

STOIC PHILOSOPHICAL PSYCHOTHERAPY

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As in ancient times a person's anxiety was dissipated by changing his philosophical *Weltanschauung*, so in several present-day psychotherapeutic systems philosophy is employed toward the end of curing the patient. Particularly is this true of Frankl's logotherapy (7, 8), Adler's style of life (2) and social interest therapy (3), and Ellis' rational-emotive psychotherapy (5). But elements of philosophical indoctrination may be found in numerous other systems, including Freud, Jung, and Meyer, just to mention a few.

Philosophical psychotherapy may require other therapeutic techniques to supplement it, but it is an unusually effective complement to nearly all systems, of which we have recently presented almost two dozen (9). The value of philosophical psychotherapy can be readily seen and appreciated by those who are aware of the importance of changing a patient's attitude, under the assumption that "the conscious as well as the unconscious is determined by subjective values and interests" (4, p. 9). One of the most efficient methods of altering a person's psychological posture is by changing his philosophical outlook. One may even go so far as to assert that in certain instances a symptom is produced or controlled or eliminated by a change in a patient's philosophical attitude. One's beliefs play an important role in reinforcing or eliminating symptoms.

The present paper deals with the application of Stoic philosophy to psychotherapy. According to the psychology of the Stoics (6), what cannot be changed should be accepted or else treated with philosophical indifference. A fact which is not accepted by a person may cause him great distress; that is, if he is confronted with a problem or situation that he cannot change but nevertheless strives doggedly to dispel, he will merely succeed in intensifying the emotional tension and stress, causing him more misery than the problem that he is seeking to resolve. Emotional exhaustion compounded by a sense of defeat or despair in combatting one's psychological disturbances is often more distressing than the original ailment. It is in these cases that philosophical psychotherapy is definitely indicated: Instead of removing the object of complaint of a person, you alter his philosophical attitude or posture.

To appreciate the degree to which this thesis is true, it would be helpful to consider some case studies.

CASE I

A woman in her fifties, after having undergone brain surgery, complained of headaches localized behind the left ear. After careful examination, her physicians concluded that the operation was quite successful and that they could find nothing physically wrong with her, and recommended that she see the clinic's psychiatrist. Some months later, when she came to my attention, she had had no less than a dozen visits with the clinic's psychiatrist but to no avail.

Knowing that she had competent psychiatric care, I decided to proceed along another approach, namely philosophical psychotherapy. On the conclusion of a brief introductory chat, enabling us to become better acquainted with each other, I explored her attitude regarding her ailment by engaging in the following dialogue with her:

"Is the pain severe?"

"Yes, at times."

"Is it endurable?"

"Not at times, and I think that it is getting worse."

"Is it very painful at this moment?"

"Excruciating!"

"Do you feel that the pain will become so intense that it will drive you out of your mind?"

"How did you know that? That is precisely what terrifies me; I am afraid that I am going insane, that is, the pain will get worse until I lose my mind."

At this point it was decided to employ Stoic psychotherapy. The patient would be offered the choice of accepting her condition laden with pain, instead of fighting it, which she had been doing up to now. What she did not realize was that she was suffering from a dual pain, one which she had localized in the brain, and the other, the strain of emotional tension. Apparently, the latter was the less endurable of the two and had a concomitant aggravating effect upon the former.

The dialogue with the patient continued:

"Why do you want to get rid of the pain?"

"Nobody wants pain," she said looking at me as if I were rather peculiar for asking such an asinine question.

"If you could feel confident that no matter how severe the pain in your head becomes it will, nevertheless, not drive you to 'insanity' as you put it, do you think it would then be possible for you to endure the headache?"

"Why? Won't it?"

"But do you think that you could endure it?"

"Yes, I'm sure that I can."

"What if I were to tell you that your headache will never cause 'insanity'; and if you were ever to become 'insane,' it would not be from your head pain?"

"Is that true?"

"Actually, a person becomes adapted to pain."

"Truly?"

"It is true."

Then smilingly she said: "I don't think that you will believe it but the pain in my head has subsided considerably, and I know that I can endure it."

When the tension, that she had suffered, was alleviated, she accepted her condition and was reasonably content, which indicates that it was not the head pain (regardless of whether it was psychological, psychosomatic, or otherwise) that distressed her, but the strenuous emotional confrontation with what she thought was a grave problem. Note that the symptom had "subsided considerably" through this dialectical method.

CASE 2

This second case is that of a man in his late thirties complaining of neurotic symptoms though he had been to a number of psychiatrists. When he came to me it was uncertain whether he expected a miracle or was just shopping for another psychotherapist. It was quite obvious in this case that, owing to the failure of a number of psychiatrists, Stoic philosophical psychotherapy might possibly succeed where the other methods had failed. At least it was worth the attempt. He had a number of persistent neurotic symptoms with which he was wrestling, with the hope of conquering them. Instead of gaining any control over them, he had become worse by succumbing to despair and by depleting himself emotionally. It became quite clear that the tense, emotional strain exerted in combatting his neurosis was more painfully distressing than the neurosis itself. After some time, our session took the following dialectical course:

"You have told me of some of your neurotic symptoms and you say that you want me to help you to eradicate them. Why?"

"What do you mean, 'Why?' Any normal person would want to get rid of them. They are tormenting problems and disturb me terribly. They have made me miserable for a long time."

"Have you ever tried to live with them; accept them? Some crippled people have learned to live with their ailment. They do not spend every hour of their waking day or an entire lifetime striving to gain mastery over their problem. They accept their plight and learn to live with it, as do many other people who are handicapped victims. Some persons with the loss of an arm or with a heart condition learn to live within the limitations of their handicap; they do not waste their time and exhaust themselves vainly combatting their problem. Is it not possible for you also to do something comparable?"

After staring at me with a meaningless look for almost a minute, the patient's eyes and face lit up, and he smiled broadly (a smile that never left his face for the remainder of the session) and said: "Why didn't the other psychotherapists tell me this long ago? Of course I can accept it and live with it. In fact, I feel better already. It is most ironic that I should come to a therapist, requesting that he cure me, and then have him tell me to keep my problem."

Two weeks later I saw this man, and with a similar smile and sense of relief he reported that he was "all better." Six months later, he was still content. The goal of Stoic psychotherapy is not happiness, but tranquility. In Stoic tranquility, there is neither anguish nor joy (10).

CONCLUSION

Actually, what is most distressing to many neurotics and others is the emotional stress exerted to combat their problem, creating an emotional exhaustion, a state of doubt and insecurity, that readily stimulates or triggers anxiety at the slightest provocation. What needs to be accomplished in these cases is the removal of the superimposed emotional stress that comes with the fighting of the symptoms and not the symptoms *per se*.

Stoic psychotherapy may work here. The emotional block is removed by eliminating the driving force, namely, the unrelenting determination to control neurotic symptoms. Eliminate the tension created by the determination to gain mastery over the symptoms and the symptoms themselves may dissipate. If you cannot remove the problem, then change the attitude that is assumed toward it, and you will discover that you may have effectively dealt with two problems: the original neurosis and the distressing emotional tension expended in wresting it.

In closing we should like to point out that the motto of the "Introduction" of Adler's *The Neurotic Constitution* is a quotation from a leading Stoic, Seneca: "Everything depends on one's opinion We suffer according to our opinion. One is as miserable as one believes oneself to be.—*Epist.* 78, 13" (1).

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