

## Philosophical Therapy as Preventive Psychological Medicine

**Paper Given at a Conference at Columbia on mental illness organised by William Harris, planned for a published volume in preparation (so please do not cite before publication).**

Christopher Gill (University of Exeter).

What contribution was made to the treatment of mental illness in antiquity by philosophical essays on the therapy of emotions? To what extent can we – moderns – recognize in these essays a credible response to mental illness? In this discussion, I explore both these questions, in the belief that each of these lines of enquiry may illuminate each other. A key point, bearing on both questions, is the suggestion that the philosophical essays were intended to function as a psychological analogue for ancient medical regimen, or what we call ‘life-style management’ or ‘preventive medicine’. I begin by developing this suggestion in general terms before relating this idea to the emergence of a distinct genre or body of writings on the therapy of the emotions in the Hellenistic and Roman Imperial periods. Next, I analyse the core strategy of this kind of philosophical therapy, identifying four key recurrent themes. I illustrate this schema, referring especially to Galen’s newly found essay, *Avoiding Distress*, taken as representing a Platonic-Aristotelian approach, on the one hand, and to Seneca’s *On Peace of Mind*, representing the Stoic approach, on the other. I then return to the idea that such works are designed to function as preventive psychological medicine, and ask whether they embody an approach to psychological health-care that we could find useful under modern conditions.

### Ancient Philosophy as Preventive medicine

First, I consider whether we can take seriously the thought that philosophical essays on the therapy of the emotions were seen in antiquity as a credible and potentially effective way of helping people cope with psychological illness or disorder. This is distinct from the question how far this ancient practice corresponds to modern methods of psychological care; but trying to correlate it with current methods may help us to make better sense of the function of these practices in their original setting. Some earlier scholarship has proposed that we should see the function of these ancient works as comparable with modern cognitive psychotherapy. The relevant point of comparison is that the patient is addressed as a responsible agent, capable in principle of understanding the causes of her own current distress and of relieving this by a deliberate programme of actions or thoughts.<sup>1</sup> This approach can be contrasted with psychoanalysis or other modern methods of psychotherapy which focus on trying to detect the unconscious roots of current disturbance, on the assumption that doing so, in itself, holds the prospect of psychological cure. Another relevant modern practice is counselling, which can be seen as a less technical version of cognitive therapy.<sup>2</sup> Although this comparison provides a starting-point for understanding the ancient genre, there are limitations to the analogy. For one thing, modern cognitive therapy and counselling are offered to people who already feel distressed and in need of some external support or guidance of this kind, whereas this is not necessarily the case with

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<sup>1</sup> See Sorabji 2000, 153-5.

<sup>2</sup> See Gill 2010a, 355-7.

the ancient methods. Also, at least some ancient thinkers, certainly the Stoics and to some extent the Epicureans, characterize as mad or psychologically sick people who would not regard themselves in this way. These points of difference create what are, on the face of it, significant difficulties for the comparison between ancient philosophical therapy and modern cognitive therapy or counselling.<sup>3</sup>

However, I would like to offer a response to this problem, and one which also throws light on the function of this kind of writing in the ancient context. A first move is to explore the significance of the parallel with (body-based) medical treatment which is such a prominent feature of this ancient philosophical practice.<sup>4</sup> In the modern context, we tend to identify medical treatment with responses, through drugs or surgery, for instance, to illness or injury that has already occurred. These responses also correspond to well-marked branches of ancient medicine. But another, and very important, part of ancient medical practice was *diaita* or regimen, ‘life-style management’, as we might say, especially as regards diet, exercise, and choice of environment.<sup>5</sup> In fact, regimen or preventive medicine also plays a role in modern Western medical and socio-cultural practice (as it has in some non-Western medical traditions); and many people think it should be given much greater weight and resources in medicine and society generally. The well-recognized importance of regimen in ancient practice helps to explain, I think, the readiness of ancient philosophers to characterize their ethical teachings as ‘therapy’ for the psyche.

The function of the ancient philosophical works on the therapy of emotions is much closer to regimen than to reactive treatment after the occurrence of disease. The main focus is on promoting a way of life and set of attitudes that will prevent distress and (what the theory presents as) psychological sickness. Put differently, the ancient philosophical essays set out to develop what we might call emotional resilience, that is, the ability to cope with - what are usually seen as - personal disasters or problems without loss of emotional stability or inner calm. The readiness of ancient philosophers to direct their therapy at people who are not (or not yet) distressed fits in with this preparatory or preventive approach. The tendency, in at least some theories, to extend the boundaries of what should count as psychological illness, can also be linked with this objective. The underlying assumption, as I bring out later, is that all or much human distress is produced by the beliefs held by the people concerned, and that changing these beliefs will help to pre-empt this distress. The preventive or preparatory function of the writings on the therapy of the emotions can be defined, to some extent at least, by contrast with the function of ancient consolatory writings. Consolatory writings are explicitly directed at people who are currently distressed, especially by the recent loss of a loved relative. Although this genre of writings draws on similar themes and ideas to those used in the therapy of emotions, the approach differs, at least in responding to distress already experienced; and this kind of writing can be more readily compared to medical treatment designed for those already ill. By the same token, this kind of writing is more obviously analogous with modern counselling or cognitive therapy.<sup>6</sup>

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<sup>3</sup> See Gill 1985, 321-2.

<sup>4</sup> On this analogy, see Pigeaud 1981 for a comprehensive treatment; also Gill 2010a, 295, 301-2.

<sup>5</sup> On this aspect of ancient medicine, see Jouanna 1974, 232-53, Wöhrle 1990, Nutton 2004, 96-7, 166-70, 240-2, van der Eijk 2008, 297-300.

<sup>6</sup> On consolatory writings, and parallels with modern counselling or psychotherapy, see Baltussen forthcoming.

The prevalence of ancient writings on regimen and the therapy of emotions reflects a more general feature of Greek and Roman culture. This is the assumption that a standard part of the life of an adult free male (at least, an educated, reasonably well-resourced male) is to direct his life towards the achievement of certain recognized goods, typically including health and happiness. Michel Foucault stressed the importance of this aspect of ancient culture, which he characterized as ‘the care of the self’, suggesting that it was a distinctive feature of Roman life in the first and second centuries AD.<sup>7</sup> But, arguably, it is widespread from a much earlier period, and certainly forms part of the background of Hellenistic medical and philosophical thinking. Writings on regimen form part of the Hippocratic corpus, dating from the late fifth century BC onwards. Both Plato and Aristotle, in their ethical writings, presuppose as rather common this goal-directed attitude to the shaping or management of one’s life, with a view to gaining what is regarded as happiness (*eudaimonia*).<sup>8</sup> This prevalent social attitude has a special bearing on the kind of writings being considered here. Teaching and writings on the therapy of emotions, like that on the management of physical regimen, seem to have been regarded as part of a mainstream set of social practices, at least among wealthy educated males, even if some of the views presented under this heading may have seemed extreme or implausible. This feature of the social context of the therapy of emotions relates to the question how far this is a practice that we, moderns, should want to adopt, a question pursued in the last part of this essay.

#### Ancient Writings on the Therapy of Emotions

What ancient writings, exactly, should we consider as offering therapy of the emotions and how do they relate to other works that can be characterized as ‘practical ethics’ in antiquity? How does the analogy with medical writings arise and how far does this analogy encourage us to see a close link with ancient regimen? There are a number of overlapping groups of writings, surviving in whole or part or known about, which are relevant here. The linkage or analogy with medicine is explicit and recurrent in these writings; the connection with regimen specifically is less explicit, though I shall argue that it is one that makes sense.

In identifying relevant works, and in considering where they fit in the larger map of ancient writings of this kind, it is useful to hold in view a three-fold distinction sometimes drawn in antiquity: between protreptic, therapy, and advice. In connection with philosophically informed practical ethics, these three activities are, typically, seen as having interrelated functions. Protreptic offers encouragement to undergo therapy: therapy removes false beliefs that produce psychological sicknesses; advice replaces the false beliefs with true, or at least better-grounded, ones. The three-fold set of activities, taken as a whole, is seen as helping to lead from psychological sickness to – or towards – health, though the linkage between medicine and philosophy is most strongly signalled in connection with therapy.<sup>9</sup> A group of writings running from

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<sup>7</sup> Foucault 1990, 41-50.

<sup>8</sup> See e.g. Plato, *Symp.* 204e-205a, *Rep.* 360e-361d, 588b-592b, Aristotle *NE* 1.1-5, 10.7-8. On this strand in Aristotle and Hellenistic philosophy, see Annas 1993, 27-46.

<sup>9</sup> For this three-fold typology, see Stobaeus, 2.39.20-41.25, referring to Philo of Larisa (158-84 BC); on Philo’s use of this typology, see Brittain 2001, 277-80. On typologies of this kind in Hellenistic, especially Stoic, philosophy, see Gill 2003, 42-3.

Chrysippus' 'therapeutic book' (third century BC) to Galen's *Psychological Affections* (second century AD) present themselves as offering therapy for the emotions, at least for those emotions seen as diseased. But these writings also often have protreptic or advisory dimensions, which are more or less fully integrated with the therapeutic aspect.<sup>10</sup> Other writings in this period which are not specifically presented as therapeutic, such as Epictetus' *Discourses* and Marcus Aurelius' *Meditations*, also seem designed to integrate these functions in a broadly similar way to the therapeutic essays.<sup>11</sup> A related group of writings focus, rather, on consolation, especially for the recently bereaved. Cicero wrote one to himself, as well as reviewing consolatory strategies, and consolations survive by Seneca and Plutarch. The consolatory writings overlap in themes and approach with philosophical writings on therapy; indeed, grief or fear of death is one of the principal kinds of psychological 'sickness' addressed by therapeutic writings, especially by Epicureans. In this essay, my main focus is on the philosophical (or philosophically inspired) essays which announce their role as being the therapy of the emotions. But it is important to recognize that they form part of a broader spectrum of Hellenistic and Roman writings on practical ethics, in which the idea of protreptic, therapy, and advice, as interlocked functions, is pervasive.

The analogy with medicine is crucial for identifying these therapeutic essays and making sense of their programme. The idea that philosophers offer treatment for the psyche which parallels the therapy offered by doctors for the body figures prominently in Plato and is ascribed to the fifth-century sophist Antiphon.<sup>12</sup> But the systematic exploration of this idea belongs to Hellenistic thought, particularly to Stoicism and Epicureanism.<sup>13</sup> Especially important for promulgating this theme was the fourth book of Chrysippus' (lost) work *On Passions* (or *Emotions*, *Peri Pathōn*), which seems to have been the first work of this kind explicitly characterized as 'therapeutic' in aim. The underlying assumption is that certain emotions are bad and constitute psychic illnesses, including emotions such as anger not conventionally regarded as inherently problematic. Chrysippus' book seems to have focused on promoting the idea that (most) emotions are psychological sicknesses and on systematic analysis of their nature and sub-types. In this respect, his work can be seen as protreptic, encouraging readers to see their emotions as needing therapy. However, promoting this understanding of emotions can also be seen as an integral part of the therapeutic process and as the beginning, at least, of acquiring a better and more 'healthy' belief-set. Chrysippus also addresses practical questions about the timing of effective therapy and about the best way to approach different types of people affected.<sup>14</sup> Seneca's *On Anger* is the one surviving Stoic work which falls squarely

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<sup>10</sup> On these writings, see Gill 2010a, ch. 5; also below.

<sup>11</sup> On these writings, as forms of practical ethics, see Hadot 1995, ch. 6, Long 2002, Sellars 2003, 2007.

<sup>12</sup> See e.g. Democritus, DK 68 B 31, Plato, *Charm.* 155b-157d, *Gorg.* 475d, 505c, *Rep.* 444c-e, *Soph.* 227c-230e, *Tim.* 86d-90d. See further Lain Entralgo 1970, 97-8, Mackenzie 1981, chs. 10-11, Lloyd 2003, 208-12, 237-8.

<sup>13</sup> See Nussbaum 1994, Sorabji 2000, part 2.

<sup>14</sup> For reconstruction of this work and interpretation, see Tieleman 2003, chs. 4, 6 and Appendix (325-6); for analysis of its aims, see Gill 2010a, 280-95. For the medical-philosophical analogy in Stoicism, see e.g. Long and Sedley 1987 (=LS), refs. to LS normally to section and passage, LS 65 L, R, S; also Galen, *PHP* V.437 (Kühn), 5.2.22-4, p. 298.28-38 De Lacy 2005, discussed in Gill 2010a, 309-10. (Kühn 1819-

within the therapeutic category. Seneca's work, like that of Chrysippus, gives a prominent role to presenting most emotions as bad, and not just those normally seen as excessive or extreme. But Seneca also includes an extensive discussion of *remedia*, modes of treatment that one can and should apply to oneself. To this extent, this book also embraces advice, but of a type that is specifically linked with the conception of emotions as diseased and needing cure.<sup>15</sup>

Epicureanism also adopted from an early stage the analogy between the roles of philosophy and medicine and linked this motif with a radical critique of many emotions and desires not conventionally conceived as bad or as 'sick'.<sup>16</sup> However, Chrysippus' 'therapeutic book' seems to have been the first one which took this topic as its main theme and function. Although Chrysippus' approach to therapy is criticized by later Epicurean thinkers on this topic, his work may, none the less, have been influential in stimulating a series of Epicurean writings which also characterize as 'diseased' emotions not generally regarded in this way and which encourage their readers to attempt to cure them.<sup>17</sup> We have remains of, or know about, writings by Philodemus (first century BC) addressing anger and the fear of death. In the same period Book 3 of Lucretius' poem *The Nature of the Universe* can be seen as an extended treatment of the latter theme, designed to offer a set of philosophical arguments, embracing both 'physics' and ethics, against fear of death and thus offering 'cure' for those readers open to this form of treatment.<sup>18</sup> Although Stoics and Epicureans took the lead in this line of thought, the approach was taken up by other philosophical movements, sometimes with salient modifications. Cicero, for instance, whose main affiliation is with Academic Scepticism, offered an eclectic or independent version of therapeutic discourse, mainly directed at treating grief and fear of death, in his *Tusculan Disputations*.<sup>19</sup> Plutarch, whose typical stance is Platonic (or, in ethical psychology, Platonic-Aristotelian) wrote an essay on the management of anger in a style that is strongly influenced by Stoicism.<sup>20</sup> Essays on 'cheerfulness' (*euthumia*) or 'peace of mind' (*tranquillitas animi*) were composed by the Stoics Panaetius and Seneca and by Plutarch, writing in a more positive version of the therapeutic mode.<sup>21</sup> Galen, characteristically extending his scope from medicine into philosophy, composed a number of essays on practical ethics, of which two survive, both on the therapy of emotions. One is the newly discovered *Avoiding Distress*; the other is *On the Diagnosis and Cure of Psychological Affections*, the first half of a two-part work on emotions and errors.<sup>22</sup> Thus, we have a rather large body of works

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33 is the 20-volume collection standardly used for references to Galen's works.. References to Kühn are normally given in a combination of Roman and Arabic numerals, as here.)

<sup>15</sup> Sen. *Ira* 2.18-36, 3.5-43. For a synopsis of this work, see Cooper and Procopé 1995, xxxiii-xxxv; for analysis, Gill 2010a, 297-300.

<sup>16</sup> See e.g. LS, 25 C, J; Diogenes of Oenoanda fr. 2 Chilton 1971.

<sup>17</sup> Gill 2010a, 282 (referring to Philodemus *Ira* 1.10-20 Indelli 1988) and 295-7.

<sup>18</sup> See further Nussbaum 1994, chs. 4-7, Warren 2004, Tsouna 2009.

<sup>19</sup> See esp. *Tusc.* 1-2 and 5; see further Lévy 1992, 445-94, Erskine 1997.

<sup>20</sup> Becchi 1990, Waterfield and Kidd 1992, 168-75.

<sup>21</sup> See Gill 1994, Van Hoof 2010, ch. 4.

<sup>22</sup> The second work is referred to below as '*Psychological Affections*', and the standard Latin abbreviation is *Aff. Dig*; for translation of this work see Singer 1997, 100-27; for new translations of both works with introduction and commentary, see

on the therapy of emotions, falling within what seems to be a continuous tradition, but written from different intellectual standpoints.

Why do we find the persistent use of the medical analogy in this type of writing? There are a number of reasons that plausibly explain this motif. One is that, from Plato onwards, the idea of medicine has connotations of authoritative expertise – despite the fact that the precise nature of medical expertise was a highly contested question in antiquity.<sup>23</sup> The adoption of the medical stance is linked, especially in Stoic and Epicurean writings, with the protreptic function of these writings. Health is generally, perhaps even universally, seen as a human good; hence the offer to treat psychological sickness and provide a pathway towards psychological health constitutes a powerful encouragement to engage with the type of practices being commended in this way.<sup>24</sup> The move by philosophers to undertake the role of psychological doctor is also linked with the fact that ancient medicine is predominantly focused on treatment of the body, or at least of the living person in her physical nature.<sup>25</sup> Hence, there was a substantial gap in the scope of ancient medicine that philosophers were well placed to try to fill. This move was reinforced by the fact that, on the more theoretical aspects of medicine (physiology, for instance), there was substantial overlap between ancient philosophy and medicine.<sup>26</sup> However, the ideas and methods advanced under the heading of psychological ‘therapy’ had their roots elsewhere, especially in ancient ethical theory.

Was philosophical therapeutic discourse explicitly compared in antiquity with medical regimen, as distinct from the other branches of ancient medicine? On the face of it, the answer is ‘no’. Indeed, both Epicureans and Stoics sometimes attempted to associate their psychological treatment with the use of medical drugs or surgery.<sup>27</sup> However, it is evident that their use of this kind of language was metaphorical. Even if ancient doctors tried to treat mental illness, in part at least, by means of drugs or (much less commonly) surgery, these methods are not at all like the philosophical practices characterized in analogous terms.<sup>28</sup> Ancient regimen, on the other hand, is much more directly comparable with philosophical therapy. It constitutes a programme of long-term management of the aspects of physical life that are amenable to personal control, notably diet, exercise and related activities, and choice of environment.<sup>29</sup> State of mind or mood is also sometimes recognized as a factor that

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Singer forthcoming. For the Greek text of *Avoiding Distress* (Latin abbreviation, *Indol.*), see Boudon-Millot 2007 and Boudon-Millot et al. 2010.

<sup>23</sup> On this point, see Lloyd 2003, 237-8.

<sup>24</sup> See further, in connection with Chrysippus, Gill 2010a, 285-8.

<sup>25</sup> See further Gill 2010a, 301-4.

<sup>26</sup> This is very clear in Galen’s *QAM*, which cites medical and philosophical works equally in support of the thesis that constitutes its title, *Psychological Faculties Depend on Bodily Mixtures*, trans. in Singer 1997, 150-76, and forthcoming.

<sup>27</sup> The Stoic policy of ‘extirpating’ emotions (Cicero, *Tusc.* 3.13, 61, *Stoicorum Veterum Fragmenta* (*SVF* = von Arnim 1903-5) 3.443-4, 447 suggests surgery. The Epicurean idea of philosophy as a ‘four-fold remedy’ (*tetrapharmakon*) (LS 25 J) suggests use of drugs. See further Nussbaum 1994, 116-17, 389-40,

<sup>28</sup> For medical treatment of mental illness, see Pigeaud 1981, ch. 1, McDonald 2009 (on phrenitis), and, on Galenic treatment, Nutton in this volume.

<sup>29</sup> See Hippocrates, *Regimen*, Plutarch, *Precepts of Healthcare*, Galen, *On the Preservation of Health*; see further n. 5 above.

can affect physical health and that one should, accordingly, try to control.<sup>30</sup> In this respect, regimen is broadly similar, in the physical sphere, to the kind of advice offered by philosophers about the long-term management of emotions, along with related aspects of psychological life. It is an indication, perhaps, of the closeness of the two methods that we find attempts by practitioners of each method to appropriate the other sphere. For instance, Plutarch, author of a series of essays on practical ethics, including some on the therapy of emotions, also wrote a treatise on regimen, centred on combining management of health and a successful social life.<sup>31</sup> Galen, on the other hand, as well as writing on the therapy of emotions from a philosophical standpoint,<sup>32</sup> insists in one work that medicine, and specifically regimen, is more effective at making people psychologically better than philosophical guidance.<sup>33</sup> This suggests that ancient thinkers familiar with both modes of activity recognized them as having salient similarities.

Taken overall, one might offer this picture of the relationship between medical and philosophical approaches. Philosophers, notably Stoics and Epicureans, use the medical analogy, especially terms that evoke drugs and surgery, specifically to characterize the function of philosophical therapy (as distinct from protreptic and advice), namely to remove misguided beliefs that promote psychological sickness. However, there is a much closer, and non-metaphorical, relationship between regimen and philosophical discourse in this area. This is particularly true if we do not just focus on the ‘therapy’ dimension of philosophical discourse, but consider the overall aims of this kind of practice, integrating protreptic, therapy, and advice. Indeed, advice on the long-term management of one’s life, with a view to physical or psychological health is the main common thread. The fact that regimen plays such a substantial role in ancient medicine may indeed have been one of the factors that made it plausible for philosophers to present their guidance as psychological medicine.

### Core Strategy of Philosophical Therapy

I now consider the core strategy of these works of philosophical therapy. First, I outline this strategy in general terms, referring to the key themes in ancient philosophical theories that underpin this strategy. Subsequently, I illustrate features of this strategy, referring especially to Galen’s *Avoiding Distress* and Seneca’s *On Peace of Mind*, taken as exemplifying Platonic-Aristotelian and Stoic approaches respectively. Fundamental to this strategy is the aim of persuading people that all human beings, to some extent at least, have the ability and scope to achieve happiness or well-being by their own efforts. Distress or psychological disturbance is presented as being not – or largely not – the result of external circumstances, but as deriving from mistaken beliefs about what happiness requires and what constitutes happiness

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<sup>30</sup> See e.g. Galen, *The Art of Medicine* I.367 (Kühn) (trans. in Singer 1997, 374), and commentary to Hippocrates, *Epidemics* VI (CMG 10,2,2), XVIIIA 484.7-33, 485.17-19, 22-5, 487.18-23; see further Ballester 1988, 147-52, Gill 2010a, 318-19.

<sup>31</sup> Plutarch’s *Moralia* (‘Moral Essays’) include *On Avoiding Anger* and *On Peace of Mind* (discussed below) as well as *Precepts of Health Care* (on the latter work, see Van Hoof 2010, ch. 8).

<sup>32</sup> See works cited in n. 22 above.

<sup>33</sup> *QAM* IV.768, 807-8 (Kühn), trans. in Singer 1997, 150, 169; see further Jouanna 2009, Gill 2010a, 319-21.

or the good life. Also crucial for the strategy is building on this recognition of what happiness requires. The method offers extensive advice on how to rebuild one's belief-set and thus to construct a framework of thinking (about actions, feelings, relationships, for instance) that provides a secure pathway to happiness. In terms of the three-fold distinction noted earlier, between protreptic, therapy, and advice, different aspects of this process can be correlated with one or other of these functions. From another standpoint, the process as a whole can be seen as therapeutic, in the sense that it tackles the roots of psychological sickness and helps people work towards health. It is important to note that the beliefs promoted in this way, and the component elements of the strategy, are taken to be objectively true and capable of being supported by well-grounded and systematic argument (though the therapeutic works do not set out to provide that argument). The beliefs promoted are not just advanced *in order to* alter the state of mind of the people offered this kind of treatment, or to *make them feel* less distressed – though this is claimed to be an outcome of a successful therapeutic process.<sup>34</sup>

I now consider more closely the key elements in this strategy. As will become clear, there are significant differences of view between ancient philosophical theories on how these elements should be conceived. However, there is also enough common ground for us to identify a single core strategy and set of key points. In bare outline, these four elements are: the conception of happiness involved, the psychological framework assumed, the formulation of the main therapeutic message, and advice about how to carry the therapeutic process forward. Although there are variations in the extent to which all four elements, especially the first two, are made explicit in any given example of therapeutic writing, the underlying presence of all four aspects is crucial for the credibility of the message and the effectiveness of the process.

The first element is the conception of happiness presupposed. A shared assumption of ancient philosophical theories is that happiness (in Greek, *eudaimonia*) is the natural target or goal of human aspiration, and also that this consists in an objective state, a condition of character and way of life, and not just a mood or set of moods (though its presence or absence affects one's moods).<sup>35</sup> A second shared assumption, and one fundamental for the therapeutic project, is that reaching happiness, or indeed making progress towards it, depends crucially on the person's own agency rather than on external factors. Within this common framework, there are significant differences of view, which form the basis for major, large-scale debates within theoretical works of ancient ethics in this period, such as Cicero's *On Ends*. Thus, for instance, the Stoics insist that, while virtue and happiness are not quite identical, virtue is the sole essential basis for happiness (it is both necessary and sufficient for happiness). On the other hand, in the Platonic-Aristotelian strand of thinking in this period, as adopted by Antiochus, for instance, some weight is given to 'external goods', that is, to factors such as health, the welfare of one's family or friends and material resources. More precisely, though it is recognized that the possession of virtue is the essential prerequisite for happiness, the achievement of the most complete kind of happiness is taken to depend on these further factors.<sup>36</sup> The

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<sup>34</sup> On this point, in Epicurean thinking, see Tsouna 263-5, challenging the views of Nussbaum 1994, ch. 4. Nussbaum 1994, 353-4, 491-2, herself accepts that this is true of Stoicism.

<sup>35</sup> See refs. in n. 8 above.

<sup>36</sup> The debate between these positions is played out at length in Cicero, *On Ends* 4-5, esp. 5.77-95 (see also 3.30-46). See further Annas 1993, chs. 19-21.

Epicureans differ from the other theories in presenting pleasure, understood as absence of physical pain or psychological distress, as constitutive of happiness or the goal of life. However, the gap between the Epicurean and other theories is narrowed by the fact that they too see virtue as an essential basis for pleasure. The kind of pleasure that makes up happiness is regarded by Epicureans as dependent on the kind of rational management of one's life that requires the proper exercise of the virtues (on an Epicurean understanding of what the virtues consist in).<sup>37</sup> Although the differences outlined here are intensely debated, they still allow the shared claim that the achievement of happiness depends crucially on one's own efforts as an agent, or that it is 'up to us', as Epictetus insistently puts it.<sup>38</sup> This claim is fundamental for all other aspects of the therapeutic strategy propagated by exponents of these theories, or by those, such as Galen, influenced by these theories.

The second element is an account of human psychology, one closely linked with a conception of ethical development (that is, development towards virtue and happiness, as understood by the theory). On this topic too, there are differences which give rise to intense, theoretical debate, but there is also a common core of ideas. The shared strand is the belief that all, or virtually all, adult human beings have some scope for exercising rational agency with a view to taking forward their development towards virtue and happiness, or towards a more complete form of these than they currently possess. The main topics of debate relevant for this element consist in the analysis of motivation, especially, how to understand the relationship between reason, emotion, and desire, and the prerequisites of ethical development. The Stoics, and to some extent the Epicureans, have a strongly unified view of human motivation, stressing that emotions and desires are shaped by beliefs and reasoning. In the Platonic-Aristotelian view, which is often pitted against the Stoic one in the first and second centuries AD, rational and non-rational aspects of motivation are seen as divergent in kind and potentially in conflict.<sup>39</sup> There is a related difference of view as regards the components of effective ethical development and their interrelationship. For the Platonic-Aristotelian approach, ethical development depends on the combination of a certain kind of inborn nature and habit-based upbringing in the right kind of family and community, and a form of rational education capable of enabling correct decision-making. For Stoics and also (though less emphatically) the Epicureans, the capacity of developing ethically is a property of all human beings as such, regardless of their specific inborn tendencies or upbringing. These two topics of debate are linked in that the greater scope seen for human development in the Stoic-Epicurean view is connected with their belief that there is no fundamental cleavage between rational and non-rational parts of human psychology and so emotions and desires can be shaped or reshaped by changes of belief over a whole life-time by rational agency.<sup>40</sup> Despite intense arguments on these questions, both types of view allow some scope for adult human beings to play an active role within their own continuing ethical development, and thus to exercise the capacity to achieve happiness. This shared belief is, of course, closely linked with the shared assumption

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<sup>37</sup> LS 21 A-B, esp. B(6), M, O-P; also Cicero, *On Ends* 1.42-54. See further Annas 1993, ch. 16, Gill 1996, 395-7, Erler and Schofield 1999, 666.

<sup>38</sup> E.g. Epictetus, *Handbook* 1, *Discourses* 1.1.

<sup>39</sup> Key sources for this debate are Plutarch, *On Ethical Virtue*, and Galen *PHP* Books 4-5; see LS 65, also Gill 2006, ch. 4, 2010a, ch. 4.

<sup>40</sup> See Gill 2006, 130-8, 144-5, 178-82, 2010a, 201-8, 221-7.

that happiness is the kind of state that depends crucially on the exercise of personal agency, rather than on external factors.

The third element in the process is the formulation of the central message of the therapeutic process (the scope for personal agency in working for happiness) in a form that engages effectively with the concerns of the person involved and his or her state of mind at the start of the therapy. Of course, we do not have independent access to actual discussions in antiquity and so we cannot tell exactly how, or how far, this kind of engagement occurred. But the writings we do have offer exemplary illustrations of this kind of dialogue, and sometimes adopt a literary form which seems designed to display the kind of engagement involved and the kind of therapeutic outcome intended.

The fourth element in the strategy is offering advice to the other person of a kind that is designed to enable him to rebuild his belief-set in a way that provides a secure basis for development away from the framework of beliefs that generates psychological sickness and towards well-being and happiness. The therapeutic writings offer a rich repertoire of such forms of advice, which can be supplemented by reference to related types of practical ethics. Cicero, in his review of methods in *Tusculans* 3, highlights, for instance, preparation for (what are usually seen as) disasters, a technique shared by Cyrenaics and Stoics, and refocusing one's attention away from the causes of distress, a practice advocated by Epicureans.<sup>41</sup> Also relevant here are salient features of Stoic practical ethics, including Epictetus's advice to 'examine our impressions' before giving 'assent' to them, and Marcus' advocacy of 'stripping' situations to their moral essentials prior to responding to them.<sup>42</sup> In considering these methods, it is important to correlate them with the larger therapeutic strategy, and with the use to which this strategy is being put in any one context, as well as, in some cases at least, with the philosophical approach assumed.

#### Examples of Philosophical Therapy: Galen and Seneca

I now illustrate this core strategy, with its four main elements, by reference to two works of philosophical, or philosophically informed, therapy: Galen's *Avoiding Distress* and Seneca's *On Peace of Mind*.<sup>43</sup> These two works are chosen for illustration because they are quite short and unified texts which exemplify the core strategy clearly, while also indicating the main differences between a Platonic-Aristotelian approach and a Stoic one. On some points, I refer to related works to illustrate the main elements and the way they are integrated with the strategy as a whole. The focus of the works differs, in that Galen's letter is centred on the question of how to withstand misfortune, whereas Seneca's dialogue addresses, initially at least, the problem of lack of a sense of purpose and consistency in one's life. However, both works include advice on confronting setbacks and have at their core ideas, of somewhat different kinds, about what is needed to provide the basis of emotional resilience and stability.

<sup>41</sup> Cic. *Tusc.* 3.28-3, 33, 52; see further Sorabji 2000, chs. 15-16.

<sup>42</sup> See e.g. Epictetus, *Handbook* 1, *Discourses* 1.1.4-8, 1.27.1-13, 1.28.1-6, Marcus Aurelius, *Meditations* 3.11, 6.13, 12.2. See further Hadot 1995, 186-8, 193-9, Gill 2007, 179-80.

<sup>43</sup> On the Galen work, see n. 22 above. Seneca's work (*De Tranquillitate Animi*) is translated in the Loeb Classical Library (Basore, 1979, vol. 2) and The World's Classics (Davie and Reinhardt 2007).

I begin with the third element, in the schema just outlined, the formulation of the central message, since this provides an overview of the shape of the two works. Galen's *Avoiding Distress* takes the form of a letter to a young man wanting to know, for his own sake, how Galen has been able to cope with the loss of a huge number of his personal possessions (including many vital for his medical work) in the great fire of AD 62 at Rome, and has done so without loss of equanimity and emotional stability. This form enables Galen to use his own case as a paradigm and to deploy the first two key elements in the strategy (what is required for happiness and the psychological scope for agency that we have in seeking happiness) and to do so in a way that responds to the question posed by the addressee. Put more generally, the form allows him to show how the kind of thinking he is presenting, which is a non-technical version of the Platonic-Aristotelian approach, offers materials for enabling someone to strengthen his emotional resilience and the capacity to withstand what he sees as disasters.<sup>44</sup> Seneca's *On Peace of Mind* takes the form of a dialogue between Seneca himself and Serenus. The interlocutor presents himself as unable to maintain a consistent course of action and life and also incapable of sustaining stability in his character and state of mind. In response, Seneca offers a Stoic version of the ethical and psychological themes just outlined which shows how the interlocutor – or indeed, anyone – can chart and maintain a consistent and stable way of life and mode of character. Seneca also indicates how following this pathway can also enable someone to develop his capacity for withstanding disaster without loss of peace of mind, and in both respects to move towards happiness by his own efforts.<sup>45</sup> Thus, both these examples of the therapeutic genre formulate the core strategy outlined in a way that responds to the needs of the person concerned and offers a basis for relieving distress and lack of purpose in life and thus moving towards psychological well-being.

The importance of the first element in the core strategy is brought out very clearly in Galen's letter. In explaining to his addressee why he was not distressed by the loss of his possessions in the fire, Galen distinguishes his view from what he presents as the extreme position of the Stoics and Epicureans, that one can secure a kind of happiness that is invulnerable to *all* external circumstances. Towards the end of the essay, he says: 'Since you say that you have never seen me distressed, you may possibly imagine that I shall make the same pronouncement as some of the philosophers who promise that none of the wise will ever suffer distress' (70, cf. 48). He goes on to distance himself from both Stoic and Epicurean version of this idea, associated with their respective ideals of *apatheia* (freedom from bad emotions) and *ataraxia* (freedom from distress). 'I make light of the loss of possessions without being quite deprived of them all and sent to a desert island, and [I make light] of bodily pain without [claiming that I am ready to be] placed in the bull of Phalaris' (71). Galen does not claim to have achieved the kind of complete or virtually complete invulnerability to external circumstances which is the goal of aspiration for both Stoicism and Epicureanism.<sup>46</sup> None the less, in specifying his positive ideal of happiness, he makes it clear that this ideal depends crucially on his own efforts.

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<sup>44</sup> See introduction and notes to *Avoiding Distress* by Nutton in Singer forthcoming and Gill 2010a, 262-8.

<sup>45</sup> Gill 1994, 4616-24.

<sup>46</sup> Invulnerability to loss of possessions is presented here as a typical Stoic ideal and invulnerability to physical pain (feeling pleasure even if shut up in the bronze bull of the tyrant Phalaris over a fire) is presented as an Epicurean one. On these ideals, see further Gill 2006, 88-93, 102, 118-26; also e.g. LS 24 D and 63 L-M.

I am keenly aware that I depend on the quality of the state of both my body and my mind (*psuchē*), and so I would not like anything to arise from any external cause that could destroy my health or any disaster that could overpower my mind. Not that I neglect their welfare, but I always try, as far as in my power, to endow them with sufficient strength to withstand whatever distresses them. Even if I do not expect my body to have the strength of Hercules or my mind to be like that they attribute to the sages, I think it better not to abandon deliberately any form of training. (75-6)

Though presented as a purely personal ideal, this evokes the Platonic-Aristotelian ideal of happiness adopted by Antiochus, namely as a combination of psychic goods (virtue), some measure of bodily goods, such as health, and external goods, including material ones.<sup>47</sup> But, as Galen indicates here, both psychic and bodily aspects of this ideal require an ongoing programme of self-management (which is the fourth item in the core strategy).

There is less explicit focus on the conception of happiness in Seneca's *On Peace of Mind*. However, the Stoic approach is clearly implied. To achieve peace of mind, what is needed is not (as recommended by other thinkers) simply concentrating your activities or focusing on public – or private – life as such. What is required is a consistent matching of our own specific talents and inclinations to a way of life and set of projects that we can carry through consistently and unwaveringly in spite of setbacks and obstacles. What is also required is that we should conceive this process as part of a larger project of living a good human life, in other words, as the expression of virtue. It is thinking about our life in this way that enables us to achieve independence of fortune and external circumstances, which is linked with recognizing that this kind of success is up to us as agents. It is the consistent working out of this strategy, and only this, Seneca maintains, that will produce the peace of mind that Serenus is looking for.<sup>48</sup> At the centre of the work, Seneca places the Stoic ideal of the wise person (*sapiens*) who has achieved invulnerability to misfortune by following though this kind of life-plan and who thus shows that virtue is the only secure basis for happiness (11). This generalized ideal is supported by specific exemplars of the same principle (Socrates standing up to the 'thirty tyrants' in Athens and Julius Canus resisting the brutal Roman emperor Caligula, 5, 14). Although Seneca acknowledges the gap between these ideal figures and most people (11.1), fundamentally, the same conception of happiness applies to everyone.<sup>49</sup>

As regards the second element in the core strategy, the psychological basis for exercising agency, both works refer to this element in a way that makes clear the different theoretical position underlying the therapeutic approach in each case. Galen's letter, like his related essay, *Psychological Affections*, stresses the

<sup>47</sup> See text to n. 36 above, and Gill 2010a, 264-6.

<sup>48</sup> See *On Peace of Mind* 2.3-5, 13, (referring to Democritus' approach to producing *euthumia*, 'cheerfulness'), 3-4, esp. 3.6 and 4.1, on the respective merits of public and private life and the importance of conceiving any way of life as a vehicle for the expression of virtue. On the background of Seneca's work, including Democritus DK 68 B3, see Gill 1994, 4609-16; on Plutarch's alternative (though overlapping) strategy in *Peri Euthumias* (*On Contentment* or *On Feeling Good*), see Gill 1994, 4624-31 and Van Hoof 2010, ch. 4.

<sup>49</sup> See further Gill 1994, 4615-24.

contribution of his inborn nature and upbringing, especially the example of his father in providing the basis for emotional resilience in setbacks. His point is not that these factors ensure that Galen instinctively or automatically responds in this way. It is that his nature and upbringing have given him the capacity to use his education effectively and to build up, by his own efforts, the beliefs and attitudes that enable him to confront losses and disasters calmly.<sup>50</sup> In *Psychological Affections*, a similar view about ethical development is explicitly linked with a Platonic-Aristotelian account of psychological functions, as a combination of rational and non-rational ‘parts’ (or sources of motivation). The main conceptual link between these two points is that inborn nature and upbringing are seen as factors that shape our emotional (non-rational) character in a way that provides the basis for a rational response in framing our way of life and attitudes in adult life.<sup>51</sup> Thus, in Galen’s case, and potentially for anyone with a similar nature or upbringing (or one that goes some way in the same direction), these factors give the foundation for the kind of measured and reflective response to material and personal losses that he recommends in both of his surviving therapeutic works.

Seneca’s *On Peace of Mind* presupposes a competing Stoic view on development and on psychological functions, though one that is less explicit than in Galen’s two therapeutic works. The Stoic position, outlined earlier, is that all human beings are constitutively capable of developing towards personal happiness (which depends on virtue), regardless of their specific inborn nature or upbringing. This is linked with a unified or holistic conception of psychological functions, according to which changes of belief at any stage of life will necessarily bring with them changes in emotional attitudes and desires.<sup>52</sup> In Cicero’s *On Duties*, a work which is strongly influenced by the second-century BC Stoic Panaetius, these ideas underlie the theory of the four roles or *personae* which is presented there. According to this theory, while all of us (adult human beings) should aim to realize in our lives the virtues that form the basis for happiness, we should do so in a way that takes account of our specific natural inclinations, social background, and the kind of life-project we are capable of carrying through to the end.<sup>53</sup> Seneca’s dialogue presupposed this set of Stoic assumptions. The therapeutic strategy assumes that we are naturally drawn towards different pathways in life. But it also assumes, in line with the four-*personae* theory, that, whatever our natural inclinations, we are capable of identifying a pathway that can serve as a vehicle for the expression of virtue. It also assumes that if we do this, we can withstand the setbacks and losses that potentially disrupt any given form of life, and can work consistently towards our overall goal (that of living a sage-like life of virtue) in a way that brings with it stability of purpose and emotional resilience. The pattern of ideas overlaps with the Platonic-Aristotelian ones underlying Galen’s

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<sup>50</sup> See *Avoiding Distress* 58-62 and *Psychological Affections* ch. 8 (V.41-3 Kühn), trans. in Singer 1997, 119-21.

<sup>51</sup> *Psychological Affections* ch. 6 (V.27-9 Kühn), trans. in Singer 1997, 112-13, referring to the account of psychology in *Character Traits*, which survives in Arabic summary (included in Singer forthcoming). On the assumptions made by Galen about psychology and development, see Gill 2010a, 256-8.

<sup>52</sup> See Gill 2006, 132-4, 177-82.

<sup>53</sup> Cicero, *On Duties* (*De Officiis*) 1.107-21; see also Gill 1988. The consistency of the Ciceronian approach here (following Panaetius) with standard Stoic thinking is stressed in Gill 2010b, 141-3.

therapeutic works; but it also has some distinctive (Stoic) features which are underlined by Seneca's presentation.<sup>54</sup>

The fourth element in each case is offering advice or recommending practices which can enable the other person to move towards the desired goal. Here too, we can identify differences between the techniques advocated in each work. Although both works advocate cognitive or rational methods, the Galenic approach assumes that the effective deployment of these methods will require certain special preconditions (of inborn nature or upbringing) that do not depend solely on personal agency. The Galenic approach also assumes the effectiveness of habituation in modifying emotional attitudes over time, an idea linked with the idea that we have non-rational parts in our personality which need to be habituated rather than educated rationally.<sup>55</sup> Both these assumptions are absent from Seneca's Stoic version of therapy, as expressed in *On Peace of Mind*.<sup>56</sup> However, as regards the cognitive dimension of the techniques advocated, there is more similarity or overlap between the two works. For instance, in Galen's *Avoiding Distress*, we find advice designed to place what the other person sees as setbacks and disasters in a proper perspective by encouraging him to think about what really matters for human happiness and its opposite, avoiding a trivializing focus on relative differences between one's own situation and that of other people.<sup>57</sup> Crucial for Seneca's *On Peace of Mind*, on the other hand, is conceiving one's specific role in life as a vehicle for a larger project, that of living a certain kind of life, one centred on achieving happiness by the expression of virtue. Part of the intended effect of this move is to enable the person to place in a broader perspective the setbacks and (supposed) disasters that occur in the performance of one's chosen role, by re-conceiving that role as a vehicle for the larger project.<sup>58</sup> Underlying both these methods is the aim of drawing the other person away from the belief-set that sees happiness as dependent on external factors and towards one that recognizes one's own decisive role as agent in moving towards happiness.

#### Ancient Philosophical Therapy and Modern Practice

So far, I have mainly concentrated on analysing the role of ancient philosophical therapy in the ancient context. I now ask the more speculative – but also potentially practical – question, whether we moderns could usefully adopt this kind of therapy to enlarge our resources for confronting mental illness and emotional distress. In exploring this question, it is crucial to specify the area in which this kind of therapy might be useful. Like modern counselling or cognitive therapy, this kind of approach

<sup>54</sup> See further on the Panaetian background to Seneca's approach, Gill 1994, 4603-24.

<sup>55</sup> See text to nn. 39-40 above. The importance of habituation is stressed esp. in *Psychological Affections*, ch. 4 (V.14-21), trans. Singer 1997, 106-9. The link between habituated treatment or 'correction' (*kolasis*), by contrast with rational education (*paideusis*), and Galen's Platonic-Aristotelian assumptions about psychology and development is brought out in ch. 6 (V.27-34 Kühn), trans. Singer 1997, 112-16.

<sup>56</sup> Similarly, Seneca's *On Anger* (1. 2-21) rejects strongly the Aristotelian ideal of 'moderation of emotions', and, by implication, the ideas about psychology and development associated with this ideal

<sup>57</sup> Galen, *Avoiding Distress* 39-47; here Galen draws on stock philosophical material also found in Diogenes Laertius 2.2 and Plutarch, *On Peace of Mind* 469 C-D.

<sup>58</sup> See text to nn. 52-4 above.

will not be useful in addressing people in acute states of mental illness (what are sometimes called schizophrenia or manic depression), where modern drugs are more likely to be useful in inducing some measure of emotional calm and self-control. The kind of cases where this question can usefully be raised are in what is sometimes called ‘low-level’ mental illness such as cases of long-term states of depression or anxiety or of situational distress, for instance, following bereavement.<sup>59</sup>

However, to pursue the question further, we need to acknowledge certain salient differences between the ancient methods and modern practices – differences which may prove to be an effective guide to what is potentially most useful in the ancient approach. One difference derives from a feature that I have stressed throughout this discussion. This is the fact that the ancient writings on the therapy of emotion are best understood, on the analogy of ancient medical regimen, as preventive psychological therapy, designed to enable people to build up emotional resilience against setbacks and disasters before they have actually happened. This marks a clear point of difference from typical modern practices, in which counselling or therapy is applied to those who are already distressed and in need of guidance or treatment. A related difference is that the ancient writings, presumably reflecting normal practice in the culture, are directed at the patient or potential patient rather than the ‘doctor’ (meaning, in this case, the philosopher). Typically, I take it, modern texts on psychotherapy or counselling are addressed, primarily at least, to other practitioners or those training to practice, rather than the general public. A related difference is that, in antiquity, there is a rather prevalent assumption, at least among educated well-off adult men, that one can and should take care of one’s psychological health and well-being and manage your life accordingly. A further differentiating feature is that this project of psychological self-care is usually framed in positive terms, those of the pursuit of happiness, for instance, and that it intersects with ethical reflection about the shaping and direction of one’s life as a whole. Although these features can also be found in the lives of some individuals in contemporary Western culture, these are not standard features of modern social life.

These points of difference might lead one to conclude that this aspect of ancient culture is irrelevant to modern concerns, or, more broadly, that any given human culture evolves forms of psychotherapy that are appropriate to their own culture but not others. But another conclusion is possible. This is that these are all features of ancient culture that we moderns might usefully adopt, albeit perhaps with modifications. Indeed, these features overlap with some of the directions in which, according to some people, modern practice should be moving. In contemporary Western medicine, for instance, as noted earlier, there is a widespread view that we need to give greater weight to preventive medicine (by contrast with drugs, for instance) and that people can and should be expected to take responsibility for management of their own health. In the modern context, the focus has mainly been on the maintenance of one’s bodily condition, for instance in avoiding obesity or alcoholism. But, since there is also an increasing recognition of the close interplay between bodily and mental aspects of health or sickness, it is clear that the same points could be made about psychological health. One might argue that ancient culture provides a paradigm we would do well to adopt, in which people can reasonably be expected to manage their lives in a way that promotes psychological well-being as well as a sound bodily condition.

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<sup>59</sup> Cf. Gill 2010a, 355-7.

A further line of argument might support this conclusion. Another feature of modern Western life is the widespread growth of ‘self-help’ or ‘life-coach’ manuals, which are now pervasive in bookshops and bookselling web-sites. The appeal of such books is, evidently, that they offer practical steps towards enabling people to address large questions such as the nature of human happiness or the meaning of life and to allow thought on these questions to inform the shaping of their lives. Of course, in modern (though not ancient) society, religion has been the traditional source of inspiration for this purpose, and this remains true for some people and some modern cultures or sub-cultures. But, for many people in modern Western society, the waning of religious practice has left a void in modes of discourse of this kind. The ancient works of philosophical therapy, if appropriately presented, could help to fill this gap in modern life. They offer a set of therapeutic approaches, directed at life-style management and the shaping of a life, which have a much firmer theoretical basis than many modern equivalents and which have been tested by sustained application over several centuries in antiquity. There are, of course, practical questions about what, or what more, needs to be done to make such works available and intelligible to modern readers who might want to use them in this way. But I think there is a strong *prima facie* case for thinking that the ancient therapeutic writings could play a valuable role of this kind in our society.

However, at this point a further objection to this line of argument looms. It might be argued that ancient ethical and psychological ideas are, quite simply, out of date, and cannot support a mode of therapeutic discourse that is meaningful for modern readers. But this objection is much less powerful, I think, than it might seem. Ancient ethical theories have, in recent decades, proved to be a powerful influence on modern virtue-ethics. Both in the revival of ethics based on the ideas of virtue and happiness and in the practical orientation of much ethical debate and inquiry, the current position in ethical philosophy is much closer to ancient thought than it was, for instance, in the early post-Second World War period.<sup>60</sup>

The question of the relationship between ancient and modern psychological ideas (which in both contexts are often linked with accounts of human physiology) is, of course, much more complex. Modern psychology is, in its aspirations at least, a scientific, evidence-based, inquiry in a sense that is largely unknown in the ancient world. It might be concluded that this fact alone renders ancient philosophical therapy invalid for modern purposes. There are, however, a number of points to be made against this conclusion. As some recent discussions have brought out, there are strong analogies both between specific types of ancient and modern psychological theories and between the broader thrust of some areas of modern psychological debate. For instance, modern cognitive theories of emotion are anticipated by Stoicism. Also, recent debate based on research on the brain about how far human psychological functions are integrated or sub-divided has close analogies with Greco-Roman debate between Stoic and Platonic-Aristotelian approaches.<sup>61</sup> It is true that the ancient versions of these positions are not based on what we would regard as scientific investigation. But I think it is far from clear that the ancient theories (considered in their main claims and structure) have been invalidated by modern psychological research. Also, as the earlier discussion may have brought out, the ancient therapeutic works are informed by psychological theories at a rather general level. At this level, especially, I think it is unlikely that ancient claims about the scope for human agency

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<sup>60</sup> See introduction to Gill 2005.

<sup>61</sup> See Sorabji 2000, ch. 10, Nussbaum 2001, chs. 1-2, and Gill 2010a, 333-50.

and ethical development, in all, or at least many, people have been rendered obsolete by modern research.<sup>62</sup>

Obviously, these questions could be pursued much further than can be done here. But I think this discussion would support the following conclusion. The ancient works of philosophical therapy offer connected programmes, in different versions, for developing emotional resilience and a sense of purpose in life. The programmes are based on sophisticated philosophical ideas, worked out over several centuries, and they integrate ethical and psychological ideas in a way that is both theoretically strong and potentially effective for practical guidance. I hope this account has brought out both the rationale and role of these forms of discourse in ancient culture and has also indicated how they might be of substantive value and use in modern life and practice.<sup>63</sup>

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<sup>62</sup> A distinct, but not irrelevant point, is that there appears to be a yawning and unresolved gap between current brain research and modern psychiatric categories for mental illness, according to the contribution by Roberto Lewis-Fernandez to the 2010 Columbia Conference. This suggests that the contemporary position is far from settled or clear-cut and that there is scope for further reflective debate on how to analyse mental illness and cure which can be informed by ancient paradigms.

<sup>63</sup> I am grateful for the helpful comments on the oral version of this essay made at the Columbia conference in 2010 and also comments made on related papers given at Exeter.

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