

Galen's approach to psychotherapy: 'Avoiding Distress' (*Ind.*) and 'Psychological Affections' (*Aff. Dig.*)

Christopher Gill (University of Exeter)

Topics covered:

- I. Ancient philosophical therapy of the emotions vis a vis modern (CBT) psychotherapy
- II. Outline history of ancient psychotherapy: key features
- III. How Galen fits into this genre: distinctive features
- IV. Closer look at *Ind* and *Aff Dig*

I

Key features of CBT:

1. cognitive pattern of explanation of emotional disorder
 2. therapeutic collaboration, with patient as equal partner in joint problem-solving
 3. brief and time-limited, encouraging patients to develop independent self-help skills
 4. problem-oriented and focused on factors maintaining difficulties, rather than their origins
 5. consists in questioning and guided discovery, rather than persuasion, lecturing or debate
 6. based on inductive approach, so that patients learn to view thoughts and beliefs as hypotheses whose validity is open to test
 7. educational, presenting cognitive-behavioural techniques as skills to be put into practice by the patient in her normal environment as 'homework'
- K. Hawton, et al., *Cognitive Behaviour Therapy for Psychiatric Problems: A Practical Guide* (Oxford, 1989), based on A. T. Beck et al, *Cognitive Therapy of Depression* (New York, 1979): 3.

Distinctive features of ancient philosophical therapy:

1. Ancient therapist more explicitly a teacher; style of therapy more top-down and directive, and less collaborative
2. Ancient therapy more ethical/moral in attitude (less neutral)
3. Ancient therapy more philosophical, at least in background; more prepared to raise or at least allude to Big Questions, e.g. nature of human happiness and how human beings can obtain this
5. Ancient therapy not necessarily directed at those already distressed (at least not conscious of being disturbed/distressed)
6. More focus on building up resilience to prevent future disturbance/distress
7. Ancient therapy more gradual, integrated with life-cycle, potentially life-long.

Contrast does not apply (e.g.) to J. Evans, *Philosophy for Life* (London 2012), T. LeBon, *Wise Therapy* (London 2001), D. Robertson, *The Philosophy of CBT: Stoic Philosophy as Rational and Cognitive Psychotherapy* (London 2010).

II

A brief overview of the genre of philosophical therapy of emotions:
Chrysippus (3rd cent. BC Stoic), 'therapeutic book' (Book 4 of *On Passions*).

Philodemus (1st cent. BC Epicurean), many works of this kind including books on avoiding fear of death and anger. Lucretius, *On the Nature of the Universe (De Rerum Natura)* Book 3 on confronting fear of death.

Cicero (1st cent BC), *Tusculan Disputations*

Seneca (1st cent AD Stoic) *On Anger (De Ira)*, *On Peace of Mind (De Tranquillitate Animi)*.

Plutarch (1st cent. AD Platonist), various works including those on avoiding anger and on peace of mind (*Avoiding Anger (peri aorgēias)*, *On Contentment (peri euthumias)*).

Galen (2nd cent AD): *Avoiding Distress (peri alupias = de Indolentia =Ind.)*, *The Diagnosis and Cure of Psychological Affections (and Errors) (Aff. Dig., and Pecc.)*

Stoic writings combining protreptic, therapy and advice: Epictetus (1st cent. AD Stoic teacher), *Discourses*, Marcus Aurelius (2nd cent. AD emperor influenced by Stoicism), *Meditations*.

(Cf. C. Gill, *Naturalistic Psychology in Galen and Stoicism*, Oxford 2012: ch. 5; V. Tsouna, *The Ethics of Philodemus*, Oxford, 2007, T. Tieleman, *Chrysippus' On Affections: Reconstruction and Interpretation*, Leiden 2003, R. Sorabji, *Emotion and Peace of Mind*, Oxford 2000, M. C. Nussbaum, *The Therapy of Desire*, Princeton 1994, I. Hadot, *Seneca und die griechische-römische Tradition der Seelenleitung*, Berlin, 1969).

Key distinctive features of the genre in its Stoic-Epicurean form:

1. Highly revisionist vis-à-vis conventional or earlier (esp. Platonic-Aristotelian) ideas: the use of the language of 'therapy' adopted partly as part of revisionist strategy (curing psychological disease by removing 'false' ideas)
2. Adopts cognitive or 'holistic' conception of emotions as directly based on beliefs and directly shaped by changes in belief; emotions (or 'passions') characterised as good or bad by ethical standards (i.e. by consistency with Stoic/Epicurean conception of virtue/happiness). Contests Platonic-Aristotelian distinction between rational and irrational parts of psyche and view that 'moderate' versions of most emotions (e.g. anger) are acceptable.
3. Stresses importance of idea that happiness is 'within our power' as agents: all human beings seen as capable of developing towards happiness. Management of emotions depends on achievement of happiness or at least progress towards this. Contrast Platonic-Aristotelian view that virtue and happiness depend on combination of (the right kind of) inborn nature, social upbringing and intellectual education.

(Cf. Gill, *Naturalistic Psychology*, 280-300; on contrast between S-E and P-A ideas on psychology and development, see also Gill, *The Structured Self in Hellenistic and Roman Thought* (Oxford 2006): 132-45, 178-82, 412-15, 431-5, also chs. 2, 4).

Distinctive features of Cicero, *Tusculans*:

1. He adopts the general project of trying to find 'therapy' for disturbing/distressing emotions by ridding oneself of false ideas and adopting better grounded ones.
2. He thus adopts a *de facto* 'cognitive' conception of emotions, assuming that emotional change depends on change in beliefs, and does so in a highly philosophical form, stressing the importance of certain Big Ideas (nature of death, psyche etc.). In Book 4 he adopts the Stoic cognitive/holistic theory of emotions and argues against the Aristotelian idea of 'moderate emotions'.
3. He assumes that emotions depend on our conception of happiness, and that happiness is, in large measure, within our power; in Book 5 he argues for the Stoic position that happiness is constituted wholly by virtue.

Distinctive features of Plutarch, *On Contentment, Avoiding Anger*:

1. They are short, practical essays, directed at specific addresses, with a strong focus on behavioural methods, exercise and practical advice
2. They are philosophically non-doctrinaire and non-aligned; *On Contentment* seems to aim at a consensus position
3. In spite of these characteristics, they are strongly influenced by the general approach of Stoic-Epicurean therapy, and as regards their intellectual content the three features of Cicero *Tusculans* also apply to them in large measure.

III

Distinctive features of Galen, *Ind.* and *Aff. Dig.*:

1. They are short, practical essays, directed at specific addresses, with a strong focus on behavioural methods, exercise and practical advice, drawn from a wide variety of standpoints (esp. in *Aff. Dig.*)
2. They are explicitly non-doctrinaire and non-aligned; positions adopted are sometimes presented as Galen's personal opinion.
3. In spite of these characteristics, they are strongly influenced by the general approach of Stoic-Epicurean therapy, and as regards their intellectual content the three features of Cicero *Tusculans* noted above also apply to them in large measure. E.g. in the first 2/3 of *Aff. Dig.* and for much of the last part of *Ind.* G. presents himself as 'curing' (removing) disturbing emotions by changing beliefs and practices; and in both works G. assumes that we have psychological agency in this regard and that it depends on our ideas about what counts as happiness or the good life.
1. However, although G. avoids the direct criticism of the Stoic cognitive (holistic) approach to emotions and their account of ethical development that is so marked a feature of *PHP* 4-5 and *QAM* ch. 11, he introduces into the therapeutic genre the Platonic-Aristotelian (not Stoic) account of ethical development and (in the last 1/3 of *Aff. Dig.*) the Platonic-Aristotelian division between rational and non-rational parts of the psyche. In both works, esp. *Aff. Dig.*, this raises questions about how the coherence of his therapeutic strategy, from a theoretical – and perhaps also practical – standpoint.

IV (Gal. *Ind.* and *Aff. Dig.*)

Structure of second half of *Ind.*:

39-50: G. explains his equanimity by the fact that he was not subject to the 'insatiability' (*aplēstia*) that renders many people unsuccessful in their response to misfortune, because they fail to correlate the scale of their loss in relation to their resources and their needs (cf. 79-84).

50-68: G. refers to the standard philosophical technique of 'preparing for future disasters' (52), but adds that this technique is ineffective unless one has been properly prepared by nature and upbringing to put this into practice (57). He then explains how his father's example, upbringing and advice instilled into him the qualities of 'nobility' and 'magnanimity' (*megalopsuchia*) that enabled him to endure his losses without distress (65-6). Although he makes it plain his father was not philosophically educated (59), G.'s explanation for the development of his attitude expresses a combination of Platonic, Stoic, and Aristotelian connotations.

69-79). He qualifies what might seem to be the rather ideal standards espoused in the previous section by dissociating himself from the Stoic-Epicurean ideal of enduring virtually *any* situation without distress (71-3). He adopts instead the more moderate or pragmatic ideal of not being distressed provided one still has good health in body or mind, sufficient resources to avoid hunger, cold and thirst, and enough mental concentration to talk with a friend and follow what is read to him (76, 78).

Distinctive features of *Ind.*:

1. G. adopts the standard ancient philosophical view that we have in large measure agency as regards our state of mind and wellbeing and that we can affect this by the beliefs and attitudes we adopt both in periods of crisis and throughout our lives (e.g. ‘preparation for future disasters’ and rejecting ‘insatiability’), and, especially, by reflecting effectively on the nature of happiness or the human good and how we can obtain this. His articulation of these ideas has strong connotations of (among others) Stoic ideas. However, he combines this (consistently?) with the Platonic-Aristotelian view of ethical development as a product of inborn nature, upbringing and intellectual education. His presentation of the addressee is consistent with the latter view.
2. G. offers a highly personal version of philosophical therapy, presenting himself (rather than the ‘wise person’ or some other model) as exemplary in his equanimity of response to disaster. He also offers a markedly pragmatic or down-to-earth version of the goal of therapy; e.g. in recognising that having ‘more than enough’ resources (46) contributed to his equanimity and qualifying Stoic-Epicurean ideals of what human beings can endure (70-6).

Combination of S-E and P-A features in *Aff. Dig.*

1. Features characteristic of Stoic-Epicurean unified psychology and view of development: all or at least most emotions or passions (*pathē*) are sicknesses (even forms of madness) to be cured or extirpated, and that *ethical* progress, becoming a better person, can be in large measure correlated with this process (V.4-5, 7, 16-17, 24K); cf. the use of Zeno and Diogenes as exemplars, 13-14K; the gradual self-knowledge theme, V.4-7K, all these features implying a strongly ‘cognitive’ approach to emotions and the view that progress towards psychological/ethical health is a universal human capacity.
2. Features characteristic of a Platonic-Aristotelian psychology and view of development: (a) a distinction between rational and non-rational parts (or part) of the psyche (V.26-7, 29K), and (b) the idea that ethical development is not a universal human capacity, as presupposed by the Stoic-Epicurean approach, but depends on special qualities of inborn nature, social upbringing and intellectual education (V.37-40, extending into G.’s own self-depiction from this standpoint, V.40-44K).

Aff. Dig.: further points: is G. aware of the conceptual problem?

1. most of the first half of the work is framed in broadly Stoic-Epicurean terms (V.3-26K), but second half is presented in explicitly Platonic-Aristotelian terms (V.27-54K). Indication of difference: part one stresses life-long scope for improvement, up to 50 (V.14-15K); part two gives a more cautious view: people reach a point – by 40 or 50 – when no further improvement is possible (V.54K).
2. G. draws a distinction between ‘education’ (*paideusis*) and ‘disciplining’ (*kolasis*) (V.28); he also talks about the habituation of non-rational parts of psyche (V.31-2, 33-4K), esp. in connection with food.

3. However, methods recommended in both parts of work are cognitive/rational (or behavioural but directed at attitude change); no methods recommended which are *specifically* non-rational (contrast role of ‘music and gymnastics in Plato, *Republic*, 401b-402a, ‘Corybantic ritual’ or use of music by doctors for psychic illness, or, more broadly, no sustained reference to *diata/regimen*, embracing physical and psychological ‘preventive’ medicine.)

Cf. Gill, *Naturalistic Psychology*: 252-62: contrast R. Hankinson, ‘Actions and passions’, in J. Brunschwig and M. Nussbaum (eds.), *Passions and Perceptions* (Cambridge 1993): 198-204, who sees a more coherent view. See also P. Singer in *Galen: Psychological Writings* (Cambridge, 2013), introduction to *Aff. Dig.*, 205-28.

Addressees/interlocutors in *Aff. Dig.*: (a) neutral or colourless addressees (V.1. 13, 29?K); (b) more fully characterised ‘internal’ addressee/interlocutor (young, emotionally disturbed), criticised for ethical defects that need correction as part of his therapy (V.37, 48-51K). Is this distinction deliberately correlated with different phases of G.’s treatment and designed to bring out different methods relevant to each strand in the approach? The second addressee frames G’s section on the crucial role of inborn nature, upbringing and education (38-44K); but his weaknesses are not explicitly linked with relevant differences in this respect, but rather with his susceptibility to ‘insatiability’ (45-53K), and training to avoid this is presented as ‘up to us’ even for those who were not well brought up in childhood (52K). Note also a further addressee, introduced in connection with the (Aristotelian) idea (*NE* 3.5) that at a certain stage in adult life vices may be incurable even if we want to remove them (V. 53-4K).

In summary then, *Aff. Dig.*:

1. falls squarely within the genre of philosophical therapy in overall aims and themes
2. focuses on behavioural methods of bringing about attitude change (cf. Plutarch’s shorter works), accentuating themes of use of supervisor guide and self-monitoring to enable progressive change over a long period
3. is marked by a combination of Stoic-Epicurean (first half) and Platonic-Aristotelian (second half) thinking as regards psychological unity/division and basis for ethical development. Despite this contrast in conceptual models, the methods of change advocated are consistently rational or cognitive (though sometimes described in non-rational terms), and are to this extent more compatible with Stoic/Epicurean rather than Platonic/Aristotelian thinking. This conceptual difference is not explicitly acknowledged nor is there any evident attempt to resolve it.
4. is presented as addressed to two types of addressee/interlocutor, first half (or whole) to colourless addressees and last 1/3 esp. linked with address to disturbed and ethically defective interlocutor; this division probably devised as demonstration of the supervisor/guide role not as a way of expressing or resolving the tension noted in 3.
5. as in *Ind.*, G. ‘personalises’ the therapeutic mode, using his family background to illustrate the question the developmental basis for attitude change and the idea of happiness taken as the goal of therapy.

Reprise of key differences between ancient philosophical therapy and CBT psychotherapy:

1. Ancient therapist more explicitly a teacher; style of therapy more top-down and directive, and less collaborative
2. Ancient therapy more ethical/moral in attitude (less neutral)

3. Ancient therapy more philosophical, at least in background; more prepared to raise or at least allude to Big Questions, e.g. nature of human happiness and how human beings can obtain this
4. Ancient therapy not necessarily directed at those already distressed (at least not conscious of being disturbed/distressed)
5. More focus on building up resilience to prevent future disturbance/distress
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Specific or distinctive features of G's. (in addition to these features) include:

1. Cognitive/behavioural methods qualified by adoption of assumptions (about psychology or ethical development) not wholly integrated with methods
2. G. 'personalises' therapy by self-reference (self as exemplar, father as paradigm for educator, ideas of happiness) and by qualifying standard philosophical ideas of happiness
3. Addressee/interlocutor used variably to highlight extent to which advice is designed to offer explanation/guidance to someone who *might* need this (*Ind.*, first half of *Aff. Dig.*) or someone in pressing need of therapeutic guidance, illustrated by use of G. as guide (second half of *Aff. Dig.*).
4. Little explicit linkage with G.'s work as medical practitioner (either in interventions or lifestyle management/*diaita*) despite some hints of this in *Aff. Dig.* These works located firmly within framework of philosophical therapy.