



The problem as point of departure: The Pyrrhonian aporia, the Derridean perhaps and keeping Philosophical Counselling in the realm of philosophy²

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Abstract

Philosophical counselling is generally understood as a movement in practical philosophy that helps counsees, i.e. clients, resolve everyday problems with the help of philosophy. Moving outside of the scope of what philosophy can do, however, is a problem. More specifically, when the philosophical counsellor moves outside of the so-called realm of philosophy into the realm of psychotherapy, i.e. medical framework, problem resolution and ameliorative goals might be on the table. This plays into the hands of critics who state that philosophical counselling is encroaching on the terrain of the mental health professions without, inter alia, the proper evidence of its treatment efficacy. This paper is an attempt to keep the philosophical counsellor in the realm of philosophy, and by doing this to keep them busy with philosophising as such, i.e. philosophising as an end in itself. In particular, the article focuses on a novel interpretation of how to approach the counselee's problem so that the philosophical counsellor does not fall prey to problem resolving and ameliorative endeavours. To substantiate this novel reinterpretation to the counselee's problem, I turn to the notions of the Pyrrhonian aporia and the Derridean perhaps, in conjunction with a crucial position exclusively available to the counselee in philosophical counselling.

About the Author

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² The article is based on an argument in chapter 4 of my thesis (Louw, 2021:94-128). Many thanks to Dr DJ Louw for the numerous discussions on this argument.

Introduction

A common critique levelled against philosophical counselling (PC) is that the counselee's problem is not dealt with in a practical and immediate manner. Rather, the counselee's practical problem is abstracted and discussed in philosophical jargon that might (i) alienate the counselee or (ii) give the counselee quasi-philosophical knowledge into their problem or potential diagnosable and treatable mental disorder. Mills (2001:21), following the former critiques, states that there is a "danger that PC can get bogged down in abstractions" and that the counselee can feel alienated when his/her concrete problem is not dealt with directly. Jopling (2008:161-162), following the latter critique, states that PC can intellectualize problems and create problems where there were none before. Philosophy, and by implication PC, can thus give the counselee tools to reinterpret organic mental disorders philosophically and give them "pseudo-insight", which is "sophisticated patter with little intrinsic philosophical content". For Jopling (2008:162), "[p]hilosophy is sometimes bad medicine". The main problem that these types of critique bring to light is that some forms of PC do not immediately deal with the counselee's problem in a concrete manner as the mental health professions¹ would

¹ 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 article. 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.

have. However, these critiques often conflate *philosophical* problems with what the mental health professions view as a problem.²

The mental health professions function in a mostly medical framework.³ That is, 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. 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 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.

The problem this article deals with is, thus, how to keep PC busy with philosophy and philosophising us such. This is important because if PC resembles the mental health professions, a case can be made that PC is superfluous. Also, a more serious case

² I do not deal with what philosophical problems are, nor with how they differ from problems as understood in the mental health professions. See, amongst others, Mijuskovic (1995), Segal (2006), and Amir (2005) for in depth discussions on this distinction.

³ See, however, Paden (2013) who notes that, for example, humanistic psychotherapy might work outside of this framework.

can be made against the use of PC because of the lack of empirical evidence for, inter alia, its treatment efficacy. In short, PC should function in a philosophical framework rather than a medical framework. Moreover, I propose that to keep PC busy with philosophising helps the philosophical counsellor stay in the so-called realm of philosophy and not in the realm of psychotherapy⁴, i.e. medical framework. To achieve this, I propose a novel approach regarding the counselee's problem, that is, to view the problem of the counselee as a point of departure, i.e. from which to philosophise. The argument is based on my readings of, firstly, the Pyrrhonian⁵ aporia, and, secondly, the Derridean perhaps. At stake is a unique position the counselee might take towards the field of philosophy. The counselee, with the philosophical counsellor, can mutually philosophise and critique various other philosophies/philosophers; this entails the philosophical counsellor's own positions and

assumptions. This option is not necessarily available to the counselee in the mental health professions.⁶

The argument unfolds as follows. The philosophical counsellor, being a philosopher proper⁷ and by staying firmly within the realm of philosophy, views the concrete problem of the counselee not as in need of immediate resolution.⁸ Instead, the problem is defined as *a point of departure* from which to mutually philosophise. The Pyrrhonian aporia is used to illustrate this novel approach to the counselee's problem. A frustration of sort follows which then leads to the Derridean perhaps. Even though the terms are closely related, there is a crucial difference, that is, the Pyrrhonist is disabled by indecision, and the Derridean is enabled by decision. The move from the Pyrrhonian aporia to the Derridean perhaps, is used to argue that by abstracting the counselee's concrete problem, i.e. using the counselee's problem as point of departure, the philosophical

⁴ This formulation is used by Knapp and Tjeltveit (2005).

⁵ My reading of Pyrrhonism is based on the translation and commentary of Mates (1996).

⁶ I base this idea on the fact that one cannot empirically study the efficacy of the successful critique of, say, Cognitive Therapy by a counselee to help them cope with, say, anxiety. My claim is thus that the mental health professions function in a medical framework with specific assumptions, and that PC does not function in this medical framework. The counselee can critique the mental health professions along with their therapist/counsellor; however, this would constitute a philosophical position and not one promoted as a medical one. That is, critiquing the mental health professions from within them would be to move into the realm of philosophy.

⁷ A philosopher proper is someone who practices *real* philosophising, i.e. not subordinating philosophy to some other goal beyond philosophising (Fusaro, 2018:66-67). The counsellor or therapist from the mental health professions, for example, using philosophy in an applied philosophy fashion is not a philosopher per se.

⁸ It is of utmost importance that the philosophical counsellor "screen" the counselee before entering this relationship (Sivil and Clare, 2018:138; Popescu, 2015:513-514). Minimally, the counselee needs to be able to have a rational dialogue with the philosophical counsellor. There is little evidence that PC can help those who suffer from serious cognitive problems. More importantly, the conception of PC this article puts forward does not agree with those who claim PC can be, for example, ameliorative. Counselees who need immediate help in terms of problem resolution, need to seek help from the mental health professions that specialise in dealing with immediate problems, such as depression of anxiety. Philosophical counsellors are mostly philosophers without proper training to deal with counselees with serious needs or cognitive problems. Again, little evidence suggests that philosophical counsellors or PC are equipped to deal with these counselees. See Knapp and Tjeltveit (2005) for an extensive critique of philosophical counsellors and PC that tries to enter the realm of psychotherapy.

counsellor stays firmly within the realm of philosophy. I do this in three stages. In the first stage, there is a standstill in front to the Pyrrhonian aporia. In the second stage, there is a move *through* the Derridean perhaps. In the third stage, there is an abstraction of the concrete, and this keeps the philosophical counsellor in the realm of philosophy. These stages are not meant to be followed linearly or concurrently. Claiming or prescribing that the stages should be followed would again play into the hands of those claiming that PC is no different from the mental health professions. Instead, by having these stages available, the counselee and philosophical counsellor can *decide* if they want to enter them, or they might remain *indecisive* about the matter. There is no prescription to adhere to these stages, nor are there methods to follow. *Perhaps* they might prefer to follow a different set of ideas.

A brief digression: Three metaphors that tease out the goals/outcomes of PC

There is currently no norm or standard regarding the goals or outcomes of PC. Moreover, there are as many definitions of PC as there are philosophical counsellors (Tillmanns, 2005:2). It therefore stands that the goals and outcomes are also numerous, one being the absolute lack of goals.⁹ Moreover, PC being part of philosophy proper, there seems to be an inherent, and

necessary, futility and difficulty in grasping the ends of philosophy.¹⁰ Rather than hide this difficulty and futility from the counselee, I argue that the incorporation of it is necessary to edify and broaden the counselee's horizon.¹¹ Simply put, by-products might be produced in the philosophical discussion that might help the counselee see their problem in a new light, but there is no proclamation of these ends as such.

Staying true to this futility and difficulty in the articulation of ends, I will only tease out some of the goals/outcomes of PC with the help of three metaphors. The three metaphors are (i) the contemplation of an artwork metaphor, (ii) the wayward ship metaphor, and (iii) the inn metaphor.

The contemplation of an artwork metaphor

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, i.e. problem, as if it were an artwork. The artwork might produce an uneasy feeling in the counselee and in the philosophical counsellor, but there is always the possibility of turning away. If we extend the gallery in which the artwork is exhibited to incorporate the philosophical counsellor's assumptions and philosophical inspirations, the

⁹ Schuster (e.g. 1999) and Achenbach, inter alia, are philosophical counsellors who propose that PC should have no goal nor any method.

¹⁰ For example, see the disparities between the ends of ancient Greek philosophy (especially the Hellenistic schools) and the ends

of contemporary philosophy. Furthermore, see the disparities between the ends of analytic philosophy and the ends of continental philosophy.

¹¹ For a more in-depth discussion on the edification properties of PC, see the discussion in Louw (2021:124-128).

counselee can decide to critique those artworks instead of their own. That is, the counselee's problems can be contemplated like an artwork, but the philosophical counsellor's assumptions and suppositions can also be contemplated in this manner. As with the contemplation of artworks, there are no immediate goals beyond that of contemplation itself.

*The wayward ship metaphor*¹²

Gerd Achenbach, the founder of the PC movement, proposes an apt metaphor of a wayward ship to showcase the “goals/outcomes”, i.e. lack of goals/outcomes, of PC.¹³ On a wayward ship, a pilot (read: philosophical counsellor) might help the captain (read: counselee). Even though the ship is not on course, and may traverse rough and dangerous seas, the pilot is there with the captain. The pilot cannot take away the rough waters, nor can the pilot 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 their mind. The philosophical counsellor, like the pilot, cannot take away the rough waters, nor can they tell the counselee what to do. The philosophical

counsellor can merely discuss what others have done in the past.

The 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. the safe space created by the philosophical counsellor in their 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 their problems to the philosophical counsellor for resolution. The idea of an inn is simply that the counselee can bring their problems to be heard without being judged or listened to without the fear of being diagnosed (Sivil, 2009:203). In the safe space, which the philosophical counsellor creates, the counselee can talk freely. In addition, because there is no fear of diagnosis at the end, the counselee can, without the fear of judgment, speak their mind.¹⁴ The idea of an inn can accommodate a relationship defined by the dangers of deciding. Because the counselee is in this dangerous relationship with the philosophical counsellor, he or she should feel safe in the “inn”, i.e. safe space. The reason for this is the fact that the philosophical counsellor is on the same journey with the counselee. In other words,

¹² I rely on Zinaich's (2004:6-7) discussion of Achenbach's ship metaphor.

¹³ Achenbach uses a “beyond-method method” in which he claims there are no methods nor any goals in PC. For an in-depth discussion on Achenbach's PC, see, inter alia, Louw (2021:85-89), Schuster (1999), and Ramharter and Romizi (2015).

¹⁴ Even though not all the mental health professions diagnose counsees, counsees visiting a counsellor/therapist within the mental health professions might still harbour a possible fear of diagnosis.

the philosophical counsellor, even if the relationship is dangerous, will not let the counselee attempt the inquiry on their own. No decisions regarding the standstill in front of aporia will be made alone.

Stage one: The standstill in front of Pyrrhonian¹⁵ aporia

The Pyrrhonian sceptic (henceforth Pyrrhonist) is on a quest or journey to find the truth, just like the dogmatist.¹⁶ On this quest or journey to find the truth, the Pyrrhonist stumbles upon aporia, or perplexing difficulties. In short, these difficulties stem from the Pyrrhonist weighing the strength of different arguments, realising that each argument for and against are of equal strength (*isostheneia*¹⁷ or equipollence). The Pyrrhonist suspends judgement/withholds assent (*epoché*) in order not to decide. Deciding for or against, everything being equal, amounts to an arbitrary choice. The Pyrrhonist will, thus, come to a standstill due to the equipollence or equal weightiness of arguments. However, this standstill in front of aporia should be seen as a moment of opportunity and not one of pure puzzlement. This moment when one stands still in front of a puzzle or problem can be one of

immense importance for the philosophical counsellor. The philosophical counsellor¹⁸ can see the counselee's "problem" or "situation" as an opportunity from which to philosophise. The philosophical counsellor does not try to resolve the problem for the counselee, nor should he or she try to identify potential causes of the problem.¹⁹ The philosophical counsellor merely meets up with the counselee to stand still before the problem or situation, i.e. aporia. Recall the contemplation of an artwork metaphor. The counselee and the philosophical counsellor stand in front of the aporia, i.e. problem, as if it is some artwork. For the moment, there is no immediate prospect of problem resolution as there might have been in the mental health professions.

A word of warning, following LeBon (1999:6). The philosophical counsellor and counselee might see aporia as leading to more inquiry, with the ideal to overcome or resolve said aporia. *Aporia as a goal*, i.e. finding problems that need resolution, can be dangerous to the counselee. The counselee might not continue the inquiry as the philosophical counsellor hopes he or she might do, which will lead to frustration and further problems. However,

¹⁵ Pyrrhonism is a form of ancient Greek scepticism. I defined Pyrrhonism (in Louw, 2021:22-30) as a disposition or way of living. I did this by means of various stages the Pyrrhonist goes through on the journey towards truth he/she is on. Simply put, Pyrrhonism is the philosophical disposition of withholding assent/suspending judgement (*epoché*) after establishing the equally weightiness of arguments (equipollence or *isostheneia*). This is done by using different forms and strengths of arguments to balance the metaphorical scales. Through *epoché* the Pyrrhonist finds *ataraxia* (absence of anxiety) and leads a life without disturbances.

¹⁶ The "dogmatist" is used in the ancient sense of the word, meaning someone who assents to a non-evident position.

¹⁷ *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*.

¹⁸ The philosophical counsellor is not necessarily a Pyrrhonist. Understanding and using Pyrrhonian terms in PC is beneficial as there are similarities between them. For a discussion on the reasons why, see Louw (2021:21-22).

¹⁹ Schuster (1999:14) states the philosophical counsellor diagnoses philosophically; to diagnose, then, amounts to finding causes of problems.

this warning should not be a problem for the philosophical counsellor and counselee who stand still in front of the artwork (read: aporia). As noted, there is no immediate need to resolve the aporia, nor does the philosophical counsellor give the false hope of overcoming said aporia. But it is important to take note of LeBon's warning of frustration. This frustration is inevitable. The standstill in front of aporia cannot be pursued endlessly. Again, there is for the time being no prospect of resolving the problem or aporia but moving beyond or through aporia becomes an important step.²⁰

Stage two: The moving through the Derridean perhaps

The philosophical counsellor and counselee would, consequently, have a certain responsibility to *decide*; to either continue to stand still in front of the aporia, i.e. deciding to stay *indecisive*, or to move beyond or through the aporia.²¹ Plant (2006:142-144), following Derrida, links aporia and the standstill with a necessary responsibility to decide. The act of deciding is inherently also the closing down of other possible 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, hence the literal standstill and indecision. Derrida, however, saw this as an opportunity to make a decision. In other words, the possibility of there being more than one option (i.e. aporia) is necessary for deciding, hence the perhaps (*perhaps* this, *perhaps* that). The Pyrrhonist, as discussed above, has the gift of opposing different arguments in order to metaphorically balance the scales. This leads to aporia, a puzzlement as what to choose. The Pyrrhonist shouts *epoché* and abstains from deciding. But Derrida saw this moment just before *epoché* as necessary for deciding, hence the perhaps. Without the possibility of *epoché* deciding would be impossible. Inherent to deciding is the danger of deciding *against*. A decision *for* leaves behind a myriad of decisions *against*. Recall the metaphor of an inn. The philosophical counsellor creates as a safe space for the counselee to make this dangerous decision in. The philosophical counsellor is always present so that the counselee does not experience this uneasy feeling alone. And this is where the second step or stage is identified: the decision needs to be made either to move on, beyond, through; or to keep on standing still in front of the aporia for a while longer or until the moment arises again to decide.

²⁰ Moving through or beyond aporia does not equate to resolving it. Neither would this step constitute moving into the realm of psychotherapy because the problem is used as a springboard for further philosophical discussions. The rest of the article deals with the problem of deciding what to do next amidst the myriad of available options.

²¹ As will be discussed 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 continue the standstill, or to move beyond the standstill.

Concerning the Derridean “perhaps”, Plant’s (2006:142-144) discussion of Derrida’s notion of hospitality might be illuminating. “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 practice.²² 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, 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 Derridean position.

The philosophical counsellor might accept the responsibility of deciding *with*²³ the counselee to no longer simply stand still in front of the aporia as the Pyrrhonist would have done. It is at this moment of deciding for or against in which the novel idea of the problem (aporia) as point of departure can be seen. In the mental health professions, the problem might need immediate resolution, an outcome needs to be reached, a goal needs to be met. Or simply, the counselee needs to be helped back to a state of relative normalcy. With the philosophical problem (aporia)²⁴ as point of

²² Walsh (2005:505) states that the philosophical counsellor will always be busy with his or her philosophical counselling. Philosophy constitutes a way of living or disposition that “takes over” one’s whole being.

²³ PC does not have established and rigid methods or outcomes like the mental health professions. I take that a decision is already made for the counselee in the mental health professions if there is a rigid method and outcome. I am cognisant of the fact that the counselee decides which of the mental health professions they want to go to. But, again, in the mental health professions the methods and outcomes are not necessarily up for discussion with the counselee. In PC, it is on the table open for discussion.

²⁴ As noted, *philosophical* problems are sometimes conflated with problems as defined by the mental health professions. There is also the issue of philosophical problems masking as problems as defined by the mental health professions and vice versa. A counselee might suffer from depression because they are struggling with ethical questions or moral qualms. Treating philosophical problems in the mental health profession is a contentious issue. I concur with Amir (2005) that philosophical counsellors should help counsees suffering from philosophical problems and not the mental health professions, i.e. philosophical problems should not be dealt with in a medical framework. However, establishing when a counselee suffers from a philosophical problem, opposed to a

departure, the counselee and the philosophical counsellor has the option to move onward, beyond, or through the problem, perhaps this. They can also decide to stand still in front of the aporia for a while longer, perhaps. The perhaps entails that there are always other options; the perhaps entails that one *can* decide otherwise. There is, ultimately, a responsibility to make *a* decision, but for the decision to happen there needs to be aporia, i.e. various possible decisions.²⁵ The fact that there is a choice will help the philosophical counsellor stay firmly within the realm of philosophy. Though, moving onward, beyond or through aporia the philosophical counsellor will begin to abstract, i.e. philosophise from, the concrete and immediate problem of the counselee. The abstraction of the counselee's problem unlocks a unique position the counselee can enter that is not necessarily available in the mental health professions.

Stage three: Abstracting the concrete and engaging in mutual philosophising

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 – *perhaps* – discuss the abstract concept of marriage when the

problem as defined by the mental health professions, is a serious problem in PC and the mental health professions. On the subject of distinguishing between the two problems, see especially Mijuskovic (1995).

²⁵ I am insinuating that the option to not resolve a counselee's immediate problem is a problem in the mental health professions. That is, therapy, for example, can be seen as a failure or unsuccessful if the problem is not resolved or immediately addressed. I am cognisant that not all therapy is goal orientated. But

counselee struggles with his or her actual marriage. It is understandable, following Mills (2001:21), that an abstract discussion, such as a conceptual analysis, will in some cases alienate the counselee. The counselee would rather try to sort out his or her concrete and immediate marital 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 counsellor from the mental health professions would have dealt with. Also, there is a real danger of counselees using philosophy or PC to “escape”, i.e. reinterpret, their diagnosable mental disorder. Philosophy is rightly claimed by Jopling (2008:162) to be bad medicine. But that is the point, philosophy is not medicine, and if it is used as medicine, it unquestionably is bad medicine.²⁶ By viewing the counselee's problem as a point of departure I claim that these types of critique miss the mark.

As alluded to, there is a crucial relation between the counselee and philosophy at stake when PC

I take that most, if not all, therapy or counselling tries to bring the counselee to a state of “relative normalcy” – even though the term “normalcy” is itself a philosophical problem.

²⁶ Philosophy has been used as medicine from the inception of philosophy. See especially the Hellenistic schools in ancient Greek philosophy. However, the term medicine is used differently here. I, and Jopling, use the term in the modern sense, that is, as scientifically studied medicine that includes therapies such as Cognitive Behavioural Therapy.

resembles the mental health professions, i.e. a problem resolution endeavour. Take, for example, the problem of when the philosophical counsellor merely prescribes philosophical texts as if it were medicine.²⁷ Providing a philosophical text to help resolve a counselee's immediate problem is merely "philosophical matchmaking". There is no struggle with the text, a standstill in front of aporia or a deep philosophical discussion, merely an application of philosophy or a prescription of a philosophical slogan. The anecdotal evidence which some philosophical counsellors "report" is of this kind. It sometimes takes the form of "The counselee resolved problem x [insert problem] by incorporating the philosophy of philosopher y [insert philosopher]". See, for example, the case of Ruth which Marinoff (2003:120-121) reports: "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." What this amounts to is the philosophical counsellor trying to help the counselee resolve his or her immediate problem but with the help of philosophy rather than, say, evidence based therapies (such as cognitive behavioural therapy). If this style of PC is accepted, a crucial and unique relation between the counselee and philosophy is forfeited. This relation is crucial for PC and the reversal of problem resolution as I put forward.

The crucial and unique relation between the counselee and philosophy is based on two ideas which makes PC fundamentally different from the mental health professions. It is important that these two ideas are linked in order to keep the counselee's problem as point of departure. The first idea comes from Tukiainen (2012:126) who states that "[t]herapy is a part-time activity, something one enters and leaves; philosophy is a whole-time preoccupation and an existential attitude." The second idea comes from Raabe (2001:147) who notes that the philosophical counsellor tries to turn the counselee into a fellow philosopher. The counselee entering PC characterized by these two ideas mutually philosophise with the philosophical counsellor. As noted, philosophy, and by implication PC, is not a part time activity and the philosophical counsellor wants to turn the counselee into a fellow philosopher. A crucial and unique relation becomes available to the counselee with the help of the philosophical counsellor: they can critique *philosophy*, and by implication PC, itself. It would be absurd to claim that one of the outcomes or goals of the mental health professions is to successfully critique the practice of therapy/counselling in the mental health professions. But one of the options available to the philosophical counsellor and counselee would be to critique any philosophy/philosopher. Recall the idea of the philosophical counsellor and counselee

²⁷ Sivil (2009:205-207) uses the formulation of "prescribing philosophical texts".

standing in front of the artwork/aporia in which the gallery is extended. The counselee can decide to – perhaps – critique the philosophical counsellor’s artworks instead of their own. Or perhaps not, but mutual philosophising entails the critique of the philosophical counsellor’s own philosophy. This is a unique position that the counselee *can* occupy if the discussion with the philosophical counsellor tends in that direction. If this position or option is not available to the counselee, philosophising ceases; the perhaps ends. The warning of Robertson (1998:10) becomes even more relevant:

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.²⁸

Conclusion

The perhaps, the positive counterpart to the negative aporia or stumbling blocks, requires said aporia. The aporia, for the Pyrrhonist, seems like something you cannot possibly get through; they are left *indecisive* due to the multitude of options and brought to a standstill. For the Derridean, the multitude of choices are a pre-requisite for decision making, inspired to decide; perhaps this, or perhaps that. The counselee’s problem defined as aporia, is important as it leads towards the possible abstractification of said problem. That is,

viewing the problem as point of departure the counselee and the philosophical counsellor have multitudes of options which they can pursue, i.e. the perhaps. In the mental health professions, the outcome or goal might be the successful resolution of the problem, i.e. to get the counselee back to a state of relative normalcy. In PC where the problem is the point of departure, the exact goal or outcome is vague, and remains one of the decisions the counselee and the philosophical counsellor needs to make. Moreover, the philosophical counsellor’s own assumptions and philosophies are also a possible discussion that the counselee might decide to have. After all, philosophising is the activity of going beyond itself, taking a step back, and to critique one’s own position. The counselee, a fellow philosopher, can take this position as a possible decision amongst the multitude of other options. Perhaps. Or perhaps some other decision is called for.

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²⁸ Robertson (1998:10) voices this critique against Logic-Based therapy (LBT), a form of REBT which is labelled as PC. The practitioners of LBT, as noted by Robertson, wants the counselee to

dogmatically accept the tenets of LBT. Critiquing LBT is not necessarily a part of the scope of an LBT session.

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