

Medical Analogies in Buddhist and Hellenistic Thought: Tranquillity and Anger

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Medical analogies are commonly invoked in both Indian Buddhist dharma and Hellenistic philosophy. In the Pāli Canon, nirvana (or, in Pāli, *nibbāna*) is depicted as a form of health, and the Buddha is portrayed as a doctor who helps us attain it.¹ Much later in the tradition, Śāntideva described the Buddha's teaching as 'the sole medicine for the ailments of the world, the mine of all success and happiness.'² Cicero expressed the view of many Hellenistic philosophers when he said that philosophy is 'a medical science for the mind.' He thought we should 'hand ourselves over to philosophy, and let ourselves be healed.' 'For as long as these ills [of the mind] remain,' he wrote, 'we cannot attain to happiness.'³ There are many different forms of medical analogy in these two traditions, but the most general form may be stated as follows: just as medicine cures bodily diseases and brings about physical health, so Buddhist dharma or Hellenistic philosophy cures mental diseases and brings about psychological health—where psychological health is understood as the highest form of happiness or well-being. Insofar as Buddhist dharma involves philosophy, as it does, both renditions of the analogy may be said to declare that philosophy cures mental diseases and brings about psychological health. This feature of the analogy—philosophy as analogous to medical treatment—has attracted considerable attention.⁴

¹ For example, see Bhikkhu Ñāṇamoli and Bhikkhu Bodhi, eds. and trs., *The Middle Length Discourses of the Buddha* (Boston: Wisdom Publications, 1995), pp. 614–6 and 867 (I 510–12 and II 260). For ancient texts, ordinary pagination is followed by standardized pagination (in parentheses).

² Śāntideva, *The Bodhicaryāvatāra*, Kate Crosby and Andrew Skilton, trs. (Oxford: Oxford University Press, 1995), p. 143 (10.57).

³ Cicero, *Cicero and the Emotions: Tusculan Disputations 3 and 4*, Margaret Graver, tr. (Chicago: University of Chicago Press, 2002), pp. 5 and 70 (3.6 and 4.84).

⁴ For example, with respect to Buddhism, see Richard Gombrich, *Theravāda Buddhism: A Social History from Ancient Benares to Modern*

My thesis in this chapter is that in both Indian Buddhism and Hellenistic philosophy the medical analogy in its various forms has some importance, but not as much importance as its intuitive appeal and the frequency with which it was invoked might lead one to suspect. There are good reasons why these traditions were drawn to the analogy. However, there are significant disanalogies between medical practice and physical health on the one hand, and philosophy and psychological health as understood in these traditions on the other. These differences turn on three central features of Buddhism and Hellenistic philosophy: their radical conceptions of psychological health; the inevitable moral questions these conceptions raise; and the assumption that attaining psychological health requires modifying or eliminating beliefs in response to rational argument (at least to some extent), in order to attain wisdom.

The Meaning of the General Form of the Medical Analogy

Any assertion of medical analogies presupposes some understanding of medicine in the primary sense. In both India and the Mediterranean world, in the time periods we are considering, there were on-going traditions of medicine that may be interpreted, from a contemporary standpoint, as involving, on the one hand, an array of religious, ethical, and magical approaches and, on the other hand, emerging empirically-based techniques (emphasizing empirical observations in understanding diseases, their causes and their remedies). In both contexts, the practice of medicine was both more fluid and less autonomous than in modern Western medicine. It is hard to know how effective these ancient medical practices were, but presumably claims of expertise were made on their behalf, however well-founded, and the assertion of the medical analogies obviously presupposes respect for at least some of these

Colombo (London: Routledge, 1988), pp. 2 and 59, and with respect to Hellenistic philosophy, see Martha Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics* (Princeton, NJ: Princeton University Press, 1994) and Julia Annas, 'Philosophical Therapy, Ancient and Modern,' in Mark G. Kuczewski and Ronald Polansky, eds., *Bioethics: Ancient Themes in Contemporary Issues* (Cambridge, MA: The MIT Press, 2000), pp. 109–127. They are briefly compared in Thomas McEvilley, *The Shape of Ancient Thought: Comparative Studies in Greek and Indian Philosophies* (New York: Allsworth Press, 2002), pp. 596–7.

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claims. There were, in fact, significant interactions between medical practice and both Buddhism and Greco-Roman philosophy.⁵ These interactions probably played some role in the development of the medical analogies.

The practice of medicine employs the contrary concepts of physical disease and health. To some extent, these concepts were, and still are, contested. However, there is likely to be considerable overlap in their referents, consistent with considerable diversity in their meaning and interpretation. Physical disease (including injury) presumably refers to such things as: physical pain that is abnormal, excessive, or chronic; failures or disruptions of basic bodily functions; and conditions that threaten premature death. Physical health, by contrast, involves the absence of these things and perhaps, more positively, some notion of well-being characterized as an optimal bodily condition. These ideas of disease and health inevitably depend on some beliefs about what is normal for the species. It is reasonable to suppose that ancient medical practices, in India and the Mediterranean world, assumed some such understanding of disease and health, and claimed to have some expertise in promoting health by preventing or curing disease. This expertise must have rested on some purported understanding of the causal conditions of disease and health, and skill in influencing these conditions so as to promote health.

If we think of medical practice in these terms, then the general form of the medical analogies (hereafter, the medical analogy) may be understood as making two points: first, there are some analogous concepts of disease and health in the mental or psychological realm, and second, Buddhist dharma or Hellenistic philosophy has an analogous expertise in promoting this state of health, an expertise that involves some knowledge of the causal conditions of disease and health, and some skill in affecting these conditions in ways that promote health. In fact, in Buddhism and the Hellenistic schools, both of these claims were regularly made.

⁵ In the case of Buddhism, see Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, Corrected Edition (Delhi: Motilal Banarsidass Publishers, 1998). In the case of Hellenistic philosophy, see Ludwig Edelstein, 'The Relation of Ancient Philosophy to Medicine,' in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, Owsei Temkin and C. Lilian, eds. (Baltimore: Johns Hopkins University Press, 1967), pp. 349–66 and James Longrigg, *Greek Rational Medicine: Philosophy and Medicine from Alcmaeon to the Alexandrians* (London: Routledge, 1993).

There are, however, some complications. One is that both of these traditions purported to be concerned with physical disease itself. In Buddhism, bodily illness was one of the primary forms of suffering that enlightenment enables us, in some way, to overcome, and Hellenistic philosophy was no less preoccupied with the threat that physical illness was thought to pose to our well-being. However, neither tradition presented itself as offering an alternative to medical practice in the primary sense. In various ways, the value of this practice was affirmed. But it was tacitly assumed that medical practice has significant limitations and that physical disease is a more or less inevitable feature of human life. There is, perhaps, some incongruity in this stance, at least insofar as the assertion of the medical analogy may be interpreted as claiming an authority similar to that possessed by medical practice. Nonetheless, the aim of these traditions was not in any direct way to prevent or cure physical diseases, but to enable us to achieve a superior mental or psychological attitude with respect to these diseases (among other things). However, unlike medical practice, which cannot guarantee good physical health even when done well, these traditions claimed that their practices did guarantee psychological health when done well. In this respect, they claimed greater authority than could plausibly be claimed for medicine itself.

Both Buddhist thought and Hellenistic philosophy may be interpreted as defending philosophies of what it means to live a good human life or to live well (in Buddhism, this is nirvana as an enlightened condition in this life; in Hellenistic philosophy, it is *eudaimonia*, often translated as happiness). A striking common feature of these two traditions is that they believe that tranquillity is a necessary and important feature of living such a life. By tranquillity they meant, broadly speaking, a stable long-term psychological state that is characterized by the absence of many or all emotional oscillations and is brought about, not by what happens to a person, but by a person's achieving a proper orientation to the world through some form of wisdom. Hence, in their appeals to the medical analogy, these traditions interpreted living well as implying a form of psychological health characterized by tranquillity. By the same token, they understood living poorly as implying a form of mental disease characterized by various kinds of emotional turbulence such as fear, anxiety, distress, grief, anger, etc. They gave more attention to these negative states, but many positive emotional states such as delight and excitement were usually also regarded as incompatible with tranquillity. However, some states that appear to involve emotion, such as compassion for others or joy in one's virtue, were sometimes thought to

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be compatible with tranquillity. I will take anger as my central example of a disruption of tranquillity. Buddhism and the Hellenistic schools were united in maintaining that human well-being requires a tranquil life that is mostly or entirely free of emotions such as anger.

This leads to another complication in the medical analogy. For both traditions, a person's mental disease, understood as emotional turbulence, was thought to depend crucially upon beliefs of the person that were false or unwarranted, and psychological health, interpreted as implying tranquillity, was thought to depend on eliminating these beliefs and, at least sometimes, replacing them with true beliefs. Philosophy was important, at least in part, because it purported to be able to modify a person's beliefs so that he or she could overcome mental diseases and attain psychological health. For example, anger is a painful and agitated mental state that is commonly brought about by the belief that a person has wronged or harmed someone and is often accompanied by the belief that the wrongdoer should suffer some harm as proper desert for the wrongful action. If philosophy could show that these beliefs about wrongdoing and punishment were mistaken or without warrant, then philosophy might play a role in the elimination of anger and the attainment of tranquillity in this respect. It could eliminate the disease of anger and bring about the health of tranquillity. This exemplifies the core idea of philosophy as analogous to medical treatment. However, in medical practice in the primary sense, the removal of a patient's false or unwarranted beliefs is arguably much less central because physical diseases are less likely to be directly caused by, much less to consist in, beliefs—though this point was probably less obvious in the ancient medical practices than it is in modern Western medicine.⁶

Insofar as Buddhist thought and the Hellenistic schools maintained that philosophical argument could bring about tranquillity by changing the beliefs on which emotional turbulence depends,

⁶ Insofar as the ancient practices took a religious or ethical approach, in contrast to an empirical one, they may well have supposed that a person's physical disease sometimes depended on the person's beliefs. In fact, the Buddhist doctrine of *karma* might an instance of this: it maintains that the moral quality of a person's actions affects his or her future well-being, where this includes physical disease and health. However, the tradition is ambiguous on this point. For discussion, see Lynken Ghose, 'Karma and the Possibility of Purification: An Ethical and Psychological Analysis of the Doctrine of *Karma* in Buddhism,' *Journal of Religious Ethics* 35 (2007), pp. 259–90.

their approach may be said to be cognitive. However, in both traditions, techniques other than philosophical argument were often employed—in particular, an array of exercises involving, for example, direct efforts to calm the mind, close observation of mental states, modification of habits, anticipation, postponement, distraction, advice or consolation, invocation of role-models, self-examination and confession. Some forms of Buddhist meditation were manifestly non-cognitive in that they aimed to take us beyond ‘applied and sustained thought’ and even to ‘the cessation of perception and feeling.’⁷ Overall, with the exception of the Pyrrhonian Sceptics, both traditions purported to have a multifaceted expertise in bringing about psychological health in the form of tranquillity.

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Let us now look more closely at the employment of the medical analogies in these traditions. In the Pāli Canon, there is a well-known story in which the Buddha is compared to a surgeon who removes a poison arrow from a man: just as the surgeon, in order to heal the wound, did not need to answer various questions concerning the person who shot the arrow, so the Buddha, in order to cure us of suffering, did not need to answer various speculative metaphysical questions.⁸ The story has been interpreted in different ways, but on the most straightforward reading its point is simply to emphasize the practical purpose of the Buddha’s teaching. He was interested in philosophical questions only insofar as they enabled us to overcome suffering. That is why, he said, he taught the Four Noble Truths and left answers to unrelated philosophical questions ‘undeclared.’

In the standard formulation, these truths state that suffering is a pervasive feature of human life; the origin of suffering is craving; the cessation of suffering—nirvana—is brought about by the cessation of craving; and the way to achieve this is the Eightfold Path. Craving is said to be rooted in ignorance or delusion with respect to basic Buddhist philosophical teachings, specifically impermanence, dependent origination, no-self and (in the Mahāyāna tradition) emptiness. Nirvana is only briefly and elusively portrayed, but in one central sense it is a peaceful psychological

⁷ Ñāṇamoli and Bodhi, *The Middle Length Discourses of the Buddha*, pp. 267–8 (I 174–5).

⁸ See Ñāṇamoli and Bodhi, *The Middle Length Discourses of the Buddha*, pp. 533–6 (I 426–32).

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condition.⁹ Emotions such as anger are ordinarily considered incompatible with it.¹⁰ However, the tranquillity of nirvana is said to co-exist with compassion and loving-kindness for all beings. These themes are emphasized in both the Theravāda and Mahāyāna traditions.

Buddhaghosa, an important Theravāda commentator, used a medical analogy (actually a simile) to explain the Four Noble Truths: 'The truth of suffering is like a disease, the truth of the origin is like the cause of the disease, the truth of cessation is like the cure of the disease, and the truth of the path is like the medicine.'¹¹ This draws attention to the fact that the Four Noble Truths employ a causal analysis to show us how to move from suffering to nirvana. The comparison with medical practice seems obvious. However, Buddhaghosa gave little attention to this comparison and made no reference to any specific features of Indian medical practice.¹²

In Indian Mahāyāna Buddhism—the Madhyamaka tradition in particular—there are frequent comparisons of medical practice and Buddhist practice. Major figures such as Nāgārjuna, Āryadeva, Candrakīrti and Śāntideva all employ some form of medical analogy. Sometimes they make the general point that Buddhist thought and practice is a medicine that brings the health of enlightenment—as in the passage from Śāntideva quoted at the beginning. But very often much more specific claims are made. A common theme is that, just as medicine is often painful or distasteful, so Buddhist practice is often unpleasant or difficult.¹³ We are also

⁹ See Ñāṇamoli and Bodhi, *The Middle Length Discourses of the Buddha*, pp. 536 and 540 (I 431 and 436).

¹⁰ See Ñāṇamoli and Bodhi, *The Middle Length Discourses of the Buddha*, p. 100 (I 15–16).

¹¹ Bhadantācariya Buddhaghosa, *The Path of Purification (Visuddhimagga)*, Bhikkhu Ñāṇamoli, tr. (Seattle: Buddhist Publication Society Pariyatta Editions, 1999), p. 520 (XVI 87).

¹² There has been some scholarly discussion of the claim that the Four Noble Truths are based on a medical model. For a review of this literature, and scepticism concerning the claim, see Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, pp. 38 and 144–5 (n. 2).

¹³ See Nāgārjuna, *Buddhist Advice for Living and Liberation: Nāgārjuna's Precious Garland*, Jeffrey Hopkins, tr. (Ithaca, New York: Snow Lion Publications, 1998), pp. 114, 143 and 144 (2.142, 4.372, and 4.376), and Śāntideva, *The Bodhicaryāvatāra*, pp. 69 and 101 (7.22 and 8.144).

urged to follow the advice of Buddhist teaching just as we should follow the advice of doctors.¹⁴ In addition, we are told that Buddhist doctrines must be properly applied in the same way that medicine must be properly applied.¹⁵ This last point relates to the central Mahāyāna theme of skillful means: that there are many different ways of bringing people to enlightenment and that Buddhist teaching must be interpreted in light of this principle. This theme appears in several of the comparisons. For example, we are told that different doctrines are taught for different illnesses.¹⁶ In an important passage, Candrakīrti referred to the Buddhas' 'skill in prescribing medicine for their disciples.' Because they 'have superior abilities in the liberating methods of great compassion,' he said, they teach in a way that 'conforms to the nature of foolish people's understanding.' Specifically, they teach that 'the five aggregates are substantial things' even though, in ultimate truth, there are no substantial things.¹⁷ The idea that Buddhist teaching is often conducted in terms of the conventional truth of everyday language—what is useful but ultimately false—is another common Mahāyāna theme.

Sometimes there are references to specific medical procedures. For instance, on occasion a feature of Buddhist practice is described as an antidote.¹⁸ By far the most widely discussed comparison to a medical procedure is put forward in defense of the Madhyamaka claim, famously expressed by Nāgārjuna, that emptiness—the absence of inherent or substantial nature—is not a view, but the elimination of all views, and that anyone who thinks it is a view is incurable.¹⁹ In the *Ratnakūta Sūtra* it is said that this is similar to a medicine that must not only cure an illness but, having done so, be expelled from

¹⁴ See Śāntideva, *The Bodhicaryāvatāra*, pp. 18, 29 and 44 (2.55, 4.48 and 5.109).

¹⁵ See Āryadeva, *Āryadeva's Catuḥśataka: On the Bodhisattva's Cultivation of Merit and Knowledge*, Karen C. Lang, tr. (Copenhagen: Akademisk Forlag, 1986), p. 85 (VIII 18).

¹⁶ See Āryadeva, *Āryadeva's Catuḥśataka: On the Bodhisattva's Cultivation of Merit and Knowledge*, p. 85 (VIII 20).

¹⁷ Candrakīrti, *Four Illusions: Candrakīrti's Advice for Travelers on the Bodhisattva Path*, Karen C. Lang, tr. (New York: Oxford University Press, 2003), p. 160 (7.237).

¹⁸ See Āryadeva, *Āryadeva's Catuḥśataka: On the Bodhisattva's Cultivation of Merit and Knowledge*, p. 65 (VI 5) and Śāntideva, *The Bodhicaryāvatāra*, p. 41 (5.81).

¹⁹ See Nāgārjuna, *The Fundamental Wisdom of the Middle Way: Nāgārjuna's Mūlamadhyamakakārikā*, Jay L. Garfield, tr. (New York: Oxford University Press, 1995), p. 36 (XIII 8).

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the body. If the medicine remained, the patient would be in even worse shape than if the medicine were never taken.²⁰ Candrakīrti quotes this passage in his defense of Nāgārjuna's understanding of emptiness.²¹ The point, it seems, is that the realization of emptiness, initially taken as a view by a person who assumes that views are necessary, would lead that person to the conclusion that he or she should have no views—but this conclusion should then be applied to emptiness itself: emptiness, taken as a view, should be expelled along with all other views. This is another application of skillful means. The purgative analogy is intended to alleviate the paradox of a view being used to eliminate all views, including itself. The point is quite specific, and whatever plausibility it has is largely independent of the general form of the medical analogy.

Let us now turn to the Hellenistic schools. Epicurus' central ethical claim was that happiness is a life of pleasure. However, for the most part, he thought pleasure should be understood negatively as the absence of bodily pain and psychic disturbance: 'when we say that pleasure is the goal,' he wrote, '[we mean] the lack of pain in the body and disturbance in the soul.'²² Hence, tranquillity is an essential and important part of happiness. This was to be attained through an empirical understanding of nature that would undermine our fear of death and the gods and would show us that the pain of unsatisfied desire could be alleviated by restricting ourselves to easily fulfilled natural and necessary desires. Little is known about Epicurus' views on anger except that he probably condemned some but not all forms of it. However, his disciple Philodemus wrote a work

²⁰ In the Pāli canon, the Buddha's teaching is said to be a purgative that always succeeds; see F. L. Woodward, tr., *The Book of the Gradual Sayings (Anguttara-Nikāya)*, vol. 5, (London: Luzac & Company (for The Pāli Text Society), 1961), pp. 153–4 (10.108). However, in this text, the claim is that right view purges wrong view with no suggestion that right view then purges itself.

²¹ See Candrakīrti, *Lucid Exposition of the Middle Way: The Essential Chapters from the Prasannapadā of Candrakīrti*, Mervyn Sprung, tr. (Boulder, CO: Prajñā Press, 1979), pp. 150–51 (248–9).

²² Epicurus, 'Letter to Menoeceus,' in Brad Inwood and L. P. Gerson, eds. and trs., *Hellenistic Philosophy: Introductory Readings*, Second Edition (Indianapolis: Hackett Publishing Company, 1997), pp. 30–31 (131). Cf. Epicurus, 'Letter to Menoeceus,' pp. 30 and 31 (128 and 135); Lucretius, *On the Nature of Things*, Martin Ferguson Smith tr. (Indianapolis: Hackett Publishing Company, 2001), pp. 35–6 (2.18–19); and Cicero, *On Moral Ends*, Raphael Woolf, tr. (Cambridge: Cambridge University Press, 2001), p. 25 (1.71).

entitled *On Anger* in which he condemns most forms of anger as excessive and based on 'empty' beliefs (such as that retaliation is pleasant), but allows that there is a moderate form of anger, depicted as painful but natural, that cannot be eliminated.²³ Philodemus thought that the wise person punishes those who harm him because it is 'something most necessary,' even though 'what results is most unpleasant, as with drinking wormwood, and surgery.'²⁴ The idea is that insofar as the desire to punish is natural and necessary to protect against aggression, the wise person will punish. However, he will not go to much trouble to do it since 'nothing external is worth much.'²⁵ Lucretius also thought there were some limits to the extent to which philosophy could eliminate anger.²⁶

The best-known Hellenistic formulation of a medical analogy is attributed to Epicurus: 'Empty are the words of that philosopher who offers therapy for no human suffering. For just as there is no use in medical expertise if it does not give therapy for bodily diseases, so too there is no use in philosophy if it does not expel the suffering of the soul.'²⁷ In another passage, Epicurus said we should study philosophy in order to attain happiness, depicted as 'the health of the soul.'²⁸ The medical analogies were perhaps even more prominent later in the Epicurean tradition. Philodemus called a brief formulation of the Epicurean method of attaining happiness 'the fourfold

²³ For discussion of Philodemus on anger, see Julia Annas, 'Epicurean Emotions,' *Greek, Roman and Byzantine Studies* 30 (1989), 145–64 and Richard Sorabji, *Emotion and Peace of Mind: From Stoic Agitation to Christian Temptation* (New York: Oxford University Press, 2000), pp. 26 and 201–3.

²⁴ Quoted in Annas, 'Epicurean Emotions,' p. 159.

²⁵ Quoted in Annas, 'Epicurean Emotions,' p. 158.

²⁶ See Lucretius, *On the Nature of Things*, pp. 75–6 (3.309–22). For a survey of Epicurean views on anger, see William V. Harris, *Restraining Rage: The Ideology of Anger Control in Classical Antiquity* (Cambridge, MA: Harvard University Press, 2001), pp. 99–104. See also Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, Ch. 7.

²⁷ A. A. Long and D. N. Sedley, eds. and trs., *The Hellenistic Philosophers, vol. 1: Translations of the Principal Sources, with Philosophical Commentary*, (Cambridge: Cambridge University Press, 1987), p. 155 (25C). For discussion of the medical analogy in Epicureanism, see Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, Ch. 4.

²⁸ Epicurus, 'Letter to Menoecus,' p. 28 (122).

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remedy.²⁹ In addition, he made extensive use of various forms of the medical analogy in works such as *On Frank Criticism*.³⁰ Many of his comparisons are similar to those we have already seen in Buddhism. For example, he makes reference to the need for bitter medicine,³¹ proper judgment in applying medicine,³² and the adjustment of treatment to specific cases.³³ There are also references to purgatives³⁴ and to those who are incurable,³⁵ though the point of these comparisons is altogether different than in the Madhyamaka discussions. Lucretius wrote that, just as doctors promote the health of children by coating bitter medicine with honey, so he was presenting the ‘somewhat off-putting’ Epicurean philosophy ‘in harmonious Pierian poetry’ and ‘the sweet honey of the Muses.’³⁶ Finally, Diogenes of Oenoanda described the sickness that Epicureanism was to treat as a ‘plague,’ spreading from one person to another, that required putting ‘out in public for all the drugs that will save them.’³⁷

The basic ethical claim of the Stoics was that we should live in accord with nature (also depicted as God and reason). This means acting rationally, and hence virtuously, with respect to our natural impulses for self-preservation, family, society, etc. The Stoics’ distinctive contention was that virtue, so understood, is both necessary and sufficient for happiness. This implies that possession of ‘externals’ such as health or wealth is not necessary for happiness. Since the universe is governed by reason, whatever happens is for the best. Hence, whether one attains these externals or not should be accepted as for the best. Though we

²⁹ Long and Sedley, *The Hellenistic Philosophers, vol. 1: Translations of the Principal Sources, with Philosophical Commentary*, p. 156 (25J). The remedy says: ‘God presents no fears, death no worries. And while good is readily available, evil is readily endurable.’ Cf. Epicurus, ‘Letter to Menoeceus,’ p. 31 (133).

³⁰ For a summary of these, see the editors’ ‘Introduction’ in Philodemus, *On Frank Criticism*, David Konstan, et al., eds. and trs. (Atlanta: Scholars Press, 1998), pp. 20–23.

³¹ Philodemus, *On Frank Criticism*, pp. 95 and 117 (Cols. IIb and XVIIa).

³² Philodemus, *On Frank Criticism*, p. 71 (Frs. 63–4).

³³ Philodemus, *On Frank Criticism*, pp. 31, 39 and 83 (Frs. 7–8, 20, and 79).

³⁴ Philodemus, *On Frank Criticism*, p. 71 (Frs. 63–4).

³⁵ Philodemus, *On Frank Criticism*, pp. 67 and 85 (Frs. 59 and 84N).

³⁶ Lucretius, *On the Nature of Things*, pp. 28–9 (1.937–950); repeated at p. 100–101 (4.10–25).

³⁷ Quoted in Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, p. 137.

ordinarily have reason to pursue these externals, we should not fear or be distressed about their loss. All ordinary emotions such as fear, anger and grief are false judgments that mistakenly suppose that some external is good and its absence bad (or vice versa). Fully rational and virtuous persons would not make these mistakes and so would be without these emotions. They would live a tranquil life. This outlook is orthodox Stoicism but it is especially evident in the Roman Stoics. For example, Seneca wrote essays on the importance of tranquillity and the elimination of anger. He said that happiness is 'peace of mind, and lasting tranquillity.'³⁸ and that, 'instead of moderating our anger, we should eliminate it altogether.'³⁹

The medical analogy was prominent among the earliest Stoics. Chrysippus spoke of a 'method for the diseased mind' that is analogous to the medical method for 'the diseased body.' He said that there is a 'doctor' who cures each of these, and that there is 'an analogy between the methods of cure for each.' It is evident that the diseases of the mind are emotions and that the doctor who is to cure them is the Stoic philosopher.⁴⁰ Medical analogies were also frequently employed by later Stoics such as Musonius Rufus, Epictetus and especially Seneca. Once again, there is considerable diversity in the points made, and some overlap with the medical analogies in Buddhism and Epicureanism. Often a general form of the analogy was put forward. For example, Musonius, echoing Epicurus, declared that 'just as medical argument is no use unless it brings human bodies to health,' so philosophical 'argument is no use, unless it conduces to the excellence of the human soul.'⁴¹ There was much attention to applying general principles to particular cases. Epictetus said a philosopher needs to know when and how to apply doctrines just as a physician knows when and how to apply medicines.⁴² Seneca wrote that there were

³⁸ Seneca, *Epistles* 66–92, Richard M. Gummere, tr. (Cambridge, MA: Harvard University Press, 1920), p. 449 (92.3).

³⁹ Seneca, 'On Anger,' in Seneca, *Moral and Political Essays*, John M. Cooper and J. F. Procopé, eds. and trs. (Cambridge: Cambridge University Press, 1995), p. 114 (3.42.1).

⁴⁰ See the passages on pp. 211–12 of Graver's edition of Cicero's *Tusculan Disputations*. For discussion of the medical analogy in Stoicism, see Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, ch. 9.

⁴¹ Quoted in Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, p. 324.

⁴² See Epictetus, *The Discourses of Epictetus*, Christopher Gill, ed., Robin Hard, tr. (London: J. M. Dent (Everyman), 1995), pp. 188–89 (3.21.18–20).

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'cures for the soul' just as there were prescriptions for healing the eyes. The task of philosophers, he said, was 'to learn the method and the time of treatment.'⁴³ On occasion medical analogies were employed to make claims specific to Stoicism, and sometimes in polemics against competing philosophies. Since emotions were regularly described as diseases, Seneca could claim, in opposition to the Aristotelian view that we should moderate but not eliminate emotions, that he did 'not understand how any half-way disease can be either wholesome or helpful.'⁴⁴ Seneca also described vices as diseases: the diseases of the mind, he said, 'are hardened and chronic vices, such as greed and ambition.'⁴⁵ And he suggested that punishment should be regarded as a cure: chastisement 'is not a matter of doing harm, but of curing in the guise of doing harm.'⁴⁶

As presented by Sextus Empiricus, Pyrrhonian Scepticism maintained that for every possible belief there is an equally sound argument for and against it and that, upon recognizing this, suspension of all beliefs follows and tranquillity ensues. Included among these beliefs are beliefs about whether something is good or bad. If we do not think anything is good or bad, then we will never be upset about missing what is good or obtaining what is bad. Hence, while maintaining suspension of all beliefs about the contentions of 'dogmatic' philosophers such as the Epicureans and Stoics, the Pyrrhonian Sceptics claimed to produce what these dogmatists only promised—a tranquil life (at least to the extent possible given that some feelings such as thirst cannot be avoided). To the question of how we are to live if we suspend all beliefs, the Sceptics had a straightforward response: we follow 'everyday observances,' without regard for their truth, namely the guidance of nature, feelings, laws and customs, and various kinds of expertise.⁴⁷ According to Sextus, 'the aim of the Sceptic is tranquillity in matters of opinion and moderation of feeling in matters forced upon us.'⁴⁸ 'Tranquillity,' he says, 'is freedom from disturbance and calmness of soul.'⁴⁹ The Sceptics

⁴³ Seneca, *Epistles 1–65*, Richard M. Gummere, tr. (Cambridge, MA: Harvard University Press, 1917), p. 443 (64.8–9).

⁴⁴ Seneca, *Epistles 93–124*, Richard M. Gummere, tr. (Cambridge, MA: Harvard University Press, 1925), p. 333 (116.1).

⁴⁵ Seneca, *Epistles 66–92*, p. 143 (75.11).

⁴⁶ Seneca, 'On Anger,' p. 23 (1.6.1).

⁴⁷ See Sextus Empiricus, *Outlines of Scepticism*, Julia Annas and Jonathan Barnes, trs. (Cambridge: Cambridge University Press, 1994), p. 9 (1.23–4).

⁴⁸ Sextus Empiricus, *Outlines of Scepticism*, p. 10 (1.25).

⁴⁹ Sextus Empiricus, *Outlines of Scepticism*, p. 5 (1.10).

did not feature freedom from anger as an aspect of tranquillity, but insofar as anger depends on beliefs about what is good or bad, their position implies that a Sceptic would be free of anger.⁵⁰

The Sceptics employed medical analogies with much less frequency than we find in the Epicureans and Stoics, and mostly for rather different and limited purposes. In one case, we are told that the Sceptics ‘wish to cure by argument...the conceit and rashness of the Dogmatists.’⁵¹ In this employment, the psychological diseases are construed as philosophical beliefs mistakenly regarded as justified, and psychological health is freedom from these beliefs. The diseases are not ordinary emotions such as anger and grief as such, though perhaps the assumption was that these emotions presuppose the philosophical beliefs. In the continuation of the analogy, we are told that, ‘just as doctors for bodily afflictions have remedies which differ in potency...so Sceptics propound arguments which differ in strength.’ According to Sextus, while some dogmatists require ‘weighty arguments,’ others are ‘easily cured’ and only require arguments with ‘a milder degree of probability.’⁵² This is an instance of paying attention to the particular features of patients, but it is the only such instance in Sextus, and it is a surprising point in that the variation is not in kinds or degrees of sophistication of arguments, but in how good the arguments are.

For the most part, the only other medical analogy in Sextus addresses the question about how the Sceptics, lacking beliefs, can put forward sceptical arguments, as they relentlessly do. According to Sextus, after sceptical arguments do their work, they are applied to themselves and disappear: ‘arguments, like purgative drugs which evacuate themselves along with the matters present in the body, can actually cancel themselves along with the other arguments which are said to be probative.’⁵³ As has been widely and correctly noted, the purgative analogy in Pyrrhonian Scepticism bears some resemblance to the purgative analogy in Madhyamaka Buddhism. However, it is worth observing that in both cases the fact that the analogy is medical is somewhat incidental: a non-medical analogy, such as a drain cleaner that expels both the blockage and itself, would work just as well. Moreover, though the purgative analogy is

⁵⁰ See Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, pp. 313–15 and Sorabji, *Emotion and Peace of Mind: From Stoic Agitation to Christian Temptation*, pp. 27–8 and 198–200.

⁵¹ Sextus Empiricus, *Outlines of Scepticism*, p. 216 (3.280).

⁵² Sextus Empiricus, *Outlines of Scepticism*, p. 216 (3.280–81).

⁵³ Sextus Empiricus, *Outlines of Scepticism*, p. 118 (2.188).

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striking, it does nothing to alleviate philosophical worries about relying on beliefs and arguments to reach a stance in which no beliefs and arguments are maintained (as well as worries about the cogency of this stance).

Both the medical analogies employed by Sextus emphasize the instrumental role of argument in bringing about suspension of belief rather than the importance of argument as a means of attaining truth. This may not be unexpected for a sceptic. But it highlights the fact that the medical analogies in Pyrrhonian Scepticism bear only a limited resemblance to those in Epicureanism and Stoicism—and in much of Buddhism as well.

The Attractions of the Medical Analogy

Let us now consider why the medical analogy, in its general as well as its more specific forms, was so prominent in Buddhist and Hellenistic thought. One reason is that it is rather obvious. Medicine in the primary sense claims an expertise in producing physical health, something widely desired. But most people think there is more to living well than physical health: there is also well-being that is psychological (mental, emotional, spiritual, etc.). Any outlook that purports to be able to produce psychological well-being might naturally regard it as a kind of health (of the mind, soul, person, etc.) and to think of its activity in producing this health as a kind of medicine. In fact, other traditions have also been attracted to the analogy. Since the Buddhist and Hellenistic traditions claimed to be able to bring persons to a state of psychological well-being, it is not surprising that they found the medical analogy attractive.

There is, however, a more specific feature of these traditions that made the analogy especially appealing. As we have seen, though their conceptions of psychological well-being differed in various ways, Indian Buddhism and the Hellenistic schools agreed that tranquillity is a necessary and important part of psychological well-being. Moreover, they generally agreed that troublesome emotions such as fear, grief, and anger were paradigm cases of disruptions to tranquillity. Such emotions can easily be seen as psychological diseases analogous to physical diseases. For example: anger is generally painful, sometimes in ways that are abnormal, excessive or chronic; it can disrupt basic activities of life; and in some cases it can bring about premature death. If we think of such emotions as psychological diseases, then it is plausible to think of their absence—tranquillity—as psychological health. Hence, the emphasis in these traditions on tranquillity

as a crucial feature of psychological well-being was probably a powerful impetus to employing the medical analogy in its general form.

In addition, the application of general knowledge to particular cases is an important feature of both medicine and the Buddhist and Hellenistic traditions. This theme is constantly stressed in the medical analogies. Beyond this, what is noteworthy is the many different forms the analogies take. There are references to drugs, antidotes, purgatives, surgery, instruments, etc. Appeals are made to bitter medicine, sugar-coated medicine, and medicine of different strengths. The diversity of forms of medical treatment was mirrored by the diversity of kinds of therapy in these traditions. In addition, medical analogies were sometimes used to make claims that were specific to a particular outlook: for example, in the purgative analogy in Madhyamaka Buddhism and Pyrrhonian Scepticism, and in Seneca's critique of Aristotelianism. In sum, comparisons with medicine were prominent because the medical motif was fruitful: it proved quite useful in asserting a wide variety of points.

The Limitations of the Medical Analogy

Though there are some good reasons why Buddhist and Hellenistic thinkers were attracted to the medical analogies, there are also significant respects in which these analogies, especially in the general form, are problematic. First, in the case of physical disease and health, there is fairly wide agreement about the referents of the terms. For example, people do not ordinarily need to be convinced that cancer is a disease and its absence a form of health. Nor do people need to be convinced that there is reason to try to avoid cancer. The same is true of many other conditions.⁵⁴ There may be less agreement within the medical domain about psychological health, but in any case what is striking about the Buddhist and Hellenistic outlooks is that they put forward an understanding of psychological health that is clearly at odds with what most people think. Though tranquillity as freedom from mental turmoil has obvious attractions, the interpretation of tranquillity as the complete or near complete absence of emotions such as anger, fear and grief renders it a controversial conception of psychological health. Though these emotions are painful, most people need to be convinced that human life would be better without them. Moreover, there are *prima facie* good reasons for this:

⁵⁴ In various ways, all of these outlooks maintained that physical disease was to be avoided.

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on some occasions, these emotions appear to be insightful, appropriate and useful responses to the world. The case is even stronger for the value of positive emotions such as delight and excitement that are precluded by a conception of tranquillity as freedom from emotion. For most people, emotions are an important part of human life. In addition, these traditions believed that in various ways it was necessary to withdraw from ordinary life in order to achieve genuine tranquillity: this is most obvious in the case of Buddhist monasticism, but the Hellenistic schools also encouraged diverse forms of withdrawal, psychological and otherwise. That psychological health requires downgrading the importance of ordinary life is also controversial.

A related point is that medicine in the primary sense works within the constraints of our biological nature: any conception of physical health that is at all empirical needs to respect what is biologically necessary and possible. The general form of the medical analogy might be thought to suggest something similar for psychological health. In fact, however, in Buddhist and Hellenistic thought conceptions of psychological health are put forward that, to many persons, are beyond the limits of human capacity: we cannot realistically expect human beings to free themselves of emotions to the extent that these traditions imagined. A second related point is that many people are physically healthy throughout much of their lives with fairly little effort: in favourable conditions, physical health can be expected for many people. By contrast, for Buddhism and the Hellenistic schools, the state of psychological health envisioned requires extraordinary effort on the part of anyone, so much so that it is at best the exception rather than the rule that people attain this state. Except for Pyrrhonian Scepticism, all these traditions repeatedly acknowledged the great difficulty of achieving their goal.

A second set of issues arises from the question of whether there is more to living well than tranquillity. I have argued that, from one point of view, tranquillity is plausibly interpreted as psychological health and that philosophies that regard tranquillity as essential to living well have, in this respect, good reason to embrace the medical analogy. But if we think that living well also requires living virtuously, then the medical analogy is problematic. Virtue involves a set of dispositions to act in certain ways under various circumstances. However, being physically healthy is a condition that does not entail any dispositions to act in one way rather than another. There are characteristic ways in which a virtuous person lives, but there are no characteristic ways in which a physically healthy person lives. There are, of course, habits pertaining to diet and exercise that are instrumentally conducive to achieving and maintaining

good health. But there are no actions that are characteristically expressive of being healthy. By contrast, there are actions that are characteristically expressive of being just, courageous, or compassionate. Hence, the medical analogy is not naturally suited to a philosophy that regards virtue as a necessary feature of living well.

To some extent, the significance of this disanalogy depends on the role assigned to virtue in an account of living well. The Pyrrhonian Sceptics did not assign it any role since they did not defend an account of living well.⁵⁵ They simply reported that they had no beliefs, followed the fourfold guide, and experienced tranquillity and moderate feeling. The disanalogy does not speak directly against this stance. The Epicureans believed that the virtues were justified only instrumentally as being conducive to a life free of physical pain and mental turmoil. Hence, the role of the virtues was analogous to the role of proper diet and exercise in promoting physical health. But being free of pain and turmoil is not itself a disposition to do anything. Once again, the disanalogy might not really matter.

However, both Buddhism and Stoicism supposed that there is a single enlightened state that involves both tranquillity and virtue. This suggests that the medical analogy is better suited to one part of their conception of living well than the other part. To a large extent, these traditions applied the medical analogy primarily to tranquillity rather than to virtue. But this was not always the case. For example, as we will see, both Śāntideva and Seneca sometimes suggested that wrongdoing on the part of those we are tempted to be angry with may be understood as an analogous to a physical disease—as a condition to be cured.

In fact, however, we cannot separate issues of tranquillity and virtue on any view. Though emotional turbulence such as anger may be viewed as a kind of psychological disease—a painful and disruptive condition we would like to be free of—in at least many of its forms it raises a normative question—‘what is the proper response to the wrongdoing of others?’—to which any tranquillity philosophy implies an answer. Insofar as tranquillity as a condition mostly or entirely free from anger is regarded as necessary for living a good human life, some stance with respect to virtue has already been taken. One of the primary objections to tranquillity philosophies is that anger is a morally required response to serious wrongdoing on the part of others.⁵⁶ Both Buddhism and Stoicism directly reject

⁵⁵ See Sextus Empiricus, *Outlines of Scepticism*, p. 7 (1.16–17).

⁵⁶ For example, see Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, p. 403, and Martha Nussbaum, *Upheavals of*

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this: they maintain that the virtuous response to wrongdoing is free of anger. But Pyrrhonian Scepticism and Epicureanism implicitly reject this objection as well, at least insofar as they are committed to an ideal of tranquillity precluding all or most forms of anger. Since the normative question cannot be avoided, any tranquillity philosophy implies a position with respect to it, and regarding psychological well-being as analogous to physical well-being is not a helpful model for reflecting on this question.

This brings us to a final difficulty for the general form of the medical analogy. As noted earlier, all these traditions supposed that the emotional turbulence precluded by tranquillity depends on beliefs that are to be eliminated or replaced as false or unwarranted. To the extent that they gave arguments for belief modification (as all of them did), they may appear to be engaged in a familiar philosophical enterprise. But this enterprise bears little similarity to medical practice in the primary sense. Though beliefs of the patient can sometimes influence the prevention and cure of physical disease, this qualifies the more fundamental fact that most physical disease has a causal structure that, to a large extent, does not include and is not affected by beliefs of the patient—at least on any empirical approach to medicine. In physical medicine, it sometimes helps if patients have confidence in their doctors and have a positive attitude, but it is only doctors, and not patients, who need to go to medical school. In the Buddhist and Hellenistic traditions, for the most part, there is a sense in which we all must go to school because, as Cicero says, ‘we should make every possible effort to become capable physicians for ourselves.’⁵⁷ In this case, a patient’s psychological health requires modification of his or her beliefs, and this directly requires acquisition of the respective form of wisdom—even if it is only what is sometimes interpreted as the Madhyamaka or Pyrrhonian wisdom of no-belief.

What often appears to be assumed in these traditions is that the relevant beliefs are voluntary and responsive to reason—and also that we are responsible for these beliefs and may be praised or blamed for having them. Cicero explicitly endorses this understanding, and it appears to be at least tacitly assumed throughout much of Buddhist and Hellenistic thought. For example, in discussions of anger,

Thought: The Intelligence of Emotions, (Cambridge: Cambridge University Press, 2001), p. 394.

⁵⁷ Cicero, *Cicero and the Emotions: Tusculan Disputations 3 and 4*, p. 5 (3.6).

persons prone to anger are addressed as if their anger (or disposition to anger) depends on beliefs, and as if they are capable of abandoning or modifying these beliefs in response to what are presented as good reasons for doing so (for example, that anger has all sorts of harmful effects). The vocabulary of responsibility, and of praise and blame, is equally evident. Much of the discussion of anger in Śāntideva, Philodemus and Seneca conforms to this model. Insofar as this is true, there is a significant disanalogy with medicine in the primary sense, since physical disease, on empirical approaches, mostly does not depend on beliefs that are voluntary and responsive to reason.⁵⁸

There is a related disanalogy. Physical health partly depends on good fortune. This is one reason why medical practice cannot guarantee health. But the psychological health promised by these traditions was thought to be mostly or entirely immune to fortune: attaining the proper mindset—wisdom—was thought to be sufficient for attaining tranquillity, which was understood precisely as a peaceful state of mind that is secure in the face of the vicissitudes of fortune. These traditions guaranteed psychological health in that they claimed that each of us, with the aid of instruction, had the capacity to bring about wisdom, and hence tranquillity, for ourselves and that once we had done this nothing could disrupt it.⁵⁹

A common objection to this claim is that, to a large extent or in important respects, emotions such as anger are neither voluntary nor responsive to reason in the ways required by tranquillity philosophies. Hence, there is no prospect that philosophy, with its emphasis on rational argument, could bring about tranquillity as the absence of emotional turbulence. This is one source of Bernard Williams' critique of Hellenistic philosophy as a form of therapy.⁶⁰ For various reasons—Darwinian, Freudian, Strawsonian, neurophysiological and others—many people believe that emotions are so deeply and securely rooted in a non-rational or irrational part of us that, for the most part, they cannot be touched by philosophy. Earlier forms of this objection were widely debated in Greek and Roman philosophy, and the Epicureans and Stoics made only limited theoretical

⁵⁸ See note 6 above.

⁵⁹ There are some tendencies in Mahāyāna Buddhism to put less emphasis on our own capacity for enlightenment and more emphasis on the assistance of bodhisattvas. This does not change the fact that enlightenment brings tranquillity in the face of fortune.

⁶⁰ See Bernard Williams, 'Do Not Disturb,' review of Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, *London Review of Books* 16 (October 20, 1994), pp. 25–26.

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concessions to it. However, in both the Buddhist and Hellenistic traditions, the widespread employment of psychological or spiritual exercises having at best minimal dependence on philosophical theory is tacit testimony to the limited power of philosophy in this sense. The observation, on the occasion of anger, that ‘in the past I have acted just as badly (as the person with whom I am now angry)’ may or may not be helpful, but whatever efficacy it possesses owes little to philosophy.⁶¹ One way that philosophy could be therapeutic is simply by borrowing from therapy in a familiar sense, but this would not address the question whether or not something recognizably philosophical, such as the rational analysis of rather abstract topics, could itself be therapeutic or play an essential role in therapy.

If emotions could be modified or eliminated, but not because they depend on beliefs that are voluntary and responsive to reason, then in this respect the medical analogy might be affirmed: in the psychological as well as physical realms, it might be said, whatever is causally efficacious in bringing about the state of health would have a claim to our attention. But this would mean that philosophy in the analogy would be assessed in terms of its causal efficacy in producing psychological health, not (necessarily) in terms of its ability to produce justified true beliefs (or even justified suspension of beliefs) on the basis of reason, the possession of which would ensure psychological health. There are some manifestations of this approach in these traditions. In his discussion of anger, Seneca said we should regard wrongdoers ‘with the kindly gaze of a doctor viewing the sick.’⁶² As we have seen, Seneca portrayed vice as a disease and punishment as a cure. If we took these suggestions seriously, we might be led to stop regarding wrongdoing as rooted in voluntary beliefs that could be modified by rational reflection and to suppose instead that whatever is causally efficacious in curing the disease of wrongdoing would be appropriate. According to Seneca, ‘I must find for each man’s illness the proper remedy—one person may be cured by a sense of shame, another by exile, a third by pain, another by poverty, another by the sword.’⁶³ There is a partial parallel to this in Śāntideva. When persons harm people we care about, he said, we should ‘regard it as arising on the basis of conditioning factors and refrain from anger towards them.’⁶⁴ In fact,

⁶¹ For example, see Śāntideva, *The Bodhicaryāvatāra*, p. 53 (6.42) and Seneca, ‘On Anger,’ pp. 65–6 (2.28).

⁶² Seneca, ‘On Anger,’ p. 51 (2.10.7).

⁶³ Seneca, ‘On Anger,’ p. 34 (1.16.4).

⁶⁴ Śāntideva, *The Bodhicaryāvatāra*, p. 56 (6.65); cf. p. 53 (6.33).

‘even if people are extremely malignant, all that is skilful should be done for them.’⁶⁵ Since wrongdoing is, like all things, causally conditioned (a standard Buddhist teaching), we should not be angry at wrongdoers but skillfully try to help them overcome wrongdoing. In view of Śāntideva’s reliance on medical analogies, this might be taken as implying that whatever is causally efficacious in curing a person of wrongdoing should be undertaken. However, regarding persons who have wronged us as persons with a psychological disease requiring a cure is not the only, nor even the dominant, motif in either of these authors’ discussion of anger. For the most part, in addressing persons prone to anger, the assumption is that they can be convinced to change their beliefs and actions through rational reflection.

Of course, rational philosophical argument might be employed, but valued only for being causally efficacious in bringing us to a tranquil mental state. The medical analogies in Sextus suggested this perspective and, in light of the Mahāyāna Buddhist idea of skillful means, Candrakīrti’s use of the purgative analogy might be interpreted in this way as well. If skillful means were the fundamental criterion of Buddhist practice, then philosophical argument might sometimes be therapeutic. But this would provide us, not with an understanding of philosophy as therapy, but with an understanding of therapy that leaves room for a form of philosophy as a useful tool for some persons. Pyrrhonian scepticism does not speak of skillful means, but insofar as it takes the end to be tranquillity and moderate feeling, there would seem to be no obstacle to employing whatever is causally efficacious in bringing this about—perhaps philosophy for some and drugs for others.

These approaches might establish greater affinity with medicine in the primary sense, but only by regarding philosophy, not as an essential source of wisdom, but as one therapeutic technique among many others. However, what speaks against this, and what remains one of the primary difficulties with the general form of the medical analogy, is that in all these traditions great emphasis is placed on wisdom—on a proper understanding of the world—as the source of living a good, and hence tranquil, life (perhaps with the exception of the Pyrrhonian Sceptics, for whom the only wisdom could be realizing that we should suspend our beliefs). In whatever way wisdom is understood—and it is understood very differently in these diverse traditions—it does not look much like physical health. Though obviously some understanding of the world can be conducive to

⁶⁵ Śāntideva, *The Bodhicaryāvatāra*, p. 61 (6.120).

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physical health, such understanding is not a constitutive feature of health any more than proper diet and exercise are. A physically healthy person, as such, has neither dispositions to act nor an outlook on the world.

In sum: though the general form of the medical analogy has obvious attractions for these tranquillity philosophies, it is limited for the reasons rehearsed: their extraordinary conceptions of psychological well-being, the fact that emotions such as anger pose inescapable normative questions about how to live, and the importance in their accounts of beliefs that are voluntary and responsive to reason—or at least of a proper cognitive orientation to the world. However, it is not evident that proponents of these traditions were generally unaware of these differences. For the most part, they probably just employed medical analogies, both in the general form and in more particular forms, for the limited value they realized they had.