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Causality, Agency, and the Limits of Medicine¹

Abstract: The difference between ancient Greek medicine and ancient Greek philosophy has often been seen by scholars in terms of two targets of expertise: the body and the soul. In this paper, I argue that we can better understand the boundaries between medicine and philosophy in antiquity by focusing instead on the difference between causes and motivations (or causes and desires).

The reason is this. It is not the case that the writers of the Hippocratic Corpus are uninterested in the soul (*psychē*). They are, however, reluctant to address their therapies to expressions of the patient's own agency, despite tacitly acknowledging such agency as a causal force that cannot be reduced to the automatic behavior of the body. I go on to show how thinkers like Plato and Democritus zero in on the problem of perverted desires as part of a strategy of establishing a new domain of therapy, a domain that comes to be classified as the therapy of the soul.

Keywords: Medicine, Hippocratic Corpus, ethics, Plato, desire

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1 Introduction

In recent decades, scholars of the Hippocratic Corpus have become increasingly sensitive to how the classical medical writers establish authority through the rhetoric of self-presentation. The authority to be established is often not simply the writers' own but that of the medical *tekhnē* as a whole in the face of rivals and detractors. Yet whereas these writers aggressively stake out the territory of medicine, they are understandably less vocal about the limits of its expertise.

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In this article, I explore the Hippocratic writers' reticence with respect to a problem that was being discussed with increasing urgency in other quarters at the end of the fifth century BCE, namely the place of desire, and particularly appetitive desire, in human nature. I argue that we can understand the medical writers' lack of interest in desire in terms of the ambiguity that surrounds the role of the patient's motivations within their etiologies of disease and, more generally, the relationship of agency to the physical body. I suggest further that, by tacitly acknowledging the limits of medicine, these writers open up space for another kind of therapeutic expertise to develop in the late fifth and early fourth centuries, one focused precisely on the desires that fall beyond the purview of the physician. Thus, despite the fact that appetitive desires and sensory pleasures are often represented in this period as belonging to the body, they appear to create a natural opening for philosophical ethics to define itself as a therapy of the soul.

I begin by noting the working opposition in the Hippocratic writings between physical causes that unfold 'automatically' and motivated actions undertaken by people, before reflecting briefly on the way in which this opposition demarcates *tekhnē*. Insofar as the split between physical and human causes is also internal to the embodied agent, it raises the question of whether the motivations of the patient must be acknowledged alongside physical forces as causal factors in disease. In the next section of the paper, I inquire into the kinds of motivations admitted into medical writing, focusing on how the (often implied) wish for health and the knowledge needed to acquire it inform action; I examine, too, several muted references to the desire to gain sensory pleasure and avoid pain. Having considered the limited extent to which these latter motivations are targeted by the physician's therapies, I close with a few examples where we see contemporary thinkers deploying the problem of desire to establish their independence from medicine and the cultural authority of a systematic ethics centered on the care of the soul. By paying attention not only to what the medical writers say but also to what they neglect to say, we may gain a better sense of what separates the writings of the Hippocratic Corpus from late fifth- and early fourth-century ethical philosophy and its practices of health.

2 Physical Causes and Human Actions

Historians of medicine and philosophy have often observed that many of the Hippocratic writers assume that their accounts of human nature or the body can explain a wide spectrum of behaviors and phenomena, including capacities like cognition and sensation that modern scholars deem psychic or psychologi-

cal.² In fact, several Hippocratic authors relate these capacities to a *psukhē* that appears alongside the *sōma* as a legitimate object of medical inquiry and, in some cases, therapy.³ Given the medical interest in the *psukhē* as a locus of intelligence and perhaps character (rather than a vague life-force),⁴ we cannot simply correlate the boundary between medicine and what lies outside it, specifically a nascent philosophical ethics, with the line between the *sōma* and the *psukhē*. More precise tools of analysis are needed to divide medicine from philosophy in this period.

One distinction that may be useful in this context, although it has received less attention than the body-soul relationship, is that between a physical cause and a ‘human’ one, i.e., an agent. For, the difference between physical causes and agents seems, at first glance, obvious enough in the Hippocratic texts, albeit largely implicit. One would be hard pressed to find an instance where a writer confuses a flux of bile with the physician’s deliberate administering of a drug. In fact, the medical writers regularly use lexical cues to distinguish between these two kinds of events. Things brought about by the body itself or its parts are often said to happen ‘automatically’ (ἀπὸ ταῦτομάτου, ἐκ τοῦ αὐτομάτου): the cavity, for example, may become disordered αὐτομάτη; tubercles may subside αὐτόματα.⁵ The medical writers often contrast these events to what the

2 Simon 1978.215 argues that, for the Hippocratics, ‘all diseases of the mind are diseases of the body.’ Singer 1992.142 reworks the claim to argue that the body in these texts ‘can be used to give an account of total experience.’ See also Claus 1981.150–5; di Benedetto 1986.35–69; Pigeaud 1987.13–63; *id.* 2006.71–112, 122–33; Hankinson 1991.200–8; Gundert 2000.20–31; van der Eijk 2005.119–35; Holmes 2010a.148–91.

3 Most extensively at *Vict.* I 35–6 (Li 6.512–24 = 150,29–156,32 Joly-Byl). See also *Aer.* 19 (Li 2.72 = 234,10 Jouanna) and 24 (Li 2.88 = 246,1–4 Jouanna), together with *Aer.* 16 (Li 2.62–4 = 228,3–4 Jouanna), where a change to the *sōma* (μετάσταςις ἰσχυρὴ τοῦ σώματος) can be paralleled by mental disturbances (ἐκπλήξεις τῆς γνώμης); *Hum.* 9 (Li 5.488–90 = 80 Jones), which identifies some behaviors (e.g., intemperance, endurance) as psychic, with Pigeaud 2006.41–7. *Carn.* 1 (Li 8.584 = 188,8 Joly) promises to give an account of what the soul is (ὅ τι ψυχὴ ἐστὶ): Chapters 15–18 on sensory perception may fulfill this intention, as Gundert 2000.16 suggests.

4 On the concept of the *psukhē* as a life force in the archaic and classical periods, see Claus 1981.

5 E.g., *Morb.* II 30 (Li 7.48 = 165,14–16 Jouanna), 71 (Li 7.108 = 210,15 Jouanna); *Int.* 21 (Li 7.218 = 140 Potter). See also *Acut.* 19 (Li 2.266, ch. 6 = 44,10–13 Joly); *Aph.* I.2 (Li 4.458 = 98 Jones); *Artic.* 46 (Li 4.198 = 175,6–8 Kühlewein); *Int.* 42 (Li 7.272 = 214 Potter); *Morb.* I 7 (Li 6.154 = 20,16–17 Wittern); *Mul.* I 7 (Li 8.34 = 102,14 Grensemann), 40 (Li 8.98); *Nat. Hom.* 12 (Li 6.64 = 200,9–12 Jouanna); *Prorrh.* II 20 (Li 9.48 = 262 Potter); *Ulc.* 8 (Li 6.406 = 56,15 Dumini). See also, e.g., *VM* 16 (Li 1.608 = 139,13–14 Jouanna), where the innate heat combats an influx of cold ‘on its own from the person without needing any help or treatment’ (αὐτόθεν ἐκ τοῦ ἀνθρώπου, οὐδεμιᾶς βοηθείης οὐδὲ παρασκευῆς δεόμενον).

physician achieves with his drugs,⁶ thereby confirming a basic sense of difference throughout the otherwise disparate Hippocratic texts between what happens automatically and what is done deliberately. The physician's power to act is signaled in other routine ways as well. It registers in imperatives addressed to a physician-reader, for example, and through descriptions of actions performed by either the author or another physician. That power may have its limits. Yet we never lose sight of it.

But the medical writers do not simply have a working sense of the difference between natural, 'automatic' causes and motivated actions. Automatism often serves as a foil that facilitates the very conceptualization of *tekhnē*. Consider, for example, the well-known account of the origins of dietetics and medicine in *On Ancient Medicine*. The author attributes the discovery of these *tekhnai* to *anankē*.⁷ Yet by *anankē* he means neither physical determinism nor mindless compulsion. Indeed, early humans are forced to modify their diet precisely because their natures bar them from the 'automatic' and unthinking harmony enjoyed by other animals with the products of the earth.⁸ It is this painful estrangement that spurs them to reasoning, *logismos*, which turns gathering food into a thoughtful act and allows digestion in the cavity to be anticipated by a cooking process through which people intervene in the encounter between food and the body, 'molding everything to the *phusis* and the *dunamis* of a human being' (πλάσσοντες πάντα πρὸς τὴν τοῦ ἀνθρώπου φύσιν τε καὶ δύναμιν, *VM* 3, Li 1.578 = 122,14–15 Jouanna).⁹ By transforming the innate tendency of human nature toward health into a deliberate inquiry into the means to achieve health, reasoning gives rise to *tekhnē*.

We find a similar contrast between automatism and the deliberate care of human nature in *On Regimen*, where the author observes that, just as trees, despite their lack of *gnōmē*, prepare (παρασκευάζεται) for the summer months, so should a person prepare for seasonal change. That is, he goes on, since a person has *gnōmē*, he ought to prepare (παρασκευάζειν) his own flesh for the summer.¹⁰

⁶ E.g., *Genit./Nat. Puer.* 18 (Li 7.502 = 62,14–15 Joly); *Loc.* 33 (Li 6.326 = 72,12–15 Craik); *Morb.* I 19 (Li 6.174 = 50,8–9 Wittern); *Mul.* I 36 (Li 8.86 = 128,19–20 Grensemann); *Superf.* 7 (Li 8.480 = 74,28–9 Lienau); *VM* 21 (Li 1.624 = 148,6–7 Jouanna). See also *Hum.* 5 (Li 5.482 = 70 Jones), contrasting ὅσα αὐτόματα with ὅσα τέχνησιν.

⁷ *VM* 3 (Li 1.574–6 = 121,2–5 Jouanna). Cf. *Democr.* (DK68) B144, although Schiefsky 2005.50 cautions against seeing a direct Democritean influence on the Hippocratic passage.

⁸ *VM* 3 (Li 1.576 = 121,5–12 Jouanna). In another context we might wish to distinguish between the automatism of a physical body and the impulses of animals but the distinction is not relevant to my purposes here.

⁹ A process that Jackie Pigeaud calls 'la pédagogie de la douleur' (1977.207).

¹⁰ δεῖ οὖν, ὥσπερ καὶ τὰ δένδρα παρασκευάζεται ἐν ταύτῃ τῇ ὥρῃ αὐτὰ ἐσωτοῖσιν ὠφελίην ἐς τὸ θέρος, οὐκ ἔχοντα γνώμην, αὔξησίν τε καὶ σκίην, οὕτω καὶ τὸν ἄνθρωπον· ἐπεὶ γε γνώμην

The tree in this instance, much like the animal in *On Ancient Medicine*, is both a model for the person, insofar as it harmonizes its nature with seasonal conditions, and a foil, insofar as its harmonization with its surroundings lacks judgment, desire, and intention. Like the earth in Euripides' *Cyclops*, which produces pasture 'by necessity, whether it wants to or not' (ἀνάγκη, κἂν θέλῃ κἂν μὴ θέλῃ, E. *Cyc.* 332), the tree does not intend to adapt to the summer months: it just adapts. Conversely, it is because the body fails to anticipate seasonal change on its own that the embodied agent must assume control by educating himself about dietetics. It is true that in a famous passage from *Epidemics VI*, *phusis* (presumably the *phusis* of the body) is celebrated for 'doing what is necessary' (τὰ δέοντα), without thought (οὐκ ἐκ διανοίης).¹¹ Yet many of the medical texts assume that physicians and patients must often step in to implement those necessary measures by mimicking natural processes in the deliberate, controlled pursuit of health.¹²

The ability to mimic natural processes deliberately, an ability underwritten by *tekhnē*, appears in these texts as the factor that separates human beings from animals and plants. Such a separation can be seen from two angles; taken together, they capture the Greco-Roman ambivalence toward civilization and progress from Hesiod onward. On the one hand, the *tekhnē* remedies our alienation from the world of unthinking trees and cows, thereby serving as partial consolation for our exclusion from the Golden Age-like relationship between other living beings and the earth. On the other hand, *tekhnē* endows human beings with a unique power: the power to act deliberately on the physical world – indeed, to master it – in order to create health.¹³ To the extent a given writer implicitly or explicitly valorizes the ability to exercise deliberate mastery over physical forces, he casts humans not as deficient in relation to animals and plants but as more advanced.

The value of deliberate mastery emerges with perhaps the greatest clarity, however, not in relationship to animals and plants, to whom such power is cate-

ἔχει, τῆς σαρκὸς τὴν αὐξήσιν δεῖ ὑγιερῆν παρασκευάζειν (*Vict.* III 68, Li 6.600 = 198,12–15 Joly-Byl). See Joly 1960.130–1 for other examples of plant analogies. Cf. παρασκευῆ at *VM* 16 (Li 1.608=139,14 Jouanna), cited above (n.5).

¹¹ *Epid.* VI 5.1 (Li 5.314 = 100,7–102,2 Manetti-Roselli); cf. *Vict.* I 15 (Li 6.490 = 136,28–138,1 Joly-Byl). See Ayache 1992; Andò 2002.116–20.

¹² On the arts as a mimesis of nature, see esp. Chapters 12–24 of *On Regimen*.

¹³ The idea of mastery is especially important in *On Ancient Medicine*: the verb ἐπικρατεῖν appears in this sense at *VM* 3 (Li 1.578 = 123,2 Jouanna), 4 (Li 1.580 = 123,16 Jouanna), 5 *bis* (Li 1.582 = 124,16 Jouanna; 125,1 Jouanna), 7 *bis* (Li 1.584 = 126,11 Jouanna; 126,13 Jouanna), 11 (Li 1.594 = 131,15 Jouanna). On the agonistic framework of many Hippocratic discussions of the body and disease, see von Staden 1999; *id.* 2007.28–32 on *tekhnē* as the mastery of *phusis*.

gorically denied, but in relationship to those human beings to whom it is denied *qua* loss. In a treatise deeply concerned with zero-sum games of power, *On the Tekhnē*, the author observes that hidden diseases ‘have been discovered not by those who *wish* to discover them but by those among them who are *capable* of doing so’ (ἐξεύρηται γε μὴν οὐ τοῖσι βουλευθεῖσιν, ἀλλὰ τούτων τοῖσι δυναθεῖσιν), a capability he makes dependent not only on the physician’s own nature but also on his education.¹⁴ In the author’s stress on the power to realize a wish, we can discern a broader value judgment that elevates knowledgeable and efficacious agents over those who are impotent to achieve what they want or too ignorant even to know what to aim for. Elsewhere, the author explicitly seeks to shift the blame for disease and death to the ‘powerlessness’ or ‘lack of [self-] mastery’ (ἀκρασίη) of the sufferers themselves, together with their careless neglect (ὀλιγωρίη).¹⁵ If these sufferers do manage to cure themselves without the help of physicians, it is only because they chance upon the right remedy.¹⁶ Yet chance, as the author of *On Places in a Human Being* observes, cannot be commanded, not even by prayer: it is self-ruled (αὐτοκρατής) and thus arrogates power from those who would benefit from it. Knowledge, however, can be commanded whenever its master wishes (βούληται) to use it.¹⁷ Once summoned, it would seem to ensure, at least in this idealized model, the realization of a wish to create health.

With the opposition between *tukhē* and *tekhne*, we have shifted our attention from the difference between physical automatism and human agency to different kinds – or perhaps even degrees – of agency.¹⁸ We thus return to the question of medicine’s understanding of human nature and the scope of its ambitions to encompass that nature in its entirety. In so doing, however, we do not lose sight of automatism as much as confront its role in human nature, which is, after all, part of the physical world, and, more important, the limits of automatism. For, given that the medical writers assume a difference between physical causes and agency, we would expect them to recognize a boundary between

¹⁴ Art. 9 (Li 6.16 = 235,5–8 Jouanna). See Jouanna 1988.258 for other sophistic examples of the opposition between ‘wanting’ and ‘being able’ to do something.

¹⁵ Art. 7 (Li 6.10 = 231,5 Jouanna), reading ἀκρασίην [M: ἀτυχίην A], printed by Jouanna, who gives the word the sense of ‘le manque de maîtrise de soi’ (1988.254–5); 11 (Li 6.20–2 = 238,18–19 Jouanna): διὰ τε τὴν τῶν καμνόντων ὀλιγωρίην.

¹⁶ Art. 5 (Li 6.6–8 = 228,8–12 Jouanna).

¹⁷ ἢ γὰρ τύχη αὐτοκρατής καὶ οὐκ ἄρχεται, οὐδ’ ἐπ’ εὐχῆ ἔστιν αὐτὴν ἐλθεῖν· ἢ δ’ ἐπιστήμη ἄρχεται τε καὶ εὐτυχής ἐστιν, ὅποταν βούληται ὁ ἐπιστάμενος χρῆσθαι. ἔπειτα τί καὶ δεῖται ἱερική τύχη; (Loc. 46, Li 6.342 = 84,21–25 Craik). For a recent discussion of the *tukhē-tekhne* opposition in the Hippocratics, see Schiefsky 2005.5–13.

¹⁸ The difference is implicitly marked by the pair *tukhē* and *to automaton* in Chapters 5 and 6 of *On the Tekhnē* (Li 6.6–10 = 228,6–230,20 Jouanna).

physical causality and intentional action *within* the embodied person. Granted, such a boundary is sometimes obscured in medical writing by the nature of the physician-patient relationship, which, to the extent it implicitly aligns the patient with physical causality (the diseased body) and the physician with intentional action, formalizes the divide between causality and agency.¹⁹ Nevertheless, even a cursory glance at the Hippocratic writings demonstrates that, while these authors tend to explain human nature in terms of stuffs and forces, they generally treat the automatic workings of the body as somehow discontinuous with the springs of deliberate action: blinking or digestion is not the same, for example, as the patient's deliberate care of the body or, as in the passage from *On the Tekhnē* cited above, his incontinence or neglect.

The sense of discontinuity would seem to confirm that motivations and intentions cut their own swathe through the sea of forces that are driven by nature and necessity, not only as regards the physician who, backed by *tekhnē*, acts on other bodies, but also as regards the patient whose actions both arise from the embodied self and reflexively affect it. The question thus becomes how to accommodate agency – and degrees of agency – within an account of human nature and, more urgently, how to explain why people *fail* to exercise mastery over the physical world, including their own natures, in such a way as to secure health. Can that failure, in light of the discontinuity between automatism and agency, be explained solely in terms of physical causes? Or do these writers also acknowledge problems at the level of motivation, that is, at the level of desires, reasons, and beliefs, where intentions are formed, or at a level where intentions are executed in the world?

I address these questions by first considering in a broad sense what motivates patients and physicians to act in extant medical writing. I then examine the specific role of 'non-rational' motivations, such as the desire for sensory pleasure or the fear of pain, in the development of disease.

3 Motivation in the Medical Writers: Knowledge and Desire

The question of what motivates physicians to act could be answered in several ways, of which I make only brief mention here. Throughout the Hippocratic writings, it is assumed by and large – except in cases where an author is attack-

¹⁹ See further Holmes 2010a.

ing grandstanding rivals – that a physician wishes to restore the patient to health, though of course this may not always be possible.²⁰ This aim is generally believed to go hand in hand with the desire to achieve a good reputation.²¹ Knowledge and skill, then, are both means to these desired ends: the restoration of health for the patient and glory for the physician.

Regarding the patient, it comes as no surprise that he is thought to want health for himself. It is this belief, for example, that underlies the quasi-Socratic assertion in *On the Tekhnē* that, ‘if people had knowledge, they would never have fallen into their diseases’ (εἰ γὰρ ἤπισταντο, οὐκ ἂν περιέπιπτον αὐτοῖσι, *Art.* 11, Li 6.20 = 238,1–2 Jouanna).²² That is, because no one would ever want to be sick – the assumption being that there is no benefit in disease – those who fall ill simply lack the requisite knowledge to stay healthy.

Such a claim, however, raises the question of what motivates people when they act without an understanding of health and disease, a question that can be asked of the Hippocratic texts more generally. One possible answer is suggested by the statement that leads into the ‘Socratic’ claim about knowledge:

καὶ γὰρ δὴ, καὶ ἃ πειρῶνται οἱ τὰ ἀφανέα νοσέοντες ἀπαγγέλλειν περὶ τῶν νοσημάτων τοῖσι θεραπεύουσι, δοξάζοντες μᾶλλον ἢ εἰδότες ἀπαγγέλλουσιν. (*Art.* 11, Li 6.20 = 237,17–238,1 Jouanna)

For the fact is that even the things that those suffering unseen diseases try to report to their caregivers about these diseases, [these things] they report believing, rather than knowing.

It is plausible that the author intends the opposition between belief and knowledge to extend into the following sentence, which I cited above. If so, the claim that ‘people fall ill because of ignorance’ becomes a claim about false beliefs.

Yet solving this problem immediately begets another question. If people wish for health but hold false beliefs about how to achieve it, how do these erroneous ideas arise? The question of misinformed motivations may also be

20 On the physician’s refusal to take on impossible cases, see *Art.* 8 (Li 6.12–14 = 232,12–234,9 Jouanna). On incurability more generally in the Hippocratic writers, see von Staden 1990; Horstmanshoff and Rosen 2003.

21 On the importance of self-presentation and reputation, see von Staden 1996, observing in relation to the *Oath* that being held in good repute is the ‘primary hoped-for condition associated with the benefits that will be reaped by bringing the oath to fulfillment’ (408–9). See also Edelstein 1967.75–7, 79–83, 87–110; King 1998.41–4; Horstmanshoff and Rosen 2003.

22 On the ‘Socratic’ notion of a natural desire to seek the good, see, e.g., Pl. *Prt.* 358c6–d2. Segvic 2000 glosses the principle thus: ‘We humans are hardwired to seek our own good. What we want is, ultimately, to do well for ourselves’ (20). Of course, the knowledge pursued by Socrates cannot be conflated easily with the kind of knowledge sought by the physician: see Nehamas 1999.

taken up from a different perspective. If people unwittingly develop desires for things or behaviors that turn out to have a negative effect on their health, why do they form desires that run so contrary to what for the Hippocratics is the most obvious desideratum, i.e., health?

Each of these questions opens up a slightly different angle on the spectrum of causes that lie between physical forces, on the one hand, and the perfectly informed agent who wishes to create health (and presumably succeeds), on the other hand. Each invites, too, a specific type of response, one concerning the absence of knowledge, the other the presence of desires that appear distinct from, and perhaps even competitive with, the wish for health. Let us look at the two responses in turn.

The question of why people lack the knowledge they need to achieve health proves easier to answer on the basis of the Hippocratic texts. Put simply, there is nothing intuitively obvious about health and disease. As the author of *On Ancient Medicine* declares:

αὐτοὺς μὲν οὖν τὰ σφέων αὐτῶν παθήματα καταμαθεῖν, ὥς τε γίνεταί καὶ παύεται καὶ δι' οἷας προφάσις αὔξεται τε καὶ φθίνει, δημότας ἐόντας οὐ ῥῆιδιον. (*VM* 2, Li 1.572–4 = 120,7–10 Jouanna)

For people to figure out their affections for themselves – how they come about and cease, and on account of which causes they grow and recede – is not easy, since they are laypersons.

From his perspective and indeed from the perspective of virtually all of those who would defend the existence of a medical *tekhnē*, the knowledge necessary for health requires sustained investigation into and experience with the different powers and structures inside the body, with the result that those who acquire it can be distinguished as experts vis-à-vis the general population.²³ There are numerous ways even self-proclaimed experts are led astray, as, for example, when the author's opponents wrongly infer that the hot is solely responsible for fever, or when ignorant physicians blame a disturbance during the patient's recovery on whatever unusual thing he has done most recently, not knowing the cause (τὸ...αἴτιον ἀγνωεῦντας).²⁴ In these cases, the physician may want to

²³ We might wish to qualify 'the knowledge necessary for health' as 'the knowledge necessary for restoring health,' seeing that the author does allow that people have at least some knowledge on the basis of embodied experience of what to eat or what not to eat. See *VM* 4 (Li 1.578 = 123,10–12 Jouanna): everyone is knowledgeable about dietetics. But if laypersons do have this knowledge, we are faced with the question of why they fall ill in the first place: see further below, pp. 13–15.

²⁴ *VM* 17 (Li 1.612 = 141,15–142,5 Jouanna), 21 (Li 1.624 = 148,7–13 Jouanna).

make his patient healthy, but the sheer difficulty of understanding how diseases arise and how to combat them thwarts that wish by leaving ample room for inferential error and, hence, false beliefs about cause and the proper therapeutic response. Knowledge that is precise enough to avoid error and align intentions with outcomes, the author points out, ‘is rarely seen.’²⁵ It is hardly surprising, then, that patients fail to acquire it on their own.

At the same time, the author of *On Ancient Medicine* concludes the passage cited above by observing that it is easy for laypersons to understand their affections ‘when they are discovered and described by another’ (ὕπ’ ἄλλου δὲ εὐρημένα καὶ λεγόμενα, Li 1.574 = 120,10–11 Jouanna). The idea that average people may be educated about their health is also implicit in treatises, such as *On Regimen*, that target a general audience. If misunderstanding is the obstacle to people achieving health, then, the physician, at least insofar as he is confident in his own knowledge, has good reason to claim he can remove it, thereby enabling the patient to care for himself successfully.

The knowledge proffered by medicine influences how people act to the extent that it helps them determine and acquire the means to realize an existing wish for health. But does medicine address wishes and desires in themselves? If knowledge and ignorance shape how people go about trying to be healthy, can physicians explain why people make decisions that undermine health when they are pursuing other (believed) goods, or whether the desire for these other goods ever undermines the desire for health?

On this last question of why people have desires that are harmful to the body, the very concept of the physical body being developed in medicine can shed some light. In the medical texts, human beings, as we have just seen, largely lack intuitive knowledge of what the body needs to flourish. Feelings of hunger, for example, do not provide specific content about what to eat (and how much and when), with the result that such content must be provided by the *tekhne*. It is precisely because there is an empty space between need and action that other desires form, desires for things that can run contrary to the needs of the body. It may be possible to claim that as soon as people understand how these desires lead to disease, they will no longer have them. The physician’s knowledge would thus be sufficient to keep these desires from doing damage. Nevertheless, if these desires are indeed significant

25 *VM* 9 (Li 1.590 = 128,16–17 Jouanna): τὸ δὲ ἀτρεκές ὀλιγάκις ἔστι κατιδεῖν. The phrase τὸ ἀτρεκές can be glossed by the statement several lines earlier: διὸ ἔργον οὕτω καταμαθεῖν ἀκριβῶς, ὥστε σμικρὰ ἀμαρτάνειν ἔνθα ἢ ἔνθα. Knowledge here goes beyond the question of causes to a richer understanding of *kairos*. On precise knowledge in this passage and in the treatise as a whole, see Schiefsky 2005.13–18, 200–5.

causal factors in health and disease, they should attract attention in medical writing.

Such an expectation turns out to be only partially met. Excessive or misguided (appetitive) desires do figure significantly in the etiological clusters that appear in many Hippocratic treatises. That is, a number of writers regularly – and with little fanfare – trace disease to eating, drinking, and sexual activity, the triad of what James Davidson has called the ‘consuming passions’ of the classical Greek world.²⁶ The very significance of such behaviors in disease can be viewed in relation to the expansion of medicine’s therapeutic expertise in the latter part of the fifth century. For although many medical writers are interested in the environmental causes of disease (seasons, waters, winds), they accord considerable explanatory weight to the factors most accessible to their control: eating, drinking, exercising, sexual activity, and so on.²⁷ At the same time, the Hippocratic writers are relatively quiet about the fact that such control requires the cooperation of patients *qua* desiring agents (barring cases where patients are basically incapacitated). Thus, although behaviors like eating and drinking have a serious bearing on health, the patient’s desires for food and drink attract attention only obliquely. Their peripheral presence in the Hippocratic writers’ field of vision can be gauged by looking at two anomalous cases where the pressures of physiological need appear to preclude the formation of dangerous desires.

The topic of desire brings sexual difference to the fore. For, while the implicit subject of desire thus far has been male, the male model does not necessarily apply to female patients. Lesley Dean-Jones has persuasively argued that although the Hippocratic authors do allow for a psychology of desire independent of physiological need in men, they do not make such an allowance for women.²⁸ The gynecological treatises speak only of a woman’s physiological need for sexual intercourse, which irrigates the womb and ensures the dilation of the body’s vessels (and thus the circulation and elimination of excess fluids).²⁹ These writers do not equate this need with desire as much as they

²⁶ Consuming passions: Davidson 1998.139–82, with Arist. *EN* 3.10, 1118a29–32; Pl. *Leg.* VI, 782d–783b; *Phd.* 64d3–6; X. *Mem.* 2.1.1. On the indulgence of appetite as a cause in the Hippocratic texts, see Foucault 1985.117–19, 125–39; Dean-Jones 1992.77; Byl 2006.17–18. These ‘passions’ are not in themselves dangerous: what matters, as Foucault rightly saw, was their use. Sex is sometimes recommended, for example, to dry out men (or moisten women: see below): see Dean-Jones 1992.77.

²⁷ It is true, however, that environmental factors come under the physician’s control to the extent he can anticipate them and prepare the body accordingly.

²⁸ Dean-Jones 1992, who nevertheless observes that these writers show little interest in a psychology of desire (76–7).

²⁹ Dean-Jones 1992.78.

eliminate sexual desire altogether. In cases of abstinence, the female body expresses its unmet needs through the symptoms caused by the wandering womb or blocked menses. Even when these symptoms appear as motivations, they do not motivate women to seek the very thing that would cure them. In *Diseases of Young Girls*, for example, blood accumulated around the heart drives virgins on the threshold of menarche to desire not sex but death, ‘as if it were something good’ (ὡσπερ τινὸς ἀγαθοῦ).³⁰ The very fact that women fall prey to these diseases suggests that they are not, as it were, self-regulating organisms.³¹ It is, rather, the physician who must step in to clarify what the female body needs, bridging need and action with the third-person imperative ‘let her go to her husband.’ Yet the physician’s presence in this operation reminds us that although physiological need appears to suppress an independent economy of desires in women, women are still not like the animals in *On Ancient Medicine* who reflexively satisfy the needs of their natures (and so avoid disease). Rather, like all the addressees encompassed by the third-person imperative in the Hippocratic texts, they are suspended between beasts and fully autonomous agents of self-care.

Consider, however, one instance in the Hippocratic writings where bodily need does appear to be transformed into motivated action. The author of *On Diseases IV* assumes that the body is made up of four humors (or ‘juices’) – bile, blood, phlegm, and water – which are stored in ‘reservoirs’; these reservoirs regulate the ratio between the various humors by storing and releasing them when necessary.³² If one of the reservoirs is exhausted, however, auto-regulation incorporates the agent, who ‘longs’ (ἰμείρεται ὁ ἄνθρωπος) to eat or drink whatever will restore the depleted humor and continues to long for this until balance is restored.³³ Such longing thus serves as a mechanism that turns the intentional agent into a pure conduit between what the body needs and the fulfillment of those needs through deliberate action.

In *On Diseases IV*, the body goes beyond rudimentary messages like hunger and thirst to communicate a specific object of need. Yet symbiosis between the body and the agent in these terms is uncommon in the Hippocratic Corpus.³⁴

30 *Virg.* 3 (Li 8.468 = 24,4–7 Lami): note the verb is not ἐπιθυμεῖν but ἐρᾶν.

31 It is possible that women in some cases do feel desire but require the physician’s sanction to act on it. The very idea that they are contained within structures of social control, however, recognizes that they are agents at the most basic level.

32 *Morb.* IV 39 (Li 7.556–60 = 92,12–94,9 Joly).

33 *Morb.* IV 39 (Li 7.558–60 = 93,26–94,9 Joly). Note that the author uses ὁ ἴμερος and ἰμείρεσθαι, language that implies desire for something that has been lost, rather than appetitive desire, usually expressed with the terms ἡ ἐπιθυμία and ἐπιθυμεῖν.

34 But see the views of Empedocles on appetite reported at Stob. 1.50.31 and [Plu.] *Placita* 5.28. Traced by Diels to Aëtius, the sources appear as Aët. 4.9.15 (*Doxographi Graeci* 398) and

Such a level of symbiosis, after all, eliminates the need for physicians and their expert knowledge of *dunameis* and *phuseis*. It also raises the question of how agents so attuned to the needs of the body could ever become unwitting catalysts of disease. If we look at the author's tripartite etiology of disease, we see that the agent is, in fact, excluded from two classes of cause: adverse environmental conditions and blunt trauma (e.g., a fall or a wound).³⁵ The other explanation, however, is more puzzling. If, when the body has a surfeit of food, the patient is not purged and continues to eat, disease develops.³⁶ What is going on here? Is it that, in cases of surfeit rather than depletion, the person loses touch with his body?³⁷ Or does something drive him to eat *despite* his knowledge that this is not what he, or rather the body, really wants or needs? The text itself offers little indication of which of these explanations is more likely to be true. On the principle that no one knowingly harms himself, we might conclude that the person simply does not know what he is doing. If so, however, we must again confront the agent whose motivations neither flow directly from physiological needs nor incorporate medical knowledge. How does this agent form desires, and specifically appetitive desires?

We can glimpse one answer that a medical writer might give to this question by turning back to *On Ancient Medicine* and, more specifically, the dy-

5.28 (*Doxographi Graeci* 440) respectively; Diels reproduces his versions of the passages at Emp. (31) A95 in *Die Fragmente der Vorsokratiker* (Berlin: 1903). [Note, however, that the text that appears as Aët. 5.28 at *Doxographi Graeci* 440 indicates the full extent of the corruption in the last lines of the pseudo-Plutarch passage and Diels' emendation, whereas in the version that Diels later prints in *Die Fragmente der Vorsokratiker*, part of the emendation is represented as secured by the manuscript tradition: the discrepancy is noted and discussed by Wolfsdorf 2009.25–6. The material on appetite is unaffected by this particular problem except to the extent it is contextualized by the material on pleasure.] Those sources report that desire [or appetite] (ἡ ὄρεξις) arises (pseudo-Plutarch specifies in living things, τὰ ζῷα) according to deficiencies in a particular element (τὸ στοιχεῖον is doubtless supplied by the doxographers). Lonie 1981.298 traces the claim at *Morb.* IV 39 to Empedocles on the basis of Aët. 5.28. Wolfsdorf 2009.24–5 is rightly wary of using the Aëtius passage to relate Empedocles to the Hippocratic text; he argues that appetite in the Empedoclean opinion at 5.28 pertains only to plants and favors the lost Aristotelian treatise *On Plants* as the likely source (34–42). The difficulty is that Aëtius is virtually our only source for Empedocles' views on appetite, and he is not particularly reliable here. Thus, I do not think we can rule out that Empedocles' views on appetite extended to living things more broadly, with the result that some kind of contact with *Morb.* IV remains plausible.

35 *Morb.* IV 50 (Li 7.582 = 106,16–23 Joly). See also Pl. R. III, 405c8–d4, contrasting seasonal diseases and wounds with diseases of indulgence.

36 *Morb.* IV 49 (Li 7.578–80 = 104,21–106,10 Joly).

37 Elsewhere the author accepts that there may be bodily changes that are not perceived, e.g., *Morb.* IV 35 (Li 7.550 = 88,19–21 Joly), 36 (Li 7.552 = 89,21–23 Joly).

namics of pain and pleasure in that text. Let us begin with pain, which turns out to be closely implicated in both need and knowledge. One of the dominant claims in the treatise is that pain acquaints people with their natures and thus allows them to determine which foods are suitable: if I eat something that causes pain, I realize that I have made an error and adjust my decisions about what to eat accordingly. Pain here is a symptom, that is, an effect of events or states inside the body, as it often is in the Hippocratic Corpus.³⁸ Yet it also functions as the seed of a motivation to seek different foods or to modify food through cooking, a motivation informed by a genuine expression of physiological need (the need for foods that are not ‘hostile’ or too strong) that is nevertheless shaped by reasoning.

What about pleasure? Does it, too, motivate action, and if so, how? The author is clearly less interested in pleasure but it does surface at several points. In Chapter 10, he considers cases where someone adopts a habit – say, eating one meal a day or two – for reasons other than the desire to avoid pain. Habit here, he observes, develops either because of pleasure or for some other chance reason (δι’ ἡδονὴν ἢ δι’ ἄλλην τινὰ συγκυρίην, 10, Li 1.592=130,2 Jouanna). Pleasure, at least in this instance, thus appears to have a more tenuous relationship than pain does to the strict logic of benefit and harm.³⁹ Yet perhaps it is because pleasure, like chance, is unmoored from the logic of benefit and harm that it can explain the ‘errors’ (ἁμαρτήματα) in regimen that lead to disease.⁴⁰

Pleasure does, it seems, have a subtle relationship to regimen. In the *Kulturgeschichte*, the author observes:

ἐτί γοῦν καὶ νῦν ὅσοι ἰητρικῆ μὴ χρέωνται, οἱ τε βάρβαροι καὶ τῶν Ἑλλήνων ἔνιοι, τὸν αὐτὸν τρόπον ὄνπερ οἱ ὑγιαίνοντες διαιτέονται πρὸς ἡδονὴν καὶ οὐτ’ ἂν ἀπόσχονται οὐδενὸς ἂν ἐπιθυμέουσιν, οὐδ’ ὑποστείλαιντο ἄν. (VM 5, Li 1.580 = 124,5–9 Jouanna)

³⁸ On pain in the Hippocratic Corpus, see the recent discussions in Byl 1992; Rey 1995.17–23; King 1998.118–26; Horden 1999; Marzullo 1999; Villard 2006.

³⁹ Cf. *Morb.* IV 39 (Li 7.558 = 93,23–6 Joly), where it is just those foods and drinks that restore the appropriate humor that are pleasurable (ἡδέα). The text that appears as Aët. 5.28 at *Doxographi Graeci* 440 and (in a slightly different form) at Emp. (DK31) A95 may seem to suggest that Empedocles held a similar view, but see Wolfsdorf 2009.29–37, esp. 36, defending the manuscript reading (ἐξ ὑγροῦ) against Diels’ ἐξ [οικείου] on the basis of new evidence from the Arabic tradition. On the discrepancies between the two texts printed by Diels, see above, n.34.

⁴⁰ On ἁμαρτήματα: VM 12 (Li 1.596 = 132,11 Jouanna); see also *Prorrh.* II 3 (Li 9.10–14 = 224–6 Potter), where the word is used in the context of patients who depart from a prescribed regimen. Other errors in *On Ancient Medicine* concern the physician, e.g., VM 9 (Li 1.588–90 = 127,15–129,13 Jouanna), although because the errors here are seen as unavoidable, they do not imply culpability.

And what is certain is that even now, all of those who do not use the medical *tekhne*, barbarians and some of the Greeks, follow a regimen in the same way as the healthy do for the sake of pleasure, and they could not hold themselves from anything they desire nor even reduce the amount.

Here, as in Chapter 10, the author represents a diet unrestricted by the fear of pain as primarily motivated by pleasure (πρὸς ἡδονήν).⁴¹ Yet we can detect, too, a new twist: the coupling of pleasure with the unlimited indulgence of desire, together with the contrast between indulgence and the discipline imposed by the *tekhne*. The contrast is echoed later in the treatise, where the author notes that mild, well-blended foods are most beneficial to human nature and then adds that these foods are also those most in use, except for foods seasoned and prepared ‘with a view to pleasure and satisfaction’ (πρὸς ἡδονήν τε καὶ κόρον, *VM* 14, Li 1.604 = 137,5 Jouanna). The opposition between what is beneficial and what is merely pleasing again cues a latent tension between the recommendations of medicine, which has discovered what is beneficial, and the pursuit of pleasure. Yet while the opposition between benefit and pleasure will be exploited in other late fifth- and early fourth-century authors, it is left unexplored in *On Ancient Medicine*. Moreover, despite the glancing mentions of pleasure, the author stops short of implicating it in errors of regimen.

If we acknowledge a tension between what is beneficial and what is pleasurable, as *On Ancient Medicine* weakly does, we find ourselves before the possibility that the physician’s recommendations may not succeed in displacing motivations that threaten the patient’s health, such as the desire for pleasure. The resulting conflict is most evident in passages where the Hippocratic writers recognize the problem of non-compliance. The author of *Prorrhetic* II, for example, takes it for granted that patients deviate from their regimens in the physician’s absence by overeating, getting drunk, and indulging in sex, and he goes so far as to outline a series of signs that enable the physician to identify evidence of these transgressions.⁴² And late in *On Diseases* II, we encounter a case where the physician is advised to have his patient avoid drunkenness and sexual intercourse, followed by a conditional clause that outlines what should be done if the patient does engage in intercourse, implying that the initial command may not be followed.⁴³ The author of *On the Tekhne* pits physicians with

⁴¹ It is left unclear whether people who do not use the *tekhne* do not suffer the consequences of pain, as earlier humans suffered less because of their habituation to bestial foods (*VM* 3, Li 1.576, 121,20–122,1 Jouanna), or whether pleasure overrides other considerations.

⁴² *Prorrh.* II 3–4 (Li 9.12–20 = 224–34 Potter). On non-compliance, see also *Artic.* 9 (Li 4.100 = 124,7–11 Kühlewein), discussing patients who discontinue their treatment prematurely because they feel better; *Prorrh.* II 6 (Li 9.24 = 238 Potter).

⁴³ *Morb.* II 73 (Li 7.112 = 213,14–15 Jouanna), cited by Dean-Jones 1992.88 n.29.

sound minds in sound bodies (οί...ὕγαινούση γνώμη μεθ' ὑγαινόντος σώματος ἐγχειρέουσι) against patients who are not only ignorant of their sufferings but also distressed, fearful of the future, full of disease, lacking food, and 'wanting to receive those things that favor the disease rather than those that favor health' (ἐθέλοντες δὲ τὰ πρὸς τὴν νοῦσον ἤδη μᾶλλον ἢ τὰ πρὸς τὴν ὑγίειν προοδέχασθαι).⁴⁴ It is far more likely, he implies, that recovery is compromised by the refusal of such patients to follow orders than by errors on the part of the physician. Taken together, then, with the scattered but not uncommon references to food, drinking, and sex in the Hippocratic texts, these passages suggest that appetitive desires, as well as other irrational motivations such as fears that lead to the avoidance of anticipated pain, are factors that can have a direct and significant impact on health and disease. Are these forces susceptible to the physician's techniques of control?

4 Therapies of Desire

At the beginning of this paper, I observed that some Hippocratic authors extend their therapeutic expertise to aspects of human nature that they implicate in sensation, emotion, cognition, and judgment, sometimes relating these faculties to the *psukhē*. I suggested further that their ambitions in this regard complicate any attempt to align the limits of medicine's techniques of care with the limits of the *sōma*. Does the contrast I have drawn between physical causes and motivations enable us to perceive medicine's limits more sharply? To answer this question, let us consider briefly whether Hippocratic explanations and therapies target the beliefs and desires that motivate people to act, and specifically those motivations that have a direct bearing on health.

At the most basic level, a number of the medical writers would presumably locate the conditions of agency, understood broadly, within the scope of their expertise, at least insofar as they explain the very capacities to perceive, think, and act through the physical stuffs that they claim to be able to manipulate. If, for example, blood makes the greatest contribution to human intelligence, as the author of *On Diseases I* holds, and if any change to its consistency and habitual motions can cause the person to go mad and lose his sense of self (παρά-

⁴⁴ Art. 7 (Li 6.10–12 = 231,11–232,3 Jouanna). I print Jouanna's text here, reading ἤδη [A³: ἤδη A: ἠδέα M]: see his notes *ad loc.* (1988.255). Jouanna intriguingly suggests that the patient is being compared to a coward who deserts the battlefield.

νοεῖ τε ὤνθρωπος καὶ οὐκ ἐν ἔωυτῷ ἔστιν),⁴⁵ then the physician with the power to act on blood or the bile that disrupts it can secure the necessary physical conditions for agency.

On several occasions, we do find the Hippocratic writers giving more precise accounts of the physical conditions that influence motivational forces such as emotions and judgments, including judgments of harm and benefit. In the extraordinary discussion of the soul's *phronēsis* in *On Regimen*, for example, the author discusses, among other psychic types, the 'senseless' ones, in whose souls water dominates fire, resulting in a form of madness characterized by slowness and, more specifically, sluggish perception.⁴⁶

οὔτοι κλαίουσι τε οὐδενὸς ἔνεκα δεδίασι τε τὰ μὴ φοβερὰ λυπέονται τε ἐπὶ τοῖσι μὴ προσήκουσιν αἰσθάνονται τε ἢ τι ἢ οὐδέν, ὡς προσήκει τοὺς φρονέοντας. (*Vict.* I 35, Li 6.518 = 154,9–11 Joly-Byl)

These people weep at nothing, fear what is not fearful, and are pained at things that are unfitting, and they sense (or: perceive) little or nothing like those in their right mind ought to.

The predominance of water, then, has a distorting effect on perception, resulting in emotions that are misaligned with an assumed norm.⁴⁷ Conversely, the soul overmastered by fire perceives too quickly, with the result that it 'more rapidly makes judgments on the things presented to it and rushes at more objects because of its speed' (διότι θάσσον ἐκκρίνεται τὰ παραγινόμενα καὶ ἐπὶ πλείονα ὀρμάται διὰ ταχυτήτα, 35, Li 6.520 = 154,24–5 Joly-Byl). In this case, the whole cycle of perception, judgment, and motivated action is so accelerated that deliberate agency appears threatened by an almost reflexive responsiveness to external stimuli (although the very act of judging continues to distinguish the soul's response from bodily reaction). The author believes, however,

⁴⁵ See *Morb.* I 30 (Li 6.200 = 86,19–88,6 Wittern). On blood and thought, see also *Flat.* 14 (Li 6.110 = 121,9–11 Jouanna) and the evidence for Empedocles: Thphr. *De sens.* 23 (DK31 A86); Aët. 4.5.8 (A97); B105. See also Pl. *Phd.* 96b3–8, where, according to Socrates, blood is one of the stuffs on which the physicists make thought depend.

⁴⁶ On the notions of slowness and speed here, see Jouanna 2007.15–26, esp. 20. Jouanna convincingly argues that *aisthēsis* should be understood as 'particules sensibles' that the soul apprehends more or less quickly as it makes its circuit.

⁴⁷ On other occasions where emotions are related to physical conditions, see, e.g., *Epid.* II 4.4 (Li 5.126 = 72 Smith), where inducing emotions can help balance the humors; *Virg.* 3 (Li 8.468–70 = 24,1–14 Lami): sexual intercourse cures wild emotions and visions in girls. See also the phobias reported at *Epid.* V 81 (Li 5.250 = 37,7–12 Jouanna; cf. *Epid.* VII 86, Li 5.444 = 101,10–102,2 Jouanna), 82 (Li 5.250 = 37,13–38,4 Jouanna; cf. *Epid.* VII 87, Li 5.444 = 102,3–8 Jouanna).

that both the slow perceiver and the skittish one can be helped by regimens designed to balance out the fire and the water in the soul, thereby restoring the conditions for proper judgment and action.⁴⁸

The author of *On the Sacred Disease* also makes an impressive attempt to encompass the full spectrum of human nature in his explanatory model. Toward the end of his treatise, he declares that all of our pleasures (ἡδοναί), joys, laughter, and jests arise from the brain, as do our pains (λύπαι), vexations, griefs, and tears.⁴⁹ Moreover,

καὶ τοῦτω φρονέομεν μάλιστα καὶ νοέομεν καὶ βλέπομεν καὶ ἀκούομεν καὶ διαγινώσκομεν τὰ τε αἰσχρὰ καὶ τὰ καλὰ καὶ τὰ κακὰ καὶ τὰγαθὰ καὶ ἡδέα καὶ ἀηδέα, τὰ μὲν νόμῳ διακρίνοντες, τὰ δὲ τῷ συμφέροντι αἰσθανόμενοι, τοτὲ δὲ καὶ τὰς ἡδονὰς καὶ τὰς ἀηδίας τοῖσι καιροῖσι διαγινώσκοντες. (*Morb. Sacr.* 14 [ch. 17 Jones], Li 6.386 = 25,15–26,4 Jouanna)

It is through this [i.e., the brain] especially that we think and recognize and we see and we hear and we distinguish the shameful and the beautiful and the bad and the good and the pleasurable and the not-pleasurable, discerning some by custom, others by sensing what is beneficial, sometimes distinguishing pleasures and not-pleasures according to the proper time and place.

The author thus makes the brain responsible for not only thought and perception but also ethical judgments (what is shameful, beautiful, bad, or good); judgments about what is pleasurable, which take into account both social norms and what feels beneficial; and judgments about the appropriateness of pleasures under given circumstances. We might infer, then, that when the brain is in an optimal condition, people always make the right decisions about what is good or praiseworthy or pleasurable in an appropriate way, including the decision to adhere to their doctors' orders. If this is so, these decisions can be affected by the physician to the extent he is able to change the condition of the brain by creating the dry and the wet and the cold and the hot through regimen.⁵⁰

The inference about the relationship between the brain and choice and avoidance, however, is just that: an inference. For even when the Hippocratic writers are implicating the springs of our actions in physical conditions, they are doing so as part of a larger project to account for all of human nature within a limited set of causal terms, rather than addressing patients as agents with a critical role to play in health and disease. These writers do not suggest that the

⁴⁸ Some traits, however, depend on the circuits of the soul, and thus cannot be cured: see *Vict.* I 36 (Li 6.522–4 = 156,23–32 Joly-Byl).

⁴⁹ *Morb. Sacr.* 14 [ch. 17 Jones] (Li 6.386 = 25,12–15 Jouanna).

⁵⁰ *Morb. Sacr.* 18 [ch. 21 Jones] (Li 6.396 = 32,15–33,4 Jouanna).

techniques they recommend for modifying souls or brains be used to treat the desires or motivations that may lead people to disease or keep them in ill health. Indeed, in the most overt acknowledgment of non-compliance that we have from the classical period, the author of *Prorrhetic* II offers the physician-reader not therapies for patients who are led astray by their desires but signs for detecting disobedience.⁵¹ And in the fullest account of sexual desire and pleasure in the Hippocratic Corpus, at the beginning of *On Generation/On the Nature of the Child*, the author, having given a detailed explanation of the physiology of pleasure, refers briefly to erotic dreams and the kinds of ‘madness’ to which they can lead – that is, to the phantasmic nature of desire and the power it can exercise over the person – before abruptly declaring that such things are not his concern.⁵² In short, then, the Hippocratic writers are remarkably consistent in their lack of *overt* interest in appetitive desires or other ‘non-rational’ motivations (such as fear) as causal factors, as well as in their neglect of these motivations as proper objects of therapy.⁵³

If, however, we shift our attention from the specific therapies outlined in the Hippocratic writings to the writings themselves, we can see what was perhaps the most important technique for incorporating the patient *qua* agent into therapy, namely persuasion. It is difficult to say, of course, which treatises were destined for a lay audience, and it is worth noting, too, that one of the treatises most likely to be performed publicly, *On the Tekhnē*, largely casts patients as adversaries of the physician. It is probable, however, that many of the explanations of causes and hidden forces in our extant texts reflect a larger effort by

⁵¹ See above, pp. 11–12.

⁵² See *Genit./Nat. Puer.* 1 (Li 7.472 = 45,8–10 Joly). Note that *πρὸ μανίης* is the reading of M and V; the *recc.* read *πρὸ λαγνείης*, which would imply that erotic dreams stimulate the desire for intercourse itself. For this latter idea, Lonie 1981.109 cites *Lucretius DRN* 4.1030–6, but concludes that *πρὸ μανίης* is likely to be correct: see 109–10 on the relationship between erotic dreams and madness. For the physiological account of pleasure, see *Genit./Nat. Puer.* 1 (Li 7.470 = 44,5–10 Joly), 4 (Li 7.474–6 = 46,21–47,19 Joly). In the Roman imperial period, however, physicians are less circumspect about the dangerous role of images in desire: see Foucault 1986.136–7.

⁵³ But cf. *Pl. Smp.* 187e1–6, where Eryximachus *does* imply that part of the medical *tekhnē* involves instilling the right kinds of (appetitive) desires in patients so that pleasure can be reaped without disease: ὁ δὲ Πολυμνίας ὁ πάνδημος, ὃν δεῖ εὐλαβούμενον προσφέρειν οἷς ἂν προσφέρῃ, ὅπως ἂν τὴν μὲν ἡδονὴν αὐτοῦ καρπώσῃται, ἀκολασίαν δὲ μηδεμίαν ἐμπούσῃ, ὥσπερ ἓν τῇ ἡμετέρᾳ τέχνῃ μέγα ἔργον ταῖς περὶ τὴν ὀψοποικὴν τέχνῃν ἐπιθυμίας καλῶς χρῆσθαι, ὥστ’ ἄνευ νόσου τὴν ἡδονὴν καρπώσασθαι. But Eryximachus has been given a rather ridiculous speech – a speech that seems to parody contemporary medical discourse – in a debate about *erōs* and desire. Whether the physician’s ability to control desire was regularly peddled outside the symposium (or Plato’s *Symposium*) is another question.

physicians to persuade lay audiences to accept their accounts of disease and hence, their therapeutic recommendations.⁵⁴

The need for physicians to persuade patients turns out to be addressed most openly outside the Hippocratic texts. In Plato's *Gorgias*, for example, the dialogue's namesake boasts that he has often accompanied his brother, a physician, on house visits and has managed to convince patients to submit to painful treatments, such as cauterization or surgery, after his brother has failed to do so (456b1–5).⁵⁵ 'Gorgias' clearly has his own self-aggrandizing reasons for playing down his brother's persuasive skills. Nevertheless, his remarks throw into relief the limit to the physician's expertise that is obliquely visible within the Hippocratic texts themselves, a limit I have defined in terms of motivations and, more specifically, in terms of the desires and fears that can undermine bodily health.

The concept of medicine's limits resurfaces in Socrates' own discussion of the physician later in the dialogue, at a point where the problem of appetitive desires is beginning to loom large. In an extended analogy, Socrates compares the true and the false arts of the body to the true and the false arts of the soul. In elaborating the arts of the body, he opposes the physician to the chef: the former knows what the body needs for health while the latter only pretends to know which foods are beneficial, using pleasure as a lure (464d–e). And pleasure, we learn, exerts a powerful attraction. If the physician is forced to defend his expertise in benefit and harm against the chef, he will quickly lose his clients, at least if his audience comprises children or men as foolish as children (464d6–7). From Socrates' perspective, then, the physician is powerless to instill health unless his charges have already mastered their appetitive desires. Such a stance implies the need for an art committed to the problem of desire. What kind of an art might this be?

In the *Gorgias*, there is a peculiar moment toward the end of Socrates' initial elaboration of the medical analogy when he reframes the problem of pleasure as one where the soul is not in charge of the body but the body takes charge of itself (465c7–d6). What is strange about Socrates' formulation is that it assumes the body can choose its own objects of desire by calculating pleasures. Such a discerning body is decidedly not the body that we find in the medical writers,

⁵⁴ On the need to persuade patients, see, e.g., *Morb.* IV 56 (Li 7.608 = 121,19–22 Joly); *VM* 2 (Li 1.572–4 = 120,3–15 Jouanna). See also the idealized version of the patient-physician conversation at *Pl. Leg.* IV, 720d1–e2, where the physician does not order anything without first persuading the patient to consent; see also *Leg.* IX, 857c2–e1.

⁵⁵ Gorgias goes on to declare that in a debate to determine the public physician, the rhetorician would easily eclipse the physician (456b6–c2).

and Socrates is perhaps being playful in casting the body as an agent.⁵⁶ In any event, in the *Republic*, a dialogue often thought to be slightly later than the *Gorgias*, Plato makes it quite clear that the problem of unfettered appetitive desires is not a somatic but a *psychic* problem. In fact, through the use of an extended medical analogy, he treats it as a psychic disease akin to, but not dependent on, diseases of the body.⁵⁷ As a formalization of the difference between the soul and the body, the analogy isolates the soul as a discrete target of therapy defined in part by its implication in the dynamics of motivation and desire.

The medical analogy also lays bare the limits of the physician's expertise. It is precisely because contemporary medicine, and dietetics in particular, is powerless to curtail the pursuit of pleasure that it becomes the target of Socrates' scorn in Book III. There, he casts physicians as little more than handmaidens to their patients' outsized desires, who enable them to stay alive despite their punishing appetites (405c7–d5). By declaring medicine's limits, Socrates establishes both the space and the need for another kind of therapy, a therapy of the soul. On Plato's view, the care of the soul does not run merely parallel to medicine but is a necessary condition of its efficacy. As Socrates tells Glaucon:

ἔμοι μὲν γὰρ οὐ φαίνεται, ὃ ἂν χρηστὸν ἦ σῶμα, τοῦτο τῇ αὐτοῦ ἀρετῇ ψυχὴν ἀγαθὴν ποιεῖν, ἀλλὰ τούναντίον ψυχὴ ἀγαθὴ τῇ αὐτῆς ἀρετῇ σῶμα παρέχειν ὡς οἶόν τε βέλτιστον. σοὶ δὲ πῶς φαίνεται; καὶ ἔμοι, ἔφη, οὕτω. οὐκοῦν εἰ τὴν διάνοιαν ἰκανῶς θεραπεύσαντες παραδοίμεν αὐτῇ τὰ περὶ τὸ σῶμα ἀκριβολογείσθαι, ἡμεῖς δὲ ὅσον τοὺς τύπους ὑφηγησαίμεθα, ἵνα μὴ μακρολογώμεν, ὀρθῶς ἂν ποιοῖμεν; (R. III, 403d2–e2)

'For I, for my part, do not believe that a sound body, through its own virtue, makes the soul good, but quite the opposite – that a good soul, through its own virtue, makes the body as good as possible. But what is your opinion?' 'It seems this way to me as well,' he said. 'Then if, having taken sufficient care of the mind, we should entrust it with

⁵⁶ It is true that sensory pleasure was often seen as bodily in this period: see, e.g., X. *Mem.* 1.2.23; Aeschines 1.190–91. Moreover, in the *Phaedo*, the body is credited with the desire for pleasure (e.g., 65a10, 66b7–67b2, 79c6–8, 80e2–81c6, 83d4–e2). But elsewhere in the *Gorgias* (493a3–5), Socrates locates desires in the soul.

⁵⁷ There is an extensive bibliography on the medical analogy in the *Republic* and other Platonic dialogues: see, e.g., Tracy 1969.90–6, 120–36; Kenny 1973.1–27; Lidz 1995; Lloyd 2003.142–52; and Holmes 2010b. Plato's interest in desire in the *Gorgias* and especially the *Republic* represents a shift from the focus on knowledge in the early 'Socratic' dialogues: for the debate about the implications of this shift, see the recent essays on *akrasia* in Plato in Bobonich and Destrée 2007. For readings of the *Republic* as an elaboration of the problems of desire and psychic disharmony that first appear in the *Gorgias*, see Woolf 2000; Moss 2006.

determining precisely matters of the body, and we just give some basic instruction so as not to go on at length, would we not be acting correctly?"

Here, medicine disappears almost entirely. The physician may help educate the soul about the patterns to follow to secure health. Nevertheless, Socrates' emphasis is on the soul's own capability to supervise health and the need to support it with proper care.

A similar stance toward the therapy of the soul is found in the ethical fragments of Democritus, who declares that the care of the body on its own does the soul no good, although the converse is true (DK68 B187). Why this is so is suggested by the claim in another fragment that, 'people betray their health to their desires by doing the opposite [of what is beneficial] through lack of self-control' (ἀκρασίη δὲ τάναντια πρήσσουντες αὐτοὶ προδόται τῆς ὑγείης τῆσιν ἐπιθυμησῖν γίνονται, B234).⁵⁸ If disease is a problem with its roots in desires, then what is needed is a therapy of desires. For Democritus, as for Plato, this therapy is addressed not to the body but to a soul that has become identified with beliefs, calculations of benefit and harm, and motivations and suffers disease in these terms.

The medical writers' reticence about desire thus finds its complement in a growing commitment to the problem of motivation and, more specifically, the problem of appetitive desires in contemporary thinkers.⁵⁹ Although I have touched only briefly on this non-medical material, we can see these thinkers both acknowledging the cultural authority of medicine and declaring its limits in order to establish the need for a different kind of therapeutic expertise targeting the soul as the font of desires as well as the locus of reason, on which the reflexive care of the self depends. The shift of focus will give rise to accounts of health and human nature that move away from the models of wellness found in medicine, accounts in which the formation of our desires and beliefs influences not only the health of the body (by shaping behaviors like eating and drinking) but human flourishing more generally. Later physicians – most notably, Galen – will challenge the philosophers' appropriation of the soul, the 'hegemonic' capabilities of a human being, and the disciplining of desire as the domain

⁵⁸ The text is C. C. W. Taylor's. In the first part of the fragment, Democritus declares that people hold the *dunamis* to achieve health within themselves. See also DK68 B159, where the body prosecutes the soul for ruining it through carelessness, excessive drinking, and 'love-of-pleasure.' On psychic disease in Democritus, see further Holmes 2010a, 202–205, 216–26 (with bibliography).

⁵⁹ On the medical analogy as a 'therapy of desire' in the Hellenistic and imperial periods, see Nussbaum 1994.

of their expertise.⁶⁰ In making his challenge, however, Galen is responding to a recognizable, if repeatedly complicated, delineation of this domain as philosophical-ethical, a delineation whose history begins in the late fifth century.

Reading the strategic silences in the Hippocratic Corpus suggests that while the medical writers systematically recognize a difference between physical causes and motivated actions, that difference did not have significant consequences for their therapeutic response to the pathologies of human nature. Those consequences are elaborated, rather, by thinkers interested in marking the difference between the body and the soul as the justification for a new kind of care. Nevertheless, the distinction between physical causes and agents that becomes important to the medical analogy has its roots in the figure of the physician who knows and acts over physical forces. What those outside of medicine declared was that this kind of mastery, while perhaps necessary, was not sufficient to safeguard the flourishing of human nature.

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⁶⁰ For Galen's views on the soul, see Donini 2008, esp. 196–202 on the physician's expertise vis-à-vis ethical virtue, with further bibliography.

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