



PHILOSOPHICAL PRACTICE

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Philosophical Practice, Body Image, and Body Dysmorphic Disorder

CAROL S. GOULD, PH.D.

Department of Philosophy, Florida Atlantic University, Boca Raton, FL
Center for Human Flourishing
FAU Brain Institute

Abstract

This paper focuses on using Philosophical Practice to help clients with maladaptive body images. Specifically, the author argues that Philosophical Practice can play a central role in treating clients with Body Dysmorphia, even those who are, or should be, under the care of a clinician. The author describes a case in which a Practitioner uses clinical research on the role of aesthetics in Body Dysmorphia. In this instance, the Practitioner explored with the client both Aesthetic and Ethical ideals to help the client refashion their hierarchy of values and attain a more rewarding sense of meaning and self-identity. The Practitioner guided the client by delving into Walter Benjamin's aesthetic notion of aura and Aristotle's ethics to bring them self-realization as they came to see the importance of uniqueness in aesthetic value and the value in Aristotle's idea of the great-souled person.

Keywords: *philosophical practice and the body, body dysmorphia, aesthetics of the body, self-identity, ethics of selfhood*

Socrates famously urges the Athenians to care more for their souls than their bodies and *not* because he feels ill-favored by nature. He has no problem with his body image, despite the Athenian worship of bodily beauty and proportions.¹ One remarkable feature of Socrates's persona is that despite his unsightliness, he is pursued by many; his charisma attracts people, young and old, male and female. He realizes that he is not an Adonis, but cares only about his health and fitness. While Socrates certainly appreciates bodily beauty (*Charmides* 155d-e), he does not see it as adding value to the person. When he looks at the splendid young Charmides, he ignites with a fiery passion. The gorgeous Alcibiades admits that Socrates rejected him, basically by saying, "if you think that your beauty is a fair trade for my wisdom, think again." (*Symposium* 218d-e).

In contrast to Socrates, the magnificent novelist George Eliot felt so ugly that she dreaded having her portrait painted. While she seems to have had no shortage of female devotees and male admirers, she did not admire herself. Like Socrates, she did not conform to her culture's standards of beauty. Unlike him, she felt inadequate. In Victorian culture (and ours, still), a woman's appearance is fundamental to her self-identity. In his *Ways of Seeing*, John Berger avers that men act and women appear. Even a woman of Eliot's brilliance, accomplishments, and magnetism could not escape this feeling in 1860s England. Her 'homeliness' left her with a deep psychic wound that did not heal after she had become a celebrated novelist. Although she believed herself to be unattractive, she did not suffer from the crippling pathology classified in the *DSM* as 'Body Dysmorphic Disorder' (hereafter BDD).

Body Dysmorphic Disorder is an obsessive, unrelenting loathing of one's body or some part of it. BDD was not officially classified as a separate disorder until 1987 (revised *DSM* III), and some clinicians take it to be among the most maladaptive psychological disorders, in part because of the

comorbidities that it might foster, such as eating disorders or agoraphobia. Its victims feel profound self-consciousness about a perceived flaw or set of flaws. Since patients are reluctant to report their symptoms, it is notoriously under-diagnosed: even patients who will admit to an array of other problems, may feel shame or discomfort admitting their BDD symptoms. One might speculate that this is because humans are embodied, and the body is an environment from which one cannot flee. One can leave a home, a school, a place, or a family, but one is ineluctably linked to one's body, "in sickness and health."

A highly maladaptive condition, BDD makes people live with self-disgust, avoid relationships, and lapse in meeting their academic or professional obligations. BDD sufferers may find it hard to live normally with others; they may spend exorbitant sums on cosmetic surgeries or enhancements, and not simply the odd nip or tuck. Rather they have facelifts, rhinoplasties, bicep and other implants; some people with normal genitalia have unnecessary (re)constructive surgery. One of the most chilling is the surgery some endure to add height, a surgery with a recovery time of a year or so. Some suffering with BDD pull at or snip their hair compulsively or pick at their skin. Many resort to procedures not only self-punishing, but also beyond their financial means. Most therapists take it to be a form of OCD &/or Delusional Disorder. Some people have genuine bodily abnormalities but may adapt to them with more ease than most BDD patients.

There are at least two interesting subtypes of BDD: Muscle Dysphoria is found mainly in men, who feel their musculature is inadequate or that they are too small, as did a client of mine whom I discuss later. Secondly, BDD by Proxy, which is exemplified by those obsessed with what they perceive as a flaw in someone else, a child, parent, or significant other. Whatever its guise, therapists usually treat it primarily with CBT and/or SSRIs. These, however, are mainly palliative. This is where philosophical counseling can enter to accompany medical treatment: it can help the client attain what Luis de Miranda famously calls Philosophical Health. Insight may not immediately cure the obsessive problems. Newly experienced philosophical insight, however, will be more than just a temporary fix, as it can help a client gradually assimilate a new set of values and life strategies. In this paper, I argue that while philosophical practitioners may not diagnose pathologies or prescribe medications (unless one is also a clinician), we can engage with clients in a way that alters their life by helping them achieve self-knowledge and, as Luis de Miranda puts it, refashion their "sense of the possible."

I shall argue here that Philosophical counseling can provide a unique sort of help, if the counselor aims at bringing a person to envision a life with new meaning, to develop a new hierarchy of values both ethical and aesthetic. In doing so, they might attain philosophical health, as Luis de Miranda conceptualizes it. It would derail us to rehearse his theory and fruitful Sense-Making method, for they merit more attention than I can give them here. Instead, I discuss how a practitioner may help the client achieve specifically: a strong sense of (1) the distinction between the ethical and the aesthetic (2) the ethical injustice they inflict on themselves through self-objectification and diffidence (3) how, for some, this is a response to cultural pressures, and most importantly (4) what it is to have a truly acute sense of the aesthetic and its role in a person's self-worth. By acquiring self-knowledge and understanding of the culture in which they are embedded, the client could begin to reinterpret and write a healthier narrative for their future. The telos for a client with BDD would be, as Luis de Miranda would have it, a new idea of the possible and renewed sense of meaningfulness.² The pertinence of his method, especially for BDD, is that it "proceeds from a primary dimension of embodiment and sense of self to... [a] conceptual worldview."¹ De Miranda's ideals are akin to those of existential & person-centered therapists.

Let us note from the start that a philosophical counselor should acknowledge the client's concerns, rather than dismiss them as delusional or vain. However inauthentic or frivolous the practitioner may find the client's concern with physical perfection (as the client sees it), the counselor must create an empathic therapeutic environment in which a client can comfortably air their concerns without feeling judged, lest they not articulate or admit to them. Philosophers may be especially well-suited for this, because of our sensitivity and training in ethics and reasoning. We should recall the Rogerian idea that a counselor (therapist) should meet the client "where they are," that is, validate their phobias or worries. Some philosophers think a preoccupation with appearances morally suspect—perhaps an ethical vice of vanity or a dangerous hierarchy of values. As philosophers, however, we are adept at looking at the world from perspectives different from our own. So even if for some, BDD seems a form of narcissistic preoccupation with one's appearance, many clients may see that preoccupation as necessary for navigating through life. We should also note that, sadly, in some cases people have genuine, non-delusional reasons for extreme self-consciousness about their looks that make it hard for them to function: people get ill or injured. Those going through chemo or recovering from surgery may feel like strangers in their bodies. This is a different problem than BDD, one that I address in another work in progress. Both are intractable. In both types of cases, as practitioners we cannot be dismissive or simply trot out philosophical ideas.

Recall that Merleau-Ponty grounds his philosophical system on the principle that we live in our bodies, each of us an embodied consciousness that transforms as we interact with others. More recently, Richard Shusterman, too, has made sophisticated contributions to current philosophical ways of conceptualizing the body, which he points out, tend to be more disguised social and political critiques than analyses; hence his theory of somaesthetics.

In an interesting article, three clinicians argue that BDD is rooted at least partly in aesthetic sensibilities.³ The authors offer powerful evidence that patients with BDD had more heightened aesthetic sensitivities than the general population. Without elaborating here, let us assume that at least many BDD clients are aesthetically sensitive. When working with a client who feels excessive disgust with his body, we should take this into account and use it to the client's advantage and our own. Let us recall Walter Benjamin's well-known notion of the aura. Benjamin argues that once artworks are mechanically reproduced, they lose their aesthetic value. An original work has an irreplaceable aura, unique to itself. The aura defies reproduction. Persons being distinct individuals, are like artworks in that each is distinct. No matter how closely one copies an influencer or anyone else, one cannot achieve qualitative identity. At best, one might be a kitsch reflection.

In addition to aesthetic values, we should attend to the ethical. While looks have no place in a Socratic hierarchy of values, *some* concern with appearances certainly is part of an Aristotelian one. For Aristotle, the goods of fortune are necessary, though not sufficient for human flourishing. Bodily health and self-confidence would be goods of fortune, as would be an appearance that conforms to human biological norms. Such norms allow for a wide array of physical features. We all know that different cultures prize certain sets over others. During China's Tang Dynasty, higher class women bound their feet to make them appear more beautiful to a man. Today, we realize that bound feet prevent a person getting around easily. Until recently, many Westerners considered the ideal nose to be small, straight, and symmetrical. Many with, for example, a Roman nose would be tempted to go for rhinoplasty.⁴ Similarly, at certain points in history, American culture has valued voluptuousness in women, for it signaled fecundity and good nutrition. At other times, the West has rejected that ideal. In the 1970s, the women's movement ushered in a new aesthetic exemplar of the slender, independent woman. But at most cultural moments, one could still be praised as beautiful even

without fitting the cultural ideal. Recall the French idea of the *jolie-laide*. This is not irrelevant to how philosophical practitioners can deal fruitfully with clients fraught with self-disgust or excessive self-consciousness about their bodies.

In the 1940s, the pragmatist American philosopher Curt Ducasse wrote a now-obscure article, "The Art of Personal Beauty,"⁵ which illuminates this. His argument is twofold: moral and pragmatic. We have a moral obligation to be minimally presentable and inoffensive to others, and, he says, that being "attractive to others, is...of great moment to practically all of us." For better or worse, "our personal happiness and prosperity" he tells us "depend, throughout life, very considerably upon the attitude of the persons with whom we come in contact. Moreover, the contact with many of those who can affect our fortunes is...brief and superficial; and the briefer and more superficial it is, the greater is the importance of the surface we exhibit, since it is then all they have to go by."

The two ways, he tells us, that we can become attractive are either likeableness or fascination, the former being more about reality, the other appearance. Likeableness is about personality and character, while fascination is "less closely connected to the real worth of its object." When he talks about fascination, he equivocates between two different concepts, one being about biologically given beauty, the other being about imaginative efforts at self-editing. But one need not be naturally beautiful or adept at self-editing to feel comfortable with oneself. Self-presentation, as Ducasse insinuates, includes vocal and gestural modes of expression. Interestingly, Ducasse was a strong believer in parapsychology and the irreducibility of consciousness, so he recognized the human interiority. Living in double consciousness as one with BDD does, makes impossible such improvisational and imaginative self-editing. This is an insight to which a philosophical practitioner could lead the client.

Consider a client of mine, whom I shall call 'Matthew.' To protect Matthew's privacy, I have drawn him accurately, but gave him features of another client, as well. A man in his mid-thirties, Matthew consulted me to discuss what he thought was his key problem: his troubled relationship with his girlfriend. He was attractive and well-educated, starting a promising career. He had a deceptive air of confidence about the power dynamic in his relationship. As he revealed more, I learned that he had been sexually and emotionally abused by his father, a wealthy businessman, from whom he claimed to be estranged. As his story unraveled, I saw that he was still erotically enmeshed with this woman, even though they had not been sexually intimate for a few weeks, and both had agreed to redefine their relationship as "just friends." Clearly, he still loved this woman, despite her "true craziness." Still, he felt he had "never met anyone like her--she was physically attractive, and they shared a similar worldview." Given some of his preconceptions, like-minded women would be rare indeed. Not insignificantly, he was highly judgmental about and obsessed with the appearance of others and had some rather questionable, contemptuous ethnic biases. His aesthetic sensibilities were active and attuned to both visual and literary elegance.

Early on, he mentioned in passing that he had some "body dysmorphia issues," namely that unlike his brother, he was "not strong and naturally athletic," even though, he quickly added, he was the intelligent and academically successful of the two. His anxiety in discussing his feelings about his body were clear from the way he so quickly retreated from the issues whenever he mentioned them, (a case of Freudian avoidance?). After earning an MA in a humanities field, he went on to train in a highly skilled, physically demanding (and lucrative) profession. Even after developing his body to be 'ripped,' he still saw himself as small and had concomitant trouble with sexual performance because of it. His problem was more specifically Muscle Dysphoria, and he was considering various

ways of remedying it. Although he had developed his muscles by working out and carried himself almost elegantly, he could not come to terms with his natural bodily limitations.

I asked my client about his appreciation for language and his visual environment. Since his bodily shame seemed to gnaw at him so deeply, it seemed a promising starting point. He valued art and culture and felt that he appreciated it more than most other people. Matthew has a nimble mind and a broad education. Assuming he was familiar with Benjamin's notion of aura, I jogged his memory and asked him what he thought about it. I pointed out that just as mechanical reproductions of artworks did not have the aesthetic value of the original, so with human beings. We are each unique. Similarly, a guy more ungainly and unattractive might try to imitate Matthew himself. Since Matthew's father had inflicted a deep psychic wound, I worked to help him see himself not as a perfect specimen of masculinity (which he aspired to be) but rather as unique and more than presentable. We spoke about the plausible Nietzschean idea of person/person's life as a work of art. He agreed that a work of art that meets precisely conventional standards of a genre usually lacks interest, even if it is, in some sense, beautiful. Since antiquity, I reminded him, Persian rug makers would include a flaw in every rug they created. The distinct imperfection was necessary to its beauty and value. For Matthew to aspire to attain the perfect body, as he conceived of it, would be analogous to a carpet maker trying to craft a beautiful, perfect rug, a futile endeavor. One of Mathew's tasks was to accept his body and see its distinctive value and to take pride in how he worked so hard to become sufficiently strong and agile to succeed, as he was, at his physically demanding profession. While he has not yet reached this telos, seeing it as a goal is the initial step to reach it. Aristotle begins *Nicomachean Ethics* with this very point, if we are to aim at a target, we must see where to aim. To reach the good and attain eudaimonia, we must have an idea of it. Then, I asked Matthew whether he believed the athletic masculine ideal was universally accepted or should be. He was not sure how he felt about that. Part of the homework he gave himself was to figure that out.

This takes me to the next idea I explored with Matthew, who is, like all of us, a work in progress. This is an ethical matter that I did not, of course, explicitly state. I feel now that I should have explored it with him in depth. He has been committing a serious ethical injustice towards himself. Matthew, like many with BDD, has been comparing his body (or feature of it) to others for much of his life. In doing so, he has presupposed that others are worthy of admiration, while he is not. This assumption has sabotaged him in two ways: it has instilled in him a defensive contempt for many other people, and it has interfered with his having a mature relationship. Here we have an ethical matter, ethical in the sense of character. Virtue, for Aristotle, is a mean between two poles—one an excess, the other a deficiency. Courage, for example, is a mean between cowardice and rashness. Aristotle speaks not only of virtue, per se, but also of individual virtues. Like the doctrine of the mean itself, the individual virtues each invite controversy, perhaps none more so than his virtue of magnanimity or being great-souled, what he considers 'the crowning virtue' inseparable from every other virtue. It involves respect or 'honor.' To be a great-souled person is to have a proper sense of self-regard, to know what one deserves and to expect it from the world. His notion may seem elitist and culturally embedded, but it can be brought up to date. It is a mean between an unwarranted sense of entitlement and self-deprecation. It is worse, according to Aristotle, to be unduly self-effacing than to be conceited. Matthew initially thought he might be guilty of excess self-regard or arrogance. To be great-souled, one must see oneself as deserving honor from those of good character and honors that are worth earning. He appears to be shifting his feelings, but that may require him to examine the other elements that bestow meaning to his life. The ethical point he must internalize is that to honor others more than they deserve and to dishonor himself because he may not have

won certain attributes by genetic lottery is to be unjust, unjust to himself in the distributive sense. He should not give respect to others and deny it to himself. Luis de Miranda's approach includes (to paraphrase) selfhood, 'belonging,' a new life narrative ('sense of the possible'), purpose, and coherent philosophical vision that governs [one's] life in the world and feelings as a self with agency. Matthew has an arduous path to achieving such self-knowledge and sense of purpose. But he has started to look differently at his body and has left behind the relationship that was feeding and fattening his insecurities. To do so compels him to confront questions that previously terrified him. If all of this works out as hoped, Matthew will be giving himself what few manage to do or have the courage to do, that is, choose the path leading to a newly gleaned destination.

It is critical for Philosophical Practitioners to take the body seriously. A person must feel comfortable in the body in order to look with authenticity at questions of meaning and purpose. Many of us want clients to consider questions of death, illness, and a purposeful life. How can people reflect on such things if they live through the eyes of imagined others, that is in double-consciousness? Simone de Beauvoir sees this as one force preventing a woman from trying to vanquish the social forces keeping her from living creatively, independently, and authentically. Of course, the situation of a woman is quite different today, as are gender roles and delineations. Yet many people live in the tyranny of convention. My concern is that we help clients deal honestly with any feelings of bodily insufficiency that may prevent them from living with moral and personal confidence. Philosophy is a rich mine for dealing not only with ethical and existential dilemmas, but also the inescapable embodiment that defines the human condition.

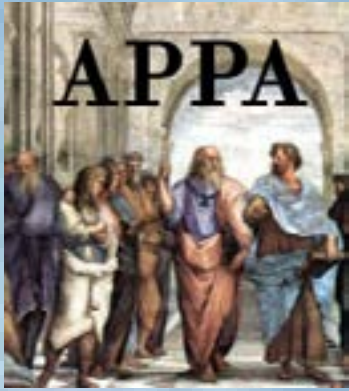
Notes

1. Fifth-century Athens was not unlike our culture in a couple of important respects, one was an obsession with the body. They had a love of beauty and proportion, and they lived in a military culture, always at war.
2. Luis de Miranda (ed.) (2023) *Philosophical Health: Reinventing Philosophy as a Way of Health*. London: Bloomsbury Publishing
3. Lambrou, C., Veale, D., & Wilson, G. (2011). The Role of Aesthetic Sensitivity in Body Dysmorphic Disorder. *Journal of Abnormal Psychology*, 120(2), 443–453. <https://doi.org/10.1037/a0022300>.
4. Cantor, J. (2023) "How Nose Shapes Have Been Perceived and Valued Throughout History." *Rhinoplasty*. <https://www.utahfacialplastics.com/2023/04/03/how-nose-shapes-have-been-perceived-and-valued-throughout-history/> accessed October 17, 2023
5. "The Art of Personal Beauty," in *his Art, the Critics, and You*. 1944, Oskar Piest, reissued 1955. Indianapolis and New York: Library of Liberal Arts

Carol S. Gould is Professor of Philosophy at Florida Atlantic University, where she is also a Senior Distinguished Fellow at Center for Future Mind in the Brain Center. She publishes in Aesthetics, Ancient Philosophy, Philosophy of Psychiatry, and Japanese Philosophy. Her forthcoming book is a philosophical study of glamour.

Correspondence: caragould@protonmail.com





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Aims and Scope

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

APPA Mission

The American Philosophical Practitioners Association is a non-profit educational corporation that encourages philosophical awareness and advocates leading the examined life. Philosophy can be practiced through client counseling, group facilitation, organizational consulting or educational programs. APPA members apply philosophical systems, insights and methods to the management of human problems and the amelioration of human estates. The APPA is a 501(c)(3) tax-exempt organization.

APPA Membership

The American Philosophical Practitioners Association is a not-for-profit educational corporation. It admits Certified, Affiliate and Adjunct Members solely on the basis of their respective qualifications. It admits Auxiliary Members solely on the basis of their interest in and support of philosophical practice. The APPA does not discriminate with respect to members or clients on the basis of nationality, race, ethnicity, sex, gender, age, religious belief, political persuasion, or other professionally or philosophically irrelevant criteria.

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