

# Field Notes of a Philosophical Counselor

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**Abstract:** In this essay I discuss my early career as a failed philosophical practitioner when the field of philosophical counseling was still in its infancy. I describe setting up a private practice and discuss various details from my field notes with regards to some of the earliest clients I received. I further depict experimenting with philosophical group therapy in an inpatient psychiatric unit of a general hospital, which by all objective standards turned out to be a disaster. Musings on how philosophy may be successfully applied in the consulting room is considered through a phenomenological-existential approach to therapy.

**Keywords:** Philosophical counseling; Controversies in philosophical practice; Private practice as a philosophical consultant; Conducting philosophical therapy in a psychiatric hospital; existential psychoanalysis

The discipline of Philosophical Counselling (PC) was a relatively new phenomenon when I was in graduate school in philosophy, and given my training as a psychologist and psychoanalyst, I was immediately drawn to it. After the attention Lou Marinoff (1999) received with his bestselling book *Plato, Not Prozac!*,<sup>1</sup> I decided to hang up a shingle and see what would become of it. Before I tell you about my foray as a philosophical practitioner, I want to discuss concerns I had about the fledgling profession since I started practicing back in the mid-1990s.

## Early Controversies over Ideology and Turf-Wars

Although some early practitioners resisted lumping PC into a psychological genre, with its own specific methods, theoretical orientations, and techniques (Achenbach, 1987; Lahav & Tillmanns, 1995), I had always viewed applied philosophy in this format to be a form of psychotherapy allied with the helping professions (Mills, 2001). I further implored that the field should require conscientious practitioners to undergo training in mental health or the behavioral sciences with a focus on the technical and ethical applications of counseling others who suffer (Mills, 1999). This is largely the accepted view of most members of the National Philosophical Counseling Association (NPCA), the founding organization of philosophical practitioners in North America. Despite adamant protest by some of the leading founders of philosophical practice that denied the role of human psychology and how it comes into play in the client-relational encounter, I knew of these dangers all too well in treating adolescent and adult populations who are emotionally fragile or afflicted by ongoing mental distress. To attempt to separate out philosophical technique from the psychological variables involved in a helping relationship, or to assume that a purely rational or logical approach to philosophical discourse does not engage with a person's overall psychic reality is to fail to consider how we *reside in* psyche or our own psyworld

(Mills, 2021) as embodied mind with desirous, sentient, affective, cognitive, and self-reflective functions that are largely organized as unconscious schemata, which influence our phenomenal experiences of the world (Mills, 2010). We can no more separate out components, processes, or parts of the psyche from the whole that encompasses them than we can live as a purely rationally detached cogito. The human mind simply is not compartmentalized in that fashion. To assume otherwise is to deny human nature.

Likewise, denying the therapeutic benefits of philosophy as a psychological intervention, namely, that which impacts on people's existential lives and adjustment, is to insist on an untenable identity politics that tries to bifurcate professional disciplines into distinct categories and activities when they ontically interrelate in content, form, function, and purpose. Recall that psychology did not become a formal discipline until the late 19<sup>th</sup> Century and was always considered an offshoot of philosophy as soul-making. We must remember it was Plato who was the first psyche-analyst and who largely introduced Western civilization to the first account of how one engages in philosophical reflection and dialogue. Now, in our modern age, such philosophical discourse applies to all the things that concern human existence, and given people are in search of therapy for the wellbeing of their psyche, philosophical counseling cannot elude the very premises about human nature it seeks to inquire about and give council to. As a talk therapy that recognizes the restorative power of conversation and dialogue, to practice philosophy is to encounter the psychology of other minds in all their complexity, hopes, wishes, defenses, internal conflicts, and pathology. Philosophical counselors can no more avoid dealing with psychological matters than can psychologists deny its indebtedness to its philosophical origins.

Largely due to Marinoff's popular trade success and public marketing, philosophical counseling became the new flavor of the month. Soon other philosophers enjoyed public attention and success as a new cottage industry of publications came out with different theoretical and methodological approaches to philosophical practice. On one hand it joined the self-help movement where practical advice on how to live one's life or manage life problems appeared in typical self-help book fashion, where workbooks, exercises, and homework assignments in critical thinking and logic could be applied to everything—from how to stop worrying to living a more authentic life, hence reviving the existential tradition that had influenced the humanistic psychology movement. But on the other hand, applied philosophical praxis was slowly becoming a global phenomenon. Amassing a cornucopia of critics from both within and outside the discipline (Schuster, 2004; Goord, 2022), turf-wars, in-fighting, and rifts started to pop up by philosophical practitioners against one another (Love, 2021) and institutionally (Cohen, 2014), but more seriously, by mental health disciplines who found PC to be an unwelcome trespass and (exaggerated) potential danger to public safety (Duane, 2004). Complaints were hurled around about everything from inadequate or inappropriate training, lack of evidence-based practice or validity as a method, to accusations of pseudoscience (Kreimer & Primero, 2017) and alarm over harming people (Jopling, 1997; Pies, 1998). And given that PC is not a regulated health profession, it continues to generate controversy about its ethical and legal standing as a legitimate form of human service delivery.

Given that the health professions are now highly regulated in North America, the fine-line between philosophical dialogue and therapeutic intervention becomes opaque and is often undifferentiated. For example, where I live you cannot practice any form of therapy in Ontario without being a regulated health provider, as treating any cognitive, emotional, or behavioral issue constitutes an act of psychotherapy under the law,<sup>2</sup> unless you dare try to pass yourself off as a life coach or consultant outside the scope of a health discipline. Even unregulated counselors are at risk of being charged with practicing without a license, for any identified issue or problem a person presents with could be said to fall under the purview of health.

## **A Note on my Training Background**

Before any formal institutional governance of philosophical practice was established, including codes of professional conduct, certificate training programs, or the invention of Logic-Based Therapy by Elliot Cohen (2013, 2016), who sees the allied intersection between philosophical intervention and psychotherapeutic treatment to be intertwined (Cohen & Zinaich, 2013), philosophical applications to the therapeutic encounter often revolved around phenomenological, existential, and transpersonal approaches steeped within a humanistic healing emphasis. Before cognitive-behavioral therapy (CBT) became organized as a specific type of method popularized by Aaron Beck, I was trained in the 1980s in behavioral therapy (adapted from American behaviorism) and Rational Emotive Therapy (RET) before Albert Ellis combined the two approaches as Rational Emotive Behavioral Therapy (REBT). While the former focused on how to get people to change or adapt their behavior to better suit their desired goals, needs, and outcomes, the latter was focused on how people thought and how cognitions intervened on their actions, not to mention how to deal with irrational emotions that got in their way. But I was also trained in competing modes of therapy that were dominant at the time including Carl Roger's Client-Centered Therapy--now Person-Centered Therapy, generally falling under the rubric of what we now call the Humanistic psychotherapies; Fritz Perls' Gestalt Therapy and Eugene Gendlin's Focusing method, now passé; and the array of psychoanalytic therapies (classical psychoanalysis, analytical psychology, object relations, ego psychology, self psychology, intersubjectivity, relational, etc.), now generically referred to as Psychodynamic orientations.

Another offshoot was my training in the phenomenological-existential tradition following the philosophies of Husserl, Heidegger, and Sartre, which were largely introduced to American psychology by Ludwig Binswanger, Medard Boss, Victor Frankl, Rollo May, and Irvin Yalom. All of this didactic and supervisory exposure was preparatory to become a clinical psychologist and was a precursor and a requirement to enter into postgraduate training to become a psychoanalyst, which I completed years later. All of this predated my formal studies in philosophy; so, when I was exposed to the new sub-discipline of philosophical counseling, I was naturally inclined to pursuit it.

## Setting up a Practice

When I received my PhD in philosophy, my career aspirations were to become an academic. But after years of applying for positions on the job market, I could not land a full-time tenure-track post. I had no other choice than to fall back on my original training and start practicing as a psychologist. But I moonlighted on the side by attempting to set up a private practice in philosophical counseling thinking that I might attract a clientele seeking out this new form of intervention. Because the Internet was not yet a worldwide phenomenon, I had relied on the good-ole' fashioned way of advertising my services through classified ads in the local papers, particularly targeting the youth and popular culture who may be seeking alternative forms of self-improvement methods that did not have the stigma of "mental health" stamped onto the new brand. Because I was a pauper, living on a small stipend as a Fulbright scholar in Toronto and actively seeking employment, I had to see people in my apartment. That is the first mistake anyone can do. Never invite clients into your personal space, and never give out your personal phone number unless you want to be on call 24/7. To this day, I do not use a cell phone for any professional matters as the last thing I want is to give off the impression that I am available to address someone's inquiry on the drop of a dime.

I equally do not use email communications for the same reason, and when I do, it is simply to set up appointment times. I do not recommend relying on these modes of communication to discuss personal matters, only for the convenience of scheduling. As a general rule, if you allow for extra-therapeutic matters to be discussed between sessions over the phone, text, or email, you will be a slave to high-maintenance, entitled, and distressed clients who simply want to suck off the teat free of charge; and you will complicate, if not defile, the professional framework. Anyone who has experienced that 3am crisis call will know exactly what I mean by insisting on having a tight treatment frame where all the expectations and parameters of your relationship with the client are spelled-out ahead of time in the first session.

## My First Prospective Client

After taking out such newspaper advertisements on my professional services, I had my first prospective client call me. He could barely speak English, and he had an Indian or Pakistani accent—very hard for me to discern at the time. He said he had a problem with sex and wanted to know if my services were covered under the provincial Medicare program in Ontario. After I told him my services were private, he was confused because doctors in Ontario are covered under our healthcare system. After I explained that my status was not a medical doctor, he was relieved that I would not be prescribing drugs or surgery. As I continued to inquire about his desire to set up an initial consultation and what my fees were, he said "Will you massage it?" I said, "No buddy, I don't do that kind of thing." Then he continued, "No touchy?" I couldn't help but laugh out loud, also feeling foolish over what I had gotten myself into. By the end of the call, I told him that I thought his needs would be better served by visiting a "jack shack." He then understood fully what I meant.

## My First Client

Tom was the first to set foot into my apartment. He had seen several different therapists and was currently seeing a “success coach” to help with his business goals. It soon became apparent that he was “doctor shopping” and was in the process of interviewing other coaches and therapists. He had not heard of a philosophical counselor before and was curious about what I had to offer.

He immediately came off as obsessional and needed to be in control of the session. Although he initially focused a great deal on his need for guidance and structure, particularly in wanting to be an entrepreneur in search of business coaching, he talked-over my questions and simply wanted to be narcissistically mirrored. In trying to find a common focus for us to reflect upon, he continued to brag about how intelligent and wonderful he was. It may not surprise you that he was a sales agent, as the feelings he generated was like walking into a retail store only to be swarmed by copious staff. When I pointed out that I was confused about why he had come to see me given his apparent talents and success, his persona shifted. When I suggested that his curiosity in seeing a philosopher must be about other reasons than merely wanting to start his own business, he let his guard down and told me in a rather stoically detached fashion that he felt a generalized sense of meaninglessness and that his life had no purpose. Finally, we had something to focus on for the rest of the session. In exploring his meaningless life, in his relationships, and at work, he reported that talking about these preoccupations and feelings openly rather than keeping them as private thoughts felt like he was addressing the real issues he had been avoiding with other therapists.

But his grandiosity and entitlement sabotaged any hope that we could continue to work together. As the time was approaching the end of the hour, I suggested that he make another appointment so we could continue exploring these aspects of his life. Here he became demanding and said he didn’t want a “clock watcher” and that he wanted to go for an “intense 2-3 hours, and I don’t want to be charged over the first hour.” When I said that he did not inform me ahead of time that he wanted more than a 1-hour consult, and I had other obligations that day, he then wanted his initial consultation for free. I told him I don’t work that way and he would have to pay me our mutually agreed-up fee when we had first scheduled the appointment. In short, he stormed off in a huff after throwing cash on the sofa.

In psychoanalysis, we would refer to this type of person as an insecure narcissist where grandiose defenses and bloated self-importance cover over deep feelings of inferiority, vulnerability, inadequacy, and shame. In his attempt to manipulate and intimidate me into buying into his pompous ultimatums and need to control the process, and hence resist in establishing a positive working-alliance, he could devalue me and abuse the frame without having to face his own narcissistic limitations, and thereby succeed in continuing his pattern of avoidance and denial over the meaninglessness he bore and wanted to escape from. This is why the importance of the frame, securing a social contract, including the time interval, and being paid, as expected, are the professional parameters that structure the work and provide containment when ambiguity and impasse inevitably enter

into the fray. It obviously did not occur to him that he was sabotaging his own fulfillment in life by acting like an asshole in need of shitting on a bad object. My guess is that he is still squatting on the pot.

## **When Screening Procedures Go Awry**

After my first few attempts at receiving people for philosophical counseling, I realized I could no more predict who was going to walk into my consulting room than I could predict the weather. No one seemed to be suitable: all presenting problems were largely psychological in nature rather than engrossed in philosophical ruminations.

Unlike my customary practice of never getting into long conversations on the phone, let alone discussing details of a prospective client's life history when they first inquire about my services, I decided that I may need to screen people better on the initial phone contact so I might be better able to discern who would *not* be an appropriate candidate for PC. But I made the classic mistake of a neophyte by bungling such matters with a phone screening, therefore opening up a can of worms.

Rob said he was attracted to my advertisement because he was educated in astrology, numerology, and the "metaphysical bases of the psyche." He wanted to impress me with what he referred to as his "tremendous intellectual power and creativity," despite soon learning that he was unemployed. In my effort to develop some kind of phone screening procedure, I asked him some basic questions around his presenting issues and what he would like to address if he were to come see me. Before he would answer, however, he had some questions for me. He wanted to know my credentials, training background, years of experience, my areas of specialization, and my success rates—including statistics. I felt like I was undergoing a diagnostic interview.

By some miracle I must have passed his initial test because he then started to disclose the extent of his mental health background. He said he had been called "depressed." "Do you feel depressed?" I inquired. He replied that he felt lethargic, isolated, and seemed like he had been "roaming around in space for years." He was fired from his job as a secondary school teacher about five years prior and started to decompensate in his functioning due to helplessness and feelings of loss of control. His narrative was fragmented and largely incoherent. When I asked him if he had been in therapy before for any of these issues, he got quiet. After a period of silence, I inquired if he was seeing a medical doctor or was on any medication for his condition: then he aggressively snapped, "You stupid prick!" and hung up.

So much for my foray as a Philosophical Counselor.

## **Aristotle in the Asylum**

By this time, I was employed as a clinical psychologist on a 40-bed, adult inpatient psychiatric unit of a general hospital. I was assigned my own individual caseload but I was also responsible for running a daily therapy group with the residents. Many of the patients

were thought disordered, depressed, suicidal, and floridly psychotic with a pronounced history of trauma, hence presenting in acute distress. All of them were doped-up on psychotropic medication prescribed by staff psychiatrists to help curb their severe symptomatology. Group attendance was mandatory for those who were not actively hallucinating, catatonic, or otherwise unable to participate. It is here where I decided to experiment with running the group more like a salon or philosophical café, given I had a captive audience.

In an attempt to provide some structure, I decided to give a brief lecture on the anti-psychiatry movement and introduced Thomas Szasz's (1960) classic essay, "The Myth of Mental Illness," where he argues that mental illness is a social construction and convenient myth dominated by the politicization of psychiatry content on causally reducing human suffering to a neurochemical disease or physical disorder of the brain. Rather, Szasz focused on the phenomenology and hermeneutics of problems in living, choice, and responsibility, hence criticizing the ethics of reifying symptoms as bio-causal correlates of psychopathology. After introducing the notion that the concepts we use to describe personal problems in living often have political motivations and do not accurately capture the non-pathological quality of one's life, the group could not accept that their symptoms or conditions did not have a biological, genetic, or physical cause. In fact, they deferred to psychiatric authority as providing a so-called "scientific" explanation for their condition that medication was supposed to remedy. Any attempt at reframing the issue was largely experienced as an invalidation of their suffering.

Thinking that a closely related yet different philosophical topic could be broached more effectively in this forum, I ran a second group introducing Camus's (1955) discussion of the myth of Sisyphus and the absurdity of existence by reading out-loud his famous dictum: "There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy" (p. 3). But rather than being intrigued by Camus' provocation prompting us to question the meaning of life, many in the group felt that life was meaningless and indeed absurd, and what better reason than to take your own life—and be quick about it—in an effort to end one's suffering. In my plea to introduce the notion that answering this question is contingent on the possibility and delimitations of creating a more meaningful and fulfilling life for oneself as a salve to existential absurdity, this triggered a collective regression. The group became preoccupied with depression and death, coping with emotional pain, and fantasies of suicide.

Many in the group had then disclosed their own suicidal feelings and past suicide attempts, hence fueling an affective contagion of despair and hopelessness. Many started to cry lugubriously as they plummeted into the depths of their emotional pain. The discussion could not have gone more south as I was left having to shore-up their vulnerabilities and preoccupations with their traumas and broken lives. The session soon devolved into a support group atmosphere.

My final attempt at a philosophical intervention in an inpatient psychiatric ward was to shift gears and talk about what most people would find non-controversial nor threatening, namely, what makes for a good friend? This time I announced the group

therapy meeting on the ward as a “philosophical café” where we would be discussing an educational topic for anyone interested in attending. I had even catered in coffee and cookies and broadcast the event on the ward speaker-system that refreshments would be served.

In introducing Aristotle’s (1962) theory of friendship in the *Nicomachean Ethics*, I presented his classification system and hierarchy of friendship as constituting mutual affection, pleasure, utility and authentic relatedness involving reciprocal admiration, love, and virtue as integral to one’s happiness. In inviting an open discussion about what true friendship consists of, a woman immediately started to sob, clamoring, “I have no friends!” Others chimed in about the paucity of anyone in their life who gave a god damn about them, let alone having genuine friends. In allowing each person in the group an opportunity to speak, very few spoke of having any satisfying relationships at all. Everyone they leaned on or trusted—even immediate family members—were exploitive, demeaning, rejecting, invalidating, or simply a toxic presence in their lives. A new resident started bawling her eyes out as she spoke of her recent suicide attempt because her husband and children showed no appreciation for her at all. It was a typical day in the hospital: people were saturated in psychic pain and the group ended in a cry-fest.

In retrospect, it appears obvious why this experiment was doomed to fail: How could we have a productive philosophical discussion when everyone was so ill that they had either succumbed to malaise or madness? Irrationality, cognitive distortion, and the traumatic residue of their life histories fueling such debilitating symptoms dominated by emotional upheaval and affective dysregulation were completely alien to rational reflection or intellectual discourse. I might as well be talking to myself.

## **The Final Straw**

In addition to my employment in the hospital, I had also rented an office and opened up a small private practice where both the types of clients and their less austere profiles were more conducive in culling philosophical reflection. But I had still encountered the same problems in cultivating genuine philosophical engagement in therapy due to the fact that the majority of patients’ presenting issues revolved around psychological themes and clinical symptoms. No one was interested in examining their lives logically, let alone coming for virtue therapy in search of the categorical imperative. And given that people have to pay good money out of pocket to ponder the universe, no one was coming into my practice under those circumstances, not even the “worried well.”

The last referral I received from a colleague for PC was from a philosophy professor who had given my name and contact number to a prospective client specifically seeking out philosophical counseling. “Finally,” I thought, “this should pan out.”

Manuel was a Conductor traveling with his orchestra from Spain. He was to spend several months in Toronto and had heard about philosophical counselling based on Marinoff’s book, presumably by this time translated into Spanish. He sought a consult from a philosopher at York University who had passed along my name.



In the initial consultation, Manuel presented as someone who felt “unfulfilled” in his life. He spoke excellent English, having studied in North America, and had a successful career. A self-described “obsessive” about his work, despite his achievements and accolades he still struggled with poor self-esteem. He could not pin-point the source of his feelings of discontent only that maybe he should marry a woman and this would help. Upon further dialogue he revealed that he had been living with a man for several years but did not identify as gay although he was still somewhat confused about his sexual orientation. In classical psychoanalytic fashion, he went on to associate about being attracted to men’s feet ever since he was 8 years old, and particularly recalled being excited by seeing men’s bare feet in communal showers. It should come as no surprise that he frequented men’s bath houses when he got older. In Freud’s famous paper on the infantile origins of erotic fetishism, he notes how human feet or shoes may symbolize the desired phallus. For Freud (1927) “the fetish is a substitute for the penis” (p. 152). Manuel’s apparent ambiguous sexual orientation appeared to serve as a form of disavowal (*Verleugnung*) of his own sexual preferences revealed as a split in his ego. Internally divided between his erotic object choice and identity, he was faced with the necessity of constructing a defense in the service of repression (*Verdrängung*).

It was only on the condition that he was not homosexual that he could marry a woman to heal the split in his ego and reconcile—hence abandon—the fetish object. But to do so would be to abolish his love for his partner and confront his inner psychic contradictions in identity and desire that were unconsciously conditioning his gnawing feelings of living an unfulfilled life. When the conversation steered more into the territory of personal and sexual identity diffusion, what we might refer to as queer or transgendered identifications by today’s standards, any philosophical pretense to discussing the self as a social construction or a creative act of self-design soon collapsed in the pressing emotional immediacy of his existential plight. And this, I realized, was the last straw. My attempt to sustain a philosophical practice suffered from an inherent biased flaw that the human being can be neatly partitioned off into a rational entity versus a psychological being where neither the two shall meet. Just as the cogito cannot exist without a body, neither philosophy nor psychology can remain within their own respective, insulated frameworks or modes of discourse without sacrificing a more holistic appraisal of what constitutes the human subject. Every form of philosophy is an expression of the psyche just as every psyche is an expression of our psychological embodiment.

### **Philosophical Postscript**

Where all of this left me was that my attempts to interject philosophical scaffolds into clinical practice were all but a failed enterprise. The most I could hold onto was a phenomenological analysis of clients’ lives through an existential inquiry into why they struggle and how we may go about engaging in inner work needed to transform their current unhappiness or perceived *pathos*. Despite the fact that since antiquity, being human is to face the intrinsic disposition that we all suffer: attempts to address or ameliorate our *pathos* is fraught with denial, internal resistances, and defenses designed to protect the self from internal disruption or collapse. A philosophical curiosity can easily slip into rationalization, intellectualization, or compartmentalization of affect, much like the stoics, where control

over world and mind largely becomes, with qualifications, an illusory attitude. But when combined with an existential attitude, namely the realization that suffering is rooted in ontological insecurity, lack of meaning, alienation, isolation, and tussles with actualizing human freedom, choice, and responsibility, concerns about life, death, and anxiety may be recast as the potential to become and fulfill your possibilities.

As Plato observed, there is no bifurcation of psyche into discrete entities where reason (*nous*), desire (*eros*), and moral judgment (*ethos*) exist in a vacuum. These components and interactive dimensions of *esse in anima* pressurize the interior unconscious dynamics of the soul, which ultimately affect our psychological wellbeing. That is why I ultimately gravitated toward an existential psychoanalytic praxis where I was afforded the flexibility to blend both philosophical and psychological perspectives in my clinical work each tailored to the unique subjective needs of clients in search of a discovery of being within an authentic individuation process by embracing the complexity and ambiguities of life. When people develop higher-order capacities in personal awareness, self-reflection, and acquiring insight into their unconscious interior, philosophy becomes a beacon for pursuing a better existence.

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<sup>1</sup>Despite being a bestseller that was translated into almost 30 languages, Marinoff generated controversy by philosophers and mental health practitioners alike, probably overwrought with jealousy by his success, but nevertheless had led to an array of ethical and legal accusations by his colleagues including practicing without a license. He was subsequently prohibited from practicing by administrators at the City College of New York, of which he sued but eventually lost (Stein, 2005).

<sup>2</sup> Under the Ontario *Psychotherapy Act*, Scope of Practice, Sec 3: "The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioral disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication" (see 2007, c. 10, Sched. R, s. 3). This definition could apply to any type of counseling situation where one person seeks benefit from any identified professional who holds themselves out to be providing a particular human service.