

Stoic Pragmatism: Open Seminars Online

SEMINAR ONE: (Self-) Therapeutic Philosophy – What’s This?

Wednesday, March 12, 2025, 19.00-20.30, Berlin Time (CET)

Zoom link HERE: <https://us06web.zoom.us/j/81937387816?pwd=olQzDFxJaRRNa1fGdNf9ZE0ujO6iPF.1>

Programme of Seminar One:

- I Chris Skowronski’s Talk
- II Open discussion about the talk and about the questions and issues
- III (Self-) Therapy problems from the perspective of the members of the GIFT’s (Grupo de Investigación en Filosofía Terapéutica) specific projects on therapeutic philosophy (NOT obligatory)
- IV (Self-)Therapy problems from the perspective of other participants’ projects and interests (not obligatory)
- V Questions and Comments on any topic

Questions and issues to be discussed

ONE: Is therapy and self-therapy the same thing (in philosophical contexts)? Or should they be distinguished? Is philosophical therapy aimed at enabling others to engage in self-therapy? If so, philosophers’ job would be to show / suggest others what could be done to, for example, to reduce unhappiness, so that they themselves, if they want, could do it themselves (self-therapy).

TWO: Is philosophical (self-) therapy primary about cultivating appropriate habits of actions or about training healthy routine? Or does it address something more, perhaps some deeper philosophical dimensions?

THREE: Who does require philosophical therapy: ‘healthy’ individual seeking to improve their lives or those experiencing existential or mental challenges? If the latter, should not ill people be treated only by doctors, psychiatrists, psychotherapists and not by philosophers? Or the difference between healthy and ill is not no clear and not productive, at least in some cases?

FOUR: What is the role of rational argumentation (if any) within philosophical therapy? Or should it prioritize emotions (e.g., anxiety, anger, etc.) or focused upon shaping appropriate habits (see question TWO).

FIVE: Is philosophical (self-) therapy best conducted/ most effectively performed through philosophical counselling or coaching? If so, how do these practices differ from traditional therapy and from philosophical (self-) therapy?

A short presentation of some published claims or stances related to these questions and issues (see full bibliography below).

Stoic Pragmatism’s Stance (Lachs):

‘Stoic pragmatism would be of little interest to me if it were only a theory. I mean for it to guide practices and express attitudes that shape life and that can meet the pragmatic test of making it better’ (Lachs, *Stoic Pragmatism*, 2).

‘The role of philosophers is (..) not very different from what it was always supposed to be. They need to occasion the examination of public and private purposes and assist in carrying it forward intelligently and with vigor. This is particularly true of bioethicists as they deal with decision-making in the clinical context and with public policies relating to human health. They must uncover disguised objectives, they must be alert to the emergence of new goals, and they must constantly challenge established aims and purposes’ (Lachs, *A Community of Individuals*, 111).

Stoic Pragmatism’s Stance (Skowronski):

The best that philosophers can do is to convincingly show (by reading, by discussing, by showing examples) how to convert obstacles, from something potentially dangerous and anxious, into something profitable or, if this is not possible, at least, reduce their negative spread. This is the therapeutic component that stoic pragmatism can offer in the name of its basic assumption that it is *non-pragmatic* and *non-stoic* to throw in the towel and become frustrated when and if the potential and circumstances allow us to elevate the quality of our living against all odds.

What types of (self-) therapeutic techniques or methods can be used to help us adequately recognize the potential (in us) and circumstances (around)? Three examples below.

Our ability to systematically change the ordinary into the extraordinary, to elevate some contingent and seemingly trivial happenings into something more profound, is one of the most effective cost-free ways of bettering the quality of quotidian life. Looking for such unique moments amidst the pedestrian things we do daily, and trying to identify something special in the given present moment, may become an effective strategy in the whole economy of a good and meaningful life. To have time and skills to recognize and focus on significant and/or beautiful moments on a regular, even daily basis, rather than on rare and special occasions, is a cost-free luxury within our grasp and, in this way, may have (auto-)therapeutic effects.

Negative visualisation as a deliberate imagining adverse and worst-case scenarios to avoid unwanted events from happening or, when they happen, to diminish the negative impact by building preparedness. Making this technique habitual may expand one's sense of agency along with increasing emotional resilience, reducing fear, and enhancing gratitude for the present, which, in effect may make the quality of living higher.

Widening circles of concern (Hierocles' *oikeiosis*) – indicate the direction of my interests and social engagements should successively go; from my individual self-outwards, to my family, then, if possible, to my neighbours, to fellow citizens, and then finally to my fellow human beings. The metaphor of a stone thrown into the water and creating waves, wider and wider, spiraling out to the farther regions of the pond, yet in less and less intensive way. It pragmatically shows our energy and skills should be invested first (Socratic 'know yourself' and Ciceronian 'cultivation of the self/mind') and later on, when we are ready (our relationship with the world outside) according to the naturalistic understanding of growing and building thriving relationships (Skowronski, fragments from: *A Meaningful life...*)

Roman Stoicism's Stance (Epictetus):

'The philosopher's school, ye men, is a surgery: you ought not to go out of it with pleasure, but with pain. For you are not in sound health when you enter' (Epictetus, *Discourses*, III, 23: 30).

Roman Stoicism's Sympathizer's Stance (Cicero)

'Philosophy is certainly the medicine of the soul, whose assistance we do not seek from abroad, as in bodily disorders, but we ourselves are bound to exert our utmost energy and power in order to effect our cure' (Cicero, *Tusculan Disputations*, III:6).

HOWEVER!

Modern/New Stoicism's Stance (Pigliucci):

'Stoicism is a philosophy, not a type of therapy. The difference is crucial: a therapy is intended to be a short-term approach to helping people overcome specific problems of a psychological nature; it doesn't necessarily provide a general picture, or philosophy, of life' (Pigliucci, 9).

Modern/New Stoicism's Stance (Becker):

'*Stoic therapy*. Therapy often implies an effort to correct various forms of ill health. Treating stoicism as a form of alternative medicine, however, is problematic. It can sometimes guide diagnosis and treatment of psychological illnesses if and when related forms of cognitive or behavioral therapy can have good outcomes. But insofar as the pathology involved is organic – for example, due to neurophysiological deficits or damage – stoic therapy is probably not applicable. And in general, such therapy is probably best at treating basically healthy people who need additional strength in making progress toward virtue. In that case, the cognitive and behavioral therapy involved may look very much like stoic training, especially when it is encouraging and compassionate' (Becker, 236-237).

Classic American Pragmatism's Stance (Wm James):

'Our natural way of thinking about these coarser emotions is that the mental perception of some fact excites the mental affection called the emotion, and that this latter state of mind gives rise to the bodily expression. My theory is that the bodily changes follow directly the perception of the exciting

fact, and that our feeling of the same changes as they occur IS the emotion. Common-sense says, we lose our fortune, are sorry and weep; we meet a bear, are frightened and run; we are insulted by a rival, are angry and strike. The hypothesis here to be defended says that this order of sequence is incorrect, that the one mental state is not immediately induced by the other, that the bodily manifestations must first be interposed between, and that the more rational statement is that we feel sorry because we cry, angry because we strike, afraid because we tremble, and not that we cry, strike, or tremble, because we are sorry, angry, or fearful, as the case may be. Without the bodily states following on the perception, the latter would be purely cognitive in form, pale, colorless, destitute of emotional warmth. We might then see the bear, and judge it best to run, receive the insult and deem it right to strike, but we should not actually feel afraid or angry' (James, *Psychology*, vol. II, 450).

'The hardness of my Stoicism oppresses me sometimes' (James, a letter from 1876).

Bibliography

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- See also: stoic pragmatism bibliography <http://berlinphilosophyforum.org/stoic-pragmatism-bibliography-updated-may-2024/>