Ancient Greek Philosophy and Modern Psychiatry

Many scientists, mainly of the applied and technological schools, keep a distance from philosophy, or they are even critical, having the impression that “it’s all about unfounded theories, for people up-in-the-skies”. But if one elaborates a little, even without any specialized knowledge, one will see that many ancient philosophers did not restrict themselves to idealism, but they based their conclusions on arguments coming from observations of physical phenomena, everyday life and human behaviour.

The basic subjects which were investigated by the ancient Greek philosophers were concepts and questions that are still today the object of query for any thoughtful man. Who at some period of his life did not ask himself about existential and ontological subjects? Where are we heading for, what are the contents of happiness, what do we expect from a friendship, which knowledge is real and objective, is there an absolute justice with certainty, can we talk about a free will for men, are all fixed by destiny? Etc., etc. Ancient Greek philosophers investigated such questions and following elaborate discussions gave various positions, which a student can today accept, reject or select some among them. In a parallel way religions also, as well as various political and social theories, or even local prejudices try to give answers. The difference lies in the fact that, contrary to philosophy, they are as a rule dogmatic and have absolute positions.

The effort of every Greek philosopher was directed towards a better understanding of Nature and to a theorization of Man within his natural environment, among his fellow-citizens and in relation to his inner self. An epigrammatic and comprehensive definition of philosophy had been phrased as follows: “Philosophy is dealing with wisdom, and wisdom with deep knowledge of gods and human vicissitudes”. Understanding, therefore, is the result of right knowledge carried out successfully through a philosophical research methodology.

1st comment: A psychiatrist gets in contact and in a dialogue with the “world” of the patient, who had all through his life formed stereotypes and concepts, which had to some extent answered his questions, of the type I mentioned at the beginning. (I do not mean, of course, the dilemmas of heavily obsessive or schizophrenic patients). A psychiatrist, on the other hand, cannot respond by proposing his own personal theories of life to the patient. Nevertheless, getting familiar with the various teachings of ancient Greek philosophers (which survived through the ages) will widen his ability to better understand the existential and other perplexities of his patient and will bring him closer to the latter.

For the effort towards the target of a “clear and true” knowledge, we have the excellent examples of the socratic dialogues of Plato and the books of Aristotle and others, in which the analytic, dialectic method (the well-known as “midwifery”) is clearly shown; the philosopher puts a question which following a discussion gets answers based on arguments, which again lead to new questions that are also discussed, and so on. In this way arguments and objections based on data (the “underlying material” of Aristotle) clear up many subjects and at the same time open new ones making the conclusions more dependable and more close to reality and
The line of philosophical discussions can be towards the original causes of phenomena, or teleological towards the latters’ targets.

The main interest does not lie so much in the content of the conclusions –whether they are “right” or moral or socially acceptable etc.– but in the process of keeping a series of syllogisms based on the laws of logic. This dialectic process has the advantage of offering to the discussant a better critical ability, avoidance of contradictions, clarification of subjects hierarchically, confrontation of anything unwanted without fear or prejudice, and generally a better judgement of things and emotions, i.e. it provides a better tool for “right” thinking.

2nd comment: From the above short referral to the procedure followed in ancient Greek philosophy, the similarities with certain modern psychotherapeutic methods, especially of a psychoanalytic orientation, become clear. A psychotherapist does not take definite positions (moral, social or others) in the final positions of his patient, but he helps the latter accept the problems, analyze them, avoid covering them under symptoms or pseudoquestions, so that at the end the patient can reach the real causes of his problems, understand his deeper desires, and ultimately act towards feasible targets. The foundations lie always (as in philosophy) in the understanding of “the underlying material”, which is actually the reality in the psychic world of the patient. I would also like to note certain common elements, clarification of subjects –spotting the contradictions, confrontation of problems that had been avoided etc.–which remind us of techniques of the short-term psychotherapy of Sifneos.

The contribution of ancient Greek philosophers is not only what has been above mentioned. Many of them have dealt with various psychological themes and I will mention here only a few studied more widely by Aristotle. In his work “On the Soul” he accepts the psychobiological unity of Man and the psychosomatic and somatopsychic processes; with remarkable clear-sightedness he goes on to a classification of mental functions, which is very similar to the one we use in modern times, and he refers to the “desires” attributing to them characteristics of today’s instinctual drives.

In his book on Memory the philosopher rightly distinguishes its phases and speaks about “deep (i.e. subconscious) repressions of mental images” and about “latent processes”. In discussing the subject of Sleep he gives well aimed interpretations for the manifest content of certain dreams which are “straight” (understandable), as well as for others which are “distorted”, very difficult to understand because of mechanisms of defense, as the writer himself points out.

Final comment: A Greek psychiatrist has a pleasant feeling when he meets the thoughts of philosophers who had lived 25 centuries ago in this country, especially when he sees in them questions similar to those presented during his work or to some he himself wonders about. Since a psychiatrist serves a specialty mainly dealing with emotions and thoughts (and not simply with prescriptions or laboratories), he can enrich his experience by keeping in touch with the texts of great thinkers. The horizon of his interests is broadened, new ideas (triggered by the “ancient” ones) are materialized, the thinking processes that he follows are confirmed or improved, and –last but not least– the historical curiosity (why not also the meditating search) of a Greek scientist is satisfied.

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Reference
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