

## THOUGHT AND HEALTH: ON THERAPEUTICAL PHILOSOPHY AND PHILOSOPHICAL THERAPY

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**Abstract.** Problems related to human life in an increasingly “medicalized” society ought to be investigated in an interdisciplinary fashion by humanistic disciplines and the social sciences. The present metaphilosophical essay discusses the conception of philosophy as a therapeutical activity aiming at the “cure” of certain “illnesses” of thought and, thus, at “healthy” ways of thinking about human life and the world at large. It is suggested, in particular, that Ludwig Wittgenstein’s therapeutical view of philosophy is not incompatible, but actually quite naturally combined with the Kantian idea of a reflexive “discipline of reason”. This suggestion has also some implications regarding the phenomenon known as “philosophical counseling”.

### 1. Introduction: the “medical analogy” in Greek philosophy

Ancient Greek sculptors presented their human models as beautifully harmonious, idealized bodies. A similar ideal of a perfectly *healthy* and therefore beautiful human being can be found in Greek philosophy. The classical philosophers – especially Plato and Aristotle – thought that man,<sup>1</sup> like everything else, had his own normatively determined place in a morally ordered *kosmos*. The harmony of nature was taken to be analogous to bodily health, to the perfect harmonious functionality of a human being. Socrates in effect combines mental and bodily superiority in the way he is presented as a heroically strong and healthy person in some of Plato’s dialogues, although his character is somewhat ambivalent: he is traditionally taken to have been rather ugly – and yet sexually appealing to young men.

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<sup>1</sup> I have found it difficult to discuss the concept of health without using the word ‘man’. No sexism, of course, is intended.

It may be argued that the Greek “philosophy of health” found its culmination in Plato, who regarded the True, the Good, and the Beautiful as identical, united in the Form of the Good. A spiritually and bodily healthy life, in which harmony with the cosmic order is realized in a perfect way, was, according to Plato, not only the highest good in human life but also the true essence of humanity, something that might be labeled the “Form of Man”. It was natural to think, normatively, that such health should always be our aim. Although none of us earthly creatures can perfectly match the eternal Form of (a healthy) Man, such a normative ideal does exist in a higher, transcendent reality – in the Platonic heaven, as it were. It is the task of us mortals to reflect and approximate it, though always imperfectly. Plato’s philosophy is, of course, fundamentally humanistic, for the relation of human beings to the cosmic order of Forms is the core of his philosophical thought. The analogy between health and thought (or philosophical wisdom) is most perspicuously presented in *The Republic*, in which Plato argues that the highest part of our soul, *logistikon*, guides the life of a healthy person. If the lowest, animal, part takes over, life becomes unhealthy. The harmonious soul (like the harmonious *polis*), in which each and every part plays its own specific role, is a healthy soul. The overall health of the soul as a totality is equal to its principal virtue, justice, and is to be compared to the just functioning of the republic. Health and ethical goodness hence coincide.

Aristotle’s thought, too, can be described by means of a medical analogy. Although he repudiated Plato’s theory of the Forms, he followed his teacher in regarding man as a being with a normatively determined place in the cosmic system. As such a being, however, man for Aristotle is entirely natural. We might say that, in his view, the one who does what is a natural thing to do as a human being, is a healthy person. And what could be a healthier human purpose than life according to reason? Although Aristotle did draw attention to the bodily aspects of our existence, the ability to use reason is, in his opinion, the specific characteristic of humanity. It is, one might argue, almost the same thing as one’s overall health; moreover, it constitutes our greatest happiness, or *eudaimonia*.

Even though we are often said to live in an increasingly “medicalized” society, we have naturally come quite far from our Greek ancestors. Some modern philosophers do, however, sympathize with the Platonic-Aristotelian way of viewing ethical (as well as political) goodness as a variety of health. In his now classical work, *The Varieties of Goodness*, Georg Henrik von Wright writes:

*The concept of health may be considered a model on a smaller scale of the more comprehensive notion of the good of a being. That is: it may be suggested that one should try to understand this good (welfare) in all its various aspects on the pattern of the notion of health. On such a view, the good of man would be a medical notion by analogy, as are the good of the body and of the mind literally.*

*The conception of the good of man on the basis of medical analogies is characteristic of the ethics and political philosophy of Plato. The idea is profound and, I think, basically sound. (von Wright 1963:61.)*

It is not, however, easy for us to view nature's cosmic order itself as a macro-level picture of a good and healthy human life or, conversely, to view our lives as micro-level images of the functionality of the cosmos. The objective normativity embedded in the Greek cosmos is something quite foreign to modern thinkers. Some people might, indeed, claim that this is so because humanity has lost its healthy relation to nature, or to something superhuman – that is, because we as human beings are in a sense ill. This illness manifests itself in the *hubris* we fall into by believing that we can rationally govern nature; for such an illness there may be no cure but only the *nemesis* of the natural world.<sup>2</sup>

It is not my purpose to try to revive the Greek conception of the relation between health and cosmos. It is still less my purpose to defend the medicalization of human life (and death) in modern societies. What I have said so far will only serve as an introduction reminding the reader that the theme I shall briefly discuss – the relation between philosophy and therapy, or between (philosophical) thought and health, normatively understood – has a long history. Contemporary philosophers who insist that philosophy ought to be relevant in our pursuit of good, of both physically and mentally healthy life are working within a respectable tradition.<sup>3</sup>

## 2. Wittgenstein's view of philosophy as therapy

More than two thousand years after the flourishing of the classical Greek philosophy of health, Ludwig Wittgenstein famously thought that there was something seriously wrong with the views philosophers had held on various matters before him. He did not think that their answers to traditional philosophical questions, originated in antiquity, were false. Instead, he thought that the theories traditionally developed by philosophers from Plato to Russell were something much worse – meaningless. In a word, philosophical theorizing was not, in Wittgenstein's view, a healthy project at all. He regarded himself, in a notebook entry in 1931, as the "Terminus ad quem" of Western philosophy, comparable to the one (whoever it was) who burnt the Alexandrian library (Wittgenstein 1997:64).

Wittgenstein's therapeutic conception of philosophy can be illuminated by considering his strictly anti-theoretical attitude to philosophical problems. In a well-known passage in the *Philosophical Investigations* (1953:§133), Wittgenstein declared that a "real discovery" in philosophy "gives philosophy peace".

<sup>2</sup> Cf. here von Wright (1993). For a critical discussion of the various metaphorical meanings attached to certain illnesses, such as tuberculosis, cancer, and aids, see Sontag (1978) and (1989).

<sup>3</sup> In addition to the Platonic and Aristotelian ideas described above, such philosophers may easily find, say, Stoicism among their historical sources. It was, after all, the Stoic school that formulated a well known therapeutical doctrine whose purpose was to liberate us, philosophically, from the unnecessary and irrational emotions that are harmful to our lives.

Philosophizing is some kind of a cure.<sup>4</sup> It uncovers “bumps that the understanding has got by running its head up against the limits of language” (*ibid.*:§119). There is an illness or disease in our lives and language-use – something has gone wrong – and we can be cured, if we are able to look and see how language is actually used in the natural circumstances in which it has developed, that is, in various language-games embedded in human form(s) of life. “The philosopher’s treatment of a question is like the treatment of an illness” (*ibid.*:§255).<sup>5</sup> Wittgenstein’s conception of “philosophy as grammar” is comparable to therapy or perhaps to pedagogy, but not to science (Garver 1996:151,154). The philosophical “discovery” is not, for him, a new theory which would solve some of the problems older theories left unsolved. It is, on the contrary, the end of all futile philosophical theorizing which, in an unhealthy way, takes science as its model.<sup>6</sup>

In his earlier work, *Tractatus Logico-Philosophicus* (1921), Wittgenstein already took a therapeutical attitude to metaphysics and to what he cryptically called the “problem of life”. This problem, which cannot be solved by scientific means (that is, by describing the way the world is, or which states of affairs obtain), can only be settled when it ceases to be a problem (cf. §6.521–522). There is no (theoretical) solution to such a problem; there can only be a (therapeutical) dissolution. Wittgenstein was critical of Freud’s psychoanalytic conception of therapy, and it has been suggested that he saw his own therapeutical account of philosophical activity as an alternative to Freudianism (cf. Sluga 1996:32–33).<sup>7</sup>

Following Wittgenstein, several more recent thinkers – not only analytic philosophers who, drawing inspiration from the *Tractatus* and logical positivists, have always been eager to dissolve pseudo-problems resulting from linguistic confusions,<sup>8</sup> but also some neopragmatists influenced by late-Wittgensteinian

<sup>4</sup> See also Wittgenstein (1997:65): “Die Aufgabe der Philosophie ist, den Geist über bedeutungslosen Fragen zu beruhigen. Wer nicht zu solchen Fragen neigt der braucht die Philosophie nicht.”

<sup>5</sup> See also §254 for the concept of “philosophical *treatment*” and §593 for the famous statement about “one-sided diet” being a “main cause of philosophical disease”.

<sup>6</sup> Sören Stenlund (1999) has, probably correctly, emphasized the need to distinguish the special features of Wittgenstein’s conception of philosophy from the typical standards of intelligibility assumed in most of the commentary literature on Wittgenstein. According to Stenlund, Wittgenstein’s place in the philosophical tradition is unique in the sense that his work cannot be made intelligible in the general philosophical terms that are part of the tradition and its conception of philosophy. When interpreting Wittgenstein, we should not seek to formulate our “results” in the form of a general philosophical theory. Still, I do not think that it is illegitimate to employ certain traditional ideas, drawn, for instance, from Kantianism, in order to reinterpret Wittgenstein’s views in a fruitful way. I shall illustrate this in a moment.

<sup>7</sup> See, however, Lear (1998) for analogies between Wittgenstein’s and Freud’s therapeutic concerns.

<sup>8</sup> Cf., e.g. Sorensen (1993). On the metaphors of “disease”, “therapy”, “cure”, and “health”, see especially 13–14, 62.

ideas – have made use of the idea of philosophy as therapy. Richard Rorty has, famously or notoriously, tried to therapize the entire Western metaphysico-epistemological tradition, replacing systematic efforts at philosophical problem-solving by “edifying” cultural discussion,<sup>9</sup> while John McDowell (1996) proposes a more realistically (and systematically) inclined “return to sanity” in philosophy in his attempt to “rethink” our notions of nature and naturalism in order to avoid a scientifically naturalistic picture of human cognition.

It should be particularly clear that the tradition of *pragmatism*, early and late, takes the medical analogy seriously: the image of a healthy human being is a fair picture of the pragmatists’ ideal of an active, functional man who assesses his theoretical and even philosophical concepts and conceptions by turning toward the future and by facing their practical consequences. When those consequences are different from what was expected, what we need is “inquiry” – not, however, inquiry as a strictly scientific enterprise, but rather a therapeutical reinterpretation of the problematic situation, with the aim of accommodating ourselves to the new circumstances. A position of this kind is implicit both in classical pragmatists (for example, William James and John Dewey) and in post-Wittgensteinian neo-pragmatism (in addition to Rorty and McDowell, in Hilary Putnam’s work, in particular). Rorty’s self-proclaimed “pragmatism”, however, leads to a euthanasia of philosophy rather than to anything that might be regarded as truly therapeutical. So, at least, many of his critics seem to argue.<sup>10</sup>

### 3. Wittgenstein’s therapeutical Kantianism

Wittgenstein’s philosophy – both his early and late thought – has often been compared to Kant’s. In my view, these comparisons are fairly reasonable.<sup>11</sup> I now wish to suggest that the Wittgensteinian therapeutical view of the tasks of philosophy, far from being a rejection of the Kantian critical approach, is in fact based on a crucial element of Kantian thought. The key idea here is the critique of reason: human reason turns toward itself, to a philosophical investigation of its own limits and capacities. This cannot simply be done “theoretically” but must be done therapeutically. The purpose is to liberate reason from illusions which trouble its responsible use.

In the second part of the *Critique of Pure Reason*, the “Transcendental Doctrine of Method” (*Methodenlehre*), Kant discusses what he calls the “discipline” of pure reason. Onora O’Neill, one of the few recent commentators who have drawn

<sup>9</sup> See Rorty (1980) and virtually all of his subsequent writings.

<sup>10</sup> Rorty’s (mis)interpretation of pragmatism, as well as the tradition of pragmatism more generally, are discussed at length in Pihlström (1996, 1998).

<sup>11</sup> I cannot discuss the enormous secondary literature here. Cf. some relevant references in Pihlström (1997).

attention to this part of the *Critique*, holds that the place of the *Methodenlehre* at the end of the book follows from the reflexivity of the “vindication of reason” in Kant’s project: we must have some “material” collected (in the *Elementarlehre*, which contains most of the *Critique*), before this task can be started. What Kant wishes to achieve is a reflexive *Selbsterkenntnis* of reason.<sup>12</sup>

It is the “transcendental use” of pure reason that is problematic for Kant: when employed transcendently, reason is not guided by either pure or empirical intuition; hence, a discipline is needed to protect it against errors and illusions. This task of the philosophy of pure reason is, according to Kant, merely negative. It is a matter of caution and self-perception, enabling us to avoid transcendental illusions, i.e. dogmatic metaphysical doctrines concerning God, soul, or the world as a totality (which Kant attempts to refute in the “Transcendental Dialectic”). In this negative function, the critique of pure reason will determine how far reason may proceed epistemically (see A710–711=B738–739). It is quite natural to read Kant as suggesting that we need a therapy of human reason. This therapy (which is, of course, not empirical but transcendental, i.e. has to do with the necessary conditions for the possibility of empirical cognition and thus with the limits human understanding cannot transgress) will cure us from the illusions to which our reason inevitably tends to take us – from the natural illnesses of reason. Insofar as the critique is engaged already before the formation of illusory metaphysical ideas, in advance of the outburst of the disease, it can be regarded as preventive care. Reason requires a therapeutically oriented discipline as much as an alcoholic who, in the absence of strong self-discipline, will empty the next bottle in sight.

Kant’s “discipline” of pure reason is defined as a compulsion (*Zwang*), which restricts and eventually suffocates reason’s temptation not to obey its rules (A709=B737). It is established in order to avoid both *dogmatism* and *skepticism*, the two key “pre-critical” errors of reason-use. More specifically, Kant can be interpreted as rejecting, firstly, *relativism*, which subordinates reason to the norms given by state, church, majority, tradition, or some other contingent authority; secondly, *rationalism* (or dogmatism), which assumes a transcendent (as distinguished from “transcendental”), absolute, or even divine ground of reason; as well as, thirdly, *skepticism* (or, in our days, *postmodernism*), which gives up the task of the vindication of reason altogether (O’Neill 1992:305). For example, in criticizing dogmatism (though not the dogmatic use of reason in itself), Kant attacks the confused idea – all too common in metaphysics – that the philosophical use of reason is similar to its mathematical counterpart. The fundamentally important distinction between philosophy and mathematics is, thus, one of the most illuminating examples of what the discipline of reason is supposed to remind us of (cf. A712=B740ff.).

<sup>12</sup> See Kant (1781/1787: AXI). Cf. O’Neill (1989, 1992).

O'Neill (1989, 1992) emphasizes not only the negative role of Kant's discipline and its normative, "law-giving" character, but especially its *reflexivity*, that is, the fact that it is an autonomous, self-guiding discipline – a *self-discipline*. Exactly like the moral law, the discipline of reason must, for Kant, be established by reason itself. To be properly vindicated, our philosophical reason cannot be subordinated to any external authority or law-giver – or to anything "material". The discipline is purely "formal", like the categorical imperative in Kant's ethics (O'Neill 1992:296ff.).<sup>13</sup> The vindication of reason is a recursive and, therefore, circular practice, which again and again returns to its own (reasonably) revisable standards of reasonableness. The primary task is, then, practical – or therapeutic. The reflexive self-discipline must constantly work on the "material" of our use of reason, which Kant lays out in the *Elementarlehre*. The entire critique of reason is reflexive: reason seeks to establish a conception of its legitimate area of application and its legitimate methods by reflecting, as reasonably as possible, on its own operations. As the emphasis on the essentially practical nature of the task of reason's therapeutical self-vindication suggests, Kant's transcendental philosophy is here fruitfully combined with a pragmatic respect for responsible, self-critical, reason-guided life. What is important in the employment of the discipline is the practical outcome, the therapeutical effect – a healthy reason-using human thinker.

O'Neill also stresses that the Kantian reason, contrary to what is sometimes thought, has a history and that it progresses through its history (*ibid.*:303). A free, critical, historically progressing discussion of the plans and methods of our use of reason is the only way to an autonomous self-discipline which accepts no external dictators. The self-discipline of reason is an unending therapeutical practice, not a God-given "proof" of reason's capacities or a plan never to be revised. It is also a collective practice; in O'Neill's interpretation, the impossibility of a private vindication of reason can be compared to the Wittgensteinian impossibility of a private language (see O'Neill 1989:37). The central idea is that, in vindicating reason, the Kantian thinker begins from our natural human circumstances, not from any non-human, imagined "God's-Eye View". There is no miraculous cure to be received "from above" to the illnesses of reason; there is only the slow and painful road of being critical, of living as self-responsibly as possible.

As briefly indicated above, the Kantian discipline of reason can be regarded as therapeutical in nature, and it seems to me that this idea of disciplined thought as healthy thought is inherited in Wittgensteinian therapeuticism.<sup>14</sup> What is important here is that the therapy can only be based on the subject's (thinker's) own authority, her own reason. It does not come from anywhere outside. There

<sup>13</sup> In fact, O'Neill (1989) argues that the categorical imperative is the central principle in the entire Kantian philosophy. This is a strong thesis, and we need not decide for or against it here.

<sup>14</sup> I am not, however, presenting any strong historical thesis regarding the influence of Kant's *Methodenlehre* on Wittgenstein. What I am presenting is, rather, an analogy.

can, in the end, be no external therapist, no external “physician” of thought. A person – that is, me – must be responsible for setting a discipline to her thought and thus becoming a healthy thinker.

However, it should also be clear that an interpretation emphasizing Wittgenstein’s relation to Kant cannot be “purely therapeutic”. In their recent comparison of Wittgenstein and Kierkegaard, John Lippitt and Daniel Hutto (1998) seek to avoid precisely this kind of an interpretation (which, in their view, is represented by James Conant’s and Cora Diamond’s writings on Wittgenstein).<sup>15</sup> Lippitt and Hutto argue, among other things, that in order to understand Wittgenstein’s “grammatical” investigations as investigations aiming at clarification in thought and language use, “one does not have to treat the metaphysical and semantical aspects of the *Tractatus* as ironic attempts at therapy” (*ibid.*:272). Hence, Wittgenstein does not just ironically produce nonsensical (but therapeutical) statements about metaphysical, semantic, ethical and religious matters, but (following Kierkegaard) is concerned with studying “the particular forms of life which give ethical and religious language games their sense” (*ibid.*:275). He is, thus, trying to understand the ways in which people make sense of certain apparently nonsensical uses of language. According to Lippitt and Hutto, the purely therapeutical reading makes it difficult to understand the development of Wittgenstein’s thought.

We cannot engage in historical disputes over the status of Wittgenstein’s views here. I have no wish at all to take sides in the debate between Conant, on the one side, and Lippitt and Hutto, on the other. Nor can the thesis about the Kantian roots of Wittgenstein’s therapeuticism be established with full scholarly rigor. What I have suggested is merely that the therapeutical conception of philosophy we encounter in Wittgenstein’s texts need not be completely hostile to rational philosophical thought concerning, say, the conditions (and limits) of meaningfulness, if we (re)interpret it as a way of carrying out a task Kant set us in his *Methodenlehre*, namely, the construction of a (self-)discipline of reason which is a prerequisite of healthy reason-use. Wittgensteinian therapy may be anti-theoretical, but it should not take away our need to establish, and critically revise, normative criteria of reasonableness. These criteria should not be regarded as fixed in advance; on the contrary, our therapeutical self-discipline should continuously struggle to modify and reinterpret them.

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<sup>15</sup> Conant (2000) has recently proposed a radical interpretation of Wittgenstein’s *Tractatus* which takes seriously the therapeutic demand to “throw away the ladder”, that is, to drop the seemingly metaphysical doctrines developed in the book and to come to see the sheer nonsensicality of all such metaphysics. His own lengthy discussions of Hilary Putnam’s Wittgensteinianism (see Conant 1990, 1994) seem to show, however, that even a strongly therapeutical reading of Wittgenstein’s conception of philosophy need not conflict with the contention that Wittgenstein (even in his later thought) can be seen as arguing, in a basically Kantian manner, that something (e.g. forms of life) is a necessary (transcendental) condition for the possibility of something that is given in our life (e.g. agreement and disagreement).



#### 4. Two perspectives on “discipline”

In spite of the affinity we have discovered between Kant and Wittgenstein, there are interesting differences. We might draw a crucial distinction between two rival perspectives on disciplined thought and thus on philosophizing as a way of living responsibly. On the one hand, some of the therapeutical philosophers I have mentioned suggest, in their various ways, that we should lead an active, productive human life and take full responsibility for our free, self-determined thought and action. This is an Aristotelian, Kantian, pragmatist, and existentialist view. On the other hand, Wittgenstein’s emphasis on the way we should, therapeutically, liberate ourselves from the problem of life points toward another perspective, one closer to the Stoics than to Aristotle, or perhaps closer to Schopenhauer (who influenced Wittgenstein) than to Kant. This is the perspective of Stoic calm acceptance, of humbly “taking what comes”, of viewing one’s life *sub specie aeternitatis*, of joining Christians in attaching the words “thy will be done” to one’s prayers (whether or not one is a believer).<sup>16</sup>

The emphasis on happiness, *eudaimonia*, connects the latter view with Aristotle, too: Wittgenstein famously thought that the world of the happy man is a different world from that of the unhappy one (Wittgenstein 1921:§6.43). Yet, this mystical eudaimonism is fundamentally different from Aristotelian teleological ethics. According to Wittgenstein, one should, in a way resembling what the Stoics proposed, be satisfied with one’s destiny (or God’s will) and not attempt to fight against it.<sup>17</sup>

This double perspective on healthy thought poses a serious problem. Can we really see our lives from both perspectives? And, more profoundly, is it a necessary condition of full health in thought to be able to do so? Should a healthy person be able to take responsibility for her actions while at least occasionally detaching herself from the contingent matters of her particular life in order to view the world under the aspect of eternity? It seems to me that we ought to accept this challenge. We ought to see the development of a double-faced attitude to life as a key to healthy thought about matters which are of vital importance to us. But it is by no means easy to reconcile the two attitudes – to actively engage in various humanly important projects and to accept, at the same time, that any merely human project is transitory and vulnerable to bad luck, unfavorable

<sup>16</sup> There is, in my view, a tension between existentialism and Stoicism, the two philosophies often taken to be applicable as therapeutical instruments in social medicine and care (see Melley 1998). Yet, these two approaches to experiencing life as meaningful *may* be reconcilable.

<sup>17</sup> In his diary (in 1937), Wittgenstein reflects: “Wenn Du mit Gott rechten willst, so heißt das, Du hast einen falschen Begriff von Gott [...]. Du bist in einem Aberglauben. Du hast einen unrichtigen Begriff, wenn Du auf das Schicksal erzürnt bist. Du sollst Deine Begriffe umstellen. Zufriedenheit mit Deinem Schicksal muß das erste Gebot der Weisheit sein.” (Wittgenstein 1997:217–218.)

circumstances, or – lacking a better word – the necessities of one’s “destiny”, one’s life considered as a totality.

Switching perspectives once in a while may, in any event, be necessary for us, if we wish to become healthy in our philosophical and *weltanschaulich* thought. This, in turn, is possible only on the basis of an active, pragmatic attitude to what is important to us as human beings. We have to be able to make ourselves view our lives from a particular perspective, and then actively – for therapeutical purposes – adopt another one, if necessary.<sup>18</sup> An asymmetry results. The detached perspective, the Stoic “acceptance” of the events of one’s life, can only be chosen from within a more inclusive perspective, which enables us to actively choose the ways in which we view our world and life (and to assess the purposes, therapeutical and non-therapeutical, that our perspectives may serve). This wider framework is, again, the undetached perspective provided by practical human action in a practice-laden world, a framework perhaps most fruitfully provided by pragmatism.

It is questionable, then, whether Wittgenstein’s eudaimonistic, Stoically inspired view of life can provide a genuinely independent account of what it is to be a healthy thinker. Even though it aspires to be a view of life “under the aspect of eternity”, it seems to be inevitably subordinated to the more practically therapeutical perspective that pictures us as free and responsible agents, choosing between rival options aiming at rival goals. Otherwise, it could not really be *our* perspective on the world, or *my* perspective on my life.

### 5. A concluding remark on “philosophical counseling”

I have, to be sure, described the therapeutical conception of philosophy in a sympathetic way. It should be added, however, that nothing I have said lends any support to the plethora of dubious pseudo-therapies sold and bought *ad nauseam* in our (post)modern society. The success of such therapies may be an interesting phenomenon requiring a social-scientific explanation, but there is hardly anything philosophically interesting in it.

What is somewhat more problematic is the movement (or, rather, the new profession) known as “philosophical counseling”. Philosophical counselors – or, as some of them also call themselves, therapists – have started private practices at least in the United States, Germany, the Netherlands, and Finland in the 1980s and 1990s. What they offer their customers is something like “philosophical therapy” or “therapeutical philosophy”. They may not explicitly discuss Wittgenstein’s views (or the views of any other classical figure of the history of

<sup>18</sup> Viktor Frankl (1969), whose philosophical and psychological views have been widely applied in therapeutical care (cf. again Melley 1998), echoes William James’s (1897) pragmatist doctrine of the “will to believe” in his theory of the “will to meaning”. For a discussion of James’s position, see Pihlström (1998).

philosophy), but they often try to use philosophical means in order to see what the customer's problem of life is like and, perhaps, to settle it. This may not be an unwelcome phenomenon, but I think philosophical counselors ought to be extremely careful in order to avoid turning into pseudo-philosophical pseudo-therapists. Fortunately, there has been some critical discussion, especially among philosophical counselors themselves, of how accurate the notion of therapy is in this context. There is no consensus regarding the "therapeuticity" of the philosophical activity such counselors engage in, but perhaps the idea that philosophical counseling may have therapeutic effects need not be entirely abandoned (cf. Tukiainen 2000).

What one should always remember in such applications of philosophy is, arguably, that philosophy does not and cannot offer any ready-made solutions to any problems people might have – least of all to the "problem of life". Even more importantly, solutions to that problem, or "solutions" that make the problem disappear, should originate from within the subject herself, not from any ready-made ideas already thought through by an external therapist. Unless this requirement is taken seriously, no disciplined (and thus healthy) thought is encouraged. This is not to say that philosophical therapy in its practical form would inevitably be useless or harmful. On the contrary, philosophical ideas may prove extremely valuable when combined with medical and social care (see Melley 1998), and philosophical counselors may be able to resist the increasing natural-scientific (physiological, biological) medicalization of health care. There is no doubt that philosophy can be consoling and therapeutical, at least if it is understood broadly as "a cognitive instrument (means) for living well – and dying – well" (*ibid.*:38).<sup>19</sup> Therapeutical philosophy should aim at nothing less than a genuine "Socratic dialogue" between the philosopher and her or his "patient" (or client, or perhaps ideally a group of clients), rather than pseudo-philosophically giving the illusion that the problem of life has been cured by means of some simple doctrine or a switch of perspective.<sup>20</sup>

The deepest service the therapist can do to people who experience the problem of life philosophically is perhaps *not* to cure them (so that the problem would disappear) but to encourage them to find ways to live with the fact that the problem cannot be resolved. Perhaps health, both physically and mentally (or

<sup>19</sup> See also Bica (1999) for an interesting therapeutical application of philosophy in curing "the moral casualties of war". For a more general critical discussion of the notion of "applied philosophy" – that is, philosophy aiming at practical relevance in people's lives – see, e.g. Pihlström (1999).

<sup>20</sup> On Socratic dialogues as a method in practical philosophical training of groups of people interested in improving their personal and professional lives, see, e.g. Boele (1997). Among many recent contributions arguing that philosophy, even in universities, should become more relevant to people's lives, see Solomon (1997). It should be noted in passing that the philosophical counselors' frequent insistence on the "Socratic" nature of their work is by no means unproblematic: Socrates himself, as is well known, attacked the Sophists because they took money for their teachings.

philosophically) considered, should *not* be our ultimate aim, after all. People who declare that (medical) health is the most important thing in their lives are, it seems to me, usually relatively superficial people. We should be able to value human life even in the absence of health. Even here we can learn something from Wittgenstein, who wrote in his *Vermischte Bemerkungen (Culture and Value)*, in 1937, that the one who lives rightly does not necessarily experience the problem of life as something desperate or problematic but rather as a joy – as a circle of light around her or his life (Wittgenstein 1980).<sup>21</sup>

A crucial part of healthy thought, I conclude, is to understand that there are more important and valuable things among the objects of our thoughts than mere health (or even healthy thought) itself. Medically conceived health, physical or mental, is only a part of healthy – that is, full, harmonious, “examined” – human life.<sup>22</sup> Philosophy can, hopefully, retain its rational, disciplined and argumentative rigor while preserving its ancient role as a reflective way of leading such life. If the relation between the Wittgensteinian idea of philosophy as therapy and the Kantian idea of the discipline of reason is clearly understood, we need not regard rationally pursued philosophical thought and philosophizing as a guide to healthy life as rivals.

This is also something that both anti-scientistic postmodern (e.g. French) intellectuals and their scientifically-minded critics (e.g. those inspired by physicist Alan Sokal’s well-known hoax ridiculing French postmodern writers) should carefully think about. At its best, philosophical reflection, prepared to self-critically modify its own standards of reasonableness, may provide us with a responsible way of living and thinking today and of reflecting on how to live and think tomorrow. Such a therapeutically achieved responsibility need not be regarded as a “result” of philosophical problem-solving – not, at least, a result resembling scientific results. Yet, it may be a rationally adopted perspective on what one takes to be crucially important in one’s life.

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<sup>21</sup> In a diary entry in the same year, Wittgenstein also remarked that one should live in such a way that one can bear madness, if required, rather than running away from it. Madness is, he thought, the most powerful judge of whether one’s (i.e. my) life is right or not. (“Du sollst so leben, daß Du vor dem Wahnsinn bestehen kannst, wenn er kommt. [...] Es ist ein Glück, wenn er nicht da ist, aber [...] *fliehen* sollst Du ihn *nicht*, so glaube ich mir sagen zu müssen. Denn er ist der strengste Richter (das strengste Gericht) darüber ob mein Leben recht oder unrecht ist; er ist fürchterlich, aber Du sollst ihn dennoch nicht fliehen. Denn Du weißt ja doch nicht, wie Du ihm entkommen kannst; & während Du vor ihm fliehst, benimmst Du Dich ja unwürdig.” – Wittgenstein 1997:185–186; entry in February, 1937.)

<sup>22</sup> This observation might lead us to distinguish between different “levels” of health. On problems related to defining the notion of health, see, e.g. Nordenfelt (1997).

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