



## CLINICAL PHILOSOPHY, ESOTERISM, METHOD AND METHODOLOGY

### Actions, hypotheses and experimentations at the 1st Luso-Brazilian Course of Clinical Philosophy (2016)

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#### **Abstract**

Clinical Philosophy's methodology, as the expression of the philosophical system created by Lúcio Packter and disciples (may these be, naturally, already or still broke up), happens in collective living practices through communicative sharing of information-affection, nurturing variables, varieties, variations, and searches of, respectively, measurable values (science), colors, sounds, smells, consistencies, flavours (art), affection strengths (philosophy) and relinking frequencies (spirituality). The compositions of this walk involve intersections with multiple actors and methods sometimes distant from the clinical philosophical apparatus: from the esoteric tradition to Applied Philosophy. How is it possible to host them in the professional practice maintaining fidelity to the essential basis of the method?

**Keywords:** Clinical Philosophy. Philosophy Counselling. Applied Philosophy. Esoterism. Methodology.

#### **1. Preliminary considerations**

Long ago, it has been noticed that what has the most significance in therapy are not the techniques, but, actually, the type of human relation which is established between therapist and patient, that is, the matter of the personal and existential encounter (Viktor Frankl, 1969)

We have walked. This walk, for us, is the path we take as we walk. A methodology.

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Although it is sometimes common to use the same term to designate the course or the conformation of limits or vectors which influence in a possible mapping (which we prefer to denominate “method”), we have emphasized more the other meaning. The one of “the path is opened as we walk”, the walk itself.

The friend Márcio José, studious of the relations between Paulo Freire’s philosophy and Clinical Philosophy, made in Faro this caricature of ours that illustrates well the possible dimension of what it depicts.



Figure 01. “Methodology is my walk”! Caricature of a multiple becoming in a paper napkin, by Márcio José.

Clinical Philosophy’s methodology, as the expression of the philosophical system created by Lúcio Packter and disciples (may these be, naturally, already or still broke up), happens in collective living practices through the communicative sharing of various types of information-affection, making use of equivocal, univocal, particular, singular and universal terms. All these and more. As methodology is done there is an array of histories, geographies, historicities and geographicities<sup>2</sup>, nurturing variables, varieties, variations and the searches of, respectively, measureable values (science), colors, sounds, smells, consistencies, flavours (art), forces of affection (philosophy) and frequencies of connection (spirituality).

An Education Science professor, a praxis philosopher, would say that methodology is practice; and method, theory. This distinction – inserted in the idea of a real theory-practice unity – may consider two practical-methodological applications of

<sup>2</sup> In fully construction of a breeding place for the concept, this is brought in the sense of a possible temporal report of existentially being in not necessarily physical places (in the Newtonian sense).



the clinical-philosophical method: i) human relationships, whether or not formalized in a philosophical clinic context, but which set into motion thoughts with proper concepts and terminologies of the language game constitutive of the method; and ii) the production of a text, with similar movements.

We have a method, an instrumental, a well-defined technique transmitted in the training centers spread all over Brazil. As well as, by the way, astrology, numerology, mandala art-therapy, civil engineering, dialectical and historical materialism, economic liberalism, medicine, psychoanalysis, behavioral and cognitive psychology, coaching, counseling, mentoring, logotherapy, etc. There are categories, norms, rules, principles and basic definitions which must be respected in order to legitimate the action of an astrologist, a numerologist, a civil engineer, a materialist marxist, a neoliberal, a doctor, a coach, a logotherapist, etc. The same is applied to the clinical philosopher, who assumes in his professional language game, deontologically, notions like historicity, minimal scheduling, the thirty topics, the thirty-two submodes, the five categories, the five types of intercession<sup>3</sup> and the absence of pathologies. This way, in our Code of Ethics, especially in section V, “Of therapeutic practice”, there are important contributions for us to consider the question (INSTITUTO PACKTER 2006).

The group of clinical philosophers, specialists and students of Clinical Philosophy who went to Faro presented a diverse and interesting profile. Clinical Philosophy's working field was found to be in intersections with the scientific academy, the classroom, the public assistance to families in situation of social risk, and its practice blended with astrology, tarot, transpersonal psychology, homeopathy, yoga, shamanism and holism. Such dialogues, also observed in other meetings of the area<sup>4</sup>, allow me to wonder whether it would be relevant to take into consideration the concept of esoterism to think Clinical Philosophy's present stage in Brazil.



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Figure 03. The clinical philosopher and the Mystic: “Powerful love spells” An *Anthology* made on the 20th day in Portugal.



SILVA (2003) shows that the “esoteric” carries an important social-political background, indicating from social hierarchizations to persecutions, insults, mutism and deformations, intern and externally. Moreover, there would be at least seven important meanings linked to the term’s etymology and semiotics: i) synonym of secret, opposite of exoteric; ii) knowledge taught to advanced students in ancient Mystery Schools; iii) synonym of oral lesson; iv) knowledge that safeguards the interior life of a Philosophical School; v) a social privilege of aristocracy; vi) an experience that cannot be defined or shared; and vii) core of a religious knowledge liable to teaching and transmission only by those committed to priesthood or with a sacred gift. Specifically under the last aspect, esoterism comes to be interpreted as a term that goes beyond a careful analysis or explanation of a particular form of religion. It comes to be understood as “the exegesis of the religious phenomenon in its totality” (PIETROFORTE, 1997:80, apud. SILVA, op. cit.).

CAMPOS (2014) identifies three paradigms of Esoterism’s scientific-methodological approach: one in which it associates itself to the “hermetic imaginary” and rises as a starting point to renaissance humanism thinking and the modern scientific method; another in which the main point is the definition of esoterism as a form of thinking led by nuclear characteristics; and, finally, one intimately linked to the notion of complexity and the broadening of approaches dissatisfied with “the ideological basis of modernity and its long narratives”. This last paradigm, in conversation with SILVA (op.cit.), attempts to think the connections of esoterism with the universe of initiate societies (The Rosicrucian Order – AMORC, The Therapeutic and Magic Brotherhood of Myriam, The Theosophical Society, The Antroposophical Society, The Universal Great Brotherhood, New Acropolis, Gnostic Association of Cultural and Anthropological Studies, among others) and the new forms of sociability, spirituality and religiosity linked to what has commonly been referred to as the New Age movement.

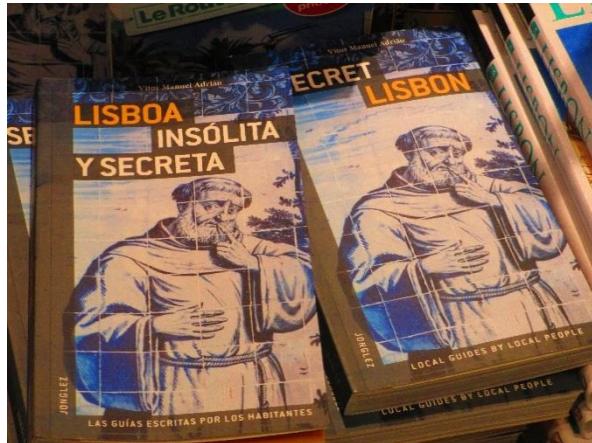


Figure 04. Local guides by local people: “secrets”.  
Photo taken on the last day in Portugal.

From our perspective, we have assumed the richness that may come from the leaps between the several exoteric and esoteric planes (in the amplitude of the terms’ directions) of the many sciences, philosophies, arts and religiosities. However, we also realize that together with the possibilities of eclecticism, there must be others that consider an affective role for the critical thinking. I believe it to be salutary to cultivate caution in perceiving and thinking the excesses that syncretism may generate, as the generation of unnecessary conflicts in the EP of some sharers. For example, practices that emphasize the “intuition” as the basis of pre-judgment formulation and subsequent scheduling, may disconsider basic elements of Clinical Philosophy, as the respect to historicity, to categories (relationships, place, subjective time, last subject and circumstances) and the consideration of the Ethical intersession (relationship of alterity). The adoption of *a priori* models of human suffering, personalities, minds and schemes of behavior-function, based or not in academic sciences, may affect the Ethical respect to alterity. *Alter* of what’s on, of what is really going on in the sharer’s trajectory imposing him vectors for singular existential agreements.

With these statements we don’t exclude the possibility that existentially important adjustments take place in the midst of the blend of methods. There isn’t and there won’t be a method that serves sufficiently to the infinite mysteries of the encounters and of life. The other we can’t know precisely. With him we share trajectories, exercise the art of encounters, develop our styles and their nuances. What for? Where to? Why in this planet? Infinite possibilities of meaning. Perhaps because of that, it is common to speak of a Clinical Philosophy alphabet composed of thirty topics and thirty-two submodes associated to the infinite and open to novelties. Considering this aspect, it seems valuable a reflexion with STRASSBURGER (2009: 106):



Perhaps the most highlighting issue about the nature of the appointments refers to what makes a therapist a good therapist. An ingredient stands out, considered a defect by other approaches: the clinician's incompleteness and fragilities. In the methodological referential of Clinical Philosophy, this component may be an indispensable ally to the caring being.

In the exercise of the existential role, this aspect, when well elaborated, powerfully links to an exceptional manifestation of humanity. (...) It may represent an uncommon power and dedication to the plurality of the human phenomenon".

What we wish to affirm is the care about something that even the Code of Ethics, in its Article 8, defines (PACKTER INSTITUTE: 2006). The advertising for professional services in Clinical Philosophy must maintain "discretion and moderation", being prohibited the advertising together with another activity if it generates doubts as to the offered services. After all, how will we legitimate the application of Clinical Philosophy if, from the beginning, before any consideration about the historicity and the categorical exams, we allude to a hypothesis taken from another theory? We know the answer. The doubts may be eliminated if the sharer is properly informed about each activity separately. A professional can be an acupuncturist and a clinical philosopher, but the separation or fusion of the areas must be cleared as to the professional's form of work. How is Clinical Philosophy, legitimate and criteriously, applied and how is Acupuncture, in the same way, through study and vocation, applied? We believe it to be true for any other combinations, with behavioral cognitivism, psychanalysis, numerology, metaphysical cure, etc.

## 2. Philosophical Counselling's Lessons

Although it is not an exact science, because it is about the human soul, it doesn't mean you can do anything. You have study, criteria, methods, don't you? Which are never to restrain, but orientate you about the trajectory to follow (Lúcio Packter, 2016).

The Philosophical Counselling movement in Portugal brings pertinent elements to reflexion in this sense. The first one that we highlight is the clear task of thinking and situating the place and the demands of the client, the final consumer of the specialized work of the consultant. The fundamental impulse that must motivate the search for the philosophical appointment is named philosophical need. A philosophical appointment is searched, by free will, by those who, before a dilemma or philosophical problem (in its personal necessity), don't find answers or, on the contrary, come to a number of insufficient and little satisfactory answers.



We've been shown that such needs belong to the human nature. Therefore, even though many delay or never perceive them, it would not be prudent to deny their existence. The search for fulfilling them is an attitude to be taken by the consultant. Even those who consider themselves self-sufficient to undertake the philosophical practice, may want a professional account and/or save their time (as well as someone thoroughly capable of studying, comprehending and interpreting juridical norms normally look for a lawyer) (DIAS 2010: 158, 232).

There still is a notion that the meaning of this search leads to the concept of Happiness. For Jorge Humberto Dias, such a purpose meets the highest goal of Clinical Philosophy. Yet, another important name of Applied Philosophy in Europe, the Spanish researcher José Barrientos Rastrojo, despite agreeing with this essentiality, believes that the appointment will be closer related to the Truth. For him, the philosophical support aims, above all, to actualize deeper and deeper levels of truth (DIAS op.cit.: 243).

In Faro, other elements came up in the lessons of philosopher and psychologist Dr. Tiago Nuno Gonçalves Pita about the distinctions between philosophical and psychological counselling. Through quotes from philosophical consultant Nuno Paulo Tavares' website (*A CONSULTA FILOSÓFICA* [201?]a), we were taught that the philosophical counselling has also been defined by the negative route: it is neither medicine, psychology, psychotherapy nor clinical practice (with symptoms, diagnoses, treatment and cure). Therefore, carrying on the effort of clarifying the type of work for those who may eventually look for it, the counselling is presented as devoid of any functions that may replace medical or psychotherapeutic treatment, treat diseases, psychic perturbations or psychological problems. From the initial images of the above-mentioned site, it arises the idea that the client does not seek philosophical support for treating either emotional or physical issues: these would be attributions, respectively, of psychologists and physicians. The problem of philosophical nature comes to be expressed as a type of "malaise" established when the medical situation is stable and there is emotional control.

We reckon, immediately, possible philosophical-methodological questioning via Clinical Philosophy. We know also to be possible a philosophical clinic positively established in the resolution of the conflicts of the soul when the involved engineering of thinking is determined by corporeity phenomena (studied from Topic 3 – Sensorial and Abstract) or by affective-emotional plots (Topic 4 – Emotions). But by defining its own limits or "red lines" (as said by one of our professors in Faro), this area of knowledge in Portugal highlights certain caution in the presentation of the offered work and a



preoccupation with the doubt: “but, after all, why would I look for a philosophical consultant”? DIAS (2010: 240) emphasizes that “*is necessary to identify the needs of the public to whom the philosophical practice is destined*”.

There is a considerable “didactic effort” here. In the referred website, for example, many examples are cited as motivational causes for the search: ethical dilemmas (professional or of private morality); difficulty in interpersonal relationships (familiar, professional, loving); existential doubts; questions about the meaning and value of life; paralysis in view of the necessity of decisions; search for definition or redefinition of a life project; adaptation to new circumstances; indeterminate or confuse beliefs; experiences of loss and grief; proximity with disease or suffering of loved ones; inherent preoccupation with children’s education; choice of a personal, professional or academic path; matters of personal identity; states of anguish, sadness and demotivation (A CONSULTA FILOSÓFICA [201?]b).

With this last example, we are led to think of how we could solve the apparent contradiction of the allegedly exclusivity of bonds between “emotional problems” and Psychology. At this time, we propose to observe which would be the explicit and decisive focus of the philosophical consultant’s work. Through Clinical Philosophy’s language, we notice that the center of the work is condensed in the existential writings of Topic X – Reasoning Organization, with remarks in Topics XIII – Behavior and Function (causes for acting) and XX – Epistemology (concerning the expected understanding).

The so-called philosophical appointment sets its basis in the promotion of the philosophical thinking. Such a thought ends up identifying with the search for satisfaction of a philosophical need. This search is translated into a certain type of rational practice “*committed to organized, serious, intense and profound forms of reflexion*”. In view of the problem that stands out as significative, conceptual and logical-argumentative resources will be used, trying to promote in the seeker the currentness of “*a conceptual adventure*”. This kind of consultation contemplates, thus, the client’s rational orientation and thought organization. There will be technical-rational-conceptual support aiming including to unveil “*thinking mistakes*” and “*bad forms of thinking*” (DIAS 2010: 158, 228, 241).

In these terms, the philosophical consultant’s job also emerges as a laboratory where concepts, methods, reflexive hypotheses, beliefs and values will be tested. Such tests are of responsibility of the professional, authorized by his client to propose questionings, discoveries, learnings and paths of knowledge to himself with the other.



Such an authorization is worth of justification in the competences in which the consultant acts.

The professional is expected to develop a philosophically active thinking, which presents satisfactory levels of conceptual analysis, distinction between conceptual networks and philosophical systems, criticity, exam of assumptions, dialogicity, utopia, phenomenological comprehension, creativity and problematization. Besides these properly philosophical competences, he must practice the consultation ones: the ability to host; the ability to listen and ask when he can't understand; the ability to pay attention to the formality of what the client says, without considering motives of psychological analysis, moral or personal judgement; the ability to prioritize the relevant issue; the ability to demonstrate concise comprehension of the client's words; the ability to synthesize the essential questions; the ability to support the client in a rigorous and concrete exploration of his problems; the ability to notice when to ask open and closed questions; the ability to relate aspects of the client's speech, demonstrating if there is lack of rigor or incoherence; the ability to explicitate once these contradictions are perceived; the ability to demonstrate attitude of interest and receptivity, motivating the client; the ability to demonstrate the goals of the work and explicitate the schemes that are realized; the ability to make use of the silence (DIAS 2010: 259-261).

The required logical reasoning is known to be studied in Clinical Philosophy, excessively, in Topic X – Reasoning Organization and in Submode X – Derived Argumentation. In Philosophical Counselling, we suspect that the general option for this path is linked to a basic idea that DIAS (2010: 163-164, 230), for example, expose when he speaks of the bond between the instincts (“*los impulsos*”) and feelings (“*sentimental disorder*”) with the so-called “*unfounded opinions about things, people and the world in general*”. A social, private and professional state of benefic “*inner serenity*” (which may be read as an efficient managing state of the conflicts generated by the philosophical needs) is believed to be related to “*perseverant, restrained, analytical, objective, reflexive attitudes*”. “*Examples of the utility that the rational thinking may have*”.

We see at least two other elements that, illustrating the serious effort of delimitating Philosophical Counselling in Europe and in the World, can help us reflect about the possible caution with the professional eclecticism and the warm welcoming to the esoterisms present in the everyday work of some clinical philosophers in Brazil.

One of them refers to the double effort of: i) supplying the philosophical consultant with knowledge about the laws; and ii) supporting the client in monitoring



deviations of the profession. Regarding the professional's formation, we highlight the existence of the subject "Legal issues and policing in Clinical Philosophy" present in the recommended curriculum for the licentiate's degree with specialization in Philosophical Counselling (DIAS apud OLIVEIRA 2016). We must also notice two articles about legal and deontological issues cited by DIAS (2010: 266-267): "*Philosophical Practice*", by Lou Marinoff and "*Legal Issues in Philosophical Counseling*", by Barton Bernstein and Linda Bolin. As to inspection, the existence of a properly authenticated "Book of Complaints" in the sites of consultation is suggested, allowing the registration of complaints in the case the service is unsatisfactory in terms of the suggested approach method (OLIVEIRA op. cit.). The client's right "*to claim in the case of a poor service*" and the philosophical advisor's right "*to explain the substantiation of his work, methodology and professional competences*" (DIAS op. cit.: 267).

The second element links to inventivity. DIAS (2010: 155) defends that the philosophical consultant's formation include, besides many hours of practice, "*the greatest number of methodologies and consulting techniques*". Two of them are his innovations. The "Project@ Method" and the "Method IPSE".

The latter, born to complement the epistemological challenges of the first, is seen as a type of "*standard procedure*" of a first philosophical consultation. Dias defends that its advantage is the possibility of being applied in a single one-hour session. Its application is predicted to four levels (1 – identification of the problem; 2 – identification of the essential concepts about the problem; 3 – selection and analysis of the philosophical concepts; 4 – structuration of the personal philosophy) and twelve techniques (filling out a form; asking for the reason; closed questioning; open questioning; conceptual mapping; prioritization of concepts; verification of applicability; values-concepts relationship; schematization of values with reality, meaning and rationality tests; analysis of advantages and disadvantages of the application; evaluation of the index of resolution of the problem; synthesis of benefits of the consultation). The central objective is to identify in the client a particular philosophy of life, in a way that he can catch a glimpse of coherent conceptual connections to manage a concrete philosophical question (DIAS 2010: 267-269).

Regarding the Project@ Method, its study has been the motive by which the Brazilian fellows who went to Faro can obtain certification at the "Individual Program of Formation in Applied Philosophy – Level II". Its first academic-public exposition took place in 2006, in Italy, two years after the appearance of the first Portuguese association



of Applied Philosophy (Portuguese Association of Ethical and Philosophical Counseling – APAEF). Based on the work of philosopher Julián Marias – to whom happiness is the realization of good and ethical projects – the method sets off from the assumption that the client's concept or horizon of happiness will determine his specific form of being in life (his personal philosophy).

It is an attribution of the philosopher, who plays the role of the consultant, to establish and deepen the client's projecting competence. Life projects are seen as fundamental ingredients to happiness (the essential objective of philosophical consultations, according to Dias). The philosopher must help the client manage his own autonomy (precepts are delineated for himself having happiness as the final goal). In view of the immediate needs and problems, he philosophically analyzes the person's life projects, relating them to their possibilities of concretion in a determined context of time, resources, duties, strategies and goals. Such measures are employed in a scheme of six levels (1 – identification of projects; 2 – structural analysis of the project; 3 – relation between project and client's values and conceptions of happiness; 4 – gathering of projects and defining ways for their concretion; 5 – a critical mapping of the client's philosophy of life including initial project and problem; 6 – a critical verification of the reality and importance of the project in the philosophy of life) and twelve techniques (open questioning; closed questioning; formal analysis; relevance mensuration; relation among projects; argumentative justification; vertical analysis of bidirectional focalization; schematization; experimentation or real application; critical contraposition; conceptual mapping or localization; validation).

The Project@ Method believes that if the exploratory-rational work of “*organization/systematization of the client's thinking/life*” brings him satisfaction, thus the work will have contributed to his personal happiness, his meaning of life. The foundation is “*the client's perspective or life*”. In other words, the life of the client is “*the fundamental project*” (DIAS 2010: 241).

Prof. Jorge Humberto Dias defines happiness as a state of consciousness which evaluates the result of personal projects throughout life. Following his thought, “*a personal definition of happiness ↔ a specific form of being in life*” (DIAS op. cit.:244), it seems to us that he invents/innovates a method consistent with his definition and trajectory. Practicing a philosophical becoming which investigates and spreads the concept of happiness in the tradition and in the contemporary geopolitical scenario, Dias ends up establishing zones of affinity with clients who identify themselves with the



proposal and believe it can benefit them. The work, thereby, sustains itself, through horizontal autogenies.

### 3. Final considerations

How to create original spaces for the practice of Clinical Philosophy so as to respect the basic norms of professional conduct, legitimating the “clinical philosophical practice” denomination? I suppose we can start off answering and creating spaces in this sense by taking into consideration the reflexions generated from this becoming of information. Re-readings.

It seems to us that the denomination of “Philosophy” in the “Counselling” movement is consciously limited to the cognitive, critical and logical-rational aspects of the intellect – even to fit into the “marketing” and situate the one who will look for its services. It seems valuable to the Clinical Philosopher – including the one who hasn’t got the formation to act as a Philosophical Counselor – the perception of this nuance. Wouldn’t it be interesting to consider, at the offering of your services, a conscious highlight in topical and submodal specialties? What can topics III (Abstract), VI (Terms), VII (Universal, particular and singular), VIII (Univocal and equivocal), X (Reasoning), XIII (Behaviour and function), XIV (Long displacement), XX (Epistemology), XXIII (Action) say? What about submodes I (Towards the singular term), II (Towards the universal term), IV (Towards the complex ideas), V (Resolutive scheme), X (Derived argumentation), XIV (Long displacement), XXI (Directed information) and XXV (Directed intentionality), XXVIII (Epistemology), and XXX (Indirect analysis: action)?

While Philosophical Counselling’s basis is the promotion of the philosophical thinking, we ask: how about in Clinical Philosophy? Is our general interest – that is, not taking into account historicity, structure, categories and submodes – promote the philosophical type of thinking in the sharer? We know the answer. Therefore, what is the importance of the philosophical thinking in Clinical Philosophy? After all, what is the meaning of the term “Philosophy” in our practice? Accumulated academic erudition? A becoming of possible eruditions? Competences that concern ourselves to cultivate and exercise better than to those who look for us?

Thoughts. Becomings. Information-affection.

We believe in the possibility of conceiving Clinical Philosophy as a Philosophical School and as a Philosophy. It is about a view perhaps reserved to the future. Meanwhile,



we understand to be salutary that we – researchers, students, clinicians – Clinical Philosophy practitioners travel along a methodological path of our own, alert to the method invented by Packter.

In the sixties, psychiatrist Viktor Frankl, analyzing the growth of the so-called existential and humanist psychiatries, said that his creation – Logotherapy – was recognized by some authors as “*the only school of this approach to develop something which, justifiably, may be addressed as a technique*”. An instrument and – he complements – a school conceptualized in a systematic way (FRANKL 2014: 07, 14). Perhaps it wouldn't be unimportant to begin dimensioning Clinical Philosophy under such terms.

In the Opening Conference of the XVI National Meeting of Clinical Philosophy, in 2014, entitled “What is Clinical Philosophy”, Lucio Packter told us about the difficulties of communicating Clinical Philosophy's method and system according to its original conception:

At that time then, knowing all this, imagine receiving Nichele, who came from PUC with her master's in Plato, the colleagues who came from FAFIMC, the professors, and pass this to them. Firstly, because I had never taught classes in my life. What I'd learned, I'd learned in clinics, hospitals, attending people. How would I teach them, who were professors, all that? It was a drama. They were like this: “Lucio, everything is so pretty, but you have no method, you have no didactic, you can't teach a class”. That means, “Then teach me. If I don't know, I'm not saying that I know, I'm willing to pass this to you” (PACKTER 2014).

Since the reported fact, at least twenty years have gone by and lots of efforts were carried out. In the Brazilian fall of 2016, the time in which I write, there have been eighteen National Meetings; five National Colloquiums; twenty-one Advanced Studies Weeks; eight Journeys of Studies abroad; dozens of local meetings; hundreds of courses, workshops; cafes and symposiums; two scientific magazines; periodical articles in nationwide and international wide magazines; forty-six books; over four hundred radio programs filed and available online; and dozens of websites and formation centers spread all over Brazil.

When I'm asked what Clinical Philosophy is, I use to say that it is not, but it is being. Being in a world of possibilities which, in serenity, respects its essential foundations. In Notebook S, we are introduced to the opinion of a member of the audience in a lecture given by Lúcio Packter at the Pontifícia Universidade Católica in Minas Gerais:



I listened to everything with skepticism and I want to believe that this is another fad like neurolinguistics, tarot and fortune-telling, to give a job to unemployed philosophers. Smells like opportunism (PACKTER 1998).

Packter replied that it should be sufficient to comprehend it as a “*beautiful and honest*” reality. He added that, for each person, it “*will be one thing, good or bad, right or wrong, and sometimes a little bit of everything*”. As for us, it seems to me that we must keep trekking this road essentially fundamented in the Virtue, in the Good and in the Beautiful. Essence which transcends, but which bonds to the facts of existence: made of encounters and disencounters, the sweet and the bitter. Values<sup>5</sup>.



Figure 05. “By the way”. Photo taken on the last day in Faro.

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<sup>5</sup> Einstein (cf. ROHDEN 2015) said that the science of the facts does not produce values. Values, said he, come from another region. Science, justice and medicine of men, good and evil, right and wrong according to the moral norm: the intellectual human being of thinking and talent, discovering a measurable, extensive and horizontal microcosm. The cosmic and integral human being, who has come to Consciousness, who is cosmo-conceived, rises to Goodness, to the singular perception that creates values of the macrocosm, of quality, intensity and verticality. Atman, Logos, Ratio.



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