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'Empty are the words of that philosopher who offers therapy for no human suffering. For just as there is no use in medical expertise if it does not give therapy for bodily diseases, so too there is no use in philosophy if it does not expel the suffering of the soul.' The philosopher Epicurus (341–271 BCE) gave famous voice to a conception of philosophy as a cure or remedy for the maladies of the human soul, and this recurring theme in Hellenistic thought has been the subject of two important recent studies.¹ What has not until now received a comparable degree of attention is just how prominent an idea it has been across a whole spectrum of philosophical tradition. Scholars of Buddhism have known for some time that a medical analogy features strongly in Buddhist conceptions of philosophical practice, but this fact has rarely been the object of explicit discussion. The idea that philosophy should be therapeutic, indeed that this is philosophy's first function, was indeed widely spread in India, and the analogy between philosophy and medicine was put to important use in several other, non-Buddhist, Indian schools. In the West, too, this conception of philosophy has displayed a great resilience, persisting long past the Hellenistic age. It can and will be argued that medieval scholasticism, a mode of philosophizing now so often and often so naively criticised, should be understood as therapeutic in intent. If that is right it is important, because it allows us to see continuities between ancient, medieval and early modern thought where too often discontinuities alone are emphasised. For Spinoza too thought of philosophy as therapeutic, and after him Nietzsche and Wittgenstein. So the conception of philosophy as *therapeia* allows for, and even necessitates, a new reading of the history of philosophy, one in which deep continuities come into vision which have been obscured, a reading which also contradicts those who have wanted to maintain that philosophy is a peculiarly European cultural product, and instead affirms its identity as a global intellectual practice.²

¹ Richard Sorabji, *Emotion and Peace of Mind: From Stoic Agitation to Christian Temptation* (Oxford: Clarendon Press, 2000), and, Martha Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics* (Princeton, NJ: Princeton University Press, 1994).

² The idea that philosophy is peculiarly European is most explicitly articulated by Hegel, Husserl, and Heidegger. It is true that European philosophy and Indian philosophy are intellectual disciplines with different

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With this in mind, we have assembled together here a set of new essays, all specially commissioned for our volume. We begin where the studies by Nussbaum and Sorabji leave off, with discussions of the therapeutic model from two leading voices in Buddhist philosophy. One of these studies, by Christopher Gowans, an expert in both Hellenistic and early Buddhist philosophy, focusses on the many similarities between Hellenistic and Buddhist uses of the model. The other, by David Burton, goes deeply into the Buddhist sources, including Tibetan along with later Indian contributions. As per their brief, neither writer merely documents, both instead putting challenging questions to the literature they survey. For it was our intention that the volume contain a thorough examination both of the scope and of the *limits* of the medicinal model. Kate Wharton, emphasising a disanalogy, very creatively plays with the use of two educational metaphors, juxtaposing the maieutic Socrates with the Vedic teacher who gestates his students; and Stephen Clark, in a complementary way, traces the original meaning of the word “therapeia” to an idea of service. These two essays press us to think through the value we now habitually attach to notions of autonomy. Jayandra Soni uses the therapeutic paradigm to demonstrate that the school of Yoga philosophy has far more in common with a Hellenistic school than its contemporary image would lead one to think.

The chapter by Martin Ganeri is a pivotal one. He argues precisely that scholasticism embodies a therapeutic conception of philosophy, and does so by bringing into dialogue two great scholastic thinkers, Aquinas and Rāmānuja. His chapter thus simultaneously displays the two dimensions of continuity that this volume aims to demonstrate, those that obtain *within* and *across* philosophical traditions. With a view to tracing this continuity through the work of more modern thinkers, we invited experts on Spinoza, Nietzsche, William James and Wittgenstein to examine how these philosophers take up the theme. Michael Hampe has shown how Spinoza was able to rejuvenate the conception of philosophy as *therapeia* and finesse difficulties in earlier formulations. Keith Ansell Pearson has written for this volume on Nietzsche, and contributes to the growing body of work on Nietzsche as a therapeutic philosopher with a new reading of Nietzsche’s *Dawn* or *Daybreak*. In an age when thoughts about immortality—whether in the shape of the hope for an after-life, or in the form of a fear of endless

histories and methods; the fallacy in the argument consists in the false assumption that the term ‘philosophy’ denotes a species and not the genus.

re-birth—no longer serve to animate the lives we try to lead, philosophical reflection is what awakens us to our condition. The question is, can it also help us find ways to live in the face of these acknowledgements? Logi Gunnarsson writes about William James, casting new light on this thinker at a moment of philosophical crisis in his intellectual life. Gunnarsson uses his study of James to make the important point that the maladies of the soul for which philosophy might be held up as a cure are sometimes not everyday emotional turmoils but difficulties of a peculiarly philosophical sort; for James they arose from a confrontation with the possibility that there is no freedom of will, and are not themselves susceptible to further reflection. Implicit in Jonardon Ganeri's chapter is the sense that it is our inability to think of ourselves without fear in relationship to different cultures, nations or religions which gives shape to a distinctively contemporary malaise, to which philosophy renders a service in the fashioning of new sorts of cosmopolitan identity. We seem to need either to domesticate or else to deride what is alien, too bound by what is our own to be able to let it 'inform' us. With some of the above concerns, Wittgenstein too might have agreed. Garry Hagberg has written a very provocative and stimulating chapter on Wittgenstein, drawing attention to a previously unnoticed affinity between Wittgenstein's interest in architecture and his conception of the role and function of philosophy, an affinity that the 'philosophy as therapiea' model makes visible.

Among the central themes our contributors explore, then, are:

- What are the 'illnesses' that afflict us as subjects, for which philosophy might provide a remedy?
- What is the content of the medical analogy? Is the medicine a curative, a tonic, or a prophylactic?
- Why do both Sextus Empiricus and Nāgārjuna regard the medicine that is philosophy to be an emetic, purging itself as well as the disease?
- What is the relationship between thinking well and the integrity of the self?
- Is there a tension between philosophy as treatment and the autonomy of the subject? Can those who suffer cure themselves?
- To what extent must a philosophical 'treatment' be adapted to fit the needs of the particular individual? Is there a risk that, in locating the cause of suffering in all that individualises human beings, the cure deprives individuals of their individuality?

Our contributors have considerably eased our editorial labour by providing material for the ensuing summaries of their contributions.

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Together, these summaries constitute a synopsis of all the many interwoven strands of investigation. Our volume owes its existence to the Royal Institute of Philosophy, who supported the idea by awarding us one of its annual conferences, and we would like to thank Anthony O’Hear and James Garvey for their help and patience. That conference took place in Liverpool on June 19–21, 2008, an enjoyable gathering and an indispensable preparatory event for this volume. The University of Liverpool provided additional support, for which we are grateful.

The Chapters in this Volume

Medical analogies are regularly appealed to in both Indian Buddhist and Hellenistic philosophy. In one form, the analogy states that just as medicine cures bodily diseases and brings about physical health, so philosophy cures mental diseases and brings about psychological health. Christopher Gowans provides a very thorough and helpful survey of the main uses of medical analogies in Theravāda and Mahāyāna schools of Indian Buddhism, as well as in the Epicurean, Stoic and Pyrrhonian Sceptical schools of Hellenistic philosophy. He argues that philosophers have had good reasons to invoke these analogies, but also thinks that there are limitations to their use. The limitations Gowans identifies derive in the first instance from the radical conceptions of psychological health invoked by what he calls ‘tranquillity philosophies,’ which represent psychological health as requiring the elimination of emotional life. Even if desirable, Gowans contends that it is implausible that emotions like anger can be eliminated just by changing one’s beliefs.

Michael Hampe, on the other hand, finds in the work of Spinoza a new affirmation of the analogy. Conversant with Hellenistic thought, Spinoza was nevertheless sensitive to difficulties of the sort Gowans has highlighted. Fundamental to Spinoza’s approach is a distinction between *technical* and *practical knowledge*, or between a technical and practical approach to one’s own life. For Aristotle, technical knowledge deals with the correct means of achieving a given objective, and practical knowledge is knowledge of ends as such. A technical approach to life will view an existence led without pain and suffering as the means to another end, such as the satisfaction of desire. A practical approach to life, meanwhile, will seek to achieve an existence that is an end in itself, the realisation of a way of life in which action and experience need not be directed towards anything other than that life. At the end of the *Ethics*, in a statement setting out the aim of his

deliberations, Spinoza criticises the technical approach to life: ‘Blessedness (*beatitudo*) is not the reward of virtue, but virtue itself; neither do we rejoice therein, because we control our lusts, but, contrariwise, because we rejoice therein, we are able to control our lusts.’ The practice or therapy outlined by Spinoza consists firstly in deconditioning the human mind in a way that results in a removal of contingent judgements of things and ideals – a process akin to techniques of ‘de-imaging’ found in meditative practices. In the second phase of Spinoza’s philosophical therapy, the mind should reason solely on the basis of ‘common notions.’ Because that which can be understood by means of common notions necessarily relates to the true nature of a being, those who draw conclusions solely with the aid of true common notions can no longer suffer and necessarily realise their true nature. Thus the method of converting all mental operations into inferential ones becomes for him a therapeutic strategy. Hampe finishes his chapter with the worry that Spinoza’s philosophical therapy ends up eliminating all that is individual to a human life. This, as later chapters in this volume show, is a theme very much in the foreground of Indian explorations of the paradigm.

Spinoza’s *Ethics* is, in a useful phrase Martin Ganeri introduces to describe the *Summa* of Aquinas and the *Śrī Bhāṣya* of Rāmānuja, a ‘pedagogy for happiness:’ a text so constructed as to make the active process of reading into work the reader does on him- or herself. Martin Ganeri’s contention is that it is a virtue of the conception of philosophy as therapeia that it can lead us to be less blind to the importance of scholasticism, especially scholastic insights into the relationship between text and reader. The scholastic approach challenges us to retrieve the idea that philosophy is transformative through pedagogical reading. Martin Ganeri analyses those structural features of the *Śrī Bhāṣya* and the *Summa* that lend them their therapeutic potential; and it is striking indeed that the *Ethics* of Spinoza and the *Tractatus* of Wittgenstein, works of two European thinkers most closely associated with an advocacy of the ‘philosophy as therapeia’ model, are also the two texts in modern European philosophy most nearly to conform to this structure (the elaborate matrix-like structures of Pāli Abhidharma texts, which make them so hard on a modern reader, display a similar type of textuality).

An important theme in the idea of philosophy as therapeia is that philosophical practice—including activities of reading and thinking—engages us in projects of self-formation. Garry Hagberg’s chapter, drawing on Wittgenstein, develops a way of describing the role of narrative in self-understanding, looking into the distinctive

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kind of work a self-narrator undertakes. Wittgenstein notes the deep similarity in work that unites the thinker and the draughtsman: the draughtsman strives to ‘represent all the interrelations between things,’ and the thinker—the philosopher—can be seen to hold strikingly similar aspirations. Hagberg suggests that a relational embeddedness makes remembered and retrospectively-described experience what it is, so that the task of clarifying relations emerges as essential to autobiographical undertakings and acts of self-constitution. As Wittgenstein himself says, ‘Working in philosophy—like work in architecture in many respects—is really more a working on oneself. On one’s way of seeing things.’ This likening of the thinker to the draughtsman echoes a theme in earlier chapters, that the almost cartographical structure of texts like the *Ethics*, the *Summa* and the *Śrī Bhāṣya* is a source of their therapeutic potential for the reader.

In *Tractatus* 6.45 Wittgenstein famously writes, ‘To view the world *sub specie aeternitatis* is to view it as a whole—a limited whole.’ To see all of the connections between elements perspicuously is to see the macrocosm as such a whole, and one might seek to trace the therapeutic value of philosophy to this source. Stephen Clark, in a careful re-appraisal of the notion of ‘therapy’ in Plato and his successors, observes that the original therapy with which philosophy is to be identified is to love and serve the lord. But isn’t there something wrong with accepting divine requirements because they are divine—aren’t we subject to the Euthyphro Dilemma, which supposedly makes it impossible to think that an act is right if it is divinely required? This, argues Clark, is to misunderstand Plato and the problem that Euthyphro actually faced, which was how to deal with his father’s crime. The conclusion that Euthyphro reaches is that it is indeed his task to please the gods, but by doing what is right, by manifesting the beauty that is the focus of contemplative love; specifically by being willing to submit himself, his father and his family to *objective* judgement, that is, to a judgement which approximates that of an impartial, omniscient witness. To serve the gods is to live as the gods prefer, and that is to be stripped of our attachment to all lesser goods. The best that most of us can manage is to practice civic virtue: not to be greedy, cowardly or unkindly. But all these precepts rest on a perception of divine beauty, on waking up to reality, to God, who is the contemplative love we serve. Learning to detach ourselves from sensory illusions, to live in the understanding that each of us is a version of reality, an entity wholly dependent on its membership of that real world and without any special status, is both an epistemological and a moral exercise. We serve the gods by pleasing them.

We please them by sharing, sometimes, in their life, and dismissing the charms that bind us to our sensual, solitary delusions.

In Vedic pedagogy, observes Kate Wharton, education begins with a ritual initiation, an *upanayana*, in which the student is metaphorically reborn from the womb of the teacher, memorising sacred verses by replicating his teacher's recitations. Wharton contrasts this image of replication with the image of midwifery that Socrates uses to describe his educational method. Socrates claims to be barren of wisdom, not passing down knowledge but instead watching over the birth of his students' ideas. Both the Brahminical and the Socratic systems of education claim to *free* the student, but they affirm very different forms of freedom. Wharton contrasts those philosophical practices of freedom that are founded on a value of trust (*śraddhā*) with those that rest on testing and examination (*elenchus*). She asks difficult questions of the Socratic principle of limitless questioning and its ensuing *aporia*, a state akin to being cast adrift in a chaotic sea, and defends in its stead an alternative conception, in which to be free is to have confidence that one is fully surrounded by the truth.

Jonardon Ganeri finds in several philosophical traditions a common thought: that philosophy teaches us to consider our lives as if they are works of art, and provides us with the methods needed to fashion a life accordingly. He contrasts the model of sculpting, which one finds in Plotinus, with the model of weaving in Plutarch. He moves on to observe how a template with four constituents had wide circulation in both medical and philosophical contexts in ancient India, of which the four 'noble truths' of the Buddha is but one instance. The four constituents are: the disease, the cause of disease, the cure, and the state of health which ensues. Jonardon Ganeri observes, however, that a voice dissident to the medicinal model comes in the form of someone who says that a life is complete at every moment. He finds such a voice in Marcus Aurelius and Rabindranath Tagore. Drawing on a discussion in the *Mahābhārata*, he argues that Indians are not the 'nay-sayers' mischaracterised by Nietzsche, their appeal to notions like *nirvāṇa* and *mokṣa* being as regulative ideals in lives led in the here and now.

Keith Ansell Pearson contributes to an emerging trend in modern scholarship which connects Nietzsche to traditions of therapy in philosophy. He does so by focusing on *Dawn*, Nietzsche's future-oriented text of 1881. Ansell Pearson describes how *Dawn* revitalises ancient philosophical concerns for a modern age, by offering a teaching for *mortal* souls who wish to be liberated from the fear and anguish of existence. Having lost the dream of the soul's immortality,

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philosophy for Nietzsche continues to offer consolation in the form of 'new sublimities'. Stressing the Epicurean aspect of Nietzsche's thinking at this time, Ansell Pearson examines that task of purification of the higher feelings which Nietzsche thinks modern spirits need to perform.

William James, observes Logi Gunnarsson, distinguishes *philosophical melancholy* from any psychiatric disorder. Philosophical melancholy is produced by philosophical reflection. It is characterized by the judgment that life is not worth living, by a tendency to suicide, and by sentiments such as a feeling of uncanniness. So philosophical melancholy is not an unfortunate philosophical condition but rather involves an existential crisis, threatening to a person's life. In the late 1860s and early 1870s, James had a psychological and biographical crisis. However, as Gunnarsson argues, he also understood himself as being subject to philosophical melancholy. James took this condition to be generated by the assumption that theoretical reason alone can settle various philosophical issues, such as the question of free will. Contrary to widespread interpretations of James, his solution was not to decide the matter by an arbitrary act of will. Rather, he thought that emotions had an integral role to play in discovering the right solution to pressing philosophical questions, and maintained that the cure to philosophical melancholy is to give up the assumption that theoretical reason alone can solve these questions. Gunnarsson considers whether James succeeds in presenting an effective cure to philosophical melancholy, and whether certain form of this 'disease' may even be a condition worth preserving.

In James' refusal to allow that further reflection can cure the melancholy produced by philosophy's inability to decide if there is free-will or not, there is an important echo in the Buddha's famous refusal to enter into debate about a number of philosophical dilemmas (and in James' ensuing claim that 'our passional nature not only lawfully may, but must, decide an option between propositions, whenever it is a genuine option that cannot by its nature be decided on intellectual grounds,' there are intriguing resonances with Indian moral theorists' appeal to *ātmatuṣṭi* in the same circumstances). David Burton focusses on three significant features of Buddhist philosophical therapy. First, Buddhist philosophical thinking claims that various 'diseases' of our belief-desire psychology are the maladies that require treatment. Second, it maintains that successful therapy needs to address the entrenched dispositions that inform our views, desires, and emotions. Third, it acknowledges that the therapy will vary according to the specific needs and difficulties of the individual. Burton responds to the worry, presented by Gowans and others,

whether Buddhist philosophical therapy misdiagnoses the human predicament and espouses a misguided goal of emotional detachment, and whether it neglects the physiological, social, political, and economic causes of suffering by concentrating too heavily on personal cognitive therapies. These are important challenges, which future work in Buddhist philosophy will certainly need to engage with; and they receive further support from many of the essays in the volume.

Rounding off our volume with his scholarly study, Jayandra Soni argues that the doctrines of the Indian school of Yoga should be recast as a form of philosophical therapeia. By so invoking the 'philosophy as therapeia' paradigm, Jayandra Soni here reclaims Patañjali as a serious and important *philosopher*, and not merely, as he has come to be seen in Europe, the inventor of a physical work-out regime or a set of breathing exercises. Soni shows that 'yoga' is properly defined as the restriction or arrest of the modifications and fluctuations of the psyche, and that the aim of philosophy, according to the school, is to show how suffering may be minimised if not completely eradicated through practices of discrimination. It is *Yogic asamprajñāta-samādhi*³ rather than Sceptic *epoché*⁴ which leads to this tranquillity and freedom from distress, or else it is discriminative knowledge of *vyaktāvyaktajñā*⁵ in the related Sāṃkhya account. Motivating the Yoga theory is the idea that what is sought is not merely temporary relief from everyday affliction but a more permanent ground for psychological well-being. To establish his case, Soni needs to read the texts with a careful philological eye; and while this makes his article a little hard-going for a non-specialist, our volume would not have been complete without the corrective it affords to popular misconceptions. Correcting deeply entrenched misconceptions, as we see time and again, is difficult philosophical medicine.

³ A focussed psychological state not involving any meditational aid.

⁴ Suspension of judgement.

⁵ Knowledge of what is evolved, what is unevolved, and of the one who knows.