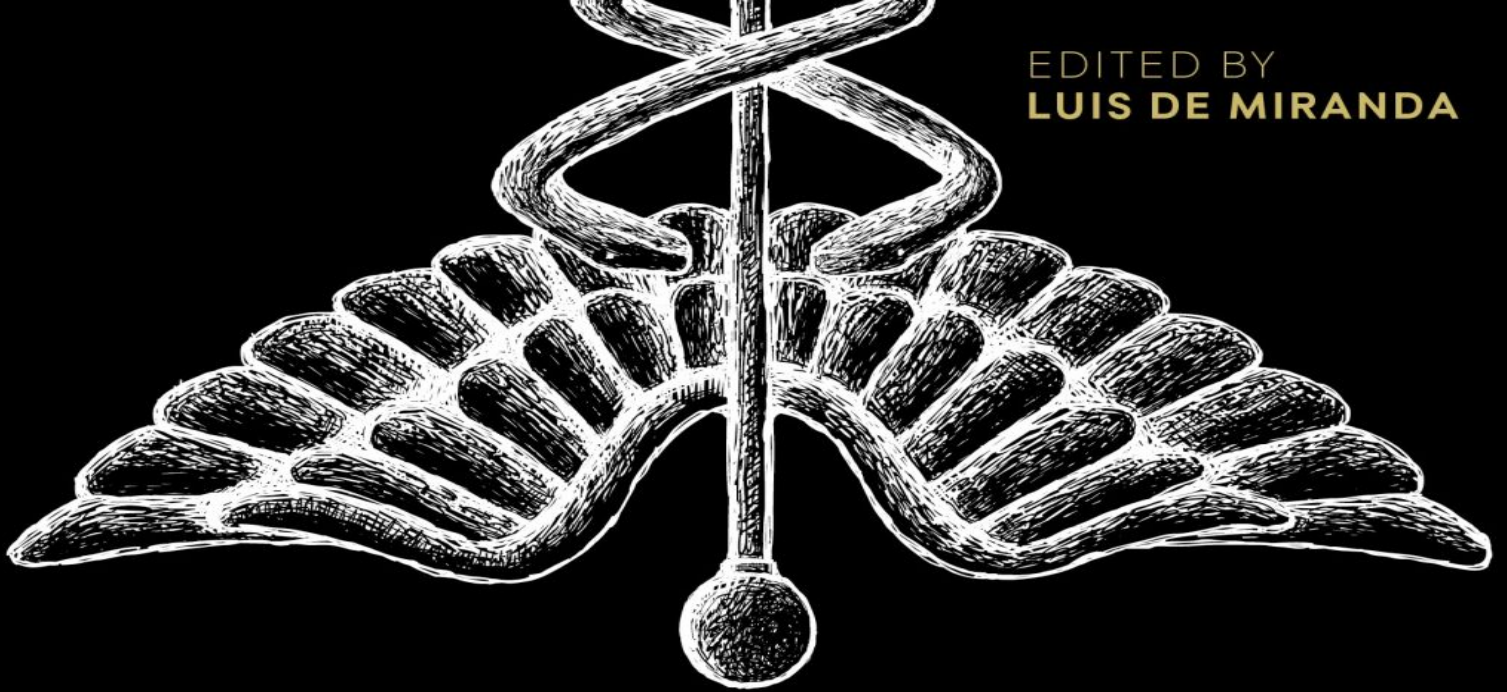


EDITED BY
LUIS DE MIRANDA



PHILO- SOPHICAL HEALTH

THINKING AS A WAY
OF HEALING



B L O O M S B U R Y

Philosophical Health

Re-inventing Philosophy as a Way of Life

Series editors: Keith Ansell-Pearson, Matthew Sharpe, and Michael Ure

For the most part, academic philosophy is considered a purely theoretical discipline that aims at systematic knowledge; contemporary philosophers do not, as a rule, think that they or their audience will lead better lives by doing philosophy. Recently, however, we have seen a powerful resurgence of interest in the countervailing ancient view that philosophy facilitates human flourishing. Philosophy, Seneca famously stated, teaches us doing, not saying. It aims to transform how we live. This ancient ideal has continually been reinvented from the Renaissance through to late modernity and is now central to contemporary debates about philosophy's role and future.

This series is the first synoptic study of the re-inventions of the idea of philosophy as an ethical pursuit or 'way of life'. Collectively and individually, the books in this series will answer the following questions:

1. How have philosophers re-animated the ancient model of philosophy? How have they revised ancient assumptions, concepts and practices in the light of wider cultural shifts in the modern world? What new ideas of the good life and new arts, exercises, disciplines and consolations have they formulated?
2. Do these re-inventions successfully re-establish the idea that philosophy can transform our lives? What are the standard criticisms of this philosophical ambition and how have they been addressed?
3. What are the implications for these new versions of philosophy as a way of life for contemporary issues that concern the nature of philosophy, its procedures, limits, ends, and its relationship to wider society?

Other titles in the series include:

The Selected Writings of Pierre Hadot, trans. Matthew Sharpe and Federico Testa

Effort and Grace, Simone Kotva

The Late Foucault, ed. Marta Faustino and Gianfranco Ferraro

Philosophy as a Way of Life, Matthew Sharpe and Michael Ure

This book is dedicated to Theo, born during the early stages of its conception; to Svea, who discovered philosophy when the manuscript was completed; and to the incomparable Maria, whose support was ‘creally’ inspiring all along.

Philosophical Health

Thinking as a Way of Healing

Edited by
Luis de Miranda

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Philosophical health and the transformative power of storytelling

Abdullah Başaran

Beyond guaranteeing logical consistency and forming sound arguments to abstain from defective and faulty reasoning, the various practices of philosophical health make great efforts to offer philosophy as a way of dealing with real-life situations. Paying their attention not only to the daily difficulties that we all encounter but also to the critical and precarious life issues, philosophical practitioners and counsellors aim to help people to exert themselves to manage life better by transforming how they think and act and by orienting themselves more effectively towards philosophical health.

Because this dramatic change in one's life requires a demanding, hard-to-achieve equilibrium between theory (universal) and practice (particular), philosophical counsellors and those who consult them come together in a *careful* dialogue to think about *health* more attentively. As Luis de Miranda succinctly defines, philosophical health in considering philosophy as a way of life is 'a state of fruitful coherence between a person's ways of thinking and speaking and their ways of acting, such that the possibilities for a sublime life are increased and the need for self-flourishing and intersubjective attunement satisfied' (de Miranda, 2022: 1). Thus, the issue of health is so important that its analysis cannot be consigned only to doctors, physical practitioners and psychiatrists: for the individual's

alienation from her own body, from society and from the world during an illness or disease is to be healed with the *continuity of meaning*, which can be achieved only by *philosophical reflection* (Tatar, 2014: 148).

To prevent any discontinuity in the world of meaning, the practices of philosophical health have a powerful cure for patients who are existentially in a critical situation: stories that foster philosophical questioning. For a story is naturally meant both to compensate for the inconsistencies (in fictional worlds and real-life issues) by combining the parts and to turn what seems meaningless at first into a meaningful whole. This sense-making logic is of use in every matter of health: the patient visits a doctor to tell about her complaints; the doctor examines her, tries to locate the problem based on what the patient says, requests some tests and further visits; and eventually, following the symptoms, the doctor professionally tries to combine the patient's story of what she undergoes with the story that the results show. Here the patient's story functions for the doctor as a bridge between the patient's corporeal body, which is an observable and physically analysable object, and her *lived* body, that is, her experience of the illness; the doctor's story, in turn, works for the patient to give this illness a reasonable narrative, which provides a meaningful explanation for her condition (Leder, 1992: 17–35; Tatar, 2014: 140). In short, a physical (or psychological) treatment begins with the patient telling the doctor that she feels ill, continues by listening to the body and following the symptoms, and ends with the doctor's more or less holistic description of what she has been through. That being so, thanks to the stories shared between the two parties, an event of health happens.

In this chapter, I propose that the therapeutic and transformative function of storytelling is an efficient way of achieving philosophical health: literary stories and philosophical texts that include transformational narratives can be used as a practice of philosophical treatment not only for the counsellors but also for those who take care of themselves, such as the readers of such texts. Philosophical stories can be instrumental for philosophical health precisely because we tell and listen to stories to make sense of everyday events and especially of concrete, critical situations that call us to apply our knowledge on to a particular situation. If we agree, as de Miranda suggests, that *critical creativity* is one of the models to cultivate philosophical health (2021: 77–8), then storytelling is a practical candidate to help to provide

creative interpretations of concrete situations by inspiring the patient or the reader to discern similar and different features between her story and others. Hence, the philosophical counsellor needs to be careful in prescribing the right story, appropriate to the present situation: otherwise, the story told or read will not make sense; as a result, the counselee may fail to create a dialogue with the other and miss the opportunity of regeneration.

Philosophical practitioners need to pay more attention to the interpretation of stories of the person who seeks health. Leaving the business of analysing the patient's story to modern medicine and psychology, and the character's transformative story to literary criticism, brings about the negligence of their philosophical implications. Yet the latter may reveal the meaning of being well (Han, 2021: 11). Unlike these modern disciplines that discriminate between the doctor/analyst and *what* is analysed – that is, the disease or the linguistic problem, which is generally understood as something *external* to the patient or the reader, thereby being something to be controlled and mastered (Gadamer, 1996: 105, 111) – philosophical practitioners treat the *lived experiences* of the person whose condition is critical in terms of continuity of inner meaning.

As de Miranda emphasizes, in reference to Pierre Hadot and Michel Foucault, 'philosophising must also be conceived as a practice of *askesis*, embodied exercises oriented toward the manifested ideal of a harmonious and dignified self-continuity' (2021: 71–2). Therefore, the endeavour of philosophical health inevitably invokes a balanced correspondence between theory and practice: an appropriation of the knowledge of things in general to serve the particular case of the person who wants to be philosophically healthy (de Miranda, 2021: 74). Due to this hard-to-achieve task, Hans-Georg Gadamer compares restoring health to an art (1996: 31–44, 103–16): for health, that is., the balance in well-being, cannot be captured nor explained once and for all; since health cannot be conveyed (neither physically nor psychologically) from one person to another, not even from one's one state to another state, one needs to *interpret* one's own hermeneutical situation. Moreover, health reveals its existence in its absence – that is, in an illness: one also needs to interpret one's own body and psychology in order to acknowledge what being well means to us. While abstract logical-philosophical argumentations fail to explain this elusive character of being well, I believe storytelling is capable of fulfilling

this task of making sense of the enigma of health by making coherent what may seem incoherent and incomprehensible. In the next part, I try to demonstrate how storytelling manages to help our practices of philosophical health.

Philosophical narratives

The pedagogy of storytelling for philosophical health is that personal, biographical or fictional stories of transformation have a distinctive capacity to formulate the essential concepts that bond us. The best examples of philosophical storytelling to cultivate philosophical health are the early Socratic dialogues of Plato: reading *Euthyphro* (Plato, 1997: 1–16), for instance, from a *logical* point of view to highlight the theological dilemma is one thing; reading this magnificent dialogue from a *philosophical* point of view to ponder upon the concepts of *piety* and *justice*, to adopt these problems and make them our own, is another. Euthyphro's pious action of suing his father for leaving a servant for dead is the subject matter that Socrates investigates. We read Euthyphro's story and what he thinks about the lawsuit filed against his father. But throughout the dialogue, Socratic questioning reveals the fact that neither Euthyphro is self-assured in defining what piety means nor we the readers are confident in determining what is right and what is wrong in the case of Euthyphro. Nonetheless, the peculiar case of Euthyphro is open to possible interpretations concerning what being pious and being just mean to us. The reader of the dialogue adopts the philosophical concern suggested by the story, makes the posed questions her own and may create her own answers to these essential problems. Thus, we can argue that Euthyphro's story has the power to motivate the reader to think independently for herself and courageously act upon it. The reader has the opportunity to transform herself towards a 'heroic realisation of wisdom' in her daily efforts (de Miranda, 2022: 3; 2021: 73).

The architect of philosophy as a way of life, Pierre Hadot, uses this relationship between stories and philosophical concepts in his various writings on Socrates (Hadot, 2002), Marcus Aurelius (Hadot, 1995) and Plotinus (Hadot, 1998) to constitute a philosophy of life. In *Plotinus or The*

Simplicity of Vision, Hadot raises the most important question regarding the philosophy of Plotinus – that is, ‘how can we live down here in this world once we have contemplated divine Beauty and felt the love of the Good? Better yet, how can we live, while still down here below, in continuous contemplation?’ (1998: 73). The following chapter of Hadot’s book, titled ‘Gentleness’, gives a response by concentrating all the focus on Plotinus’s life story, from his attachment to spiritual meditation to illnesses and his everyday practices such as dietary habits, cleanliness, sleeping less, writing routine and so on. Hadot portrays Plotinus through his work and his life (1998: 22) for the modern reader to acquire a model relating theory (i.e. philosophical concepts like *beauty* and *good*) to practice (i.e. how we maintain everyday life and prepare ourselves for death). Hadot’s illustration of the application of theory to practice is consonant with de Miranda’s principle of deep orientation: ‘The ethos of philosophical health, whether it is or is not mediated by a philosophical counsellor, is meant to guide the person via concepts, ideas, or beliefs made explicit, so that her engagement with life is coherent with her engagement with ideas and words’ (de Miranda, 2021: 74). In this manner, the work and life of Plotinus are meant to generate transformative ways for the reader’s soul to be healed.

Having recourse to the transformative aspect of a story was a well-known model not only for ancient philosophy but also for Christian theologians. Augustine of Hippo, in his acclaimed autobiographical *Confessions* (2006), appeals to two stories of conversion to make a better illustration of his conversion to Christianity: that of Victorinus told by Simplicianus and that of the two young men influenced by the miraculous life of Saint Antony. In chapter six of Book Eight, Augustine confesses to us that he did not know the Egyptian monk Antony, and that someone named Ponticianus introduced him, Augustine, through a story of conversion: ‘[the two friends of Ponticianus] found a small book in which was written the life of Antony. One of them began to read it, marvelled at it, was inflamed by it. While he was actually reading he had begun to think how he might embrace such a life, and give up his worldly employment to serve You alone’ (Augustine, 2006: 151). The stories of the priest Victorinus and the two converted men had turned Augustine back towards himself (152) and compelled him to reflect upon his life and make a critical decision for himself. Their story of conversion affects Augustine deeply

because he feels an intimate relatedness to those believers. As he takes his lesson from what Simplicianus and Ponticianus told him, Augustine studies the life of the saint and acquires the knowledge that Antony became a man of God via the call of the Word (159–60). Reading this in Antony's book, Augustine follows the path the saint took and immediately reads a random passage from the Scripture, which is also a tagline for the chapter: this passage, 'Now him that is weak in faith, take unto you' (Rom. 14.1), is the final image of Augustine's narrative of his own conversion.

Not surprisingly, Augustine, especially by using the second story of faith and conversion based on a book, invites us to read his *Confessions* more carefully to reconsider how we can transform our lives for the better, that is, finding the true path of God. This multi-layered composition – that is, a story embedded in another story, a book of faith admirably mentioned in another book – is a narration of a philosophical journey constructed for the reader. In *Confessions*, Augustine narrates how he has achieved intellectual serenity and spiritual peacefulness so that the reader embraces this example for her own transformation.

Philosophers writing on literature and bibliotherapy practices are already familiar with stories whose philosophical value has therapeutic effects on the reader. The power of literature, in this regard, lies in the fact that the reader and the heroes and characters share a common fate. Mythological figures such as Ariadne, Apollo and Dionysus, Heracles and Prometheus, Marduk, Thor and Loki; the figures narrated in the Scriptures; the animal and magical heroes of fables and fairy tales; and fictional characters such as Oedipus and Antigone, Hayy Ibn Yaqzan, Dr. Faust, Dr. Frankenstein, Raskolnikov, Gregor Samsa, Ulrich, Marcel, Jean-Baptiste Clamence, Oblomov, Watt, Orlando, Palomar and Augusto Pérez – all have in common with us real human beings: they are concrete examples of human conditions. Since our childhood, we read and listen to and now even watch the physical and spiritual journeys of these heroes, the decisions they make in difficult situations, meditations about their past and the future, their way of thinking, their delirium, faults, delusions, their relationships, anxieties, troubles, friendships and loves. Sometimes we even feel more connected to their world than to ours.

A well-known anecdote from Kafka's last days would be a perfect demonstration of this connectedness and shared reality. One day the

Bohemian writer and his lover Dora go for a walk and they encounter a crying little girl. When asked why, she tells them she lost her baby doll. But the tender-hearted Kafka gives the little girl good news: the doll is not lost, and he, Kafka, has been corresponding with it. Kafka promises the girl that he is going to read her doll's letter if they see each other once again. They agree to meet up. Kafka, the writer in pain because of his catarrh condition, and the little girl, who is in pain because of yearning for the doll, form a friendship mediated through the letters written by the author. Unexpectedly, their meetings continue for a while; Kafka, by writing letters, wants to make her happy, whereas the girl wants to listen to her doll's adventures and be informed about her beloved friend. As Ahmet Sari explicitly states,

The writer forgets his illness by taking refuge in the truth of fiction, thereby calming his soul. The reader (i.e., the little girl), on the other hand, since she is longing for the character in the fictional letters, becomes fascinated by the reality of fiction. Hence, she forgets her pain, her sorrow. . . . Here reveals itself a dual activity of healing and therapy. Fiction remedies the writer as well as the reader. (Sari, 2020: 9)

Here the rapport between Kafka (the writer) and the little girl (the reader) is described as an exercise, a good process for either party. Kafka aspires to tell the doll's story, and the girl to listen to it: these meetings in which pain and suffering are shared become an environment of trust provided by narration. Myths, fables, stories and narratives, to use the Swiss writer Peter Bichsel's elegant words, 'calm the world' by putting imaginal possibilities up against the cold necessities of reality (Bichsel, 2020: 25–6).

All good literature and literary works of high quality have this therapeutic effect simply because of their philosophical questioning about the concepts that continually bind us together. Kafka's existential interest in loss, friendship and being well is the reason for his concern about overcoming the interruption of health, that is, the concern about the continuity of a meaningful life. The following words of Gilles Deleuze seem to accompany Kafka's endeavour of (not only physical but also) philosophical health: 'the ultimate aim of literature is to set free, in the

delirium, this creation of a health or this invention of a people, that is, a possibility of life' (Deleuze, 1997: 4).

For the prospect of philosophical health, Deleuze is a unique figure in terms of attributing vital importance to literature. In his *Critical and Clinical* (1997), a collection of essays on the affinity between literature and life, he makes a great effort to offer the therapeutic power of literature for philosophical thinking: we read a short piece on the depths and the surface in Lewis Carroll's novels and stories, a Beckettian chapter on perception and cinematic images, a condensed analysis of Kant's three critiques through Shakespeare's *Hamlet* and other poetic works, Nietzsche's condemnation of Christianity along with D. H. Lawrence's symbolism, a philosophical analysis of Melville's *Bartleby's 'I would prefer not to'*, Heidegger's remarks on language and the overcoming of metaphysics in the company of Alfred Jarry and so on. Going back and forth between literature and philosophy, between stories and concepts, Deleuze is committed to 'an affirmative and creative engagement with life' (de Miranda, 2021: 71) by demonstrating how good stories of literature are *effective* in formulating our philosophical thinking and *inspiring* for a fundamental openness to the creative power of the possible.

How stories heal us

To epitomize their transformation, some philosophers, such as Augustine, as we have seen, or Descartes in his *Meditations*, ask the reader to engage their own life stories. Others – for example, Voltaire in *Candide*, Nietzsche in *Thus Spoke Zarathustra*, Sartre, de Beauvoir or Kristeva in their plays and novels – appeal to the analogical and figurative narrative. Philosophical stories or literary stories with philosophical value heal us in many ways, not only the authors themselves but also the readers. The very reason for their therapeutic influence is that stories help us to connect with each other and bind us together on the same subject matter of concern. We tell and listen to stories not only in our daily affairs and relationship routines but also in crises like an interruption of health, physical pain, psychological trouble, nuisance, disgust or loneliness. That being so, telling your story and listening to another's story are the natural antidote that reverberates the

discontinuity in one's life. Stories *make sense* in understanding the world in which we live, and that is why their potentiality should be considered carefully for the benefit of various practices of philosophical health.

This potential, however, is not, or should not be, limited to the philosophical and literary stories that the practitioner suggests or tells during the sessions, but also includes the story of the person seeking help. More importantly, her story (of pain or trouble) is why she is in the presence of a counsellor; in fact, she comes to *tell her story*. This narrative of pain (distress, trauma, loss etc.) is the first concrete, heroic move towards philosophical health. In other words, without her story being told, any attempt by the counsellor to make sense of what she has been through will eventually fail. Thus, the first and foremost duty of the philosophical counsellor is to build an environment of trust in which the counselee articulates her own story safely. The only way the practitioner can provide such an environment is to listen to her story carefully with 'the sensitive ear which is attentive to the significance of what the patient says' (Gadamer, 1996: 99). This attentiveness – or 'a protective attitude of deep listening' (de Miranda, 2022: 4) – to what is told (i.e. to the subject matter at hand) creates 'a form of dialogue that aims at becoming "consonant" with the other' (de Miranda, 2021: 79) and restores the unequal relationship between the counsellor (i.e. the professional) and the counselee (the layman) on the grounds of a philosophical dialogue (Gadamer, 1996: 112).

In this way, storytelling becomes a two-sided performance in which the two parties philosophically reflect upon the (phenomenological) aspects of the story, react to what is critical in this case and eventually conceptualize the matter in question. Luis de Miranda endorses this democratization as opposed to the subordination of philosophy to the professional and scholarly thinkers: 'A first step to understand that the idea of philosophical health is equally as important as physical and psychological health is to recognize that any human being possesses philosophical beliefs, intellectual allegiances, and more or less rationalized concerns, often not yet fully explicit or compossible, that is theoretically and pragmatically compatible' (de Miranda, 2022: 3).

In his long essay on the short story writer Nikolai Leskov, Walter Benjamin writes: 'A man listening to a story is in the company of the storyteller; even a man reading one shares this companionship' (Benjamin,

2006: 156). Companionship, in this context, is the common platform where the interaction between the counsellor/philosopher/character and the counselee/reader takes place: the person who seeks health brings her story to the fore (i.e. action), and the perspective delivered by the philosopher becomes a part of the process of convalescence (i.e. reaction). However, the problems that philosophically concern us all, the burden (of living), are shared on this platform and transform both sides of the dialogue. This situation, which Gadamer illustrates as the *fusion of horizons*, tells that the two parties participating in dialogue do not remain the same as they interact and understand each other's positions, and this fusion alienates those who come to the dialogue with their prejudices from their selves (Gadamer, 2013: 385). This means that both the narrator and the listener, the philosophical counsellor and the counselee acquire a new perspective, a new position through a healthy dialogue in which the subject matter, namely a philosophical stance, is articulated through the transformative power of storytelling.

Whether it is for professional counselling and therapy or for self-care such as reading good literature, classics or philosophical books, storytelling provides other essential benefits to the practices of philosophical health: a search for a meaningful life, a purpose to live and gratitude towards help, a community idealized, mental and bodily relief, a joyful, creative, eudynamic relationship with what is possible and so on.

First of all, *stories make sense*, because they go beyond a mere explanation of the flow of events and facts and show, or more pedagogically allow one to realize, how these facts and events are put together meaningfully. It engages us in the logic of the experiences lived by the others, by the characters or by ourselves, to prevent any destructive discontinuity in meaning. For instance, since Kafka's stories completely make sense for the little girl who lost her doll, she keeps listening to what will happen next. Or, in another context, understanding what Descartes has been through in his meditative journey is an understanding of his orientation in philosophical worldview, thereby requiring the reader/listener to adopt the philosopher's way of thinking. In order to make sense of what is past, to be better oriented in the present and provident for the future, we need stories to be read, listened to or articulated.

The philosophical counsellor needs to be careful in selecting the most appropriate story for the person who seeks connection. Otherwise, the story told during a session or a philosophical work prescribed as a reading task will not make sense to the counselee. Likewise, the counselee's articulation of her own story is being told to make sense of her experiences; to get this right, the counsellor asks her in a phenomenological manner to bracket *what* she has been through (see Simionescu-Panait, [Chapter 10](#) of the present volume) and to concentrate on *how* she has been affected. As a consequence, the person revisits her own story from a different perspective: 'To be in a conversation', writes Gadamer, 'means to be beyond oneself, to think with the other and to come back to oneself as if to another' ([Gadamer, 1989](#): 110).

Because, while telling our own stories to others (a doctor, practitioner, partner or a regular audience), we are both the narrator and the main character of our story ([Brewster, 2022](#): 2). Here de Miranda explains our retrospective and prospective reaction to the continuity of meaning as follows: 'The deep orientation of philosophical health is an active care [i.e., care for the continuity of meaning] that is anticipatory of the future as well as informed by the past. Above all, it is oriented toward the present as a form of attentive engagement with life' ([de Miranda, 2021](#): 75).

For a better engagement with life, storytelling brings forth a relief to be free. On the one hand, as recent research on neurobiology shows, while the subjects who sit in the same room have unique patterns of brain waves, the waves of the same people begin to sync when they listen to the same story. 'This alignment, or coupling', writes Annie Brewster, 'is an important part of effective communication, which assumes mutual understanding' ([2022](#): 55–7). This mutual understanding may be a hasty conclusion; however, what is really mutual among those who attended the storytelling session is still worthwhile: their connectedness in the matter at hand, the very bond that makes them less lonely.

On the other hand, the connection between storytelling (i.e. telling your own story) and physical health is highly important. Augustine, on the edge of conversion, was complaining about the state of indecision that had given him emotional distress and bodily suffering ([Augustine, 2006](#): 154). When we narrate what upsets us, this sharing helps us breathe better; otherwise, what remains untold lingers like a lump in our throat. For this reason, we

feel relieved and unburdened by confiding our troubles in someone else. The quality of breathing is a key element of the quality of life: it allows us to control our respiratory rhythm and to manage and find our (telling) voice. To put it another way, the person who takes risks when she exposes herself in counselling sessions or the company of a friend gains not only self-confidence but also a free and independent voice by virtue of storytelling: 'A philosophical-health mindset is an authentic and diverse way of life because it does not teach which ideal-self specifically to become; rather, it advocates a transformative freedom to create a singular biography and therefore act as personally as possible' (de Miranda, 2021: 82).

Stories give purpose. A philosophical story such as Euthyphro's invites us to think for ourselves about the matter in question (viz. piety, true justice), formulate the problem and put forward our own solutions. Thus, Euthyphro's case, for instance, can be hermeneutically understood by making the case our own. This appropriation, however, is not simply an epistemological attempt at empathy towards a character's orientation of thinking but an ontological strive for understanding the concepts we live by. Through the concepts upon which we reflect, it is also possible to help others who go through similar challenges in their lives. That a small detail in Euthyphro's case or an interpretation of Augustine's conversion is adopted and applied to the counselee's (or a friend's) condition may give a remarkable perspective on the present concern that troubles her deeply.

Powerful, therapeutic stories affect us because our lives curiously resemble one another: we are living in the same world the philosophers lived once. This is even the same world in which mythologies emerged worldwide, animals in fables chattered and fictional characters reside. This possibility of healing others also makes the storyteller feel good about the process of sharing and caring. To put it differently, she knows that she *can* change the state of affairs because she can help her companion through the other's (i.e. the philosopher's) or her own story. Briefly put, storytelling gives rise to a possibility of reciprocal remedy, a mutual affection both for the teller and the listener.

As a consequence of the last point, stories indicate a community. Needless to say, storytelling is a collective activity: one tells, and the other listens to what is told; one writes, and another reads. It inherently connects us to each other. Hearing similar challenges from other people's lives,

reading a character's journey that resembles the particular situation we are in, therapeutically gives us the feeling that we are not alone. These common themes that we share bind us together in terms of our common destiny. Even when we have an emotionally or a physically different story to tell, if we strongly wish others to understand what we are undergoing, we keep seeking common ground in telling how differently we experienced the events. We search for this connection in order to restore our health by feeling supported: because we know that there are others, and they might be differently bearing a similar difficulty (Brewster, 2022: 26–7). These differences coalesce into the same concern in order to constitute the heart of a community: the unity of pain, that is, the unity in convalescence and seeking health (Han, 2021: 12–13).

In this unity, (singular) individuals join a certain community and share the feeling of togetherness by performing an action together (Zahavi, 2021), which is convalescing collectively by telling our stories to each other. To be a *we* is to experience the feeling of being connected to each other *from within* (Zahavi, 2015: 156). The wounded members of a society, in this regard, (must) get together by means of the connective power of storytelling; despite the differences, one cares to listen to the story of the other. The doctor/counsellor listens to what the patient/counselee tells. In turn, the latter opens her ears to the former; we all equally suffer from the same diseases in our world of late modernism, where we undergo massacres, military coups, terror, racism, misogyny, sexual abuses, injustice, censorship, tyranny and totalitarianism – the tragedies we live every day, every moment. Thus, the following words of Peter Bichsel seem timely: 'I don't know what a non-aggressive, non-competitive, peaceful society looks like and how to create it. But I am sure that this would be a society that narrates, not historicizes, but storifies' (Bichsel, 2020: 101).

A wounded society heals its wounds together and creates a counter-world in which we are able to look at each other's eyes (Han, 2021: 25): this can only happen by *carefully* listening to someone else, lending an ear to what someone else is saying, and by telling a story to be listened to, that is, by choosing the right words that will touch someone else's ear and heart. Thus, by fostering 'creative politics and innovative citizenship' (de Miranda, 2021: 78), the practices of storytelling for philosophical health, in

a more hermeneutical manner, have the intention of achieving not only the individual's transformation but also a collective change of the society.

Conclusion

What enhances the organizational and self-practices of philosophical health and the non-institutional and academic studies on philosophical health – including this volume – is the proliferation of dealing with the *meaning* of being philosophically healthy, without excluding an understanding of the meaning of being physically and psychologically healthy. In this regard, especially since the second half of the twentieth century, many attempts have been made to describe the meaning of being philosophically healthy: Michel Foucault's medical anthropology and his writings on the care of the self, Gilles Deleuze's submission to literature as a creation of health, H.-G. Gadamer's hermeneutics of the art of healing, Pierre Hadot's programme of philosophy as a way of life, Fredrik Svenaeus and Kevin Aho's hermeneutics of medicine and the phenomenology of health, Luis de Miranda's eudynamic attempts to deepen our understanding of philosophical health, the development of philosophical counselling, bibliotherapy, the augmentation of philosophical self-care. In this chapter, to participate in this festival of interpretations concerning philosophical health, I have offered storytelling as therapeutic and transformative support for the procedures of philosophical counsellors and a strategy of self-practice.

The remedial characteristic of touching stories is effective in many ways, beyond any doubt. Here I have made the attempt to underline the fact that we use stories to make sense of ourselves and the world, to generate reasonable explanations of everyday and critical events. Storytelling is a fruitful, creative, generative, constructive and effective way of constantly reidentifying ourselves with the community of others. A story that touches my heart changes me in some way, and my own story once told redefines me and those who listen to me. By addressing the examples of philosophical stories and the counselee's own courage to tell her own story, I have shown that storytelling makes us at home in the world we create

together, building an attentive society to transform individually and collectively.

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