Prolegomena to a Critical Thinking Therapy

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Abstract: Thinking may be a universal feature of human beings but correct, strategic and directed thinking is something that eludes a large section of humanity. Yet it is this kind of directed thinking that is needed in organizations with strategic goals and objectives. It is also the same kind of thinking that is required by individuals who suffer the emotional and physical stress that arises from living in our contemporary world. Corporate organisations and individuals sometimes acknowledge the importance of correct thinking in remedying some of the ills that afflict them, yet, few actually know what it entails and how it could be applied in practical situations. This paper will explore the different ways of using Critical Thinking to change behaviours and achieve targeted outcomes in individuals and organizations. Using different scenarios and case studies, it presents knowledge as therapeutic and Critical Thinking as capable of enhancing this therapy. It will demonstrate how a Critical Thinking programme can be designed such that, through dialogues, seminars and/or workshops individuals or members of an organization can be re-oriented towards a desired objective. It will also show how a critical thinking programme can be designed to help an individual achieve certain life goals. The paper will show that Critical Thinking therapy, as an aspect of philosophical counselling, can be an alternative life-therapy for individuals and organizations.

Key words: Critical Thinking, philosophical counselling, reasoning therapy, therapy management, attitudinal change.

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Ideas are never the sole cause of social change but thought is part of the social process and may facilitate or inhibit its development.
Lancelot Law White, The Next Development in Man

1. Introduction

The developmental history of the world has clearly demonstrated the importance of 'knowing' in human development. Human beings have only been able to substantially change or improve their lives through some form of mental illumination. It is such a mental illumination that defines what has to be done, how it is done and how the process is to be monitored to ensure that it does not end up as a mere "storm in a tea cup" but can be sustained over time. It is also such a mental illumination that points out when a particular developmental trend has run its course and needs to be replaced by something different. In positing mental illumination as the starting point in human development, the belief has always been that 'knowing' necessarily translates into 'doing' and that once a person or group of persons know what is good/right/ appropriate, they would necessarily do it. Plato popularized this view when he argued that 'to know what is good is to do what is good' and that 'no one does wrong willingly' but that 'all wrong doing is involuntary'. In making these comment however, Plato appeared to have been referring to an ideal world where things fit neatly into their allotted places. In our contemporary world however, where individuals and groups compete with one another to get ahead and personal interest, more often than not, conflicts with the general good, knowing may not necessarily translate to doing. It could, in fact, be argued that where doing conflicts with personal or group interest, knowing is more likely to contr1ibute to not-doing than it is likely to contribute to doing. However, where personal interest is involved, one can safely say that to know the good is to do the good especially where doing the good entails furthering one's personal interest.

The idea of a Critical Thinking Therapy is built around this idea of knowing and doing as well as the notion that a mental illumination is necessary if individuals are to make positive incremental changes in their lives, their society and their environment. It assumes that despite the desire by individuals to act in ways that best serves their interests, the mental illumination that should best direct such action is not commonplace and may not even be recognized for what it is by those who stand to benefit most from it. But even where such a mental illumination is so recognized, the fear of the unknown and the comfort of dealing with what is familiar sometimes prevent one from acting in accordance with one's best interests. Such insecurities notwithstanding, a critical thinking therapy assumes that everyone is capable of reasoning and that reasoning can be used to wean individuals of their insecurities and by so doing enable them to accept what had, hitherto, appeared unacceptable. In discussing Critical Thinking as therapy therefore, the intention is not to argue that critical thinking can be used as therapy but to present some practical steps in developing a suitable critical thinking therapy for an individual or a group. The advantage of this approach is that, showing how Critical Thinking Therapy works translates to demonstrating that it can work.

2. What is a Critical Thinking Therapy

The idea of using Critical Thinking to achieve the goals of philosophical counselling is not new as it has been alluded to by several writers who persistently stress the importance of critical thinking in the mental illumination that is occasioned by philosophical counselling. Martin (2002, 2) makes this point when he refers to philosophical counselling as the application of ethics, critical thinking, and other philosophical resources in helping individuals cope with problems and pursue meaningful lives. In making this statement, Martin could be understood to mean either, that ethics, Critical Thinking and the other unnamed philosophical

resources could individually be used in helping individuals cope with the challenges of everyday living, or it could mean that ethics, critical thinking and those other philosophical resources collectively contribute towards creating an ideal experience for the philosophical counselee. Martins meaning notwithstanding, there is no doubt that Critical Thinking offers the kind of critical philosophical inquiry that is required for the critical investigation, analysis and evaluation of the underlying assumptions of life which the philosophical counsellor encourages the counselee to undertake. In encouraging the counselee to engage in critical thinking, the expectation is that the counselee will develop different options when considering a particular problem. It will also help them escape from narrow perceptions of life, and encourage them to open their minds to new ways of understanding themselves and the world (Lahav 2001,8). The hope is that encouraging the counselee to seek information, expand options and interrogate multiple consequences of each option will help the counselee overcome the personal problems that results from negative beliefs or their attitude towards their situation (Cohen 1995, 122). Critical Thinking therapy therefore, is not a rival of philosophical counselling but constitutes its core and could either be used as a distinct approach to philosophical counselling or as a component of its other approaches.

In order to understand Critical Thinking Therapy, it is important to have an understanding of the context within which we use the term 'critical thinking' especially, its practical application in everyday situations. First, it is important to note that within this context, Critical Thinking is not merely another name for 'Logic' but could rather be defined as "the art of thinking about your thinking while you are thinking in order to make your thinking better (Paul, Binker, Adamson, and Martin 1989)." This definition portrays critical thinking as a reflection on ordinary thinking which aims at correcting the mistakes that occur therein. Since philosophical counselling helps people to live and to look at the world in a more thoughtful way (Raabe 2001:217), such reflective thinking as takes place in the course of critical thinking should

contribute to this process. Thus, where reflective thinking is focused on the type of errors that occur in everyday thought, the probability of such errors recurring will be reduced and the poor decisions that often result from unreflective thinking will be eliminated. A study of Critical Thinking is usually a study of the tools of critical thinking in an attempt to make critical thinking a habit for one that has undertaken the study. Such a study is usually general in nature and designed in the hope that individuals will follow the Socratic tradition of using its tools to examine their everyday thinking process and through this avoid the mistakes of life. It is usually expected to be the bulwark of philosophical enquiry which "in the Socratic tradition, is a habitual, daily practice of reflecting upon, clarifying, coming to see, and making sense of your values, beliefs, ideas, judgments, desires, emotions, intuitions, feelings, goals, commitments, relationships, and, in general, all of the actions and experiences that constitute your life"(Walsh 2005, 501).   A culture of philosophical enquiry would be ideal and would entail that each individual thinks things through for him/herself. But this is hardly ever the case even when people have mastered the tools of critical thinking and are convinced of the efficacy of philosophical enquiry. The need therefore arises for someone who is conversant with critical thinking and its tools to lead such people through their thinking process and help them to confront the issues that require careful attention and analysis.

A Critical Thinking Therapy, is deliberately designed as a conversation between the philosophical counsellor and his counselee. It is an intervention process that aims at clarifying thought and expanding the counselee's vision of alternatives in the hope that a better understanding of life's values would help her relate better with her specific situation. It "aims at conceptual clarification and wisdom, without explanatory recourse to psychological patterns or mental health constructs and works by questioning unreflective assumptions and stimulating insights into personal situations (Brown 2010, 112). Although its primary aim is not to provide immediate comfort to those in distress, there is an

understanding that in arresting the specific behavioural or rational trend that has been recognised to be injurious to the interests of an individual or group, a thinking therapy may result in greater happiness in the long run. The behavioural or rational trend referred to here is not such that is occasioned by mental illness but rather behaviours or mental attitudes that are the products of culture or have developed as a tendency within an individual in his or her interaction with society. As with all therapy, a Critical Thinking Therapy is possible only where a specific problem is identified or envisaged and there is a desire by the individual or group to work through the problem until a desired level of accommodation has been reached.

A Critical Thinking Therapy is not a shock therapy where a certain intervention is introduced and is expected to instantaneously eliminate the distorted behaviour. Rather, it is gradual and involves painstaking dedication on the part of the counselee and the counsellor, both of whom must be committed to its success. To this end, the therapist undertakes an in-depth study of the problem and identifies the Critical Thinking tools that are relevant to redressing them. Taking into account the profile of the subject, the therapist determines the point at which to introduce each tool in order that the subject derives maximum benefit from it. The therapist then draws up a rehabilitation programme that equips the subject with each of the tools at a time. The therapist also defines the expected outcomes at each stage of the programme in order to monitor progress. A Critical Thinking Therapy works within the general framework of philosophical therapy and its Socratic ideal that the best life is an examined life. To this end, the subject is not merely manipulated into becoming something but is rather equipped to think creatively about the problem using the tools of reasoning that are relevant to a successful outcome. The function of the therapist, therefore, is to determine how best to equip the subject with the tools that he requires in order to fully realize the gains of critical thinking. In Critical Thinking Therapy, therefore, the subject is an active participant who gives birth to ideas that are relevant to redressing the situation rather than a

passive receptacle of the process. The therapist on the other hand is like a midwife who, in a true Socratic tradition, that assists in the birth of the ideas.

3. Preliminary Considerations in Designing Therapy Management

In designing a Critical Thinking Therapy, important questions need to be answered concerning the subject of the therapy, the environment of therapy and the purpose that therapy is meant to achieve. These constitutes the four Ws of therapy design, viz., who, when, what and why. Every critical thinking therapist needs to process these four Ws, first, to determine whether the subject will benefit from a Critical Thinking Therapy, whether there is need to combine the therapy with a more traditional mental health treatment or whether there is need to refer the subject to a different type of professional (Knapp and Tjeltveit 2005, 562). They also help the therapist to determine the process and content of therapy that will yield the best results. The question might arise here as to whether the therapist is to be involved in the process and whether there is no danger that he might end up prescribing a solution rather than lead the counselee on a journey of self-discovery. But if therapy is to proceed "by argument, as therapist and patient discuss and jointly assess pertinent evidence, with a view to letting the patient get to know and digest relevant facts; in particular, such facts about himself as that his interpretation of life situations is systematically biased in his disfavour (Fischer 2011, 50), then the therapist should be expected to recognize this bias first before helping the counselee discover it for himself. Even where such bias is not uncovered beforehand, there should be an understanding that the eventual discovery of such bias should be one of the ultimate goals of the therapist in his philosophical conversation with the counselee. The contrary idea that therapy should proceed through a general examination of issues that normally arise in the course of life, without any specific direction,

appears to confirm the old caricature of a philosopher as a blind man, looking for a black object in a dark room.

Who – It is important to be clear as to who the therapy is intended.

A Critical Thinking Therapy programme has to be structured to meet the needs of a particular individual or group. This fact became very clear early in my practice when I tried to transfer a therapy programme that I had developed for university students to military officers. The two groups had different orientations and approached our interactions differently. Having identified that communication was important in achieving the goals of therapy in both groups, I had expected that the Carl Rogers reflective listening exercises (Rogers 1965) which I had adopted for the students could be transferred to military officers. But realized that whereas, the communication problem of the students centred on getting them to pay attention to each other, the military officers had no such problem. In fact, one could readily accuse them of paying too much attention. Their attention, however, was focused on the letter rather than the spirit of what was said and helping them to communicate thus required exercises in connotation and denotation alongside discussion sessions that aimed at leading them to uncover their bias in this regard. Uncovering this bias however was in conflict with the culture of military precision. The challenge then was on how to achieve the goals of helping them communicate better without the jeopardizing their effectiveness as military men since the last thing a military needs are soldiers who associate extraneous meanings to orders. Thus therapy was designed not only to redress the communication problem but also to show how recognizing connotations can actually be effective in understanding the orders that emanate from higher headquarters. Discussion and argument sessions helped to establish that such benefits could only be realized when every perceived connotation is brought to the attention of the officer who generated the order so that he can determine whether such a connotation is part of the order.

The above should not be taken to mean that there is a one-size-fit-all therapy for what may be considered a homogeneous group. In working with the military, for instance, it will be inappropriate to transfer a programme designed for professional and loyal troops to those with perceived praetorian tendencies. In the same way, a programme that is designed for an individual may not be appropriate for a group. For instance, an individual seeking therapy is usually self-motivated and is more likely to be focused than a group which is referred for therapy by someone else. A married lady who approached me for therapy on account of a problem she was having with her marriage followed the programme religiously and readily participated in the critical thinking exercises that were designed for her. The story was however different when a programme was designed for students in a conflict situation. Despite acknowledging the seriousness of the conflict and its escalation potentials, the students were less serious with therapy and were more likely to poke fun at each other and the exercises. In the end, it took a longer time and serious escalation in the conflict for them to take the therapy and the accompanying exercises seriously. What this shows is that, in designing a therapy and choosing the exercises that go with the therapy it is important to consider the orientation of the subject(s) and how suitable the exercises are for the person or group.

When – At what point in their situation is the intervention applied?

The point at which the intervention is requested is important to the design of a Critical Thinking Therapy. Although one could argue that everyone needs to be encouraged to think correctly at all times, it is also true to say that a therapeutic intervention which aims at getting the subject to think correctly should take into account the sensitivities of the subject especially where such sensitivities are likely to result in the subject resisting therapy. A corporate organisation (A) may, for instance, want to incorporate Critical Thinking Therapy into the orientation programme of its staff. In doing so, the organisation may not have perceived any

specific threats but may simply wish to be proactive. A critical thinking therapy that is designed for such an organization has to be different from a therapy that is designed for an organization (B) where a certain behaviour or attitude is already pervasive. Whereas in the case of organization A, the therapy seeks to encourage best practices and avoid negative behaviour, in organization B the therapy should first of all seek to deconstruct the negative behaviour or attitude before introducing exercises that are aimed at promoting more positive outcomes. In the same vain, the intervention programme designed for an individual who is at a crisis point in his/her life and needs a way out should be different from a programme designed for an individual who wants to be proactive about certain behavioural or attitudinal problems that are common within the society. Thus, the time at which the counselee seeks therapy is likely to determine his/her commitment level and thereby, the success of the whole process. In designing a therapy therefore, it is important to ensure the appropriateness of therapy to a given situation.

Again the success or failure of therapy may depend on whether or not the counselee actually believes that he needs counselling and is therefore ready to embrace the process. The subject's perception of therapy and the therefore his/her readiness to embrace it constitute two of the five elements that Louw identifies as indispensable in any 'successful' examination of a life in a philosophical counselling. Such elements include "the client's recognition that there is a problem, trusting another, emotional release, insight, and the discovery of alternatives" (Louw 2011, 22). Recognition by the counselee's that he has a problem though not a sufficient condition for a subject's readiness to embrace counselling is usually a precursor to it and may help the counsellor convince the subject of the need for counselling. Also, the subject's expression of faith in the counsellor and the process is usually an indication that he/she will be committed to the process and thus multiply its chances of success. On the other hand, where the counselee is sceptical about the process or has no faith in the counsellor, the chances of success is radically reduced. This is

especially the case where philosophical counselling is not generally accepted as a mainstream intervention. It is therefore important for the philosophical counsellor to build up the confidence of the counselee both in his abilities and in the process in order to ensure success.

Why – Why is the therapy needed?

As with every therapy, it is important to keep in focus why the therapy is required. It is this focus that assists the therapist in his choice of therapeutic tools. Such a goal may not be very clear to the one who seeks therapy and may often not be properly articulated. In such a case, it is the responsibility of the therapist to streamline the objectives of therapy through a process of questions and answers and by so doing help the counselee to clarify the goals of therapy. Thereafter, it is the responsibility of the therapist to structure such goal(s) into something achievable and measurable. In my work with the military, for instance, the goal of therapy was never properly articulated. The military staff college was merely presented as a training institution that prepares officers for command and staff appointments. Prior to this training, the officer operates at the level of receiving and executing orders that are given to him by his superiors and what critical thinking was supposed to do was help officers to transits from this stage to the stage where he takes decisions and assumes responsibility for them. In designing an intervention programme for them, I reasoned that making and assuming responsible for decisions would be easier if the subject could be sure that the decision taken is the best that could have been taken in the given circumstance. In order to be sure that this assumption was consistent with the vision of the college, we had a workshop session in which various questions concerning the direction of the programme were put to them. The resulting answers clarified the goals envisaged by the Directing Staff and pointed to the direction to which therapy should be tailored. Thereafter, it was my responsibility to translate this vision into a format that is easily achievable and measurable. In that particular case it was clear from the workshop that the college

wanted its graduates to be comfortable with taking decisions as well as being proud of the decisions they take. In view of this, I identified the role of therapy to be that of fostering a vision of alternatives that will enable graduates envision multiple courses of action when confronted with an objective. This requires the officer to have a wide range of options when making a decision and therefore be less likely to regret his chosen course of action.

What – The goals of therapy

It is also important to keep in mind what the particular therapy is meant to achieve. This requires understanding the peculiar circumstance of the counselee and their underlying desires. This is important because too often, we are tempted to approach therapy based on the dictates of the society and fail to pay attention to the peculiarities of a particular case. For instance, while working with the lady in a troubled marriage, her stated goal was to have her views respected by the husband and to be considered capable of contributing to decision making within the family. Prior to our meeting, her attempt to be more assertive in the marriage only received scorn from the husband and every attempt at discussing the subject almost always ended in a rancorous quarrel. This happened in an environment where women have grown to be very assertive and have recently forced parliament into enacting a bill that abolishes the marital powers of the man as head of the household. In such an environment, it was logical to assume that the lady in question would be more interested in protecting her hard won equality with the husband and that her overriding goal was her position in the home. Given this assumption, it would have it would have been easy to train the lady to win argument and give her techniques that will force the husband to listen to her point of view but further probe revealed that she had no intention of winning arguments at the expense of her marriage. Thus while her therapy programme involved helping her to argue logically and articulate her points of view clearly, her assignments were mostly to encourage the husband to think critically. It would probably have been easier to refer them to a marriage counsellor or the ask

the husband to join her in Critical Thinking Therapy but the husband had refused every such overtures in the past. Designing a critical thinking therapy for the lady involved not only helping her acquire the tools of reasoning but also drawing up a strategy through which the husband could benefit from the tools of reasoning himself. Although it is commonly held that "the philosophical counsellor's intention is to help his client reach any reasonable and morally permissible goal the client has set for herself" (Raabe 1999) it is important to ascertain that stated goal of the counselee is actually the desired goal and that his/her perception and articulation of the goal has not be hampered by poor communication or the lack of clarity.

Knowledge of the three Ws notwithstanding, it is important for the therapist to be well versed in critical thinking and be sufficiently creative in determining the cluster of critical thinking skills that are relevant to a particular case. It is also important for the therapist to be able to determine when to introduce a particular skill to the subject and the exercises that would best help the subject to master those skills. Again it important for the therapist to be able to determine when progress is being made and when his intervention has failed and he needs to withdraw from working with the subject.

4. Defining the Content of Therapy

Although the above title suggests that there is or should be a scientific way of determining the content of therapy, this is not the case as the very nature of philosophical counselling rejects such a possibility. In this regard, philosophical counselling is in tune with academic philosophy which is not tied down to any specific method. Thus, "unlike other therapeutic approaches, which specify certain techniques and methods that should be used, practitioners of philosophical counselling have been reluctant to acknowledge that they espouse any kind of well-defined method" (McLeod 2003, 278). This reluctance is supported by Schuster (1999, 96)

who argues for a "sincere communication in philosophical practice, based on a free, spontaneous developing conversation for which no method can exist." But while this view of philosophical counselling is widely held and has been supported by such heavyweights as Achenbach (1995:68), who refers to philosophical counselling as being 'beyond method,' it should be kept in mind that philosophical counselling is not completely devoid of method. Amir, for instance refers to it as "a cluster of methods for treating everyday problems and predicaments through philosophical means" while Taylor (2002,5) identifies the casuistical and elenchic methods as the primary approaches with the proviso that the counsellor never "lead" the counselee into making the decision that he (the counsellor) believes to be correct. Thus in defining the content of a Critical Thinking Therapy, it is important it is important to ensure "the intrinsic open-endedness and creativity of a genuinely philosophical spirit of enquiry" (McLeod 2003, 279) by ensuring that such content differ from person to person and from situation to situation. In view of this, the content of therapy can only be determined by the therapist in the course of a free, spontaneous and developing conversation with the counselee and it is his ability to match content to problems that distinguishes a good therapist from the rest. Thus whereas there could be guidelines for determining what goes into the content of therapy, such suggestions could only be discretionary and never mandatory.

A critical thinking therapy is primarily a reasoning therapy and reasoning is usually deficient either on account of the process or on account of the content of reasoning. Thus a critical thinking therapy should be designed to either address a deficiency in the content of reasoning or a deficiency in the process of reasoning. A deficiency in the content of reasoning usually means that the subject does not have enough data with which to reason and as a result, the reasoning is skewed in the direction for which the subject has data. A critical thinking therapy that is designed to remedy this should focus on increasing the data for reasoning and thereby redress the deficiency but the particular approach to

therapy may differ from counsellor to counsellor. For instance, an organisation may not be fulfilling its mandate because the staff is not proactive in sourcing for information that is relevant to its core business. The content of therapy for such an organisation should include exercises that heightens awareness and promotes curiosity. It should also include exercises on categorizing, analysis/ evaluation of ideas as well as those aimed at judging the credibility of sources. The counsellor may determine, based on the client and the circumstance, how best to help the counselee to recognize and redress this deficiency but there is need for the counsellor to hypothesize concerning the situation while remaining open to suggestions that may arise in the course of his free, open and spontaneous conversation with the counselee.

On the other hand, a deficiency in the process of reasoning usually occurs either where certain reasoning skills are absent or where the peculiar circumstances of the subject inhibits the use of such skills. For instance, it is commonplace for a culture of doing things to evolve within an organisation over time. This may be advantageous at a certain point because it ensures stability but there are times when it becomes so confining as to discourage innovation and inhibit the proliferation of ideas. Such a culture of conformity may inhibit the use of critical thinking skills. Also, the staff or an organisation may harbour certain prejudices towards particular individuals or groups which affect either the way they represent the organisation to the group or the way they relate to the goods and services that such people produce or represent. Again, individuals or staff of an organisation may hold certain superstitious beliefs or may desperately want a particular thing that they deceive themselves into believing to be important. Also, individuals or groups may come under the influence of some pseudoscience or scientism in such a way that it affects their judgement. All of these are likely to inhibit the use of reasoning skills even in individuals in whom such skills are highly developed. A Critical Thinking Therapy that is designed to redress any one of this may start with such exercises that help the subject to identify other instances of the particular reasoning obstacle and thereafter

progress with exercises that demonstrate the absurdity of falling prey to such an obstacle of reasoning. Again where reasoning is retarded by a dearth in reasoning skills, the content of therapy should address the specific skills that are desired and through discussions and exercises work on improving the reasoning capacity of the subject in that area.

5. Defining the Process of Therapy

A Critical Thinking Therapy aims at developing an attitude of critical thinking in subjects with the intention of using this attitude to redress the tendency towards certain behaviour or dispositions that the subject may judge to be undesirable. Since changing behaviours and dispositions entail a "paradigmatic changes and the development of a functional philosophical disposition toward one's situation" (Louw 2011, 3), one should not expect a critical thinking therapy to be completed in a few well-appointed sessions. This is especially so where the said behaviour or undesirable disposition is already ingrained in the subject(s) and may have affected their worldview. The thinking therapy that redresses such a situation will take time and commitment and it is important to help the subject to understand this and appreciate the fact that there are no short cuts to developing a critical thinking attitude. Having made this point, it is important for the therapist to realize that the subject of therapy has a life outside therapy and may, therefore, not be able to attend to the different therapeutic exercises as religiously as would be ideal. Such a situation requires that the therapist be patient with the subject and adjust the material to accommodate the subject's shortcomings. In the same vein, a therapeutic process designed for a corporate organisation may run into difficulties because of the problems involved in accommodating the process within the schedule of the organization. Corporate organisations are used to short workshops of doubtful value and may want to impose the same time constraints on therapy. It is incumbent on the therapist to resist the

pressure of having to be finished and done within three days. To this end, the therapist must persuade the client to appreciate the fact that a change in attitudes is not something that happens over tea and that the best result is possible where both the therapist and the client are not under pressure. Dealing with a corporate client that has time constraint issues may require creative time management that accommodate the need of the organization to continue to function and fulfil its mandate while at the time making allowance for the therapy that will enhance its capacity to fill that mandate. If, for instance, the client can only make allowance for eight hours a day for three days, the practitioner should instead negotiate to have this converted to three hours per week over eight weeks. In doing so, provision should be made for participants to take many exercises home such that each new session starts with a review of skills learnt in the former session before new skills are introduced. The managers should also be seen by the subordinates to support the programme as this will raise the level of commitment by the rank and file.

In most cases, the environment within which the therapy takes place is not controlled by the practitioner but may be dictated by the client, the type of therapy or the circumstance of the therapy. For instance, in running critical thinking workshops for an organization, the therapist may not be in a position to pick and choose the venue of such workshops. Whatever the case may be, it is important for the therapist to create a relaxed environment for the programme. Where therapy involves an individual, it is important for the therapist to put the subject at ease and reduce the anxiety brought about by the need for the client to see immediate results. This is because shifting the focus away from the process to the expected result may interfere with the process. Also critical thinking therapy should not be reduced to lectures where the facilitator spends time to pontificate concerning the desired behaviour or skill. Rather it should be achieved through exercises, case studies and anecdotes that portray the absurdity of the undesired patterns of thought. In view of this, a critical thinking therapy should have three important segments.

Stage One – Breaking the ice

To ensure the success of therapy, it is important to make the subject comfortable with therapy. The fact that philosophical counselling is often said to be a "conversation" (Savage 1997, 43; Mehuron 2009, 492; Lahav 2001, 12; Walsh 2005, 501) between the philosopher and the counselee entails that as in all conversations, the atmosphere be friendly and relaxed. Helping the counselee relax may entail starting the conversation with issues that have no direct bearing on what is troubling the counselee. This will allow the subject to feel comfortable with talking to the philosopher and also get used to the process of examining his thoughts through answering the questions put to him/her by the therapist. Lahav (2001, 13) refers to this when he argues;

> The first stage in philosophical counselling conversations is almost invariably one in which the counselee describes him/herself and relates relevant incidents and experiences, often with the help of the counsellor's questions. This stage is intended to supply the personal experiences or contents from which philosophising can emerge.

This shows that it is inappropriate for the philosopher to jump straight into discussing what is bothering the counselee without a general chit-chat that relaxes the counselee and provide some background information that gives a context to the counselee's problem. In doing this, however, care must be taken not to give the counselee the impression that the philosopher does not know what he is doing. This is especially important where philosophical counselling is viewed with suspicion, or has already been labelled quackery by the other counselling approaches. The philosopher, therefore, needs to perform a delicate balancing act through which his ice-breaking conversation serves the purpose of softly easing the counselee into the process without the wrong impression that nothing is being achieved.

Stage Two – Acquiring the tools

Since Critical Thinking Therapy requires such "philosophical skills as clarifying concepts, identifying hidden assumptions, drawing relevant distinctions, engaging in cogent reasoning, examining worldviews (general perspectives); philosophical resources like readings, insights, and perspectives from the history of philosophy that express the substantive views of philosophical thinkers; as well as philosophical interests such as a search for important truths, justified values, solution of conceptual perplexities, exploration of worldviews" (Martin 2001, 21) it is important that the counselee acquires certain tools of reasoning and be capable of applying such tools to the problem. As has already been mentioned, the tools of critical thinking are better acquired through exercises that help the counselee master the tools. Thus in designing a critical thinking therapy, adequate provisions should be made for the subject to work on exercises that will facilitate the acquisition of the requisite skills. Also, every effort should be made to find exercises that are culturally relevant to the counselee and the problem for which therapy is sought. Critical thinking should never be made to appear abstract and unrelated to everyday problems; rather, every effort should be made to relate the skills to practical issues of interest to the subject. Again, it is important to convince the counselee of the relevance of each of the skills to the problem for which (s)he is seeking therapy. This will ensure the cooperation and commitment of the counselee to the process.

Stage Three – Focusing the tools on the problem

In focusing on the problem, the subject should be encouraged to apply the tools of reasoning to the problem under the guidance of the philosopher. In doing so, the Socratic method of asking questions and eliciting appropriate answers from the counselee is usually the best approach. While it is important to allow the counselee the freedom to make informed decisions on the issue at hand, it is equally important to monitor the reasoning behind the decisions so as to ensure that such decisions are relevant to the

goals of therapy. Where the subject arrives at conclusions that are antithetical to the initial goal(s) his or her attention should be called to the dissonance. This is to say that the subject may revise the goal of therapy if he/she so desires but it is the responsibility of the philosopher to ensure that the subject does so consciously and is fully aware of the implications of such a revision.

In what follows, I present two case studies to illustrate how these could be realized in practice.

CASE I: Working with a Group of Students in a 'Passion Killing' Prevention Programme.

Background

Botswana has for some time been plagued by horrible incidents of murder-suicides arising out of soured relationships. A typical scenario begins with a young man 'asking a girl out' and the two becoming romantically involved. Trouble starts when the girl decides to end the relationship or becomes involved in another relationship. After making a futile attempt to renew their commitment by getting the girl return to the relationship or end the new relationship, the young man murders the girl and then kills himself. Although what has come to be referred to as 'passion killing' had been a common phenomenon in society, it never manifested itself within the University of Botswana until February 12, 2003 when a certain Gasekgale Matlodi (aged 22) was found dead in her university accommodation with multiple stab wounds and a boy whom she allegedly jilted, Petrus Radome (aged 24) was later found hanging from a tree in the vicinity of the university. In the absence of any other explanation for their deaths, the official position was that Radome killed Matlodi over issues arising from their relationship, and later committed suicide. Following the incident it was now clear that University students were not immune from this social malady and that something should be done to sensitize students about it. My contribution to this sensitization was to introduce two lessons on 'Understanding the

Passions' and 'Negotiating Relationships' as part the life skills course on Critical Thinking. The success of the lessons encouraged students who were having relationship difficulties to approach me for counselling and their stories offered valuable insights into toxic relationships within the community and by extension, the problem of 'passion killings'. The data obtained from such counselling sessions fed into subsequent lessons on 'Understanding the Passions' and 'Negotiating Relationships' and later led to my drawing up a Critical Thinking Therapy programme each for male and female students to help them in managing their relationships. The following is the programme as undertaken by female students.

Client Category	Group
Client Profile	Female University students between the ages of 18 and 30 undergoing various programmes of study in the university and either involved or planning to get involved in a relationship.
Emotional Category	Normal
Goal of Client	To avoid being a victim of 'passion killing'.
Goal of Therapy	Vigilance and emotional maturity
Duration of Therapy	One contact session x 3hours x 12 weeks
Therapy Venue	University classroom
Major Equipment	PowerPoint

Procedure

Objective One – Breaking the Ice
The programme started with a general discussion of relationships and attempted to answer questions like; What are the different kinds of relationships, Why do people have relationships? Should every relationship lead to marriage? What are the advantages and disadvantages of

marriages/relationships? The purpose of such a general discussion is to get the participants to speak openly on something that they are expected to have an opinion. Since some of the participants are young, shy, and self-conscious, no reference was made to personal experiences. Every participant was expected to contribute to discussions. At the end of the first contact session, each participant took home an assignment which involve searching the Internet/newspapers and reading up articles that comment on both successful and disastrous relationship.

Participants are at this stage introduced to the tools of critical thinking under the following topics:

The uses of Critical thinking,
Identifying and evaluating reasons
Evaluating inferences
Structuring an argument
Recognizing argument sequences
Logical Consistency

These tools were to help them to understand and analyse the information on successful and disastrous relationship and discuss same with members of the group. In a discussion facilitated by the counsellor, participants were asked to evaluate such information by giving reasons in support or against them. Other members of the group were encouraged to ask questions and seek clarifications in the true spirit of Socratic dialogue. This segment of the programme was deemed successful when participants spoke openly and willingly about the issue and were able to apply the tools of critical thinking to the discussion.

Objective Two - Understanding relationships

This segment of the programme began with each participant being asked to describe what her ideal relationship/marriage partner as well as their ideal relationship. Each ideal was scrutinized by all participants and questions were asked why the person considered the

relationship to be ideal. Also, participants were required reflect on their ideal relationship and come up with reasons why it may be less than ideal to a male partner; the things they would/would not tolerate in a relationship and their views on involving parents/other elders in relationships. The views of each participant on each of these were debated by others. Questions were asked and followed up until the issues were understood. The purpose of this segment was to help participants to be conscious of their needs within a relationship and how such needs could be realized within the context of their cultural environment. Participants are also expected to be realistic in their expectations and negotiate their relationships with these in mind. The lessons learnt from this discussion were used in advancing their skills on negotiating relationships. Discussions focus on;

Important factors in negotiating relationships;

education, social class, financial status/maturity, temperament, religion, family, lifestyle, sex

Understanding and negotiating power relations within relationships

The discussions focused on the role that education, social class, financial status/maturity, temperament, lifestyle family, sex and religion play or should play in a relationship. For instance, should a lady enter into a relationship with a man who has lower academic qualifications, professes a different faith, earns a lower/higher income, has heavy extended family responsibilities or has a certain lifestyle? What role should sex play in the relationship and when is it appropriate to negotiate sex, condom use etc. Participants were required to give a reasoned opinion and not necessarily what they do in their relationships. The objective of this segment was deemed to have been achieved when participants were unequivocal about their ideal relationship and were realistic in their expectations. The measure of a realistic

expectation was determined by the group in the course of their discussion. Although it is impossible to determine when participants are telling the truth or merely saying what they believe to be appropriate in the circumstance, the fact that they could reason using the tools of critical thinking and articulate reasonable positions were accepted as an indication of success.

Objective Three - Monitoring relationships
This segment started with participants using different exercises to learn important critical thinking tools that are relevant in monitoring relationships. The topics included:

  Listening and understanding
  Paying attention to detail
  Denotations and Connotations
  Understanding underlying assumptions
  Understanding and dealing with suggestions
  Commanding attention

Participants were given various exercises on each of the above to help hone their skills. They listened to important speeches by political and community leaders and were asked to note down what they considered as important details of each speech; the assumptions of each speaker concerning the group for whom the speech was made; instances of suggestion both verbal and physical; words that were used for their connotative meaning. Each participant was asked to name and justify each point that was made as well as note subtle emotional changes in the speaker in response to the audience. For instance, did the speaker appear angry when heckled, happy when applauded; pleased with the attention he was getting; sad because of what he was saying. They were asked to note the words and events that preceded the said emotion. The views of each participant were discussed, queried and commended by others and at the end of the discussion, the speeches were replayed and participants were asked to

reassess the speech to see if their initial views had changed. Participants were also asked to do an exercise on first impressions. Each participant was asked to stand in front of the group while the others write down their impressions of her on a piece of paper. Each of the impressions is later discussed and each person is asked to evaluate the impressions others had of her. Other exercises on recognizing when things are out of place were also done.

To end this stage, participants are asked to review newspaper stories involving 'passion killings' to see what they had in common. The age, education and occupation of the two people involved; type of relationship that the couples had; the events that led to the murder/suicide; the weapons that were used; the involvement of relatives in the relationship; the behaviour of the murderer before and after the event; the efforts of relatives and friends to intervene and so on. The purpose was to help each participant draw up a profile of a person who is likely to kill and the signs that may help them determine when they are in danger of being a victim of passion killing.

Objective Four - Nurturing a relationship

Although 'passion killing' is inexcusable and the victim cannot be blamed for the actions of the killer, participants were made to understand that they have a role to play in developing a passion-killing-free relationship. This role involved creating an environment for dialogue, encouraging free and open discussion of issues, avoiding the tendency to want to win every argument and treating their partners fairly. To achieve this, exercises on the following were given:

> Fair-mindedness
> Arguing persuasively
> Decision Making – options, consequences, values and risks

The exercises on fair-mindedness involved the use of

Carl Roger's listening technique. Other exercises on avoiding rationalizations, avoiding conformity and controlling the ego were also used. Participants were encouraged to share these exercises with their partners in the hope that having these tools will help them relate better within the relationship and reduce the tendency to act irrationally. Especially participants were to encourage their partners to communicate their feelings, engage in discussions concerning issues and justify their actions and decisions.

Review – At the end of the programme many of the participants were of the view that applying such scrutiny to relationship takes the romance out of relationships and creates a situation where they cannot relax and enjoy the surprise of letting things happen to them. Some argued that applying the tools will make them appear 'macho' and this may scare off potential love-interests. Many reported to have used some of the tools on their friends who felt that they were becoming 'stuffy' and 'suffocating', but were happy at the sense of superiority it gave them. While they were not sure whether they have been changed by the programme or would make what they had learnt part of their relationship routine, many were happy at having learnt the skills, especially those that relate to evaluating people and picking up subtle suggestions.

CASE II: Working with a Lady Through the Difficulty of Deciding Whether or not to Accept a Marriage Proposal.

Background

The lady in this case was a student of my life skills course but had graduated from the University five years before coming for counselling. She contacted me because she was confused as to

whether or not to accept a marriage proposal from a certain 'man of God'. The lady works in a remote village but regularly attends religious functions in nearby towns and villages. At one such religious function, a pastor (from a different country but married to a citizen) approached her about someone he purportedly knew whom he claimed is interested in marrying her. Two weeks later the said pastor came to her with his compatriot whom he introduced as a 'man of God.' The Pastor left the 'man of God' in the lady's house for them to get acquainted and didn't come back for him for two weeks. During his stay at the lady's house, the 'man of God' wakes up early to help the lady prepare for work and after she had left will wash, clean, iron and trim while declaring his undying love for the lady. In the course of the two weeks, the lady developed a soft spot for him and regularly referred to him as humble. The man claimed that she had been ordained by God to marry him and that they should get married immediately. On how they were to survive after marriage the 'man of God' claimed that as believers, their destiny is in the hands of God and that since God had ordained that they meet and get married in that little village, God has something there for them. He revealed that he intended to start a 'ministry' in the village and both of them can work towards making it a success. After two weeks of harbouring the 'man of God' the lady finally got the pastor to come for him. The pastor wanted to know how soon they would be meeting the lady's family to start the marriage process. When the lady shared her story with her 'Christian sisters' they were very 'happy for her'. They advised her that a marriage proposal by a 'man of God' was a 'manifestation of God's favour'. The lady subsequently received three prophesies from other 'men of God' telling her that she had been favoured by God and should accept a marriage proposal that was coming her way. The 'men of God' who made these prophesies were complete strangers who had no way of knowing about her encounter with the pastor and his compatriot. Though the lady expressed love for the 'man of God', she could not shake off the feeling that she might be making a mistake.

Client Category	Individual
Client Profile	Female university graduate aged 32 with no children. She is in a stable employment with a better than average remuneration. She lives alone in a rural community and is extremely religious. She believes that she is pre-ordained to marry a foreigner. She appears to be desperate for marriage.
Emotional Category	Vulnerable
Goal of Client	To make the right decision concerning the marriage proposal from a 'man of God'
Goal of Therapy	Vigilance and emotional maturity
Duration of Therapy	One contact session x 2 hours x 8 days
Therapy Venue	Committee Room

Procedure

Objective One - Developing a Rational Attitude

The fact that the lady came for counselling of her own accord and made full disclosure of her dealings with her suitor was an indication that there were no trust issues between her and the counsellor. There was no need, therefore, to work on gaining her trust and confidence. Also, since the subject had already done a course in critical thinking, her problem was not a lack of critical thinking skill but rather the subjugation of such skills to her religious confession. In other words, she could not think critically concerning her circumstance because of the overwhelming influence that her peculiar brand of Christianity had on her. The role of therapy was therefore, to help her to use reason to dispel the irrationalities occasioned by her faith.

Our first session involved getting her to talk about her faith; her understanding of the will of God and how such a will becomes manifest; her belief in prophesy and its role in the life of a Christian; her concept of Christian marriage; the interplay of traditional customs and Christianity in marriage within her community. At the end of the first session, her assignment was to revise the specific tools of reasoning that are relevant to her case. She was thus required to sharpen her skills on:

Understanding arguments

Judging the credibility of various sources of knowledge

Analysing and interpreting information

Evaluating the quality of reasoning

Understanding and dealing with suggestions

Decision Making – options, consequences, values and risks

The first session was followed with a general discussion of these tools of reasoning with the subject testing her understand of the tools by using them to analyse newspapers articles.

Objective Two -   Deconstructing Dogmatic Reasoning

The objective of this level was to get the lady to reflect on important concepts in the case and use her understanding of the concepts in evaluating her situation. She was therefore asked to search the Internet and dictionaries for the different meanings of pastor and prophesy. She was also asked to reflect on the true meaning of 'man of God' and the qualities which such a person should have. The subject was asked to read the interaction of Croesus with the Delphic oracle, especially commentaries on the outcome of the prophesy that "*If* Croesus *goes to war he will destroy a great* empire."

The two subsequent sessions at this level was spent on analysing the actions of the two Christian leaders in her story using her understanding of how a Christian leader should ideally behave. The sessions also looked at the language of

prophesy and its relationship to the prophesied event. For instance, Old Testament prophesies concerning the coming of the messiah and Christ as the fulfilment of those prophesies. Again the sessions looked at the marriage customs of both the lady and her suitor with the intention of determining whether the actions of the suitor and the pastor were culturally acceptable. The sessions progressed with the counsellor asking questions and follow up questions, while the lady responded based on reason and her Christian convictions. At the end the lady arrived at various conclusions primarily through *reductio ad absurdum*. In preparing for the last stage of therapy, the lady was required to update her knowledge of reflective reasoning.

Objective Three -   Making a Rational Decision

The last two sessions were spent on reflection. The lady was asked to reflect on her actions from the beginning of the episode and the reasons for them, using the notions of propriety that are derived from her Christian faith and her culture. For instance, what were her reasons for accepting the 'pastor' as a match maker? What were her reasons for keeping the 'man of God' in her house for two weeks without the consent of her parents? What were her reasons for accepting the three prophesies as genuine? Why did she think she loved the 'man of God' and will be prepared to spend the rest of her live with him? Here again, the questions where posed, followed up and the lady was made confront her reasons for actions. The lady was not required to make a decision at the end of therapy but was required to continue on her reflections and make a private decision on the best course of action.

Review – The lady did not eventually marry the 'man of God'. Although she accepted that most of her decisions on the case were irrational, she was of the view that her emotions and her faith were also involved and that people were expected to do

irrational things for love. Also despite the fact that, by local customs and her Christian faith her actions breeched the standards of propriety, she was ready to go ahead and accept the proposal because she was physically attracted to him, moved by his humility and persuaded by the prophesies that had been made concerning their union. Our sessions, however, made her acutely aware that despite his professions of love, the 'man of God' may not be genuine but may be trying to use her to attain his own ends. This made her reflect on the scriptures that said that 'the things of God are perfect and lasting'. Her decision was to ask her suitor to give her one year to pray (seek God's face) and consult her family about it. She had reasoned that if the 'man of God' truly loved her and had been directed to her by God, her hesitations would not deter him. Upon giving him the message both the 'man of God' and the pastor were angry and disappointed. Two weeks later she received a call from the pastor saying that, since she was not willing to obey God and marry immediately, the 'man of God' had decided to withdraw the proposal. Soon after that, she found out that the 'man of God' had married a local girl exactly one month after she had asked him for time to pray and consult with family about her proposal. What the therapy achieved was to enable her look at other options which she ordinarily would not have looked at.

The success of therapy was not as much because it prevented the lady from making a serious mistake about marriage but more because it made her aware of her tunnel vision and the poverty of her decision making process. What counselling did in this case was to "increase the client's self-knowledge; to help her clarify which of her values she really holds dear, which are in conflict, and which she may jettison after reflecting upon them carefully"(Taylor 2002, 2). It was clear from the beginning that the lady in this case valued her Christian faith and that her worldview, especially such as was related to the case was actively influenced by this value. Critical thinking therapy was not designed to undermine this value but

rather help her reflect on it and explore the different alternatives that come with being a 'believer'. The fact that the answer to her problem was to be found through a careful examination of this much cherished value changed her views concerning the relationship of faith and reason. She came to accept that faith and reason are not antithetical to one another but could actually complement each other and that both faith and reason have a common enemy in dogma.

6. Conclusion

Designing a critical thinking therapy requires familiarity with the tools of Critical Thinking, and a willingness to creatively adapt such tools in a way that helps enlighten an individual concerning the person's problems. The goal of a critical thinking therapy is not necessarily to solve the problem but rather to provide that mental illumination that enables the person to understand the problem, find creative ways of dealing with it or learn to accept it as part of his/her world. Ordinarily the best scenario would be for everyone to understand the tools and creatively apply them whenever the need arises. But since this is hardly ever the case in any knowledge situation, the need for a philosophical counsellor and his unique skills becomes indispensible. The two case studies presented above are typical of the problems that philosophical counsellors deal with and could be classified under what Knapp, and Tjeltveit (2005, 559) refer to as *narrow-scope philosophical counselling in the sense that they are concerned with practical problems* "that typically appear outside the realm of psychotherapy and within the realm of philosophy". As problems of philosophical counselling, however, they raise an important question concerning how assertive the philosopher should be within the counselling process. The position of most experts in the field is that the philosophical counsellor should not advise or offer 'solutions' but should rather help the counselee search for important truths, justify values, find solutions of conceptual perplexities, and explore worldviews

(Martin 2001, 2). In doing so, the philosophical counsellor has to avoid the tendency to formulate an hypothesis concerning the situation and then lead the counselee into 'discovering' and confirming this hypothesis. It is important that the philosophical counsellor be seen to be directing "the conversation in a direction that is fruitful both philosophically and personally" (Lahav 2001, 12). This notwithstanding, it is also important not to interfere with the counselee's capacity to make independent decisions concerning his or her situation.

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