

Aristotle, Plato and the Anti-Psychiatrists: Comment on Irwin

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Two things leap to the eye about the Platonic-Aristotelian account of mental health and mental illness Irwin sets out.¹ The first is that it is in a way very modern. For like Freud's and post-Freudian psychodynamic accounts of mental illness, it both seeks to explain mental illness in terms of conflict between parts or functions of the mind and, in so far as it does so, places the normal and the pathological on a continuum. Moreover – and now in contrast to psychodynamic accounts, many of which are allergic to any mention of morality except in a reductive or skeptical spirit – the continuum connects not only mental health and mental illness but also virtue and vice. On this view, to be maximally mentally healthy is to be virtuous, and to be maximally mentally ill vicious. This is a controversial claim whether it is taken in (as Irwin puts it) a 'reductive' or an 'inflationary' direction, and in either direction it has strong echoes in modern philosophy of psychiatry. For the agenda of modern philosophy of psychiatry has to a significant extent been set by Szasz's *The Myth of Mental Illness*,² one of whose signature ideas is that psychiatry misclassifies ethical problems as medical ones. If the claim is that mental illness be 'inflated' to vice, Plato and Aristotle come out as robust anti-psychiatrists; if taken 'reductively', on the other hand, theirs is the kind of conclusion that anti-psychiatrists object to, namely that to be morally imperfect is, after all, 'only' a way of being mentally ill. At least in Aristotle – who will be my main focus in these brief remarks - there is more inflation than reduction. But even if that is so, I also suspect the Platonic-Aristotelian moral psychology which Irwin sets out does not contain the materials for a comprehensive philosophy of mental disorder.

One question which arises for the Platonic-Aristotelian account, and which Irwin himself raises, is whether mental health is as strongly connected to mental 'unity' – that is, absence of conflict - as Plato and Aristotle say. Assuming that health is a good state for the subject to be in, it surely cannot consist *simply* in unity since, as Bradley pointed out,³ unity can be achieved by shedding desires (or loyalties, commitments etc.), at the limit to just one, but 'it is no human ideal to lead "the life of an oyster"'. Moreover, it has been argued that the capacity to tolerate certain kinds of conflict – for example

¹ In what follows I shall have more to say about Aristotle than about Plato, partly because (as Irwin shows) Aristotle's theory of mental health is more subtle than Plato's, partly because to the extent that the philosophy of psychiatry has taken notice of ancient thought, it has tended to take more notice of Aristotle (see for example Megone 1998, 2000; Cooper 2007; Pickard 2009, 2011b). I can excuse myself from commenting on Irwin's treatment of the Stoics only on grounds of ignorance.

² London: Secker & Warburg, 1962.

³ *Ethical Studies* (1876/1990, Bristol: Thoemmes), p. 68

positive and negative attitudes towards the same object – is a better state of mind than unity won at the cost of purging one or other conflicting attitude: for example, love combined with an awareness of the loved one’s imperfections, or with the ability to express angry or destructive feelings towards the loved one when they arise, is a more realistic and therefore a better form of love than its idealizing counterpart.⁴ The Aristotelian might reply that a capacity for this kind of ambivalence is precisely what ‘unity’ means in this context, but this move preserves the link between health and unity at the price of giving away the link between either and the absence of conflict – surely a fruitful topic for further discussion.

To turn now to the claim that mental illness is vice, we surely cannot identify psychiatric disorders without a conception of what counts as an emotion (or reaction, thought etc.) that’s *appropriate* to cause and context: this is the burden of Allen Horwitz’s moderately anti-psychiatric critique of DSM-III and -IV’s almost entirely context-free symptom-based diagnostic criteria.⁵ But of course it is Aristotle who says that ‘both fear and confidence and appetite and anger and pity and in general pleasure and pain may be felt both too much and too little’ and that ‘to feel them at the right times, with reference to the right objects, towards the right people, with the right aim, and in the right way ... is characteristic of excellence’ – that is, of virtue.⁶ So far so good, then, for an anti-psychiatric reading of Aristotle. But to say that schizophrenia or bipolar disorder both differ from Aristotelian virtue in respect of the appropriateness of their characteristic mental states to their causes and context falls short of saying that they lie on a continuum with virtue, and thereby also with weakness of will and vice: where on the continuum might that be? This raises the question whether Plato and Aristotle should really be credited with the claim that mental illness should be ‘inflated’ into vice, at least in unqualified form.

Notice that Plato and Aristotle’s explicit focus is on mental health, not mental illness. Now there is a way of using the term ‘mental health’ in such a way that anyone who is not mentally healthy is mentally ill and vice versa. On the other hand the World Health Organization defines ‘health’ – for better or worse - as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.⁷ With a multi-component definition of ‘health’

⁴ See Melanie Klein, ‘Some Theoretical Conclusions Regarding the Emotional Life of the Infant’, in Klein, *Envy and Gratitude* (London: Virago, 1988), pp. 61-93), p. 72.

⁵ See Allen W. Horwitz, *Creating Mental Illness* (Chicago: University of Chicago Press, 2002), p. 12 (‘people whose symptoms fluctuate with the emergence and dissipation of stressful social circumstances are psychologically normal’); cp. also A. Horwitz and J. Wakefield, *The Loss of Sadness* (Oxford: Oxford University Press, 2007).

⁶ NE 1106b, Bollingen online edition, p. 1747. In maintaining that getting it right in these respects is the work of *reason*, Aristotle is ahead of Horwitz, whose claim that to count as a mental illness it should arise ‘in the absence of any cause that would *expectably* give rise’ to it (Horwitz 2002: 98, my italics) rules out far too much: what he needs is the notion of a *rational* relation to its causes.

⁷ “WHO definition of Health” in Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; entered into force on 7 April 1948. Cited in Dominic Murphy, “Concepts of Disease and Health”, *The Stanford Encyclopedia of Philosophy* (Summer 2009 Edition), Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/sum2009/entries/health-disease/>.

such as this, there may be many distinct (though possibly complementary) ways of failing to be healthy, not all of which will consist in being ill, and the same I take it goes for 'mental health'. Thus if what Plato and Aristotle meant was something comparable in inclusiveness to 'complete mental well-being', might their account of how mental health can be compromised - in terms of degrees of defection from rational control and thereby from 'unity' – not be just one of several possible complementary accounts, and therefore leave out much that we are inclined to count as mental illness?⁸

So what did they mean? Plato and Aristotle do after all talk about 'madness' as well as about mental health (Plato for example in the *Phaedrus*, where he distinguishes between divinely inspired madness – his main topic – from madness which is 'an evil';⁹ Aristotle in the *Problemata*¹⁰). Do these discussions reveal that they are thinking about madness, in so far as they see it as a bad thing, in terms of mental disunity (that is, as the contrary of mental health as they understand it), or as a different way of failing to be mentally healthy? In Aristotle, at least, there seems to be no simple answer. Interestingly, 'madness' is mentioned in Book VII of the *Nicomachean Ethics*, in the context of Aristotle's discussion of incontinence or weak will which – as Irwin makes clear – is a topic of central importance to his account of how mental health can be compromised. In one passage, the states of being 'asleep, mad or drunk'¹¹ are said to exemplify the state of knowing and yet not knowing the premises of a practical syllogism which (in Aristotle's view) typifies the weak-willed, and passion is said to be a cause both of weak will and of madness. Here, then, it looks as if Aristotle is indeed thinking about madness in terms of mental disunity – i.e. in terms of the same moral psychology which underlies his account of vice and virtue. Later on in the same book, however, Aristotle describes the way in which things 'not naturally pleasant ... become so through disease or madness ... as with the man who sacrificed and ate his mother, or the slave who ate the liver of his fellow'.¹² These states, he says, are 'beyond the limits of vice': although his main-line (dis)unity story is not completely silent about them (because these diseased tendencies can in some people be controlled, and so when such people fail to control them, we have incontinence), something further has gone wrong in such cases that isn't captured by the (dis)unity story, and this marks a gap between the 'morbid or brutish wickedness' which they exemplify and ordinary wickedness, that is, the state as distant as possible from mental health on the Platonic-Aristotelian continuum which constitutes Irwin's main focus.

But now, the 'slave who ate the liver of his fellow' was surely mentally ill. So it doesn't look as if everything we now call mental illness can be theorized in

⁸ Cp. Irwin's reflections on whether vice, as well as illness, is bad for the agent rather than just bad for others: even if vice and illness do have this feature in common, it takes more to show that vice *is* illness, since there might be many ways for a state to be bad (or good) for its possessor (as the WHO definition of 'health' suggests).

⁹ 244a

¹⁰ Reprinted in J. Radden (ed.), *The Nature of Melancholy: From Aristotle to Kristeva* (Oxford: Oxford University Press, 2000), pp. 55-60. The work may be by a follower rather than by Aristotle himself.

¹¹ NE 1147a10-23, Bollingen online edn., p. 1812.

¹² 1148b25-30.

terms of Aristotle's (or Plato's) (dis)unity story. This is not, however, to be taken as an objection to Aristotle. On the contrary, the second *NE* passage above is surely evidence that Aristotle *himself* did not intend the (dis)unity story to be a theory of everything that compromises mental health, and this is surely a virtue given the sheer diversity¹³ of the phenomena labelled 'mental disorders'.¹⁴ The passage is thus a warning both to contemporary opponents of Aristotle not to criticize him for what he doesn't say, and to contemporary friends not to try to do too much with what he does say.

Of course to say Aristotle doesn't provide a total theory of mental illness is not to say he does not provide a true partial theory, and some psychiatric conditions seem much more amenable to treatment in terms of the moral psychology underlying the (dis)unity story than others. Criteria for Cluster B personality disorders – which includes borderline and antisocial personality disorder – include impulsivity, lack of empathy and dishonesty,¹⁵ that is, by the absence of some central virtues (in the examples I have given, temperance and truthfulness: empathy is more complicated, in that it looks more like an underlying psychological trait that is necessary for some virtues, rather than itself a virtue). Whether these absences constitute vice or, rather, incontinence presumably varies from case to case,¹⁶ but either way a set of conditions currently classified as psychiatric disorders apparently belong squarely on the Aristotelian continuum Irwin describes.

Should the identification of mental illness with vice be taken in a reductive direction, with the implication that these personality disorders are to be seen as something to be got rid of rather than understood – as, in Bernard Williams's phrase, a set of 'happenings outside one's moral self'¹⁷ - or perhaps that those with the conditions are not responsible for their actions?¹⁸ Since the concepts of virtue and vice are so central to Aristotle's ethics, he

¹³ Fulford, Thornton and Graham, 2006: 9

¹⁴ This is not to say that Aristotle had nothing to say about those aspects of mental ill-health not theorized by the structural theory. Thus in the *Physiognomics* he claims that "it is obvious that every modification of [the body] involves a modification of [the soul]. The best instance of this is to be found in manic insanity. Mania, it is generally allowed, is a condition of the soul, yet doctors cure it partly by administering purgative drugs to the body, partly by prescribing, besides these, certain courses of diet. Thus the result of proper treatment of the body is that they succeed, and that too simultaneously, not only in altering the physical condition, but also in curing the soul of mania; and the fact that the changes are simultaneous proves that the sympathetic modifications of body and soul are thoroughly concomitant", 808b11-26, Bollingen edition p. 1242. Aristotle is talking *en psychiatrie* here, but (dis)unity and the moral psychology that goes with that are nowhere to be seen.

¹⁵ See L Charland in J Radden (ed.) *The Philosophy of Psychiatry: A Companion*, Oxford OUP 2004, pp 64-77), p 71; and Pickard 2009.

¹⁶ Pickard's observation that 'it is likely that a borderline patient will only embark on therapy if they [believe] ... that it is right to moderate and control their anger' (2009: 97) suggests that, at least at this stage in the evolution of their condition, the right answer is 'incontinence' since there is disagreement between their rational and non-rational parts.

¹⁷ This is the burden of Charles Taylor's objection to the 'therapeutic turn', *A Secular Age* (Cambridge MA/London: Belknap Press, 2007), pp. 619-21. The phrase from Williams occurs at 'A Critique of Utilitarianism', in JJC Smart and B Williams, *Utilitarianism: For and Against* (Cambridge: CUP, 1973), p. 104.

¹⁸ See Hanna Pickard, 'Responsibility without Blame: Empathy and the Effective Treatment of Personality Disorder', *Philosophy, Psychiatry and Psychology* 18:3 (2011), pp. 209-24.

can scarcely have intended to demonstrate their theoretical redundancy, so this reductionist view is surely not Aristotle's. Diametrically opposed to this is the view which takes the reduction in the opposite direction - that because they are moral conditions, they are not medical ones.¹⁹

One neo-Aristotelian strategy for finding a middle way between these extremes is to rely on the idea, associated with Philippa Foot, that vice is a 'natural defect' in humans, that is, a feature that prevents someone who has it from leading the life characteristic of creatures of its kind: night-blindness in owls is one of Foot's examples.²⁰ This might be thought to strengthen the connection between vice and illness without showing the theoretical redundancy of the former concept, since illnesses sound like (sometimes remediable) natural defects.²¹ The trouble is that it is not clear that the notion of the kind of life characteristic of human beings can be specified in such a way as to make available an account of vice in these terms that is both substantial and true. The ability to keep to agreements is arguably necessary for us to lead our characteristic kind of life, but just because it's as necessary to honest dealers as it is to confederates in an interest-rate fraud, the ability to keep agreements *per se* cannot be a virtue (or the absence of it a vice), but rather some more general kind of psychological capacity that underlies both some virtues and some vices. The same seems to go for the capacity to form attachments to particular others, which can undo people's lives as well as enrich them. So the characteristics necessary for our species life are less determinate than the virtues.²² If on the other hand 'our species life' is – implausibly - defined in such a way that what's needed for it is the ability (say) to keep agreements only in so far as this is used for *good* ends, the notion of our species life is not prior to the idea of virtue, and so cannot illuminate it in the way Foot's proposal intends.

However, finding a middle way need not rely on Foot's proposal. Personality disorders can be both states of a person's moral character and candidates for treatment, since there is no reason to limit the conception of 'treatment' to techniques for merely getting rid of them: indeed as Hanna Pickard has argued, because it addresses problems of character, therapy for personality disorder may have much in common with the normal processes of character formation as Aristotle conceived them, including 'reflection on who one would like to become'.²³

Whether or not these comments are on target, Irwin's paper brings to light the continuities between the broad themes of contemporary moral psychology

¹⁹ Charland op. cit., p. 64.

²⁰ Philippa Foot, *Natural Goodness* (Oxford: Oxford University Press, 2002).

²¹ See Pickard 2011 though P differs from Foot's model in that what's under discussion is the 'life worth living' rather than 'species life'

²² In fact I think this horn of the dilemma is the correct one to embrace, though it is not helpful to Foot's proposal: see my 'Attachment Theory, Character and Naturalism' in J. Peters (ed), *Aristotelian Ethics in Contemporary Perspective* (Routledge: London, forthcoming 2012).

²³ H Pickard 'Mental Illness is Indeed a Myth', in L Bortolotti and M Broome (eds.), *Psychiatry as Cognitive Science Philosophical Perspectives* (Oxford: OUP 2009), pp 96-7; cf. Aristotle NE 1128b (Bollingen online edn p. 1781), where shame is described as an appropriate emotion only for learners.

and the more specialist area of philosophy of psychiatry, and suggests that anyone interested in the latter has as much reason to turn to Plato, Aristotle and the Stoics as students of the former are already acknowledged to do.

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