The Persistence in Late Antiquity of Medico-Philosophical Psychic Therapy

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The Persistence in Late Antiquity of Medico-Philosophical Psychic Therapy

Drawing on recent scholarship on mental health in the ancient world, it is argued that the previously puzzling final treatise that John Chrysostom sent to his supporters from exile is a therapeutic medico-philosophical treatise for the sick soul that draws on a well-established tradition within Hellenistic and imperial medicine and philosophy. Viewed in this light, it is a natural accompaniment to two other works written by him at this time, the treatise Quod nemo laeditur, and the final letter to Olympias. It is argued that all three works emerge from a holistic approach to the health of the human soul that is in continuity with Galen and his predecessors, an approach embraced by John early in his ministry.

One of the very last works that the late-antique bishop John Chrysostom wrote and dispatched to his supporters prior to his death in exile in Armenia in September 407 CE was a 24-chapter-long treatise somewhat lengthily titled by the manuscript tradition To those who have fallen into moral error in response to the illegal events that have occurred and to the persecution of the laity and of numerous clergy, both concerning God’s providence and concerning his incomprehensibility. Rather than assuming that this title was original to the work, it should be viewed as a summary based on its contents and indicative of the fact that later scribes were uncertain what to make of it. So too was its editor, Malingrey, who found its genre difficult to define (“ni homélie, ni lettre, ni traité”), concluding not only that it did not

I gratefully acknowledge the insightful comments of both Heidi Marx-Wolf and Kristi Upson-Saia, the editors of this special issue, and the anonymous reviewer assigned by the journal, the incorporation of which has further strengthened this contribution.

1 Gr. title: Τοῦ ἐν ἁγίοις πατρὸς ἡμῶν Ῥωμανίου ἀρχιεπισκόπου Κωνσταντινουπόλεως πρὸς τοὺς σκανδαλιζομένους ἐπὶ ταῖς παρανομίαις ταῖς γινομέναις καὶ τῇ τοῦ λαοῦ καὶ πολλῶν ἱερέων διώκει καὶ διαστορφῇ καὶ περὶ τῆς τοῦ θεοῦ προνοίας καὶ περὶ ἀκαταλήπτου (ed. Malingrey, SCh 79: 52). Hereafter abbreviated as Scand. The date ad quem is supplied by Ep. 17 ad Olymp. 4.c (SCh 13bis: 384.32–35), dated by Malingrey to early 407. Since Scand. was sent together with the latter, it must have been composed during the winter of 406/7 (SCh 79: 7–11).

2 See Malingrey 1962, where she documents the survival of this text (CPG 4401) in a larger number of manuscripts than its companion, Quod nemo laeditur (CPG 4400), due to the somewhat
fit into any known literary genre, but that it was ultimately “le témoignage spontané d’une expérience intérieure qui s’exprime à travers la culture d’une époque.” Not long after, Schatkin identified it as apologetic, that is, “that branch of theology whose purpose is to justify Christian religion, doctrine, institutions and Scripture, and to defend these against their critics.” She located this particular work within the second of a two-part agenda pursued by John, the second being apologetics directed towards those not outside, but within the Christian community. Although Schatkin comes close in some respects, neither she nor Malingrey satisfactorily explain the structure of the work, especially the relationship between its contents and the extended claim by John in the prologue and opening section of chapter 1 that the entire work constitutes a medical treatment.

What is argued in this article is that Scand. is a therapeutic medico-philosophical treatise for the sick soul that draws on a well-established tradition within Hellenistic and imperial medicine and philosophy; that in this regard it is a natural accompaniment to its companion piece, also written at around this same time, *That no one is harmed by anyone/thing except themselves*; and that the production of this therapeutic treatise is consistent with an understanding of the soul drawn almost entirely from a Greek paideia that John at times explicitly rejects but that implicitly informs his framing of the Christian “way of life” (φιλοσοφία) from the very beginning of his adoption of that religion. That is, both his choice of this particular genre and the treatise’s contents emerge naturally from a holistic approach to the health of the human soul that owes a great deal to Hellenistic philosophy and that changes little from the very beginning to the very end of his Christian ministry. While at first sight it may not seem so, as will also become clear his choice of genre is particularly apt in the context of John’s letters from exile,

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1 *SCh* 79: 15.

2 Schatkin 1987, 14 and 106–21. At 18–30 she outlines the intimate connection for John between absolute Christian truth (dogma) and praxis (ethics = practical philosophy) in connection with John’s pedagogical agenda.

3 Schatkin 1987, 27. The only other focused analysis of this work, Hall 1991, does not engage with the issue of genre. Hall draws heavily on Nowak 1972, who addresses the work in conjunction with numerous others.

4 See Schatkin 1987, 120–21, where she recognises the medical theme of therapeutic but sees it as an element of Christian apologetic rather than a genre in its own right.

5 *Quod nemo laeditur nisi a se ipso* (ed. Malingrey, *SCh* 103). Schatkin 1987, 82–88, rightly argues that this is a sophistic diatribe (moral-philosophic exposition) on a pseudo-Stoic paradox.

6 Without understanding the purpose of this treatise and the tradition within which it was formed, not to mention the ground that John had over a lengthy period prepared, it appears on a superficial reading disconnected from the rest of his efforts during his exile and out of context.

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natural misidentification of it by scribes in the tenth to twelfth centuries as the ninth of the homilies *De incomprehensibili Dei* (*CPG* 4318–4323).
with which it is associated, in which he counsels his intractably depressed patron, Olympias.9

The Genre of Scand.

At the beginning of Scand. we find the rationale for the extended medical discussion and for how it integrates with the rest of the treatise in a distinct body of writings on the therapy of the emotions that emerged in the Hellenistic and Roman imperial periods. As Christopher Gill points out, this particular therapeutic approach to disorders of the psyche, like modern cognitive therapy, addresses “the patient . . . as a responsible agent, capable in principle of understanding the causes of her own current distress and of relieving this by a deliberate programme of actions or thoughts.”10 A “parallel with (body-based) medical treatment” is a prominent feature of this ancient philosophical practice, which Gill locates in that branch of (preventive) medical therapy, regimen (diaita), “a programme of long-term management of the aspects of physical life that are amenable to personal control.”11 It is “the well-recognized importance of regimen in ancient practice”, he goes on to argue, that “helps to explain the readiness of ancient philosophers to characterize their ethical teachings as ‘therapy’ for the psyche,” exemplified in the main focus in writings of this kind “on promoting a way of life and set of attitudes that will prevent distress and (what the theory presents as) psychological sickness.”12 This is because “state of mind or mood is also sometimes recognized as a fact that can affect physical health and that one should, accordingly, try to control.”13 It is precisely because of the similarity and closeness between regimen in the physical sphere and “the kind of advice offered by philosophers about the long-term management of the emotions,” not to mention varied doctrines about the sympathetic relationship between body and soul,14 that “we find

9 John sent this treatise with the courier of the last surviving letter to Olympias (see Ep. 17 ad Olymp. 4.c [SCh 13bis: 384.32–35]). On the basis of her role as a conduit for correspondence to a wide network of supporters (see Mayer 2014, 222) and his claim in the prologue that it is intended for a wide audience (Scand. 1.4 [SCh 79: 54]), it is likely that John sent instructions via the courier for it to be read not just in Olympias’s circle, but copied and distributed more widely. Alternatively, he may have sent multiple copies with the courier, intended for multiple destinations or at least multiple distribution nodes in his networks. On the extent of those networks as evidenced by John’s letter-collection see Mayer 2015a. On the role of couriers see Allen 2013. Curiously, in the manuscript tradition the treatise is only rarely transmitted together with the letters addressed to Olympias. See Malingrey 1962, 28–53. The reason for this is discussed in n. 2 above.
10 Gill 2013, 340.
12 Gill 2013, 341.
13 Gill 2013, 345–47.
14 On this topic see Holmes 2013, esp. 155–63, and literature.
attempts by practitioners of each method”—that is, physical medicine and psychic medicine (i.e., philosophy)—“to appropriate the other sphere.” And so, as Gill points out, we find such treatises authored equally by writers such as Seneca and Galen, along a trajectory that leads back towards Hippocrates and Plato.15 Of equal importance here is the connection Gill draws between philosophically-informed practical-ethical writings and the three-fold distinction drawn between protreptic, therapy, and advice.16 In this body of writings, he points out, this three-fold set of actions is “typically, seen as having interrelated functions. Protreptic offers encouragement to undergo therapy; therapy removes false beliefs that produce psychological sicknesses; advice replaces the false beliefs with true, or at least better-grounded ones.”17

If we view Scand. within this context, we see that in introducing his treatise or logos, John draws on precisely this set of ideas.

1. Physicians, when they are about to treat people who suffer from a fever or some other kind of illness first strive to view those who are in distress because, if they were at a distance, they would be incapable of applying their skills. For such are both the physician’s art and the nature of those illnesses. 2. We, however, who have striven to treat not merely one or two [sick people], but all who have fallen into moral error worldwide, have no need of anything like this. That is, we ask neither to enter the household of any of the sick, nor to learn where the person lies ill. In fact, we do not even seek to view the actual patients. We do not wield medical instruments. We do not cause the expenditure of money by ordering those who are sickly to purchase what is required for their

15 Gill 2013, 342–57. Gill draws into this category Chrysippus’s lost work Peri pathōn; Philodemus, On Anger and On Death; Seneca, De ira and De tranquillitate animi; Cicero, Disputationes tuscanae; Lucretius, De rerum natura 3; and Galen, Avoiding Distress and Psychological affections. Gill considers the consolation literature from these same centuries to be closely related. Pan­aetius’s lost work Peri euthumiaς belongs also to this category, as do the “popular” moral essays of Plutarch (especially Precepts of Health Care). On the latter see Van Hoof 2010b.

16 For a statement of this three-fold typology see Stobaeus’s summary of a book allegedly by Philo of Larissa (110/9–86 BCE) in Anth. 2.2.2 1–51 (ed. Wachsmuth and Hense) and the discussions in Schofield 2002 and Brittain 2006. Papadogiannakis 2013, 35 n. 13, identifies the same structure in Theodoret’s treatise Graecarum affectionum curatio (CPG 6210). However, by categorizing the treatise as primarily apologetic in intent rather than taking its title at face value (that Theodoret’s intent is therapeutic—the treatment of “Greek” sicknesses of the soul), Papadogiannakis skirts an important point—that Theodoret, like John Chrysostom, is responding to and treating what he views as genuine illnesses of the soul. As we will show shortly, the medical language of these treatises constitutes analogy or metaphor only if one views sickness of the soul as distinct from sickness of the body, rather than as an illness of one part of an integrated and interconnected whole.

17 Gill 2013, 342–43.
treatment. 3. Instead, even if they are unknown to us, even if they are settled at the very ends of the earth, even if they live in the midst of barbarians, even if they dwell in the utter depths of poverty, even if they are so poor that they lack even essential nourishment, not one of these conditions is a hindrance to our treatment. Though we are stuck in one place, without medical instruments or medicines or food or drink or money or [the capacity to make] a lengthy journey, we send this disease packing. 4. How and by what means? By preparing the medicine (φάρμακον) of the logos, which is all these things for those who are ill and better than everything we have referred to. For this treatment nourishes more than bread, restores more effectively than a drug and cauterizes more powerfully than fire without causing any pain. At the same time it checks the foul-smelling discharges of perverse reasonings. Sharper than iron, it painlessly cuts away the infected areas without causing any expenditure of money or deepening one’s poverty. And so, having prepared this medicine, we are dispatching it to everyone. I know that everyone will benefit from this treatment, provided they pay attention to our arguments with exactness and the right frame of mind (εὐγνωμοσύνη).

1.1 Since in the case of physical bodies it is no small thing, but actually extremely important for effecting release from the illness, for the person who is sick to learn its primary cause—for learning this will not only free the patient from the disease that has them in its grip; they will avoid a subsequent relapse, through knowledge of and keeping a watchful eye on the cause via which it attacked them the first time—come, let us, too, first teach this to those experiencing illnesses of this nature, that is, the cause via which this sickness—a

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18 John refers here to his exile in Armenia and plays on his own role as patient, where, in terms of his physical health, the lack of drugs, proper diet, and physicians is viewed by him as detrimental. For this common theme in his letters see Neureiter 2010. Here he turns his incapacity to autopsy his patients into a virtue.

19 With the primary meaning of “rational argument,” but also the nuances of discourse, sermon/philosophical treatise, and, perhaps, the Christian Logos.

20 I.e., all of the Johannite supporters.

21 Or “a positive mindset.” At one level this is an allusion to the role of the γνώμη as the key psychic faculty engaged in moral and thus psychic health. See Laird 2012, esp. 107; and cf. Scand. 2.1 (SCh 79: 60). Akribēia (see Rylaarsdam 2014, esp. chap. 3) and the correct gnōmē are both requisite in John’s conception of successful psychagogy. At another level he may well be drawing on the required comportment of the patient for achieving a successful therapeutic outcome, i.e., obedient following of the prescribed treatment or regimen. On the similarity of psychic therapy to the therapy of regimen see n. 11 above.
lapse into moral error—has happened to them. 2. For if they learn this, and are willing to keep a watchful eye on it with exactness, they will not only be freed from this sickness and not just at this moment, but even perpetually from both this and many other illnesses. For the nature of this medicine is such as to treat both the current illness and to act as a preventative against the rest of the passions. 3. For it is not just one or two or three, but in fact many things in this present life which effect moral error in those who are weak. Our logos promises to free from all these [errors] those who are caught, provided they are willing—a point I made previously—to both learn and keep safe our arguments. 4. I am concocting this treatment, not just by composing from the divine Scriptures, but also from the events which occur in this present life and which continually take place. In this way these events can be a shared correction even for those who pay no attention to the Scriptures, provided they are willing. 5. For I will not stop continually repeating this: it is not ever possible to force or compel this cure on anyone who does not wish to be healed and who does not receive the divine oracles. [Our cure] derives from this, and more from this [i.e. Scripture] than from the demonstration of natural events. 6. It is necessary to believe that the declaration of God is more trustworthy than those things which can be seen with the naked eye. For this reason a more severe punishment awaits those who do not correct themselves, in that, despite receiving the Scriptures, they reap from them no benefit of this nature. Therefore, so that they may not suffer this punishment, come, let us henceforward wield this correction, first discussing the cause of the disease.

2.1. What, then, is the cause of so serious a sickness? A curious mindset preoccupied with vain questions (ἡ πολυπράγμων καὶ περίεργος γνώμη), one that wants to understand every possible cause of everything that happens and to strive contentiously with the incomprehensible and ineffable providence of God. . . .

Here an explicit parallel is drawn between the treatment of physical illnesses and those of the sick soul (“the foul-smelling discharges of perverse reasonings”). As is common in medical writings, the particular treatment

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23 For adduction of the same parallel by Theodoret in the Prologue to his Curatio (1.1–2) see Papadogiannakis 2013, 32–36.
that the practitioner delivers is in every way superior.\textsuperscript{24} While it addresses a current disease of the soul (a lapse into moral error), more importantly the treatment is targeted at preventing future recurrences of the same illness, further extending its benefit as a prophylactic against “the other passions/emotions.”\textsuperscript{25} It is, moreover, precisely because of the implicit understanding that the patient is a responsible agent, capable in principle of understanding the cause of his/her own current distress and of relieving this by a deliberate programme of thoughts that John immediately highlights the need for the sufferer to learn the cause of the current illness, and introduces the medium for the treatment—\textit{logos} or rational argument—while further emphasising that it is up to the patient as to whether the treatment is effective.\textsuperscript{26} The diagnosed illness (\textit{σκανδάλον}, a lapse into moral error)\textsuperscript{27} and its cause (“a mindset” or \textit{γνώμη} that is disordered)\textsuperscript{28} are consistent with this genre and provide unmistakable clues that we are dealing here with ethical-philosophical therapy and with the identification and removal of false beliefs and their replacement with beliefs that are better-grounded or, in this case, true.

In fact it is the persistent use of the English term “scandal” to translate the Greek \textit{σκανδάλον} when citing this treatise that has ironically proved something of a stumbling block to understanding how this treatise hangs together as a whole, serving to obscure its genre. Schatkin rightly identified its semantic range within \textit{Scand.} as “an occasion of unbelief or moral lapse,” one of two distinct interpretations of the term within John’s thought, but then herself lapsed into talking of those who were “scandalized” by the events that John refers to.\textsuperscript{29} To employ that terminology—which, in English, implies reaction rather than action or agency—is to distract from the key role in medico-philosophical thought of personal agency.\textsuperscript{30} It is only when we consistently

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\textsuperscript{24} Here it is free; able to treat multiple patients simultaneously; requires no house visit, equipment, diet or medications; and works long distance. On the importance of persuading their audience of their authority for purveyors of knowledge in the ancient world see Barton 1994. The same idea is drawn out (not always successfully) in the articles in Fuhrer and Renger 2012. Mattern 2008, esp. 69–94, makes a strong case with regard to medicine and Galen.

\textsuperscript{25} \textit{Scand.} 1.2 (SCh 79: 56): ως καὶ τὸ παρὸν θεραπεῦσαι καὶ τῶν ἄλλων γενέσθαι προφυλακτικὸν παθῶν.

\textsuperscript{26} \textit{Scand.} 1.1, 1.3–6 (SCh 79: 56–58). Regarding the patient as responsible agent as a key premise in medico-philosophical therapy see n. 30 below. On \textit{logoi} as the primary treatment for the soul see Plato, \textit{Chrm.} 156e–157a; for the subsequent development of this idea see Nussbaum 1986 and von Staden 2002.

\textsuperscript{27} \textit{Scand.} 1.1 (SCh 79: 56): πόθεν αὐτοῖς τὸ νόσημα τοῦ γέγονε τοῦ σκανδάλου.

\textsuperscript{28} \textit{Scand.} 2.1 (SCh 79: 60): ἡ πολυπράγμων καὶ περίεργος γνώμη.

\textsuperscript{29} Schatkin 1987, 111–19.

\textsuperscript{30} On personal agency as fundamental to the first of four key elements in the strategy addressed by philosophical theories (namely, tackling “the roots of psychological illness” and helping “people work towards health”) see Gill, 2013, 349–50. That progress in virtue is “up to us” or \textit{autexousios}
apply in this treatise the language of moral lapse or error whenever this term appears, that we can properly appreciate what is going on. The key point is that John is addressing an error of the psyche into which many of his supporters have fallen, namely that they are questioning why God has allowed John and his supporters (in many cases, themselves) to suffer. The fact that this error is ethical and linked to the mindset, and that John here adduces precisely the same root cause (“a curious mindset preoccupied with vain questions”) as he does with the Homoians, whom he likewise diagnoses in the early days of his presbyteral ministry in Antioch as sick, is of key significance.

In John’s psychology the mindset (γνώμη) is the critical faculty responsible for moral error (i.e. sin). In this respect, as Laird has shown, he draws on a long Hellenistic tradition (both Christian and non-Christian) and is informed by the same paideia that shaped the views of his compatriot at Antioch, the teacher of rhetoric, Libanius. In this view sin or moral error is conceived of as a pathological state (a sickness of the psyche), a genuine mental illness that differs from other mental illnesses precisely in respect to personal agency or choice. So, in the same way that Galen in On the diagnosis and treatment of psychological affections describes undisciplined passions/emotions as diseases of the soul closely aligned to moral error that people can learn to control and points to the scarce difference between the manifestations of anger and other types of madness, John, calling on the same set of ideas, frequently and variously throughout his writings talks about the need for controlling the passions and about pathē such as vainglory or anger as diseases of the soul, as madness, and as occasions for sin.

is a key refrain across John’s corpus. See, e.g., In Acta apost. hom. 47 (PG 60: 331); In 1 Cor. hom. 2 (PG 61: 24); In Eph. hom. 23 (PG 62: 168); In Heb. hom. 12 (PG 63: 99); and the numerous citations with discussion in Laird 2012, 86–112.

31 On this diagnosis in his homilies De incomprehensibili Dei natura and Contra anomoeos see Laird 2013 and Schatkin 1987, 125.
32 Laird 2012.
33 See Laird 2012, 135–220.
34 On the culpability in John’s thought of those who are mentally ill (soul sick) by choice (as a result of the passions/emotions) as opposed to those suffering a mental illness by compulsion, see Mayer forthcoming. On the pathology of sin in John’s thought more broadly see Salem 2010 and Papageorgiou 1995, 16–53.
35 Galen, Aff. dign. 5 (CMG V 4.1.1, 15–19).
36 See, e.g., In Ioh. hom. 3/2 (PG 59: 43–46) and hom. 4/3 (PG 59: 51–53); Ad Stag. 3 (PG 47: 491–93); and the passages cited in Mayer forthcoming. Tracing the lineage between earlier Hellenistic ideas and those expressed by John and Libanius, and in particular determining precisely which works were read in the schools of Antioch in the later fourth century and via what medium (that is, via epitomes and encyclopedias or directly and in full) are difficult tasks. Socrates, HE 6.3 (ed. Hansen, GCS), claims that in his youth John trained in Antioch not just in rhetoric but also under the philosopher Andragathius, who is otherwise unknown. John’s contemporary, Nemesius of Emesa, displays direct knowledge of Galen’s writings (Panteleakos, Poulakou-Rebelakou and
There has been considerable discussion concerning whether his psychology is predominantly Platonic-Aristotelian or Stoic in its details. Precisely how John conceives of the relationship between reason, emotion (pathos) and desire (epithumia) and the prerequisites of ethical development in regard to the human motivation toward the latter is, however, less relevant here than the fact that his account of human psychology is intimately connected to ethical development, satisfying the second of four key elements Gill identifies in the therapeutic strategy of philosophical writings. It is in this regard that John can naturally put forward the claim in the prologue to Scand. that correction of the mindset in regard to a specific moral error is equally an effective preventive treatment against the rest of the passions/emotions.

Scand. in the Context of John’s Larger Agenda for Treating the Soul

Having established the genre into which the treatise falls (medico-philosophical practical-ethical therapy), for the remainder of this article we will look briefly at the rational arguments John makes in Scand. for correcting the disorder of the mindset that led to the moral error he has diagnosed and discuss how these also fit naturally into the (fairly consistent) holistic program for the healthy soul that John promoted throughout the duration of his career. In particular we will address the question of the relationship between the treatment offered here and the strategy behind composing and sending the companion treatise That no one is harmed by anyone/thing except themselves (Nemo laed.) and the role of John’s letters to Olympias as treatment for her depressive illness (athumia).

Koutsilieris 2013), while John himself shows at least a passing knowledge of them (Bachmann 1984). A partial answer may lie in the links that Maxwell 2006, 11–40, draws between the preaching of Hellenistic popular moral philosophers of the Cynic and Stoic schools (e.g., Dio Chrysostom) and the development of Greek Christian preaching. On the influence on John of psychagogic handbooks like those of both Philodemus and Epictetus Peri parrhesia, see Rylaarsdam 2014, esp. chap. 2.

37 E.g., Laird 2012, 173–77, 250–51 (Platonic-Aristotelian); Papageorgiou 1995, 57–58 (Stoic); Bosinis 2006 (Platonic elements); Viansino 2001 (Cynic-Stoic, blended with elements from Platonism). The two schools of thought differ in regard to the number and relationship between the rational and non-rational parts of the soul and thus in regard to which psychic components are involved in ethical development. They also differ in their treatment of pathē. See Gill 2013, esp. 350–51. John’s conception of the soul is probably best described as eclectic.

38 See Gill 2013, 348–51. The four key elements are: “the conception of happiness involved, the psychological framework assumed, the formulation of the main therapeutic message, and advice about how to carry the therapeutic process forward” (349).

39 In arguing for a distinction and connection between error in judgement (hamartēma) and passion (pathos) John follows Galen. See Hankinson 1993, esp. 201, 206–8.

40 For the arguments of the treatise and how they are structured see Schatkin 1987, 119–20.
The topic itself (human suffering and the correct attitude towards it) aligns with a common objective of therapeutic medico-philosophical treatises, advising the patient on “what is needed to provide the basis of emotional resilience and stability.” In this case the false belief that has caused the moral error concerns doubt about God’s creation and thus a failure of trust in God’s providence, which in turn leads those without the correct mindset to perceive the sufferings of the Johannites as an evil rather than a good. The treatment thus consists of explaining the nature of the incorrect belief and proving it false (chapters 2–4), proving that divine providence exists (5–11), an exposition on moral error and how it works (12–18), demonstration that with the corrected mindset suffering is not an evil but a good (particularly in terms of effecting moral progress) (19–23) and, as a final persuasive argument, the consolation that under divine providence the evildoers will be punished in the life to come (24). From this structure we can see that the treatise satisfies, too, the fourth element that Gill finds characteristic of such writings: “offering advice to the person of a kind that is designed to enable him/her to rebuild [their] belief-set in a way that provides a secure basis for development away from the framework of beliefs that generates psychological sickness and towards well-being and happiness.”

While all of the chapters form a therapeutic whole, the core consists of chapters 12–18 and it is here that we can see most clearly the relationship between this treatise and John’s soul therapy elsewhere (and indeed this treatise and the genre). In chapter 13 John adduces the argument that nothing harms nor causes to lapse into moral error those who are sober. This argument is developed at length in the pseudo-Stoic companion treatise Nemo laed., to which he explicitly refers at the close of chapter 15. It also draws on a set of ideas extensively developed by John throughout his writings connected with control of the passions/emotions (metriopatheia, sōphrosynē,

41 Gill 2013, 341, 352.
42 Gill 2013, 351. The well-being and happiness that accompany the Christian notion of progress towards becoming like the divine (here, the Christian God) are conceived of in a distinctly different way from those towards which non-Christian medico-philosophers, like Galen and Plutarch, directed their patients. On John’s particular conception, which involves the work of divine grace, see Rylaarsdam 2014, esp. chap. 3. Elm 2012, however, shows how close in general terms the ideas of the neo-pagan emperor Julian and Gregory of Nazianzus were in this respect. The conceptions of Gregory (Elm 2012, 166–76) and John of the ideal priest as physician of the soul [= psychagogue] are markedly similar. It should be noted that Julian, who had been raised a Christian before converting, promotes a version of philosophy with its own peculiarities.

45 Scand. 15.7 (SCh 79: 218). The same argument forms the subject of Scand. 16 (SCh 79: 220–22).
nēpsis). Chapter 17 (that the cross is a major proof of God’s providence, goodness and love), introduces yet another argument that flows throughout his works, namely that (along with Scripture, which is copiously adduced in this treatise) the blood of Christ is one of the three things that together permit us to put to death the passions that harm our soul. Collectively, these chapters lead to a short but explicit statement (chapter 18) of the correct belief required to heal the soul: that viewing disasters as a good is up to us, if we are willing to effect the correct mindset. Together with those that lead up to it, these central chapters satisfy the third strategic element in such writings: “the formulation of the central message of the therapeutic process (the scope for personal agency in working for happiness) in a form that engages effectively with the concerns of the person involved and his or her state of mind at the start of the therapy.”

The essence of this same argument and many of the same models of advanced ethical maturity drawn from Scripture run through the letters to Olympias, in turn drawing on themes developed much earlier in the treatise addressed to Stagirius. As Livia Neureiter points out, in John’s correspondence with Olympias health and healing are recurrent topics. As he does with the treatise we have been discussing, he describes a number of his letters to her as a medication (φάρμακον). And as with the young monk, Stagirius, who came close to suicide as a result of his epilepsy-induced athumia many years before, her athumia is a disordered passion/emotion that is making her soul sick and thus requires treatment. That the treatment he offers in his letters

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46 See Žitnik 2011. Concerning the ethical-philosophical tradition from which John draws, see Rademaker 2005.

47 See Laird 2012, 128–29. Laird identifies the third as almsgiving, which itself draws on another set of interrelated ideas in John’s thought linked to a soul-therapeutic objective.

48 SCb 79: 232: “You, therefore, when you see some people lapsing into moral error as a result of what has happened, reason first that they possess the moral errors as a result of their own weakness. Those who have not suffered this [i.e. falling into moral error] clearly demonstrate this. Second, consider that many people have in fact shone more brightly because of these events, glorifying God and giving him heartfelt thanks for them. Do not focus, then, on those who are being shaken, but rather on those who have stood firm and remain steady and are becoming even stronger through this. Do not focus on those who are troubled, but on those who are navigating the winds successfully and are much more numerous than those who are being swept away. Even if the latter were more numerous, it would be better to have a single person doing the will of God than thousands of transgressors.” My translation, based on Hall 1991, 345.

49 Gill 2013, 351.

50 Regarding Ad Stagirium (PG 47: 423–94) see Samellas 2010, 160–86, and Bardolle 1987. See also the article by Jessica Wright in this volume.

51 Neureiter 2010.

52 Scand. 1.2 (SCb 79: 56).


54 See Volp 2010.
is precisely the same as that offered in this treatise (Scand.) and its companion (Nemo laed.) is highlighted by a play on words prevalent in these letters (ἀθυμία–εὐθυμία; despondency/sadness—good cheer/courage/good health). This wordplay makes explicit the presence in these letters of the fourth strategic element of such medico-philosophical writings (moving the patient away from the framework of beliefs that generate the psychological illness towards well-being and happiness). In these letters we also observe a fifth element to which Gill alludes without discussing it explicitly—the authoritative stance of the medico-philosophical practitioner.

In all of the frequent references to his own medical condition in this body of letters, in contrast to Olympias, who suffers from both physical and psychological disorders, John’s own illnesses are all purely somatic. He himself is not depressed or suicidal, because his own mindset is correctly ordered, his beliefs framed in precisely the arrangement that, during these oppressive years, he so earnestly strives to generate in his supporters. Drawing on a long-standing medico-philosophical tradition that lies behind the conceptualization within the second sophistic of the good orator not as entertainer but as psychagogue, the psychagogue best leads other souls to health when he himself has first ordered his own soul and serves as a model. When we align this background with the doctrines John inherited concerning the sympathetic

55 Neureiter 2010, 268–69, 271. On this same wordplay in the broader context of his works see Brottier 1998. In particular, she demonstrates how it formed a key theme in two series of homilies preached back in the second year of his priesthood (387 CE).

56 For John happiness is intimately connected with movement away from sin (sickness of the soul) towards becoming like God in achieving ἀπαθεία. Both this process of deification and God’s grace are active in salvation. On how the latter ideas come together in John’s theology-philosophy-psychagogy see Rylaarsdam 2014.

57 See Gill 2013, 345–46; and n. 24 above.

58 Neureiter 2010, 269–70.

59 He comes closest to stating this openly in Ep. 17 ad Olymp. 4.b (SCh 13bis: 382–84).

60 At first sight, the two might be thought to be antithetical and in fact John goes out of his way throughout his works to condemn the rhetoric of the second sophistic as superficial (Tloka 2005, 125–46, esp. 166, 226, 243; Stenger 2014). As an example see In Ioh. hom. 2/1 (PG 59: 32–33). What John does, however, is to (falsely) paint all of contemporary non-Christian oratory (e.g., that of Libanius and Themistius) and its antecedents as epideictic, denying the presence in this same stream of the protreptic oratory that he himself embraces. While orators of the second sophistic did place emphasis on the rhetoric of the second sophistic as superficial (Van Hoof 2010a), protreptic oratory continued in parallel. As Laird 2012, 154–55, shows, for both John and Libanius oratory was similarly intimately connected with paideia. For both pedagogy was also psychagogic, directed towards the formation of the good (virtuous) citizen. Where the real difference lay was that for Libanius the domain in which that citizen would function was on earth, for John, in heaven.

61 On this point see Rylaarsdam 2014, who demonstrates how John framed the role of the priest as psychagogue explicitly in his treatise on the priesthood (De sacerdotio). On the importance of biblical virtue exemplars within his pedagogy, one of the chief exemplars being the apostle Paul, see Mitchell 2000; Heiser 2012; Lai 2010; and Tonias 2014.
relationship between the body and the soul/mind John’s therapeutic strategy
in his final letter to Olympias (and, by extension, in this last treatise) finally
falls into place.
At first reading the opening paragraphs of this letter might be thought to
indicate that John was finally admitting defeat. That he was in essence throw-
ing up his hands and allowing that no matter how many treatments for the
sick soul he might administer, in the end they were unable to cure athumia,
because its effective treatment in reality lay not in correcting the soul, but in
therapies that addressed the body.

a. . . . I beseech your most honourable self, and entreat you as a very
great favour to pay considerable attention to the correction of your body’s
frailty.

b. For depression (athumia) causes sickness, too; and when the body is
exhausted and enfeebled, and remains in a neglected condition, and enjoys
neither physicians, nor a wholesome climate, nor an abundant supply of the
necessaries of life, consider how great an aggravation of distress is occa-
sioned thereby. Wherefore I beseech your most honourable self to employ
various and skilled physicians and medicines with the capacity to correct
these conditions.62
Yet as we read further in this letter, we see that this is not the case.

A . . . I sent you the treatise which I wrote recently, that no one can harm
the person who does not injure themself, and this treatise (logos) which I
now send your honour addresses the same struggle. I beg you therefore to
go over it constantly, and if your health permits you, recite it aloud. For
if you are willing, it will prove an effective medicine for you. But if you
are contentious with me, and do not cure yourself, and are unwilling to
rouse yourself from these dismal swamps of despondency in spite of the
unlimited amount of advice and exhortation which you enjoy, I shall not
on my part readily consent to send you frequent and long letters, if you are
not going to derive any benefit in the way of good cheer/health (euthumia)
from them.

d. How then shall I know this? Not by your merely saying so, but by a
practical proof, inasmuch as even now you affirmed that it was nothing but
despondency that caused this sickness of yours. Since then you have your-
self made this confession, I shall not believe that you have got rid of your
despondency unless you have got rid of your bodily infirmity. For if it is the
former which causes your disorder, as you say in your letter, it is obvious that

62  Ep. 17 ad Olymp. 1.a-b (SCh 13bis: 368), trans. adapted from NPNF 9: 405. This was my
own initial reaction when I studied this correspondence while writing Mayer forthcoming.
when that has been dispersed the other will be removed at the same time, and when the root has been plucked up, the branches perish with it. . . . 63

On the contrary, as we see here, his directive to seek treatment from physicians is directed towards Olympias’s physical illnesses, which are a direct result of her psychological sickness. His own two treatises (Nemo laed., Scand.) and his letters to her are targeted therapy aimed at her soul. Unless she heals her soul (which is her own responsibility), she cannot be freed from her physical ailments. Seeking simultaneous rational medical help for those physical ailments from the professionals who specialise in treating them—implementing a two-pronged strategy towards achieving holistic health—is, within John’s inherited view of human psychology, entirely appropriate.

**Conclusion**

As we have shown in this article, when we collapse modern preconceptions about the distinctiveness in the ancient to late-ancient world of philosophy and medicine, on the one hand, and of the objectives of Christian authors, moral philosophers and instructors in Greco-Roman *paideia*, on the other, we can trace a remarkable consistency in approaches to treatment of the soul within Hellenistic, imperial, and now late-ancient medico-philosophical therapy across a considerable period of time. Thoroughly trained in Greek *paideia*, in which the production of the ideal (albeit male) citizen is paramount, John did not reject that training or its ideals when he adopted Christianity, directing them instead towards the production of the healthy (male and female) Christian soul. We see this most clearly, in the final moments of his life, when, in the midst of personal adversity, in his advice to his despairing followers John draws on a deep-rooted Hellenic conception of human psychology that informed a view of the Christian priest as medico-philosopher, a guide and healer of souls. When viewed in this light, the production in the last months of his life of the two treatises *Scand.* and *Nemo laed.* is no accident. Both are integral parts of a psychotherapeutic strategy directed towards his supporters. In the same vein, not just his final letter to Olympias, but the bulk of his letters to her are therapeutic *logoi* directed towards the correction of her disordered mindset and thus the sympathetic healing of both body and soul. Rather than surprising, this phase of his pedagogy and production can be shown to be consistent across his corpus and to have been adopted early in his ecclesiastical career. 64 As a medico-philosophical psychic therapist working in the early years of the fifth century

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64 As shown by Bardolle 1987, Brottier 1998, Rylaarsdam 2014, and now Van Veller 2015.
ce, John was deviating little from a long-standing and long familiar tradition of such writings and their associated set of ideas that had developed within the Greek-speaking world over the course of almost a thousand years.

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