Bridging the Gap between Philosophy and Psychotherapy: An Outline for the Integration of Philosophical Counselling into Therapeutic Practice

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Abstract: Philosophical counselling is largely divided into those who accept and those who reject the medical model. From the latter stream, there are those who believe therapy is ineffective and that returning to open-ended, Socratic dialogues is the key towards greater insight and mental well-being. The first stream accepts psychotherapy is useful, but believes it does not pay enough attention to clients' metaphysical and moral views and their logical consistency. This stream tends to follow one of two traditions: logical investigations or existential philosophy. We suggest that this emphasis has underrepresented many useful philosophical approaches. We propose Contemporary Philosophical Counselling (CPC), a new approach designed as an aid to psychotherapists. CPC targets philosophical alongside psychological well-being with a well-defined target population. CPC focuses on building a systematic world-view in a collaborative discussion, informed by the plethora of philosophical streams in modern philosophy. Case examples are brought to illustrate this developing practice.

Key words: philosophy, counselling, therapy, case study, psychotherapy

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1. The Relationship between Philosophical Counselling and Psychotherapy Socratic, Existentialist, and Eclectic Approaches to Philosophical Counselling

Modern philosophical counsellors tend to hold one of two opposite views. The first view uses the Socratic method to question one's basic premises and concepts and find logical mistakes in one's reasoning (Mills, 1999). Plato (Plato & Cornford, 1945) claimed that once one reasons correctly, one's actions will be right and one will be truly happy. According to this view, the goal of philosophical counselling is to clarify the clients' reasoning, challenge their basic beliefs and values, and clarify their life-goals in order to promote happiness through virtue (2010).

Such philosophical counsellors believe faulty logic or premises cause emotionally damaging conclusions. Logic Based Therapy (LBT)(2003) for example, is a philosophical counselling method, which explicitly employs this tradition. In many ways it resembles Cognitive Behavioral Therapy (CBT) and Rational Emotive Therapy (RET) (Currier, Holland, & Neimeyer, 2010; Greimel & Kröner-Herwig, 2011). Similarly, Overholser (2010) notes that: "the Socratic method is best viewed as a cognitive approach to therapy" (355).

The second method is based on Existentialist philosophy. According to this approach, philosophy is also by its very nature emotional, personal, and historical; it is about the creation of personal meaning and truth in a world potentially lacking intrinsic meaning(Heidegger, 1962; Nietzsche, 1969; Kierkegaard, 1983; Sartre & Macomber, 2007). Such philosophical counselling is related to the Existentialist therapy movement (May, 1969; Yalom, 1980), in viewing the root of many psychological problems in the individual’s inability to deal with philosophical issues. Many philosophical counselors (2012) share this point of view.

We believe philosophical counselling today overemphasizes the Socratic and Existentialist methods at the expense of other relevant philosophical traditions. For example, the Society for Philosophy

in Practice (SPP), the UK's major philosophical counselling association, defines 'Philosophical Counselling' as either 'Existential Counselling' or 'Logic Based Therapy' (2001). We argue that these philosophical traditions were chosen due to their obvious relevance to therapy. This, however, perpetuated a narrow view that precluded therapists from using many other pertinent schools of philosophy. For example, while ethics is not immediately associated with therapy, it can be extremely important as will be illustrated in case examples below.

The most significant promoters of such an eclectic view are Marinoff and the American Philosophical Practitioners' Association (1999). However, Marinoff and the APPA's method are open to three serious objections. First, while *de jure* rejecting the medical model, Marinoff's PEACE and MEANS methods of counselling have been criticized as being *de facto* therapy (Schuster, 2005; Raabe, 2013).Second, Marinoff and his supporters often attempt to fit a particular philosopher to a particular client's needs (Marinoff, 1999; Gould 2011; Fastvold & Aruta, 2012), in a prescriptive manner without sufficient critical analysis. The third critique was that while the richness of philosophy offers many avenues, it also puts itself at risk of an 'anything goes' methodology (1999).

1.1 The Medical Model Question

An important distinction in modern philosophical counselling is between two of its subsections; *philosophical counselling* and *psychotherapy with philosophical elements*. In order to understand this distinction, one should take into consideration the definition of the medical model and the controversies which surrounds it. In the most general sense, the medical model holds that the classification of mental disorders can be both scientific and objective (1997). This approach is exemplified in the diagnostic manuals published by the American Psychiatric Association (2013).

Philosophers have criticized this model on various grounds. Strong reductionists argue mental illness is a 'myth' since it fails to satisfy minimal scientific standards for being a 'real' (i.e., physical)

natural kind, unlike physical diseases (1974). Less extreme is the criticism that, while accepting the existence of mental illness, the Diagnostic and Statistical Manual of Mental Disorders'(DSM) classification system (2013) overemphasize collections of symptoms over providing causal explanations (2008). Social constructivists see all classifications of mental illness as inherently value-laden (Wakefield, 1992; Foucault, 1965, etc.).Others criticize the medical model's reductionist underpinnings and support a holistic approach to psychology, psychiatry, and medicine in general (for an historical review see Lawrence and Weisz, 1998).

It seems to follow from the medical model's basic assumption of specificity and objectivity that the therapist's responsibility is to correctly diagnose and efficiently treat the particular mental disorder. This too was challenged by philosophers. Some discard this as a consequence of their rejection of the existence (1974), or the objectivity of the classification (Foucault, 1965; Wakefield, 1992) of mental illness. Finally, many who accept the medical model claim specific therapies are pseudoscientific. Most famously perhaps is Popper's attack on psychoanalysis (Popper, 1959 [1935]).

In philosophical counselling, many prominent figures are skeptical as to whether the medical model used in most psychotherapy techniques has any validity, and whether it is useful for improving well-being (Achenbach, 1984; Marinoff, 1999; Schuster, 1999, 2005; Raabe, 2009).

Supporters of the medical model have replies to these criticisms and the issue is constantly debated in the philosophy of medicine in general and psychiatry in particular (2015). We will address our position toward the medical model later in this work.

1.2 Counselling or Therapy?

In philosophical counselling, Achenbach (1984) – one of the pioneers of philosophical counselling – delineated the distinction between counselling and therapy, rejecting the medical model. He rejects the idea that philosophical counselling is, or should be, a form of psychotherapy which follows the medical model, as well

as rejecting the term *counselling*, which implies, in this view, a therapeutic connotation.

In addition, Schuster argues that some philosophical counsellors' eclecticism trivializes the philosophy that they use: "these philosophers do not discriminate between therapy, counselling, psychology, philosophy, and mix in other knowledge as well." (2013: 141). In contrast to Achenbach's rejection of the medical model, prominent philosophical counselors have formulated practices that are similar to current psychological practices and their distinction from psychotherapy is not always salient. For instance, LBT, which is quite similar to CBT, is the only training recommendation by the National Philosophical Counselling Association (2014). It raises the question of what, in that case, is the added value of philosophical counselling as such, as opposed to philosophy-based therapy, and indeed, what is the difference between the two.

We argue that the medical model should be followed inasmuch as counselling should be applied by trained therapists with the explicit goal of helping the client with their manifest complaints. This issue is not related to the question (which we bracket) of accepting or rejecting the medical model *per* se, but to the fact that the therapist's competence and clinical training serve as a first line of defense against the risk of malpractice. For example, assessment and diagnosis protect both counsellor and client from the risks involved in causing harm to clients who need specialized care.

We agree, however, with Schuster and Raabe that the use of philosophy by therapists had, until now, tended to be eclectic in a problematic way (Schuster, 1999, 2013; Raabe, 2013). We believe that this is due to their narrow view about philosophy, which is seen as merely another therapeutic tool in their toolbox. Philosophical counselling should not be limited to the use of a particular philosophical view, or discussion of those views or fields that are *prima facie* of potential therapeutic value, such as existentialism or logic.

Eclecticism in philosophical counselling is mirrored in many

therapists' approach to the problem of the plethora of theories pertaining to psychotherapy (e.g., evidence-based practice, or the common factors approach; McLeod, 2013). We believe that psychotherapists do not benefit from rigid adherence to one school of thought, as was prevalent during the early years of psychotherapy. The possibility of assessing techniques and modalities allows the dissemination of knowledge and implementation of critical thinking, tailoring the prism and technique to the clients and their specific needs (Lazarus, Beutler & Norcross, 1992). The same applies, *mutatis mutandis*, to therapists' application of different philosophical views, methods, or thinkers' ideas (Here, too, we accept the medical model's underlying *dicta* that critical examination of the discussion of various methods, with the goal of benefiting the client, is important.)

Another critique of the medical model concerns its incompatibility with a holistic approach. Philosophical counselling, like many approaches in psychotherapy, emphasizes an open-ended holistic approach that considers the person as a whole, in contrast to a traditional medical model. We acknowledge the discrepancy between the medical model's assumption of finding a particular cure to a particular symptom and philosophical counselling's holistic approach. Yet we adhere to the medical model as we find that the benefits outweigh such disadvantages. In practice, most clients do indeed seek help for what they refer to as particular "problems" and it is the therapist's / counsellor's professional responsibility to assist them with the issue for which they came, even if this is done by treating the person as a whole. Crucially, however, we think the best way to do this is the holistic philosophical approach, where open-ended dialogue may well lead to discussions of philosophical issues, seemingly irrelevant to the client's expressed concerns.

To sum up our position, we endorse the medical model for practical reasons while acknowledging and circumventing its limitations as much as possible. For this reason, we use the terms counselling and therapy interchangeably with the first reflecting our commitment to a holistic philosophical dialogue while the latter acknowledges the need for accountability and doing no

harm.

2. Bridging the Gap

The main goal of this article is to demarcate what we call Contemporary Philosophical Counselling (CPC) including its target audience, techniques, limitations and scope of competence. We believe that the tripartite division of mental well-being as being influenced by physical, psychological, *and* philosophical causes gives CPC a legitimate field of action.

We perceive CPC as having a distinct goal; an individual's philosophical well-being. Philosophical well-being comprises goals such as clarifying beliefs and future targets, facilitating a virtuous life and adopting a systematic world-view. Helping clients elucidate their moral beliefs, examine their lives, or cultivate virtue should take place in addition to the traditional goals of psychotherapy (e.g., alleviating emotional pain, better understanding one's psychological difficulties, and establishing more effective coping mechanisms). It is our impression that these goals are underrepresented in contemporary psychotherapy.

CPC is eclectic, not only in the sense that it incorporates a variety of theories and techniques, but also in the sense that, depending on the client's needs and problems, numerous philosophical approaches – from Kant and Aristotle to feminist and postmodernist philosophy- can all be used. Philosophy is a living developing field and latest developments may be useful for philosophical counselling. For example, discussions on one's role in the community can be highly influenced by List and Pettit's(2011) innovative work; our ethical responsibilities to people deeply depend on our definition of a person, on which a lively current debate is raging (Shoemaker, 2009). In the following section, we will elaborate on implementing philosophical counselling and several case vignettes that illustrate it in practice.

2.1 CPC in Action

CPC is defined by the clients it serves, the methods it uses, and the mechanism of change. The target audience of CPC is the "worried-well" (Brown, Boardman, Elliott, Howay & Morrison, 2005) and people with ego-dystonic psychopathologies. Our use of the term "worried-well" resembles the use of the term "neurotic" in psychoanalysis in the past rather than the pejorative way in which these terms are sometimes used. We use the term to describe individuals seeking therapy for everyday, mainly ego-dystonic problems. The emphasis on the "worried well" coincides with our stance toward the medical model. Namely, that we do not reject the medical model but at the same time view CPC as holistic and not symptom focused. When working with the "worried well" the need to focus on symptoms (e.g., life threatening suicidality or anorexia) is reduced, and symptoms can be seen as an expression of philosophical choices, values and views. The methods we propose to use in CPC may include many techniques that have been used before, such as logical thought, clarification of concepts, and a search for meaning. But what defines CPC is the emphasis on philosophical issues: questions of morality, analysis using philosophical theories, and a process of establishing a systematic world-view. The latter is the proposed mechanism of change in CPC.

2.2 The "Worried-well"

The target population for CPC includes individuals who can benefit from an exploration of their core beliefs and adopting a systematic world-view. There are numerous examples of ego-syntonic problems (such as Antisocial Personality Disorder) where approaching an individual's core beliefs without prejudice and encouraging them to live in accordance with their world-views would likely facilitate undesirable outcomes. However, there are many cases where the difficulties are ego-dystonic and the overall functioning is adequate (i.e., the worried well), where a philo-

sophical investigation of the person's beliefs, values and methods of inference may be therapeutically beneficial. This is well established in therapies integrating specific philosophical systems into the psychotherapeutic process (1981); nevertheless, we believe that the richness of the philosophical tradition has not been fully utilized.

2.3 Promoting a Systematic World-view

CPC is intended to encourage people to systematically reflect upon their beliefs – first the metaphysical and then the moral. Ideally, clients should independently develop a systematic and rational world-view, with the philosophical counselor's assistance in working through inconsistencies and contradictions in their beliefs and values. Perfect rationality and consistency are impossible to achieve. Moreover, they may not even be desirable, as they fail to agree with other mental health *desiderata*. The therapist should use professional judgment concerning how this goal fits with the client's general mental well-being. Nonetheless, we argue that an oft-neglected component of well-being is a commitment to achieving a rational and consistent worldview. It should be added, that even if the worldview is *globally* not fully consistent or rational, it still might be that the client's well-being will be improved by working through *local*, particular, tensions or inconsistencies within the client's beliefs and values. We suggest that this process is necessary for facilitating change and subsequent success in therapy.

A systemic world-view can be attained after taking different philosophical detours, which at first may seem irrelevant to the original therapeutic course. However, for those who value philosophy as practical for everyday life, finding this world-view is the main issue at hand. This is a fundamental shift from most contemporary psychological views of the mechanism of change. Unlike systems that focus on changing internal relationship, working models, or the beliefs that underlie emotions (2010), we focus on adopting a systematic world-view as an important

mechanism for change, not in the individual's feeling of emotional well-being, although we argue that the former will positively affect the latter.

2.4 The Question of Morality

In his writings, Plato emphasized ethics, the study of morality, a great deal (e.g., Plato & Cornford, 1945). According to Plato, the role of metaphysics, which up to that point was the center of philosophy, was to assist ethics: finding the *right* thing to do, understanding what should and should not be done. Ethics is a major focus of CPC, though we follow Plato and Kant in their view, that in order to be able to explore ethics, people should typically first investigate the metaphysical question of who or what they are. It is no accident that Kant first wrote the *Critique of Pure Reason* (Kant, Guyer, & Wood, 1998 [1781])and only then the *Critique of Practical Reason*(Kant & Pluhar, 2002 [1788]).

If, for example, humans begin as souls, which are then given bodies by God, performing the wish of God would be the right thing to do (Grube & Cooper, 2000). On the other hand, if we are finite creatures, then it might lead to the conclusion that "If God does not exist, everything is permitted" (Dostoyevsky, 1992: 263; Beveridge, 2009).Then again, perhaps the finite state of existence is reason enough to be cautious with the respect that one pays to human life, or with how one behaves towards others.

It is not our intention to begin a philosophical discussion of Kant or Plato and their notion of ethics and metaphysics, and it is not the role of a philosophical counsellor to lecture clients on the matter. In CPC, we suggest emphasizing the question of how to think in an organized and rational manner, both about the truth of what exists and what does not, and about the resulting moral ideas of how one should live, so as to help the client in establishing a coherent and reasonable world-view – metaphysically and morally.

The CPC discussion should follow the basic principles of Carl Rogers' Unconditional Positive Regard (Rogers, 1961). Relating to a person's core beliefs with prejudice would violate the most

basic principle of psychotherapeutic ethics: respect for other people (Seitz & O'Neill, 1996). The counselors' role is to assist clients in seriously contemplating their ontology – what they believe to be important in the world and what really exists. Finally, clients would think of the moral thing to do, in accordance with their own world-view.

3. Case Examples

The following case examples exhibit not only how CPC may be done, but also the caveats and pitfalls that psychotherapists should be aware of in this form of counselling.

3.1 Ben

Ben sought counselling because his daughter was about to marry a person of a different race, and was unable to overcome his disgust towards interracial marriage. CPC approach stresses the importance of discussing the client's beliefs – for example, his beliefs regarding racial diversity – and discuss the philosophical questions that arise from them (is there in fact such a thing as "race"? Is it semantic – a word that exists in our language because it is easy for us to use it – or realistic – signifying a specific racial "essence" that is different between people of different races?) The psychotherapist might also note that racial beliefs often arise not from incorrect facts, but rather from fallacies (for example, cherry picking, hasty generalization etc.; see Cox, Abramson, Devine, & Hollon, 2012).

The critical, Platonic examination of the client's beliefs is not a goal in and of its own. Our point is that a therapist may well judge that, in Ben's case, the best thing for the client is to reflect in such a manner on his metaphysical beliefs and its moral outcomes. This should accompany an exploration of any fears that Ben may have, stemming from his relationships with his daughter and other significant figures in his life.

The therapeutic aim is improving the client's mental well-being – in this case, making Ben aware of the philosophical assumptions at the core of his prejudicial beliefs, and providing tools to evaluate them. In addition, the psychotherapist employing CPC may consider the emotional impact of Ben'spast, which may contribute to his prejudice (often, reasons which have little to do with his current justification of them). The counsellor must stress and be aware that the mental and emotional effort required for such philosophical investigations is not unlimited. Therefore, the joint contemplation should be measured and limited, to avoid relapse into stereotypical thinking. This is one reason why training as a psychotherapist is essential for CPC.

Above all, counsellors employing CPC must restrain themselves: there is nothing easier than to be a philosopher who "proves" that nothing we believe in is true. However, counselors must be aware of the line between *assisting* the client to think rationally and *imposing* their own opinions on the client. Let us remember that Plato, too, objected to the Sophists, who were not using logic and rhetoric in order to help people discover the truth, but rather to win arguments. Counsellors employing CPC, therefore, should have a degree of professional integrity and restraint, and must let clients reach their own conclusions, rather than dominate them with logic. It is, for example, possible that the therapist discovers that Ben's racist views are such an integral part of his being that interfering with them is not recommended. Yet, it can equally be the case that Ben, who voluntarily came to treatment, is not necessarily aware of the conflicts or problems within his beliefs (however dearly held) and resolving their contradictions and figuring out their moral implications may well be helpful.

3.2 Sarah

Sarah sought therapy because she felt helpless about her ability to direct her life, which she felt was meaningless. She felt enslaved to the care of her young children and compelled to compensate her children for her husband's long working hours. Lately, she has

been thinking about going back to school and starting a career, but has encountered unenthusiastic and even negative reactions from her husband.

A psychotherapist employing CPC might try to help Sarah view her situation through the wider perspective of women's status in modern society. The counsellor may suggest that Sarah examine her situation as a woman in the world, in an abstract-philosophical way, rather than a concrete-individual one. The psychotherapist can use the work of Foucault (1966) or other feminist philosophers, from liberals such as Kittay (1999) who emphasized the philosophical and moral importance of "feminine" work, such as child-care, and offered reforms in those fields, to Neo-Marxists such as MacKinnon (1989), in order to examine the way the mechanisms of power keep women (and other oppressed groups) in their place and prevent social mobility.

This reflection could go even deeper. For example, Foucault claimed that it was not that society's power structures caused the powerful groups to indoctrinate the powerless groups – in our case, men indoctrinating women – but rather, that society affected our world-views so much that the anti-feminist attitude seemed obviously true to both sides (1966). Recognizing this can help Sarah not only understand the anti-feminist social structure, but perceive that a change may entail a battle against abstract social forces and her oppressive husband. It would also require that she make herself and her husband aware that what they see as an obvious truth is not necessarily so.

It should be noted that this is only one possibility. The psychotherapist employing CPC might pursue other philosophical issues (e.g., modern alienation from society/family/technology). The manner in which one route is chosen over another is beyond the scope of this article. However, such a conflict is hardly unique to CPC, but inherent to psychotherapy in general. Broadly speaking, both clients' and therapists' personalities as well as world-views, would affect the route chosen. Moreover, the description above is only one possible result of a successful treatment. Sarah's philosophical insight might help her not only understand

her situation, but also, later on, change her husband's world-views. It is also important to note that there is a feminist branch in therapy that emphasizes helping women like Sarah, to perceive their situation on the philosophical-sociological level (1992). However, CPC employs different philosophical points of view, depending on the clients' needs and is not committed to a particular philosophical world-view.

3.3 Daniel

Daniel had turned to therapy feeling melancholic and unhappy in life. Daniel had maintained a relationship with Jonathan for 15 years, but on a recent business trip, he had unprotected sex with another man. Daniel is afraid he might have been infected with a sexually transmitted disease, but refuses to be tested. CPC has many avenues to offer to this case.

First, CPC could include discussion of Daniel's ethical views: is being unfaithful to a partner an immoral action, and if so, why? Alternatively, regardless of the deed that has been done, what are one's moral duties towards one's partner afterwards? *At first glance,* it seems there is a clear ethical solution: to take the test, since (depending on the ethicists asked) the chance of severe medical damage might cause more pain than the shame of the confession (Mill and Bentham, 1987; Bentham, 2011). Indeed, it is what the virtues of courage and honesty demand (Aristotle, Brown & Ross, 2009), or what the categorical imperative requires (1998). It is possible that Daniel considers his moral duty clear, and comes to treatment partially to overcome his inability to do what he considers to be right; though even in this case it is important for the CPC therapist to clearly establish his moral position.

Daniel may be genuinely *ethically* conflicted: he may believe that in this case he has a moral duty to not harm his partner by confessing the truth; many philosophers pointed out the difference between morality (aiming at doing the right thing) and moralism (aiming at *being considered* as doing the right thing by others), and that complete honesty with no thought of the consequences, may,

at times, prove to be the latter (Plato & Cornford, 1945; Oldenquist, 1986). Alternatively, the counsellor may address the underlying metaphysical issue of the nature of action through the prism of the new field of philosophy of action (2003).For example, are positive (telling) and negative (not telling) actions equivalent or different? Do they carry different moral implications? What is the relationship between intention and action – does he have to *intend* to achieve a particular goal (i.e., helping his boyfriend) for his action of confiding to be morally worthy – or even *his* action in a deep sense?

The dilemma of whether to take the medical test is then followed by the ethical issue of whether to tell his partner. Other questions may relate, for example, to the essence of love: what is important to Daniel in his relationship with his partner? What is the place of integrity in the relationship, versus the possibility that finding out about the affair will hurt his partner? What is the significance of the pain his partner will endure?

The psychotherapist does not direct the client toward the "right" answer, but rather tries to discuss the ethical questions without bias. Daniel must reach conclusions on his own, and be able to steer the discussion to the questions that are important to him, despite the fact, that at first, they might seem irrelevant. The client may try to direct the discussion in a way that would justify his actions, and that there was no reason to confess to his partner.

A psychotherapist employing CPC should acknowledge that the client holds on to irrational beliefs that distort reality, in order to establish psychological protection from the anxiety that might overcome him if he acknowledged reality. The psychotherapist provides Daniel with grounds (in this case, metaphysical and ethical grounds), on which he can feel secure enough to discuss his beliefs in a more objective manner.

Third, the counsellor may use a whole world of philosophical allegories – or paradoxes –an endless source of possible insights (2007). *Prima facie*, it may seem that Daniel's desire "not to know" is motivated by emotion – fear of bad news. Yet, interestingly, philosophy shows that the situation is not that simple. Getting

tested is the correct choice if one accepts the decision-theoretic principle that one must choose the *causally* best action (1982). Daniel's chances of having caught the HIV virus will not be causally affected if he is tested in the present. Yet there are cases whereby knowledge is *rationally* bad for decision-making. An intuitive example is knowing exactly when and how one will die (if such a thing were possible). The vast majority of people would rather not know; not necessarily out of fear or denial, but due to the very fact of *knowing* such information would be harmful to our psychological well-being of seeing our future as open-ended. Similarly, Daniel's reluctance to know too much, may actually be rational, and investigating whether it is or is not (given Daniel's point of view) may well be part of the CPC method in this case.

4. Some Pitfalls to Avoid

Philosophical counselling might be misused, purposely or accidentally, in various ways. Counsellors may face various dilemmas and problems whilst providing treatment. We do not suppose that the following list is exhaustive, but it may highlight common problems.

Counsellors using CPC may use their influence to direct the discussion to the "right" moral or ontological conclusion. The therapist may even find it difficult to see any conclusion other than his own, but if one reaches a conclusion without including the client, or without a fair discussion that is neither imposing nor unfairly biased, it may be unhelpful and even harmful.

Both flexibility and philosophical knowledge are required for responsible philosophical counselling. Historically, many philosophers have failed to influence their audience, regardless of the merit of their position, since their listeners were not open to accept their sharp criticism. A psychotherapist employing CPC is first and foremost a clinician and as such, must establish a trusting relationship prior to developing his philosophical ideas. In addition, his philosophical knowledge must be up to date: specifically, he

should be knowledgeable, in not only issues such as ethics and metaphysics, but also in philosophical areas that specifically relate to opinion changing and resistance to change. For hundreds of years, philosophers have been aware of the fact that Aristotle's ideal of man as a rational creature was incomplete, and that emotions are essential in forming one's beliefs. In addition, they were also aware that changing one's mind – even if achieved with objective tools – was almost never obvious nor was it easy to perform. Counsellors must also have philosophical knowledge in the areas pertinent to the specific client, and be willing to study and prepare for the sessions.

Many philosophical counselling approaches have ignored the fact that clients may not accept philosophically valid conclusions for psychological reasons, or may have wrongly assumed that this problem was irrelevant and should be solved with philosophical tools alone. We suppose that (a) a philosophical counsellor must be aware of this problem and be willing to work through it using philosophical, as well as psychological tools, and (b) must know when there is need for different interventions in order to help the client. In CPC, it is critical for the philosopher to learn from psychotherapists' extensive experience of regarding the effectiveness of an intervention, rather than only its objective "correctness" (Sandler, Dare & Holder, 1992).

Finally, at times there may be a conflict between the client's philosophical, mental, or even physical well-being. While, in general, it is supposed (a supposition that goes back to the Greeks and Romans – *mens sana in corpora sano*, or for that matter Plato's (Plato & Cornford, 1945) view, that knowing the truth is the best, indeed only, necessary therapy) that philosophical well-being complements psychological well-being and physical well-being, there surely can be cases where this is not so. What if the world-view or ethical duties of the client, reached by the therapist and the client, plunges the client into deep depression? Thus, philosophical interventions should always be considered according to their potential usefulness. The counsellor should not avoid discussing ethical issues, but walk the fine line between the two

desiderata – doing no harm and promoting a serious ethical discourse.

5. Conclusion

We believe that modern philosophy has untapped resources, well beyond the commonly used philosophical systems such as the Socratic method and Existentialist philosophy. Modern philosophical thought had been revolutionized in the 20th century, with many new insights, and the development of new fields, from feminist epistemology to postmodernism to name only two well-known ones. Moreover, emerging fields, such as philosophy of action, mentioned above, may contribute.

The emphasis on a broad contemporary philosophical knowledge raises the question: what should be considered a sufficient philosophical base for counsellors? On the one hand, it seems unlikely that any list of philosophical topics can be argued to be either necessary or sufficient and erring on the side of caution would inevitably lead to impossible wide body of literature to be mastered. Quite apart from the issue of the knowledge base, the therapists' ability to competently apply this knowledge needs to be developed. On the other hand, leaving the question open can pave the way for charlatans. We will not address these questions in the present paper apart from noting that this is one of the reasons we restricted the use CPC to licensed psychotherapists, and that supervision by philosophical experts will be a vital first step.

We believe that CPC can open a new avenue for clients, to which neither they nor their counsellors would have necessarily been exposed to otherwise. The first step in redefining this budding field is describing its target audience and the limits of the counsellors' competence. We believe that counsellors using CPC can have a unique contribution to the majority of individuals who seeks psychotherapy-the "worried-well". Using CPC can help clients' cognitive and logical lapses, but more than that, they are particularly sensitive to metaphysical and moral concerns. These

concerns are, as Aristotle already realized, central to our well-being as virtuous persons (Aristotle, Brown & Ross, 2009), but are not given enough emphasis in modern therapy. CPC does not endorse a specific philosophical stance but rather encourages the counsellor to seek the appropriate body of knowledge from the plethora of philosophical ideas, in particular from the wealth of potentially therapeutically useful philosophical views developed by modern philosophers. The emphasis on moral issues and on proceeding toward a systemic world-view is central to CPC. It is here - without forcing one's own views on the client, and without denying the role of established psychological and psychiatric treatments – that philosophy has an independent role facilitating well-being.

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