The Philosophical Diagnosis Revised: Developing an Idea in Philosophical Practice

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Abstract: In this paper, I will discuss the idea of a diagnosis in philosophical consultations and the critique it met. A contemporary philosopher, Deleuze, defined philosophy as the art of producing concepts and that is exactly what we do in philosophical consultations. Such a philosophical concept or (reflexive) idea can be called a diagnosis. A *philosophical* diagnoses should be distinguished from other kind of diagnoses (medical, psychological, financial, and organizational, etc.). Following Achenbach, founding father of private philosophical practices, a philosophical diagnosis does not point at what there is like for example a medical diagnosis points out disease, but expresses what there is not, for example what to do while being ill. A philosophical diagnosis is a concept produced in a consultation, expressing *phronesis* or situational wisdom. It serves as a description of a problem, question or theme in philosophical terms on the one hand and provides a lesson in terms of a new way to look at one-self and/or situations on the other hand. It points to a way of philosophizing and serves as cornerstone for a metaphor providing meaning to the individual as outcome of the consultation process.

Key-words: philosophical counselling; philosophical diagnosis; philosophical practice; language philosophy; International Conference on Philosophical Practice - ICPP;

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Introduction

This paper is based on my plenary lecture for the 18th International Conference on Philosophical Practice (ICPP) (Zagreb, 12 June 2025) about the philosophical diagnosis. I first launched the idea of a philosophical diagnosis in Korea 2012 (Harteloh, 2013). It has been discussed and criticized by among others Peter Raabe (2014), Vaughana Feary and Lou Marinoff (2014) and in this paper I like to reflect on that critique and the development of my thinking in the subsequent years.

The idea of a philosophical diagnosis originated from my study of philosophy on the one hand and from my background as a medical doctor on the other hand. While studying philosophy, I noticed people around me using philosophical ideas and thoughts, while not being aware of it, and by pointing that out I could deepen their thinking and self-understanding. Later, I took this up in a professional way in my philosophical practice. The pinpointing of philosophical ideas and thoughts in the reasoning of others reminded me of the diagnosis in medicine with of course a completely different content, function and meaning. The outline of my paper is as follows. First, I will explain the idea of a philosophical diagnosis. Second, I will present a summary of the critique on this idea. Third, I will discuss a revision of the original idea of a philosophical diagnosis in order to draw some conclusions for discussion and further development of our thoughts.

1. What is a philosophical diagnosis?

Understanding the idea

For a proper understanding of the word "diagnosis", we have to look at the original meaning of the concept. First and foremost, the concept implies a "gnosis" i.e. an active knowing. This kind of knowledge is qualified by the Greek word "dia", i.e. "taking apart". So, we can understand the meaning of the word diagnosis as a kind of analytic activity in the mind producing knowledge. The concept also refers to "gignoskein", i.e. learning, so that "diagignoskein" means: learning by making a distinction, actually a foundation of knowledge (OED, 2014). This original meaning of the word "diagnosis" resonates in modern dictionary definitions, also capturing its use in common language. The dictionary defines "diagnoses" as: 1. the

identification of the nature and cause of something/an illness in medicine. 2. A written description of a species or other tax on serving to distinguish that species from all others. And it adds: especially, a description written in Latin and published (OEnD, 2014). On the one hand the dictionary shows the medical dominance of the term as it equals "diagnosis" to "an illness in medicine", but on the other hand it also shows its wider meaning offering the possibility for another, non-medical use of the term as for example "organisation diagnosis" (in management), "situation diagnosis" (in warfare/sports), "technical diagnosis" (in car maintenance) or "financial diagnosis" (in accounting) and I propose to add the philosophical diagnosis to this list. From a linguistic point of view a term carries its original meaning and we cannot escape this meaning in the use of a word as hermeneutics taught us. A reading of the original meaning reveals "diagnosis" as a kind of "Gnosis" that is a "seeing through or the truth", a kind of "knowledge" or "awareness". The term is related to a use in "Gnosticism" as "spiritual knowledge" or "insight into the real nature of the divine"; a reaching to deeper knowledge as start of transcendence (OED, 2014). This original meaning of the word "diagnosis" can be (re)captured in a philosophical practice. We could define "diagnosis" for philosophical consultations as: (i) a description of the nature or cause of a theme, presented by a client during consultations (Achenbach (2010) calls it developing a point of view), (ii) a distinction or classification of such a theme (for which we will need philosophical not medical terms), (iii) a lesson to be learned (e.g. "actually, what you say is about such and such"), (iv) and from the Latin connotation a written i.e. explicit statement, with (v) a public character, justifying the publication of consultation videos on You tube and distinguishing philosophical consultations from psychotherapy, usually occupied with "mental or inner secrets" (Harteloh, 2013). Support for this kind of use can be found in Achenbach (2006), stating a medical diagnosis is a name for what there *is*, i.e. a disease, e.g. "the patient has cancer". A philosophical diagnosis is an idea of what-is-lacking, i.e. no label, but prudence (situational wisdom), e.g. "what to do with the cancer". Support can also be found in the work of Deleuze who defines philosophy as the art of producing concepts (Deleuze and Guattari, 1996). This is exactly what we are doing in philosophical consultations. This makes a *philosophical* diagnosis a concept produced in a consultation, expressing phronesis or situational wisdom.

The philosophical diagnosis in practice

Some examples of philosophical diagnoses, I encounter in my philosophical practice (in order of decreasing frequency) are:

"Existential Crisis" (Indicated by the question: Who am I?): Typically, the manager suffering from a burn out, the healthy person being hit by a disease, the artist or sportsman without inspiration or the housewife with a lack of lust for life. The existential crisis involves a moment or an experience by which being becomes manifest. Challenge is to find words for it. The philosopher can facilitate this with her knowledge of philosophy as study of being. A consciousness of "what is, is, and what is not, is not" (Parmenides of Elea, 1991) captures being for the individual and helps to overcome the crisis by a transfer into a conceptualized experience.

"Foundational deliberations" (Indicated by the question: What is x or y?): Typically, the client wondering about the meaning of a particular concept: justice, love, beauty, freedom, etc. The concept is attached to a situation in the life the client. The philosopher can work on a clear and consistent definition of that concept with the client by bringing in logic and also can bring in the study of the history of philosophy to offer other possibilities of defining the concept. A new point of view is being developed. The foundational deliberations are structured and fed by a new way of looking at the particular situation.

"Life-phase related search for meaning" (Indicated by the question: What to do now that I am...?): Typically, the student wondering about the right study, the pensioner wondering what to do with his time after retirement, or the client who has earned enough money to live without working. A constructive philosophy is most appropriate to serve the theme of the client now. Life happens in phases, in general: from acquiring knowledge and experience in youth (learn), via social participation as worker or parent taking care of the kids (work), to retirement, withdrawal and transfer of experience in old age (wisdom). By looking for themes in the past life of the client, ideas can be formed for new forms in future life. For example, the student discovering his descriptive competences can choose for a study in literature instead of following a technical ideal; the creativity needed for the work as a manager can be freed and used for artistic activities after retirement; the fulfilment of working in health care

can be developed by delivering care for the parents at old age. Philosophers like Montaigne (from sceptic as young man via a mature cynic to a balanced Stoic at old age), Kierkegaard (from an aesthetic as young man via a mature ethic to being religious at old age) or Nietzsche (from a religious young man via a mature ethic to an aesthetic) offer a frame of reference for this approach. The philosophical diagnosis involves an estimate of the particular life phase of the client and suggests a possible transference to the next.

"Meaningful Action" (Indicated by questions as: What am I doing? What should I do?): Typically, the client struggling with a choice in work or relationships. The philosopher can explore the underlying ideas of the choice considered and the choice can actually dissolve when the continuity of the underlying ideas is discovered. For example: the client considering a divorce in order to obtain freedom. The divorce can actually lead to a reduction of freedom by legal obligations or carry and even repeat the history of a former relationship. Thus, the client is challenged to develop her freedom apart from any idea of divorce.

"Learned ignorance" (Indicated by the question: What do I know?): Typically, the client wondering his or her knowledge, obtained by teaching or tradition. The philosopher can help to transfer the actual doubt of the client into a methodical doubt as for example encountered in the sceptical philosophy, the works of Descartes or the language philosophy of Wittgenstein. A reflexive consciousness is established serving the further development of the client.

2. Criticizing the philosophical diagnosis

The idea of a philosophical diagnosis met with a considerable amount of critique. Peter Raabe (2014) wrote: "Many problems are sure to arise if diagnosing is incorporated into the practice of (notice the term:) philosophical mental healthcare" and Feary & Marinoff feared that: "…this particular approach is sufficiently harmful to philosophical practice and to the clients we serve…" So, initially there are worries about the use of the term in philosophical practice.

Raabe (2014) also wrote: "If a philosophical diagnosis consists merely of naming an issue in the client's life that ought to be examined or discussed there is no disagreement." But, he continues: "a diagnosis in

mental healthcare can result in terrible consequences including involuntary institutionalization." Therefore: "inadvisable to use the word diagnosis to refer to a philosophical discussion." So, he rejects the idea because of the use of the term in mental healthcare and the lack of additional value in philosophical counselling.

Raabe raised a list of 18 objections to the use of the term in philosophical practice. He fears a focus on the problem of the individual and a negative labelling. The diagnosis might offer a convenience in language, but what is its substrate? Raabe cannot see the extension of the term in philosophical practice. He thinks a diagnosis leads to universalizing instead of a focus on the unique individual. He fears that a diagnosis will prime the mind of the philosophical practitioner and led him see what he wants to see, or even see something while there is nothing to see at all. Raabe also points out a diagnosis is not only a description, but a valuation as well. It might lead to what is called diagnostic compliance, i.e. exerting a power on the patient to act like the diagnosis, e.g. (used in mental health care) "you become your depression by being called depressed".

Raabe (2014) summarizes his objections as follows: "It [diagnosing] involves categorizing, labelling, pathologizing and ultimately a medical perception of human mental suffering".

Raabe's critique seems first of all to be fed by the medical connotation and use of the term "diagnosis". He is not aware the underlying (reflexive) model in medicine might not be a *medical*, but a *philosophical* model as pointed out in for example the philosophy of medicine. We learn there is 2. No trust in a philosophical twist/non-medical use of the term. He is 3. Doubting the extension or ontological substrate of diagnoses in philosophical consultations, and concludes the term is 4. Not suiting the character of philosophical consultations.

The critique of Vaughana Feary and Lou Marinoff (2014) largely covers the critique of Raabe but is being put in a somewhat different way. They wrote: "Philosophers who suddenly start using the term "diagnosis" in philosophical practice will be identified in the public mind with the very approaches from which philosophical practice has been deservedly and carefully distinguished". Feary and Marinoff (2014) consider diagnoses as dehumanization of humanity. The individual subject is categorized and generalized, while diversity and not uniformity is the virtue of philosophical practice. So, they reason out of a "public mind" - whatever it

may be - and point at the human condition of the counselee that might be compromised by the use of a particular concept. Also here there is no trust in a non-medical use of the term.

Table 1. Criticizing and defending the philosophical diagnosis

Critique (Raabe, 2014; Feary and Marinoff, 2014)	***Defense (Harteloh, 2014)***	***Revision of the idea***
Medicalization, medical model imposed on philosophical practice.	A reflexive model is not a medical, but actually a philosophical model (Wulff, 1976).	Diagnosis should result from philosophizing in order to be a *philosophical* diagnosis
Subjective labelling, lack of objectivity	A philosophical diagnosis is not a label put on the client by a philosopher, but a concept constructed in an interaction between a philosopher and a client/guest. The concept is not subjective, not objective, but "subject-bound" as it is lived by the client.	Maybe better name is "self-diagnosis" (Schuster, 1999). The philosopher facilitating the construction.
Reification: what is the object of philosophical diagnosis?	Personal identity (having), being, or doing (Sartre, 2021)	What is the ontological status of the philosophical diagnosis?
Domination by diagnoses: acting in	As the diagnosis involves rule	What does it mean to live a concept?

line with the diagnosis, becoming your diagnosis	following, it might be a disadvantage in medicine ("becoming your depression"), but an advantage in philosophy ("living your existential crisis").	
Misuse by third parties	Not the case in philosophical practice (yet).	Something to be aware of
Lack of competence, philosopher not being able to diagnose	Philosophical diagnoses result from conceptualizations in consultations, conceptualizing is a basic competence of philosophers.	In accordance with the original meaning of the concept philosophers can and do diagnose as they conceptualize.
Development like DSM in psychology or psychiatry is an unwanted straitjacket	True for medicine, but DSM is not intended as diagnoses may vary by consultations	Philosophical diagnoses may serve the communication among practitioners about consultations.
Category mistake, term not appropriate in philosophical practice (no classification)	A concept is formed by ordering and demarcation. This principle underlies a classification too.	What is the linguistic status of the philosophical diagnosis?
Ambiguous ⇔ not one to on being, doing or having	The ambiguity is the strength of the philosophical diagnosis. The client and not the philosopher	Not ambiguity but flexibility is property of philosophical diagnoses.

	decides its appropriateness.	
Misuse of diagnoses (ADHD or depression) by pharmaceutical industry	True for medicine, but no external pressure on philosophical practice yet, maybe book publishers?	What is the counterpart of pharmaceutical industry for philosophical practice?
Dehumanization of humanity	A rather general claim.	Does there exist a unique individual and is there a language to communicate with such an individual?
Diversity not uniformity as virtue of philosophical practice	Therefore, there should be diversity of philosophical diagnoses.	The diagnosis should suit the client, not the other way around.
Distinguish between figurative and literal language, Standardized approach	As the diagnosis is constructed by the client, the approach is methodical, systematical but not standardized like baking an omelet.	The philosophical diagnosis is cornerstone of the philosophizing in a consultation.
Discredited concept	True for medicine. Topic of medical philosophy. Other kind of diagnoses (financial, organizational) are examples of other images.	Philosophical diagnosis operates in other field/context and shares the reputation of the philosophical practice.
Presupposed is mental illness	Not in philosophical practice	Address a theme of the client, not a problem or dilemma in order to avoid medicalization.

Thus, the concept proposed was met with a huge effort to produce counterarguments in a way that would not be out of place for the academic philosopher. The arguments are mainly aimed at the term "diagnosis" and its use in the ruling medical paradigm as if I propose a same use of the term in philosophical practice. The adverb "philosophical" is overlooked. Also the counterarguments do not rest on a philosophizing, i.e. a questioning or exploration of underlying assumptions, but they are an enumeration of arguments in an academically way.

The proposal for a non-medical use of the term seems to be largely misunderstood. There were 31 counterarguments (summarized in *table 1*) and three philosophical issues:

- Reification or what is the ontological status or subject matter of philosophical diagnoses? A construct not in accordance with reality?
- Linguistic status of "diagnosis". What is the appropriate use of the term?
- Status of subject/counselee. What is the effect of naming on an individual?

Therefore, I decided to revise the idea of a philosophical diagnosis in order that it will be better understood and fit in philosophical practice.

3. Revising the idea of a philosophical diagnosis

A reflexive idea

First, I have to be clear on my proposal. I wanted to restore the term "diagnosis" in its original meaning as a "seeing through". I wanted to oppose its misuse in mental health care, promote or develop a non-medical use of the term and make it function as an emancipatory concept, e.g. as a "self-diagnosis" (Schuster, 1999) instead of label or category, a summary of the client's theme with meaning. I consider the diagnosis as a philosophical idea emerging in a consultation (i.e. dialogue), providing depth and understanding, serving insight and transcendence. This is not captured by the critics.

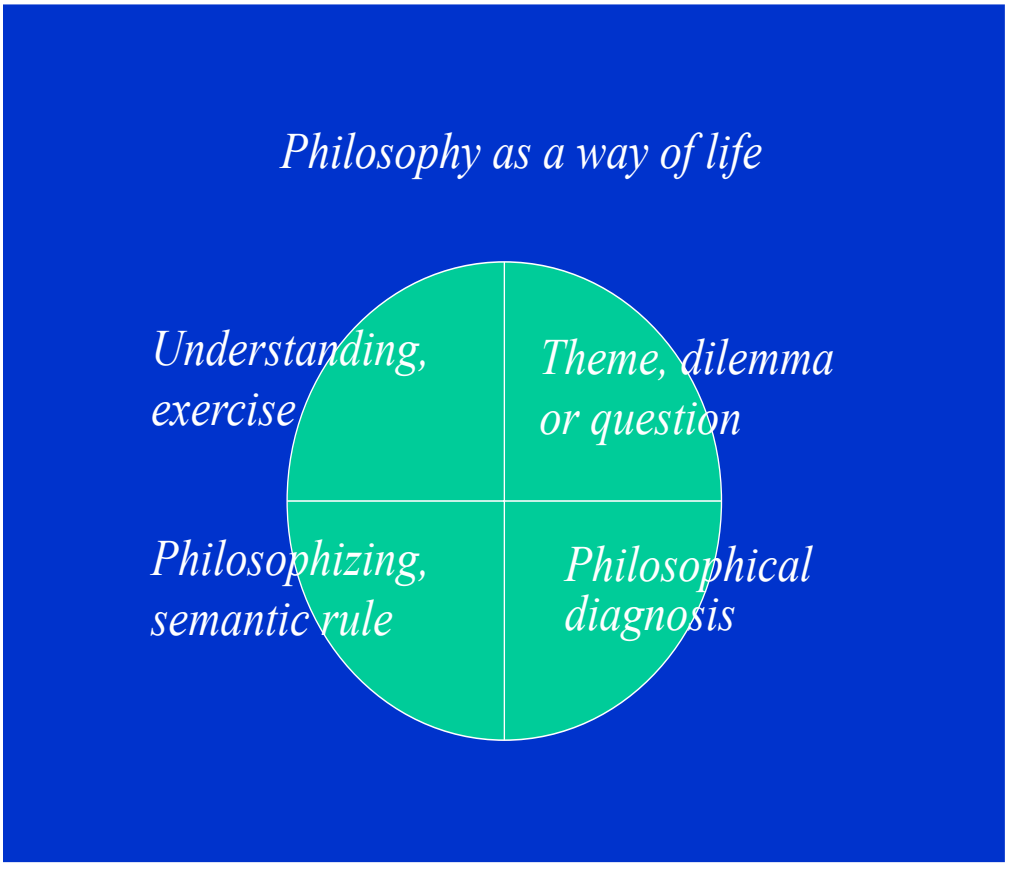
Following Gerd Achenbach (2010), we can define a philosophical consultation as: a one-to-one interaction of a philosopher with a client (called guest by Achenbach) for discussing questions, problems or themes in thinking or life with philosophical means, i.e. no fixed method - methods

such as analytics, phenomenology, or dialects are used, but their application may vary according to the question of the client or the situation of the consultation-, no aiming at a (pre)specified goal or effect (health, wealth or happiness) - such a goal will emerge from the consultation -, and with a philosophical idea in mind (e.g. autonomy, freedom, justice, beauty). The nature of the interaction is linguistic as the consultation is a kind of dialogue. So, a philosophical consultation is a linguistic contemplation on a philosophical idea and it requires a translation of everyday life ideas entering the consultation into philosophical ideas or … diagnoses.

A philosophical consultation in my practice starts with the exploration of the client's theme. I avoid the word problem or question, because I think in philosophical practice we are dealing with natural phenomena of ordinary life. A theme is an idea or dilemma occupying the client's mind for a while, such as choice of study, change of job, managing relationships, evaluating actions. An open phenomenological approach is required. Value judgments are avoided. Questioning is leading. The philosopher helps the client to define her theme in clear wordings and translate these words into philosophical terms as this should be the distinguishing feature of the philosophical consultations, for example: who you are (identity), what you are (being), what should I do/doing (ethics-morale), what am I actually doing (reflection). If the client and philosopher are not able to discuss the theme in philosophical terms, the client should be referred to another kind of consultations (e.g. psychology). The philosophical diagnosis is the outcome of this exploration of the client's theme. It contributes to distinguishing the philosophical consultations from other kinds of consultations (psychotherapy, coaching, etc.). When the theme is captured in philosophical terms, I put in wisdom by for example offering a piece of paper with a quote of a philosopher linked to the theme of the client. This is the start of the next phase: the philosophizing. The client should read and conceptualize the quote, i.e. give one word capturing the meaning of the quote for the client. We are not looking for an official or academically interpretation, but for a concept with meaning for the client. It might be a new word (neologism) or compound word, but the conceptualizing in one word is a philosophical exercise, facilitated by the philosophical practitioner. Next, the client should try to define the concept in the most general way. This definition is the expression of a semantic rule underlying the concept. The philosophical

practitioner helps the client to formulate a clear and general definition mostly by her analytic competences. The rule captures the understanding of the theme by the client. When the rule is clear, the client should be offered exercises to put the rule in to practice so that the concept is lived in practice, like Pierre Hadot (1995) defined philosophy as a way of life, i.e. the art of living and not only studying concepts in logic, ethics or physics. From a linguistics point of view, the client appears as a rule follower turning her into a philosopher. An evaluation of the rule following completes a series of consultations. Unlike academic philosophy, the semantic rule attained in a philosophical consultation is always temporal and suits the situation of life phase of the client. When situations change or life continues a new elaboration of the rule might be necessary initiating a renewal of consultations with the philosophical practitioner (*figure 1*).

Figure 1. The reflexive model of a philosophical consultation (process)



Ontological status

The philosophical consultation is grounded in philosophy as distinguishing feature. It can be called a spiritual exercise if we look at the works of Pierre Hadot (1995), an art of producing concepts if we follow Jack Deleuze (1996), an exploration of the rules we follow for meaningful communication in terms of Ludwig Wittgenstein (1953), and eventually it is (what I would call) a *meaning practice* in line with Foucault's thoughts on common language orientated actions carried by a concept (e.g. freedom, self-care, authenticity, etc.). This meaning practice defines the ontological status of a consultation.

The philosophical diagnosis differs from the medical diagnosis in that it does not point at a pathological state. The practice of medicine is based on an idea of a deviation from the normal (Canguilhem, 1966). The normal can be the mean, a regular bodily or social function, or in general, a valued bodily, mental of social state. If a change results in an unwanted or not valued state of the body, mind or social functioning, then it is considered a disease and captured in a medical diagnosis. An idea of the normal also reigns psychological of mechanical diagnoses. However, in philosophical practice there is no judgment on the theme of a client. The theme is a fact of life. The philosophical diagnosis tries to capture it in philosophical terms. A value free approach is the strength of a philosophical practice. It is part of the Socratic not-knowing. It creates a free space for the client to elaborate on her theme with the philosophical diagnosis opening up a new perspective for the client to live an idea in daily life.

Linguistic status

The philosophical practice with its remarkable form of consultations, i.e. philosophers going out on the market place to counsel people, seems to have ordinary language philosophy as its academic "primer" i.e. preparing them for a move into the market place - and thus can be considered a form of language philosophy with the philosophical diagnosis as a *concept* capturing the theme of a client. In pragmatic sense a concept is a semantic rule underlying the use of the corresponding concept, and the exploration of such a semantic rule is *the* subject matter of philosophical consultations. So, the semantic rule is the object the critics are looking for, no reification, but an adherence to the "meaning is use" principle of Wittgenstein (1953). This implies:

- Language is the tool to philosophize
- No Private language
- The rules in order to communicate are expressed by concepts
- Concepts are building blocks of communication
- A concept is semantic rule, with a general definition underlying the concept as its form.

Thus, the examples of philosophical diagnoses given above can be read as semantic rules:

Existential crises as a move from *functioning* as manager, teacher, sportsman or housewife to *being* a leader, guide, performer or lover;

Foundational deliberations as a move from *superficial* admiration of justice, beauty or love to a *deeper* definition of justice, beauty or love;

Life-phase related search for meaning as a move from *staying* a student, worker or pensioner to *change* into a learner, producer or withdrawer;

Meaningful action as a move from *acting* on occasional demands to *doing* the right things at the right time and the right place;

And learned ignorance as a move from *knowing* an enumeration of things to *questioning* the principles and the tradition one belongs to.

The counselee

The critique of de-humanization comes down to a critique on denying the uniqueness of the client (Feary and Marinoff, 2014). However, from a linguistic point of view it is hard to imagine what a unique person would look like. If there would exist a unique private language it is of no practical value as there is no mode of translation available. Uniqueness might be a feeling or impression, but in fact we are all variants of a kind. The exemplification of a semantic rule enables the counselee or the person being counseled to become a rule follower and following the rule means actually living the concept or to speak with Pierre Hadot (1995): "But philosophy itself is not a theoretical exercise, but a unique act of living physics, logic or ethics", i.e. living the concept produced in a philosophical consultation. It involves the counselee in a practice, i.e. an action attached to a concept in line with Foucault's examples of a freedom practice, a sexual practice or a care for the self (Foucault, 1997). However, in case of a philosophical consultation the outcome may vary from an artistic, social or money-making practice according to the conceptualization of the client

during the consultation process. Thus, the semantic rule involves a change of the counselee into a philosopher.

4. Conclusions

A philosophical diagnosis is a semantic rule in consultations. Actually, we should not mind the name of this rose. I envisage a non-medical use, but when the term "diagnosis" is too much compromised by its medical use, we might call it reflexive idea, self-diagnosis or theme in life (any suggestions welcome!). What remains is a reflexive idea in consultations translating the words of a client in philosophical terms, guiding the philosophizing, and cornerstone of a metaphor providing meaning in individual life. It is no fixed label, but another consultation with the same person can produce a different concept. However, for the person it should function as a meaningful summary of his theme. With Michel Foucault, we can consider the philosophical consultation a meaning practice (ontological status). Its linguistic status is that of exploring a semantic rule and the rule following of the counselee. In a pragmatic sense, the counselee is a "rule follower" enabling to live a concept which means becoming a philosopher.

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