

Jonardon Ganeri and Clare Carlisle, eds.
Philosophy as Therapeia.
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The ancient idea of philosophy as a kind of therapy, although somewhat neglected in mainstream philosophy, seems to be enjoying a new renaissance. A very good example is *Philosophy as Therapeia*, edited by Jonardon Ganeri and Clare Carlisle. The first point that is noticeable about this volume is its exceptionally wide scope. In addition to philosophical currents commonly recognized as therapeutic, the book investigates ones rarely treated as such. It contains not only chapters on ancient philosophy and Wittgenstein, but ones devoted to the philosophies of Spinoza, Nietzsche, and James, and to Buddhism and Patañjali's Yoga. Some of the contributions make revealing comparisons between Western and Eastern philosophies. The philosophies of ancient Greece, the Hellenistic world, Socrates, and Thomas Aquinas are fruitfully compared with the philosophies of India, Buddhism, Rāmānuja, and Brahmanical systems.

The exceptionally wide scope of the volume, however, is not its most important feature. The conception of philosophy as therapy has often been applied in an insufficiently rigorous way. Too often, it has remained an obscure metaphor. It is in this context that the importance of *Philosophy as Therapeia* is most evident. One of the editors' intentions is to provide 'a thorough examination both of the scope and of the *limits* of the medical model' (2). It is this kind of explicit examination that is lacking in earlier literature on therapeutic philosophy, including the groundbreaking accounts by Hadot and Foucault. (Nussbaum's discussion of a therapeutic argument is a notable exception.)

Before we can delineate 'the scope and...the *limits* of the medical model', the features of this model must be specified. Ganeri's analysis of ancient Indian thought suggests that it has 'four constituents' (7): 1) a disease, 2) a cause of the disease, 3) a cure, and 4) a state of health resulting from successful therapy. Philosophical *therapeia*, accordingly, involves 'an account of what is sought to be removed or eliminated...an account of its aetiology...an account of the state or condition achieved subsequent to this elimination...and finally an account of the method to be employed to bring this condition about' (122).

The attempt to specify the therapeutic model is indeed very rare. Even rarer, however, is the effort to delineate this model's limitations made by Gowans. This contributor, in particular, although well aware of the 'obvious attractions' (33) of the medical model to what he calls 'tranquility philosophies', offers a serious discussion of this model's difficulties, including 'significant disanalogies between medical practice and physical health on the one hand, and philosophy and psychological health...on the other' (12). These difficulties and 'significant disanalogies' can be summarized as resulting

from the following: the philosophical account of psychological well-being (health) which involves the elimination of emotional life and which, as such, is alien to most of lay and medical (and, in fact, philosophical) common sense; a normative position which is not only itself questionable, but whose positive formulation (as centered around virtue) is incompatible with the medical conceptual framework; the overemphasis on the role of belief modification—hardly understandable within the field of somatic medicine.

After specifying the therapeutic analogy the book begins its investigation of particular philosophical therapies. The individual chapters, a bit surprisingly, do not seem to exhibit any particular order or organization. That said, an organization can be very easily imposed utilizing Ganeri's four constituents. And although the resulting order, which I follow below, is not identical to the one actually used in the volume, it still seems to be a comprehensible, useful way of conveying the latter's merits.

1, 2) *The disease and its cause.* A more or less explicit and systematic account of what is supposed to be removed or eliminated can be found in any philosophical therapy, and each of the book's chapters provides an account of this. The contributions of Gunnarsson and Burton particularly deserve mention here. The former, which investigates the young William James, can be read in the context of the fact that the therapeutic analogy places philosophy closely, some may say dangerously closely, to psychotherapy. Gunnarsson, more specifically, goes to considerable length to show that the diseases treated by philosophy are not primarily psychological or psychiatric in kind. Rather, they are philosophical crises 'with a psychological dimension' (168). In order to substantiate this kind of insight, he discusses the example of philosophical melancholy as something distinct from 'any psychiatric disorder' (8) and as constituted by a) the belief that 'life is not worth living', b) specific emotional states such as *Weltschmerz* or a feeling of uncanniness, and c) the tendency to commit suicide. In the case of the young James, this specifically philosophical existential condition was 'fed by too much reflection' (178). It arose, in particular, from the theoretical difficulties connected with belief in free will.

The chapter by Burton is devoted to Buddhism. Its particularly notable feature is the effort it makes precisely to delineate the scope of affective and motivational phenomena which should be removed by the successful therapeutic endeavor. The author attempts, more specifically, to correct 'a popular misconception' (193) that Buddhism aims at the removal of all desires and emotions. In order to achieve this goal he draws several clear-cut distinctions between affective processes which are considered unwholesome (*akusala*) and those treated as wholesome (*kusala*). His careful corrective work, in fact, seems itself to be therapeutic.

3) *The cure.* Among individual species of philosophical *therapeia* there is a wide variety of procedures designed to cure the philosophical disease. The examples of such techniques can be found in any of this volume's chapters, and at times they are scrutinized in a considerable detail (see especially the numerous distinctions drawn in the Soni's chapter on Yoga). It is both impossible and unnecessary, however, to review all of them here. Instead, some interesting general and formal points made can be highlighted.

First, then, we can consider the question how best to envision the practice of philosophical therapy. Ganeri discusses the ancient images of the philosopher as a sculptor of his own self (Plotinus), and as a weaver of his own life (Plutarch). What is important is that these pieces of imagery determine two distinct ‘interpretations of the spiritual exercises’ (126) and consequently of the philosophical *therapeia* they constitute. The image of a sculptor suggests that exercises in question are ‘restorative, returning the person to a state...from which they have departed’ (126). The image of the weaver, on the other hand, refers to an activity that is ‘generative, producing in the person the condition...that had not been there before’ (126).

It is in the context of these two images that some remarks made in the Hampe’s chapter on Spinoza can be read. Hampe discusses the Aristotelian distinction between technical and practical knowledge and the Spinozian critique of the technical approach to one’s own life. Both sculpting and weaving, importantly, are *technai* in which a product can be distinguished from the activity producing it. The pursuit of philosophical therapy, on the other hand, is usually depicted as the one in which the means applied (*virtus*) cannot be separated from the results obtained (*eudaimonia*, *beatitudo*).

4) *The state of health*. Any therapeutic endeavor is directed at health. Being aware of this, one may be a bit surprised by the fact that *Philosophy as Therapeia* has much more to say about the state of the philosophical illness than about the goal it pursues. Why is it the case? One possible explanation is that health should be understood in purely negative terms, i.e. as nothing more than the lack of the illness. This suggestion can be supported by Gowan’s thesis that the medical model is ‘better suited’ (28) to that part of living well that is constituted by tranquility than it is to the part constituted by virtue. Importantly, this thesis seems to entail that it is the negative notion of philosophical health (i.e., tranquility as the lack of negative emotional phenomena) rather than its positive counterpart (i.e., virtue) that naturally suits the therapeutic analogy.

Conclusions. The short and necessarily selective sample of the issues from *Philosophy as Therapeia* provided here is representative of the volume’s contents and merits. It illustrates the way in which the medical model helps to organize the heterogeneous domain of philosophical *therapeia*.

Two of the main and obvious virtues of the book are its wide scope and the consistent depth of discussion of the nature of therapeutic thinking. Not only do the contributors investigate figures rarely thought of as proposing philosophical therapy, they also discuss what exactly attribution of the term ‘philosophical *therapeia*’ means in various different cases, and what is entailed in the subsequent analyses. These advantages cannot be easily overestimated.

Having granted this, I have two suggestions for further development of the account developed in the book. The first refers to the meta-therapeutic model proposed by Ganeri, which might be interestingly enriched if the ‘four constituents’ were supplemented by other elements of philosophical therapy’s structure. The addition of the

philosophical physician-patient relationship, for example, could help to more clearly situate within the model the chapter by Wharton, in which Brahmanical and Socratic pedagogies, with their non-negligible interpersonal aspects, are examined.

My second remark concerns the relatively small number of references to modern psychotherapy and literature, domains in which can sometimes be found very creative focus on the idea of philosophical therapy. Irvin Yalom's application of Nietzsche and Schopenhauer, as well as Goce Smilevski's application of Spinoza, seem to be very good examples here.

It should be emphasized, however, that these suggestions for improvement concern a volume that is nonetheless exceptional in terms of both its scope and quality. *Philosophy as Therapeia* is a highly commendable review and introduction to the fascinating domain of philosophical therapy.

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