

Review of Emma K. Sutton, *William James, MD: Philosopher, Psychologist, Physician*. Chicago: University of Chicago Press, 2023. 261 pp. ISBN 9780226828961. \$30.00.

Most William James biographers follow the evolution of his thought chronologically. Emma Sutton has taken another approach by examining how the illness/health axis that so profoundly affected James's personal life motivated and organized much of his intellectual life as well. Having drawn upon 9,400 letters written either by or to James, his unpublished notebooks, diaries, and reading lists, she concludes that James came to regard himself as an invalid throughout his life, and his responses to those challenges accounts for key elements of his philosophy. He broadly shared complaints about his persistent debilitating back pain, eye ailments, constipation, insomnia, headaches, and flu. His sufferings repeatedly drove him to European baths and desperate remedies including electrotherapy, lymph injections, testicular elixirs and, telepathic seances. To add to this litany, serious depression, neurasthenia, and melancholia recurrently usurped his energies and compromised his well-being. Yet, as a philosopher, he suffered not in vain:

James's melancholy opened up questions about the relationship between the mind and body; his pain was presented and probed as a form of metaphysical evil; the crippling nature of his back condition was positioned as an ethical threat to his ability to contribute to society; this combined burden of invalidism represented a moral embargo on fatherhood with its risk of passing on a sickly inheritance; and, throughout his life, he prized religious faith, first and foremost, as a stimulus or tonic

for those struggling with illness and infirmity. Wherever you look, James's corpus is riddled with disease.¹

Peering through that lens of infirmity, his philosophy assumes new contours and, in some respects, great depths.

Much of our knowledge of how James placed himself in this medical milieu derives from advice he offered in public lectures and popular articles, later collected in his *Talks to Teachers and Students*. As a public intellectual, he lectured widely and Sutton appropriately reminds us that although Dr. James never practiced medicine in the traditional sense, throughout his life he remained, at heart, "a public physician" and a popular one at that.²

Placing James's health struggles in the narrative spotlight, Sutton diagnoses his thought organized by different social and scientific frameworks, e.g., hygiene, religion, politics. Each offers a particular vantage to appreciate how numerous sicknesses oriented his thinking about various philosophical and psychological matters. He had no consistent model or theme to tie together the interplay of his personal experience of disease, but the topical approach allows Sutton to describe the diversity of James's maladies and the various preventive and curative advice (and practices) he drew upon to form different kinds of explanation. He thus cited well-trodden clinical diagnoses (e.g., inflamed tissues, nervous exhaustion), as well as more novel emotional notions of "bad habits," "buried emotions," pathological "fixed ideas," which were then coupled to debilitating personality traits (e.g., weaknesses, lax self-discipline, and a "divided self"). In order to assess James's understanding of his various illnesses, Sutton provides a broad survey of the state of medical practice during the last third of the nineteenth century. First, she situates James's views from the vantage of orthodox pathophysiological clinical opinion and psychiatric speculation. And then she highlights his endorsement of telepathic phenomena and a medley of nonconformist spiritualist practices. In other words, he wore bifocal spectacles to depict both physiological and emotional suffering.

James's expansive views were no more clearly illustrated than by his endorsement of a religious point of view. The eclipse of his early positivism has been well documented by others and as he transitioned from the science of psychology to the metaphysics of the mind, he increasingly acknowledged the authority of a domain lying beyond scientific inquiry. His sympathies for the therapeutic potential of mystical inquiry and the therapeutic pursuit for marshaling the "subconscious" threatened his professional legitimacy among the academic elite. James made no amends and forthrightly asserted his belief in the reality of what lay beyond objective analysis.

Irrespective of which school of clinical acumen James pursued, each eventually found expression in his epistemological, ethical, and metaphysical views. Sutton's genealogical strategy connects James's enunciations about his most personal experiences to his philosophical thought. For instance, in the early 1880s, although his debilitating back pains were no longer prevalent, James developed what had become a new condition, neurasthenia, a form of lassitude attributed to nervous exhaustion putatively initiated by the fatiguing pace of modern life. His temperamental affinities for novel hygienic principles guided his various comments about general health, alcohol consumption, and, most importantly, the key discussion of habit (*Principles of Psychology*, chapter 4). He argued that bad habits could both explain disease and, through deliberate correction, reverse the offensive behavior and the corresponding malady. These included not only repeated deleterious actions leading to physical ailments but also accounted for mental derangements that could lead to "insanity." And not surprisingly, James explicitly presented his theory of emotions as a hygienic tool.³ Reminiscent of his own decision to believe in free will, James advocated the exercise of self-control to regulate emotion and thereby mental hygiene. His attention to clinical diagnosis, medical therapeutics, clinical and social understandings of disease seeks a moral position that leads well beyond the physical or scientific perspective of a physician. Here, and elsewhere, ethics frames his view of illness.

Three overarching themes shape *William James, MD*. First, in dissecting James's opinions and commitments, Sutton follows the pathways of his own suffering—both their sources and effects—to show how his philosophy originates in the subjective stratum, and she refreshingly declares the logic of her undertaking:

My account of James is an avowedly emotional one. He himself made the case that philosophical systems owe their existence, in part, to “the desire for a solid outward warrant for our emotional ends.” This observation was part of a stronger claim, moreover. James was convinced of the “ubiquitousness of emotional interests in the mind’s operations,” and several of his writings explicitly challenge the traditional assumption that thinking and feeling may be treated separately. His own emotional motives and reactions, which he regularly acknowledged, would seem then to be a valid and important area of interest for anyone seeking to understand James on his own terms.⁴

James would have cheered her on. After all, he himself emphasized the role of the personal in the philosopher's craft. Indeed, for James, philosophy is “not a technical matter; it is our more or less dumb sense of what life honestly and deeply means. It is only partly got from books; it is our individual way of just seeing and feeling the total push and pressure of the cosmos.”⁵ That admission he couched in terms of what he called, “temperament,” and asserted how subjective needs guided analytical thought.⁶ Indeed, if philosophy is a way of life, then the personal must claim its rightful place. And in that recognition James insists on how temperament frames one's metaphysical beliefs which then leads to the character of one's moral agency that finally either helps or hinders awareness of, and response to, human evil and suffering.⁷

Sutton emphasizes two key aspects of how James regarded clinical suffering. First, philosophy for him was a thoroughly moral affair and Sutton emphasizes that his own suffering and response to it underlay his ethical sensitivities. And second, disease, whether

physical or psychiatric, were manifestations of evil, which he believed was constitutive to reality.

This belief in the ubiquity of evil coupled to an acute self-awareness then leads directly to Sutton's second major theme. She explores the various ways James treated his illnesses and, in that analysis, how his physicianship enacted his views of moral agency. Sutton explicates this aspect of his thinking by putting the problem of evil at the heart of James's deliberations. For him, the experience of illness was an expression of *evil*. Indeed, suffering and evil were inseparable for him. In the *Varieties of Religious Experience* evil is described as "a genuine portion of reality" (James 1987a, 136) and in numerous places throughout his corpus, the "obstinate presence of evil" is featured (e.g., "Rationality, Activity and Faith" [1882]; "The Dilemma of Determinism" [1884]; *A Pluralistic Universe* [1908]; *Pragmatism* [1907]; and the unfinished *Some Problems of Philosophy*). Two philosophical doors then opened.

First, for James, pain reveals evil and those who suffer thereby have access to deeper Truths, for evil facts "may after all be the best key to life's significance, and possibly the only openers of our eyes to the deepest levels of truth."⁸ In other words, the vector of evil → suffering was extended to evil → suffering → Truth. As Sutton observes, "ill health and suffering assumed...some sort of epistemological rite of passage. From this perspective it is only through affliction, and the accompanying pain, that we gain access to the 'deepest levels of truth.'"⁹ Note, James remained firmly within the philosophical discourse; theism makes no appearance in his musings.

As Sutton emphasizes, James regarded suffering as the manifestation of evil and the moral imperative was to thwart its effects:

It seems to me that all a man has to depend on in this world, is in the last resort, mere brute power of resistance. I can't bring myself as so many men seem able to, to blink the evil out of sight, and gloss it over. It's as real as the good, and if it is denied,

good must be denied too. It must be accepted and hated and resisted while there's breath in our bodies.¹⁰

Simply, if evil → pain, then the success of overcoming his infirmities represented an ethical endeavor with momentous implications for how James would conduct his life. After all, his suffering had initiated a moral crisis that ranged to questions about whether he was fit to have a family and how he would become a useful member of society. He took such challenges as deeply consequential and considered them central to the development of his character:

From James's perspective, his physical capacity to work was inseparable from matters of respect and honor and, ultimately, his ethical philosophy. However, this focus on practical achievement was to become, as time went on, untenable to James. When illness made all activity and even the future possibility of useful work seem impossible, his utilitarian ideals came under fire.¹¹

Upon graduating from medical school in 1869, James endured a major existential watershed that extended into the early 1870s, when the intransigence of back pain led to severe depression and a preoccupation with suicide saturated his letters and diary entries. It is in this context that James declared his famous *philosophical* decision to exercise free will.

According to Ralph Barton Perry and often repeated, James found solace in Renouvier's philosophy that inspired a philosophical rationale for exercising free will. However, Sutton notes that this interpretation does not account for how James regarded himself as an invalid and how his preoccupation with the evils of pain and illness played key roles in his own deliberations. He placed the issue of evil in the debate about *determinism* that characterized an unambiguous universe in which everything we find within it, including experiences of evil, are inevitable and unavoidable. James, on the other hand, opted for an indeterministic cosmos, one

in which chance and free will operated. This would be the foundation of his own ethics.¹² In this latter depiction (views fully developed in his mature philosophy), the doctrine of free will represented the possibility that the future may hold less evil than the present. When placed in the medical context, his deliberate choice for a free fate offered him the chance to heal. This seminal metaphysical inflection not only directed James in dealing with his personal infirmities, but it proved to be the critical step launching him on his later philosophical development centered around pluralism and pragmatism.

Sutton offers deepened insight of how James's conclusion concerning the freedom of the will was inextricable from his complex views of evil's manifestations in disease and the moral response to that ever-present challenge. This third organizing theme of *William James, MD* closely follows the other two by highlighting James's conception of "medicine as a radically moral endeavor."¹³ Beyond the obvious ethical judgments implicit in care, the physician guided by a human-centered and human-valued ethos, could not ignore the emotional, spiritual, and complex psychology of those suffering illness. He recognized that medical knowledge could not solely be confined to scientific analysis, and in consideration of a holistic orientation "all kinds of health, bodily mental and moral are essentially the same, so that one can go at them from any point."¹⁴

James's public endorsement of unorthodox healers led to vitriolic attack by the medical establishment. The issue came to a boil in 1898 when he testified before the Massachusetts legislature that was then considering whether to register a host of unorthodox healers in the Board of Registration in Medicine. These included "spiritualists, electricians, osteopaths, metaphysicians, magnetic healers, spiritual healers, botanic physicians, and hydropathists."¹⁵ James certainly was not anti-science, but he leveled three criticisms against his orthodox colleagues: 1) the complacency of current orthodox practitioners regarding the sorry state of their knowledge reflected an arrogant disregard for the failures of current practice; 2) clinical approaches that ignored what later became the psycho-social complement to allopatric diagnosis and treatment overlooked the

multi-dimensional realities of disease; and 3) restricting health care to a narrow spectrum of practitioners confined to a materialistic basis of disease impaired the pursuit of knowledge and inappropriately restricted the freedom to pursue alternative therapies based on other philosophies.

James found himself in a skirmish of a much larger struggle between those advocating a scientific research-based medicine against older traditions. The course of American medical education and the legitimatization of medical practitioners formally began shortly after James's Boston appearance. In 1907, the American Medical Association issued a report critical of medical practitioners who had not attended institutions based on a scientific curriculum. With skillful political lobbying, by World War I, approximately only 50% of the schools in operation in 1904 remained, and student enrollment fell from 4,400 to 2,500.¹⁶ James had been sailing into ill winds.

His was but a minor skirmish in a war of legitimacy that eventually deposed what in our own era is now viewed as "complementary medicine." Despite the undoubted successes of scientific medicine, non-allopatric therapies remained a fixture in the public's search for therapies that might offer results unobtainable with conventional methods (Tauber 2002). Despite his respect for science and the medicine it spawned, James's pluralism demanded acknowledgment of possible alternatives and for him the ultimate arbiter was pragmatic results. And more to the point of Sutton's thesis, suffering for James represented a moral challenge and nothing less than an ethical approach guided by human need was required to address *dis*-ease of whatever nature. Thus, the abiding importance of James's testimony is his insistence that medicine is fundamentally a moral pursuit in which the science and technology are in the employ of that mandate. A century later, that message is even more compelling than when first proclaimed.¹⁷

I readily admit that this summary of *William James, MD* fails to account for the richness of this study in considering so much of the Jamesian corpus from a fresh perspective. James's views of the afterlife, the conceits of medicine and science, critiques of the

normative and capitalism, the pluralistic approach to mental health, religion, public health, etc. assume new contours when Sutton maps the category of evil onto illness within James's worldview.

However, before concluding, the meta-message of Sutton's portrait must be highlighted, namely, how James practiced philosophy as a therapy. He returned to the ancient view that training for wisdom was a way of life. More than a type of moral conduct, it was a mode of existing-in-the-world and thus a way of transforming the whole of the individual's life. As Pierre Hadot writes, for the Greeks, philosophy "brought peace of mind (*ataraxia*), inner freedom (*autarkeia*), and a cosmic consciousness. First and foremost, philosophy presented itself as a therapeutic, intended to cure mankind's anguish."¹⁸

Philosophy as therapy followed no formulae and certainly no prescription. In the Greek and Roman period, all schools viewed philosophy as integral to one's life. James evoked the same ethos inasmuch as the *philosophical* significance of suffering accompanied him to the point that he "was as capable of starting a metaphysical discussion about...constipation as he was about Kant."¹⁹ He thus demonstrated the salient distinction between *discourse about* philosophy and *philosophy itself*. For the ancients, Hadot argues,

the parts of philosophy – physics, ethics, and logic – were not part of philosophy, but rather parts of philosophical *discourse*....But philosophy itself – that is the philosophical way of life – is no longer a theory divided into parts, but a unitary act which consists in *living* logic, physics, and ethics. In this case, we no longer study logical theory – that is the theory of speaking and thinking well – we simply think and speak well. We no longer engage in theory about the physical world, but we contemplate the cosmos. We no longer theorize about moral action, but we act in a correct and just way.²⁰

In sum, James found his own equilibrium through philosophy, not in discourse but in practice. His temperament might account for the

optimism of “Be not afraid of life. Believe that life *is* worth living, and your belief will help create the fact,”²¹ but the ways in which he overcame the despair and melancholy that contested his pronouncement was through philosophical exercise. Sutton’s portrait reveals how James therapeutic philosophy remained true to his original identification as a physician and how he invoked medicine’s ancient calling to weave the many threads of his inquiries into a unique tapestry. James’s self-therapy is the underlying lesson of this original historical account, a superb story of philosophy in action and a reminder that much of James’s enduring relevance resides in his example of leading a philosophical life.

Alfred I. Tauber
Boston University
ait@bu.edu

REFERENCES

- Hadot, Pierre. *Philosophy as a Way of Life*. Edited by A. I. Davidson. Translated by M. Chase. Oxford: Blackwell, 1995.
- James, William. “The Gospel of Relaxation.” In *Talks to Students on Some of Life’s Ideals, William James, Writings 1878–1899*. Edited by B. Kuklick. New York: Library of America, 1992. 825-840.
- . *Pragmatism*. In *William James, Writings 1902–1910*, Edited by B. Kuklick. New York: Library of America, 1987. 479–624.
- . *Varieties of Religious Experience*. In *William James, Writings 1902–1910*. Edited by B. Kuklick. New York: Library of America, 1987. 1-478.
- . *The Will to Believe, William James, Writings 1878–1899*. Edited by B. Kuklick. New York: Library of America, 1992. 445-704.

- Lekan, Todd. *William James and the Moral Life. Responsible Self-fashioning*. New York: Routledge, 2022.
- Pihlström, Sami. "The Cries of the Wounded in *Pragmatism*: The Problem of evil and James' Pragmatic Method as an Ethical Grounding of Metaphysics." In *William James, Moral Philosophy and the Ethical Life*. Edited by J.L. Goodson. Lanham, MD: Lexington Books, 2018. 297-316.
- Starr, Paul. *The Social Transformation of American Medicine. The Rise of a Sovereign Profession and the Making of a Vast Industry, 2nd ed.* New York: Basic Books, 2017.
- Sutton, Emma K. *William James, MD: Philosopher, Psychologist*. Chicago: University of Chicago Press, 2023.
- Tauber, A.I. *Confessions of a Medicine Man. An Essay in Popular Philosophy*. Cambridge: The MIT Press, 1999.
- . "The quest for holism in medicine." In *The Role of Complementary and Alternative Medicine: Accommodating Pluralism*, D. Callahan (ed.). Washington, D.C.: Georgetown University Press, 2002. 172-89.
- . *Patient Autonomy and the Ethics of Responsibility*. Cambridge: The MIT Press, 2005.

NOTES

- ¹ Sutton 2023, 5.
- ² Sutton 2023, 9.
- ³ Sutton 2023, 70, quoting James, *Gospel* 1992a, 825-26.
- ⁴ Sutton 2023, 8.
- ⁵ James, *Pragmatism* 1987a [1907], 487.
- ⁶ James, *Pragmatism* 1987a [1907], 488–89.
- ⁷ Lekan 2022, 106-107; see also Pihlström 2018.
- ⁸ James, *Varieties* 1987b, 136.
- ⁹ Sutton 2023, 156.
- ¹⁰ Sutton 2023, 21 quoting a letter to Henry James, May 7, 1870.
- ¹¹ Sutton 2023, 25.
- ¹² Lekan 2022, 9.
- ¹³ Sutton 2023, 173.

¹⁴ Sutton 2023, quoting James's letter to Sarah Wyman Whitman, Sept. 18, 1902.

¹⁵ Sutton 2023, 157.

¹⁶ Starr 1990.

¹⁷ Tauber, 2002.

¹⁸ Hadot 1995, 265-6.

¹⁹ Sutton, 6.

²⁰ Hadot 1995, 266-7.

²¹ James, *Will to Believe* 1992b [1896], 503.