



PHILOSOPHICAL PRACTICE

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Articles

Self-Talk in Marcus Aurelius' Meditations

Ran Lahav

Case Studies from Research at Eastern Michigan University

Kate Mehuron

Case Studies from Research at SUNY Cortland

Andrew Fitz-Gibbon and Kathryn Russell

Synchronicities, Serpents and "Something Else-Ness"

Lou Marinoff

Reviews

Comfortably Numb

Michael Grosso

Talking Cures and Placebo Effects

Sean Butler

Beauty

Troy Camplin

Case Studies from Research at SUNY Cortland

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The case studies we present in this article are from an Institutional Review Board (IRB) approved research project conducted at the State University of New York College at Cortland, in May through November 2008. Our IRB supported research in philosophical practice is the first of its kind. It was entitled “Philosophical Counseling: Case Studies and Their Implications.” Our research question was “Does talking to a trained philosopher help people resolve life issues?” We concluded that most of our clients benefited from philosophical counseling and that we should continue to offer it as an element in our philosophical outreach.

Realizing that it was necessary to preclude or overcome potential resistance from IRB members who had never heard of philosophical practice, we took on the task of educating them. This was not a formidable undertaking because [co-author] Andrew Fitz-Gibbon was the professional ethicist sitting on the IRB itself. Thus he had gained credibility through his association with board members, and he was able to engage in informal conversations with them. Our proposal began with the definition of philosophical practice used by APPA and suggested by Lou Marinoff:

Philosophical practice is a relatively new field, though its roots are deep in the philosophical tradition. Philosophical counseling is intended for clients who are rational, functional, and not mentally ill, but who can benefit from philosophical assistance in resolving or managing problems associated with normal life experience.

Our research was to assess the effectiveness of philosophical counseling—talking with a trained philosopher—in one or several of the following areas:

- (a) Issues of private morality or professional ethics,
- (b) Issues of meaning, value, or purpose,
- (c) Issues of personal or professional fulfillment,
- (d) Issues of underdetermined or inconsistent belief systems,
- (e) Issues requiring any philosophical interpretation of changing circumstances.

We included the following about our target group in our protocol:

Prospective subjects for the research protocol are self-selecting, having heard or read about philosophical counseling and having contacted the Principal Investigators requesting a consultation. Once the protocol has been agreed to by the IRB, the Principal Investigators will contact the school’s Public Relations Office who will make the research known through area newspapers. Word of mouth will also alert potential subjects. An initial consultation will be conducted by one of the Principal Investigators, who will write notes on the consultation and make a recommendation regarding the subject’s suitability or non-suitability for admission to the protocol. Suitable subjects will be those who seek consultation in one or more of the five areas above. Philosophical counsel-

ing is not for those who seek psychological counseling or psychotherapy. If there is any doubt about the subject's suitability, the Principal Investigators will consult with professionals in other fields. In such cases, the subject will be given a written list of other professionals who may be able to help. A subject admitted to the protocol will receive *pro bono* philosophical counseling approximately weekly or fortnightly or until problems not foreseen during the initial assessment and not amenable to philosophical analysis are manifested. In the latter case the subject will be referred for other professional evaluation and/or medical examination. Over the year of the research protocol each Principal Investigator will aim to see five or six subjects. [As the research developed, we saw ten clients each.] There are no particular demographic requirements.

When faculty members submit a formal proposal to an IRB, their document must have several components.¹ Ours contained the following:

1. General Nature and Purpose of the Proposed Research
2. Objectives and Methods
3. Number and Relevance of Research participants
4. Status and Qualification of Researchers
5. Expecting Starting and End Dates
6. Confidentiality
7. Potential Risks to Participants
8. Benefit Gained by Participants
9. Informed Consent Form

To accompany our proposal and to further our goal of educating the IRB, we submitted appendices with APPA materials: a handout for clients "What is Philosophical Practice? Frequently Asked Questions about Philosophical Counseling," and APPA's *Code of Ethics*.

The process of IRB approval is complex and a mixed blessing for philosophers. We pursued this route for several reasons. An overarching consideration was that we planned to house our practice in our department's Center for Ethics, Peace and Social Justice. If philosophical counseling was to have an official home at our College, we felt it would be wise to introduce our efforts to the community gradually through standard channels that regulate faculty research with human subjects. We hoped that an IRB protocol would provide a mantle of legitimacy for our pursuits. In this sense, it was a "political" decision. Furthermore, since Andrew served as the ethicist on Cortland's IRB, and Kathryn taught about IRB procedures in her philosophy of science classes, we had intellectual reasons for seeking IRB approval of our protocol. We wanted to learn about the process first hand. What would happen if we placed the new, somewhat controversial idea of philosophical counseling before our campus' arm of the federal Office of Human Research Protections?

The Cortland IRB was generally sympathetic to our work. The only hesitation (expressed by a clinical counselor on the Board) was a worry that philosophers would be unable to deal with troubled emotions that might emerge in a counseling session. To look critically at life's issues might produce affective trauma: how would we deal with that? This worry was answered by situating philosophical practice as an educational enterprise, having the same risks that all education has in challenging deeply held presuppositions. The IRB agreed with the APPA that there are no more than the usual risks of everyday life.

The advantages are that, under the auspices of the university, philosophical practitioners receive institutional support, including facilities for interviews, secretarial support for scheduling interviews and writing up case notes and the university's liability insurance. The disadvantages are that IRB procedures are clearly biased toward the sciences, and philosophers have to fit into a preset mold. For example, despite the fact that our profession uses the word "client" to denote the person we are talking to, we were criticized for not following the research standards of psychology and medicine that prefer the term "participant." Furthermore, a counseling session becomes "data collection." The place of counseling becomes a "data collection point." IRB oversight is quite strict, and we fell foul of IRB procedures by firstly changing location from a local coffee shop to a university office (when agreed upon by both practitioner and client) and then by appearing on local news TV. We did both without resubmitting a revised protocol for full-board approval. Though we had mentioned that we planned to work on press releases with Public Relations in our protocol, those releases (including any television interviews) should have received prior approval from the IRB. We did not know this at the time and acted in "innocence," but we were called on the carpet.

The Public Relations Office announced our research through the local media (several local and regional newspapers, then Syracuse News Channel 10 picked it up). We received over 30 enquiries and tried to follow each with a telephone conversation. This was not always possible (voice messages left, phone calls returned with no result). Where interest was expressed a preliminary interview was arranged. If we felt the client and her/his particular issue were suitable for philosophical practice, informed consent was completed and further sessions arranged. Whilst one or two enquiries were unsuitable for philosophical counseling, clients were self-selecting for the most part. After an initial interview, it became quite clear whether talking with a philosopher would be appropriate.

Both authors received full certification in philosophical practice from APPA by late summer 2009. After Level I training, APPA requires applicants to complete ten case studies, write them up, and submit them to senior APPA practitioners if they wish to become fully certified.² Level II training involves discussion and evaluation of the cases.³ Many philosophers are engaging successfully in client counseling without full APPA certification. Nonetheless, we decided to pursue that status and do our required case studies. We felt it would add legitimacy to our pursuits in the eyes of colleagues and administrators on campus as well as potential clients.

In the following case studies, client names, place names and some details have been changed to preserve anonymity without sacrificing the relevant elements of each case.

Kathryn Russell, Case Studies

Case Study #1: “Choosing” to be Childless

Relevant background: Jacqueline met with me at a local coffeehouse in late June. Because of summer vacations and an extended illness that made her unable to drive, we were not able to meet again in person, but we spoke on the phone for an hour two months later. It was acknowledged by both of us that our telephone conversation was going to be the last of our counseling sessions.

Jacqueline is 54 years old, sophisticated, and well educated in medicine and genetics. She loves the job she has in a facility that does genetic therapy; “It’s a perfect fit, fabulously interesting and rewarding.” She came to philosophical counseling because she had heard of our work and she “believes in research.” Moreover, by studying my website, she discovered that I had written on the issue of reproductive technology which is directly tied to the life issue she brought to me.

Nature of problem: Jacqueline went through 15 emotionally turbulent years of trying to get pregnant through in-vitro fertilization. She told me she had “lost seven babies,”⁴ the last one when she was 49. She believed strongly that she must come to a conscious, deliberate decision to stop trying. It was necessary for her to *choose* childlessness.

In addition to seeing me, Jacqueline had done other things to move forward. The weekend before our appointment, at sunset on solstice, she and her husband performed a ritual during which they planted a white tree peony in honor of each lost baby. Since they like to collect shells, they gathered seven of them to serve as symbols. She recounted that shells once had a life inside them. They had been a vessel, just like her, since her babies were inside of her and were alive once, though they did not implant in her uterus. Jacqueline and her husband chose names for each of the babies, wrote those names on a slip of paper which they placed inside each shell, and they buried these shells in the ground around the white tree peony.

She had also been writing about her experience, trying to publish an essay so that she could increase awareness about what it is to go through infertility treatment unsuccessfully. Problematically for her, the topic of children always came up in social situations. When she spoke of her infertility, everybody has a solution: “Why don’t you just adopt?” She tries to explain, but no one accepts her reasoning. People are cruel and insensitive. A close relative said, “Well, I guess you’re just not a good incubator!” One of the women in her “fertility friends” support group who did get pregnant told her she should consider herself lucky because taking care of a baby was much harder than she thought it would be. So Jacqueline felt alone and invisible.

Philosophical issues and resolution: An interesting perspective I learned through the counseling is that there is no way to document the obstetrical history of women like Jacqueline. On women’s medical charts, the letter P is issued to represent Para which stands for number of live births. G is for Gravita, the number of pregnancies, and AB for the number of abortions. But she was never considered pregnant, so she “doesn’t even get a G,” though she went through “enormous amounts of money, many hours of effort and complete emotional upheavals.” Her losses “are not even considered miscarriages” since the embryos never implanted.

She explained that there is no socially recognized way to talk about IVF and infertility. “There is not even a symbol. It’s just a silent suffering.” With some bitterness, she contrasted her experi-

ence with other women who “get to be pregnant” and “all they have to do is have sex.” The trauma of going through IVF unsuccessfully should be appreciated in society at large. Instead “it’s just pushed under the rug.” People who have miscarriages get days off work, but when she was going through an ordeal with in-vitro fertilization or when she had to be quiet and rest, she was not given release time from work. Moreover, time spent is not recognized in the federal Family Medical Leave Act. She pointed out that when her cat died, she got a basket full of condolence cards. But when she lost a baby, she only got a few. She said that post-IVF infertility is life altering, but people seemed to have no empathy for her. There are a lot of unfulfilled dreams, in particular her dream of fulfilling her identity as a mother. She had always thought of herself as a woman who was going to have six children, but now there was no way of framing her pain.

When Jacqueline came for counseling she felt that she was just putting one foot in front of the other. She wondered, “What is the meaning of life? If my life is not going to be centered on motherhood, then what is it going to be?” She wanted a philosophical way of understanding and reconciling her anguish over her infertility.

Method: Most of our first session was filled with Jacqueline telling her story. It is helpful for clients to provide a narrative because it allows the practitioner a glimpse into how they make sense of their life. With just a few minutes left I attempted to provide a larger framework for her experience by relating it to my research in two ways. I decided to bring this up because she had begun the appointment with an indication that my work might be relevant to her experience. I also felt it would be helpful for her to step back from her personal experience and look at it abstractly and historically; it might make her feel less alienated.

First, I expressed sincere gratitude for her efforts to write about her experience: she was a real “pioneer” in the big changes taking place in human reproduction. Nobody knows exactly how to respond to her because we are right in the middle of a revolution. The nature of revolutions is painful and tumultuous; people in the forefront and those directly involved in the transformation get hurt. They get marginalized and misunderstood.

Second, I pointed out that thinking about change calls forth methodological questions about historical process. I had written about social transformations as dialectical mixtures of continuity and discontinuity. I indicated that there has to be an element of continuity through even drastic social change because we are human. I applauded the beauty of the ritual she and her husband performed on summer solstice and linked it to the continuity that humans have been doing all sorts of rituals on solstice for millennia. I also pointed to important discontinuities the ritual represented. She was saying “no,” making a break with her past attempts to get pregnant. Moreover, those attempts were only possible because of the newness or discontinuity of ways women can get pregnant now, ways that had not yet become customary or normative. It was no wonder she was suffering.

Two months later, Jacqueline said she “had felt better” after we talked in June, mostly because “the process of sharing is always useful.” She said she hadn’t yet seen the difference between philosophical and psychological counseling. That is not surprising since most of the first session involved my listening.

She discussed some of the difficulties she was still having with trying to move on in her life but said that she seemed to be bouncing back more quickly after difficult experiences, like attending

bar mitzvahs or other family, child-centered events. Over the summer she continued trying to find a support group and using the Internet to connect with women who write about their experience with infertility.

I decided to get at issues more personally during the second session so as to unpack her insistence that she consciously “choose” to stop trying to get pregnant. I wanted to invoke a different framework for her to think abstractly about her consciousness. After all, since her infertility was against her will, so to speak, how could she choose it?

So I initiated a dialogue around the issue: What does it mean to choose? She said that she had “chosen to stop,” to not keep trying through IVF. I recounted the free will versus determinism debate. Given her medical and scientific background I used behaviorism, which she favors, to discuss how choice may be an illusion of control masking the reality that “there is no ghost in the machine” who performs a specific feat called “choosing.” We are stimulus-response organisms. Jacqueline became thoroughly engaged in the intellectual process of discussing choice through the framework of behaviorism.

She pointed out that what we call choice might be a response to a reinforcer. I asked, “What kind of positive reinforcement are you getting so that you don’t quite give your struggle up?” She found that question profound and helpful.

She said, “I lost seven children and a piece of my identity,” but she was “tired of being sad.”. She wanted to say goodbye to her sorrow. I tied that desire to the idea that choice may be a sort of freedom that comes with acceptance. She admitted that wanting her sorrow to end completely was too great an expectation. As we came to closure, she said, “This fits.” Jacqueline indicated that working on acceptance and a new way of framing the issue of choice seemed right for her. It presented a form of self-conception that was attainable.

Observations: In terms of methodology, my work with Jacqueline was less than ideal research protocol because of the two-month separation between sessions and the fact that the second was dissimilar to the first since it was over the telephone. However, I do not feel that these were obstacles to a successful philosophical intervention. Since we did meet face to face the first time, it was not difficult for us to reconnect the second time. We had established rapport because of our mutual interest in issues of reproduction.

The topics of acceptance and grief (not to mention free will versus determinism) are vast ones that could be approached in numerous ways. If I were going to see Jacqueline for more sessions, we might have fruitfully explored acceptance from a Buddhist or stoic perspective. I do feel that we made significant progress, however. We resolved some issues by reframing the problem. Jacqueline has grown intellectually to some extent and philosophically her mind is in motion. She is less focused on the insensitivity of other people and more focused on her own personal need for acceptance. Her writing will continue. I hope that someday she makes a significant contribution to the literature of the current revolution in reproduction.

Case Study #2: “Philosophical counseling changed my life!”

Relevant history: Nancy (60 years old) works as a critical-care nursing supervisor on a medical team in the department of a large teaching hospital and is a consultant for the hospital’s chief

information officer. For 12 years, she taught courses about the legal, ethical, and social aspects of hands-on care for medical students in training. She was very excited to talk to a philosopher, describing herself as extremely interested in ethics. She said, "Philosophy is the whole content to life."

Nancy considered herself a "change agent." She was committed to "relation-based care." She said she wanted "to get the medical team to look at their decisions with respect to their outcomes and discover possibilities for change that would improve the experience for families and patients ... I am concerned about *caring* for the patients."

Nature of problem: In the first appointment, Nancy described herself as "hopeless," "isolated." She felt like she was "coming to the end of the line." If she couldn't have much of an impact on patient care and nursing education, she should just retire. She wanted to find "some new excitement in her job and some new reason, some new impact that she could have on the institution."

At the first meeting, she said that in workshops and in conflict resolution, there is too much emphasis on feelings. People ask the nurses, "How did you feel about that?" According to Nancy, this misses the actual discussion of values, intellectual beliefs and common experiences. She insisted that decision making in either an individual or group should be based on critical thinking, not simply emotions. "We fix things by thinking. For example, how are we going to respond to trauma or blood? How are we going to organize our thoughts? What works and what doesn't work? We have to think through planning and reacting." Sometimes the nurses "just talk about procedures and technique but not about how we should *think* about what's going on."

The main philosophical issues confronting Nancy were heightened by the fact that she was getting close to the age of retirement: why continue working if she was no longer fulfilled in her profession? It lacked value for her, and she no longer felt a sense of purpose. Furthermore, her relationships with people at work were suffering. In her own words at our last meeting, she recounted with hindsight:

I felt an intense need to micro-manage nurses' bad bedside practice.

I was angry, anxious and upset.

I felt in conflict and "out of sync" with people.

I was always arguing about details.

I was controlling.

Method: Given her emphasis on the idea of "caring" and "relation-based care," I asked Nancy if she knew of the ethics of care or Carol Gilligan's *In a Different Voice* since they have been very important in nursing ethics. She had never heard of either. So my recommendation to her at the end of our first session was to read Gilligan and do research on the philosophy of care. In addition, when our discussion revealed her high level of concern about the lack of respect nurses faced at the workplace, I recommended that she do Internet research on nurses' professional organizations.

At subsequent sessions, my methodology was to act as a consultant on feminist philosophy of care and to engage in dialogue with her about her own research and its application to her work.

Philosophical ideas and resolution of issues: At the second session two weeks later, Nancy reported that she had enjoyed reading Carol Gilligan and found it particularly relevant for her life. “I can remember far back when I was three years old and I saw a difference between me and my brother,” she said. Her life story involved trying to make and maintain connections.

The month long interval between the second and third session was particularly useful. It gave Nancy time to interact with her environment based on the research she was doing. “Trying to influence and change events requires a certain temporal process . . . You won’t believe all the things that are happening as an outcome of our meetings!” she reported. “Prior to talking to you, I felt I had little or no impact on the health care environment.”

She related several developments: Her intellect blossomed from her study of the feminist ethics of care. (At the session she was excited and full of comments. She brought seven books on the subject with her!)

She had been talking about our meetings and what she was learning with others at the hospital. They were discussing not only an ethics of care, but also gender differences in behavior and communication. She and another nurse educator started using these frameworks to identify what philosophical principles they wanted to use to effectively educate, train and manage the team.

Online research about nurses’ organizations enabled her to reconnect with colleagues in professional groups like the American Association of Critical-Care Nurses (AACN). She and her colleague began to work with the AACN’s “Call to Action: Study on Work Environment, Moral Distress and Burnout in Adult Critical Care Nurses.”

She began to reinforce the ethical principle of respect for others more consistently and with greater frequency. She said: “Not being moral thinkers, [direct care nurses] let things happen to them that are wrong. They are so affected by the structure of power; they let the doctors treat them a certain way. Now I realize that if I just stick with it, I can stress that people should not speak to each other this way. I have been modeling how to respond to doctors when they are disrespectful.”

Earlier in the year she had instituted a requirement that the staff do fifteen-minute presentations. This was met with great resistance, but they grew to value them. As a result of her research, she had them focus on their philosophical beliefs. By the end of the summer, even the medical residents were joining the discussions enthusiastically.

She was able to get along better with her male unit manager. She used Gilligan to process gender differences with him, and she talked about what it means to be a male leader of an all-woman team.

The last time I met with Nancy, she was still enthusiastic about philosophical counseling and full of passion about the ethics of care. She felt that she was getting along with people much better, and she was pleased they were asking her opinion about care-related ethical issues. She expanded her interest to group dynamics in general and how it influences moral decision making in medicine. I wanted to leave her with a sense of the complexity of social interaction, so I began to introduce

other categories of analysis like race, class and age. When I commented that some of the nurses of color might see more commonality between her and her European-American male manager than between themselves and her, she seemed to agree. She also mentioned that some of the staff presentations were covering generational differences.

Observations: The philosophy of care and the literature of that field proved particularly useful in Nancy's case. It was consistent with her identity and life narrative. It directly related to her profession. Once I unlocked the key to this treasure, so to speak, she did the rest. She was considering teaching a one-credit course in nursing ethics using what she has learned. In Nancy's own words: "Philosophical counseling changed my life. I got my magic back!"

My work with Nancy was similar to being a philosophy professor for a mature adult student who is doing independent study. In that sense, it was very clear to me that I was doing *philosophical* practice, something very different from psychological therapy. I felt comfortable, at home in my role of professional development consultant.

Nancy's motivation was exceptionally high, which made her a joy to work with. She is obviously a very dedicated, talented educator. I felt my work with her was valuable not only because of the impact it had on her, but also because of the impact it had on others in her unit's medical team. This ripple effect was extremely rewarding.

Case Study #3: "Philosophical practice really helps people"

Relevant background: I met with Pat six times in a local coffee house. At the first meeting she said she wanted "a different way of thinking because the old ways no longer work." She felt like "a child outside looking in at society." She was interested in philosophical counseling because she wanted an alternative to taking psychotropic medication. She considered herself a "very open and accepting person," and she didn't want "to have a list of do's and don'ts."

A 50 year-old working class woman of Arab descent, Pat is a single mother with a fifteen year-old daughter at home and a married son who is a soldier in Iraq. She was in an abusive relationship with an alcoholic husband from 1993-1997, but she felt she had transcended that experience and instead she wanted "to look toward the future and find a new way of thinking." Her narrative recounted a close, but isolated family unit. She had been involved in the care of her aging parents, particularly her mother who has heart problems and other medical ailments.

Nature of problem: The most serious problem Pat presented was chronic pain and disability as a result of being injured at her factory job lifting heavy parts above her head on a loading dock. She was "doing heavy, fast, excruciating, repetitive motion" for 6-8 hours at a time. She took bitter pride in the fact that after she left the company, they replaced her with three men! In 2001, she "popped a disc," and now she has four to five dislocated discs. In 2005, she stopped working. She has Workman's Compensation and a fixed income, but this situation makes her feel that she is "subject to the whim of others." "I'm not self-directed," she complained. She felt very angry—at herself, at the company, and at the union "who never helped" her. She feared that she was facing paralysis and was very frightened of future surgery.

I engaged in three heuristics during my work with Pat.

a) *Investigating an alternative to teleological interpretations of life*

Pat was very disturbed that she was “useless” because she “had no goal.” She described herself as “on a path looking toward the light,” but she was confused about what was at the end of this path. She was worried about finding her goal.

I asked Pat what she had wanted to do when she was a teenager (to get out of the house, get married and have children, and be a veterinarian someday). As an adult, she wants “to pay her bills, to die with dignity, to raise her daughter into a strong person who can say no, and to be able to get up and feel that everything’s okay.” This exercise allowed her to realize she didn’t have just one goal.

To radically challenge the idea that there exists some over-riding, unitary goal, I made a sharp distinction between a traditional Aristotelian and a contemporary existentialist orientation to life. After all, she came to me saying that she wanted “a new way of thinking.” I felt this work would relieve her despair over not having [proper] goals. I gave a mini-lecture on each approach drawing images of each. The former involved arranging life’s events on a path that everything or everyone is following to reach their *telos* (the light she felt she was supposed to find). I contrasted that teleological orientation to a Darwinian idea of moving away from where we have been. Often life changes randomly, and we take advantage of what presents itself to us. I suggested that before the next session she try to think about her life without using the word “goal.”

At our next meeting, Pat was ready for more. She said it was fun to think of re-defining herself on a random path of life, but that she felt like she “was in front of a big hole.” It frightened her! Amazed that she had articulated a sort of Kierkegaardian fear, I moved naturally to his notion of facing an abyss and the existentialist concept of radical choice. You make yourself who you are through your actions. The need to make choices and the fear accompanying that is simply the human condition. I pointed out that she was not unique, simply human. As humans we look into the abyss.

“Yes, she replied, I have to look in the abyss, I *have* to.” But I said, “Well, let’s look at that idea, you don’t *have* to do anything. You could stay right where you are.” There’s no stable essence [or goal] you have to conform to. One could run away from everything and end up being in denial, or one could face up to what life presented. It was, after all, a process—a difficult one, but possible. We also investigated the idea of acceptance.

b) *Critical thinking*

At one point I identified a vicious cycle of irrationality she seemed to be caught in. Her thoughts moved like this: “I want to,” “I can’t,” “I should,” “I have to,” and so forth. She would go around and around and then spiral into anger and self-pity. I suggested that she could break this cycle. That proposal made her very uncomfortable and angry. Her body language was that she sat back and moved back. But she admitted that she had never thought about that cycle, that it was very interesting to her, and that it seemed a breakthrough.

When facing her disability, she despaired that she “couldn’t do all the things I used to do.” I suggested we analyze the logic of the word ‘all’ and the fact that sentences starting with ‘all’ are usually false. If we broke down the word, there were still some old things she could do, some new things she could do, and some things she couldn’t do. I encouraged her to come back to the next appointment with a list of things she could do and couldn’t do. This exercise was “eye-opening” for Pat, as I will explain below.

Here’s her list of things she can do: hug my kids, yell at them, eat, drink, do laundry and some cleaning, take care of my hygiene, cook, speak, walk, lie down, sit on my front porch and look out around me, read a book, do a part-time job if I take frequent breaks to move my neck and relax, drive a car for about an hour, answer phones, go to Al Anon, paint artistically.

Her list of things she can’t do: work in a factory; work more than five hours.

c) Identifying social movements around the issues she was facing

I decided to put a macroscopic, systems oriented perspective into play in order to give Pat a sense that she was not alone and that others like her were engaging in activism to improve things for themselves and others.

When Pat identified what things she *could* do, she pointed out that those things were not what society considered successful. “What did she mean by ‘society’”? I asked. “The government,” she replied. “You have to be healthy, to have a part-time job or work eight hours, to have new cars and pay taxes, and have money flowing in. But being disabled is a tough road, the government doesn’t care.”

Admitting that she was right, I talked about a political reality of oppression and discrimination faced by workers and by people with disabilities. I explained that there are social movements for disability rights and for worker’s rights. I provided references with names of people she could call. We walked around the corner to see the building where the town’s Center for Workers’ Rights was located, and I gave her the address of Access to Independence, a center for people with disabilities.

Some resolution: At our last meeting, Pat reported that she had met with or called some of the people whose names I had given her. One was a representative from a local state assemblyperson’s office whom she talked to for over two hours. Previously, this person had been a workers’ rights activist and an officer of another local of the union Pat had had trouble with. They were going to meet again.

Pat began to embrace the struggle for workers’ rights as her own. She had never heard of worker’s rights before, but now she wanted to share her experience so other workers would know “what the red lights are.” Interestingly, Pat wrote an article (which was published) for a regional newsletter explaining Workers’ Compensation and what kind of lawyer to get. She herself got a new lawyer. She said, “You feel like you are all alone, but you have to know how to keep yourself safe against the corporate world.”

Furthermore, Pat began to more fully accept her disability and to create a new self-identity. Much of her stress with Workers’ Comp had been that she was not willing to admit that she couldn’t work because she defined herself “as a factory worker, as a good worker.” Thus, it was difficult for

her take on a different framework. She told me that it was very helpful to talk to me, to think about things from a new perspective. She said that nobody ever made her think about what she could do and what she couldn't do as result of her disability. "It was a real eye-opener," she insisted. "In reality, I can't hold a factory job. I can't work." She had begun the process of acceptance.

Pat said, "Talking to a trained philosopher gave me a new identity. It made me realize I have a new world and I have new choices. I have to change my identity." I ended that discussion by asking her to consider the difference between these ideas: I have to. I choose to. I want to. And then she got excited! She exclaimed, "I want to create a new identity. I want to create new futures. This could be fun!"

Observations: It was very rewarding to counsel with Pat, and I find myself wondering how she is doing. My critique of teleological approaches to life's passages and my introduction of existentialism were extremely illuminating for her. In fact, she used my diagrams with her children. She said, "If I hadn't talked to you I wouldn't know all this! I tell everybody I know about you and what we talk about. I hope philosophical practice gets more widespread in our country because it really helps people."

My critical thinking approach was also helpful, and since we were able to meet six times, she got more accustomed to it. She began to use the tool of examining the assumptions behind her ideas on her own. Furthermore, introducing her to social movements around disability issues and for workers' rights opened new vistas for Pat. I hope she continues to follow up on these possibilities. I know that Pat's life will continue to be full of difficult challenges. However, she now has some perspectives she probably won't forget.

Andrew Fitz-Gibbon, Case Studies

There are a number of similarities in the methodology I used with my clients. I mention them here for brevity's sake and to avoid repetition in each case study. These principles are integral to the way I approached each client.

The primary methodology I describe as "philosophical conversation." Philosophy is always dialogic. Even written philosophical monologues engage with an invisible conversation partner. Philosophical practice, then, is a trained philosopher in conversation with a non-philosopher (usually, though not necessary) discussing an issue that the non-philosopher brings to the table. In this respect, the interaction is very person-centered rather than procedural or content-centered.

In the conversation, more time was spent listening to clients than speaking to them, and more particularly so in the first two sessions. Certainly, most of the first session was an exercise in attentiveness and trying truly to hear the issue the client presents. I found that previous experience was useful here, having been trained in pastoral counseling (Rogerian, early-1980s and basic Cognitive Therapy, mid-1980s). I practiced pastoral counseling in a parish context for 19 years, and for the past nine years I have been a spiritual director to a small number of directees. It is clear to me that the same skill set is required in philosophical practice, though the philosopher brings different emphases and methods.

I have been convinced for some time of Alasdair MacIntyre's assertion that human life is lived and told as narrative—that is, often we make sense of life through locating meaning in an ongoing

narrative (1981, 1985). It was interesting that all clients related their predicament or issue as part of a developing story. Further, each narrative was told within a certain hermeneutical context, though often unacknowledged by the client. One of the tasks of philosophical practice is to uncover and analyze those interpretative frameworks, assumptions and presuppositions and consider, with the client, their adequacy. Through philosophical conversation clients were given new hermeneutical clues to interpret their own story and to retell it in more meaningful ways.

Philosophical practice is an educational activity and the main difference between it and pastoral counseling is the task of helping a client to think critically and philosophically about the issue they present. So, with each client I found myself explaining metaphysical, epistemological and ethical concepts that were a part of the client's presenting issue. For example, with most clients, I found it useful to speak about plausibility structures (Berger and Luckmann, 1967), to explore the client's *Weltanschauung*, and to explain Gadamer's "tyranny of hidden prejudices" (p. 242). Also, I found a rudimentary explanation of Hegelian dialectic (thesis-antithesis-synthesis) helpful in explaining the process of learning new ideas to clients. My task was to take these complex concepts and translate them to language that the client could understand. The same task with undergraduate students was very helpful preparation for this and many of the same pedagogical tools were used.

Case Study #4: The Moral Dilemmas of the War in Iraq

Ryan is a middle-aged, married, father of two, who is a professional in a two-person practice, residing in the central New York area. He is also a senior officer in the United States Armed Forces. It is in this latter capacity that he developed issues that necessitated counseling.

In November, 2005 Ryan was mobilized by recall to active duty and spent the next five and a half months in pre-deployment training. He deployed to Iraq in April, 2006. The deployment lasted until April, 2007. During the deployment, Ryan served on the Multi-National Forces Iraq Staff. The client sat as a magistrate upon security internee detention boards, as well as managing the Internally Displaced Persons issues presented by internal ethno-sectarian violence.

Ryan was subjected to daily rocket and mortar attacks. Additionally, he regularly went into harm's way while performing diplomatic security missions. During this deployment, Improvised Explosive Devices (IEDs) killed four members of his unit, and six other persons from his base were killed in a mortar attack. Finally, duties in surveying vehicles destroyed by IEDs subjected Ryan to witnessing the remnants of dismembered human remains in such vehicles.

Ryan returned to his civilian life to find eighty-five percent of his professional practice gone due to his absence. He received psychological counseling from the Veteran's Administration. His initial diagnosis showed certain pre-cursors for Post Traumatic Stress Disorder (restraining his temperament, disrupted sleep, and increased consumption of alcohol). However, later assessment diagnosed the client with Readjustment Disorder. I explained to Ryan that I would not be taking a therapeutic approach to his issue, but rather a philosophical approach. Ryan said it was philosophical counseling he was looking for.

I saw Ryan six times. In our initial interview he said, "My problem is reconciling the disruption in my life that was occasioned by being mobilized in support of Operation Iraqi Freedom for eighteen months." The problem was clarified as: a) Disruption to normal life (and missing the early

years of the children); b) A moral dilemma in that Ryan did not see the Iraq war as a just war from its inception; and c) A further moral dilemma in disagreeing with conduct observed by US service personal while in Iraq. I asked him about the help he had received from the VA. Ryan reported that the VA counselor had suggested medication to help him deal with his troubled feelings. However, Ryan did not want to merely mask his feelings but wanted to think carefully about the feelings. Hence, he sought philosophical counseling.

Our conversations were far reaching. We talked also about Ryan's roles as husband, father, businessman and military officer—the conflicts, uncertainties and challenges he faced in fulfilling the various roles. We spoke about Aristotelian and Taoist balance.

When we spoke of his military dilemmas I made it clear to Ryan that I have been a pacifist for 25 years and that my philosophical commitments colored my approach to the war in Iraq. Ryan thought that my perspectives would be helpful as a counterpoint. While in counseling, Ryan read Michael Walzer on the just war, John Howard Yoder on just war and pacifism, and Immanuel Kant on perpetual peace. We talked at length about the traditions of the just war and pacifism and discussed his understanding of the books. Also, we considered in some depth the morality of the various actions he had observed in Iraq and his response to them.

In our final session Ryan said he was pleased to have had opportunity to talk to a philosopher and wished that it could have continued. On his exit questionnaire he said, "The most significant insight I have gained is that my role as a senior military officer, which has largely shaped my identity for majority of my adult life, is in need of restructuring." It was interesting also that Ryan saw a major difference between the psychotherapeutic counseling and philosophical counseling. He said, "Psychological counseling starts with a diagnosis, whereas philosophical counseling does not. The advantage therein is that there is less confinement. The psychological counselor is driven to solve the problem. However, that means that I as the patient—the vessel of the psyche—am the problem needing fixing" Ryan liked the openness of philosophical practice. However, he said also, "The process terminated too soon. Aside from that, I have in some respects more questions to work through than I did when I started. But, I imagine that the development of the proper questions is part of the healing process."

In his very full life, Ryan is also a senior instructor in martial arts. Through philosophical counseling he was able to link in his own mind philosophical practice with "the wise" of other traditions. He said, "In general I would say access to philosophers is a good thing. ... In the old world sense there are shaman/tribal elder type of people that I may seek out in the future."

Case Study #5: Restructuring Life's Priorities

Dalpat is a senior surgeon who works in a practice with six other surgeons. He moved from India to the USA twenty years ago. Dalpat is a Sikh and tries to live by that religion's precepts. Three years ago he faced a major crisis in his family with a major disagreement with his teenage son. His wife and daughter sided with the son and the family fractured. In addition, his wife developed a serious psychological illness. Dalpat for the first time in his life turned to alcohol. His work suffered and he took a two-year sabbatical. During that time he found Alcoholics Anonymous and is now sober. However, his wife had subsequently left him. Dalpat wished for reconciliation. I saw Dalpat five times.

It became clear that Dalpat had reached a crossroads in his life. Before his sabbatical he worked 100-hour weeks. He recognized that it was in part his work commitments that had caused estrangement with his family. He wanted to talk to a philosopher to gauge whether the changes he had determined to make were appropriate. The changes were: a) to try to reconcile with his wife (this was complicated by her mental health diagnosis of manic depression); b) to recommence work but limit himself to 40 hours each week; and c) to revisit his personal philosophy and find a renewed balance.

Part of our conversation was to discern what elements of his life situation were his responsibilities and which were not. We talked first at length about his work situation and his responsibility in becoming over-worked. In our conversation I used Aristotelian ideas of virtue and balance. We talked at length about goals, practices and habits. We also talked about duty and Kantian deontology. Dalpat was taken by the way ideas from his Sikh tradition were confirmed by both Aristotle and Kant. We also looked at nonviolence and conflict resolution. He wanted to read and I suggested books by Kant, Michael Nagler and a reader in the philosophy of nonviolence.

The issues with his family (breakdown in relationship with his children and estrangement from his wife) were intricate. Dalpat came to see that he was responsible for at least some of the difficulties (an over strictness with his children, particularly his daughter). Where he was responsible, he could make changes and during our time together (three months) he had made personal changes and reported improvement in relationships. With regards to his wife, Dalpat came to a realization that her mental illness was not his fault. Nonetheless, his traditional beliefs left him with a very strong sense of duty toward her. He wanted to care for her. However, she did not want his care. This produced a major conflict. I tried to help him see that his wife's choice was outside that which he could control. He reluctantly came to a conclusion that he might have to let her go, though this was deeply troubling to him.

By the end of our counseling sessions Dalpat was confirmed in his commitment to change his pattern of worklife for the sake of his own health and for the sake of relationships with his family and friends. His family circumstances remained largely unchanged. It seemed unlikely that there would be reconciliation with his wife. Positively, he was confirmed in his Sikh understandings of life (strengthened by other philosophies) and Dalpat had a renewed commitment to a moral life lived in accordance with the precepts of his tradition.

Case Study #6: Career Change and Relationship Issues

James, is sixty-four and owns his own successful business as a general building contractor. He has been in business most of his adult life having graduated with a degree in fine arts. In his early sixties he is thinking of retiring from his contracting business and beginning a career as a new age therapist. I saw James four times.

James wanted to talk though two issues: his planned career change and his desire for a committed relationship.

We talked through the philosophy of pragmatism with regard to his proposed life changes with an objective look at possibilities and potential. James had read widely in various new age therapies and had attended a number of self-help weekends. He had clearly been personally helped and had a desire to help others helped in turn. He had picked up a bewildering diversity of emphases and

approaches—some of rather dubious validity (thinly disguised pyramid selling schemes, for example). In one session, he brought in two rather large shopping bags of his favorite new age books and how each had helped him. It became clear that he had not made a decision about what kind of new age therapist he wanted to be. I tried to help him think more clearly about possibilities.

We talked briefly about business plans and marketing strategies. For this I used my understanding of economics and business from my first career (a degree in business and marketing and six years experience in banking). It was clear to me that James needed some help in this area, and having exhausted my limited understanding, I suggested that James seek help from a business consultant rather than a philosopher!

Nonetheless, I brought a skeptical approach to his rather grand and naive plan. For me to affirm a rather dubious business plan, without pointing out obvious problems, would have been negligent. My honest view was that the new business would not be a means to provide a living and that to pursue his “hobby” as a career change would end in disappointment. This led me to a more directive approach than with other clients in providing alternatives for James to consider. I suggested he try the new age practice in a part-time way, without giving up the construction business. In this way, he could see if there is truly a need and if he has the initiative, drive and ability to meet that need.

With regard to relationship issues, we talked through James’ successes and failures with women and his present desire for a relationship. He was worried that his perceived need for a relationship was a weakness. We talked through Aristotelian ideas and the social nature of humanity and feminist ideas of intersubjectivity (Irigaray).

James said the sessions were like an “awakening of insight.” I asked him for clarification and he said it was like a reminder of things he already knew but had become clouded. Philosophical counseling brought balance to his presenting issues. He said further, “Just talking to someone who is open, with no preconceived ideas is helpful.” However, there was some disappointment. He commented, “I didn’t get a good push into a career change.”

James also thought there were limitations in philosophical counseling. He realized that in philosophy there are no easy remedies. My impression was that James had hoped there would be. He was disappointed that some of the easy solutions he had read about in new age books were unavailable to careful philosophy.

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Notes

1. Several of our answers were taken directly from materials kindly given to us with no copyright restrictions from Dr. Lou Marinoff, Founding President of APPA and Professor and Chair of Philosophy at The City College of New York.

2. “Primary Certification as an Associate signifies basic competency minimally required for supervised practice with individuals. The minimum academic requirement for certification as an Associate is an earned Master’s Degree or ABD in Philosophy (or Licensura in Hispanic countries). Candidates must demonstrate evidence of appropriate competency in ethics (values analysis/clarification), logic (formal and informal reasoning), epistemology (belief justification), metaphysics (world views) and at least the major figures and themes of the history of western (and preferably also eastern) philosophy. While no particular philosophical orientation is expected or required, candidates should also be familiar with the basic principles and themes of both the analytic and existential/phenomenological traditions of recent philosophy. In addition, candidates must demonstrate practical knowledge of the principles of interpersonal psychology, psychopathology, experience and/or training in personal counseling, familiarity with the history of philosophy as a discipline of counsel, and evidence of personal stability and good character. Evidence of satisfactory demonstration of these requisites and skills may be established by successful completion of the APPA Primary Certification Training Program for Philosophical Counselors.”

“Primary and Full Certification as a Fellow are identical to Primary and Full Certification as an Associate, respectively, except that the minimum academic preparation for a Fellow is an earned Doctorate in Philosophy. Fully Certified Fellows are eligible, by APPA invitation, to provide training and supervision of candidates for APPA Certification.” American Philosophical Practitioners Association. “Certification Standards.” Retrieved September 30, 2009. <http://www.appa.edu/standards.htm>.

3. We received Primary Certification in Philosophical Practice (Level I) from APPA at the February 1-3, 2007 training in New York City and Full APPA Certification at a Level II training conducted by Drs. Lou Marinoff and Vaughana Feary at SUNY Cortland, NY, August 22-23, 2009.

4. Philosophically speaking, I am not comfortable calling fetuses “babies.” I didn’t challenge her denotation, however, because I felt it would break the connection we were creating through dialogue. I would simply become an insensitive other, unable to accompany her in the grieving process. It is often the case that clients have different perspectives than their practitioners, and to impose our own viewpoint would be dogmatic.

Editor’s note: When this case came up at APPA’s Level II Program, it was suggested that this distinction—between fetus and baby—could have been drawn without “insensitivism.” To impose a viewpoint may be dogmatic, but to offer one is dialogical. If a philosophical counselor were pro-choice, implying that she is willing to distinguish fetuses from babies—i.e. willing to abort fetuses but not to murder babies—would she then feel no qualms about supporting their conflation, even if for the supposed benefit of her client? Mightn’t the client suffer less if she believed she had lost fetuses instead of babies? In general, should we help clients think critically, or validate their emotions? If the latter, what distinguishes PC from psychotherapy? We welcome letters from our readers.

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Aims and Scope

Philosophical Practice is a scholarly, peer-reviewed journal dedicated to the growing field of applied philosophy. The journal covers substantive issues in the areas of client counseling, group facilitation, and organizational consulting. It provides a forum for discussing professional, ethical, legal, sociological, and political aspects of philosophical practice, as well as juxtapositions of philosophical practice with other professions. Articles may address theories or methodologies of philosophical practice; present or critique case-studies; assess developmental frameworks or research programs; and offer commentary on previous publications. The journal also has an active book review and correspondence section.

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