

Reconciling Stoic Thought with Mental Illness

Stoicism has stood out among ancient philosophical programs for a variety of reasons, one of them being its psychological demand on the individual who strives to be virtuous. Indifference to external affairs, striving to fulfill one's duty, and becoming infallible in making judgements are a few hallmarks of Stoic philosophy. However, any narrative in which virtue and psychology are in the same arena can become complicated by issues such as mental illness. If systematic philosophies are to stay relevant, they must become more comprehensive in addressing myriad contemporary issues. This paper serves to investigate and potentially reconcile components of Stoic thought that are relevant to mental illnesses. This will be done by briefly discussing mental illness, evaluating it through Stoic epistemology, and ethics, and examining the efforts of Scott Aikin and Emily McGill-Rutherford to wed Stoic philosophy with feminism.¹

In this context, mental illness will refer to disorders which affect mood, behavior, and cognition. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is the authoritative text within medical and psychological fields and lists twenty categories of mental illness including neurodevelopmental and neurocognitive disorders, depressive disorders, and trauma and stress related disorders.² While each disorder is unique and worthy of detailed exploration in its own right, this paper will only focus on the conceptual role of mental illness as a phenomenon which has the potential to impair mood, behavior, and cognition. Mental illness is also characterized by the fact that it interferes with one's daily life.

¹Scott Aikin and Emily McGill-Rutherford, "Stoicism, Feminism and Autonomy." *Symposion* 1, no. 1 (2014): 9-22.

² *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA: American Psychiatric Association, 2013.

With the conceptual role of mental illness made clear, it is also important to note where and how it may be located within the philosophies of various Stoic thinkers. The Stoic school of antiquity was loosely united by a logic, physics, epistemology, and ethics presented by Zeno of Citium, but many different interpretations and emphases emerged as the school progressed. Before finding the intellectual terrain that is most habitable to incorporating mental illness, it is important to identify where and how it would be located among other Stoic thinkers. Proponents of *hard* Stoicism, such as Ariston of Chios, would likely consider mental illness neither a preferred nor dispreferred phenomenon. Conversely, Seneca and other *soft* Stoics would claim that mental illness is indifferent to virtue but a dispreferred indifferent nonetheless. Epictetus is a thinker that seems to occupy both camps depending on how one interprets his work. Analyzing excerpts from Epictetus's work, *The Encheiridion*, will aid in further discussion.

In the first chapter of *The Encheiridion*, Epictetus introduces what is known as the grand division which delineates between *things up to us* and *things not up to us*.³ Things up to us are relevant for virtue, and all else is should be a matter of indifference. Since individuals do not choose to be affected by mental illness, one could argue that it falls under the category of things not up to us. Though initially appealing due to its simplicity, this explanation glosses over more informative parts of Epictetus's text. Epictetus lists the body as one of the components of life that is not up to us.⁴ If one adopts a materialist approach in which mental illness is merely a disease of the brain, then the issue can be resolved with relative ease; virtuous agency is not

³ Epictetus. *Handbook (The Encheiridion)*. Translated by Nicholas P. White. Hackett Publishing Co, 1983. Ch.1

⁴ Ibid., Ch. 1

compromised, and illness of the brain is no different than a broken leg. However, he also lists mind as a separate component that *is* up to us.⁵ Epictetus's distinction here leads directly to the mind body problem. If mind is distinct from body in this dichotomy, it is necessary to establish clear demarcations between the two. To explore this, one can imagine an individual under the influence of alcohol. If being inebriated only affects the body, then mind can no longer exert full control over the body due to its subdued state (imagine the mind as a runner with weights strapped to the legs, willing to move forward but fantastically failing). If one chooses to argue that alcohol impairs the mind directly (and mind is distinct from body), they must provide a sufficient case for material and immaterial interaction. For this reason, it will be assumed that mental illness is a material condition of the body which is distinct from mind. Whether mind is material or not becomes a moot point; mind as material can simply be seen as a mechanism in which mental illness provides an internal conflict, or mind as immaterial can be limited by the altered state of the body due to mental illness.

Though mental illness is now established as a distinct material phenomenon which is *not up to us*, understanding its relation to mind requires further exploration. The relationship between mental illness and mind is critical for the Stoic program given its emphasis on making sound judgements. A core component of Stoic epistemology is known as the *kataleptic impression*. For anything to qualify as a kataleptic impression, it must be a sensory impression, be caused by its true source, accurately represent its source, and be distinguishable from false impressions. The Stoics believed that *phronesis* (good practical judgement) only comes from

⁵ Epictetus, Ch. 1

assenting to kataleptic impressions; these impressions are irrefutable by nature and lie at the center of knowledge.

If kataleptic impressions are foundational to Stoic epistemology and physics (more specifically, the mechanisms of experience), then they must provide an adequate account for mental illness. For example, hallucinations may appear real to their perceiver and have a material cause within the brain, but they cannot be kataleptic impressions because their content do not align with a true source that exists in the external world. However, proving that hallucinations are not kataleptic impressions is different from successfully defending kataleptic impressions themselves. One concern is that mental illness may prevent an individual from experiencing kataleptic impressions. The thought of certain individuals being unable to access or assent to kataleptic impressions is antithetical to the nature of Stoic philosophy. One of the appeals of Stoicism is that externalities cannot impinge on one's ability to be virtuous. If this virtue is contingent on assenting to kataleptic impressions, then it must be the case that kataleptic impressions are possible for anyone if there is a desire to keep the Stoic program intact. If one is to continue defending kataleptic impressions, then these impressions must be able to reach the mind of an individual despite the presence of any mental illness. With this building block of Stoic epistemology set in place, Stoic ethics can now be discussed.

First, it is essential to note that *virtue* is the ultimate aim of ethical action. For the Stoics, virtue is a good that cannot be altered by external circumstances, and it is entirely up to the individual whether or not their state of character and the virtue of their actions will flourish or wither. It should also be made clear that mental illness within an ethical framework is not continuous with the mind, nor is it something that occurs due to a particular action or choice. The

fact that neurological responses to phenomena occur without cognitive assent should be sufficient evidence. For example, if one runs water over a cut and it stings, the physical (neurological) experience of stinging cannot be denied. What one chooses to do *in light of* this pain is what Stoic thinkers are concerned with. The adversities of mental illness should certainly be taken seriously, but this does not mean that an individual's cognitive architecture is determinate for their ethical action. This is where Stoic indifference beings to emerge; in theory, the valence of one's actions as an ethical agent should not be colored by mental illness or a lack thereof. An individual who experiences depression ought not act differently than if they were not afflicted, and in an ideal scenario, one would be *indifferent* to their condition. This does not mean that one should deny mental illness in any way. One can cognitively assent to the fact that they experience a mental illness, but the way subsequent actions are framed has moral implications.

If ethical actions cannot and should not be diminished by one's physical or mental condition, then the same should naturally apply to duty. The extent to which they can carry out this duty may be affected, but this externality does not adversely affect the condition of one's soul or their virtue. This can also be translated into the Socratic paradox of invulnerability. The virtuous cannot be harmed by illness because greater (the virtuous individual) cannot be harmed by the lesser (external disease, even if this external disease is within the body). Cognition has been heavily emphasized thus far, but most if not all mental disorders also affect emotion. Stoics emphasize the need to control one's emotions so they do not create impediments to virtue or fulfilling one's duty. If emotional dysregulation is *inherent* to mental illness, then one must go a step further in analysis. There may be a theoretical demarcation between emotions experienced under the dysregulation of mental illness and those which are not. If this is the case, then one

could simply say that the individual must act virtuously in scenarios where they can control their emotions. Conversely, they may not be culpable for experiencing emotions resulting from mental illness. This emotional dysregulation caused by mental illness may be outside of one's control.

Stoic ethics and epistemology have been briefly reevaluated within the context of mental illness, but the entire school of thought needs to be compatible with mental illness as well. One precedent for reframing Stoic thought in the context of a pertinent and contemporarily salient issue can be found in Scott Aikin and Emily McGill-Rutherford's paper, *Stoicism, Feminism, and Autonomy*. It is the hope that arguments from their work can be translated to those of mental illness to create a more comprehensive and reflective branch of Stoic thought. Aikin and McGill-Rutherford make Stoicism commensurable with feminism by uncovering an implicit core of liberalism within Stoic thought that is held together by the duty towards others as rational creatures living in accordance with logos and the universality found in being virtuous agents regardless of factors outside of one's control. To successfully bridge these efforts with those of this paper, it is necessary to engage in a more detailed analysis.

Aikin and McGill-Rutherford first identify what they call an "uneven track record" among Stoics regarding feminism, looking through the works of Musonius Rufus, Cicero, and Epictetus.⁶ Negative statements and perceptions of women from the aforementioned Stoics have a handful of commonalities; each thinker fails to appreciate the inner autonomy, dignity, and disadvantaged position of the women they discuss.⁷ These oversights are common when one observes any group that is "othered" or experiences discrimination and disenfranchisement. Identifying this shortcoming of Stoic thinkers is necessary but not sufficient in creating a

⁶ Aikin & McGill-Rutherford, 10.

⁷ Ibid., 10.

complete philosophical narrative. Aikin and McGill-Rutherford go beyond diagnosis and propose various causes (or at least symptoms) of this closed minded thinking. They identify four problems that limit an interpretation of Stoics as feminists: limited (only male) audience, victim blaming, continued subordination, and the entanglement of social status with possibilities for virtue.⁸ These four problems, though obviously concerning women in some Stoic texts, are also relevant to all disadvantaged groups.

The goals of Stoicism itself also lead to various complications and tensions. Aikin and McGill-Rutherford point out that the goal to achieve self-sufficiency can never be truly fulfilled because humans are inherently social, interconnected, and interdependent beings.⁹ Ataraxia may also be impossible to achieve because for similar reasons. The Stoics also argue that externals are indifferent because they do not affect one's virtue or moral goodness. However, many Stoics would see this virtue and moral goodness as being in the service of achieving harmony with the will of the kosmos (providence, will or telos of the universe, etc.). If this kosmos was inclined to arrange externals and indifferents in a particular fashion, then the indirect product of virtue would be to facilitate a morally desirable state of affairs which was originally claimed to be indifferent. Aikin and McGill-Rutherford share a similar thought, arguing that, "Just because externals are indifferent to us does not mean that we have no moral reason to nevertheless act in ways pursuant of external justice."¹⁰ They ultimately challenge the idea that opportunity for

⁸ Aikin & McGill-Rutherford, 13.

⁹ Ibid., 15.

¹⁰ Ibid., 19.

virtue is unaffected by outside circumstances, arguing that many aspects of an individual's life do in fact affect things previously deemed only up to us.¹¹

Aikin and McGill-Rutherford provide a powerful case for revising and/or reinterpreting Stoicism. With this, an effort should be made to salvage and reconstruct the tenets of Stoic thought that are crucial to the identity of the program. This will be done by clarifying Stoic epistemology through the notion of *duty* and emphasizing Stoic ethics as an ethics of striving. Fortunately, Aikin and McGill-Rutherford have done most of the heavy lifting on the epistemology front by recapitulating Epictetus's criteria for discovering one's duty. According to Epictetus, an individual's duties will be made more clear to them if they are rational, are uniquely positioned in the world, and have a history of making choices.¹² Unless one's rationality is completely compromised (a circumstance in which externals not up to us *do* impair the ability to be virtuous), reflection on each of these criteria should illuminate the duty of an individual. This task need not be done in a vacuum either; interacting with those one is situated with provides unique and necessary information and motivation for determining and enacting one's duty.

As mentioned earlier, an ethics of striving can also ameliorate tensions that arise from external hindrances and contingencies. Stoic doctrine that initially appeared as an obstacle may actually be used in the service of an ethics of striving. For example, one should aspire to fulfill their duty regardless of their ability to do so. Proceeding in any action with this mindset is beneficial for those one intends to serve and aids in combating an emphasis on the determinism of externals that could diminish one's sense of agency. To strive to be better than oneself and

¹¹ Aikin & McGill-Rutherford, 15.

¹² Ibid., 12.

overcome the impossible compliments Seneca's argument that humans are capable of surpassing the gods themselves. Stoic indifference and detachment often elicit feelings of resignation, but an ethics of striving seeks to rejuvenate the individual. When charging toward what is virtuous, dutiful, and morally good, one should not brush aside indifferents with an air of passivity but with a disciplined focus and gentle intensity.

There is a clear desire within Stoicism to transcend situations one finds oneself in while also maintaining an attunement to them. At a glance, these goals appeared incommensurable with the concrete experiences of those who find themselves in particularly complex and difficult situations such as those surrounding mental illness. Further investigation and a reevaluation of Stoic doctrine proved that the two are compatible and even complimentary if approached in a way that does not diminish externals. If this project is truly successful, a rejuvenated Stoic approach should be able to illuminate issues deeper within and beyond mental illness.

Pseudonym: *Nothing rhymes with orange (except sporange)*

Word Count: 2500/2500.

Bibliography

Aikin, Scott, and Emily McGill-Rutherford. "Stoicism, Feminism and Autonomy." *Symposion* 1, no. 1 (2014): 9-22. doi:10.5840/symposion2014112.

Diagnostic and Statistical Manual of Mental Disorders: DSM-5. Arlington, VA: American Psychiatric Association, 2013.

Epictetus. *Handbook (The Encheiridion)*. Translated by Nicholas P. White. Hackett Publishing Co, 1983.