

The relationship between philosophical and psychological counselling: where do we stand?

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Abstract: Nowadays we can find a wide plethora of philosophical practices ranging from the classic philosophical counselling to educational programs for children or even prevention and rehabilitation programs. How should a client know what is suited for him? What is the philosophical practitioner promising to their clients? Is it wisdom and truth as some would associate with philosophy? Is it healing and therapy? This paper tries to shed some light over the field of philosophical practices. I present the emergence of philosophical counselling, its historical evolution and the situation nowadays. I talk about the worldview concept and about its importance in the healing paradigm. I will analyze different critiques brought to fields of philosophical and psychological counselling and common aspects that concern both fields, trying to find both similarities and differences that would help me conclude on what is the relationship between psychotherapy and philosophical counselling and how can each benefit the other in their common purpose of alleviating human noetic distress.

Key-words: worldview, therapy, healing paradigm, mental health, contextual model, philosophical counselling, psychological counselling

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Introduction

Using philosophical knowledge and going to a philosopher for solving everyday life problems and difficulties would have appeared as a very strange idea in the first half of the 20th Century. But the situation changed at the beginning of the year 1960. This is the point when philosophy started to interfere again with issues concerning everyday life by the means of applied ethics. As a result of this, philosophers found themselves involved in the field of medicine, law, engineering, journalism, human services, business and attending cutting edge matters such as genetic engineering, cloning, nanotechnology, robotics, and cyber ethics and so on. Despite this shift in the scope of the philosophical field and despite the results obtained due to philosophical involvement in these practical fields, the general opinion remained unchanged in the field of academia: philosophy should be kept outside the practical realm since interfering with the contingent facts of everyday life would affect its conceptual purity.

One of the areas in which philosophy encountered most rejection was the fields of psychology, psychiatry and psychotherapy. But despite these disputes and rejection, there was a minority of philosophers that chose to move ahead on this path. They believed that philosophy can be of use in solving personal matters or in gaining a better perspective, understanding and way of approaching life in general.

The birth of philosophical counselling could be dated back in 1981 when Gerd Achenbach opened the first philosophical practice in Germany. Resembling the settings of psychotherapy or coaching practices, philosophical counselling aims to offer support for people seeking to solve ethical or personal issues, or to those that are facing distress when facing everyday life. There are numerous debates regarding the goal of philosophical counselling.

Some practitioners are assuming that philosophical counselling is a viable alternative to psychotherapy (Schuster, 1999), others claim that there are clear distinctions between the two fields and although the result of philosophical counselling can be therapeutic, this is not the main goal of the practice. But what would this goal be?

Being a relatively new practice, the aims, identity, methods, conceptual and legal relationship with other professional fields are still under formation. Nowadays, we can find numerous publications from both practitioners and researchers in the field of philosophical practices, but it seems that there is still no consensus reached on how philosophical counselling should be defined. This lack of consensus is not necessarily a negative marker, but could also be seen as a source of further development. Historically speaking, we can divide the development of the philosophical practices as we know them today in three periods (Lahav, 2014).

The first period began in 1981 when Gerd Achenbach opened the first philosophical practice. Several practitioners from Holland followed the model and by 1988 there were already a dozen practitioners that founded an association. For almost a decade, philosophical practice was limited to these two groups and nothing much happened besides. The second period began in the mid 90's, when philosophical practitioners started to appear in different countries. One of the causes of this spread was the common effort of Ran Lahav and Lou Marinoff to organize the First International Conference of Philosophical Counselling in 1994. The idea started to spread around the world, first in the USA, then in other countries from Western Europe, but still remained unknown for the general public. Third period was marked by the popularization of philosophical practices. This happened with the help of best-selling books, such as Lou Marinoff's "Plato, Not Prozac", and by popular presentations, such as those offered by Oscar Brenifier that helped the spreading of the idea. In parallel with this, several practitioners in the Spanish speaking world, a place where English language is not so common, helped in the spreading of the knowledge about philosophical practices. This third period is extended to the present day. Nowadays the movement is spread all over the world, with practitioners, groups and associations in Western Europe, Northern America and Latina America, Eastern Europe, Eastern Asia and South Africa.

In my country, Romania, philosophical counselling gained a lot of popularity among the academia field in the last years and it's slowly starting to reach the wide public. An important step taken in this direction was the creation of the master's degree program at the Faculty of Political Science, Philosophy and Communication Sciences, West

University of Timisoara. Another important step was the recognition by Romanian authorities of the philosophical counselling as a legitimate profession. Vasile Hațegan helped in offering us a general view on the field of philosophical counselling (Hațegan, 2019) and militated and worked for this to become a recognized profession (Hațegan, 2018).

Philosophical practices today

Nowadays we can find a wide plethora of philosophical practices ranging from the classic philosophical counselling to educational programs for children or even prevention and rehabilitation programs. Borisov (2018) splits the philosophical practice approaches in three categories, deriving them from the categories proposed by Lahav (2016). “Therapeutic approach” focuses its work in attending people reporting different mental distresses or psychological problems. As part of this approach, philosophical practitioners constructed a model of conceptualizing human problems. Firstly, everyday life remains considered to be at the superficial level of human existence. Second, they maintain that there is always an alternative to this type of human existence. Third, they assume that moving from this superficial state to a more complete state is a difficult process that requires a complete transformation that will result in transforming our attitudes, thoughts, behavior and emotions. In his comparative study of philosophical practices, Borisov (2018) identifies two common themes to all therapeutic approaches. First one is that our thoughts, emotions, attitudes and behaviors are controlled by rigid patterns dictated by social and psychological mechanisms that reside inside us and that prevent us from living at the fullness of our being. Second one claims that this state of completeness of the human being can be reached by going beyond any laws and fixed structures.

A second type of approach is the “developing approach” (Borisov, 2018). This type of approach is focused on understanding ideas about life, checking their validity by intellectual means, pursuing a path towards wisdom. This approach is not focused on specific psychological problems or life situations, but on building a holistic understanding of life and

existence in general. One practitioner that adheres to this view is Oscar Brenifier. His Institute of Philosophical Practices adheres to this view and focuses on developing critical thinking skills, the ability to clearly express thoughts and the capacity to argue. Another trend that stems from this approach can be found in the community of Philo-Practice Agora where the focus is on the “principles of philosophical partnership, undergoing individual or joint experience of ideological transformation and completeness of ideas” (ibid, 2018). This approach uses the means of critical thinking and provides a variety of forms that can be used in a variety of areas, including coaching in the business field.

Focused on working with both internal and external speech, the main idea of this approach is that people's usage of external speech is not always accurate. In expressing internal thoughts and can easily fall into the trap of automatism. Certain statements can be just the expression of an emotional state with no correlation with someone's thoughts. Also, external speech is often used to hide real thoughts about self, other or situations. With this in mind, the philosopher's job is to assist the reconciliation of internal and external speech by means of concepts clarification, resulting in clarification of problems arising in different situations.

Apart from these approaches, there are also syntheses of approaches of philosophical counselling with the educational practices for children and adults. One of the most valuable approaches is the one proposed by Matthew Lipman and Ann Sharp, known under the name of “Philosophy for Children”. The belief residing at the roots of this practice is that making children philosophize is an effective method for developing critical, reflective and research thinking. “Naive philosophy of childhood is a fundamental mental and existential human experience” (Borisov, 2018). Another approach is that of educating adults into philosophical thinking. To achieve this purpose, the analogy of the chess game is used, where the “student” is the one playing with the white pieces and is making the first move. By moving the first piece, he offers an ideological perspective over a matter that preoccupies him or her. The teacher's role is to bring the problem into the philosophical realm, to show the student how he can work with different levels of abstraction, to help him learn to identify the

essence of particular worries and concerns and by this learning how to enlarge his perspective over the world.

Exploring worldviews

One of the most common concepts that we can find in philosophical practice, but also in all types of therapies and counselling is the concept of worldview. The term worldview is usually encountered in philosophical literature in its German form, *Weltanschauung*. In Heidegger conception it represents a way of being characterized by conviction, if we consider that worldviews are to guide us when faced with situations that need to be attended under pressure. A worldview represents an overall perspective on life that reflects what we know about the world, how we interact with it and how we respond to different situations. It is a collection of beliefs held by an individual or a group. It can also be seen as the perspective from which we interpret the world around us and based on which we make decisions and shape our behavior. A worldview can be formulated by us or can be adopted from another individual or group, but sometimes it can also be the result of an unconscious conditioning or assimilation process.

Every worldview includes several presuppositions about reality, presuppositions that are not questioned by the person possessing them. They represent our conceptual framework.

The worldview concept is a multidimensional concept and can also be seen as a very useful tool for thinking, feeling and making decisions. Parkkinen & Puukari (2005) suggest that there are different dimensions of the concept of worldview that need to be analyzed and explored in the field of counselling. They propose the four-dimensional model suggested by Emmy van Deurzen-Smith (1988) as a comprehensive model that can guide us in trying to understand different worldviews. Van Deurzen-Smith (1988) frame of reference for understanding different worldviews is an existential approach that proposes a framework for describing the most basic dimensions of human existence. According to this model, there are four dimensions of one's worldview: the Natural World (*Umwelt*), the Social World (*Mitwelt*), the Private World (*Eigenwelt*) and the Ideal World (*Überwelt*). The Natural World represents the physical and biological dimension in which someone is inclined to behave instinctually.

It is an important dimension since human existence is anchored in the physical world. Beside the scientific knowledge that is abounding nowadays, each individual relation to the physical world is unique. Exploring this dimension of the worldview can bring us information about one's relation to the world and its implications. The Social World dimension refers to human relations and interactions, it is about the behaviors that are learned in a cultured manner. This dimension does not include intimate relationships, that seems to pertain more to the third dimension, but relationships in the public world, our everyday encounters with others. Exploring this dimension can give us great insight into the person's presuppositions about what it means to be a human being. The third dimension, the Private World, is related to the psychological dimension of the human being, it is about the intimate and the personal experiences and is the one that gives us the sense of identity and a sense of ownership. The importance of exploring this dimension of the worldview is given by the possibility of offering more visibility into the conceptual inner world and the understanding of the relationship between the inner world and the social dimension. What needs to be pointed out is that the Private World must be analyzed in relation to the Ideal World if we want to obtain a more profound understanding. The Ideal World is the one concerned with the spiritual level, with beliefs and aspirations. Understanding the Ideal World of a person means to understand how that person makes sense of the world around him/her. The strength and flexibility of someone's character is in strict connection with what that person values in the world. This is the level at which people are able to define meaning for themselves. We can see that all four levels are able to provide us with different and important insight in a person's worldview. When trying to gain a better understanding of someone's worldview, we need to explore one's assumptions in all four dimensions. Values should be recognized and investigated in order to determine what makes things worthwhile and meaningful. Personal talents need to be recognized, defined and elaborated because they are the source of what makes life work in actuality (van Deurzen-Smith, 1988, p.103).

The van Deurzen-Smith (1988) model, although extensive enough, can be improved from a multicultural perspective. Parkkinen & Puukari (2005) propose a combination of this model with the model of Kotkajärvi

& Nyysönen (1996). This model suggests that if we accept the existence of different worldviews, we should also accept that these differences are not only individual differences among persons, but also differences related to societies and cultures. This model stresses that the concept of human being has links to ethical thinking. Kotkajärvi & Nyysönen (1996) managed to combine two antithetic sets of components that have the role to emphasize this link. They propose two dimensions: culturalism – naturalism and essentialism – existentialism. Culturalism emphasizes the idea that human beings create understanding of the good life in communities. In opposition, naturalism emphasizes that all members of communities have their natural needs and by satisfying those needs they can achieve the good life. Essentialism is about the idea that human beings have common qualities, and by actualizing them, they achieve the good life.

Existentialism stands for the idea that every human being determines his personal existence and defines his/her own good life. By exploring the four dimensions of the van Deurzen-Smith (1988) model and by using it in combination with the model proposed by Kotkajärvi & Nyysönen (1996) about what it means for a person to conduct a good life, Parkkinen & Puukari (2005) suggests that we can obtain an exhaustive picture of someone's worldview.

On therapy

Therapy is defined as the treatment intended to heal or relieve a disorder. In the field of mental health, it is defined as the treatment of mental or psychological disorders. In the context of philosophical counselling and psychological counselling we can consider that both can be used for alleviating human distress. There are numerous debates around the philosophical practice goal, if it is indeed a therapeutic goal or just following a different purpose that could prove therapeutic in the end. We've seen that nowadays philosophical practices can be split in three main approaches and one of them is intended to be therapeutic.

To be able to draw a conclusion over the therapeutic character of a practice, it would be helpful to gain a more general view upon the healing paradigm. One of the most comprehensive comparative studies of practices and methods of healing was made by Frank and Frank (1993).

In their book *Persuasion and Healing*, Frank and Frank (1993) offer a cross-cultural perspective over the common factors that favor healing throughout the world. There are a myriad of methods both in psychotherapy and in philosophical counselling. There are often debates on the efficacy of the methods and even if one could be a replacement for the other. Frank and Frank (1993) conclude that while the active ingredients of different methods of therapy may be really powerful, they are not specific for particular symptoms or diseases. Mental illnesses are seen as an imbalance between the coping mechanisms of each person and the environmental stress. The ability to cope with these stressors can be related to both constitutional strengths and vulnerabilities, but also by the meanings associated with different events. These meanings are formulated and organized as a set of assumptions that form the assumptive world.

Formation of the assumptive world starts in infancy and continues throughout our lives by the means of reference groups we encounter in society. A healthy formed assumptive world can assure someone feelings of reliability and satisfaction in social interactions and feelings of inner-security and well-being and a general flexibility towards changes that appear in the assumptive world. An unhealthy assumptive world generates internal conflict, a general state of insecurity and frustration. When faced with changes, people that are in this situation tend to be more rigid and prone to protect their assumptive world, avoiding change and falling into the trap of the confirmatory bias. This persistent failure to cope leads to demoralization. And demoralization is proven to be in Frank and Frank (1991) model the root cause of human distress. The therapist, from the position of a symbolic member of the counselee's reference groups and a socially authorized expert and healer may be able to inflict changes in the assumptive world of the counselee, resulting in an improved capacity of adaptation and symptoms reduction. Frank and Frank (1993) conclude that all therapies and healing practices around the world share four effective features that seem to create the "contextual model" (Wampold, 2001) of healing. The first feature is "an emotionally charged, confiding relationship with a helping person" (Frank and Frank, 1993, p. 40) that would form a therapeutic alliance. This healing alliance is usually created by the persistence of a person (the therapist) in trying to help, the acceptance of the sufferer for what he or she is or what he or she wants to

become. The second feature of the contextual model is a “healing setting” (Frank and Frank, 1993, p. 41). All therapeutic sessions tend to take place in a dedicated place, a place of healing, even if we are referring to secular or religious healing places. This special setting is therapeutic because it heightens the expectation of the patient, by making him/her symbolize the practitioner as a healer. It also creates a safe environment. Within the walls of this place, the patient knows that he is allowed to reveal hidden parts of himself and that the revelation will remain confidential. The third feature proposed is a “rationale, conceptual scheme, or myth that provides a plausible explanation for the patient’s symptoms and prescribes a ritual or procedure for resolving them” (Frank and Frank, 1993, p. 42). This type of conceptualization acquires its plausibility by connection to the worldview of their pertaining culture. The last feature of the contextual model is a “ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient’s health” (Frank and Frank, 1993, p. 43). This ritual or procedure has the role to maintain the therapeutic alliance and creates the means for the therapeutic influence to be exerted. It also inspires the counselee expectations of help because by believing in the process, people usually link hope to it. The ritual is the place where new learning experiences are provided, that allow the counselees to look at themselves and their problems from a different angle. During the ritual, emotional arousal happens. This serves as a proof for the counselees that they can stand emotions they fear. By doing this, counselee’s sense of mastery and self-efficacy is enhanced, and they gain a sense of control over their feelings, thoughts and impulses. And last, procedures of therapies offer the counselee the possibility of practice, thus they internalize and reinforce therapeutic gains and knowledge.

These four factors are vital for obtaining a therapeutic effect from a healing practice. The contextual model resulting from this comparative study came to life in a moment in history when a great debate around the methods of psychotherapy and their efficacy was in progress. I think it is still of great use and actuality in the debates related to methods of philosophical vs psychological practices. This study was backed up by an exhaustive meta-analysis of the research outcomes that were meant to prove the efficacy of various specific psychotherapeutic methods.

Wampold (2001) concluded that specificity of the method accounted for less than one percent in the variance of the procedure outcome. As a final wrap out of these ideas he writes:

Psychotherapy is indeed effective, but not in the manner one would expect from a medical model conceptualization. Contrary to Dawes' conclusion, we do know why psychotherapy works. The evidence presented in this book demonstrates that the contextual model of psychotherapy explains the benefits of psychotherapy.

As clients involved in psychotherapy make meaning of their lives, one should be reminded that the history of psychotherapy has indeed been brief. In many Western cultures, psychotherapy is valued as a helping modality, one that can reduce symptoms, improve the quality of life, and give meaning to one's actions.

Perhaps, as Jerome Frank has intimated, psychotherapy is indeed a myth, created by Freud and maintained by peoples' belief in the endeavor. In any event, it is a valuable myth and one that should be revered, cherished, and nourished—and not folded into the field of medicine, where it will be suffocated. (p. 231)

I think that the contextual model is applicable to philosophical counselling too, as it respects all four features described by it and I want to emphasize that the concept of assumptive world used by Frank & Frank (1993) is the same as the concept of worldview described earlier. Because it is a relatively new in the healing paradigm, we can't find an explicit discussion about the philosophical counselling in Frank and Frank (1993), but they analyze types of psychotherapeutic methods that are closer to philosophical practice than to psychotherapy, such as psychotherapy and the rhetoric method, psychotherapy and hermeneutic method of patient interpreted as a text.

Criticism of psychological counselling

In the attempt to differentiate itself from the field of psychotherapy and psychological counselling, there are numerous critiques brought by both the practitioners and researchers in the field of philosophical practices. The most predominant critiques are the ones related to the adoption of the medical model in the realm of talking therapies.

Following this, there is a large amount of critiques brought to the use of DSM. There are critiques related to the anthologizing of different human difficulties that are more in the moral or legal realm than in the medical realm. We can also talk about critiques that are not aimed directly at psychological counselling, but that are nevertheless pointing out some negative implications in the context we are discussing. Critiques of the intrusion of psychology in the philosophical tools are also discussed.

One of the major critiques is the conceptualization of psychotherapists and counsellors as health care professionals. According to Hansen (2013) employing the medical model in the realm of psychotherapy and counselling has no proof of benefits, but it can have possible harmful effects. The medical model was adopted by the talking profession as a way of self-actualization, fear of becoming obsolete and the influence of the assurance companies that conditioned reimbursement. Nowadays a large majority of the psychotherapists regard themselves as health care providers. Psychologists justified this by two arguments. First, they consider the mind and the body holistically and not as distinct entities. Therefore, since counselling has a beneficial impact on the mind, and the effect propagates itself on the entire body, counselling should be considered in the medical realm. This argument doesn't stand because if it was the case, this would apply to every talking professional, including for example lawyers. The second argument in this direction is that the clients in psychotherapy usually have psychiatric diagnosis, therefore if psychiatry is in the medical profession, so should counselling. According to Hansen (2013) this argument is problematic because most psychiatric diagnoses have no justification in being classified as medical problems, since none of them have biological markers to prove their existence. There is still a large extent of psychiatric conditions that were previously moral or legal problems that were reclassified as psychiatric due to the medical model expansion. Medicalizing talking therapies had the effect of shifting the treatment model from the relationship creating paradigm to fixed techniques. But according to Wampold (2001) the techniques used in talking therapy account for less than one percent of the variance of the treatment results, what is by far more important is the relationship built between the counsellor and the counselee and the contextual model. The problem that Hansen (2013) wants to emphasize in this context is the

promoting of relatively ineffective treatments, while ignoring factors that are actually responsible for the positive outcomes. This increasing emphasis on client's disorder is ignoring that the client is an independent and non-deficient adult, and sometimes this can have a negative impact on the counselee and his self-esteem and self-image. The major critique here is the lack of evidence that relates a large number of psychiatric diseases with brain malfunctions and the large spread of the chemical imbalance theory in the absence of clear-cut empirical evidence to support it. Hansen (2013) advances a speculation that I agree with: maybe this attitude towards mental problem and their sources wants to shift the public eye from the family, social and systemic factors that can generate such issues, but also profit from the general inclination of humans nowadays to search fast solutions instead of deep diving for the source of their problems.

The appearance in 1980 of the new revised DSM had the effect of defining contemporary mental health culture. The focus now is on classifying disorders based on symptoms. "Far from being objective, though, this method of categorization based purely on symptoms gradually transformed into a dominant ideological orientation in its own right" (Hansen, 2013). One of the largest flaws of this design is that there is no baseline for normality (Bolton, 2013). So, drawing a line between what would be normal feelings of discomfort or abnormal is impossible based on the DSM. There are no psychometric properties, therefore consistency in diagnosis is an unattainable goal. There are also problems with the lack of validity since there is no evidence of underlying processes that might generate the symptoms described. There is no doubt that DSM would be a very useful tool, but the problems stated here are important and need to be addressed.

With this in mind, talking professionals should be careful when using DSM in their practices since it has the power to suppress psychological understanding of clients, with no particular proven benefit. Hansen (2013) suggests there is an underlying conflict in talking professionals, the conflict between doing right and getting paid, and they would benefit in taking a look over the history of mental health for a more extensive and critical perspective on the profession. But nevertheless, we should take into consideration what the empiric data is also showing to us. Vaughana Feary (2018) is one of the philosophical practitioners that

started to work with psychiatric patients. She raises awareness on the fact that some philosophers, like Peter Raabe, have come too close to mistakenly denying that there are any psychopathologies that require medication and can't be cured by some form or other of talk therapy.

After recent involvement with psychiatric patients, she concluded that "practice must be the foundation for theoretical work in philosophical counselling for this population. Of course philosophy must retain its critical function, but the resolution of some problems, and the development of enlightened philosophical theories about the relevance of philosophical practice for psychiatric patients must evolve out of sustained practice with severely ill patients in psychiatric hospitals and out-patient programs" (Feary, 2018) and not the other way around.

There is another important critique that is worth being mentioned more for raising the awareness of a possible dangerous direction taken by the scientific community regarding mental health, and in general with the way cognition and knowledge as its product are treated nowadays. There is the concern that scientific systems and methods have become dominant and universal. There is highly inclination to specialization in all scientific fields. The idea of an objective science that is based on evidence, testing and highly specialized professionals has become universal, and scientific field had become averse to any influence from outside, taking often a patronizing stance or eventually acting "from the position of the dogmatic model of science as a religion" (Fatić & Zagorac, 2016). There is a visible reductionist tendency in the scientific field that is translated in a hyper-specialization of fields and research. Science had the purpose of providing orientation in everyday life, but by this hyper-specialization and the lack of communication with other fields, this purpose is no longer attained. Philosophy has the well-known role of opening horizons and broadening perspectives. With this in mind, the idea of a collaboration between the scientific field concerned with mental health (psychology, neurobiology, etc.) and philosophy aims to a "replacement of scientific perspectives with a system that is sufficiently brave to be open to new and different contributions, about the attainment of knowledge through multiple viewpoints, and about the rehabilitation of science's value components" (Fatić & Zagorac, 2016).

The critiques presented until now are critiques aimed at diagnosis centered therapies, as psychoanalysis and psychotherapies that have adopted the medical or biological model in their treatment schemes. But in what concerns the extensive amount of psychotherapies existing nowadays such as Rational Emotive Behavior Therapy, client-centered therapies, existential therapy and other that emerged from these, we can clearly see that the critique is no longer applicable since they don't work with the medical model and are more inclined in adopting philosophical tools and practices in their therapies. While this makes them hard to demarcate from the field of philosophical practices, it's worth mentioning that one major critique brought by philosophical practitioners to these psychotherapies is that of intrusion and lack of specialization in the field of philosophy. According to Amir (2004) there is an emphasis on the lack of competence in dealing with philosophical issues incorporated in the psychological therapies. And the idea that this situation can become dangerous if actions are not taken suggests that philosophical counselling would be a more viable alternative to psychotherapy.

Being the newly emerged practice and wanting to earn its legitimacy by the demarcation from psychotherapeutic practices, philosophical counselling aimed more at showing what is different and new in its field in contrast with that of psychotherapy. There was no extensive critique of the field, but a recognition of its capabilities. The critique mostly pointed to the psychiatric field and the excessive use of the medical model offered by DMS in areas where it was proven to have no benefit. Also, the critique of the domination of the scientific model over the quest of understanding human mind and mind problems is aimed to raise awareness of the trap of hyper-specialization: that it might lose perspective and will not be able to obtain a holistic understanding over what we call today mental health.

Criticism on philosophical counselling

The critique of the philosophical counselling profession aims at a critical analysis of the field that could shed light on future improvements. Although part of the criticism we can find in the existing literature is obsolete due to the evolution of the field of philosophical practices, there

are still critiques that stand and point to directions of improvement. One of these critiques is the lack of a clear definition of the professional status of the philosophical counsellors because they drew on both academic philosophy and mental health professionals, but they strived to differentiate themselves from both. Another critique would be the one on the lack of clarification of the competences acquired by training programs that should differ depending on the philosophical practice approach (therapeutic approach or developmental approach).

The code of conduct that every philosophical practitioner should respect is another matter that needs clarification. Since psychological counsellors were all complying to rules in this direction such as maintaining confidentiality, obtaining informed consent, limiting practice to area of competence, improving client welfare, avoiding sexual intimacy with clients – and philosophical counsellors intended to work in the same environment – there should be a set of rules that they should also respect in their relationship with the clients. The critique was mostly directed to a lack of specified consequences in the case of ethical violations.

The lack of empirical research is also one of the main problems of philosophical practices. Although there is an extensive amount of empirical data that needs to be systematized (Borisov, 2018) there is still the need for drawing conclusions about the practices and their efficacy or adverse reaction. Amir (2004) isolates what she considers to be the generally accepted tenets of philosophical counsellors. The first tenet she identifies is the idea that the counselee is autonomous. But when turning to evidence of the practical sessions, Amir (2004) concludes that most people that turn to philosophical counselling or other forms of counselling are rarely autonomous in the philosophical sense, but more likely heteronomous. In addition, they usually come to solve a type of problem and not state their goal as becoming an autonomous person. Some clients tend to state their autonomy, while others feel the need to ask about the counsellor's view on his issues. It's obvious that there is discrepancy between the counsellor tenets and the counselee expectations regarding the matter of autonomy observed in practical sessions. This shows that there might be the need of rethinking the validity of this tenet. The second tenet is that philosophical counselling differs from psychological counselling. The idea that philosophical counselling is different from psychological counselling came

to life in the beginnings of philosophical counselling and it was meant to help demarcate this new practice aimed to help solve human predicaments. Philosophical counsellors were motivated to show that they offer something different than psychological counselling, something even better. A very clear demarcation was done from the field of psychoanalysis, but as we discussed in the previous section, it would be a mistake to equate psychoanalysis with psychological counselling, ignoring all the evolution that took place in the field during the past decades. Philosophy always had a continuous influence on the field of psychology, and this can easily be seen for example in Rational Emotive Therapy that has its roots in Stoics, or existential therapy that stems from existential philosophy and so on.

The demarcation between the two fields becomes almost impossible to be done. One critique that we discussed in the previous section was the incompetence of psychologists in dealing with philosophical issues that are at the root of psychological therapies. When it comes to discussing philosophical problems, it might be better that the counselee would be guided to a philosophical counsellor or maybe the psychotherapists that train in that method should deepen their philosophical knowledge. But the reverse of this criticism is also true: some philosophers that practice philosophy with a counselling purpose can meet the problem of psychological incompetence, especially when they exclude emotions from the subject matters of philosophical counselling. This goal is almost impossible to attain and according to Amir (2004) "it is hard to see how philosophy would be of any relevance to life if it did not deal also with emotions". At a theoretical level, we cannot do this demarcation, and at a practical level it's vital for this profession to include the discussion about emotions, because clients are coming usually with the goal to solve their predicaments and not really to broaden their philosophical views.

According to Amir (2004) analysis of her cases and different philosophical case studies published, the issue of demarcation between the two fields is reflected also in practice. There is substantial psychological knowledge and experience that is used in philosophical practices sessions (Amir, 2004), so the criticism about intrusion and incompetence in psychological skills is a valid one that should be taken into consideration by all philosophical counsellors.

The third tenet states that philosophical counselling is effective in solving predicaments. This seems to be the general opinion in specialty literature. The underlying assumption is that understanding one's predicament enables change in that person. But as Amir (2004) emphasizes, this assumption might hold its validity in theory, but it has no empirical support: "understanding is not a sufficient condition for changing nor a necessary one" (Amir, 2004). Philosophical counselling might need a more serious assessment regarding efficacy. Understanding might have beneficial effects and has its value of its own. But there is not always the case that understanding one's situation could result in less suffering. As seen in practice (Amir, 2004), there are cases when, for example, understanding of a situation mixed with impossibility of change might result in more frustration and humiliation in the counselee. There could also be harmful effects of philosophical counselling along with the beneficial ones and this is something that should be made explicit from the beginning. All these tenets are problematic and a critical review of the empirical validity of these tenets would be necessary.

There was a great evolution in the past decades regarding philosophical practice approaches, but according to Kreimer and Primero (2017) philosophical practices have acquired some features of a typical pseudoscience mainly because of the lack of interest in testing their own claims with empirical studies. But science and philosophy are in a continuous developing interaction – philosophy from yesterday becomes science of today and science of today can be the starting point to the philosophy of tomorrow. That is why there is a constant need of self-assessment and dialogue between disciplines, in our case mainly between philosophical practitioners, psychologists, psychiatrists and neurobiologists. I think both philosophical and psychological fields would benefit from an interdisciplinary education considering that both are using concepts and methods derived from the other field.

The relationship between philosophical and psychological counselling

In my dissertation thesis was analyzed the relationship between philosophical and psychological counselling.

To do this I got my inspiration from Raabe's (2001) analysis of the psychological/philosophical counselling dialectic. I think that this analysis worth a reiteration after two decades and it will be pointing to a direction regarding the relationship between the two fields, considering the need of dialogue between professions that I concluded upon in the previous section. In order to do this I compared and discussed different aspects of both practices: the focus or the subject matter, the conceptual models under which they operate, the problems they attend, abilities and dispositions required by each profession, the goals, the assumptions and values that are at the root of the profession, the relationship existing between the client and the counsellor, the risk to the client and the effectiveness of the practices.

When discussing the focus or the subject matter of each field, I didn't manage to draw a clear distinction between philosophical and psychological counselling. When referring to the psychoanalytic practices, the focus is on the unconscious and on the interpretation of it, but when we're referring to other types of psychotherapy and philosophical counselling, stating what is the focus or the subject matter cannot be done so straight forward. In fact, I could find more similarities than distinctions in the area where the two professions overlap. Psychological counselling has four types of approaches: the analytic approaches, the experiential approaches, the action-based approaches and the system approaches (Raabe, 2001). Philosophical counselling has its own categories of approaches: therapeutic approaches, developmental approaches and a synthesis of approaches and educational practices (Borisov, 2018). I discussed that the therapeutically approach of philosophical counselling is very similar with the action-based approach of psychotherapy and clearly distinct from the analytic approach. We have the system approach of psychotherapy that is overlapping with both therapeutically approach and the synthesis of approaches used, for example in philosophical cafes. I conclude that philosophical and psychological counselling converge in some points and overlap in others. Regarding clinical psychology, we can say that it complements philosophical counselling in focus, and regarding other approaches that are clearly distinct from the philosophical approaches, I wouldn't say they diverge in subject matter, but rather that they offer a different myth as understood in the contextual model.

The mental health conceptualization was done by using biological model and psychosocial model. Nowadays there's a change in this view and illnesses are now understood in the bio psychosocial model, meaning that they are caused by biological, psychological and social factors. In this regard, I consider that both philosophical and psychological counselling converge under this model. Furthermore, both philosophical and psychological counselling, excepting psychoanalysis and clinical psychology, converge under the contextual model proposed by Frank & Frank (1993) in contrast with the medical model.

After discussing the attended problems of each field, I concluded that a clear demarcation of attended problems in clinical versus non-clinical issues is no longer attainable. Even if in the past this was, in theory, one of the clearest demarcations between philosophical and psychological counselling, nowadays more and more practitioners advocate or started working with clinically diagnosed patients. The emphasis is put on the consolation that philosophy can offer to the ill and on the practitioner's duty to protect the rights of the mentally ill to autonomy and wellbeing and to offer them counselling in order to cope with and understand the disease. In this regard, I see philosophical and psychological counselling as being complementary (Feary, 2018; Lindseth, 2015).

The abilities and dispositions of both fields include the art of questioning, those related to human interaction and building a strong therapeutic alliance. These are the points of convergence. But some distinctions appear if we are considering the way of thinking in each of the fields: thinking the problems in the psyche realm or in the ideas' realm and all the conclusions that can arise from this. Psychology has the advantage of a better understanding of human predictable behavior. Philosophy has the multicultural advantage and the advantage of a large pool of inspiring ideas and ways of conceptualizing day to day life. In this regard I think that philosophical and psychological fields are complementary.

Goals of each field are usually discussed in association with their methods. In our case, the goal for both professions is to bring forth to the client's attention processes and motivational structures that influence their behavior and attitude toward life that the client was not aware of. I discussed different approaches existing in both professions and I concluded that philosophical counselling overlaps with psychological

counselling in what is called the therapeutic approach. Regarding the developmental and the other approaches, the fields are complementary with some overlapping that is not significant.

I discussed assumptions and values that both professions hold regarding human predicaments and regarding the client. We saw that we can find similarities between conceptualizations of human predicaments made in both fields. We also saw that both professions consider their clients to be autonomous. The slight difference comes from the way autonomy is understood in each field, as psychological functionality or as rationality. Linking rationality to autonomy might result sometimes in the inclination of philosophical practitioners to exclude emotions from their consultation scope, but as we saw, exclusion of the emotions, although tempting in theory, cannot be attained in practice (Amir, 2014). I think differentiation between philosophical and psychological counselling is not attainable by means of assumptions and values because they tend to converge in this area.

The client counsellor relationship is very similar in both professions. Although a clear distinction can be drawn from the psychoanalytic field that promotes the paternalistic attitude, the stated attitude for almost all the other approaches of psychotherapy and philosophical counselling is similar in stance, meaning that they all adopt the intentional stance toward the client in contrast with the design stance used in psychoanalysis. Furthermore, both professions need to form a strong therapeutic alliance, and both have an educational component. Regarding all that was stated, I think in this area, philosophical and psychological counselling are convergent.

Both philosophical and psychological counselling tend to adopt the contextual model that is offering the justification on why these interventions are efficient and often offer ease from different predicaments. But both professions are in need of empirical evidence. In this regard, psychological counselling has the advantage of the existence of a lot more empirical evidence on its effectiveness. Philosophical counselling, being a new profession to some extent, has very little to no empirical evidence documented. Practitioners from both fields are stressing for the need of more empirical evidence, but not just over the efficiency of the interventions, but also on the possible harm that can result

from the interventions (McKay & Jensen-Doss, 2021; Knapp & Tjeltveit, 2005; Amir, 2004). I would say that the fields are convergent in matters of efficacy, but also can complement one another with their areas of action.

I conclude from the analysis made that philosophical and psychological counselling have multiple convergence points, some points where the professions overlap and very little points where the professions diverge. There are a lot of aspects where the professions are complementary and that could benefit the client if both fields would engage in a dialogical and collaborative relationship one with the other, by both being aware of their strong points, constraints and limitations in working with human predicaments.

Conclusion

My research aimed to dispel the confusion floating over the field of philosophical counselling and to address the difficulties faced by clients and lay public when trying to understand the scope of the practice, how it is different from the psychotherapy field and how can someone choose between the large plethora of methods and approaches. I started by presenting the way philosophical counselling emerged and evolved during the years. I looked over the situation nowadays and presented the three major approaches existing in the field of philosophical practices.

To shed some light on the field of philosophical practices, and more specific on philosophical counselling, I chose to analyze the field in comparison with psychological counselling. To do this, my focus was only on the therapeutic approach of philosophical counselling because this approach is clearly stating that it attends people reporting different mental distresses or psychological problems. This approach is the one that generated the most criticism coming from psychologists, criticism that could point out to directions of improvement, but also criticism that stem from a fear of intrusion.

I stopped over the concept of worldview because I consider it to be of high importance in all healing paradigms and not only. I explained why this concept is important and how it can be explored by using the combined model of Parkkinen & Puukari (2005). I moved to the concept of therapy and discussed about the healing paradigm and the contextual model

proposed by Frank and Frank (1993) and confirmed by Wampold (2001). In their book *Persuasion and Healing*, Frank and Frank (1993) offer a cross-cultural perspective over the common factors that favor healing throughout the world. This model also puts a great emphasis on the formation and exploration of the assumptive world of the client that I consider to be in fact equivalent to the concept of worldview used in philosophical counselling. I concluded that the contextual model applies to philosophical counselling and that all practices that state their goal as being therapeutic should follow the guidance offered by this model.

I discussed how critique brought to the psychotherapeutic field was mostly directed to the approaches that were functioning under the medical model (Hansen, 2013) and overusing the DSM-V to diagnose issues that might be in the moral realm, just to comply with some reimbursement scheme. But as Feary (2018) suggested, philosophical practitioners should not fall in the trap of believing there are no psychopathologies that require medication and can't be cured by talking therapies. There is also the critique brought to the domination of the scientific model over the understanding of human mind and mind problems. The problem is the hyper-specialization of the scientific model that poses the danger of losing perspective in the quest of having a holistic understanding over the concept of mental health (Fatic & Zagorac, 2016).

I discussed the critique brought to the philosophical counselling field from both inside the field and from the psychotherapy field. Like every newly emerged field, there was a lot of critique on its intrusion into the psychotherapy field. There is also a lot of constructive critique that could bring improvement in the field of philosophical counselling if taken into consideration. One of these critiques is the lack of a clear definition of the professional status of the philosophical counsellor. Another critique would be the one on the lack of clarification of the competences acquired by training programs that would need to be different depending on the philosophical practice approach (therapeutic approach or developmental approach). Another good point that needs clarification is the code of conduct that every philosophical practitioner should respect. The lack of empirical research is also one of the main problems of philosophical practices. Although there is an extensive amount of empirical data that needs to be systematized (Borisov, 2018) there is still the need for drawing

conclusions about the practices and their efficacy. There is a need for interdisciplinary education between psychology and philosophy – because practitioners from both fields are using concepts and methods from the other field.

I discussed the relationship between philosophical counselling and psychotherapy. I analyzed common aspects to both fields like focus or subject matter, conceptual models, attended problems, abilities and dispositions, goals, assumptions and values, the client counsellor relationship, the effectiveness and the risk to the client. I concluded from my analysis that philosophical and psychological counselling might have multiple convergence points, some points where the professions overlap and some points where the professions diverge. There are a lot of aspects where the professions are complementary and that could benefit the client if both fields would engage in a dialogical and collaborative relationship one with the other, by both being aware of their strong points, constraints and limitations in working with human predicaments.

Note: The article is an excerpt from the author's dissertation thesis, defended in 2022.

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