

Does Philosophical Practice *Help*?

An Inquiry through a Philosophical Dialogue in Medical Settings

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Abstract: *The question surrounding the role of philosophical practice is often whether or not it can be considered a helping profession. Practices held in medical contexts are particularly subjected to this inquiry because of their delicate situations and the expectations participants might have. This paper addresses this question through the case study of OncoloCafé, a café philosophique designed for cancer patients, survivors, patients of intractable diseases, their families, and medical professionals. The paper first explains how to approach this setting (the illness and its experience by the participants) and then clarifies how philosophy can intervene. Finally, the paper attempts to answer the extent to which philosophical practice can “help” patients by emphasizing the goals and the processes at the basis of the practice.*

1. Introduction

Questioning the purpose of philosophical practice inevitably envisions an *end* of it, an end that means, as the double meaning of the word suggests, both the actual termination of the practice and an expected result. Whether the hope for an expected result is justified or not is a topic open to debate: does philosophical practice aim to be some *help* for those who decide to try it? This issue elicits other essential aspects that concern the evaluation of the practice and the interrogative about *good* practice. Is a practice good when it reaches some outcome? Is it good in the way it tries to reach them? Is it in its process? Is it in the person who facilitates the practice? How do we understand the results?

This paper gives a perspective on the role of philosophical practice using the healthcare context as an example. This setting is particularly interesting because it raises the question of whether this practice can be helpful, in some ways therapeutic, or at least as *beneficial* as other helping professions. By anticipating the conclusion, because of its transformative character, philosophical practice can be beneficial in the

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sense that it can produce beneficial *effects* for those who undergo a philosophical path. However, it cannot be therapeutic if we understand its meaning as “relating to the treatment of disease or disorders by remedial agents or methods” or, generally, to feeling “healthier”, in the short period of time. The goal¹ of a philosophical practice – even considering the differences among the numerous types (for instance philosophical counseling, philosophical café, P4C, Socratic dialogue) – is, rather, to think together, to clarify our thoughts and narrations, or in other words, to try to *understand* and make sense of our lives and experiences. In this sense its aim cannot be that of addressing and resolving immediate problems, particularly if related to one’s health, but addressing the way of staying in the problem, the way of seeing the problem. This paper discusses these issues, presenting them through a case study: the dialogues at OncoloCafé. Because of its specific target, OncoloCafé is a particular kind of *café philosophique* designed for cancer patients, survivors, their families, persons with intractable diseases (ALS in particular), and medical professionals. Its target and the fact that it creates a closed group of people raise the question of “support” or “help” in a more decisive way than in other contexts. This paper offers a definition of philosophical practice that accepts the helpful effects of the practice without *expecting* or *looking for* these immediate results, as in the case of a helping profession.

2. Philosophical Practice in Healthcare Setting: Approaching the Illness

In this paper, we inquire the extent to which philosophical practice can help those who try this path. The case study of OncoloCafé will guide the discussion. It is a thought-provoking case because of the group members’ situation, the urgency they may feel to share it, and the need to understand themselves in facing their illness and its related concerns. Before touching on the dialogues at the café, it is first necessary to linger on how to approach philosophical dialogues in healthcare settings.

When we think about how to design activities in a context that deals with illness, intractable conditions, and healthcare in general, the first thing to reflect upon is how to approach the disease the participants are experiencing. The most important thing is to acknowledge the *subjective* and personal experience of the disease. Cancer and ALS, to list two, are part of the life experience of a person (as well as of the family members, physicians, nurses, and all those who are close to someone experiencing the

¹ Because claiming that the practice has no expected end does not mean to claim that it has no goal.

disease), and the meaning they give to their experience cannot be generalized or taken for granted. Particularly, when the dialogue participants are physicians, patients, and family, the gap in their definition of the illness can be substantial. In this sense, phenomenology is a good framework we can use to approach the dialogue.

The illness of the body cannot be considered as something exclusively organic and isolated from the rest of the person who is suffering. Our body is the medium through which we experience the world, meet other people, feel, live. It is the door to our experiences and our possibilities. Far from Cartesian mind-body dualism, our body, our feelings and thoughts, and the “outer” world exist in an inseparable dynamic that creates our existence. “The lived body needs to be thought from the movement of the existence” (Costa, Cesana 2019, 35) without being separated or evicted as a separate entity. *Lived Body* is an expression created by Husserl, according to him:

The Body is, in the first place, the medium of all perception; it is the organ of perception and is necessarily involved in all perception . . . the bearer of the zero point of orientation, the bearer of the here and the now, out of which the pure Ego intuits space and the whole world of the senses. Thus each thing that appears has *eo ipso* an orienting relation to the Body, and this refers not only to what actually appears but to each thing that is supposed to be able to appear. . .

Now the processes of perception, in virtue of which one and the same external world is present to me, do not always exhibit the same style; instead, there are distinctions which make themselves noticeable. At first, the same unchanged Objects appear, according to the changing circumstances, now this way, now in another way. The same unchanged form has a changing appearance, according to its position in relation to my Body (Husserl 2000, 61–64)

And again

The appearing external world shows itself as relative not only to the Body but also to the psychophysical subject as a whole. Hence a distinction is made here between the identical thing itself and its subjectively conditioned modes of appearance, i.e., its subjectively conditioned features which persist in relation to me, my Body, and my soul (ibid., 80).

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Therefore, the meaning of an illness also varies according to how it is experienced, and often “there is a decisive gap between the patient’s experience of illness and how physicians think about it in terms of disease”, writes Toombs (Toombs 1987, 220) and continues “the patient [. . .] focuses on a different ‘reality’. He does not ‘see’ his illness primarily as a disease process. Rather, he experiences it essentially in terms of its effects upon his everyday life” (ibid., 222). We can add the obvious remark that this gap also exists among patients who describe their encounters and life with the disease in numerous ways. It is Husserl again who writes that through our body, we access the intersubjective world, a world that he calls *lifeworld* (*Lebenswelt*) in which we act, confer meanings, and are *motivated* by our experience (an experience that affects not only the causes of our actions but also our judgments). According to Husserl, while being intersubjective and a place where embodied subjectivities are related to each other, the world is *for me*, in a way that its perception is different according to the perceiver, and so are the ways of experiencing this world. In this sense, every event or significant change (and illness is a dramatic change in the life of someone) produces a transformation in the attribution of meanings and the interpretation of one’s reality.

We cannot separate from this reality in which we are born; we are *always* within the world. Now, Heidegger can help us describe how the discovery of the illness dramatically changes the established perception of one’s reality. If we borrow the lexicon of Heidegger, the subject who is in the world is called Da-sein (Being there), and it understands itself “with regard to its being-in-the-world” (Heidegger 1996, 81). The focus of the understanding is the existence of the Da-sein and the possibilities it has while it is being-in-the-world. Heidegger writes, “As an existential, possibility does not refer to a free-floating potentiality of being [. . .], Da-sein has always already got itself into definite possibilities” (Heidegger 1996, 135). Therefore, understanding one’s existence is necessarily related to the possibilities they have. Heidegger calls the existential structure of the understanding “projection”. Projection does not mean creating a project for oneself practically. It is the understanding of the Da-sein itself, an understanding that is reached in relation to its possibilities. These possibilities are limited, for the Da-sein exists in the world for a limited time.

Approaching the illness and its experience according to this framework means understanding it from an existential point of view. It means to consider the disease as “the encounter with a possibility of the existence” (Costa, Cesana 2019, 88), an encounter that – if we follow Heidegger’s reasoning – affects the understanding of the Da-sein, so the person as a whole. When a person discovers themselves to be ill, have

some condition or disease, the understanding of themselves undergoes a radical change. They need to reframe themselves according to their new possibilities, which can mean rearranging their relationships, duties, and free time. A patient's relationship with the world is altered, and their projection, that is, the understanding of themselves according to their possibilities, is "destructured by the illness" (Costa, Cesana 2019, 89).

Therefore, the illness affects not only the organic body but the person's whole existence. In a sense, it is their identity until that moment and the meaning they gave to their life that comes into crisis. Philosophical practice acts in this kind of situation, considering all the aspects of one's life that can be affected by the occurrence of an illness. It digs into understanding the person's situation and, using Heidegger's words, their possibilities. The first definition of philosophical practice given by Gerd Achenbach describes the practice precisely as *a process of understanding*. He writes:

In Philosophical Practice, people [who] show up [. . .] don't just want to live or to get through but rather want to give account of their lives and who want clarity about their lives shape, the from-where, in-what, where-to. Their demand quite often is to reflect upon the special circumstances, the peculiar entanglements and the somehow ambivalent course of their lives. In short: they visit a Philosophical Practice in order *to understand* and *to be understood*. [. . . Philosophical practice] gives weight to our life, importance to our being and meaning to our presence. (Achenbach 1999)

For Achenbach, philosophical practice (*Philosophische Praxis*) is a dialogue between two people: the guest and the philosopher. However, we think that the above definition can be extended to the wider umbrella of practices that have been already mentioned at the beginning, so that the process of understanding seems to be the focus of philosophical practice, but how does this happen?

3. How does Philosophical Practice Intervene?

Philosophical practice is essentially dialogue. It can be between two people if it is a one-on-one activity or among more than two people if it is a group dialogue. As the Italian practitioner Neri Pollastri points out, "Not all dialogues, however, are the same: that of philosophical practice is a philosophical one. It means in the first place that in

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it, the two (or more) dialoguers have *equal rational dignity*, therefore also [equal] human and ethical [dignity]" (Pollastri 2020, 43). In a group dialogue, which is the case of this paper's case study OncoloCafé, where patients and physicians join the discussion, there is no hierarchy, and "it does not matter whether one of them is more educated or more experienced in conceptual processing and whether the other is in even quite serious personal difficulties or expects the former to have answers" (ibidem)—in the dialogue they are equal. In that sense, the main goal of OncoloCafé is to deepen everyone's introspection and to reflect on everyone's thoughts and opinions through dialogue. It is a *group* dialogue, so exchanging ideas with other participants is essential to the practice. Through listening to one another, participants can also discover something about themselves. It is not supposed to be a support group in the strict sense, nor a place to ask for advice or answers. It is a place where participants *think together*.

The content of the dialogue in a philosophical practice can vary according to the needs of those who want to undergo a philosophical path, and it can vary according to the context. It can be mainly theoretical, or it can be heavily grounded in the life experiences of the participants. In general, we think that philosophical practice, differently from academic philosophy, tries to constantly shift from a practical to a theoretical level, to correlate the living experience with the theoretical analysis of the concepts at stake. However, some contexts or needs require plunging deeper into the narration of the life experiences of the participants, and one of these contexts is precisely the healthcare setting, which is the focus of OncoloCafé.

It is an essential first step because it gives voice to the participants' individuality; it values their subjective definition of their illness and its context, which means how it affects their relationships with their families, acquaintances, workplace, etc. Narration, mainly biographical narration, is not something unique to philosophical practice; indeed, it finds use in psychiatry, psychology, narrative medicine, and so forth. The way narration is approached by philosophical practice does not necessarily differ from these other disciplines. It is not something new, but nonetheless it is an essential part of this practice because it is the most direct way to approach the participants' experiences. The importance of narration lies in the nuances given to the message the speakers want to convey; it is not the simple "fact" that they express it, but how they explain it, the universe of concepts and values that inform the narration and lead to the interpretation of the facts themselves that is of interest. Narration encompasses all these aspects, but they are destined to remain primarily implicit if the narration is considered a simple transmission of an event. Within philosophical

practice, narration is only a starting point; it is a necessary step to introduce what is important for the person who is narrating, but it is not the end of the practice. The practice aims to *reflect* on one's narration. The shift between narrating and reflecting on what one has said can occur multiple times. Depending on how the dialogue develops, the dialogue can return to a narrative level and then shift once again to a more theoretical one. The crucial aspect is "how the dialogue developed, producing a series of small variations in understanding and meaning until the generation of a new macro-establishment of the overall worldview" (ibid., 98).

When someone recalls an episode and tells it to the counselor and, in case of group dialogue, to the other participants, the logic of the thoughts can be blurry, the episode and the thinking about it can be full of meanings between the lines, and the narrators themselves at times may be unsure about where they are going with their narration. Moreover, something that is not emphasized enough is that it is not always easy to narrate. Thinking about something and choosing the words to say is a process that can be easy for someone but extremely difficult for others. "What do I say?" and "How do I say it?" can be common concerns because being able to narrate something about oneself is an activity that takes time to learn. However, once the narrating flow starts, it is clear that it is something incredibly *generative*. Even if still at an implicit level, the concepts and the values that constitute the narrator's worldview are already there. In that sense, the narration is a first step, a propaedeutic for a second one, that of *reflection*.

Reflecting does not produce a mere increase in knowledge [...]. To reflect means to set our eyes on what we already know, but precisely because it directly affects us, is not as clear as we can sometimes imagine. [...]

To reflect is to see ourselves in a broader perspective, to make our own a more general point of view, to incorporate the gaze of the other. Thanks to this, we can evaluate, value and, if necessary, transform what we do and say and the way in which we do it. (Contesini, 2016).

Here is the shift from a practical and narrative level to a more theoretical and conceptual one. Here is the beginning of the dialogue. The counselor, the facilitator of the group dialogue, does not interpret the narration alone because the dialogical process implies the participation of the narrator and the other members (in the case of a group practice). It is crucial *to stay* in the narration, stay in the problematic situation exemplified in the episode, and reflect upon it. One important step is clarifying what

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was implicit or blurry in the narration or checking the meaning of the words used to convey the episode. Particularly in group practice, everyone needs to be on the same page regarding the meaning of the words the group uses. Understanding what everyone means through their remarks is important to avoid misunderstandings. This process can sometimes be tiring, or it can, for a moment, result in the group taking a detour from the discussed topic. However, clarifying the misunderstandings about concepts, words, or others' standpoints is crucial for the discussion. Exchanging opinions about the use of words, the concepts that they subsume, is, in fact, closely bonded to how the participants relate the words to their experience. Misunderstandings are also valuable for confronting problematic issues and contribute to creating a common ground of understanding without which the dialogue could not be unfruitful.

The shift from plain narration to dialogue makes the practice philosophical. As Buber writes about dialogues, "Two men bound together in dialogue must be turned to one another, they must therefore—no matter with what measure of activity or indeed of consciousness of activity—have turned to one another" (Buber 2004, 9). This is "easier" in a one-on-one experience, where the counselor is actively engaged in the dialogue with the consultant, but it is indispensable also in a group activity. Every participant should be turned toward and actively listen to others' remarks. A philosophical dialogue is not a collection of unrelated monologues; the goal is to think together, which means to engage and be engaged by others and give one's insights concerning the subject matter in a word *contributing* to the dialogue. As mentioned, if the dialogue starts from a narration of someone around a topic and the episode becomes the focus of the dialogue, everyone should contribute to a more profound understanding of it. That can lead to connecting it to others' narrations which can be complex, but at the same time, can broaden the group's horizon and suggest something new. The role of the facilitator is to help the participants connect their remarks and experiences by playing catch, referring to one another, and making the group think *together*.

OncoloCafé is a philosophical activity designed for a medical setting. Despite the target and the setting, it is not a support group intended as a place for participants to gather practical information or give advice to one another about what worked for them in a particular circumstance related to therapy or their condition in general. It is a safe place (something in common with support groups) where those who join think together about a topic that is not directly related to their medical condition. It is a practice that aims to lead to a more conscious awareness of one's situation. Dialogues

can touch on many different topics related to different aspects of the participants' lives. By putting their thoughts into words and reflecting upon them, the understanding of themselves can become deeper and clearer and highlight different perspectives that have not previously been considered. Let us consider the activity in a more detailed way to try to give some answers to the questions posed in the introduction.

4. A Case Study: Dialogues at OncoloCafé

As introduced at the beginning of this article, OncoloCafé² is one example of philosophical practice in healthcare. It was created by Nakaoka Narifumi and Sano Keiko and “opened” for the first time in 2016 at the Osaka University Hospital. It is a philosophical café even if the topic of the day is mainly decided by the facilitator, a practice that differs from the cafés designed by Marc Sautet (Sautet 1995).

A typical session is organized as follows.

- 1) Simple Self-introduction: the participants can use their names, but they should also feel free to use a nickname they would like to be called by the others.
- 2) The Facilitator introduces the “topic of the day”, but if the participants want to propose a different topic they would like to discuss, it is also perfectly acceptable.
- 3) Participants try to describe what comes to mind when they hear the theme. The goal of the dialogue is to proceed by playing catch, referring to one another while participating.
- 4) Participants are free to enter and leave the room during the session without asking permission.
- 5) Everyone should listen carefully to others' observations and remarks and try to find words that come from within themselves. No one has to speak if they cannot find their words immediately. They may find them after the dialogue is over, or even a week later when a word may come to them.
- 6) Silence is also important in dialogue. There is no need to rush to speak.
- 7) The content of the dialogue is to be kept for the occasion only and is to be kept confidential.

² In the number 5 volume of *Tetsugaku*, Nakaoka Narifumi already mentioned the activity of OncoloCafé.

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8) Participants are encouraged to find their answers, but the goal is not to draw any conclusions about the topics discussed, and there is no need to reach a shared conclusion during the dialogue. The process of dialogue itself is fundamental.

One aspect that is important to underline is the choice of topics. Topics at OncoloCafé are not directly related to the participants' medical conditions. To give some examples: "What is happiness?" "Relationship", "Reliability", "At the critical moment", "What does it mean to do your best?" and so on. The choice of topics unrelated to illness wants to emphasize that it is crucial to embrace the participant as a person, not as a *patient*. The narration of the illness, its discovery, how it affected their life, and similar aspects take a big part of the dialogue, *ça va sans dire*. However, illness is not the focus. The focus is always on the person and their experience; illness is *only* a part of their life experience. In this sense, dialogues at OncoloCafé aim to break down the healthy-ill dualism which tends to be created in this kind of setting.

Since 2020, all activities have been held online because of the COVID-19 pandemic.

We discussed above the role of dialogue in philosophical practice, the phenomenological approach towards the experience of the illness, and the understanding of a person according to their "being-in-the-world" and their possibilities. How do these translate into practice at OncoloCafé?

The primary aspect that became evident during the numerous dialogues with patients is how the illness affected their understanding of themselves. Previously, we briefly touched on Heidegger's definition of projection and the suggestion of Costa and Cesana that the illness destructures the understanding that the person had of themselves *before*. A huge divide between the before and the after of the illness is undoubtedly common among those who experienced some kind of disease, curable or not. Some participants noticed a sense of loss after the shock following its discovery; one participant T., said once, "I felt a void inside", a void which indicated not only the sense of fear for what to expect but also the impossibility of recognizing the person that existed before. On a different occasion, T. also remarked, "All footholds I used before make no sense now", expressing the different meaning that reality gained. The same feeling was expressed by another participant, Y., who once said, "I am reborn, but in a negative way". In this last case, the participant not only expressed that it was hard to get the sense of this new reality but added another crucial aspect: the impossibility of using words to express it. It was something that could be understood by those who had the same experience because they did not need words to explain

something that was a shared experience. However, the challenge was to let those who did not have the same experience understand this new feeling and sense of discomfort. Because of the participation of medical professionals and family—who have different experiences of the illness—this was a difficult challenge.

As pointed out above, every experience is singular and subjective, so not everyone feels the same way in every circumstance. The job-related conversation is another delicate topic for most of the participants at OncoloCafé. Disease and treatment can cause fatigue and result in the impossibility of working at the same pace as before. Some people need to take time off, which can abruptly interrupt one's career and the future they have imagined for themselves. Furthermore, the disclosure of one's condition at the workplace sometimes negatively affects the relationships one has with coworkers. In such a case, it can make them feel the *stigma* of being ill. The experience of loss can manifest, therefore, as the loss of one's place in the world, where they do not feel recognized as the same as before and are not given the same confidence and trust.

The illness affects not only the organic body, but the person as a whole since every single experience, public or private, is re-signified under the shadow of the disease. In this sense, illness destructures the person and their understanding of themselves and their reality. The possibilities they have are not the same since a dramatic change occurred, and with it, one can no longer read and understand their reality with themselves in it. "Who am I?" The person's identity, their relationship with the illness, and the process of coming to terms with their new situation are important and profound questions that can be discussed in philosophical dialogue. The questions to answer on this occasion are how philosophical dialogue proceeds and, by understanding the process, clarifying whether or not it *helps* in the recovery. From a philosophical standpoint, staying in the conversation concerning the loss of meaning is essential. This practice aims to create a more profound awareness concerning that specific topic and the participants' worldviews, as we already mentioned. Worldview is also the conceptual framework that Ran Lahav uses to identify philosophical counseling. He writes:

A worldview is [. . .] an abstract framework that interprets the structure and philosophical implications of one's conception of oneself and reality; a system of coordinates, so to speak, that organizes, makes distinctions, draws implications, compares, confers meanings, and thus makes sense of one's various attitudes towards oneself and one's world (Lahav 1995, 7).

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In order to succeed in being aware of one's worldview, philosophical dialogue encourages one to clarify one's statements and remarks through examples of everyday life. When the topic is highly abstract and finding an example is not simple, the inquiry can require quite a bit of effort. However, once the example is found, it helps in clarifying one's position or thinking patterns. The case mentioned earlier about being "reborn but in a negative way" was obscure for both the participants and the person who said it. It took time to find a fitting example that could explain, even if partially, what they wanted to convey. In the beginning, as mentioned above, the example was difficult *to explain with words* rather than difficult to be found. It was as if there were no words to give voice to a new situation to the extent that the language they used could not explain this radically new experience. However, when grasped, the example can also help clarify the meaning of the words used. It makes the implicit suggestions of the narration explicit for everyone in the group. Furthermore, the passage from a still blurry and abstract thought to a practical example at the level of everyday life often sheds light on the thought that was obscure until that moment. As Lahav states:

The subject matter of philosophical counseling is not the processes which presumably occur inside the counselee, but rather the construction of a world through philosophical (logical, conceptual, existential, ethical, aesthetic, etc.) considerations. Thus, the counsees' conception of reality as expressed in their way of life and developed through philosophical reflection is what counseling conversations are about (*ibid.*, 12).

At OncoloCafé, it is often the passage to a new "conception of reality" and a new "way of life" that constitutes the subject matter of the dialogue.

If, according to the approach proposed in this paper, a medical condition is an encounter with the different possibilities of one's experience, the goal of the dialogue is to discuss how the participants' "conceptions of reality" changed, how this change is "expressed in their way of life", and how to make some sense of it by giving some meaning to what seems to be unthinkable—such as the example given just before. Re-signifying the new reality confers meaning also to oneself, allowing oneself to make sense of one's identity, which is in the making.

Dialogue, it bears repeating, is a process of understanding. In a group dialogue, as OncoloCafé is, every member interacts with each other adding a piece to a dialogue they are building together. When we do philosophy in a group, it is not only the

consultant and the counselee, but also other people who are listening and challenging the remarks one decides to share. Everyone in the dialogue needs to be open: those who narrate something about themselves must be willing to discuss it with everyone, accept others' respectfully³ challenging comments, questions, or interpretations, and be open to the fact that everyone is contributing to discussing something that can be very personal; those who listen need to listen to the other participants carefully and refer to one another while narrating or remarking on something in return. This is the only way to avoid a collection of monologues and create a dialogue in which we can think together. As Hannah Arendt remarked, something new can emerge through speech—an activity that can exist only among people because plurality is its *conditio sine qua non* (Arendt 1958). By challenging one another and going deep into the analysis of words and expressions, a more profound awareness can be reached, new meanings can come to the surface, and a “macro worldview” can be generated.

5. Is Transformative Practice comparable to a *Helping Profession*?

In this particular setting, the dramatic change and the difficulties in coping and dealing with it are a considerable part of the practice. Participants have to face numerous challenges concerning how they see themselves and their reality. As has become clear, these concerns regard their identity and their need to reframe it, to understand it in light of the new condition that life has created for them. The process of understanding activated by dialogue can bring to the surface the ways they conceptualize their situation and the universe of values at the base of their thoughts, which can lead to re-signifying their reality and giving new meanings to something which seemed to make no sense at all. This elaboration of the new reality and the process of its realization are indispensable to (re-)learning to navigate it, finding new footholds to orient oneself, and, finally, repositioning oneself into this new reality.

This process is what makes philosophical practice a *transformative* activity. By “transformative”, we mean to become aware of one’s process of thoughts, of one’s scale of values—not necessarily rearrange them. In this sense, philosophical practice can be beneficial for those who decide to undergo this path, for they can understand something different or something more about themselves. Ran Lahav uses the

³ Dialogue is not a debate we aim to win. Everyone should respect others’ standpoints and views, and everyone can express a different opinion and challenge others’ opinions while always motivating their reasons respectfully.

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expression “transformational philosophers” to introduce thinkers who “envisioned a personal transformation through philosophical reflection”, and he writes:

Included in this list are thinkers such as Plato, the Stoics, Plotinus, Spinoza, Rousseau, Nietzsche, Emerson, Bergson, Marcel, Buber, and many others. Interestingly, these thinkers belong to very different schools of philosophy, have different theories about life and use radically different concepts. And yet, common to all of them is the vision of self-transformation: They all note that normal life is limited and superficial, controlled by constricting mechanisms and influences, but that we are nevertheless capable of overcoming these limitations and of transforming our lives towards a deeper, fuller, truer, more meaningful way of being (Lahav 2013, 86).

In the sense suggested by Lahav, philosophical practice helps the counselee reach some understanding that can improve their condition. It helps them to face their distress and to feel better about it. The first example he mentions right after the above quote is, in fact, Plato’s allegory of the cave: only the slaves who decide to leave the cave “can learn, through a long and difficult process, to see the true reality outside” (ibidem). Their understanding is transformed, it becomes deeper and fuller.

We explained before that at OncoloCafé, participants examine the reality they are facing through philosophical dialogue, and sometimes their identity is at stake. However, reaching a better understanding of oneself and one’s position within one’s current reality does not necessarily mean *feeling* better; actually, digging for a sense of self in the mud of our beliefs and feelings can be an unpleasant journey. Notwithstanding, because of the practice’s primary concern of looking for and hopefully making sense of our reality, it is undeniable that philosophical practice can have beneficial effects even if we do not consider “feeling better” its main purpose and, furthermore, we do not necessarily *expect* a change in the short period.

At this point, it is important to clarify a central aspect of this discussion. Most of the arguments concerning the practice being therapeutic generally refer to philosophical counseling intended as a counselor-counselee relationship,⁴ not group practices. Does this mean that the group dialogue and the so-called philosophical counseling differ in their goals and intent? This is a question that concerns the identity

⁴ These discussions also consider the complex relationship with psychotherapies, their shared aspects, and their differences. See, for instance, Lahav 1995, Lahav 2013, Mills 2013, and Pollastri 2020.

of philosophical practice itself. Despite the noticeable differences, namely the progression of the dialogue, the dynamic between two persons vs. that of a group, the possibility to focus on one person's needs, a more ludic atmosphere, and so on, we argue that the central core of a philosophical practice does not change among the various forms of the practice itself. Of course, in the counselor-counselee practice, the focus of the discussion is centered on what only one person wants to discuss, on *one person's* problem. However, the *élan* towards the thinking process (and—in a sense—towards a kind of research), the desire for a more profound understanding, and the desire to do it together are shared in every type of philosophical dialogue. The goal of the practice is the process of *understanding* the problem—and the understanding of the person in relation to the problem—and *not* how to directly solve it. Therefore, if the new understanding that emerges has a therapeutic effect on the person and philosophical practice begins to look similar to a helping profession, it is mostly in an indirect fashion.

In a recent panel discussion titled “Philosophical Practice in Healthcare Settings” held on September 1, 2022, Professor Nishimura Takahiro (University of Fukui) questioned the “necessity” of philosophical practice in this particular context. He thought particularly about patients with terminal diseases or other delicate circumstances and stated that philosophical dialogue, which encourages one to re-think one's values, can be “violent” towards the people involved and force the reality of death in front of their eyes. This remark questions the necessity (or not) of philosophical practice in medical settings and the harm the practice can inflict. This is why we said above that knowing something more about oneself and understanding one's thoughts and values more profoundly does not necessarily lead to feeling better. Thinking and saying the thoughts aloud and listening to others' challenging comments can be painful. Staying on the problem and analyzing it can be painful. However, the dialogue in most cases starts from the narration of the participants, it starts from where the person wants to start, from what they want or are ready to share, and what they want to think. It can be painful, but it is not violent in the sense that it is not imposing a process that one does not want to undergo or challenging the thoughts to the point that it becomes harmful. Philosophical practice aims to offer a different approach for those who have questions that philosophy can help analyze. However, even if thinking can be painful in every context, it is important to keep this point in mind in a setting where suffering is more visible than elsewhere.

Philosophical practice can be a valuable tool in medical contexts. It can be useful for those who have tried other paths that did not work out or for those who do

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not want to try the canonic helping professions. Philosophy encourages questioning; some people want to think about the existential questions they face more deeply⁵ without necessarily thinking about solving them. As Jeanette Bresson Ladegaard Knox writes, “understanding the existential implications of surviving cancer and of having a palpable sense of temporality and mortality awakened in oneself can inform the cancer care programs that intend to target long-term survivors’ well-being” (Knox 2020, 704). In philosophical group practice, as stated above, the group dialogue cannot consent to really focusing in on the immediate problem of every participant. In order to interest and engage everyone, the starting point of the discussion is always quite theoretical, and the effort to try making sense of a new reality, usually takes a long time, as they address their beliefs and values, rather than focus on the immediate problem that the participants face. However, as a way of understanding, it is precious for the person and their well-being. The participants at OncoloCafé have expressed multiple times the helpful effects that dialogue and thinking together have had on them. Knowing different perspectives and worldviews allows them to discover their biases and question their assumptions, and whether this affects their well-being is for them to judge. A practice reaches its goal when its participants can uncover their biases and clarify their thoughts and values. That is, undoubtedly, a helpful tool for the person’s well-being. In this sense, the relationship between philosophy in its practical use and help remains complicated, and, at times, it is difficult to separate the two. The line separating the indirect effect from the practice can be blurry. However, the helping process is something we believe the practice can activate even if solving the immediate problem is not its primary goal. It is only after carrying out the practice that participants can tell what to do with their new understanding, with their discoveries, the clarifications of assumptions, and whether these are instruments that can help in any way with the immediate problems they are facing.

⁵ See the opinion A., one participant at OncoloCafé who first participated in the practice precisely because “The first thing that made me happy when I joined the OncoloCafé was that here I could think as much as I wanted [. . .] I was allowed to think about it until I was satisfied, and it became easier as if a weight had been lifted”. <https://oncolocafe.com/私にとっておんころカフェ/>

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