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The Meaning of “Counsellor”

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I do not believe that psychological counselling can legitimately lay claim to the notions of counselling and counsellor as it predominantly does. (Schuster, 1999, p.3)

Keywords: *counsellor, philosophical counselling, psychotherapy, mental health, semantics, lexicography, regulation, title protection.*

Abstract

The UK government intends to regulate mental health care professions by enforcing title protection of the terms “counsellor” and “psychotherapist.” The operational definition they have adopted for “counsellor”—a specialist in psychological therapy—is not recorded in any authoritative source as an exclusive, predominant or fundamental meaning of the term. In fact, there is no evidence that it is an independent sense in its own right, unlike the professional titles “psychotherapist,” “doctor,” and “psychologist.”

It is only in recent decades that the term “counsellor” has been interpreted as the title of a psychological profession. It was first used within the context of psychological therapy in 1940 by Carl Rogers to denote a therapist directing a non-programmatic “client-centred” session, and was eventually absorbed into the occupational dialect of psychology as a descriptor, but did not constitute the title of a separate profession. It also continued to have applications outside the context of psychotherapy. However, various linguistic tropes have contributed to a widespread misconception that it is primarily a professional title for psychological therapists who eschew programmatic therapies. The term was progressively adopted by non-therapists who offered vocational talking-and-listening services.

A careful semantic analysis reveals that the PLG’s interpretation of the term rests on a confusion of sense and reference, a widespread but erroneous assumption about the role of counsellors, a failure to acknowledge the limits of an occupational dialect, biased categorical heuristics, and ignorance of modifying terms. There is a more constructive approach, which accords with the observation that counselling is an activity rather than a profession and is more faithful to the original semantics of the key terms.

Introduction

In 2007, under direction from the British government, the Health Professions Council (HPC) initiated proposals for UK state regulation of the professional titles “counsellor” and “psychotherapist”, with the ostensible goal of protecting vulnerable members of the public from inadequately-trained practitioners. In 2008 a Professional Liaison Group (PLG) was created to determine proficiency standards and consult with relevant professional organizations. Under current plans the titles “counsellor” and “psychotherapist” (and modified variants thereof) will be protected by law from 2010, and practitioners who use them must register with the HPC or risk a fine of up to £5000.

Existing practitioners who meet the new standards of training and proficiency may qualify via the ‘grandparenting’ route, on payment of a scrutiny fee of £420 and a registration fee of £76. Eventually, entry to the profession will require the successful completion of a relevant course specially approved by the HPC.

The proposals have already generated heated debate, with official objections and pledges of principled non-compliance from many professional counselling and psychotherapy practitioners.¹ While the HPC continues to insist on regulation by title protection, the PLG committee faces a vexing, and potentially intractable, problem. They must somehow balance these political directives with a range of contradictory points of view, conflicting values and vested interests. Members of the PLG may find it beneficial to seek the counsel of a relevant expert. Assuming that they are of sound mind, balanced temperament and unimpaired intellect, there seems little point in subjecting them to a form of counselling based on psychological assessment and therapy. As the problem concerns philosophical issues such as *meaning*, *value*, *reasoning* and *argument*, the solution should be philosophical rather than psychological.² It would therefore be more constructive to examine the nature of the PLG’s predicament, the veracity of their working assumptions, the structure of their concepts and the validity of their logic. To that end, it is worth drawing their attention to a professional service that they have so far neglected, but which they may nevertheless inadvertently outlaw: *philosophical counselling*.

The title “philosophical counsellor” is in use by practitioners worldwide (see, for example, Lahav & Tillmans, ed., 1995, *passim*), and the profession is represented by national and international associations—notably in the UK, USA, Germany, Netherlands, and Israel. The documents published by the PLG, the HPC and the Secretary of State for Health show no awareness of philosophical counselling.³ Crucially, they also overlook an important categorical corollary which may invalidate their proposals: the practice of counselling for personal problems is not the exclusive province of psychologists.

The Clinical Conception of “Counsellor”

In 2009, following a lengthy consultation process, the PLG published a draft set of proficiency standards expected of registrants as a condition of continued practice. In that document, there is an emphasis on assessing and diagnosing clients, developing a suitable treatment program and monitoring the progress of therapy. There are numerous references to *psychological difficulties*, *psychological theory and evidence*, *diagnosis*, *treatment*, *therapy*, *therapeutic outcomes*, *health*, *disease*, *disorder*, *dysfunction*, *infection control*, *scientific enquiry*, *research methodologies*, and *multi-disciplinary teamwork*. Psychotherapists and counsellors alike must demonstrate adequate training and proficiency in each of these topics.

The proficiency standards are clearly based on a template for clinical professions. They have no direct applicability to philosophical counsellors. Although the PLG has insisted that its measures will not impose a medical model on counsellors,⁴ it retains a firm commitment to psychological training and qualifications, the observation and diagnosis of clients, and the delivery and evaluation of therapeutic programs in a clinical setting. These recommendations are contrary to the predominantly humanistic methods employed in the majority of private counselling practices.

In general, the HPC’s proposals have not been well received by professional counsellors or psychotherapists. Formal responses from experienced practitioners and influential theorists dispute

the suggestion that their professions can be regarded as health care services and protest that the terminology of medicine, psychology and therapy will distort the humanistic essence of their approach. Despite the HPC’s rhetoric of consultation, it only allows scope for modification of implementation details and not revisions to the founding assumptions. The HPC’s initial consultations with professional bodies elicited clear recommendations that a more specialized regulatory body was required, but the advice was not heeded.⁵ This failure to consider alternatives is now the subject of a judicial review. At a conference in London in January 2010, attended by representatives of the HPC and PLG, the option of a separate council for psychological professions emerged as a potential solution acceptable to most parties. However, the subsumption of the title “counsellor” under the rubric of psychology would merely refine the classification error.

The Distinction between Psychotherapy and Counselling

None of the reports released by the HPC or the PLG defines the key terms explicitly or attempts a semantic analysis. Opinions amongst the professional societies differ markedly. For instance, the *British Association for Counselling and Psychotherapy* contends that the titles are essentially equivalent:

BACP’s position has consistently been that there is no difference between counselling and psychotherapy. In terms of role, value and effectiveness, we believe that each occupational area has equal value.

Many of our members use these terms interchangeably depending on the environment they are working in. Indeed, BACP’s research committee which comprises international scholars of counselling and psychotherapy were unable to differentiate between the two on the basis of evidence. (BACP, 2008)

By contrast, the BACP’s Scottish counterpart, COSCA, has endorsed the PLG’s decision to distinguish the two groups on the basis of expertise and qualifications: ‘psychotherapists’ must be qualified to Level 7 (Master’s degree) and demonstrate the ability to diagnose and treat “severe mental disorders,” whereas ‘counsellors’ require a minimum Level 5 qualification (HND/DipHE) from an approved counselling course and must demonstrate the ability to promote “mental health and wellbeing” (HPC, 2009b, 3a.1). Although the terms are not explicitly defined by the PLG, these constitute, in effect, *operational definitions*.

The PLG has noted that the term “counsellor” is already in use by other professions “in limited circumstances” (§76, see p.25 below), and is prepared to consider making exceptions for special cases, with the clear implication that the mental health conception has prior claim on the title. However, a crucial fact has been overlooked: the word “counsellor” has no essential connection to therapeutic practices, psychological theories, treatments for disorders, or mental health concepts. (In this respect, it contrasts with its more technical counterpart, “psychotherapist,” which was coined specifically to refer to the treatment of disorders by psychological interventions.) The term is being misappropriated.

The Meaning of “Counsellor”: Lexicographical Analysis

Lexicography offers little support for the HPC’s operational definition of COUNSELLOR as a psychological therapist. Some sample definitions are offered below.⁶

The sole definition in the *MacMillan Dictionary* is:

counsellor: *noun (countable)* someone whose job is to give advice and help to people with problems.

This simple definition is wholly compatible with all forms of professional consultation for people seeking help with problems. It does not specify the nature of those problems. There is no allusion to psychological theory or practice, and no mention of mental health concepts.

In the online *Free Dictionary* by Farlex, the following senses are listed:

coun•sel•or also **coun•sel•lor** *n.*

1. A person who gives counsel; an adviser.
2. An attorney, especially a trial lawyer.
3. A person who supervises young people at a summer camp.

The only *profession* noted here is “attorney.” Once again, there is no mention of *psychology* or *mental health*.

Much closer scrutiny is required to discern any trace of psychology in the semantics of the term. The most authoritative reference guide in the English language is of course the *Oxford English Dictionary*, which offers a thorough, documented, history of usage.

The Etymology of the Term “Counsellor”

The OED lists five definitions of COUNSELLOR. None of the definiens refers to a *therapist* or *mental health practitioner*.

The only glancing allusion to psychology is buried deep within a quotation cited in support of a sub-sense which is equally compatible with non-psychological usages. The primary sense is defined as:

1. a. One who counsels or advises; an adviser.

The quotations adduced in support include *Chaucer*, *Shakespeare*, *Alexander Pope*, *Samuel Johnson*, and the *King James edition of the Holy Bible*. In *none* of these quotations is the term used in the context of professional psychology.

The primary definition implies someone who engages in an *activity* rather than a profession. However, the sub-sense that follows has professional connotations by virtue of its reference to “clients”:

- b. One who specialises in the counselling of clients (see COUNSELLING, ELING *vbl. sb.*)

1940 C. R. ROGERS in *Jrnl. Consulting Psychol.* IV. 162/1 There must be a warmth of relationship between counsellor and counsellee. **1946** *Britannica Bk of Yr.* 461/1 Headway was being made in establishing and advancing the professional standard of the counselling specialist largely as a result of the American Association of Marriage Counselors. **1954** H. B. PEPINSKY *Counselling Theory and Practice* v. 115 The counsellor must learn to predict

his own behavior as well as that of the client. **1963** A. HERON *Towards Quaker View of Sex* v. 44 Emotional reactions from the Counsellor, arising mostly from origins of which he or she is not aware, are unhelpful. **1965** P. HALMOS *Faith of Counsellors* ii 28 Man’s sensibility to his fellow man’s needs continues and seeks expression in the professionalised concerns and ministrations of the counsellors. **1970** *Times* 7 Oct. 12 The idea of counselling in schools is not altogether new ... What is new is the establishment of the schools counsellor as a professional. **1983** *Counselling* Aug. 2 Some research exercises have revealed that clients themselves value the intervention of a counsellor.

Note that neither ‘psychology’ nor ‘therapy’ is mentioned in the *definiens* or in the supporting quotations. There is thus no stipulation that the practitioner must specialize in psychology or mental health care. The only allusion to psychology is merely incidental: it appears in the *title of the journal* from which the original quote was sourced. This would seem to be a rather tenuous basis for enforcing a legal definition of the term as a psychological profession.

Carl Rogers’s use of the term in the *Journal of Consulting Psychology* is the first documented reference to a ‘counsellor’ as a professional adviser distinct from the separate senses for lawyers, diplomats and royal aides. His explicit objective was to contrast his *humanistic, client-centered* approach with the interventionist programs of *diagnosis* and *treatment* that prevailed amongst his colleagues. However, in using the term within a context of psychological therapy he was not thereby coining a new concept of COUNSELLOR as a psychotherapeutic profession. Due to the context in which he was writing, he was indeed referring to a *clinical psychologist*; but to construe this usage as implicitly defining a new *sense* of the term is to confuse sense with *reference*, and thereby to ignore one of the most fundamental distinctions in the philosophy of language (Frege’s *Sinn* and *Bedeutung*). Rogers was advocating an alternative approach to the predominant medical or psychoanalytic interventions, and chose a word that already described the activity he had in mind. He did not misappropriate or redefine the term; he applied the generic sense as a descriptor to refer to a psychotherapist who differed from other psychotherapists by virtue of counselling rather than diagnosing or treating.

Contextual Reference, Generic Sense

Rogers’s article was published in a specialist periodical for clinical psychologists: he was not addressing the general public. Within the context of clinical psychology, the qualifier “psychological” (or “psychotherapist”) is redundant, as the limits are already contextually defined; it would only be superfluous verbiage.

That Rogers’s usage did not constitute a tacit redefinition of COUNSELLOR is evident in other passages of his writing, where he applies the term more widely:

It includes almost all counsellor-client relationships, whether we are speaking of educational counselling, vocational counselling, or personal counseling. (Rogers, 1961, p.40)

What about the school counsellor or dean, who is responsible for discipline as well as counselling? [...] What of the personnel or industrial counsellor in the business field? (Rogers, 1942, pp.108–9)

Rogers was clearly using the context to identify the counsellor’s domain of expertise. The same contextual analysis also applies to the OED quotations dated 1946, 1954, 1965, and 1983; the sense

is generic. Indeed, the remaining quotations—dated 1963 and 1970—were not within the context of psychotherapy.

There are many other examples of contextual usage of titles, particularly in the military services. For example, within the context of the British Army the correct designation for a soldier who drives and maintains vehicles in the Royal Logistic Corps is “Driver.”⁷ Outside this military context, however, the title is obviously incomplete. The correct non-contextual designation is “Military Driver,” and special legal regulations and exemptions apply (including lower minimum age).⁸ Driving is an *activity*, and anyone who performs it is correctly designated as a ‘driver.’ ‘Military Driver’ is a profession, yet it is standard practice within the army to refer to these professionals with the singular term, because the qualifier “military” is redundant in that context. Any stipulation that restricted professional usage of the term “driver” to soldiers alone would be preposterous, yet the HPC is attempting an analogous title-grab.

Entry **1.b** is the closest definition in the OED to the psychologized conception of COUNSELLOR that the HPC assumes in its proposal for statutory regulation. There are four other senses listed, and the section quoted above amounts to less than a quarter of the space used to define the term.⁹

In summary, there is no lexicographical evidence that the contextual usage within psychological services constitutes a separate sense or sub-sense at all. The precisising function of the signification is implicit in the context rather than the concept, which remains generic. The HPC’s conception of COUNSELLOR as a predominantly psychological or psychotherapeutic profession therefore *has no basis in formal etymology or lexicology*. This important point must be given due consideration before any decision is taken to introduce it as the mandatory legal definition of the term.

Related Words

One might expect that the psychological meaning would be embedded in the definition of the formative verb from which the professional title is derived: COUNSEL. However, in the three columns of definitions for that word, *there are no allusions to psychology or mental health whatsoever*. To ‘counsel’ someone, or to offer them ‘counsel,’ is to address their personal problems, not their psychology or mental health (unless these are identified as the source of the problems).

Notably, however, psychology is mentioned in the definitions for the morphological variants COUNSELLEE and COUNSELLING.

counselee, -elee. [f. COUNSEL V. + EE¹.] One who receives professional counselling (esp. in *Psychol.*). See COUNSELLING *vbl. sb.*

1934 in WEBSTER. **1940** [See COUNSELLOR, -ELOR 1 b]. **1972** *Encycl. Psychol.* 226/2 An interpersonal relationship in which one person (the counsellor) attempts to help another (the counselee) to understand and cope with problems. **1981** *Family Rev.* Summer 26/1 Typical counselee remarks and counselor responses.

The definiens is clearly generic, but it incorporates an additional qualifier in parentheses “(esp. in *Psychol.*).” “Especially” signifies that the usage of the term in psychology is common but not exclusive. The word “in” signifies a *sociolect*: i.e. a meaning relativized to a particular group. The quotation dated 1972 shows it had entered an encyclopedia of psychology, where it was still defined

generically (in terms of understanding *problems* rather than assessing the client). Other professions continue to use the term “counsellor” in this manner without invoking connotations of psychological therapy for emotional disorders (for examples in philosophical counselling see Lahav & Tillmans, ed., 1995, *passim*). Such usages are entirely compatible with the dictionary definition above, and so are wholly legitimate. The HPC’s regulations, however, would outlaw them.

The same contextual analysis applies to COUNSELLING:

counselling, -eling, *vbl. sb.* [f. COUNSEL v. + -ING¹.] The action of the verb COUNSEL; giving or taking counsel; advising; spec. the giving of advice on personal, social, psychological, etc., problems as an occupation; in *Psychol.*, a form of psychotherapy in which the counsellor adopts a permissive and supportive role in enabling a client to solve his or her own problems. Also attrib.

Notice that the entry lists psychological problems as only one of several kinds of problem relevant to counselling. Moreover, the clause that refers specifically to psychotherapy includes the sociolectical qualifier “in”, implying that it has this meaning only *within* the domain of psychology. The meaning is *domain-specific*. It is clearly not a primary sense from which the others are derived. It is not listed as a separate sense (which would be indexed numerically), or even a separate *sub*-sense (indexed alphabetically): it is a specialist usage within an occupational dialect which requires the context of psychological services to restrict its signification function.

Summary

The corresponding entry in the OED shows that, outside the legal context, the professional sense of COUNSELLOR is a relatively recent emergence, dating from 1940. It was never exclusively defined as a psychological or therapeutic profession.

The word is still used principally as a descriptor for someone who performs an activity, rather than the title of a specific profession. Furthermore, the concept does not entail a commitment to psychology or therapy. The definitions connote the practice of assisting clients to deal with problems, not the provision of therapies to modify their emotional dispositions.

Semantic Analysis

The HPC may protest that their argument rests on contemporary usage, not formal definitions, perhaps alluding to Wittgenstein’s famous maxim on ‘meaning as use’:

One can for a large class of cases in which the word “meaning” is used—if also not for all cases of this use—explain the word thus: the meaning of a word is its use in the language. (Wittgenstein, PI §43)

Indeed, to justify their right to govern the use of the term “counsellor”, the PLG adduces the following observations:

- The title has wide currency and is used by a large number of practitioners.
- The title is readily recognised and understood by members of the public.
- The title is not widely used outside therapeutic settings. (PLG, 2009, §70)

These claims provide the main rhetorical support for the HPC's proposal and have been asserted without evidence or argument. Dictionaries are intended to document contemporary usages as much as historical references, but it is arguable that trends may have changed since the last edition of the OED was published in 1989; notably, however, the definitions have not been updated in the supplementary revisions since then.

In view of the controversy surrounding the issue, it is worth investigating the factual basis of the PLG's claims: i.e. the public understanding of the vernacular term, the professional usage by mental health practitioners, and the lack of alternative counselling professions.

The Vernacular Conception

The PLG has noted that "regulation must reflect the public's understanding of a profession and the titles used in that profession" (Guthrie, in UKCP 2009, p.4). The most obvious evidence for the informal usage by the public is anecdotal: there seems to be a common assumption that people visit a 'counsellor' to seek help with emotional problems and, as emotions are psychological states, the appropriate form of assessment is psychological. Although this assumption seems to be widespread, there is no guarantee that it is valid, or even that it implies a separate sense.

Vernacular usages do not prescribe a true or proper meaning: the only benchmark for a vernacular concept is communicative success. Vernacular usages often deviate from the accepted technical or scientific definitions. For example, the common concept of NUT ranges over peanuts, cashew nuts, Brazil nuts, pistachios and walnuts—none of which are genuine nuts in the biological sense. The scientific meaning has not adapted to accommodate common parlance. Conversely, any legislative attempt to align the colloquial usage with technical standards would meet with understandable derision.

Moreover, it is rather hasty for the PLG to infer from anecdotal evidence that the vernacular concept of COUNSELLOR denotes a professional psychologist. A significant proportion of clients consult counsellors in order to talk over their personal problems in a confidential setting without complaining of neurosis or emotional disorders; they simply want to discuss their problems with an expert and work out a way to resolve them. As Rogers maintained, this activity, and the interpersonal relationship it entails, can have therapeutic effects without the application of any psychological directives or interventions. Typically (at least in the state-funded health sector) the only corresponding service on offer is the form of counselling allied to psychology and psychotherapy; so the fact that they consult 'a counsellor' who has some form of psychotherapeutic training is merely incidental. Counselling services in private practice are rarely advertised specifically as psychological services, even if they are conducted by qualified psychologists, so it is doubtful whether psychology is really essential to the public concept of COUNSELLING after all; it may just be a common default assumption.

The vernacular concept of COUNSELLING may only imply 'an interpersonal talking and listening service'. The presenting problems might concern practical or conceptual difficulties pertaining to some domain other than psychology—such as career choices, business decisions, overwhelming debts, or ethical dilemmas. In such cases, some form of counselling specific to the problem domain is more appropriate and potentially helpful. However, those specialized services are rarely available, so most people turn to the only services on offer: counselling for emotional problems. Mental health service-providers compound the conflation by using the title 'counsellor' without a qualify-

ing term and marketing their services as pertinent to all kinds of problem that evoke negative emotions, even if they have no expertise in the underlying problem domain; this in itself could be regarded as an abuse of professional title.

Many counsellors in the voluntary sector have no qualifications in psychology, but undergo hundreds of hours of training and supervision before they are appointed as duty counsellors. It is true that there is an element of applied psychology in this form of emotional counselling, as participants are trained to recognize emotional distress, to show empathy and to respect individual values. However, the need for sensitivity to emotional patterns is common to all helping professions, including nursing and law enforcement. It is intrinsic to the basic duty of pastoral care, and does not require a psychology degree.

The default assumption of psychological assessment and therapy is particularly evident when introducing the concept of ‘philosophical counselling’ to a lay audience. The term strikes some people as oddly oxymoronic; by juxtaposing the common stereotypes of academic philosophy and psychotherapeutic counselling, they construe it as an attempt to resolve emotional distress by pondering abstract logical conundrums. However, once the concept is explained properly, all these skeptics concede that their initial assumption was mistaken; they accept that philosophical counselling indeed constitutes a form of counselling service in the proper sense, but it focuses on resolving conceptual problems without relying on psychological theories or invoking mental health concepts.¹⁰

The HPC cannot therefore rely on anecdotal evidence of popular usage to support its psychologized notion of what “counsellor” means to most people. The proposals would legally enforce an unreflective misconception, a default assumption misconstrued as an implicit meaning. The fact that this error already has “wide currency” is no justification.

The Mental Health Care Conception

The singular term “counsellor” is also widely perceived to have connotations of psychological therapy amongst experts in mental health care. It is reasonable to infer the PLG has adopted this professional interpretation without reflecting on its provenance.

Following Rogers, the word “counsellor” was applied, within the framework of statutory mental health care, to psychotherapists who employed the person-centered methodology in their therapeutic practices. Within this limited context, there is no need to distinguish between the truth conditions of the generic sense and those of a more context-specific sense, because no counterexamples arise.¹¹ Accordingly specialists in mental health services who encounter the term only within this context do not need to learn the correct rules of application beyond their occupational boundaries. They can communicate successfully in this context with a narrow conception. This is how a sociolect, or occupational dialect, emerges.

Occupational dialects are documented in specialist dictionaries. For example, the *Oxford Concise Medical Dictionary*, 7th edition (2007), proffers this definition:

counselling n. **1.** a method of approaching psychological difficulties in adjustment that aims to help the client work out his own problems. The counsellor listens sympathetically, attempting to identify with the client, tries to clarify current problems, and sometimes gives

advice. It involves less emphasis on insight and interpretation than does psychotherapy or psychoanalytic therapy. See also CLIENT-CENTERED THERAPY. **2.** See GENETIC COUNSELLING.

This passage conveys the kind of psychologized conception that the HPC assumed in its initial phase of consultation (prior to the PLG's more clinical operational definition). It clearly has currency within the health care community. However, it is not universally valid. Medical definitions are only required for words which have a special meaning in the occupational dialect of medicine and related professions.

Notably, this dictionary does not define COUNSELLOR as a *profession*—in the medical context, counselling is not the province of a single profession, it is an *activity*; some psychotherapists specialize in it, but they do not monopolize it. The HPC would be the first authority to define it in law as a specific profession. But to impose by law a sociolectal definition, which fails to encompass other common usages, is to commandeer the term.

Experts in the field may be convinced that their more specific conception is the correct one because the usage coheres with their linguistic intuitions. However, those intuitions are skewed by a number of cognitive biases.

For a practitioner operating within the occupational dialect of mental health care, thousands of examples in speech and text associate the *signifier* “counsellor” with a single conceptual model: i.e. a vocational *psychologist* talking to a client about personal problems. The model (rather than a definition) determines the personal meaning of the term. This cognitive phenomenon can be detected by its influence on category judgments. The psychologist Eleanor Rosch demonstrated that judgments of category membership based on representatives show *prototype effects*: degrees of applicability which blur the semantic boundaries of the term.¹² Candidates matching the representative prototype exactly are judged to be *exemplars* (Lakoff, 1987), which are intuitively more basic than other kinds (Rosch *et al.*, 1976). This explains why health care professionals tend to regard counselling practitioners in non-psychotherapeutic professions as merely ‘fringe’ members of the counselling fraternity. Comments in the PLG's report (PLG, §76) suggest that this is the lexical locum from which the draft regulations have been constructed.

This prototypical bias is so beguiling that experts in mental health care may even be inclined to dispute the original dictionary definition because it does not correspond to their own ‘expert’ intuitions—neglecting the crucial fact that their own specialist conception arises from that definition and the sense has become confused by selective reference within an occupational dialect. In that case, they have succumbed to the *déformation professionnelle*: a distortion of judgment resulting from highly selective professional training.¹³

The next step along this path is for experts to redefine the category to accord with their expert intuitions. By asserting necessary and sufficient conditions of membership based on the properties of a representative prototype, a new definition is produced which is more specific in meaning than the original. It accords with expert intuitions, but does not represent the common meaning. This is not a conceptual advance. It is in fact a manifestation of the *generalization fallacy* (Kahneman & Tversky, 1973): defining an entire category according to the properties of a representative member. By introducing a new meaning for a common term, experts create extensional conflicts over the ‘real’ meaning of “counsellor” and semantic controversies result.

Other counselling professions—such as *management counsellor* or *debt counsellor*—do not invite this type of conceptual error because they explicitly retain a modifying term. Experts in mental health care have dropped the modifying term because it is redundant within the context of their occupational dialect. If the singular term is exported beyond the occupational context, and applied to the general public by statute, it jars with the original common meaning. At this point, it is very tempting for the professional to claim expert privilege in order to prioritize their own interpretation.

Accordingly, there seems to be a pervasive assumption amongst experts in the fields of psychology and mental health care that the primary sense of COUNSELLOR refers to a subset of their profession. As noted earlier, and reflected in the PLG report (§25), some mental health professionals even contend that there is no principled distinction between psychotherapy and counselling.¹⁴ The HPC is preparing to formalize their own, highly clinical, version of this conception in legislation, oblivious to the semantic distortions underlying their proposal.

Alternative Professional Usages

The PLG’s report mentions some examples of alternative usages:

73. It is difficult to assess the extent to which the title is used by those outside of the ‘therapeutic field’ of psychotherapy and counselling that it is sought to regulate. Examples include ‘debt counsellors’ who provide advice on debt management and ‘genetic counsellors’ who provide information, advice and support to individuals and families about genetic conditions.

The report does not attempt to provide an analysis or a representative list of alternative counselling professions. There are many others: e.g. *business counsellor*; *management counsellor*; *career counsellor*; *educational counsellor*; *weight-management counsellor*; *legal counsellor*; *investment counsellor*.

There is a further hazard, not yet fully realized. If the HPC’s conception is regarded as the true or primary definition, then these other usages might be regarded as *metaphorical extensions*, rather than literal instances with equal claim to the title. Non-psychological counselling professions could then stand accused of deliberately *exploiting a psychotherapeutic term* as a ploy to market their services to people in emotional distress. Prosecutors could refer to the legal definition of “counsellor” represented in the HPC’s official documentation. Yet careful linguistic analysis reveals that the accusation rests on a *fallacious inference* from a *hasty generalization* which is in turn based on a *misconstrual of a sociolectical application* of a common generic term. This compounding of assumptions and fallacies constitutes a gross perversion of logic and language, and the HPC is preparing to enshrine it in legislation.

It is worth reiterating the main point: the mental health care conception of COUNSELLOR is *not* basic in any proper sense, and other professional usages are *not* derived from it: as the OED’s definitions show, the generic usage has prior literal claim, warranted by etymology and lexicology.

To its credit, the PLG has given some consideration to the complications that may arise from regulating the singular title “counsellor.” The report reflects on whether specific exemptions may be required for these other counselling professions.

74. The PLG discussed legal advice obtained by the HPC Executive which suggested that one possible option, given the wider use of the term, would be to propose an amendment to Article 39 of the Health Professions Order 2001 to more clearly specify the circumstances in which misuse of the title ‘counsellor’ would occur. It was suggested that this might be achieved by defining in some way the area of activity of those that it is sought to regulate.

75. It was not suggested that such a proposal would protect the ‘functions’ of counselling in any way, but that it might ensure that it was clear that someone who used the title ‘debt counsellor’, for example, would not be committing a protection of title offence, whilst ensuring that cases of use of the title ‘counsellor’ in connection with ‘therapeutic interventions’ by someone who was not registered could be investigated and appropriately dealt with.

76. The PLG concluded that, although the title was, in some limited circumstances, used by other groups outside ‘therapeutic interventions’, it was essential that the title should be protected. The PLG suggested that, if considered to be necessary, one way in which this might be achieved might be by amending Article 39 of the Health Professions Order 2001 to more clearly specify the circumstances in which the misuse of the title would occur.

77. The PLG, however, did not recommend any specific wording for how this might be achieved in terms of legislation. The PLG discussed possible wording suggested by the HPC Executive but considered that if such an approach was adopted further consideration and discussion would be necessary about any wording.

78. The large majority of the PLG agreed with the recommendation outlined in paragraphs 76 and 77 on the previous page and above, but concern was expressed about the potential for the wording of such a provision to be more widely interpreted and, as a consequence, to have a limiting affect [sic] on the practice of psychotherapy and counselling. It was argued that it was important that, if such an approach became necessary, the terms and wording of any legislation should be subject to further open and transparent consultation.

The wording of the legislation is indeed crucial, and will require careful attention to definitional semantics and their legal implications. Other counselling professions are also committed to core training in fundamental counselling skills. There are potential benefits from synchronizing universal standards and professional ethics, provided these are not directed solely to the application of psychological theory for emotional problems. Unfortunately, this will not be possible under the HPC’s current operational definition in its draft proficiency standards.

The Regulation of Counselling Professions

The report from the PLG considers options for distinguishing its activities from other counselling professions by using a compound term:

68. In the Call for Ideas, the HPC asked whether it would be possible to protect the title ‘counsellor’ or whether this title is so widely in use outside of therapeutic settings that it could only be protected as part of an adjectival title (e.g. ‘therapeutic counsellor’).

[...]

71. The arguments for protecting ‘counsellor’ as part of an adjectival title rather than protecting the title ‘counsellor’ on its own included: that the title is often misunderstood and is in use outside of therapeutic settings; and that the title cannot be protected because of its use outside of therapeutic settings. Adjectival titles suggested and discussed by the PLG included therapeutic counsellor; psychotherapeutic counsellor; and registered counsellor.

Several *adjectival* modifiers, ostensibly modeled on the pattern used in other professions (“therapeutic,” “psychotherapeutic,” and “registered”), have been contemplated and dismissed. However, a critical observation has been neglected: most other counselling professions do not use an *adjectival* modifier; they use a *noun*—e.g. “debt,” “career,” “business,” “weight-management”—to identify their topic of expertise.¹⁵ It is not the counselling methods *per se* that differ between these professions; it is the *problem domain*. Many counselling specialisms within the field of psychological therapy use a similar form: “grief counsellor,” “marriage counsellor,” “bereavement counsellor,” “relationship counsellor.” Notice that these are not names of *modalities*. The PLG should therefore not be seeking a *modal adjective* as a modifying term.

It would, however, be impracticable to specify an exhaustive list of problem domains within the HPC’s target group. Even if it were exhaustive, unregistered practitioners could easily circumvent this kind of enumerative definition by adopting a noun not featured on the list. Instead, the HPC requires some form of extensional modifier to identify the target group: i.e. mental health care professionals dealing with psychological problems. The HPC’s remit is not to distinguish between different types of counsellor, or even different types of modality, but to distinguish between *mental health professionals who counsel* and other counselling professions.

There is an obvious solution: to use the *professional discipline* as the title of the profession, and the participle “counselling” as the modifier identifying the activity. Accordingly pertinent compound titles would be “counselling therapist,” “counselling psychologist,” “counselling psychotherapist,” and potentially even “counselling psychiatrist” or “counselling nurse.” In each case, the noun is already the name of a recognized profession. The regulations can therefore apply directly to these professional groups.

This system has the distinct advantage that the recommended terms correspond exactly to the compositional meaning of their components. It would also resolve the ‘dual registration’ objection raised by psychotherapists who claim equal rights to the title “counsellor.” Psychotherapists who provide a counselling service would be designated “counselling psychotherapists”. Note that this system also evades the impracticality of enumerating separate counselling modalities (although modal distinctions may still be used to customize the standards to different modalities).

Unfortunately this solution has already been partially stymied. The professional title “counselling psychologist” is already protected by the HPC, with effect from 1st July 2009. The HPC has defined the term so that it refers not simply to psychologists who counsel, but to psychologists who hold a *professional doctorate* (or equivalent) in counselling psychology. The vast majority of psychologists who provide counselling services do not qualify. According to the standards of compositional semantics, the compound term should refer to the intersection of the sets ‘counselling’ and ‘psychologist’; instead the HPC chose to define the compound term as a *lexeme*: a new term with its own independent meaning. This was a logical blunder, and the HPC is now facing the repercussions of this philosophical oversight: it can no longer use a compositional term to refer to *psychologists* who differ from other psychologists by specializing in *counselling*. The HPC has thus painted itself

into a linguistic corner. Nevertheless, to resolve its difficulties by seizing legal control of a word with a much wider meaning in the common language is a deeply authoritarian tactic.

The UKCP recommended the alternative title “psychotherapeutic counsellor” (UKCP, 2009b), although “counselling psychologist” would be a more appropriate permutation. However, most counsellors are likely to decline such titles, due to the emphasis on therapy over open discussion. The term “psychological therapist” is gaining currency in some quarters, but is likely to be controversial for the same reason.

This solution would deal appropriately with the HPC’s target group: ‘counsellors’ who offer generic non-judgmental listening services aimed at resolving emotional or psychological problems. A requirement to use the title of an established profession, such as ‘psychologist’ or ‘therapist’, with evidence of sufficient qualifications, would isolate those with no professional training who simply provide a talking and listening service for people in emotional distress. They offer neither prescriptive programs of therapy, nor expert advice and guidance in a specific problem domain. However, most are well trained in constructive conversational techniques, and their practices demand a high level of skill and patience and a commitment to abide by explicit codes of practice. These practitioners arguably serve as vocational ‘listeners’ or ‘conversationalists’, and principally offer an ethical befriending service. This is a valuable service sector in its own right, and it should not be conflated with professional psychology, therapy for mental illness, or other clinical health services.

At present this sector is subject only to self-regulation by occupational organizations and agencies, with no legal restrictions or standards of proficiency. The system is, in principle, open to exploitation by private practitioners, and of course this is the chief concern which has prompted the HPC’s drive towards regulation. The solution is not to assimilate all forms of interpersonal consultation into psychological health services, but to ensure common standards of training and ethics across all counselling domains.

Regulating ‘Counselors’ in General

Undoubtedly, any practitioner who offers advice and support in order to help clients deal with a problem should be sensitive to the clients’ needs and wishes, proficient in listening skills, and capable of detecting when their mode of counselling is unlikely to be constructive. This is a fundamental principle of any professional advisory service, not just psychology. The government would do better to ensure, therefore, that all practitioners are *trained and qualified in basic counselling skills*.¹⁶

It may be more viable, and less distorting to common semantics, to stipulate that *anyone* who uses the title “counsellor” in a professional context, with or without a modifier, *no matter what their domain of expertise*, must hold accredited certificates in counselling skills and sign up to a common code of professional counselling ethics, which includes a commitment to ongoing supervision and continuing education. The foundation course should incorporate the basic principles of Rogerian counselling, and familiarize students with common cognitive patterns or personality disorders that may contraindicate the person-centered approach. Practitioners should have a standardized procedure and centralized mechanism for referring such clients to a more appropriate psycho-

therapeutic modality—passing on the burden of formal diagnosis to professionals trained in clinical psychology or psychiatry.

All types of ‘problem counsellor’, who do not specialize in psychological assessment, would be permitted only to deal with problems within their domain. Although these practitioners cannot, and should not, be regarded as *health professionals*, the HPC may have a justified mandate to stipulate a training requirement that they do not intrude into exclusively psychotherapeutic domains. These practitioners would have a statutory duty to refer clients with identifiable mental health problems to the appropriate modality within the health service; standardized training and supervision would ensure that practitioners have the appropriate skills and abide by common ethical codes. There is indeed a rationale for ensuring common standards within this service industry, but it should apply at the level of proficiency in general counselling skills, and not qualifications in counselling psychology.

Adequate regulation need not entail maintenance of a central register. A less bureaucratic solution is to carry out spot-checks to ensure that vocational counsellors fulfill the minimum requirements for counselling practice, with penalties for non-compliance. This system would be much less expensive, intrusive and authoritarian than mandatory registration and is by no means an inferior solution: it is, after all, how the vast majority of legal requirements are enforced in the UK.

Metonymic Professional Titles

The term “doctor” is another professional title with metonymic signification that attracts controversy over professional misrepresentation due to different standards of usage. It is commonly understood to mean *PHYSICIAN*, *MEDICAL PRACTITIONER* OR, more specifically, *GENERAL PRACTITIONER*, and is often used accordingly in official health care literature. Like “counsellor”, the title “doctor” assumed its common meaning by conceptual metonymy: for members of the public, it was the most salient distinguishing characteristic for physicians, and served as a lexical metonym. The title “doctor” (the ‘signifier’) was popularly associated with the concept *MEDICAL PRACTITIONER* (the ‘signified’). People were thus able to communicate about medical practitioners by using term “doctor” as a noun. As new truth conditions emerged for the vernacular concept, it became a recognized independent sense, represented in the OED as a separate definition (the sixth of thirteen).

However, PhD graduates are also entitled to use the term “doctor” as a prenominal honorific, despite the potential for confusion. Those working in the broad context of health care become accustomed to informing people that the prenominal title does not imply a medical qualification. The question of which is a ‘real’ doctor is tendentious, as the issue of priority is context-specific.

Practitioners of alternative medicines who hold PhDs can already be prosecuted for using the prenominal title, even though they are fully entitled to its use by certificate, if the context misleads the public into erroneously ascribing medical qualifications.

Any concerns about dangers to the public of professional misrepresentation in the context of physical medicine must surely outstrip those related to conversational helping professions. However, despite some high-profile cases of fraudulent misrepresentation, “doctor” remains an *unprotected title*. Proposals to legally restrict its professional usage to physicians alone have not been well-received: for example, an early day motion was introduced in parliament on 10th June 2009, but nearly six months later had garnered only 12 signatures from MPs.¹⁷

The HPC's conception of "counsellor" has a comparatively weak claim to a status as an independent sense, and the ethical risks of malpractice are rather less portentous. If the HPC's argument cannot aspire to a higher standard of warrant than the argument for statutory regulation of the title "doctor", the proposal should be dropped and replaced with a more considered approach to protecting the public from rogue practitioners.

Conclusion

The HPC's proposal for statutory regulation of the title "counsellor" as a mental health profession allied to psychology, is philosophically groundless, despite its intuitive appeal to health care professionals. Philosophical analysis reveals that the PLG committee's interpretation of the term rests on a confusion of sense and reference, a widespread misunderstanding, a failure to acknowledge the limits of an occupational dialect, biased heuristics, and ignorance of linguistic modifiers.

The SPP response to the consultation process invited the PLG committee to produce evidence of a formal definition to support their operational conception of COUNSELLOR, cited from an authoritative source beyond the occupational context of psychology, which does not include a sociolectical qualifier and is not equally compatible with the generic sense. The quest for a concordant definition should serve as an instructive exercise in its own right.

The PLG committee should recognize that legislating on the usage of a generic common term has very ominous political overtones. Restricting the rights to a professional title already in wider use bears the economic hallmarks of *regulatory capture* rather than public protection, and has all the legitimacy of a professional land-grab. The solution recommended in this paper is for the HPC to regulate the profession of 'psychotherapist' and to work with other agencies to ensure common standards of training, proficiency and ethics across all counselling professions.

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Notes

1. The *Alliance for Counselling and Psychotherapy* was formed to oppose the regulation proposals in their current form: <http://www.allianceforcandp.org/>
2. Psychological counsellors could perhaps try to attenuate the feelings of discontent associated with public controversies, or even to assuage the guilt of upsetting a large proportion of professional practitioners. But a quick utilitarian moral calculation suggests that it would be better to seek a philosophical solution that maximizes optimality constraints. Psychologists are not the most appropriate professionals for that task.
3. The white paper presented to Parliament by the Secretary of State for Health, which initiated the regulation process, twice employs the phrase “psychotherapists, counsellors and other psychological therapists” (Dept. of Health, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. White paper, Feb 2007).
4. From the HPC FAQ, question 8 (HPC, 2008, p.3): “We recognise that many psychotherapists and counsellors do not work within the National Health Service (NHS) or other ‘medical settings’ and that many psychotherapists and counsellors do not work to the ‘medical model’. We recognise that psychotherapy and counselling are not ‘medical modalities’.”
5. “With the exception of the new arrangements for the regulation of pharmacy, the Government will not establish any new statutory regulators. Psychologists, psychotherapists and counsellors will be regulated by the Health Professions Council...” (*Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. Dept. of Health, White paper, Feb 2007).
6. These dictionary entries may be consulted online. They are not selective choices; the reader is invited to consult alternative sources.
7. Army jobs, *Driver* page: <http://www.armyjobs.mod.uk/jobs/Pages/JobDetail.aspx?armyjobid=RLC500/508+JE&category=>
8. DVLA, *Military Drivers* page: <http://www.dft.gov.uk/dvla/drivers/militarydrivers.aspx>
9. There are more direct and numerous allusions to the profession of *legal* counsellor in the OED than there are to any type of psychologist. Lawyers therefore would have rather more etymological and lexicological justification for suing counselling psychologists for abusing their professional title.

10. “Shall I tell you what philosophy holds out to humanity? Counsel.” (Seneca, *Moral Letters* 48.7–8, trans. Campbell, p.98). Philosophical counselling is arguably more aligned with the dictionary definitions because it directly analyses the client’s philosophical *problems* and uses conceptual clarification as the outcome indicator, whereas psychological interventions typically construe the client’s *emotional distress* as the object of counselling, regardless of its cause. Strictly, psychological practitioners should confine themselves to cases in which the emotional reactions are believed to be the aberrational factor, as in *neuroses* and *phobias*.

11. Standards of correct usage require counterexamples to establish truth conditions and define their meaning. In Quine’s famous example (1973), if a native points at a rabbit and utters “Gavagai!” this ostensive definition centers the reference on an object (positive stimulus meaning), but it is impossible to discern whether the term denotes *rabbit*, *rabbit flesh*, *rabbit fur*, *edible quadruped* etc. until there is some indication of incorrect usage (negative stimulus meaning) which allows standards of correct and incorrect application to emerge. Infants normally make similar errors of attributional scope in their first 70 words or so, until they learn the conventional meaning by reinforcement and correction.

12. The mental representations are known as conceptual *prototypes*. “Prototype” itself has a specialized sociolectical meaning. In the common language it refers to an initial instance that exemplifies a new type, but in the dialect of cognitive psychology, it refers to a *mental representation* of a typical example. Prinz (2003) has proposed the ersatz term “proxytype”, as these representations often ‘stand in’ for well-defined concepts in reasoning, although they have ‘fuzzy’ membership boundaries.

13. The term “*déformation professionnelle*” was coined by the pioneer of sociology, Emile Durkheim.

14. The BACP fails to see any distinction between the two groups—amongst the practitioners on their own voluntary register, who offer counselling and psychotherapy services either separately or in combination. However, this coincidence of extensional reference does not change the intensional semantics of the terms.

15. There are some exceptions to the pattern: “genetic” and “philosophical”, which perhaps also require revision.

16. See Richard Nelson-Jones’s *Basic Counselling Skills: A Helper’s Manual*, 2nd edn. (Hampshire: Sage, 2008).

17. Early Day Motion 1635, *Protection of the title Doctor* (10/06/09): “That this House notes the title of doctor is not a protected title; further notes that practitioners of complementary medicine have an important role in health care, but believes that the title doctor implies a background in scientific orthodox medicine; further believes that the use of the term doctor by practitioners of complementary medicine is misleading and confusing; further believes that the array of other qualifications a trained orthodox doctor may hold can also be confusing; and calls on the Government either to protect the title of doctor for British Medical Association registered and suitably qualified practitioners, or to introduce a simple and popularly recognizable scheme that will distinguish between different traditions and levels of scientific evidence behind medicine.” <http://edmi.parliament.uk//.aspx?EDMID=38820>

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