

**Depression in Antiquity: Recognition of the
symptoms of depressive illness in Plato and Aristotle.**

Natalie Ann Enright

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School of Languages, Cultures, and Societies

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

This thesis examines the extent to which Major Depressive Disorder was recognised in fifth- and fourth-century Athens. The aims of this thesis are to show that, within their discussions of psychological disturbance, Plato and Aristotle identify clusters of symptoms that typically occur together, and that these symptoms have a positive correlation with the categorisation of depression as expressed in DSM-V. Both of these areas are currently undiscussed in scholarship. I begin by discussing the historical healing context in which these philosophers were writing. I then examine how each philosopher viewed the existing healing methods and discuss their individual conceptions of virtue to explain why they evidently felt justified in contributing to these discussions. In Chapter 3, I show that, in *Timaeus* 86b1-87a9, Plato identifies four out of the nine DSM symptoms of depression and that he presents a symptomatic model that requires these symptoms to occur simultaneously. I then suggest that this Timaeian symptomatic model is represented in the characterisation of Apollodorus in *Phaedo* and *Symposium*. Finally, I argue that Plato gives these symptoms a physical origin, suggesting that diseases of the soul originate in the body. In Chapter 4, I show that Aristotle identifies eight out of the nine DSM-V symptoms of depression and that he recognises the tendency for these symptoms to occur together. He consistently attributes this clustering of symptoms to distinct groups of people who are connected only by their cool physiology; once again suggesting a physical origin for psychological disturbance. The final chapter explores the treatments recommended by both philosophers. In line with my aims, I conclude that Plato and Aristotle identify clusters of symptoms associated with psychological disturbance that have a positive correlation with depression, and that they recognise that these symptoms tend to occur together.

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Conclusion

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Introduction

In modern medical thought, depression is considered to be an inherent, biological pre-disposition, often precipitated by adverse life events. Due to the biological feature of the illness, psychiatric studies have consistently found depression to be a disease experienced cross-culturally, despite differing social and environmental factors, and even in societies in which depression is not recognised. If, as the evidence suggests, depression is a condition that has a degree of cultural universality, then we can also expect it to be temporally universal. Therefore, it is likely that depression will have been a condition experienced by individuals in fifth- and fourth-century Athens.

Since my enquiry is into behaviours and moods that are psychological in nature, I judged that the corpora of Plato and Aristotle would be good starting points, as both philosophers concern themselves with the effect of various behaviours and moods on the agent's ability to become virtuous. An additional benefit is the large number of extant texts for both authors, from which I am able to draw evidence of intertextuality, offering further support to my interpretations. Ultimately, this thesis aims to show that Plato and Aristotle recognised the symptoms of depression, as they are categorised today, and the tendency for these symptoms to occur together.

However, the study of mental illness in ancient societies is potentially hazardous and contentious, and the attempt to transpose a modern categorisation of a mental illness such as depression directly onto a society so far removed from our own can be problematic. Can we be sure that these illnesses existed? The scholars most resistant to this idea have expressed opinions that affective disorders, especially any condition that is characterised by depressive episodes, are a symptom of the pressures of the modern world and are not to be found in antiquity.¹ Additionally, since our modern understanding of mood disorders is still relatively poor, there is no scientific consensus on causation or symptomatic categorisation of depression. As a result, the classifications of these conditions differ between medical diagnostic committees, and between publications by the same committee, in response to rapid developments in psychiatric and psychological theory. Therefore, to a degree, research of this type is time sensitive and as quickly as the writer could map a specific categorisation of

¹ Padel 1995 p.53-9, 224-7.

depression onto ancient sources, a new modern categorisation could emerge, leaving the classical research out-dated. This introduction will address each of these objections.

First, I will provide a framework for the topic-specific terminology to be used throughout this thesis. Second, I will review the existing literature in the field to show how this thesis builds on the research in the area, whilst providing a new insight into the ancient recognition of depression as a specific illness. I will then address the question of existence. Based on a wide-reading of psychiatric and psychological studies, which aimed to further our understanding of the mechanism and prevalence of depression, I will show that, due to the high rate of genetic inheritance and despite societal factors, it is logical to assume that depression existed in fifth-century Athens with a similar rate of incidence as the modern world. Then I will briefly discuss the limitations of my chosen source material. In Sections 5 and 6, I will provide a modern classification of depression with descriptions of the behavioural manifestation of each symptom and explain my approach to applying these modern parameters to ancient texts. I then note the artificiality of separating medicine, philosophy, and religion into different disciplines when thinking about the ancient world. I will acknowledge the significant overlap that existed but concede that, for the sake of clarity in my discussion, it will be necessary to deal with each ‘discipline’ separately. Finally, I will provide a summary of the chapters to follow.

1. Terminology

This study will explore whether there is recognition of the symptoms that are currently categorised as clinical depression in the works of Plato, Aristotle, the Hippocratics and on cure inscriptions found at the sanctuary of Asklepios at Epidaurus. Therefore, it is crucial that my choice of language is precise. There are four terminological decisions I have made that will be carried through this thesis.

1.1. Terms for Major Depressive Disorder

In this thesis I will make use of the terms ‘depression’, ‘depressive illness’, ‘clinical depression’, ‘depressive disorder’, ‘depressed’, and ‘despondent’. While these terms are very similar, they will be used with very particular connotations. I use ‘depression’ or ‘depressive

illness' when I am talking about Major Depressive Disorder as categorised by DSM-V.² Although these two terms are virtually synonymous, 'depressive illness' will be used when I want to draw attention to the medical nature of the disease and its physiological origin. 'Clinical depression' will be used synonymously with 'depression', but I will only include this detail when I want to add clarity to my terminology. On the other hand, 'depressive disorder' will be used where a medical origin was not assumed. 'Depressive disorder' is a broader term aimed at capturing other potential origins of the depressive features.³ Finally, the word 'depressed' will only be used to describe the mood of someone exhibiting one of the key symptoms of clinical depression. If someone is experiencing normal sadness, or where extended periods of sadness cannot necessarily be ascribed to an illness, I will use the word 'despondent'. I have amended the ancient Greek translations of other readers throughout this thesis in accordance with these terminological decisions.

1.2. Symptoms

The very use of the word 'symptom' implies a medical origin. Thumiger suggests 'sign' as a more neutral alternative,⁴ and I would add that 'feature' would be equally neutral.⁵ However, the focus of this thesis is identifying the recognition of the symptoms of clinical depression, as the disease is categorised today. Therefore, whether or not the ancient authors envisaged a medical origin when discussing the various behavioural and emotional manifestations of depression, *we do* associate this with a medical origin. So, frequently I will be using the term 'symptom' to reflect our modern understanding of the behaviours and moods discussed. On occasion, if I do wish to differentiate between our understanding of these emotional and behavioural manifestations as 'symptoms' and ancient views that might not necessarily associate them with a medical illness, I will either use the word 'manifestation' or 'sign'.

1.3. Psychological disturbance

When I researched Plato and Aristotle's views on the cause of the symptoms we now categorise as depression, it became necessary to use slightly different terminology which will be evident in these discussions. The options considered to describe the origin of these

² The *Diagnostic Statistical Manual*- 5th Edition (2013). This is one of the most widely used diagnostic manuals by mental health professionals worldwide.

³ These distinctions were influenced by DSM-III's (1980) definition of disorder and Thumiger's discussion of the implications of the various terminologies available (2017 p.52-3).

⁴ Thumiger 2017 p.54

⁵ Thumiger 2017 p.54-5

symptoms were ‘emotional disturbance’, ‘mental disturbance’ and ‘psychological disturbance’. For the most part, I eliminated emotional disturbance as too narrow, since the symptoms described by both philosophers include behavioural and physical symptoms as well as emotional symptoms. However, it was necessary to use this term when discussing Aristotle’s akratic man. I also decided against ‘mental disturbance’, since this implies disturbance of the mind specifically, whereas the philosophers are talking about the soul, and the two are not strictly synonymous. Usually, ‘psychological disturbance’, seemed to be the most accurate descriptor, since this suggests a disturbance of the psyche.

1.4. Psychic illness

When discussing Plato’s theories on the origins of the type of psychological disturbance that results in the moods and behaviours that correlated with depression, it seems appropriate to refer to the disease as a psychic illness. This suggests a disease of the soul, which has a bodily origin.

Every effort has been made to maintain these terminological decisions throughout the thesis. Therefore, any alternative terms that are used should be assumed to be deliberate choices to emphasise a slightly different aspect of ancient thought.

2. Literature review

Early notable publications which examined ancient conceptions of mental disorders, tended to look specifically at the concepts of madness, insanity, *mania*, and *melancholia*. Jackie Pigeaud’s monographs exemplify this trend. *La maladie de l’âme* (1981), *Folie et cures de la folie chez les médecins de l’antiquité greco-romaine* (1987) and, more recently, *Melancholia: Le malaise de l’individu* (2008) specifically examine the conceptions of *mania* and *melancholia* in the medical and philosophical writings of antiquity. Bennett Simon’s *Mind and Madness in Classical Greece* (1978) examines ancient descriptions of madness and the treatments and cures suggested, and Ruth Padel’s *In and Out of the Mind* (1992) and *Whom Gods Destroy* (1995) explore the language of mental life and the experience of madness in Greek literature. Each of these authors chose to focus their attentions on attempting to develop our comprehension of one particular ancient expression used to describe mental disorder.

In recent years, the study of mental disorders in antiquity has been rapidly increasing in popularity, which likely reflects the improving societal awareness of mental illness today, but the scholarly trend has been moving away from specific illnesses and towards general discussions of conceptualisation and methodology. Since his publication of *Medicine and Philosophy in Classical Antiquity* in 2005, Philip van der Eijk has become perhaps the most prominent researcher in the field of mental disorders in the Classical world. His research project *Medicine of the Mind, Philosophy of the Body: Discourses of Health and Well-Being in the Ancient World* has been running since 2010 and has, so far, resulted in the contribution of articles in edited volumes, is credited in Thumiger's 2017 monograph, and more research can be expected to emerge in the coming years. This project is breaking important ground on the ancient discourse between medicine and philosophy with regard to both mental and physical health, but has, so far, avoided discussions of specific mental illnesses, instead opting to focus on the general conceptualisation of the relationship between disease and the mind, the language used to discuss mental life in antiquity, and appropriate methodologies for analysing the relevant source material.

This trend of conceptual generality is further reflected in the recently published edited volume *Mental Disorders in the Classical World* (2013) by William Harris, which features contributions by van der Eijk, Toohey, Nutton, King, Thumiger, and Gill (to name but a few), all familiar names in the field of ancient medicine and mental illness. The contributors tend towards understanding how ancient authors conceptualised the nature of mental disorder. Approaches include discussion of the vocabulary used to describe particular features of the disorders across literary sources, how these disorders were categorised, and how these disorders intersect different genres of ancient writing. Of the twenty-one papers in the volume, just four are grouped by the editor under the heading 'Particular syndromes', but even these papers avoid modern medical classifications. Of the papers in question, two discuss melancholy, one looks at fear, and the other ancient characterisations of epilepsy.

While discussions of methodological approaches have been popular in recent years, the desire to fully comprehend ancient conceptions of specific types of mental disorder in isolation from modern concepts persists in a small number of recent publications. Marke Ahonen's *Mental Disorders in Ancient Philosophy* (2014) performs a similar role to Pigeaud's first monograph. She surveys the conceptualisation of mental disorders such as *melancholia* and *mania* by the medical writers and philosophers of antiquity and explores the assumed origins of these disorders by each writer. Most recently, in 2017 Chiara Thumiger published *A History of the Mind and Mental Health in Classical Greek Medical Thought*,

which aims to survey ancient concepts of insanity. In Thumiger's own words, this book offers 'an account of mental health and disorder in the medical texts, mostly Hippocratic, of the Classical era, including a survey of scientific thought in Platonic and Aristotelian passages regarding medical topics, and offering a comparison with non-medical sources of the same period, especially tragedy and Herodotus, but also Homer and lyric poetry.'⁶

While this thesis will draw on the groundwork these previous studies provide, I will be diverting from this established trend of either examining specific ancient concepts (madness, insanity etc.) or abstract discussions of methodological approaches in favour of exploring the extent to which there was a recognition of depression, as it is categorised in the modern world, in fifth- and fourth-century Athens. This is an approach to which many scholars in the field are resistant. In his introduction to *Mental Disorders in the Classical World* (2013), Harris makes his thoughts towards this approach clear:

It will be noticed incidentally that the contributors of this book have in general avoided the sort of retrospective diagnosis of individual cases that has plagued the study of mental illness in antiquity.

(Harris 2013, p.11)

Harris evidently feels that there is little to be gained from attempting to search for evidence of an ancient recognition of mental illnesses as they are categorised today. This is not an uncommon objection. Pigeaud was strongly opposed to applying modern conceptualisations of mental disorders to ancient understandings⁷ and Ahonen volunteers a similar objection:

No disorder acknowledged by the ancient medical authors can be directly identified with any one item in the classifications of DSM or ICD. Even though we may, for example, recognise features of modern mania and depression in the ancient notions of mania and melancholy, the ancient categories were much broader.

(Ahonen 2014, p.7.)

However, certain scholars are more receptive to this possibility. Even though Thumiger (2017) does not go on to focus on any specific illness within the broad field of 'mental

⁶ Thumiger 2017 p.419.

⁷ Pigeaud 1981, p.24.

health', in her introduction she does address some of the key questions regarding the cross-cultural constancy and universality of mental disorders. Thumiger asks:

When we address concepts of mental life and health, can we rely on the universality of human mental functioning and disorders? Or should our main object be taken as entirely culturally and socially determined?

(Thumiger 2017 p.23)

To answer these questions, Thumiger looks to the research of prominent psychiatrist and social anthropologist Arthur Kleinman. Over the course of five decades, Kleinman has been attempting to improve the understanding of the degree to which manifestations of depression are affected by societal and cultural factors and how far the illness is deterministic (i.e. is entirely biological).⁸ Thumiger notes that after decades of field research and study, Kleinman's results do not offer simple or final answers to these questions.⁹ He thinks that both biology and society play a role and must both be considered. Following Kleinman, Thumiger notes that there is no reason to think that these diseases did not exist in the ancient world in the same way as they do today, an assumption that I will be exploring in more detail.¹⁰

Even though my research topic differs from the work of these scholars, each has influenced this thesis in its own way. The works of Pigeaud, van der Eijk, and Ahonen are responsible for alerting me to the significance of the intertextuality between the medical and philosophical writings I will be examining. The methodological discussions found in Harris' edited volume encouraged me to think carefully about the way in which I was applying a modern categorisation of an illness to ancient texts and led me to focus on individual symptomatic representation rather than the disease as a whole. Finally, my lexical approach to the Platonic and Aristotelian corpora owes a debt to the methodology Thumiger used in her contribution to Harris' 2013 edited volume. In 'The Early Greek Medical Vocabulary of Insanity', Thumiger generated a list of Greek terms that mean something approximating

⁸ Kleinman 1980; 1986; 1991.

⁹ Thumiger 2017 p.24.

¹⁰ The question of universality of Post-Traumatic Stress Disorder is another area of contention currently. This was strongly opposed by Jason Crowley in 2014, but Crowley's stance is being refuted on a scientific basis by Crowley's supervisee, Owen Rees, in his ongoing doctoral thesis.

‘insanity’ and then searched for these terms in the Hippocratic corpus and examined the context in which they are used.¹¹ Thumiger did this in order to develop a broader definition of what was meant when the medical writers talk of ‘insanity.’ It was this methodology that inspired my lexical approach to the philosophic texts (to be discussed later).

The attempt to explore ancient recognition of the illness we now refer to as depression inevitably invites the assumption that the primary focus of the study will be an attempt to comprehend the ancient concept of *melancholia*.¹² This is a reasonable assumption, since most of the prior, reputable studies of depressive illness in the ancient world have taken this approach.

Jennifer Radden has been one of the most influential contributors to the discussion of associating historical melancholy with clinical depression and her methodological discussions have had a great influence on this thesis. In *The Nature of Melancholy* (2000), Radden traces the development of the concept of melancholia from the pseudo-Aristotelian *Problemata* 30.1, through the Renaissance, and up to the modern conceptions of clinical depression by the prominent psychiatrists Goodwin and Jamison. This anthology traces the conception of melancholy and melancholia in the works of 31 authors across 24 centuries. In her introductory essay, Radden poses a number of research questions, of which one is most pertinent for this study: ‘How much do any descriptions of melancholia as a disorder foreshadow what later came to be known as clinical depression?’¹³ Radden notes that any study into this question is fundamentally anthropological and must first ascertain whether or not depression is a constant across cultures.¹⁴ She suggests that discussions relating to foreshadowing are as far as one can go without drastically oversimplifying the research into the biomedical origins and cultural effect on manifestations of clinical depression in the twentieth century.¹⁵ I appreciate Radden’s respect for the complexity of the vast numbers of scientific studies that have emerged over the last fifty years or so, which aim to shed light on both the biomedical functioning of depression and the extent to which cultural influences play a role in its manifestation, but I would note that she draws this conclusion without any reference to scientific research. For the rest of the book, Radden’s focus, when thinking about melancholy before the twentieth century and its relationship with clinical depression, is on

¹¹ Thumiger 2013, p.61.

¹² This term will be italicised only when referring to the Ancient Greek term *μελαγχολικός*. The concept of melancholia after this time period will not be italicised.

¹³ Radden 2000 p.3.

¹⁴ Radden 2000 p.50-1.

¹⁵ Radden 2000 p.51.

conceptual foreshadowing rather than whether depression was actually recognised earlier. Sadly, the book does not offer any concluding statements. Therefore, there is no answer provided to the question posed at the beginning, which asked how far earlier descriptions of melancholia foreshadowed modern day depression.

In 2009, Radden published a collection of twelve of her own essays entitled *Moody Minds Distempered*, which she says are developments of the research undertaken for her 2000 monograph.¹⁶ Many of the essays in this collection again examine conceptions of melancholy from the sixteenth century onwards, but a small number address the wider issues of retrospection and cultural boundaries when thinking about clinical depression in other historical contexts. These essays helped shape my approach when thinking about depression in antiquity. Of particular interest to my research was the essay ‘Is this Dame Melancholy: equating today’s depression and past melancholia.’

‘Is this Dame Melancholy?’ revisits the issue of equating historical melancholia with clinical depression and within this discussion Radden addresses the issue of cross-cultural diagnosis of depression. She, like Thumiger, highlights the observation of Kleinman that there is a distinct cultural divide in the symptomatic manifestation of depression. For people with depression in Western countries, diagnoses are common and usually based on emotional and behavioural factors, whereas in China, diagnoses of depression are virtually non-existent. During the course of his field research, Kleinman observed that while diagnoses of depression were largely absent from Chinese culture, many people were diagnosed with a condition called neurasthenia based on their complaints of somatic symptoms such as headaches, appetite change and insomnia. Neurasthenia is said to be a condition of the connecting tissues within the body and was commonly diagnosed in the nineteenth and early twentieth centuries but has since been removed from Western diagnostic manuals. However, due to the perceived somatic nature of neurasthenia, this diagnosis avoids the stigma carried by mental illnesses in Eastern culture.¹⁷ Kleinman argues that occurrences of depression are being disguised as neurasthenia in Eastern countries. Radden proposes that this cross-cultural divide is a result of the model on which the diagnostic manuals are currently written in which diagnoses are based on descriptions of symptoms. She argues that the cross-cultural divide might be eliminated if diagnosis was approached on the basis of causation. However, she

¹⁶ Radden 2009 p.4.

¹⁷ Kleinman 1980, p.119-78; 1986, p.14-5. Neurasthenia is no longer a disease accepted by either the *Diagnostic Statistical Manual* or the *International Classification of Diseases*. It means something akin to a nervous breakdown but, crucially for Eastern culture, is a physical rather than mental illness.

does acknowledge that our current understanding of the causes of depression is still very much in its youth, and so this is not yet a practical solution.

Radden's discussions on the issue of how depression may be a constant phenomenon across cultures has caused me to think carefully about my approach to the ancient texts I examine. Although Radden offers a compelling argument in favour of a causal over a descriptive approach to diagnosing depression, as she concedes, this is not currently a viable option. Therefore, I will be taking a descriptive symptomatic approach, but with the awareness that different cultures can, and do, vary in their symptomatic focus.

While Radden has been a significant contributor to the field of melancholy and depression in modern philosophy, comparative literature, and anthropology, within classical scholarship there do exist scholars who have produced publications on similar themes in the ancient world. In 2004, Peter Toohey published a monograph entitled *Melancholy Love and Time*, in which the first chapter 'Sorrow Without Cause: Periodizing Melancholia and Depression' aims to refute the common perception, bolstered by Padel's *Whom Gods Destroy* (1995), that in the ancient world, *melancholia* was an illness associated with anger. Toohey endeavours to demonstrate that ancient medical, dramatic, and prose writers were conscious of depressive *melancholia*. It is encouraging to see a shift in scholarly opinion in favour of accepting that ancient authors may have been alert to depressive disorders, and Toohey identifies many promising ancient descriptions of depressive features, but I find the ease with which he uses the term 'depression' problematic. The following examples from his first chapter are typical of the manner in which Toohey uses the term:

Euripides sequentializes and so flattens the complexity. This tendency persists in many of the outstanding descriptions of melancholy and depression in the ancient world.

(Toohey 2004 p.24)

There can be little doubt that Rutilius saw Bellerophon's condition, like that of the monks, as driven by a deep depression.

(Toohey 2004 p.38)

Jason is clearly of a melancholic disposition, and he is evidently depressed.

(Toohey 2004 p.45)

Toohey does not provide anywhere in his book a framework for his terminological uses of ‘depression’ or ‘depressed’. It becomes apparent while reading this chapter that he uses the terms loosely, to refer to prolonged periods of sadness, regardless of cause or medical association. But I find this insufficient for a book written in a time in which depression is recognised as a complex illness with a specific symptomatology. Stating that a mythological character is ‘evidently depressed’ based on his representation in poetry is even more problematic; evidently despondent, evidently downcast, or even evidently *feeling* depressed would all be acceptable alternatives, but ‘evidently depressed’ suggests that Jason is experiencing the medically-accepted illness that we call depression. It was upon reading Toohey’s book that I fully realised the importance of linguistic precision in this area of research.

As demonstrated with the works of Radden and Toohey, when approaching clinical depression in the ancient world, the assumption is that *melancholia* will be the comparative focus. Therefore, the existing literature has left the field open for a study on the specific illness of depression as understood in ancient Greece. In contrast to any existing work that attempts to look at depressive disorder in the ancient world, I will not aim for a conceptualisation of *melancholia*, nor will I be thinking of depression as a subsection of *melancholia*. Instead, I will be thinking of *melancholia* as one potential representative tool that the ancient writers used in describing manifestations of the illness we now call depression, or more specifically, Major Depressive Disorder. My aims are to demonstrate that there was ancient recognition of the symptoms of depression, as they are categorised today, and to show that Plato and Aristotle recognised the tendency for these symptoms to occur together. In doing so, I will enrich the existing picture of the lived experience of mood disorders in the ancient world by focusing on depression in its modern classification. I aim to understand how the ancient Greeks of the fifth and fourth centuries B.C. suffering with depression might have attempted to alleviate their symptoms. How were the symptoms associated with depression perceived? Were they medicalised? Were they considered a divine affliction? Or even an ethical failing? And how far did the educated elite of Athens demonstrate an alertness to the actual condition we now call depression? And were all the symptoms recognised, or was it only the most debilitating? To answer these questions, I will offer new readings of the works of Plato and Aristotle, which will demonstrate how both philosophers show nuanced sensitivity to the experience of emotional disturbance, a field in which they evidently felt entitled to offer their advice.

3. Was there depressive illness in antiquity?

I will begin by addressing the point most able to undercut my entire project: whether or not depressive conditions existed in the ancient world. Despite the movement of classicists such as Thumiger towards accepting a degree of universality in mental illnesses, frequently during the period of my research, when attending conferences and other networking events, I have faced the objection that depression is a condition exclusive to the modern world, and particularly urbanised societies. While I have found people to be forthcoming with this opinion in person, it is rare to find such statements made explicitly in scholarship. Toohey also discusses this objection in general terms and believes it is because of the association of depression with psychological features like ‘alienation, helplessness, anomie, and reification’¹⁸ that some people believe were far less prominent, if not altogether absent, in antiquity — a belief without scientific grounding. As commented on by Radden and Thumiger, Kleinman has approached the questions on cross-cultural constancy from a psychiatric and anthropological perspective, which has the advantage of attempting to marry the results of scientific, deterministic study with the issues of cultural effect. However, Kleinman asks why the disease manifests differently in different cultures, whereas my question relates to the universality of the disease itself. Therefore, I have surveyed the existing psychiatric and anthropological research myself so that, as far as possible, I can make sense of the interaction between deterministic models and societal impact on the rate of incidence in any society.¹⁹

The evidence presented by psychiatric and psychological research suggests that depressive illness is likely to have changed very little in the human experience of the last 2,500 years. Of course, it is not possible to find a scientific study that explicitly states that depression would have existed in the ancient world, since this is not their focus, but from a wide reading of the current research and dominant theories on cause and mechanism, it is possible to make a strong case in favour of depression existing in antiquity with a similar rate of incidence as it does today.

¹⁸ Toohey 2004, p.26.

¹⁹ Rate of incidence refers to the frequency with which a disease occurs across a population.

I began this project by reading extensively on the study of biological models of depression, which include genetic inheritance, under-secretion of the ‘happiness hormone’ serotonin, and over-secretion of the stress hormone cortisol (hypercortisolaemia). Genetic inheritance was the only area in which I could find relative agreement across many studies.

It is widely accepted within psychiatric scholarship that there is a degree of genetic inheritance of depression in children who have one biological parent who suffers from a depressive disorder. This degree of parent-to-offspring inheritance has not yet been conclusively quantified, but a large number of studies performed between the 1970s and 2000s returned results confirming that the rate of inheritance is high,²⁰ with one study performed by Craddock et al. (1999) presenting findings of a 51% rate of inheritance. It is, of course, accepted that environmental factors are likely to have an effect on the manifestation of the illness, but current scholarly conclusions are that ‘the tendency to become depressed in response to life events is inherited.’²¹ Crucially, it is clear that the prevalence of depression in the population is too high for the disorder to be the result of a genetic error or mutation.²² So, because the condition has not arisen by genetic error, and studies have shown a significant rate of genetic inheritance, if genetics were the only factor affecting the rates of incidence, we could conclude that depressive illness would have been present in ancient society with a similar rate of incidence as is found today.

In support of this deduction, Sherman hypothesises that depressive episodes may have evolved as a cold-adaptive mechanism in *Homo neanderthalensis* during the last ice age. The symptoms associated with depressive episodes, such as social withdrawal and reduced appetite, would have conserved energy and prevented in-fighting among members of the community during long periods of food scarcity and living in crowded environments with few stimuli.²³ This adaptation would have been passed down to their offspring during periods of interbreeding with *Homo sapiens*. Despite this mechanism no longer being climatically advantageous, the 10,000 years since the end of the ice age is simply too short a time for any genetic trait to have been selected against and the trait to have been eliminated, so the

²⁰ Gershon et al. 1976, p.227-261; Mendelwicz et al. 1977, p.327-9; Jakimow-Venulet 1981, p.450-6; Torgersen 1986, p.222-226; McGuffin et al. 1989, p.294-304; Craddock et al. 1999, p.585-594; Jones et al. 2002; McGuffin et al. 2003, p.497-502; Hayden et al. 2006, p.70; Swann 2006, p.51.

²¹ Cleare 2004, p.30; Jakimow-Venulet 1981, p.450-6.

²² Sherman 2012, p.115 following Wilson 1998, p.375-95.

²³ Sherman 2012, p.113-122.

condition is still experienced today.²⁴ If this hypothesis has weight²⁵ and selection against this trait is occurring very slowly over time, it is logical that depressive illness would have been present in ancient societies.

So, genetically, there is no reason to doubt the existence of depressive illness in the ancient world, but this does not account for social and environmental factors, which are thought to play a role in the manifestation of these conditions. In *How Sadness Survived: the evolutionary basis of depression* (2008), psychiatrist Paul Keedwell puts rather more weight on the effect of societal factors on the prevalence of depressive disorders, arguing that the incidence of depressive disorders is likely to have increased with the modern reduction in familial and community emotional support, due to increased numbers of broken families and urban dwelling.²⁶ It is very difficult to assess the effect of societal factors on rates of incidence simply because there are so many variables at play. Keedwell's observation that reduced familial support and increased feelings of isolation when living in cities seem to correlate with increased rates of depression may be true, but this woefully under-represents the other potential factors that may affect this rate. Cultural awareness and non-stigmatised acceptance of mental illnesses within a culture are likely to increase the chances of people recognising an abnormality in their behaviour and seeking medical assistance, thus increasing reported rates. This increasingly-accepting attitude towards depression is most likely to be found in high-income, westernised countries, which incidentally, tend to have increased urbanisation. So, we could equally argue that it is the urban dwelling causing the increased rates of depression, or that the cultural acceptance of mental illness in urbanised areas encourages disclosure of the conditions. The statistics also tell us that someone living in a high-income country is more likely to suffer from depression than someone living in a low-income country. But, it is much more likely that someone with relative financial security and a good quality of life will report their depressed mood to an enquiring specialist. Someone living on the brink of poverty may be unlikely to think of their depressed mood as abnormal. So, clearly it is very difficult to accurately assess the effect of societal and environmental factors on rate of incidence.

However, one study does exist which has been able to place controls on several societal factors, such as: the absence of urban dwelling; a strong sense of emotional support

²⁴ Sherman 2012, p.119.

²⁵ It is worth noting that despite a current lack of scholarly response to Sherman's article, I am conscious that the arguments are merely hypothetical and the conclusions drawn are circumstantial.

²⁶ Keedwell 2008, p.27-8.

within the community; and the virtual absence of potential triggers for episodes that may skew data, such as alcohol or substance abuse and traumatic childhood experiences. This on-going study is conducted by J. Egeland and her team and began in 1976 on the Amish community of Lancaster County, Pennsylvania.²⁷ The community has remained almost wholly a closed gene pool since their settlement in the eighteenth century, and as a result of their strict religious culture and close relationships within the community, violent and criminal acts are rare, and alcohol or substance abuse is virtually non-existent. Therefore, this community would seem to offer the best chance of establishing the extent to which these environmental factors affect the level of incidence of mood-disorders in a population. 12,500 residents of the Amish community were studied between 1976 and 1985 and, of these, 107 cases of depressive mood disorders were identified, which is around 1% of the participating population. In comparison to the lower estimate from DSM-III-R²⁸ of 3.5% for the whole of the U.S.A. in 1987,²⁹ it would seem that these societal factors do have an effect on the rate of incidence. But it is not as straightforward as simply stating that these societal factors increase the prevalence 3.5 times. If we look at the rates reported in DSM-V, published in 2013, the prevalence increases to 7%, with little change in the rates of the societal factors considered.³⁰ So there must be something else impacting on these results. It would seem from these crude statistics that societal factors have a huge impact on prevalence. It is likely that it is not the illness that is becoming more prevalent, but rather that public awareness is increasing and stigmatisation decreasing, and in line with this, more people are beginning to report their depression. This phenomenon is commented upon by DSM-V, which states that ‘the prevalence in 18 to 29 year-old individuals is threefold higher than the prevalence in individuals age 60 years or older.’³¹ So the only safe assumption that can be taken away from Egeland’s study, is that societal and environmental factors certainly have an effect on rates of incidence, but by how much we still cannot be certain.

²⁷ Egeland 1990, p.147-157.

²⁸ The Diagnostic Statistical Manual 3rd edition revised.

²⁹ DSM-III-R 1987, p.229. In order to present comparable figures I have had to adjust the actual reported rates of incidence. DSM-III-R reports different figures for men and women; 4.5-9.3% for women, and 2.3-3.2% for men. In recent editions this distinction has been eliminated, since it became clear that, due to societal influences, men were just much less likely to speak out about their depression and so diagnosis was under-representative. So to arrive at the figure I simply found the average of the two figures based on a 50:50 male:female population.

³⁰ DSM-V 2013, p.165.

³¹ DSM-V 2013, p.165.

Since the interest of psychiatric and psychological research lies in understanding the mechanism and causes of depressive conditions, rather than in definitively establishing their existence in particular historical periods, it is not possible to find an explicit statement within current studies that confirms scholarly acceptance in the field of psychiatry that the ancient Greeks, particularly, were likely to have experienced depression. What is abundantly clear, however, is that psychiatric experts in depressive disorders consider these conditions to have been prevalent in the human experience for many hundreds, and likely thousands, of years and not merely a symptom of modern, developed society or culture. Even where societal factors are considered to be worsening the rates of incidence, genetic inheritance of predisposition is still accepted.

Therefore, based on the scientific evidence to date, it seems reasonable to accept that there existed ancient Athenian inhabitants who suffered from depression. Having reached this conclusion, the overarching questions of this thesis relate to recognition rather than existence. Was anyone in antiquity alert to depression? Based on variant opinions on the origins of mental illness from different sectors of ancient society, what options were available in terms of treatment or alleviation of symptoms?

4. Where to look for recognition?

The sources available from which we can learn about the ancient psychological environment are largely written. Despite the obvious issue that these sources have been transcribed numerous times, even upon first composition they were not intended as a personal and private record of the individuals' thoughts and feelings. On the whole, the texts I will be using were intended either for publication or for public consumption through performance or lectures. Where they do discuss the author and his thoughts or opinions, it is the image he wishes to portray of himself to his audience, and where others are presented, it is the author's selective impression of the person, manipulated to support his eventual point. Therefore, the authors of these sources, or the subjects of their material, cannot be 'diagnosed', insofar as any literary subject ever could be.

The focal texts to be examined are the works of Plato and Aristotle, but in addition, I look to the Hippocratic treatises to provide medical context for the environment in which the philosophers were writing and for the existing thought regarding depressive illness. Evidently, these sources are overwhelmingly representative of the thoughts and opinions of the wealthy, Athenian, intellectual elite and are unlikely to give much insight into the

psychological awareness or experience of the Athenian masses. The only real evidence we have that may reasonably have come directly from poorer citizens are the many cure inscriptions left at the sanctuary of Asclepius at Epidaurus. These cure inscriptions will be discussed when looking at religious healing options (Chapter 1).

5. Classifying depressive illness

In order to begin thinking about depression in an ancient Greek context, I must define exactly what I mean when talking about depression. Depressive disorder is a condition for which current diagnostic classifications vary between medical advisory bodies. Furthermore, since the condition is still not fully understood, even within a particular advisory body the classifications can vary significantly between editions. Therefore, the classification provided by the most recent edition of a particular manual should be used in order to give the most current comparison between the modern categorisation of Major Depressive Disorder and the ancient recognition of the symptoms that make up this categorisation.

The texts most widely used by medical professionals around the world in diagnosing depressive disorders are the *Diagnostic Statistical Manual* and the *International Classification of Diseases*. It would be acceptable to use either text as a baseline in this study, but DSM provides a much more detailed description of each symptom and information on what is commonly observed in someone displaying each symptom. This information is crucial to my study, since the philosophers will be describing behaviour that they may have observed in others, and so, in order to align these descriptions with a particular symptom from modern Major Depressive Disorder, I will need a precise definition and understanding of each symptom. Therefore, for this study I will be using the most recently published DSM-V (2013).

Major Depressive Disorder (henceforth referred to as MDD) is diagnosed by identifying the presence of a number of symptoms, which are split into key and ancillary symptoms. For a diagnosis of MDD, the patient must be experiencing at least 1 key symptom and 4 ancillary symptoms, or 2 key and 3 ancillary. The presence of these symptoms must also be causing the patient significant distress or be affecting social functioning. Table 1 is a summary of the key and ancillary symptoms of MDD as detailed by DSM-V. It also shows the criteria for diagnosis:

Table 1: The classification of Major Depressive Disorder as suggested by DSM-V.³²

Key symptoms	Ancillary Symptoms	Criteria for diagnosis
1. Depressed mood 2. Anhedonia	1. Fatigue/loss of energy 2. Insomnia/hypersomnia 3. Weight/appetite Loss/gain 4. Observed agitation/retardation 5. Low self-esteem/guilt 6. Impaired thinking/concentration 7. Suicidal thoughts	1 key, 5 symptoms in total Plus Significant distress Or Social impairment

Definition of symptoms

Depressed Mood: Depressed mood refers to either feeling sad, empty or hopeless or to feeling irritable. This sadness or irritability must last for a prolonged period of time, specifically, almost every day for at least two weeks, although episodes usually last much longer than this.³³ This can be reported by the patient, concluded through interview or observed by a clinician in facial expressions and demeanour.³⁴

DSM identifies significant loss (e.g. financial ruin, disability) and grief as problematic in a diagnosis of depressed mood manifesting as sadness. To a degree, sadness is an expected and appropriate response to significant loss, and often other symptoms of Major Depressive Disorder can be exhibited, such as insomnia or loss of appetite, so clinical judgement is required in diagnosing Major Depressive Disorder in instances of significant personal loss. It is recommended by DSM that the individual's history be taken into account alongside 'the cultural norms for the expression of distress',³⁵ which will be a crucial consideration for this study.

On the other hand, a sufferer of the symptom depressed mood may instead 'respond to events with angry outbursts or blaming others'³⁶ or display 'an exaggerated sense of

³² DSM-V 2013, p.160-1.

³³ DSM-V 2013, p.160.

³⁴ DSM-V 2013, p.162.

³⁵ DSM-V 2013, p.161.

³⁶ DSM-V 2013, p.163.

frustration over minor matters.³⁷ Therefore, this aspect of the symptom will also be taken into account.

Anhedonia: Anhedonia is defined as ‘the loss of interest or pleasure... in activities that were previously considered pleasurable.’³⁸ This can cause the sufferer to withdraw socially or avoid taking part in activities that they used to enjoy. While becoming bored or uninterested in activities one once enjoyed is common without being a result of mental illness, there are a number of differences between naturally losing interest and symptomatic anhedonia. One notable difference is that anhedonia is not activity specific. The sufferer is likely to lose interest with almost all enjoyable activities, rather than just one particular activity. Additionally, with symptomatic anhedonia, the sufferer’s enjoyment of these activities will return as the depressive episode subsides, leading them to once again seek social interaction where they have previously withdrawn.³⁹

Fatigue: Fatigue is characterised by a persistent lack of energy or tiredness that cannot be ascribed to physical exertion.⁴⁰ Symptomatically this is considered distinct from sleep disturbance, since it is not necessarily connected to a lack of sleep. However, in the event of insomnia, fatigue is also likely to occur.

Sleep Disturbance: Individuals suffering with insomnia are most likely to experience either middle or terminal insomnia, which are characterised by waking up in the night and finding it difficult to fall asleep again, or waking too early and being unable to fall asleep again.⁴¹ On the other hand the individual might experience hypersomnia and complain of a need to sleep during the day as well as for prolonged periods at night.⁴²

Appetite change: If a sufferer of depression experiences changes to their appetite, it is usual that this takes the form of reduced appetite, and often sufferers will feel that they have to force themselves to eat.⁴³

³⁷ DSM-V 2013, p.163.

³⁸ DSM-V 2013, p.163.

³⁹ Blanchard et al. 2001, p.369; Rottenbery et al. 2004, p.70.

⁴⁰ DSM-V 2013, p.163-4.

⁴¹ DSM-V 2013, p.163.

⁴² DSM-V 2013, p.163.

⁴³ DSM-V 2013, p.163.

Observed agitation/retardation: This symptom refers to psychomotor changes that must be severe enough to be observed by others. Agitation could present as pacing, rubbing the skin or clothes, rocking, or hand-wringing. Retardation could lead to slowed speech, long pauses before answering, speech decreased in volume or slowed movements.⁴⁴

Low self-esteem/guilt: This symptom is associated with feelings of worthlessness and an unrealistically negative self-assessment. Sufferers are likely to dwell disproportionately on very minor past failings and consider trivial daily events to be evidence for their defects. They may also experience delusional feelings of guilt towards events for which, realistically, they cannot be held responsible.⁴⁵

Impaired thinking/concentration: Sufferers of MDD who exhibit this symptom report an ‘impaired ability to think, concentrate, or make even minor decisions. They may appear easily distracted or complain of memory difficulties.’⁴⁶ This is particularly apparent in individuals who work in intellectually demanding or academic environments and find it very difficult to function effectively even when their concentration problems are mild.⁴⁷

Suicidal thoughts: A sufferer of MDD may experience ‘thoughts of death, suicidal ideation, or suicide attempts.’⁴⁸ These thoughts may be simply feeling that loved ones would be better off if they, the sufferer, were dead, or the sufferer may set in place specific plans for a suicide.⁴⁹ At the extreme, an individual may follow through with these plans and attempt, or succeed in, suicide.

6. Searching for symptoms

In order to undertake a thorough search of the Platonic and Aristotelian corpora for references to emotional states and behaviours that could align with the symptoms presented in DSM-V, a number of Greek terms were considered. Following Thumiger (2013),⁵⁰ I began

⁴⁴ DSM-V 2013, p.163.

⁴⁵ DSM-V 2013, p.164.

⁴⁶ DSM-V 2013, p.164.

⁴⁷ DSM-V 2013, p.164.

⁴⁸ DSM-V 2013, p.164.

⁴⁹ DSM-V 2013, p.164.

⁵⁰ Thumiger 2013, p.61. As discussed in section 3.

by compiling a list of as many synonyms for the symptom in English as possible. These synonyms were then searched for in the Woodhouse English-Greek Lexicon and all the entries present were noted.⁵¹ These were as follows:

- Depressed mood: *athumia, anelpistos, baruthumeo/baruthumia, dakruo, duselpis, dusthumia, katephes, klaio, kopheia, lupe, melancholia* (which requires separate examination), *odurtikos*.
- Irritability: *duskolia, kineo, orge*.
- Anhedonia: *anhedonos, akinetos, aorgesia, analgesia, narkao, psychros, rathumia*.
- Fatigue: *apoknaio, kopos, truo*.
- Sleep disturbance: *agrupnia, koimao, opsikoitos, hupnotikos*.
- Appetite change: *epithumia, peina*.
- Low self-esteem/guilt: *aitia, mikropsychia*.
- Inability to concentrate: *amathes, aphyes, nothes*.
- Suicidal thoughts: *autosphages, apokteino*.

These terms were the starting point for the study, with the expectation that other relevant terms were likely to appear as it progressed. The root of each term was then searched for using *Thesaurus Linguae Graecae* in order to reveal every use of the term in both the Platonic and Aristotelian corpora in all noun declensions and their verbal and adjectival counterparts. Every result returned was translated and, where references seemed promising, I then read the entirety of that book or section.

Although this terminological approach was a useful starting point for my research, I acknowledge that this methodology cannot capture the complexity of language. There will have been many different phrases, idioms, and euphemisms used in Ancient Greek, like any other language, in reference to these types of behaviours and emotional states.⁵² Therefore, in an attempt to minimise the impact of this approach, I used the terms to highlight potential works, and then ensured I read the work or book in its entirety to avoid overlooking any other useful descriptions.

The lexical method was rather effective with Aristotle's texts, many of which are definitive in their approach, but it was found to be reductive of the complexity of Plato's

⁵¹ Woodhouse 1910.

⁵² A problem also raised by Thumiger 2017, p.52.

literary characterisations. Therefore, I used this lexical method to identify likely dialogues from Plato's works but then read these in their entirety in order to get a sense of the personality of the characters Plato presents.

7. Separating the disciplines

In this thesis, I will explore medicine, temple healing, magic, and philosophy as distinct areas of thought, but it is worth noting the artificiality of this separation of the 'disciplines', since it is not at all representative of ancient thinking. In reality, thoughts surrounding healing practices were much more likely to be something of a blend of medicine, religion and philosophical theories. Métraux comments, for example, that 'it is not possible to disengage the history of medicine from the history of natural philosophy'⁵³ or indeed, we might add, religion. The disciplines of medicine and philosophy developed alongside one another and usually authors acknowledge the interrelationship. Philosophical interest in medicine can be seen as far back as Parmenides, and possibly even Pythagoras⁵⁴ and it is thought that the Hippocratic theories, especially humoral theory, likely developed from the work of Alcmaeon of Croton, supposedly the founder of the medical School of Knidos.⁵⁵ But, while being credited with founding a successful school of physicians, Alcmaeon was thought by the ancients to have been primarily a philosopher,⁵⁶ not a practicing physician. But as well as Hippocratic medical theory owing a debt to Alcmaeon, from the biological theories presented in *Timaeus*, Lloyd believes Plato reveals his influence from the works of Alcmaeon, as well as Diogenes of Apollonia (a philosopher with medical interests) and physician Philiston of Locri.⁵⁷ Plato also acknowledges his familiarity with the Hippocratic corpus in *Protagoras* and *Phaedrus*.⁵⁸ The medical influence in Aristotle's works is hardly a point of contention, since his own father was a practicing physician. So, it is apparent that the influence between secular medicine and philosophy ran in both directions, with surviving evidence to suggest each discipline shared common roots in the work of Alcmaeon of Croton.

⁵³ Métraux 1995, p.x. See also, Oberhelman 1990, p.141; van der Eijk 1999 p.3; Vlahogiannis 2005, p.184.

⁵⁴ Nutton 2004, p.46.

⁵⁵ The extent of this influence is debated based on the uncertainty of dating his life. See. Aristotle *Meta.* 1.986a25-30 ; Aetius *Plac. Philo.* 5.30.1; Edelstein 1942, p.371; Longrigg 1963, p.167; Nutton 2004, p.47; Ross 1952.; Stella 1939; Wellman 1929.

⁵⁶ Anonymus Londinensis p.162; Aristotle *Meta.* 1.986a25.

⁵⁷ Lloyd 1968, p.84.

⁵⁸ Pl. *Phaedrus* 270c-d; Pl. *Protag.* 310b-328d.

The influence of religion on both medicine and philosophical theory is exceptionally complex and cannot be ignored or its significance understated. Religion was ‘inextricably bound up with all aspects of life’⁵⁹ in ancient Athens and so we should fully expect religious elements to be present in our readings of medical and philosophical theories. To begin with the influence of religion on secular medicine (which is a paradox in itself), it cannot go unnoticed that the Hippocratics proudly assert that their founder is descended from the god Asclepius. But despite this ancestry, the Hippocratics are not uncritical of religious matters, and are very particular about the religious practices they are content to endorse. The authors are particularly skeptical of divination and quasi-religious methods, most famously seen in *On the Sacred Disease*:

οὐδέν τί μοι δοκεῖ τῶν ἄλλων θειότερη εἶναι νόσων οὐδὲ ἱερωτέρη, ἀλλὰ φύσιν μὲν ἔχει καὶ πρόφασιν, οἱ δ’ ἄνθρωποι ἐνόμισαν θεῖόν τι πρῆγμα εἶναι ὑπὸ ἀπειρίας καὶ θαυμασιότητος, ὅτι οὐδὲν ἔοικεν ἑτέροισι· καὶ κατὰ μὲν τὴν ἀπορίην αὐτοῖσι τοῦ μὴ γινώσκειν τὸ θεῖον διασφύζεται, κατὰ δὲ τὴν εὐπορίην τοῦ τρόπου τῆς ἰήσιος ᾧ ἰῶνται, ἀπόλλυται, ὅτι καθαρμοῖσί τε ἰῶνται καὶ ἐπαιδιῆσιν... Ἐμοὶ δὲ δοκέουσιν οἱ πρῶτοι τοῦτο τὸ νόσημα ἱερώσαντες τοιοῦτοι εἶναι ἄνθρωποι οἷοι καὶ νῦν εἰσι μάγοι τε καὶ καθάρται καὶ ἀγύρται καὶ ἀλαζόνες, οὗτοι δὲ καὶ προσποιέονται σφόδρα θεοσεβέες εἶναι καὶ πλέον τι εἰδέναι. οὗτοι τοίνυν παραμπεχόμενοι καὶ προβαλλόμενοι τὸ θεῖον τῆς ἀμηχανίης τοῦ μὴ ἔχειν ὅ τι προσενέγκαντες ὠφελήσουσι... καθαρμοῖσί τε χρέονται καὶ ἐπαιδιῆσι, καὶ ἀνοσιώτατόν τε καὶ ἀθεώτατον πρῆγμα ποιέουσιν, ὡς ἔμοιγε δοκεῖ·

It is not, in my opinion, any more divine or more sacred than other diseases, but has a natural cause, and its supposed divine origin is due to men’s inexperience, and to their wonder at its peculiar character. Now while men continue to believe in its divine origin because they are at a loss to understand it, they really disprove its divinity by the facile method of healing which they adopt, consisting as it does of purifications and incantations... My own view is that those who first attributed a sacred character to this malady were like the magicians, purifiers, charlatans and quacks of our own day, men who claim great piety and superior knowledge. Being at a loss, and having no treatment which would help, they concealed and sheltered themselves behind

⁵⁹ Wilson, 1996, p.7.

superstition, and called this illness sacred...making use, too, of purifications and incantations they do what I think is a very unholy and irreligious thing.’

(Hipp. *On the Sacred Disease* 1.1; 1.2; 1.4)

As Hankinson notes, scholars have usually assumed that the Hippocratics rejected all forms of religious healing and sought to wholly discredit religious methods when it came to disease. But, from this extract, I believe it is evident that the author is in fact being rather selective in the kind of religious medicine he attacks. It is the religious charlatans who are to be avoided in seeking a cure for this illness. They shroud their ignorance in mystical rituals and incantations and by blaming the gods they can avoid all responsibility if their healing methods fail. But the author notes that if the gods were responsible for this illness, they should rather be appeasing the gods with sacrifices,⁶⁰ than trying to purify the patient:

θύειν τε καὶ εὐχέσθαι καὶ ἐς τὰ ἱερὰ φέροντας ἱκετεύειν τοὺς θεοὺς· νῦν δὲ τούτων μὲν ποιέουσιν οὐδέν, καθαίρουσι δέ.

They should have brought them to the sanctuaries, with sacrifices and prayers, in supplication to the gods. As it is, however, they do nothing of the kind, but merely purify them.

(Hipp. *On the Sacred Disease* 4.40)

The author goes so far as to call this manipulation of religious practices ‘unholy and irreligious’, suggesting that there could be an appropriate way to approach religious healing if one suspected the origin to be divine. He is not discounting the value of all religious healing, only the practices based in superstition and magic. The author of *On Regimen 4* confirms this suggested interpretation when he acknowledges the validity of some religious methods of diagnosis and treatment that should be employed alongside the regimen recommended by the physician. For example:

περὶ μὲν οὖν τῶν οὐρανίων σημείων οὕτω γινώσκοντα χρὴ προμηθεῖσθαι καὶ ἐκδιαιτῆσθαι καὶ τοῖσι θεοῖσιν εὐχέσθαι, ἐπὶ μὲν τοῖσι ἀγαθοῖσι Ἥλιω, Διὶ οὐρανίω,

⁶⁰ We know this to be the accepted course of action when a disease is thought to be inflicted by a god from the opening of the *Iliad*. The god must be appeased.

Δὲ κτησίῳ, Ἀθηνᾶ κτησίῃ, Ἑρμῆ, Ἀπόλλωνι, ἐπὶ δὲ τοῖσι ἐναντίοισι τοῖσι
ἀποτροπαίοισι, καὶ Γῆ καὶ ἦρωσιν, ἀποτρόπαια τὰ χαλεπὰ εἶναι πάντα.

So with this knowledge about the heavenly bodies, precautions must be taken, with change of regimen and prayers to the gods; in the case of good signs, to the Sun, to Heavenly Zeus, to Zeus, Protector of Home, to Athena, Protectress of Home, to Hermes and to Apollo; in the case of adverse signs, to the Averters of evil, to Earth and to the Heroes, that all dangers may be averted.

(*On Regimen* 4 128-33)

So, it is apparent that while intellectual physicians were skeptical of the religious practices that erred on the side of divination and magic that lay on the fringes of appropriate religion, they were seemingly accepting of mainstream religion and its role in medicine. However, it is worth noting that a majority of the major symptomological and theoretical treatises make no reference to divine medicine at all. These include; *Prorrhetic, Regimen in Acute Diseases, Regimen in Health, On Nutrition, On Diseases, On Affections, Diseases of Women, On the Nature of Man, On Breaths, and On Ancient Medicine*.⁶¹ This does not necessarily mean that the authors intended to completely separate themselves from all religious influence, but evidently any association was not deemed relevant to their medical observations.

Religious influence on the works of the philosophers is a complex matter, but within the Platonic dialogues, theological discussions are evidently considered to be a crucial part of philosophical thought and vital in the life of the virtuous citizen. References to the gods are widespread across the corpus, and while they are sometimes used as figures of speech to illustrate a point to the reader, more often these allusions are part of a serious philosophical point.⁶² In particular, *Laws* 10 and *Republic* 10 demonstrate the importance of proper religious observance in the *kallipolis* and that the virtuous citizen must be truly pious. But while piety is a crucial aspect of Platonic virtue, he is overtly critical of contemporary religious consideration of the gods. In the utopian state of *Republic*, Plato criticises the epic poets Homer and Hesiod, whose works were a crucial part of every Athenian's religious education.⁶³ His disapproval comes from the suggestions of the poets that the gods are not entirely just, which might lead to citizens believing they should behave in the same way.

⁶¹ Hankinson 1998, p.7.

⁶² McPherran 2006, p.244.

⁶³ McPherran 2006, p.245.

Plato concludes that in the absence of a convincing argument to the contrary, ‘the only poetry that should be allowed in a state is hymns to the gods and paeans in praise of good men.’⁶⁴ *Laws* 10 equally emphasises the importance of the acceptance of the gods, proper observance of religious practice, and the absence of hubris. Impiety is seemingly viewed as a crime comparable to acts of violence. Mayhew highlights this pairing since Plato has dealt with violent acts in Book 9 and then, in the opening of Book 10, effectively says ‘having dealt with one kind of serious crime, let’s look at impiety.’⁶⁵ So while religion evidently plays a vital role in the life of the virtuous man, Plato suggests that the way in which the gods were presented to his fellow Greeks through epic poetry and thus treated in mainstream religious practice was misleading and impious.

The gods had just as important a role to play in the philosophy of Aristotle, but like Plato, he also expresses his disagreement with the treatment of the gods in common religion. He agrees with Plato’s views expressed in *Republic* that the gods do not act like humans,⁶⁶ but in his *Metaphysics* he takes this further and entirely rejects the anthropomorphism of the Olympian gods, instead viewing them as purely contemplative beings.⁶⁷ But these challenges to traditional religious thought and practices do not necessarily signal a complete departure, and contemporary religion still played an important role in the thought of both philosophers.

So as demonstrated, it is extremely difficult to neatly extract the disciplines from one another. This difficulty is also evident from the secondary literature. When attempting to discuss the various areas of ancient medicine, scholars have tried to incorporate defined lines of division. Haliday employs a similar set of divisions as myself (the secular, the magical and the religious)⁶⁸ whereas Grube, twenty years later, refined ‘medicine’ to include three subsections itself: Temple-medicine, physical training, and the medical schools. But this subset, in its attempt to be more precise, omits important areas of ancient medicine, magic or soothsayers, specifically the *magoi*, and medicine focused on drugs, the *pharmakeia*. Edelstein has expressed his discomfort with the various attempts to fit ancient medicine into three distinct categories.⁶⁹ I am in agreement that the significant mutual influence of each area requires acknowledgement, but for the sake of ease of expression, I am forced to once again attempt to discuss each “area” or “discipline” separately, to some extent. So, while I

⁶⁴ Pl. *Rep.* 10.607a.

⁶⁵ Mayhew 2008, p.47.

⁶⁶ Ar. *Met.* 983a6.

⁶⁷ Ar. *Met.* 1072b13; 1074b; Anagnostopoulos 2009, p.10; Bodéüs 2000, p.131.

⁶⁸ Haliday 1936, p.277.

⁶⁹ Edelstein 1967, p.207. van der Eijk 2005, p.10 expresses the same sentiment.

will be examining secular medicine, religious healing and temple-medicine, magic, and philosophic ethical healing as separate sections within this thesis, I will endeavour to remain alert to the profound overlap between areas and will comment on this influence where appropriate.

8. Summary of Chapters

The aim of Chapter 1: ‘Historical context’ is to examine the pre-Platonic understanding of depressive disorder and identify the treatment options available. I will first discuss the likelihood of Athenian citizens identifying depression as a medical illness and look for evidence within the Hippocratic corpus for whether medical options were sought out by sufferers of psychological conditions generally, and depression specifically. I will then turn to religious options and temple-medicine. I will begin by briefly discussing why the cult of Asclepius became so popular, so rapidly, taking over from Apollo in his role as healer almost entirely. I will discuss the process by which ordinary people sought a cure for their ailments and why this might have been an attractive healing option. I will also discuss the surviving cure inscriptions from the sanctuary at Epidaurus and explore evidence of people seeking treatment for psychological disorders. Next, I will examine the practices of other healers, in particular the *manteis* (seers) and the *magoi* (magicians). I will examine how these pseudo-religious healers were viewed by the intellectual elite and the general populous and why they might have been approached in the place of qualified physicians or sanctioned religious healers such as the priests of Asclepius. Finally, I will look to the philosophers as representatives of differing intellectual thought. This might seem to be a strange divergence from the secular and religious medical routes, but I believe this could have been an obvious route to explore to the educated Athenian citizen. Plato and Aristotle’s preoccupation with living the virtuous life make them ideal candidates to express a concern towards people whose behaviour is periodically altered due to mental illness.

Chapter 2: ‘Plato and Aristotle’s cultural inheritance and philosophical responses to the ancient healing environment’ explores the philosophers’ attitudes to each of the methods of healing presented in Chapter 1; secular medicine, temple medicine, and other healers. I will begin with Plato and show that his presentation of secular physicians and adaptation of popular medical theories indicate that he thought of the secular medical profession as worthy of consideration. I will then show, through his discussions of the creation of the universe in *Timaeus*, that the idea that the gods, like Asclepius, could perform direct, personal, medical

interventions would be unproblematic for Plato. Finally, it will become apparent that Plato thought seers could be legitimate, but the contempt shown towards magical healers, who claimed to have the ability to manipulate the gods, shows that he viewed their claims to be unsubstantiated and hubristic. I will then examine Aristotle's views towards physicians, temple healing, and magical healers. Since we know that both his mother and father were physicians, we can confidently assume that Aristotle held the secular medical profession in high esteem. This assumption is supported within his treatises both in discussion of human biology and in his empirical approach within his texts. In regard to temple healing, Aristotle's position is very unclear on whether or not he believed the gods were capable of the kind of individual, immediate, direct, requested incidents of medical healing claimed by the cult of Asclepius. As is usual with Aristotle, he refuses to entirely deny the possibility of something of this nature occurring, but I will show that he would very likely have not accepted this kind of healing. In terms of magical healers, in the same way, if Aristotle did not believe the gods were able to intervene in human affairs of their own free-will, it would be impossible for a mortal to force them to do so. Finally for this chapter, in order to show why Plato and Aristotle might have a particular interest in mood disorders, I will explore their theories of virtue. For both philosophers, the ultimate goal is to achieve *eudaimonia* and so any condition of the body or soul that might prevent the individual from achieving this virtue condition would reasonably have been of concern to them.

I will then dedicate one chapter to each philosopher. Chapter 3: 'Plato' will first examine a passage from *Timaeus*, in which he discusses the symptoms of diseases of the soul, brought on by the bodily humors. These symptoms align closely with four of the nine DSM-V symptoms of depression. They are presented in three pairs, suggesting that one pair is associated with each part of the tripartite soul. I argue that each symptom in a pair represents either the neglect or excessive satisfaction of the desire of a particular part, with the exception of the two symptoms associated with Reason, which both occur as a result of the neglect of its desire. This results in a hydraulic model of symptomatic presentation in which only one symptom in the pairs associated with Spirit and Appetites could manifest at any one time. However, it does also suggest that one symptom from *each* pair should present at the same time, leading to an individual with a disease in their soul experiencing four symptoms at any one time. I will go on to show that Plato's characterisation of Apollodorus in both *Symposium* and *Phaedo* reflects this symptomatic model. In doing so, I will conclude that there is a positive correlation between DSM-V's categorisation of depression and Plato's depiction of psychic illness.

In Chapter 4: ‘Aristotle’, I will draw on references from across the corpus to show that Aristotle even more convincingly clusters together symptoms that DSM-V associates with depression. In relation to women, melancholics, and old men, Aristotle consistently groups together eight out of the nine symptoms of depression. Furthermore, he specifically attributes this passionate disposition to people with a cool physiology. This conclusion is consistent with the ideas presented in the pseudo-Aristotelian *Problemata* 30.1. By clustering eight out of the nine symptoms, and consistently attributing them to people with a cool physiology, Aristotle shows a surprisingly strong, positive correlation with DSM-V’s categorisation of depression, and associates them with one specific condition with its roots in physiology.

Chapter 5: ‘Was philosophy of practical use in treating depression?’ will very briefly present the treatment recommendations made by Plato and Aristotle. The aim of this short chapter is to consider how these treatments may have provided alternative healing options to those presented in Chapter 1 for an Athenian resident suffering from depression.

Through my explorations of fifth-century physicians, temple medicine, magical healing, and the works of Plato and Aristotle, I aim to show that the ancient understanding of affective disorders generally, and depression specifically, was in a state of evolution during this time period. Then, through my close analysis of the Platonic and Aristotelian corpora, I will show that the philosophers recognised depressive illness in a way that correlates positively with DSM-V’s current categorisation. This approach differs from the preceding scholarly enquiries in that depression is being examined as an illness that existed in ancient Athens, in its own right, rather than through its association with *melancholia*. My study will enrich existing understanding of the recognition of specific mental illnesses in the ancient Greek world.

Chapter 1: Historical context

Introduction

This chapter will examine depression in the context of Athenian society. Recognition of depression as an illness is dependent on a culture of self-awareness, compassion towards expressions of emotional vulnerability, and a belief that disease can affect the mind.

Therefore, I will explore the likelihood of Athenian residents recognising their depression as an illness and their freedom to seek treatment should they desire. This recognition and the ability to try multiple treatment methods is likely to have varied depending on wealth, status and sex. It is probable that for men in particular, being wealthy would make recognition of the condition as an illness more likely because of increased leisure time and treatment opportunities would be broader with financial stability. On the other hand, for women, being part of a wealthy *oikos* may well have increased the likelihood of recognition but could have made treatment more difficult to obtain due to constraints on freedom of movement. Having examined how recognition and treatment might have varied dependent on wealth and sex, I will then begin to explore the lived experience of an Athenian who did recognise their condition as an illness and did have the freedom to try and treat their disorder. I will look at what options were available for treatment of illnesses and then explore if there is any evidence of practitioners in these methods attempting to treat or cure psychological disorders generally, and depressive disorders specifically. I will begin with secular physicians, then I will look at religious options and temple medicine in particular, and finally I will explore magic, pseudo-religious and pseudo-medical options.

1. Recognition and disclosure

When discussing illness in an ancient context, it is important to consider the likely personal thresholds for the individual to think of themselves as ill. Illness is a matter of personal recognition and may or may not involve the consultation of or input from another person.

Helen King posits a list of factors that may influence the individual's decision to regard themselves as ill. These include, 'whether I am able to do all that I have to do, or want to do; my knowledge of the severity of my symptoms; and whether the monetary and social costs of

taking action outweigh any discomfort I may feel.⁷⁰ By these criteria, in ancient Athenian society the threshold for someone thinking of himself or herself as ill when experiencing a depressive disorder is likely to differ between people from different strata of society and between the sexes, due to differing responsibilities, constraints, and expectations.

If any stratum of citizen in Classical Athens were to recognise depression, either in themselves or others, it would be the wealthy. The ordinary, poor, working citizen likely had more important things to concern themselves with than their emotional well-being, for example: continued financial security for their household; more immediately life-threatening diseases; access to fresh, non-contaminated drinking water; or the success of their annual harvest to provide their family with food against the threat of drought, flood, or disease. It seems unlikely that someone with these everyday responsibilities would have the time or the resources to be overly concerned with mild or even moderate depression. Unless the disorder was so bad that it began affecting their ability to work and thus provide for the family, I do not expect that a depressive illness would have been thought of as a priority, and certainly not worth spending their precious little disposable income on treatment through a qualified physician.

The rich, on the other hand, would have fewer pressures with which to concern themselves, leaving more time for personal reflection. Therefore, they would probably have been more likely to identify moderate depression as a problem for which it was worth exploring treatment, and would have had the financial means to follow this through. The same trend can be seen in the modern world. As discussed previously, it has been reported that prevalence of depression is lower in less economically developed countries,⁷¹ but this is likely not reflective of actual rates of incidence. More accurately, if you are living in abject poverty, the chances are that you will not view your constant depressed mood as abnormal. And even if you did, you are not likely to have easy access to a mental health specialist. Whereas if you live in a developed country with relative personal stability and a good quality of life, you are probably more likely to see a depressed state as abnormal.

So, wealthy Athenians might have been able to identify their own depressed state, but what about recognition of depressive disorders in others? This would require a society in which people had close, intimate relationships with friends, in which they felt comfortable discussing their emotional vulnerabilities. Any other relationship based on perceived status

⁷⁰ King 2005(b), p.6.

⁷¹ DSM-V 2013, p.130.

and social advantage or a mutually beneficial business-like arrangement is unlikely to foster intimate discussions in which one party admits to concerns over self-worth or persistent sadness, for example. So, can we reasonably assume that such friendships did in fact exist in ancient Athens?

Much of the existing literature that addresses the issue of friendship in this time period tends to focus on one of two things: understanding the scope of the term *philos/philia*,⁷² or exploring the extent to which the ancient Greeks employed a system of patronage similar to that which later existed in Rome.⁷³ For my purposes, I am more interested in understanding if people in Athenian society had warm, intimate relationships that would correspond to what we think of as friendship. A friendship based on shared interests, compatible personalities, mutual compassion, and self-disclosure⁷⁴ that exists despite any formal obligation or practical benefit. The existence of such relationships does not necessarily undermine the work of these scholars. It is, of course, still possible to have obligation within the *oikos* or to one's patrons/clients while still maintaining the sort of intimate friendships that I will be exploring. They are by no means mutually exclusive. So, it remains to be explored if these relationships did exist, and if so, whether they were the kinds of relationships in which people might feel comfortable revealing any emotional abnormalities they may have been experiencing.

I struggle to imagine a society in which the individual inhabitants did not experience meaningful, personal relationships outside of those dictated by social convention. You can choose to be courteous to those who affirm the status of your *oikos*, or those whom you are obliged to support politically, or perhaps those with whom you have agreeable business contracts, but this will not provide the same emotional satisfaction as a friendship based on mutual affection. You cannot choose nor predict to whom you take a liking. And, crucially, entirely suppressing the need for friendship (in the modern sense of the word) or indeed failing to secure such relationships, is damaging to the emotional well-being of the individual. As humans, we require social interaction and for this social interaction to be healthy and fulfilling, relationships cannot be orchestrated by social convention. They cannot abide by a set of rules as to with whom you may and may not form a friendly bond. Furthermore, it is clear that this was not a phenomenon alien to Athenian society. Making

⁷² Belfiore 2000; Goldhill 1986; Heath 1987; Konstan 1997.

⁷³ Millett 1989; Strauss 1993; Zelnick-Abramovitz 2000.

⁷⁴ Defining parameters of modern friendship as identified by Duck 1983, p.67; Bell 1981, p.22 and Konstan 1997 p.14-5.

reference to Sophocles' *Philoctetes*,⁷⁵ who was marooned by Odysseus on the uninhabited island of Lemnos for ten years, Konstan notes that 'to be deprived of human company was perceived as the extreme of suffering.'⁷⁶ Aristotle's *Nicomachean Ethics* discusses the functioning of friendships in relative detail, highlighting that intimacy is crucial in strong and long-lasting friendships:

τοῦτο δὲ ταῦτόν κ' ἂν ἐκείνων τις πάθοι πρὸς τοῦτον· εὖνοι μὲν οὖν οὗτοι φαίνονται ἀλλήλοις, φίλους δὲ πῶς ἂν τις εἴποι λανθάνοντας ὡς ἔχουσιν ἑαυτοῖς; δεῖ ἄρα εὐνοεῖν ἀλλήλοις καὶ βούλεσθαι τὰγαθὰ μὴ λανθάνοντας δι' ἓν τι τῶν εἰρημένων... οἱ μὲν οὖν διὰ τὸ χρήσιμον φιλοῦντες ἀλλήλους οὐ καθ' αὐτοὺς φιλοῦσιν, ἀλλ' ἢ γίγνεται τι αὐτοῖς παρ' ἀλλήλων ἀγαθόν. ὁμοίως δὲ καὶ οἱ δι' ἡδονήν· οὐ γὰρ τῶ ποιούς τινες εἶναι ἀγαπῶσι τοὺς εὐτραπέλους, ἀλλ' ὅτι ἡδεῖς αὐτοῖς. οἱ τε δὴ διὰ τὸ χρήσιμον φιλοῦντες διὰ τὸ αὐτοῖς ἀγαθὸν στέργουσι, καὶ οἱ δι' ἡδονήν διὰ τὸ αὐτοῖς ἡδύ, καὶ οὐχ ἢ ὁ φιλούμενός ἐστιν, ἀλλ' ἢ χρήσιμος ἢ ἡδύς...σπανίας δ' εἰκὸς τὰς τοιαύτας εἶναι· ὀλίγοι γὰρ οἱ τοιοῦτοι. ἔτι δὲ προσδεῖται χρόνου καὶ συνηθείας· κατὰ τὴν παροιμίαν γὰρ οὐκ ἔστιν εἰδῆσαι ἀλλήλους πρὶν τοὺς λεγομένους ἄλλας συναναλῶσαι· οὐδ' ἀποδέξασθαι δὴ πρότερον οὐδ' εἶναι φίλους, πρὶν ἂν ἐκάτερος ἐκατέρῳ φανῇ φιλητὸς καὶ πιστευθῇ.

To be friends therefore, men must (1) feel goodwill for each other, that is, wish each other's good, and (2) be aware of each other's goodwill, and (3) the cause of their goodwill must be one of the lovable qualities mentioned above...friends whose affection is based on utility do not love each other in themselves, but in so far as some benefit accrues to them from each other. And similarly with those whose friendship is based on pleasure: for instance, we enjoy the society of witty people not because of what they are in themselves, but because they are agreeable to us...Such friendships... require time and intimacy: as the saying goes, you cannot get to know a man till you have consumed the proverbial amount of salt in his company; and so you cannot admit him to friendship or really be friends, before each has shown the other that he is worthy of friendship and has won his confidence.

(Aristotle *EN* 8.1156a1-5; 10-17; 25-9)

⁷⁵ Soph. *Phil.* 169-190, 234-39.

⁷⁶ Konstan 1997, p.16.

Aristotle here explicitly admits that two requirements for a long-lasting friendship are time and intimacy. The participating parties need to take the time to get to know one another and have the confidence of the other. This would suggest that it was indeed possible to have friends in fourth-century Athens in which one could confide, and so it is reasonable to assume that a friend might well notice a change in their friend's demeanour or behaviour and express concern over this. Or *vice-versa*, if someone was experiencing extended periods of low-mood, for example, they might divulge this information to a close friend in whom they trust, especially since this kind of disclosure puts no expectation of help onto the friend, in the way a disclosure of financial ruin might, for example. There have been extensive debates regarding the degree to which Athenian citizens might be expected to help their friends (in the modern sense or otherwise), fellow citizens, the poor etc. when faced with financial hardship, sickness etc,⁷⁷ but this does not really seem to apply in this situation. A disclosure of a depressed state would likely be seeking advice rather than a financial contribution.

2. Opportunities for treatment

In the fifth and fourth centuries B.C. the Athenian population with the freedom (even if not the means) to seek medical attention themselves can be broadly broken down into the relatively few adult men of the upper and middle classes, and the vast majority of male citizens who made up the lower class.⁷⁸ Athenian women will require separate examination, as the extent of their freedom is a matter of ongoing debate.

As discussed previously, the likelihood of someone recognising their depressive state as an illness increases with wealth. So, wealthy citizens are probably the most likely to recognise their depression as an illness and want to seek assistance or treatment in some form.⁷⁹ The poorest of citizens would have had far more pressing concerns in all but the most

⁷⁷ Blundell 1989, p.40-4; Christ 2010, p.255; Dover 1976, p.201; Hermann 2006, p.356-89; Konstan 1997, p.6-15; Sternberg 2006, p.180.

⁷⁸ Rosivach 1991, p.193. I will only be considering Athenian citizens and their families in this study. The information available on slaves is too limited, although we can perhaps assume their freedom to pursue treatment would have been very restricted. I will also not be considering metics. It is unlikely that Athenian customs would have been imposed on them (although some may have adopted them) and since they could have immigrated from any number of places I cannot talk with any certainty about the freedom experienced by their wives, for example.

⁷⁹ I am being particularly careful in this discussion to differentiate between class and wealth. I do not use the term 'wealthy' interchangeably with 'elite', 'upper-class' or 'aristocratic.' After the Peloponnesian war, especially, many aristocratic families lost their wealth. They were still technically high-status, but were no longer wealthy, which is the defining feature in this discussion.

debilitating of cases. But even if a poor Athenian citizen did recognise their depression as something worth treating, from our limited surviving evidence it seems that even when this stratum of society were earning what they could expect to earn, it is unlikely that they would have had much in the way of disposable income at all.⁸⁰ The commonly stated ball-park figure for a lower class skilled workers wage is 1 dr. per day worked, a figure taken from the wages paid to workers on the Erechtheion, and Thucydides claims this was the daily wage paid to hoplites.⁸¹ Loomis thinks this is too simplistic and must have varied between professions,⁸² but unfortunately we have very little information available. However, Aristophanes suggests that the half a dr. per day earned by a juror was just enough to feed a family of three on a very basic diet; a figure corroborated by Xenophon.⁸³ So, even if a poor citizen had only one child and was earning 1 dr. daily, it is evident that this would leave very little in terms of disposable income.⁸⁴ If this were the case, anything short of a psychological disorder that was completely debilitating does not seem likely to have warranted calling on assistance of any kind, if such assistance were to cost either money or a substantial amount of time.

So, for the autonomous Athenian resident, the likelihood of self-recognition of a depressive disorder as an illness and then actively seeking treatment for this disorder is probably highly dependent on wealth. But what of the non-autonomous residents; women in particular? Presumably the likelihood of recognising a depressive disorder in themselves would still increase with wealth. Despite the many domestic responsibilities of women from rich *oikoi*, they were still probably more likely to have more leisure time than poor women who would have had domestic chores with potentially no slaves to help them, as well as a job outside of the household to provide more of an income. But in terms of seeking treatment, restrictions on the movement of aristocratic women around the city and visitors to the home, might have had more of an effect than financial constraints, allowing poor women more opportunity to seek out various methods of treatment.

⁸⁰ Xen. *Ways and Means* 1.1. comments on the 'poverty of the masses'.

⁸¹ IG I³ 476; Thuc. 3.17.4; 8.45.11.

⁸² Loomis 1998, p.233.

⁸³ Ar. *Vesp.* 300-2; Xen. *Ways and Means* 3.9.

⁸⁴ See also Aeschin. *In Tim.* 1.27. He uses an example of a lower-class citizen whom he describes as a craftsman who must work to earn his daily bread, the implication here being that if the worker did not work, he would not eat.

2.1. *The freedom of women to seek treatment*

Based on the views expressed in ancient literature, it seems as though the segregation and seclusion of women certainly existed as an ideal in Athenian society. Xenophon states, ‘it is seemly for a woman to remain at home and not to be out of doors’,⁸⁵ and Plato asserts that women are ‘accustomed to an underground and shadowy existence.’⁸⁶ However, it is probable that these supposed societal ideals would have been quite difficult to implement in practice, especially for the poor.⁸⁷ Women from poor families would certainly have had to leave the house and move around the city. Without a water supply to their house, or slaves to run errands for them, these women would have had to collect water, wash clothes, buy food etc. themselves. Aristotle comments on this in *Politics*, saying, ‘who could prevent the wives of the poor from going out when they want to?’⁸⁸ There are also many examples of vase paintings depicting groups of women collecting water and carrying out other household chores. For example, in the three figures below:

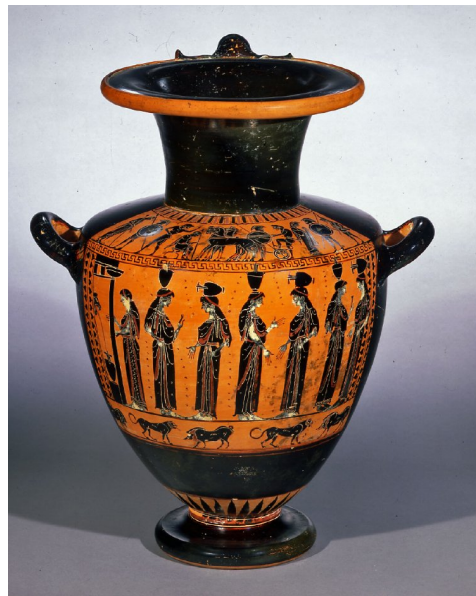


Fig. 1: Attic Black- Figure Hydria. Antimenes Painter. 530-510 B.C. London, British Museum 1843,1103.66. Women waiting to fill their hydriai with water from the fountain on the left. The queue of women are split into 3 pairs, socialising and gossiping with each other as they wait.

⁸⁵ Xen. *Oec.* 7.30

⁸⁶ Pl. *Laws.* 781c.

⁸⁷ Blundell 1995, p.135-6. Pomeroy 1975 p.58-9 gives a succinct summary of the principal positions in the debate at the time of her writing including Ehrenberg 1943; Gomme 1925 and Lacey 1968, among others.

⁸⁸ Arist. *Pol.* 1300a.



Fig. 2: Attic Black-Figure Hydria. The AD Painter. 520-500 B.C. London, British Museum 1843.11-3.49 (B329) Image on the body shows women collecting water from the fountain.



Fig. 3: Attic Black-Figure Epinetron. 500-480 B.C. London, British Museum. 1814,0704.1205. Women working with wool.

Due to the addition of white paint on their skin in these images, I would suggest that the women depicted on these vases are specifically from poor, citizen families. There is nothing on any of these vases to suggest that the scenes are mythological or that the women depicted are slaves. Generally, it is very difficult to distinguish slave women from citizens on vase paintings. Slaves are usually identified by what they are doing rather than by what they are wearing or details in their appearance.⁸⁹ However, in these instances, the addition of white paint on the exposed skin of the women could indicate that these women are citizens. The tradition of indicating a woman's virtue by referring to her with the epithet white-armed (*leukolenos*) can be seen as far back as Homeric epic. Across the *Iliad* and the *Odyssey*, mortal women are referred to as white-armed 15 times, and Hera 24 times.⁹⁰ The adjective is overwhelmingly used to depict the fair skin of a virtuous woman, fulfilling her proper role within the home, who lives most of her life inside, as she should.⁹¹ The quintessential example of this image is Penelope. At *Odyssey* 2.95-110, Penelope, who is described as white-armed and ivory coloured,⁹² sits at her loom weaving a mourning shroud for her husband. She is a picture of virtue and domesticity, epitomised when her pale skin is described. So, with this strong association of the proper behaviour of citizen women and fair-skin, we might interpret the white skin of the women on these vases as the painter showing that in these tasks, they are fulfilling their proper role and, in doing so, they are behaving virtuously. So, these women are probably citizens, but since they evidently do not have slaves to run these errands on their behalf, we should assume that they are citizens from poor families.

Alongside these household duties that would likely have required poor women to leave the home, it seems that it was sometimes necessary for women from poor families to have jobs of their own and provide a supplementary income.⁹³ The surviving literature refers to such women working as grape-pickers and as having stalls in the market, selling goods such as ribbons, garlands, bread and vegetables.⁹⁴ So, it would appear that despite a potential societal ideal that respectable women should remain within the home, this would just not

⁸⁹ McNiven 2012, p.516

⁹⁰ Thomas 2002, p.3.

⁹¹ Thomas 2002, p.5.

⁹² Hom. *Od.* 18.194; 23.241.

⁹³ Blundell 1995, p.137; Roberts 1998, p.20.

⁹⁴ Grape-pickers- Dem. 57.45; Ribbons- Dem. 57.31 and 34; Garlands- Ar. *Thesm.* 448; Bread- Ar. *Vesp.* 1390; Vegetables- Ar. *Thesm.* 387 and *Vesp.* 497; Blundell 1995, p. 137.

have been practical for the poor. Therefore, this relative freedom of movement could have provided the opportunity for poor women to seek out medical assistance.

Scholarly debate tends to be more divided on the extent to which the movements of wealthy, upper-class women were restricted. In the first half of the twentieth century, there seems to have been a reluctance to admit that these women may have in fact had their movements restricted and lived their lives in virtual seclusion within the home.⁹⁵ Gomme, to take one example, draws attention to the ease with which upper-class women seem to be able to leave the house in tragedy, suggesting that this representation may in fact show that women had a reasonable amount of freedom of movement.⁹⁶ But Blundell points out that on a number of occasions we see these women, who have left the home of their own accord, engage in conversation with men causing the men to express their discomfort at the situation. This is seen in the conversation between Achilles and Clytaemnestra in Euripides' *Iphigeneia in Aulis* 821-34. Achilles, having commented on Clytaemnestra's evident high birth due to her beauty and expensive clothing, is explicit in his discomfort stating 'it is shameful for me to stand talking to women.'⁹⁷ In Euripides' *Electra*, the title character is warned that 'it is shameful for a woman to be standing with young men.'⁹⁸ However, in these instances, it is not just for leaving the house that the women are being reprimanded, but rather for engaging with unrelated men outside of the house. So perhaps this might suggest that in fact, so long as women avoided contact with men whilst going about their business outside of the house, they might have had relative freedom. On the other hand, in *Women in the Assembly*, Aristophanes comments that women who simply leave the house are thought to be meeting a lover.⁹⁹ On this discrepancy, Blundell notes that the seemingly free movement of women in tragedy is often a thematic and staging necessity. The *skene* is usually the home, allowing for a clear visual boundary between private and public. The meeting and interactions of these two spheres of society is a theme that was popular among dramatists.¹⁰⁰ Blundell's conclusion on this issue, which I find the most reasonable assessment, is that the strongest possibility is that 'some people may have thought it acceptable for women to emerge from the house occasionally provided that they kept apart from male company.'¹⁰¹ This is consistent with my

⁹⁵ Blundell 1995, p.98.

⁹⁶ Gomme 1925 p.7-8.

⁹⁷ Eur. *IA* 831.

⁹⁸ Eur. *El.* 343-4.

⁹⁹ Ar. *Eccl.* 520.

¹⁰⁰ Blundell 1995, p.136.

¹⁰¹ Blundell 1995, p.136.

assessment of the white skin on vase paintings signifying virtuous behaviour, as shown on the images of groups of women collecting water on Fig. 1 and 2 with no men present, but Pomeroy notes that, in reality, the nature of the wealthy woman's role within the household probably prevented her from leaving very often anyway.¹⁰²

Xenophon's *Oeconomicus* gives an idealised description of a wealthy woman's role in the household:

ἔνδον τε μένειν καὶ οἷς μὲν ἂν ἔξω τὸ ἔργον ἢ τῶν οἰκετῶν, τούτους συνεκπέμπειν, οἷς δ' ἂν ἔνδον ἔργον ἐργαστέον, τούτων σοὶ ἐπιστατητέον, καὶ τά τε εἰσφερόμενα ἀποδεκτέον καὶ ἃ μὲν ἂν αὐτῶν δέη δαπανᾶν σοὶ διανεμητέον, ἃ δ' ἂν περιττεύειν δέη, προνοητέον καὶ φυλακτέον ὅπως μὴ ἢ εἰς τὸν ἐνιαυτὸν κειμένη δαπάνη εἰς τὸν μῆνα δαπανᾶται. καὶ ὅταν ἔρια εἰσενεχθῇ σοὶ, ἐπιμελητέον ὅπως οἷς δεῖ ἱμάτια γίγνηται. καὶ ὅ γε ξηρὸς σῖτος ὅπως καλῶς ἐδώδιμος γίγνηται ἐπιμελητέον. ἔν μέντοι τῶν σοὶ προσηκόντων, ἔφην ἐγώ, ἐπιμελημάτων ἴσως ἀχαριστότερον δόξει εἶναι, ὅτι, ὃς ἂν κάμνη τῶν οἰκετῶν, τούτων σοὶ ἐπιμελητέον πάντων ὅπως θεραπεύηται.

Your duty will be to stay indoors and dispatch those slaves whose work is outside, and superintend those who are to work indoors, and to receive what comes in and dispense as much of it as must be spent, and watch over as much as is to be kept in reserve, and take care that the amount stored up for a year is not spent in a month. And when wool is brought in to you, you must see that clothing is made for those who need it. You must also see to it that the dry grain is in good condition for making food. One of the duties that fall to you, however, will perhaps seem rather thankless: you will have to see that any servant who is ill is cared for.

(Xen. *Oec.* 7.35-6)

From this description, it seems as though the mistress' role was primarily to supervise the effective running of the household rather than being directly involved with the tasks herself, and this overseeing role is also attested by Erinna's *Distaff* 23-4. So, it seems that wealthy women would have certainly had less reason to leave the house to run errands, as they would send slaves to do this instead. If this were the case, rich women may have had less opportunity to seek out treatment options than poor women; the reverse of that which we saw

¹⁰² Pomeroy 1975, p.79.

for men. A *kyria* would not have been permitted to receive male guests into the house herself, so her lack of movement around the city would have denied her contact with male healers.

However, Xenophon does state that the role of organising medical treatment for any sick members of the household fell under the remit of the *kyria*. Since this was a role expected of her, it is probable that she would know who to approach for such treatment, and depending on the cost of treatment, she could possibly even have the finances in her possession to pay for these services without requiring the approval of her *kyrios*. But, the cost of treatment by a recognised physician was likely to be very expensive, as will be shown in section 3.1.2, and *kyriai* were legally restricted in their possession of money to only a small amount to pay for household goods. Therefore, it is likely that the ability to pay for treatment may have to have been coupled with permission from their *kyrios*. This requires the woman with the disorder to recognise that she is ill, and also their *kyrios* to recognise the illness as such and be empathetic towards her desire for treatment.

Therefore, a wealthy *kyria* may still have been unable to take advantage of all the treatment options on offer within the city. For the more expensive options, this depended on the approval of her *kyrios*, and if her movement around the city was restricted it is likely to have been more difficult for a *kyria* to receive treatment, especially from a male healer.

On the other hand, while the members of a poor family might all be restricted to only the cheapest of treatment options, if a poor *kyria* had more freedom of movement around the city without acquiring specific permission, she might be comparatively more able to seek treatment for her disorder.¹⁰³

2.2. *Who was most at risk of developing depression?*

Ironically, if women from wealthy *oikoi* were less able to seek treatment due to restrictions on their movements and interactions, this environment is probably more likely to breed depression in the first place. We now know that limited social interaction and a lack of sunlight (which leads to severe vitamin D deficiency) can be significant factors in the development of depression and these were both potential risk factors in the lives of these women.

¹⁰³ This comparative ease of spatial movement for the poor woman does not overcome the societal restrictions of who she would be able to mix with during her excursions out into the city, but these societal restrictions would probably apply to both poor and wealthy women, so spatial freedoms are still an important factor.

2.2.1. *Social interactions*

Wealthy, upper-class women probably spent a majority of their lives within the home, sending slaves on errands outside the home instead, and because of this, friendships and social interactions with other women would have had to have been conducted within the home as well.¹⁰⁴ As Pomeroy notes, there was probably very little time for women to leave the home due to the volume of domestic responsibilities, so the amount of time available for social visits to other upper-class women was probably also very limited. The scenes we have of lower-class women collecting water, washing clothes etc. together, tend to show the women socialising as they work.¹⁰⁵ Pomeroy thinks that these women must have found great pleasure in gossiping as they ran their errands together¹⁰⁶ so, in comparison, the relatively restricted social interactions of wealthy women could have made the feelings of isolation or seclusion more intense. It has been suggested that women may have developed close relationships across the slave/citizen boundary due to the amount of time spent together on household chores,¹⁰⁷ but to spend every day of one's life with the same people, especially people who are probably always acutely aware of their inferior status, cannot have been a complete remedy for feelings of isolation.

2.2.2. *Vitamin D deficiency*

The other factor associated with being confined within the home that could increase the risk of developing a depressive disorder, is a lack of sunlight leading to vitamin D deficiency.¹⁰⁸ The most complete and representative remains we have of Hellenic houses are at Olynthus. The ruins show that in urban areas, the houses of the poor would have been very small, dark and squalid, but the houses of the wealthy would have had slightly more space to incorporate a small garden and open-air courtyard in the interior of the house.¹⁰⁹ Therefore, there was outside space available within the house of which wealthy women might have taken advantage. However, there seems to me to be two reasons that the mistress of the house would have been unlikely to make use of this outside space: the nature of her work, and the engrained societal ideal that virtuous women should have pale skin.

¹⁰⁴ Blundell 1995, p.137.

¹⁰⁵ See Fig.1 in particular.

¹⁰⁶ Pomeroy 1975, p.80.

¹⁰⁷ Davies 1994, p.6-11; Lewis 2002, p.80.

¹⁰⁸ See Holick 2008; Menkes 2012; Pearce and Cheetham 2010.

¹⁰⁹ Wycherley 1962, p.176-188.

Archaeological finds make it apparent that these courtyards were not used for leisure. Saddle querns, mortars, olive presses and even loom-weights have been found scattered all over the courtyards of these wealthy residences.¹¹⁰ So, the mistress would need to be directly involved in this work to be spending extended periods of time in the courtyard. As already seen,¹¹¹ the literary image we get from the likes of Xenophon and Erinna is that of a supervisory role over domestic chores, rather than manual work. But this could have been done outside. Some of the depictions on vases show the mistress sitting among her slaves and actively overseeing the work.¹¹²

On the other hand, there are many examples of vase paintings that go so far as to suggest the mistress would in fact be involved in the manual labour. Vases show women, assumed to be mistresses of a household, sitting and performing a chore, often weaving at a small loom, spinning, or another aspect of wool work. They are shown either alone in this chore, or seated amongst their slaves.¹¹³ For example, Figure 4 below:



Fig. 4: Attic Red-Figure Lekythos. Brygos Painter. 500-450 B.C. Boston (MA), Museum of Fine Arts, 13.189. Seated woman working with wool.¹¹⁴

¹¹⁰ Whitley 2001, p.320, 24.

¹¹¹ See p.40.

¹¹² Lewis 2002, p.63. reproduced drawing of Attic Red-figure Pyxis, c.450 B.C. Paris, Musée de Louvre CA 587.

¹¹³ A Black-Figure Lekythos attributed to the Amasis painter shows a group of women performing different parts of wool work with the seated mistress directly involved with the work. Von Bothmer 1986, p.186.

¹¹⁴ See also Keuls 1983, p.219 Fig 14.25 (woman with hand loom); p.217. Fig.14.16. (woman spinning); p.217 Fig. 14.17 (woman spinning); p.217 Fig. 14.18 (woman admiring a cloth, distaff overhead).

But, Lewis notes that we should be skeptical about the realism of these images. She points out that domestic scenes very rarely appear on pots that were ‘for distinctly ‘female’ use’¹¹⁵ and more often appear on kraters and pelikai intended for export.¹¹⁶ So we should assume that these images were highly idealised creations of the lives of virtuous Athenian women. It is possible that these images of the lady of the house sitting by her loom symbolises her virtue, rather than suggesting that she actually undertook this work.¹¹⁷ So, we return to Xenophon’s depiction of the mistress, and if her primary role is in delegating the manual work and overseeing the household finances, she may well have spent most of her time truly indoors.

Another societal expectation that may have exacerbated the situation is the association of pale skin with virtue. I have already drawn attention to the addition of white paint on the skin of women on vase paintings and commented that in literature this does seem to have been a way of implying that a woman was virtuous and spent her life within the home.¹¹⁸ If this association of fair-skin, virtue, and beauty¹¹⁹ had been engrained in Athenian thought since Homer, Thomas thinks that this ‘glorification of whiteness must have had a tremendous effect on actual women.’¹²⁰ We know that women veiled themselves in public and made their skin paler by using lead based cosmetics to make themselves more attractive,¹²¹ and so it would not be surprising if they tried to keep out of the sun as much as possible to avoid their skin darkening.¹²²

It would seem that high-class, wealthy women were likely to remain completely indoors for the majority of their lives due to the following aspects of their lives: their relative confinement to the home; veiling whilst outside; the nature of their domestic role as overseer of the chores; and an engrained societal expectation that the beautiful, virtuous woman should be ‘white-armed’, causing women to deliberately limit their exposure to the sun as much as possible. This very likely resulted in vitamin D deficiency, increasing their risk of

¹¹⁵ Lewis 2002, p.59.

¹¹⁶ Lewis 2002, p.59.

¹¹⁷ Lewis 2002, p.65.

¹¹⁸ See p.36-7.

¹¹⁹ Athena makes Penelope paler (‘whiter than sawn ivory’ *Od.* 18.195-6) to enhance her appearance and the suitors are ‘beguiled with desire’ 18.212-3.

¹²⁰ Thomas 2002, p.10.

¹²¹ *Xen. Oec.* 10.2.

¹²² *Ar. Thes.* 191-2 refers to Agathon’s pale-skin, implying that he is both effeminate and an intellectual. Manly pursuits involve being outside, exposed to the elements, and such exposure was known to darken the skin. The connection between sun exposure and dark skin is also seen at *Pl. Rep.* 556d; *Ar. Eccl.* 62-4.

developing depression. Alongside the limitations on social interaction, it seems that wealthy, upper-class women could have been more at risk of developing depression than poor, lower-class women. Due to their increased leisure time, wealthy, upper-class women would also be more likely to recognise their symptoms as indicative of an illness, but they may have had more difficulty receiving treatment for the disorder due to reduced autonomy.

2.3. Summary

As discussed, the likelihood of any Athenian resident acknowledging that their depressive disorder was a problem which required treatment, and then being able to seek treatment, would be dependent on their wealth, status and gender. The chance of recognising the disorder is likely to increase as status increases for both men and women, but in terms of having the ability to seek treatment, it is probable that wealthy men of any status and poor, lower-class women were the most able of their genders. Men were probably most confined by their financial situation, and women by their freedom of movement.

So, if a resident's disorder were debilitating enough to prompt seeking outside assistance, and they had the freedom to do so, where could they go? Who could they approach? How was the origin of mental illnesses generally perceived by different factions of healers? How did these differences in perceived origin affect treatment recommendations? Were there options available to the rich that were not realistic for the poor? I will now go on to address a few of the potential options for ancient Greek healing and explore what each area could offer in terms of treatment for depression.

I will begin with the most obvious area of treatment from a modern perspective; medical aid. Within this, I will consider the practicalities of hiring a qualified physician and explore the perceived origins of the disorder, their recommendations of drugs and herbal remedies, dietary regimen, and physical activity. The Hippocratic physicians will be the primary focus of the section on qualified physicians because the Hippocratic treatises are the only texts to survive in their entirety, suggesting a degree of medical dominance in the fifth and fourth centuries. Considering the theistic culture of the time, it is also likely that people would have turned to the gods for help with their medical ailments, so this will be my next area of study. I will look at Apollo in his role as healer and consider why the cult of Asclepius appears to have acquired a total monopoly over divine healing in place of the Olympian deity in a very short amount of time. I will then turn to the blurry realm of magical healers, unqualified physicians, quasi-religious healers, and charlatans. Finally, I will briefly

touch on whether there was room in the medical environment for input of philosophers and introduce the idea of moral deficiency as a cause for psychological illness that will lead into subsequent chapters.

It is worth noting, once again, that I do not envisage a clear distinction between the four ‘sectors’ I will be examining. I view all areas of ancient healing as thoroughly co-influential and, in truth, it is virtually impossible to neatly extract them from one another.

3. Secular medical practices

One option when seeking treatment for a perceived illness is, of course, to approach a physician. Respected physicians in Athens were expected to have trained with a renowned intellectual medical centre. Galen would have us believe that there were only two doctrinally opposed medical schools with which an aspiring physician could train: the School of Knidos (founded by Alcmaeon) and Kos (founded by Hippocrates).¹²³ However, Smith and Langholf suspect that these centres were not as distinct as Galen suggests, and that there were likely other medical centres with which one could train.¹²⁴ However, considering that it is the Hippocratic treatises that make up the vast majority of our surviving sources penned by practicing physicians, it might be reasonable to assume that by the fifth century B.C., the Hippocratic tradition dominated respected medical thought and physicians trained in this tradition were highly respected practitioners of secular medicine. From this point onwards, I will speak of the Hippocratic school, tradition, and practices as a means to refer to intellectual, highly trained and qualified physicians, but in the knowledge that there were likely other medical centres with which an aspiring physician could train.

3.1. Barriers to medical treatment

While qualified, secular physicians resided in the city, the opportunity for an individual to receive treatment from them would depend on a number of factors. I will first explore whether there were sufficient physicians to treat the whole population. Then I will examine the cost of receiving treatment from a qualified physician and show how this may have been another barrier to medical treatment. We might assume that these doctors, who were usually themselves from aristocratic families, would have charged significant sums for their

¹²³ Gal. *Method of Medicine* 1.6K-7K.

¹²⁴ Langholf 1990, p.12-36; Smith 1973.

expertise, and so may have been available only to the richest members of society. However, I will show that it is very difficult to come to a decisive conclusion on these financial issues, since the limited surviving evidence is ambiguous and open to multiple interpretations. It has even been suggested that the city of Athens may have paid qualified physicians an annual salary in return for their agreement to treat all citizens equally, regardless of wealth. Finally, I will examine the perceived origin of psychological illnesses according to the Hippocratic authors before attempting to identify if there is any evidence of secular physicians treating depressive disorders specifically.

3.1.1. Number of physicians

If we consider probable numbers of qualified physicians in comparison to the estimated citizen population, there may not have been a sufficient number of physicians to treat the entire population of the city. Herodotus tells us that in the mid-fifth century, there were 30,000 Athenian men of voting age.¹²⁵ So we might estimate 60,000 residents to include women of the same age and perhaps 80,000 including the children of citizen families. This obviously does not include metics or slaves, for which it is very difficult to give even a conservative estimate,¹²⁶ but who would still require medical assistance from time to time. Cohn-Haft estimates that a city would need one doctor per 1000 residents¹²⁷ so based on an estimated population of 80,000 Athenians, the city would require 80 physicians in order to cope with everyday ailments. But Cohn-Haft's calculations are based on 1950s Greece, with the benefits of good sanitation, antibiotics, vaccines, disinfectants and antiseptics, none of which would have been available to the 80,000 ancient Athenians. Disease and infection would have been far more prevalent, and epidemics far more common, so in order to treat the population sufficiently, Athens may have needed many more than the 80 doctors that might suffice in the modern day.

The most likely men to have the means to train with the Hippocratic school are those from wealthy families. In order to be successful in this rigorous medical training, the student

¹²⁵ Herodotus *Histories* 5.97.2. Hansen 1985, p.26 points out that this number is 'obviously a conventional figure' (citing Ar. *Eccl.* 1131-33; Pl. *Symp.* 175e; Menander *Epit.* 1088; Arrian *Anab.* 2.5; 2.6.1) and so is probably a just literary technique, instead of Herodotus actually knowing the estimated population of Athens. He then goes on to estimate the number in the fourth century based on the minimum number of citizens required to satisfy the terms of appointment to the *Boule*, and concludes that, actually, 30,000 is a reasonable suggestion. This figure is corroborated by Hansen again in 1988.

¹²⁶ Hansen 1988, p.10-11.

¹²⁷ Cohn-Haft 1956, p.24.

would have to be highly educated, literate and, if Plato is to be believed,¹²⁸ wealthy enough to pay the tuition fees. Being the smallest stratum of society, and being a profession that required rigorous training, a compassionate disposition and a strong enough stomach to undertake all manner of invasive treatment, including surgery, it is possible that there were not enough qualified physicians to cope with the demand for secular medical healthcare within the city. Cohn-Haft draws attention to the Athenian pseudo-decree honouring Hippocrates for the publication of his medical treatises ‘in order that many may become physicians.’¹²⁹ While it is unlikely that simply reading these texts would produce a sufficiently qualified Hippocratic physician, it does indicate that Athens had a shortage of doctors and welcomed the opportunity for more residents to educate themselves in medical practices. And if qualified physicians were relatively hard to come by, there would probably have been a significant demand for their time; time that would be best spent on ailments with which they were familiar and knew they could treat reasonably successfully. Across the Hippocratic corpus the advice to physicians seems to be that suffering should be alleviated as best as possible, but if the disease is known to be incurable, there is little point in trying.¹³⁰ So, the likelihood of a doctor making time to treat a depressive disorder might be dependent on how quick and effective he felt the treatment might be. And it remains to be seen how aware the Hippocratic authors were of mood disorders.

3.1.2. Cost of seeking treatment from a physician

The second potential barrier to treatment is financial. With the rigorous training required and the apparent respect and esteem associated with the great *techne* of medicine,¹³¹ we might expect that being treated by these doctors would be out of the price range of all but the wealthiest of citizens. Unfortunately, we have very little evidence of how much a physician would have been paid for his services and the evidence to help estimate an average lower or middle class Athenian wage is just as sparse.¹³² In his efforts to meticulously collect and organise every surviving reference to the wages received by individuals in a variety of professions in ancient Athens, Loomis has uncovered just two references to the fees charged by physicians for individual ailments. The first is from fragment 12 of the comic writer

¹²⁸ Pl. *Prt.* 311b alludes to Hippocrates charging a fee to learn his craft.

¹²⁹ Cohn-Haft 1956, p.25; Littré 1861, p.400-2.

¹³⁰ Hipp. *The Art* 14; *On Diseases* 1.6.26.

¹³¹ See Métraux 1995, p.ix.

¹³² See discussion on p.2.

Alcaeus, in which Pollux 9.53 simply says ‘a talent’s worth of diseases.’¹³³ Being such a short statement, and from a comic writer, this comment is ambiguous and should be treated with caution. Loomis notes that he is unsure if the author is referring to a talent in monetary terms, or weight.¹³⁴ In other words, does the talent refer to the physician’s fee, or is it just highlighting the severity of the diseases? And even if it does refer to the physician’s fee, the number of diseases is not specified, and crucially, the comic author is most likely being deliberately hyperbolic. Consequently, we are no closer to learning the true cost of a doctor’s visit. But, even if Alcaeus is exaggerating, what we can take from this is perhaps that physicians were generally considered to be expensive, even if they were not actually charging a talent. The second fragment, this time from Nicophon, refers to a ‘3 obol fever.’¹³⁵ This seems more promising as we have an exact, and seemingly reasonable amount, associated with just one fever, but once again Loomis is cautious. He again wonders if the 3 obols are referring to the severity of the fever, rather than the cost of treatment for it. To lend weight to this interpretation, Storey chooses to translate the comment ‘πυρετὸς... οὐκ ἄξιός τριωβόλου’ as ‘good-for-nothing fever’ instead of the more literal 3 obols.¹³⁶ So the only surviving references are suspicious, and even if we were to take them at their word and assume they mean literally what they say, they are in direct contradiction with one another. Alcaeus implies that doctors charged a fortune, Nicophon claims that they charged a rather reasonable fee.

But, there does exist some further evidence regarding remuneration of physicians, which can potentially be interpreted as contradicting the earlier assumption that a lack of disposable income could be an obstacle to receiving medical treatment. It seems as though a system may have been in place in which city-states provided certain qualified physicians with an annual salary. Herodotus claims that Democedes was a recipient of this salary in various states once they realised he was extremely skilled as a physician. He says:

In his second year the Aeginetans paid him a talent to be their public physician; in the third year the Athenians hired him for a hundred minae, and Polycrates in the fourth year for two talents.

(Hdt. 3.131.2.)

¹³³ Alcaeus F.12 (K-A).

¹³⁴ Loomis 1998, p.74.

¹³⁵ Nicophon F.20 (K-A).

¹³⁶ Storey 2011.

Loomis thinks this must be hugely exaggerated. He thinks a hundred minae (or 10,000 drachmas) is probably closer to what the King of Persia might make in a year, so not a reasonable sum for a single physician.¹³⁷ I am not so sure though. If our very basic ball-park figure for a lower-class daily wage was 1 dr. it does not seem *so* incredulous that a highly skilled physician might be paid 10,000 per year (30 dr. per day). But despite the questionable amount of money, there could still be some truth in the practice of providing skilled physicians with a state salary. Diodorus states that by the time of Charondas, it had already been legislated that ‘private citizens, when ill should enjoy the services of physicians at state expense.’¹³⁸ This information is corroborated by an Aristophanic Scholiast who claims that at this time ‘the physicians appointed by the state being public officers were accustomed to attend to the sick without fee.’¹³⁹ Then in Aristophanes’ *Acharnians*, a peasant asks Dicaeopolis for a salve for his eyes and Dicaeopolis replies ‘I am not a public physician...go weep to Pittalos.’¹⁴⁰ So it would seem that although the details of the practice such as the usual salary amount remain a mystery, the practice itself does seem to have existed.

So, does this mean that Athens (and other cities) were running their own public health service, thus ensuring the best quality medical care was available to all citizens regardless of wealth? For many years scholarly opinion was in favour of this humanitarian interpretation, first presented by Vercoutre in 1880 and refined by Pohl in 1905. It was not until Cohn-Haft in 1956 that this interpretation was challenged and deemed unrealistically utopian.¹⁴¹ Cohn-Haft sought to critically re-examine the evidence originally put forward by Vercoutre and Pohl with the intention of showing that the evidence originally used to draw their conclusions should not have been given the weight that it was. Cohn-Haft mainly takes issue with the passage from the Aristophanic scholia. The scholium probably dates to around A.D. 400, so although Cohn-Haft admits that the author most likely had access to sources now lost to us, being 800-900 years removed from the events, he does not think this passage should be considered among the evidence from which to draw conclusions.¹⁴² Cohn-Haft treats the scholium far more critically than his predecessors and makes some valid assertions about its

¹³⁷ Loomis 1998, p.74.

¹³⁸ Diod. Sic. 12.13.4.

¹³⁹ Rutherford 1896, p.368.

¹⁴⁰ Ar. *Ach.* 1030.

¹⁴¹ Pohl 1905; Vercoutre 1880. Perhaps Cohn-Haft’s renewed interest in the matter was linked to Woodhead’s article in 1952, which essentially reiterated Pohl’s conclusions in English for the first time.

¹⁴² Cohn-Haft 1956, p.33-4.

usefulness, but the same treatment is not extended to Diodorus. It seems as though Cohn-Haft does not seem to *want* to believe that the ancient Greeks could have possibly employed such a progressive and humanitarian system of healthcare. Diodorus' evidence is disregarded simply because there is no evidence that Charondas' laws survived down to the Hellenistic period even though Cohn-Haft himself says that 'there is no reason to doubt the fact of Diodorus' account'.¹⁴³ Except for maintaining an awareness that Diodorus was writing in the first century B.C, up to 400 years after the events (depending on the chosen dating of Charondas), I am inclined to agree. Cohn-Haft then wonders, if this practice did exist, why is it that in some inscriptions the physician is commended for offering his services free of charge if he was just doing what he was paid to do.¹⁴⁴ The conclusion he eventually reaches is that providing a state salary to these physicians achieved two things: 1) it went some way to combat the shortage of doctors by guaranteeing the physicians residence in the community; 2) it provided an official public endorsement of a given physician's qualification to practice in a particular community to protect citizens from charlatans.¹⁴⁵ To this I would add that, quite simply, having some kind of public health provision in a densely populated city would have been logical, and Athens was a wealthy city that would likely have had the means to provide this practical measure. So, despite the unreliability of the Aristophanic scholia, the evidence provided by Herodotus, Diodorus and Aristophanes' *Acharnians* does seem to suggest there was some kind of state funding for qualified physicians in Athens. But this may have been simply an incentive for them to stay in the city or possibly to ensure that the very poorest citizens could also receive medical care. Presumably, most patients, even those on a very restricted income, were expected to pay for their treatment.

3.1.3. Summary

The evidence regarding the availability of qualified physicians is limited and contradictory. Our only two sources discussing amounts of money paid for treating illness are in direct contradiction, one suggesting it was extremely expensive, the other that it was very cheap, and on the other hand both might actually be referring to severity rather than amounts of money. Then, the references we have which discuss publically remunerated physicians are contentious. The two least disputed references, from Herodotus and Aristophanes, make no

¹⁴³ Cohn-Haft 1956, p.9.

¹⁴⁴ Cohn-Haft 1956, p.34-5. IG 9.2.69; TAM 2.3.910.

¹⁴⁵ Cohn-Haft 1956, p.44.

mention of what expectation of services the salary carried, and the only passages which do suggest that the physicians were expected to provide free healthcare are from 400 and 800 years after the time period. So I cannot comment on the financial availability of Athenian physicians with any certainty. I suppose the safest option would be to assume that, since inscriptions do exist in praise of physicians who provided free healthcare to poor patients, wealthy patients might have paid qualified physicians handsomely to make their care a priority in a society in which doctors were under huge demand.

3.2 Perceived origins of psychological disturbance

By the time of Plato's writings, and throughout Aristotle's academic career, Hippocratic medicine dominated medical thought.¹⁴⁶ As a result, they are the only medical works to have survived as complete texts. So, if one were to seek treatment from a qualified physician in late fifth- or fourth- century Athens, it is highly likely that the physician in question would have been trained in the Hippocratic tradition.¹⁴⁷

While the Hippocratic collection has survived remarkably well and should be able to provide a detailed understanding of the Hippocratic notion of the origins of both physical and mental illnesses, the Hippocratic treatises are problematic in their own way. The corpus is made up of treatises written by many different authors, all of whom were presumably practicing physicians trained in the Hippocratic method, but the variety of authors leads to issues of unity of interpretation of the Hippocratic teachings across the corpus. Furthermore, it is uncertain whether any of the surviving treatises were penned by Hippocrates himself. Edelstein notes that even in antiquity the authenticity of the texts was in dispute, so it is very unlikely that any of our surviving texts are genuine.¹⁴⁸ However, Simon is more optimistic. He believes the focus should be on the 'similarities of spirit that shine through the diversity of content'¹⁴⁹ and that some trust should be placed in the 'intuition of the ancient doctors and editors who saw a unity in these works.'¹⁵⁰ I am inclined to agree with Simon, and so, where

¹⁴⁶ This is fairly uncontroversial (see Nutton 2004, p.57) but as further evidence, it is clear that by Plato's time Hippocrates has had a significant enough influence on the medical profession to warrant Plato dropping in his name as an example of the archetypal physician in *Phaedrus* 270c-d.

¹⁴⁷ Simon 1978, p.217.

¹⁴⁸ Edelstein 1996, p.710.

¹⁴⁹ Simon 1978, p.216.

¹⁵⁰ Simon 1978, p.216. See also Entralgo 1970, p.141 and his refs cited there.

possible, I will attempt to construct a coherent picture of the Hippocratic notion of the origin of psychological disorders and how these could be treated.

It quickly becomes apparent that psychological illness was thought of in the same way as physical illnesses. The most famous example of this thinking is found in *On the Sacred Disease*. While the treatise is seemingly about epilepsy in particular, Simon argues that this does not render it irrelevant in the discussion of psychological disorders, because epilepsy is ‘typical of the way Greek physicians considered severe mental disturbances.’¹⁵¹ While a majority of the symptoms identified for this condition are physical, the author also refers to emotional and psychological disturbances such as night fears and terrors, and delirium¹⁵² and it is clear that the author believes that the origin of this disease lies with the humoral composition of the body. He explains that the disease is caused by an abundance of phlegm in the brain at birth. This excess phlegm then infiltrates other areas of the body, searching for somewhere to settle, and in doing so, causes the different symptoms experienced by epileptics depending on where the phlegm is located.¹⁵³ This shows that Hippocratic physicians had made a connection between illnesses that present psychological symptoms and the notion of humors being responsible for illness. A similar conclusion is expressed in *On Internal Affections* 48. The disease in question is said to arise from bile that collects in the liver and settles in the head. It then causes certain psychological symptoms such as visual hallucinations, nightmares, delirium, alongside a few physical symptoms such as problems with eyesight and cold feet. This disease clearly exhibits mental disturbances, and the cause is again thought to be linked to an excess of a humor at this location within body. The aetiology is physical. Thus, in order to understand how the Hippocratic physicians would have attempted to treat illnesses with psychological symptoms, it is necessary to understand how they viewed the humors functioning within the body.

The author of *The Nature of Man* provides the most comprehensive explanation of the composition of the healthy and diseased body, and explains the Hippocratic humoral theory in detail; a theory of which the other Hippocratic authors often assume audience knowledge.¹⁵⁴ He suggests that health is achieved through the optimum co-mingling of the four humors of which the body is comprised; blood, phlegm, yellow bile and black bile.¹⁵⁵ It

¹⁵¹ Simon 1978, p.220.

¹⁵² Hipp. *Sacred Disease* 4.

¹⁵³ Hipp. *Sacred Disease* 6-10.

¹⁵⁴ See Appendix 1 for further discussion on how widely accepted this particular Hippocratic theory is likely to have been at the time of Plato and Aristotle.

¹⁵⁵ Hipp. *Nature of Man* 4.

is suggested that there is an ideal humoral balance that allows for the correct functioning of the entire body, resulting in health:

ὕγαινει μὲν οὖν μάλιστα, ὅταν μετρίως ἔχη ταῦτα τῆς πρὸς ἄλληλα κρήσιος καὶ δυνάμιος καὶ τοῦ πλήθους, καὶ μάλιστα μεμιγμένα ἦ·

He enjoys the most perfect health when these elements [the humors] are duly proportioned to one another...and when they are perfectly mingled.

(Hipp. *Nature of Man* 4)

It is clear that for the body to be in a state of health all four humors must be present in the correct quantities and thoroughly mixed together at all times.

Conversely, disease was thought to arise when this balance was upset in any way. According to *The Nature of Man*, this imbalance would occur ‘when one of these elements [humors] is in deficit or excess, or is isolated in the body without being compounded with all the others.’¹⁵⁶ Excess of a humor can seemingly occur in one of two ways; either a humor separates from the mixture and moves to another location, therefore causing an excess in the arrival location and a deficiency in the part it has left, or a region of the body could simply contain too much of a particular humor, which would require purging to reestablish the correct proportions. As detailed in *The Sacred Disease*, if an individual contains an excess from birth of one particular humor and the balance of humors is not redressed, the individual will experience recurrent diseases associated with that humor.¹⁵⁷

So, if diseases with psychological features were thought to originate with humoral imbalances within the body, the expectation would be that the treatment recommended would be the same as with other more obviously physical diseases. Usually, a drug or potion is recommended. However, the Hippocratic physicians were seemingly cautious about only prescribing drugs and herbal remedies, often offering alternative treatment methods should the patient choose.¹⁵⁸ For example, *Regimen* 3.73 suggests that if the patient does not want to take the drugs recommended, they can instead take a hot bath, induce vomiting after eating certain foods and then take a short walk for six days, and then slowly increase the food and exercise over the course of a month. Diet and exercise are the most commonly recommended

¹⁵⁶ Hipp. *Nature of Man* 4.

¹⁵⁷ Hipp. *Sacred Disease* 5 and 8.

¹⁵⁸ Hipp. *The Art* 6; *On Regimen* 3.67.

treatments and it is the qualities of certain foods that render them appropriate for the treatment of particular diseases. For example, barley water is very commonly prescribed because of its cold and moist qualities.¹⁵⁹ To a modern reader, these treatments seem very simplistic, and while increasing one's daily amount of gentle exercise might have had some positive effect on a patient suffering with a depression, it is unlikely that small dietary changes or induced vomiting after meals would have dramatically improved their symptoms. In fact, the author of *Regimen in Acute Diseases* complains that because of the seemingly simple remedies often prescribed by physicians, some laymen think that all physicians just prescribe the same thing regardless of the disease.¹⁶⁰ But perhaps these simple and readily available alternative treatments to drugs are further indicative of the financial position of many of the physician's patients. Barley water would have been a very affordable option for the poorest citizen and it is of no use to prescribe treatments far out of the financial reach of the patient.¹⁶¹ Also, there does seem to have been a general belief in the ancient world that living simply was better for health than extravagance.¹⁶² But there may have been some truth in the thinking that eating very basic grains and simple foods could help the sick. When thinking about the nutritional value of crops, the increased food production brought about by huge population increases and industrialisation, coupled with our narrow selection of the most weather resistant crops and planting the same crops in the same areas year on year, significantly reduces their nutritional value. So, our crops are likely far poorer in nutrients than the similar crops consumed in ancient Greece.¹⁶³ So perhaps, by prescribing a diet more abundant in different types of grain, the physician was, knowingly or unknowingly, improving the nutritional intake of the patient, hence potentially resulting in a faster recovery.

The same treatments are indeed recommended for psychological diseases.¹⁶⁴ Changes to diet and exercise are recommended, but there seems to be a particular drug associated with these psychological diseases that may help us in understanding a more specific assumed origin of these types of illnesses.¹⁶⁵ The author of *On Diseases* recommends that a disease with largely psychological symptoms should be treated with the hellebore flower:

¹⁵⁹ Hipp. *On Regimen* 2.40; 3.67. There is an abundance of examples of diet and exercise prescribed as treatment for medical conditions. See particularly *On Regimen* and *On Diseases*.

¹⁶⁰ Hipp. *Regimen in Acute Diseases* 6.

¹⁶¹ King 2005(b), p.8.

¹⁶² Plut. *Mor.* 123d.

¹⁶³ Arnott 2005, p.12-31.

¹⁶⁴ Couch 1936 provides a detailed examination of all the different types of drugs, food, drink and exercise recommended across the Hippocratic corpus.

¹⁶⁵ Hipp. *On Internal Affections* 48

δοκεῖ ἐν τοῖσι σπλάγχνοισιν εἶναι οἶον ἄκανθα καὶ κεντέειν, καὶ ἄση αὐτὸν λάζυται· καὶ τὸ φῶς φεύγει καὶ τοὺς ἀνθρώπους, καὶ τὸ σκότος φιλέει, καὶ φόβος λάζεται. καὶ αἱ φρένες οἰδέουσιν ἐκτός, καὶ ἀλγέει ψαυόμενος. καὶ φοβεῖται, καὶ δειμάτα ὄρα καὶ ὄνειρατα φοβερὰ καὶ τοὺς τεθνηκότας ἐνίστε. καὶ ἡ νοῦσος [ἐνίστε] λαμβάνει τοὺς πλείστους τοῦ ἤρος. Τοῦτον πιπίσκειν ἐλλέβορον.

Something like a thorn seems to be in the inward parts and to prick them; loathing attacks the patient, he flees light and people, he loves the dark, and he is seized by fear. His diaphragm swells outwards, and is painful when touched. The patient is afraid, and he sees terrible things, frightful dreams, and sometimes the dead. This disease attacks most people in spring. Give the patient hellebore to drink.

(Hipp. *On Diseases* 2.72.)

The author of *On Internal Affections* then makes the following explicit statement regarding the use of hellebore to purge excessive bile within the body:

Ἦν δὲ ἀπὸ χολῆς ἡ νοῦσος γένηται, πῖσαι αὐτὸν ἐλλέβορον.

If the disease has arisen from bile, have the patient drink hellebore.

(Hipp. *On Internal Affections* 51)

This association of hellebore and bile can be seen multiple times across the corpus,¹⁶⁶ so, from these extracts, we can begin to construct a picture of certain ancient assumptions. Hellebore treats diseases caused by bile. Hellebore also treats diseases with psychological symptoms. So it follows that, of all the humors, it is bile that causes diseases with psychological symptoms. But can we even more precisely pinpoint the humoral origin? At some point, bile began to be thought of in two separate humoral categories. The author of *The Nature of Man* distinguishes between yellow bile and black bile and Nutton believes this may have been the first time such a distinction had been made from the way in which the author

¹⁶⁶ Hipp. *Affections* 20; *Epidemics* 5.1.80; 7.1.85; *On Internal Affections* 30; 35; 41; 48; Simon 1978, p.219; 226.

refers to the humor as ‘the so-called black bile’.¹⁶⁷ It is possible that this separation of the biles may have evolved from the tendency to associate primarily psychological illnesses, which were already thought to originate from bile, with blackness. For example, in *On Internal Diseases* 48, as seen previously, the author specifies that the patient whose largely psychological disorder was brought on by excess bile, must be treated with black hellebore.¹⁶⁸

3.3. *Acknowledgment of depressive illness*

Having established that the Hippocratic corpus acknowledges diseases with psychological symptoms that seemingly originate from black bile, is there any evidence of a medical acknowledgment of depressive illness? It is worth noting that even in Western societies today, with our relatively wide-spread awareness of affective disorders, often it is still the case that medical treatment is initially sought for a physical symptom rather than for the accompanying emotional symptoms. For example, often an individual suffering from depression will cite unexplainable fatigue as the reason for their visit to their general practitioner.¹⁶⁹ This is thought to be because of the disabling nature of fatigue in comparison to other symptoms.¹⁷⁰ So, it is reasonable to assume that the same was true in ancient Greece. If this were the case, did physicians ever attempt to establish if their patient was experiencing any emotional difficulties or personal problems? Simon thinks that on a professional level, the Hippocratic physician had no interest in the subjects’ emotional state. However, he does concede that a sympathetic physician might have discussed such matters with his patient and that, when acting as a clinical detective, extracting such information may have aided him in his search for the root cause of the ailment. He points out that certainly later physicians allude to listening out for signs of lovesickness, which could have been easily mistaken for a physical ailment.¹⁷¹

The closest we come to potential discussions of clinical depression is in the Hippocratic use of the term *melancholia*. This occurs many times across Greek literature including the Hippocratic corpus, and is very often translated in such a way as to reveal the translator’s assumption that this refers to some kind of depressive disorder. The obvious

¹⁶⁷ Hipp. *Nature of Man* 4; Nutton 2004, p.83-4.

¹⁶⁸ The same can be seen at Hipp. *Epidemics* 5.1.80; 7.1.85.

¹⁶⁹ DSM-V 2013, p.162.

¹⁷⁰ Ferentinos et al. 2011, p.457; Sharpe et al. 2002, p.480.

¹⁷¹ Simon 1978, p.227; Veith 1965, p.36.

example of this is melancholic, but this English word has a whole host of connotations that may or may not have been assumed in the Greek use of *melancholia* at this time. By using melancholic or melancholy, the modern reader imagines a specific disease, and then this disease is sometimes thought of interchangeably with depression. Furthermore, it is a common assumption that the term *melancholia* refers to a condition caused by black bile, since the etymological origin of the word does seem to lie with black bile (either an adjectival compound of *melaina chole* or from the adjective *melancholos* first used in Sophocles' *Trachiniae* to describe the arrows of Herakles being dipped in black bile)¹⁷² So, it would seem that the person described as *melancholia* has some affiliation to or tendency to be in excess of the humor black bile. But is *melancholia/melancholikos* an illness in itself or is it just a way of describing the humoral disposition of a person?

Within the Hippocratic corpus the term *melancholikos* is in such an early stage of development that its use is often ambiguous and is not necessarily always used to denote one particular illness. Thumiger points out that the frequent use of the noun form 'implies a concept that has already reached some reasonable degree of definition',¹⁷³ but in 80% of the occasions this term is used, up to and including the Hippocratic treatises, it appears in its adjectival form *melancholia*.¹⁷⁴ If *melancholikos* were used more frequently, a strong argument could be made that it referred to a definite disease in its own right, but as it stands the definition of the term appears to have been still in flux which results in its usage being somewhat ambiguous. Jouanna has argued that the synonymity between *melancholia* and depressive illness first occurs in the pseudo-Aristotelian *Problemata*,¹⁷⁵ but van der Eijk disputes this. He thinks that, in order for the author to use the term so fluently, that stage must have already been reached by the time he was writing, so it is reasonable to suggest that this may have been under development during the time of the Hippocratic writings.¹⁷⁶ Furthermore, when examining the usage of the term *melancholia* throughout the Hippocratic treatises the intention does tend to fluctuate between 'affect, behavioural traits and episode.'¹⁷⁷ In order to illustrate this problem, I will present a number of Hippocratic references to *melancholia* and show how differently the term can be interpreted. The

¹⁷² Langholf 1990, p.47. See Soph. *Trach.* 573. Langholf also points the reader to Debrunner 1917, p. 38, 43, 61, 183 who concurs that *melancholao* cannot be a composite of *melan* and *cholao*.

¹⁷³ Thumiger 2013, p.69.

¹⁷⁴ Thumiger 2013, p.66.

¹⁷⁵ Jouanna 1975, p.296

¹⁷⁶ van der Eijk 2005, p.140.

¹⁷⁷ Thumiger 2013, p.70.

following statements show the ambiguous nature of the term:

Ἦν φόβος ἢ δυσθυμία πολὺν χρόνον διατελεῖ, μελαγχολικὸν τὸ τοιοῦτον.

Fear or despondency that is prolonged means melancholia.

(Hipp. *Aphorisms* 6.23)

Ἦν ἡ γλῶσσα ἐξαίφνης ἀκρατῆς γένηται, ἢ ἀπόπληκτόν τι τοῦ σώματος, μελαγχολικὸν τὸ τοιοῦτον.

If the tongue is suddenly paralysed, or a part of the body becomes apoplectic, the affection is melancholic.

(Hipp. *Aphorisms* 7.40)

Τὰ ἐπ' ὀλίγον θρασέως παρακρούοντα μελαγχολικά·

Delirium characterized by over-boldness for short periods indicates melancholy.

(Hipp. *Prorrhetic* 1.123)

In each case, it may be tempting to read fear, despondency, mutism, apoplexy and over-boldness as symptoms that the authors are identifying as part of the way in which they have seen the disease *melancholia* presenting. However, having established that the etymological origin of the term *melancholia* can be traced back to black bile, it is equally possible that these statements are simply stating that fear, despondency and over-boldness are typically seen in people who are naturally disposed to having too much black bile in their composition. They are not strictly symptoms of one disease in particular, but rather an indication of the presence of too much black bile generally.¹⁷⁸ By translating *melancholia* as ‘melancholia’ and ‘melancholy’ in these examples, the reader assumes that *melancholia* is a specific disease. But perhaps the intention is closer if we read it as ‘fear or despondency that is prolonged means a presence of black bile’ or ‘delirium characterized by over-boldness for

¹⁷⁸ This interpretation can also be found in Thumiger 2013, p.62.

short periods indicates the presence of black bile.’ Or perhaps not. These authors give us no further indications of their meaning here, so we must look elsewhere.

These statements made by the same authors seem to indicate more definitively that it is indeed a specific disease they are referring to when discussing *melancholia*:

Ἦν δὲ βόρειον ἢ καὶ ἄνυδρον, τοῖσι μὲν ὑγροῖσι τὰς φύσις καὶ τῆσι γυναιξὶ σύμφορον· τοῖσι δὲ λοιποῖσιν ὀφθαλμῖαι ἔσονται ξηραί, καὶ πυρετοὶ ὀξέες, καὶ κόρυζαι, ἐνίοισι δὲ καὶ μελαγχολία.

But if <the autumn> be northerly and rainless it is beneficial to those with moist constitutions and to women. To the others will come dry eye diseases, acute fevers, colds and, in some cases, melancholia.

(Hipp. *Aphorisms* 3.14)

Τοῦ μὲν γὰρ ἦρος, τὰ μελαγχολικά, καὶ τὰ μανικά,³ καὶ τὰ ἐπιληπτικά, καὶ αἵματος ῥύσις, καὶ κυνάγχαι, καὶ κορύζαι, καὶ βράγχοι, καὶ βῆχες, καὶ λέπραι, καὶ λειχήνες, καὶ ἀλφοί, καὶ ἐξανθήσιες ἐλκώδεις πλεῖσται, καὶ φύματα, καὶ ἀρθριτικά.

In spring occur melancholia, madness, epilepsy, bloody flux, angina, colds, sore throats, coughs, skin eruptions and diseases, eruptions turning generally to ulcers, tumours and affections of the joints.

(Hipp. *Aphorisms* 3.20)

Τοῖσιν ἐξισταμένοισι μελαγχολικῶς, οἷσι τρόμοι ἐπιγίνονται, καὶ κακότηες.

For trembling to come on in patients that are out of their wits with melancholy is a malignant sign.

(Hipp. *Prorrhetic* 1.14)

Ἐν πυρετῷ καυσώδει ἤχων προγενομένων μετὰ δ’ ἀμβλυωμοῦ καὶ κατὰ τὰς ῥίνας βάρους προελθόντος ἐξίστανται μελαγχολικῶς.

If, during an ardent fever, ringing occurs in the ears together with dullness of vision and a heaviness in the region of the nose, these patients lose their wits in melancholy.

(Hipp. *Prorrhetic* 1.18)

In the first two statements from *Aphorisms* there can be little doubt that the author intends *melancholia* to be viewed as a disease in its own right. On both occasions it is listed alongside other conditions that must certainly be considered illnesses; fever, colds, coughs, epilepsy, tumours etc. The two statements from *Prorrhetic* are slightly more ambiguous, but they do still seem to be referring to *melancholia* as a disease. At 1.14 the trembling that comes on seems to be a secondary symptom indicating a worsening of the original illness affecting the patient: *melancholia*. In 1.18 the reverse occurs. In this instance, the *melancholia* seems to be a secondary condition that comes about as a result of the seriousness of the fever and how unwell the patient feels. These examples seem to suggest that it is thought of as a specific disease by the authors, however, this is contradicted later in the same texts:

Τοῖσι μελαγχολικοῖσι νοσήμασιν ἐς τάδε ἐπικίνδουνοι αἱ ἀποσκήψεις· ἀπόπληξιν τοῦ σώματος, ἢ σπασμόν, ἢ μανίην, ἢ τύφλωσιν σημαίνει.

In melancholic affections the melancholy humor is likely to be determined in the following ways: apoplexy of the whole body, convulsions, madness or blindness.

(Hipp. *Aphorisms* 6.56)

αἱ δὲ λέπραι καὶ οἱ λειχήνες ἐκ τῶν μελαγχολικῶν.

Lepra and lichen are from melancholy.

(Hipp. *Prorrhetic* 2.43)

The author of *Aphorisms* refers to melancholic illnesses in the plural, clearly indicating that in this instance he is not thinking of just one sickness called *melancholia*, but perhaps a collection of diseases brought on by a bodily composition of too much black bile. *Prorrhetic* makes the case even stronger. In this instance the author describes two diseases, Lepra and Lichen, as from melancholy. We know that Lepra and Lichen are specific diseases because

they are identified as such elsewhere in the corpus.¹⁷⁹ Therefore, *melancholia* must be the broader term encompassing a number of different diseases caused by a general excess of black bile.

However, this does not necessarily undermine the previous statements in which it seemed apparent that *melancholia* was referring to one specific illness. We know from the high usage of the adjectival form of the term that the definition was likely to be in flux and still very adaptable, so it is entirely possible that the term was able to refer to both a specific illness with a strong association with excess black bile, and the general condition of having too much black bile which could give rise to a number of illnesses. Therefore, all we can do is ensure we are careful in how specific our understanding can be when reading these extracts, for it is equally likely that the author is referring to a particular disease called *melancholikon* or describing the humoral disposition of a person who tends to show the symptoms mentioned.

However, what does emerge is an even stronger association of psychological and emotional disturbance with an imbalance of black bile in the body. Just as we saw with the explanation of the cause of physical diseases in *The Nature of Man*, the psychological symptoms identified in the statements above (such as fear, despondency, delirium and losing one's wits) are all directly linked with the presence of an excess of black bile within the body.¹⁸⁰ Furthermore, these symptoms are evidently not considered secondary symptoms to a primary physical disease. They are identified as the primary symptoms in a number of the references examined and so, it is reasonable to assume that someone experiencing these symptoms, might approach a physician to seek treatment and that the physician in question would be likely to consider the psychological symptoms as key factors in their diagnosis.

4. Temple medicine

Divine healing was probably the most wide spread method of treatment open to Athenian residents. There would have been no gender or status restrictions on asking for the assistance of the gods and we know from the many votive offerings recovered from sanctuaries that women were free to engage in ritual worship in the same way as men.¹⁸¹ Therefore, the main

¹⁷⁹ Hipp. *On Diseases* 1.3; *Use of Liquids* 4.

¹⁸⁰ Simon 1978, p.215-228 and van der Eijk 2005, p.26 make the same observation in varying degrees of detail.

¹⁸¹ Lewis 2002, p.62 notes that many spindle-whorls, distaffs and loom-weights have been found that were used as votive offerings specifically from women.

questions to be answered for this method of treatment are who were the most popular deities involved in this practice? What treatments were offered? And is there any evidence that psychological disorders, and specifically depressive illnesses, were treated?

4.1. Divine healers

The earliest surviving references to religious healing, both epidemic and individual, occur in the *Iliad*. In Book 1, it is Apollo that brings plague upon the Greek camp, and Apollo who eventually lifts it. Later on, we see Glaucus wounded in battle calling on Apollo to take his pain away so that he can continue to fight, and indeed Apollo stems the flow of blood and removes his pain.¹⁸² Before the fifth century, Apollo the healer appears to have been the primary deity to whom people prayed for a cure for an existing sickness, or simply for protection from potential future sicknesses. He accumulated a number of epithets in this role such as *Paeon*, *Oulios*, *Iatros* and *Loimios*¹⁸³ and archaeological evidence survives, such as dedicative statues and votive offerings, across Greece and as far as Miletus, Ionia and around the Black Sea, indicating that people across the ancient world appealed to him for divine aid in times of sickness between the seventh and fifth centuries.¹⁸⁴ This common conception that one must appease the gods in order for sickness to be cured was a result of the belief during this period that disease arose as a result of a cosmic disturbance that humans are incapable of rebalancing.¹⁸⁵ Since cosmic disorder is the cause, only divine aid can restore the balance and alleviate the disease. Even during the fifth and fourth centuries the idea of psychological disorders in particular having a divine cause is likely to have been a widespread and accepted idea, despite the growing popularity of the Hippocratic theories, not least because this is precisely the way in which these illnesses had been presented to the public through the most wide-reaching of public entertainment throughout Greece: the dramatic arts. In popular tragedies, Herakles' madness is inflicted on him by the goddess Lyssa under the instruction of Hera, Ajax's hallucinations are caused by Athena, Aphrodite is responsible for Phaedra's depressive lovesickness and Dionysus is to blame for the Bacchic frenzy that has a hold on the women of Thebes. For this reason, it would not be surprising if people sought out priests or went directly to the gods to cure them of their psychological disorders. However, it is clear

¹⁸² Hom. *Il.* 16.509-528.

¹⁸³ **Paeon**: Hom. *Il.* 5.401; 899; **Oulios**: Strabo 14.1.6; **Iatros** and **Loimios** identified from inscriptions on surviving dedications, Fritz 2009, p.68-9.

¹⁸⁴ Fritz 2009, p.69.

¹⁸⁵ Fritz 2009, p.80.

that people began to seek more direct methods of treating their sicknesses than simply sacrificing to appease a god and hoping for the best, and this resulted in the rapid expansion of the cult of Asclepius.

Around the sixth century B.C., a shrine to Asclepius was founded close to the well-established sanctuary of Apollo the healer at Epidaurus, but in just 100 years, Asclepius appears to have completely taken over the sanctuary from Apollo and the area became one of the most important sites in the Asclepian cult.¹⁸⁶ It would seem that alongside the developing medical views, the specialism and direct treatment offered by Asclepius was preferable to the previous method of praying to Apollo, offering a sacrifice and hoping that was enough to appease him.¹⁸⁷ Around the same time as the emergence of the Hippocratic corpus, the cult of Asclepius arrived on the Athenian Acropolis along with its well-established and systematic process of healing.¹⁸⁸

The rapid acceptance and expansion of the cult across the Classical world is likely due in part to the benevolent reputation of the god, as well as the direct and immediate results said to be achieved. Unlike the usual reciprocal nature of mortal-divine negotiations, Asclepius asked for nothing in return, no votive offerings, not even belief in his power, as shown in the following evidence:¹⁸⁹

ἀνήρ τοὺς τᾶς χηρὸς δακτύλους ἀκρατεῖς ἔχων πλὴν ἑνὸς ἀφίκετο ποῖ τὸν θεὸν
ικέτας· θεωρῶν δὲ τοὺς ἐν τῷ ἱερῷ πίνακας ἀπίσκει τοῖς ἰάμασιν καὶ ὑποδιέσυρε τὰ
ἐπιγράμμα[τ]α. ἐγκαθεύδων δὲ ὄψιν εἶδε· ἐδόκει ὑπὸ τῷ ναῷ ἀστραγαλίζον[τ]ος
αὐτοῦ καὶ μέλλοντος βάλλειν τῷ ἀστραγάλῳ, ἐπιφανέντα [τ]ὸν θεὸν ἐφάλεσθαι ἐπὶ
τὴν χῆρα καὶ ἐκτεῖναί οὐ τοὺς δακτύλλους· ὥς δ' ἀποβαίη, δοκεῖν συγκάμψας τὴν
χῆρα καθ' ἓνα ἐκτείνειν τῶν δακτύλων· ἐπεὶ δὲ πάντα ἐξευθύναι, ἐπερωτῆν νιν τὸν
θεόν, εἰ ἔτι ἀπιστησοῖ τοῖς ἐπιγράμμασι τοῖς ἐπὶ τῶν πινάκων τῶν κατὰ τὸ ἱερόν (!),
αὐτὸς δ' οὐ φάμεν. "ὄτι τοίνυν ἔμπροσθεν ἀπίστευες αὐτο[ῖ]ς οὐκ ἐοῦσιν ἀπίστοις, τὸ
λοιπὸν ἔστω τοι," φάμεν, "Ἄπιστος ὄν[ομα]". ἀμέρας δὲ γενομένης ὑγιῆς ἐξῆλλθε.

A man whose, fingers, with the exception of one, were paralyzed, came as a suppliant to the god. While looking at the tablets in the temple he expressed incredulity

¹⁸⁶ Fritz 2009, p.77-8.

¹⁸⁷ Fritz 2009, p.79.

¹⁸⁸ Edelstein 1945, p.65-6; Fritz 2009, p.79; Nutton 2004, p.103. The first evidence for the arrival of Asclepius in Athens is an inscription for which the events described are dated to 420 B.C..

¹⁸⁹ Edelstein 1945, p.113.

regarding the curses and scoffed at the inscriptions. But in his sleep he saw a vision. It seemed to him that, as he was playing at dice below the Temple and was about to cast the dice, the god appeared, sprang upon his hand, and stretched out his [the patient's] fingers. When the god had stepped aside it seemed to him [the patient] that he [the patient] bent his hand and stretched out his fingers one by one. When he had straightened them all, the god asked him if he would still be incredulous of the inscriptions on the tablets in the Temple. He answered that he would not. "Since then, formerly you were incredulous of the cures, though they were not incredible, for the future," he said, "your name shall be 'Incredulous.'" When the day dawned he walked out sound.

(Epidauria IG IV², 1, nos. 121-122. III. Tr. Edelstein)

φιλοσοφεῖς, ὃ Ἄσκληπιέ, τὴν ἄρρητόν τε καὶ συγγενῆ σου φιλοσοφίαν μὴ συγχωρῶν τοῖς φαύλοις δεῦρο ἤκειν, μηδ' ἂν πάντα σοι τὰ ἀπὸ Ἰνδῶν καὶ Σαρδῶων ξυμφέρωσιν.

O Asclepius, you teach a philosophy that is secret and congenial to yourself, in that you suffer not the wicked to come hither, not even if they bring to you all the wealth of India and Sardis.

(Philostratus *Vita Apollonii* I.11)

οὐδὲ γὰρ ὁ Ἄσκληπιὸς ἐπ' ἀμοιβῆς ἐλπίδι τοὺς ἀνθρώπους ἰᾶται, ἀλλὰ τὸ οἰκεῖον αὐτῷ φιλανθρώπευμα πανταχοῦ πληροῖ.

Asclepius, again, does not heal mankind in the hope of repayment, but everywhere fulfils his own function of benefice to mankind.

(Julian, *Epistulae*, 78, 419B)

The broad range of evidence that presents Asclepius as a benevolent god indicates that this was a widely accepted notion which continued for centuries after the birth of the cult. The first example is seen on the cure inscriptions at Epidaurus. These inscriptions on large stone tablets, found within the sanctuary, have been dated to the first half of the fourth century B.C. and tell the stories of hundreds of suppliants who came to the temple and were cured of

various ailments. In the instance quoted above, a man was cured of his paralysis even though he displayed disbelief in the curative power of the god. Philostratus was writing in the early third century A.D and Julian in the fourth century A.D. showing that the association of Asclepius with benevolence persevered for almost a millennium. It is worth noting that the Roman emperor Julian wanted the Empire to return to Paganism in the wake of Christianity, and so his aim was to highlight the benevolence of the gods, but for his argument to be convincing, Asclepius would need to be generally thought of as a good example of a benevolent god.

When a prospective patient sought treatment at one of the sanctuaries or shrines of Asclepius, for example at the Asclepieia built on the Athenian acropolis, the ritual performed was very different from anything they were likely to have experienced from interactions with other deities. Drawing largely on Aristophanes' *Plutus* 633-747 and the surviving cure inscriptions from Epidaurus, we can piece together quite a clear picture of the steps a suppliant took in order to gain an audience with the god.¹⁹⁰ First, they were expected to bathe and offer a sacrifice, as was usual when entering the sacred space of sanctuaries.¹⁹¹ However, there were no other elaborate purification rituals to perform, such as fasting, as was expected at the sanctuaries of other deities. For Asclepius, the purification of bathing was sufficient.¹⁹² Then upon entry, there is no evidence that any admission fee or votive offerings were payable. When night fell, the suppliants were led through the temple district by priests. On their journey through the sanctuary, it seems that the priests may have led the suppliants past the cure tablets that adorned the walls of the district and read aloud some of the miraculous recoveries experienced by others.¹⁹³ A cure inscription relays the story of a blind woman named Ambrosia who supposedly scoffed at the tales inscribed upon the walls of the temple, presumably read aloud by a priest since she would have been unable to read the inscription herself, but was cured of her blindness by the next morning.¹⁹⁴ The suppliants were then led into the temple itself and instructed to lie down and go to sleep, as described in the following cure inscriptions found at Epidaurus:¹⁹⁵

¹⁹⁰ Making use of Edelstein 1945 p.149-53 alongside the surviving cure tablets and Aristophanes.

¹⁹¹ Ar. *Plut.* 656.

¹⁹² Porph. *Abst.* 2.19. Tr. Edelstein 1945.

¹⁹³ Compton 1998, p.306.

¹⁹⁴ Edelstein 1945, T.423.4.

¹⁹⁵ Seen for example in Edelstein 1945 T.423.11, 12, 15 among others. Also Ar. *Plut.* 669-71.

Αἰσχίνας ἐγκεκομισμένων ἤδη τῶν ἱκετῶν ἐπὶ δένδρεόν τι ἀμβὰς ὑπερέκυπτε εἰς τὸ ἄβατον. καταπετῶν οὖν ἀπὸ τοῦ δένδρεος περὶ σκόλοπας τινὰς τοὺς ὀπτίλλους ἀμφέπαισε· κακῶς δὲ διακείμενος καὶ τυφλὸς γεγεννημένος καθικετεύσας τὸν θεὸν ἐνεκάθευδε καὶ ὑγιῆς ἐγένετο.

Aeschines, when the suppliants were already asleep, climbed up a tree and tried to see over into the Abaton. But he fell from the tree onto some fencing and his eyes were injured. In a pitiable state of blindness, he came as a suppliant to the god and slept in the Temple and was healed.

(Epidauria IG IV², 1, nos. 121-122. XI. Tr. Edelstein)

Εὐῖππος λόγχαν ἔτη ἐφόρησε ἕξ ἐν ταῖς γνάθωι· ἐγκοιτασθέντος δ' αὐτοῦ ἐξελὼν τὰν λόγχαν ὁ θεὸς εἰς τὰς χηράς οἱ ἔδωκε· ἀμέρας δὲ γενομένης ὑγιῆς ἐξῆρπε τὰν λόγχαν ἐν ταῖς χερσὶν ἔχων.

Euhippus had had for six years the point of a spear in his jaw. As he was sleeping in the Temple the god extracted the spearhead and gave it to him in his hands. When day came Euhippus departed cured, and he held the spearhead in his hands.

(Epidauria IG IV², 1, nos. 121-122. XII Tr. Edelstein)

Ἑρμόδικος Λαμψακηνὸς ἀκρατὴς τοῦ σώματος. τοῦτον ἐγκαθεύδοντα ἰάσατο καὶ ἐκελήσατο ἐξελθόντα λίθον ἐνεγκεῖν εἰς τὸ ἱερόν ὅπως δύναται μέγιστον· ὁ δὲ τὸ μὲν πρὸ τοῦ ἀβάτου κείμενον ἦνικε.

Hermodicus of Lampsacus was paralyzed in body. This one, when he slept in the Temple, the god healed and he ordered him upon coming out to bring to the Temple as large a stone as he could. The man brought the stone which now lies before the Abaton.

(Epidauria IG IV², 1, nos. 121-122. XV Tr. Edelstein)

As mentioned in these inscriptions, the god would come to them while they slept to perform a cure for their medical complaint. From the surviving cure tablets, it seems that this occurred

in one of three ways. The suppliant may experience a strange dream unrelated to their condition and awake to find themselves cured, for example:¹⁹⁶

άνηρ ἐν αἰδοίῳ λίθον. οὗτος ἐνύπνιον εἶδε· ἐδόκει παιδὶ καλῷ συγγίνεσθαι,
ἐξονειρώσσω δὲ τὸν λίθον ἐγβάλλει καὶ ἀνελόμενος ἐξῆλθε ἐν ταῖς χερσὶν ἔχων.

A man with a stone in his membrum. He saw a dream. It seemed to him that he was lying with a fair boy and when he had a seminal discharge he ejected the stone and picked it up and walked out holding it in his hands.

(Epidauria IG IV², 1, nos. 121-122. XIV Tr. Edelstein)

Or, they dreamt of a surgery or treatment being performed on them and awoke cured:¹⁹⁷

άνηρ Τορωναῖος δεμελέας. οὗτος ἐγκαθεύδων ἐνύπνιον εἶδε· ἔδοξε οἱ τὸν θεὸν τὰ
στέρνα μαχαίρῃ ἀνσχίσσαντα τὰς δεμελέας ἐξελεῖν καὶ δόμεν οἱ ἐς τὰς χεῖρας καὶ
συνράψαι τὰ στήθη· ἀμέρας δὲ γενομένης ἐξῆλθε τὰ θηρία ἐν ταῖς χερσὶν ἔχων καὶ
ὕγις ἐγένετο· κατέπιε δ' αὐτὰ δολωθεὶς ὑπὸ ματρὸς ἐγ κυκᾶνι ἐμβεβλημένας
ἐκπιών.

A man of Torone with leeches. In his sleep he saw a dream. It seemed to him that the god cut open his chest with a knife and took out the leeches, which he gave him into his hands, and then he stitched up his chest again. At daybreak he departed with the leeches in his hands and he had become well. He had swallowed them, having been tricked by his stepmother who had thrown them into a potion which he drank.

(Epidauria IG IV², 1, nos. 121-122. XIII Tr. Edelstein)

άνηρ ἐ[ντὸ]ς τᾶς κοιλίας ἔλκος ἔχων. οὗτος ἐγκαθεύδων ἐν[ύπνιο]ν εἶδε· ἐδόκ[ε]ι
αὐτῷ ὁ θεὸς ποιτάξαι τοῖς ἐπομένοις ὑπηρέτα[ις συλ]λαβόντας αὐτὸν ἴσχειν, ὅπως
τάμηι οὐ τὰν κοιλίαν· αὐτὸς δὲ φεύ[γει]ν, τοὺς δὲ συλλαβόντας νιν ποιδῆσαι ποι
ρόπτον· μετὰ δὲ τοῦτο τὸν [Ἀσ]κλαπιὸν ἀνσχίσσαντα τὰν κοιλίαν ἐκταμεῖν τὸ ἔλκος

¹⁹⁶ See also Edelstein 1945 T.423.1; 2; 3; 6; 8; 15; 17; 28; 29; 35; 37; 38; 39; 42; 43 for other cures involving dreams or visions.

¹⁹⁷ See also Edelstein 1945 T.423.4; 9; 12; 25; 30; 32; 40; 41;

καὶ συρρά[ψαι] πάλιν, καὶ λυθῆμεν ἐκ τῶν δεσμῶν· καὶ ἐκ τούτου ὑγιῆς ἐξῆ[[λθ]ε, τὸ δὲ δάπεδον ἐν τῷ ἀβάτῳ αἵματος κατάπλεον ἦς.

A man with an abscess within his abdomen. When asleep in the Temple he saw a dream. It seemed to him that the god ordered the servants who accompanied him to grip him and hold him tightly so that he could cut open his abdomen. The man tried to get away, but they gripped him and bound him to a door knocker. Thereupon, Asclepius cut his belly open, removed the abscess, and, after having stitched him up again, released him from his bonds. Whereupon he walked out sound, but the floor of the Abaton was covered with blood.

(Epidauria IG IV², 1, nos. 121-122. XXVII Tr. Edelstein)

In terms of effectiveness, it is very difficult to know how far the symptoms said to have been healed overnight were psychosomatic. We should not underestimate the profound effect the priests were likely to have on the suppliants' expectations by relaying the stories inscribed on the cure tablets, creating a mystical atmosphere and telling them of the dreams they were likely to experience while sleeping in the temple.¹⁹⁸ We know the effectiveness of placebos so it is entirely possible that people left the temple with their symptoms much improved simply because of the experience they underwent. Furthermore, the dreams and visions experienced by the suppliants *could* have been induced by the suggestions of the priests alongside burning hallucinogenic plants and herbs in the vicinity, although this is conjecture. If the perceived improvement of symptoms were solely placebo, it is worth noting that this could have been less dangerous than employing the help of a secular doctor. Physicians could be counterproductive in their methods so perhaps, in some cases, doing nothing was more effective treatment than seeking the help of a doctor.

However, a cult reliant solely on psychosomatic illnesses and hallucinogenic tricks is unlikely to have lasted for the many centuries for which the Asclepian cult was successful. Nor would it have gained such high repute amongst the educated Athenian elite.¹⁹⁹ So there must have been more to it. From the descriptions of the surviving cure tablets, in some instances it seems as though some kind of medical or even surgical procedure may have taken

¹⁹⁸ Compton 1998, p.306.

¹⁹⁹ Edelstein 1945 makes a similar point on p.110.

place while the suppliant was asleep.²⁰⁰ In other cases, drugs or medical regimen is prescribed that the patient must go away and perform in order for a cure to be successful.²⁰¹ So while divine intervention was credited for the successful recovery of patients, it was probably the application of cutting edge medical methods that was responsible for the cures. This reveals a significant degree of crossover between the most popular and credible secular and religious options available for the treatment of illness.

It is clear that the cult of Asclepius spread rapidly across ancient Greece and was readily accepted in Athens. The sanctuaries became popular destinations for people suffering with all manner of complaints or disorders, and so it seems as though this would be a likely option for an individual experiencing depressive illness.

4.2. Evidence of depressive disorder being treated

The most direct surviving evidence of the types of conditions that were treated in the sanctuaries of Asclepius are the cure tablets which detail the ailments for which the suppliant sought help and often describe the dream experienced before the suppliant awoke cured. Clearly, these tablets provide only a sample of the types of sicknesses experienced by the people who came to the temple of Asclepius, but the tendency seems to be for people to have come with chronic conditions, which perhaps medical physicians had been unsuccessful at treating.²⁰² Nutton notes that these conditions ‘must have placed an intolerable burden on patients and their families until they were cured’²⁰³ and so we might expect that people suffering with severe depression might indeed have sought help from the god. Unfortunately, the surviving tablets do not provide any evidence that specific recognisable symptoms that we might associate with a depression were treated at the sanctuary. But, if we widen the scope of the evidence to include all manner of psychological disorders, there is evidence of conditions such as epilepsy,²⁰⁴ mutism,²⁰⁵ headaches, and insomnia²⁰⁶ being treated, so the assumption that depressive symptoms may have been treated seems reasonable.

²⁰⁰ Edelstein 1945, T.423.4; 12; 13; 17; 19; 27; 30; 32.

²⁰¹ Edelstein 1945, T.423.; 6; 7; 25; 35.

²⁰² Nutton 2004, p.108.

²⁰³ Nutton 2004, p.35.

²⁰⁴ Edelstein 1945 T425.

²⁰⁵ Edelstein 1945 T423.5.

²⁰⁶ Edelstein 1945 T423.29.

5. Other Healers

There were many other healers within the city who were neither qualified secular physicians nor institutional religious healers. These individuals were unlikely to acquire panhellenic fame, unlike some Hippocratic physicians for example who may have travelled between *poleis*, but rather relied on a good reputation within the town in which they resided to earn a living.²⁰⁷ These healers can be broadly broken down into seers (*manteis*) and magicians (*magoi*) but even this basic division is probably not an accurate reflection of the practices of such people. It seems as though, quite often, their self-professed specialisms blurred the boundaries of divination, pharmacology and magic.²⁰⁸ However, I will try to address each profession separately.

5.1. Manteis (Seers)

Divination was a popular method of communication with the gods due to the impression of a more direct, two-way conversation. The answer acquired by a seer reading the entrails or interpreting dreams was immediate, rather than performing a sacrifice and then waiting days or even months to learn the outcome. The rites of diviners held tremendous authority in everyday life, since it was the only way that ordinary people could be privy to the information the gods were willing to share with them. In the same way as qualified physicians gained recognition through association with one of the respected medical schools, *manteis* claimed legitimacy by affiliation with one of the great guilds of diviners, such as the Melampids, the Telliadae or the Iamids, who often traced their lineage back to a famous mythical seer, Tiresias for example.²⁰⁹ *Manteis* could be called upon to assist with translating signs from the gods in many different areas of civic life. Seers travelled with the military,²¹⁰ were involved in politics (in Athens at least),²¹¹ and were called upon for domestic matters. Of particular interest to this study, is the role of *manteis* in cases of sickness.

According to Johnston, who follows Parker, in their role as healers, *manteis* should be thought of as two types: the healer-seer who ‘used his special powers of discernment to diagnose an illness’ cause and then prescribed the appropriate cure’ and the ‘purifier’ who ‘focused more on using “magical techniques” to cure the victims of disease without too much

²⁰⁷ Johnston 2008, p.28.

²⁰⁸ Dickie 2001 p.60-3; Johnston 2008, p.113; Parker 1983.

²⁰⁹ Johnston 2008, p.28.

²¹⁰ Hdt 7.228.3; Xen. *Hell.* 2.4.18; Alexander had the military seer Aristander of Telmessus.

²¹¹ See Flower 2008, p.122-6.

concern for what had caused their problems.²¹² The techniques used by purifiers appear to have varied depending on client and could include medicinal or pharmaceutical options, some kind of ritual to restore cosmic order (and the options for these rituals are virtually endless) or reading the entrails of sacrificial animals until the gods were thought to have been appeased.²¹³ But despite the position of authority held by seers in many aspects of ancient life, healer *manteis* are often treated in the sources with skepticism, ridicule, and even hostility. The following views are expressed by the Hippocratic author of *On the Sacred Disease*, Plato and Menander:

ἔμοι δὲ δοκέουσιν οἱ πρῶτοι τοῦτο τὸ νόσημα ἀφιερῶσαντες τοιοῦτοι εἶναι ἄνθρωποι οἷοι καὶ νῦν εἰσι μάγοι τε καὶ καθάρται καὶ ἀγύρται καὶ ἀλαζόνες, ὁκόσοι δὴ προσποιέονται σφόδρα θεοσεβέες εἶναι καὶ πλεον τι εἰδέναι.

My own view is that those who first attributed a sacred character to this malady were like the magicians, purifiers, charlatans and quacks of our own day, men who claim great piety and superior knowledge. Being at a loss, and having no treatment which would help, they concealed and sheltered themselves behind superstition, and called this illness sacred, in order that their utter ignorance might not be manifest.

(Hipp. *On the Sacred Disease*. 2)

Ἐγὼ δὲ τοιαῦτα μὲν οὐ μαντεύσομαι,

I, however, will not indulge in this kind of prophecy.

(Hipp. *Prorrhetic* 2.2)

πρὸς τῷ θεοῦς μὴ νομίζειν ἢ ἀμελεῖς ἢ παραιτητοὺς εἶναι.

Holding that the gods are negligent or open to bribes.

(Pl. *Laws* 10.909b)

²¹² Johnston 2008, p.120; Parker 1983, p.209-10.

²¹³ Johnston 2008, p.121.

ἀγύρται δὲ καὶ μάντεις ἐπὶ πλουσίων θύρας ἰόντες πείθουσιν ὡς ἔστι παρὰ σφίσι
δύναμις ἐκ θεῶν ποριζομένη θυσίαις τε καὶ ἐπωδαῖς.

Wandering priests and prophets approach the doors of the wealthy and persuade them
that they have a power from the gods conveyed through sacrifices and incantations.

(Pl. *Rep.* 2.364b-c)

εἰ μὲν τι κακὸν ἀληθὲς εἶχες, Φειδία, ζητεῖν ἀληθὲς φάρμακον τούτου σ' ἔδει. νῦν δ'
οὐκ ἔχεις. κενὸν εὐρὲ καὶ τὸ φάρμακον πρὸς τὸ κενόν, οἰήθητι δ' ὠφελεῖν τί σε.
περιμαζάτωσάν σ' αἱ γυναῖκες ἐν κύκλῳ καὶ περιθεωσάτωσαν. ἀπὸ κρουνῶν τριῶν
ὔδατι περίρραν' ἐμβάλων ἄλας, φακούς.

If your complaint had been a real one, Pheidias, You would have had to seek real
medicine for it. You're not now really ill, though! Find a quack treatment for your
sham illness, and believe it's helping. Let the women in a circle massage and
fumigate you. Spray yourself with water from three springs. Add salt and lentils.

(Menander *Phasma* 50-56)

It is apparent from these sources that the authors do not look upon the practices of *manteis*
favourably, especially the purifier *manteis* or those who employ magical techniques. But this
is not necessarily representative of the fifth- and fourth- century popular Athenian views
towards such healers. These authors each have particular reason to undermine the *manteis*.
We might particularly expect hostile skepticism from the Hippocratic authors who would
have been in direct competition with them, especially the purifiers. These diviners performed
the healing rituals themselves and so threatened to undermine the method of rigorous training
in the medical sciences undertaken by Hippocratic physicians.²¹⁴ Perhaps we might expect
less hostility towards the first type of *mantis*, the healer-seer, since they might be viewed as
less problematic. If their role was simply to interpret the symptoms and suggest a course of
action, they may well recommend calling upon a physician to treat the sickness, but this
distinction is not made by the author. Plato is also a problematic source in relation to seers
who seek remuneration for their *technē*. He continually attempts to undermine their authority

²¹⁴ Dickie 2001, p.20.

by accusing them of unscrupulous greed; a view that is present across Greek literature and is reinforced on many occasions by Homer and the tragedians.²¹⁵ Evidently this is not an unusual accusation faced by seers, but Plato's particular dislike of this practice renders his opinions unhelpful in the attempt to understand the public opinion of *manteis*.

So, it is difficult for us to gauge non-intellectual, popular opinion of these healers. The comic dramatists might indicate that there was a general feeling of suspicion surrounding the practices of the purifier *manteis*. Of particular use are the comments made above in Menander's *Phasma*, and references made by Aristophanes. In Menander's play, a slave rebukes his master's hypochondria and tells him to go and see a purifier to cure his fake illness. Aristophanes expresses the same sentiment of seers stereotyped as frauds.²¹⁶ Of particular note is the following comment made in *Peace* 1045-6, 'He looks like a charlatan. Is he a seer?'²¹⁷ These casual assumptions from Menander and Aristophanes that seers tend to be charlatans could be indicative of a general popular assumption about these healers and would align popular opinion more closely with the views proffered by the intellectual writers. But on the other hand, these writers could just as easily be stereotyping for comedic effect. Regardless of the skepticism and ridicule expressed in some of the literature, it is clear that in general these seers were never wholly dismissed and divination remained a respected craft.²¹⁸

And even for those who were perhaps cautious of seers in general, in reality, it is probable that the average, uneducated person suffering with a chronic condition would have only really cared about the outcome. If they were struggling to cope with a depressive disorder and a friend recommended a seer they knew of, the sufferer might just try it. All they required was successful treatment, and whether that came from a qualified physician, a visit to Asclepius, or by a *mantis* performing a strange ritual was probably neither here nor there.²¹⁹

5.2. Magoi (*Magicians*)

Similarly to *manteis*, *magoi* appear to have dabbled in many different professions and claimed affiliation with a great dynasty of magicians from which they inherited their

²¹⁵ Eur. *Bacchae* 255-7; Hom. *Od.* 2.186; Pl. *Statesman* 290c-d; *Timaeus* 71e-72b; Soph. *Antigone* 1055; *Oed.* 380-403.

²¹⁶ Ar. *Av* 983; *Pax* 1045-6; 1120.

²¹⁷ Ar. *Pax* 1045-6.

²¹⁸ Flower 2008, p.139; 152. Soph. *Oed.* 298-99; Hom. *Il.* 1.106-120; *Od.* 15.525-34; 20.351-62; Hdt. 1.62.4-63.1. To name a select few examples.

²¹⁹ Johnston 2008, p.121; Parker 1983, p.208.

knowledge.²²⁰ However, rather than trying to appear well-versed in proper religious ritual and practices like the *manteis* likely did, the *magoi* seem to have cultivated a sense of mystery around their practices. It probably improved their earnings if people felt they were doing something out of the ordinary that could not be achieved by just anyone, but still not anything immoral or irreligious. The ordinary person very likely would have had a basic understanding of divination and even quotidian medicine, but the magician's techniques would likely be out of their realm of understanding.²²¹ The healing techniques of the *magoi* could again range from medicinal recommendations and potions to rituals or incantations aimed at re-establishing the god's favour. The latter of these options seem to have been the basis for their reputation as potentially powerful healers, and also as the target for source hostility. This claim of special powers that allowed them to influence the will of the gods or even bribe them into benevolence was not popular with our intellectual authors, who seemingly thought of this as blatant hubris.²²²

ὅσοι δ' ἂν θηριώδεις γένωνται πρὸς τῷ θεοῦς μὴ νομίζουσιν ἢ ἀμελεῖς ἢ παραιτητοὺς εἶναι, καταφρονοῦντες δὲ τῶν ἀνθρώπων ψυχαγωγῶσι μὲν πολλοὺς τῶν ζώντων, τοὺς δὲ τεθνεῶτας φάσκοντες ψυχαγωγεῖν καὶ θεοὺς ὑπισχνούμενοι πείθειν, ὡς θυσίας τε καὶ εὐχαῖς καὶ ἐπωδαῖς γοητεύοντες, ιδιώτας τε καὶ ὅλας οἰκίας καὶ πόλεις χρημάτων.

But as to all those who have become like ravening beasts, and who, besides holding that the gods are negligent or open to bribes, despise men, charming the souls of many of the living, and claiming that they charm the souls of the dead, and promising to persuade the gods by bewitching them, as it were, with sacrifices, prayers and incantations, and who try thus to wreck utterly not only individuals, but whole families and States for the sake of money.

(Pl. *Laws* 10.909b)

δυσσεβεῖν ἔμοιγε δοκέουσι... εἰ γὰρ ἄνθρωπος μαγεύων καὶ θύων σελήνην καθαιρήσει καὶ ἥλιον ἀφανιεῖ καὶ χειμῶνα καὶ εὐδίην ποιήσει, οὐκ ἂν ἔγωγέ τι θεῖον

²²⁰ Collins 2008, p.49; 51; Johnston 2008, p.146.

²²¹ Johnston 2008, p.147-8.

²²² Dickie 2001, p.26.

νομίσαιμι τούτων εἶναι οὐδέν, ἀλλ' ἀνθρώπινον, εἰ δὴ τοῦ θεοῦ ἡ δύναμις ὑπὸ ἀνθρώπου γνώμης κρατεῖται καὶ δεδούλωται.

They do what I think is a very unholy and irreligious thing...For if a man by magic and sacrifice will bring the moon down, eclipse the sun, and cause storm and sunshine, I shall not believe that any of these things is divine, but human, seeing that the power of godhead is overcome and enslaved by the cunning of man.

(Hipp. *On the Sacred Disease* 4)

Plato's treatment of these healers focuses on their illicit practices and hubris. He shows particular disdain for their bribery and coercion of the gods, their attempts to raise people from the dead, and their unscrupulous pursuit of wealth. The Hippocratic position here is that where the gods have inflicted a disease, a man could not provide a cure, and anyone claiming to be able to do so must be a charlatan, taking advantage of the desperation of their patient.

5.3. Summary

It is likely that while there may have been many unscrupulous individuals who would gladly offer their services to desperate Athenian residents who had not managed to find an effective cure from physicians or priests, there also existed trustworthy professionals in both of these areas of healing, which helped maintain the reputation of the *techne* as a useful means by which to attempt to understand the intentions of the gods. Some 'religious entrepreneurs',²²³ as Collins entitles them, claimed to have knowledge of healing techniques across the boundaries of magical and religious practices in order to further their own business interests,²²⁴ and it is these individuals who seemingly threatened the medical professionals and earned the contempt of intellectuals such as Plato.

Unfortunately, we cannot tell how effective an option it was thought to have been to approach a *mantis* or *magos* for assistance with depression, but it is probable that people with depression did seek them out. Purification was a typical ritual to perform in instances of madness, as seen with Bdelycleon cleansing his mad father in Aristophanes' *Wasps*,²²⁵ but

²²³ Collins 2008, p.49.

²²⁴ Collins 2008, p.49; 51.

²²⁵ Ar. *Vesp.* 118.

evidently this would have required the individual to categorise their depressive disorder in the same way as other mental illnesses, such as *mania*.

Conclusion

The purpose of this chapter has been to reveal the types of healers that people may have approached when suffering from depression in Athens around the fifth century and to gauge the extent of the healers' recognition of depression and ability to treat the condition. To do so, I began by exploring the likelihood of an Athenian resident recognising their depression as an illness and their freedom to seek treatment. This freedom was likely dependent on sex and wealth. Men were probably most confined by their financial situation, and women by their freedom of movement and I concluded that wealthy men of any status and poor, lower-class women were probably the most able of their sex to seek treatment.

I then explored the lived experience of an Athenian who did recognise their condition as an illness and did have the freedom to try and treat their depressive illness. I presented evidence relating to secular physicians, temple medicine, and magical healers to show that, to varying degrees, it is reasonable to assume that these people may have been approached to help treat depression.

The Hippocratic corpus is the best source of information regarding secular physicians. It is clear from the surviving treatises that Hippocratic physicians acknowledged the existence of diseases that presented psychological symptoms or emotional disturbance (such as fear, despondency, delirium and losing one's wits) and made a strong association between these diseases and an excess of black bile within the body. Therefore, it is reasonable to assume that someone experiencing symptoms that we now associate with depression might approach a secular physician to seek treatment, and that the physician in question would be likely to consider the psychological symptoms as key factors in their diagnosis.

The next sector of healing under examination was temple medicine, and specifically the cult of Asclepius. The most revealing evidence that survives from the sanctuaries of this healing cult are a number of stone tablets recovered from Epidaurus, on which are inscribed many stories of suppliants being cured of a huge variety of ailments. The tendency seems to have been for people to come in supplication to the god with chronic conditions, which perhaps medical physicians had been unsuccessful at treating. The surviving tablets do not provide any evidence of symptoms recognisably associated with depression, but if we widen the scope of the evidence to include all manner of psychological disorders, there is evidence

of conditions such as epilepsy, mutism, headaches, and insomnia being treated, so the assumption that depression may have been treated as well seems reasonable.

Finally, I looked at magical healers, specifically *manteis* and *magoi*. These professions are considered with varying degrees of skepticism in our surviving literature, but it is probable that people with depression did seek them out, especially if other methods of treatment had proven unsuccessful in alleviating their symptoms.

So, it is apparent that an Athenian resident suffering with depression had a number of options in their search for an effective treatment. In the next chapter I will go on to consider how Plato and Aristotle responded to the healing options already discussed, and how they could have been seen to offer another method of treatment through their encouragement of the pursuit of virtue.

Chapter 2: Plato and Aristotle's cultural inheritance and philosophical responses to the ancient healing environment.

Introduction

With the popular and well-established practices of healing in secular and religious life, and the acknowledgement that depressive symptoms were a medical matter, it might seem that there was little place, or need, for philosophers in the search for useful healing techniques and treatments. But philosophical interest in medicine can be seen as far back as Parmenides, possibly even to Pythagoras.²²⁶ In fact, it is thought that the Hippocratic theories, especially humoral theory, likely developed from the work of Alcmaeon of Croton, the founder of the medical School of Knidos.²²⁷ Alcmaeon was supposedly primarily a philosopher,²²⁸ not a practicing physician. So, it appears that, historically, there was room for philosophers in the development of serious medical thought. However, the Hippocratic author of *Ancient Medicine* reveals a rather scathing attitude towards philosophers attempting to involve themselves in medical debate:

ἐγὼ δὲ τοῦτο μὲν, ὅσα τινὲ εἴρηται ἢ σοφιστῆ ἢ ἰητρῶ ἢ γέγραπται
περὶ φύσιος, ἧσσον νομίζω τῆ ἰητρικῆ τέχνῃ προσήκειν ἢ τῆ γραφικῆ.

But my view is, first, that all that philosophers or physicians have said or written on natural science no more pertains to medicine than to painting.

(Hipp. *Ancient Medicine* 20, 9-11.)

ὅστις δὲ ταῦτα ἀποβαλὼν καὶ ἀποδοκιμάσας πάντα, ἑτέρῃ ὁδῷ καὶ ἑτέρῳ σχήματι
ἐπιχειρεῖ ζητεῖν, καὶ φησὶ τι ἐξευρηκέναι, ἐξηπάτηται καὶ ἐξαπατᾶται.

²²⁶ Nutton 2004, p.46.

²²⁷ Aet. *Plac. Philo.* 5.30.1; Nutton 2004, p.47.

²²⁸ Anonymus Londinensis p.162; Arist. *Metaph.* 1.986a25.

Anyone who, casting aside and rejecting all these means, attempts to conduct research in any other way or after another fashion, and asserts that he has found out anything, is and has been the victim of deception.

(Hipp. *Ancient Medicine* 2, 6-9)

This disparagement of the philosophers' talent for medical writing, might encourage us to think of their discussions concerning health and disease as a side-line hobby or merely 'an eccentric curiosity',²²⁹ but this is reductive of the importance of health for the philosophers. As we shall see from the exploration of Platonic and Aristotelian conceptions of psychological disorders, their interest in mental health was likely born from a very real concern for the ability of their philosophical followers to correctly pursue the virtuous life. Their interest is genuine and their arguments should be considered amongst the most convincing options available for public consideration at the time. Aristotle himself comments on this overlap between philosophical and medical thought and notes that, although the two specialisms approach the issue from different angles, the conclusions drawn are equally valid:

περὶ δὲ ὑγείας καὶ νόσου οὐ μόνον ἐστὶν ἰατροῦ ἀλλὰ καὶ τοῦ φυσικοῦ μέχρι τοῦ τὰς αἰτίας εἰπεῖν. ἢ δὲ διαφέρουσι καὶ ἢ διαφέροντα θεωροῦσιν, οὐ δεῖ λανθάνειν, ἐπεὶ ὅτι γε σύνορος ἢ πραγματεία μέχρι τινός ἐστι, μαρτυρεῖ τὸ γινόμενον· τῶν τε γὰρ ἰατρῶν ὅσοι κομψοὶ ἢ περίεργοι, λέγουσὶ τι περὶ φύσεως καὶ τὰς ἀρχὰς ἐκεῖθεν ἀξιοῦσι λαμβάνειν, καὶ τῶν περὶ φύσεως πραγματευθέντων οἱ χαριέστατοι σχεδὸν τελευτῶσιν εἰς τὰς ἀρχὰς τὰς ἰατρικάς.

As for health and disease it is the business not only of the physician but also of the natural philosopher to discuss their causes up to a point. But the way in which these two classes of inquirers differ and consider different problems must not escape us, since the facts prove that up to a point their activities have the same scope; for those physicians who have subtle and inquiring minds have something to say about natural science, and claim to derive their principles therefrom, and the most accomplished of those who deal with natural science tend to conclude with medical principles.

(Arist. *On Resp.* 21, 480b22-30)

²²⁹ van der Eijk 2005, p.13.

Furthermore, since the philosophers will be discussing symptoms in the context of their conception of what the good life is, they are likely to give a more holistic view of the disorder, rather than focusing on only the physical *or* religious causation of the individual symptoms.

To begin the process of examining Plato and Aristotle's recognition of depression, this chapter will first place the philosophers in the context of the healing environment presented in Chapter 1. I will explore the philosophers' attitudes to each of the methods of healing presented in Chapter 1; secular medicine, temple medicine, and other healers. I will then show that, despite their divergent cosmological theories, the philosophers shared the same fundamental concerns in challenging the traditional conceptions of the universe and in discovering how to live well. In doing so, I will demonstrate that it is reasonable to assume that the philosophers may have concerned themselves with the kinds of behaviours exhibited by individuals with depression.

1. Plato and ancient healing methods

A child growing up in any sizeable ancient Greek *polis* would have very likely come into direct contact with physicians, temple medicine, and magical healers, or at least have been exposed to stories and gossip passed on by friends and family members concerning these methods of healing. Since both Plato and Aristotle would have shared in this cultural inheritance we might expect any philosophical discussion concerning healing to respond, or at least make reference, to these traditional practices.

We know very little of Plato's personal childhood experiences, primarily because of his choice to write in dialogue form, and to never include himself as a speaking character, rather than overtly imposing his authorial voice. So, we can never be certain whether Plato is drawing on real life events or constructing entirely fictional situations. However, he probably had the typical upbringing of a wealthy, Athenian, aristocratic child.²³⁰ This becomes apparent when considering Plato's description of Athenian childhood in *Protagoras*, which

²³⁰ Plutarch *De. Am. Prolis*. 496f. claims that Plato's father Ariston died before witnessing Plato's philosophical prowess, but there is no evidence that would suggest Ariston died while Plato was still a child. So, we can assume Plato was raised to adulthood by both of his parents, but that his father died before he began publishing the work that saw his rise to Panhellenic fame.

conforms to what we know from other sources about typical wealthy, aristocratic childhood.²³¹ Plato discusses a child's education at school such as grammar, music lessons, learning the works of the great poets by heart, and athletic training.²³² He also draws attention to another aspect of Athenian childhood; he discusses the relationships between a child and their parents and attending slaves and it would seem that they all took an active role in raising the child:

ἐκ παίδων σμικρῶν ἀρξάμενοι, μέχρι οὔπερ ἂν ζῶσι, καὶ διδάσκουσι καὶ νουθετοῦσιν. ἐπειδὴν θᾶπτον συνιῆ τις τὰ λεγόμενα, καὶ τροφὸς καὶ μήτηρ καὶ παιδαγωγὸς καὶ αὐτὸς ὁ πατήρ περὶ τούτου διαμάχονται, ὅπως ὡς βέλτιστος ἔσται ὁ παῖς, παρ' ἕκαστον καὶ ἔργον καὶ λόγον διδάσκοντες καὶ ἐνδεικνύμενοι ὅτι τὸ μὲν δίκαιον, τὸ δὲ ἄδικον, καὶ τόδε μὲν καλόν, τόδε δὲ αἰσχρόν, καὶ τόδε μὲν ὄσιον.

Starting when they are little children and continuing as long as they live, they teach them and correct them. As soon as a child understands what is said to him, the nurse, mother, tutor, and the father himself fight for him to be as good as he possibly can, seizing on every action and word to teach him and show him that this is just, that is unjust, this is noble, that is ugly, this is pious, that is impious.

(Pl. *Prt.* 325c6-d3)

We know from other sources that children would have had very close relationships with their mothers, nurses and tutors,²³³ in particular, so it is not difficult to imagine a child, such as Plato, witnessing bouts of sickness and healing within the household and overhearing gossip between the adults that raised him. So, in the course of his rather typical wealthy, aristocratic upbringing, there is a good chance that Plato came into contact with the types of healers examined in Chapter 1.

²³¹ Arist. *Pol.* 8.1337b22; Xen. *Lac.* 2.1. and reiterated by Plato at *Theag.* 122e. Vase paintings also show these aspects of education. See Webster 1972, p.57-9. Golden 1990, p.62 n.57 believes arithmetic was probably included as part of *grammata*.

²³² Pl. *Prt.* 325c.

²³³ Xen. *Oec.* 7.24; *Mem.* 1.4.7; Arist. *G.A.* 3.759b7; Arist. *NE* 8.1161b16; Lycurgus *Leocr.* 99-101. Golden 1990, p.97 notes that it was almost a cliché that children were very close to their mothers.

1.1 Plato and secular medicine

Secular physicians appear very frequently throughout Plato's dialogues, often escaping the scathing treatment of which Plato is so capable. In fact, in *Republic*, it is the patient whose illness is brought on by idleness that receives Plato's contempt, rather than the obliging, 'sophisticated Asclepiad doctor',²³⁴ who is forced to come up with ridiculous names for their ailments.²³⁵ Doctors are frequently used as examples of people who have specialist knowledge²³⁶ and it is probable that Plato looked favourably upon the intellectual rigour of their profession. So much so, that he adopts a modified version of the Hippocratic humoral theory in his own exposition of the construction of the human body in his *Timaeus*. There are two immediately apparent Platonic modifications, but the Hippocratic influence remains certain. According to the Hippocratic treatises, health relies on the optimum co-mingling of the four humors of which the body is comprised; blood, phlegm, yellow bile and black bile.²³⁷ There is a fixed amount of each humor within the human body²³⁸ and so disease occurs when a humor is in excess at one location, necessarily creating a humoral deficiency at another.²³⁹ In the Platonic construction of the body, the notion of a correct combination and quantity of compositional entities required to maintain an ideal balance within the body is maintained,²⁴⁰ but he envisages the healthy body being composed of the four elements (fire, water, air, and earth) rather than the four humors. For Plato, the humors are created as a result of the unbalancing of the elements and they move around the body wreaking havoc. Second, unlike the two diseased locations of the Hippocratic treatises, one from excess and one from the resulting opposing deficiency, the humors for Plato can be created in only one location due to an imbalance.²⁴¹ But despite these deviations from the traditional humoral theory posited by the Hippocratic treatises, the influence on Plato's medical theory is evident and undisputed, suggesting a degree of respect for the skill of the physician's craft. This might be demonstrated further in his inclusion of specific physicians within his dialogues. The physician Eryximachus appears in *Protagoras* and, in most detail, in

²³⁴ Pl. *Rep.* 405d2

²³⁵ Pl. *Rep.* 405c6-d4.

²³⁶ Pl. *Grg.* 458e-459b; *Meno* 90c; *Prt.* 311b-c to name but a few.

²³⁷ Hipp. *Nature of Man* 4.

²³⁸ Hipp. *Nature of Man* 5. 'The constituents of man remain always the same.'

²³⁹ Hipp. *Nature of Man* 4. 'When one of these elements [humors] is in deficit or excess, or is isolated in the body without being compounded with all the others...not only must the place which it left become diseased, but the place where it stands in a flood must, because of the excess, cause pain and distress.'

²⁴⁰ Plato *Tim.* 73b-c, 73e.

²⁴¹ Plato *Tim.* 82a.

Symposium. In the first half of the twentieth-century, the presentation of Eryximachus in *Symposium* drew scholarly accusations of caricature and ridicule on Plato's part. It was largely agreed upon that he represents all that Plato found ridiculous about the medical arts,²⁴² but in a deft and convincing refutation of this assumption, in his 1945 article Edelstein disagreed. In particular, he challenged the view that Eryximachus is being presented as a caricature even when medical advice is requested, for example in the cases of Aristophanes' hiccups and Agathon's hangover.²⁴³ Edelstein concedes that Plato could be presenting a caricature of doctors when Eryximachus' pedantry continues throughout his speech on Love, but he notes that perhaps these are just his individual character traits. After all, he *is* a doctor. Medical explanations come naturally to him.²⁴⁴ Edelstein adds that if we look at Socrates' other companions, the same can be said. He observes that 'in the speeches of Aristophanes and Agathon he uses motifs and stylistic devices that indicate the vocation of the two poets.'²⁴⁵ Furthermore, when passing comment on the quality of the preceding speeches, Socrates reserves his only compliment for Eryximachus' attempt. Eryximachus is said to have done 'beautifully in the contest',²⁴⁶ or, at least, had 'fought well'²⁴⁷ (Καλῶς γὰρ αὐτὸς ἠγωνίσαι). Edelstein concludes that this must mean that, according to Socrates, Eryximachus' speech was not the 'least noteworthy';²⁴⁸ high praise indeed from Plato. So, despite early twentieth century scholarly interpretations, it appears that in Plato's characterisation of a physician, he credits the doctor with some degree of intellectual, and even philosophical, capability.

These Platonic presentations of secular physicians and the adoption of popular medical theories, with minor amendments, indicate that Plato thought of the secular medical profession as worthy of consideration and with some convincing medical theories that were broadly compatible with his own philosophical theories.

²⁴² Gildersleeve 1909, p.109; See Edelstein 1945, p.85 for a summary of the standard interpretations at that point.

²⁴³ Pl. *Symp.* 185 d-e and 176c-d. Edelstein 1945, p.86.

²⁴⁴ Edelstein 1945, p.87.

²⁴⁵ Edelstein 1945, p.87.

²⁴⁶ Pl. *Symp.* 193e-194a

²⁴⁷ Edelstein's variant translation of the comment p.94.

²⁴⁸ Edelstein 1945, p.94.

1.2. Plato and temple medicine

There can be no doubt that Plato was familiar with the cult of Asclepius and the medical interventions supposedly performed within the temple by the god himself. Regardless of the fact that this was the single largest healing cult in Athens during his lifetime,²⁴⁹ Plato himself refers to the cult, most famously in the closing lines of *Phaedo*. As Socrates dies, his final words to his companions are in reference to Asclepius, god of healing:

ὦ Κρίτων, τῷ Ἀσκληπιῷ ὀφείλομεν ἀλεκτρυόνα· ἀλλὰ ἀπόδοτε καὶ μὴ ἀμελήσητε.

Crito, we owe a cock to Asclepius, make this offering to him and do not forget.

(Pl. *Phd.* 118a7-8)

It is in this moment, perhaps above any other across the corpus, that we might expect Plato to be at his most sincere, and in this moment he chooses to acknowledge the role of the god Asclepius in whatever healing it may be that Socrates believes has been performed.²⁵⁰ The willingness of the philosophers to accept the claims of temple medicine, and any other divine medical intervention, must be linked to their beliefs about the functioning of the traditional Greek pantheon. For Plato, we might expect his thoughts on the position of the Olympian gods within the universe to be revealed in the cosmological account within his *Timaeus*.

In this account, the Demiurge (maker, creator, ‘God’) is the highest of all beings and is the cause of cosmic order. Plato claims that He created the intelligible universe by bringing order to matter, forming time, and making the celestial divinities (the Sun, planets, moons, and stars).²⁵¹ The anthropomorphic gods of Greek tradition are accounted for in the following way:

περὶ δὲ τῶν ἄλλων δαιμόνων εἰπεῖν καὶ γινῶναι τὴν γένεσιν μείζον ἢ καθ’ ἡμᾶς,
πειστέον δὲ τοῖς εἰρηκόσιν ἔμπροσθεν, ἐκγόνοις μὲν θεῶν οὖσιν, ὡς ἔφασαν, σαφῶς
δέ που τοὺς γε αὐτῶν προγόνους εἰδόσιν: ἀδύνατον οὖν θεῶν παισὶν ἀπιστεῖν, καίπερ

²⁴⁹ Plato was born around 427 B.C. and the cult of Asclepius arrived in Athens around 420 after enjoying huge success in other areas of Greece, especially at Epidaurus. See Nutton 2004, p.103.

²⁵⁰ See Wells 2008, p.139-40 for a concise summary of the many major scholarly views on the debate surrounding Plato’s meaning here.

²⁵¹ De Vogel p.231-2 helpfully discusses the issue of whether the Demiurge was truly thought of as a ‘creator’ by forming the matter out of nothing (or space) by giving it qualities of the elements or if he simply arranged pre-existing matter, but this discussion is not pertinent here.

ἄνευ τε εἰκότων καὶ ἀναγκαίων ἀποδείξεων λέγουσιν, ἀλλ' ὡς οἰκεῖα φασκόντων ἀπαγγέλλειν ἐπομένους τῷ νόμῳ πιστευτέον. οὕτως οὖν κατ' ἐκείνους ἡμῖν ἡ γένεσις περὶ τούτων τῶν θεῶν ἐχέτω καὶ λεγέσθω. Γῆς τε καὶ Οὐρανοῦ παῖδες Ὠκεανός τε καὶ Τηθύς ἐγενέσθην, τούτων δὲ Φόρκυς Κρόνος τε καὶ Ῥέα καὶ ὅσοι μετὰ τούτων, ἐκ δὲ Κρόνου καὶ Ῥέας Ζεὺς Ἥρα τε καὶ πάντες ὅσους ἴσμεν ἀδελφοὺς λεγομένους αὐτῶν, ἔτι τε τούτων ἄλλους ἐκγόνους.

As concerning the other divinities, to know and to declare their generation is too high a task for us; we must trust those who have declared it in former times: being, as they said, descendants of gods, they must, no doubt, have had certain knowledge of their own ancestors. We cannot, then, mistrust the children of gods, though they speak without probable or necessary proofs; when they profess to report their family history, we must follow established usage and accept what they say. Let us, then, take on their word this account of the generation of these gods. As children of Earth and Heaven were born Oceanus and Tethys; and of these Phorkys and Cronos and Rhea and all their company; and of Cronos and Rhea, Zeus and Hera and all their brothers and sisters whose names we know; and of these yet other offspring.

(Pl. *Tim.* 40d4-41a3 Tr. Cornford)

Cornford believes that there is no reason to assume that this passage is insincere or pandering to those who might look to accuse him of impiety. He suggests instead that ‘the irony in our passage is aimed, not at the pious beliefs of the common man, but at the pretensions of ‘theologians’ to know the family history of anthropomorphic deities.’²⁵² The Demiurge then addresses all of the gods, both celestial and anthropomorphic, and orders them to create the bodily forms of mortal beings. Everything directly created by the Demiurge is immortal, since he is incapable of producing anything less than perfect. Therefore, when it comes to creating the mortal beings that inhabit the Earth, the Demiurge must assign this role to the divinities. The Demiurge himself creates our souls and places them on the celestial bodies (planets etc.) to await embodiment.²⁵³ At this stage the Demiurge retires and is involved in

²⁵² Cornford 1937 p.139; Guthrie 1935, p.240-1 arrives at a similar conclusion.

²⁵³ Pl. *Tim.* 41c-d. Herein lies a difficulty. In different dialogues the soul is conflictingly considered all immortal or only partially immortal. In *Phaedo*, it is suggested that the mortal part of the soul is left behind when the immortal part ascends upon death. This is not the case in *Phaedrus*. In the image of the chariot, all parts of the soul ascend together to the immortal realm. Taylor 1928, p. 253 thinks this is an issue but not worth dwelling on at this point and to just think of the Demiurge constructing

the day-to-day affairs of mortals no further. He charges the gods with offering us guidance and assistance, as they see fit, to keep us on the path of justice. However, while this passage is initially directed at all of the gods, both celestial and anthropomorphic, Plato does not make it clear whether or not the traditional gods of Greek thought are involved in the process of generation of mortal bodies and the subsequent governance. The passage reads as follows:

(41a1-4) Ἐπεὶ δ' οὖν πάντες ὅσοι τε περιπολοῦσι φανερώς καὶ ὅσοι φαίνονται καθ' ὅσον ἂν ἐθέλωσι θεοὶ γένεσιν ἔσχον, λέγει πρὸς αὐτοὺς ὁ τότε τὸ πᾶν γεννήσας τάδε: ... (41c2-d4) Ἴν' οὖν θνητὰ τε ἢ τό τε πᾶν τότε ὄντως ἅπαν ἢ, τρέπεσθε κατὰ φύσιν ὑμεῖς ἐπὶ τὴν τῶν ζώων δημιουργίαν, μιμούμενοι τὴν ἐμὴν δύναμιν περὶ τὴν ὑμετέραν γένεσιν. καὶ καθ' ὅσον μὲν αὐτῶν ἀθανάτοις ὁμώνυμον εἶναι προσήκει, θεῖον λεγόμενον ἡγεμονοῦν τ' ἐν αὐτοῖς τῶν ἀεὶ δίκη καὶ ὑμῖν ἐθελόντων ἔπεσθαι, σπείρας καὶ ὑπαρξάμενος ἐγὼ παραδώσω· τὸ δὲ λοιπὸν ὑμεῖς, ἀθανάτω θνητὸν προσυφαίνοντες, ἀπεργάζεσθε ζῶα καὶ γεννᾶτε τροφήν τε διδόντες αὐξάνετε καὶ φθίνοντα πάλιν δέχεσθε... (42d3-e3) Διαθεσμοθετήσας δὲ πάντα αὐτοῖς ταῦτα, ἵνα τῆς ἔπειτα εἴη κακίας ἐκάστων ἀναίτιος, ἔσπειρε τοὺς μὲν εἰς γῆν, τοὺς δ' εἰς σελήνην, τοὺς δ' εἰς τᾶλλα ὅσα ὄργανα χρόνου. τὸ δὲ μετὰ τὸν σπóρον τοῖς νέοις παρέδωκε θεοῖς σώματα πλάττειν θνητὰ, τό τε ἐπίλοιπον ὅσον ἔτι ἦν ψυχῆς ἀνθρωπίνης δέον προσγενέσθαι, τοῦτο καὶ πάνθ' ὅσα ἀκόλουθα ἐκείνοις ἀπεργασαμένους ἄρχειν, καὶ κατὰ δύναμιν ὅ τι κάλλιστα καὶ ἄριστα τὸ θνητὸν διακυβερνᾶν ζῶον, ὅ τι μὴ κακῶν αὐτὸ ἑαυτῷ γίγνοιτο αἴτιον.'

(41a1-4) Be that as it may, when all the gods had come to birth- both all that revolve before our eyes and all that reveal themselves in so far as they will- the author of the universe addressed them in these words-...(41c2-d4) In order then that mortal things may exist and this All may be truly all, turn according to your own nature to the making of living creatures, imitating my power in generating you. In so far as it is fitting that something in them should share the name of the immortals, being called divine and ruling over those among them who at any time are willing to follow after righteousness and after you- that part, having sown it as a seed and made a beginning,

the entire soul, whereas Cornford 1937, p.141 & 146 interprets the job of the gods to include adding the mortal parts of the soul at this point.

I will hand over to you. For the rest, do you, weaving mortal to immortal, make living beings; bring them to birth, feed them, and cause them to grow; and when they fail, receive them back again...(42d3-e3) When he had delivered to them all these ordinances, to the end that he might be guiltless of the future wickedness of any one of them, he sowed them, some in the Earth, some in the Moon, some in all the other instruments of time. After this sowing he left it to the newly made gods to mould mortal bodies to fashion all that part of a human soul that there was still need to add and all that these things entail, and to govern and guide the mortal creature to the best of their powers, save in so far as it should be a cause of evil to itself.

(Pl. *Tim.* 41a-42e Tr. Cornford)

Plato makes it entirely clear at 41a1-4 that this address is to *all* the gods, both celestial and anthropomorphic. It becomes less clear at 41c2-5 which of these gods are responsible for actually creating the mortal beings, and thus are charged ‘to govern and guide’ their creations at 42e2. At 41c3, the gods are told by the Demiurge to ‘turn according to your own nature to the making of living creatures, imitating my power in generating you,’ but it is never made explicit what the different natures are to which the gods should turn. We know from other Platonic dialogues that the nature of the celestial bodies, especially the Sun, is birth, growth, and nourishment. In *Republic* 509b, the Sun is identified as ‘the offspring of the Good, which most resembles his parent.’ This description of the Sun resembling his parent complements the Timaeian order from the Demiurge at 41c4 that the creators of mortal beings should be ‘imitating my power in generating you.’²⁵⁴ So, if this were the intention, the celestial deities must be involved in the creation, and ultimate governance, of mortals. But are they alone in their task?

There is no specific mention of what the traditional, anthropomorphic deities are doing during this process of the creation. We know they are definitely being addressed by the Demiurge, since Plato takes the time to ensure his readers cannot mistake the speech as being directed only at the celestial deities; (41a2-4) ‘both all that revolve before our eyes and all that reveal themselves in so far as they will- the author of the universe addressed them in these words.’ So, they are deliberately addressed, told to turn to their nature in creating mortal beings, and then, if Cornford is correct and it is only the celestial beings that create

²⁵⁴ Cornford 1937, p.141.

mortals,²⁵⁵ they just do nothing. This seems strange, so I would venture that it is probable that Plato did view them as having a role to play in the generation of mortals. Perhaps in turning to their nature and imitating the way in which they were created at 40d-e, we are supposed to imagine the traditional deities involving themselves in the kind of sexual liaisons with humans that account for the birth of the figures of mythology (Achilles, Perseus, Helen, Heracles etc.) and, ultimately, the theologians who claim ancestry from the gods. This would be a neat second attempt by Plato to ridicule the theologians. First the suggestion at 40e was that they do not know their own family history, and now their very existence is being put down to the often illicit, sometimes violent, sexual encounters of gods and humans, rather than the pure generation of mortals from matter by the celestial deities.

Aside from our speculations on their role in the generation of mortals, from my reading of the passage cited, I can see nothing to suggest that Plato did not envisage both the celestial and anthropomorphic deities as having a role to play in the governance and guidance of the mortal beings created. If this is an accurate interpretation, this ability of the gods to intervene in human affairs, in order to keep us on the path of justice, suggests a complementary relationship between Plato's views on divine powers and the temple healing claimed by cults such as that of Asclepius. Clearly, the cultic belief that Asclepius himself performed direct medical interventions within his temple would be unproblematic for Plato as, in his view, the gods would be able to intervene in human affairs as they see fit. Furthermore, if the disease in question were to prevent the individual from pursuing the just life, this kind of divine intervention may have even been expected of the gods.

1.3. Plato and magical healers

As seen previously, in Chapter 1, Plato says the following about *magoi* and *manteis* respectively:

ὅσοι δ' ἀνθηριώδεις γένωνται πρὸς τῷ θεοῦς μὴ νομίζουσιν ἢ ἀμελεῖς ἢ παραιτητοὺς εἶναι, καταφρονοῦντες δὲ τῶν ἀνθρώπων ψυχαγωγῶσι μὲν πολλοὺς τῶν ζώντων, τοὺς δὲ τεθνεῶτας φάσκοντες ψυχαγωγεῖν καὶ θεοῦς ὑπισχνούμενοι πείθειν, ὡς θυσίαις τε καὶ εὐχαῖς καὶ ἐπαρδαῖς γοητεύοντες, ιδιώτας τε καὶ ὄλας οἰκίας καὶ πόλεις χρημάτων χάριν ἐπιχειρῶσιν κατ' ἄκρας ἐξαιρεῖν,

²⁵⁵ Cornford 1937, p.141.

But as to all those who have become like ravening beasts, and who, besides holding that the gods are negligent or open to bribes, despise men, charming the souls of many of the living, and claiming that they charm the souls of the dead, and promising to persuade the gods by bewitching them, as it were, with sacrifices, prayers and incantations, and who try thus to wreck utterly not only individuals, but whole families and States for the sake of money.

(Pl. *Laws*. 10.909b)

ἀγύρται δὲ καὶ μάντιες ἐπὶ πλουσίων θύρας ἰόντες πείθουσιν ὡς ἔστι παρὰ σφίσι δύναμις ἐκ θεῶν ποριζομένη θυσίαις τε καὶ ἐπωδαῖς.

Wandering priests and prophets (*manteis*) approach the doors of the wealthy and persuade them that they have a power from the gods conveyed through sacrifices and incantations.

(Pl. *Rep.* 2.364b-c)

Plato's position on seers (*manteis*) generally is difficult, since in this instance from *Republic* he speaks of them in an unfavorable tone, but he does usually seem to accept that humans can interpret divine signs. The most compelling evidence for the legitimacy of this practice occurs in *Timaeus* 71e2-72a3:

ἰκανὸν δὲ σημεῖον ὡς μαντικὴν ἀφροσύνη θεὸς ἀνθρωπίνῃ δέδωκεν: οὐδεὶς γὰρ ἔννουσ ἐφάπτεται μαντικῆς ἐνθέου καὶ ἀληθοῦς, ἀλλ' ἢ καθ' ὕπνον τὴν τῆς φρονήσεως πεδηθεὶς δύναμιν ἢ διὰ νόσον, ἢ διὰ τινὰ ἐνθουσιασμόν παραλλάξας. ἀλλὰ συννοῆσαι μὲν ἔμφορονος τὰ τε ῥηθέντα ἀναμνησθέντα ὄναρ ἢ ὕπαρ ὑπὸ τῆς μαντικῆς τε καὶ ἐνθουσιαστικῆς φύσεως, καὶ ὅσα ἂν φαντάσματα ὀφθῆ, πάντα λογισμῷ διελέσθαι ὅπη τι σημαίνει καὶ ὅτω μέλλοντος ἢ παρελθόντος ἢ παρόντος κακοῦ ἢ ἀγαθοῦ.

The claim that god gave divination as a gift to human folly had good support: while he is in his right mind no one engages in divination, however divinely inspired and true it may be, but only when his power of understanding is bound in sleep or by

sickness, or when some sort of possession works a change in him. On the other hand, it takes a man who has his wits about him to recall and ponder the pronouncements produced by this state of divination or possession, whether in sleep or while awake. It takes such a man to thoroughly analyze any and all visions that are seen, to determine how and for whom they signify some future, past, or present good or evil.

(Pl. *Tim.* 71e2-72a3)

This passage suggests that the gods may well send signs and dreams capable of interpretation by mortals, but that it is only the rational man that is capable of interpreting their true meaning.

So evidently Plato thought seers could be legitimate, but the contempt shown towards magical healers (*magoi*) in *Laws* is consistent with the ideas expressed in *Timaeus*. As mortal beings we are naturally inferior to the divine gods, and so in Plato's view we would not be capable of affecting, manipulating, or controlling their power for our own benefit. The gods can choose to intervene and use their power in mortal matters, but it is apparent that Plato viewed the claims of these magical healers to be hubristic.²⁵⁶

1.4. Summary

In summary, the combination of some favorable presentations of secular physicians within Plato's dialogues and his adaptation of prominent medical theories within his own philosophical framework indicates that Plato held the secular medical profession in some esteem. Likewise, based on the cosmological account given in his *Timaeus*, in which the traditional gods of Greek religion appear to be instructed by the Demiurge to offer mortal beings guidance and assistance to keep them on the path to justice, the Asclepiad claims of the god personally intervening in individual medical matters would be unproblematic for Plato. However, the philosopher's position on magical healing practices remains unclear. He is certainly very skeptical and accuses some practitioners of *hubris* in their claims of an ability to influence the decisions of the gods, but in his discussion of the rational man successfully interpreting signs from the gods, it is apparent that he did not completely disregard all forms of divination and magical healing.

²⁵⁶ Pl. *Laws*. 10 828b7-c2; Flower 2008, p.87.

Plato's cosmology as presented in *Timaeus* broadly allows for the traditional Greek conceptions of the gods. They appear to retain their ability to intervene in the affairs of humans as they choose and this could even encompass the practices of seers and magicians in certain circumstances. However, Aristotle's response to Plato's account of the cosmos is much less explicit about the potential role of the gods in human affairs, and as a result, more hypothetical conclusions must be drawn from his texts.

2. Aristotle and ancient healing methods

2.1. Aristotle and secular medicine

Aristotle's experiences with secular medicine were far more direct and sentimental than Plato's. Aristotle was born in the relatively small city-state of Stageira, where he stayed until the age of seventeen.²⁵⁷ Coming from a wealthy family, it is likely that his education would have been similar to the typical aristocratic, Athenian education, including grammar, music and athletics, but in terms of contact with city healers, there is one crucial aspect of Aristotle's upbringing that must have influenced his thinking throughout his life. Aristotle's father was the personal royal physician to King Amyntas of Macedonia and his mother is said to have also claimed descent from Asclepius.²⁵⁸ It is likely that as a young child, Aristotle spent time in the royal court, and it is possible that it was his father's intention to train Aristotle in the family trade. However, both of his parents died while he was still a child, and Aristotle was taken in and raised by a relative named Proxenos. It is apparent that despite this uprooting as a young child, Aristotle had a happy childhood and maintained a great affection for his adoptive family and hometown throughout his life. He eventually adopted Proxenos' own son Nicanor and expressed affection for the family in his will.²⁵⁹ So it is clear, from both this continued affection and his intellectual capability even as a 17-year-old entering The Academy, that his adoptive father ensured that Aristotle received a thorough education. So, although his childhood changed direction, even if Aristotle did not have his own memories of his father's success in his profession, which he may well have had since we cannot be sure exactly what age he was when his father died, it seems likely that his adoptive father would have ensured Aristotle was aware of his father's esteemed professional reputation. Therefore,

²⁵⁷ Diog, Laert. 5.1; Anagnostopoulos 2009, p.3; Guthrie 1975, p.20.

²⁵⁸ Anagnostopoulos 2009, p.4; Guthrie 1975, p.20.

²⁵⁹ Guthrie 1975, p.20.

it would not be surprising if Aristotle read the medical texts his father would have studied, like the Hippocratic treatises, and took on this empirical thinking in his own intellectual pursuits. And, indeed, this is the case. *History of Animals* 512b12ff. shows Aristotle's familiarity with *On the Nature of Man*, and the empirical method is adopted, most obviously, in his works on the natural world, such as *History* and *Generation of Animals*. Therefore, we can confidently assume that Aristotle held the secular medical profession in high esteem.

However, this evident familiarity with *On the Nature of Man*, and possibly other Hippocratic treatises, should not lead to an assumption that Aristotle accepted the Hippocratic humoral theory.²⁶⁰ Aristotle does accept the potential existence of the four humors within the body,²⁶¹ but unlike the Hippocratic humors that are always present within the body in the appropriate quantities and combinations, Aristotle claims that the humors are not always present in the body,²⁶² and that rather than causing disease themselves, they are residues; by-products that can be either detrimental or beneficial to the body, but are not the primary cause of disease.²⁶³ Furthermore, he makes no mention of mixtures of humors. Instead, Aristotle talks of imbalances in the qualitative physiology of the body, such as hot or cold, being responsible for disease.²⁶⁴ This thinking is closer to the theories of Alcmaeon than the Hippocratics.

2.2. Aristotle on temple medicine

Across his entire corpus, Aristotle never mentions the cult of Asclepius. However, through an examination of his cosmological and theological philosophy, I will present my interpretation of his probable opinion concerning temple medicine and the kind of medical intervention

²⁶⁰ As it did with Lucas 1968, p.284: 'Aristotle, who had been trained as a physician, accepted the Hippocratic theory of the human constitution, namely that health depends on the proper balance on the four humors present in the body.' van der Eijk 2005, p.140 refutes this.

²⁶¹ For example, he mentions all four humors in *HA* 3.2. 511b10.

²⁶² *Arist. Part. An.* 4.2. 676b31-2, 'In some individuals there is a distinct gall-bladder attached to the liver, while in others there is no gall-bladder at all.' The gall-bladder was thought to produce black bile so this suggests that some people have no black bile. See van der Eijk 2005, p.152.

²⁶³ *Arist. Part. An.* 4.2. 677a12-15 and 677b7-9, 'It would be absurd to think that phlegm and the sediment from the stomach are not residues wherever they are found; and clearly the same applies to bile too.' On the benefit of bile, he says at *Part. An.* 4.2. 677a30-1, 'it is evident that the bile is not for the sake of anything but is a purifying excretion.' At *HA* 3.2. 511b10 all of the humors are described as excretions, alongside faeces.

²⁶⁴ This concept will be examined in detail in Chapter 4. For some preliminary evidence, see *Arist. Ph.* 246b4-5 'Bodily excellences such as health and fitness, we regard as consisting in a blending of hot and cold elements in due proportion' and *Pr.* 954a15; Francis 2011, p.159; van der Eijk 2005, p.154.

claimed by the cult, i.e. divine, direct, immediate, and individual healing of both chronic and emergency illnesses, and explore where the traditional Greek deities could be accounted for in Aristotle's cosmological theory.

In the past, scholars have attempted to simplify Aristotle's theological opinions by excluding any possibility of the traditional Greek gods being considered a part of his cosmos.²⁶⁵ It is true that neither *On the Heavens* nor any other surviving Aristotelian text explains how the anthropomorphic gods would fit into his conception of the universe, but I find myself in agreement with Bodéüs that there is space for the gods within his cosmology, and that Aristotle's statements regarding the traditional gods seem to be sincere.²⁶⁶ For example, in *Topics* Book I Aristotle makes his views regarding the necessity to honour the gods clear:

Οὐ δεῖ δὲ πᾶν πρόβλημα οὐδὲ πᾶσαν θέσιν ἐπισκοπεῖν, ἀλλ' ἦν ἀπορήσειεν ἄν τις τῶν λόγου δεομένων καὶ μὴ κολάσεως ἢ αἰσθήσεως· οἱ μὲν γὰρ ἀποροῦντες πότερον δεῖ τοὺς θεοὺς τιμᾶν καὶ τοὺς γονέας ἀγαπᾶν ἢ οὐ κολάσεως δεόνται, οἱ δὲ πότερον ἢ χιῶν λευκὴ ἢ οὐ αἰσθήσεως.

Not every problem, nor every thesis, should be examined, but only one which might puzzle one of those who need argument, not punishment or perception. For people who are puzzled to know whether one ought to honour the gods and love one's parents or not need punishment, while those who are puzzled to know whether snow is white or not need perception.

(Arist. *T.* 1.105a2-7)

Here, and elsewhere,²⁶⁷ Aristotle displays a rather typical ancient attitude that, similarly to honouring one's parents, honouring the gods is so fundamental that anyone who does not accept this fact cannot be educated, they can only be coerced into behaving appropriately. But Bodéüs rightly notes that this apparent sincerity towards honouring the gods 'does not imply that the philosopher endorsed in a literal sense all the beliefs of his ancestors.'²⁶⁸ The

²⁶⁵ Defourny 1932, p.351 thinks Aristotle thought popular religion was a lie.

²⁶⁶ Bodéüs 2000, p.9.

²⁶⁷ E.g. Arist. *EN.* 4.3.1123b18; *EN.* 8.12.1162a4-7.

²⁶⁸ Bodéüs 2000, p.10.

anthropomorphic notions of the gods and their conduct ‘flatly contradict Aristotle’s most fundamental convictions.’²⁶⁹ So in order to understand Aristotle’s conception of the traditional gods in the context of his cosmology, the qualities of the gods that will be under discussion are: their immortality; their ability to manifest at will; their ability to respond to the needs or desires of humans; their ability either to physically move to the space a human occupies to perform curative surgery; and their ability to bestow divine favour upon individuals. Aristotle’s cosmology and theological thoughts are expressed most directly in *Metaphysics* Book 12 and *On the Heavens*. We can also piece together some partial cosmological discussions from the fragmentary work *De Philosophia*, but *Metaphysics* 12 and *On the Heavens* will be the primary focus of this section.

Aristotle constructs a theory of a singular force, known as the Prime Mover or immovable mover, that inspires order in the universe at *Metaphysics* Book 12. The Prime Mover is always perfectly good and therefore unchangeable, since change would be either for the better or worse, suggesting that at some point either before or after the change, the Prime Mover was not perfect, which is impossible, as seen below at *Metaphysics* 12.9, 1074b26. Aristotle then reveals that since the Prime Mover is perfectly good its only action must be pure, self-contemplative thought:

Τὰ δὲ περὶ τὸν νοῦν ἔχει τινὰς ἀπορίας· δοκεῖ μὲν γὰρ εἶναι τῶν φαινομένων θειότατον, πῶς δ’ ἔχων τοιοῦτος ἂν εἴη, ἔχει τινὰς δυσκολίας. εἴτε γὰρ μηδὲν νοεῖ, τί ἂν εἴη τὸ σεμνόν; ἀλλ’ ἔχει ὥσπερ ἂν εἴη ὁ καθεύδων· εἴτε νοεῖ, τούτου δ’ ἄλλο κύριον, οὐ γὰρ ἐστὶ τοῦτο ὃ ἐστὶν αὐτοῦ ἢ οὐσία νόησις ἀλλὰ δύναμις, οὐκ ἂν ἡ ἀρίστη οὐσία εἴη· διὰ γὰρ τοῦ νοεῖν τὸ τίμιον αὐτῷ ὑπάρχει. ἔτι δὲ εἴτε νοῦς ἢ οὐσία αὐτοῦ εἴτε νόησις ἐστὶ, τί νοεῖ; ἢ γὰρ αὐτὸς αὐτὸν ἢ ἕτερόν τι. καὶ εἰ ἕτερόν τι, ἢ τὸ αὐτὸ ἀεὶ ἢ ἄλλο. πότερον οὖν διαφέρει τι ἢ οὐδὲν τὸ νοεῖν τὸ καλὸν ἢ τὸ τυχόν; ἢ καὶ ἄτοπον τὸ διανοεῖσθαι περὶ ἐνίων; δῆλον τοίνυν ὅτι τὸ θειότατον καὶ τιμώτατον νοεῖ, καὶ οὐ μεταβάλλει· εἰς χεῖρον γὰρ ἢ μεταβολή, καὶ κινήσις τις ἤδη τὸ τοιοῦτον. πρῶτον μὲν οὖν εἰ μὴ νόησις ἐστὶν ἀλλὰ δύναμις, εὐλογον ἐπίπονον εἶναι τὸ συνεχὲς αὐτῷ τῆς νοήσεως· ἔπειτα δῆλον ὅτι ἄλλο τι ἂν εἴη τὸ τιμώτερον ἢ ὁ νοῦς, τὸ νοούμενον. καὶ γὰρ τὸ νοεῖν καὶ ἡ νόησις ὑπάρξει καὶ τὸ χεῖριστον νοοῦντι. ὥστ’ εἰ φευκτὸν τοῦτο (καὶ γὰρ μὴ ὁρᾶν ἕνια κρεῖττον ἢ ὁρᾶν), οὐκ ἂν εἴη τὸ ἄριστον ἢ νόησις. αὐτὸν ἄρα νοεῖ, εἴπερ ἐστὶ τὸ κράτιστον, καὶ ἔστιν ἡ νόησις νοήσεως νόησις.

²⁶⁹ Elders 1966, p.38. Following Verdenius 1960, p.60.

Its activity must be self-thinking. For while thought is held to be the most divine of phenomena, the question what it must be in order to have that character involved difficulties. For if it thinks nothing, what is there here of dignity? It is just like one who sleeps. If it thinks, but this depends on something else, then (as that which is its substance is not the act of thinking but a capacity), it cannot be the best substance; for it is through thinking that its value belongs to it. Further, whether its substance is the faculty of thought or the act of thinking, what does it think? Either itself or something else; and if something else, either the same thing always or something different? Does it matter then, or not, whether it thinks the good or any chance thing? Are there not some things about which it is incredible that it should think? Evidently, then, it thinks that which is most divine and precious, and it does not change; for change would be a change for the worse, and this would be already a movement. First, then, if it is not the act of thinking but a capacity, it would be reasonable to suppose that the continuity of its thinking is wearisome to it. Secondly, there would evidently be something else more precious than thought, viz. that which is thought. For both thinking and the act of thought will belong even to one who has the worst of thoughts. Therefore if this ought to be avoided (and it ought, for there are even some things which it is better not to see than to see), the act of thinking cannot be the best of things. Therefore it must be itself that thought thinks (since it is the most excellent of things), and its thinking is a thinking on thinking.

(Arist. *Metaph.* 12.9, 1074b15-35)

From this we understand that the Prime Mover cannot have sensory experiences or nutritive requirements. These capacities would feel uncomfortably constrained and unsatisfied by the perpetual and eternal cycle of thinking on thought, which would distract from the activity of intellect.²⁷⁰ The Prime Mover cannot be distracted from self-contemplation, because it is unchangeable and perfect, so it follows that it cannot have sensory experiences or nutritive requirements. Since nutrition and perception are capacities of soul, and soul is the actuality of a body,²⁷¹ and the Prime Mover has neither of these fundamental capacities of soul, we must

²⁷⁰ Arist. *DC.* 2.1. 284a26-33; Elders 1966, p.181.

²⁷¹ Arist. *DA.* 2.1. 412b4.

assume that the Prime Mover is disembodied and thus does not have a soul. Therefore, the Prime Mover is disembodied, eternal, self-contemplative thought.

In terms of the Prime Mover inspiring cosmic order, the universe is likened to a household to illustrate that all entities in the universe share in the same goal-directed activity, to differing degrees based on a natural hierarchy.²⁷² This activity is love for the Prime Mover. So, the Prime Mover inspires order in the universe but has no other involvement with the affairs of lower level entities. Therefore, in order to account for the traditional Greek gods, we must move further down the cosmological hierarchy.

One level below the Prime Mover in the natural hierarchy we find the celestial bodies (stars, planets, moons etc.). These bodies exist eternally and are observed by Aristotle to move in a highly ordered, circular fashion.²⁷³ I will first address their divinity, and then discuss movement.

Aristotle accepted the traditional theory that all matter is constructed from the four elements (fire, water, air and earth). Matter, made from combinations of these elements, is in a continuous cycle of generation and disintegration back into its original elemental components.²⁷⁴ This cycle is incompatible with the nature of the celestial bodies. Aristotle viewed the celestial bodies (and everything else in the heavens) as divine entities and eternal existence is a requisite quality for divinity.²⁷⁵

κατὰ τὸν αὐτὸν δὲ λόγον καὶ τὸ τοῦ παντὸς οὐρανοῦ τέλος καὶ τὸ τὸν πάντα χρόνον καὶ τὴν ἀπειρίαν περιέχον τέλος αἰὼν ἐστίν, ἀπὸ τοῦ ἀεὶ εἶναι εἰληφῶς τὴν ἐπωνυμίαν, ἀθάνατος καὶ θεῖος... καὶ γὰρ καθάπερ ἐν τοῖς ἐγκυκλίσι φιλοσοφήμασι περὶ τὰ θεῖα πολλάκις προφαίνεται τοῖς λόγοις ὅτι τὸ θεῖον ἀμετάβλητον ἀναγκαῖον εἶναι πᾶν τὸ πρῶτον καὶ ἀκρότατον· ὁ δὲ οὕτως ἔχον μαρτυρεῖ τοῖς εἰρημένοις. οὔτε γὰρ ἄλλο κρεῖττον ἐστὶν ὃ τι κινήσει (ἐκεῖνο γὰρ ἂν εἴη θεϊότερον) οὔτ' ἔχει φαῦλον οὐθέν, οὔτ' ἐνδεὲς τῶν αὐτοῦ καλῶν οὐδενός ἐστίν.

The fulfillment of the whole heaven, the fulfillment which includes all time and infinity, is duration (eternal)- a name based on the fact that it *is always*²⁷⁶- being immortal and divine...So, too, in its discussions concerning the divine, popular

²⁷² Arist. *Metaph.* 12.10, 1075a11-25; Sedley 2000, p.333.

²⁷³ Arist. *DC.* 2.8. 289b8-30.

²⁷⁴ Arist. *DC.* 1.3. 270a30-32; *GC.* 2.4. 331b2-26.

²⁷⁵ Arist. *DC.* 1.3. 270a13-270b25.1.9. 277b27-29, 279a25-34; 2.3, 286a9-11.

²⁷⁶ 'Duration', *aion*, is derived from 'always existing', *aiei on*.

philosophy often propounds the view that whatever is divine, whatever is primary and supreme, is necessarily unchangeable. This fact confirms what we have said. For there is nothing else stronger than it to move it, since that would be more divine- and it has no defect and lacks none of the proper excellences.

(Arist. *DC*. 1.9. 279a25-34)

Although the celestial bodies are corporeal, they cannot be constructed from the four traditional elements. Therefore, Aristotle introduces a fifth element, which he names Aether,²⁷⁷ divine in nature and therefore incapable of being deconstructed into any smaller parts, to ensure the divinity and eternal nature of his celestial bodies.²⁷⁸ So in terms of immortality alone, the traditional gods could be thought to occupy the celestial realm.

However, the movement of the celestial bodies does not fit into the traditional image of the Greek gods. On movement of the celestial bodies, Aristotle concludes the following:

λείπεται τοὺς μὲν κύκλους κινεῖσθαι, τὰ δὲ ἄστρα ἡρεμεῖν καὶ ἐνδεδεμένα τοῖς κύκλοις φέρεσθαι·

We are left with the conclusion that the circles move and that the stars stay still and are carried along because fixed in the circles.

(Arist. *DC*. 2.8 289b32-5)

ὥστ' εἴπερ ἐν τοιοῦτον, δῆλον ὅτι καὶ τᾶλλα ἂν εἴη σφαιροειδῆ.

One then of the heavenly bodies being spherical, clearly the rest will be spherical also.

(Arist. *DC*. 2.11 291b24)

Being spherical refers to the eternal movement of all celestial bodies in a circle. Aristotle's claim is that the bodies themselves do not move, but that they are stationary on an invisible sphere that does move by nature.²⁷⁹ He then justifies this hypothesis by concluding that the

²⁷⁷ Arist. *DC*. 1.3. 270a30-270b23.

²⁷⁸ Arist. *DC*. 1.3. 270a13-270b25.

²⁷⁹ Arist. *DC*. 2.8 289b32-5; 2.11. 291b11-23.

celestial bodies, being closer to achieving the perfect good of the Prime Mover due to their superior position in the cosmological hierarchy, require less movement. The Prime Mover has no need for movement since it is perfectly good and thus any change would have to be change for the worse, which is impossible. The celestial bodies, therefore, require some, but little movement in order to achieve their full potential in self-contemplative thought.²⁸⁰

Aristotle explains this in the following way:

διὸ δεῖ νομίζειν καὶ τὴν τῶν ἄστρον πρᾶξιν εἶναι τοιαύτην οἷα περὶ ἢ τῶν ζώων καὶ φυτῶν. καὶ γὰρ ἐνταῦθα αἱ τοῦ ἀνθρώπου πλεῖσται πράξεις· πολλῶν γὰρ τῶν εὖ δύναται τυχεῖν, ὥστε πολλὰ πράττει, καὶ ἄλλων ἕνεκα. τῷ δ' ὡς ἄριστα ἔχοντι οὐθὲν δεῖ πράξεως· ἔστι γὰρ αὐτὸ τὸ οὐ ἕνεκα, ἢ δὲ πρᾶξις ἀεὶ ἐστὶν ἐν δυσί, ὅταν καὶ οὐ ἕνεκα ἢ καὶ τὸ τούτου ἕνεκα. τῶν δ' ἄλλων ζώων ἐλάττους, τῶν δὲ φυτῶν μικρά τις καὶ μία ἴσως· ... καὶ διὰ τοῦτο ἢ μὲν γῆ ὅλως οὐ κινεῖται, τὰ δ' ἐγγύς ὀλίγας κινήσεις· ... Καὶ ἔτι διὰ τόδε ἐν ἔχουσι σῶμα αἱ ἄλλαι φοραί, ὅτι πολλὰ σώματα κινουσιν αἱ πρὸ τῆς τελευταίας καὶ τῆς ἐν ἄστρον ἐχούσης· ἐν πολλαῖς γὰρ σφαίραις ἢ τελευταία σφαῖρα ἐνδεδεμένη φέρεται, ἐκάστη δὲ σφαῖρα σῶμα τυγχάνει ὄν.

It is plausible that the best-conditioned of all things should have its good without action, that which is nearest to it should achieve it [good] by little and simple action, and that which is farther removed by a complexity of actions, just as with men's bodies one is in a good condition without exercise at all, another after a short walk, while another requires running and wrestling and hard training... We must then think of the actions of the stars as similar to that of animals and plants. For on our earth it is man that had the greatest variety of actions- for there are many goods that a man can secure; hence his actions are various and directed to ends beyond them- while the perfectly conditioned has no need of action, since it is itself the end... the lower animals have less variety of action than man; and plants perhaps have little action and of one kind only... It is for this reason that the earth moves not at all and the bodies near to it with few movements... For this last sphere moves with many others, to which it is fixed, each sphere being actually a body.

(Arist. *DC*. 2.12.292b1-293a6-8)

²⁸⁰ As discussed previously with reference to Arist. *Metaph.* 12.9, 1074b15-35.

So, *if* the Greek gods were thought by Aristotle to be able to physically move to, and around in, the human realm, as they were in traditional thought and mythology, they could not belong to his celestial realm. However, the celestial bodies could partake in another form of non-locomotive activity that was traditionally associated with the Greek gods; willful manifestation. Aristotle believed there was no void in nature, so the heaven that the celestial bodies move in must be an invisible entity. Therefore, heaven is an invisible entity made up of an invisible, everlasting element (Aether) between the visible celestial bodies. As discussed, the visible celestial bodies were thought to be fixed on an invisible moving sphere, which must be made of the same substance as them, Aether. It would seem, then, that entities made of Aether can be, and perhaps even choose to be, visible or invisible.²⁸¹ So, it follows that the gods, whether or not they have a bodily form, must be made of Aether, since they exist and are divine. In which case, we can presume that the divine gods, made of Aether, could choose to be non-manifest or manifest at will. It is here that we might find the appearing and disappearing gods of tradition, even if Aristotle rejected the idea that the gods could move around in the mortal realm, as suggested in traditional mythology.²⁸²

The next point for consideration is the concept of divine favour and the claims of the Asclepian cult (among other sects of temple medicine) that the gods can directly cure individual humans who seek their assistance. This is the point at which the celestial realm no longer seems possible if Aristotle did accept the Asclepiad notion of individual divine healing. The celestial bodies certainly influence earthly affairs, for example he attributes the seasons to the solar ellipse,²⁸³ but Aristotle is clear that the celestial bodies cannot be distracted from their thinking on goodness. They are the closest emulators of the Prime Mover, and so the affairs of individual humans would simply not warrant their attention.

Evidently the self-moving, interfering, traditional Greek gods do not neatly fit into Aristotle's celestial realm, but neither can they be part of the mortal realm. Perhaps, then, they were thought to exist in a kind of sub-celestial, sur-mortal realm that affords them more freedom of movement and less of an absolute focus on the Prime Mover. Such a stratum in the cosmological hierarchy is alluded to in *Meteorology*:

²⁸¹ Bodéüs 2000, p.46-7.

²⁸² Bodéüs 2000, p.47.

²⁸³ Arist. *Mete.* 1.9. 347a1-2 'This cycle of changes reflects the sun's annual movement: for the moisture rises and falls as the sun moves in the ecliptic.'

Περὶ δὲ τοῦ τῆς θέσει μὲν δευτέρου τόπου μετὰ τοῦτον, πρώτου δὲ περὶ τὴν γῆν, λέγωμεν· οὗτος γὰρ κοινὸς ὕδατός τε τόπος καὶ ἀέρος καὶ τῶν συμβαινόντων περὶ τὴν ἄνω γένεσιν αὐτοῦ.

Let us next deal with the region which lies second beneath the celestial and first above the earth. This region is the joint province of water and air, and of the various phenomena which accompany the formation of water above the earth.

(Arist. *Mete.* 1.9. 346b16-19)

But while we might imagine the gods finding their place in this sub-celestial stratum, when it comes to discussions about the gods' ability, or inclination, to directly influence human affairs on a personal level, Aristotle is uncharacteristically direct and relatively firm in his conclusions. He expresses his disbelief that the gods could be involved in the kind of good fortune, prophetic dreams, or divine signs claimed by men, because this apparent divine favour affects the worst of men just as often as the best. He is clear in his assessment that divine favour must be related to closeness in affinity with the Prime Mover. Mortal beings, who aspire to emulate the Prime Mover through maximum philosophic contemplation, should be, in Aristotle's thinking, the only receivers of divine favour. This is expressed in the following passages:

ὁ δὲ κατὰ νοῦν ἐνεργῶν καὶ τοῦτον θεραπεύων καὶ διακείμενος ἄριστα καὶ θεοφιλέστατος ἔοικεν εἶναι. εἰ γὰρ τις ἐπιμέλεια τῶν ἀνθρωπίνων ὑπὸ θεῶν γίνεται, ὥσπερ δοκεῖ, καὶ εἴη ἂν εὐλογον χαίρειν τε αὐτοὺς τῷ ἀρίστῳ καὶ τῷ συγγενεστάτῳ (τοῦτο δ' ἂν εἴη ὁ νοῦς) καὶ τοὺς ἀγαπῶντας μάλιστα τοῦτο καὶ τιμῶντας ἀντευποιεῖν ὡς τῶν φίλων αὐτοῖς ἐπιμελουμένους καὶ ὀρθῶς τε καὶ καλῶς πράττοντας. ὅτι δὲ πάντα ταῦτα τῷ σοφῷ μάλισθ' ὑπάρχει, οὐκ ἄδηλον. θεοφιλέστατος ἄρα. τὸν αὐτὸν δ' εἰκὸς καὶ εὐδαιμονέστατον· ὥστε κἂν οὕτως εἴη ὁ σοφὸς μάλιστ' εὐδαίμων.

Now he who exercises his intellect and cultivates it seems to be both in the best state and most dear to the gods. For if the gods have any care for human affairs, as they are thought to have, it would be reasonable both that they should delight in that which was best and most akin to them (i.e. intellect) and that they should reward those who

love and honour this most, as caring for the things that are dear to them and acting both rightly and nobly. And that all these attributes belong most of all to the wise man is manifest. He, therefore, is dearest to the gods. And he who is that will presumably be also the happiest; so that in this way too the wise man will more than any other be happy.

(Arist. *NE*. 10.8. 1179a24-32)

εἰ μὲν οὖν καὶ ἄλλο τι ἐστὶ θεῶν δῶρημα ἀνθρώποις, εὐλογον καὶ τὴν εὐδαιμονίαν θεόσδοτον εἶναι, καὶ μάλιστα τῶν ἀνθρωπίνων ὅσῳ βέλτιστον. ἀλλὰ τοῦτο μὲν ἴσως ἄλλης ἂν εἴη σκέψεως οἰκειότερον, φαίνεται δέ, κἂν εἰ μὴ θεόπεμπτός ἐστιν ἀλλὰ δι' ἀρετὴν καὶ τινα μάθησιν ἢ ἄσκησιν παραγίνεται, τῶν θειοτάτων εἶναι· τὸ γὰρ τῆς ἀρετῆς ἄθλον καὶ τέλος ἄριστον εἶναι φαίνεται καὶ θεῖόν τι καὶ μακάριον.

Now, if there is *any* gift of the god to men, it is reasonable that happiness should be god-given, and most surely god-given of all human things inasmuch as it is the best. But this question would perhaps be more appropriate to another inquiry; happiness seems, however, even if it is not god-sent but comes as a result of excellence and some process of learning or training, to be among the most godlike things; for that which is the prize and end of excellence seems to be the best thing and something godlike and blessed.

(Arist. *NE*. 1.9. 1099b11-16)

Having established that any divine favour bestowed on mortals should, logically, be received by the most virtuous, Aristotle concludes that, because this is not his experience of how good fortune is allocated among men, that the gods can be responsible for neither good fortune nor seemingly prophetic dreams:

ἢ τῷ φιλεῖσθαι, ὥσπερ φασίν, ὑπὸ θεοῦ, καὶ ἔξωθέν τι εἶναι τὸ κατορθοῦν, οἷον πλοῖον κακῶς νεναυπηγημένον ἄμεινον πολλάκις διαπλεῖ, ἀλλ' οὐ δι' αὐτὸ ἀλλ' ὅτι ἔχει κυβερνήτην ἀγαθόν; ἀλλ' οὕτως ὁ εὐτυχῶν τὸν δαίμον' ἔχει κυβερνήτην. ἀλλ'

ἄτοπον θεὸν ἢ δαίμονα φιλεῖν τὸν τοιοῦτον, ἀλλὰ μὴ τὸν βέλτιστον καὶ τὸν φρονιμώτατον.

Or is it because he is loved, as the phrase is, by a god, success being something coming from without, as the worse-built vessel often sails better, not owing to itself but because it has a good pilot? So, the fortunate man has a good pilot, namely, the divinity. But it is absurd that a god or divinity should love such a man and not the best and most wise of men.

(Arist. *EE* 8.2. 1247a24-29)

τό τε γὰρ θεὸν εἶναι τὸν πέμποντα, πρὸς τῇ ἄλλῃ ἀλογία, καὶ τὸ μὴ τοῖς βελτίστοις καὶ φρονιμωτάτοις ἀλλὰ τοῖς τυχοῦσι πέμπειν ἄτοπον.

It is absurd to combine the idea that the sender of such dreams should be God with the fact that those to whom he sends them are not the best and wisest, but merely people at random.

(Arist. *Div. Som.* 462b19-21)

Ὅλως δ' ἐπεὶ καὶ τῶν ἄλλων ζώων ὄνειρώττει τινά, θεόπεμπτα μὲν οὐκ ἂν εἴη τὰ ἐνύπνια, οὐδὲ γέγονε τούτου χάριν, δαιμόνια μέντοι· ἢ γὰρ φύσις δαιμονία, ἀλλ' οὐ θεία. σημεῖον δέ· πάνυ γὰρ εὐτελεῖς ἄνθρωποι προορατικοὶ εἰσι καὶ εὐθυόνειροι, ὡς οὐ θεοῦ πέμποντος, ἀλλ' ὅσων ὥσπερ ἂν εἰ λάλος ἢ φύσις ἐστὶ καὶ μελαγχολική, παντοδαπὰς ὄψεις ὀρῶσιν· διὰ γὰρ τὸ πολλὰ καὶ παντοδαπὰ κινεῖσθαι ἐπιτυγχάνουσιν ὁμοίοις θεωρήμασιν, ἐπιτυχεῖς ὄντες ἐν τούτοις ὥσπερ ἔνιοι ἀρτιάζοντες

On the whole, forasmuch as certain other animals also dream, it may be concluded that dreams are not sent by God, nor are they designed for this purpose. They have a mysterious aspect, however, for nature is mysterious, though not divine. A sign is this: the power of foreseeing the future and of having vivid dreams is found in persons of inferior type, which implies that God does not send their dreams; but merely that all those whose physical temperament is, as it were, garrulous and melancholic, see

sights of all descriptions; for inasmuch as they experience many movements of every kind, they just chance to have visions resembling objective facts, their luck in these matters being merely like that of persons who play at dice.

(Arist. *Div. Som.* 463b12-20)

ἀλλὰ μὴν οὐδ' ἡ ἐπιμέλεια καὶ ἡ εὐνοια παρὰ τοῦ θεοῦ δόξειεν ἂν εἶναι εὐτυχία διὰ τὸ καὶ ἐν τοῖς φαύλοις ἐγγίγνεσθαι· τὸν δὲ θεὸν τῶν φαύλων οὐκ εἰκὸς ἐπιμελεῖσθαι.

Surely, neither the concern nor the benevolence of God would seem to be in good fortune, because it also occurs among the wicked; and it is unlikely that God would care for the wicked.

(Arist. *Mag. Mor.* 2.8. 1207a15)²⁸⁴

But in true Aristotelian style, although he finds repeated good fortune, or seemingly supernatural prophetic abilities, inexplicable within his cosmology, he does not entirely close off the conversation. In one final concluding comment on the matter within *Eudemian Ethics*, Aristotle says:

Φανερόν δὴ ὅτι δύο εἶδη εὐτυχίας, ἡ μὲν θεία· διὸ καὶ δοκεῖ ὁ εὐτυχῆς διὰ θεὸν κατορθοῦν, ἡ δὲ φύσει.

It is clear then, that there are two kinds of good luck, the one divine- and so the lucky seem to succeed owing to god- the other natural.

(Arist. *EE* 8.2.1248b3-4)

There has been much scholarly discussion about why Aristotle chooses, at this moment, to go back on the rigid standpoint he takes so often elsewhere,²⁸⁵ but as I stated in the opening of

²⁸⁴ It is necessary to acknowledge the disputed authorship of *Magna Moralia*, but I am in agreement with van der Eijk 2005, p.241 n.12 in his assessment that the strength of philosophical agreement between this passage and the others quoted here justifies its inclusion.

²⁸⁵ For some enlightening explorations of this issue and other instances where Aristotle might be partially accepting the possibility of divine favour please see Bodéüs 2000, p.158-68 Broadie 2003; Gabbe 2012; Mayhew 2008; van der Eijk 2005, p.238-58.

this section, my aim is to reveal the most likely position Aristotle would take on the kind of divine, direct, immediate, individual healing of both chronic and emergency illnesses claimed by the cult of Asclepius. Despite this final refusal of Aristotle to completely denounce all possibility of divine favour, the consistency of the *theophilestatos* argument²⁸⁶ suggests that, largely, ‘Asclepiadic’ interventions (i.e. individual, immediate, direct, requested incidents of medical healing) would very likely not have been accepted by Aristotle.

2.3. Aristotle on magical healers

Once again, across his entire corpus, Aristotle never discusses *magoi* and rarely mentions *manteis*, and when he does, it is either in a neutral tone or not particularly favourable. For example, in *Rhetoric* he says there is less chance of making a mistake if you generalise, which is ‘why soothsayers do not further define the exact time.’²⁸⁷ Little can be deduced from discussions so lacking in detail, but as a continuation of my conclusions drawn for Aristotle’s probable opinions on temple medicine, I would suggest that the same arguments would apply. If Aristotle did not believe the gods were able to intervene in human affairs of their own free-will, it would be impossible for a mortal to force them to do so.

2.4. Summary

From our knowledge of Aristotle’s background and his parents’ medical renown, we can quite safely assume that Aristotle held the secular medical profession in high esteem, despite his lack of direct discussion of secular physicians and their efficacy. However, the claims of direct divine intervention in temple healing is not compatible with my suggestion of Aristotle’s conception of the traditional gods and their position within his cosmology. To me, it seems that the gods were probably thought to fit into the celestial, or perhaps sub-celestial, realm, resulting in their focus on intellect and inability to directly intervene in the mortal realm. This suggestion would also account for any disbelief harboured towards *magoi*, who Aristotle never even mentions. It is also unlikely that *manteis* would have been considered

²⁸⁶ The term of reference used by Broadie 2003, p.61ff. (among many others both prior and since) to the argument quoted above from *NE* 10.8. 1179a24-32 in which Aristotle claims that, if the gods are to favour anyone, it must be those who cultivate their intellect.

²⁸⁷ Arist. *Rhet.* 1407b2.

legitimate unless they were rational, intellectual individuals who only foretold good fortune to other virtuous people.

It appears that both Plato and Aristotle had a degree of respect for secular medicine, but their (potentially) conflicting viewpoints on religious healing are the product of their diverging cosmological theories.

3. Shared philosophical visions

Despite their often converging philosophical theories, as philosophers, Plato and Aristotle shared the same fundamental concerns. Their goals were to challenge existing preconceptions about the gods and the universe, and in doing so, to discover how one could live the best possible life in accordance with the cosmos. One point of apparent agreement in their cosmologies is the inability for the randomness or injustice of mortal beings to have an effect on the order of higher realms of the cosmos. In *Timaeus*, it is asserted that the existence of mortal beings is required for the completion of the cosmos²⁸⁸ but further than this, it does not seem that mortals, or even the condition of the human soul, can affect the balance or order of the universe. So much so that while the gods are tasked with guiding us towards justice, they are not obliged to do so, and are not held responsible for the condition of a human soul in any way. Plato is clear that each individual mortal being is responsible for the condition of their own soul.²⁸⁹ Therefore, while humans are required to exist within the complete universe, the level of mortal contribution to cosmic interdependence ends with this existence. The gods can choose to assist us, their inferiors, but we are incapable of affecting the higher levels of cosmic order. The same appears to be true of Aristotle's universe. It is unclear whether or not the gods are capable of mortal intervention, but it does seem apparent that unvirtuous mortal beings have no effect on the strict order and intellectual focus of the celestial realm and the prime mover. Therefore, for both philosophers, we are wholly responsible for ensuring we live virtuously and maintain our soul in a good condition. For both Plato and Aristotle, their primary shared point of concern was how to live well; and by this, they meant live virtuously.

²⁸⁸ Pl. *Tim.* 41c. 'As long as they [living beings] have not come to be, the heaven will be incomplete, for it will still lack within it all the kinds of living things it must have if it is to be sufficiently complete.'

²⁸⁹ Pl. *Tim.* 42b.

If virtue and virtuous behaviour is the primary concern, they might be particularly interested in people displaying the kinds of symptoms and behaviours that manifest with depression, since, as I shall go on to demonstrate, these symptoms directly go against both the Platonic and Aristotelian advice for how to live well. So, the philosophers may well have attempted to offer advice for how to avoid or prevent oneself from acting in this way, and how to gain control over the turbulent behaviours and changeable moods exhibited by depressed people. In order to explore this further, I must first examine Plato and Aristotle's personal conceptions of what it is to be virtuous, so that we might consider in what ways an individual displaying depressive symptoms, might fall short of the expectation for virtue.

3.1. *Virtue for Plato*

According to Plato, happiness (*eudaimonia*) is the soul's ultimate goal and every deliberate action is taken in the belief that it will lead to happiness.²⁹⁰ *Eudaimonia* can only be achieved through acquiring true knowledge, knowledge of the Forms, and the only way to achieve this knowledge, is with a soul in a virtuous condition.²⁹¹ But this condition is very difficult to achieve.

Plato viewed the soul as comprised of three distinct parts, Reason, Spirit and Appetite, each with its own desires and ideal position within a natural hierarchy. Reason desires wisdom, the only rational desire to pursue, and is the natural leader of the soul,²⁹² Spirit craves honour and respect,²⁹³ and the Appetitive part is responsible for our desires for food, drink and sex.²⁹⁴ In the stable, harmonious co-existence²⁹⁵ of the virtuous soul, Spirit and Appetite are subservient to Reason. However, this psychic balance is very difficult to achieve since Spirit and Appetite constantly struggle against the rule of Reason and have the potential to overwhelm it if allowed to grow strong.²⁹⁶ The desires of all three parts gain strength through indulgence and so the irrational desires of Appetite and Spirit must not be

²⁹⁰ Penner 2011, p.260; Reshotko 2013, p.156.

²⁹¹ Pl. *Rep* 514a-518b, 521a. – Happiness = Knowledge. The allegory of the cave shows that only those who have achieved recollection of the Forms are truly happy. *Phdr.* 248e-249d. shows that Knowledge = Virtue. *Rep.* 580b reaches the conclusion that Happiness = Virtue. So, Happiness = Knowledge = Virtue.

²⁹² Pl. *Rep.* 441e.

²⁹³ Pl. *Rep.* 440c-d.

²⁹⁴ Pl. *Rep.* 439d.

²⁹⁵ Vlastos 1969, p.520; Reshotko 2013, p.157.

²⁹⁶ Penner 2011, p.261.

indulged to excess or they will rapidly overpower Reason.²⁹⁷ Therefore, virtue is a stable balance within the soul in which Reason dominates, and Spirit and Appetite are subservient to the will of Reason.²⁹⁸

With a soul in this virtuous condition, the natural instinct will be towards the desire of Reason, which is the pursuit of knowledge; specifically, knowledge of the Forms. This process is most effectively depicted in *Phaedrus* with the metaphor of the soul as a winged chariot. Reason is the charioteer, Spirit is a benevolent white horse and Appetite the bad-tempered black horse.²⁹⁹ At the beginning of time, every soul is said to have resided up in the heavens with the wholly good souls of the gods,³⁰⁰ since it was in a perfectly harmonious state and could fly to the highest boundary of the heavens. The Forms exist in a space beyond that, but by flying right up to the top, our charioteer could glimpse some of the Forms. But because our souls have conflicting parts, unlike the gods, the harmony of the chariot began to break down. The black horse weighs down the chariot in the first place, hindering the charioteer from seeing all of Reality and then causes the charioteer to lose control, crashing into other souls. Our wings became damaged and broken and our souls fell to earth and entered human bodies.³⁰¹ Being distracted by the senses of the body and the irrational desires of Appetite and Spirit, the souls forget the Forms and struggled to regain the harmony and control it had at the beginning.³⁰² But if an individual were to regain this psychic balance through a life dedicated to the pursuit of knowledge, their soul would once again begin its ascent as the desire of Reason is to recollect its previous knowledge of the Forms.³⁰³ Once this recollection is achieved, the soul will truly understand happiness, and always pursue this in all actions.

3.2. *Virtue for Aristotle*

The guide to virtue for Aristotle is more prescriptive than that provided by Plato, which is essentially a very rough outline that we should not indulge our irrational desires to excess and rather focus on philosophic enquiry. But Aristotle gives us much more of a step-by-step guide

²⁹⁷ Pl. *Rep.* 421b3-5, 410b; *Phdr.* 256b-d. Each part of the soul should have its appropriate share of indulgence.

²⁹⁸ Pl. *Phdr.* 256a-c harmony of the soul = virtue.

²⁹⁹ Pl. *Phdr.* 246a-c.

³⁰⁰ Pl. *Phdr.* 246a.

³⁰¹ Pl. *Phdr.* 246a-247b5.

³⁰² Pl. *Phdr.* 249a-c.

³⁰³ Pl. *Phdr.* 249c-e.

of how to act virtuously. Similarly to Plato, the focus is still on *eudaimonia*, achievable only by living one's life in such a way that the activities of the soul are always 'in conformity with virtue (*arete*)'.³⁰⁴ Aristotle describes this virtue as the disposition or habit of always choosing 'a mean between two vices, the one involving excess, the other deficiency'³⁰⁵ in the activities of the soul, which are the passions felt and the actions taken,³⁰⁶ where the mean is 'that amount which is neither too much nor too little, and this is not one, nor the same for all.'³⁰⁷

For an agent to be considered virtuous they must achieve both a disposition towards appropriate feelings and actions, and practical wisdom. Once this is accomplished, the agent will have the ability to consistently hit the mean in all activities of the soul, but, once again, this is very difficult to do so.³⁰⁸ An agent must develop their habitual responses since the passions happen to us rather than being consciously chosen³⁰⁹ and virtuous actions must be chosen once in possession of practical wisdom and in the knowledge that the action is the appropriate choice.

A human agent is not simply born with the disposition for virtue. Children are born in possession of intellect (which is inoperative at birth so they are incapable of reasoned deliberation, but naturally matures and becomes operative with time) and they do not yet possess practical wisdom (*phronesis*) which is integral to becoming a virtuous agent.³¹⁰ Practical wisdom can only be developed once reason is operative and good habits and ethical principles have been instilled throughout childhood and continue to be exercised in early adulthood. Once this has been achieved, *phronesis* can be developed by putting the general ethical principles learnt in childhood into practice, so that the knowledge can be refined from the universal to particular, situationally appropriate knowledge.³¹¹ Only once these are achieved can an agent be considered truly virtuous.

Virtuous character is developed during childhood by establishing good habits, which are taught to the child through an education focused on ethical principles.³¹²

³⁰⁴ Arist. *EN*. 1.7.1098a16.

³⁰⁵ Arist. *EN*. 2.9.1109a21-22.

³⁰⁶ Arist. *EN*. 2.6.1106b17.

³⁰⁷ Arist. *EN*. 2.6.1106a31-2.

³⁰⁸ Arist. *EN*. 1.7.1098a18-19.

³⁰⁹ Arist. *EN*. 2.5.1106a3.

³¹⁰ Arist. *EE* 2.8, 1224b29-35; *EN* 6.13.1144b14-20; 10.8.1178a15-16; Heath forthcoming, Ch.3, p.23.

³¹¹ Arist. *EN* 6.8.1142a11-17.

³¹² Later I will examine to what extent an adult could hope to change their character, but in an ideal situation, an adult would have developed their virtuous character throughout their childhood and early adulthood by following the teachings of an ethical education.

Phronesis, on the other hand, which is related to determining virtuous action, can only be developed during adulthood, once the virtuous character is in place. In order to develop their *phronesis* an agent must either have, or witness others having, a number of experiences related to the virtue. When a person is presented with a situation, deliberates and chooses to act in a certain way, a latent image of each of the perceptual aspects of the circumstances is retained within the soul.³¹³ These images (or memories as we would think of them in this context, since it is not only visual perceptions that are stored but those related to all the senses³¹⁴) are called *phantasmata*. When later recalling the event, it is possible to access and integrate multiple *phantasmata* within the soul at the same time³¹⁵ and in doing so we are able to assess the circumstances and consequences of prior situations. This is what Aristotle perceives as experience (*empeiria*). It is by accessing the soul's ever-growing bank of *phantasmata* that an agent striving for virtue can assess the outcome of previous deliberations and thus adjust their present and future actions appropriately in order to try and come closer to achieving the mean. In this way, hitting the mean becomes a trial and error process, which requires a large bank of experiences and so it becomes clear why children cannot be virtuous; they simply do not have the life experience yet to develop their *phronesis* and thus achieve the mean. Evidently, this is a lengthy process, but Aristotle is clear that it is not only personal experiences that contribute to the bank of *phantasmata*. Much can be learnt from witnessing the experiences and choices made by others. He encourages his audience to take guidance from people who have already achieved a virtuous state³¹⁶ and presumably we can also learn from the mistakes we witness others making, so that we ourselves do not make the same errors in our own future attempts to hit the mean. When this mean is eventually achieved, the individual will finally have the *phantasmata* associated with how to respond to such a situation virtuously. By acquiring this practical wisdom, in the future, when presented with the same situation, the individual will again be able to act in accordance with the goals set by their virtuous character. But it is not only identical situations that the agent will be equipped to respond to by acquiring this particular set of *phantasmata*. As humans, our intellect allows us to apply this practical wisdom to similar, but not identical, situations. We are capable of identifying the similarities between situations, but also the differences and then using our reason to adjust our behavior accordingly, so that we may still hit the mean, despite not

³¹³ Arist. *Mem.* 1. 450a31-32. Speaks of perception stamping 'a sort of impression of the percept' on the soul.

³¹⁴ Arist. *DA* 3.3. 429a3-5.

³¹⁵ Arist. *APo.* 2.19, 100a3-6; Arist. *Metaph.* 1.1, 980b25-981a1.

³¹⁶ Arist. *EN.* 2.6.1106b36-7a2.

having experienced the exact set of circumstances previously. Once the agent has experienced many situations and collected *phantasmata* related to all virtues, they should have sufficient practical wisdom to allow them to respond appropriately to any situation they may encounter. At this point the agent would, hypothetically, finally be able to devote their life as far as possible to contemplation, with the understanding that as mortal, social animals we require time away from contemplation to eat, drink and socialise for our physical and mental health.³¹⁷ This is the ideal Aristotelian virtuous agent whose character and *phronesis* are in the best state for them to be able to achieve *eudaimonia*.

So, what exactly is the mean that the virtuous agent must aim at? Aristotle asserts that there is no formulaic method that can be used in determining the mean in relation to moral virtue,³¹⁸ stating:

ὅπερ ἐστὶν ἓν καὶ ταῦτὸν πᾶσιν, πρὸς ἡμᾶς δὲ ὃ μήτε πλεονάζει μήτε ἐλλείπει· τοῦτο δ' οὐχ ἓν, οὐδὲ ταῦτὸν πᾶσιν.

By the mean relative to us [I mean] that which is neither too much nor too little- and this is not one, nor the same for everyone.

(Arist. *EN*. 2.6. 1106a31-2)

I interpret this statement to mean that we should view the mean as situationally dependent.³¹⁹ Aristotle claims that the only way to achieve a virtuous mean is to ensure the passion or action is felt or performed ‘at the right times, with reference to the right objects, towards the right people, for the right aim and in the right way’³²⁰ and failure in any one of these criteria results in failing to achieve the virtue. These criteria primarily refer to the situation in which a passion or action would occur and so would support the notion of relativism on the basis of situation.

³¹⁷ Ar. *EN* 10.7. 1177b26-35.

³¹⁸ Arist. *EN*. 2.6. 1106a35-1106b6.

³¹⁹ There are other interpretations of this statement that have been expressed by eminent scholars over the years, especially that of individual relativism expressed by Hardie 1968, p.135; Kraut 2014; Leighton 1995, p.67-78; Lloyd 1968, p.76,82 and Sherman 1989, p.37. This is not the place to address this debate, but see Appendix 2 for my reasoning for this interpretation. My main points of contention are that the mean loses its normative force if it is individualised (which goes against Aristotle’s recommendation that we learn from the experiences of others) and there is no indication that the mean gets harder to hit the more virtuous we become. There is one mean, regardless of how close we are to being truly virtuous agents.

³²⁰ Arist. *EN*. 2.6. 1106b21-22.

Aristotelian virtue specifies that it is not only actions that must hit the mean, but also one's passions. By passions, Aristotle clarifies that he is referring to 'appetite, anger, fear, confidence, envy, joy, love, hatred, longing, emulation, pity, and in general feelings that are accompanied by pleasure or pain.'³²¹ So it would seem that "passion" is a term relating to relatively uncontrollable bodily requirements (the need to eat for example) and a range of emotional states.

In order to achieve the passionate mean, the agent is required to feel the passion in accordance with the following criteria:

τὸ δ' ὅτε δεῖ καὶ ἐφ' οἷς καὶ πρὸς οὓς καὶ οὗ ἕνεκα καὶ ὡς δεῖ, μέσον τε

(1) at the right time, (2) on the right occasion, (3) towards the right people, (4) for the right purpose and (5) in the right manner.

(Arist. *EN*. 2.6. 1106b21-22. Tr. Rackham 1934)

Moral assessment begins with the passionate experience occurring within the right context; (1) and (2). For example, to feel anger towards injustice would hit the mean, but feeling the same anger towards justice would, of course, not be the correct response. This idea is reinforced later on in the text where Aristotle states that fear can be felt appropriately towards evils such as disgrace or death.³²² The passion must also be felt towards the appropriate person (3). *Rhetoric* talks of the effect of emotions on judgement.³²³ For example, if someone you love is being accused of a terrible crime, despite the strength of the evidence, your anger might be directed at the accusing party rather than your loved one, since you would not want to accept the truth. The anger is misdirected as a result of your love for them and so the emotion is distorting your judgement.³²⁴ In such a case, your anger is not being felt towards the correct person and would, consequently, miss the mean.

Feeling the passion with the right aim or for the right purpose refers to setting the goal for the eventual action. (4). If the goal envisaged or desired would be either excessive or an under-reaction to the particular situation then the passion misses the mean in this criterion.

³²¹ Arist. *EN*. 2.5.1105b21-4.

³²² Arist. *EN*. 3.6.1115a6-14.

³²³ Arist. *Rhet.* 2.1. 1378a1-3.

³²⁴ Arist. *EN*. 7.6. 1149a25-6; Arist. *Insomn.* 460b4-6; Leighton 1982, p.149.

It seems logical that ‘in the right way’³²⁵ (5) refers to the strength of the feeling or emotion, i.e. that the passion achieves the mean by being felt neither too keenly nor too faintly.³²⁶ This is supported by Aristotle’s claim that ‘we stand badly if we feel it [anger] violently or too weakly.’³²⁷

Aristotle provides a comprehensive guide regarding how to achieve virtue, especially in relation to one’s moods and emotions. Therefore, it is unsurprising to find discussions within the corpus concerning typical behaviours exhibited by depressed individuals.

Conclusion

Both Plato and Aristotle would have been exposed to all the healers examined in Chapter 1 during their early life. Both present an attitude of respect towards secular healers, but their views appear to diverge in relation to religious healing. Plato seems to empower the gods to access and intervene in the mortal realm. As a result, the kind of intervention claimed by the cult of Asclepius would have been unproblematic for him. However, he is skeptical of magical healers and seers. He does not appear to entirely discredit all diviners, but the claims of the *magoi* having the ability to manipulate the gods and harness their power earns Plato’s contempt.

On the other hand, Aristotle is shown to have virtually excluded the traditional gods in his cosmology. I presented one possible interpretation of how the gods might fit into his theory by way of a sub-celestial, sur-mortal realm, but this is by no means definitive. However, I remain unconvinced that Aristotle saw the gods as having the ability to intervene in mortal affairs, so I do not believe Aristotle would have been convinced by the claims of direct divine intervention in temple medicine or by the *magoi*. On the other hand, his few references to *manteis* are unrevealingly neutral, but if the gods were able to look favourably upon mortals who try to imitate the goodness of the divine, Aristotle might have thought diviners capable of interpreting these signs from the gods.

Having examined virtue for both Plato and Aristotle, while there are evident differences in their approaches and theories, it is apparent that for both philosophers the

³²⁵ Arist. *EN*. 2.6. 1106b22.

³²⁶ Arist. *EE*. 2.3. 1221b19.

³²⁷ Arist. *EN*. 2.5.1105b28.

crucial aspect of achieving virtue is balance. For Plato, virtue is the parts of the soul co-existing in a balanced internal harmony; for Aristotle, virtue is acting and feeling in a proportionate way, neither excessively nor deficiently, thus hitting the mean.

The depressed person would certainly struggle to achieve the internal harmony required by both philosophers to achieve virtue and due to the psychological nature of many of the symptoms of depression that were already being acknowledged by other healers in Athens, and Plato and Aristotle's engagement with the established healing environment, it seems reasonable to assume that the philosophers may have felt that they could make valuable contributions to this field of thought. Therefore, I will now go on to explore Plato and Aristotle's recognition of the symptoms we now associate with depression.

Chapter 3- Plato

Introduction

This chapter will explore Plato's understanding of psychic illness and argue that there are positive correlations with DSM-V's categorisation of depression. I begin by presenting a key passage from *Timaeus* (86b1-87a9) in which Plato discusses psychic illnesses and provides a list of associated symptoms. I will then compare each of these symptoms to those included in DSM-V's categorisation of depression and show that they align surprisingly well. However, as a result of the deliberate pairings of the symptoms listed, I will argue that Plato viewed each symptom within a pair as manifesting independently. I note that each pair should be thought of as arising from a disease in each part of the tripartite soul. This disease is excess and so the two symptoms represent the two poles of excess when it affects a particular part of the soul. When the desires of Appetite are indulged to excess this gives rise to despondency, when they are neglected, irritability ensues; excessive Spirit brings on recklessness and neglect brings on cowardice; and the exception is Reason, which cannot be excessively satisfied, so both forgetfulness and stupidity are a result of the neglect of this part of the soul. This results in a possible symptomatic model in which the symptoms in a pair cannot be experienced at the same time.

I will then use the characterisation of Apollodorus in support of the symptomatic model implied by *Timaeus*. Drawing on his representations in *Symposium* and *Phaedo*, I will show that Apollodorus' character is consistent with the Timaeian man with a disease in his soul. Apollodorus is consistently presented as forgetful and stupid, and in *Phaedo* he is particularly despondent, whereas in *Symposium*, which is set on a different day, he is shown to be very irritable. Whilst confirming the Timaeian model of symptoms in a pair only being able to manifest individually, the characterisation of Apollodorus also shows that the same individual is able to experience both of the symptoms in a pair at different times.

In order to convincingly conclude that there are positive correlations between Plato's understanding of psychic illness and DSM-V's categorisation of depression, there needs to be some recognition of the tendency of the symptoms to occur together. I argue that, although the *Timaeus* presents a model in which individual symptoms in each pair must present alone, Plato must have envisaged symptoms from different pairs manifesting together. His theory of

tripartition promotes the idea that, when in a healthy state, the three parts of the soul exist in a delicate, harmonious balance. If one of these parts is disrupted, the other two parts are also affected. Therefore, if one part is suffering with a disease of excess that causes the manifestation of one of its assigned symptoms, the other two parts will also experience one of their symptoms. For example, if Appetite is in excess, Reason must experience neglect, and Spirit will likely be affected by the disharmony within the soul as well. Therefore, the clustering of symptoms is necessary in Plato's psychology. Once again, this is confirmed through the characterisation of Apollodorus. Alongside the forgetfulness and stupidity, and despondency or irritability already examined, he also exhibits low self-esteem, which could be thought of as a deficiency in Spirit, and anhedonia, another possible manifestation of the neglect of Appetite.

Having shown that Plato recognised the clustering of symptoms that align closely with four of DSM-V's symptoms of depression, I will explore the perceived origin of psychic diseases according to *Timaeus* 86b1-87a9. It is hugely significant that Plato appears to suggest that the soul could be affected by physical, bodily diseases. Therefore, I will provide my own translation of the passage in order to ensure my analysis of Plato's precise meaning is accurate. I will highlight translational variations by comparing my translation to those of previous scholars and justify my choice of interpretation. I will then explore Plato's account of the origin of these psychic diseases, since the suggestion that the humors could directly infect the soul goes against one of the most fundamental and consistent Platonic notions of soul-body distinctness. I ultimately argue that the humors may have been thought to invade the space that the soul occupied, thus disrupting the revolutions of the soul, which would then lead to psychic disease.

Finally, I will conclude that there are strong positive correlations between Plato's understanding of psychic illness and DSM-V's categorisation of depression. Plato identifies four of the nine DSM-V symptoms of depression, recognised their tendency to occur together, and attributed the psychic disease from which they arise as ultimately a disease originating with the poor condition of the body.

1. *Timaeus* 86b1-87a9

The most striking and detailed Platonic discussion of mental illness occurs in his *Timaeus* 86b1-87a9. This passage provides a crucial insight into Plato's potential recognition of a

clustering of symptoms. The end of this passage is of particular interest to this study. At 87a, Plato identifies a collection of behaviours, intellectual abilities, and moods that he calls diseases of the soul and that have a surprising common origin; the bodily humors. Upon an initial reading, at least, Plato appears to be suggesting that the physical, bodily humors, are capable of directly infecting the soul and causing diseases within the psyche. This interpretation of the passage would be in direct contradiction with one of the most consistent cross-corpus Platonic notions of soul and body distinctness, and so requires detailed analysis. *Timaeus* 86b1-87a9 reads as follows:³²⁸

- (86b) Καὶ τὰ μὲν περὶ τὸ σῶμα νοσήματα ταύτη ξυμβαίνει γιγνόμενα, τὰ δὲ περὶ ψυχὴν διὰ σώματος ἕξιν τῆδε. νόσον μὲν δὴ ψυχῆς ἄνοιαν ξυγγορητέον, δύο δ' ἀνοίας γένη, τὸ μὲν μανίαν, τὸ δὲ ἀμαθίαν. πᾶν οὖν ὃ τι πάσχων τις πάθος ὀπότερον αὐτῶν ἴσχει, νόσον προσρητέον· ἡδονὰς δὲ καὶ λύπας ὑπερβαλλούσας τῶν νόσων μεγίστας θετέον τῇ ψυχῇ· περιχαρῆς γὰρ
- (86c) ἄνθρωπος ὢν ἢ καὶ τάναντία ὑπὸ λύπης πάσχων, σπεύδων τὸ μὲν ἐλεῖν ἀκαίρως, τὸ δὲ φυγεῖν, οὔτε ὀρᾶν οὔτε ἀκούειν ὀρθὸν οὐδὲν δύναται, λυττᾶ δὲ καὶ λογισμοῦ μετασχεῖν ἥκιστα τότε δὴ δυνατός ἐστι. τὸ δὲ σπέρμα ὅτω πολὺ καὶ ῥυῶδες περὶ τὸν μυελὸν γίγνεται, καὶ καταπερεὶ δένδρον πολυκαρπότερον τοῦ ξυμμέτρου πεφυκὸς ἦ, πολλὰς μὲν καθ' ἕκαστον ὠδίνας, πολλὰς δ' ἡδονὰς κτώμενος ἐν ταῖς ἐπιθυμίαις καὶ τοῖς περὶ τὰ τοιαῦτα τόκοις, ἐμμανῆς
- (86d) τὸ πλεῖστον γιγνόμενος τοῦ βίου διὰ τὰς μεγίστας ἡδονὰς καὶ λύπας, νοσοῦσαν καὶ ἄφρονα ἴσχων ὑπὸ τοῦ σώματος τὴν ψυχὴν, οὐχ ὡς νοσῶν ἀλλ' ὡς ἐκὼν κακὸς [κακῶς] δοξάζεται· τὸ δὲ ἀληθές, ἢ περὶ τὰ ἀφροδίσια ἀκολασία κατὰ τὸ πολὺ μέρος διὰ τὴν ἐνὸς γένους ἕξιν ὑπὸ μανότητος ὀστῶν ἐν σώματι ῥυῶδη καὶ ὑγραίνουσιν νόσος ψυχῆς γέγονε. καὶ σχεδὸν δὴ πάντα ὀπόσα ἡδονῶν ἀκράτεια κατ' ὄνειδος ὡς ἐκόντων λέγεται τῶν κακῶν, οὐκ
- (86e) ὀρθῶς ὄνειδίζεται· κακὸς μὲν γὰρ ἐκὼν οὐδεὶς, διὰ δὲ πονηρὰν ἕξιν τινὰ τοῦ σώματος καὶ ἀπαίδευτον τροφήν ὁ κακὸς γίγνεται κακός, παντὶ δὲ ταῦτα ἐχθρὰ καὶ ἄκοντι προσγίγνεται. καὶ πάλιν δὴ τὸ περὶ τὰς λύπας ἢ ψυχὴ κατὰ ταῦτα διὰ σῶμα πολλὴν ἴσχει κακίαν. Ὅπου γὰρ ἂν οἱ τῶν ὀξέων καὶ τῶν ἀλυκῶν φλεγμάτων καὶ ὅσοι πικροὶ καὶ χολώδεις χυμοὶ κατὰ τὸ σῶμα

³²⁸ As presented in the 1929 Loeb edition.

- (87a) *πλανηθέντες ἔξω μὲν μὴ λάβωσιν ἀναπνοήν, ἐντὸς δὲ εἰλλόμενοι τὴν ἀφ' αὐτῶν ἀτμίδα τῆ τῆς ψυχῆς φορᾷ ζυμίζαντες ἀνακερασθῶσι, παντοδαπὰ νοσήματα ψυχῆς ἐμποιοῦσι, μᾶλλον καὶ ἥττον, καὶ ἐλάττω καὶ πλείω· πρὸς τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς, πρὸς ὃν ἂν ἕκαστ' αὐτῶν προσπίπτῃ, ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασύτητός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.*
- (86b) The diseases of the body come about in this way. Those of the soul arise because of the bodily condition in the following way. We must accept that mindlessness is a disease of the soul, and there are two kinds of mindlessness: madness and ignorance. Everything that someone suffers must be called a disease if it has one or the other (i.e. madness or ignorance); and we must assume that excessive pleasures and pains are the greatest diseases of the soul. For when a man is joyful or, on the contrary, suffering with pain,
- (86c) scrambling to seize one of them in untimely ways, and avoid the other, he is not able to see or hear anything correctly, he is raving and, at that time, he is least able to partake in reason. If that seed becomes abundant and overflows around the marrow, and like a tree produces an inordinate quantity of fruit, he brings upon himself again and again many pangs and pleasures from his desires and their fruition, and because of these greatest pleasures and
- (86d) pains, he becomes mad for most of his life, and although his soul is in a diseased and frantic state because of his body, he will appear not as sick, but as willfully bad; but in reality, sexual licentiousness (e.g.) becomes a disease of the soul, for the most part, due to the condition of a single type, which flows in the body due to the porousness of the bones, and makes it moist. Indeed, almost all affections of the soul are unruly pleasures, but the man who is reproached is called willfully bad, but this reproach is not correct, for no one is bad willfully. The bad man becomes bad on account of the bad
- (86e) condition of his body and a lack of education, and in every case the things he does are hateful to everyone and happen to them unwillingly. And again, with respect to pains,

in the same way the soul acquires a lot of badness because of the body. For whenever both acidic and salty phlegms and other bitter and bilious humors wander throughout the body without finding a vent, but are

- (87a) trapped inside and mixing together the vapour that they give off with the motion of the soul, they are in a blended state, and they induce all kinds of diseases of the soul, some greater and lesser, and some fewer and more. As the diseases are carried to the three places of the soul, according to whichever place they attack, they proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

(Pl. *Tim.* 86b1-87a9 Tr. Enright)

2. Symptoms of psychic diseases

In the final three lines of the given passage, Plato identifies a group of moods and behaviours that he claims arise as a result of the presence of diseases within the psyche:

πρός τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς, πρὸς ὃν ἂν ἕκαστ' αὐτῶν προσπίπτῃ, ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασύτητός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.

As the diseases move to the three parts of the soul, according to which part they attack, they proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

(Pl. *Tim.* 87a4-87a9)

At this moment in the passage, the diseases themselves are not identified by Plato. He only provides information on the subsequent conditions that the diseases cause. We might think of these conditions as symptoms of the disease, although Plato does not make this distinction himself. These conditions (or symptoms) are irritability, despondency, recklessness, cowardice, forgetfulness and stupidity. When compared to DSM's symptomatic

categorisation of Major Depressive Disorder, Plato's list of possible symptoms is strikingly similar to a number of symptoms we now associate with depression:

- *Duskolia*, which conveys irritability or bad temperedness, could be equated to the irritability experienced by some sufferers of MDD. DSM-V specifies that many individuals experiencing the symptom depressed mood exhibit increased irritability in the form of unwarranted angry outbursts for a period of at least 2 weeks.³²⁹
- *Dusthumia* translates as despondent or despairing, and some translators even opt for melancholic.³³⁰ This is probably the term that most closely reflects the sadness experienced by some sufferers of depression.
- While *thrasytes* (recklessness) is usually a sign of a manic, rather than depressive, episode,³³¹ *deilia* (cowardice) could describe the often irrational phobias and anxiety experienced by sufferers of MDD.³³²
- Both *lethe* (forgetfulness) and *dusmathia* (stupidity) correspond to another symptom of MDD. An impaired ability to think or concentrate is a common symptom of MDD and DSM-V suggests that this can manifest as memory difficulties (or forgetfulness) or a decreased ability to learn due to the inability to concentrate, which could be interpreted as stupidity.³³³

So, at 87a Plato groups together a number of the symptoms and associated behaviours that we now associate with depression: despondency, irritability, anxiety, impaired memory, and decreased ability to learn new things. However, it is interesting that Plato groups the symptoms caused by the psychic diseases into three pairs, rather than presenting them as a simple list. He specifically separates them into pairs using the following language:

ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασύτητός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.

³²⁹ DSM-V 2013, p.164.

³³⁰ Pl. *Laws* 666b7; *Phd* 85b7; Zeyl 2000.

³³¹ DSM-V 2013, p.124; 129. p.124 states, as a symptom of a manic episode, 'excessive involvement in activities that have a high potential for painful consequences.' p.129 specifies recklessness.

³³² DSM-V 2013, p.164.

³³³ DSM-V 2013, p.164.

They proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

(Pl. *Tim.* 87a4-87a9 Tr. Enright)

I would argue that these pairings suggest that Plato did not envisage quite the same clustering of symptoms that we now associate with depression. Rather than recognising the tendency for all of these symptoms to occur together, the suggestion appears to be that only one or the other of each pair of symptoms is able to present at any one time. This conclusion is based on Plato's identification of the diseases of the soul as the excessive pleasures and pains. He states:

ἡδονὰς δὲ καὶ λύπας ὑπερβαλλούσας τῶν νόσων μεγίστας θετέον τῇ ψυχῇ.

We must assume that excessive pleasures and pains are the greatest diseases of the soul.

(Pl. *Tim.* 86b4-5 Tr. Enright)

This reveals that psychic disease is excess, and excess can be either of pleasure or pain, where moderation is the healthy centre point. If we think of the pairs of symptoms as products of the two poles of excess, the pairing seems logical. It seems that each pair of symptoms should be thought of as specific to one part of the tripartite soul, when that part is affected by the disease of excess.³³⁴ Irritability and despondency occur when Appetite is affected, recklessness and cowardice will occur in Spirit, and forgetfulness and stupidity in Reason. I will address each of these pairings in the order they appear in the text.

Despondency and irritability are fitting for the symptoms of excessive pleasure and pain (respectively) for the appetitive part. These are consistent with the descriptions of the moods associated with the excessive satisfaction or neglect of the desires of Appetite in *Republic* and *Phaedrus*. In *Republic*, Plato describes the appetitive part of the soul clinging to grief and gaining satisfaction from being allowed to revel in despondency. When the interlocutors discuss the emotions of a man whose son has died, Socrates says:

³³⁴ Ahonen 2014, p.45; Tracy 1969, p.132.

Οὐκοῦν τὸ μὲν ἀντιτείνειν διακελευόμενον λόγος καὶ νόμος ἐστίν, τὸ δὲ ἔλκον ἐπὶ τὰς λύπας αὐτὸ τὸ πάθος;

Reason and principle demand restraint, while his very feeling of sorrow prompts him to give way to grief?

(Pl. *Rep.* 604a9-604b1)

If Reason and principle (*nomos*- custom) demand that the man restrain himself in his expressions of grief, we can assume that it is the appetitive part of his soul that encourages him to indulge in his grief. His Spirit's desire for respect/honour would encourage adherence with custom. Plato then goes on to describe the satisfaction the appetitive part of the soul gains from indulging in grief or despondency, even when the experience inciting despondency is not experienced first-hand. The work of tragedians can reproduce the same feelings of despondency in their audience, which equally satisfies the viewers' Appetite and strengthens its desire:

Εἰ ἐνθυμοῖο ὅτι τὸ βία κατεχόμενον τότε ἐν ταῖς οἰκείαις συμφοραῖς καὶ πεπεινηκὸς τοῦ δακρῦσαι τε καὶ ἀποδύρασθαι ἰκανῶς καὶ ἀποπλησθῆναι, φύσει ὄν τοιοῦτον οἶον τούτων ἐπιθυμεῖν, τότε ἐστὶν τοῦτο τὸ ὑπὸ τῶν ποιητῶν πιμπλάμενον καὶ χαῖρον·

If you consider that the poet gratifies and indulges the instinctive desires of a part of us, which we forcibly restrain in our private misfortunes, with its hunger for tears and for an uninhibited indulgence in grief.

(Pl. *Rep.* 606a3-6)

So, despondency is an emotional response to the appetitive part of the soul experiencing excessive pleasure.

On the other hand, when the desires of the appetitive part are neglected Plato shows that the part becomes irritable. This is shown through the description of the mood of the black horse in *Phaedrus*. When the desires are neglected the appetitive horse 'leaps violently

forward'³³⁵ and 'bursts into a torrent of insults'³³⁶ at the charioteer and white horse for stopping their advance. This description is certainly compatible with irritability.

Recklessness and cowardice align well with the excessive satisfaction or neglect of the desires of Spirit. When the desire for honour/respect is overly strong, recklessness occurs, and when this is too weak, the person becomes cowardly. In other words, recklessness is the symptom of excessive pleasure for the spirited part, and cowardice that of a severely deficient Spirit.

The desire of Reason must be affected by forgetfulness and stupidity, but the wording Plato uses in relation to these two symptoms is slightly different to the other two pairs. He says:

ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασύτητός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.

They proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

(Pl. *Tim.* 87a4-87a9)

This wording suggests that forgetfulness and stupidity occur under the same circumstances, rather than being symptoms of the opposing extremes of excess. But this supports the argument further, since the desire for wisdom cannot be excessively strong or excessively satisfied. Both forgetfulness and stupidity would be caused by neglecting the desire to learn and thus ignoring Reason's need for wisdom.³³⁷

From this evidence, it is reasonable to conclude that, unless the soul were in perfect harmony, Reason would experience neglect and so forgetfulness and stupidity would ensue. But for the other two parts of the soul, Spirit and Appetites, if one symptom in each pair were associated with an excessive satisfaction of the desires of that part of the soul, and the other were the neglect, presumably these symptoms could not appear at the same time. This creates a model of symptomatic manifestation in which irritability and despondency, or rashness and cowardice could not manifest at the same time. In terms of the aim of this study to identify if

³³⁵ Pl. *Phdr.* 254a4.

³³⁶ Pl. *Phdr.* 254c6.

³³⁷ Tracy 1969, p.132 argues that forgetfulness= quick thinking, which he takes to mean the excessive satisfaction of the desire for wisdom. However, this ignores the difference in expression between the three pairings and forgetfulness to quick-thinking seems like a bit of a stretch to me.

Plato displays positive correlations in his understanding of psychic disease with DSM's categorisation of depression, this is not a particularly problematic finding for rashness and cowardice, but we know that depressed mood and irritability are both commonly seen in individuals with depression. However, this Timaeian model does not exclude the possibility that the same person could experience each symptom in a pair at different times. It only restricts despondency and irritability from being exhibited at *exactly the same* time. Plato demonstrates this possibility through his characterisation of Apollodorus.

3. Apollodorus: A characteristic demonstration of psychic disease

Apollodorus appears in Plato's *Symposium* and *Phaedo*. He is presented as a devoted follower of Socrates, but with little talent for philosophy and rather emotionally volatile.³³⁸ However, when considered alongside *Timaeus*, Apollodorus' behaviour aligns well with the description of a man with a disease in his soul. It is worth noting that while Apollodorus' moods appear to align with the symptoms of a diseased soul, as presented in *Timaeus*, Apollodorus' companions in the dialogues never explicitly state that they consider him to be ill. It is revealed that people call him 'the maniac' in response to his bad temperedness and claims of worthlessness,³³⁹ but never that these traits are considered symptomatic of an underlying illness. However, Plato does address this societal attitude, which he considers to be a general misunderstanding. He says in *Timaeus*:

And because of these excessive pleasures and pains, he becomes mad for most of his life, and although his soul is kept diseased and frantic by his body, he will appear not as sick, but as willfully bad... Indeed, almost all affections of the soul are unruly pleasures, but the man who is reproached is called willfully bad, but this reproach is not correct, for no one is bad willfully.

(Pl. *Tim.* 86c8-e1 Tr. Enright)

³³⁸ Edelstein 1945; Moore, 1969; Nails 2002, p.39; Neumann 1965.

³³⁹ Pl. *Sym.* 173e.

So, despite Apollodorus' companions' assumption that he *chooses* to be difficult, bad tempered and overly emotional, and their lack of suggestion that he may be experiencing an illness within his psyche, I believe Plato is presenting a characterised manifestation of the Timaeian man with a diseased soul that everyone thinks of as willfully bad rather than sick.

Apollodorus is depicted on two different occasions and his emotional expressions are very different. As a result, he conforms to the Timaeian model of symptom manifestation, in which only one in the pair of symptoms associated with Spirit and Appetites can occur at any one time, but both symptoms in a pair can manifest in the same person at different times.

3.1. Comparison of Apollodorus' behaviour to Timaeian symptoms

Across the two dialogues in which he appears, Apollodorus never displays cowardice or rashness, but he is presented as forgetful/stupid, irritable and despondent. I will address each pair of symptoms in turn.

Forgetfulness/ stupidity

I concluded previously that forgetfulness and stupidity must both be symptoms of the disease caused by the neglect of Reason, because it is not possible to overly satisfy this rational desire. Therefore, we would expect both of these symptoms to occur simultaneously. A lack of philosophic ability is one of the widely accepted scholarly assumptions about Apollodorus.³⁴⁰ He is usually considered to be of lower intelligence than his peers and Apollodorus himself says in *Symposium*, 'my greatest pleasure comes from philosophical conversation, even if I'm only a listener'³⁴¹, clearly suggesting that he does not even think of himself as philosophically capable.

Despondency/irritability

One conclusion drawn from *Timaeus* was that despondency and irritability should be viewed as polar opposite symptoms of a disease in the appetitive part of the soul. When the desires of Appetite are overindulged, the individual can feel despondent, when they are neglected, the symptom is irritability. Therefore, we would not expect these symptoms to manifest at the

³⁴⁰ de Vries 1969, p.232; Edelstein 1945, p.103; Kruger 1948, p.79; Moore, 1969; Neumann 1965.

³⁴¹ Pl. *Sym.* 173c3-5.

same time, although they could manifest within the same person at different times. This conclusion is supported by Plato's presentation of Apollodorus.

The first dialogue under examination is *Phaedo*. We are told that Apollodorus was present at the death of Socrates, but he does not speak in this dialogue. However, we can make some inferences regarding his character from the comments made by his peers regarding his general demeanour during the last moments of Socrates' life. We are told that Apollodorus is absolutely grief-stricken and continually weeps for the whole dialogue, while his companions are able to remain more composed. Their comments about him read as follows:

καὶ πάντες οἱ παρόντες σχεδόν τι οὕτω διεκείμεθα, τοτὲ μὲν γελῶντες, ἐνίοτε δὲ δακρύνοντες, εἷς δὲ ἡμῶν καὶ διαφερόντως, Ἀπολλόδωρος— οἴσθα γὰρ πού τὸν ἄνδρα καὶ τὸν τρόπον αὐτοῦ.

All of us present were affected in much the same way, sometimes laughing, then weeping; especially one of us, Apollodorus- you know the man and his ways.

(Pl. *Phd.* 59a9)

καὶ ἡμῶν οἱ πολλοὶ τέως μὲν ἐπιεικῶς οἰοί τε ἦσαν κατέχειν τὸ μὴ δακρύνειν, ... Ἀπολλόδωρος δὲ καὶ ἐν τῷ ἔμπροσθεν χρόνῳ οὐδὲν ἐπαύετο δακρύνων, καὶ δὴ καὶ τότε ἀναβρυχησάμενος κλάων καὶ ἀγανακτῶν οὐδένα ὄντινα οὐ κατέκλασε τῶν παρόντων... ἐκεῖνος δέ, 'οἶα, ἔφη, ποιεῖτε, ὧ θαυμάσιοι. ἐγὼ μέντοι οὐχ ἦκιστα τούτου ἕνεκα τὰς γυναῖκας ἀπέπεμψα, ἵνα μὴ ' τοιαῦτα πλημμελοῖεν: καὶ γὰρ ἀκήκοα ὅτι ἐν εὐφημίᾳ χρῆ τελευτᾶν. ἀλλ' ἡσυχίαν τε ἄγετε καὶ καρτερεῖτε.'

Most of us had been able to hold back our tears reasonably well up till then... Apollodorus had not ceased from weeping before and at this moment his noisy tears and anger made everybody present break down... 'What is this?' Socrates said, 'It's mainly for this reason that I sent the women away, to avoid such unseemliness, for I am told one should die in good omened silence. So keep quiet and control yourselves.'

(Pl. *Phd.* 117d2-e2)

It is abundantly clear from these statements that Apollodorus is unusually overcome by grief. All those present are saddened by the events, but particular attention is drawn to Apollodorus being unable to control his sadness. Furthermore, it is suggested that this behaviour is not unusual for Apollodorus. His peers are rather dismissive of his emotional reaction and explain away his despair with ‘you know the man and his ways’.³⁴² It is also interesting that Socrates only tells everyone to control themselves and let him die in peace at the moment all the rest of the companions begin to cry, even though the narrator tells us that Apollodorus has been noisily weeping for the whole time.³⁴³ It seems that no one present is surprised by Apollodorus’ emotional outburst and so everyone, even Socrates, just choose to ignore his weeping. This suggests, at least, that Apollodorus is prone to being particularly despondent.

So, it is apparent that Apollodorus’ despair is not unusual to his personality, but it is evident that this kind of emotional outburst was not appropriate for the situation. Socrates rebukes his other followers for a similar display of grief, which is consistent with the cultural (and Platonic) views on appropriate emotional displays presented elsewhere in the corpus. In *Republic* Socrates’ interlocutor gives a very clear idea of what he saw as an appropriate public response to the immense grief experienced by a decent man suffering a personal tragedy; a loss comparable to that experienced by Apollodorus upon the death of Socrates:

Ἄνῆρ, ἦν δ’ ἐγώ, ἐπιεικῆς τοιαῦσδε τύχης μετασχών, ὕδν ἀπολέσας | ἦ τι ἄλλο ὧν περὶ
πλείστου ποιεῖται, ἐλέγομέν που καὶ τότε ὅτι ῥᾶστα οἴσει τῶν ἄλλων.

Πάνυ γε.

Νῦν δέ γε τόδ’ ἐπισκεψώμεθα, πότερον οὐδέν ἀχθέσεται, ἢ τοῦτο μὲν ἀδύνατον,
μετριάσει δέ πως πρὸς λύπην.

Οὔτω μᾶλλον, ἔφη, τό γε ἀληθές.

Τόδε νῦν μοι περὶ αὐτοῦ εἶπέ· πότερον μᾶλλον αὐτὸν οἶει τῇ λύπῃ μαχεῖσθαί τε καὶ
ἀντιτείνειν, ὅταν ὀρᾶται ὑπὸ τῶν ὁμοίων, ἢ ὅταν ἐν ἐρημίᾳ μόνος αὐτὸς καθ’ αὐτὸν
γίγνηται;

Πολύ που, ἔφη, διοίσει, ὅταν ὀρᾶται.

Μονωθεὶς δέ γε οἶμαι πολλὰ μὲν τολμήσει φθέγγασθαι, ἂ εἴ τις αὐτοῦ ἀκούοι
αἰσχύνοιτ’ ἄν, πολλὰ δὲ ποιήσει, ἂ οὐκ ἂν δέξαιτό τινα ἰδεῖν δρῶντα.

Οὔτως ἔχει, ἔφη.

³⁴² Pl. *Phd.* 59a9.

³⁴³ Pl. *Phd.* 117d.

‘Didn’t we then say that a good man who loses his son, or anything else dear to him, will bear the misfortune more equably than other people?’

‘Yes.’

‘Now consider: is it because he feels no grief? Or is that impossible, and is it because he will moderate his sorrow?’

‘The second alternative is nearer the truth.’

‘Then tell me, will he be more inclined to resist and fight against his grief when his fellows can see him, or when he is alone by himself?’

‘Much more inclined when others can see him.’

‘On the other hand, when he is alone he will not mind saying and doing things which he would be ashamed to let other people hear or see.’

‘That is true.’

(Pl. *Rep.* 10. 603e7-604a3)

It appears that the cultural expectation for behaviour in the face of significant loss was that when in public, or surrounded by one’s peers, one should control oneself. This is reiterated in *Laws*:

Δακρύειν μὲν τὸν τετελευτηκότα ἐπιτάττειν ἢ μὴ ἄμορφον, θρηνεῖν δὲ καὶ ἔξω τῆς οἰκίας φωνὴν ἐξαγγέλλειν ἀπαγορεύειν.

Tasteless though it is to forbid or instruct people to weep over the dead, dirges should be forbidden; and cries of mourning should be allowed only inside the house.

(Pl. *Laws* 960a1-2)

It is clear that Apollodorus is not conforming to these expectations of appropriate public grief. In fact, in Plato’s view he is not even displaying the appropriate private grief of a philosopher. In *Republic*, Socrates goes on to explain to his interlocutors that even in private, excessive expressions of grief are to be avoided:

ὁ τε δεῖ ἐν αὐτοῖς ὅτι τάχιστα παραγίγνεσθαι ἡμῖν, τούτῳ ἐμποδῶν γιγνόμενον τὸ λυπεῖσθαι.

Τίτι, ἦ δ' ὅς, λέγεις;

Τῷ βουλευέσθαι, ἦν δ' ἐγώ, περὶ τὸ γεγονὸς καὶ ὥσπερ ἐν πτώσει κύβων πρὸς τὰ πεπτωκότα τίθεσθαι τὰ αὐτοῦ πράγματα, ὅπῃ ὁ λόγος αἰρεῖ βέλτιστ' ἂν ἔχειν, ἀλλὰ μὴ προσπταίσαντας καθάπερ παῖδας ἐχομένους τοῦ πληγέντος ἐν τῷ βοᾶν διατριβεῖν, ἀλλ' αἰεὶ ἐθίζειν τὴν ψυχὴν ὅτι τάχιστα γίγνεσθαι πρὸς τὸ ἰᾶσθαι τε καὶ ἐπανορθοῦν τὸ πεσόν τε καὶ νοσῆσαν, ἰατρικῇ θρηνηδίαν ἀφανίζοντα.

‘Grief prevents us getting just the help we need.’

‘And what is that?’

‘That of deliberation,’ I said, ‘which reflects on what has happened and then makes what reason picks as the best move that the fall of the dice allows. We mustn’t hug the hurt part and spend our time weeping and wailing like children when they trip. Instead, we should always accustom our souls to turn as quickly as possible to healing the disease and putting the disaster right, replacing lamentation with cure.’

(Pl. *Rep.* 604c3-d2)

As discussed previously, the reason that grief should not be dwelled upon is that indulging one’s sorrow excessively satisfies the desires of the irrational, appetitive part of the soul. In this passage from *Republic*, we see a repetition of the notion expressed in *Timaeus* that excessive satisfaction of the desires of a part of the soul is a disease.

So Apollodorus is presented as having the tendency to respond to personal losses in a particularly despondent manner. From the evidence shown from *Republic*, Plato attributes despondency to an excessive satisfaction of the desires of Appetite, which he then refers to as a disease. Likewise, in *Timaeus* excessive satisfaction is presented as a disease of the soul that causes despondency when the appetitive part is affected. This cross-textual consistency of thinking of despondency as a symptom of the psychic disease that is excessive satisfaction of Appetite does suggest that we should think of Apollodorus’ despondency in the same way. I would venture that we can reasonably think of Apollodorus in *Phaedo* as experiencing the despondency (δυσθυμία) associated with diseases of the soul as expressed in *Timaeus*.

But what of irritability? Our only other presentation of Apollodorus, and the only one in which he is a speaking character, occurs in the opening of *Symposium*. The opening of this

dialogue is set years before *Phaedo*, at a time when Apollodorus is still a follower of Socrates, and in this instance, Apollodorus is presented as irritable instead of despondent.

We learn from the ensuing discussion that Plato has constructed quite a complex timeline within this introduction, which will lend support to one of my postulations later. Apollodorus is currently speaking to an unnamed friend. This friend asks Apollodorus to tell him what happened at a symposium that Socrates attended many years ago. Apollodorus was not present but he was told what happened by someone who was. Incidentally, Apollodorus was asked to relate the same story by another friend [Glaucón] a few days previously. He tells the friend in relative detail about the conversation he had with Glaucón the other day before getting to the point and telling his companion about the speeches at the symposium. The introductory exchange reads as follows:³⁴⁴

ΑΠ. καὶ ὅς, Ἀπολλόδωρε, ἔφη, καὶ μὴν καὶ ἔναγχός σε ἐζήτουν βουλόμενος διαπυθέσθαι τὴν Ἀγάθωνος συνουσίαν καὶ Σωκράτους καὶ Ἀλκιβιάδου καὶ τῶν ἄλλων τῶν τότε ἐν τῷ συνδείπνῳ παραγενομένων, περὶ τῶν ἐρωτικῶν λόγων τίνες ἦσαν... πρότερον δέ μοι, ἢ δ' ὅς, εἶπέ, σὺ αὐτὸς παρεγένου τῇ συνουσίᾳ ταύτῃ ἢ οὐ; καὶ γὰρ εἶπον ὅτι Παντάπασιν ἔοικέ σοι οὐδὲν διηγέσθαι σαφὲς ὁ διηγούμενος, εἰ νεωστὶ ἡγῆ τὴν συνουσίαν γεγονέναι ταύτην ἣν ἐρωτᾷς, ὥστε καὶ ἐμὲ παραγενέσθαι. Ἐγώ γε δὴ, ἔφη.1 Πόθεν, ἦν δ' ἐγώ, ὦ Γλαύκων; οὐκ οἶσθ' ὅτι πολλῶν ἐτῶν Ἀγάθων ἐνθάδε οὐκ ἐπιδεδήμηκεν, ἀφ' οὗ δ' ἐγὼ Σωκράτει συνδιατρίβω καὶ ἐπιμελὲς πεποιήμαι ἐκάστης ἡμέρας εἰδέναι ὅ τι ἂν λέγῃ ἢ πράττῃ, οὐδέπω τρία ἔτη ἐστίν; πρὸ τοῦ δὲ περιτρέχων ὅπῃ τύχοιμι καὶ οἰόμενος τί ποιεῖν ἀθλιώτερος ἢ ὅτουσιν, οὐχ ἦττον ἢ σὺ νυνί, οἰόμενος δεῖν πάντα μᾶλλον πράττειν ἢ φιλοσοφεῖν. καὶ ὅς, Μὴ σκῶπτ', ἔφη, ἀλλ' εἶπέ μοι πότε ἐγένετο ἡ συνουσία αὕτη. καὶ γὰρ εἶπον ὅτι Παίδων ὄντων ἡμῶν ἔτι, ὅτε τῇ πρώτῃ τραγωδίᾳ ἐνίκησεν Ἀγάθων, τῇ ὑστεραίᾳ ἢ τὰ ἐπινίκια ἔθυσεν αὐτὸς τε καὶ οἱ χορευταί. Πάνυ, ἔφη, ἄρα πάλαι, ὡς ἔοικεν. ἀλλὰ τίς σοι διηγείτο; ἢ αὐτὸς Σωκράτης; Οὐ μὰ τὸν Δία, ἦν δ' ἐγώ... εἰ οὖν δεῖ καὶ ὑμῖν διηγῆσασθαι, ταῦτα χρὴ ποιεῖν. καὶ γὰρ ἐγώ γε καὶ ἄλλως, ὅταν μὲν τινὰς περὶ φιλοσοφίας λόγους ἢ αὐτὸς ποιῶμαι ἢ ἄλλων ἀκούω, χωρὶς τοῦ οἴεσθαι ὠφελεῖσθαι ὑπερφυῶς ὡς χαίρω· ὅταν δὲ ἄλλους τινὰς, ἄλλως τε καὶ τοὺς ὑμετέρους τοὺς τῶν πλουσίων καὶ χρηματιστικῶν, αὐτὸς τε ἄχθομαι ὑμᾶς τε τοὺς ἐταίρους ἐλεῶ, ὅτι οἴεσθε τί ποιεῖν οὐδὲν ποιοῦντες. καὶ ἴσως αὖ ὑμεῖς ἐμὲ ἡγεῖσθε κακοδαίμονα εἶναι,

³⁴⁴ Abridged to highlight the most important moments for my argument in a lengthy passage.

καὶ οἶομαι ὑμᾶς ἀληθῆ οἶεσθαι· ἐγὼ μέντοι ὑμᾶς οὐκ οἶομαι ἀλλ' εὖ οἶδα.

ΕΤ. Αεὶ ὅμοιος εἶ, ὦ Ἀπολλόδωρε· αεὶ γὰρ σαυτὸν τε κακηγορεῖς καὶ τοὺς ἄλλους, καὶ δοκεῖς μοι ἀτεχνῶς πάντας ἀθλίους ἠγεῖσθαι πλὴν Σωκράτους, ἀπὸ σαυτοῦ ἀρξάμενος. καὶ ὀπόθεν ποτὲ ταύτην τὴν ἐπωνυμίαν ἔλαβες τὸ μανικὸς καλεῖσθαι, οὐκ οἶδα ἔγωγε· ἐν μὲν γὰρ τοῖς λόγοις αεὶ τοιοῦτος εἶ· σαυτῶ τε καὶ τοῖς ἄλλοις ἀγριαίνεις πλὴν Σωκράτους.

ΑΠ. ὦ φίλτατε, καὶ δῆλόν γε δὴ ὅτι οὕτω διανοούμενος καὶ περὶ ἐμαυτοῦ καὶ περὶ ὑμῶν μαίνομαι καὶ παραπαίω;

ΕΤ. Οὐκ ἄξιον περὶ τούτων, Ἀπολλόδωρε, νῦν ἐρίζειν· ἀλλ' ὅπερ ἐδεόμεθά σου, μὴ ἄλλως ποιήσης, ἀλλὰ διήγησαι τίνες ἦσαν οἱ λόγοι.

Apollodorus: ‘He [Glaucón] said, “You know there was a gathering at Agathon’s when Socrates, Alcibiades, and their friends had dinner together; I wanted to ask you about the speeches they made on Love. What were they? [...]Were you there yourself?”

“Your friend must have really garbled his story,” I replied, “if you think this affair was so recent that I could have been there. ”

“I did think that,” he said.

“Glaucón, how could you? You now very well Agathon hasn’t lived in Athens for many years, while it’s been less than three years that I’ve been Socrates’ companion and made it my job to know exactly what he says and does each day. Before that, I simply drifted aimlessly. Of course, I used to think what I was doing was important, but in fact I was the most worthless man on earth- as bad as you are this very moment. I used to think philosophy was the last thing a man should do.”

“Instead of jeering at me,” he replied, “just tell me when the party took place.”

“When we were still children, when Agathon won the prize with his first tragedy. It was the day after he and his troupe held their victory celebration.”

“So it really was a long time ago,” he said. “Then who told you about it? Was it Socrates himself?”

“Oh for God’s sake, of course not!” I replied[...]Well, if I’m to tell *you* [Friend] about it too- I’ll be glad to. After all, my greatest pleasure comes from philosophical conversation, even if I’m only a listener. All other talk, especially the

talk of rich businessmen like you, bores me to tears, and I'm sorry for you and your friends because you think your affairs are important when really they are totally trivial. Perhaps, in your turn, you think I'm a failure and, believe me, I think that what you think is true. But as for all of you, I don't just *think* you are failures- I know it for a fact.

Friend: You'll never change Apollodorus! Always nagging, even at yourself! I do believe you think everybody, yourself first of all, is totally worthless, except, of course, Socrates. I don't know exactly how you came to be called 'the maniac', but you certainly talk like one, always furious with everyone, including yourself..

Apollodorus: Of course, my dear friend, it's perfectly obvious why I have these views about us all; It's simply because I am a maniac, and I'm raving!'

Friend: It's not worth arguing about this now Apollodorus. Please just do as I asked: tell me the speeches.'

(Pl. *Sym.* 172b1-173e4)

It is quite clear from this exchange that Plato is showing Apollodorus to be prone to unwarranted angry outbursts. Glaucon's query about whether Apollodorus was told of the symposium by Socrates himself³⁴⁵ seems to be a reasonable assumption, since Apollodorus has just mentioned that he is a close follower of Socrates.³⁴⁶ There does not appear to be anything particularly irritating or offensive about the question, but Apollodorus flies off the handle with the response 'Oh for God's sake, of course not!'.³⁴⁷ Additionally, we are told by Friend that this behaviour is typical of Apollodorus. He says Apollodorus is 'always furious with everyone'³⁴⁸ and 'always nagging'.³⁴⁹ Apollodorus then insults his companion by saying that all of his conversation bores him to tears and that he considers everyone to be total failures.³⁵⁰ However, in the same breath, Apollodorus claims that he loves philosophical conversation. In fact, it is the only kind of conversation he likes.³⁵¹ So considering both Glaucon and his unnamed friend have asked him to indulge in some philosophical

³⁴⁵ Pl. *Sym.* 173a10.

³⁴⁶ Pl. *Sym.* 173a2.

³⁴⁷ Pl. *Sym.* 173b1. Moore 1969, p.225 also finds the seemingly unjustified attacks on fleeting characters puzzling. Moore assumes this is a feature of the commonly assumed madness of Apollodorus. See also Neumann 1965.

³⁴⁸ Pl. *Sym.* 173d6.

³⁴⁹ Pl. *Sym.* 173d4.

³⁵⁰ Pl. *Sym.* 173c5-d3.

³⁵¹ Pl. *Sym.* 173c3-5.

conversation with them, we might assume that this would put him in a good mood, yet still he is irrationally snappy and irritable.

Furthermore, if we consider the layout of the introductory conversation, Plato is evidently going to some trouble to ensure that his readers realise that this irritability is an ongoing feature of Apollodorus' character. The complicated structure in the introduction of having the simultaneous and overlapping conversations with both friends surely must have a point, but in reality, not much is added to the narrative by including the conversation with Glaucon in such detail. It just seems to complicate the exposition. Nussbaum suggests that the sudden widespread interest in this symposium that happened years ago could indicate the intended timing of the dialogue. She believes Apollodorus' two retellings sandwich the news of Alcibiades' assassination reaching Athens.³⁵² In which case, the unnamed friend could be seeking out Apollodorus to hear the story in greater clarity.³⁵³ But even if Nussbaum's assessment is accurate, which I suspect it may well be, the timing of the dialogue could have been conveyed just as successfully without recording the entirety of Glaucon and Apollodorus' conversation. Plato could have quite happily just had Apollodorus speaking to the friend in the same irritable manner, and dropped in that this was the second time he had told the story, without going into all the detail of his previous conversation with Glaucon. But by setting out the exchange the way he has, we realise that this is not simply Apollodorus having a bad day. He is just as irritable a few days previously as he is now, even though on both occasions he is being asked to tell a story that he claims to enjoy talking about. So, this constant irrational bad mood is evidently at the forefront of Apollodorus' characterisation in this dialogue.

3.2. Summary

It is clear that Apollodorus is comparable to the Timaeian man with diseases of excess in his soul. His presentation confirms the symptomatic model that *Timaeus* suggests; one in which forgetfulness and stupidity occur simultaneously, but irritability and despondency, or rashness and cowardice, being opposing symptomatic poles of a disease in the same part of the soul, cannot manifest at the same time. Apollodorus is consistently presented as a poor philosopher, which in Plato's view would encompass both forgetfulness and stupidity. Then

³⁵² Nussbaum 1986, p.169-70.

³⁵³ Nussbaum 1986, p.170.

he is shown to experience irritability on the occasion of *Symposium* and despondency in *Phaedo*. This finding supports the conclusions drawn from *Timaeus* that only one in the pair of symptoms for Spirit and Appetites can occur on any one occasion, but on different occasions an individual is able to experience both of the symptoms as the satisfaction of the desire of that part swings between being excessive to being neglected.

4. Clustering of symptoms

So far, the symptoms of psychic disease, suggested by Plato in *Timaeus* and supported by the presentation of Apollodorus, have only been examined independently from one another. But in order to establish a positive correlation between depression in DSM-V and Plato's understanding of psychic illness, he would have to demonstrate his recognition that these symptoms have the tendency to occur together, instead of treating them as separate symptoms that occur alone. If we return to Plato's theory of the tripartite soul, it becomes apparent that, in fact, Plato envisaged these symptoms as *necessarily* occurring together.

Due to the nature of the Platonic soul and the coexistence of the three parts, if one part of the soul were affected by the disease of excess, the other two parts would also experience a change in the satisfaction of their desires, even if only secondarily. For example, if Appetite was indulged excessively, Reason and Spirit would naturally experience neglect. The Platonic soul is described in terms of a delicate harmony between the three parts, so if one part is either excessively satisfied, or neglected, this necessarily has an effect on the other two parts, leading to the whole soul being in a disharmonious state. Therefore, although the pairs of symptoms in *Timaeus* can be thought of as specific to one part, in reality, if one part of the soul was experiencing a disease, we would expect that one symptom from each pair would manifest at the same time. For example, if Appetite was indulged to excess, Spirit and Reason would naturally be neglected,³⁵⁴ so the Timaeian man would experience despondency (excess of Appetite), cowardice (neglect of Spirit), and forgetfulness and stupidity (neglect of Reason). Therefore, Plato presents a hydraulic symptomatic model in which it is impossible for any of the symptoms listed in *Timaeus* to manifest entirely alone. In doing so, Plato presents a situation in which symptomatic clustering *must* occur. This results in a much stronger positive correlation between Plato's psychic disease and clinical depression.

³⁵⁴ This is only one possible combination. It would be possible for both Appetite and Spirit to be indulged to excess and only Reason to suffer neglect.

Furthermore, in *Timaeus* Plato does not necessarily suggest that the list of symptoms detailed is exhaustive. There may well be other symptoms associated with the excessive satisfaction or neglect of different parts of the soul. Having established Apollodorus as a comparable characterisation of the Timaeian man with a psychic disease, it is reasonable to look to the characterisation of Apollodorus for an example of Plato's broader comprehension of the behaviours and moods brought on by diseases within the soul. When looking at Apollodorus' characterisation in *Symposium*, he is also presented as exhibiting low self-esteem and anhedonia, both of which are important symptoms in DSM-V's categorisation of depression. In terms of associated parts of the soul, low self-esteem is likely to have been thought of as a deficiency in Spirit, and anhedonia the neglect of Appetite.

First, in *Symposium* Apollodorus is presented as experiencing low self-esteem. Apollodorus and his unnamed companion both acknowledge that he tends to be very self-deprecating. Apollodorus says 'I used to think what I was doing was important, but in fact I was the most worthless man on earth', and Glaucon mentions that 'you think everybody-yourself first of all- is totally worthless.' The term Plato actually uses in these instances is ἄτεχνος. Rather than worthless, translated literally this means unskilled. So, it would seem, from the context, that Apollodorus is actually saying that he believes everyone, himself first of all, to be completely unskilled in philosophy, except Socrates. This is not quite the same as thinking oneself completely worthless, unless, of course, the individual considered philosophy to be the only worthwhile pursuit. And indeed, it is confirmed by Apollodorus that he does feel this way:

ὅταν μὲν τινὰς περὶ φιλοσοφίας λόγους ἢ αὐτὸς ποιῶμαι ἢ ἄλλων ἀκούω...ὅταν δὲ ἄλλους τινὰς, ἄλλως τε καὶ τοὺς ὑμετέρους τοὺς τῶν πλουσίων καὶ χρηματιστικῶν, αὐτὸς τε ἄχθομαι ὑμᾶς τε τοὺς ἐταίρους ἐλεῶ, ὅτι οἴεσθε τι ποιεῖν οὐδὲν ποιοῦντες.

My greatest pleasure comes from philosophical conversation...All other talk, especially the talk of rich businessmen like you, bores me to tears, and I'm sorry for you and your friends because you think your affairs are important when really they're totally trivial.

(Pl. *Sym.* 173c3-7)

So, while Nehamas and Woodruff's translation initially may be a misleading representation of the literal Greek, actually, the intention is the same. Apollodorus considers philosophy to

be the only worthwhile pursuit, and thinks himself totally unskilled at it, the result of which is that he considers himself worthless. This is reminiscent of DSM's criterion of low self-esteem, which specifies a person's evaluation of his worth to be unrealistic. Apollodorus' journey towards recollection is evidently less developed than Socrates', but I am not sure that even Plato would deem him a totally worthless human being on this basis. He has accepted the teachings of Socrates and is trying to lead the virtuous life, which is an improvement on many of his peers. Apollodorus seems to be overly critical of his ability in this one aspect of his life, and by placing his life's worth entirely on philosophic achievements he is neglecting to give appropriate value to his other responsibilities. By either refusing to acknowledge the honour he deserves in other areas of his life (be it family, political office, etc.) or in refusing to give these areas of his life due attention, thus losing the respect of his social equals, he is also neglecting the honorific desires of the spirited part of his soul, thus causing further psychic disease.

Second, as modern readers, we might also detect DSM symptom 'anhedonia' in Apollodorus' assertion that he only finds enjoyment in philosophical conversation. Anhedonia is the loss of enjoyment in activities that one used to enjoy. He admits that he used to think what he was doing was important,³⁵⁵ which would suggest he previously experienced enjoyment in other areas of his life, but that now he realises that these are totally trivial and his only enjoyment comes from philosophy. However, this assessment would probably not be problematic for Plato because, as far as he would be concerned, Apollodorus is right in this assessment that all mortal concerns are trivial, even if we would consider this change in someone's behaviour to be indicative of another potential symptom.

So, Plato's characterisation of Apollodorus across *Symposium* and *Phaedo* presents him as experiencing memory problems or the inability to concentrate (which hinders his ability as a philosopher), irritability, despondency, low self-esteem, and anhedonia. These align with DSM-V symptoms impaired thinking/concentration, depressed mood, low self-esteem, and anhedonia. Furthermore, it is clear that Plato recognised the tendency for these symptoms to occur together. His theory of the three parts of the soul ideally co-existing in a harmonious balance results in a hydraulic symptomatic model in which if one part of the soul is affected by a disease of excess, the other two parts will necessarily experience a change in the satisfaction of their desires as well. This is supported by Plato's presentation of Apollodorus, since he exhibits symptoms associated with each part of the soul. Therefore, it

³⁵⁵ Pl. *Sym.* 173a3-4.

is clear that Plato envisaged these symptoms as always occurring as a cluster, rather than independently. This shows a positive correlation with DSM-V's categorisation of depression.

5. The origin of psychic diseases

The conclusion that Plato recognised the tendency for four symptoms of depression to occur together is, in itself, significant, but Plato's contribution extends even further with his discussion of the origin of psychic illness in *Timaeus*. In the passage under examination (86b1-87a9) it seems that Plato is attributing the symptoms of psychic disease to a physical disease, caused by the bodily humors, that affects mental functioning. This would be in direct contradiction to one of the most consistent Platonic assertions that soul and body are of separate realms. So, in order to provide the most accurate interpretation possible of Plato's meaning in this passage, I first need to ensure my translation is as true to the Greek as possible.

5.1. Translational variations in Timaeus 86b1-87a9

For this passage, I will depart from Zeyl's translation that up until now I have been largely relying upon, except where indicated otherwise, and provide my own. However, I will also provide Zeyl, Cornford, and Bury's translations, simply to highlight a few important points at which I deviate from their suggestions. In the opening sentence of 86b, there are variant translations, which are perfectly acceptable grammatically, but result in quite significant differences in interpretation of the passage. In this case, I will justify my choice of translation based on evidence from elsewhere in the text. Additionally, at 87a, the Greek has (presumably) been mistranslated, resulting in a misleading interpretation of Plato's meaning. In both cases, I will underline the points at which my translation deviates and discuss my choices after presenting all the variant translations.

Timaeus 86b1-87a9 reads as follows:³⁵⁶

(86b) Καὶ τὰ μὲν περὶ τὸ σῶμα νοσήματα ταύτη ξυμβαίνει γινόμενα, τὰ δὲ περὶ ψυχὴν διὰ σῶματος ἔστιν τῆδε. νόσον μὲν δὴ ψυχῆς ἄνοιαν ξυγχωρητέον, δύο δ' ἀνοίας γένη, τὸ

³⁵⁶ As presented in the 1929 Loeb edition.

μὲν μανίαν, τὸ δὲ ἀμαθίαν. πᾶν οὖν ὃ τι πάσχων τις πάθος ὀπότερον αὐτῶν ἴσχει, νόσον προσρητέον· ἡδονὰς δὲ καὶ λύπας ὑπερβαλλούσας τῶν νόσων μεγίστας θετέον τῇ ψυχῇ· περιχαρῆς γὰρ

- (86c) ἄνθρωπος ὢν ἢ καὶ τάναντία ὑπὸ λύπης πάσχων, σπεύδων τὸ μὲν ἐλεῖν ἀκαίρως, τὸ δὲ φυγεῖν, οὔτε ὀρᾶν οὔτε ἀκούειν ὀρθὸν οὐδὲν δύναται, λυττᾷ δὲ καὶ λογισμοῦ μετασχεῖν ἤκιστα τότε δὴ δυνατός ἐστι. τὸ δὲ σπέρμα ὅτω πολὺ καὶ ῥυῶδες περὶ τὸν μυελὸν γίγνεται, καὶ καθαπερεὶ δένδρον πολυκαρπότερον τοῦ ξυμμέτρου πεφυκὸς ἦ, πολλὰς μὲν καθ' ἕκαστον ὠδίνας, πολλὰς δ' ἡδονὰς κτώμενος ἐν ταῖς ἐπιθυμίαις καὶ τοῖς περὶ τὰ τοιαῦτα τόκοις, ἐμμανῆς
- (86d) τὸ πλεῖστον γιγνόμενος τοῦ βίου διὰ τὰς μεγίστας ἡδονὰς καὶ λύπας, νοσοῦσαν καὶ ἄφρονα ἴσχων ὑπὸ τοῦ σώματος τὴν ψυχὴν, οὐχ ὡς νοσῶν ἀλλ' ὡς ἐκὼν κακὸς [κακῶς] δοξάζεται· τὸ δὲ ἀληθές, ἢ περὶ τὰ ἀφροδίσια ἀκολασία κατὰ τὸ πολὺ μέρος διὰ τὴν ἐνὸς γένους ἕξις ὑπὸ μανότητος ὀστών ἐν σώματι ῥυῶδη καὶ ὑγραίνουσιν νόσος ψυχῆς γέγονε. καὶ σχεδὸν δὴ πάντα ὀπόσα ἡδονῶν ἀκράτεια κατ' ὄνειδος ὡς ἐκόντων λέγεται τῶν κακῶν, οὐκ
- (86e) ὀρθῶς ὀνειδίζεται· κακὸς μὲν γὰρ ἐκὼν οὐδεὶς, διὰ δὲ πονηρὰν ἕξις τινὰ τοῦ σώματος καὶ ἀπαίδευτον τροφήν ὁ κακὸς γίγνεται κακός, παντὶ δὲ ταῦτα ἐχθρὰ καὶ ἄκοντι προσγίγνεται. καὶ πάλιν δὴ τὸ περὶ τὰς λύπας ἢ ψυχὴ κατὰ ταῦτα διὰ σῶμα πολλὴν ἴσχει κακίαν. Ὅπου γὰρ ἂν οἱ τῶν ὀξέων καὶ τῶν ἀλυκῶν φλεγμάτων καὶ ὅσοι πικροὶ καὶ χολώδεις χυμοὶ κατὰ τὸ σῶμα
- (87a) πλανηθέντες ἕξω μὲν μὴ λάβωσιν ἀναπνοήν, ἐντὸς δὲ εἰλλόμενοι τὴν ἀφ' αὐτῶν ἀτμίδα τῇ τῆς ψυχῆς φορᾷ ξυμμίξαντες ἀνακερασθῶσι, παντοδαπὰ νοσήματα ψυχῆς ἐμποιοῦσι, μᾶλλον καὶ ἤττον, καὶ ἐλάττω καὶ πλείω· πρὸς τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς, πρὸς ὃν ἂν ἕκαστ' αὐτῶν προσπίπτῃ, ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασυτήτός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.

(Pl. *Tim.* 86b1-87a9)

My translation

- (86b) The diseases of the body come about in this way. Those of the soul arise because of the bodily condition in the following way. We must accept that mindlessness is a disease of the soul, and there are two kinds of mindlessness: madness and ignorance.

Everything that someone suffers must be called a disease if it has one or the other (i.e. madness or ignorance); and we must assume that excessive pleasures and pains are the greatest diseases of the soul. For when a man is joyful or, on the contrary, suffering with pain,

- (86c) scrambling to seize one of them in untimely ways, and avoid the other, he is not able to see or hear anything correctly, he is raving and, at that time, he is least able to partake in reason. If that seed becomes abundant and overflows around the marrow, and like a tree produces an inordinate quantity of fruit, he brings upon himself again and again many pangs and pleasures from his desires and their fruition, and because of these greatest pleasures and
- (86d) pains, he becomes mad for most of his life, and although his soul is in a diseased and frantic state because of his body, he will appear not as sick, but as willfully bad; but in reality, sexual licentiousness (e.g.) becomes a disease of the soul, for the most part, due to the condition of a single type, which flows in the body due to the porousness of the bones, and makes it moist. Indeed, almost all affections of the soul are unruly pleasures, but the man who is reproached is called willfully bad, but this reproach is not correct, for no one is bad willfully. The bad man becomes bad on account of the bad
- (86e) condition of his body and a lack of education, and in every case the things he does are hateful to everyone and happen to them unwillingly. And again, with respect to pains, in the same way the soul acquires a lot of badness because of the body. For whenever both acidic and salty phlegms and other bitter and bilious humors wander throughout the body without finding a vent, but are
- (87a) trapped inside and mixing together the vapour that they give off with the motion of the soul, they are in a blended state, and they induce all kinds of diseases of the soul, some greater and lesser, and some fewer and more. As the diseases are carried to the three places of the soul, according to whichever place they attack, they proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

Zeyl's translation (2000)

The foregoing described how diseases of the body happen to come about. The diseases of the soul that result from bodily condition come about in the following way. It must be granted, surely, that mindlessness is the disease of the soul, and of mindlessness there are two kinds. One is madness and the other is ignorance. And so if a man suffers from a condition that brings on either one of the other, that condition must be declared a disease.

We must lay it down that the diseases that pose the gravest dangers for the soul are excessive pleasures or pains. When a man enjoys himself too much or, in the opposite case, when he suffers great pain, and he exerts himself to seize the one and avoid the other in inopportune ways, he lacks the ability to see or hear anything right. He goes raving mad and is at that moment least capable of rational thought. And if the seed of a man's marrow grows to overflowing abundance like a tree that bears an inordinately plentiful quantity of fruit, he is in for a long series of bursts of pain, or of pleasures, in the area of his desires and their fruition. These severe pleasures and pains drive him mad for the greater part of his life, and though his body has made his soul diseased and witless, people will think of him not as sick, but as willfully bad. But the truth about sexual overindulgence is that it is a disease of the soul caused primarily by the condition of a single stuff which, due to the porousness of the bones, flows within the body and renders it moist. And indeed, just about every type of succumbing to pleasure is talked about as something reproachable, as though bad things are willingly done. But it is not right to reproach people for them, for no one is willingly bad. A man becomes bad, rather, as a result of one or another corrupt condition of his body and an uneducated upbringing. No one who incurs these pernicious conditions would will to have them.

And as for pains, once again it is the body that causes the soul so much trouble, and in the same ways. When any of a man's acid and briny phlegms or any bitter and bilious humors wander up and down his body without finding a vent to the outside and remain pent up inside, they mix the vapour that they give off with the motion of the soul and so are confounded with it. So they produce all sorts of diseases of the soul, some more intense and some more frequent than others. And as they move to the three regions of the soul, each of them produces a multitude of varieties of bad temper and melancholy in the region it attacks, as well as of recklessness and

cowardice, not to mention forgetfulness and stupidity.

Cornford's translation (1937)

Such is the manner in which disorders of the body arise; disorders of the soul are caused by the bodily condition in the following way. It will be granted that folly is disorder of the soul; and of folly there are two kinds, madness and stupidity.

Accordingly, any affection that brings on either of these must be called a disorder; and among the gravest disorders for the soul we must rank excessive pleasures and pains. When a man is carried away by enjoyment or distracted by pain, in his immoderate haste to grasp the one or to escape the other he can neither see nor hear aright; he is in a frenzy and his capacity for reasoning is then at its lowest. Moreover, when the seed in a man's marrow becomes copious with overflowing moisture like the overabundance of fruitfulness in a tree, he is filled with strong pains of travail and with pleasures no less strong on each occasion (?) in his desires and in their satisfaction; for the most part of his life he is maddened by these intense pleasures and pains; and when his soul is rendered sick and senseless by the body he is commonly held to be not sick but deliberately bad. But the truth is that sexual intemperance is a disorder of the soul arising, to a great extent, from the condition of a single substance which, owing to the porousness of the bones, floods the body with its moisture. We might almost say, indeed, of all that is called incontinence in pleasure that it it (sic) not justly made a reproach, as if men were willingly bad. No one is willingly bad; the bad man becomes so because of some faulty habit of body and unenlightened upbringing, and these are unwelcome afflictions that come to any man against his will.

Again, where pains are concerned, the soul likewise derives much badness from the body. When acid and salt phlegms or bitter bilious humors roam about the body and, finding no outlet, are pent up within and fall into confusion by blending the vapour that arises from them with the motion of the soul, they induce all manner of disorders of the soul of greater or less intensity and extent. Making their way to the three seats of the soul, according to the region they severally invade, they beget many divers types of ill-temper and despondency, of rashness and cowardice, of dullness and oblivion.

Bury's translation (1929)³⁵⁷

Such is the manner in which diseases of the body come about; and those of the soul which are due to the condition of the body arise in the following way. We must agree that folly is a disease of the soul; and of folly there are two kinds, the one of which is madness, the other ignorance. Whatever affection a man suffers from, if it involves either of these conditions it must be termed "disease"; and we must maintain that pleasures and pains in excess are the greatest of the soul's diseases. For when a man is overjoyed or contrariwise suffering excessively from pain, being in haste to seize on the one and avoid the other beyond measure, he is unable either to see or to hear anything correctly, and he is at such a time distraught and wholly incapable of exercising reason. And whenever a man's seed grows to abundant volume in his marrow, as it were a tree that is overladen beyond measure with fruit, he brings on himself time after time many pangs and many pleasures owing to his desires and the issue thereof, and comes to be in a state of madness for the most part of his life because of those greatest of pleasures and pains, and keeps his soul diseased and senseless by reason of the action of his body. Yet such a man is reputed to be voluntarily wicked and not diseased; although, in truth, this sexual incontinence, which is due for the most part to the abundance and fluidity of one substance because of the porosity of the bones, constitutes a disease of the soul. And indeed almost all those affections which are called by way of reproach "incontinence in pleasure," as though the wicked acted voluntarily, are wrongly so reproached; for no one is voluntarily wicked, but the wicked man becomes wicked by reason of some evil condition of body and unskilled nurture, and these are experiences which are hateful to everyone and involuntary. And again, in respect of pains likewise the soul acquires much evil because of the body.

For whenever the humors which arise from acid and saline phlegms, and all humors that are bitter and bilious wander through the body and find no external vent but are confined within, and mingle their vapour with the movement of the soul and are blended therewith, they implant diseases of the soul of all kinds, varying in intensity and in extent; and as these humors penetrate to the three regions of the soul,

³⁵⁷ This is almost identical to Lamb's translation of 1925. I suspect the two either collaborated or Bury was highly influenced by Lamb's. Even the grammatical errors are the same, as will be discussed later.

according to the region which they severally attack, they give rise to all varieties of bad temper and bad spirits, and they give rise to all manner of rashness and cowardice, and of forgetfulness also, as well as of stupidity.

Translational variations

86b1- ‘τὰ δὲ περὶ ψυχῆν διὰ σώματος.’

- 1) Those of the soul arise because of the body in the following way. (Enright)
- 2) The diseases of the soul that result from bodily condition come about in the following way. (Zeyl)
- 3) Disorders of the soul are caused by the bodily condition in the following way. (Cornford)
- 4) Those of the soul which are due to the condition of the body arise in the following way. (Bury)

From the very opening of this account of psychic disease, there is scholarly disagreement about Plato’s meaning. At 86b1 he says ‘τὰ δὲ περὶ ψυχῆν διὰ σώματος.’ This statement can be understood in two ways. Zeyl translates it as ‘the diseases of the soul *that result* from bodily condition’ (my italics).³⁵⁸ Bury’s translation is very similar, and Cornford strongly agrees with this reading, as expressed in his commentary.³⁵⁹ This reading allows for the possibility that diseases of the soul could result from something other than bodily condition. The statement here merely indicates that the diseases Timaeus will speak of presently do in fact come from a poor bodily condition. But Gill believes this reading to be inaccurate. He argues that the text should instead be translated as ‘diseases of the psyche arise *because of* the condition of the body in the following way’ (my italics),³⁶⁰ which would suggest that all psychic diseases only ever come about as a result of poor bodily condition. Gill believes this to be Plato’s intention, based on the fact that he does not see any evidence that Timaeus is referring to a subgroup of psychic diseases.³⁶¹ Both interpretations are

³⁵⁸ Pl. *Tim.* 86b.

³⁵⁹ Cornford 1937, p.346 “It is not stated that *all* mental disorders are *solely* due to bodily states.’

³⁶⁰ Gill 2002, p.60.

³⁶¹ Gill 2002, p.60. Ahonen 2014, p.44 agrees with Gill’s argument on this.

grammatically accurate, but I find myself in agreement with Gill based on two main pieces of evidence.

At 86e1-2 *Timaeus* does state that a lack of education can also contribute to psychic diseases; ‘διὰ δὲ πονηρὰν ἔξιν τινὰ τοῦ σώματος καὶ ἀπαίδευτον,’ but there is no indication that bad education could be the solitary causation. It is the bodily condition *and* a lack of education that cause psychic diseases to arise, not the bodily condition *or* a lack of education. In fact, we might think of education as falling under the remit of bodily condition. Ostenfeld notes his surprise that in this statement at 86e1-2, psychogenic illness is not mentioned by Plato, and Lautner responds that this is because it does not exist.³⁶² In its pure, fully disembodied state the soul is perfectly healthy. It only experiences bad health when trapped inside the human body. In the same way, the disembodied soul does not require education. Educational needs come from the presence of a body and the mortal distractions it brings with it. This interpretation is supported within *Timaeus* in Plato’s description of incarnation at 43a6–44d2. From the moment a soul is placed in a human body at birth, its revolutions are thrown into disorder and it is this disturbance of the psychic revolutions that the philosopher fights against for his entire life, struggling to achieve and maintain the order and perfection of the motion of the soul against the influences of the body. It is only mortal distractions that we need to recognise through the correct education and steel ourselves against, so it follows that Gill’s interpretation is most likely correct. Psychic diseases only ever occur as a result of the bodily condition.

87a5- πρὸς τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς

There is a grammatical error in the usual translation of this sentence. I will quote a larger portion of the text to highlight the error.

Ὅπου γὰρ ἂν οἱ τῶν ὀξέων καὶ τῶν ἀλυκῶν φλεγμάτων καὶ ὅσοι πικροὶ καὶ χολώδεις χυμοὶ κατὰ τὸ σῶμα πλανηθέντες ἔξω μὲν μὴ λάβωσιν ἀναπνοήν, ἐντὸς δὲ εἰλλόμενοι τὴν ἀφ’ αὐτῶν ἀτιμίδα τῆ τῆς ψυχῆς φορᾶ ζυμμίξαντες ἀνακερασθῶσι, παντοδαπὰ νοσήματα ψυχῆς ἐμποιοῦσι, μᾶλλον καὶ ἥττον, καὶ ἐλάττω καὶ πλείω· πρὸς τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς.

³⁶² Lautner 2011 p.27; Ostenfeld 1987, p.81 n.132.

1) For whenever both acidic and salty phlegms and other bitter and bilious humors wander throughout the body without finding a vent, they are trapped inside and mixing together the vapour that they give off, they are mixed up with the motion of the soul, and they induce all kinds of diseases of the soul, some greater and lesser in intensity and some greater and lesser in extent. As the diseases move to the three parts of the soul... (Enright)

2) When any of a man's acid and briny phlegms or any bitter and bilious humors wander up and down his body without finding a vent to the outside and remain pent up inside, they mix the vapour that they give off with the motion of the soul and so are confounded with it. So they produce all sorts of diseases of the soul, some more intense and some more frequent than others. And as they move to the three regions of the soul... (Zeyl)

3) When acid and salt phlegms or bitter bilious humors roam about the body and, finding no outlet, are pent up within and fall into confusion by blending the vapour that arises from them with the motion of the soul, they induce all manner of disorders of the soul of greater or less intensity and extent. Making their way to the three seats of the soul... (Cornford)

4) For whenever the humors which arise from acid and saline phlegms, and all humors that are bitter and bilious wander through the body and find no external vent but are confined within, and mingle their vapour with the movement of the soul and are blended therewith, they implant diseases of the soul of all kinds, varying in intensity and in extent; and as these humors penetrate to the three regions of the soul... (Bury)

In the passage provided, 86e6-87a5, we are told that the humors mix with the motions of the soul and cause diseases of the soul, but the subsequent phrase appears to have misled previous translators. Plato says, 'πρός τε τοὺς τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς...'. This is an exceptionally important phrase in this passage, as it reveals how Plato envisaged the soul interacting with whatever it is that is producing its diseases, but this is often misinterpreted.

The term in question is the participle ἐνεχθέντα (moving), which can be accusative, masculine, and singular *or* nominative/accusative, neuter, and plural. Therefore, χυμοὶ (the humors), which is nominative, masculine, and plural, cannot be the subject of ἐνεχθέντα. When ἐνεχθέντα is masculine, its number does not match χυμοὶ. Therefore, ἐνεχθέντα must

be referring to νοσήματα (diseases) at 87a2, which is accusative, neuter, plural, and therefore agrees with ἐνεχθέντα in case, number, and gender. So, it is the diseases caused by the humoral vapours that move to the three regions of the soul. But this is often misrepresented.

Bury openly inserts ‘as these humors penetrate’ into his translation, presumably to help make the process clearer for the reader, but as shown, this cannot be correct. Lamb (1925), Lautner (2011, p.28) and Ahonen (2014, p.45) do the same. Zeyl and Cornford, on the other hand, opt for ambiguity with ‘as they move’ and ‘making their way’ respectively. But, while Zeyl’s translation is sufficiently unclear so as to disguise his interpretation here, I suspect that Cornford, like Bury, was thinking of the humors or the humoral vapours making their way to the three seats of the soul. At 87a2, he chooses to translate νοσήματα as disorders, which we do not usually associate with movement. Disorders tend to be a state of being in one particular part of the body, rather than something that can spread. So, I believe both Bury and Cornford have mistranslated this phrase,³⁶³ and Zeyl does not provide sufficient detail to make this important process clear to the reader. Therefore, in my translation I have chosen to include the following qualifying statement, ‘As the diseases move to the three parts of the soul...’.

5.2. A physical origin?

Now that an accurate translation of the passage in question has been provided, the origin of psychic diseases can be fully examined. We are told at 86e1-2 that these diseases of the soul come about as a result of poor bodily condition and a lack of education. Neither of these origins should be surprising to the Platonic scholar. Both a body in ill-health and a lack of education lead to the individual making choices against their rational desires. A sick body distracts from the study of philosophy, and the uneducated do not yet know the benefits of living the virtuous life. But, at 86a1-87a5, Plato appears to suggest that the diseased body has more of a direct role to play in causing psychic disease than simply providing a distraction from philosophic enquiry. Plato states:

Ὅπου γὰρ ἂν οἱ τῶν ὀξέων καὶ τῶν ἀλυκῶν φλεγμάτων καὶ ὅσοι πικροὶ καὶ χολώδεις χυμοὶ κατὰ τὸ σῶμα πλανηθέντες ἔξω μὲν μὴ λάβωσιν ἀναπνοήν, ἐντὸς δὲ εἰλλόμενοι τὴν ἀφ’ αὐτῶν ἀτμίδα τῇ τῆς ψυχῆς φορᾷ ζυμμίξαντες ἀνακερασθῶσι, παντοδαπὰ

³⁶³ As well as Lamb and Lautner.

νοσήματα ψυχῆς ἐμποιοῦσι, μᾶλλον καὶ ἥττον, καὶ ἐλάττω καὶ πλείω· πρὸς τε τοὺς
τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς, πρὸς ὃν ἂν ἕκαστ' αὐτῶν προσπίπτῃ, ποικίλλει μὲν
εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασυτήτός τε καὶ δειλίας, ἔτι
δὲ λήθης ἅμα καὶ δυσμαθίας.

For whenever both acidic and salty phlegms and other bitter and bilious humors
wander throughout the body without finding a vent, but are trapped inside and mixing
together the vapour that they give off with the motion of the soul, they are blended,
and they induce all kinds of diseases of the soul, some greater and lesser, and some
fewer and more. As the diseases are carried to the three places of the soul, according
to whichever place they attack, they proliferate all kinds of irritability and
despondency, and they proliferate rashness and cowardice, as well as forgetfulness
and, at the same time, stupidity.

(Pl. *Tim.* 86e5-87a9 Tr. Enright)

Upon an initial reading, Plato appears to be suggesting that the physical, bodily humors, are capable of directly infecting the soul and causing diseases within the psyche. As mentioned, this interpretation of the passage would be in direct contradiction with one of the most consistent cross-corpus Platonic notions of soul and body distinctness.³⁶⁴ The soul and body can be, and are, extensively interwoven but there always remains a firm boundary between the two and they are incapable of truly mixing irreversibly. We might expect the corporeal requirements such as nutrition, reproduction, and socialising to distract from the rational pursuits of the soul. We can even understand how a bad education and other unfavourable social factors may affect the individual's judgement and cause them to act against the rule of Reason, causing imbalance between the parts of the soul, and thus, bad health in the psyche, but we would not expect the humors to be able to have any direct effect on the soul. However, the statement at 87a appears to suggest that the bodily humors are able to migrate across the boundary in order to enter and directly infect the soul in a way more suited to substances both belonging to the physical realm. This apparent departure from the Platonic norm of distinct body and soul has puzzled scholars and resulted in extensive explorations on the issue of Platonic dualism in order to explain how it is possible for the body to affect the

³⁶⁴ Pl. *Phd.* 67-68a; *Tim.* 85e; *Rep.* 608d; 610a.

soul so directly.³⁶⁵ While these studies give interesting perspectives on the issue of body and soul interaction, the arguments suffer from the authors overlooking the crucial point of body and soul distinctness. In an attempt to rationalise this close mixing of body and soul, Carone argues that the soul becomes a corporeal substance.³⁶⁶ But the attempt to completely remove the issue of the boundary between physical and spiritual realms, by suggesting that the soul is itself a physical substance, thus permitting the bodily humors to enter the soul unrestricted, cannot be an accurate reading of *Timaeus*. Plato is explicit at 35a-41e about the fact that the human soul is not a substance. The constructional components of the human soul are the same abstract entities as those used by the demiurge to construct the soul of the universe: ‘Being’, ‘the Same’ and ‘the Different’,³⁶⁷ but of a ‘second or third grade of purity.’³⁶⁸ So, if we are to take Plato at his word at 87a, an explanation needs to be considered that is consistent with these defining features of both entities, but still allows the humors to cause disease within the soul.

When the demiurge constructed the body, the marrow was the first building block to be made from each of the four elements. It is only the marrow that interacts so closely with the soul, permitting life in the first place, and it is evidently considered by Plato to be the most important part of the body. *Timaeus* explains that marrow is created from ‘those triangles which, being unwarped and smooth, were originally able to produce fire, water, air and earth of the most exact form’³⁶⁹, or, in other words, the best copies available of perfection.³⁷⁰ Physical bodies can never have the perfection of the mathematical triangles, as explained by *Timaeus* at 53e; ‘we shall concede to no one that there are visible bodies more perfect than these’.³⁷¹ Therefore, Plato shows the superiority of marrow among the parts of the mortal body. Furthermore, the amount of each primary body used in constructing the marrow is specified as *σύμμετρα*.³⁷² This is usually ambiguously translated as ‘in due proportion’³⁷³ or ‘in the right proportions’,³⁷⁴ but *σύμμετρα* is used by Plato elsewhere to indicate actual symmetry.³⁷⁵ If this were Plato’s intention in his use of *σύμμετρα* at 73c, it

³⁶⁵ For these discussions see Carone 2005; Gill 2002; Ostenfeld 1982; Sedley 1997 and 2000.

³⁶⁶ Carone 2005, p.236-241.

³⁶⁷ Pl. *Tim.* 35a.

³⁶⁸ Pl. *Tim.* 41e.

³⁶⁹ Pl. *Tim.* 73b.

³⁷⁰ Cornford 1937, p.293.

³⁷¹ Pl. *Tim.* 53e.

³⁷² Pl. *Tim.* 73c.

³⁷³ Pl. *Tim.* 73c. Tr. Cornford 1937, p.293 and Lamb 1925, 73b.

³⁷⁴ Pl. *Tim.* 73c. Tr. Zeyl 2000, p.67.

³⁷⁵ Pl. *Tim.* 66d, 87d; *Phil.* 66b Tr. Frede 1997; LSJ 1996, p.1679.

would seem that the best physical examples of the four elements are used in equal proportions to create a pure and symmetrical marrow in which to house the soul. The soul is always superior to the body for Plato,³⁷⁶ and so it follows that only the very best and purest part of the body is permitted to be in such close proximity with the soul.

The soul, which gives structure and animation to the body, is ‘implanted in the marrow’³⁷⁷ and bound within it.³⁷⁸ Life depends on the soul being anchored to the marrow and if the marrow becomes diseased, we are told that the illness is fatal.³⁷⁹ Upon death, the ‘life’s chains’³⁸⁰ which hold the soul within the marrow are loosened, releasing the soul, and the body dies.³⁸¹ Because of the special status assigned to the marrow, in his refutation of Carone’s suggestion of a corporeal soul, Fronterotta suggests that the marrow is acting as a ‘mediating element’³⁸² between soul and body. He suggests that the marrow acts as a sponge, soaking up the soul and provides a bridge across the boundary separating the material and immaterial realms that Plato has been so insistent upon, without degrading the soul in any way to the corporeal realm.

But, the fact remains that there is still a firm boundary separating the two. Even if the marrow is made from the most perfect visible copies possible of the four elements, its component parts are still not perfect. And, crucially, its component parts are still fundamentally different from the entities that make up the soul. Marrow is made from fire, water, air and earth; the soul is made from Being, the Same and the Different. So even if marrow were made from absolutely perfect examples of the elements, it is still not of the same realm as the soul.

So, in order to try and gain a better understanding of this issue, and hopefully a more convincing conclusion, I will return to the text once again and look at two specific terms:

Ὅπου γὰρ ἂν οἱ τῶν ὀξέων καὶ τῶν ἀλυκῶν φλεγμάτων καὶ ὅσοι πικροὶ καὶ χολώδεις χυμοὶ κατὰ τὸ σῶμα πλανηθέντες ἔξω μὲν μὴ λάβωσιν ἀναπνοήν, ἐντὸς δὲ εἰλλόμενοι τὴν ἀφ’ αὐτῶν ἀτμίδα τῆς ψυχῆς φορᾶ ξυμμίξαντες ἀνακερασθῶσι, παντοδαπὰ νοσήματα ψυχῆς ἐμποιοῦσι, μᾶλλον καὶ ἥττον, καὶ ἐλάττω καὶ πλείω· πρὸς τε τοὺς

³⁷⁶ Pl. *Phd.* 80a-b, 83a, 114c.

³⁷⁷ Pl. *Tim.* 73c.

³⁷⁸ Pl. *Tim.* 73c

³⁷⁹ Pl. *Tim.* 84c.

³⁸⁰ Pl. *Tim.* 73b.

³⁸¹ Pl. *Tim.* 84c, 85e

³⁸² Fronterotta 2007, p.234.

τρεῖς τόπους ἐνεχθέντα τῆς ψυχῆς, πρὸς ὃν ἂν ἕκαστ' αὐτῶν προσπίπτῃ, ποικίλλει μὲν εἶδη δυσκολίας καὶ δυσθυμίας παντοδαπά, ποικίλλει δὲ θρασύτητός τε καὶ δειλίας, ἔτι δὲ λήθης ἅμα καὶ δυσμαθίας.

For whenever both acidic and salty phlegms and other bitter and bilious humors wander throughout the body without finding a vent, but are trapped inside and mixing together the vapour that they give off with the motion of the soul, they are blended, and they induce all kinds of diseases of the soul, some greater and lesser, and some fewer and more. As the diseases are carried to the three places of the soul, according to whichever place they attack, they proliferate all kinds of irritability and despondency, and they proliferate rashness and cowardice, as well as forgetfulness and, at the same time, stupidity.

(Pl. *Tim.* 86b1-87a9 Tr. Enright)

When describing the humoral vapours mixing with the motion of the soul, Plato uses the compound verb ἀνακεράννυμι, from the root verb κεράννῶμι, which means mix or blend. LSJ comments that the root verb is used most frequently to describe ‘diluting wine with water.’³⁸³ So it is apparent that this term does seem to indicate that the two components involved are truly blended, irreversibly. To strengthen this association, at 35a, when discussing the construction of the world soul from Being, The Same and The Different Plato says:

συνεκεράσατο εἰς μίαν πάντα ιδέαν.

He blended them all into one form.

(Pl. *Tim.* 35a5)

We know from the demiurge’s delegation of the creation of the human body to the Olympian gods at 41a-c that anything made by him is everlasting, so we can be sure that the components of the world soul are truly blended with one another, ensuring that all boundaries between component parts are removed, similar to the way in which two liquids might be mixed together. To convey this meaning, Plato uses another compound of κεράννῶμι at 35a5;

³⁸³ LSJ [online] s.v. κεράννῶμι

συγκεράννυμι. When the components of a mixture can be extracted from one another, μίγνυμι and its compounds tend to be used. For example, when describing the combining of different elements to create parts of the body, Plato writes ‘μειγνύς δὲ ἀλλήλοις’³⁸⁴ ‘he mixed them together.’ In this instance, although the component parts *seem* to be irreversibly blended to create a new singular form, an organ for example, because the human body is mortal we know that the parts of the body can be deconstructed into their components; this is what happens to the body after death. They may be very closely woven together spatially, but they are still very much independent entities and can be extracted from one another.

However, the demiurge does make one statement that suggests that, actually, even the immortal things he himself creates are capable of being deconstructed at his will. At 41a8-9 he says:

ὅν ἐγὼ δημιουργὸς πατήρ τε ἔργων, δι’ ἐμοῦ γενομένα ἅλυστα ἐμοῦ γε μὴ ἐθέλοντος.

Whatever has come to be by my hands cannot be undone, but by my consent.

(Pl. *Tim.* 41a8-9 Tr. Zeyl.)

So, if even divine beings are capable of being deconstructed, perhaps Plato envisaged that there is *nothing* in the universe that cannot be broken down into its component parts, even when they appear to have been blended (κεράννυμι). In which case, we can still think of the humors as interacting with the soul spatially, but not actually crossing the boundary between the physical and spiritual realms.

This conclusion means that some care must be taken when translating ἐμποιέω. Bury and Lamb choose ‘implant’, which is highly misleading. ‘Implant’ is defined as ‘to be set, fixed, or embedded in something’,³⁸⁵ but if the humors never actually combine with the soul, it would be wholly inaccurate to describe them as implanting a disease. ‘Produce’ is used as a more ambiguous translational alternative by Zeyl. Produce can be defined as ‘to bring into existence’ or ‘to make or manufacture’.³⁸⁶ The former implies slightly more indirect responsibility, but the latter definition would, like ‘implant’, imply direct causation. In line with Cornford, I would suggest that perhaps ‘induce’ is a better translational option in this instance. I view the interaction between the humors and the soul as more mechanical than

³⁸⁴ Pl. *Tim.* 73c.

³⁸⁵ OED. [Online]. 2014. s.v. implant.

³⁸⁶ OED. [Online]. 2014. s.v. produce.

physical, since we know that the soul is considered to have spatial existence. Plato accounts for the shape of the human skull being spherical in that it accommodates the spherical revolutions of the soul.³⁸⁷ If this is the case, then the presence of the humors inside the area the soul occupies will change the shape of the available space, thus disrupting the revolutions of the soul. It is this disruption that is the cause of psychic disease. So, the humors, rather than implanting a disease, induce disease within the soul by affecting the motions, which aligns with Plato's original description of the process. He says, 'they are mixed up with the *motion* of the soul.'³⁸⁸

In summary, the origin of psychic disease appears to be with the body's capacity to disrupt the revolutions of the soul. This can be through physically invading and altering the space in which the soul can revolve, as seen with the humors, or by distraction from the pursuit of wisdom caused by a lack of control and excessive satisfaction of the irrational desires of Appetite and Spirit. Our judgement is impaired by our mortal senses leading to actions and behaviours that, in our folly, do not follow the desires of Reason.

Conclusion

Based on the evidence examined from *Timaeus* and from the characterisation of Apollodorus in *Symposium* and *Phaedo*, I argue that there is a positive, but not complete, correlation between DSM-V's categorisation of depression and Plato's understanding of psychic illness. Through an examination of *Timaeus* and Apollodorus, Plato identifies behaviour associated with four of the nine DSM-V symptoms of depression; depressed mood, anhedonia, low self-esteem, and impaired thinking/concentration. But in order to conclude that there is a positive correlation between DSM and Plato's understanding of psychic illness, the identification of individual symptoms is not enough. Plato needs to demonstrate his awareness of the tendency for these symptoms to occur together.

From *Timaeus*, Plato evidently envisaged each symptom in his identifiable pairs as only capable of manifesting individually at any one time. Each symptom arises as the result of either an excessive desire or the neglect of the desire of a particular part of the soul. Therefore, within the same part of the soul they cannot co-exist. An examination of the characterisation of Apollodorus confirms this conclusion. Apollodorus appears to be a

³⁸⁷ Pl. *Tim.* 44d2-3; 69c-71a.

³⁸⁸ Pl. *Tim.* 87a2. (italics added for emphasis)

characterisation of the Timaean man with a disease in his soul, and he exhibits despondency and irritability, which are both associated with a disease in the appetitive part of the soul, on separate occasions, within different dialogues.

However, it is apparent that within this symptomatic model of opposing symptoms in a pair manifesting individually, Plato did recognise that symptoms from other pairs could, and would, occur together. The nature of the tripartite soul requiring harmony between the three parts results in a model in which if one part experiences excess, there must be a change in the satisfaction of the desires of the other two parts. This results in all three parts experiencing either excess or deficiency and presenting one of their symptoms. Therefore, Plato shows his understanding that these symptoms must occur as a collective, rather than individually.

Furthermore, in *Timaeus* Plato gives psychic diseases a physical, bodily origin. If my interpretation of the passage at 86b1-87a9 is correct, psychic disease originates from the disruption of the revolutions of the soul, either caused by the bodily humors invading and altering the space in which the soul can revolve, or by a bodily distraction from the pursuit of wisdom caused by a lack of control and excessive satisfaction of the irrational desires of Appetite and Spirit. Our judgement is impaired by our mortal senses leading to behaviours that do not follow the rational desires of Reason.

In sum, Plato identifies four of the nine symptoms of depression according to DSM-V, including both key symptoms; he recognises the tendency for these symptoms to occur together and, in fact, his theory of tripartition ensures that they do always occur together in varying combinations; and, finally, he attributes these symptoms to a disease of the soul, which is ultimately caused by the body. This results in a convincingly positive correlation between DSM-V's categorisation of depression and Plato's understanding of psychic illness.

Chapter 4- Aristotle

Introduction

This chapter will argue that Aristotle gets to a similar, but more enhanced position than Plato. There is a strong, positive correlation between DSM-V's categorisation of depression and Aristotle's descriptions of the passionate dispositions he associates with women, melancholics, and old men.

I begin with an explanation of the Aristotelian soul. Whereas Plato viewed psychological disturbance as being fundamentally a psychic imbalance, I will show that this is not the case for Aristotle. Because the living body is a synthesis, and the form (soul) and matter (body) of the living being cannot exist apart, Aristotle's soul and body do not experience the same problems that distinctness brought with Plato's soul. Sickness of the body can directly affect the soul in so much as it can cause the agent to fail to hit the mean, which affects the virtuous nature of the soul. I will then examine Aristotle's description of *akrasia* in *Nicomachean Ethics*, to show his belief that a lack of emotional self-control had its roots in physiology. Through this description, it is clear that Aristotle recognises the existence of conditions that we would now think of as affective disorders.

But affective disorders are a broad category and it is a great step from a general recognition of affective disorders to recognising depression specifically. However, I argue that through his descriptions of the clustering of symptoms associated with people with a cool physiology, Aristotle did recognise depression as a specific disorder.

In order to isolate references from across the entire corpus in which Aristotle discusses the symptoms that we now associate with depression, it was necessary to perform etymological searches. This process revealed that, surprisingly, Aristotle very rarely uses *penthos*. This term translates as sadness, or grief, and was the term I expected to find most closely associated with prolonged sadness. Most surprisingly was the discovery that the word is not used in *Rhetoric* when Aristotle is directly discussing a range of human emotions. I briefly explore the possible reasons for this unexpected omission before moving on to examine the existing references.

The etymological searches for each symptom revealed a significant degree of clustering in relation to women, melancholics, and old men. Across the three groups, Aristotle identifies eight of the nine symptoms that DSM-V associates with depression. This

shows a significant degree of correlation between the modern categorisation of depression and Aristotle's recognition of the condition. Furthermore, six of the eight symptoms identified by Aristotle appear in discussions about more than one of the groups (women, melancholics, old men), which suggests that Aristotle considered these passions to have the tendency to occur together.

Additionally, while women, melancholics, and old men at first appear to be disparate groups of people, I note that it is the cool physiology they have in common that Aristotle viewed as the root cause of their shared passionate tendencies.

These conclusions, drawn from the undisputed Aristotelian corpus, are then supported by the Pseudo-Aristotleian *Problemata* 30.1.³⁸⁹ This text presents many of the same symptoms seen elsewhere in the undisputed corpus and explicitly associates them with a cooled physiology, either through the consumption of wine, or through ageing.

In line with my aims, I conclude that there is a strong correlation between DSM-V's categorisation of depression and Aristotle's recognition of those symptoms. He consistently clusters together eight of the nine DSM-V symptoms of depression, and it is apparent that he attributes these symptoms to people with a cool physiology.

1. The Aristotelian soul

Aristotle discusses, and makes reference to, his notion of soul in many of his texts, but it is in *De Anima* that he gives us the most precise, scientific exposition of the relationship between the soul and the body. In this section, I will use the discussion from *De Anima* in isolation to present as coherent an Aristotelian notion of the soul and its interaction with the body as possible. However, in subsequent sections, when drawing on discussions concerning the soul from other works, especially the *Ethics*, it must be noted that Aristotle does not apply the same scientific rigidity to his presentations of the relationship between soul and body. Depending on context he tends to be more flexible in his terminology, so I will endeavour to bear this in mind when drawing my conclusions.

In Book II of *De Anima*, Aristotle states that he intends to start from the very

³⁸⁹ I think it prudent to separate *Problemata* from the treatises for which authorship is not disputed as it will avoid too heavy a reliance on the former, and show that, even without the exceptional evidence 30.1 offers, we can still draw the same conclusions about Aristotle's conception of depressive disorder. van der Eijk 2005, ch.5 must take the credit for this methodology, although the focus of our arguments differ. Mayhew 2011, p.275. n.2. notes that van der Eijk's methodology in this instance is 'a model of how to approach the *Problems*.'

beginning, without building on the influence of others, in order to produce a new theory of the soul.³⁹⁰ It is with this statement that his readers are warned that the Aristotelian soul will likely differ significantly from Plato's tripartite psyche. Aristotle begins by exploring how to describe the soul in terms of a substance. He begins the construction of his psychic theory by stating that a substance can be either of matter, of form, or a composite of both.³⁹¹ Matter is any body comprised of the elements. Matter may (or may not) have the *potential* for life. A substance of form is the life-giving principle in living beings.³⁹² So, matter can be the potentiality for life and form is actuality of life. Therefore, any living being (plant, animal or person) must be a combination of matter and form resulting in the third type of substance; the composite.³⁹³ Since the matter is the bodily substance with potential for life, Aristotle concludes 'the soul must be a substance in the sense of the form'³⁹⁴ and, thus, the soul is 'the principle of animal life'.³⁹⁵

Having begun his exposition by identifying the soul as a substance of form, Aristotle then argues that, in fact, the soul must be thought of as the essence or function of a thing, not as a physical substance. To illustrate this concept, he uses two analogies, an axe and an eye. Aristotle explains that the function of an axe is to chop wood. If an axe is incapable of chopping, then really it can no longer be thought of as an axe, but is just a piece of wood and metal.³⁹⁶ Likewise an eye without sight is no longer truly an eye. The functioning eye cannot exist without possessing sight, and sight cannot exist without an eye to perform the function. The same can be said of the soul and living body. The body cannot be said to be living without the soul, and the soul cannot provide life without a body, so the soul is the essence of the living body.

Aristotle's conclusion is that the soul is a hierarchy of faculties or powers, where the most basic must be possessed in order to obtain the higher faculties. The first psychic capacity is self-nutrition, which encompasses growth, digestion and reproduction. This capacity is the only one possessed by plants, the most basic of living bodies.³⁹⁷ The next faculty in the hierarchy is sensation and belongs to animals.³⁹⁸ Most animals also exhibit

³⁹⁰ Arist. *DA* 2.1.412a1-5.

³⁹¹ Arist. *DA* 2.1.412a6-10.

³⁹² Arist. *DA* 2.1.412a9-10.

³⁹³ Arist. *DA* 2.1.412a15-6.

³⁹⁴ Arist. *DA* 2.1.412a20.

³⁹⁵ Arist. *DA* 1.1.402a7.

³⁹⁶ Arist. *DA* 2.1.412b13-15.

³⁹⁷ Arist. *DA* 2.2.413a25-34.

³⁹⁸ Arist. *DA* 2.2.413b1-4.

locomotion, another faculty. Finally, the soul of humans, the most complex living being, possesses the power of intellect in addition to the lower faculties of self-nutrition, sensation, and locomotion.³⁹⁹

So, in *De Anima*, the soul and body exist as a composite and this unity of matter and form would allow for Aristotle to view psychological disturbances and bodily condition as being mutually affecting. However, the most detailed discussion of emotional disturbance occurs in relation to the *akratic* man in *Nicomachean Ethics*, in which Aristotle tends to be more flexible in his application of the theory of soul and body co-dependence. Therefore, I will examine how the physiology of the *akrates* affects their passions in *Nicomachean Ethics* specifically.

2. The *akrates*

The most direct examination of an agent who lacks emotional control is the *akratic* man of *Nicomachean Ethics*. As explored in Chapter 2,⁴⁰⁰ for Aristotle *eudaimonia* is achievable only by living one's life in such a way that the activities of the soul are always 'in conformity with virtue'.⁴⁰¹ This virtue is having the disposition to always choose 'a mean between two vices'⁴⁰² in the activities of the soul, which are the passions felt and the actions taken.⁴⁰³ So, for an agent to be considered virtuous they must achieve a disposition towards appropriate feelings and actions, as guided by the reasoned judgement of their intellect, and practical wisdom so that they can always choose the mean, even in unfamiliar situations. Because of the significant role played by appropriate feelings in the ability for the agent to achieve virtue, emotional disturbance or imbalance is, unsurprisingly, a cause for concern within his treatises.

In *Nicomachean Ethics* Book 7, Aristotle describes an agent who knows what he ought to do in order for his actions to be virtuous, but does something else, because he is governed by his emotions. This agent is called the *akrates* (the unrestrained, or incontinent man).⁴⁰⁴ Aristotle makes it abundantly clear in his descriptions of the *akrates* that the

³⁹⁹ Arist. *DA* 2.3.414b19.

⁴⁰⁰ Ch. 2, p.108-113

⁴⁰¹ Arist. *EN*. 1.7.1098a16.

⁴⁰² Arist. *EN*. 2.9.1109a21-22.

⁴⁰³ Arist. *EN*. 2.6.1106b17.

⁴⁰⁴ Arist. *NE* 7.3.1147a10 -24; 7.6.1150b17-23; 7.8.1150b31-36.

physiological condition of the individual can be responsible for their inability to control their emotions.⁴⁰⁵ This is expressed in the following statements:

ἀλλ' εἴ τις πρὸς ἅς οἱ πολλοὶ δύνανται ἀντέχειν, τούτων ἡττᾶται καὶ μὴ δύναται ἀντιτείνειν, μὴ διὰ φύσιν τοῦ γένους ἢ διὰ νόσον.

We are surprised when a man is overcome by pleasures and pains which most men are able to withstand, except when his failure to resist is due to some innate tendency, or to disease.

(Arist. *NE* 7.7.115011-13)

οἱ [ἀλόγιστοι] δὲ διὰ νόσους, οἷον τὰς ἐπιληπτικάς, ἢ μανίας νοσηματώδεις.

Those who lose their reason owing to some disease, such as epilepsy, or through insanity, are morbid.

(Arist. *NE* 7.5.1149a10-12)

πῶς δὲ λύεται ἡ ἄγνοια καὶ πάλιν γίνεται ἐπιστήμων ὁ ἀκρατής, ὁ αὐτὸς λόγος καὶ περὶ οἰνωμένου καὶ καθεύδοντος καὶ οὐκ ἴδιος τούτου τοῦ πάθους, ὃν δεῖ παρὰ τῶν φυσιολόγων ἀκούειν.

If we ask how the unrestrained man's ignorance is dissipated and he returns to a state of knowledge, the explanation is the same as in the case of drunkenness and sleep, and is not peculiar to failure of self-restraint. We must go for it to the physiologists.

(Arist. *NE* 7.3.1147b5-8)

These select statements make it apparent that the inability of the *akrates* to control his emotions can be attributed to his bodily condition. In the first statement, Aristotle notes that it is not surprising when an individual is overcome with emotion in the wake of disease, which suggests that emotional disturbance was readily associated with physical illness. The second

⁴⁰⁵ All of the following works have informed my reading of these passages and highlight that sleep and drunkenness can be thought of as other examples of physiological conditions: Ahonen 2014; Destrée 2007; Francis 2011; Gosling 1993; Owens 1981; Pickavé and Whiting 2008.

assumes that disease can cause people to lose their reason, and in the third extract, the failed attempt to follow reason is compared to someone who is drunk or asleep, which are both conditions that Aristotle states elsewhere affect cognition through changes to the physiology of the body. *On Sleep* 456b17-27 describes the physiological change that brings about sleep. Aristotle suggests that ingesting food causes hot exhalations, which move upwards towards the brain, since the brain was believed by Aristotle to be an organ of heat regulation.⁴⁰⁶ As the head becomes heavier with the presence of these hot exhalations, the individual feels drowsy. The brain then cools the exhalations and they move back down towards the heart. This movement of cool exhalations back towards the heart brings on sleep. At 456b30, Aristotle comments that wine has the same effect on the body, causing hot exhalations leading to sleep, which suggests that drunkenness is similarly physiological. So it is clear that the two comparative states to *akrasia* in *Nicomachean Ethics* 7.3.1147b5-8 arise as a result of a physiological change, indicating to the reader that *akrasia* should also be thought of as arising as a result of a change in the bodily condition. And if this comparison were not enough, Aristotle explicitly states that one should look to the physiologists to find a cure for *akrasia*, confirming that he viewed emotional disturbance as a physiological issue.

So, it is evident that Aristotle, through his presentation of the *akrates* and consistent with the hylomorphic theory of *De Anima*, viewed the physiological condition of the body as able to affect one's ability to feel passions, and act, virtuously. Having established that Aristotle associated emotional disturbance with the bodily condition, I will now go on to assess his recognition of the symptoms that DSM-V categorises as depression, and their tendency to occur together in clusters.

3. Sadness in the Aristotelian corpus

When considering an author's conception of depressive disorder, the most obvious place to start is with their thoughts on sadness. But with Aristotle this immediately presents a problem. Aristotle discusses human emotion in great detail, particularly in *Nicomachean Ethics* and *Rhetoric*. The emotions are part of Aristotle's group of *pathe* (passions). In *Nicomachean Ethics* the *pathe* include 'appetite, anger, fear, confidence, envy, joy, love, hatred, longing, emulation, pity, and in general feelings that are accompanied by pleasure or

⁴⁰⁶ Arist. *GA* 2.6.743b27-32; *PA* 2.7. 652b23-6; 653a11-17; 2.10. 656a20-5.

pain.⁴⁰⁷ It is notable that Aristotle does not specify sadness in this list. The same is also true of the emotions examined in *Rhetoric*. Here, Aristotle examines anger, fear, confidence, shame, kindness, pity, indignation and envy, but again sadness is not discussed.⁴⁰⁸ This is a surprising omission to the modern reader. Since 1872,⁴⁰⁹ many attempts have been made to identify a number of emotions innate to the human experience and sadness is a consistent inclusion in these lists, regardless of how many or few emotions are included.⁴¹⁰ The concept of an existence of certain innate emotions remains a hotly debated topic within the scholarship and is by no means universally accepted,⁴¹¹ but there have been studies conducted which aimed (with apparent success) to prove that participants from very different cultural backgrounds are still able to consistently identify seven basic emotions, including sadness, from a series of facial expressions.⁴¹² The emotions were anger, fear, surprise, sadness, disgust, happiness and contempt. Participants originated from 10 countries chosen for their religious and cultural differences and included a proportionate number of people from societies known to differ significantly in attitudes to emotional expression such as Japan and West Sumatra (Indonesia).⁴¹³ Nevertheless, the results showed very similar percentages of correct emotion identification as previous studies performed using only participants from Western societies, with sadness being correctly identified by 85.8% of 554 participants.⁴¹⁴ These results indicate that a number of emotions *are* innate to humans and not culturally dependent. Furthermore, while the parameters and conclusions drawn by this study are disputed, interestingly it is never sadness that is debated as a basic, cross-cultural emotion. Scholars are sometimes unconvinced by the inclusion of emotions such as disgust and contempt,⁴¹⁵ but as far as I have been able to ascertain, sadness is never disputed as a basic human emotion (where basic human emotions are an accepted phenomenon). Therefore, if

⁴⁰⁷ Arist. *EN*. 2.5.1105b21-4.

⁴⁰⁸ Arist. *Rhet*. 2.2.1378a31-2.11.1388b31.

⁴⁰⁹ The year of Darwin's publication *Expression of the Emotions in Man and Animals*, which began a scientific interest in the study of innate human emotion.

⁴¹⁰ Izard et al. 1980, p.168 claimed there to be 10 basic emotions, Ekman et al. 1986 said 7, Smith et al. 1997, p.229 said 6, Johnson-Laird et al. 1989 said 5 and Jack, R et al. 2014 have reduced it to 4. But in all cases the inclusion of sadness is not disputed.

⁴¹¹ For example Lutz et al. 1986, p.405-36. Particularly p.414-7.

⁴¹² Ekman et al. 1986, p.159-168; Levenson et al. 1991, p.28-35.

⁴¹³ Ekman et al. 1986, p.163-164. Japanese and West Sumatran attitudes are discussed in Ekman 1972 and Heider 1984. Both cultures encourage the suppression of personal emotions, particularly in the presence of others.

⁴¹⁴ Ekman et al. 1986, p.164. These results replicated those found in Western studies undertaken by Ekman et al. 1969 and Izard, 1969.

⁴¹⁵ Ekman 1986; Jack, R et al. 2014; Wierzbicka, A. 1986.

sadness is thought to be an innate human emotion, it will have been an emotion felt by the ancient Greeks and so, if they felt sadness, it seems strange for Aristotle not to consider it when explicitly discussing emotions in *Nicomachean* and *Eudemian Ethics*, *Politics* and *Rhetoric*.

Furthermore, the scarcity with which Aristotle uses the term *penthos* (which is most commonly translated as sadness or grief according to LSJ) is certainly striking. The only reference is at *Rhetoric* 1370b25 and here Aristotle is referring quite plainly about the grief (*penthesi*) felt at the loss of a friend. However, this relative absence of *penthos* and the non-inclusion of sadness in his lists of *pathe*, does not necessarily mean that Aristotle was not concerned with sadness at all.

Konstan has argued that Aristotle does not mention sadness in *Rhetoric* because modern conceptions of emotion cannot be retrojected onto Classical Greek society. He suggests that in the Classical period, emotions were thought to be a response to an action affecting social advantage or status, rather than any naturally occurring event, and that these emotions tended to be directed at a human agent.⁴¹⁶ He believes that the reason behind Aristotle's omission of sadness is that sadness tends to arise from situations outside the agent's control and, therefore, it is not really an omission at all, but rather would simply not have been considered 'part of the core set of emotions in the Classical period.'⁴¹⁷ I find this argument difficult to accept for a number of reasons.

First, I believe Konstan puts far too much weight on social advantage as an all-consuming motivational force. I am certainly not denying the importance in Greek culture of pursuing and acting in favour of social advantage, but to suggest that even the Greeks' physiological responses were entirely and exclusively steeped in struggles for status seems reductive of the complexity of the human emotional experience.

Second, it must also be noted that Konstan's objective is to examine the emotions as portrayed within *Rhetoric*. He comments that he does not believe Aristotle's list is a consequence of the focus of *Rhetoric*,⁴¹⁸ but I struggle to see how a convincing argument could be made which completely disconnects the content of the text (the particular emotions examined) with the aims of the text (to teach orators how to persuade their audiences through emotional evocation).⁴¹⁹ When one thinks of the emotions an orator might wish to arouse

⁴¹⁶ Konstan 2006, p.38-40.

⁴¹⁷ Konstan 2006, p.40.

⁴¹⁸ Konstan 2006, p.39.

⁴¹⁹ Dow 2011, p.47 makes a similar point, 'Aristotle's aims are confined to what is required for a treatise on rhetoric.'

within his audience in order to gain a persuasive advantage, sadness does not immediately spring to mind; pity perhaps, but not sadness. Pity suggests empathy for another's misfortune; however, I perceive sadness to be a more self-orientated emotion. Sadness is felt at one's own loss; pity at the loss suffered by another. Common definitions of sadness within emotion theory support this differentiation:

A transient state of low mood that we all experience from time to time, following defeats and losses.

(Keedwell 2008, p.xv)

Typical causes [of sadness] are the commonplace circumstances of everyday life, but those which usually involve loss.

(Strongman 1996, p.120.)

When an affect is called sadness, what is meant is unpleasure that is connected with ideas of something (bad) that has already happened - for instance, loss of a person important in one's life or physical injury.

(Brenner 1980, p.345.)

The emotion that deals with loss is sadness or distress.

(Plutchik 1980, p.29.)

More importantly, Aristotle himself seems to make this distinction between sadness at a personal loss and pity at the loss of another himself at *Rhetoric* 1386a. He speaks of Amasis weeping at the sight of his friend begging, but not at the execution of his own son. Aristotle attributes this to the fact that the first sight was pitiful, but the death of his son was terrible.⁴²⁰ So there is evidently an awareness of the difference between pitying the loss of another, and what is felt at your own loss. Therefore, it would be strange for the orator (especially a forensic orator) to be attempting to evoke sadness amongst his audience and much more useful to his purposes to evoke their pity instead, which is indeed an emotion explored by Aristotle in *Rhetoric*.⁴²¹

⁴²⁰ Arist. *Rhet.* 2.8.1386a17-25.

⁴²¹ Arist. *Rhet.* 2.8.1385b11.

Finally, in response to Konstan's argument, when listing the emotions in *Rhetoric* and the *Ethics*, Aristotle by no means suggests that the emotions detailed are an exhaustive list.⁴²² He extends the breakdown of the passions to include 'in general feelings that are accompanied by pleasure or pain.'⁴²³ This pain is clearly not limited to physical pain, since anger is associated with a slight against one's honour, and this is considered to be an unpleasant or painful experience.⁴²⁴ So, sadness in relation to a natural loss over which one has no control might very well fit into this category. The loss one has suffered for which they feel sad is surely an unpleasant and painful experience.

So, having concluded that sadness is not wholly relevant to the aims of *Rhetoric* and is not the focus in *Nicomachean* or *Eudemian Ethics*, I must examine the rest of the Aristotelian corpus to discover his thoughts on sadness, particularly prolonged sadness.

4. Clustering of symptoms

In order to illuminate any instances of Aristotle clustering together the symptoms that DSM-V now categorises as indicative of depression and, furthermore, recognising their *tendency* to occur together, it was necessary to perform extensive textual searches for multiple Greek terms for each symptom. These were as follows:

- Depressed mood: *athumia, anelpistos, baruthumeo/baruthumia, dakruo, duselpis, dusthumia, katephes, klaio, kopheia, lupe, melancholia* (which requires separate examination), *odurtikos*.
- Irritability: *duskolia, kineo, orge*.
- Anhedonia: *anhedonos, akinetos, aorgesia, analgesia, narkao, psychros, rathumia*.
- Fatigue: *apoknaio, kopos, truo*.
- Sleep disturbance: *agrupnia, koimao, opsikoitos, hupnotikos*.
- Appetite change: *epithumia, peina*.
- Low self-esteem/guilt: *aitia, mikropsychia*.
- Inability to concentrate: *amathes, aphyes, nothes*.
- Suicidal thoughts: *autosphages, apokteino*.

⁴²² Fortenbaugh 2002, p.114 agrees that the definition of an emotion in *Rhetoric* 'was not intended as a general definition covering all the emotions felt by all human beings.'

⁴²³ Arist. *EN*. 2.5.1105b23-4; *Rhet*. 2.1.1378a21-22.

⁴²⁴ Arist. *Rhet*. 2.2.1378a31-2.

The entire Aristotelian corpus was searched for all uses of each term using the *Thesaurus Linguae Graecae*. This process provided hundreds of references. Most of these passages mentioned only the one specific symptom searched for, but there do exist some instances in which Aristotle clusters a number of the symptoms together. These passages appear specifically when Aristotle is discussing women, melancholics, and old men. I will present the relevant passages for each type of person and then discuss the symptoms in relation to the categorisation of DSM-V.

4.1. Women

Aristotle describes the passionate dispositions of women in the following way:

διόπερ γυνή ἀνδρὸς ἐλεημονέστερον καὶ ἀρίδακρυ μᾶλλον, ἔτι δὲ φθονερώτερον καὶ μεμψιμοιρότερον καὶ φιλολοίδορον μᾶλλον καὶ πληκτικώτερον. ἔστι δὲ καὶ δύσθυμον μᾶλλον τὸ θῆλυ τοῦ ἄρρενος καὶ δύσελπι, καὶ ἀναιδέστερον καὶ ψευδέστερον, εὐαπατητότερον δὲ καὶ μνημονικώτερον, ἔτι δὲ ἀγρυπνότερον καὶ ὀκνηρότερον καὶ ὅλως ἀκίνητότερον τὸ θῆλυ τοῦ ἄρρενος καὶ τροφῆς ἐλάττωνός ἐστιν.

Woman is more compassionate than man, more easily moved to tears, at the same time is more jealous, more querulous, more apt to scold and to strike. She is, furthermore, more prone to despondency and less hopeful than the man, more void of shame, more false of speech, more deceptive, and of more retentive memory. She is also more sleepless, more shrinking, more difficult to rouse to action, and requires a smaller quantity of nutriment.

(Arist. *HA* 9.1.608b8-14)

In his short description of the temperament of women in comparison to men, Aristotle describes women as easily moved to sadness, irritable, despondent, lethargic, as having trouble sleeping, and having an abnormal appetite.

4.2. Melancholics

In the surviving texts up to and including Aristotle's treatises, *melancholia* is not solely and unambiguously associated with depressive disorders, although there was a strong association between black bile and general emotional disturbance. However, even within the Hippocratic treatises, *melancholia* did sometimes incorporate depressive traits.⁴²⁵ While this connection is not made explicit within the Aristotelian corpus, it is apparent that Aristotle had a very clear notion that someone with unvirtuous passions could be experiencing a physiological imbalance in relation to their black bile.

If we return to Aristotle's theory of the *akrates*, we discover that this individual, who knows what they should do but does otherwise because of their unvirtuous passions, can be one of two types; impetuous or weak. Aristotle explains this distinction in the following way:

οἱ μὲν γὰρ βουλευσάμενοι οὐκ ἐμμένουσιν οἷς ἐβουλεύσαντο διὰ τὸ πάθος, οἱ δὲ διὰ τὸ μὴ βουλεύσασθαι ἄγονται ὑπὸ τοῦ πάθους.

The weak deliberate, but then are prevented by passion from keeping to their resolution; the impetuous are led by passion because they do not stop to deliberate.

(Arist. *NE*. 7.7. 1150b17-23)

Aristotle then provides some examples of the types of people who fall under the category of impetuosity:

μάλιστα δ' οἱ ὀξεῖς καὶ μελαγχολικοὶ τὴν προπετῆ ἀκρασίαν εἰσὶν ἀκρατεῖς: οἱ μὲν γὰρ διὰ τὴν ταχυτῆτα οἱ δὲ διὰ τὴν σφοδρότητα οὐκ ἀναμένουσι τὸν λόγον, διὰ τὸ ἀκολουθητικοὶ εἶναι τῆ φαντασίᾳ.

It is the keen and the melancholic that suffer especially from the impetuous form of incontinence, for the former because of their quickness and the latter because of their violence of passions do not wait on reason, because they are apt to follow their imagination.

(Arist. *NE*. 7.7. 1150b25-8)

⁴²⁵ See Ch.1 (3.3), p.57.

So, Aristotle's views are clear. *Hoi melancholikai* are akratic in the sense that they are slaves to their passions and do not stop to deliberate before acting. Their particular emotional tendencies are not examined further within this text, because the focus is on the *akrates* in general, of which the melancholic is only one example. However, the unusual character traits of *hoi melancholikai* are described elsewhere in the corpus in the following way:

οὐδ' οἱ μελαγχολικοί· κατέψυκται γὰρ ὁ εἶσω τόπος, ὥστ' οὐ γίνεται πλῆθος αὐτοῖς ἀναθυμιάσεως. διὰ τοῦτο γὰρ καὶ βρωτικοὶ σκληροὶ ὄντες· ὥσπερ γὰρ οὐδὲν ἀπολελαυκότα διάκειται τὰ σώματα αὐτοῖς.

Nor are the melancholic inclined to sleep much; for the region within is chilled, so that there is not much evaporation in their case. For this reason also they are inclined to eat much though they are spare; for their condition of body is as if they did not profit by their food.

(Arist. *De Som.* 457a27-9)

Ὅτι δὲ σωματικόν τι τὸ πάθος καὶ ἡ ἀνάμνησις ζήτησις ἐν τοιοῦτῳ φαντάσματος, σημείον τὸ παρενοχλεῖν ἐνίους ἐπειδὴν μὴ δύνωνται ἀναμνησθῆναι καὶ πάνυ ἐπέχοντες τὴν διάνοιαν, καὶ οὐκέτ' ἐπιχειροῦντας ἀναμνησθεσθαι οὐδὲν ἧττον, καὶ μάλιστα τοὺς μελαγχολικούς· τούτους γὰρ φαντάσματα κινεῖ μάλιστα.

That the experience is in some sense physical, and that recollection is the search for a mental picture in the physical sphere, is proved by the annoyance which some men show when in spite of great concentration they cannot remember, and which persists even when they have abandoned the attempt to recollect, especially in the case of the melancholic; for these are especially affected by mental pictures.

(Arist. *Mem.* 453a15-20)

In these extracts, *hoi melancholikai* are described as having trouble sleeping and having an abnormal appetite and, in *On Memory*, Aristotle seems to describe a feeling of lingering irritability towards an event that is quite minor. He describes the irritability experienced by melancholic people upon failing to achieve the recollection of a memory, which persists despite abandoning the attempt.

The idea of melancholic people having problems with concentration is a common theme in their presentation. In *On Divination in Sleep*, Aristotle says:

ἀλλ' ὅσων ὥσπερ ἂν εἰ λάλος ἢ φύσις ἐστὶ καὶ μελαγχολική, παντοδαπὰς ὄψεις ὀρῶσιν· διὰ γὰρ τὸ πολλὰ καὶ παντοδαπὰ κινεῖσθαι ἐπιτυγχάνουσιν ὁμοίους θεωρήμασιν.

Men whose nature is as it were garrulous or melancholic see all kinds of sights; for since they respond often to any kind of stimulus they chance upon visions similar to events, doing so by sheer luck.

(Arist. *On Divination in Sleep* 463b16-20)

τὸ δὲ τινὰς εὐθυονεῖρους εἶναι καὶ τὸ τοὺς γνωρίμους περὶ τῶν γνωρίμων μάλιστα προορᾶν συμβαίνει διὰ τὸ μάλιστα τοὺς γνωρίμους ὑπὲρ ἀλλήλων φροντίζειν· ὥσπερ γὰρ πόρρω ὄντων μάλιστα ἠγνωρίζουσι καὶ αἰσθάνονται, οὕτω καὶ τῶν κινήσεων· αἱ γὰρ τῶν γνωρίμων γνωριμώτεροι κινήσεις. οἱ δὲ μελαγχολικοὶ διὰ τὸ σφόδρα, ὥσπερ βάλλοντες πόρρωθεν, εὐστοχοὶ εἰσιν. καὶ διὰ τὸ μεταβλητικὸν ταχὺ τὸ ἐχόμενον φαντάζεται αὐτοῖς· ὥσπερ γὰρ τὰ Φιλαγίδου ποιήματα καὶ οἱ ἐμμανεῖς ἐχόμενα τοῦ ὁμοίου λέγουσι καὶ διανοοῦνται, οἷον Ἀφροδίτην, καὶ οὕτω συνείρουσιν εἰς τὸ πρόσω. ἔτι δὲ διὰ τὴν σφοδρότητα οὐκ ἐκκρούεται αὐτῶν ἢ κινήσεις ὑφ' ἑτέρας κινήσεως.

For some cases of vivid dreams there are particular explanations; *e.g.*, the fact that men have special foresight about their friends is because those who are great friends care deeply for each other: for just as they are especially apt to perceive and recognize each other at a distance, so too in the case of impulses; for the impulses of familiar friends are themselves more familiar. Melancholic people,⁴²⁶ because of their impetuosity, are (to use a metaphor) good marksmen when shooting from a distance; and because of their liability to change, the next image in the series comes rapidly before them; for just as the insane recite and con over the poems of Philaegides, such as the *Aphrodite*, in which the ideas are all associated; so the melancholic pursue the

⁴²⁶ I have made a small adaptation to Beare's translation from 'choleric people' to 'melancholic people' to reflect the Greek more accurately.

series of impulses. Also owing to their impetuosity one impulse is not easily banished from their consciousness by another.

(Arist. *On Divination in Sleep* 464a29-b5)

From these extracts we see that melancholic people were thought to suffer from an impaired ability to concentrate on the task at hand, due to their impatience or moving too fast between ideas and goals and struggling to stay focused on one stimulus.

Finally, Aristotle appears, albeit tangentially, to connect the melancholic man with low self-esteem and attempts at suicide. In *Eudemian Ethics*, when discussing the differences between good and incontinent men, he says, in relation to the *akrates*:

ἀλλ' ὁ πονηρὸς παρὰ φύσιν. ὁ δ' ἀγαθὸς οὐθ' ἅμα λαιδορεῖται ἑαυτῷ, ὥσπερ ὁ ἀκρατής... ἐπεὶ ὅταν ἐγκαλέσωσιν αὐτοῖς, ἀποκτινύουσιν αὐτούς ἀλλὰ δοκεῖ πᾶς αὐτὸς αὐτῷ ἀγαθός.

The bad man is unnatural. The good man never finds fault with himself at the moment of his act, like the incontinent... For it is clear that some identical portion of them is good; for when they blame themselves they kill themselves.

(Arist. *EE*. 7.5.1240b22-7)

Aristotle's claim is that *akratic* men sometimes commit an act and then immediately regret their actions. It is not specified whether or not this act is worthy of the self-blame they feel as a result, but this regret leads them to commit suicide. This is an extreme response to committing an unvirtuous act, which suggests that the melancholics' assessment of the severity of the situation and the extent of their guilt over such an event is unrealistic.

Overall, melancholics are presented as having trouble sleeping, having an abnormal appetite, having trouble concentrating, feeling irritable towards an event that is quite minor and having a tendency towards suicidal thoughts.

4.3. Old men

In a lengthy passage within *Rhetoric*, Aristotle describes the passionate dispositions of old men. He assigns them the following emotional tendencies:

δυσέλπιδες διὰ τὴν ἐμπειρίαν.

They are little given to hope owing to their experience.

(Arist. *Rhet.* 2.13.1390a5)

καὶ ζῶσι τῇ μνήμῃ μᾶλλον ἢ τῇ ἐλπίδι.

They live by memory rather than by hope.

(Arist. *Rhet.* 2.13.1390a6)

ἤττον τε ἄγανται πάντα ἢ δεῖ.

They show an excessive lack of energy.

(Arist. *Rhet.* 2.13.1389b18)

οἱ θυμοὶ ὄξει μὲν ἀσθενεῖς δὲ εἰσιν.

Their fits of anger are sudden but feeble.

(Arist. *Rhet.* 2.13.1390a11)

αἱ ἐπιθυμίαι αἱ μὲν ἐκλελοίπασιν αἱ δὲ ἀσθενεῖς εἰσιν.

Of their passions some have ceased, while others are weak.

(Arist. *Rhet.* 2.13.1390a12)

These descriptions portray old men as despondent, lethargic, irritable and generally disimpassioned, which we might think of as anhedonic. In the same passage, old men are also said to be ‘small-souled.’⁴²⁷ In *Nicomachean Ethics*, The small-souled man (*mikropsychos*) is the man who is deficient in the virtue of pride and is opposed to the great-souled man (*megalo-psychos*) who recognises his own great worth.⁴²⁸ The small-souled man is worthy of great respect but does not recognise his worth, which to modern readers can be thought of as low self-esteem.

⁴²⁷ Arist. *Rhet.* 2.13.1389b25.

⁴²⁸ Arist. *NE* 4.3.

4.4 Summary

To summarise the findings of these examples, in his descriptions of the passionate tendencies of women, Aristotle describes women as; easily moved to sadness, irritable, despondent, lethargic, as having trouble sleeping, and having an abnormal appetite. He describes melancholic people as: having trouble sleeping; having an abnormal appetite; having trouble concentrating; feeling irritable towards an event that is quite minor; having a tendency towards suicidal thoughts. Melancholic people also appear to suffer from low self-esteem. Their suicidal thoughts stem from regret felt towards an unvirtuous action. Aristotle does not pass comment on whether or not suicide is an appropriate response to the action committed, but suicide does appear to be an extreme reaction almost regardless of the unvirtuous act. This suggests that the melancholics' assessment of the severity of the situation and their subsequent guilt is unrealistic. This situation is reminiscent of the symptom that DSM-V describes as low self-esteem; unrealistically negative self-evaluation and feelings of worthlessness.⁴²⁹ Finally, he presents old men as; being despondent, irritable, lethargic, disimpassioned, and having low self-esteem.

When aligning these descriptions with the symptoms identified in DSM-V, this is an impressively complete grouping of symptoms and a significant observation in terms of discovering if Aristotle identified a depressive type in his categorisation of human temperaments. Across the three groups, and with a considerable degree of overlap, Aristotle seems to have identified eight of the nine DSM-V symptoms of Major Depressive Disorder; depressed mood (which includes irritability), anhedonia, fatigue, appetite change, sleep disturbance, low self-esteem, the inability to concentrate, and suicidal thoughts.

5. The cool physiological type

Aristotle clearly displays his recognition that eight of the nine DSM-V symptoms of depression tend to occur together although, at first glance, the types of people who display these symptoms seem to be disparate. However, I will argue that in fact, women, melancholics, and old men are all representative of people who, according to Aristotle, share a common physiology. Each of these groups of people are described as having a cool physiology.

⁴²⁹ DSM-V 2013, p.164.

The connection between the natural body temperature and the presence of certain character traits was a commonly accepted phenomenon in ancient thought. This thinking is shown by the Hippocratic author of *Airs, Waters, and Places* in the opening of the treatise:

Ἱητρικὴν ὅστις βούλεται ὀρθῶς ζητεῖν, τάδε χρὴ ποιεῖν· πρῶτον μὲν ἐνθυμεῖσθαι τὰς ὥρας τοῦ ἔτεος, ὅτι δύναται ἀπεργάζεσθαι ἐκάστη· οὐ γὰρ εἰκόασιν ἀλλήλοισιν οὐδέν, ἀλλὰ πολὺ διαφέρουσιν αὐταὶ τε ἐφ' ἐωυτέων καὶ ἐν τῆσι μεταβολῆσιν... ὥστε ἐς πόλιν ἐπειδὰν ἀφίκηται τις, ἥς ἄπειρός ἐστι, διαφροντίσαι χρὴ τὴν θέσιν αὐτῆς, ὅπως κεῖται καὶ πρὸς τὰ πνεύματα καὶ πρὸς τὰς ἀνατολάς τοῦ ἡλίου. οὐ γὰρ τωὐτὸ δύναται ἦτις πρὸς βορέην κεῖται καὶ ἦτις πρὸς νότον οὐδ' ἦτις πρὸς ἥλιον ἀνίσχοντα οὐδ' ἦτις πρὸς δύνοντα.

Whoever wishes to pursue properly the science of medicine must proceed thus. First he ought to consider what effects each season of the year can produce; for the seasons are not at all alike, but differ widely both in themselves and at their changes... Therefore, on arrival at a town with which he is unfamiliar, a physician should examine its position with respect to the winds and to the risings of the sun. For a northern, a southern, an eastern, and a western aspect has each its own individual property.

(Hipp. *Airs, Waters, and Places* 1)

As a result of this, it was thought that those living in a hot climate naturally had a cooler physiology,⁴³⁰ leading to particular passionate dispositions. For example, people of Asian origin were thought to be mild in nature, gentle, subservient, and generally lacking in spirit:

τὰ ἥθεα τῶν ἀνθρώπων ἠπιώτερα καὶ εὐοργητότερα. τὸ δὲ αἴτιον τούτων ἡ κρῆσις τῶν ὠρέων... [16] ὅτι ἀπολεμώτεροί εἰσι τῶν Εὐρωπαϊῶν οἱ Ἀσιηνοὶ καὶ ἡμερώτεροι τὰ ἥθεα αἱ ὥραι αἴτιαι μάλιστα, οὐ μεγάλας τὰς μεταβολὰς ποιούμεναι οὔτε ἐπὶ τὸ θερμὸν οὔτε ἐπὶ τὸ ψυχρόν, ἀλλὰ παραπλησίως.

⁴³⁰ Arist. *Prob.* 14.16. 910b1-b6. 'Human beings have a natural tendency which counteracts the effect of locality and season... The effect of hot regions upon their inhabitants is to cool them... but those who live in a cold climate become heated in their nature.'

The character of the inhabitants [of Asia] is milder and more gentle. The cause of this is the temperate climate... [sec.16] The chief reason why Asiatics are less warlike and more gentle in character than Europeans is the uniformity of the seasons, which show no violent changes either towards heat or towards cold, but are equable. For there occur no mental shocks nor violent physical change, which are more likely to steel the temper and impart to it a fierce passion than is a monotonous sameness.

(Hipp. *Airs, Waters, and Places* 12-16)

This thinking that climate could have a direct effect on disposition was pervasive in subsequent Greek thought, including the thinking of both Plato and Aristotle.⁴³¹ When discussing the nature of Asians, Aristotle offers a similar assessment to the author of *Airs, Waters, and Places*:

τὰ μὲν γὰρ ἐν τοῖς ψυχροῖς τόποις ἔθνη καὶ τὰ περὶ τὴν Εὐρώπην θυμοῦ μὲν ἐστὶ πλήρη...τὰ δὲ περὶ τὴν Ἀσίαν διανοητικὰ μὲν καὶ τεχνικὰ τὴν ψυχὴν, ἄθυμα δέ, δίοπερ ἀρχόμενα καὶ δουλεύοντα διατελεῖ.

Those who live in a cold climate and in Europe are full of spirit...whereas the natives of Asia are intelligent and inventive, but they are wanting in spirit, and therefore they are always in a state of subjection and slavery.

(Arist. *Pol.* 7.6.1327b27-29)

The hot climate, and hence cool body temperature of Asians results in a meek, gentle, and despondent disposition. This thinking seems to have influenced Aristotle's views in relation to other groups thought to be physiologically cool; women, melancholics, and old men.

5.1. Women

It is widely accepted that the fundamental biological difference between men and women for Aristotle is that women have a naturally cooler body temperature.⁴³² This difference is expressed in the following statements:

⁴³¹ Pl. *Rep.* 435e-36a; Ward 2002, p.20-2; Kerferd 1984, p.159.

⁴³²Cline Horowitz 1976, p.183-213; Deslauriers 2009, p.216-19; Lange 1983, p.1-16; Tuana 1988, p.36; Tuana 1994, p.189-206.

αἴτιον δ' ὅτι ἐν τοῖς ἀνθρώποις πολὺ διαφέρει τὸ ἄρρεν τοῦ θήλεος τῆ θερμότητι τῆς φύσεως.

In human beings the male is much hotter in its nature than the female.

(Arist. *GA*. 4.6. 775a5-6)

ἀσθενέστερα γάρεστι καὶ ψυχρότερα τὰ θήλεα τὴν φύσιν.

Females are weaker and colder in nature.

(Arist. *GA*. 4.6. 775a14.)

Ἔχει δὲ τῶν ζῴων ἐγκέφαλον πλεῖστον ἄνθρωπος ὡς κατὰ μέγεθος, καὶ τῶν ἀνθρώπων οἱ ἄρρενες τῶν θηλειῶν· καὶ γὰρ τὸν περὶ τὴν καρδίαν καὶ τὸν πλεύμονα τόπον θερμότατον καὶ ἐναιμότατον.

Man has the largest brain in proportion to his size; and it is larger in men than in women. This is because the region of the heart and of the lung is hotter and richer in blood.

(Arist. *PA*. 2.7.653a25-30)

As mentioned previously, Aristotle believed the function of the brain to be heat-regulation.⁴³³ So if men have larger brains than women, for Aristotle this would suggest that men are naturally hotter than women, since their bodies require a larger heat-regulator. In light of this supposed fundamental biological difference, it is logical to assume that it is this coolness that was thought to be the primary cause of the kinds of differing emotional traits between men and women, such as those listed in *History of Animals* 9.1.608b8-14; easily moved to sadness, irritable, despondent, lethargic, having trouble sleeping, and having an abnormal appetite.

⁴³³ Arist. *GA* 2.6.743b27-32; *PA* 2.7. 652b23-6; 653a11-17; 2.10. 656a20-5.

5.2. *Melancholics*

From my conclusions in Chapter 1,⁴³⁴ it is fairly safe to say that by the fourth century, the term *melancholia* was thought synonymous with the excessive presence of black bile. In the descriptions of black bile within the Aristotelian corpus, it becomes apparent that he thought that at least one of the properties of black bile, if not the primary function, was that it cooled the body. He says:

ἡ δὲ μέλαινα χολὴ φύσει ψυχρὰ οὔσα καὶ τὸν θρεπτικὸν τόπον ψυχρὸν ποιεῖ καὶ
τᾶλλα μέρη, ὅπου ἂν ὑπάρχη δυνάμει τὸ τοιοῦτον περίττωμα.

Black bile also being by nature cold cools the nutritive region and other parts,
wherever there is potentially a secretion of this kind.

(Arist. *De Som.* 457a29-30)

So, it is likely that those with excess black bile in their constitution would also have been thought to have a naturally cooler physiology.

5.3. *Old men*

Aristotle is concise and explicit in his views that age naturally cools the body. While discussing the temperament of old men in *Rhetoric*, he says the following in relation to their physical constitution:

κατεψυγμένοι γὰρ εἰσιν, οἱ δὲ θερμοί.

They are chilled, whereas the young are hot.

(Arist. *Rhet.* 2.13.1389b30)

Rhetoric 2.12. discusses the passionate tendencies of young men with a warm bodily temperature, and 2.13 goes on to show the different tendencies exhibited by old men who, as Aristotle is careful to point out, are cooler.

⁴³⁴ Ch. 1 (3.3), p.61-2.

5.4. Summary

Of the eight DSM-V symptoms of depression identified in the clusters of symptoms attributed to women, melancholics, and old men, six of them are said to be experienced by at least two groups. These are as follows:

- Despondency: Women, Old men.
- Irritability: Women, Melancholics, Old men.
- Fatigue: Women, Old men.
- Trouble Sleeping: Women, Melancholics.
- Abnormal Appetite: Women, Melancholics.
- Low self-esteem: Melancholics, Old men.

This strong degree of overlap between the passionate dispositions of these groups of people suggests that Aristotle must have considered the groups to share a particular quality that would cause these traits. It is apparent that this shared quality is a cool physiology. Women, melancholics, and old men are all consistently presented as possessing a cooler body than normal, and in the case of women and old men, this cooler physiology is explicitly identified as the cause of their passionate differences to men and young men, respectively, who have a warmer bodily temperature. So, it is reasonable to assume that it is the lower bodily temperature that is the cause of their shared passionate dispositions.

So, it is evident that within the undisputed Aristotelian corpus, the author had a strong conception of the passionate typology of the cool individual. I will now go on to examine the pseudo-Aristotelian *Problemata* 30.1 in order to see if this text supports the conclusions drawn so far.

6. *Problemata* 30.1

The collection of books that make up *Problemata* are usually considered, in their entirety, to be pseudo-Aristotelian and composed by a number of different authors. In 1928, the closest Forster came to admitting some possibility of genuine Aristotelian input was that the books

‘appear to consist of... an Aristotelian element’⁴³⁵ and ‘in part from scraps of Aristotelian doctrine from the genuine works recast in problem form.’⁴³⁶ Other than that, he attributes Hippocratic, Theophrastean, and general Peripatetic influence on the works.⁴³⁷ However, more recently, scholars have suggested that there could be individual books within the collection that can claim genuine authorship. Mayhew, in his introduction to the most recent Loeb translation of *Problemata*, offers this alternative possibility:

The *Problems* began as a work by Aristotle—who authored some chapters and perhaps directed the authorship of others—and over the years, and beyond his death, some material was added to this work and other material was removed or otherwise lost. On this interpretation, all of the ancient references are to the same work, but not all of that work survives.

(Mayhew 2011, p.xxi.)

Mayhew adds that in order to offer any real support to this possibility, a new commentary would need to be produced that examines all of the books in the collection and that focuses on ‘language, content, methodology, philosophical presuppositions, similarities and differences with other ancient thinkers, etc.’⁴³⁸ To date, the only existing commentaries are on Books 11 and 19. On *Problemata* 30.1 specifically, there exists no such commentary as yet, but Mayhew notes his suspicion that this chapter could well be authentically Aristotelian, or at least closely based on something he wrote.⁴³⁹ In antiquity, at least, the work was thought to have been penned by Aristotle himself.⁴⁴⁰ While I do not aim to provide a commentary on the text here, I do intend to shed light on the similarities in thought between *Problemata* 30.1 and the rest of the undisputed corpus, in relation to passionate tendencies that we might now associate with depression, and a cool physiology.

Problemata 30.1 wonders:

⁴³⁵ Forster 1928, p.165.

⁴³⁶ Forster 1928, p.165.

⁴³⁷ Forster 1928, p.165.

⁴³⁸ Mayhew 2011, p.xxii.

⁴³⁹ Mayhew 2011, p.274.

⁴⁴⁰ Cicero *Tusc. Disp.* 1.33; Plutarch *Lys.* 2.5.

Διὰ τί πάντες ὅσοι περιττοὶ γεγονάσιν ἄνδρες ἢ κατὰ φιλοσοφίαν ἢ πολιτικὴν ἢ ποίησιν ἢ τέχνας φαίνονται μελαγχολικοὶ ὄντες, καὶ οἱ μὲν οὕτως ὥστε καὶ λαμβάνεσθαι τοῖς ἀπὸ μελαίνης χολῆς ἀρρωστήμασιν?

Why is it that all those men who have become extraordinary in philosophy, politics, poetry, or the arts are obviously melancholic, and some to such an extent that they are seized by the illnesses that come from black bile?

(Ps-Arist. *Prob.* 953a10-14)

The author's solution to this problem explores his thoughts on the changeable temperature of black bile in comparison to the well-known effects brought on by other influences on bodily temperature. For example, it was widely thought that wine had a cooling effect on the body,⁴⁴¹ so the passions brought on by drinking excess wine could be compared to the effects of cold black bile. The author himself makes this connection explicit:

ὁ γὰρ οἶνος ὁ πολὺς μάλιστα φαίνεται παρασκευάζειν τοιούτους οἶους λέγομεν τοὺς μελαγχολικοὺς εἶναι.

A lot of wine appears to produce those qualities that we say are melancholic.

(Ps-Arist. *Prob.* 953a33-4)

This comparison is rooted in the observation that both the excessive consumption of wine and the presence of too much cold black bile give rise to the same passions and behaviours. But what is most interesting for my study is the pattern that continues to emerge from this text. The kinds of passions and behaviours that the author of *Problemata* 30.1 identifies as associated with cold black bile and the consumption of wine are almost identical to those identified by Aristotle as related to having a cool physiology, which are, in turn, very closely aligned with our modern classification of Major Depressive Disorder. The most pertinent extracts of this lengthy chapter read as follows:⁴⁴²

⁴⁴¹ Arist. *De Somn.* 456b30-32; Pl. *Lysis* 219e suggests that wine is an antidote for hemlock, which is described at *Phaedo* 63d-e as heating the body. See also Northwood 1998.

⁴⁴² I only include selected extracts of this lengthy passage here to highlight my main argument. However, the full text presents a strikingly precise description of a physical condition that we might now think of as depression. Therefore, I have included the entire passage in Appendix 3, along with the corresponding Greek text.

καὶ ἡ χολὴ δὲ ἡ μέλαινα φύσει ψυχρὰ καὶ οὐκ ἐπιπολαίως οὔσα, ὅταν μὲν οὕτως ἔχη ὡς εἴρηται, ἐὰν ὑπερβάλλῃ ἐν τῷ σώματι, ἀποπληξίας ἢ νάρκας ἢ ἀθυμίας ποιεῖ ἢ φόβους, ἐὰν δὲ ὑπερθερμανθῇ, τὰς μετ' ὥδης εὐθυμίας καὶ ἐκστάσεις καὶ ἐκζέσεις ἐλκῶν καὶ ἄλλα τοιαῦτα.

Now black bile, being cold by nature and not on the surface, when it is in the condition mentioned, if it abounds in the body, produces apoplexy or torpor or spiritlessness or fear, but if it becomes overheated, it produces high-spiritedness with song, and insanity, and the breaking out of sores and such things.

(Ps-Arist. *Prob.* 954a21-7)

οἷον ὅσοις μὲν πολλὴ καὶ ψυχρὰ ἐνυπάρχει, νωθοὶ καὶ μωροί, ὅσοις δὲ λίαν πολλὴ καὶ θερμὴ, μανικοὶ καὶ εὐφυεῖς καὶ ἐρωτικοὶ καὶ εὐκίνητοι πρὸς τοὺς θυμοὺς καὶ τὰς ἐπιθυμίας, ἔνιοι δὲ καὶ λάλοι μᾶλλον.

Those in whom (*the black bile*) is considerable and cold become sluggish and stupid whereas those in whom it is very considerable and hot become mad, clever, erotic, and easily moved to spiritedness and desire, and some become more talkative.

(Ps-Arist. *Prob.* 954a31-4)

γὰρ οἱ πλείους τῶν μελαγχολικῶν, καὶ αἱ φλέβες ἐξέχουσιν·

The majority of melancholic people are thin, and their veins stand out.

(Ps-Arist. *Prob.* 954a8-10)

ψυχροτέρα μὲν γὰρ οὔσα τοῦ καιροῦ δυσθυμίας ποιεῖ ἀλόγους· διὸ αἱ τ' ἀγχόναί μάλιστα τοῖς νέοις, ἐνίοτε δὲ καὶ πρεσβυτέροις. πολλοὶ δὲ καὶ μετὰ τὰς μέθας διαφθείρουσιν ἑαυτούς. ἔνιοι δὲ τῶν μελαγχολικῶν ἐκ τῶν πότων ἀθύμως διάγουσιν·... ὅσοις μὲν οὖν μαραινομένου τοῦ θερμοῦ αἱ ἀθυμιαὶ γίνονται, μᾶλλον ἀπάγχονται. διὸ καὶ οἱ νέοι ἢ καὶ οἱ πρεσβῦται μᾶλλον πάγχονται· τὸ μὲν γὰρ γῆρας μαραίνει τὸ θερμόν, τῶν δὲ τὸ πάθος φυσικὸν ὃν ἴκαὶ αὐτὸ τὸ μαραινόμενον θερμόν†. ὅσοις δὲ σβεννυμένου ἐξαιφνης, οἱ πλεῖστοι διαχρῶνται ἑαυτούς, ὥστε

θαυμάζειν πάντας διὰ τὸ μῆθὲν ποιῆσαι σημεῖον πρότερον. ψυχροτέρα μὲν οὖν γινομένη ἢ κρᾶσις ἢ ἀπὸ τῆς μελαίνης χολῆς, ὥσπερ εἴρηται, ποιεῖ ἀθυμίας παντοδαπᾶς, θερμοτέρα δὲ οὖσα εὐθυμίας.

For when it is colder than is fitting, it produces irrational despondency; this is why hanging (*oneself*) is most prevalent among the young, though it sometimes occurs among older men as well. Many kill themselves after drunkenness. And some melancholic people continue to be spiritless after drinking; for the heat of the wine extinguishes the natural heat... So those in whom despondency occurs when the heat is put out are more inclined to hang themselves. And this is why the young are more inclined than even the old to hang themselves; for old age puts out the heat, but for the young the condition is natural, †and so the heat is being put out by itself†. And among those people, when (*the heat*) is suddenly extinguished, the majority kill themselves, such that everyone is amazed because they gave no sign of it before. Therefore, when the mixture from the black bile becomes colder, as was said, it produces all kinds of spiritlessness, but when it is hotter, cheerfulness.

(Ps-Arist. *Prob.* 954b36-955a16)

ὁ γὰρ οἶνος ὁ πολὺς μάλιστα φαίνεται παρασκευάζειν τοιούτους οἶους λέγομεν τοὺς μελαγχολικοὺς εἶναι, καὶ πλεῖστα ἤθη ποιεῖν πινόμενος, οἶον ὀργίλους, φιλανθρώπους, ἐλεήμονας, ἰταμούς·

A lot of wine appears to produce those qualities that we say are melancholic, and when it has been drunk it produces most of the characteristics, namely, irascibility, benevolence, compassion, and recklessness.

(Ps-Arist. *Prob.* 953a33-7)

In these extracts, cold melancholics are said to experience: irrational despondency/persistent grief and are prone to tears; irascibility and apoplexy; cowardice; spiritlessness; sluggishness and torpor; stupidity; an abnormal appetite (suggested by claiming they are abnormally thin);

and are most likely to attempt suicide. These passionate tendencies are also compared to old men, confirming the connection between these dispositions and a cool physiology.⁴⁴³

This is in direct comparison to hot melancholics who instead become: high-spirited with song; insane; clever; erotic (or easily moved to desire); and more talkative. All of the passions associated with cold black bile in *Problemata 30.1* are also identified by Aristotle as being related to a cool physiology within the accepted genuine corpus. None of the passions brought on by hot bile in *Problemata* are listed among Aristotle's collection of characteristics belonging to cool people. The only characteristics discussed by Aristotle that are not paralleled in the cool passions of *Problemata 30.1* are low self-esteem (or being small-souled) and sleeplessness. And the author of *Problemata 30.1* includes agitation as an additional characteristic.

This high degree of agreement between the genuine Aristotelian corpus and *Problemata 30.1* enriches the picture established from the undisputed Aristotelian corpus alone. The breadth of passionate dispositions attributed specifically to cold melancholics shows the accuracy of my prior conclusions. It does seem reasonable to consider the character traits discussed across the corpus in relation to women, old men, and melancholics as being exhibited by a larger physiological type, rather than as specifically 'womanly' traits, for example. Any, and all, of these passions were thought to be associated with women, old men, cold melancholics, and indeed anyone else who had a cool physiology, either by nature or by changes to constitution.

Conclusion

Women, melancholics, and old men are identified by Aristotle as being particularly prone to: depressed mood and irritability; anhedonia; fatigue; appetite change; sleep disturbance; low self-esteem; the inability to concentrate; and suicidal thoughts. These passionate tendencies represent eight out of the nine symptoms of depression according to DSM-V. Furthermore, six of the symptoms are said to be experienced by more than one of the groups, which gives a significant degree of overlap and suggests that the groups share a common trait that cause them to have similar passionate dispositions.

Aristotle's theory of hylomorphism from *De Anima*, a theory that is consistent with the presentation of the *akrates* in *Nicomachean Ethics*, suggests that any condition that

⁴⁴³ Ps-Arist. *Prob.* 954b36-955a16.

affects the virtue of the soul must also be thought of as a condition of the body. This includes disturbances in an individual's passions. It is necessary, when transferring this theory to his other works, to note that Aristotle is more flexible with the interaction and co-dependence of soul and body elsewhere. So, it is difficult to say with any certainty that Aristotle *always* considered passionate disturbance to have direct connection to bodily condition. However, it does appear that the eight symptoms of depression that are recognised by Aristotle within the corpus were specifically associated with people who were thought to have a cool physiology. The significant degree of overlap between the symptoms exhibited by each group examined suggests that it was thought to be their cool physiology that caused those particular passionate disturbances.

These conclusions are then reinforced by the discussions provided in *Problemata* 30.1. This pseudo-Aristotelian text presents the notion that depressive passionate tendencies arise from a cool physiology in a way that is remarkably consistent with the undisputed Aristotelian corpus. This identification, across the entire undisputed and disputed corpus, of a specific physiology that is responsible for eight out of the nine symptoms we would now classify as a depressive disorder is a significant finding in the search for ancient recognition of clinical depression.

In sum, Aristotle identifies an impressive eight out of nine symptoms that DSM-V associates with depression. He also clearly acknowledges the tendency for these symptoms to occur together as six of the eight symptoms are grouped together on more than one occasion. Finally, he specifically associates this group of symptoms with people who have a cool physiology. This demonstrates a strong, positive correlation between Aristotle's understanding of the manifestations of depression and DSM-V's categorisation of the disorder. This is a significant finding as it shows an understanding of depression as a fully realised condition in the ancient world.

Chapter 5 – Was philosophy of practical use in treating depression?

Introduction

Having examined Plato and Aristotle's individual views, it remains to return to the point of enquiry for Chapter 1 and consider how these philosophical recognitions may have been of practical use to an individual in Athens seeking relief from the symptoms of depression. First, this chapter will briefly summarise the findings of Chapter 1 in relation to the options available to an Athenian resident seeking treatment for their symptoms of depression. Then I will present the treatments recommended by Plato in his *Timaeus* and I will note that these are in line with the conclusions regarding the physical origin of psychic illness as suggested at the end of Chapter 3. Then, the treatment recommended by Aristotle will be presented. Finally, I will consider how the treatments suggested by Plato and Aristotle may have actually been of benefit to an Athenian sufferer of depression, beyond the options already available to them.

1. Pre-existing treatment options

Chapter 1 examined the various treatment options available to an Athenian resident who was experiencing the symptoms of depression. An autonomous citizen for whom money was no obstacle had three main routes to explore in the search for an effective treatment. They could employ a secular physician who would likely attribute the symptoms to excessive black bile within the constitution. The physician could prescribe drugs or potions, or a change in regimen. To reduce black bile a diet of barley water was commonly prescribed, alongside a hot bath and gentle exercise on a daily basis.⁴⁴⁴ Alternatively, they might choose to seek the help of Asclepius, the god of healing. The surviving cure tablets found at the sanctuary of Asclepius at Epidaurus show that people did visit the sanctuary hoping to be cured of their chronic psychological disorders. So, this was an option for someone experiencing depressive symptoms.⁴⁴⁵ Finally, they could approach one of the many *manteis* or *magoi* of varying repute who resided in the city. Depending on whether a *mantis* was a 'healer-seer' or 'purifier' they might aim to diagnose the illness and prescribe an appropriate cure or use magical techniques to cure the victim of their disease. The treatment provided by a *magos*

⁴⁴⁴ See Ch.1, p.52-7.

⁴⁴⁵ See Ch.1, p.70.

could have taken many forms. These included recommendations for drugs and potions, and performing a ritual or incantation which aimed to restore the favour of the gods.⁴⁴⁶

It is apparent that there already existed various treatment options for someone experiencing depression to try to relieve their symptoms. However, the evidence examined in Chapter 1 (3.3)⁴⁴⁷ does not indicate that the presence of even multiple symptoms of depression, according to DSM-V, would have been considered representative of one particular illness, but rather as a manifestation of a group of conditions brought on by an excess of black bile in the body. Furthermore, some of the intellectual elite of Athens are possibly less likely to have put their hope for a cure in a miracle cure from Asclepius or a magical ritual performed by a *mantis* or *magos*. Therefore, they may well have turned to the psychological writings of the philosophers for assistance in alleviating their symptoms.

2. Plato's recommended treatment

In Chapter 3 I concluded that for Plato the origin of psychic disease lay with the body's capacity to disrupt the revolutions of the soul, either through the presence of the humors physically altering the space in which the soul can revolve, or by distraction from the pursuit of wisdom caused by a lack of control over the irrational desires of Appetite and Spirit. I would expect the origin of a disease to be reflected in the suggested treatment options, so, if my conclusion is accurate, the treatment recommended by Plato should be focused on ridding the body of the humor that is causing the disruption in the revolutions of the soul. But, surprisingly, Plato's advice instead centres, in the first instance, around strengthening the soul against distractions from the body. At 90b-c Timaeus claims:

τῷ δὲ περὶ φιλομαθίαν καὶ περὶ τὰς ἀληθεῖς φρονήσεις ἐσπουδακότι καὶ ταῦτα
μάλιστα τῶν αὐτοῦ γεγυμνασμένῳ φρονεῖν μὲν ἀθάνατα καὶ θεῖα.

If a man has seriously devoted himself to the love of learning and to true wisdom, if he has exercised these aspects of himself above all, then there is absolutely no way that his thoughts can fail to be immortal and divine.

(Pl. *Tim.* 90b8-c2)

⁴⁴⁶ See Ch.1 (5.3) p.76.

⁴⁴⁷ p.57-62.

Unsurprisingly, in Plato's opinion the ideal condition would be for the soul to be so perfectly in balance and disciplined in the pursuit of wisdom that any bodily condition would not affect its revolutions nor be able to strengthen its mortal desires against the rule of Reason. But where the humors are physically affecting the mechanical motions of the soul, which results in psychic disorder, surely there is nothing a soul could do to strengthen itself against such an event? Plato eliminates this potential issue by noting that a perfectly balanced soul entirely devoted to wisdom cannot exist without a well-conditioned and maintained body.⁴⁴⁸ He recommends that the devoted philosopher exercise his whole body so that a constant internal equilibrium is achieved and no badness can settle and breed disease.⁴⁴⁹ In that case the man with the well-balanced soul would also have a well-balanced body, and so humoral invasion of the soul's space will not occur in the first place. However, where the individual has not properly cared for his body and a humor has occurred, Plato offers some advice on removal. He claims that first, 'physical exercise is the best of those that purify and restore the body,'⁴⁵⁰ then that gentle rocking, like that experienced in sea-travel, can aid in restoring the body's natural equilibrium, and finally, if these methods do not help, 'in occasional instance of dire need',⁴⁵¹ drugs may be used to purge the body of the afflicting humor.

So, Plato's advice is to focus on the prevention of humoral imbalance in the first instance through regular exercise, then to continue with this as a method of restoring the body's equilibrium, but if the illness is too severe, drugs may have to be used to eliminate the humor and allow the revolutions of the soul to return to normal.

3. Aristotle's recommended treatment

As discussed in Chapter 4, Aristotle makes it clear that an individual can be considered an *akrates* if their physiological condition causes them to lose control of their passions.⁴⁵² This is demonstrated through Aristotle's descriptions of the emotional disturbances exhibited by melancholics, old men, and women which, according to Aristotle, are symptomatic of their cool physiological conditions. Aristotle's advice regarding treatment of these symptoms is as follows:

⁴⁴⁸ Pl. *Tim.* 88b8-10.

⁴⁴⁹ Pl. *Tim.* 88d-89a.

⁴⁵⁰ Pl. *Tim.* 89a.

⁴⁵¹ Pl. *Tim.* 89b2-3.

⁴⁵² See Ch. 4. (2), p.157-9.

πῶς δὲ λύεται ἡ ἄγνοια καὶ πάλιν γίνεται ἐπιστήμων ὁ ἀκρατής, ὁ αὐτὸς λόγος καὶ περὶ οἰνωμένου καὶ καθεύδοντος καὶ οὐκ ἴδιος τούτου τοῦ πάθους, ὃν δεῖ παρὰ τῶν φυσιολόγων ἀκούειν.

If we ask how the unrestrained man's ignorance is dissipated and he returns to a state of knowledge, the explanation is the same as in the case of drunkenness and sleep, and is not peculiar to failure of self-restraint. We must go for it to the physiologists.

(Arist. *NE* 7.3.1147b5-8)

The physiologist that Aristotle recommends is a natural scientist rather than a physician. He advises approaching someone with a reasoned understanding of natural processes who can explain the cause of the ignorance. Some physiologists may have also had the practical skills required to then treat the sickness,⁴⁵³ but some may simply have been able to advise in a theoretical capacity. This aside, the implication is the same: that the symptoms have their origin in the bodily condition.

4. Summary of the contributions of Plato and Aristotle

Both Plato and Aristotle provide significant contributions to the existing ancient thought regarding these symptoms. Crucially, both philosophers identify the tendency for the symptoms discussed to occur together and give them a common origin. Plato identifies four of the nine DSM-V symptoms, including both key symptoms of depressed mood and anhedonia, and presents a hydraulic symptomatic model, which requires four of the Timaeon symptoms to be exhibited at any one time. Aristotle associates eight of the nine DSM-V symptoms with one specific physiological condition: having a cool constitution.

For the people who were experiencing these clusters of symptoms in the fifth and fourth centuries, the philosophers also provide a more holistic explanation for the cause of this condition, and practical ways by which one could go about treating it. For Plato, the cause is both an ethical failure to strengthen one's soul against bodily distraction and the failure to maintain optimum physical health. For Aristotle, the cause is in an overly cool physiology, but the physiological imbalance acts as an impediment to ethical development and so must be treated in order to continue in the pursuit of achieving virtue.

⁴⁵³ Ar. *Sens.* 1. 436a17-b1; *Resp.* 27, 480b22-30.

These contributions to ancient thought concerning the experience of these symptoms must have been significant among those male members of the intellectual elite who were aware of these arguments, recognised the behaviours in themselves, and had the means and autonomy to pursue the recommended treatment options.

Conclusion

Before Plato and Aristotle contributed to the discussion on psychological disturbance, an Athenian resident who was experiencing the symptoms that DSM-V categorises as depression had various options: they could have turned to a physician, appealed to the god Asclepius, or paid a *mantis* or *magos* in the attempt to find a cure. All offered different methods of treatment, but none would have identified the symptoms experienced as related to one specific condition. Their treatments ranged from dietary changes and exercise, to magical rituals invoking the favour of the gods. With his discussions of psychic illness in *Timaeus*, Plato presents a new model of association between symptoms, in which they could not occur independently. He identified these psychological disturbances as being intrinsically connected and gave them an origin in the physical realm. By way of treatment, he suggested philosophical rigour to strengthen the soul, and then, if absolutely necessary, medical drugs to remove the offending humor. Aristotle then developed the notion of multiple psychological symptoms being thought of as manifestations of one specific condition, associates them with having a cool physiology, and recommended visiting a natural scientist to identify the specific cause of this physiological disorder.

For the ancient sufferer of depression with debilitating symptoms, this distinction could have been important for them. Recognising both their emotional and physical ailments as interconnected, and to be recommended one course of treatment by well respected, educated members of the elite, could have been crucial steps towards feeling that they understood and, therefore, could manage their illness.

Conclusion

I will begin with a brief summary of the findings of each chapter before going on to discuss the contributions of this thesis to the existing scholarship, and how the aims of the thesis have been met.

1. Summary of findings

I began with a justification for the research topic, since it is often suggested that depression is a product of post-industrial, urbanised living and the degeneration of the familial network, and thus not a condition that would have been experienced by people in ancient Athens. Depression is a complex illness that is still poorly understood, but I established that it is widely accepted across psychiatric and psychological scholarship that there is a genetic element to the condition, and that the rate of inheritance is too high for it to be the result of a random genetic error. Furthermore, while it is known that environmental factors and adverse life events do play a role in the manifestation of the illness, the studies conducted on the Amish population of Pennsylvania, which removed many unquantifiable environmental variables, show a similar rate of incidence to the worldwide average. Therefore, I am able to state with some certainty that depression would have been experienced by individuals in Classical Athens.

Having established that the search for recognition of depression in ancient sources is a valid exercise, I then presented the definition I would be using for depression. Since classifications vary between medical committees, and since the symptomatic categorisations change significantly between editions, I decided to use the classification of Major Depressive Disorder (MDD) as specified in the *Diagnostic Statistical Manual- 5* (2013). This decision was made on the basis that DSM provides the most detailed descriptions of the manifestations of each symptom, which would be crucial in my lexical searches.

Chapter 1: 'Historical context' began by considering who out of the Athenian populace would be the most likely to recognise their depression as a condition worth seeking treatment for, who would be most able to seek treatment, and who would be the most likely to develop the condition in the first place. I concluded that recognition would have been directly linked to wealth. The wealthier an individual, the more leisure time they would enjoy, and the more likely they would be to consider their emotional well-being as worthy of concern. Treatment opportunities would be dependent on both wealth and sex. Wealthy men

of any status were probably the most able to seek whatever kind of treatment they desired, whereas wealthy, high-status, women might have experienced difficulties in receiving treatment due to the legal restrictions on how much money they could have in their possession, their restricted freedom of movement around the city, and their inability to invite male healers into their homes without their *kyrios* present. Therefore, poor, low-status women and wealthy men were probably the least restricted of their sexes in seeking treatment for their depression, should they identify their symptoms as requiring treatment.

I then explored the lived experience of a male Athenian who felt their symptoms of depression were debilitating enough to warrant seeking treatment for their disorder and had the freedom and means to do so. I examined the surviving evidence for secular physicians, temple medicine, and magical healing, in order to show that residents of Athens did experience symptoms of psychological disorders, and that they did seek treatment for them.

For secular healing, the most useful evidence is contained within the Hippocratic treatises. Through their descriptions of symptoms such as fear, despondency, delirium, and losing one's wits, it is apparent that physicians acknowledged the existence of diseases with psychological symptoms. They also seem to have made a strong association between these diseases and an excess of black bile within the body. Therefore, it is reasonable to assume that someone experiencing symptoms that DSM-V associates with depression might approach a secular physician for treatment, and that the physician would consider these symptoms to be within his treatment capabilities.

Next, I considered temple medicine and specifically the cult of Asclepius. The most revealing evidence that survives from the sanctuaries of this healing cult are the large, stone, cure tablets recovered from the sanctuary of Asclepius at Epidaurus. These tablets reveal that people tended to come to the sanctuary to seek treatment from the god for chronic conditions. The surviving tablets do not provide any evidence of symptoms recognisably associated with depression, but there is evidence that conditions such as epilepsy, mutism, headaches, and insomnia were treated. Since other broadly psychological disorders were supposedly treated at the temple, the assumption that symptoms of depression may have been treated seems reasonable.

Finally, I looked at magical healers, specifically *manteis* and *magoi*. There is no direct written evidence detailing the sorts of illnesses these healers were employed to treat, but considering they were thought to have a complex understanding of the gods, and sometimes knowledge of potions as well, it is reasonable to conclude that they would have been approached by people experiencing symptoms of depression.

In Chapter 2: ‘Plato and Aristotle’s cultural inheritance and philosophical responses to the ancient healing environment’, I first considered both philosophers’ responses to the healing methods discussed in Chapter 1. Both Plato and Aristotle held secular physicians in high regard. The secular physicians were elite, intellectual men who were thought to employ sound science and logic in their treatments, and so it is unsurprising that both philosophers generally present them in a favourable light. However, as a result of their differing theories on the cosmos, these two philosophers diverge in their thoughts on temple healing and magical healing.

In his *Timaeus* Plato includes the anthropomorphic gods in his cosmology and appears to suggest that they are able to intervene in the mortal realm. As a result, the kind of intervention claimed by the cult of Asclepius, in which the god physically enters the temple and performs the treatment on the supplicant himself, would have been unproblematic for Plato. However, he is explicit in his contempt for magical healers and seers. He does not entirely discredit all diviners, but he is vehemently against the claims that the *magoi* have the ability to manipulate the gods and harness their power. On the other hand, Aristotle presents a very different vision in his cosmological descriptions and virtually excludes the traditional, anthropomorphic gods. I presented one possible interpretation of how the gods might fit into his theory by way of a sub-celestial, sur-mortal realm, but this is by no means definitive. I think it unlikely that Aristotle saw the gods as having the ability to intervene in mortal affairs, so I do not believe he would have been convinced by the claims of direct divine intervention either in Asclepiadic temple medicine or by the *magoi*. On the other hand, his few references to *manteis* are neutral and unrevealing, but if the gods were able to look favourably upon mortals who try to imitate the goodness of the divine, Aristotle might have thought some seers were capable of interpreting these signs from the gods.

For both Plato and Aristotle, their primary point of concern was how to live virtuously. Therefore, it is likely that they would display a particular interest in people displaying the kinds of abnormal moods and behaviours that manifest with depression. Before going on to explore the philosophers’ contributions to the ancient understanding of psychological disturbance, I examined their respective theories on virtue. For both philosophers the crucial aspect of achieving virtue is balance. For Plato, virtue is the parts of the soul co-existing in a balanced internal harmony; for Aristotle, virtue is acting and feeling in a proportionate way, neither excessively nor deficiently, thus hitting the mean. The depressed person would certainly struggle to achieve this required internal harmony and so

we might expect the philosophers to pass comment on the behaviours and psychological disturbance exhibited by someone experiencing depression.

It is clear from the evidence examined from the works of Plato and Aristotle, that both philosophers did recognise features of depression. Their descriptions of the symptoms associated with psychological disorders exhibit a strong, positive correlation with DSM-V's classification of Major Depressive Disorder. Furthermore, both philosophers acknowledge the tendency for these symptoms to occur together.

In Chapter 3: 'Plato', I examined Plato's contribution to the ancient understanding of psychological disturbance. In his *Timaeus*, Plato describes the symptoms of psychic diseases, and these align with four of the nine DSM-V symptoms, including both key symptoms (depressed mood and anhedonia). He associates the pairs of symptoms with particular parts of the tripartite soul, and presents a hydraulic symptomatic model, in which four Timaeian symptoms are exhibited at the same time. This model demonstrates Plato's recognition that the symptoms not only have the *tendency* to occur together but that they *must* occur together. These conclusions are supported by Plato's characterisation of Apollodorus in *Symposium* and *Phaedo* where he appears to embody the Timaeian man with a disease in his soul. Apollodorus displays problems with his memory and concentration, low self-esteem, anhedonia, and while on one day he is irritable, on another he is despondent.

Plato's recognition of four of the nine DSM-V symptoms and the acknowledgment that they occur together is already a significant contribution to ancient thought on the experience of these symptoms, but he takes this further. He describes the origin of psychic illness in *Timaeus* and, ultimately, attributes them to the presence of the physical, bodily humors. As the humors invade the space that the soul occupies, they disrupt the revolutions of the soul, throwing the soul into disorder, causing it to be distracted from following the desires of Reason, thus causing diseases within it. Plato's conclusion that psychological disturbances arise within the soul, but as a result of the body being in an unhealthy condition, is an important step towards associating this cluster of symptoms with one specific illness.

I performed the same exploration in relation to Aristotle's writings in Chapter 4: 'Aristotle'. In a number of passages, Aristotle describes clusters of behavioural and emotional abnormalities that display a particularly strong correlation with DSM-V's symptomatic categorisation of depression. In total, he identifies an impressive eight out of nine symptoms that DSM-V categorises as depression, and with the strong degree of overlap between the symptoms described in different passages, it is clear that he envisaged these symptoms as tending to occur together. Furthermore, these descriptions occur solely in

relation to women, melancholics, and old men, all of whom share a common trait in their bodily condition: they were all thought by Aristotle to have a naturally cool physiology. This suggests that Aristotle thought that this specific grouping of symptoms, of which eight agree with DSM-V's nine, was caused by having a particular physiology. These conclusions are supported by the discussions of melancholia in the pseudo-Aristotelian *Problemata* 30.1. This text describes a very similar clustering of symptoms and explicitly attributes them to the cool physiology of the melancholic. The author also highlights the similarities in the melancholics' behaviour to that of old men and asserts that it is the cool physiology of both types of people that causes their depressive passionate dispositions.

In Chapter 5: 'Was philosophy of practical use in treating depression?' I considered how the conclusions of the philosophers may have affected the treatments sought by the wealthy, upper-class men of Athenian society who were most likely to have been alert to their depressive symptoms in the first place. I first noted that in *Timaeus* Plato recommends philosophical training in the first instance, to strengthen one's soul against any bodily distractions but, if necessary, condones the use of drugs to rid the body of the humor that has invaded the locus of the soul. Aristotle is rather more straightforward in his recommendations, but less clear on the expected outcome. He simply states that the sufferer should see a physiologist. Presumably this physiologist would be able to reveal the cause of the symptoms to the sufferer and either provide a treatment himself, or point them in the direction of an appropriate physician.

2. The contributions of this thesis to existing scholarship

As discussed in the literature review of the Introduction, the area of research concerned with mental disorders in antiquity has been rapidly growing over the last fifty years or so. But despite the numerous publications in this field so far, this thesis has provided a new insight into the ancient understandings of depression.

The universality of mental illnesses in the human experience, and the cross-cultural application of modern categorisations have been points of strong contention among classical scholars, including Pigeaud (1981), Padel (1995), Harris (2013), and Ahonen (2014). In the introduction to his 2013 edited volume, Harris asserts that the ancients avoided subcategorising specific syndromes, choosing instead to classify groups of disparate symptoms as different manifestations of one umbrella illness, such as *melancholia* or

mania.⁴⁵⁴ Harris uses this argument to explain why his contributors have tended to avoid direct comparisons between modern categorisations of specific mental illnesses and the descriptions of psychological disturbance found in ancient sources,⁴⁵⁵ choosing instead to focus on the larger questions of the perceived nature of mental illness in antiquity.⁴⁵⁶

However, from a wide reading of psychiatric and anthropological studies of field research, I have shown, for the first time in classical scholarship, that based on the current scientific understandings of the origins and mechanisms of depression, it is reasonable to conclude that depression was experienced by individuals in ancient Greece in the same way that it is experienced today. Therefore, it is a worthwhile endeavour to look for evidence of recognition of this mental disorder in ancient texts.

The few researchers who have chosen to focus on one condition, rather than general ancient conceptions of mental illness, tend to aim to improve our understanding of ancient categorisations of melancholy, madness, or insanity. The closest any scholar has come to a comparison between depression and the ancient conception of this illness occurs in Radden 2000 and 2009, where she focuses on the extent to which depression can be equated with ancient *melancholia*. There is no attempt in existing scholarship to identify an ancient recognition of depression itself, independent from an association with *melancholia*. My demonstration that some ancient Greek thinkers did recognise depression is the main original contribution of my thesis.

It is clear that the methodology I have employed challenges the views of many of my predecessors, especially in relation to universality and the application of modern categorisations of illnesses to the ancient world. But, as mentioned in the Introduction, my lexical approach to the Platonic and Aristotelian corpora was significantly influenced by Thumiger's methodology in her paper in Harris' edited volume (2013), 'The Early Greek Medical Vocabulary of Insanity'. This paper, which represents part of the ongoing research Thumiger was performing for her 2017 monograph, presents a list of Greek terms for 'insanity', which was then used to develop a broader understanding of what was meant when the Hippocratic writers spoke of 'insanity'.⁴⁵⁷ I drew on this methodology in my own lexical approach. Thumiger uses a list of terms to build a broad picture of the meaning of insanity in antiquity, whereas I used almost synonymous terms to gain a more precise understanding of

⁴⁵⁴ Harris 2013, p.1.

⁴⁵⁵ The likes of which Harris claims have 'plagued the study of mental illness in antiquity' 2013, p.11.

⁴⁵⁶ Harris 2013, p.1.

⁴⁵⁷ Thumiger 2013, p.61.

each symptom I explored. By generating a list of Greek synonyms for the symptoms of depression, I was able to identify hundreds of potential references within the Platonic and Aristotelian corpora to behaviours and emotions that we now associate with depression. I could then search these references for useful passages for further examination.

The notion that depressive illness simply did not exist in the ancient world and is a product of the modern world has been rife in classical scholarly opinion. Toohey (2005) offers one of the only direct challenges to this view and believes that the presence of evidence in the surviving ancient sources has been misrepresented.⁴⁵⁸ While I agree with Toohey's overall conclusions that depression existed in the ancient world, the argument he presents contains a number of weaknesses that I was keen to avoid in my own study.

Toohey considers the example of Orestes as presented by Aeschylus' *Oresteia* and a vase painting by the Eumenides painter (Fig. 5) showing the purification of Orestes and argues that these sources show an awareness of someone in the ancient world experiencing depression without an identifiable causal life event:



Fig. 5: Apuleian Red-figure Bell Krater. Eumenides Painter. 4th century B.C. The Louvre. The Purification of Orestes in Delphi.

⁴⁵⁸ Toohey 2004, p.26.

Toohey argues that because a vase painting cannot depict a whole story, but rather only a single moment in time, we cannot assume from this single image that the forlorn looking Orestes is brooding over the murder of his mother. He thinks that we might choose to interpret the image in this way, but that the vase does not and cannot actually tell us that this is the correct interpretation. Therefore, Toohey maintains that the image might equally be interpreted as evidence for an ancient understanding of depressed states without a cause. While I welcomed Toohey's attempts to overturn the opinions regarding depression in the ancient world that had dominated previous scholarship, I noticed that his argument was vulnerable on three fronts.

First, I do not believe his chosen evidence for the existence of depressive conditions in the ancient world is as irrefutable as he believes it to be. Perhaps if the image on the vase showed an unidentified young man sitting alone, without a weapon in hand, looking relatively sorrowful, the argument might have some weight. But the painter has gone to great lengths to ensure his audience knows exactly who this young man is, and because of this, we know he has more reason than most to look so despondent. The inclusion of the sacrificial pig being held up by Apollo and the sleeping Furies being roused by the ghost of Clytaemnestra is more than enough to identify this young man as the Orestes from the beginning of Aeschylus' *Eumenides*, composed fifty years before this vase was painted.⁴⁵⁹ In the play, Orestes is hounded by the Furies in response to the murder of his mother, Clytaemnestra, and has fled to the sanctuary of Apollo to seek purification. Unable to perform the purification, Apollo makes the Furies drowsy to allow Orestes to escape to Athens. In this image, the ghost of Clytaemnestra is rousing the Furies from their sleep. It is undoubtedly Orestes being depicted and by including the image of the unfulfilled purification and the Furies being awoken by the ghost of Clytaemnestra, the audience can easily imagine why Orestes might look sorrowful. He is probably conflicted about the justification of the matricide he has performed, especially now that Apollo is unable to purify him and, in the meantime, he is destined to be hounded by the Furies for his crime. This surely cannot be described as a depiction of sorrow without a cause. The *Eumenides* painter, in my opinion, has made it very clear to the viewer why Orestes is looking so sorrowful.

Second, Toohey fails to acknowledge many of the issues of the tragic genre. He attempts to diagnose Aeschylus' character Orestes, as if the plays were non-fiction, historical

⁴⁵⁹ The pig is mentioned at Aesch. *Eum.* 284 and 450, and Clytaemnestra rouses the Furies from their sleep at 94-139.

sources instead of a fictional characterisation used to display the variable nature and fallibility of humans,⁴⁶⁰ a characterisation that is deliberately fabricated in order to lend dramatic uncertainty to the plays. I am not suggesting that Aeschylus *could not* have intended to present Orestes as a depressive character type, but that Toohey, by not passing comment on the potential problems of the source material, and by only using one example, has made his conclusions less convincing.

Third, Toohey's linguistic imprecision is problematic. He presents this argument as a refutation of Padel's position in *Whom Gods Destroy* (1995), that all melancholia before the eighteenth century was mad and that depressive melancholy did not appear until after this time.⁴⁶¹ Toohey's aim is to show that, contrary to popular scholarly beliefs at the time in 2004, the condition of being depressed was recognised in antiquity. However, throughout this book, Toohey freely and interchangeably uses the terms 'depression', 'depressed', 'depressive', and other related words, but he does not establish at any point whether he is referring to clinical depression, or if he is just using these terms to mean feeling sad for a long period of time.

After recognising these three issues with Toohey's argument, I have aimed to avoid falling foul of the same criticisms in this thesis. First, I have been careful not to ignore the context of statements. Although the lexical searches were used to identify relevant passages, I read the works cited in their entirety to ensure I did not overlook important contextual points. Second, I have been careful to consider the genres of my source material, and this was particularly important when examining the Platonic dialogues. It is crucial to remember that Plato is presenting characters, and possibly even caricatures, and we cannot know how far these are representative of the actual people they are based upon. Plato's characterisations have a very particular purpose within his dialogues, and so we cannot say with any certainty that these character types represent the personalities of real people. Third, I have been precise with my terminology throughout, differentiating Major Depressive Disorder (also called 'clinical depression', 'depression', and 'depressive illness') from the more general 'depressive disorders', and keeping both clearly demarcated from the experience of feeling despondent or depressed, which may or may not be symptomatic of a clinical disorder. Through these methods, I have arrived at similar overall conclusions as Toohey, while avoiding the same weaknesses in my argumentation.

⁴⁶⁰ Toohey 2004 p.23.

⁴⁶¹ Padel 1995 p.53-9, 224-7; Toohey 2004 p.26.

In terms of general contributions to the field, based on my wide reading of the evidence available from psychiatric studies, I presented an argument in favour of the universality of clinical depression - that we can reasonably assume that depression was experienced by people in the ancient world with a similar rate of incidence as today. Therefore, for the first time, I applied DSM-V's categorisation of symptoms of depression to ancient descriptions of psychological disturbance. As a result, this thesis offers a precise account of the recognition of clinical depression in the Hippocratic, Platonic, and Aristotelian corpora, unlike any study currently available, and by approaching the disease from the symptomatic descriptions provided by DSM-V and comparing these descriptions to those in ancient texts, I do not blur the lines between *feeling* depressed and actual clinical depression.

Furthermore, this thesis is unique in its extended focus on depression within the works of Plato and Aristotle. Since studies of depressive disorders in the ancient world tend to associate depression with *melancholia*, the primary bank of source material has been the Hippocratic corpus and other medical texts. On occasion, the Pseudo-Aristotelian *Problemata* 30.1 is included in the collection of relevant medical source material (for example, Radden 2000, Chapter 1) but the Platonic dialogues and undisputed Aristotelian corpus remain largely excluded, except from an occasional passing comment.⁴⁶² My focus on these philosophers enriches the existing picture of the lived experience of depressive disorders, by providing a new perspective on the ancient recognition of depression, the perceived origins of this disorder, and the various treatments available for someone experiencing the associated symptoms.

3. Coda

Overall, I have shown that Plato and Aristotle made significant contributions to ancient thought on the symptoms now categorised as depression by DSM-V. The two main aims of this thesis were: first, to show that there are positive correlations between a modern categorisation of depression and Plato and Aristotle's descriptions of the manifestations of psychological disturbance; and second, to show that both philosophers identify the tendency for these symptoms to occur together, thus recognising this cluster of symptoms as a specific illness or condition.

⁴⁶² Thumiger 2017 p.20

From my examinations of *Timaeus* 86b1-87a9, where Plato discusses psychic disturbance, and the characterisation of Apollodorus in *Phaedo* and *Symposium*, I showed that Plato identifies four out of the nine symptoms of depression as categorised by DSM-V: depressed mood, anhedonia, low self-esteem, and impaired thinking/concentration. I then argued that Plato envisaged each symptom in the pairs associated with Spirit and Appetites as only capable of manifesting one at a time, depending on whether that part was experiencing an excess or deficiency, while the two symptoms associated with a deficiency of Reason would always be present while the soul was diseased. So, with the exception of forgetfulness and stupidity, the two symptoms in a pair cannot co-exist, but Plato presents a hydraulic model between pairs of symptoms. The excessive satisfaction or neglect of the desires of one part of the soul necessarily results in a change to the satisfaction of the desires of the other two parts, i.e. if one part, e.g. Spirit, is experiencing excessive satisfaction, the other two, Reason and Appetites, experience neglect. This results in a symptomatic model which requires four symptoms to occur together. Therefore, Plato identifies four of DSM-V's symptoms of depression, and then recognises that these symptoms occur together. This shows a positive symptomatic correlation with depression as categorised by DSM-V, and that Plato identified that these symptoms as representative of one specific illness.

Through Aristotle's descriptions of the passionate tendencies of melancholics, women, and old men specifically, he identifies eight out of the nine DSM-V symptoms of depression, which shows impressive insight. The considerable degree of overlap of symptoms between the groups shows that Aristotle recognised their tendency to occur together. Furthermore, Aristotle saw the passionate tendencies of these groups of people to be a result of their naturally cool physiology, which suggests that he also associated these symptoms with one specific bodily condition.

The recognition that these moods, physical changes, and behaviours, which had been previously thought of as disparate, should in fact be considered as symptomatic manifestations of one condition could have had a significant effect on the lived experience of depression to Plato and Aristotle's contemporary audience, especially in relation to the treatment they may have sought. While both philosophers seem to recommend visiting a physician⁴⁶³ to address the physiological imbalance, Plato's explicit recommendation of philosophic discussion to strengthen the soul was a new method of treatment for these psychological disturbances. It seems likely that Aristotle would have also supported this

⁴⁶³ This is a last resort for Plato and Aristotle is less explicit.

approach. The suggestion of introspective reflection as a treatment for symptoms that correlate well with DSM-V's categorisation of depression is reminiscent of the variety of talking therapies that are commonly recommended today; some of which, are reported as yielding excellent results. So, alongside the intellectual contributions both philosophers made in this area of ancient thought, they may have also provided effective practical advice for any of their audience members who recognised these tendencies in their own behaviours.

My study has implications for modern scholarship, since it offers convincing new evidence, against the skeptics, that depression was experienced in antiquity, and that there were individuals from the elite, intellectual circles of Athens who were alert to the tendency for these symptoms to manifest together. I hope that the observations of this thesis and the arguments presented will inspire future study into this important area of historical, cultural, and philosophical research which deserves further intensive discussion.

Appendices

Appendix 1

Since *The Nature of Man* provides us with the clearest and most comprehensive description of the functioning of the humors within the body, it would be tempting to think of this as laying out *the* Hippocratic theory regarding the composition of the body and the cause of disease. However, the author himself alludes to variant theories that exist amongst fellow physicians; physicians that may or may not have been trained in the Hippocratic method, this information is not divulged. The author claims that most physicians believe man to be made of just one of the humors rather than a set combination of all four and that it is qualitative changes to this one humor that causes disease.⁴⁶⁴ He goes on to say that he has spotted a potential flaw with this reasoning and so will offer an alternative argument.⁴⁶⁵ The author himself acknowledges that his argument is a new way of thinking about bodily composition and disease that differs from what was believed and taught by most physicians currently. So, even if this argument were considered highly convincing, it would still take time for this to infiltrate established practice and become the new theory accepted by most physicians. Being unable to precisely date the emergence of this text, it is difficult to predict how widely accepted this new theory would have been at the time of Plato and Aristotle. Knowledge of the author could help with these problems of both estimating a date of publication and the extent to which established physicians were likely to take the arguments made seriously, but as with all Hippocratic treatises, authorship is contentious.

The most popular contender in antiquity for authorial credit of this treatise was Polybus. This is attested by Aristotle in *History of Animals* III.3, 512b13-513a8, the Anonymus Londinensis papyrus 19.21 and Galen confirms that Polybus was still credited with authorship in his time.⁴⁶⁶ If this is the case, then we might assume that this text came into circulation anytime between about 380 B.C. (although it is unlikely to be this early based on a birth date of around 400 B.C.)⁴⁶⁷ and at least by the time Aristotle wrote *History of Animals* (i.e. before his death in 322 B.C.). Since we cannot date the text any more precisely than this, all we can say is that Plato may or may not have lived through its publication, and

⁴⁶⁴ Hipp. *Nature of Man* 2.

⁴⁶⁵ Hipp. *Nature of Man* 2.

⁴⁶⁶ Gal. *Hipp. On the Nature of Man* 11-13. In fact, Galen expresses that he thinks that crediting Polybus is too cautious. He believes Hippocrates himself to be the author, and Anonymus Londinensis 7.15 agrees.

⁴⁶⁷ Lonie 1981, p.55.

Aristotle certainly did. However, I would argue that in light of the similarities found in Plato's humoral theory presented in *Timaeus*, discussed above, it seems likely that he was familiar with the work. If Polybus were truly the author, then it would seem likely that his theory would have been taken very seriously and adopted by practicing Hippocratic physicians relatively quickly. Some believed him to be the son-in-law of Hippocrates himself and Joly points out that the use of only his name without any indication of his origin is a sure sign of his notoriety.⁴⁶⁸ But even if we doubt authorial authenticity,⁴⁶⁹ the fact remains that, by the time of Aristotle, this text was significant and current enough to warrant lengthy quotation in his lectures.⁴⁷⁰ Furthermore, there is some textual indication to suggest that this theory may have been adopted by other Hippocratic authors. In *On Generation 4, Epidemics 6.2.* and *6.6* and throughout *On Humors* the authors assume humoral composition of the body and humoral imbalance to be the cause of disease.

Appendix 2

By the mean relative to us [I mean] that which is neither too much nor too little- and this is not one, nor the same for everyone.⁴⁷¹

(Arist. *EN*. 2.6. 1106a31-2)

This statement detailing what is meant by the mean, could be, and by many scholars has been, taken to suggest that the mean is relative to the individual, but I believe this is problematic and a textual misinterpretation.⁴⁷² In support of the interpretation for individualism, Aristotle's discussion of the champion athlete, Milo, and a novice is often cited in which he claims that six pounds of food is likely to be too little for Milo, but too much for the beginner.⁴⁷³ The passage in question reads as follows:

⁴⁶⁸ Joly 1980 p.39.

⁴⁶⁹ As Smith 1979 p.220 does.

⁴⁷⁰ Jouanna 1975, p.55.

⁴⁷¹ I have made my own amendments to Ross' translations here for clarity. He uses 'intermediate' instead of the mean and 'all' instead of everyone or everybody.

⁴⁷² Hardie 1968, p.135; Kraut 2014; Leighton 1995, p.67-78; Lloyd 1968, p.76,82; Sherman 1989, p.37.

⁴⁷³ Arist. *EN*. 2.6.1106a32-b4.

‘For example, let 10 be many and 2 few; then one takes the mean with respect to the thing if one takes 6; since $6-2=10-6$, and this is the mean according to arithmetical proportion. But we cannot arrive by this method at the mean relative to us. Suppose that 10lb. of food is a large ration for anybody and 2lb. a small one: it does not follow that a trainer will prescribe 6lb., for perhaps even this will be a large ration, or a small one, for the particular athlete who is to receive it; it is a small ration for a Milo, but a large one for a man just beginning to go in for athletics. And similarly with the amount of running or wrestling exercise to be taken. In the same way then an expert in any art avoids excess and deficiency and seeks and adopts the mean- the mean, that is, not of the thing but relative to us.’

(Arist. *EN*. 2.6. 1106a33-b7)

This analogy has been interpreted as showing that the appropriate mean will differ between individuals. Leighton has argued that the athletes, as they differ in their athletic development, are intended to portray individuals at different stages of their moral development.⁴⁷⁴

Therefore, it would seem that the mean is broader for novices, and becomes narrower and, thus, harder to hit as the agent’s moral character becomes more developed. Brown rejects this interpretation and I agree that this is not compatible with Aristotle’s conception of virtue.⁴⁷⁵

Arete is the quality possessed by the agent who performs all activities of the soul virtuously (i.e. hit the mean) all the time, and in the way a virtuous agent would perform them. This excellence is not relative to the stage you are at, it is the ultimate goal you are aiming for. A novice cannot achieve a lesser form of *arete* which allows for his short-comings due to the fact he is not as morally developed. By displaying these shortcomings, he is by definition not virtuous and there is no indication given by Aristotle that as one gets more experience in trying to hit the mean, the narrower the target becomes. There is one mean and hitting this particular mean is one of the necessary conditions for achieving virtue.

I struggle to see how Aristotle could have intended to suggest there is an individualised mean. If the mean is specific to each of us as individuals then surely the normative force of the concept disintegrates. If the mean for you, where you are a virtuous

⁴⁷⁴ Leighton 1992, p.55.

⁴⁷⁵ Brown 1997, p.82.

agent who I wish to emulate, will never be the same as the mean for me, then how can I hope to learn from your example and hit the mean myself? Without any external reference points or guides, how will I know if and when I have actually hit the mean so that I can reproduce my actions in future similar situations? This seems to directly contradict Aristotle's suggestion that we look to the man of practical wisdom for guidance on how to achieve virtue and seems to render Aristotle's guidelines and examples within the *Nicomachean Ethics* useless.⁴⁷⁶ Granted, he does admit that it is a general outline rather than an absolute step-by-step, one size fits all, guide to achieving virtue,⁴⁷⁷ but if hitting the mean is going to be different for everyone, based on their emotional tendencies, or anything else about them, even general guidelines are likely to be completely unhelpful. It could be argued instead that Aristotle is referring to a mean relative to social status rather than us all as individuals. This is supported by his argument in *Politics* 1260a20:

‘It is clear that there is excellence of character for all the above-mentioned [viz. ruler, ruled, male, female, child, slave], and temperance is not the same for a man as it is for a woman, nor is bravery or justice, as Socrates thought, but the one bravery is of a commanding sort, the other of a subordinate kind; and the same in the other excellences.’

(Arist. *Pol.* 1.13.1260a20.)

Brown accepts the plausibility of this line of enquiry but is hesitant to insert arguments from Aristotle's political works directly into his ethical treatises. Her reasoning for this, which I find valid, is that while *Politics* is concerned with the harmonisation of the roles of every member of a community in order to ensure its success, the ethical treatises are directed at individual improvement.⁴⁷⁸ Specifically the kind of individual who would be likely to attend, and attempt to live by, Aristotle's lectures; the mature, well-educated, well-born, male, Athenian citizen.⁴⁷⁹ Therefore, the suggestion that Aristotle in *Nicomachean Ethics* is referring to a mean relative to one's social position and so his audience will have to judge for themselves, based on their own station in life, is not compatible with the audience he would have been addressing in his lectures. All (or maybe it is safer to say a vast majority) of the

⁴⁷⁶ Arist. *EN.* 2.6.1106b36-7a2.

⁴⁷⁷ Arist. *EN.* 2.2.1104a1-2.

⁴⁷⁸ Brown 1997, p.85.

⁴⁷⁹ Arist. *EN.* 1.3.1095a2-3; 1.4.1095b3-6.

men in attendance would have considered themselves virtually equal in class and position,⁴⁸⁰ with superiority likely based predominantly on age, and so to be told they must work out the mean for themselves based on social standing would surely have been unsatisfactory; the mean would still be the same for them all, so why could Aristotle not just tell them the parameters?

Where Aristotle's followers would have differed from one another, however, would have been in their political roles from year to year. Such responsibilities would likely alter the mean appropriate for the duration of the year holding political office. This notion of the mean changing depending on the role or job of an individual at any particular time seems to be compatible with Brown's alternative interpretation of the Milo-Novice analogy, which I find more convincing. She suggests that rather than the athletes being viewed as the agents either having achieved virtue (Milo) or looking to begin on their journey to virtue (the novice), it is instead the trainer that should be interpreted as the agent. In this way, the trainer needs to have the skill and the practical wisdom to interpret what the appropriate amount of food is for particular athletes at different stages of their athletic development, or in other words, the agent needs to be able to judge the mean appropriately for different situations.⁴⁸¹ This interpretation renders the mean situationally dependent, which is far more compatible with Aristotle's assertions within *Nicomachean Ethics* regarding how to achieve virtue and avoids the problematic inferences of individual relativity. Aristotle claims that the only way to achieve a virtuous mean is to ensure the passion or action is felt or performed 'at the right times, with reference to the right objects, towards the right people, for the right aim and in the right way'⁴⁸² and failure in any one of these criteria results in failing to achieve the virtue. This statement refers to the situation in which a passion or action would occur and so would support the notion of relativism on the basis of situation.

⁴⁸⁰ Pomeroy 1997, p.3

⁴⁸¹ Brown 1997, p.87-8.

⁴⁸² Arist. *EN*. 2.6. 1106b21-22.

Appendix 3

Problemata 30.1:

Διὰ τί πάντες ὅσοι περιττοὶ γεγονάσιν ἄνδρες ἢ κατὰ φιλοσοφίαν ἢ πολιτικὴν ἢ ποιήσιν ἢ τέχνας φαίνονται μελαγχολικοὶ ὄντες, καὶ οἱ μὲν οὕτως ὥστε καὶ λαμβάνεσθαι τοῖς ἀπὸ μελαίνης χολῆς ἄρρωσθήμασιν, οἷον λέγεται τῶν [τε] ἡρωϊκῶν τὰ περὶ τὸν Ἡρακλέα; καὶ γὰρ ἐκεῖνος ἔοικε γενέσθαι ταύτης τῆς φύσεως, διὸ καὶ τὰ ἄρρωσθήματα τῶν ἐπιληπτικῶν ἀπ' ἐκείνου προσηγόρευον οἱ ἀρχαῖοι ἱερὰν νόσον. καὶ ἡ περὶ τοὺς παῖδας ἔκστασις καὶ ἡ πρὸ τῆς ἀφανίσεως ἐν Οἴτῃ τῶν ἐλκῶν ἔκφυσις γενομένη τοῦτο δηλοῖ· καὶ γὰρ τοῦτο γίνεται πολλοῖς ἀπὸ μελαίνης χολῆς. συνέβη δὲ καὶ Λυσάνδρῳ τῷ Λάκωνι πρὸ τῆς τελευτῆς γενέσθαι τὰ ἔλκη ταῦτα. ἔτι δὲ τὰ περὶ Αἴαντα καὶ Βελλεροφόντην, ὧν ὁ μὲν ἐκστατικὸς ἐγένετο παντελῶς, ὁ δὲ τὰς ἐρημίας ἐδίωκεν, διὸ οὕτως ἐποίησεν Ὅμηρος

“αὐτὰρ ἐπεὶ καὶ κεῖνος ἀπήχθετο πᾶσι θεοῖσιν,
ἦτοι ὁ κὰπ πεδίον τὸ Ἀλήϊον οἶος ἀλάτο
ὄν | θυμὸν κατέδων, πάτον ἀνθρώπων ἀλεείνων.”

καὶ ἄλλοι δὲ πολλοὶ τῶν ἡρώων ὁμοιοπαθεῖς φαίνονται τούτοις. τῶν δὲ ὕστερον Ἐμπεδοκλῆς καὶ Πλάτων καὶ Σωκράτης καὶ ἕτεροι συχνοὶ τῶν γνωρίμων. ἔτι δὲ τῶν περὶ τὴν ποιήσιν οἱ πλεῖστοι. πολλοῖς μὲν γὰρ τῶν τοιούτων γίνεται νοσήματα ἀπὸ τῆς τοιαύτης κράσεως τῷ σώματι, τοῖς δὲ ἡ φύσις δήλη ρέπουσα πρὸς τὰ πάθη. πάντες δ' οὖν ὡς εἶπεῖν ἀπλῶς εἰσί, καθάπερ ἐλέχθη, τοιοῦτοι τὴν φύσιν. δεῖ δὲ λαβεῖν τὴν αἰτίαν πρῶτον ἐπὶ παραδείγματος προχειρισαμένους. ὁ γὰρ οἶνος ὁ πολὺς μάλιστα φαίνεται παρασκευάζειν τοιοῦτους οἶους λέγομεν τοὺς μελαγχολικοὺς εἶναι, καὶ πλεῖστα ἦθη ποιεῖν πινόμενος, οἷον ὀργίλους, φιλανθρώπους, ἐλεήμονας, ἰταμούς· ἀλλ' οὐχὶ τὸ μέλι οὐδὲ τὸ γάλα οὐδὲ τὸ ὕδωρ οὐδ' ἄλλο τῶν τοιούτων οὐδέν. ἴδιοι δ' ἂν τις ὅτι παντοδαποὺς ἀπεργάζεται, θεωρῶν ὡς μεταβάλλει τοὺς πίνοντας ἐκ προσαγωγῆς· παραλαβὼν γὰρ ἀπεψυγμένους ἐν τῷ νήφειν καὶ σιωπηλοὺς μικρῷ μὲν πλείων ποθεῖς λαλιστέρους ποιεῖ, ἔτι δὲ πλείων ῥητορικοὺς καὶ θαρραλέους, προϊόντας δὲ πρὸς τὸ πράττειν ἰταμούς, ἔτι δὲ μᾶλλον πινόμενος ὑβριστάς, ἔπειτα μανικοὺς, λίαν δὲ πολὺς ἐκλύει καὶ ποιεῖ μωρούς, ὥσπερ τοὺς ἐκ παίδων ἐπιλήπτους, ἢ καὶ ἐχομένους τοῖς μελαγχολικοῖς ἄγαν. ὥσπερ οὖν ὁ εἷς ἄνθρωπος μεταβάλλει τὸ ἦθος πίνων καὶ χρώμενος τῷ οἴνῳ ποσῷ τινί, οὕτω καθ' ἕκαστον τὸ ἦθος εἰσὶ τινες ἄνθρωποι. οἷος γὰρ οὗτος μεθύων νῦν ἐστίν, ἄλλος τις τοιοῦτος φύσει ἐστίν, ὁ μὲν λάλος, ὁ δὲ κεκνημένος, ὁ δὲ ἀρίδακρυς·

ποιεῖ γάρ τινας καὶ τοιούτους, διὸ καὶ Ὅμηρος ἐποίησε “καὶ μέ φησι δάκρυ πλώειν βεβαρημένον οἴνω.” καὶ γὰρ ἐλεήμονές ποτε γίνονται καὶ ἄγριοι καὶ σιωπηλοί· ἔνιοι γὰρ αὖ ἀποσιωπῶσι, καὶ μάλιστα τῶν μελαγχολικῶν ὅσοι ἐκστατικοί. ποιεῖ δὲ καὶ φιλητικούς ὁ οἴνος· σημεῖον δὲ ὅτι προάγεται ὁ πίνων καὶ τῷ στόματι φιλεῖν, οὕς νήφων οὐδ’ ἂν εἶς φιλήσειεν ἢ διὰ τὸ εἶδος ἢ διὰ τὴν ἡλικίαν. ὁ μὲν οὖν οἴνος οὐ πολὺν χρόνον ποιεῖ περιττόν, ἀλλ’ ὀλίγον, ἢ δὲ φύσις ἀεὶ, ἕως τις ἂν ἦ· οἱ μὲν γὰρ θρασεῖς, οἱ δὲ σιωπηλοί, οἱ δὲ ἐλεήμονες, οἱ δὲ δειλοὶ γίνονται φύσει. ὥστε δῆλον ὅτι διὰ τὸ αὐτὸ ποιεῖ ὁ τε οἴνος καὶ ἡ φύσις ἐκάστου τὸ ἦθος· πάντα γὰρ κατεργάζεται τῇ θερμότητι ταμιευόμενα. ὁ τε δὴ χυμὸς καὶ ἡ κρᾶσις ἢ τῆς μελαίνης καὶ τὰ ὑποχόνδρια μελαγχολικὰ οἱ ἰατροὶ φασιν εἶναι. καὶ ὁ οἴνος δὲ πνευματώδης τὴν δύναμιν. διὸ δὴ ἐστὶ τὴν φύσιν ὅμοια ὁ τε οἴνος καὶ ἡ κρᾶσις. δηλοῖ δὲ ὅτι πνευματώδης ὁ οἴνος ἐστὶν ὁ ἀφρός· τὸ μὲν γὰρ ἔλαιον θερμὸν ὄν οὐ ποιεῖ ἀφρόν, ὁ δὲ οἴνος πολὺν, καὶ μᾶλλον ὁ μέλας τοῦ λευκοῦ, ὅτι θερμότερος καὶ σωματωδέστερος. καὶ διὰ τοῦτο ὁ τε οἴνος ἀφροδισιαστικούς ἀπεργάζεται, καὶ ὀρθῶς Διόνυσος καὶ Ἀφροδίτη λέγονται μετ’ ἀλλήλων εἶναι, καὶ οἱ μελαγχολικοὶ οἱ πλεῖστοι λάγνοι εἰσίν. ὁ τε γὰρ ἀφροδισιασμὸς πνευματώδης. σημεῖον δὲ τὸ αἰδοῖον, ὡς ἐκ μικροῦ ταχεῖαν ποιεῖται τὴν αὐξήσιν διὰ τὸ ἐμφυσᾶσθαι. καὶ ἔτι πρὶν δύνασθαι προῖεσθαι σπέρμα, γίνεται τις ἡδονὴ ἐπὶ παισὶν οὖσιν, ὅταν ἐγγὺς ὄντες τοῦ ἡβᾶν ζύωνται τὰ αἰδοῖα δι’ ἀκολασίαν· γίνεται δὲ δῆλον διὰ τὸ πνεῦμα διεξιέναι διὰ τῶν πόρων, δι’ ὧν ὕστερον τὸ ὑγρὸν φέρεται. ἢ τε ἔκχυσις τοῦ σπέρματος ἐν ταῖς ὁμιλίαις καὶ ἡ ῥῆσις ὑπὸ τοῦ πνεύματος ὠθοῦντος

φανερὸν γίνεσθαι.⁷ ὥστε καὶ τῶν ἐδεσμάτων καὶ ποτῶν εὐλόγως ταῦτ’ ἐστὶν ἀφροδισιαστικά, ὅσα πνευματώδη τὸν περὶ τὰ αἰδοῖα ποιεῖ τόπον. διὸ καὶ ὁ μέλας οἴνος οὐδενὸς ἦττον τοιούτους ἀπεργάζεται, οἷοι καὶ οἱ μελαγχολικοὶ, πνευματώδεις. δῆλοι δ’ εἰσὶν ἐπ’ ἐνίων· σκληροὶ γὰρ οἱ πλείους τῶν μελαγχολικῶν, καὶ αἱ φλέβες ἐξέχουσιν· τούτου δ’ αἴτιον οὐ τὸ τοῦ αἵματος πλῆθος, ἀλλὰ τοῦ πνεύματος. διότι δὲ οὐδὲ πάντες οἱ μελαγχολικοὶ σκληροὶ οὐδὲ μέλανες, ἀλλ’ οἱ μᾶλλον κακόχυμοι, ἄλλος λόγος. περὶ οὗ δὲ ἐξ ἀρχῆς προειλόμεθα διελθεῖν, ὅτι ἐν τῇ φύσει εὐθύς ὁ τοιοῦτος χυμὸς ὁ μελαγχολικὸς κεράννυται· θερμοῦ γὰρ καὶ ψυχροῦ κρᾶσις ἐστὶν· ἐκ τούτων γὰρ τῶν δυοῖν ἡ φύσις συνέστηκεν. διὸ καὶ ἡ μέλαινα χολὴ καὶ θερμότερον καὶ ψυχρότερον γίνεται. τὸ γὰρ αὐτὸ πάσχειν πέφυκε ταῦτ’ ἄμφω, οἷον καὶ τὸ ὕδωρ ὄν ψυχρόν, ὅμως ἐὰν ἱκανῶς θερμανθῇ, οἷον τὸ ζέον, τῆς φλογὸς αὐτῆς θερμότερόν ἐστι, καὶ λίθος καὶ σίδηρος διάπυρα γενόμενα μᾶλλον θερμὰ γίνεται ἄνθρακος, ψυχρὰ ὄντα φύσει. εἴρηται δὲ σαφέστερον περὶ τούτων ἐν τοῖς περὶ πυρός. ‘καὶ ἡ χολὴ δὲ ἡ μέλαινα φύσει ψυχρὰ καὶ οὐκ ἐπιπολαίως οὔσα, ὅταν μὲν οὕτως ἔχη ὡς εἴρηται, ἐὰν ὑπερβάλλῃ ἐν τῷ σώματι, ἀποπληξίας ἢ νάρκας ἢ ἀθυμίας ποιεῖ ἢ φόβους, ἐὰν δὲ ὑπερθερμανθῇ, τὰς μετ’ ὧδῆς εὐθυμίας καὶ ἐκστάσεις καὶ ἐκζέσεις ἐλκῶν καὶ ἄλλα τοιαῦτα.’

τοῖς μὲν οὖν πολλοῖς ἀπὸ τῆς καθ' ἡμέραν τροφῆς ἐγγινομένη οὐδὲν τὸ ἦθος ποιεῖ διαφόρους, ἀλλὰ μόνον νόσημά τι μελαγχολικὸν ἀπειργάσατο. ὅσοις δὲ ἐν τῇ φύσει συνέστη κρᾶσις τοιαύτη, εὐθὺς οὗτοι τὰ ἦθη γίνονται παντοδαποί, ἄλλος κατ' ἄλλην κρᾶσιν· οἷον ὅσοις μὲν πολλὴ καὶ ψυχρὰ ἐνυπάρχει, νωθοὶ καὶ μωροί, ὅσοις δὲ λίαν πολλὴ καὶ θερμὴ, μανικοὶ καὶ εὐφυεῖς καὶ ἐρωτικοὶ καὶ εὐκίνητοι πρὸς τοὺς θυμοὺς καὶ τὰς ἐπιθυμίας, ἔνιοι δὲ καὶ λάλοι μᾶλλον. πολλοὶ δὲ καὶ διὰ τὸ ἐγγὺς εἶναι τοῦ νοεροῦ τόπου τὴν θερμότητα ταύτην νοσήμασιν ἀλίσκονται μανικοῖς ἢ ἐνθουσιαστικοῖς, ὅθεν Σίβυλλαι καὶ Βάκιδες καὶ οἱ ἔνθεοι γίνονται πάντες, ὅταν μὴ νοσήματι γένωνται ἀλλὰ φυσικῇ κράσει. Μαρακὸς δὲ ὁ Συρακούσιος καὶ ἀμείνων ἦν ποιητής, ὅτ' ἐκσταίη. ὅσοις δ' ἂν ἐπανεθῆ τὴν ἄγαν θερμότητα πρὸς τὸ μέσον, οὗτοι μελαγχολικοὶ μὲν εἰσι, φρονιμώτεροι δέ, καὶ ἦττον μὲν ἔκτοποι, πρὸς πολλὰ δὲ διαφέροντες τῶν ἄλλων, οἱ μὲν πρὸς παιδείαν, οἱ δὲ πρὸς τέχνας, οἱ δὲ πρὸς πολιτείαν. πολλὴν δὲ καὶ εἰς τοὺς κινδύνους ποιεῖ διαφορὰν ἢ τοιαύτη ἕξις τοῦ ἐνίοτε ἀνωμάλους εἶναι ἐν τοῖς φόβοις πολλοὺς τῶν ἀνδρῶν. ὡς γὰρ ἂν τύχῃσι τὸ σῶμα ἔχοντες πρὸς τὴν τοιαύτην κρᾶσιν, διαφέρουσιν αὐτοὶ αὐτῶν. ἢ δὲ μελαγχολικὴ κρᾶσις, ὥσπερ καὶ ἐν ταῖς νόσοις ἀνωμάλους ποιεῖ, οὕτω καὶ αὐτὴ ἀνώμαλός ἐστιν· ὅτε μὲν γὰρ ψυχρὰ ἐστὶν ὥσπερ ὕδωρ, ὅτε δὲ θερμὴ. ὥστε φοβερὸν τι ὅταν εἰσαγγελθῆ, ἐὰν μὲν ψυχροτέρας οὔσης τῆς κράσεως τύχῃ, δειλὸν ποιεῖ· προωδοπεποίηκε γὰρ τῷ φόβῳ, καὶ ὁ φόβος καταλύχει. δηλοῦσι δὲ οἱ περίφοβοι· τρέμουσι γάρ. ἐὰν δὲ μᾶλλον θερμὴ, εἰς τὸ μέτριον κατέστησεν ὁ φόβος, καὶ ἐν αὐτῷ καὶ ἀπαθῆ. ὁμοίως δὲ καὶ πρὸς τὰς καθ' ἡμέραν ἀθυμίας· πολλάκις γὰρ οὕτως ἔχομεν ὥστε λυπεῖσθαι, ἐφ' ὅτῳ δέ, οὐκ ἂν ἔχομεν εἰπεῖν· ὅτε δὲ εὐθύμως, ἐφ' ᾧ δέ, οὐ δῆλον. τὰ δὲ τοιαῦτα πάθη καὶ τὰ ἐπιπόλαια λεχθέντα κατὰ μὲν τι μικρὸν πᾶσι γίνεται· πᾶσι γὰρ μέμικται τι τῆς δυνάμεως· ὅσοις δ' εἰς βάθος, οὗτοι δ' ἤδη ποιοὶ τινές εἰσι τὰ ἦθη. ὥσπερ γὰρ τὸ εἶδος ἕτεροι γίνονται οὐ τῷ πρόσωπον ἔχειν, ἀλλὰ τῷ ποιόν τι τὸ πρόσωπον, οἱ μὲν καλόν, οἱ δὲ αἰσχρόν, οἱ δὲ μηθὲν ἔχοντες περιττόν, οὗτοι δὲ μέσοι τὴν φύσιν, οὕτω καὶ οἱ μὲν μικρὰ μετέχοντες τῆς τοιαύτης κράσεως μέσοι εἰσίν, οἱ δὲ πλήθους ἤδη ἀνόμοιοι τοῖς πολλοῖς. ἐὰν μὲν γὰρ σφόδρα κατακορῆς ἦ ἢ ἕξις, μελαγχολικοὶ εἰσι λίαν, ἐὰν δὲ πῶς κρᾶθῶσι, περιττοί. ῥέπουσι δ', ἂν ἀμελῶσιν, ἐπὶ τὰ μελαγχολικὰ νοσήματα, ἄλλοι περὶ ἄλλο μέρος τοῦ σώματος· καὶ τοῖς μὲν ἐπιληπτικὰ ἀποσημαίνει, τοῖς δὲ ἀποπληκτικά, ἄλλοις δὲ ἀθυμίας ἰσχυραὶ ἢ φόβοι, τοῖς δὲ θάρρη λίαν, οἷον καὶ Ἀρχελάῳ συνέβαινε τῷ Μακεδονίας βασιλεῖ. αἴτιον δὲ τῆς τοιαύτης δυνάμεως ἢ κρᾶσις, ὅπως ἂν ἔχη ψύξεώς τε καὶ θερμότητος. ψυχροτέρα μὲν γὰρ οὔσα τοῦ καιροῦ δυσθυμίας ποιεῖ ἀλόγους· διὸ αἱ τ' ἀγχόναί μάλιστα τοῖς νέοις, ἐνίοτε δὲ καὶ πρεσβυτέροις. πολλοὶ δὲ καὶ μετὰ τὰς μέθας διαφθείρουσιν ἑαυτούς. ἔνιοι δὲ τῶν μελαγχολικῶν ἐκ τῶν πότων ἀθύμως διάγουσιν· σβέννουσι γὰρ ἢ τοῦ οἴνου θερμότης τὴν φυσικὴν θερμότητα. τὸ δὲ θερμὸν τὸ περὶ τὸν τόπον ᾧ φρονοῦμεν καὶ

ἐλπίζομεν ποιεῖ εὐθύμους. καὶ διὰ τοῦτο πρὸς τὸ πίνειν εἰς μέθην πάντες ἔχουσι προθύμως, ὅτι πάντας ὁ οἶνος ὁ πολὺς εὐέλπιδας ποιεῖ, καθάπερ ἡ νεότης τοὺς παῖδας· τὸ μὲν γὰρ γῆρας δύσελπί ἐστίν, ἡ δὲ νεότης ἐλπίδος πλήρης. εἰσὶ δὲ τινες ὀλίγοι οὓς πίνοντας δυσθυμῖαι λαμβάνουσι, διὰ τὴν αὐτὴν αἰτίαν δι' ἣν καὶ μετὰ τοὺς πότους ἐνίους. ὅσοις μὲν οὖν μαραινόμενον τοῦ θερμοῦ αἰ ἀθυμῖαι γίνονται, μᾶλλον ἀπάγχονται. διὸ καὶ οἱ νέοι ἢ καὶ οἱ πρεσβῦται μᾶλλον πάγχονται· τὸ μὲν γὰρ γῆρας μαραίνει τὸ θερμόν, τῶν δὲ τὸ πάθος φυσικὸν ὄν ἢ καὶ αὐτὸ τὸ μαραινόμενον θερμόνῃ. ὅσοις δὲ σβεννυμένου ἐξαίφνης, οἱ πλεῖστοι διαχρῶνται ἑαυτούς, ὥστε θαυμάζειν πάντας διὰ τὸ μηθὲν ποιῆσαι σημεῖον πρότερον. ψυχροτέρα μὲν οὖν γινομένη ἢ κρᾶσις ἢ ἀπὸ τῆς μελαίνης χολῆς, ὥσπερ εἴρηται, ποιεῖ ἀθυμίας παντοδαπὰς, θερμότερα δὲ οὕσα εὐθυμίας. διὸ καὶ οἱ μὲν παῖδες εὐθυμότεροι, οἱ δὲ γέροντες δυσθυμότεροι. οἱ μὲν γὰρ θερμοί, οἱ δὲ ψυχροί· τὸ γὰρ γῆρας κατάψυξις τις. συμβαίνει δὲ σβέννυσθαι ἐξαίφνης ὑπὸ τε τῶν ἐκτὸς αἰτιῶν, ὡς καὶ παρὰ φύσιν τὰ πυρωθέντα, οἶον ἄνθρακα ὕδατος ἐπιχυθέντος. διὸ καὶ ἐκ μέθης ἔνιοι ἑαυτούς διαχρῶνται· ἡ γὰρ ἀπὸ τοῦ οἴνου θερμότης ἐπέισακτός ἐστίν, ἣς σβεννυμένης συμβαίνει τὸ πάθος. καὶ μετὰ τὰ ἀφροδίσια οἱ πλεῖστοι ἀθυμότεροι γίνονται. ὅσοι δὲ περίττωμα πολὺ προΐενται μετὰ τοῦ σπέρματος, οὗτοι εὐθυμότεροι· κουφίζονται γὰρ περιττώματός τε καὶ πνεύματος καὶ θερμοῦ ὑπερβολῆς. ἐκεῖνοι δὲ ἀθυμότεροι πολλάκις· καταψύχονται γὰρ ἀφροδισιάσαντες διὰ τὸ τῶν ἱκανῶν τι ἀφαιρεθῆναι· δηλοῖ δὲ τοῦτο τὸ μὴ πολλὴν τὴν ἀπορροὴν γεγονέναι. ὡς οὖν ἐν κεφαλαίῳ εἶπεῖν, διὰ μὲν τὸ ἀνώμαλον εἶναι τὴν δύναμιν τῆς μελαίνης χολῆς ἀνώμαλοί εἰσιν οἱ μελαγχολικοί· καὶ γὰρ ψυχρὰ σφόδρα γίνεται καὶ θερμῆ. διὰ δὲ τὸ ἠθοποιὸς εἶναι (ἠθοποιὸν γὰρ τὸ θερμόν καὶ ψυχρὸν μάλιστα τῶν ἐν ἡμῖν ἐστίν) ὥσπερ ὁ οἶνος πλείων καὶ ἐλάττων κεραυννύμενος τῷ σώματι ποιεῖ τὸ ἦθος ποιούς τινας ἡμᾶς. ἄμφω δὲ πνευματικά, καὶ ὁ οἶνος καὶ ἡ μέλαινα χολή. ἐπεὶ δ' ἔστι καὶ εὐκρατον εἶναι τὴν ἀνωμαλίαν καὶ καλῶς πως ἔχειν, καὶ ὅπου δεῖ θερμότεραν εἶναι τὴν διάθεσιν καὶ πάλιν ψυχράν, ἢ τοῦναντίον διὰ τὸ ὑπερβολὴν ἔχειν, περιττοὶ μὲν εἰσι πάντες οἱ μελαγχολικοί, οὐ διὰ νόσον, ἀλλὰ διὰ φύσιν.

‘Why is it that all those men who have become extraordinary in philosophy, politics, poetry, or the arts are obviously melancholic, and some to such an extent that they are seized by the illnesses that come from black bile, as is said in connection with the stories about Heracles among heroes? Indeed, he seems to have been of this nature, and this is why the ancients named the illnesses of epilepsy “sacred disease” after him. And his insanity regarding his children and the eruption of sores that occurred before his disappearance on

Mount Oeta prove this; for in many cases this occurs as a result of black bile. And these sores also afflicted Lysander the Spartan before he died. Further, there are the stories about Ajax and Bellerophon, of whom the former went completely insane, whereas the latter sought deserted places, which is why Homer wrote (*of Bellerophon*) in this way:

But when indeed he was hated by all the gods,

Verily over the Aleian plain he wandered alone,

Devouring his spirit, avoiding the path of men.

And many other heroes have obviously suffered in the same way as these men. Now in later times, of the well-known people there are Empedocles, Plato, Socrates, and many others. Further, there are most of those connected to poetry. For in many such men diseases have come from this sort of mixture in the body, whereas in others their nature clearly inclines toward these conditions. So they are all, generally speaking, as has been said, such with respect to their nature.

Now the cause should be grasped if we first make use of an example. For more than anything else, a lot of wine appears to produce those qualities that we say are melancholic, and when it has been drunk it produces most of the characteristics, namely, irascibility, benevolence, compassion, and recklessness; but neither honey nor milk nor water nor any other such thing does this. One can see that it brings about all sorts of effects, by observing how it gradually changes the drinkers; for finding them chilled and silent when they are sober, having a bit too much to drink makes them more talkative, while even more makes them eloquent and bold, and, proceeding to action, they become reckless; still more drinking makes them hubristic, and then insane; and a lot more relaxes them and makes them stupid, like those who are epileptic from childhood, or even very near the melancholic. Therefore, just as an individual changes his character by drinking and using wine in a certain quantity, so there are certain people corresponding to each character. For just as one man is temporarily when he is drunk, so some other is by nature—one is talkative, another agitated, and another prone to tears; for wine produces in some people such qualities, and this is why Homer writes: “And he says that I swim in tears, being heavy with wine.” And indeed, they sometimes become compassionate and savage and silent; for some remain silent, especially

those melancholic persons who are insane. And wine also makes people affectionate; a sign of this is that the one who is drinking is induced to kiss those whom, because of appearance or age, no one would kiss when sober. Therefore, wine produces extraordinary results, not for a long time, but briefly, whereas nature produces them permanently, for as long as someone exists: for some people are bold, others silent, others compassionate, and others cowardly, by nature. So it is clear that wine and nature produce the character of each person by the same means; for all of these are achieved under the regulation of heat. Now certainly both the juice (*of the grape*) and the mixture of black bile contain breath; and this is why the physicians say that pulmonary afflictions and abdominal afflictions are melancholic. And wine, with respect to its power, contains breath. This is why wine and the mixture (*of black bile*) are similar in nature. And the foam shows that the wine contains breath; for oil, though it is hot, does not produce foam, whereas wine produces a lot, and red wine more than white, because it is hotter and has more body. For this reason wine works as an aphrodisiac, and Dionysus and Aphrodite are correctly said to be with each other, and the majority of melancholic people are lustful. For sexual excitement involves the presence of breath. A sign of this is the penis, in that its expansion is produced quickly from a small size, owing to being inflated. Even before seed is able to be emitted, a certain pleasure occurs in the case of children, when they are near puberty, in rubbing their private parts owing to licentiousness; this becomes clear because of the breath passing through the channels through which the moisture later travels. The outflow of the seed in intercourse and its ejection is obviously due to pushing by the breath. So those foods and drinks, which produce breath in the region around the private parts, are with good reason aphrodisiacs. And this is why red wine more than anything makes people have such a condition, just like melancholic people, (*namely*) containing abundant breath. Now these are clear in some cases: for the majority of melancholic people are thin, and their veins stand out; and the reason for this is the quantity not of blood, but of breath; but why all melancholic people are neither thin nor dark, but only the evil-humored ones, is another story.

But we prefer to treat what we've been discussing from the beginning, that in nature already such a humor—the melancholic—is mixed: it is a mixture of hot and cold; for its nature consists of these two things. And this is why black bile becomes both very hot and very cold. For the same thing can naturally be affected by both of these, for instance, even water, which is cold: if however it is sufficiently heated, as when it is boiling, it is hotter than the flame itself, and stone and iron made red-hot become hotter than the coal, though they are cold by nature. But these things have been spoken about more clearly in the work *On Fire*.

Now black bile, being cold by nature and not on the surface, when it is in the condition mentioned, if it abounds in the body, produces apoplexy or torpor or spiritlessness or fear, but if it becomes overheated, it produces high-spiritedness with song, and insanity, and the breaking out of sores and such things. In most people, therefore, arising from their daily nutrition, it produces no differences in character, but only brings about some melancholic disease. But those in whom such a mixture has formed by nature, these straightaway develop all sorts of characters, each difference in accordance with the different mixture; for instance, those in whom (*the black bile*) is considerable and cold become sluggish and stupid, whereas those in whom it is very considerable and hot become mad, clever, erotic, and easily moved to spiritedness and desire, and some become more talkative. But many too, owing to this heat being near the location of the intelligence, are affected by diseases of madness or inspiration, whence come Sibyls and Bakides and all the inspired persons, when (*the condition*) comes not through disease but through natural mixture. Maracus the Syracusan was even a better poet when he was insane. But those in whom the excessive heat is relaxed toward a mean, these people are melancholic, but they are more intelligent, and they are less eccentric, but they are superior to the others in many respects, some in education, others in arts, and others in politics. And in the face of danger, such a state produces great variation because many of the men are sometimes inconsistent in the presence of fears. For as their body happens to be with respect to such a mixture, so they differ in themselves. Now the melancholic mixture is itself inconsistent, just as it produces inconsistency in those with the (*melancholic*) diseases; for like water, it is sometimes cold and sometimes hot. So when something fearful is announced, if it happens when the mixture is colder, it makes the person cowardly; for it paves the way to fear, and fear cools. Those feeling great fear prove this: for they tremble. But if the mixture is hotter, the fear brings it down to the moderate level, and (*makes the person*) in possession of himself and unaffected. And so it is with respect to daily spiritlessness; for we are often in a condition of feeling grief, though for what reason we are unable to say; and sometimes we are in a cheerful condition, but why is not clear. Such affections and those called superficial come to be in everyone to some small extent, for some of their capacity is mingled in everyone; but those in whom they are deep, these people are already this type with respect to their characters. For just as people come to be different in appearance not by having faces, but by having a certain type of face, some beautiful, some ugly, and some having nothing extraordinary in this respect (those who are naturally average), so too, those having a small share of such a mixture are average, whereas those sharing in much of it are unlike the majority. For, if their condition is quite saturated, they are

very melancholic, whereas if it is mixed in a certain way, they are extraordinary. But if they are careless, they incline toward melancholic diseases, different people in a different part of the body: indeed, in some the signs are epileptic, in some apoplectic, and in others, there is strong spiritlessness or there are fears, whereas in some there is too much boldness, for instance, as happened to Archelaus, king of Macedonia. The mixture is cause of such power, according to how much cold and heat it contains. For when it is colder than is fitting, it produces irrational despondency; this is why hanging (*oneself*) is most prevalent among the young, though it sometimes occurs among older men as well. Many kill themselves after drunkenness. And some melancholic people continue to be spiritless after drinking; for the heat of the wine extinguishes the natural heat. But heat around the region in which we think and hope makes us cheerful. And for this reason everyone is eager to drink to the point of drunkenness, because a lot of wine makes everyone hopeful, just as youth does children; for old age is hopeless, whereas youth is full of hope. There are some few people who while drinking are seized with despondency, for the same reason some are such after drinking. So those in whom despondency occurs when the heat is put out are more inclined to hang themselves. And this is why the young are more inclined than even the old to hang themselves; for old age puts out the heat, but for the young the condition is natural, †and so the heat is being put out by itself†. And among those people, when (*the heat*) is suddenly extinguished, the majority kill themselves, such that everyone is amazed because they gave no sign of it before. Therefore, when the mixture from the black bile becomes colder, as was said, it produces all kinds of spiritlessness, but when it is hotter, cheerfulness. And this is why children are more cheerful, whereas the old are more despondent. For the former are hot, the latter cold, since old age is a sort of cooling. But it happens that the heat is suddenly extinguished by external causes, just as things heated in fire (*are cooled*) contrary to nature, like coals when doused with water. And this is why some people kill themselves out of drunkenness; for the heat from the wine is foreign, and when it is extinguished this condition results. And after sexual intercourse most people are more spiritless, but those who emit a lot of residue with their seed are more cheerful; for they are relieved of residue and of an excess of breath and heat. But those (*others*) are often more spiritless; for they cool down when they have had sexual intercourse, because they are deprived of something significant; and this is clear from the fact that the outflow (*of seed*) is not great.

So, to sum up, because the power of the black bile is uneven, melancholic people are uneven; for (*the black bile*) becomes both very cold and very hot. And because it is character-forming (for of the things in us, the hot and cold are especially character-forming), just like

wine being mixed in the body in greater or lesser amounts, it produces certain qualities of character in us. Now both wine and black bile are full of breath. But since it is possible that what is uneven is well tempered and in a fine condition, and when it should be the disposition is hotter and then again cold, or the opposite owing to there being an excess, all melancholic people are extraordinary, not owing to disease but owing to nature.’

(Arist. *Problemata* 30.1. 953a10-955a40)

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