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PHILOSOPHY AS THERAPY

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Abstract

The ancient idea of philosophy as a kind of therapy, although somewhat neglected in mainstream philosophy, is the main interest in Konrad Banicki's analysis in several of his writings. He considers specially the works of Wittgenstein, Hadot, Foucault, E. Fischer and Martha Nussbaum. Those points of views and the problems

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and limitations that Banicki observes about the philosophy as therapy are developed here.

The ancient idea of philosophy as a kind of therapy, although somewhat neglected in mainstream philosophy, seems to be enjoying a new renaissance. These are Banicki's words (2010). He presents what are the positives and what the negative ones. For his views, the concept of philosophy as therapy has been generally applied in a non-rigorous way. Moreover, this is, perhaps, the main point.

The sources where philosophy was born as therapy are several. It is mentioned Wittgenstein, Hadot, Foucault in his last works, Eugen Fischer, Martha Nussbaum. In the case of Hadot and Foucault, Banicki says that Hadot emphasizes what he calls spiritual exercises (*askêsis*), while Foucault emphasizes technologies of the self (*epimelia heautou*). These considerations are not specific therapies but they get the focus on the practical aspect of philosophy. About Nussbaum, Banicki believes that she has a narrow view because she only considers philosophy as an argument. Fischer, with his explicitly metaphilosophical and conceptual objectives, has a parallel approach, but partially. Banicki also points out studies that are unfolding about distant phenomena such as Buddhism and Hellenistic thought (Gowans, 2010), or Indian and Greek philosophy in general (Ganeri, 2010). In this area of knowledge, there are other important research such as Tola and Dragonetti (2013), which are absent in Banicki's point of views.

Banicki's mains are to produce a therapeutic model of philosophy with three characteristics.

First, that it can be applied within a particular philosophy.

Second, that it can be employed as a tool to compare two or more therapeutic philosophies.

Third, those such comparisons can be made with other non-philosophical forms of therapies: e.g. psychotherapy and both somatic and psychiatric medicine.

The result is at least one kind of philosophy can be therapeutic.

A very important aspect is the meaning of therapy. Banicki takes the definition as any practice designed to realize some ideal of health in some situation

or situations in which that ideal is not get. Hence, it is necessary to have the health ideal, disease or illness, and the process of treatment. Banicki does not make a difference between disease and illness as medicine does.

The first thing to do is identify the diseases to be cure. Without such identification, the situation will remain obscure or even a mere verbalization. In addition, the procedures employed cannot be accidental or spontaneous, and must be genuinely philosophical.

Banicki quotes Peterman (1992), because for whom there are some issues that must be faced: a valid philosophical articulation, the attempt to restore *eudaimonia* is the restoration of health, and a justification of the proposed therapeutic techniques.

Banicki says that this kind of therapy is valid only on those techniques that work by reasons (as opposed to causes), in order the patient has not only cooperate with the physician but also to understand the discourse offered and to consider it. If the rational faculties are affected by disease, a healthy part must remain. Finally, there is a two-directional physician-patient relationship. In some cases, the relation may be hierarchical and paternalistic, while in some others, it can be more like friendship, and in other cases, there is the possibility of self-therapy.

The theoretical structure of the therapeutic model of philosophy has seven main notions: 1) disease and its symptoms, 2) the health ideal, 3) the process of treatment with its techniques, 4) the therapeutic theory, 5) the physician, 6) the patient, and 7) the physician-patient relationship. The first four conditions are applicable to any medical philosophies and to all non-philosophical therapies, also.

The idea of philosophy as therapy is well established both in ancient and modern metaphilosophy, e.g. in the Stoicism was a therapy in the literal sense of the word, because it can be understood as a therapy of desire, a method for consider emotions and passions, in order to obtain *eudaimonia* (Ciceron translated "*pathos*" as "*perturbatio*").

Here, we have to remember Epicurus, who said there is no use in Philosophy if we do not expel the suffering of the soul. According to stoic thinking, emotions can be deleterious to health, and in this sense, philosophy is a therapy. It is necessary a

broad and complex view of philosophy. Because the other great problem occurs if philosophy is considered only in its purposes or only in its methods, because that is insufficient. If we define it by its purposes (Good, Truth, etc.), the focus is easy to distinguish with other disciplines, but it comes too close and dangerous to religion. If we speak only of its techniques, it is easy to separate it from religion, but it does not move away from cognitive or existential psychotherapies. Here it would become *ancilla therapie*. Therefore, there are two ways to approach it. The first, a *top-down approach*, which consists in describing the whole therapeutic part of philosophy. The other one, a *bottom-up approach*, which first observes the therapies and then goes to the philosophy. Both must consider a limit: not to claim to treat mental illnesses that are best left to trained medical professionals.

In conclusion, it can say that Philosophy as Therapy is a conceptual structure under construction, which also means a practice with suffering patients. Perhaps this is one of the main points to research: this kind of therapy has to face suffering in general or specific diseases? The difference is very important and deep. Because those practice changes a lot in one case and in another. According to Fischer (2011), philosophy as therapy can be practiced to solve emotional and behavioral problems.

Further, a central role has the ethical values, because they are at the base of any philosophical attitude. Control of emotions and behavior, as claimed by the Stoics for example, go hand in hand with the ethical values sustained by any philosophical therapy, and they should be put in the foreground. Gawns (2010), for exemple, says about the analogies between philosophy and medical practice that they are limited for several reasons, among which it can mention the fact that emotions have a relation with the thoughts of how to live and the personal beliefs.

Finally, the methods to be used should be set, since it is necessary the participation of the patient for his own cure. For example, a technique that relies on Socratic maieutic will be very different from that which offers a variety of ethical values to develop by the patient for his health.

Contestabile and Hampe (2015) consider, that if meditation is accepted as a therapeutic tool – as it was in ancient times – then there is not only a methodical but also an emotional relation to religion. However, it's not necessarily like that,

according to my point of view. And I ask: since the time of Socrates and Plato, some of the most essential philosophical questions are still present: how do we live a happy life? What can the philosopher do about it? What can the philosopher do to human suffering?

To those questions, for example, answer deeply the investigations and works of Banicki. And that situation is open to all of us.

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