

Socrates and Psychoanalysis

On Agnes Callard's Open Socrates (2025)

Katherine Tallent

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In therapy, if a patient were to tell me that they could no longer answer the questions, ‘*Why look after my children? Why go to work? Why continue to live at all?*’, I would be deeply concerned for their (and their children’s) safety and would jump into conducting a risk assessment.

In Agnes Callard’s new book, *Open Socrates* (2025), she offers another way of responding to these questions—which she calls ‘untimely questions’—namely, by engaging with them openly and inquisitively. Untimely questions are those we are unable to pose to ourselves before we have already started living in line with an answer:

“The reason why you can’t ask yourself untimely questions is that you think you already have the answer to them, and the reason you think you have the answer is that you are using the answer. Such questions don’t show up for you as questions; by the time you get them in view, you find that they have hardened into the shape of answers. Untimely questions come too late.” (27–28)

The answers we live by come from two main sources: our physical body, which commands us ‘*Keep me alive!*’, and our kinship group, which commands ‘*Co-operate with me!*’ Most of the time, we are good at blindly following these two ‘savage commands’ and alternating between them when they conflict. Callard compellingly recounts the history of Western philosophy since Socrates as, broadly, an attempt to ‘tame’ these commands so that they may be mastered by reason. Kant’s deontology, following the Stoics, tames the kinship command by grounding it in practical rationality:

“The correct action, on Kant’s theory, is the one that is consistent with respect for the activity of rational thought—in myself and in every other rational being—and thereby allows me to see myself as a member in an (ideal) universal community of beings capable of mutual recognition.” (120)

Meanwhile, the Utilitarians, following Epictetus, attempt to tame the bodily command (to seek pleasure and avoid pain) by offering a systematic way of ensuring consistency in bodily answers:

“Whereas my body tells me what I have to do now in order to avoid what feels like my death, the Utilitarian systematization of this answer tells me that every such demand matters equally. This means my future pains matter as much as my present ones, and this also means yours matter as much as mine.” (119)

The third major school in moral philosophy, the Virtue Ethicists (drawing on the work of Aristotle), try to tame these commands by harmonising them:

“The Virtue Ethicist believes that to exercise virtue—to behave as a just, courageous, wise, and decent person does—is at once the greatest source of pleasure for the individual who so behaves, and at the same time the greatest source of benefit for his society. The work of harmonizing the two commands is not theoretical, but practical: they will come into line given the presence of a supportive culture, the right social norms, the best laws, a good upbringing, and so on.” (124)

Importantly, Callard points out that despite their differences, all approaches agree with Socrates that the ‘just’ does not differ from the ‘advantageous’ (111). In other words, living virtuously benefits the individual. We might struggle to relate to this, thinking that behaving virtuously isn’t always in our best interest (*‘If I’m prioritizing someone else, I might neglect my own needs’*). Yet the theories above would say that something is awry when we view virtue as harmful to the individual concerned. This view is perhaps clearest in the Aristotelian perspective, which envisions virtue as both beautiful (pleasant) and noble—a concept captured by the word *kalon*. This perspective imagines the two commands working in harmony, rather than requiring will-power to override one command in favour of the other.

This has important implications for the practice of psychotherapy. If we conceptualise psychological well-being as separate from virtue—in line with the common sense view rather than the moral philosophers—we can treat it as an ‘objective science’ focused on removing symptoms and improving functioning. We might then approach well-being with a purely scientific, rather than normative, hat on. However, if we recognise the claim that ‘the just does not differ from the advantageous,’ we might also conclude that helping someone live a happy life involves helping them live a good (ethical) life. Can we, therefore, think of some (though perhaps not all) psychotherapy as a form of ethical education? And what would this mean for the role of the therapist—how can one human help another to live more virtuously? Must therapists themselves be virtuous, or is their character separate from their ability to support others? What are the risks or potential pitfalls of conceptualising psychotherapy in these terms? Many questions are raised...

After describing the three main approaches to moral philosophy—each an attempt to answer the fundamental untimely question, *‘How should I live?’*—Callard explains that her book offers an alternative by returning us to the source, Socrates. Simply put, the Socratic Method is: ‘Keep an open mind and inquire, moving toward what’s true and away from what’s false.’ (143)

While that sounds clear enough, Callard explains that significant paradoxes hinder us from applying the Socratic method—at least when we try to do so without the help of an honest and inquisitive conversational partner who is similarly oriented toward the truth. One person takes on the role of making statements, while the other (originally Socrates) listens out for inconsistencies, errors, and lies. Only when the task of

‘thinking’ is split between two minds can we ever hope to approach a more stable form of knowledge than what we derive from our savage commands or natural ignorance.

I was struck by how similar this method is to psychoanalytic psychotherapy.

A patient begins analysis when something in their life feels stuck—when they feel that the ‘answers’ they have unconsciously been living by are either no longer available or are starting to cause problems. There is a mismatch between the life they are living (their ‘untimely answers’) and the truth—or the good life (For Socrates the Good = the True, as he would say that virtue and knowledge are the same: *‘If you actually knew what you should do, you would do it.’* 127). The patient has noticed that their untimely answers are not truly knowledge, either because they find themselves wavering too often between different commands or because they feel utterly lost (in despair). They begin therapy seeking new answers. They want an expert to ‘solve’ their problems (not yet realising that it is *questions* rather than *problems* that they need to address—Callard’s distinction is on page 144). The psychoanalyst, however, is not aiming to remove their symptoms by offering new ‘answers’ to live by. One cannot answer someone else’s untimely questions. Unlike the caricature of a cognitive-behavioural therapist, the psychoanalyst is not in the business of offering tools or advice. Instead, they are after the truth. The psychoanalyst listens to the stream of statements made by the patient, paying particular attention to slips, gaps, inconsistencies, and ego-serving falsehoods. The patient may be attached to their answers—even when they know these have caused problems—because they are the untimely answers by which they live. They are already committed to living this way and cannot simply ‘pause’ their way of life. One of Freud’s greatest discoveries was recognising that patients can be invested in their symptoms and resistant to treatment, even when they consciously want to feel better. Their symptoms are, in a sense, unconscious solutions (untimely answers). Because the patient is attached to these, they might use various defence mechanisms to avoid asking fundamental questions. They might *repress* important memories related to their early experiences, *deny* that the topic is relevant to their problems, or even *project* their own ignorance onto the world by claiming that no answers exist. This is why the patient needs an analyst (you can’t buy psychoanalytic self-help books like you can with CBT). It also explains why the analyst strives to keep the psychoanalytic frame as neutral and suspended from everyday life as possible—in this separate, safe space, the patient may begin reflecting on and challenging their untimely answers.

Funnily, a key technique in CBT (not in psychoanalysis) is something called ‘Socratic Questioning’ in which the therapist challenges the logic underlying the patient’s beliefs or behaviours with the aim of helping them view their situation from a new perspective. However, what sometimes happens in CBT—which is built on a formulation (often in the form of a flowchart) of the patient’s difficulties—is that the therapist feels they know the correct answer the patient should arrive at if their thinking were not ‘distorted.’ Thus, the questioning can easily fall into the trap of ‘leading’ the patient toward a particular answer—the answer the therapist believes will cure the patient of their problems. Psychoanalysis, of course, also works with formulations and theories of

what might be causing the patient's difficulties, but there is a greater emphasis within psychoanalytic approaches on the therapist maintaining an 'unknowing' stance. As Nancy Williams explains, psychoanalytic psychotherapy typically sees itself as aiding the patient in restarting a developmental process that has been disrupted. The analyst aims for the patient to get back on the maturational track without a clear image of what the outcome of the development might be (xiv, Resnick, 2023).

Socrates' wisdom in acknowledging his own ignorance might therefore be a helpful ideal for us therapists to hold in mind, along with a greater focus on method rather than outcome. This also relates to Callard's resolution of Meno's Paradox (which I'll leave for you to read for yourselves)—the paradox being: *How are we supposed to know what we are searching for when we don't already have it?* (208) How do we hold hope for patients when neither of us knows exactly what we are aiming for? Callard and Socrates tell us to keep talking to each other—inquisitively and with an open mind. I like this a lot, and we're probably due a new quote now anyway, Bion's one must be getting a little tired.

Finally, in the spirit of dialogue, I'd like to end with a couple of questions I would love to ask Callard herself, if I could:

Why is the Socratic 'desire to know' not itself a savage command? Why is the 'intellectual' faculty not considered to be of the same kind as the body and kin-group? Callard writes that she agrees with other scholars in distinguishing between Plato's tripartite soul and Socrates unified soul (137)—but I would love to hear more from her on this. I find myself aligning more with the Aristotelian approach (which Callard sees as beginning in Plato), which suggests that 'practical wisdom can help us harmonise the savage commands. Also, no doubt this is my ignorance speaking, but if all moral frameworks agree that the just and the advantageous do not differ—that there is only one 'good'—doesn't this imply that harmony between the commands *is* possible with the contribution of practical wisdom?

I also felt somewhat uncomfortable with the negative framing of the 'savage' commands as merely errors to be 'overcome' by the superior method of Socratic inquiry. Callard acknowledges that she takes a very hard-line intellectualism, which leads her to make statements such as:

“Praise for intelligence or intellectual ability touches us so deeply because it speaks to our most fundamental wish: to be treated not as a physical thing, nor as a social thing, but as an intellectual thing.” (295)

Though I see where she's coming from, and probably even agree, I share others' hesitancy to propound such an extreme intellectualism. The two other demands are vitally important to how we live and relate to others, and I don't think we can answer fundamental questions without the input of our bodily and social concerns. I also did not fully agree with her examples of how the two savage commands necessarily lead to self-contradictions. Callard describes how the kinship command, if followed naturally,

leads to revenge, which is always wrong. While I agree with Callard and Socrates that revenge is always wrong, I did not see how the kinship command *causes* us to behave revengefully. Rather, it seems that when we stop seeing someone as kin, revenge may kick in as we attempt to punish them for ‘leaving’ the kinship group. Thus, it is not the kinship command that provokes revenge, but rather the *loss* of kinship feeling. Wouldn’t a more stable and universal kinship command— ‘tamed’ by wisdom—prevent acts of revenge rather than lead to them?

I’ll stop here, only to finish by saying that this has been one of the most intelligent, engaging, and inspiring books I’ve read in a very very long time. I’m handing out copies to all of my friends and family desperate to discuss it with someone! I hope you read it too, and would love to hear your thoughts.

Agnes Callard

Thank you so much for this thoughtful engagement with my book—I too have wondered about the relationship between Socratic inquiry and psychoanalysis, and my inclination is to think that the biggest difference is that in the case of the latter there is, strictly speaking, ONE set of desires, whereas in Socratic inquiry there are TWO. That is, if you and I are inquiring together Socratically, we BOTH want to know, and the conversation has to serve both of our needs and interests, whereas if you are my psychoanalyst you are not really allowed to be moved by your INDEPENDENT desire to know. I understand that you are going to say “countertransference!!” but—and correct me if I’m wrong, you’re the expert here—my impression is that that is not really a full-fledged independent desire—it isn’t ALLOWED to be—rather it’s a set of reactions to my desires, and in many ways the point of acknowledging it is to keep it in check. Whereas in Socratic inquiry both of our desires are explicitly allowed to guide the conversation.

Katherine Tallent

What a lovely surprise - Thank you so much for reading my post!

I agree that the difference is something about psychoanalysis being ONE person’s ‘journey’ towards the truth, and motivated by their desire to know. But I wasn’t actually going to bring in Countertransference! I too see CT in the narrow sense as the response to the patient’s transference, so not independent.

But, I do think the analyst’s own desires (e.g. for the patient to find their way, and intellectually to better understand what might be going on) play an important & often ignored role in any therapeutic endeavour! (Mitchell Wilson makes a related claim in his book *The Analyst’s Desire*, something like: ‘the analyst’s desire is a desire for the new within the session’.) Though I’m sure many analysts would align more with your point that they aren’t allowed this independent set of desires, I just find this hard to believe in practice... I personally think that the analyst’s desires are there, at times even fuelling the process, while many other desires must absolutely not be acted upon.

But yes, I agree with you that the two processes are not the same. I'm always aware that I can't switch roles with my therapist and ask HIM to start talking, which is a big shame!

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