Reflections

The therapeutic status of philosophical counselling

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A change of title may soon be imposed upon UK practitioners of philosophical counselling by the *Health Professions Council* (HPC), which has announced its intentions to prohibit anyone outside the mental health professions from using the title "counsellor" (and variants thereof). The HPC's specially-appointed consultative committee, the *Professional Liaison Group* (PLG), has already published draft standards of minimum proficiency requiring advanced training in clinical skills; if these recommendations are passed into law in anything like their current form, philosophical counsellors will be forced to choose an alternative title.

The SPP submitted a batch of documents contesting the HPC's right to restrict the usage of such a common term. A paper on the meaning of "counsellor" (reproduced here on pp.17–34) highlighted significant conceptual errors underlying the proposal. The submission also included a letter outlining the non-therapeutic conception of philosophical counselling, accompanied by the books *Essays on Philosophical Counseling* (ed. Lahav & Tillmans, 1995) and *Therapy for the Sane* (Marinoff, 2003), as well as an extensive collection of authoritative quotations. Unfortunately, despite the promise of a prompt reply, almost a year later the PLG has still not acknowledged the legitimacy of philosophical counselling or engaged in any form of dialogue. The delay can perhaps be attributed to the unanticipated deluge of 1,100 critical responses (many of which were quite voluminous) elicited during their consultation process.

At a conference of counsellors and psychotherapists held at Conway Hall in January 2010, representatives of the HPC and PLG offered reassurances that the proposals would be duly revised and redrafted before being implemented, but the remarkable diversity of opinions amongst the delegates from the counselling professions that day suggests there is no solution that will appease all stakeholders. Whilst the conference was in general agreement that some form of regulation is appropriate for practicing counsellors, the prevailing view was that the HPC is not an appropriate regulatory body for talking therapies or counselling professions. However, the HPC has indicated that it does not intend to abdicate.

It should be noted that the HPC's remit is to supervise *therapeutic* counselling services only; non-therapeutic services are to be exempted from regulation. It is as yet unclear whether philosophical counselling would be deemed sufficiently non-therapeutic to merit an exemption. This artificial dichotomy confronts philosophical counsellors with a potential identity crisis.

Is Philosophical Counselling a Form of Therapy?

The relationship between philosophical counselling and psychological therapy has been much debated in the short history of the philosophical counselling movement. The pioneer Gerd B. Achenbach insisted that while philosophical counselling may be a valuable alternative to psychotherapy, and may have

therapeutic effects, it is not itself a therapy (1984, p.29). In Achenbach's dialectical model, the chief aim of philosophical counselling is to question unreflective assumptions and to stimulate insights into personal situations, not to provide comfort to those in distress. By prioritising open-ended enquiry, wherever it leads, philosophical counselling has the potential to undermine comfortable assumptions and provoke unsettling thoughts. Achenbach cautions, "Philosophy does not lighten the burden, but rather makes it more difficult" (1995, p.68).

The seminal anthology edited by Lahav & Tillmans, *Essays in Philosophical Counseling* (1995), portrays a form of intellectual consultation quite distinct from psychological therapies.[1] According to the majority of contributors, philosophical counselling aims at conceptual clarification and wisdom, without explanatory recourse to psychological patterns or mental health constructs. Nonetheless, it is acknowledged that philosophical counselling may have beneficial psychological effects that can be broadly described as therapeutic. The controversy turns upon the definition of the specified goal or outcome.[2]

Therapeutic philosophy

As articulated well in this volume by Tukiainen and Stedman, philosophy is not the love of wisdom for its own sake, but the means to live a wise and fulfilling life. The Stoic and Epicurean philosophers, in particular, focused on the use of philosophical thinking to minimise emotional disturbance and restore emotional tranquillity. An increased sense of wellbeing is a natural consequence of wise living, and it is an outcome well worth pursuing for its own sake. Philosophers, more than any other professional practitioners, have the resources to help people understand their personal experiences and adapt to their existential situation; philosophical *praxis* is the key skill they need to develop. The philosophical practitioner, as an expert and coach in *phronesis*, can help them appraise the pragmatism of their personal values and sentiments, and thereby help to buffer them against their emotional whims. This model is not 'therapeutic' in the sense of healing mental illness, but it aims to improve the quality of life.

In his popular book *Therapy for the Sane* (2003),[3] Lou Marinoff portrays philosophical counselling as a potential remedy for many types of personal discontent or anguish that are routinely misdiagnosed as psychological problems. He argues that many common types of emotional complaint are symptomatic of maladjusted philosophical worldviews; accordingly, the most appropriate and effective intervention should be philosophical contemplation under the guidance of an expert.

Nonetheless, Marinoff is careful to emphasise that philosophical counselling is not an appropriate treatment for all types of personal problem:

> People should get to know themselves medically, so as to be able to preserve their physical health – including the proper functioning of

[1] In particular, Ben Mijuskovic offers a list of methodological and philosophical differences in "Some Reflections on Philosophical Counseling and Psychotherapy".

[2] In evaluation terminology, an 'outcome' is a specific objective or goal of a service, not (as in common parlance) whatever consequences result. Outcomes should be defined before the process begins.

[3] The original title of Marinoff's book was *The Big Questions: How philosophy can change your life*.

> their brain chemistry. Visits to physicians, including psychiatrists, are warranted for this purpose. Similarly, people should get to know themselves psychologically, so as to be able to maintain their emotional well-being. Understanding the forces that condition and influence one's personality, habits, likes, dislikes, ambitions, aversions, and so forth, is necessary for personal growth. Many kinds of psychologists are out there to help with this process. But what do you do when you're medically stable, emotionally contained, yet still experiencing dis-ease over a burning question? This book advises you to address the issue philosophically: It offers you therapy for the sane.
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> (Marinoff, 2003, p.11)

The term "therapy" is subject to a range of interpretations. Its primary sense denotes a course of treatment intended as a remedy for an illness or disability, and even its most liberal contemporary sense presupposes some deviation from norms of good health and function. Accordingly, it can have unwelcome and derogatory connotations for clients in philosophical counselling, some of whom are simply seeking informed philosophical conversation. Philosophical counsellors generally resist labelling their clients as intellectually 'ill' or 'dysfunctional', preferring instead to regard them as equal partners in critical dialogue.

Marinoff has argued that philosophical counselling constitutes a "therapy without diagnosis", and points out that his usage of the term "therapy" has some etymological warrant.[4] However, the phrase "therapy for the sane" (originally coined by the Canadian practitioner Peter March) is deliberately oxymoronic: sane people do not need treatment for psychological problems. The maladies to which Marinoff refers are not pathological diseases of body or mind, but "dis-eases"—i.e. disturbances of emotional homeostasis. Marinoff's model of philosophical counselling arguably has broadly 'therapeutic' goals in that he aims at alleviating anxiety and enhancing personal wellbeing, but he stops short of marketing the service as a potential cure for psychological anomalies or mental illnesses. Some critics accuse him of an implicit contradiction, alleging that he does not respect the boundary between therapy and non-therapy.[5] The boundary, however, is an artificial imposition. Philosophical counselling is not founded on the construct of therapy, and therapy does not feature in its definition. A more appropriate foundation is the distinction between psychopathological abnormality and philosophical angst. It is arguably psychologists who routinely conflate these two notions and overstep the boundaries of their expertise and training, offering trite philosophical platitudes or ignoring the philosophical dimension entirely. In this metaphorical sense, the term "therapy for the sane" is very apt, for it distinguishes fully rational clients from those with psychological or psychiatric cognitive disorders who are likely to deviate from the logical path.

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[4] Marinoff (1999, pp.35–36) explains that the etymology of the term derives from the Greek word θεραπεία (*therapeia*), which he translates as "to attend to". In context, the word meant 'service', particularly to the gods (see the *Euthyphro*); the related word *therapōn* was used by Aristophanes to mean 'slave'. By the time of Galen, *therapeia* referred to the provision of medical services, somewhat akin to the modern conception of professional nursing.

[5] See Julian Baggini's article entitled "Counsel of Despair" in *The Philosophers' Magazine*, 49, 11 June 2010.

Despite his caveats that it is not intended to treat mental health problems, his portrayal remains controversial because it subjugates philosophical enlightenment to emotional outcomes. He positions his services as philosophical advocacy, guiding clients in the instrumental use of philosophy for achieving their personal goals.[6] Indeed, some critics accuse him of dispensing glib aphorisms to reassure and comfort clients, like some kind of philosophical mercenary for whom truth is no longer the primary virtue. This crude caricature expresses a genuine concern that defining emotional satisfaction as the primary outcome could compromise the philosophical rigour of the consultation.

The Israeli practitioner Shlomit Schuster has offered a sophisticated analysis of this issue in her 1999 book *Philosophical Practice: An Alternative to Psychotherapy and Counselling*. Schuster is careful to distinguish philosophical counselling from philosophy as therapy and cautions that the two should not be conflated. She coins the term "transtherapeutic" for her approach to philosophical practice "because it consists of activities that are not therapy, yet nevertheless can induce well-being" (1999, p.8). Like Marinoff, she has applied her philosophical skills with the initial purpose of alleviating emotional problems, although her approach is more open-ended, in the Achenbachian tradition, and is not defined by specific outcomes. She argues that "philosophical care" can be transtherapeutic even for people with highly disturbed thoughts and feelings, who yearn to have their irrational ideas taken seriously without the stigma of psychiatric diagnoses (which ironically may provoke further ego-protecting delusions). However, she concedes that for some clients philosophical counselling is not likely to be helpful, and psychiatry and psychotherapy may be more appropriate and effective (1999, p.16).

Philosophical therapy

The Canadian practitioner Peter Raabe is perhaps the most prominent advocate of philosophical counselling as a form of therapy for clients who may meet the criteria for psychiatric diagnosis. He insists that philosophical counselling should have therapeutic goals, arguing that "philosophical counseling is an attempt to both understand and alleviate the suffering of a fellow human being" (2002, p.98). He rejects the medical model of psychiatric disorders—such as manic-depression, obsessive-compulsive disorder, post-traumatic stress disorder and schizophrenia—on the basis that the diagnoses are defined purely by symptomatology and no biological aetiology has been conclusively established for them. In his view, the modern faith in psychotropic medication is not just unfounded but *a priori* absurd.[7] Arguing that mental illness labels are unhelpful and stigmatising, he

[6] "Replacing Prozac with Plato: the New Philosophical Counselling", interview with Lou Marinoff by Merle Hoffman, *On The Issues*, Winter 1999.

[7] In "Philosophy in a Psycho-Pharmaceutical World" (*Practical Philosophy*, 9.2, pp.95–97), Raabe disputes the efficacy of psychotropic medications, denigrating them as crude sedatives and inert placebos. His argument rests on two dubious appeals to authority. The study by Kirsch *et al*., which found the efficacy of psychiatric medications to be only marginally higher than placebo, has been vehemently denounced by psychiatric authorities for its numerous methodological flaws (see Bender, 2008, p.42); yet Raabe proceeds directly to the claim that "they are, in fact, placebos" with no mention of the controversy. He also defers a crucial part of his *a priori* argument to *The Philosophical Foundations of Neuroscience* by Bennett & Hacker (see footnote 9 below). In the preface to that book, Denis Noble sounds a note of caution—"I must issue a warning: this book is *highly* controversial" (p.xiii, original italics). It also spawned lengthy refutations from its main philosophical targets (see Bennett *et al*., 2007). Accordingly, neither text can be regarded as either *conclusive* or *representative*, essential criteria for valid appeals to authority.

deconstructs them into philosophical symptoms of confusion, false belief and errors of logic, recommending philosophical counselling as a more suitable remedy. He resists classifying philosophical counselling as a therapy (2002, p.15) not because he doubts its efficacy as an effective remedy, but because he rejects the connotations of medical dysfunction. In effect, he positions philosophical counselling as a direct competitor to psychiatry, which he believes to be founded on bogus science.

A good case can be made for the efficacy of philosophical contemplation in relieving certain patterns of distressing and even debilitating emotions, but it is reasonable to insist that service providers should supplement their philosophical skills with training in psychological assessment and counselling techniques. Accordingly, Tim LeBon's *Wise Therapy: Philosophy for Counsellors* (2001) is intended as a professional guide for practicing counsellors and therapists; the philosophical techniques it describes are complementary to other counselling methods which may be better suited to managing a client's potentially tempestuous reactions. Similarly, Emmy Van Deurzen's courses on *Existential Therapy* (which is distinct from the Achenbach-inspired tradition of philosophical counselling) are placed within the disciplinary framework of counselling and psychotherapy rather than philosophy. Practitioners who already hold accredited qualifications in therapeutic counselling can of course adopt philosophical techniques without risking the wrath of a regulator for failing to meet the minimum proficiency standards.

By contrast, the prospects for widespread acceptance of 'philosophical therapy' as a distinct professional service, independent of clinical psychology, are rather remote. Any putative remedial service which eschews training in mental health care, whilst lacking an approved system of inspection and regulation to ensure efficacy and standards of proficiency, risks condemnation by health institutions and governing bodies as irresponsible, antagonistic and potentially hazardous. In the UK and several US states, government agencies have already signalled a clear intent to prohibit unorthodox therapeutic practices. If philosophical therapy is ever to claim a place alongside other forms of mental health care provision, practitioners must adduce convincing evidence of its therapeutic merits and demonstrate rigorous professional safeguards. Unfortunately, the strong anti-psychiatric rhetoric employed by some of its proponents is unlikely to garner the endorsement of statutory regulators—particularly when their advisory boards are drawn from the health sector.

The boundaries of philosophical counselling

Philosophical counselling alone is not a panacea for all emotional complaints, and practitioners should be mindful not to overstep the limits of their professional expertise. A skilled and responsible practitioner should be capable of recognising when the service is unlikely to be constructive.

A number of writers have emphasised that the medical profession is primed to interpret all significant deviations from norms of optimal emotional function as symptoms of biological disorders, arguably for reasons of professional self-interest: if one's toolbox contains an array of psycho-pharmaceutical hammers, everything seems like a biological nail. However, philosophers should be wary of a converse bias: equipped with expertise in critical thinking and knowledge of sophisticated worldviews, it may be tempting to construe all emotional complaints

as consequences of philosophical error. If there are no constraints on positing implicit fallacies to explain irrational actions or unrealistic beliefs, then almost any psychological quirk can be construed as a manifestation or expression of a confused philosophy. Many of the bizarre cognitive anomalies exhibited by the patients of leading neuropsychologists such as Sacks, Damasio and Ramachandran could be interpreted as symptoms of bizarrely delusional worldviews—if one is prepared to discount the groundbreaking research into their complex neurological aetiology.[8] As laboratory research advances our understanding of complex psychological conditions, and we learn more about physical influences on mood and rationality, the insistence on exclusively cognitivist explanations looks increasingly dogmatic.[9] Philosophers have a duty to avoid dogmatism and uphold the fundamental philosophical principles of systematic scepticism and self-criticism. Furthermore, dogmatic cognitivism betrays an ignorance of the trend in contemporary philosophy towards theories of embodiment, which emphasise the complex integration of mind and body.

Even if the cause of the problems can be traced to fallacious inferences, it does not follow that philosophical counselling will be an effective remedy. A client must be capable of recognising valid logical inferences and prioritising them over sentimental biases.

> Philosophical counselors cannot help persons suffering from severe functional cognitive defects or those afflicted with serious communicative disorders—those who cannot understand a common-sense explanation, cannot respond to simple questions, or fail to express themselves at all through ordinary language. For such people, philosophical counseling might only be helpful after a successful medical or psychotherapeutic intervention.
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> (Schuster, 1999, pp.15–16)

Philosophy graduates who have not been trained in psychological assessment and treatment are not equipped to detect all potential hazards. Some clients, such as those with subtle autistic spectrum disorders, may seem alert and intelligent, yet have cognitive blindspots which are only revealed by expert psychological enquiry. Confronting these clients with their logical anomalies may provoke distress and injure their sense of wellbeing, without improving their cognitive performance.

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[8] See *The Man Who Mistook His Wife for a Hat* by Oliver Sacks (New York: Bantam, 1987); *Descartes' Error: Emotion, Reason and the Human Brain* by Antonio Damasio (New York: Grosset/Putnan, 1994); and *Phantoms in the Brain: Human Nature and the Architecture of the Mind* by V. S. Ramachandran and Sandra Blakelee (London: Fourth Estate, 1999).

[9] In *The Philosophical Foundations of Neuroscience*, Bennett & Hacker chastise a succession of neuroscientists for inappropriately using mental terminology to describe neural processes, on the grounds that this merely reduces mental/physical ontological dualism to a finer grain at which mental terms have no purchase because they are supposed to apply to a whole person and not to *parts* of a person. Following a brief exposition of their argument, Raabe concludes, "This means that the attempt to treat the psychological source of depression with medication that functions at the neurological or brain level is simply wrong-headed" (2008, p.96). However, Bennett & Hacker are rather more sanguine: "Achievement in cognitive neuroscience is gradually enlarging our understanding of why we are as we are, why we possess the powers we possess, what determines their empirical limitations, and what goes on in our brains when we exercise them. Neuroscientific advances also hold out the hope that in respect of certain fearful afflictions, hitherto conceived to be beyond our powers to treat, it may, after all, be possible to ameliorate the human condition" (p.408).

Practitioners who assume all clients are equally capable, and dismiss the existence of cognitive disorders, betray an unprofessional level of ignorance.

More commonly, clients with disproportionate emotional sensitivities (or 'neuroses' in quasi-medical jargon) tend to muster protective ego defences when their cherished delusions are undermined by logic. Dismantling these ego defences without an advanced appreciation of the dynamics of personal psychology can have unpleasant emotional consequences and even foment hostilities towards the counsellor. Sometimes, as in grief reactions, a period of denial must be respected so that the client has time to adjust their complex constellations of interrelated personal sensitivities to the new reality. In cases of self-harm, as well as myriad other 'syndromes', confrontation with unpleasant truths can provoke dangerously maladaptive behaviour. Therapists and psychological counsellors are trained to recognise these patterns and adapt their approach accordingly. Philosophers with elementary training in counselling skills are not.

These complex, logic-resistant, affective patterns are well known within the field of counselling psychology, regardless of the labels attached to them or the theories used to explain them. The observations can of course be challenged, but it is prudent to ensure that the criticisms are made from a position of expertise, reflecting a thorough acquaintance with relevant case studies, psychological theories and counselling practices. A sceptic who wishes to establish a dissident rival practice should be trained and certified in counselling psychology, not just theorising from the armchair. There is no excuse for wilful ignorance, or for philosophical arrogance.

Philosophical counselling is contraindicated in cases where a client steadfastly refuses to disavow an absurd belief or recognise an obvious logical contradiction. Irrational clients confound the core dialectical method. The Dutch practitioner Dries Boele reports his experiences with one such client:

> As a philosophical counselor, I could not deal with this affective disturbance which made it impossible for her to use rational thinking.
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> This case suggests that not all personal problems can be addressed by philosophical counseling. Some type of non-philosophical therapy may be necessary when a person cannot lead his or her life in accordance with autonomous and critical thinking.
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> (Boele, 1995, p.46)

When confronted with stubborn irrationality, philosophical methods have obvious limitations. The temptation to attempt non-philosophical interventions should be resisted by practitioners lacking relevant qualifications. Instead, the client should be directed to a more appropriate service. Indeed, this is stipulated as a requirement in the SPP's *code of practice*, articles 5 & 7:

> Consultant philosophers should not employ techniques for which they are not qualified.
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> The consultant will make it clear where his/her limits of expertise lie and at what point referral to another relevant consultant would be considered: for example, in the teaching, mental health, social work,

> medical or psychology professions. The consultant is careful not to overstep these limits.

Discussions of the accuracy of diagnoses of "neurosis" or "schizophrenia" should be ideologically neutral, regardless of the counsellor's own opinions, because it is not within the philosophical domain of expertise to impose or contradict such clinical diagnoses.

Most importantly, practitioners must not advise clients to discontinue a course of prescribed medication or abandon a programme of psychotherapy. It is of course acceptable to engage in a discussion of their efficacy, if the client so wishes, but if this occurs during the course of treatment it could contradict the terms of the practitioner's professional liability insurance. The discussion could prompt the client to abandon their medication or psychotherapy before the completion of the course, with unexpected and potentially disastrous consequences. For these reasons, some practitioners prefer not to accept clients who are concurrently undergoing a form of statutory therapy.

This is not to say that philosophical methods should not be used as a technique to help people with recognised mental health disorders. For example, James Stedman's illuminating discussion of the efficacy of Aristotelian virtue theory (pp.57–64) demonstrates that philosophy can expedite improvements in cognition and wellbeing even for psychiatric patients. This does not mean that philosophical counsellors should accept psychiatric patients for therapeutic work; rather, they should be urging the adoption of philosophical training amongst the psychiatric profession.

Philosophical counselling as personal development

Increasing scrutiny and regulation of the counselling sector is forcing philosophical counsellors to re-evaluate the classification of their services. The APPA is considering whether to align itself with education or personal development rather than therapy. Similarly, the SPP has suspended its training course for a period of reflection and re-orientation. It is likely that in future the course will be presented as personal development coaching or supplementary training for counsellors and other consulting professionals.

In a recent article entitled "Counsel of Despair" (2010), Julian Baggini noted that the philosophical counselling movement has failed to live up to its own hype and has yet to find a consistent paradigm. It has not fared particularly well as an independent service, and is not yet a sustainable profession (unless combined with some form of psychology). Despite the popularisation of philosophy in the publishing industry, the general public remains unconvinced.

The low uptake may have more to do with reputation than awareness. The relentless drive to promote philosophical counselling as a viable alternative to psychotherapy has generated a degree of hyperbole and precluded an honest appraisal of its limitations or the contrast in professional standards with established counselling services. The tendency to ignore or downplay misgivings, which are nonetheless voiced in private, does not instil trust amongst the public or other professionals. The proverbial 'elephants in the room' are the ambivalent relationship to counselling psychology, and the lack of proper accreditation.

Practitioners who emphasise their role as 'counsellors' over their role as 'philosophers' and offer remedial services for emotional complaints, whatever the cause, are knowingly exploiting an ambiguity to venture into the domain of psychological health. This seemingly innocuous step stirs up a hornet's nest of professional complications. It projects the illusion that the practitioner is a registered psychological therapist specialising in a philosophical modality. The distinction may seem obvious to people well acquainted with philosophical practice, but it is by no means obvious to the general public. The onus is on the practitioner to make the distinction explicit. The SPP has been aware of the potential confusion for a long time and steps must be taken to address it.

The SPP's own registration scheme is intended to establish a benchmark of professional credibility in a new professional domain. The SPP certificate confers reassurance that the practitioner has met a peer-approved standard in philosophical practice. However, at present, it is not officially recognised by any statutory or private agency, and confers no special privileges or entitlements. In particular, it is not equivalent to professional registration in counselling psychology from the BACP, UKCP, CCC or COSCA.

Any organisation can institute its own registration scheme, underwritten by its reputation and the credentials of its governing committee. Like other associations for philosophical practice, the SPP has faced the challenge of bootstrapping itself into a position of authority. The SPP has not yet attained a reputation of professional standing amongst the counselling fraternity as a valid certifying authority. Some other professional counselling organisations, while generally sympathetic to philosophical approaches, have reservations about the SPP's accelerated route to 'registered' counsellor status. This is not due to a disciplinary bias against philosophy or its utility in therapy. In the counselling sector, business depends on reputation, and professional organisations protect their investment in professional training and supervision zealously. If philosophical counsellors are to be welcomed into the same domain, they must match the standards required by other professional counselling organisations, irrespective of any controversy over therapeutic connotations.

If philosophical counsellors claim to use philosophical methods to address problems conventionally deemed 'psychological' or 'emotional', then it is difficult to maintain a principled distinction with philosophical modes of counselling psychology. Philosophical practitioners must choose whether to co-operate with counselling psychologists in establishing joint professional standards, or to pursue a rival agenda with independent standards—in which case the movement cannot expect an enthusiastic welcome.

The SPP does not have the resources or reputation to offer a training and certification programme equivalent to the standards maintained by professional associations for counselling psychology. If it is to meet those standards, it must either set up an advanced postgraduate diploma dedicated to philosophical counselling, with extensive vocational training and supervision, or offer philosophical counselling modules as a component of (or supplement to) accredited counselling courses. Either route would potentially satisfy the regulators and other professionals; more importantly, it would also reassure the general public.

At present, there is no restriction on highlighting the potential benefits of philosophical reflection for enhancing wellbeing. However, reports of lifestyle

transformations remain anecdotal and until reliability is confirmed by rigorous empirical research, there will always be sceptics. Philosophers, of course, should be foremost amongst them.

The concept of philosophical counselling, already much debated, must be re-examined in the light of new controversies and evaluated within an increasingly regulated environment. The movement must clarify precisely what it is trying to achieve, not just what its methods are. If divisions remain then there must be new distinctions with separate nomenclature. An impartial, self-critical dialogue is required amongst the international community of philosophical practitioners. It is time to bring the analytic strengths of philosophy to the fore.

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