

Philosophical Midwifery: A New Paradigm for Understanding Human Problems
Hyparxis Press, 1998

By Pierre Grimes and Regina L. Uliana

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Reviewed by John H Spencer on Feb 1, 2004

Philosophical Midwifery (PM) is, of course, inspired by Plato's *Theaetetus*. In that dialogue Socrates compares his art of helping people give birth to either true ideas or false beliefs with his mother's art of midwifery. I think that Grimes' practice of this ancient art is an excellent modern example of the Platonic way of *doing* philosophy. PM is not only a valuable tool for therapists, but I think it can be beneficial for professional philosophers and classicists to see Platonism being practiced. Scholarly research and debate are unequivocally essential, but if we only ever discuss what we think the ancients meant and never experiment with their ideas (or modern versions of them) in practice, then I think we are missing half of the story. Ancient philosophy was meant to be practiced; it was 'a way of life' as Pierre Hadot has argued.

Grimes has spent decades working to perfect PM for overcoming the obstacles to our personal growth, and he has conducted literally thousands of midwifery sessions. This new mode of therapy not only has its roots in Plato, but it is also deeply influenced by Plotinus and Proclus. Although most frequenters of this website will be very well read in the Platonic tradition (probably experts), it has been my experience that many academics are still not well informed about the 'new' movement known as philosophical counselling or about the ways in which Grimes has been using and adapting ancient Platonism in modern therapy. Therefore, I will provide an overview of Grimes' position and perhaps some people will become sufficiently intrigued to engage with PM themselves.

The core aspect of PM is what Grimes has called the *pathologos*, which is a sick belief. The *pathologos*, which is analogous to a psychic parasite because it 'resides' in the mind and injures its host, is a false belief that is responsible for the manifestation of a particular class of problems. We will inevitably repeat these same kinds of problems until we have clearly identified the source and have expunged it from our psyche. This is all the more challenging because the *pathologos* is a sick belief that we *do not even know that we have*. These false beliefs cause us to repeat old patterns and dramas every time circumstances arise that in some significant way resemble the original circumstances we encountered when we first received the transmission of the *pathologos*. The *pathologos* is invisible since we have never verbalized it, and we have never verbalized it because we didn't even realize that we had received the transmission of it; hence the *pathologos* acts as an insidious blockade that is invisible to the person it is blocking.

In order to briefly explain how this transmission of the *pathologos* can occur, imagine a small child, open and uninhibitedly curious, being told to stop asking 'why?' by a parent or another authority figure who is the child's role model, yet the role model praises the child for doing practical chores, such as cleaning her room. If the role model appeared to be sincerely concerned about the child and to be a knower far superior to the child, then the child may come to the silent and unconscious conclusion that the best way to survive in her environment under the power of the authority figure would be to do practical chores and stop asking probing questions. It

is unlikely, however, that the child would have been able to think in such terms and come to such a clear conclusion, and it is precisely this silent conclusion that is a necessary condition for the transmission of the pathologos. In this example, and in all examples of pathologos transmission, nothing was formally taught but something was learned in a way that could not at the time be verbalized by the child, nor by the parent who would have been unwittingly acting out of her own pathological state of mind.

Once the child who has received this transmission of the pathologos becomes an adult, every time she attempts to do anything leading to meaningful personal growth, which inevitably involves deeper questioning, she is blocked in some way that could manifest as a physical symptom such as a headache, or perhaps as fear or anxiety and so on. These physical or mental symptoms dissipate when she gives up her goal of personal growth and instead cleans the house, thereby keeping her pinned in mediocrity and perpetual suffering. The most basic purpose of PM, therefore, is to discover and uproot our pathologos, the ‘psychic parasites,’ the unnamed, untaught, unknown false beliefs that block us from actualizing our highest potential.

Unlike psychotherapeutic models that require the therapist to interpret the client’s description of the problem according to preconceived theoretical assumptions, PM remains free from imposing any interpretation. Also, PM avoids the harmful consequences of materialistic-based psychiatric models, such as drug side effects and the inability to appreciate fully the process of individuation when a person is searching for objective meaning and truth. The PM practitioner helps the client go through a step-by-step process (which I have not given) that allows her to see her own words and descriptions and memories. Then by reflecting on the current problem and deeply inquiring for oneself with the guidance of the practitioner, the client has an excellent opportunity to discover the particular circumstances that brought her, the believer, to believe that such patently false ideas were true. The client can then see for herself the root cause of her pathologos, and in her clear seeing, once the pathologos has been verbalized and identified, she has the chance to be free of its grip. No drugs and no authoritative imposition of the practitioner’s interpretation are required. In essence, if we resist probing existential and metaphysical questions that are personally relevant to us, then we can be sure that the pathologos is blocking us. Fortunately, according to PM, we can aspire to and reach the same heights as those attained by the greatest examples of humanity.

Grimes accepts the argument that the Good binds all together whereas evil unbinds and scatters into dissolution, all of which is standard Platonism and Neoplatonism. Proclus provided technical metaphysical arguments to argue that the ultimate nature of reality is the Good and the One, which really refer to the ineffable, theologically equivalent notion of God. Consequently, there is no ultimate, independently existing force of evil. This subject is as controversial as it is difficult, but the essential idea is that to the degree that evil *is*, meaning that to the degree that evil is bound together with itself into some kind of unity, which it must be if it is to *be* in any way at all for any length of time, then it can only be due to its ultimately innate goodness. And this innate goodness of all things, no matter how horrifically awful something or someone may be or appear to be, owes its existence to the Good or the One itself. For those philosophers in this tradition it follows, therefore, that humans have the inherent capacity to ascend to the Good or the One, which is also to some degree innate within them. Interestingly, this idea is very similar to the common Buddhist notion that all of us are already enlightened but we have just forgotten and need to reawaken to our true ‘Buddha-nature.’ It is this higher spiritual dimension of

PM that allows for the client to reach for her greatest aspirations towards individuation, even while the entire therapeutic structure is grounded in the strictest form of rationality.

Grimes also accepts the Platonic love of the Good and the One and our innate but often misdirected rationality, which is a view that is in direct opposition to most postmodernists and many therapists. However, he also makes relevant comparisons with other philosophers (Eastern and Western) and various therapists, and he even draws from chaos theory and wormholes, providing the reader with a profound cosmopolitan understanding. Despite the challenging philosophical and theoretical insights and explanations, the second author, psychologist Regina L. Uliana, provides an informative, more concrete validation study. I tend to prefer abstract thinking, and I did not find the analysis of two real case studies to be particularly helpful, but a colleague who has been deeply influenced by PM really appreciated the detailed charts and graphs in the second part of the book. There is also an extensive Index, which is very useful.

Despite general postmodern reservations towards Platonism and the seeking of ultimate truth, I think that any therapist or academic who reads PM will at least be provided with challenging views and arguments to ponder and reflect upon. PM can be further developed, and it needs to be adequately understood and critiqued (especially) by those who maintain a non-Platonic and non-religious worldview in order to help clarify important difficult facets related to the idea of the pathologos. To some readers, Grimes' conclusions may come to hastily, and they may think that his views are too one-sided because he is so deeply rooted in the Platonic tradition. However, it can be reasonably argued that a pluralistic approach to therapy can lead to the relativistic assumption that any behaviour can be equally justified, which will be of little benefit to a client who is looking to better herself because to become better is to presuppose that one's prior state was truly inferior.

PM is in one way a mode of psychotherapy broadly conceived, as in offering a therapy for the soul, but it differs greatly from postmodern versions because it is based in a traditional appreciation of objectively verifiable distinctions between truth and appearances. However, PM can also be considered to be a type of philosophical counselling, although (I think) radically different from the views offered, for example, by Peter Raabe, Lou Marinoff, and Schlomit Schuster.

It is also important to note that more than a few psychologists have charged philosophical counsellors with not being trained in 'counselling' and this point is not without some merit. Indeed, many clients do have psychological problems and, in some cases, may benefit from drug therapy; but certainly not all clients require pharmaceutical intervention. And what benefit is it to the client if the therapist carelessly resorts to the latest fashionable psychiatric terminology to categorize and stigmatize people under ever increasing and dubious labels of various apparent mental illnesses? In fact, how can the many psychologists who have little or no training in philosophy properly discern when a client has a philosophically based problem rather than a psychiatric one? Rather than fighting with one another, surely it is in the best interests of the clients if philosophical counsellors, psychologists, and all varieties of therapists recognize the benefits of studying and learning from the multifaceted approaches to therapy.