

Ethical Considerations and Training Recommendations for Philosophical Counseling

Jon Mills

Adler School of Professional Psychology

ABSTRACT: Philosophical counseling is a diverse and burgeoning type of mental health service delivery. Despite competing approaches to theory and practice, the field has largely strayed from an ethical critique of its methodology and counselor training requirements. This article outlines several ethical considerations and training recommendations that are proposed to bolster the quality and effectiveness of philosophical practice. As philosophical counseling gains increasing recognition in North America, recently established national organizations in philosophical practice may profit from revisiting their interim codes for professional conduct. Proposed training suggestions for counselor preparation may further assist institutions and board-regulated agencies in establishing competent and acceptable standards of client care.

As a developing discipline, Philosophical Counseling (PC) is slowly making its presence known as an alternative form of mental health intervention. For the past two decades, philosophical practitioners throughout the Western world have advanced this applied field which is now gaining recognition in North America. Philosophical counseling may be broadly construed as a psychotherapeutic approach that aims toward philosophical critique, self-investigation, and insight, yet there is no unified agreement among practitioners on what constitutes the ground, scope, and limits to its theory and practice.

Philosophical counseling stands divided in both theory and method. Some practitioners, such as Gerd Achenbach, advocate an atheoretical framework and emphasize an open-ended dialectical method of inquiry,¹ while others stress solution focused and critical thinking approaches that are geared toward the practical amelioration of common life problems.² Ran Lahav espouses a worldview interpretation with the primacy of conceptual analysis,³ yet Eite Veening delimits the focus of philosophical counseling to a rational or cognitive self-critique, thus leaving concerns about emotional adjustment to the domain of psychology.⁴ Lou Marinoff favors the pursuit of value inquiry

and problem management through constructive dialogue.⁵ While philosophers have generally tried to distance themselves from psychological models,⁶ I advocate a psychopsychological paradigm of theory and practice that emphasizes the nature of meaning analysis and eclecticism within a general framework of philosophical holism.⁷

Despite divergent opinions among philosophical practitioners on the nature of PC, the activities of philosophical counseling are broadly concerned with the pursuit of meaning, wisdom, conflict resolution, and conceptual inquiry into the philosophical questions, concerns, and conundrums that beset each client. Since the discipline of philosophy deals with all human activities, problems, and dilemmas, the focus of philosophical inquiry may be noetic, axiological, psychological, and/or educational. While specific philosophical issues are defined and explored within the context of treatment, the general purpose of philosophical intervention may be said to help clients examine and live their lives more reflectively and meaningfully.

Philosophical counseling has been largely preoccupied with defining the range of activities that set it apart from psychological interventions, yet virtually nothing has been said with respect to the ethical quandaries it generates as well as the question of appropriate training. Throughout this article, I will be primarily concerned with addressing the ethical parameters and training considerations for conducting philosophical counseling that safeguard the quality of service delivery and responsible client care. This may prove to be of value for the philosophical practice movement in North America where recent national organizations have adopted interim codes of ethical conduct regulating the behavior of their members which are still open to review and modification. As philosophical counseling moves closer to public awareness, it becomes vital that the highest standards of care in professional conduct and counselor training are cultivated and regulated for consumer protection.

THE ETHICAL QUESTION

Rarely do we see philosophers ethically question the practice of philosophical counseling; among philosophical counselors it has become virtually taboo. While not uniformly embraced by academe, philosophical practice is still nonetheless valued for its applied benefits, but few academics are inclined to receive clients and render professional services. Mental health professionals are generally unaware of philosophical counseling, and those who are typically view it as a potentially harmful trespass. Philosophical counselors, however, go to great lengths to avoid self-criticism and almost always justify their behavior as nonpsychologically informed activity, despite the fact that they counsel clients suffering from psychological problems. Because philosophical counseling is a burgeoning alternative to traditional forms of psychotherapy, Julian Baggini argues, "this new discipline should be subjected to rigorous examination by philosophers and psychologists alike."⁸ In order to establish quality service delivery, treatment efficacy, and professional standards for training and ethical practice, philosophical counseling may do

better to undergo a rigorous self-critique and to acknowledge its cryptic identification with the behavioral sciences.

Gerd Achenbach sees philosophical counseling as dialogical interaction between a philosopher and a client that is nongoal oriented, devoid of first-order theoretical orienting principles, is nonpsychotherapeutic, holds no pretensions of "treating" clients, and assumes no responsibility for the client's welfare or the outcome of mutual philosophic exchange.⁹ Given that philosophical counseling (i) constitutes a professional relationship whereby a recognized expert is consulted to provide services (ii) to a client for a fee, (iii) purports to augment personal growth, well-being, adjustment, autonomy, mental health, or self-insight, (iv) is instructive, facilitative, preparatory, and constructive, (v) professes treatment success, and (vi) models generalizable skills that can be readily applied to everyday life, Achenbach's assessment of PC appears rather circumscribed. Most philosophical counselors would agree that philosophical counseling (in principle) is therapeutic, hence by definition it qualifies as a form of psychotherapy.

Why does a philosopher want to counsel people? The potential answers to this question are as variegated as there are philosophers. Most would probably say that they are interested in helping people and see philosophy as one viable approach to mental well-being. They are further likely to believe that philosophy has applications outside the academy and can be applied to everyday life situations and concerns. But what are the personal attributes that qualify philosophers to be mental health providers? Does the desire to help others live their lives philosophically include the attribute of care, and is this a prerequisite that must accompany any applied philosophical practice? Or does one just need to be a competently trained philosopher? Are philosophers genuinely interested in helping people, or do they seek status, respect, and recognition as an extension of their personal narcissism attracted to the role of doctor? This may explain why many philosophers are intrigued and even eager to hang up a shingle and solicit business. But with this step in professional identity comes professional responsibility. If care is a necessary (albeit not sufficient) condition for conducting philosophical counseling, then what do we make of those philosophical counselors like Achenbach who claim no responsibility for their directed influence over the way their clients come to examine and reassess their lives? It is this negation of responsibility to care for the welfare of their clients that philosophical counselors freely choose to receive for money—thus constituting a professional relationship—that imperils the legitimate status of philosophical counseling.

In a provocative and enlightening article, David Jopling informs us of the potential dangers of PC when used (i) nonuniformly, arbitrarily, and/or inappropriately, (ii) as a manipulative technique, (iii) with unsuited clients who are either psychologically disturbed, incapable of philosophical self-investigation, or who are prone to deterioration during philosophical analysis, and (iv) when counselors overstep their professional disciplinary boundaries and limits.¹⁰ Jopling cogently shows that because many clients are unsuitable for many kinds of psychotherapy, they are equally unprepared for the profound levels

of critical thinking required during philosophical self-critique, are likely to become lost in pseudophilosophizing, are more negatively susceptible to false or inaccurate interpretations, and are potentially vulnerable to psychic fragmentation when under philosophical scrutiny. Given these potential hazards, he stresses the need to press into service from the outset a responsible and appropriate selection criterion.

Philosophical counsellors must exercise caution when first screening potential clients; they must recognize their own disciplinary limits, and work closely with other counselling and healing disciplines; and most importantly, they must acknowledge that some people have no business doing philosophy.¹¹

But what is the exact nature of the screening and selection criteria; and how would a philosophical counselor know when a client is suitable for PC or not? Understanding potential risk factors and abnormal behavior takes a great deal of professional preparation, formal study, supervised experience, and extensive training in diagnostics, assessment, and clinical intervention. Is a philosopher with no formalized training in diagnostic and clinical assessment capable of making appropriate diagnostic judgments? Are clients already at a potential risk when engaging in philosophical discourse with counselors who are professionally trained academics but have no specialized counseling skills outside their discipline?

We may rightfully question the ethical implications of conducting philosophical counseling without consulting formal procedures adopted by the mental health professions. Without formal exposure to well-established and standardized diagnostic treatment procedures that require training in counseling, clinical psychology, or social work, how could philosophers establish a reliable and valid client selection criterion? At best, this may lead to selecting clients who are only marginally capable of philosophical self-investigation, thus resulting in semi- or pseudophilosophical insight, to having little effectiveness at all. At worst, counselors may precipitate an emotional crisis and/or psychic fragmentation resulting in disabling confusion, tumult, anxiety, depression, suicidality, and possibly psychotic decompensation. Whatever criterion philosophical counselors choose to adopt, Jopling admonishes us to "first do no harm."

THE NEED FOR REVISIONS IN EXISTING CODES OF PROFESSIONAL CONDUCT

The modern-day movement of philosophical counseling began in the early nineteen eighties in Europe. The German Society for Philosophical Practice (Gesellschaft für Philosophische Praxis), now called the Society for Philosophical Practice and Counseling,¹² was founded in 1982, followed by the Dutch Society for Philosophical Practice in 1989.¹³ In recent years, several other countries have formed professional organizations that address philosophical counseling, including Le Cabinet de Philosophie in France, the Organization for the Advancement of Philosophical Counseling in Israel,¹⁴ the Israel Society for Philosophical Practice and Counseling,¹⁵ the British Society

of Consultant Philosophers,¹⁶ the Apeiron Society for the Practice of Philosophy in Canada,¹⁷ and the American Society for Philosophy, Counseling and Psychotherapy in the United States.¹⁸

Most recently, two professional associations for philosophical counseling were established in North America: the American Philosophical Practitioners Association (APPA),¹⁹ founded in March 1998, and the Canadian Society for Philosophical Practice (CSPP),²⁰ established in December 1998. Both associations have adopted a code of ethics that is embodied in their constitutions. While both are only proposed or interim codes for professional conduct still open to revision, they share many similar convictions with the main intentions of promoting quality client care, professional integrity, and competence among practitioners. Both organizations recognize Jopling's caveat to (i) avoid causing clients any harm, (ii) seek to render services for their clients' benefit, (iii) avouch to protect their confidentiality and autonomy to the extent required by law, (iv) refer clients for appropriate alternative care when philosophical counseling is adjudged to be an inadequate form of intervention, and (v) refrain from behaviors and practices that conflict with the best interests of the client or bring ill-repute to the integrity of the discipline.

The American organization provides an additional clause in Part I: Fundamental Canons, section 6, of their Code of Ethics that endeavors to serve the greater good of the community and society at large in which members reside. Part II: Standards of Professional Practice, is adopted from the American Society for Philosophy, Counseling and Psychotherapy (ASPCP) established in December, 1992. Combined, these societies offer a specific, prescriptive, and demarcated framework for ethical conduct among philosophical practitioners. Among the APPA, ASPCP, and the CSPP proposed Codes of Conduct are the direct forbiddance of:

- abuse of trust,
- providing services that the counselor is not competent to provide,
- failing to advise or refer clients to other qualified caregivers when warranted,
- dual relationships, such as when the counselor's personal interests conflict with the client's,
- any sexual involvement with a client,
- misleading a client,
- lack of sensitivity to a client's core belief system, values, or personal autonomy,
- coercing the client in any way,
- discrimination,
- neglect of the client's welfare, and
- mercantile or monetary exploitation.

In addition to the sundry prohibitions just described, both organizations have a mandatory list of obligations the philosophical counselor should uphold

under certain pressing and intervening circumstances. Standard 15 of the ASPCP's code for Ethical Standards permits a breach of confidentiality when the counselor has privileged knowledge that the client has a contagious, fatal disease that may put others at risk; however, the CSPP provides more specific mandates. Rules ensuring individual or group confidentiality may be abridged or overturned under the following conditions:

- Client disclosure of intentions to commit suicide, homicide, or to expose any person to life-threatening danger.
- If clients themselves do not disclose such information to the intended parties when requested to do so by the counselor, then it becomes the counselor's responsibility.
- In the case of intended suicide, the counselor has the obligation to notify immediate family or next of kin and other authorities, presumably psychiatric, medical, or legal, and apprise them of the client's intentions.
- In the case of homicidal or life-threatening intentions directed toward another individual, the counselor is obligated to see that the endangered person is notified of the risk.
- Violation of privacy should never be committed based upon frivolous grounds.
- Counselors have no legal privilege to refrain from informing appropriate parties of serious crimes, acts of violence, or intended abuse perpetrated by the client.

The CSPP has adopted many conscientious standards for professional conduct that are already espoused by the American Psychological Association and the American Psychiatric Association, as well as many local, state, regional, and provincial boards regulating governing bodies in the fields of professional counseling, marital and family therapy, addictions treatment, and clinical psychology, psychiatry, and social work. With increased social and consumer awareness of potential abuse of power, professional neglect or incompetence, and legal complaints leading to civil and criminal suits, the CSPP models ethical standards that all organizations and associations in philosophical counseling should aspire toward.

As the CSPP, APPA, ASPCP and other international philosophical counseling organizations continue to consider and revise their codes of ethics for professional conduct, they may want to take note of a few suggested addendums. The CSPP prohibits a counselor from "misleading" a client. This term is vague and does not delimit what might constitute misleading activity, not to mention the fact that clients are often misled in their beliefs about their therapists' intentions. Standard 7 of the ASPCP code warns against counselor manipulation, coercion, deceit, or fraud. Perhaps this ambiguity may be further mitigated if one were to also prohibit purposeful and willful dishonesty, falsification, or exploitation of the client for personal gain or paternalistic deception.

More could also be said about the prohibition of sexual relations or romantic relationships between the counselor and the client. As the provision currently stands in the CSPP's Code of Conduct, counselors are prohibited from "sexual involvement" with clients. But what do we mean by sexual involvement? The ASPCP also warns the philosophical practitioner to "avoid sexual intimacy" with clients, as do other psychological associations.²¹ This phrase is also unclear as to what constitutes sexual intimacy and is easily prone to misinterpretation. Stronger language is needed in order to establish clear professional boundaries that dissuade any potential abuse of power. Philosophers are human and just like any other helping professional may be prone to fall under the seduction of their own personal desire for romantic companionship, especially if they are unfulfilled or dissatisfied in their own personal relationships. The counseling situation may foster such temptations due to the intimacy of client disclosures, the type of interpersonal support sought and received, and the vulnerability mobilized in needy clients and counselors who may confuse sex with personal acceptance, attachment, and help. Even philosophical discussions about sexuality can be sexualized within the counseling dyad and should be assessed carefully. If not specified, counselors may find themselves behaving under the illusion that certain types of romantic or sensual activities are permissible, such as complimenting the client's appearance, making seductive sexual connotations that may border on harassment, touching, hugging, or kissing clients, developing a relationship or friendship outside the counseling session, or thinking that it is justifiable to date a client once the counseling is over.

Philosophical counselors make an ethical commitment to behave with integrity, competence, and responsible client care; they are to consider what is in the best interest of the client. In order to maintain a professional relationship, under no circumstances should the counselor see the client outside of the session as a friend or colleague, meet for coffee to chat or share interests, attend extratherapeutic events like going to a play or a movie, or otherwise personally socialize with clients. This jeopardizes professionalism and potentially creates bad therapeutic dynamics. It can further lead to sexual misconduct, which in many jurisdictions is a criminal act. When a philosophical counselor agrees to receive a client, that person becomes a client for life. Even when the counseling is over, that person remains the counselor's client. When counselors delude themselves into thinking that a professional relationship ends once the counseling is terminated, it gives them license to betray what is in the best interest of the client. Because one cannot possibly foresee the nature of the client's future needs or predict future contingent events, the client must always feel that s/he can return for future counseling if the desire or need arises. This automatically dispels any thought that the counselor has a right to pursue a personal friendship or romantic relationship with the client at some undisclosed future date.

Dual social and financial relationships of any kind cannot be condoned, encouraged, or tolerated. This practice may take the form of many potentially inappropriate compromises of professional judgment no matter how

benign they may seem, including professors who see their students for private sessions, employing clients or trading services for counseling, and maintaining social relations with clients' families or intimates. These activities compromise quality client care, can lead to a breach of trust or confidentiality, and can generate strained therapeutic effectiveness.

Barton Bernstein and Linda Bolin point out several legal considerations when conducting philosophical counseling,²² but they are every bit as much ethical canons as they are guidelines designed to avoid litigation. People in the United States are 'sue happy' and are more likely than anywhere else in the world to take legal action or file ethical complaints of misconduct to legal authorities, licensing boards, or professional organizations. In many states, the term "counselor" is a protected title: unauthorized use of that title may be a legal offense. All practicing philosophical counselors and those intending to set up shop would be wise to familiarize themselves with the laws that regulate their jurisdiction and be aware of the risks involved.

While the Canadian Society for Philosophical Practice has specifically addressed the conditions that warrant a breach of client confidentiality in its Code of Conduct, they have omitted how much of that process should be carried out. Bernstein and Bolin note that when a client threatens suicide or homicide, all efforts must be made to make an appropriate and expedient referral to a competent professional for specialized treatment when counselors themselves are not qualified or trained to deal with these matters.²³ All referrals should be made to a professional who is appropriately trained or certified with verifiable credentials, and the counselor must follow up to see that this is the case and that the referral was successfully carried out. This equally applies to cases when the client complains of physical symptoms in which medical attention may be required. These foreseeable situations underscore Jopling's point about how important it is to develop a close working alliance with other helping professions. Making contact with other certified psychologists, psychiatrists, counselors, and/or physicians is essential in order to safeguard against possible future risks to clients' mental well-being and safety. These collegial contacts may also be useful for consultation purposes such as when the philosophical counselor possesses knowledge in a certain area but lacks particular expertise. Through consultation and supervision of cases, the counselor gains increased intervention skills in handling difficult therapeutic situations and problematic clients which s/he may incorporate into the existing treatment plan, and thus augment the overall quality of care.

Because negligent referrals and failure to act appropriately are liability areas with possible grounds for significant and ascertainable damages, a philosophical counselor must be aware of the law and should (ideally) have appropriate malpractice insurance before receiving any clients. For example, rules governing issues of suicide (such as the duty to notify those who can intervene) and homicide (the duty to warn the potential victim) are developing areas of law. If any of these crises arise during the course of counseling, Bernstein and Bolin advise that the counselor contact an attorney, the malpractice carrier

and the licensing board at once for advice. Philosophical counselors may object to breaching confidentiality in cases of contemplated suicide because, as Camus informs us, this is a genuine philosophical issue.²⁴ But as far as the law is concerned, failure to intervene or prevent such action is grounds for criminal arrest and civil litigation,²⁵ such as from the client's family, as well as further legal punitive measures or the potential loss of licenser.

Another situation which necessitates violating confidentiality is when a client reports committing child abuse of any kind. This should also be specified in the codes of conduct adopted by the various aforementioned associations for philosophical practice. A helping professional is mandated by law to immediately report confessed or suspected child abuse, sexual molestation, or neglect to the appropriate authorities including the police and the regulating bodies governing children and family services for that particular state or province. For example, young children left unattended by a caregiver, such as being left home alone or with a sibling who is also a minor, is reportable grounds for offense.

A general rule of thumb is to keep good documentation. Each client contact should be documented: recording the date, time, the content of the session, and the mode of intervention shows the course, method, and progress of treatment, and protects the counselor from unneeded worry. This rule also applies to consultation or supervision practices either retained or delivered. Supervisors are responsible for the actions of their supervisees and may be liable for any misconduct on their part. Furthermore, any counseling of a minor, which is ethically questionable in the first place, can only be conducted once the counselor has obtained written consent from the minor's parents or custodians. The lack of psychological and cognitive development in children and the emotional volatility and identity confusion that permeates adolescence makes it difficult to justify conducting philosophical counseling with minors when critical conceptual analysis and self-investigation is the focus.

Another ethical consideration is that clients have the right to know the limits to confidentiality. During the initial consultation period, counselors should give the client a prepared form to sign (one for the counselor and a copy to be retained by the client) where they are informed of their rights to privacy and the limits that may apply. They also have the right to know about the theory and practice of philosophical counseling, the risks associated with counseling in general, and alternative available treatment options. Some clients may decide that philosophical counseling is not for them: they should be given the opportunity to reflect upon the scope, depth, and limits to philosophical treatment approaches. Clients who have been truthfully informed and who freely choose to undergo philosophical counseling are accepting their responsibility in the therapeutic process and are less likely to launch a complaint or take legal action provided that the counselor behaves professionally and appropriately throughout the treatment. Failure to obtain consent opens the doors for potential future complaints.

Care should be taken during terminating the counseling relationship. Not only is real or perceived abandonment of the client professional misconduct,

it is grounds for litigation allegedly causing emotional or psychological distress. Termination should ideally be mutual, but there may be some cases that require termination simply because the counselor lacks the ability and expertise to treat the client's condition or the counselor is moving to another location. If termination is unavoidable, the counselor must see to it that the client is given a specific trusted referral or a reasonable and competent referral source. Even when the counselor is away for extended periods of time, such as on holiday, vacation, or attending a professional conference, clients must be given an alternative adequate referral in case a crisis transpires.

Because philosophical counselors often lack training and qualified expertise in the field of mental health, potentially leading to inappropriate screening, misdiagnoses, mismanagement of risk, bungled interventions, or incompetence in treating psychological disturbances, many professionals, including mental health providers, may legitimately question the ethical grounds for conducting philosophical counseling. Does a philosopher have any business counseling another in the first place if s/he cannot appropriately assess the mental status of a client? If philosophical counseling is to advance to a respectable status within the helping professions, then philosophers must be adequately trained in the field of counseling as well as philosophy.

TRAINING RECOMMENDATIONS

Most practicing philosophical counselors have an advanced graduate degree in philosophy but have little or *no* graduate training in counseling. Many certified and licensed mental health professionals would simply find this fact appalling. How could someone just hang out a shingle and set up shop without even being trained in the science and art of psychotherapy? How could one possibly understand and appreciate the diverse and sensitive nature of adjustment and psychopathology, the therapeutic encounter, client-counselor dynamics, and the nuances of assessment and technique without having had any formal course work or supervised experience? From this account, it is conceivable that philosophers could establish a counseling practice without even cracking the cover of a technique book. Philosophers in this position are likely to maintain that their training in philosophy is all they need in order to help people learn to live their lives more philosophically.

On the other hand, professionally trained counselors, psychologists, and social workers who integrate philosophical perspectives into their theoretical orientation and treatment approach without having had any advanced graduate training in philosophy are seldom reproached by other mental health professionals. Philosophers, however, are quick to question whether the non-philosopher is at all qualified to profess to offer any form of treatment that is truly philosophical; when examined critically, these approaches to counseling are often adjudged simply to be a veil of psychology masquerading as philosophy.

As of today, there is not one graduate program that offers a degree in philosophical counseling. Until a graduate program is designed to wed philosophy

with the behavioral sciences, those who want to practice philosophical counseling are broadly left with four options: (1) they can earn an advanced degree in philosophy and practice PC; (2) they can earn an advanced degree in one of several mental health disciplines and practice PC; (3) they can enter a graduate program in philosophy and acquire skills in counseling and/or other related disciplines in addition to their philosophy studies; or (4) they can enter a program in the field of mental health and acquire knowledge and skills in philosophy independent of their formal training.

As a fully trained philosopher and clinical psychologist, I would like to propose the following training recommendations for philosophical counselors. Until graduate programs in philosophy are designed to integrate traditional and/or formalized approaches to counselor training in their curriculum culminating in a degree, certification, registration, or license that is board regulated, training in philosophical counseling may be best achieved through graduate studies in both philosophy and some other discipline in mental health. In an ideal situation, those who would be optimally qualified to practice philosophical counseling would be fully trained in two disciplines: namely, philosophy and some branch of the behavioral sciences such as counseling, psychology, social work, marriage and family therapy, rehabilitation, addictions, or human development. The trained professional should have a graduate degree in each discipline or its equivalent, such as an appropriate certification; and it would be preferable if the counselor had at least one doctorate in either discipline. The only amendment to these general recommendations would be for those philosophers who wish to maintain a professional practice in philosophical consultation that is educationally focused.

Many philosophers will find this proposal unacceptable. Those who object are likely to maintain that philosophical counseling is (i) an autonomous discipline with its own rights and privileges, (ii) is nonpsychological in content, focus, and method, (iii) believe nonphilosophical training is unnecessary, and (iv) see psychological training as impractical because it would require a tremendous amount of time, energy, and resources in order to acquire the specified knowledge, skills, and expertise associated with a new discipline. Indeed, these attitudes are embedded in the mission statement of the APPA Constitution, which specifies that the professional activities of philosophical practitioners are "non-medical, non-iatrogenic and not allied intrinsically with psychiatry or psychology. The foci of these activities are educational, axiological and noetic."²⁶ This is a good example of how philosophy wishes to carve out its unique place within the helping profession but does so at the expense of making philosophy merely an intellectual exercise. Practitioners who wish to maintain that PC is not a psychological, hence therapeutic, activity are simply living in denial.

Professional standards are designed to provide a normative and optimal framework guiding professional training, conduct, and practice. In principle, they should ideally promote and uphold the highest quality of training, obligations, codes, and requirements that foster integrity, competence, responsibility, and ethical conduct governing its discipline. Why should this be any

different for the field of philosophical counseling? As it currently stands, there is no legislative body or board-regulated institution that certifies or licenses philosophical counselors. When certifications do apply, they are offered by state, regional, or national associations independent of legislative control, whose training requirements are meager. For example, the APPA's training requirements for "primary certification" as a philosophical counselor amount to completing one graduate course in philosophical practice or an intensive three-day training program. Is this adequate preparation for conducting philosophical counseling? Given the dangers associated with conducting philosophical analysis on inappropriate or psychologically fragile clients due to mismanagement of risk, misdiagnosis, failure to refer or act appropriately, and a lack of knowledge and expertise in abnormal psychology, clientele screening, assessment, and the selective use of proper treatment interventions and techniques, a three-day training workshop is hardly capable of scratching the surface.

Philosophical counselors need to be trained in the behavioral sciences for a number of reasons. In order to be able to appropriately detect and assess clinical signs and symptoms indicative of psychic conflict, maladaptive behavior, and mental illness, they need formal textual and experiential exposure to abnormal psychology and personality theory as well as to understanding stress and adjustment. Because the array and prevalence of mental disorders are so numerous, philosophers must be knowledgeable of, and alert to, the spectrum of psychopathology that they may possibly encounter, the psychiatric taxonomy associated with such phenomena, and how and what to do under these circumstances. This is especially germane in detecting risk factors that may preclude a client from being able to undergo philosophical self-examination. For example, philosophical counseling would be grossly unwarranted with many types of clinical profiles, including borderline personalities or eating disorders where underlying psychological disturbances may be masked as philosophical quandaries.

Instruction in basic listening, interpersonal, and intervention skills are essential; the use of questioning, clarification, confrontation, interpretation, empathy, suggestion, and personal support are skills that take time, practice, and supervised experience to refine and master. Advanced intervention strategies and specific counseling techniques are acquired over an extensive training period and exposure to many counseling populations; they are not innate capacities. Training in diagnostic assessment and clinical interviewing will ensure that the philosophical counselor will be able to gather appropriate screening information, such as risks to successful treatment, low frustration tolerance, tenuous impulse control, psychic fragmentation or depletion, acting out, suicidality, and transient psychosis that will sabotage intervention efforts. Moreover, philosophers need to understand the psychodynamics of the counselor-client relationship, including the phenomena of resistance, transference, countertransference, and the presence of defense mechanisms such as projection, undoing, reaction-formation, repression, denial, rationalization, projective identification, splitting, etc. Without a proper appreciation of

the complex dynamics that saturate the intrapsychic and intersubjective field of the counselor-client dyad, the effectiveness of philosophical self-investigation is likely to be severely curtailed. These factors are especially significant during the initial consultation period when screening pathology and inappropriate clientele is paramount. Knowing the limits to one's professional skills, and when to accept, refer, and/or decline to see a client is essential for responsible, competent, and ethical practice.

Skill acquisition is maximized when counselors in training undergo extensive supervision and experience in learning the nuts and bolts of conducting therapy. In addition to formal course work, philosophers should engage in classroom exercises such as role modeling and real or simulated counseling sessions that use audio/video tape or a one-way mirror to observe the counseling process before counselors enter an actual counseling externship or field practicum experience. Ida Jongsma notes that many Dutch counselors regularly undergo training through means of videotaped practice sessions in order to formulate a common method and refine one's craft.²⁷ Dries Boele further explains how training workshops in Holland require counselors in training to undergo philosophical counseling themselves.²⁸ This training device is invaluable for several reasons: (i) personal experience as a client allows the philosopher to know, empathize, and appreciate what the other goes through; (ii) it fosters self-insight that would only be partially achieved through solitary introspection or self-analysis; (iii) it prepares one to plan, judge, and anticipate what to expect from clients' concerns and interactions; and (iv) it prepares how to orient oneself to respond and act accordingly.

As a philosophical counselor, you are only going to take a person as far as you have been yourself. In the words of Erik Erikson, "you will not see in another what you have not learned to recognize in yourself."²⁹ Preparatory training in philosophical counseling is professionally and ethically responsible, and just makes good sense. Theoretical knowledge in philosophy alone does nothing to prepare a person to know how to formulate questions or interventions in a counseling session, to establish rapport or make a client feel comfortable enough to open up to you, or to pinpoint the exact nature of what is troubling a client.

Through extensive and ongoing professional training, supervision, and experience involving simulated and real case studies as well as one's own personal counseling experience, philosophical counselors are optimally prepared to serve clients as competent caring professionals. Precounselor training also serves many pragmatic functions, such as learning how to set up an office, establishing a professional identity, generating marketing strategies, obtaining referrals, gaining respectability among other professions, contracting with auxiliary disciplines, preparing client contract agreements, keeping reliable records, securing liability and malpractice insurance, and knowing when legal consultation is required.

Initial training periods are also helpful when prospective philosophical counselors become aware of the possibility that they may not be well suited as counselors, despite their desire to help others through philosophical inquiry.

Just as David Jopling tells us that some clients "have no business doing philosophy,"³⁰ there are some philosophers that have no business doing counseling. Because many philosophers have the not-so-atypical personality traits of being argumentative, competitive, and critical with the need to pontificate, acceptance, understanding, relatedness, and cooperation may be foreign to their style of therapeutic practice. We must remember that counselors are first and foremost there for their clients and must be sensitive to the most effective means of helping them understand themselves and their world. This rule equally applies to philosophical counselors who are competently trained to receive clients but have personal biases that keep them from effectively treating certain types of clientele. Conscientious philosophers should know the limits of their ability to work with certain kinds of clients for whatever reasons or personal characteristics they may possess, and be prepared to refer them accordingly to another professional.

CONCLUDING REMARKS

Philosophical counseling is an exciting new discipline in applied philosophy with the potential of making a positive impact on society at large. The ethical considerations and training recommendations outlined here are intended to foster the development of conscientious professional standards of practice and client care. In order for philosophical counseling to advance as an organized discipline with systematic unity in theory and practice, PC must incorporate traditional forms of training inherent to the behavioral and social sciences. This will prove to be of significance for legislative and formal accreditation purposes where standards of professional care are judged according to preestablished norms, qualifications, and codes of conduct set forth by accepted accredited bodies within the field of mental health. In all likelihood, philosophical counseling will remain unrecognized by the mental health community, elude respectable status as a helping discipline, and close itself off from third-party reimbursement agencies unless it becomes more closely allied with the behavioral sciences as a new form of psychotherapy. Openness to philosophical eclecticism in theory and methodological practice accompanied by ongoing training, research, modification, peer review, and regulation may auger well for a discipline capable of being a midwife to wisdom.

Endnotes

I wish to sincerely thank David Jopling for his comments and suggestions regarding an earlier draft of this project.

1. Cf. Gerd B. Achenbach, *Philosophische Praxis* (Köln: Jürgen Dinter, 1987); Hakam Al-Shawi, "A General Framework for Philosophical Counseling," forthcoming in *Philosophy in the Contemporary World* 5(2).

2. See Anette Prins-Bakker, "Philosophy in Marriage Counseling"; Will A. J. F. Gerbers, "Philosophical Practice, Pastoral Work, and Suicide Survivors"; Steven Segal, "Meaning Crisis: Philosophical Counseling and Psychotherapy"; Elliot D. Cohen, "Philosophical Counseling:

Some Roles of Critical Thinking," in *Essays on Philosophical Counseling*, ed. Ran Lahav and Maria de Venza Tillmanns (Lanham, MD: University Press of America, 1995).

3. Ran Lahav, "A Conceptual Framework for Philosophical Counseling: Worldview Interpretation," in *Essays on Philosophical Counseling*.

4. Eite Veening, "Metalogue in Philosophical Counseling," presented at the First International Conference on Philosophical Counseling, University of British Columbia, Vancouver, Canada, July 9, 1994.

5. Cf. Lou Marinoff, "On the Emergence of Ethical Counseling: Considerations and Two Case Studies," in *Essays on Philosophical Counseling; Plato, Not Prozac* (San Francisco: Harper Collins, 1999); interview with Lou Marinoff by Time Lebon, *Philosophy Now* 20 (Spring 1998): 7-10.

6. Some forms of PC implicitly embrace psychological principles such as those adopted from cognitive-behaviorism. For example, Elliot Cohen's critical thinking approach to philosophical counseling resembles a form of cognitive-behavioral therapy such as Albert Ellis' Rational Emotive Therapy (RET), but differs from tradition RET by virtue of its focus on formal deductive logic and a broader analysis of informal fallacies. Cf. "Philosophical Counseling: Some Roles of Critical Thinking," in *Essays on Philosophical Counseling*, p. 122.

7. Lahav's and Marinoff's approaches are more holistically focused, although they are removed from psychological inspection. Barbara Norman also advocates an ecological approach to philosophical holism in "Philosophical Counseling: The Arts of Ecological Relationship and Interpretation," in *Essays on Philosophical Counseling*. My method is outlined in "In Search of a Method: New Directions in Philosophical Counseling," presented at the first annual meeting of the *Canadian Society for Philosophical Practice*, Ontario Philosophical Association, Guelph, Ontario, 1999.

8. Julian Baggini, ed., "Forum: Philosophy, Psychiatry and Counselling," *The Philosophers' Magazine* (Summer, 1998), p. 1.

9. Gerd B. Achenbach, "Philosophy, Philosophical Practice, and Psychotherapy," in *Essays on Philosophical Counseling*, p. 63.

10. David A. Jopling, "First Do no Harm': Over-Philosophizing and Pseudo-Philosophizing in Philosophical Counselling," *Inquiry* 17:3 (1997): 100-12.

11. *Ibid.*, p. 109.

12. SPPC, Gerd B. Achenbach, President, Dolmanstrasse 56, 5060 Bergisch Bladbach 1, Germany.

13. SPP, Eite P. Veening, Secretary, Geerten Gossaertlaan 10, 9721 XJ Groningen, Netherlands.

14. See Ran Lahav's and Maria da Venza Tillmanns' "Introduction," in *Essays on Philosophical Counseling*, pp. xii-xiii.

15. ISPP, c/o Shlomit Schuster, 23 Horkania Street, Apt. #2, 93305 Jerusalem, Israel.

16. BSCP, c/o Patrick Killeen, Secretary, 4 Montfort Close, Caterbury, Kent CT2 7DA, Britain.

17. ASPP, Petra von Morstein, President, Department of Philosophy, University of Calgary, 2500 University Drive, NW, Calgary, Alberta T2N 1N4, Canada.

18. ASPCP, founded by Elliot D. Cohen and Paul W. Sharkey. Contact Kenneth F. T. Cust, Department of English and Philosophy, Central Missouri State University, Warrensburg, MO 64093.

19. APPA, Lou Marinoff, President, CUNY, 137th Street at Convent Avenue, New York, NY 10031.

20. CSPP, Stephen Hare, President and Treasurer, 473 Besserer Street, Ottawa, Ontario K1N 6C2.

21. Counselors are prohibited from "sexual intimacy" as declared by many professional counseling and psychological associations and thus my comments are equally relevant to the broad field of counseling and psychotherapy. Cf. American Counseling Association's (ACA), Code of Ethics, 1995, A.7.

22. Barton E. Bernstein and Linda S. Bolin, "Legal Issues in Philosophical Counseling," in *Essays on Philosophical Counseling*, pp. 195-204.

23. *Ibid.*, p. 199.

24. "There is but one truly serious philosophical problem, and that is suicide." Albert Camus, *The Myth of Sisyphus* (New York: Vintage, 1955), p. 3.

25. See Bernstein and Bolin, pp. 201-2.

26. Mission Statement: Article I of the APPA Constitution, 1998. American Philosophical Practitioners Association, The City College of New York, Lou Marinoff, President.

27. Ida Jongsma, "Philosophical Counseling in Holland: History and Open Issues," in *Essays on Philosophical Counseling*, p. 30.
28. Dries Boele, "The Training of a Philosophical Counselor," in *Essays on Philosophical Counseling*, pp. 37-40.
29. Erik H. Erikson, *Insight and Responsibility* (New York: W. W. Norton, 1964), p. 29.
30. David A. Jopling, "'First Do no Harm': Over-Philosophizing and Pseudo-Philosophizing in Philosophical Counselling," *Inquiry* 17:3 (1997): 109.