The idea of therapy was addressed in the field of philosophy with different connotations over tradition. This article presents an approach of the therapy as application of contemporary practical philosophy. Philosophical counseling, as an outstanding field, is an alternative that can join forms of psychological or psychiatric therapeutic intervention, such as CBT, with which it resembles as for methodological aspect. Specificity of philosophical counseling is given by the depathologization vision on the problems of the human being’s life. With the purpose to discover the philosophy proper to each one of us, of the overall rationalizing vision of the world, this relatively new philosophical field revives through the Socratic dialogue and other instruments of intervention, the traditional ideal of practicing philosophy in the world and for the world.

After several decades of successive self re-modeling of philosophy (Mesaros, 2013), in recent decades, applied philosophy took shape, being brought back to the agora the Socratic ideal of philosophizing, specific to the human nature. The philosopher as therapeutic guide, namely the therapeutic counselor, tends to make a profession of the discovery of individual philosophical path of those to whom he addresses, which has the following consequences: relief, reflow of discomfort situations that clients face in life. In fact, philosophical counseling treats its clients in depathologizant manner, as reflexive human beings, which face life problems that can be overcome by the discovery of his own philosophical style with the help of a professional. So, this applied philosophical approach can stand next to psychology and psychiatry, if we are guided by its purpose, that of bringing an extra quality to clients’ mental
health and contributing to their well and optimal happiness. What distinguishes it from other sciences in the mental health field, is the way of intervention and totalizing vision of the human being, beliefs, values, ideals, sense of life, vision on the world, not just orientation on the pathological symptomatology and finding its causes, and then treating them.

Philosophical therapy can be applied successfully, as an adjunct in the interventions of treating deconstructing physiological or psychological symptoms. It develops on the land of relativity of pattern-like situating in mental disorders proliferating with periodic emergence of a new DSM. Classification of mental disorders in DSM IV has empirical research foundation, specifying that the definition of mental disorder in general is left in suspense, accepting irrationality, suffering, or lack of freedom, as some of the specific notes of this definition (DSM-IV-TR, 2003). Cultural and ethical factors also have their role in conceptualizations of pathologies. It is also accepted in this world statistical manual of mental disorder diagnosis the specificity and uniqueness of the human being, even in the functional and pathological manifestation; as a result the diagnosis isprobabilistic in nature, leaving space to any sources of information beyond the given pathology. In other words, non-pathologizant approach can be complementary and useful.

The novelty of philosophical counseling is not striking in terms of methodological aspect of the intervention, the Socratic dialogue being the weapon of specialist philosopher in partnership with those who cross the threshold of the office, looking for help. Stressful situations, fears, depression, difficulty in making moral decisions or in acting, as almost all the panoply of mental disorders, are life issues that human beings are facing in moments determined socially, historically and culturally. Although philosophical counseling cannot be considered scientific by validation criteria and empirical research, it is a method integrating exploration of individuality for curative purpose for short period of time and improvement of mental life quality for a long period of time. We have in philosophical counseling and specific methods, such as PEACE, developed by L. Marinoff, by which is ascertained the problem and adjacent disintegrating emotions, then from analysis is going to contemplation and balance. We note, however, that in the philosophical counseling territorial delimitation, L. Marinoff sees it somewhat as autarchic, by separation and contrast to psychology or psychiatry (Marinoff, 2010). It is asserted that in addition to being additional to scientific areas within the broader field of mental health, philosophical counseling may be complementary. Along with the assessment, diagnosis, therapeutic intervention of some kind, or medication, this branch of applied philosophy can coexist and may gain utility. It is not uncommon in pathological conditions or in remission that those concerned ask themselves philosophical questions concerning purpose in life, whether it is good or bad is what they do and think, what they are and what they can become.

Psychological therapy may have limitations in exploring this seemingly "no man's land", although it opens the doors of its exploration during intervention sessions or further personal development. Also, it may happen that after recovery experiences in intensive therapy, patients are opened a new perspective, better said, vision of life. I also add that patients faced with imminent death due to terminal illness can be counseled about understanding and meeting this stage with physical and metaphysical roots simultaneously. And the examples may continue. Philosophical valves once opened in different contexts of life, can focus human being on living the need to discover its own philosophy and the philosophy counselor, as professional guide, can provide it, reflectively, with philosophical tradition in order track responses to specific questions by means of texts.

I've summarized so far the relationship between philosophical counseling and pathology, but this form of practicing philosophy is a way to rationalize the problems of life, with educational nature, by developing and preparing projects to act effectively on the basis of belief system, process that does not involve only focusing on symptomatic adjustment, but a restructuring of consciousness. This restructuring aims, besides cognitive activation, a comprehensive framing of human being’s vision of the world, by analyzing life within the relationship between the philosophical counselor and his client. Logical coherence of thoughts, habitation with critical thinking tools, manifestation of the spirit of tolerance and freedom, are elements considered during the examination.

Depathologization of human being is a goal of guiding and orientation through rational thinking. It should be noted that many forms of long or short-term psychotherapy uses tools specific to the philosophy in intervention. Traditional Socratic dialogue, although used in the clinical interview, is revalued by the philosophy counselor, from using generic use of discovery and change of inner beliefs to appeal to philosophical concepts, to experimental exploration of ideas in specific and problematic contexts (Marinoff, 2002). Thus, philosophical counseling can also address nonpathological patients, it relativizes mental pathology terminology itself by developing practical wisdom.
Since antiquity, philosophy has had as central mission soul therapy, so a practical orientation. Even if, throughout theoretical philosophy history, the mentioned mission has been left aside, nowadays the professional philosopher and practically it can revive it again and can do it according to the specific problems of present life that people from different cultures face. Using the distinction of R. Lahav, it can be said that the great philosophical practice seen as a goal of love of wisdom, coexists today with a little philosophical practice of life problem solving (Rastrojo, 2006).

From the angle of philosophical practice, we can encounter a problem, that of methodological fragility in consulting, conceptualizing, planning the intervention within an applied philosophical therapy session. Methods and concepts of theoretical philosophy may seem inappropriate in the implementation, or difficult to apply, because philosophy has not proposed such a shift than recently. The solution for solving this problem lies *stricto senso* in the personality of philosopher practitioner therapist, in its ability to engage in the dialogue with the client, to use both common language and philosophical concepts, to appeal to examples from texts or to philosophical texts in overall, chosen depending on moments of dialogue and concrete situations of life issues of people. Creativity is a condition of adapting theoretical with practical philosophy in the therapeutic intervention, considering that those addressing to the philosopher therapist have not advanced knowledge or haven’t at all. Therapeutic relationship between practitioner and client is established on this creative basis or improvisation, how prefers to call it N. Polastri (Rastrojo, 2006).

One of the fundamental considerations of an efficient philosophical therapy is that philosophizing is constitutive to human nature, therefore helping clients to discover this inner spring puts in new light life problems that he is facing dysfunctionally at a certain time and ultimately reflects a new general vision on the world. As a result, it is not unusual that some forms of psychotherapy may not work in particular cases and philosophical counseling work in the same cases. Philosophical inclination of clients may vary from case to case, however philosopher therapist’s skills to highlight are important.

We can see that the combination of the concept “therapy” in the strong sense of "philosophy” is an action that should be continued and supported, as we have to face trials in this sense from the field of development of the latter concept. How can we take Plato, not Prozac, in a world of deconstructed Platonic philosophy ideals? How can we establish an equivalence relation between ancient Greece man and postmodern man involved in deconstructed globalization? How can we make viable the advice of L. Marinoff? We cannot avoid looking for answers or making new questions in this regard. The personal identity of postmodern man, consciousness itself, is subject to fragmentation, lack of sharpness and definition. Actual human hot used to live life worries on the strictly private base space, to internalize them and wear them in the multitude of networks that offers technological and social opening of our time.

There are multidimensional times and spaces in the professional specializations, in the virtually anchored identities, in reconsidering the roles within families in defining personal identity. Our freedoms, responsibility, affirmation of consciousness as a whole, are experienced in these times of quicksand, not in the ideal citadel of Plato.

Postmodernism seems to depict on overall soft pathology in this loss in the network nodes where is used individuality by depersonalization and existentialism warned us early on anxiety as a dimension of life. Then we have the Wittgensteinian perspective of the ethical-therapeutic project of early writings on according individual with the world and reality, but also the reverse of late writings in which therapy wanted to clarify philosophical problems through criticism of the similes (Peterman, 1992). Wittgensteinian therapy is not yet the therapeutic philosophy to which I refer. The way we attach philosophy to mental health field encounters theoretical obstacles, as well as establishing philosophical goals with therapeutic valences.

Dialectic use in argument exchange, philosophical guidance by Socratic dialogue represents basic issues in weakening these obstacles. More specifically, in the elements of philosophical therapy are included: the condition to contribute to mental health and wellbeing of people, browsing a philosophical cure of those suffering through revealing beliefs that they have developed throughout life, correcting what is wrong and dysfunctional at this level, and a new reflection by adopting new viewpoints with philosophical support (Peterman, 1992). Philosophical restructuring occurs by reference of the philosophical counselor to the specificity of human individuality, considering its present vision of its problems and a possible vision on future changes in life. Orientation of philosophical therapy is currently centered on effective activation in future possibilities, the past counting for less.
The human being that we address through practical philosophical services reaches the psychology and psychiatry practices sometimes in emergency, when it is no longer functional in adaptation and integration in bio-socio-cultural environment. In this context, we find the location of philosophical counseling in terms of extreme constituents of relativization specific to postmodernism and nihilism, and of absolutization of Platonism as mark of traditional philosophy. From this *locus* of philosophical counseling, its practical crystallization is not an easy task, it's a kind of new humanistic approach in that the deconstruction of individual identity through specific dysfunctional problems lived as habits up to the limit of endurance and psychophysical tolerance, can be overcome by the inclination to philosophize on the whole, that is gaining stability and rational balance of the human being. The philosopher therapist believes in the usefulness and applicability of his domain in the smallest details of the private life. The range of current psychotherapies has in its substrate presuppositions and philosophical conceptions (Howard, 2000).

To the extent that these specifications can be taken into question, we can answer the explicit questions above, not by engaging in academic theoretical philosophy, but by the results of philosophical intervention in therapeutic purpose of assessments and interventions *in situ* of the clients entering the philosophical counselor's office. We take Plato, not Prozac, because philosophical counseling functions, as L. Marinoff shows by presenting his case studies and its clients’ testimonies, and this is what counts in the philosophical practice of the times we are living. The mission is not that of re-theorizing the philosophy, but of applying it in its traditional and current grounds. Philosophical counseling does not apply to issues of philosophy or philosophers, but to specific problems of human life.

A form of psychotherapy with wide scientific recognition is CBT. At the basis of this type of therapeutic intervention are traditional philosophical ideas and concepts, such as stoicism. D. Robertson finds arguments to show the influences of Stoic philosophy of life with practical character on CBT (Robertson, 2010). I do not propose an exhaustive description of CBT methodology, but I want to remember a few things. Conceptualization of intervention in CBT envisages the triad of the relationship between thought, emotion, and behavior. The thought, on top of the triangle, is changed maladaptively by emotions and becomes negative automatic thought: an atomic cognition of the subject in the situation.

Psychotherapeutic intervention goal is to evaluate these negative automatic thoughts in relation to their accompanying emotions and the resulting behaviors. Is evaluated and determined the presence of dysfunctional cognitions, and by restructuring are generated alternative cognitions leading to the modification of the former. It follows that a change of thoughts determines optimal control of emotions. Stoicism also tried to approach philosophical emotion in relation to the existence by focusing on the value of inner judgments and putting in parenthesis of the outside world. During the Hellenistic period, philosophical schools continued to believe that philosophical attitude presupposes unhealthy emotions control for acquiring inner peace. The therapeutic goal of philosophy for the soul, mind and body was not questioned. Rationalization of emotions is also a CBT approach, through the modification of dysfunctional cognitions, as we have seen.

D. Robertson connects ancient practical philosophy to CBT by identifying four types of strategies: developing a philosophical attitude, changes in the daily schedule, physical exercises or adoption of a diet, use of mental imagery techniques similar to mental imagery used in CBT, and philosophical discussions, rhetorical exercises or diaries (Robertson, 2010). In CBT, there are also brought changes in the client program to activate effective behaviors, are caused behavioral experiments, are kept diaries, are used physical exercises for exposure in panic disorder cases for example, and exposure can also be at the imaginary level. Psycho-education, reading informative texts for clients relating to the specificity of pathologies, are not lacking within this form of psychotherapy.

The parallelism between the CBT and practical guidance of philosophy can go on. In philosophical counseling, as we have seen, the examination of life is an assessment of the client’s beliefs, of the way we perceive the world, which can escape to the clinical interview focused on capturing clinical symptoms. Socratic dialogue can be used in any direct client questionnaires, or in discovery of automatic thoughts by downward arrow technique, for example. In cognitive psychotherapy, assessment of beliefs is an essential therapeutic goal, showing the meaning the individual gives to the world it lives in and to itself. At an overall level, central beliefs, also called cognitive schemes influence the intermediate beliefs, consisting in rules, attitudes and assumptions. The two sets of beliefs influence, at their turn automatic situational thoughts, with effect on emotions (Beck, 2010).

Change of beliefs by philosophical counseling essentially uses the Socratic dialogue for revealing the contradictory premises of beliefs from a dimension of life in relation to another. As an illustration, moral beliefs
may be in conflict with decision taking in certain situations. Cognitive dissonance is another aspect considered in CBT, its finding in a case, requires intervention on fundamental cognitive schemes derived from the outlook on life at a certain time. These cognitive schemes can be irrational ways in which human being gives meaning to concepts, things around, or to peers; that is why one of the therapeutic targets of philosophical counseling or of CBT, is to change them through rationalization. The approach in both orientations also means adopting a realistic position, according to which the world exists independently of our awareness, but its perception as clear as possible, puts us in agreement with it, which means adaptation and efficient operation. Both philosophical counseling and CBT follow a therapeutic change through rationalization, and although the similarities between the two types of intervention cannot cover differences, from the methodological point of view and not only, we notice important commonalities. Rationalizing process in CBT is so radical, that the unconscious is set aside, something that results from some principles of this intervention, such as: the idea that we can know the contents of thinking, that thoughts mediate emotional reactions in different situations and not, finally, if we’ll pass through analytically and logically the path of cognitions and we will accord them to emotions, we change the way of relating to the world around us, even the general view on it (Dobson and Dobson, 2009).

Both CBT and philosophical counseling are brief interventions in which the therapy starts from current issues of life and aims to achieve future goals. The orientation of people on problem solving implies again the system of beliefs and expectations regarding the results of actions. This orientation is thus a conceptual and rational framing of life issues, which depends on the vision on the world. Solving problems takes place by defining them, defining alternatives, making decisions and evaluating the outcomes reached (Nezu, Nezu, Lombardo, 2006).

Philosophical counseling, unlike CBT, is a more general therapeutic approach that leaves room to unconscious life, to irrational, better said, at intervention and evaluation or interpretation level. Irrational is represented by beliefs socially transmitted, norms or values, which have a certain influence on people’s conscious thinking. How human being builds its vision on the world is not only rational. Rational thoughts and belief systems are limited parts of inner life. Emotions and behavior determine interpretations of the world that we are not aware of permanently, and that become living habits. At the intersection of rational and irrational in forming a vision of the world, we can talk about what R. Lahav names perimeter of each one’s life (Lahav, 2008). A big step of philosophical counseling is moving beyond this perimeter, contemplation of the assembly, by eliminating the hidden assumptions or logical contradictions formed on the basis of irrational beliefs.

In examining the life of a client, one should take into consideration the size of irrational beliefs. P. Raabe distinguishes five aspects of philosophical examination in philosophical counseling that I remind briefly, because I think it summarizes very well the therapeutic orientation of philosophical counseling. They are: finding the problem, behaviors, values and dysfunctional beliefs; the trust within the therapeutic relationship, in which the philosophical counselor gives evidence of empathy, respect, tolerance in accepting belief exposure by the client; emotional development that aims to relieve stress and reduce uncomfortable symptoms such as fear, sadness, and others, but also the development of a philosophical disposition or attitude of acceptance of phenomena that cannot be changed, such as death; insight that involves an axiological reinterpretation of conative, affective and cognitive states; finally the development of alternatives useful to the change as therapeutic effect in the future (Raabe, 2002). We can see in these steps of examining life in philosophical counseling, a resemblance to therapeutic interventions based on cognitive techniques.

The short comparison of philosophical counseling with CBT above is an illustration of the fact that philosophical tools, by excellence, such as the Socratic dialogue or philosophical conceptions, are used and adapted successfully in psychotherapeutic interventions. It's an argument that justifies and validates the idea that philosophical counseling field is evident in therapy. Philosophical counseling can be connected with mental health fields, such as psychology and psychiatry and can become an expertise. Psychologist, psychiatrist and philosopher counselor can collaborate interests related to certain cases require it.

The conclusion I draw at the end is that philosophy has important therapeutic resorts, and philosophical counseling can further be shaped as a practical field based on specific tools of intervention and available in the long tradition, which gives it the specificity. We are still on the road in this respect, although the start was given. Philosophy as therapy could become in the future a field of its own, a kind of *philosophotherapy*, if you were to compress the two concepts into one.
References


