

“Pyrrhonism” as a therapeutic response to the allure of mania’

Paul Lodge, University of Oxford

I am a 56-year-old English philosopher who has had a bipolar 1 disorder diagnosis since 1994. In December 2023, I also received an autism spectrum condition diagnosis. However, it is with the first diagnosis that I will be concerned here. The diagnosis of bipolar 1 was made on the basis of my having had a manic episode which had been preceded by several months of depression. In fact, I had suffered from extended periods of depression earlier in life. Subsequent to the diagnosis, I began taking mood stabilising medications and this is something that I have continued to do ever since. During this time there have been one or two periods when I was hypomanic, but no recurrence of depression. There is then, a sense in which I have come to cope with my bipolar 1 diagnosis by taking medication. I have put my faith in the fact that taking medication has coincided with the fact that my mania and depression have never returned. Indeed, during this time I have been happy to think of the medication as causally responsible for this fact. But this is really only half of the story.

To understand the other half it is important to have at least some sense of what it was like for me when I was manic, something which is similar to what it has been like to be hypomanic on other occasions. Whilst it can only serve as a starting point, the account of mania in DSM 5 is nonetheless useful for my purposes here. According to DSM 5 a subject has had a manic episode if their life contains an extended ‘period of mood disturbance and increased energy or activity’, during which they exhibit several of the following symptoms: ‘increased self-esteem or grandiosity’, ‘decreased need for sleep’, ‘more talkative than usual or pressure to keep talking’, ‘flight of ideas or subjective experience that thoughts are racing’, ‘distractibility (i.e. attention too easily drawn to unimportant or irrelevant external

stimuli), as reported or observed', 'increase in activity...or psychomotor agitation', and 'excessive involvement in activities that have a high potential for painful consequences.' Finally, DSM 5 requires either that the mood disturbance is severe enough to cause 'marked impairment in social or occupational functioning', that it requires hospitalization, or that it includes 'psychotic features'.

My memories of the manic episode from 1994 are somewhat vague at this point. However, it nonetheless seems clear to me that I satisfied all of the DSM 5 criteria. Whilst I have not satisfied them since, and am happy to grant that the medication has allowed me to cope with having a bipolar 1 diagnosis in that sense, there is also an important sense in which the medication has not helped me cope with it. In order to explain what I mean by this I want to focus on three of the symptoms – 'flight of ideas or subjective experience that thoughts are racing', 'more talkative than usual or pressure to keep talking', and 'increased self-esteem or grandiosity'. And here I want to consider what it was like for me to be in such a way that these labels seem appropriate.

Starting with the first of these, it is crucial to remember that the thoughts in question are ones which are like the thoughts that occur outside of the context of mania. In particular, they appear to be attempts to capture reality as it is in itself. For me, to speak of the thoughts as 'racing' points to the way in which my manic thoughts seemed to come along more rapidly and voluminously than usual. But it also points to the fact that they seemed to be presenting more reality than is usually available. Moreover, the expression 'flight of ideas' appears to be an attempt to indicate another feature that these thoughts had. For they involved seeing connections between elements of reality that had not been apparent to me before. As such I would find myself leaping from one thought to another in ways that did not respect the ways in which they are normally connected. I seemed to see

patterns which others were not paying any attention to. Taken together these elements of DSM 5 characterisation seem to be attempts to capture the way in which I found myself thinking more and more thoughts and making more and more conceptual connections in response to an exponentially increasing amount of experiential data. I was being overwhelmed by a rapidly increasing amount of reality and trying my best to comprehend it conceptually.

Two things are missing from the description here, however. The first is the extent to which the character of the manic thinking brought with it a sense of coming to know more than I would have ever dreamed possible, and of obtaining profound insight; the second is the extent to which it was enjoyable. I simply could not get enough. Given this, the other two elements of the DSM 5 characterisation also make sense. The fact that I was 'more talkative than usual' and felt 'pressure to keep talking' is not surprising. Who would not want to share such joyful knowledge and insight? It is, after all, common for people to strongly encourage others to listen to the music and to watch the films and TV shows that they love; and, perhaps more relevant here is the phenomenon of evangelizing among those who are new converts to a religion. Nor should the feelings of grandiosity mentioned in DSM 5 seem so strange. During the mania the sense of insight was coming directly from experience. I was not a convert to a religion that was founded on the religious experience of others, I was the one who had been gifted an original revelation myself.

As I noted earlier, I have provided this brief phenomenology of some of the features of what I remember of my manic experience for the sake of explaining what it was that the medication could not help me with. Over the years taking the drugs seemed to be responsible for preventing me from having mania again. However, it did not wipe away the memory of those experiences. Moreover, it did not wipe away the sense that I had had the

most profound insight which I wanted to share with people. But this is not to say that what I was left with was a new set of beliefs that I was in a position to articulate. Whilst there clearly are people who are diagnosed with mania whose sense of self and world is transformed in this way, I was not one of them. I emerged with the sense that I had had access those insights when manic but without any real sense of what that insight was.

This left a particular challenge, one which I suspect may motivate at least some people who are diagnosed with bipolar disorder to stop taking medication. Part of me wanted to go back and rediscover the insight by becoming manic again. Other pressures – particular the fear of a repeat of the social alienation that the mania had brought – kept me on the medication. Nonetheless, there was a nostalgic longing for the enlightened experiences and the person who had access to them; and a sense of lack of fulfilment which would only go away if mania returned. Whilst this feeling did not prevent me living an apparently normal life, it was attended by a pervasive feeling of not being completely true to myself or at home in the non-manic world.

However, at some point over the past five years I began to find myself gravitating toward a way of thinking and being that has freed me of these problems; a way of making sense of what lay at the end of the manic rainbow. I refer to this as ‘Pyrrhonism’, though in doing so, I do not claim to be employing the term in a way that captures the original intention of the ancient Greeks who are referred to in this way. I use ‘Pyrrhonism’ to indicate a core component of my current existence, namely that it does not seem to me that any of the ways in which I am tempted to conceptualize reality should be taken to capture the way things are independently of the way they seem to be.

Central to my Pyrrhonic life has been a new way of relating to the memory of the manic experience that I had. I no longer interpret the memory of my manic experience as

the memory of a mode of being in which I had been gaining insight which was cut short.

Rather it has come to seem more appropriate to think of it as an experience which showed that the mania could not have but been cut short. For want of a better expression, the manic experience seems to have been an experience of finite thinking flailing around in an infinite reality.

With my memory transformed in this way, it has been possible to harmonize my current understanding of the experience with other elements of my life. Mania's apparently revelatory nature remains intact. But there is no need to repeat the experience. It stands as seemingly indefeasible experiential evidence for the following background condition to my existence: namely, the sense that reality— outstrips any attempt at comprehension of which I am capable. Furthermore, this sense appears to be such that attempts at comprehension by a finite being such as me, or a community of such beings, will always fall short. As a result, the privileging of any given attempt on the grounds that it is capturing reality in itself cannot be taken seriously. However, this needs to be qualified in two crucial ways: Firstly, it is not a dogmatic commitment. I can't see how reality could be rendered intelligible conceptually, but I don't take that to be grounds for taking this to be the final word; and, secondly, it does not preclude speaking as if some ways of conceiving of things are more adequate than others. What is precluded is the thought that this is to be determined based on which account can be seen to provide the best account of reality as it is in itself. Finally, although I do not feel the same kind of exuberant joy as I did when I felt manic; I feel something even better, namely something that seems to be the very 'tranquillity' that the was said to come upon Pyrrhonians by surprise.

Pyrrhonian life is still filled with all the complexities and difficulties that everyone faces. However, a really important set of difficulties has disappeared, namely those arising

from the problem of living with a sense of alienation from the way in which mania had revealed a truth about myself and reality, and a sense that returning to mania was the way to alleviate that. Mania now appears to have been a gateway that I passed through and which I do not need to pass through again. There was gold at the end of the manic rainbow, but the gold had been here all along. I just needed to stop trying to possess it conceptually.

Those familiar with this section of the *Schizophrenia Bulletin* may be having a sense of déjà vu at this point. In 'My Strategies for Dealing With Radical Psychotic Doubt: A Schizo-Something Philosopher's Tale' (Jeppsson, 2022), Sofia Jeppsson describes the way in which she has come to adopt a Pyrrhonian strategy for coping with a somewhat different set of difficulties, namely as a way to manage the fact that her life can appear to move between what she calls 'the mainstream world' and an incompatible 'demon world'. As she notes this was something which she came to adopt in preference to what she calls the 'Jamesian strategy' of deciding what to believe when there are no reasons to suggest that one belief is more likely to be true than another.

In another paper (Jeppsson 2023), Jeppsson observes that this transition is one that occurred after our conversations when I revealed how Pyrrhonism helped with my manic life. There is no priority dispute here. After all, Pyrrhonism has been around for thousands of years. However, Jeppsson's adoption of it gives me greater confidence in the transformed version of the third attractive element of the manic experience that I now find myself having, namely the need to evangelise. The fact that the Pyrrhonian strategy has worked for two people with quite different forms of madness is quite striking; and it raises in me the desire to share it in the hope that it might be strategy that could not only be employed by some people with bipolar diagnoses, but by others who experience have experienced such

Forthcoming in *Schizophrenia Bulletin*, 2024

dramatic changes in their sense of what is real that they are unable to settle back into a sense that belief in the priority of the 'mainstream world' is possible.

References:

Jeppsson, S (2022) 'My Strategies for Dealing With Radical Psychotic Doubt: A Schizo-Something Philosopher's Tale', *Schizophrenia Bulletin* Vol 49/5, 1097-98.

Jeppsson, S (2023) 'Radical psychotic doubt and epistemology,' *Philosophical Psychology* 36, 1482-1506.