter the debate around mental disorders and the surrounding problems whilst promoting and discussing PC. It is beneficial to briefly introduce some of the specifics to understand the critique against the medical model of mental disorders.

Thomas Szasz, on the one hand, claimed in the 1960s that mental "illness"[98] is a myth[99] or, more sympathetically, that there are components surrounding mental disorders which are not biological. These can include the doctor's intentions and the patient's family or the socio-economic environment in which he or she finds himself or herself. The Rosenhan study (1973), on the other hand, shines the light on the same problem from a different angle. In this study, perfectly "sane" people were instructed to say they heard phrases such as "empty", "hollow" and "thud" with the intention of being admitted into different psychiatric wards (Rosenhan, 1973:251). Once admitted, they behaved normal. This in turn was seen as sure signs of insanity and they were released with "schizophrenia in remission". Rosenhan asks an important question: "If sanity and insanity exist, how shall we know them?" (Rosenhan, 1973:250). Some

[97] Tillmanns (2005:2), for example, states that Achenbach opened his philosophical practice in light of the anti-psychiatry movement: "Achenbach's idea came out of the anti-psychiatry movement, the notion being that it is not enough to listen to people's stories for the sole purpose of discovering symptoms." See also Raabe (2010:34) who relies on the "vagueness and ambiguity in the definition of specific mental disorders" to make a case for PC.

[98] Mental illness is an outmoded term. The more appropriate and contemporary term is mental disorder.

[99] This refers to Szasz's 1961 book's title *The Myth of Mental Illness*. However, an article with the same name was published a year prior (see Szasz, 1960).

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contemporary authors[100] have tried to analyse mental disorders as natural kinds,[101] but this produces fuzzy conceptions of mental disorders and the best solution to apply, as a Pyrrhonist, is that of Varga (2015:144) who holds an agnostic view on this debate. Simply put, mental disorders at present cannot be classified as a natural kind. The worth of them being classified as such is debatable, but some philosophical counsellors use this as an assumption that the mental health professions' treatment of disorders is not always sufficient to finding the root cause.

At this point, it is helpful to briefly take a step back. Mental disorders are considered by some to be just like physical diseases.[102] Mental disorders, following this argument, are "disease[s], just like diabetes" (Arpaly, 2005:282). According to the classical medical model, the problem is internal to the person with the disorder (or illness) and not outside himself or herself. Furthermore, in the medical model "all physical disease" is seen "as a deviation from the normal mode of functioning" (Sivil, 2009:202). There is usually a diagnosis and then a prescription of medication as preferred intervention (Huda, 2019:89). However, considering the figures such as Szasz and Rosenhan and the natural kind status of mental disorders, one might state that, firstly, the classification of mental disorders has been used for reasons beyond medical reasons,[103] secondly, distinguishing between "sane" and "insane" or normal and

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[100] See, for example, Cooper (2005) and Pickard (2009). Cooper (2005:45-76) refutes cases where the conclusions were that mental disorders are not natural kinds; she continues by giving her account of natural kinds which allows her to state that some mental disorders are indeed natural kinds. However, Pickard (2009:83-101) uses natural kinds to validate Szasz's claim that mental disorders are myths as she concludes that a disorder like schizophrenia does not constitute a "scientifically valid category". Furthermore, dismissing this talk of natural kinds, Varga (2015:143) concludes that "it appears that there are no good reasons to believe that clinging on to the notion of natural kinds would make any difference".

[101] Natural kinds refer to natural structures found in nature irrespective of "the interests and actions of human beings" (Bird & Tobin, 2017). For example, water is defined by the chemical composition H_2O, i.e. the structure found in nature irrespective of human interest or actions. Water is not defined by its surface characteristics, for example, that one can drink it, which might be influenced by human interests and actions.

[102] See, for example, the discussion in Varga (2015:116-117).

[103] Various value judgments, social aspects and politics are part of classifying a disorder. See, for example, the depathologising of homosexuality (Drescher, 2015) and the contemporary problems and politics surrounding the change of Gender Identity Disorder (GID) to Gender Dysphoria (GD) (Davy, 2015). These examples might shine light on the problem of labelling something a mental disorder, especially when behaviour which was seen as

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abnormal behaviour is not as straightforward as it seems,[104] and, thirdly, the natural kind status of mental disorders is still being debated.[105]

Various philosophical counsellors use the above background in their critique of the mental health professions.[106] In this section, I discuss three such notions, represented by Raabe, Marinoff and Aho. Firstly, I discuss the rejection of the medical model as an antonymous account of PC. The rejection of the medical model is a widely accepted stance philosophical counsellors take. Secondly, I discuss Raabe's (2005, 2010, 2013) antonymous account of PC by considering his critique of the biological treatment and diagnosis of mental disorders. Thirdly, I discuss Marinoff's (1999) "four faces of depression" as an antonymous account of understanding the causes of depression. Lastly, I discuss Aho (2008) as a philosophical counsellor who uses the causal ontology of mental disorders, i.e. the conception of mental disorders within an existential framework rather than within a medical framework, to explain how a counselee experiences his or her concrete and unique situation. These accounts might be seen as antithetical to the mental health professions. Depression, for example, is seen differently by those in PC than those in the mental health professions. Hence, philosophical counsellors give a different theory and competing theory regarding the same "information" the counselee presents.

2.1.1.1. Rejecting the medical model

Various philosophical counsellors reject the medical model of mental disorders. I briefly discuss a few of the reasons for this rejection. Firstly, the act of diagnosing presupposes a norm and a counselee who deviates from this norm. Diagnosis functions in a fixed structure, it creates

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symptoms of a disorder become normalised and thus cannot be seen as symptoms of a disorder anymore. As a result, the disorder can also no longer be considered a disorder.

[104] Marinoff (2002:271) makes a joke about being late, on time and early for a psychiatric appointment: '[P]atients who arrive early for appointments are diagnosed as "anxious"; late, "hostile"; on time, "compulsive."' The joke can be contrasted against the actual case of the Rosenhan study, which shows the practical concern about the hazy distinction between sanity and insanity or normal and abnormal behaviour. By acting "normal", one might reinforce the disorder (or insanity).

[105] Varga (2015:144), for example, states that it would be better not to accept a wholly naturalistic or essentialist view of mental disorders, nor a wholly conventionalist view of mental disorders.

[106] Hence, the reasoning behind calling this conception of PC the displacement conception.

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an authoritative feeling, and it "denies the patient an active role in their recovery" (Sivil, 2009:202). The argument goes that PC is different from this in the sense that there is no prescribed notion of a good life, nor are there any norms from which the counselee can deviate. There is also an active participation from the counselee. In this sense, the fixed structure of a norm or ideal can be problematised. Diagnosing in PC can be seen as counter philosophical.[107]

The second reason for rejecting the medical model is that because there is no diagnosis in PC, the counselee will not necessarily have the same desire to withhold information as in the mental health professions (Sivil, 2009:203). In the mental health professions, there is sometimes a fear of being judged or condemned, which would be against the best interest of the counselee. This, the argument goes, is not necessarily the case in PC (Sivil, 2009:203). Depending on the conceptualization of PC, the counselee is normally seen as an equal in a philosophical dialogue. In the medical model, due to, inter alia, the disproportionate hierarchies and relationships between the counselee and the counsellor, the counselee might withhold valuable information.

The third reason for rejecting the medical model is that the root cause of the problem may be overlooked when only symptoms are considered. If someone suffers from philosophical or religious problems, the symptoms may lead someone to be diagnosed with, say, depression. In other words, the person may have depression and present with all the symptoms of depression, but the depression *may* be caused by something other than pure biology. PC, it is claimed, can better determine the root cause than symptomatic treatment on its own. This is especially relevant for someone such as Raabe[108] (which I discuss below) who states that the biological cause of mental disorders is often overemphasised in the mental health professions.

Discussion

Symptomatic treatment and diagnosis, as stated above, are the reasons why the medical model is rejected and critiqued amongst some philosophical counsellors. However, patients who suffer from these symptoms claim that they do not particularly care about the said root cause. Jameson (1996:54), a patient with schizophrenia, for example, states that the treatment of his symptoms is as good as a cure. That the medication cannot "cure" his mental disorder does not matter that much; if it alleviates his symptoms he can carry on with his life and that is all that

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[107] Diagnosis denies active participation. I discuss this in chapter 4 in more detail.

[108] See especially Raabe (2013:190).

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matters. What does the philosophical counsellor who rejects the medical model do with counselees who suffer because of their symptoms, irrespective of the root cause of the problem? Symptomatic treatment might from the philosophical counsellor's perspective look like it does not treat the root cause, but when one listens to the accounts of those who suffer from the symptoms, does determining the root cause matter? Rather than rejecting the medical model, one might propose a collaboration as stated at the outset of the thesis. There are some[109] who think that the integrative project has some merit in this regard.[110]

Furthermore, the rejection of the medical model relies on some of the arguments discussed above, especially regarding the natural kind status and the disease model of mental disorders. Philosophical counsellors who reject the medical model sometimes attack especially the notion of treating mental disorders as physical diseases. Take, for example, the notion that counselees will not withhold information in PC because there is no threat of diagnosis at the end of the session. This is a *non sequitur* because philosophical counsellors cannot in any sense of the word diagnose and those who propose philosophical diagnosis[111] are met with critique.[112] Also, this way of arguing for a conceptualisation of PC creates the opportunity for the philosophical counsellor to devise straw man arguments. Knapp and Tjeltveit (2005:562) state this especially with regard to claims that PC is better suited for counselees: "Attacking the straw man of bad mental health treatment does not, in any case, establish the efficacy of philosophical counseling." Accompanying this with the *non sequitur* of the diagnosis argument, how can the claim be made that PC is better suited because there is no diagnosis at the end of the session? Per definition, the philosophical counsellor *qua* philosopher cannot diagnose (unless he or she is a trained professional) and the claim following from this, namely that PC is better suited to

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[109] Regarding the integration of PC with the mental health professions see Popescu (2015) and Cohen (2004). See also Martin (2001:11) who talks of an integrative project. However, this is slightly different from that of Popescu (2015) and Cohen (2004).

[110] See the discussion below on those forming part of the demarcation conception.

[111] Regarding philosophical diagnosis, see especially Harteloh (2014a; 2014b). Schuster (1999:14) also mentions philosophical diagnosis, however she reinterprets the word so that it means something else than the colloquial understanding. Schuster (1999:14) tries to use the phrase "to diagnose" in a non-medical way. Harteloh (2014a; 2014b) as someone trained in the medical professions, in contrast, might not free the phrase of its medical connotation.

[112] See Raabe (2014) and Feary and Marinoff (2014) regarding the negative effects of diagnosis in PC or philosophical diagnosis.

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help the counselee, cannot count as evidence. However, this does not stop philosophical counsellors from using it as evidence. In some cases, this manner of defining PC is taken to the extremes, i.e. a complete rethinking about what mental disorders are and the way they are treated.

2.1.1.2. Raabe: Happiness pills and a causal ontology of mental disorders

Raabe (2013) holds a dualist notion of brain and mind. He states that unhappiness is sometimes misdiagnosed as depression (Raabe, 2013:190). Furthermore, the counselee who is misdiagnosed is then "mistreated" with medication aimed at brain function (Raabe, 2013:189). The argument goes that this medication alters the brain chemistry of the counselee; however, the "problem" does not reside in the brain. The real problem is with the counselee's mind, which is not biological (Raabe, 2010:34). Chemical treatment is insignificant and can be dangerous (Raabe, 2010:32; 2013:190). Raabe (2013:190) states there "is very little, if any, justification for psychiatrists and psychotherapists to prescribe these braindulling chemicals to their patients." Raabe (2013:190) continues by claiming that we need a "paradigm shift" about the way we think about mental disorders. He puts forward the causal theory of mental disorders (Raabe, 2010). His causal theory requires a different ontology than the mental health professions' ontology of mental disorders.

Raabe (2010) continues to provide this ontology. Following Szasz's view that the "act of diagnosing and classifying"[113] creates mental disorders, Raabe (2010:15) questions anew what mental disorders are. Mental disorders as a category are dependent on the ontological commitment[114] of the mental health professions. However, Raabe (2010:34) does not agree with this ontology (or ontological relativism[115]). Raabe (2010:15-16) starts by stating that the mind is not the brain; instead, the mind is an abstraction of beliefs, values, and assumptions. The brain in turn is not an abstraction; instead, it is part of the physical body. Therefore, changing your mind is not the same as changing your brain. Mind, furthermore, is propositional

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[113] See Raabe's (2010:15) reading of Szasz (1960) (*The Myth of Mental Illness*).

[114] This ontological commitment is based on the medical and disease model of mental disorders.

[115] Raabe (2010:17-18) calls this ontological relativism in the mental health professions a strange problem. Mental disorders are influenced by different cultural beliefs and it differs from culture to culture. Raabe thus asks, if mental disorders, i.e. organic diseases, are like any other disease, why does diagnoses change depending on culture and context?

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and not biological: "Mental propositions consist of propositional attitudes—such as doubt, belief, desire, value, and assumptions, toward[s] propositional content—such as, for example, worthiness and respect" (Raabe, 2010:16). More importantly, mind has *no material existence*. The mind or the mental refers to "thoughts or attitudes *about* something" (Raabe, 2010:16). The problem, according to Raabe (2010:17), is that there is "extensive ontological relativism" in the medical model. Raabe (2010:19) quotes Horwitz[116] to support this claim:

> [T]he symptoms of most psychological dysfunctions are not direct indicators of discrete underlying disease entities. […] Culture, not nature, influence [sic.] how most disorders become real both to the people who suffer from them and to those who treat them.

Raabe (2010:19-20) claims that the mental health professions make two errors when they define mental disorders. Firstly, they accept a "realist epistemology" which reduces the mind and the mental to chemical and electrical processes in the brain. And, secondly, they reify mental disorders by claiming that the symptoms *are* mental disorders. The mental health professions' ontological commitment, according to Raabe (2010:20), rests on these two errors: "that the epistemic content of the mind is physical material not unlike the brain, and that the diagnosis of a mental illness is identical to the discovery of an organic disease."

Raabe (2005:510) also states that the mental health professions simply "misinterpreted what is going on" with the counselee. This misinterpretation comes from a position to maintain authority. This is due to a "desire to defend and maintain their position as the expert and authority; the one who knows the patient, and the patient's mental illness, better than the patient knows herself" (Raabe, 2005:520). This misinterpretation is also due to the problem being non-physical, i.e. in the mind, and that the counselee is treated physically, i.e. his or her brain is treated. Raabe's (2005:520) antonymous conception[117] of PC sheds further light on this scenario:

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[116] Horwitz is a prominent psychiatrist who problematises the diagnostic inflation of psychiatry. See, for example, Horwitz and Wakefield (2007) who published *The Loss of Sadness* with the subtitle "How psychiatry transformed normal sorrow into depressive disorder".

[117] As the emphasis added in the quote showcases, Raabe (2005:520) relies on little substantive content to explain what PC is.

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> Philosophical counselling *avoids* the judgmental diagnostic gaze on which much of psychotherapy is based. A philosophical counsellor is careful *not* to treat his client in such a way that she feels some of her impulses, thoughts, feelings, or acts are unacceptable within the counselling relationship. And because philosophical counsellors *don't* diagnose their clients, there is *no* symptomatic "norm" of behaviour for any particular mental illness to which the client is expected to conform. This *absence* of expectation is very liberating for the client in philosophical counselling. It allows the client to have a great variety of impulses, thoughts, feelings, and acts without having to consider herself abnormal. (emphasis added)

Discussion

One might read Raabe (2005; 2010; 2013) (charitably) as providing a Pyrrhonian counterargument to equal the scales, i.e. bringing forth equipollence. Raabe (2010) proposes an equally "valid" ontology of mental disorders to counter the mental health profession's ontology of mental disorders. Such an ontology would be "valid" in the sense that one ignores empirical evidence of the efficacy of the mental health professions. What I mean with this is simply that on the theoretical aspects of both PC (according to Raabe) and the mental health professions regarding the ontology of mental disorders, there seems to be, in Pyrrhonian terminology, equipollence of arguments.[118] Furthermore, one might also read Raabe (2010) as claiming that the mental health professions put the epistemic and semantic cart before the metaphysical horse. The root cause (or the natural kind status) of mental disorders is still debated, therefore claiming to know what mental disorders are via symptoms is problematic to say the least. However, Raabe does not have empirical evidence on his side. There are accordingly two parts that are pertinent to my reading of Raabe in this sense. Firstly, he brings forth equipollence via a counter theory of the ontology of mental disorders. From the Pyrrhonian perspective, the adequate move would then have been to say that to decide for or

[118] There are various philosophical accounts of why the mental health professions' philosophical assumptions are problematic. I will not deal with the validity of these arguments in this thesis or the efficacy of treatment of mental disorders in the mental health professions. What I am doing here is purely to give Pyrrhonian reflections and a charitable reading of Raabe (2005; 2010; 2013). My own conception of PC is counter to what Raabe wants to do in this regard.

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against would be arbitrary. However, this is not what Raabe does. This leads to the second part of my reading of Raabe. He continues to state that PC (in his conception) is the better of the two interventions, i.e. either PC or medico-therapeutic intervention. He thus assents to a non-evident position and dogmatises in the Pyrrhonian sense of the term. However, this is a straw man argument and he appeals to authority (i.e. Horwitz[119] and Szasz[120]) rather than show evidence for his claims. This, in part, relies on his strange acceptance or adherence to an outmoded mind-body dualism. Accordingly, he can make the claim that all mental disorders are caused by philosophical roots, i.e. by non-biological aspects.

It is relevant to quote Brown (2010:116) at this point as he states:

> If there are no constraints on positing implicit fallacies to explain irrational actions or unrealistic beliefs, then almost any psychological quirk can be construed as a manifestation or expression of a confused philosophy. […] Even if the cause of the problems can be traced to fallacious inferences, it does not follow that philosophical counselling will be an effective remedy.

This is especially the case with Raabe's outmoded use of mind-body dualism. As stated, Raabe holds a strong dualism between body and mind or, more specifically in his terms, brain and mind.[121] This, in part, allows him to make the claim that "existential difficulties" or problems in life with a philosophical nature cause "mental disorders", which is more accurately called mind disorders when one follows Raabe's argument. Consequently, the claim can be made that these disorders can be treated with philosophy. There are various problems with this view. Firstly, it presupposes that philosophical counsellors being philosophers are adequate to help the counselee resolve the problem (which is, accordingly, philosophical in nature).[122] Secondly, it presupposes that philosophy as a subject or lifestyle can help the counselee resolve the problem. Thirdly, it presupposes that philosophy and PC can help with problem resolution.

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[119] See Raabe (2010:19, 29) regarding the appeal to Horwitz.

[120] See Raabe (2010:15) regarding the appeal to Szasz.

[121] See these claims especially in Raabe (2010, 2013).

[122] Knapp and Tjeltveit (2005:563) critique, amongst others, that the philosophical counsellor is the ideal candidate to help the counselee with philosophical problems.

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Schuster (1995:114) states that PC cannot help everyone with mental health problems. It might also be beneficial to note that Amir (2004:13) states that "philosophy can confuse, bewilder, frighten, discourage". Raabe's (2010:14; 2013:200-201) claims that philosophy can help those with severe mental health problems should therefore be taken with a grain of salt. Furthermore, one might simply state that philosophical counsellors being philosophers should be more critical of their own positions and assumptions. Others also make this error of providing empirical claims without evidence. I will now discuss Marinoff as another philosophical counsellor who makes claims without the necessary evidence.

2.1.1.3. Marinoff: Four faces of depression

Marinoff (1999) does not necessarily formulate an antonymous definition of PC using his four causes of depression, but this example illustrates how some philosophical counsellors use this different ontology and aetiology of mental disorders. Furthermore, these claims are normally made with little, if any, actual empirical evidence to substantiate it. This is especially the case in Marinoff's (1999:32-34) discussion about the four faces of depression. From the outset of this discussion, Marinoff (1999:32) highlights the idea that philosophy, psychology and psychiatry see the same thing differently due to the different lenses each discipline wears.[123] The first cause of depression, or the first face, is that there is a biological problem or issue with the counselee's brain which is genetic. The second cause of depression, like the first, is biological; however, it is not genetic. Instead, it is due to, inter alia, substance abuse. A third cause of depression stems from unresolved childhood issues. It is thus a psychological issue and not a medical problem. The fourth cause of depression is ascribed to things outside of the counselee, such as a "personal or financial problem […] or a moral or ethical dilemma" (Marinoff, 1999:33). This means that there is no psychological or biological/physical issue. Rather, moral or ethical issues are the cause.

Marinoff (1999:33) states that both the first and second cause of depression are normally treated in psychiatry with medication; however, medication "can't cure the underlying

[123] This is not such an outlandish claim. Various authors from different fields have voiced this position. See, for example, the insightful work done by Luhrmann (2001). She states that those in psychiatry are trained to "look at mental illness through different lenses and the consequences of those ways of seeing" (Luhrmann, 2001:10). This echoes the claims made by Szasz (1960) and Rosenhan (1973) who problematise how we look at mental disorders.

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problem" and, consequently, "talk therapy would still be indicated" (Marinoff, 1999:33). Furthermore, both the third and fourth cause of depression would normally be dealt with in talk therapy. In a humbler manner (contrasted with that of Raabe), Marinoff (1999:33) states that PC can potentially be beneficial to the counselee suffering from depression caused by unresolved childhood issues, either before or as an alternative to psychological therapy or counselling. However, according to Marinoff, dealing with the fourth cause of depression forms part of the realm of philosophy. Marinoff (1999:33-34) states:

> But in the fourth scenario – *by far the most common one brought to counselors of all kinds* – philosophy would be the most direct route to healing. […] *But taking medication then just puts off the inevitable*, and the risk is that feeling better because of a pill means you won't do the work that is necessary to meet and surpass whatever challenge lies ahead. *Drugs don't do anything in the outside world* – even with a mood softened by Prozac, you'll still have to deal with a sadistic boss or a cheating partner or a bureaucratic bank. The answers are not – and never will be – in a pill bottle. (emphasis added)

The claim can be condensed to the following: using medication to cure some form of mental disorder is ineffective because it will only give "temporary palliation" or short-term relief but with the cause of the problem still in place. There are things medication cannot fix which are the actual causes of one face of depression and philosophy is the best way to deal with said causes. Anti-depressants, for example, Prozac will not help one deal with one's sadistic boss but gaining philosophical skills and know-how will help one deal with these problems.

Discussion

The four causes of depression are not necessarily immediately problematic. Various philosophical counsellors hold this position, especially that things outside of the counselee can cause mental health problems, i.e. psychological problems, but not necessarily disorders. However, the problem is when Marinoff (1999:33-34) makes empirical claims without proper evidence. Is depression of the fourth type really "by far the most common one brought to counselors of all kinds" (Marinoff, 1999:33)? If this is the case, why does Marinoff not supply the evidence upon which this claim is based? Furthermore, is it safe and responsible to claim that "taking medication then just puts off the inevitable […] Drugs don't do anything in the outside world"? A counselee with severe depression who does not want medical help, might

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not interpret this in the manner that Marinoff intended.[124] Martin (2001:7) also states that Marinoff's (1999:32-35) way of describing the causes of depression is antithetical to that of psychiatry. In the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-V*) depression is classified according to, inter alia, behaviour, belief and emotion and not necessarily in causal terms.

These claims about medication and therapy can also be discussed with relation to both of his more controversial book titles: *Plato, not Prozac!* (1999) and *Therapy for the Sane* (2003). In the case of the former, Martin (2001:9) illustrates a double irony in the choice of title: (i) Plato renounced the dichotomy between therapy and ethics which Marinoff makes in the title,[125] and (ii) Marinoff (e.g. 1999:10) constantly states the choice of the counselee to either enter psychological counselling, undergo psychotropic-medication intervention or philosophical counselling. However, the title draws a distinct line which highlights Plato rather than Prozac. In relation to this, Cohen (2004:1, 4)[126] points out the rather obvious distinction the title and phrase "therapy for the sane" implies.[127] On the one hand "sane" counselees undergo therapy of the philosophical and rational kind; on the other hand, only "insane" counselees need psychological counselling. This is a dangerous stereotype to engender. Furthermore, one might question Marinoff's understanding of the term therapy. If one understands it in the medical (and I might add the colloquial) sense of the term, the medical treatment, i.e. therapy, of the

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[124] I discuss this problem in more detail below, but, simply put, the problem is that counselees might enter PC because the philosophical counsellor makes claims the counselee wants to hear or that those in PC might listen in a manner the mental health professions do not. Particularly in this case, their depression stems from something outside of the counselee (i.e. philosophical problem) and not something internal to them (e.g. a biological/psychological problem).

[125] According to Martin (2001:9), Plato and some of the Hellenistic schools of philosophy held a positive or substantive account of mental health and not a negative or antonymous account thereof. Furthermore, Martin (2001:9) states that the book title, linked with Marinoff's (1999:10) idea that a counselee can receive "Prozac first, then Plato later", keeps the dichotomy between therapy and ethics which Plato renounced.

[126] Cohen (2004:5) correctly notes the harm Marinoff's title(s) can create for the potential positive relationship PC can have with the mental health professions. However, Cohen wants to make PC more psychological, which is not a position I want to promote in this thesis.

[127] The phrase "therapy for the sane" is borrowed from Peter March by Marinoff (1999:11) in *Plato, not Prozac!* and as Marinoff's (2003) book title.

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sane does not make much sense, because the sane is not ill, i.e. not in need of (medical) therapy. However, Marinoff does not intend the medical understanding of the term therapy here.[128]

That said, it is interesting to note the implications of Marinoff's book titles on his stance towards depression. If the fourth kind of depression is most prevalent amongst counselees, he is justified to claim therapy for the sane, i.e. Plato instead of Prozac. However, the problem is that empirical evidence from the mental health professions could tell a different story. Moreover, making such a philosophical or "rational" argument in an empirical and evidence-based profession would seem odd. In other words, depression of the fourth kind is, at least empirically, not the most common (unless Marinoff provides evidence of how he came to this number) and, as Martin (2001:7) claims, the *DSM* does not necessarily base its definition of, say, depression, on causal factors alone. Considering this, I think the dangers of calling depression treatable with Plato and that this constitutes therapy for the sane do not outweigh the potential good such treatment might do. This might also harbour a "safe space" for counselees who do not seek to do the "hard work" of undergoing therapy and psychotropic intervention where it is needed.[129] A dependence on the existential or causal framework of mental disorders may thus demotivate the counselee from getting the appropriate treatment.

2.1.1.4. Aho: Dependency on the causal theory of mental disorders

Aho (2008) uses the causal theory or existential framework to show how PC is different from the mental health professions. Aho, for example, discusses the shortcomings of the "DSM/bio-psychiatric model". He states that PC is not concerned with the objective question "What are we?" (Aho, 2008:208). Instead, it is concerned with "How are we?". Furthermore, philosophy is a journey, a way of seeing life, and a way of addressing the "miseries of life" (Aho, 2008:208). Aho (2008:209-210) states that important "information" is lost with the mental health profession's effort to find an "objective" and more reliable way to diagnose patients. The counselee's situated experience or embodied human experience of, say, depression, is one

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[128] Marinoff (1999:35-36; 2002:84-85) "reinterprets" the meaning of psychotherapy. In this, he uses the archaic understanding of therapy (*therapeuein*) which means "to attend to".

[129] See Jopling (2008:161-162) for this critique. Simply put, following Jopling, philosophy might stand in the way (or may act as an escape route) for a counselee who does not want to face tough emotional problems (or feelings) head on. See chapter 4 in this thesis for a discussion of Jopling and a response to this critique.

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such piece of information that gets lost in objective sciences. Every counselee's experience of his or her feelings and needs, amongst others, will be different. The model in which the mental health professions work, i.e. finding the best medication to get rid of unwarranted or undesirable symptoms in the least amount of time, i.e. the bio-medical framework, does not always make the counselee feel "heard". Aho (2008:210) states that

> existence is not something that can be scientifically fixed or controlled like a broken arm or high cholesterol. It is in coming to grips with the fact that suffering is essentially woven into the human condition that we can begin to interpret the experience of depression in new ways.

Aho (2008:214-215) bases his notion of PC on this rethinking of mental disorders. The concrete situation and lived experience of the counselee is the main focus before any theoretical framework is considered – there are no *what* questions. This way of thinking, i.e. relying on objective diagnosis and *what* questions, could lead one to assume that the counselee is a "bio-chemical thing with quantifiable attributes" (Aho, 2008:215). Instead, PC is concerned with *how* questions: "how do we live our lives; how do we experience our existence as finite, impermanent beings, and how does this experience shape and determine depressive episodes" (Aho, 2008:208).

Discussion

Regarding Aho's conception of PC, I highlight five things. Firstly, is it possible to work *before* any theoretical frameworks, as Aho's states PC does?[130] Luhrmann (2001:10) problematises the way in which psychiatrists are trained to view the world, i.e. to view, for example, certain behaviour as deviating from norms,[131] but that behaviour does not inherently mean something is wrong with the counselee. One might ask the same regarding Aho's conception of PC: "Can one really see the world without prior frameworks or lenses?" or "Can one see the world *before* one places a particular framework on the world?".[132] Also, the philosophical counsellor is not immune to placing a philosophical lens on the world, neither can he or she claim to have a

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[130] Swazo raises a similar critique against Schuster. I discuss this in more detail in chapters 3 and 4.

[131] I argue in chapter 4 that the counselee and philosophical counsellor can critique these norms as well.

[132] Mandell (2007:27), for example, talks about *seeing the world through philosophical glasses*. In other words, philosophy also posits certain frameworks onto life.

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value-neutral stance regarding either philosophical (de)diagnosis or the interpretation of the counselee's problem (Brown, 2010:116; Mehuron, 2015; Swazo, 2000:46).

Secondly, the argument goes that certain information, like the counselee's situated and individual experience of depression, gets lost when there is too much theorising. Instead, we should focus on the "how questions". However, does Aho not commit the crime he accuses the mental health professions of doing, i.e. neglecting certain aspects of the counselee's experience of, say, depression? By substituting "how questions" for "what questions",[133] Aho and philosophical counsellors neglect the "what questions". A deeper understanding of the counselee's experience of, say, depression, would include "how *and* what questions". By excluding either of these questions, one forfeits the opportunity of a more complete understanding.

Thirdly, the way in which Aho conceptualises PC and the question PC asks – by critiquing the bio-chemical *DSM* model – is not done in a substantive manner. As noted, one of the reasons why PC is in a crisis of definition is due to the prevalence of antonymous conceptions. Moreover, as stated regarding Marinoff's causes of depression, the opponents which Aho takes on, i.e. the mental health professions, are armoured with empirical evidence which Aho and others lack.

The fourth and fifth remarks are similar. One leads to the other. They relate to practical issues like time spent with counselees/patients and insurance reimbursement, and then in turn the counselee's needs which might include being listened to in a compassionate way. In this sense, there are practical issues which the mental health professions face. A psychiatrist, for example, cannot spend all his or her time doing therapy.[134] That would, for example, be the domain of counselling psychologists. However, in most cases, only psychiatrists can prescribe medication which the counselee might need immediately. The need for therapy or counselling is still there,

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[133] "What questions" in relation to, say, depression, might be: "what are the bio-chemical causes of depression?".

[134] See, for example, Carlat (2010:4-5) who gives a subjective account of being a psychiatrist and of some of the practical issues (e.g. limited time with patients and consequently the negligence of therapy). He acknowledges, for example, the need for therapy in psychiatry, but the lack of training and time spent with a patient, inter alia, prohibits this from happening. He, for example, states that the "psychiatrist as psychotherapist is an endangered species" (Carlat, 2010:4).

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but the counselee might not be able to afford this financially or timewise. Furthermore, there might be a problem of "refugees"[135] who arrive from the mental health professions at PC because they themselves do not want to undergo the proper treatment. The philosophical counsellor, following Aho's conception, might create a more conducive space in which the counselee feels "heard" than in the mental health professions. This might be due to the problem of overtheorising in the sciences (as Aho (2008:215-216) states above). Nonetheless, this might lead the counselee to rather seek this comfort of being heard in PC rather than seek proper treatment. Furthermore, Jopling (2008:161-162) notes importantly that the counselee might gain what he calls "pseudo-insight" by giving the counselee's possible psychological problem a philosophical explanation. For the counselee it might feel that he or she has a better understanding of, say, depression due to its philosophical reinterpretation, or by understanding the how question, but this might only be a "really sophisticated patter with little intrinsic philosophical content" (Jopling, 2008:161-162).

2.1.2. Demarcation conception of PC: The demarcation of philosophical problems

There might be a couple of factors that contribute to the way in which philosophical problems are understood and conceptualized. From the above discussion, one can state that philosophical problems stem from the counselee's existential mode of being, i.e. from existential difficulties. Furthermore, different types of questions are asked surrounding the counselee's mode of being in the world or his or her experience of, say, depression. Also, by rejecting the medical or disease model of mental disorders, symptoms that might have been seen as organic causes of, say, depression, are reinterpreted in a philosophical manner that does not see them immediately as symptoms of mental disorders (which need to be treated with medication). Hence, the displacement conception label. Simply put, the mental health professions and PC deal with the same problems in different ways but the relationship is antithetical rather than co-operative.

However, rather than having an antithetical attitude towards the mental health professions, the demarcation conception of PC instead demarcates or separates philosophical problems from psychological problems. Rather than critique the medical model and how mental disorders are understood, described, and treated, these philosophical counsellors instead argue that philosophical problems are distinct from psychological problems. These accounts are still

[135] Amir's (2004: 6) term.

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antonymous in nature because rather than stating what philosophical problems are substantively, these attempts rely on what psychological problems are as defined by the mental health professions. I discuss three such attempts. Firstly, I discuss Mijuskovic (1995) who argues that philosophical problems are rational; the counselee should be able to reflect on them and discuss them in a philosophical dialogue. Psychological problems are, on the contrary, problems the counselee cannot rationally discuss or reflect on. In addition, the counselee is not in control of his or her psychological problems. Secondly, I discuss Segal (2006) who argues that philosophical problems are contextual in nature, i.e. it is about the context in which they originate. Psychological problems, again, are not within the counselee's control. Rather than the context of the problem, there are biological or organic (i.e. internal) factors that lead to the problem. Thirdly, I discuss Amir (2005), who argues that problems of a philosophical nature are mostly moral problems, which falls within the realm of philosophy (rather than in the realm of psychotherapy). She argues that the mental health professions cannot lay claim to these problems because they are philosophical in nature and they should be dealt with by qualified philosophers who were trained to deal with these problems. Those in the mental health professions are not trained to deal with the counselee's moral or ethical problems, nor do the mental health professions have the necessary theoretical knowledge to have discussions about moral and ethical issues.

2.1.2.1. Mijuskovic: The rationality of philosophical problems

Problems of a philosophical nature, or problems within the realm of philosophy, on the one hand, concern the cognitive. Mijuskovic (1995:88-89), for example, states that for a problem to qualify as philosophical (i) it needs to be based on the rationality of the counselee, (ii) there needs to be a possibility to discuss it via a rational dialogue, (iii) the counselee must be able to share it without any complications, and (iv) it needs to be open for possible further questioning, critique and analyses. However, says Mijuskovic (1995:88-89), in the case of a psychological problem (i) it is beyond the control of the counselee, (ii) the counselee cannot always be aware of, say, the laws of consistency and non-contradiction (i.e. the counselee cannot have a rational dialogue with the counsellor), (iii) it is sometimes unshareable, i.e. the counselee cannot share the problem due to, say, a feeling of being alienated from the world, and (iv) the criticism and analysis of beliefs and worldviews would be difficult because these cause stress which the counselee will not be able to handle. Mijuskovic (1995:88-89) makes the following important assertion:

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> Psychoanalysis, behaviourism, and even cognitive therapy, as well as pharmacology, all assume that the patient has been passively and adversely affected by forces beyond his or her control. Accordingly, it makes perfect sense to administer Prolixin or Clozaril to a patient who is experiencing paranoid delusions, delusions of reference, and auditory hallucinations, whereas it would be bizarre to prescribe anti-psychotic medications to someone who is committed to Hegel's Absolute Idealism.

Discussion

According to Ramharter and Romizi (2015:134-135), there are certain advantages of conducting PC in the manner Mijuskovic (1995:88-89) proposes. Firstly, it is concise about what constitutes philosophy; secondly, it easily differentiates PC from psychotherapy; thirdly, the philosophical counsellor is not in a position to influence the counselee – there is only an "influence through argumentation"; fourthly, there is no need for the philosophical counsellor to get emotionally involved with the counselee; and, lastly, there is a relatively clear methodology with the promise of efficiency and helpfulness. There are at least two problems with this conception of PC. Firstly, as stated a few times already, philosophy itself is not an easily defined endeavour. Following Derrida (1995:376), one might posit that every philosophical discussion (including the one with the counselee) carries with it the following questions: "What is philosophy?"; "What are the limits?"; and "What is PC?". Secondly, the discussion around methods in PC is also not settled. Furthermore, psychological and philosophical problems might present as each other or one might cause the other. Separating psychological and philosophical problems in the manner that Mijuskovic (1995) does reinforces Marinoff's (1999; 2003) problematic book titles, as discussed above. In other words, if emphasis is placed on the counselee's problems being purely rational,[136] cognitive, intellectual, or philosophical, the connotation will be that PC is only for the "sane" and that the mental health professions are for the "insane".

That said, the virtues of viewing philosophical problems in this manner should not be overlooked. The philosophical counsellor *qua* philosopher is not trained to deal with mental

[136] This might also reinforce the idea that philosophy "aims at transcending subjective emotions and opinions" (Ramharter and Romizi, 2015:133).

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health problems; consequently, the philosophical counsellor can only enter a rational philosophical dialogue with the counselee. The counselee should be able to discuss his or her problem in this dialogue, as Mijuskovic claims. However, "boxing" or framing problems in a predefined manner becomes problematic. As stated above, this might reinforce the negative stereotype that PC is for the sane and psychology for the insane. Tillmanns (2005:2-3) also, for example, finds this boxing of problems problematic:

> I, however, do not understand philosophical counseling to be mainly focused on the rational. For me philosophical counseling is grounded in the notion that life is inherently problematic, and cannot be reduced to problems (whether psychological, emotional, or rational) which need to be solved and overcome in order to live life more or less successfully. […] Life is not meant to be solved; it is meant to be lived! Philosophical counseling, for me therefore, approaches life as a whole and not as individual problems.

In this sense, the context of the problem becomes relevant and important for the philosophical counsellor.

2.1.2.2. Segal: The context of the problem

The context in which a counselee's problem originates is sometimes seen as falling within the realm of philosophy because it is (spatially) outside of the counselee. Following this line of thought, Segal (2006) shows three ways in which the problem of the counselee is different in PC than in the mental health professions. Firstly, "philosophical forms of dis-ease" arise when a counselee's situated context or conventions are disturbed (Segal, 2006:43); problems arise when the counselee feels there is something wrong with things outside of him or herself. This is "external" to the counselee. Psychotherapeutic forms of dis-ease, or proper "disease",[137] are related to the person himself or herself; it is something "internal". Secondly, philosophical problems are concerned with "means" rather than "ends"; in other words, it is about what causes the problem rather than the result of the problem. Thirdly, problems of a philosophical nature do not arise within the counselee himself or herself, but rather from values. Again, it is neither something biological or organic nor something "internal" to the person. In other words,

[137] I am here referring to disorder, but I use the term "disease" to contrast it with "dis-ease".

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philosophical problems manifest because there are problems with values or conventions and not the "self" or something inaccessible to the counselee that blocks him or her from doing something. "Philosophical forms of dis-ease" are thus more abstract and more conceptual than personal or "within" the counselee. Furthermore, the "philosophical forms of dis-ease" are formed in the context within which the counselee finds himself or herself (Segal 2006:41). Segal (2006:42) states: "philosophical counseling is not to heal the self but to explore the disruption in conventions and to open alternative frames for making sense of everyday life." This is counter to the mental health professions which are situated within a more objective framework and deal with things located "inside" of the counselee, for example, biochemical factors.

Discussion

Again, this manner of viewing the problem is beneficial. The philosophical counsellor cannot deal with the biological aspects of the counselee. However, the philosophical counsellor can help the counselee deal with things external to the counselee, i.e. the context of the problem or problems stemming from values. Fatić and Zagorac (2016:1426-1427) use this framework in which the problem originates and state that it gives the philosophical counsellor the privilege to critique the counselee's way of living. In Socratic terms, if the counselee is living an unexamined life, i.e. when problems originate due to, say, problems with values or beliefs in the counselee's context, the philosophical counsellor can step in and help the counselee. In contrast, the psychotherapist or psychiatrist cannot diagnose or treat the counselee because the counselee is either living an unexamined life or there are problems with values and beliefs.[138] However, this situation presupposes what constitutes philosophical problems and places it in a predefined box. In other words, delineating problems in this manner removes the opportunity to investigate things beyond the mere context of the problem. PC cannot help everyone; some situations might be beyond extending the counselee's understanding of their situation. It does not factor in the manner in which the counselee, say, lives a full life. Instead, it merely looks at the context surrounding the counselee, which might in turn seem like an unchangeable fact of life. If a counselee's philosophical problem, for example, stems from systemic injustice, a problem beyond the scope of the counselee's own ability to change, the problem might persist.

[138] Unless this manifests as a diagnosable mental disorder, the idea here is that the unexamined life or problematic belief falls within the realm of philosophy and does not necessarily manifest as a mental disorder.

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The counselee and philosophical counsellor might purely have an intellectual discussion about the problems – which is not necessarily bad. According to some,[139] however, this intellectualisation of problems does not constitute therapy or counselling because it does not change the counselee's problem.[140] However, following Segal (2006:42), PC is not about "healing the self"; instead, PC helps the counselee broaden his or her horizon.

2.1.2.3. Amir: Moral problems are within the realm of philosophy

By broadening the counselee's horizons or by opening "alternative frames for making sense of everyday life",[141] the counselee might stumble on moral problems or issues he or she cannot resolve. Furthermore, moral and ethical issues and questions might in turn cause psychological problems or cause the counselee to seek a psychologist or psychotherapist to help them resolve these moral or ethical issues. However, Amir (2005:44, 54) states that those in the mental health professions are not trained to deal with these kinds of problems. She argues that the objective sciences cannot adequately deal with moral and ethical issues due to their value-neutral stance pertaining to issues of such a subjective matter (Amir, 2005:50-51). Furthermore, Amir (2005:51) states that a

> feature of the calculative-instrumentalist approach which pervades all psychotherapies, including existentialist ones, however, is its inability to reflect on the question of which goals are truly worth pursuing. […] Discussion of goals falls within the proper domain of philosophy. Psychotherapists find themselves engaged in moral discussions without an appropriate theoretical background. This situation cannot be easy on the psychotherapist, nor beneficial for the client.

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[139] According to Rosner (2004: 224), instead of merely talking about (philosophical) problems, therapy should "somehow engender behavioural change on an emotional level"; in other words, a mere discussion about the problem will not resolve it. Mills (2001: 21) states a similar sentiment when he says that a conceptual analysis of, say, the term "love" or "marriage" is not what the counselee necessarily needs when he or she is struggling with an *actual or concrete problem* with love or marriage.

[140] A change of view can already make a change to the problem; this alone might be seen as valuable even if the problem/situation cannot be resolved or understood beyond a certain point.

[141] Segal (2006: 42).

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Those in the mental health professions, without proper training in dealing with these types of issues, and by not having the proper theories to engage in these issues, stepped out of the realm of psychotherapy, so to speak, and into the realm of philosophy. However, as already stated, they do not have the proper training to help the counselee sufficiently. Amir (2005:54) concludes, thus, that issues of this kind fall within the domain or realm of philosophy and, consequently, philosophical counsellors are more adequately trained to help the counselee with the aforementioned issues.

Discussion

Stating that philosophers would be good counsellors[142] because they are trained in the problems of morality when counselees present problems of morality, is not a particularly strong argument. Firstly, there is no empirical evidence that this is the case, nor is there empirical evidence that philosophy might help resolve these problems in a counselling session.[143] In other words, one might claim that psychological treatment or therapy might be just as good in dealing with philosophical problems. Secondly, arguing this way opens the door for PC to become applied philosophy. If one follows this argument, nothing prohibits those in the mental health professions from gaining philosophical tools which they can apply to resolve a counselee's problem.[144] With the backing of empirical evidence, those in the mental health professions might even be *more* suited to deal with counselees' moral and ethical issues with the help of these philosophical tools they can apply. Thirdly, this way of demarcating philosophical problems removes any other discussion the philosophical counsellor can have with the counselee because this conception of PC is focused on moral and ethical issues. As discussed, this boils down to using philosophy as a means towards some end beyond philosophising with the counselee, for example, the resolution of moral and ethical issues.

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[142] Knapp and Tjeltveit (2005:559) makes this argument when they state that "[t]he skills adequate for good classroom presentations, however, may not be adequate for dealing with some difficult clients".

[143] Applied ethics or applied philosophy might help with the resolution of moral or ethical problems; however, there is no empirical evidence that this will be the case in a counselling/therapeutic session.

[144] See, for example, Howard (2000a) and LeBon (2007) who are counselling psychologists/psychotherapists who use philosophical tools in their respective practices.

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2.2. Summary

In this chapter, under the antonymous rubric, I made a distinction between what I call the demarcation conception and the displacement conception of PC. In the displacement conception of PC, the philosophical counsellor stands in an antithetical relationship to the mental health professions; that is, the philosophical counsellor using the same "information" about the counselee as the mental health professional reaches a different conclusion as to what is wrong with the counselee. In the demarcation conception of PC, the philosophical counsellor does not stand in an antithetical relationship with the mental health professions. Instead, the philosophical counsellor gains different insights from the counselee or focusses on different aspects of the counselee's problems. Consequently, the philosophical counsellor might hold the notion that there are both philosophical and psychological problems from which the counselee might suffer.

Under the displacement conception, I discussed three philosophical counsellors who developed their conceptions of PC from the antithetical relationship, namely Raabe's (2005, 2010, 2013), Marinoff's (1999) and Aho's (2008) conceptions of PC. Due to their relationship to the mental health professions, I am in agreement with others (e.g. Knapp & Tjeltveit, 2005) when I claim that before these conceptions of PC can be taken seriously, there needs to be considerable empirical evidence that actually proves treatment efficacy. As of now, there is few, if any, evidence that shows that these forms of PC would be more effective in treating and healing counselees with mental health problems than other counselling psychologies or therapies in the mental health professions. Nevertheless, PC is emphasized as a kind of therapy that might help the counselee. Because these conceptions of PC stand in an antithetical relationship to the mental health professions, what the counselee's problem is, will be understood differently from the mental health professions (cf. Raabe's different ontology). The cause of the counselee's psychological/philosophical problem (i.e. the same problem, say, depression) is also different (cf. Marinoff).

Under the demarcation conception, I discussed three accounts of PC exhibiting a more neutral relationship with the mental health professions. Various philosophical counsellors follow the idea that there are separate philosophical problems existing alongside psychological problems. I discussed three such ideas: that philosophical problems are rational (Mijuskovic, 1995); that they are contextual (Segal, 2006); and that they contain moral and ethical elements (Amir, 2005). Drawing a box around philosophical problems in an antonymous manner presupposes

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what is wrong with the counselee, there are no confessions of Socratic ignorance. PC, following from the idea of having these predefined problems[145] can thus be seen as for those who are sane of mind, i.e. not suffering from psychological problems. An overemphasis on the rationality of the counselee's problem might also create an environment where the symptoms, amongst others, might be overintellectualised. All these factors might further contribute to the idea that philosophy and PC are for the sane and intellectual. This might also prohibit those who need psychological counselling from seeking the correct help. Lastly, the predefined and presupposed framing of philosophical problems contrasted with psychological problems, suppresses and impedes the notion that philosophy and PC are open-ended endeavours. Moreover, theories and hypotheses seem strange in the realm of philosophy (which is characterized by Socratic ignorance and wonder/creativity).

The conceptions of PC following from the antithetical and neutral relationships towards the mental health professions might focus on defining, understanding and resolving psychological/philosophical problems. In other words, the idea of PC stemming from the discussed conceptions subverts philosophy or philosophising to some other goal, i.e. problem identification or resolution (i.e. subscribing to the therapeutic thesis). These conceptions of PC neglect the act of mutual philosophising with the counselee and rarely profess Socratic ignorance. Those conceptions discussed as stemming from an antithetical relationship with the mental health professions, especially Raabe's (2005, 2010, 2013) account, are not that different from, say, psychotherapy. In fact, this is exactly what Raabe[146] wants. Those conceptions discussed as stemming from a more neutral relationship with the mental health professions, especially Amir's (2005) account, can be seen as akin to applied philosophy. It is still focused on philosophy, in contrast to the displacement conception of PC, but it *uses* philosophy in a way which keeps it subscribed to the therapeutic thesis. Before conceptualising PC without the therapeutic thesis, I turn to substantive accounts of PC.

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[145] I say "predefined" because as discussed in section 2.1.2, these problems rely on how the mental health professions define problems.

[146] Beukes (2002:1271) reads Raabe in this way. Raabe (2001:90) also notes that psychotherapy and PC are not of different kinds, but rather different types of knowledge.

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CHAPTER 3: Substantive accounts of PC

3.1. Introduction: Defining PC substantively

Various authors have described their goals and methods (or the lack thereof) in a substantive manner. I label their descriptions substantive accounts because they describe their methods and goals in such a manner as to showcase how they would deal with a counselee. Accordingly, I distinguish between three different categories in which these descriptions fall: closed-method-closed-goal, open-method-closed-goal, and open-method-open-goal. Simply put, the categories refer to whether the philosophical counsellor has some preconceived outcome in mind and/or whether he or she employs a rigid/relatively fixed method. Or whether a philosophical counsellor does not follow either of these two approaches.

(See **Table *1*: Three categories** below.)

Table 1: Three categories

	Closed-goal	Open-goal
Closed-method	Marinoff (1999; 2003) Amir (2003; 2018) Cohen (1995; 2003; 2013)	
Open-method	Lahav (1995; 1996; 2001a; 2001b; 2006; 2008; 2017) Raabe (2001)	Achenbach (1995; 2018) Schuster (1992; 1996; 1997; 1999)

i. Closed-method-closed-goal simply refers to the philosophical counsellor that describes his or her practice with a rigid method and some fixed goals or outcomes. Even though I label it as fixed or closed, there is some room for change and difference. Most philosophical counsellors also state that these are purely guidelines. However, contrasting these descriptions against each other might illuminate why they are labelled as fixed or closed. In this category, I discuss Marinoff, Amir and Cohen as accounts which have relatively fixed methods and outcomes.

ii. Open-method-closed-goal simply refers to the philosophical counsellor that describes his or her practice with a fixed or predetermined outcome or goal, but there is no clearly defined method which can be used to achieve said goal. In this

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category, I discuss Lahav and Raabe as accounts which have relatively fixed outcomes or goals, but which do not have rigid methods.

iii. Open-method-open-goal simply refers to the philosophical counsellor that describes his or her practice without any goal or outcome. These accounts merely have what some refer to as road signs or markers that might guide one. In this category, I discuss Achenbach's and Schuster's accounts which have no clearly defined methods or any fixed goals.

Using substantive accounts, mainly focussed on methods and goals, might seem like a beneficial manner to define PC.[147] However, following Banicki (2014:27-28), one might state that solely relying on these two factors alone will bring one dangerously close to philosophy being either psychotherapy or science. Discussing accounts of PC solely in these terms might accordingly be doomed from the start. In other words, discussing these accounts in order to state substantively what PC is reinforces the idea that PC might be a form of psychotherapy and not philosophy itself. This may be due to the struggle of defining philosophy or, more specifically, *how* one defines philosophy (Banicki, 2014:27). However, even if this definition of philosophy differentiates philosophy and PC clearly from these other disciplines, it still needs to stay clear of the problem of becoming a servant to some other goal. This is, in part, the problem of subscribing to the therapeutic thesis. I intend to show that the ensuing accounts still subscribe to the therapeutic thesis, or that they function within a medical framework, and thus by implication subvert philosophy to reach some other goal.

3.2. Closed-method-closed-goal

I discuss three accounts which I read as having a relatively fixed method which then in turn leads to a relatively fixed outcome(s) or goal(s). Firstly, I discuss Marinoff's (1999; 2003)[148] PEACE and MEANS methods which might help the counselee lead a more philosophical

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[147] It avoids the problems of antonymous definitions (discussed in chapter 2). That is, these conceptions do not rely on, say, what psychotherapy is for PC to constitute PC. This is especially regarding the demarcation conception of PC (as discussed in chapter 2) where there is a reliance on how psychological problems are defined. Subsequently, philosophical problems are defined antonymously.

[148] I read Marinoff as providing a substantive and antonymous account of PC. One could have read it as the same account, but I opted to discuss them separately because I focus on methods and goals in chapter 3 and the nature of philosophical problems in chapter 2.

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lifestyle and which might in turn edify their lives. Secondly, I discuss Amir's (2003; 2018) account of PC which has relatively fixed outcomes and which in turn guides the questions she asks. She also professes a need for a way in which one can determine whether there is some progress in sessions. Lastly, I discuss Cohen's (1995; 2003; 2013) logic-based Therapy (LBT) which is relatively fixed in both method and goal. Of the three accounts discussed, Cohen's LBT steers the closest to being a form of psychotherapy because he modelled it on Rational-Emotive Behaviour Therapy (REBT). In other words, recalling the integrative project, Cohen is for the marriage of philosophy and psychology. However, this keeps PC within a medical framework and, by implication, it then subscribes to the therapeutic thesis. Again, subverting PC to reach some other goal than to philosophise is problematic. This stems from the need to help the counselee live a life without his or her philosophical problem (Marinoff), have less confusion (Amir) or not plagued by irrational beliefs (Cohen).

3.2.1. Marinoff: PEACE and MEANS

Marinoff (1999:37-38) introduces his PEACE process to deal with (everyday) philosophical problems. PEACE is an acronym for Problem, Emotion, Analysis, Contemplation and Equilibrium. The first two stages entail identifying the problem and the emotions which accompany it. This can be done without a philosophical counsellor, but the ensuing stages are beneficial with the help of someone like a philosophical counsellor. At the analysis stage, the counsellor and counselee search for an appropriate way of dealing with the identified problem(s) and emotion(s). At the contemplation stage, a more philosophical stance is taken by putting the "parts" into perspective or, as Marinoff (1999:39) puts it: "[r]ather than dwelling on the individual trees, you examine the shape of the forest." During the equilibrium stage, the counselee will "understand the essence of [the] problem" (Marinoff, 1999:39); this will enable them to make the "correct" decision according to the counselee's feelings and insights.

Next, Marinoff (2003:319-335) introduces his MEANS method to help with living and examining life more philosophically. MEANS is an acronym for Moments of truth, Expectations, Attachments, Negative emotions and Sagacious choices. Each part can be explained by its accompanying exercise. In the moment of truth exercise, the counselee writes down a meaningful life event and how he or she achieved it. If a philosopher's work (such as Camus or Sartre) corresponds to these "feelings", it should be noted. During the expectations exercise, the counselee writes down the expectations he or she had, accompanied with any "dis-

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eases"[149] it might have brought forth. Expectations with their accompanying "dis-eases" are also written down. The idea is to get rid of expectations because it produces these "dis-eases". In the attachment exercise, the counselee should make a list of appetites and aversions and how they influence his or her life in either a good or a bad way. In the negative emotions exercise, the counselee makes a list of things which incite negative emotions. Next to each expectation or attachment, the accompanying negative emotion which brought it about is written down. In the sagacious choices exercise, difficult choices the counselee made are listed, accompanied by "ideas" which guided these choices. After all of this, the counselee's "philosophical house" is built and it becomes a "philosophical home" (Marinoff, 2003:335).[150]

These methods will help the counselee solve either everyday or philosophical problems. Marinoff (2002:79) also states that PC is the "re-examination" of the ground on which a counselee's basic tenets are based, making it more "process-orientated" than "goal-orientated". This is akin to an "educational" process. This will give the counselee a philosophical disposition which "enables the client to resolve or manage his [or her] problem" (Marinoff, 2002:81). One might read Marinoff's (1999:37-40) PEACE method as a short-term problem resolving tool; with the MEANS method being more long-term focused (Marinoff, 2003:319-335). However, Marinoff emphasises the immediate and long-term effects of both these methods. Regarding the PEACE method, all five stages can be completed in one session or over a period of several months (Marinoff, 1999:40). Regarding the MEANS method, Marinoff (2003:320) states that even if one completes all the exercises, one still needs to maintain and repair the house you have just built.

Discussion

Marinoff popularised his form of PC, especially with his publication of *Plato, not Prozac!* (1999). However, few in the PC community appreciate what he has done, nor do they agree with what he has published. Schuster (2004:10) in a lengthy article devoted to critically assessing Marinoff's claims, states in a footnote that:

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[149] Marinoff's (2003:3) term for not feeling at "ease" in life, but that which is not "disease".

[150] Marinoff (2003:335) differentiates between a "philosophical house" and a "philosophical home"; the former is analogous to the building of an actual house and Marinoff's (2003:320) MEANS method features as the blueprints or plans of the actual house. The latter is more metaphorical; the focus is on making it a home.

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> Many of my colleagues in Europe, Israel, and the USA – including members of APPA – which I met at conferences, or am in contact with through email, told me about their "disappointment," or even "disgust," with Marinoff's books.

The remark goes beyond his books as she attacks Marinoff's personality. She states that other philosophical counsellors refrain from critiquing Marinoff in public due to the peculiar manner in which he replies.[151] That being said, like many other philosophical counsellors, he makes claims which strike one as counter philosophical,[152] takes PC close to being a pseudo-science and backtracks when questioned on certain aspects of his own practice.

Take, for example, Marinoff's own position on methods. He promotes the PEACE method (Marinoff, 1999), which popularised PC relatively. Marinoff (2002) in a more academic publication for other (philosophical) counsellors later states that this insistence on a method was purely from the pressure of his publishers. He does not "prescribe" any of these methods, stating that they are a "contentless form that suggests some contours of philosophical counseling, without prescribing any particular methodology" (Marinoff, 2002:167). He also states that he started his practice in accordance with Achenbach's sceptical attitude towards method,[153] i.e. that method is "antithetical to philosophical inquiry" (Marinoff, 2002:167). However, in a publication after this he turns back and promotes another acronym linked with a method, i.e. his MEANS method with accompanying exercises (Marinoff, 2003). These exercises do not strike one as very philosophical in nature; after all, he notes that these more popular publications are placed in the self-help sections rather than in philosophy sections of book stores.

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[151] Schuster (2004:10) states, for example, in a footnote that Marinoff would respond to critique and comments with the statement "I have written a best seller, so it is natural that such criticism should arise". I think what Schuster is trying to illustrate here is the "un-philosophical" manner in which Marinoff, who is supposed to be a philosopher, responds to critique.

[152] See, for example, Schuster (2004) for an in-depth discussion and critique of Marinoff's PC. Schuster (2004:5) is especially critical of Marinoff's use of the word "philosophy" which included "contemplation" and "meditation". Schuster states that this is not philosophy (or not real philosophy).

[153] Schuster (2004:2) does not agree with Marinoff on this remark. She states that the only thing Marinoff and Achenbach share is the term PC and that there is no common ground between Achenbach and Marinoff.

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Marinoff's exposition of philosophy for the general public is, according to Howard (2000b:416-417), "highly accessible" but it "verges […] on the simplistic". This sentiment is echoed by various other authors and philosophical counsellors.[154] The most furious attack on Marinoff's style of PC comes from philosopher Scruton (1998). In a short piece, Scruton (1998:6-7) states that Marinoff is a charlatan and sophist who disregards everything for which philosophy, as put forward by Plato in the Academy, stands. He states that Marinoff "parades before us a catalogue of "belief systems", helps us to identify our own among them" (Scruton, 1998:7). Marinoff then asks a fee for this and tells his counselees that their money is spent well. Marinoff (1998:8) replies by stating that these critiques miss the mark. Goord (1998:48), who is critical of PC in general, supports Marinoff in this regard. Accepting money in PC is a contentious topic.[155] However, she asks if we would look at the Socratic dialogues differently if Socrates were paid for them. She dismisses this argument "on the grounds that it is mere assertion" and that the search for truth is not necessarily neglected once one accepts payment for it (Goord, 1998:48).

However, these two remarks from Goord and Marinoff miss the mark in a specific manner which hides the dangers of PC, especially regarding Marinoff's style of PC. The act of accepting money for philosophising is not the problem. The problem is the intention of the philosophical counsellor. One might recall Aristotle (2012:8) at this point: "What makes a man a 'sophist' is not his faculty, but his moral purpose". Knowing Marinoff's intention or "moral purpose" would be impossible, but looking at Scruton's critique and Marinoff's "case studies", one might agree with Scruton that Marinoff "parades" belief systems in front of counselees with the purpose of helping them choose the most appropriate one. Take, for example, the style in which most of his case studies are presented: *The counselee resolved problem x [insert problem] by incorporating the philosophy of philosopher y [insert philosopher]*. See, for example, Marinoff's (2003) account of Ruth when he states: "With assistance from the Socratic method of philosophical midwifery […] Ruth finally faced the fact that she had prevented herself from being a writer, and had used her circumstances as an excuse" (Marinoff, 2003:120-121). In other words, what is happening here is a philosophical matchmaking. Instead of a shared exploration, an investigation into things or a struggle with a text, there is merely a

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[154] See, for example, Brown (2010:114) and Schuster (2004:5-6).

[155] I discuss this in more detail in chapter 4.

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prescription of a philosophical text[156] or slogan to overcome a problem in the counselee's everyday life. This is not necessarily a bad thing on face value. The problem emerges when, firstly, this is the *only* thing the philosophical counsellor does because PC then becomes philosophical matchmaking and, secondly, if the counselee expects philosophical texts or slogans to answer their questions or to resolve their problems through the help of the philosophical counsellor and there is no philosophising between two philosophers. As Sivil (2009:205-207) correctly states, texts and philosophical works can contribute to the discussion or provide the counselee with answers of philosophers to questions the counselee might ask. However, this should not be equated with it being the counselee's answer or solution to a problem or a question.

Furthermore, Marinoff's willingness to publish his book under the self-help section (Marinoff, 2002:xix, 117) might expose some of his intentions. The publishers also pressured him into creating a method which he does not himself use (Marinoff, 2002:167). Not to dwell on him as a person, or be chastised for attacking Marinoff with ad hominem arguments, one might state that he attacks the profession which he is employed in[157] when he critiques philosophy in *Philosophical Practice* (2002) or dismisses critique in an unphilosophical manner. Marinoff (2002:38), critiquing those who critique his "watered down philosophy" in *Plato, not Prozac!* (1999), states that when one waters down alcohol (whisky) it is still alcoholic. The implication is that, in a similar fashion, simplifying complex philosophy for the public does not rid its noetic content. However, one might ask again, following his methods which are not intended to be philosophical but rather self-help, while insisting that his philosophy is real philosophy, does what he is busy with constitute *real* philosophy or *real* philosophising with the counselee? Perhaps employing his own logic, yes, watered-down whisky is still alcoholic, but watered-down whisky does not taste like neat whisky. Again, purely considering the intent of what he is doing, one might agree with Scruton (1998:6-7) that he is a sophist. However, as will become evident, I do not agree with Scruton[158] that all PC is sophistic.

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[156] Sivil (2009:205-207) uses the formulation of "prescribing philosophical texts".

[157] Marinoff (2002:38), when criticised that the "philosophy" he presents for the general public is too simplified attacks those philosophers as wanting to lock philosophy in the ivory tower. However, he is also an academic philosopher in the ivory tower (or, in other words, he gets paid whilst doing what he critiques).

[158] See Scruton (1998:7) where he compares the modern philosophical counsellor to the sophists.

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3.2.2. Amir: Progress and creativity

Amir (2003) created her method around the need to see some form of progress.[159] Philosophers, and by Amir's implication philosophical counsellors, should (i) have a clear idea of what the problem is, (ii) know why "promising" solutions will not necessarily work, and (iii) know how these problems will influence or affect "new developments". The need for a way to "feel progress" is closely linked to her main goal or outcome for PC, which is to "dissipate confusion". She emphasises the notion of being a "tutor in philosophy"[160] (Amir, 2003:36). For her, it does not matter if she is giving a philosophy lecture or having a counselling session in private, the outcome will still be the same in both cases. However, she will be less "didactical" in private counselling as she states that following an argument without a "blackboard" forces her to be more "elegant" (Amir, 2003:36). Her method has three steps. Firstly, the problem is "translated" into an open-ended question; secondly, alternative answers are given to the question; and, thirdly, each answer is assessed critically. This process can be applied to the next problem, i.e. question. Amir (2003:36) states that the ensuing questions tend to have some form of connection to the previous questions. Amir (2003:40) also states that the "necessary creativity involved in philosophical counselling rarely obtains similar results, nor should it aim at uniformity". In an updated version of the paper, Amir (2018:351) states five goals or outcomes: (i) to clarify reflection or to minimise confusion; (ii) to expand options and to broaden the counselee's perspectives; (iii) to help the counselee "gain inward space" by using abstract thinking (even if only temporarily); (iv) to help the counselee emphasise his or her autonomy and responsibility; and (v) to give the counselee tools to become more philosophical or to become a philosopher.

Discussion

In a later publication, Amir (2004:13) states that "philosophy can confuse, bewilder, frighten, discourage". If one of the primary goals of her PC is to dissipate confusion, two things might be proposed: (i) either her conception of PC is not linked to philosophy proper, in the sense that she does not philosophise in the same manner as students of philosophy would do, which

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[159] Her idea of progress is linked to that of John Passmore's in "advances in philosophy" (Amir, 2003:36).

[160] This links to the idea that PC is an "educational mission" (discussed in chapter 4 in this thesis) and Raabe's "teaching as an intentional act and learning stage" (discussed below).

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then in turn can confuse, bewilder, frighten or discourage or (ii) she transforms philosophy in such a manner that it would not confuse, bewilder, frighten or discourage the counselee. In both cases, one can ask if she is busy with philosophy if that philosophy does not at least in some manner confuse, bewilder, frighten or discourage the counselee? Furthermore, the same remark can be given when looking in the updated paper. In the first goal, she states that she wants to dissipate and minimise confusion, but in the second goal, she wants to broaden the counselee's perspective. The broadening of one's perspective might entail in some sense confusion. See, for example, Hadot's[161] spiritual exercises of the Greek philosophers and adopting philosophy as a way of life. He states that broadening one's perspective requires a radical transformation of the individual's way of being. This radical transformation, one might think, is not as easy and struggle free as merely reading a prescribed text or slogan (as is the case in Marinoff above).

Furthermore, one might again posit the problematic claim that philosophy can help with these goals Amir puts forward. In other words, if philosophy causes confusion, how can one use PC (which is a form of philosophy) to help reduce and clear away confusion? Again, can one claim in the name of philosophy that it can be used as a means towards an end and not an end in itself? Also, her insistence on having some form of guide to progress seems to box philosophy in on itself. As noted in chapter 2, placing philosophical problems in neat boxes comes with an array of problems. Moreover, there is some tension when she states at the same time that the "necessary creativity involved in philosophical counselling rarely obtains similar results" (Amir, 2003:40) and a need for progress. The need for some form of progress might stifle the creative aspect of PC because this need implies uncertainty and limitless potential or the need for this open and limitless creativity might stifle any form of progress she wants.

A second contradiction or conflict in her own work regards her fourth goal, namely to help the counselee emphasise his or her autonomy and responsibility. In an earlier publication, discussing assumptions in PC, she states that the goal of helping the counselee attain more autonomy usually stems from the counsellor and not the counselee (Amir, 2004:6). She also states that fully autonomous counselees would not necessarily seek out PC; instead, counselees

[161] Regarding the radical transformation which philosophy requires of the individual, see, for example, Hadot (1999:265; 2002:102).

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who are "heteronomous"[162] would seek out PC. By stating beforehand as a goal the emphasising of autonomy in the counselee (see Amir, 2018:351), she might neglect her own warning that "the philosophical counselor should therefore distinguish between [his or] her own expectations and those of the counselee" (Amir, 2004:6). In other words, by predefining the emphasis of attaining or emphasising autonomy as a goal in PC, she might presuppose that counselees seeking PC would be heteronomous rather than autonomous. Again, the scope of PC is drawn in such a manner that those who might benefit from PC are neglected – rather than be open to everyone, the focus might be on those who already have a predefined problem.

3.2.3. Cohen: Logic-based therapy (LBT)

Cohen (2013:112) explains that logic-based therapy (LBT) is a variant of Rational-Emotive Behaviour Therapy (REBT). Behaviour and emotions, following Cohen, are not "reactions" or causes to life events, but they are rather the result of sometimes faulty reasoning. Cohen (1995:126-127) shows how philosophical analysis or logical analysis, i.e. showing out fallacious thinking, can benefit a counselee's faulty reasoning. Persistent questioning of the counselee can "uncover" reasons or justifications for a particular belief which might be the cause of the problem. "Critical reasoning" can thus help the counselee *see* a problem from a different perspective; the counselee is thus not just *given* a different perspective. Cohen (1995:128) also uses deductive reasoning by "applying" it to the counselee's way of reasoning, i.e. he views his clients' reasoning as deductive arguments. Deductive reasoning is used to "show" a counselee where he or she might have uncritically assumed something or where an unexpressed or incomplete argument was used. The counselee's utterances are given in a syllogistic structure. If a counselee expresses his or her "worthlessness", it might be explained, for example, in the following syllogistic structure as faulty reasoning:

> (Major Premise Rule) If I lost my job, then I'm worthless.
> (Minor Premise Report) I lost my job.
> (Conclusion) Therefore, I'm worthless[.] (Cohen, 2013:112-113)

[162] Amir's (2004:6) term for a counselee who is not fully autonomous.

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The "I lost my job" premise is not something the counselee can change (at the moment). However, his or her connection between losing a job and being worthless is something he or she *can* change. The feeling of worthlessness is thus linked to faulty reasoning.

The aim or goal behind this is to give the counselee the ability to do this "philosophical analysis" himself or herself – in other words, to teach the counselee "how to *refute* their [own] irrational premises" (Cohen, 2003:29). Cohen (2013:113) does not look at the "causes of behavioural or emotional problems", but rather at the reasoning which leads to why certain beliefs are held by the counselee. There are five steps in LBT (Cohen, 2013:113-114). Firstly, the counselee's arguments, in a syllogistic structure, are identified via the problematic beliefs and emotions they might tolerate. Secondly, premises are identified which arise from faulty reasoning. Thirdly, these faulty premises are eradicated or shown to be problematic. Fourthly, "antidotal" reasoning, with emphasis on promoting specific virtues, is used to eradicate the previous premises (Cohen, 2013:114). Lastly, the "irrational syllogism" or argument which leads to the faulty conclusions or beliefs is replaced by the "antidotal" reasoning, thus "overcoming" it (Cohen, 2013:114).

Discussion

Philosophy has various aspects and subdisciplines. How a philosophical counsellor understands the concept of philosophising greatly influences how the philosophical counsellor understands PC (Šulavíková, 2014:574). Cohen models his view of PC on logical analysis of the counselee's problematic beliefs. There is nothing problematic with this view on face value. However, it does not yet scratch the surface of what philosophy potentially has to offer the counselee. Furthermore, it is rather restrictive and relies on methods of which only a small portion of philosophical counsellors make use of. It also has close ties to psychotherapy, which most philosophical counsellors find problematic. Lahav (2001a:7) critiques this approach to PC:

> The difficulty with this approach, aside from the fact that it is hardly different from various cognitive psychotherapies, is that if it aims primarily at problem-solving, then it demotes philosophy to the status of a means to something else, namely, promoting the counsellee's satisfaction. *Philosophising is used here only in ways that help the counsellee to feel better, regardless of how true, intellectually rich, conceptually well-founded, or spiritually deep it is*. (emphasis added)

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This critique reminds one of that raised against Marinoff, namely that the philosophical counsellor is a modern-day sophist selling truths to his or her counselees to make them feel better. The search for truth and wisdom is subordinated for some other aim beyond itself. Some philosophical counsellors see Cohen's LBT as demoting philosophy to a position which merely wants to see the counselee "happy" (see, for example, Šulavíková, 2014:574-575). Robertson (1998) is especially critical of Cohen's methodological way of philosophising. According to Robertson (1998:10), this brand of PC, i.e. LBT, is antithetical to what philosophy is. He argues as follows: philosophy promotes critical thinking, always encouraging one to question one's assumptions. Cohen, in his LBT, expects the counselee to take his word and expertise without questioning the foundations of LBT. The analysis of the counselee's problematic beliefs needs to be done without being critical of LBT. Hence, Cohen's LBT does not promote philosophy to his counselees as some philosophers understand philosophy as being critical of one's own assumptions. Rather, the counselee should accept Cohen's analysis as a given. Robertson (1998:10) emphasises the point when he states:

> Philosophy that takes its own assumptions for granted—ceases to critically challenge, and thereby to go beyond itself—is no longer philosophy, it's dogma, ideology—a dead twig, not a living vine.

Simply put, if the philosophical counsellor is placed in a position to not critically reflect on his or her own assumptions, it ceases to be real philosophy. Nothing is out of the philosopher's scope, not even his or her own position. One might state that the psychiatrist or psychotherapist cannot be critical of his or her own field like the philosopher is critical of his or her own position. The psychotherapist, for example, can critique psychotherapy from within as a psychotherapist. However, once he or she steps outside this predefined profession, it turns into philosophy, i.e. critically reflecting on the assumptions of psychotherapy does not constitute psychotherapy. When Cohen promotes LBT as PC in this manner, focus is more on the counselling part rather than the philosophy part in PC, which I claim should be the case.

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3.3. Open-method-closed-goal

Lahav (1995; 1996; 2001a; 2001b; 2006; 2008; 2017) and Raabe (2001)[163] promote some goal or outcome for PC, however neither promote a fixed method. Lahav (1996:260), for example, suggests philosophising with the counselee as method and Raabe (2001:215) states that the philosophical counsellor should have a method. However, neither of these philosophical counsellors promote a specific method as such, therefore labelling their conceptions of PC as "open method". One might state that the goals or outcomes these philosophical counsellors promote can be gained from various methods. Lahav (1995; 1996), for example, promotes PC's goal as being a worldview interpretation or philosophical self-investigation, but he does not give any rigid methods to follow to achieve this goal. Similarly, Raabe (2001:133-159) promotes four stages of PC which might be read as individual outcomes, but he does not state how to achieve them or when these stages are sufficiently achieved.

3.3.1. Lahav's five stages

Lahav (1995; 1996) identifies two notions present in all (or most) forms of PC: worldview interpretation and philosophical self-investigation. Worldview interpretation is simply "an abstract framework that interprets the structure and philosophical implications of one's conception of oneself and reality" (Lahav, 1995:7). Furthermore, this description of worldview interpretation is a good "framework for philosophical types of counseling" (Lahav, 1995:4). Lahav's worldview interpretation is focussed more on the individual, while philosophical self-investigation is a "critical, non-empirical investigation of the fundamental principles underlying the person's world-view" (Lahav, 1996:263). Lahav (2001a) later calls PC a personal quest or journey towards wisdom. He also states that *philosophising* with the counselee is of utmost importance, but that it is sometimes misunderstood. Philosophising with the counselee can be either seen as an end or as a means towards an end beyond itself. Lahav (2001a:7) is critical of the latter:

> It appears, then, that any form of philosophical counselling which regards philosophical investigations as meaningful in themselves, rather than as mere tools

[163] I read Raabe as providing a substantive and antonymous account of PC. One could have read it as the same account, but I opted to discuss them separately because I focus on methods and goals in chapter 3 and the nature of philosophical problems in chapter 2.

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> for something else, ought to aim at philosophy's traditional goal, namely, the search for wisdom, or some related variation of it: enrichment, edification, broader and deeper self-understanding.

Lahav (2001a:6) is sceptical about this notion of helping the counselee overcome problems, i.e. philosophising as a means. This amounts to using philosophy and philosophising as mere tools to "feel better" and to disregard philosophy as a search for wisdom. Furthermore, Lahav (2008:15) states that philosophical counsellors have not yet gone far enough to differentiate PC from academic philosophy. According to Lahav, most academic philosophy is characterised by the *visual metaphor*, namely the idea that philosophy, firstly, is *about* the world, i.e. a very particular perspective, and, secondly, that philosophy is a theory-building enterprise. The philosopher thus stands outside of his or her theory-building about the world or how things are. This understanding of philosophy is fundamentally incompatible with developing wisdom because it does not involve *the individual* as the person doing the philosophy (Lahav, 2008:15). In other words, to be able to change one's fundamental being in the world, via wisdom, one necessarily needs to be involved in philosophising. Furthermore, Lahav (2008:16) states that PC should adopt the view of philosophy being *philosophising from* a certain part of *the individual himself or herself*. Lahav (2008:19) concludes stating that "the art of the philosophical practitioner is not just that of thinking, but that of being. […] We should philosophise and understand from human reality". In other words, Lahav states that there are other ways of interpreting and understanding our way of being in the world than only from the perspective of *reason*. Lahav's goal is thus to help the counselee understand from "deeper parts" of themselves.

Lahav (2017:97) furthers the ideas mentioned above by stating that most conceptions of PC are philosophical practice *as* applied philosophy. He puts forward a dualist approach between philosophy and life (Lahav, 2017:98). Philosophy, as abstract, is seen as the observer and life, as concrete, is seen as the observed. According to Lahav, these "faulty" conceptions of PC try to bridge this gap between abstract and concrete by *applying* philosophy to life. This, according to Lahav (2017:99), trivialises philosophy into mere slogans. This should be avoided. How can one philosophise with the counselee, without merely applying PC and trivialising philosophy? The answer is simple: there *is* no bridge to overcome; in other words, one must *see* that there is no bridge. Philosophy already exists in everyday life; philosophy and PC should "expose the philosophical ideas that are already embedded in life" (Lahav, 2017:107). Philosophy, viewed

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in this way, is not an abstract entity separated from life, but it is rather embedded in life as philosophical (abstract) problems stem from the everyday.

Consequently, Lahav's (1995:7; 1996:259) goal is to help counselees "interpret" their worldview in such a manner as to not apply philosophy. This is in turn influenced by their way of being in the world. Furthermore, he wants to help counselees foster a better philosophical self-understanding and how to deal with problems they might face in their life "in their own way" and to understand it from "deeper parts" of themselves. The goal of PC, in this sense, is to help the counselee get a better and deeper understanding of himself or herself situated in his or her way of "being-in-the-world". This is done, in part, with the help of philosophy or in the presence of a philosopher. Lahav (2006:7) emphasises the goal of a quest for wisdom and a need for "contemplative-philosophical interactions". However, his goal changes to the need to go beyond self-understanding towards self-change (Lahav, 2017:109).

Lahav (2001a:15-17; 2001b:6-7) talks about five stages but warns against following it to the letter. The stages were "developed" for an outcome-based study. It is likely that the stages "interpenetrate"; in other words, the stages should not be followed religiously. The first stage is "personal self-description" or the stage in which the counselee brings the philosophical counsellor "up to speed" on his or her situation. The philosophical counsellor, simultaneously, "organizes" the counselee's "autobiography". In stage two, a philosophical issue or problem is raised. The philosophical counsellor either helps the problem to "emerge" or facilitates an environment for it to emerge in. Some fundamental or conceptual issues might cause the problem and the counselee might not even be aware of this. In stage three, a step is taken backwards to situate the philosophical issue, i.e. to understand the problem, before any attempt is made to address it. The counselee might not understand the extent of the philosophical nature of his or her problem. In stage four, a "new theoretical understanding" of the counselee's problem is provided. Abstract thoughts of the problem are "concretised" concerning the counselee's current situation or problem. Lastly, in stage five, the counselee develops his or her own answer to the philosophical issue or problem raised in stage two. This stage, Lahav states, can continue throughout the counselee's life.

Discussion

There is some tension which starts to emerge in the above discussion about philosophical counsellors' actual practices. The first remark regarding this tension is the manner in which Lahav describes and outlines his steps. He warns against the religious use of method in PC

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because of the chance that, in his case, the steps might "interpenetrate". Accordingly, I label Lahav as someone who has an open method but a closed goal which means the goal can take on various forms throughout the years. Initially, the focus is on self-understanding, i.e. worldview interpretation, but this changes towards self-change which is primarily influenced by Lahav's (2017) new idea or paradigm of the philosophical gardener.[164] In short, the idea that philosophy is purely *about* life is "limited" if one wants to achieve self-change. However, I want to argue in line with Schuster (2004:5) that this type of "philosophy" is not necessarily what we normally understand as philosophy. Schuster (2004:5) critiques Marinoff's conflation of the terms "meditation"[165] and "contemplation"[166] with "philosophising". According to her, these acts are never actually regarded as philosophy due to philosophy's nature of being argumentative and dialectical (Schuster, 2004:5). Lahav's philosophical gardener and self-change tends to be part of this contemplative "philosophy" which Schuster critiques.

However, one might also question if philosophy can help with a better self-understanding, before one ventures into the territory of Lahav's self-change. He himself notes that merely talking about a problem or issue (in a philosophical sense) does not even start to resolve said problem or issue. Consider, for example, Lahav's (2017:109) view:

> Talking about ways to change life has a very limited capacity to change life. Furthermore, imposing on life solutions from the philosopher's office is not likely to succeed.

Others[167] have similarly noted that discussing the problem does not necessarily resolve it. One might ask, accordingly, if the self-understanding the counselee gains in relation to the problem being held up in a philosophical light really can help the counselee in any way. But this comes

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[164] Lahav (2017) introduces a new paradigm in PC which he calls "the gardener's paradigm". Lahav (2017:91) explains this paradigm against applied philosophy: rather than applying philosophical ideas and methods, the philosophical counsellor helps the counselee "find their own wisdom". He continues: "philosophical reflection is used to enrich the individuals' dormant sensitivities and awareness, not just their abstract thinking but their entire being" (Lahav, 2017:91).

[165] See Marinoff's (2002:57-64) chapter on meditation as a mode of philosophical practice.

[166] See Marinoff's (1999:38-40) discussion on the five stages of "confronting an issue philosophically". Schuster (2004:5) problematises the fourth stage, the contemplation stage.

[167] See, for example, Rosner (2004:224) and Mills (2001:21).

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close to instrumentalising philosophy, i.e. subverting philosophy, for the goal of achieving self-understanding. Instead, philosophy is not valued for itself.

Lahav (2001b) has done the only empirical study in PC thus far and found only limited "evidence" for the efficacy of PC. There are some shortcomings to the study. One such shortcoming is that the counselees consisted of university students while the scope of PC is not necessarily limited to university students. The study, in other words, cannot answer the question how those who are "philosophically inclined" fare against those who are not necessarily "philosophically inclined". My contention is that those who are more philosophically oriented might benefit more from PC than those who are not. The question whether philosophy can help with a better self-understanding which might lead towards self-change in the way Lahav wants, is still a contentious one. Recall, for example, Hume (2011:236) who "leaves" philosophical thoughts (akin to the Pyrrhonian scepticism) behind so that he might actually live: "reason is incapable of dispelling these clouds, nature herself suffices". This implies that rigorous philosophical thoughts (e.g. radical scepticism) leave one unable to live and enjoy life and that life itself might dispel these problems and not philosophy. See also, for example Amir (2004:13) who states that "philosophy can confuse, bewilder, frighten, discourage". How can one, thus, help the counselee with philosophy if philosophy itself leaves certain philosophers (metaphorically) paralysed?

That said, Lahav is one of the few philosophical counsellors who critique other philosophical counsellors for using philosophy in such a way as to subordinate it to some goal beyond philosophy itself. However, his use of philosophy which borders on contemplation rather than rigorous philosophising with the counselee is not the idea or conception of philosophy I will argue for in this thesis.

3.3.2. Raabe's four-stage model

Raabe (2001:125) uses the term "stages" in a loose way to "prescribe" what "should" be present in all PC to "meet the criteria of a workable method". Raabe (2001:203) states that PC is simply a "trained philosopher" that helps someone with a "problem that is of concern". He furthermore identifies eight "fundamental elements" which need to be present in all "actual practice[s] of philosophical counselling" for it to qualify as PC (Raabe, 2001:206-215):

(i) There should be some form of philosophical inquiry. The philosophical counsellor has the philosophical wisdom to help assist the counselee, but the counselee needs

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to be willing to learn the philosophical skills and tools to help with the philosophical inquiry.

(ii) The counselee needs to have the ability to think "autonomously and critically".

(iii) The counselee's self-understanding needs to be in terms he or she can understand. The philosophical counsellor should be aware of his or her own biases and should not try to change the counselee in his or her view but rather help foster a better "self-understanding".

(iv) The philosophical counsellor should help the counselee "build" a rudimentary philosophical vocabulary for two purposes, namely to help the counselee express himself or herself more clearly in philosophical terms and to help the counselee understand philosophical arguments and texts. Philosophy, in certain instances, is seen as a field with jargon-filled texts incomprehensible to the layperson. This has little to no practical value for the counselee. The philosophical counsellor, after establishing that the counselee has a rudimentary philosophical vocabulary, can help clarify and give practical worth to ideas to which the client previously would never have had access.

(v) There must be some sort of "direct teaching". Relying only on "casual conversation"[168] will not always work if there is a short amount of time. The usefulness of casual conversation is, for example, when one discusses with the counselee what will be done in the ensuing sessions.

(vi) The counselee is autonomous in choosing the discourse. The philosophical counsellor needs to adapt his or her approach to the needs of the counselee.

(vii) The counselee should "change and progress" according to his or her self-understanding and not via the direct influence of the counsellor.

(viii) A "clear" method is needed to provide clarity for the counselee.

Raabe (2001:128), consequently, develops a new model of PC consisting of four "stages", namely (i) the free-floating stage, (ii) the immediate problem resolution stage, (iii) the teaching as an intentional act (and learning) stage, and (iv) the transcendence stage.

In stage 1, the free-floating stage, the counsellor must, firstly, listen to get acquainted with the counselee's "problems or issues" and, secondly, the counselee must get acquainted with the

[168] Raabe refers to Achenbach's conception of PC here.

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counsellor's methods or processes. This stage should be a "hermeneutic experience rooted in listening" (Raabe, 2001:133). This stage is open-ended with the only "goal" to, in a sense, "completely" understand the counselee. Raabe (2001:135) states that this stage is "identical" to Achenbach's "four signs".[169]

In stage 2, the immediate problem resolution stage, the counsellor becomes the "expert" and helps the counselee resolve the immediate problem, "untangling" the counselee's "knot of problems" or the counsellor helps the counselee "examine the pieces of problems in her life" (Raabe, 2001:137). The listening "style" also changes from listening-to-understand to listening-to-critique (Raabe, 2001:144). Raabe (2001:146) also states the importance of moving beyond this stage. If the counsellor gets stuck at this stage, his or her view can potentially be pushed onto the counselee.

In stage 3, the teaching as an intentional act and learning stage, the counsellor becomes a "teacher" who teaches the counselee to do independent critical philosophical inquiry. The counselee's freedom and autonomy are enhanced via an improvement of his or her reasoning skills (Raabe, 2001:147). This stage should not be equated to that of a teacher teaching, say, philosophy to his or her students. It should rather be seen as the counsellor "showing" the counselee a different way of life, in other words "showing" the counselee how to lead a more "philosophical" and examined life. There are three important aspects to this teaching element: (i) the counsellor should have the intention to teach and the counselee should have the intention to learn; (ii) the counsellor should actively show the counselee how to use the newly acquired philosophical skills; (iii) and the counselee should (temporarily) move beyond his or her problems and learn what the counsellor is trying to teach (Raabe, 2001:150).

In stage 4, the transcendence stage, the counselee is helped to see further and with wisdom to help the counselee not live unreflectively but rather to practice philosophy as a way of life. One might compare this last stage with that of the prisoner in Plato's cave analogy who finally sees the "true forms" outside of the cave. However, Raabe (2001:158-159) warns that the counselee is not shown a "god-like perspective", but rather how to still be involved in and committed to the everyday world.

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[169] See discussion on Achenbach's four "road signs" below.

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Discussion

It is important to understand the above discussion of Raabe's substantive account in relation to his antonymous account. Raabe (2001:90) notes that psychotherapy and PC are not of different kinds, but rather different types of knowledge. As noted above in chapter 2, Raabe can be seen as a broad-scoped philosophical counsellor. In addition, he is critical of the manner in which those part of the mental health professions treat counselees, who he states suffers, for example, from existential difficulties rather than some organic brain disorder.[170] Raabe also states that because Cognitive behaviour therapy (CBT) and other counselling psychologies are based on philosophy,[171] philosophy would be effective to treat serious mental disorders. See, for example, when Raabe (2013:201, 204) states (with the accompanying endnote):

> Treatment outcome studies have shown that therapies based on philosophical discussions, in clinical psychology called 'talk therapies,' are the most effective in not only resolving seriously troubling issues, but in long-term effect and benefit. […] For a discussion of CBT as the best treatment for depression, social phobia (SP), obsessive-compulsive disorder (OCD), panic disorder (PD), and post-traumatic stress disorder (PTSD) see: Barbara Olasaov Rothbaum, ed., *Pathological Anxiety: Emotional Processing in Etiology and Treatment* […]. See also Gerald Corey's, *Theory and Practice of Counseling and Psychotherapy*, […].

There are two important aspects Raabe highlights here. Firstly, he states implicitly that due to CBT's philosophical tenets and the fact that it deals with, inter alia, philosophical problems, it is akin to PC. Secondly, as seen in the above accounts (in chapter 2 and 3), he makes a clear distinction between education[172] and medicine.[173] The distinction is important because it creates a space for the philosopher as philosophical counsellor to enter the therapeutic space (Beukes, 2002:1271). Raabe, in other words, wants to keep PC in the realm of psychotherapy, especially regarding the notion that PC cannot be clearly distinguished from the mental health

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[170] Recall Raabe's outmoded mind and brain distinction I discussed in chapter 2.

[171] CBT is based, for example, on various notions from Stoic philosophy.

[172] Regarding the educational component in Raabe, see the discussion above.

[173] Regarding the medical component in Raabe, see chapter 2.

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professions; the aim is to showcase PC being better suited to deal with a counselee's problem than other counselling psychologies.[174]

That said, his substantive account has some merit which echoes other philosophical counsellors. For one, the educational component in PC is one of the more important differences between it and therapy. In therapy, as Raabe (2001:147) notes, there is no intentional transference of knowledge or expertise, but in PC one might try and turn the counselee into a fellow philosopher. However, the burden of gaining evidence would be on Raabe to show how this education component[175] might be beneficial to someone with a serious mental disorder. Simply put, one cannot understand Raabe's substantive account without his antonymous account. Also, one needs to keep in mind that Raabe wants to promote this substantive account as therapy, i.e. as a way of helping those suffering from serious mental health problems and disorders. Raabe, in other words, wants PC to be part of the mental health professions. Again, I am not critiquing Raabe's claims, I am merely making two claims: Raabe cannot make these types of empirical claims without evidence and I do not think PC should tend in this direction.

3.4. Open-method-open-goal

The founder of the modern PC movement, Achenbach, and Schuster who discusses Achenbach extensively, are both sceptical about both rigid methods and goals. Achenbach (1995:73), in Pyrrhonian fashion, states that PC should not have a method because this closes certain avenues and accepts others which need critical reflection. Schuster (1997) states, however, that one might read Achenbach as having certain road signs, but referring to Achenbach's ship metaphor, one can see the problem of finding any goal or method, or even road signs. In short, the philosophical counsellor merely discusses with the captain of the ship (read: counselee) options he or she could take, what previous captains have done (or any other topic) over a cup of coffee or tea. Schuster (1996; 1999:14), expanding on certain elements in Achenbach, states

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[174] Recall that I discussed Raabe's antonymous account of PC under the "displacement conception" rubric.

[175] Raabe (2001:147) asks "[h]ow can a person who has never taken a course in philosophy be expected to resolve her own problems by means of philosophical introspection and self-inquiry?" And, as noted, Raabe (2001:147) talks of an "intentional transference of knowledge", where the philosophical counsellor tries to turn the counselee in a fellow philosopher. This educational component is important for Raabe's conception of PC; however, there is a tension between this component and his claim that those suffering from serious mental disorders might benefit from PC.

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that PC might also de-diagnose the counselee who regards psychoanalytic and diagnostic terms too highly. Neither of these philosophical counsellors professes any method or goal; in fact, both state that PC is beyond method and the goals are up to the counselee and not the counsellor. PC might, following Schuster, offer the counselee what philosophy itself offers, or it might not.

3.4.1. Achenbach: Beyond method[176]

Achenbach is sceptical about the use of methods and goals in PC. He states that having a goal is "technical" and therefore not philosophical. He leaves the choice of goal up to the counselee. Achenbach (1995:73) states (in Pyrrhonian fashion) that holding something as, among others, final, finished, settled and right is limiting and stops further questioning and inquiry. Scepticism, furthermore, encourages a "renewed interest" of that which is said to be, among others, true, final and right. This equates to what Achenbach (1995:73) calls the "philosophical experience". Shuster (1997) identifies a couple of rules and patterns or "road signs" in Achenbach's work. Firstly, the dialogue between the counsellor and the counselee is based on the beyond method "method" which entails that there is no method that can ensure this type of dialogue. Secondly, the dialogue "enlivens and flows from being" or as Achenbach (as quoted in Ramharter & Romizi, 2015:140) states: "'The centre of Philosophical Practice […] are two "beings" […], two individuals, who are not variations or modifications of a universal, normatively conceived being called human being'". Thirdly, there is a dialectical process ("auslegen") when the counsellor becomes united with the counselee's problem. The philosophical counsellor gives the problem a fresh perspective without "imparting his [or her] own understanding of [the problem]" (Schuster, 1999:38).[177] Ramharter and Romizi (2015:142-143) propose four steps at this road sign: (i) There is an ironic radicalisation of the counselee's problem; (ii) the problem is given an antithetical statement or negation of the problem; (iii) a critical question is asked as a synthesis of (i) and (ii); and (iv) a dialectical perspective is given with various examples.

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[176] I rely on secondary resources because most of Achenbach's work is still not translated into English.

[177] Schuster (1999:38) calls this a "hermeneutical happening". The philosophical counsellor becomes "united" with the problem by giving the counselee a "fresh, self-explicatory impulse".

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Lastly, there is an innovative component to the dialogue which leaves space for wonder. This can be seen as philosophising with the counselee and not merely the applying of philosophical tools to resolve the counselee's problems (Schuster, 2004:3-4). In fact, according to Ramharter and Romizi (2015:143), Achenbach, in some cases, will "show" the counselee that his or her confusion was not "strong enough"; he will do this with the hope that the counselee will overcome his or her *impasse* (or Pyrrhonian *aporia*) by instilling a "lively interest in new questions". Achenbach (2018:11-12) "compromises" his principle of avoiding talk about "method" in a recent lecture by explaining "how" to "tempt" or "seduce" the counselee to "expose" questions which are "strange" to themselves. Achenbach (2018:11) explains this as follows: "A person is educated […] if they understand what they themselves say." The philosophical counsellor, thus, needs to help the counselee understand what he or she says and thinks. This is done by emphasising both the philosophical counsellor and the counselee as being part of a "joint meditation of life experiences" (Ramharter & Romizi, 2015:140).

Discussion

Raabe (2001:169) is particularly critical about Achenbach's beyond method approach. According to Raabe, there are four major problems: (i) The counselee cannot be an "equally competent interlocutor" in the philosophical dialogue because the counselee still needs to acquire the skills or tools to overcome his or her problems; (ii) Achenbach and his followers still "teach" the beyond method approach, which renders it a method even though it claims to have no method; (iii) a client always arrives with a problem that needs resolution, i.e. there is a goal; it cannot thus be "goalless" and only a conversation between "two equally competent interlocutors"; (iv) it does not get rid of the antonymous ontology, i.e. it does not encourage philosophical counsellors to develop a *positive and substantive* conception of PC.[178] The critique can only be launched if one agrees with Raabe's stance on PC. I briefly respond to Raabe's critique.

(i) The type of hierarchy fostered in the mental health professions is vastly different from that in PC. The patient seeking, say, psychiatric help cannot be an "equally competent interlocutor" in any sense, but the counselee in PC *can* be such an interlocutor. Following the Socratic

[178] One might ask if Raabe is being disingenuous here because part of his own conception of PC is based on antonymous elements; see chapter 2 regarding this.

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pronouncement of ignorance, the philosophical counsellor *qua* philosopher should not dogmatically claim to know. By claiming that the counselee is an "equally competent interlocutor", the philosophical counsellor views the counselee as a fellow philosopher, one of the goals of Raabe's own philosophical practice. In other words, the philosophical counsellor who professes not to know is on the same level as the counselee who does not know. (ii) The jury is still out on the notion that there needs to be a method in PC. I discuss the notion of improvisation below which might be a more productive way to view the problem of method as both method and beyond method can be equally good. (iii) I do not agree with those who view PC first and foremost as a problem-resolving endeavour. I agree with those who state that philosophising should be the only goal of or end of PC. Furthermore, the openness which Achenbach wants to foster stands in opposition to Raabe's conception of PC. This might explain Raabe's critique against Achenbach here. (iv) The fourth remark is of legitimate concern. As I have noted at the outset of this thesis, one of the reasons for PC's lack of identity is the antonymous and negative conceptions PC has. Achenbach's beyond method might foster such a negative conception.

That said, there are still some elements which might be dogmatic in Achenbach. Sextus Empiricus classified Plato's academy as negative dogmatists because they insisted the nature of things is impossible to know (PH 1.3, 1.220-235). Their scepticism, rather than freeing them from dogmatism, reinforced dogmatism. One might make this same claim against Achenbach. He states that one should not hold something as final, finished, settled or right, because this will limit one's search. However, he seems to betray this by stating one should be beyond method in a limiting manner, closing off potentially positive intervention with method in certain counselees. Also, Achenbach makes the mistake of not specifying or explaining his scepticism in a sufficient manner (Zinaich, 2004:2).[179] The scope of his scepticism, especially in the "philosophical experience", is not made clear. This links to the previous remark, i.e. that

[179] Zinaich continues to critique Achenbach's scepticism. However, in this continued critique one can see that Zinaich is not familiar with Pyrrhonian scepticism. Achenbach does not state that he follows the Sextian Pyrrhonism, but his scepticism resembles just that. The critique by Zinaich is against exactly this kind of scepticism. Zinaich (2004:3) states that Achenbach "does not discuss why the points just mentioned follow from skepticism" – "the points" being scepticism and Pyrrhonism's open-ended outlook and renewed interest when investigating things. I hope that in chapter 1 I proved Zinaich wrong, i.e. that these "points" really do flow from the Pyrrhonian scepticism.

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Achenbach borders on dogma because of his uncritical insistence on being a sceptic toward, for example, method and anything final and right.

Another critique against Achenbach's beyond method approach that carries some weight is that there are no accepted criteria of when someone suffers from, say, a philosophical problem or a psychological one (Zinaich, 2004:2; Goord, 1998:48; Raabe, 2001). Zinaich (2004:8) states the "epistemic advantages" which the mental health professions have.[180] PC not having these might place the naïve counselee in danger when going to a philosophical counsellor who has this "anything goes" approach. More specifically, Zinaich (2004:10-11) critiques that Achenbach's beyond method approach implies that he can choose any available method to help the counselee. However, there are countless methods to choose from and the philosophical counsellor cannot be trained in all of them, especially not in those outside of the realm of philosophy. Therefore, the beyond method approach *cannot* be beyond method. Zinaich (2004:12) continues by stating that the presupposition we need to make to facilitate the beyond method approach undermines itself, therefore, PC cannot be described as a specific type of counselling. The argument goes that, by wanting to help the counselee, the philosophical counsellor has "therapeutic ends" for the counselee. However, adopting the beyond method approach cuts us off from this because we hold the metaphysical commitment that there is no truth (i.e. beyond method). Therefore, the beyond method is undermining its own claims. Beukes (2002:1270) also makes this claim, namely that the beyond method approach cannot be therapy and that some patients need "Prozac – not Plato, or Hegel, for that matter". However, this critique can be countered with the simple assertion that Achenbach never states that PC should be counselling or therapy. This is evident in Schuster's words (2004:3):

> Gerd Achenbach and most of the European practitioners began practicing philosophy as *an alternative to psychotherapy and psychoanalysis, but this is not a kind of therapy*. (emphasis added)

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[180] The philosophical counsellor, who follows this conception of PC, does not have the theoretical backing to know when and if a counselee suffers from a serious mental disorder (Zinaich, 2004:8). Those in the mental health professions have, amongst others, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) and empirical studies, which PC does not have.

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There can thus be no therapeutic ideals to this approach because there were none in the first place. The tension between having therapeutic ideals to assist the counselee and disrupting and confusing the counselee via philosophy is present here. I discuss this in more detail in chapter 4, but this is highlighted when Tillmanns (2005:2-3) states that "[l]ife is not meant to be solved; it is meant to be lived!" and that PC "focuses on the interaction between people, rather than concentrating on what happens within a person (psychologically, emotionally or rationally) and trying to solve these personal issues." Again, this type of criticism against Achenbach's conception of PC stems from viewing PC and philosophy as something that might help in therapy and with the resolution of problems. However, philosophy (as I argue in chapter 4 and as others have stated) is not about resolving problems. Instead, philosophy, inter alia, creates problems.

3.4.2. Schuster: An alternative to therapy

Schuster's (1997) approach is heavily influenced by Achenbach, but also by Buber's I-Thou relationship. There needs to be a genuine encounter between the philosophical counsellor and the counselee. Schuster, also, uses "philosophical diagnosis" in her practice. This is an important notion coupled with that of "de-diagnosis". Philosophical "diagnosis", in a non-medical sense, i.e. through "philosophical means" identifying the "nature" of the counselee's problem, can help the counselee with "de-psychoanalysis" and "de-diagnosis". This helps the counselee who identifies with his or her diagnosis in a non-productive way to regain autonomy and get engaged with "philosophical self-diagnosis" and "self-verification" (Schuster, 1999:14). Schuster (1999:35-36) uses this to place the counselee's "problems" in a philosophical framework. This, in a sense, helps the counselee see his or her problems not as "deviations" or "complexes" but rather as a "unique situation". The "outcome" or aim is then that the counselee can see his or her "problem" with a philosophical understanding, as well as with "self-explanation and clarification" (Schuster, 1999:39).

One can describe Schuster's (1996) "method" as follows: she starts by undoing "unterlegen",[181] which is the explanation of the counselee's problem in, say, psychotherapeutic terms. Getting

[181] "Unterlegen" literally means that which lies underneath. Schuster (1992:589), following Achenbach, uses this term to differentiate (her) PC from therapy or counselling which interprets a counselee's questions or problems in

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"rid" of this association, even if only temporarily, is necessary to have a dialogue with a "pure philosophical interpretation". This "step" is called, as mentioned, de-diagnosing. After de-diagnosing, the "truth" of the psychological understanding (diagnostic terms) can be discussed with the counselee, or a different "philosophy of life" can be discussed. Schuster, furthermore, sees the value in PC's didactic intent or educational mission. The counselee, with the philosophical counsellor, learns philosophical skills he or she can use in his or her daily life. Schuster (1992:598) states that PC "offers, at least potentially, what philosophy itself was [sic.] to offer: freedom from the preconceived, the ill-conceived, the prejudiced, and the unconscious."

Discussion

Schuster (1992:598) states that PC potentially offers what philosophy itself offers. However, I claim that she moves into the realm of psychotherapy, i.e. she moves beyond mere philosophising with the counselee. By using terms closely associated with the mental health professions, such as de-diagnosing, she still functions within a medical framework and, by implication, creates certain expectations in the counselee. In addition, the way she presents the undoing of "unterlegen" might imply that she has a negative attitude towards the mental health professions. Her claims might not be less tinged with hermeneutic commitments than those from the mental health professions (Swazo, 2000:46). One might, following her logic, claim that the counselee would then need another philosophical counsellor to undo "unterlegen" of the current philosophical counsellor's de-diagnosing.[182] Implicitly, the claim may be that Schuster "knows what is wrong" with the counselee. In her own words, "philosophical counsellors do diagnose: They identify through philosophical means the cause or nature of the client's problem" (Schuster, 1999:14). Rather than find the biological cause or nature of the problem, the philosophical counsellor, following Schuster, finds the philosophical nature or cause of the problem. This in turn presupposes that there is a philosophical theory or hypothesis about the causes and natures of counselees' various problems.

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the light of a specific theory. PC, in this instance, does not interpret the counselee's questions or problems while considering some underlying theory, "such as Freud's sexual-dynamic interpretation of the psyche" (Schuster, 1992:589).

[182] The de-diagnosis can, in effect, be seen as a new diagnosis, albeit a philosophical diagnosis or self-diagnosis.

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She also states that de-diagnosing and philosophical diagnosis is done in a non-clinical sense, but my contention is that this is still done with terms that have medical connotations. She reinterprets the phrase "to diagnose" in a non-clinical sense, i.e. she verifies or establishes the nature or cause of the problem. This, however, does not do away with the clinical or medical basis of the phrase. The counselee might have certain expectations because the phrase is rooted in medical framework. Marinoff (1999:35-36; 2002:84-85) does something similar in his interpretation of the word psychotherapy. He reinterprets the word so that it means something akin to the ancient Greek understanding of it, i.e. to attend to one's soul. Schuster (2004:3) critiques Marinoff's reinterpretation as "inappropriate" while she effectively does the same thing. She critiques Marinoff's reinterpretation because through this reinterpretation Marinoff can claim that PC is therapy. However, Schuster does not agree with this because according to her and her reading of Achenbach, PC is an alternative *to* therapy and not an alternative therapy. Now, one might accuse her of effectively doing the same thing as Marinoff. PC, in trying to stay outside of a clinical and medical framework, cannot philosophically diagnose. Philosophical diagnosis, even though it is claimed to be outside of the medical framework, might still foster the idea that the philosophical counsellor *knows* what is wrong with the counselee.[183] Furthermore, she states:

> What is significant in philosophy consultations is that *instead of classifying the visitors' problematic situations as complexes or deviations, the consulting philosopher considers their situation unique*, and for that reason not to be understood through generalizations or reduction. The philosophical practitioner accompanies his or her visitor in thinking through complex situations, which leads to the replacement of the problem by a philosophical understanding. After the visitor or counselee expresses his questions or troubles, the philosophical practitioner helps to rearrange the problematic issues in a philosophical framework. (Schuster, 1999:35; emphasis added)

This poses the problem of romanticising mental disorders. In other words, there is a danger in calling someone's problem, which might be a serious mental disorder, a "unique situation". As

[183] This is in contrast to a confession of Socratic ignorance, which I claim the philosophical counsellor should profess.

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discussed in chapter 2 regarding Aho, "refugees" from the mental health professions, or those who do not want treatment, can seek out philosophical counsellors who will listen to them without the fear of diagnosis. The counselee might not be happy with a diagnosis and would thus turn to a philosophical counsellor to reinterpret his or her diagnosis within a philosophical framework. Also, the counselee seeing his or her problem via the help of the philosophical counsellor as a unique situation might, as a result, not seek professional help if he or she does not want to change. In other words, by making the claim that in PC the counselee's situation is seen as unique, PC might gain a negative connotation as a profession which harbours those who might need therapy.[184] Again, this is not a beneficial aspect to promote.

3.5. Summary

Discussing substantive accounts, I identified three categories to which philosophical counsellors might belong: those who follow a rigid method with some predefined or fixed outcome in mind; those who have a fixed goal but no method to reach said goal; and those who do not follow any rigid method, nor have a fixed outcome or goal. All the accounts have their virtues, as noted, although most still subscribe to the therapeutic thesis in some manner. This is due to, inter alia, using philosophy or philosophising as a means, bending philosophy in such a manner that it does not resemble "real philosophy" any more, having contradicting outcomes, or using terms with strong medical connotations which might create certain expectations that are not rooted in philosophy. As I will discuss below in more detail, how one defines and conceptualises philosophy will greatly influence how one conceptualises PC.

In the first category, when philosophy is subjected to rigid methods and fixed outcomes, what is seen as "philosophy" does not resemble what I would argue is "real philosophy", i.e. philosophy which is not rigidly boxed in by methods and fixed outcomes. Following especially two notions, that of philosophy being a creative enterprise and not having rigid methods and having philosophising as the only goal, the accounts of Marinoff (1999; 2003), Amir (2003; 2018) and Cohen (1995; 2003; 2013) might be seen as bending philosophy in two ways: (i) to fit the rigid method and to reach the fixed outcomes sacrificing the open-endedness of

[184] Jopling (2008) raises this critique against PC. I discuss this critique in chapter 4 below.

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philosophising as the only outcome; and (ii) to not confuse or disturb/discomfort the counselee. I claim that these accounts adhere to the therapeutic thesis for these reasons.

In the second category, I discussed Lahav and Raabe. In Raabe's (2001) account there is a tension between his antonymous account and his substantive account, in one sense, because he wants to use this as therapy (in the medical sense of the word) for those who normally fall outside of the scope of PC and, in another sense, because some of the tenets of his substantive account would be, again, bending philosophy in such a manner to fit the needs of those who have serious mental health problems or disorders. In other words, aspects such as the educational component in PC might not be a viable option for those who have cognitive problems. In Lahav's (1995; 1996; 2001a; 2001b; 2006; 2008; 2017) account, one might highlight the fact that what constitutes philosophy (e.g. rigorous argumentation, etc.) is subverted for contemplation. However, his critique that other philosophical counsellors are merely using PC as a means is important and a key insight for this thesis.

Lastly, having no goal or method is not unproblematic. Achenbach, in insisting that PC has no goal or method, becomes dogmatic and undermines his own scepticism. Schuster (1999) in using quasi-medical terms and insisting that these terms are used in a non-medical way does not resolve the potential expectations these quasi-medical terms might create in the counselee, nor is her notion that the philosophical counsellor sees the counselee's potential problem or disorder as a "unique situation" beneficial. A host of problems might emerge, and it might be dangerous for the counselee who would need professional treatment to visit a philosophical counsellor who holds this position. I will now turn to those whom I call the dissidents to conceptualise what I call "real philosophy" which aids me in establishing my own account of PC.

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CHAPTER 4: PC without the therapeutic thesis

4.1. Introduction

At the outset of the thesis, I stated that most of the discussed philosophical counsellors in chapters 2 and 3 subscribe to the therapeutic thesis. In the previous chapter, I discussed some assumptions underlying these attempts at defining PC and how some of the assumptions reinforce the subscription to the therapeutic thesis. In this chapter, I attempt to conceptualise PC without this therapeutic thesis. I follow the idea put forward by Schuster, namely that PC is an alternative *to* therapy and not an *alternative* therapy. However, I do not follow her conceptualisation of PC regarding de-diagnosis, the undoing of "unterlegen" and Achenbach's beyond method approach. In this chapter, I start by discussing some of the philosophical counsellors who do not conceptualise PC in such a way that it subscribes to the therapeutic thesis. I claim above that even though Schuster states that she does not use the word therapy in a medical sense and that she states her PC as an alternative *to* therapy, she still subscribes to the therapeutic thesis. This is the case because she still wants to help the counselee overcome some problem, for example by undoing "unterlegen". She also uses medical terms, like de-diagnosis, which I view as creating certain expectations in the counselee.

I use the first part of this chapter to discuss those who I call dissidents or those who start to conceptualise PC without the therapeutic thesis. I call them dissidents because their way of thinking about PC concerning *philosophy* is not the "standard" way in which PC has been popularised. In the above chapters, I show how the mainstream philosophical counsellors still subscribe to the therapeutic thesis, and as a result, keep PC within a medical framework and philosophy is conceptualised in such a manner that it does not resemble philosophy as normally understood. The focus of PC becomes counselling or therapy rather than philosophising. Some philosophical counsellors explicitly reject this notion of PC and focus on philosophising with the counselee. At the outset of this chapter, I briefly discuss the work of Svare (2006), Robertson (1998), Swazo (2000), Pollastri (2006), Weiss (2018), Allen (2002), Walsh (2005), Vansieleghem (2013) and Ericson (2000) who conceptualise philosophy in a manner that promotes philosophy as an end in itself. Consequently, these accounts of PC contradict or create a tension with those conceptions discussed in chapters 2 and 3. Before I attempt to put forward a notion of PC without the therapeutic thesis, I briefly sketch the "synthesis of dissidents" to lay a metaphorical foundation for this conception of PC.

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4.2. The dissidents

The notion of PC in Svare (2006), Robertson (1998), Swazo (2000), Pollastri (2006), Weiss (2018), Allen (2002), Walsh (2005), Vansieleghem (2013) and Ericson (2000), I claim, is defined in such a manner so as not to subvert philosophy to some other goal. In other words, philosophy or philosophising with the counselee is itself the end. As noted, the accounts in chapters 2 and 3 subvert philosophy to some other goal. This is either done by using philosophy as a means or diluting philosophy so that the counselee might understand it. This, I claim, is not proper or real philosophy. As also noted, the manner in which one defines philosophy is a major component of how one understands and thus defines PC. In this section, I propose a different manner of understanding philosophy based on the dissidents' account of philosophy which in turn influences my own account of PC which I also claim does not subscribe to the therapeutic thesis.

4.2.1. Methodological anarchism, educational mission, and a community of philosophers

Svare (2006) asks a simple question: "How do we go about to best educate philosophical counsellors?". The main concern with this question is the outcomes and methods of PC as discussed throughout. Svare (2006:29) identifies what he calls the "ideology of authentic conversation". The notion is simply that PC cannot be taught because an authentic dialogue is located or seated in the individual. One can see this in Achenbach (as quoted in Ramharter & Romizi, 2015:140):

> The centre of Philosophical Practice […] are two "beings" […], two individuals, who are not variations or modifications of a universal, normatively conceived being called human being'.[185]

Svare (2006:31) does not agree with this. Instead, he suggests the practitioner should be seen as an "authentic practitioner". This is someone who uses method in an "authentic manner". Svare (2006:31-32), influenced by Hubert Dreyfus, introduces an important notion: *context-*

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[185] Schaubroeck and Vleminck (2011:315-316) state, importantly, that this insistence of Achenbach on a negative notion of his PC (as non-therapy) is at the expense of a positive account of PC. The counselee and fellow philosophical counsellors can rightly wonder what this PC constitutes.

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sensitivity. When one becomes an expert, following Svare and Dreyfus, one begins to master method. The expert controls method – he or she is not controlled by method. The expert also uses method in creative ways, thus method does not impinge on the expert's creativity. This can thus be used as a critique against Achenbach's notion of the beyond method method. The philosopher and philosophical counsellor do not stand "beyond" method, rather he or she *as philosopher* can be in control of method, or more precisely *methods*. Accordingly, I discuss three notions concerning this plurality of method: methodological anarchism (Swazo, 2000), method as counter philosophical (Robertson, 1998) and improvisation (Pollastri, 2006).

Raabe (2001:169) critiques Achenbach's beyond method as still being a method because he teaches it to others, as discussed in chapter 3. A further critique can be this dogmatic rejection of method from Achenbach and those who follow him.[186] Swazo (2000:46) similarly critiques Schuster. Schuster (1999:86-87) states that those in PC "counsel with a 'neutral and open attitude'". The philosophical counsellor still subscribes to certain commitments and frameworks. To not have any goal or method is problematic. One might even ask how it is possible. A more "productive" stance might be to hold multiple methods; however, the philosophical practitioner is still critical about these methods. The philosophical toolbox is sometimes given as an example. The philosopher is a master of various methods like the carpenter is a master of various tools. Just as the carpenter is not restricted to the use of just one tool, e.g. a hammer, the philosophical counsellor is not restricted to the use of one method. Swazo (2000:46), furthermore, states that "[e]very genuine philosopher […] aspires to be something of a *methodological anarchist* prepared to challenge the authority of theoretical constructs and time-honored convictions" (emphasis added). As stated, this is still done from a specific position. Robertson (1998:10) holds a similar position:

> Philosophers certainly use definable critical methods, and adopt specific theoretical assumptions—I don't seek to deny that—but they don't identify the practice of philosophy as such with the simple application of theoretical models, how could they? Philosophy that takes its own assumptions for granted—ceases to critically challenge, and thereby to go beyond itself—is no longer philosophy, it's dogma,

[186] Sextus Empiricus critiques those who followed Plato's academy as being *negative dogmatists* (PH 1.3, 1.220-235). The negative dogmatists claimed that knowledge is impossible. One might critique Achenbach in a similar fashion due to his insistent rejection of anything related to method.

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> ideology—a dead twig, not a living vine. […] People always ask philosophical counsellors "what is your methodology?", but if we identified our practice with a determinate methodology we would cease to be philosophers.

The Pyrrhonist, as I describe in chapter 1, holds the same position, which I call a non-position. The Pyrrhonist does not hold a position (read: method) as his or her own, this would require the Pyrrhonist (read: philosopher) to dogmatise. The philosophical counsellor, as a philosopher, does not dogmatically reject method (like, say, Achenbach), but he or she also does not hold a specific method dogmatically as philosophical. However, similar to the Pyrrhonist, this does not prohibit the philosophical counsellor from *using* methods as he or she sees fit. Because of the non-position, the Pyrrhonist can discard his or her argument without feeling any loss. Similarly, I argue, the philosophical counsellor does not hold a method (or methods) in such a way that if he or she discards it, there will be any loss to his or her practice.[187]

Pollastri (2006:109), for example, states that "if consultation is really philosophical, like philosophy it has several methods, not a specific one." He puts forward the idea of *improvisation*.[188] This asks of the philosophical counsellor to have, as Svare (2006:32) states, context-sensitivity, i.e. not to be controlled *by* method but rather to be in control *of* method. Pollastri (2006:109-111) uses the image of a musician who masters his or her instrument to illustrate this "method". To successfully play an instrument, the musician needs to have, inter alia, sufficient practical training and theoretical knowledge, but also knowledge about the history of the style he or she wants to play. He or she also needs to listen carefully to others and he or she needs a "serene aptitude to stage presence" (Pollastri, 2006:110). Pollastri states that even if the musician possesses all the above, it will not give him or her the aptitude to play his or her instrument. In other words, the musician can understand all the history, know where to put his or her finger on the instrument and when to do so, and understand his or her part in the bigger scheme of things (if he or she is part of an orchestra), but none of this will enable him or her to master the instrument. Pollastri (2006:110-111) states two important notions the musician needs, besides aforementioned aspects. Firstly, the musician needs to embody all of

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[187] The toolbox metaphor is illuminating here: the Pyrrhonist or philosophical counsellor might lose a tool (read: method) from the toolbox but this does not get rid of the toolbox, merely a single tool amongst others.

[188] Pollastri did not coin the idea itself. For example, McCall (as quoted in Raabe, 2001:44-45) already states the need for "always and in every instance improvising".

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the aforementioned aspects to play the instrument "spontaneously" with his or her fingers moving to the right place at the right time without even knowing it. It becomes an unconscious movement. The musician is not controlled by individual thoughts and how to integrate these into playing the instrument; rather, he or she is in control of these thoughts and the global integration process. There is an always-continuous improvisation. Secondly, he emphasises the importance of "community". Philosophy can be used as an example. Person *x* can study all the relevant texts, read contemporary articles, go to seminars, etc., but he or she will only be a *connoisseur* of philosophy and not a *philosopher*. To be a philosopher, person *x* needs to be part of a community of fellow philosophers. Pollastri (2006:111) states:

> You can be able to narrate philosophy, [but] not […] do it, because (as Sparti says about jazz music) its "stigma" is the "transforming appropriation", which produces "difference by means of repetition. … [H]aving all (or large part of) the knows and competencies required to be an improviser, the philosopher, as the artist, is able to dose the reference to tradition and personal suggestion, to create original and appropriate variation to the theory.

Allen (2002) and Walsh (2005) emphasise this notion of community in PC or the need for the other. This need for the other radically changes the notion of what constitutes philosophy. Philosophy is no longer a lonely armchair exercise, but rather, among others, joint inquiry, investigation, and reasoning. Philosophy as done in the academy, i.e. a discipline with technical terms and the exegesis of texts, is not akin to the ancient Greek conception of philosophy, i.e. spiritual exercises and a way of life.[189] Allen (2002:5), furthermore, introduces the idea of a "middle course". The counselee's worldview can be seen as one position in a mutual dialectical argument and the philosophical counsellor's worldview as another position. However, this is not done to find some ultimate answer to the counselee's problem; instead, as Allen states, it is to find the "next dialectical step".

> The philosopher can do this [finding the next dialectical step] without knowing the ultimate answer to the client's question. In fact, *the philosopher will enter more*

[189] See Hadot (1999; 2002) for an exposition of philosophy as a way of life and how the ancient Greeks exercised philosophy with spiritual exercises or askesis.

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> *fully into the spirit of the inquiry if he does not believe that he knows the answer sought by the client*. (Allen, 2002:5; emphasis added)

There is also a joint struggle through the questions and problems which the counselee brings. Allen (2002:11-12) takes the idea of the philosopher being a midwife to ideas further when suggesting that the "outcome of philosophical inquiry" is not "inside" the philosophical counsellor, nor in the counselee. It only emerges "from the dialectic between them". Following Walsh (2005:500), it becomes evident that PC is a shared experience. He emphasises the notion that philosophy is *not* a body of knowledge, but rather a way of life. "Personal subjectivity is the starting place for all knowing" (Walsh, 2005:500). This carries over to the philosophical counsellor's whole being in the world. It is not something the philosophical counsellor *does*, it is rather what he or she *cannot help but do*: "To enter into [the philosophical counsellor's] life at all is to enter into [his or her] philosophical counseling practice" (Walsh, 2005:505).[190] Two interesting implications follow from this notion put forward by Walsh: (i) it is counter or anti-philosophical to charge a fee for this mode of being-in-the-world, and (ii) the philosophical counsellor will always be busy with PC. In other words, if the philosophical counsellor lives his or her philosophical counselling practice, the acceptance of a fee turns it into sophistry. Accepting a fee inadvertently stops it from being philosophy as it then resembles the selling of a relativised truth rather than an "authentic" inquiry into the truth. Ericson (2000:86) touches upon this when he states that, following Socrates' unexamined life adage, it is in the "pursuit of truth" that we are set free and *not* in the finding of said truth. The philosophical counsellor selling "ready-made truths" is not philosophising, nor is there the joint inquiry or shared exploration for which these philosophical counsellors ask. Instead, seeing a philosophical counsellor ensures one has "a sustained, in-depth and shared exploration of whatever

[190] Socrates and Seneca might elucidate Walsh's position. Seneca (2015) in a letter tells Lucilius that it is not from the lectures or words of philosophers that one benefits, but rather from the way they lived. Socrates also said (in Plato, 2008:5): "It would be a happy state of affairs, Agathon, if wisdom were something that could flow between us through mere contact, from the one who is full to one who is empty, like water flowing along a strand of wool from a full cup to an empty one." Both these notions of wisdom being transferable through "contact" or being in the presence of the other (and with less focus on the written or "body of knowledge") can be read as important to understand Walsh's thoughts.

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evaluative, conceptual or existential issues the client might wish to think through" (Allen, 2002:4-5).[191]

I briefly touched upon the context sensitivity which the philosophical counsellor needs for this conception of PC. *Phronesis* is very important regarding context sensitivity (Weiss, 2018:12). Weiss (2018:12) even goes as far as to state that *phronesis* is the backbone of PC. Simply put, *phronesis* according to Aristotle (EN VI.5, 1140b)[192] is the ability or trait of the wise person to deliberate what is good for him or herself. More importantly, it is an ability to adapt to a new and unfamiliar situation without the need to refer to a method, outcome or theory. Nussbaum (2018:67) explains this importance of practical wisdom[193] (*phronesis*) as follows:

> [A] person of practical wisdom must be prepared to encounter new cases, with responsiveness and imagination, using what she has learned from her study of the past, but cultivating as well the sort of flexibility and perceptiveness that will permit her, in Thucydides' words, to "improvise what is required."

Phronesis is also characterised by *praxis* or action.[194] It is after all *practical* wisdom. Some philosophical counsellors, like Achenbach and Schuster, also speak of philosophical practice or *Philosophische Praxis*. This emphasises the active component of philosophising.

This way of philosophising calls for a radically different notion of education for the counselee; or more specifically, PC has an *educational mission*. Ericson (2000) and Vansieleghem (2013) provide a different way of looking at education. The starting premise of this re-evaluation of education is that "modern education" does not help the student answer the question "How

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[191] There is no answer to the problem of monetizing PC yet. One might make the argument that the philosophical counsellor gets paid for his or her time, expertise or transference of knowledge/knowhow. The philosophical counsellor, in this sense, does not get paid for helping the counselee resolve a problem, but rather for a kind of practical apprenticeship in joint/mutual philosophising.

[192] Roger Crisp's (2004) translation is used when *Nicomachean Ethics* (EN = Ēthika Nikomacheia) is referenced. I also follow his notation, e.g. EN VI.3, 1139b which corresponds to book VI chapter 3.

[193] Aristotle (EN VI.7, 1141b) contrasts practical wisdom (*phronesis*) with theoretical wisdom (*sophia*). These are the two most important intellectual virtues for Aristotle. See a more in-depth discussion of *phronesis* and the intellectual virtues below in section 4.3 condition "(vii) Active/sensitivity/*phronesis*".

[194] Aristotle (EN VI.7, 1141b) contrasts *phronesis* (*praxis*) with *techne* (*poiesis*). See a more in-depth discussion of this difference in section 4.3 condition "(vii) Active/sensitivity/*phronesis*".

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might I live?". Hadot (2002:151) notes that from the first century BCE the way philosophers referred to questions started to change. Rather than ask, for example, how one might live, the question would have been framed "How might one, according to Plato, live?". This carried over to the medieval period of scholasticism and thus today's academic focus on the exegesis of texts, rather than living philosophically. Vansieleghem (2013:602) wants to change our way of thinking about education. It should not be about the body of knowledge one needs to study, but rather "about organizing education in such a way it enables individuals to respond to the question how to live." The role of the educator changes drastically.

> In this way, this kind of teacher-philosopher does not bring the student towards knowledge or consumer needs. He touches or contacts the student, or the interlocutor and removes him from his current status or condition. He arouses in him the desire to speak and to question 'who are we'. […] The kind of philosopher we want to introduce however, that is, that person who makes someone attentive, must be attentive himself. […] The philosopher is the one who presents a subject and then turns it into an issue or something to think about by undoing its protection and appropriation. (Vansieleghem, 2013:608, 611)

The emphasis is, once again, on the philosophical counsellor *living* his or her philosophy or philosophical practice. The philosophical counsellor *as* philosopher needs to, as those in ancient Greek philosophy, *live* their philosophy. However, as Vansieleghem (2013:611) states, it is not that we need to turn back to this way of doing philosophy, but rather, following Deleuze's (1995:99) reading of Foucault, to ask questions such as "What are our ways of existing?".[195] The role of the philosophical counsellor as an educator is also to assist the counselee with the joint inquiry or shared exploration. Following Ericson (2000:86), who states that PC has an educational mission rather than a psychological mission, the philosophical counsellor is there to help the counselee through what might be an uncomfortable journey and not to take away the discomfort. Philosophy cannot promise individual happiness; philosophy

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[195] See Foucault (1990:49) who discusses "one's own life as a personal work of art". See also Cocker (2011) who emphasises the "experience of being […] as a continual process that is always happening in the present, whose terms need to be perpetually re-negotiated, re-worked or re-defined." The idea, which ties with that of improvisation, is that one's life is never settled and seen as a work of art, one might always work on one's way of being in the world. See the discussion on the necessary eclecticism of PC below.

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as philosophical counselling and as an educational mission is there to help clarify or to help the counselee lead a more examined life and not to provide ready-made answers to questions or to help resolve problems in an applied philosophical fashion.

4.2.2. A synthesis of dissidents

The philosopher is a strange and uncanny figure. Socrates said that he is a disturbing figure, someone who creates perplexity and who causes difficulties.[196] The Greek word sometimes associated with Socrates is *atopos*. *Atopía* means placelessness or "unclassifiableness". Achenbach (2018:3) links this strangeness or "unclassifiableness" with being inconvenient and annoying. Socrates was after all the gadfly of Athens. One might state the obvious, namely that the philosopher akin to Socrates is strange or unplaceable, even annoying, because of the questions he or she keeps asking. However, one might also give a different reading, linked to the above discussion, of what I called the dissidents. The philosopher has an internal struggle with accepting things, such as beliefs, without questioning it. The philosopher leading an unexamined life feels strange and out of place. Furthermore, in the "world-out-there", with people living unexamined lives, he or she feels even more out of place. Following Walsh (2005), the philosophical counsellor being a philosopher cannot help but live his or her philosophy. He or she will always be aware of the danger of living an unexamined lifestyle. Achenbach (2018:3) states that philosophy which does not disturb, or discomfort, is not "worthy of our attention". If the philosopher, and by implication the philosophical counsellor, is seen as *atopos*, where does this leave PC? For one, I propose this *forces* PC to remain within the realm of philosophy. It also emphasises philosophy as a way of *living*. The philosopher seeing others who live unexamined lives cannot help but intervene.

The philosophical counsellor is left in a peculiar position – a point noted by Ericson (2000:86). On the one hand, he or she enters the counselling and therapeutic space with the need to help others, but using philosophy in this way turns it into something antithetical to philosophy. On the other hand, to keep philosophy as it is (read: either locked in the ivory tower of the academy or as practised by Socrates) is not therapeutic or curative as such. Philosophy is an unsettling subject – it disturbs and discomforts. Few ever find solace on the journey of philosophy. Still, historically, philosophy, as the love of wisdom, has always been discussed as a pathway to the

[196] See Plato's *The Theaetetus* 149a; especially the translations of Hadot (2002:29-30) and Burnyeat (1990:268).

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good life, the examined life or as a therapeutic medicine for the soul. This again emphasise a problem stemming from subscribing to the therapeutic thesis: how does one reconcile this divide between disturbing and discomforting philosophy and the need for some therapeutic element in a counselling session? I argue that this divide should not be bridged: philosophy that discomforts, disturbs and so on, forms a crucial part of the active and mutual philosophising that the philosophical counsellor and counselee partake in. The philosophical counsellor cannot ensure a safe journey, but this is a key element in philosophy: by feeling this discomfort or disturbance, the counselee might change his or her way of being in the world so that he or she leads a more examined life.

In the above section, I introduced some key concepts for the twelve context-dependent conditions I discuss below; amongst others, PC as an education mission, context sensitivity, improvisation and philosophising being a *phronetic* and mutual activity. In this regard, the conceptions of PC in chapters 2 and 3 might be seen as counter philosophical because these notions are missing from their conceptions of PC. It should also be clear that these conceptions of PC subscribe to the therapeutic thesis, i.e. philosophy is subverted for some other goal than philosophising with the counselee as an end in itself. The adoption of a fixed method and outcome is also counter philosophical, as this constitutes *techne* rather than *phronesis*.[197] Again, there is a goal beyond philosophising in itself, it is not "real" philosophy. PC needs to remain within the realm of philosophy so as to not place philosophy in the subordinate position, i.e. to not subscribe to the therapeutic thesis. To keep PC from subscribing to the therapeutic thesis, I propose that the philosophical counsellor should meet twelve context-dependent conditions.

4.3. Keeping PC within the realm of philosophy: Twelve context-dependent conditions

PC, as philosophy proper and as a non-therapeutic endeavour, can evolve into something beneficial to the general public. Marinoff (1999:11-12, 2003) states that he gives "therapy for the sane". It is clear by now that I want to keep PC within the realm of philosophy by rejecting the therapeutic thesis. PC can thus, in this regard, not be seen as therapy for the sane. However, the last part of Marinoff's book title is still correct: "for the sane". In other words, the scope of

[197] See a more in-depth discussion on the difference between *phronesis* (*praxis*) and *techne* (*poiesis*) in section 4.3 condition "(vii) Active/sensitivity/*phronesis*".

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PC should be those who are not suffering from any cognitive problems. Keeping PC in this non-therapeutic and non-medical framework can benefit those who are outside of the scope of the mental health professions. Furthermore, by staying within the realm of philosophy, the philosophical counsellor cannot but be busy with philosophy. This keeps PC in the philosophical space and by implication not in the empirical space. Claims such as Raabe's which are (i) empirical and (ii) needs empirical evidence are thus not part of my account of PC. This is the case because my account does not need empirical evidence due to it not being empirical. It also does not function within a medical framework, thus the concern that PC might work with vulnerable groups of counselees will not be a problem. This is the case due to, as stated, the philosophical counsellor being busy with philosophy proper and philosophising as an end in itself.

But how does the philosophical counsellor stay within the realm of philosophy, i.e. philosophise without applying or subverting philosophy to some other goal? Eite Veening, a Dutch philosophical counsellor, states that there needs to be some guide to when PC stops being *philosophical*.[198] Schaubroeck and Vleminck (2011:319-320, 323-324) start by discussing Veening's "family resemblances" from which Veening then extrapolates three "minimum requirements" for PC to stay, so to say, within the realm of philosophy. Firstly, the philosophical counsellor should at least have a degree in philosophy; however, this does not mean that he or she has the required communication skills. Secondly, the philosophical counsellor's practice should be rooted in the history of philosophy; he or she would need to defend his or her practice as adhering to philosophy. Thirdly, the philosophical counsellor should practice his or her PC in a non-academic manner. I think Veening is on the right path in terms of trying to find out what PC would, or should, look like if it wants to stay within the realm of philosophy. However, I think his three requirements are on the simplistic side. Yes, the philosophical counsellor should have a degree in philosophy, defend his or her practice as being philosophical, and practice PC in a non-academic manner, but he does not argue substantively what PC should contain to be philosophical, i.e. being part of the realm of philosophy. I want to propose twelve context-dependent conditions which would keep PC in the realm of philosophy which in turn also ensures that PC does not subscribe to the therapeutic

[198] I rely on Schaubroeck and Vleminck's (2011:319-320, 323-324) exposition of Veening's argument.

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thesis. After this, I give my account of PC with the explicit invitation to use it as a ladder which can be kicked away.

Allow me now to try and conceptually make the case for PC without the therapeutic thesis. I start with what Russell (1998) calls a "context-dependent concept". Russell (1998) identifies psychotherapy as such a context-dependent concept. He gives seven "conditions" that need to be in place for something to be, say, psychotherapy:

(i) The therapist needs to identify himself or herself as a psychotherapist;
(ii) The counselee needs to identify him or herself as someone who is, say, suffering from something which the counsellor needs to cure with psychotherapy;
(iii) The counselee *expects* that the counsellor can cure the disorder;
(iv) The counsellor can diagnose the disorder and then treat it according to his or her training;
(v) There is an *explicit* agreement that they, namely the counselee and the counsellor, stand in a relationship where the counsellor will attempt to heal, cure or treat the counselee;
(vi) There is an understanding that the relationship is professional, with the above-mentioned expectations and explicit agreement; and
(vii) There is a passivity expected from the counselee (or the counselee expects this passivity), in the sense that the counsellor will try to heal, treat or cure the counselee, i.e. the counselee undergoes therapy, healing or curing.

With this in mind, one can easily see why PC is not an *alternative* therapy but an alternative *to* therapy. This might be noted as the first step towards subscribing to a conception of PC without the therapeutic thesis. It is not itself therapy because it does not meet the criteria put forward by Russell for something to be (psycho)therapy.

In a similar fashion, I propose that for something to count as philosophical counselling within the realm of philosophy and without subscribing to the therapeutic thesis, it needs to meet 12 conditions. These twelve conditions are:

(i) The philosophical counsellor should proclaim to be a philosopher or to be busy with philosophy (representation);
(ii) There should be a standstill in front of some problem (standstill in front of *aporia*);
(iii) There should be some didactic element involved (education);

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(iv) There should be a mutual philosophising about the counselee's concrete problem (interpreting/establishing of new argument/philosophising from the concrete);

(v) There should be a dialogue without the intent to cure, diagnose, or theorise (dialogue without the intent to cure);

(vi) Part of the philosophising between counsellor and counselee needs to make the concrete situation of the counselee abstract (abstraction of the concrete);

(vii) The philosophical counsellor should show a context sensitivity influenced by *phronesis* (active/sensitivity/*phronesis*);

(viii) The philosophical counsellor, having context sensitivity, should adapt his or her methods so that they promote philosophising in line with the needs of the counselee (necessary eclecticism);

(ix) The idea of an authentic dialogue should drive the dialogue (the myth of authentic dialogue);

(x) Pure philosophy should shock, disrupt, confuse and discomfort (dangerous relationships and terrible experiences);

(xi) While busy with dangerous philosophy, the philosophical counsellor should create a safe space in which the disruption of the counselee's everyday life takes place (inn metaphor); and

(xii) Philosophy should become a lifestyle or a way of life the counselee can adopt to lead a more examined and conscious life (*agōgē* or a way of life).

I henceforth briefly discuss each condition which then leads to and helps establish my conception or definition of PC without the therapeutic thesis. This might be seen as the second step in subscribing to a non-therapeutic notion of PC. The third step is my conception or account of PC which follows the discussion of the twelve context-dependent conditions.

(i) Representation

The philosophical counsellor has a responsibility to identify himself or herself as a *philosopher proper* unless he or she has been trained otherwise. This is probably the most important and *unchangeable* part of the meeting between counsellor and counselee. It is in this first meeting, either in person or in other ways, that the philosophical counsellor should state what he or she is, what he or she can do for the counselee and how the sessions will be done, even if only through a rough outline. In other words, the first contact should be one of *formal positioning* or *situating* so that the counselee knows what the counsellor can offer. It is in this meetup that

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the philosophical counsellor should make clear that there can be no medical diagnosis or treatment, nor any therapy in the medical sense of the word.[199] This is important because the counselee may seek professional help from the philosophical counsellor, which he or she may not be able to give to the counselee. This is also the moment when the counsellor should *not overstate* his or her abilities to "help" the counselee. There should be a preliminary assessment whether the counselee will be a "candidate" for PC; if not, the counselee should be referred to someone with proper training or qualifications. One might follow, for example, Popescu's (2015:513-514) list of guidelines on when to refer a counselee. The counselee should, for example, not be on any psychiatric medication or undergoing psychiatric treatment. When medication or some other treatment clash with PC, the counselee should, for example, explicitly request an exploration into the meaning of life when he or she desires such an exploration.

One might incorporate this meetup with condition (iii) below, namely education. The public is not necessarily well versed or read in philosophical terminology or debates, while the need for a rudimentary philosophical vocabulary is of utmost importance for this conception of PC. This is to give the counselee either the ability to "translate" his or her problem into a philosophical problem or statement or to realise this is not for him or her. In other words, PC might help the counselee realise that he or she has, for example, a psychological problem that needs medicinal (read: psychotropic drug) intervention. One can also see in this way whether the counselee would be a candidate for PC. If he or she does not show any ability to converse in rudimentary philosophical terms, the counselee should be referred. This is not to lock PC into the ivory tower with academic philosophy only accessible to a handful, but rather to "screen" the counselee. This conception of PC should not be confused with, say, someone like LeBon (2007) or Howard (2000a) who suggest that philosophical tools are merely *applied* by, say, a psychotherapist. The conception of PC I am putting forward has its focus on philosophising *with* the counselee.

(ii) Standstill in front of *aporia*

Aporias are puzzles or problems the Pyrrhonist finds when he or she is on the epistemic journey. As stated in chapter 1, this is the moment he or she will come to a standstill due to the

[199] Again, unless the philosophical counsellor in this instance has other training.

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equipollence of arguments. However, this standstill in front of *aporias* should be seen as a moment of opportunity and not of pure puzzlement. This moment when one stands still before a puzzle or problem can be one of immense importance for the philosophical counsellor. The philosophical counsellor can see the counselee's "problem" or "situation" as an opportunity from which to philosophise.[200] One might also state here that the philosophical counsellor should not try to resolve the problem *for* the counselee, nor should he or she try to identify a cause for the problem. The philosophical counsellor merely meets up with the counselee to stand still before the problem or situation. The image of two people standing in front of an artwork might be used as example. The counselee and the philosophical counsellor stand in front of an artwork which is the *aporia* the counselee brought to the table. The counselee and philosophical counsellor contemplate the *aporia* as if it were some artwork.

The philosophical counsellor should follow the lead of the counselee. In other words, the philosophical counsellor should be attuned to what the counselee might want or need. The notion of *phronesis* is important here because the philosophical counsellor should have the practical wisdom to know what might help the counselee. Russell (1998) gives the example of a dance: "Sometimes you lead, sometimes you follow, and sometimes the hardest part to learn is how to stay out of your partner's way." Furthermore, following LeBon (1999:6), one might see *aporia* as leading to more inquiry, with the ideal to overcome said *aporia*. One should also heed LeBon's warning that *aporia as a goal* can be dangerous to the counselee. He or she might not continue inquiry as the philosophical counsellor hopes he or she might do, which will lead to frustration and further problems.[201] The philosophical counsellor and counselee would, consequently, have a certain responsibility to *decide* to move beyond or through the *aporia*.[202] Plant (2006:142-144), following Derrida, links *aporia* and the standstill with this responsibility to make a decision. The act of deciding is inherently also the closing down of other possible

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[200] This notion will be discussed in condition "(iv) Interpreting/establishing of new argument/philosophising from the concrete".

[201] See the discussion below about dangerous philosophy in "(x) Dangerous relationships and terrible experiences".

[202] As will be discussed in condition "(vi) The abstraction of the concrete" below, the *aporia* or problem the counselee brings to the philosophical counsellor will serve as a point of departure from which to philosophise. As point of departure, rather than a problem to be resolved (as goal), the philosophical counsellor and counselee has a responsibility to make a decision to move beyond the standstill.

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decisions one could have made: "My hospitality toward *this* other may itself demand my hostility toward *that* other" (Plant, 2006:144). I will discuss the link to hospitality below, but I briefly consider the danger linked to *aporia*. The Pyrrhonists, according to Plant (2006:144), in contrast to Derrida, submitted to *aporia*. Derrida, however, saw this as an opportunity to make a decision which is not a mere application of something. In other words, the possibility of there being more than one option (i.e. *aporia*) is necessary for decision making. However, as stated, there is the danger of closing doors to other decisions.

A further important aspect of the *aporia* is that the philosophical counsellor can once again see if the counselee needs different help. The *aporia* may stem from something deeper with which the philosophical counsellor cannot help the counselee. One might agree with Marinoff (1999:32-34), and others who follow suit, that philosophical or ethical issues can, for example, cause depression, but one must also acknowledge that the reverse is possible. Organic or biochemical causes of, say, depression may lead the counselee to *think* he or she has ethical or philosophical problems. The counselee, thus, might consciously hide behind philosophical problems, or mask his or her problems *as* philosophical problems.[203] This, again, asks of the philosophical counsellor to have context sensitivity.

(iii) Education

The philosophical counsellor is interested in two things regarding the educational mission: firstly, to help the counselee acquire a rudimentary philosophical vocabulary to express himself or herself in philosophical terms, but also to read philosophical texts if it is needed; and, secondly, to turn the counselee into a fellow philosopher. As mentioned, some authors use this aspect of PC to differentiate it from the mental health professions. This may be one of the few ways of differentiating PC from the mental health professions in an antonymous manner that is beneficial. It also and again emphasises how PC is not therapy. One way of antonymously defining PC in a beneficial way, is by showing how philosophy itself is a lifelong journey and not a quick-fix solution. There can, in a sense, be a lifelong commitment to philosophy. To see a therapist or to go to any form of counselling is not necessarily a lifelong commitment. Tukiainen (2012:126) states this as a specific attitude: "Therapy is a part-time activity,

[203] See especially Jopling (2008:161-162) who states that the philosophical counsellor can create problems where there where none before.

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something one enters and leaves; philosophy is a whole-time preoccupation and an existential attitude."

This education is done in order to have a philosophical dialogue with the counselee – in other words, to *philosophise* about and from the counselee's concrete situation[204] as point of departure. The therapist or counsellor from the mental health professions may use philosophical tools to solve the counselee's problem, but in my account of PC, this is not what the philosophical counsellor wants or intends to do. Philosophy, as stated, should not be seen as a mere means to an end, but rather an end in itself. To adequately philosophise or have a philosophical dialogue with the philosophical counsellor, the counselee needs to attain the necessary vocabulary. The counselee does not necessarily need to be a *good philosopher*; instead, there simply needs to be an understanding of what the philosophical counsellor will attempt to do. This is where the role of the educator (read: philosophical counsellor) is different from that of a strict pedagogue. The philosophical counsellor does not teach the counselee all that there is to know about philosophy but, inter alia, helps the counselee respond to the question of how he or she might live.

This might bring some therapeutic by-products to counselees. However, not everyone will get these therapeutic by-products from PC or philosophy. One might say, as others have already noted, that philosophy is not the most therapeutic endeavour. Jopling (1998:100), for example, goes as far as stating that this can break the Hippocratic oath of "Do no harm" and that "[p]hilosophy is sometimes bad medicine" (Jopling, 2008:162). However, this would be of no concern to the philosophical counsellor working outside of this principle or oath. This does not imply that the philosophical counsellor may harm; however, philosophising cannot be guaranteed to be a safe journey.[205] This is, for example, where the difference between the mental health professions and PC is explicitly seen: the philosopher has a duty[206] to rectify faulty or dogmatic beliefs. One might even consider Socrates, the gadfly of Athens, who was

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[204] See condition "(vi) The abstraction of the concrete" below.

[205] See condition "(x) Dangerous relationships and terrible experiences", for further discussion of this. See also, Hadot (1999:265; 2002:102) and Amir (2004:13), who both state the dangers of philosophy of disrupting everyday lives.

[206] This duty can be seen in Socrates' choosing death before he stops philosophising or Sextus Empiricus's philanthropic ideals to rid those who are under the spell of dogmatic beliefs.

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a nuisance to those with faulty thoughts or beliefs. The mental health professional will not stop the layperson on the street to rectify his or her dogmatic beliefs if it does not harm the person. However, as I pointed out with reference to Walsh (2005:505) above, the philosopher would, with the best intentions, try to steer the person away from dogmatic or faulty beliefs because he or she cannot stop philosophising. Claiming that philosophy or philosophising breaks the Hippocratic oath is of no importance for the philosophical counsellor who does not work in a medical framework and who does not work with high-risk counselees that need therapy/treatment.

(iv) Interpreting/establishing of new argument/philosophising from the concrete

Schuster (1999:38) states that the philosophical counsellor "gets involved" with the counselee and his or her problem by giving it a fresh and new "interpretation" ("auslegen") while there is no attempt to give underlying explanations ("unterlegen"). One can, in a sense, state that the philosophical counsellor "translates" the counselee's problem or situation into a philosophical statement or thesis. This is then used as material which the philosophical counsellor and counselee use to philosophise from. There is no immediate discussion of causes. Instead, a dialogue about the interpretations of the problem is undertaken.[207] Aho (2008: 208), in this regard, states that philosophy is supposed to deal with *how* questions and not with *what* questions. These *how* questions, including especially "How might one live?", has been neglected and forgotten in contemporary philosophy (May, 2005:1-2). However, the philosophical counsellor is not wholly an academic philosopher, nor fully a counsellor. This grey area, or what Schuster (1999:12) calls a "no-man's-land" or "wasteland", is where the philosophical counsellor feels at home. The philosophical counsellor will thus create a "safe space" for the counselee who may stand before his or her own *aporia*. This space can then be used to philosophise from.[208] In other words, the counselee's problem or *aporia* is the point of departure from which to philosophise from.[209]

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[207] This will be discussed further in "(v) Dialogue without the intent to cure".

[208] See condition "(xi) Inn metaphor" below for a further discussion about this "safe space".

[209] This "concrete" problem or *aporia* might then be abstracted. See condition "(vi) The abstraction of the concrete" below.

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(v) Dialogue without the intent to cure

The philosophical counsellor does not proclaim to cure, treat, or heal, nor does he or she diagnose – not even philosophically. There should also be no attempt at de-diagnosing, as briefly discussed above. The philosophical counsellor is busy with a dialogue, not a monologue. Diagnosis, in a sense, functions as a monologue. This means that the counselee presents his or her symptoms, in monologue form, and those in the mental health profession give their diagnosis back, in monologue form. In PC this is not the case since the "monologues" from the counselee and philosophical counsellor do not somehow constitute a dialogue (Amir, 2018:336).[210] The philosophical counsellor should thus listen with the intent to enter into a dialogue with the counselee about his or her problem(s). The counselee in turn should also not attempt to have a monologue with the philosophical counsellor. In other words, the counselee should not see the philosophical counsellor as someone who listens to specific things to resolve problems. Because the philosophical counsellor is not working with a single theory, nor with a rigid method, he or she cannot listen for something specific which will neatly fit the theory or method. There are no fixed answers, nor are there anything familiar. Each counselee offers something new and this will change every session with the philosophical counsellor. It may happen, for example, that the philosophical counsellor learns from each counselee he or she sees, which in turn will influence the next session, and so on. One can state that the lens through which he or she sees the world is never fixed, always changing, and always incorporating something new.

To help cure, treat or heal, the act of diagnosis needs a certain stable ground from which to work. However, the philosophical counsellor does not exclusively deal with the familiar or recognisable. The question, "How might one live?", for example, cannot have a stable, stock and replicable answer ready-made for every new counselee. Therefore, the philosophical counsellor *cannot* even try to treat or cure, nor would he or she be able to philosophically diagnose or de-diagnose.

(vi) The abstraction of the concrete

The philosophical discussion is rooted in the abstract, yet the philosophical counsellor philosophises with the counselee from his or her concrete problem(s). One might discuss the

[210] See Amir (2018:331-346) for an in-depth discussion around dialogue and monologue in PC.

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concept of marriage when the counselee struggles with his or her marriage. It is understandable, following Mills (2001), that an abstract discussion (e.g. a conceptual analysis) will in some cases alienate the counselee. The counselee would rather try to sort out his or her concrete marriage problems, but as I am trying to show here, the philosophical counsellor is not someone who is there to sort out immediate problems. If it is assumed that the philosophical counsellor is there to sort out these kinds of concrete problems, then the case can be made that he or she starts to encroach onto the territory of the mental health professions. If PC is to stay within the realm of philosophy, it cannot deal with what, say, the counselling psychologist would have dealt with. In condition (i), representation, I stated that the philosophical counsellor should say what he or she is going to do or what his or her intent is. It is here that the philosophical counsellor should state that he or she is not there for immediate problem resolution, nor is *philosophy* itself an immediate solution.

One can state here again, following Tukiainen (2012:126), that philosophy is a "whole-time preoccupation and an existential attitude." One cannot simply read, for example, a philosophical text to resolve a problem. The anecdotal evidence which philosophical counsellors sometimes report are in some way a testament to PC being akin to applied philosophy. It sometimes takes the form of "He or she resolved problem x [insert problem] by incorporating the philosophy of philosopher y [insert philosopher]". See, for example, Ruth's view in Marinoff (2003:120-121): "With assistance from the Socratic method of philosophical midwifery […] Ruth finally faced the fact that she had prevented herself from being a writer, and had used her circumstances as an excuse." There is no struggle with the text, a standstill in front of *aporia* or a deep philosophical discussion, merely an application of philosophy or prescription of a philosophical slogan. There is also not a search for truth or a love of wisdom. PC should be preoccupied with *philosophy* and not *counselling*. Philosophy is not a medicine which one can simply take out of the cabinet and apply to one's problem. As I discussed above, how philosophy is sometimes used in PC often resembles *techne* rather than *phronesis*, but philosophy, as I stated above, is not only *techne*.

However, defining philosophy is problematic. I will not venture to try to give any definitive definition here. "How might one live?" seems like the question the philosophical counsellor will deal with the most. Here one can see how the concreteness of the counselee will influence this rather abstract question. If, say, the counselee struggles with existential dread and questions pertaining to his or her religion, the question of how one might live will be different from the counselee who does not have this existential dread and spiritual problems. One will still

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philosophise about the abstract question, i.e. about how one might live, but the concreteness of the counselee's situation from which one will philosophise steers the dialogue or discussion.

This, however, does not mean that the philosophical counsellor is a relativist. Scruton (1998:7) calls the philosophical counsellor a sophist, especially Marinoff who he states gives up the search for truth: "He parades before us a catalogue of 'belief systems', helps us to identify our own among them". One might here call in the help of the Pyrrhonist. The Pyrrhonist withholds assent about finding an ultimate truth, but he or she does not withhold assent on truth itself. There is still the inquiry into the truth which is a journey with no end. The philosophical counsellor, with the counselee, is always busy with this inquiry, a search with no end, or as Schuster (2005) states: "creative philosophizing itself". This search for truth, or love of wisdom, might be implicit, but the philosophical counsellor *as* philosopher will always be busy with this search for truth and the love of wisdom. If he or she stops doing this, one might rightly criticise the philosophical counsellor for being a sophist or a relativist.

(vii) Active/sensitivity/*phronesis*

Russell (1998) states that the mental health professions expect the counselee to be passive (as discussed briefly above under his 7th condition of why PC is not a form of psychotherapy). One does not go to the doctor to discuss the illness one might have; one goes to the doctor to undergo treatment to resolve the illness. So too the counselee who, say, thinks he or she has depression goes to the psychiatrist to undergo therapy or to receive medication to be cured or healed. This is not the case in PC. This passivity, which is required by medical professionals, is discouraged in PC. The counselee is encouraged to actively participate in the philosophical dialogue, i.e. to actively philosophise with the counsellor.[211] Lahav (2008:15) states similarly that one needs to be involved with philosophising *oneself* to transform oneself through wisdom. One might struggle with a text, one might struggle with a concrete problem or one might struggle with an abstract concept. Merely applying a "philosophical tool" to resolve a problem, and to charge money for it, without the search for truth or the love of wisdom, is sophistry.

Philosophy is an *exercise* or an activity (*praxis* or action). If it does not make one think, if it does not change how one lives, one can make the case that it was not *good philosophy*.

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[211] This is why the philosophical counsellor *cannot* be a relativist. In other words, implicit in philosophising is the constant search for the truth and the love of wisdom.

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Achenbach (2018:3) goes as far as to state that "philosophy that no longer disturbs and discomforts is not worthy of our attention". One might here evoke Aristotle's discussion of the five intellectual virtues in book six of the *Nicomachean Ethics*. This will help with a better grasp of *phronesis* and to refine the kind of philosophy promoted in this conception of PC. Aristotle first differentiates between things that could have been otherwise (variable things like ethics, human action or everyday life incidents) and things which could not have been otherwise (invariable things like mathematics) (EN VI.1, 1139a; Crisp, xxiv:2004; Parry, 2020). Aristotle then introduces five intellectual virtues which correspond to the distinction between variable and invariable things. Regarding the variable things, he introduces *techne* (craftmanship or skill) and *phronesis* (practical wisdom). Regarding the invariable things, he introduces *episteme* (scientific knowledge), *nous* (insight or intellect) and *sophia* (theoretical wisdom). Some[212] have proposed that Aristotle introduces these intellectual virtues purely to differentiate different types of virtues from *phronesis* or practical wisdom. This is indeed helpful for the discussion of *phronesis* in PC. Firstly, *phronesis* is differentiated from *techne* on the basis that *techne* is focused on producing something (*poiesis*) while *phronesis* is focussed on action (*praxis*) or on doing something (Parry, 2020). Aristotle goes further and states that in *techne* there is a goal beyond production (*poiesis*) while *phronesis* is itself the goal: "For while production [*poiesis*] has an end distinct from itself, this could not be so with action [*praxis*], since the end here is acting well itself" (EN VI.5, 1140b).

Secondly, *episteme* (scientific knowledge) is distinguished from *phronesis*. As noted, scientific knowledge is about things which are invariable and consist of demonstration (EN VI.3, 1139b). Aristotle differentiates *phronesis* from *episteme* by stating that the wise person will be able to calculate and deliberate. One cannot deliberate things which cannot vary, hence, *phronesis* is not *episteme* (EN VI.5, 1140a). Simply put, practical wisdom is not scientific knowledge because the former deals with things such as everyday life incidents (particulars) and the latter deals with truths in mathematics (universals). And lastly, practical wisdom (*phronesis*) is differentiated from theoretical wisdom (*sophia*). Aristotle states that *sophia* is the combination of *nous* and *episteme*: "So the wise person must not only know what follows from the first principles of a science [*episteme*], but also have a true understanding of those first principles [*nous*]" (EN VI.7, 1141a). He also states that *sophia* is the "most precise of the sciences" and

[212] See, for example, Kraut (2018).

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is "scientific knowledge of the most honourable matters" (EN VI.7, 1141a). It is evident then that practical wisdom, again, deals with things that vary and theoretical wisdom with things that does not vary. Even though Aristotle praises *sophia* as the highest form of knowledge, he states that without *phronesis* it is useless. Those with only *sophia* (or *episteme*) will be ignorant of their own self-interests and this will render the knowledge useless regarding human affairs (EN VI.7, 1141b). Simply put, those with even the highest form of knowledge (i.e. knowledge of mathematical truths, etc.) will not be able to apply their knowledge without *phronesis*. This is in a sense because one cannot deliberate on what does not vary and because *sophia* (and *episteme*) apply to the universals and *phronesis* to the particular.

I want to highlight a couple of important aspects of *phronesis* in the light of the discussion on Aristotle's distinctions. As said, there is no end or goal beyond that of philosophising with the counselee in an active manner. The distinctions between *techne*, *episteme* and *phronesis* is useful here. While the philosophical counsellor actively philosophises with the counselee he or she does not apply, say, philosophical arguments in order to resolve a problem. This style of applying philosophy rather resembles *techne*: there is an end beyond that of philosophy itself. The philosophical counsellor is also not merely busy with uncovering universal truths (for example, science or metaphysics). Moreover, *episteme* might also be accumulated. Van Wyk Louw (1955:36) gives a fitting and striking metaphor to illustrate this difference: the sciences (with their focus on *episteme* or scientific knowledge) focusses on accumulation and storing knowledge like one might store produce in ever bigger barns. This does not seem to be the correct metaphor for philosophy. Philosophy is not about accumulating as much knowledge as possible. Van Wyk Louw (1955:36) states that philosophy should be seen as akin to the practicing of a sport; the reward of philosophising lies in the process itself. Again, the importance of the notion that philosophising is an end and not a means is highlighted. That said, the need and importance of theoretical knowledge (*episteme*) should not be understated. As Aristotle himself noted, both types of knowledge are important. One might here evoke the image of a culmination of some sort. Aristotle (EN VI.7, 1141b) states as much: those with practical wisdom are better off than those with only knowledge (*episteme*), but ideally there should be a culmination of *episteme* and *phronesis*. In PC this culmination is not static but a dynamic interaction.

The philosophical counsellor will thus need to be a *generalist* and not a specialist in only one field. The philosophical counsellor thus relies on his or her practical wisdom (in combination with theoretical knowledge) to be context sensitive. This sensitivity will help the philosophical

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counsellor "steer" the philosophical discussion with the counselee in the "right" direction. In other words, he or she will not discuss something which might "harm" the counselee, nor neglect the search and love of wisdom. One can imagine a discussion between a religious counselee and a philosopher who wants to impose his or her opinions on the counselee. The example of the dancer might help to illuminate this point: sometimes the philosophical counsellor should take the lead, sometimes he or she should give it to the counselee. This required context sensitivity is needed from the philosophical counsellor to facilitate the active discussion or philosophising which is always changing.[213] This sensitivity is gained from practical experience in combination with theoretical knowledge. The lens through which the philosophical counsellor sees the world is constantly changing, always adapting to the current and unfamiliar situation. *Phronesis*, as Weiss (2018:16) states, is indeed the backbone of PC.

Two further important notions fall under *phronesis*: PC as an educational mission, and improvisation. Svare (2006:31-32) talks about "context-sensitivity" which distinguishes the novice from the expert. *Phronesis* is of great importance here as it is what distinguishes the novice from the expert. Svare (2006:32) states, for example, that "[w]hat finally distinguishes the expert or the master from the novice is his [or her] capacity for responding *intuitively and spontaneously*, even in the most complex of contexts" (emphasis added). Svare (2006:32) continues by stating that "[i]n order to be able to respond wisely, *one needs access to a wide variety of methods*, as well as the ability to use them with good judgment" (emphasis added). Improvisation, i.e. accessing a wide variety of methods, is thus of utmost importance for the philosophical counsellor who is characterised by *phronesis*. However, this "*phronetic* activity" is not restricted to the philosophical counsellor. In a sense, the philosophical counsellor wants to teach this to the counselee – not in the sense of "direct teaching", but rather by also making the counselee "context-sensitive". Aristotle's archer metaphor might be helpful here. Aristotle states that *phronesis* does not help the person aim, the person is already aiming at the target. *Phronesis*, instead, would help the counselee make the target clearer (EN VI.12, 1144a). Ericson (2000:86-87) goes further by stating that PC's "aim is not 'therapeutic' in the contemporary sense, but an activity of teaching in the educational enterprise." Following Vansieleghem (2013:602), the philosophical counsellor, in this sense, is not in the normal role of an educator, but rather one that helps the counselee with the question as to how one might

[213] This is Svare's (2006:31-32) and Weiss's (2018:12) "context-sensitivity".

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live. Moreover, the philosophical counsellor does not supply the counselee with an answer to this question. Rather, a constant questioning of what is "learnt" is encouraged or, following Vansieleghem (2013:604), "it is a pedagogy in which the teacher merely asks questions so that the student can discover and recognise misunderstandings and unconscious experiences."

(viii) Necessary eclecticism

The "*phronetic" backbone* and *improvisation* encourages a type of necessary eclecticism. To fully accommodate the counselee, the philosophical counsellor cannot be restricted by a single method or outcome. In addition, he or she cannot hold a single perspective from which to view the world. Stated differently, the philosophical counsellor should be well-read in *philosophy* but also other fields, such as religion and art. Mijuskovic (1995:96-97) calls for the philosophical counsellor to have an "interdisciplinary expertise" (wherever the discussion may lead) which stretches over, among others, philosophy, literature and psychology. As stated above, concerning the philosophical counsellor's limitations to what he or she can do when the counselee has, say, severe depression, the philosophical counsellor should know where his or her knowledge stops and starts. If the counselee's problem falls outside of his or her expertise, the philosophical counsellor should refer the counselee.

There is a threat of trivialising and oversimplifying philosophy if the philosophical counsellor does not engage with the counselee's problem or philosophical disposition adequately. In this regard, the eclecticism of the philosophical counsellor might also be problematic. Nevertheless, the philosophical counsellor should be open to the creative possibilities eclecticism entails for the philosophical dialogue between counsellor and counselee. This does not mean that PC is *defined by its eclecticism*. The philosophical counsellor might still find a rigid structure more promising when working with certain counselees. This is where the sensitivity of the philosophical counsellor is needed to, in a certain sense, *know or feel* what the counselee needs.

It may seem that a lot is left in the air or, so to speak, left up to fate as to when and how anything might happen in PC. In other words, there are relatively few "signs" in place to mark any progression or development. The artist who never stops painting, constantly changing and

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repainting, or sculpting a figure, comes to mind.[214] The philosophical counsellor, with the counselee as a fellow philosopher, may constantly work on a single thought or problem from different angles or perspectives. If the counselee is so inclined, the sessions may never progress and they may even take some steps backward. The sessions may end with no clear-cut indication of any progress made. As noted, philosophy is not first and foremost a problem-solving activity, but a lifelong journey.

(ix) The myth of authentic dialogue

Amir (2018:336) asks: "Is dialogue ever possible? If yes, how do we recognize it?". Isaacs (1999:19) defines dialogue as a "conversation with a center, not sides." Bazzano (2014:165-166), following Lyotard, states that "genuine dialogue" is merely an accident and that it cannot be "manufactured". There is certainly a *myth of authentic dialogue* which pervades PC. When do two monologues or two different people come together in dialogue? In other words, with what Isaacs said in mind, can we discard our monologues or "sides" to fully enter a dialogue, i.e. the centre, with someone else? Can one ever truly listen without the sole intent to reply? In the same vein as philosophy being, in part, the search for *Truth*, one might add that there is a search for this *authentic dialogue* in PC. As Svare (2006:29) rightly notes, the idea of authentic dialogue is vague and we might ask: "What exactly constitutes an authentic dialogue?". However, this is not a reason to discard the search for the authentic dialogue. One should not be held back by this search, but the belief in the *myth of authentic dialogue* is important because it regulates, in a sense, the session or PC in general. If the counselee cannot participate in the dialogue, he or she may not be fit for PC. If the philosophical counsellor cannot maintain a dialogue with the counselee, it may be that he or she imposes his or her ideas on the counselee. Even more so with my conception of PC, this mysterious, sometimes accidental, conception of dialogue is as elusive as truth but it is also as important. The search or inquiry for authentic dialogue should never stop.

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[214] I have in mind here the artist Alberto Giacometti. This image of the artist never completely satisfied with his or her work can be used to illustrate the "perpetually re-negotiated, re-worked or re-defined" (Cocker, 2011) attitude one can take to one's being in the world. The necessary eclecticism can foster an environment that might give the counselee access to more tools to help with this perpetual reworking of his or her way of being in the world.

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In the presence of a philosopher, something unusual and unique happens which cannot be replicated or originated in a methodological manner. In other words, philosophising in this manner cannot be made into *techne* and be applied or replicated. The mysterious dialogue can also not be produced methodically. Moreover, philosophy is not locked up in the philosopher but blooms when there is a mutual meeting of the minds between philosopher and counselee who then philosophise together (Allen, 2002:9). However, as I explain below, the presence of a philosopher does not entail a safe journey and the aforementioned relationship might be dangerous.

(x) Dangerous relationships and terrible experiences

Swazo (2000:50-51) states that the relationship with a philosophical counsellor is a dangerous one. It might entail terrible experiences. He states that the philosophical counsellor should say to his or her counselee that "A relationship with me is a dangerous and terrible experience" (Swazo, 2000:50). He continues:

> [It is] dangerous because though we shall proceed as if I know, I really don't know; and terrible because, though we shall have considered many possible answers to the questions we shall ask, you and only you have the authority of final decision in the matter under examination. […] The client who seeks out a philosophical practitioner commits himself to an interrogation, having hope that the interlocutor proves herself worthy of being called a "kindly friend," even and especially when the philosophical practitioner from the outset confesses to an ineliminable and abiding ignorance. (Swazo, 2000:50-51)

The philosophical counsellor, says Swazo (2000:51), should profess this ignorance as: I do not know. The literature does not provide answers to questions. Philosophy as a body of knowledge is merely a repository of answers specific philosophers had with regard to their own struggles in life. Their work can be seen as a struggle with a particular problem which they tried to resolve. This body of work can thus be used as aid on the journey, but it can also be used to disrupt the counselee's everyday mode of being as Socrates disrupted those he met in the agora. This echoes Hadot (1999:265; 2002:102) who states that philosophy radically changes one's mode of being in the world so that one might live a more examined life. However, this is not an easy task and might disrupt, confuse, and discomfort. Philosophy might "shock, provoke,

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and make people uncomfortable".[215] Concerning Plato's cave, one might state that the liberated prisoner descending back into the cave was killed because he or she would have disrupted the security and comfort the other prisoners found in the shadows on the cave wall. There is, or should be, a warning label printed on philosophy books and philosophical counselling (based on this account), which states: "This might disrupt and cause discomfort, but at the end or on the journey one might find that an examined life is more worthy than an unexamined life."

However, some deem PC too dangerous in this sense. Jopling (2008:161-162), for example, warns against PC's ability to "create" problems where there may not have been. PC runs the risk of intellectualization of problems. Philosophy, Jopling (2008:161) notes, might stand in the way (or may act as an escape route) for counselees who do not want to face tough emotional problems (or feelings) head on. Moreover, organic or biological disorders may "lend themselves" to being reinterpreted philosophically, which increases the risk of misdiagnosis and being treated with the wrong therapy (Jopling, 2008:161). The counselee may also gain what Jopling calls "pseudo-insight", which is "sophisticated patter with little intrinsic philosophical content", when the counselee thinks he or she has (an authentic) philosophical understanding of a problem or situation (Jopling, 2008:161-162). Finally, and related to the previous problem, the counselee *creates non-existent philosophical problems* from their existing psychological problems. "Philosophy is sometimes bad medicine", concludes Jopling (2008:162).

Jopling (2008:161-162) raises valid concerns. The dangers PC might pose are real. However, the philosophical counsellor is not supposed to work with someone who cannot have a rational dialogue with him or her about his or her problems. In other words, Jopling's critique misses the mark for those who want to have a rational philosophical dialogue with a philosophical counsellor. Simply put, philosophising *is*, inter alia, the intellectualization of everyday problems. Furthermore, PC is about philosophy and not emotions. Take Jopling's remark, that philosophy might stand in the way of a counselee's emotional reaction to something. Stating that PC should focus on a counselee's emotional reaction to something, or that it should not hinder the emotional reaction, does not make sense within this context. If the counselee

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[215] Marx (2018:132) states that literature that does not "shock, provoke, and make people uncomfortable" ceases to help the reader to confront the strangeness of life and treats the reader as an "eternal minor". I propose the same regarding philosophy that ceases to make one uncomfortable about the unexamined life.

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understands what philosophy is, there will not be an emphasis on emotional reactions which falls within the realm of psychotherapy. The counselee should seek the right counselling or therapy for him or her and the philosophical counsellor should screen the counselee to know if he or she will be able to help the counselee. This, admittedly, is not an easy task. Thus, it is important that the philosophical counsellor ensures that the counselee knows what philosophising might entail.

The relationship with a philosophical counsellor might be dangerous and can potentially lead to terrible experiences. The philosophical counsellor cannot guarantee a safe journey. This should be stated at the outset of the meeting between philosophical counsellor and counselee to avoid the dangers raised by Jopling (2008:161-162). There should be no confusion about what the philosophical counsellor does in a PC session, even if it means that philosophical counsellor concedes that he or she "does not know" (in a Socratic sense). The philosophical counsellor might, for example, reference a book that contradicts the counselee's cherished beliefs or give him or her "pseudo-insight" (Jopling, 2008:161-162). The philosophical counsellor, following Achenbach (see below), might philosophise in such a manner that it disturbs and discomforts the counselee. The counselee should know beforehand that he or she enters a dangerous relationship with the philosophical counsellor as a fellow philosopher in a mutual dialogue which might lead to a terrible experience.

(xi) Inn metaphor

On a stormy journey, the sight of an inn may bring solace to the traveller. The counselee on a stormy journey facing puzzles and *aporias* may stumble upon this inn (i.e. PC). The counselee can find solace in the presence of the philosophical counsellor. This should not be a dependent relationship. In other words, the counselee should not bring his or her problems to the philosophical counsellor for resolution. The idea of an inn is simply that the counselee can bring his or her problems to be heard without being judged or listened to without the fear of being diagnosed. In the safe space, which the counsellor creates, the counselee can talk freely. In addition, because there is no diagnosis at the end, the counselee can, without the fear of judgment, speak his or her mind. The idea of an inn can also accommodate the previously mentioned idea of a dangerous relationship. Because the counselee is in this dangerous relationship (i.e. journey), he or she should feel safe in the "inn" (i.e. safe space). The reason for this is the fact that the counsellor is on the same journey with the counselee. In other words,

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the counsellor, even if the relationship is dangerous, will not let the counselee attempt the inquiry on his or her own.

One can think here of the relationship described by Achenbach[216] of the captain of the wayward ship and the pilot. Even though the ship is not on course, and may traverse rough and dangerous seas, the pilot is there with the captain. The philosophical counsellor cannot take away the rough waters, nor can the philosophical counsellor take over the ship to steer it on course. Instead, the philosophical counsellor is there to create the safe space, or the inn, in which the counselee can talk about the rough waters – or whatever may come to his or her mind. The image of the philosophical counsellor and the counselee standing in front of an artwork might, again, be illuminating. The artwork might produce an uneasy feeling in the counselee and in the counsellor, but there is always the possibility of turning away. The philosophical counsellor is always present so that the counselee does not experience this uneasy feeling alone.

Plant's (2006:142-144) discussion of Derrida's notion of hospitality concerning the "perhaps" or Pyrrhonian *aporia*, might also be illuminating in this regard. "Genuine hospitality", Plant (2006:141) states following Derrida, entails the "possibility of 'an absolute surprise'". This is because one cannot *decide* when it is convenient for a guest to come over. One must, in a sense, always be ready to have a surprise visit. The possibility that some visitor or guest might disturb one is a real danger, but it "plays a constitutive role": "[T]hat she *might* oppose my being-at-home to the point of 'ruin[ing] the house,' or even by bringing *death* is a *necessary condition of hospitality*" (Plant, 2006:143; emphasis added). Translating this to PC, the philosophical counsellor's hospitality is seen akin to this danger. The philosophical counsellor is ready for the counselee at any moment since he or she is always busy with his or her philosophical counselling, following Walsh (2005:505). In other words, the philosophical counsellor is, on the one hand, prepared, because he or she is always living philosophically. On the other hand, he or she is wholly unprepared and in danger of having his or her house "ruined" by the counselee's *aporia* or problem. This unpreparedness and danger of having his or her house ruined *is necessary*. Derrida (quoted in Plant, 2006:143) states that "[f]rom that point, I have to take responsibility". He continues (quoted in Plant, 2006:144): "[I]t is […] a *crucial moment through which we have to go* [...] [W]e have to experience this moment of aporia in order to make a decision, in order to take responsibility." The philosophical counsellor, in this position,

[216] I rely on Zinaich's (2004:6-7) discussion of Achenbach's ship metaphor.

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helps the counselee to not only stand still in front of the *aporia* (or due to the *aporia*) which is the Pyrrhonist's reaction to *aporia*. Instead, he or she helps the counselee to work through it, which is the Derridian position. The philosophical counsellor accepts the responsibility of deciding with the counselee and does not simply stand still as the Pyrrhonist would have done.[217]

(xii) *Agōgē* (a way of life)

The final condition, for something to qualify as PC, is that philosophy should become a way of life for the counselee.[218] As Raabe (2001:147) notes, the philosophical counsellor tries to turn the counselee into a fellow philosopher. Or, rather, the philosophical counsellor does not want to *turn* the counselee into a philosopher but rather into someone who *lives philosophically* or has a philosophical disposition. This means that the counselee, after PC, will not live an unexamined life. The counselee will have the necessary skills to navigate the ship without the need of the pilot. The pilot will always be there, in a sense, in that the philosophical counsellor would have given the counselee a new pair of lenses or a new way to look at life. This can then be moulded into what the counselee needs to steer the ship, without the need to necessarily go back to the philosophical counsellor. Therapy or counselling cannot be a lifestyle as one's whole life cannot be characterised by therapy. However, one's life can be characterised by philosophy (as a way of life) (Tukiainen, 2012:126).

4.4. An account of PC without the therapeutic thesis

> The philosophical counselor's place in the conflict of interests between physicians, psychologists, and patients is that of a neutral philosophical educator. The philosophical counselor ought to work in a no-man's land—between the diagnostic views of therapists and the free interpretations of the agnostic, between medicine and ethics, between the sciences and the arts. The philosophical practitioner may feel at home in this wasteland; unlike many of their predecessors, their rights to philosophize are safeguarded. (Schuster, 1999:12)

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[217] This is in contrast to the Pyrrhonist, who would have withheld assent.

[218] Cf. Hadot's *Philosophy as a way of life* (1999) and the Pyrrhonian disposition I discussed in chapter 1.

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> Doing philosophy no longer meant, as the Sophists had it, acquiring knowledge, know-how, or sophia; it meant questioning ourselves, because we have the feeling that we are not what we ought to be. […] He [Socrates] is *atopos*, meaning strange, extravagant, absurd, unclassifiable, disturbing. In the Theaetetus, Socrates says of himself: "I am utterly disturbing [*atopos*], and I create only perplexity [*aporia*]". (Hadot, 2002:29-30)

> [F]rom the start, philosophy has been *inconvenient*, to some even *annoying*. Others perceive philosophy as a disturbance of their much beloved routine of their everyday lives. Philosophy, in other words, engages in sabotage. And I should add: philosophy that no longer disturbs and discomforts is not worthy of our attention. (Achenbach, 2018:3)

The philosopher (and philosophical counsellor) is a strange phenomenon. He or she occupies an "in-between space", states that he or she is utterly disturbing, and he or she creates only perplexity, and causes inconvenience, disturbance and discomfort. On the one hand, he or she professes a deep love of wisdom and truth and at the same time a deep scepticism of said wisdom or truth. Out of wonder, the philosopher questions deep-seated beliefs, but in doing so he or she disturbs and uproots comfort and dogma. Socrates, the gadfly, walked the agora questioning those he encountered on issues they held dearly. Those with deep-seated beliefs did not adore him. Sextus Empiricus, through Pyrrhonian scepticism and argumentation, wants to rid the people of their dogmatic beliefs. The Pyrrhonian transformation is not a peaceful one. The philosophical counsellor (as sketched above), who occupies this in-between space, who disturbs and causes discomfort, who endures the dangers of his or her house being ruined, and who is strange and perplexes is in a unique position. Without the need to show evidence for his or her approaches and without the declaration of "do no harm", the philosophical counsellor carries on the search, inquiry and love for wisdom and truth *with* the counselee. Without the need to provide a cure, diagnosis, or any (prescribed or presupposed) theory, there is an infinite creative and philosophical space in which to philosophise. The philosophical counsellor (in this conception) occupies this in-between space, thereby avoiding the therapeutic thesis. The quotation from Achenbach (2018:3) above can be altered so as to state this position of the philosophical counsellor as follows:

> The philosophical counsellor is inconvenient and to some even annoying. Others perceive the philosophical counsellor as one who disturbs, interrupts, and uproots

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> their much-beloved routine of their everyday lives. The philosophical counsellor, from a distance, may look like he or she engages in sabotage. And *I* could add: *philosophy and the philosophical counsellor that no longer disturbs and discomforts is not worthy of our attention*.

In this last section, I briefly revisit my understanding of this non-therapeutic position of the philosophical counsellor and the non-therapeutic nature of PC. I do so in four steps.

(i) PC does not claim to be therapy, to heal, to diagnose or to solve problems. The ultimate goal of PC is to philosophise with the counselee. As a philosopher, one professes to love and search for truth and wisdom. PC offers, as stated by Schuster (1992:598), what philosophy itself offers, namely "freedom from the preconceived, the ill-conceived, the prejudiced, and the unconscious". Because it is not therapy it cannot be held to the same ethical standards. One might object to this by stating that in PC the counsellor will still work with a vulnerable group of people, e.g. those who need help with immediate problem-solving. This may be so, but as I tried to show above in the twelve conditions, PC should not claim to help these counselees. Instead, the philosophical counsellor should refer them to the appropriate counsellor. PC is not, in this conception, seen as a problem-resolving endeavour. The philosophical counsellor therefore has the responsibility to enlighten the counselee about what PC is and the counselee should know that philosophy is not psychotherapy or psychology. This conception of PC follows the idea of it being an *alternative to therapy* and not an alternative therapy. The counselee should thus not seek therapy from the philosophical counsellor, nor should the philosophical counsellor provide therapy.

(ii) There are no fixed and substantive answers the philosophical counsellor can give without first problematising the assumptions they might be based on; PC in this conception is rooted in the unknown. The philosophical counsellor and the counselee are both on a dangerous journey in search of wisdom and truth. There are no clear pathways; there are merely road signs, which themselves are not always helpful. Philosophy also becomes a lifestyle or way of life, which the counselee can adopt and incorporate into his or her life. This is one of the most important reasons why it is different from the mental health professions. There are no readymade answers, there might not even be answers at all, and the 2000-year-old quest, journey or question (of what philosophy is or might provide) can be incorporated into the daily life of the counselee. It would be absurd to claim that the psychotherapist or psychiatrist would want to make the counselee a psychotherapist or psychiatrist. The counselee, entering the philosophical space,

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and by implication the space of the philosophical counsellor, will not receive answers, nor will he or she leave with a sense of *ataraxia*, because the philosophical counsellor will not even try to impose his or her idea of what constitutes, say, *ataraxia* onto the counselee. The philosophical counsellor and counselee will get involved in the counselee's concrete problems or situation, get entangled in philosophical texts and philosophise together about any of the relevant topics. Through this "struggle" and "dangerous journey", the counselee *might* find some answers himself or herself, but there are no guarantees of a safe journey or that there will be an answer at the end.

(iii) The educational component linked to PC, in this conception, is of utmost importance and also a factor contributing to not subscribing to the therapeutic thesis. The philosophical counsellor wants to turn the counselee into a fellow philosopher. This can again also be seen as an argument against the notion that PC is therapy. When the focus is on the *philosophical* part in philosophical counselling, one can see the problematic position of those who support the notion that PC is therapy (i.e. with the focus on *counselling*). Philosophy as therapy (in this conception) is highly problematic and contradictory for two reasons: firstly, therapy presupposes medical intervention, there is a healing or curing of some ailment, and, secondly, therapy presupposes no "transference of knowledge" – the patient undergoing therapy is, in a sense, a passive patient/subject. However, *philosophical* counselling is, in one sense, the education (or edification) of the counselee to be a fellow philosopher with whom the philosophical counsellor can philosophise. As stated in (ii), the counselee as a fellow philosopher will entangle, struggle and engage with the counsellor through texts and his or her concrete situation or problem. Thus, the counselee *cannot* be a passive subject.

(iv) The fourth and most controversial aspect of my understanding of PC has to do with the "no-harm principle" which the mental health professions and the medical practices should not breach, but which can be problematic in this conception of PC. The no-harm principle cannot be upheld by the philosophical counsellor for two reasons: (i) the philosophical counsellor in terms of this conception is not part of a medical framework, and (ii) philosophy proper is not a guaranteed safe journey. Furthermore, the limitless potential of philosophy itself prohibits the philosophical counsellor from outlining what might be beneficial and what might lead to terrible experiences. Furthermore, relating to the discussion of Derrida's notion of hospitality, there is always the possibility of the counselee disrupting the philosophical counsellor, but this applies both ways. The counselee, being hospitable to philosophy entering his or her life, can always expect philosophy to discomfort or uproot security in the dogmatic beliefs he or she

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holds. Recall the ascending of the liberated prisoner in Plato's cave: leaving behind the comfort and security of the shadows on the cave wall for the strange and vastness of the world outside of the cave might be frightening.

With these four remarks, and the twelve conditions, in mind, I will now try to briefly conceptualise this form of PC:

> Through philosophising the philosophical counsellor enters a dangerous dialogue with the counselee in which they engage, struggle and become entangled with any agreed upon topic/text, including, as a probable point of departure, the counselee's concrete situation and "problem". There is no guarantee that this encounter will lead to any answer, solution or resolution. Yet, though it might be irritating or frustrating, the philosophical counsellor and the counselee will struggle onwards *through* the situation and "problem" or topic/text. This will progressively turn the counselee into a fellow philosopher, thereby instilling in him or her a vigilance of dogmatic, uncritically accepted or harmful beliefs. *Eudaimonia*, *ataraxia*, *apatheia*, flourishing, happiness, acceptance and at-homeness are rarely the end goal or the aim of this search or inquiry. However, they may appear as by-products on the journey towards the counselee's adoption of philosophy as a way of life. Philosophical counselling is thus ultimately the education (edification) of the counselee by exposing him or her to the vastness of philosophy and how it may assist him or her in answering the question as to how he or she might live.

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CONCLUSION

At the outset of this thesis, I state that there is a crisis of definition in PC. PC does not know what it wants to be. Laying out the arguments while withholding assent in Pyrrhonian sceptic fashion, one is "struck" by the various and sometimes contradictory accounts of what PC is (claimed to be). Some of the authors lean towards PC becoming more psychological and by implication more scientific, by calling for evidence, rigid method(s) and clear outcomes. Others lean towards the postmodern position of rejecting method and rigid structures. Some make empirical claims, though they lack the evidence to back them up. Others appear to be, as Kreimer (Agora PP, 2014) states in an interview with Lahav, "widows that just repeat what a famous philosopher has said". The confusion seems never ending.

Raabe (2001), Knapp and Tjeltveit (2005), Lahav (2017), and others discussed the reasons for this lack of identity. These reasons include: claims made without the necessary demarcation as to whom they apply; PC's struggles to differentiate itself from psychotherapy; the problem of translating praxis to practice and counselling; and, lastly, the varying conceptions of what philosophy is.

The craving for empirical evidence of efficacy for methods and goals in PC is problematic because it will inevitably make PC less philosophical and more scientific (following those who want to conceptualise PC as a form of psychotherapy). This also subscribes PC to what I call the therapeutic thesis, i.e. that PC should aim at resolving problems and not at philosophising itself. PC without the therapeutic thesis, in my view, does not need any empirical evidence since it is wholly philosophical. PC is a *phronetic* activity, that is, an embodied disposition, a way of living. It is not *techne* or a body of knowledge one can possess. It is, in this sense, an alternative *to* therapy. It is not itself another type of therapy. PC as conceptualised by those I discuss in chapters 2 and 3, adheres to the therapeutic thesis. Those who conceptualise PC in this way make counter philosophical claims and forget its philosophical roots. Due to this, PC starts to move into the realm of psychotherapy or into a medico-therapeutic framework wherein the philosophical counsellor focusses too much on the counselling part of philosophical counselling and too little on the philosophical part thereof.

Reconceptualised, especially regarding how philosophy is understood (with the help of those whom I call the dissidents), PC dwelling exclusively within the realm of philosophy contributes something potentially beneficial to those outside of the scope of the mental health professions. Firstly, philosophy is seen as akin to the ancient Greek lived philosophy. This requires of the

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counselee to radically change his or her way of being in the world. The relationship between the philosopher as educator and counselee as student, accordingly, changes. The role of the educator, i.e. the philosophical counsellor, is to help the counselee to respond to the question: "How might I live?". Secondly, and relating to the previous remark, the philosophical counsellor *is* his or her embodied lived philosophy or philosophical practice. As a result, the philosophical counsellor, who always lives his or her philosophy, will be able to facilitate the space for the counselee to adequately respond to the question, "How might I live?". As this is not therapy, there are no goals such as healing and curing, though these goals might be achieved inadvertently in the process.

In this regard, the philosophical counsellor cannot guarantee a safe journey as the relationship between counsellor and counselee might be dangerous and entail terrible experiences. This is the case because the philosophical counsellor is a *philosopher*. Being a philosopher, the philosophical counsellor is on a search for wisdom and truth, that is, he or she professes a deep love for wisdom and truth. The counselee entering this space joins the philosophical counsellor in philosophising. The counsellor does not *apply* philosophy to solve the counselee's problems. Instead, the counselee is encouraged to actively participate in the act of philosophising. The counselee is not a passive subject. The philosophical counsellor also does not dogmatically hold on to a rigid method or fixed outcome. Every counselee brings something new to the table which the philosophical counsellor needs to handle with a certain context sensitivity. The philosophical counsellor will always, then, be improvising, hence the adoption of *improvisation* as a "method" and the eclecticism which this account of PC needs. There is no single method to which the philosophical counsellor adheres. There is rather something akin to the image of a carpenter's toolbox: different tools for different applications. As such, there are different method(s) for different counselees. Hence, the importance of the philosophical counsellor possessing a context sensitivity influenced by *phronesis* or practical wisdom which he or she gains from his or her lived philosophy.

I discussed twelve conditions which the philosophical counsellor needs to keep in mind to remain within the realm of philosophy. The conception of PC I argue for is directly influenced by these twelve conditions. There are, inter alia, three important notions that follow from this reconceptualization of PC: firstly, the scope of PC assumed by it differs from the conception thereof assumed by the understanding of PC discussed in chapters 2 and 3; secondly, the need for empirical evidence for the efficacy of PC is made redundant due to PC being *philosophical* and not empirical; and, thirdly, the problem of PC's identity is brought into a new light in so

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far as a reworked answer is given with regard to the causes of PC's crisis of definition. Moreover, in terms of my reconceptualization of PC the philosophical counsellor does not use method(s) in the same way as those in the mental health professions and the clear outcomes that the mental health professions need seem irrelevant in the face of *philosophising* for the love of wisdom. As noted, the scope of PC changes, following Marinoff (1999:11-12, 2003) who asserts that PC is for the sane. In other words, the philosophical counsellor busy with philosophy proper is akin to Socrates walking the *agora*. He or she is neither a sophist selling ready-made answers to merely see the counselee happy, nor does he or she make philosophy subservient to solving problems.

One might state that the discussion around PC will always entail the questions, "What is philosophy?", "What is PC?" or, more specifically, "What are the limits of PC?". For the Pyrrhonian sceptic, once one starts to accept things without the necessary inquiry, dogmatic beliefs will take root. The philosophical counsellor, similarly, should not let dogmatic beliefs settle their roots. To properly negotiate the needs of the counselee and to stay within the realm of philosophy, the philosophical counsellor should avoid unexamined beliefs. The philosophical counsellor proper always lives philosophically (read critically). He or she simply *is* the embodiment of his or her philosophical practice. Sextus Empiricus states that it is because of his or her love of humanity that the Pyrrhonist wants to rid them of dogmatic beliefs. Similarly, it is for the love of humanity *and wisdom* that philosophical counsellors philosophise with counselees.

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