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The American University in Cairo
School of Humanities and Social Sciences

**Beyond Mental and Physical Pain:
A Non-Reductive Account of Suicide**

A Thesis Submitted to
The Department of Philosophy
In Partial Fulfillment of the Requirements
For the Degree of Master of Arts

By **Aya Aly Ragheb**
Under the supervision of **Dr. Robin Weiss.**

April 2021

The American University in Cairo

**Beyond Mental and Physical Pain:
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A Thesis Submitted by

Aya Aly Ragheb

To the Department of Philosophy

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In partial fulfillment of the requirements for
The degree of Master of Arts
Has been approved by

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“I will not lay violent hands on myself on account of pain; this kind of death is defeat. But nevertheless if I learn that my suffering will be permanent, I will exit, not because of the suffering, but because it will keep me from everything for the sake of which I live.”

- Seneca, Letter 58. 36.

Abstract

What is the stigma behind our understanding of suicide? What causes this stigma? Should suicide only be viewed in relation to physical pain, as medicine often views it, or mental pain, as psychiatry views it? Or is it a more complex phenomenon? Can we think of suicide as a rational act that is, on the one hand, independent of pain, without, on the other hand, reducing it to mental illness? I will argue that if we can, we can give a less reductive account of suicide. In this paper, we shall attempt to give an answer to the above questions while investigating the Stoics' model of suicide first and their answer to the question, followed by the contemporary debate regarding the permissibility of suicide, then we shall explore Albert Camus' view on the topic. The views of the Stoics and Camus shall be compared. Then, we shall propose a theory that combines both systems, a classical and a modern model of suicide, to arrive at an answer to later show how the proposed theory answers some of the questions raised by contemporaries.

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Introduction

Suicide is the act of intentionally ending one's life. According to NIMH, it is essential to distinguish between the action itself (suicide), the process of thinking about it (suicidal ideation), and trying to cause harm to oneself (a suicide attempt).¹ Let us adopt the simplest definition of suicide, which is "the act or an instance of taking one's own life voluntarily and intentionally."² In other words, a rational decision to end one's life and a conscious choice to no longer be an active member of society or life. In this paper, we will discuss the permissibility of suicide. In this paper, we shall compare the Stoics' and Camus' views and how they approach suicide to eventually provide a less reductive account of suicide.

The question of the permissibility of suicide is often surrounded by consideration of the specific conditions and situations in which one might commit suicide. For example, it can be caused in part by unbearable physical pain, in cases of terminal illness, as in the context of euthanasia or physical-assisted suicide (PAS). For this reason, suicide is often viewed as a medical issue. As for mental pain, it is excluded as a legitimate reason for committing suicide. This is due to the dominant presumption that committing suicide as a result of mental pain is a symptom of mental illness. In this way, mental pain is necessarily connected to mental illness. As I will argue, this is a false dichotomy and this is not necessarily the case once we accept that mental pain or anguish is a deep human experience and condition that everyone might experience, and not just the mentally ill. Mental pain also called psychological, psychic, emotional pain, or existential suffering, is defined as intense unbearable pain. In this way, the Stoics' position on suicide as well as Camus' offer us a great insight on the role that pain plays in the question of whether or to end one's life and provide us with a non-medicalized account

¹ National Institute of Mental Health. 2020. "Suicide." U.S. Department of Health and Human Services. Accessed April 3, 2020. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.

² Merriam-Webster. 2020. "Suicide." Accessed April 3, 2020. <https://www.merriam-webster.com/dictionary/suicide>.

of suicide. On the definition of psychache (mental pain), suicidologist Edwin Shneidman writes:

Psychache refers to the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. It is intrinsically psychological—the pain of excessively felt shame, or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old, or of dying badly, or whatever.³

Looking at the Stoics' and Camus' views and how they approach suicide, I will give a less-reductive account of suicide by connecting both models and comparing them insofar as I will accept some elements from the Stoics' model and reject some elements, as well as with Camus. By doing so, this comparison between Camus and the Stoics will allow me to better present my position on suicide and to present a non-reductive account on suicide. It is worth noting that none of the secondary research compared both systems when discussing suicide.

The emergence of sociology and psychiatry framed suicide in a psychiatric context. Nowadays, the general view is that suicide is a psychological problem that should be prevented by trained professionals—a symptom of mental illnesses. Mental disorders, or mental illnesses, include depression, anxiety, bipolar disorders, schizophrenia, and other psychosis. This view is referred to as the “medicalization of suicide.”⁴ This paper will focus on depression.

Suicide is often accompanied by a negative connotation, misery, despair, sadness, and is almost always considered to be related to mental illnesses, whereas this was not the case in Ancient Greece, especially with the Stoics, who viewed suicide as honorable, permitted it in certain situations, and thought it to be a rational act. What happened in between? Between the Stoics who took a rather positive account of suicide and now, what changed? In brief, suicide

³ Shneidman, Edwin. 1993. *Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior*. Jason Aronson.

⁴ See Michael M. Burgess. 1993. “The Medicalization of Dying.” *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, Volume 18, no. 3: 269–279. Salem, Tania. 1999. “Physician-Assisted Suicide: Promoting Autonomy or Medicalizing Suicide?” *The Hastings Center Report* 29 no. 3: 30–36. Illich, Ivan. 2003. “Medical Nemesis.” *Journal of Epidemiology and Community Health* 57 no. 12: 919–922. Szasz, Thomas. 2007. *The Medicalization of Everyday Life: Selected Essays*. Syracuse University Press.

was stigmatized. What is the stigma behind our understanding of suicide? What causes this stigma? Should suicide only be viewed in relation to physical pain, as medicine often views it, or mental pain, as psychiatry views it? Or is it a more complex phenomenon? Can we think of suicide as a rational act that is, on the one hand, independent of pain, without, on the other hand, reducing it to mental illness? I will argue that if we can, we can give a less reductive account of suicide.

Except in rare cases of extreme physical pain, suicide is often understood as a product of mental illness, committed by an irrational agent, and therefore largely condemned. I argue that we should not think of suicide solely as an attempt to avoid pain—physical or mental—nor as primarily caused by mental illness. If we understand suicide correctly, then we can see that it does not necessarily imply fear or avoidance of pain or a mental illness, and the stigma surrounding it will be lifted. The purpose of this paper is not to undermine the expertise of psychiatrists and health workers in dealing with suicide or to deny that there are cases in which severe mental illness can cause suicide, but to point out that suicide cannot, in all cases, be reduced to the effects of mental illness. As I will argue, even mentally ill people can commit suicide for acceptable reasons, and some mentally ill people are rational and can indeed make rational and sound decisions. This will radically change how we perceive suicide, allowing us to see it as a natural phenomenon and in a more positive light.

CHAPTER OUTLINE

In this paper, we shall attempt to give an answer to the above questions while investigating the Stoics' model of suicide first and their answer to the question, followed by the contemporary debate regarding the permissibility of suicide, then we shall explore Albert Camus' view on the topic. The views of the Stoics and Camus shall be compared. Then, we shall propose a theory that combines both systems, a classical and a modern model of suicide, to arrive at an

answer to later show how the proposed theory answers some of the questions raised by contemporaries.

In comparing both models, I will be accepting some elements from Camus and the Stoics and reject some elements from their views. In the Stoics' model, I will accept their decision-making process comprising of weighing up the advantages and disadvantages of choosing to die versus continuing to live as well as their position that the pain resulting from living an unvirtuous life is great and can lead to suicide. In this way, I will reject the Stoics' theological views, as well as their stance that life, contra Camus, in general has a purpose. As for Camus' views and in contrast with the Stoics, I will be accepting that life in general is absurd hence devoid of meaning which highlights the importance of the question of searching for a meaning to life. I will also accept Camus' position that pain has a great role to play in this quest of the meaningless/meaningfulness of life, but I will reject Camus' position that forbids one to commit suicide which views suicide only as existential question. Thus, this comparison shall offers us a new perspective on suicide to eventually provide a non-reductive account of suicide.

Chapter One: The Stoics

In this chapter, we will first explore the Stoics' teachings about life, for the Stoics' sole goal was to live life well, and their views on suicide follow directly from their views about living well. Presenting the Stoics' model of living will allow us to lay out a framework, then adjust it, compare it with Camus, and use it to criticize contemporary views on suicide. Unlike Camus and contemporary views on suicide, Stoicism had a rather positive stance towards suicide. They considered death by suicide to be a natural part of life. The Stoics' views on life and suicide can be best summarized as follows:

The Stoics insist that we are wrong to think that pleasure is good; wrong to think that money and fame are good; wrong to think that health, freedom, and life are good. We are also wrong to think that their opposites (poverty, dishonor, illness, (p.36) slavery, and death) are at all bad for us—they do us no harm, and do not make us unhappy. Only vice does that—it alone is bad.⁵

In other words, death is not bad. The important thing in life is to live virtuously, which does not always mean avoiding death. As this chapter will argue, there is a direct relationship between the Stoic way of living and choosing whether to end one's life. The Stoics' view contradicts that of many modern thinkers who try to answer the question of how to die while setting aside the question of how to live. The Stoics think we first have to answer the question of how to live before we can answer the question of when, if ever, to die. The decision to end one's life is not an easy one, nor is it a decision that one can take back. The Stoics believe that we have to decide in a particular way that is informed by their views on virtue and living life well.

⁵ Englert, Walter. 1990. "Seneca and the Stoic View on Suicide." The Society for Ancient Greek Philosophy Newsletter, Vol. 184: 1-20.

Section I: The Stoic Model

A. The End (*telos*): Virtue

Firstly, we shall define what virtue⁶ is to the Stoics. For them, virtue and Nature are strictly correlated and connected. Their way of life is governed by two main goals: living virtuously and living according to nature. After explaining the Stoic conception of virtue, we shall therefore consider what they mean when they say that one should ‘live according to nature’.

1. Virtue Versus Vice

Virtue is the highest good for the Stoics, and vice the highest evil. Defining what virtue is and differentiating it from vice will allow us to explore the Stoics’ model of life, which also contains a third category other than virtue and vice, and that is indifferents (see below). Essentially, what is good is virtuous and what is virtuous is good. On defining the good, Diogenes writes:

At another time, they define the good in a peculiar manner, as being what is perfect according to the nature of a rational being as rational being. And, secondly, they say that it is conformity to virtue, so that all actions which partake of virtue, and all good men, are themselves in some sense the good. And in the third place, they speak of its accessories, joy, and mirth, and things of that kind.⁷

As for the bad, it is what is vicious. Diogenes states that vice is the contrary of the good. Vice, he says, is all that is evil action like injustice and cowardice. “And they consider that these things which partake of vices, and actions done according to vice, and bad men, are themselves in some sense the evil.”⁸

2. Things Preferred & Indifferents

Every other object of choice aside from virtue and vice is called ‘indifferents,’ thus, the Stoics believe that everything in life is either good, bad, or indifferent. Virtue is the process of the

⁶ Weiss, Robin. 2020. “Stoicism and its Telos.” *Metaphilosophy* 51 no. 2,3: 335-354.

⁷ Laetius, Diogenes. 1905. “The Lives and Opinions of Eminent Philosophers.” G. Bell & Sons.

⁸ *Ibid*, 257.

correct selection of indifferents. These indifferents are divided in two: firstly, there are ‘things preferred’ which involve life, health, beauty, and all that is according to nature,⁹ which we will discuss in more detail below. Secondly, there are the ‘things not preferred’ which are not according to nature and include death, pain, poverty, and others.¹⁰ On this point, Zeno says:

And of the things which exist some are good, some bad, some indifferent. Good are the following sorts of item: wisdom, moderation, justice, courage, and all that is virtue or participates in virtue. Bad are the following sorts of item: folly, intemperance, injustice, cowardice, and all that is vice or participates in vice. Indifferent are the following sorts of item: life death, reputation ill repute, pleasure exertion, wealth poverty, health sickness, and things like these.¹¹

The Stoics believe that we are inclined to pursue certain things in life like living a comfortable life or taking care of our health and avoid others such as painful situations or neglecting our health. The Stoics refer to those things we are inclined to pursue as ‘according to nature’ and those we are inclined to avoid as ‘not according to nature’ or ‘contrary to nature.’ They argue that humans are born with a primary impulse to self-preserve, and as we grow up, we learn to select ‘things preferred’ over ‘things not preferred.’ They consider this process to be natural, and when the selection has been perfected, it counts as virtuous.¹²

Choosing what to do and living according to virtue (nature) are called ‘proper functions’ or ‘duties.’ Examples of ‘proper functions’ include taking care of our health¹³ or caring for our parents. The Stoics divided duties into two: duties that do not depend on circumstances like caring for our health and duties that depend on circumstances. For example, it would usually be our duty to protect our feet, and we naturally prefer to keep our feet safe, but in rare cases, we would choose to chop off a foot to save our lives. In this case, one

⁹ *DL*. 7. 102, trans., Long and Sedley.

¹⁰ *Ibid*, 259.

¹¹ *Ecl*.II 57.18–58.4.

¹² Cf. *Fin*. 3.23 and Diogenes Laertius 7.85 (SVF 3.178).

¹³ *DL*, 261.

sacrifices one's foot because one prioritizes the preferred indifferent of life. Another example of a duty that depends on circumstances is choosing to commit suicide, as discussed below.

3. The Process of Selection: Achieving Virtue

As explained above, achieving virtue lies in differentiating the 'things preferred' from the 'things dispreferred' which is called the process of selection. For example, when choosing a course of action that brings wealth over one that brings poverty. What, however, is the relation between virtue on the one hand and indifferents on the other? Here, there is some debate among scholars. One common view that I will adopt is that one looks at indifferents in deciding what to do, and, if one chooses well, this leads, as a consequence, to virtuous action. However, those who accept this view also agree that, while choosing, one should always keep virtue in mind because one's ultimate goal in choosing is to choose *well* and to be virtuous:

So the clear-eyed pursuit of indifferents by the person making progress requires two impulses; (1) the selection, which tracks the indifferents but is not intrinsically motivating; and (2) the thoughts about virtue, which provide the motivational efficacy and relate to indifferents only indirectly, as the agent's pursuit of the indifferents may further their eventual acquisition of what is really good.¹⁴

By focusing on indifferents while, at the same time, keeping virtue in the back of one's mind and maintaining the desire to be virtuous, one can correctly choose what to do, and the action that results will be virtuous.

Further, the action qualifies as virtuous because it is in accordance with nature, i.e., human nature, for human beings are rational beings. Therefore by choosing what to do rationally, the Stoics' say we are acting in accord with our rational human nature. By following our human nature, which is within us, and the innate ability to reason, we will achieve the best version of ourselves.

¹⁴ Inwood, Brad. 2003. "The Cambridge Companion to the Stoics." New York; Cambridge, U.K.: Cambridge University Press.

B. Nature as a Whole

Naturalism is the core of Stoic beliefs, and once Nature is defined, we will then explore what living according to Nature means and later how they are connected with Virtue. The Stoics are believers. Just as theists believe in a God, Stoicism believes in Nature. It is the whole of which every being is part, and every part should live by its laws, namely Natural Law.

Down to the smallest detail, the whole was designed to secure certain ends by natural means. These ends, except in so far as they concern gods and daemons, are to be found in the life of man.¹⁵

The Stoics believe 1) that everything has a purpose and 2) in causal determinism (which says that everything has a cause), i.e., for them, Nature is the cause of everything. The two beliefs are not interdependent, for one might claim the first but not the other and vice versa. Nature, in these terms, is the center of it all. How is Nature connected to their deterministic beliefs? Since everything has a purpose, all beings have an end goal to pursue assigned by Nature, and all causal effects result from the way beings interact as they pursue their individual ends. The below paragraph illustrates that living according to Nature differs for every being. For animals, their end is as simple as surviving and eating. For humans, the end goal is being rational. This is how all beings live according to Nature.

God is not separate from the world; He is the soul of the World, and each of us contains a part of the Divine Fire. All things are parts of one single system, which is called Nature; the individual life is good when it is in harmony with Nature. In one sense, *every* life is in harmony with Nature, since it is such as Nature's laws have caused it to be; but in another sense a human life is only in harmony with Nature when the individual's will is directed to ends which are among those of Nature. *Virtue* consists in a *will* which is in agreement with Nature.¹⁶

As the above passage just quoted states, Nature as a whole unifies all other beings, for we are all part of it, allowing us to live in harmony. Possessing as a God-like power, Nature is not

¹⁵ Russell, Bertrand. 1961. "History of Western Philosophy and Its Connection with Political and Social Circumstances from the Earliest Times to the Present Day." 2d ed. London; Boston: Allen & Unwin.

¹⁶ Ibid, 277.

only around us; the Stoics believe it is present within us and go further to suggest it is each of us. We can now explain what the Stoics mean by ‘living according to Nature’ and how doing so is connected to Virtue.

1. Living According to Nature

The ending of the above passage just quoted connects Virtue to Nature, for they are the same. Being virtuous is, in fact, living in accordance with Nature. On the understanding of what living according to Nature is, Diogenes writes: “Living consistently with nature is living in accordance with virtue since nature leads us to virtue.”¹⁷

As we said above, the Stoics believe that Nature exists within all of us. It is called ‘human nature’ in human beings. It is within us, and we can gain access to it through our ability to reason. In other words, most of us know that health, for example, is a good thing and justice and courage are amongst the virtues. Therefore, since it is in our nature to take care of one’s own health and my health is appropriate to me, it is only rational to take care of my health, leading me to live according to my nature. So virtue equals Nature, and both are achieved through reason, namely correct reason: “to live in accordance with virtue, therefore, is to live in accordance with human nature, and to live in accordance with the requirements of correct reason.”¹⁸

2. Virtue and Reason

What is correct reason? Since it is correct reason that permits us to live in accordance with nature, this is the same as asking how can one, with this knowledge of how to live a good life, practice the reason Stoicism refers to? As the following passage explains, it is not enough to simply want to be virtuous we also have to make good decisions that display correct reason:

¹⁷ SVF VII 87.

¹⁸ Irwin, Terence. 2003. “Stoic Naturalism and Its Critics.” In *The Cambridge Companion to the Stoics*. 345-365.

Hence, according to the Stoic doctrine of natural law, virtuous people, in following the requirements of correct reason for human nature, fulfill the natural law that applies to all rational agents. To fulfill the natural law, it is not enough to choose virtuous actions; we must also choose them because they [‘they’ here means virtuous actions] exercise practical reason.¹⁹

This sheds light on the importance of rationality for the Stoics since only ‘rational agents’ are capable of practicing reason. This brings us to the question of what practical reason is.

C. Practical Reason

1. Irrationality Versus Rationality

First, we should understand what the Stoics define as irrational. For them, what is natural is both virtuous and rational. Hence, irrationality is defined as everything contrary to nature and vicious.

But by error, there is produced a perversion which operates on the intellect, from which many perturbations arise, and many causes of inconstancy. And all perturbation is itself, according to Zeno, a movement of the mind, or superfluous inclination, which is irrational, and contrary to nature.²⁰

Thus, irrationality arises from the absence of reason. One will be irrational or act irrationally if one cannot use reason. For example, animals are irrational beings, the Stoics say, because they do not have the ability to reason. Also, children are irrational²¹; in time, they learn to reason and become rational human beings whose first natural instinct is to preserve oneself. One would wonder: If reason is available to us, and irrationality is that easy to figure out, then why do we make irrational decisions at all? Knowing how specifically irrationality arises is necessary to answer such a question.

¹⁹ Ibid, 352.

²⁰ Diogenes. “The Lives and Opinions of Eminent Philosophers.”

²¹ “In a more rare moment of agreement with the Epicureans, the Stoics make reference to the behavior of animals and small children in explaining this idea”. (LS 57B).

2. Passions

This brings us to what is usually called ‘emotions.’ For the purposes of this paper, we shall name them ‘passions,’ for the term ‘emotions’ might suggest that the Stoics mean to say that all feelings are unnatural or irrational, which is not what they mean. A definition of passions (*pathai*) is clear in the following passage:

A second area of practical advice relates to the emotions or passions (*pathai*). These are understood in Stoicism as products of a specific kind of error; namely, that of treating merely ‘preferable’ advantages as if they were absolutely good, which only virtue is. This type of mistake produces intense reactions (passions), which constitute a disturbance of our natural psychophysical state.²²

This means that, first, (1) you think irrationally, and then (2.) have an intense feeling or impulse as a result. According to Plutarch, Chrysippus concludes that “the production of the passions is the result of reason’s failure to assent constantly to the right impressions in the right way.”²³ For example, if one has an intense fear of a German Shepherd dog, the Stoics would say you see the dog and make the judgment that ‘this dog is harmful’ or ‘this dog is bad.’ In making that judgment, you are making the judgment that this dog has a negative value. And after you make the judgment, you feel an intense emotional response: fear. Cicero explains that this judgment originates from a particular belief. He describes the relation between pathos and belief as to the following:

Now the cause of distress, as of all the emotions, is to be found entirely in belief. There are many species of emotion, but only four genera. For while every emotion is a movement of the mind which is apart from reason or heedless of reason or disobedient to reason, the stimulus for such a movement may be of two kinds: it may be a belief either about what is good or about what is bad.²⁴

He continues to say that belief about what we take to be good generates two passions, which are “wild delight,” or “gladness,” and desire, or “longing,” the latter is not subject to reason.

²² Inwood, 41.

²³ Jedan, Christoph. 2009. “Stoic Virtues: Chrysippus and the Theological Foundations of Stoic Ethics”. London; New York: Continuum.

²⁴ Cicero, Marcus Tullius and Margaret Graver. 2002. “Cicero on the Emotions: Tusculan Disputations 3 and 4”. Chicago: University of Chicago Press.

Belief about what we take to be bad also generates two passions, Cicero says, they are “fear” and “distress.”

Fear is a belief that some serious evil is impending, distress a belief that a serious evil is present. Specifically, it is a fresh belief, and the evil is of such a nature that it seems right to be pained by it—seems so, at least, to the person who is suffering and who believes that it is appropriate for him to suffer.²⁵

In the example of the German Shepherd dog, this fear will motivate one to do what is irrational. In this situation, the fear of future harm to oneself is what moves us, but it arises from the irrational thought that ‘this dog is harmful to me.’ The Stoics, along with Cicero, describe such statements as errors in judgments. “Such emotions as anger and jealousy are basic errors of value judgment, mistakes in reasoning, impulses or motivations that exceed a correct and appropriate response to our situation²⁶.” The dog example was just an illustration, but what happens when one contemplates their own suicide. This naturally leads to the following questions: Is committing suicide a passion? Is it rational?

3. The Decision-Making Process: Difficult Decisions

As mentioned above, there are instances in which the decisions one has to make are complicated, especially when choosing between two indifferents. Looking at cases like these will help us understand suicide because the decision to end one’s life is one such case, in which one has to make a difficult decision that involves weighing competing indifferents. The foot example we mentioned before is significant here to clarify the Stoics’ point of view. If one chooses to chop off their foot to save one’s life even though cutting own foot is usually an irrational act, it is because in this context one prioritizes the preferred indifferent of life.²⁷

Another example is if I am facing the choice of increasing my wealth, which is appropriate to my nature and which I am encouraged to pursue, against the choice of preserving

²⁵ Ibid, 13.

²⁶ Long, Anthony Arthur. 2006. “From Epicurus to Epictetus: Studies in Hellenistic and Roman Philosophy.” New York; Oxford: Clarendon Press.

²⁷ See Chrysippus’ formula for the end cited above, 63B.

another person's health. For example, if I am a doctor and I can profit by selling people "medicine" that will make them sick. In this situation, the Stoics say that we should eventually choose what is both natural and rational. So choosing to preserve another person's life in this context is more important than increasing my wealth because life and my relationship to patients are more important indifferents than wealth. There are two different kinds of decisions one can make about whether to end one's life: decisions for the right reasons and the wrong reasons.

4. The Wrong Decision to Commit Suicide

The below passage brings us to a type of suicide this paper rejects, the one that arises from irrational thoughts leading to intense irrational passions. According to the Stoics, passions are usually attributed to predicting future scenarios.

Desire is an opinion that some future thing is a good of such a sort that we should reach out for it.

Fear is an opinion that some future thing is an evil of such a sort that we should avoid it.

Pleasure is an opinion that some present thing is a good of such a sort that we should be elated about it.

Pain is an opinion that some present thing is a bad of such a sort that we should be downcast about it.²⁸

An example of this type of irrational line of thinking goes as follows: thinking that 'my life is bad,' making the judgment that 'my life will always be like this,' followed by intense passion leading to an irrational action which is 'I should end my life.' Of course, this is just an example and the intention of this thesis is not to undermine a suicidal person's mental state but to focus on instances in which the decision to commit suicide might reasonably be considered rational, according to the Stoics. In the next section, we will delve into the Stoics' conditions for when one can end their life, and their view on how to choose suicide rationally and correctly.

²⁸ See SVF 3.391, 393, 394.

Section II: On the Permissibility of Suicide

A. The Stoics' View

The Stoics, Diogenes writes, accepted suicide when certain conditions are fulfilled:

[The Stoics say] that the sage will commit a well-reasoned suicide both (1) on behalf of his country and on behalf of his friends, and (2) if he falls victim to unduly severe pain or mutilation or incredible illness.²⁹

These two conditions, permitting one to rationally commit suicide, fall into two categories. The first one is 'Obligations to Others' such as family, friends or one's own country. "Since right action is the only good, while life is not a good, but only something preferable, the sage must sacrifice his life for important obligations."³⁰ The 'Obligation to Others' suicide occurs when, in order to fulfill my obligations and live naturally, I have to die, i.e., when living is incompatible with doing my duty and being virtuous. For example, one can only do their duty and save their country in war by sacrificing oneself. The second category is a 'Gross Imbalance of the Indifferents.'³¹

When a man has a preponderance of the things in accordance with nature, it is his proper function (*officium*) to remain alive; when he has or foresees a preponderance of their opposites, it is his proper function to depart from life.³²

The term 'preponderance' here means a "majority" or a "greater balance." In this case, the Stoics say we need to measure the preferred indifferents versus the dispreferred ones that we currently have in our lives. This means that if you have more preferred indifferents than dispreferred indifferents, you ought to choose to live, and if you have more dispreferred than preferred indifferents, you ought to end your life. So if one is living a virtuous life, using reason and following one's human nature, then one is ought to live, but when the majority of one's life is filled with opposites or living contrary to nature, then one must choose to die. The decision-making process of whether to continue one's life then requires a greater weight of

²⁹ Ibid, 7.130.

³⁰ SVF 3. 757

³¹ Englert, "Seneca and the Stoic View on Suicide," 71.

³² Cicero, *De Finibus* 3. 60. Translation from Long and Sedley v.1 1987, 425.

preferred indifferents than dispreferred ones. Therefore, suicide would be a rational choice if one were faced with the opposite, meaning a greater amount of dispreferred indifferents, in other words, things contrary to nature such as illness and pain. The Stoics are especially saying that when these indifferents last long enough to prevent one from living a virtuous, hence a happy life, then, in this case, one can choose to depart life.

Suicide would be rational for anyone faced with a preponderance of things contrary to nature, because any of them, such as poverty, ill health, and pain, if serious and persistent enough, make it impossible for a human being to live in accordance with nature, and to engage in the selection of things in accordance with nature in which virtuous action consists.³³

To add to the Stoic view of suicide, one must look at the view of the Roman Stoic philosopher, Seneca. The debate about suicide was very prominent in Seneca's time due to the civil wars and political unrest in the Roman and Greek periods, which ended with many prominent figures like Cato killing themselves. Seneca delved into the topic and had many interesting views about the permissibility of suicide.

B. Seneca's View

The first quotation in this chapter referred us to how the Stoics viewed death —as not bad. Seneca brings us back to this first point by more fully explaining why death is not a bad thing and why we should not be afraid of it, but should instead be more concerned to avoid the fear of death than death itself, just as we should avoid unfreedom and indignity more than death. In his letters to Lucilius, Seneca discusses death, the fear of death, and its relationship to hope, dignity, and freedom.³⁴

³³ Englert, "Seneca and the Stoic View on Suicide," 71.

³⁴ Seneca, L. A. 2016. "Moral Letters to Lucilius (*Epistulae Morales ad Lucilium*). Translated by Richard Mott Gummere, translated by JC Rolfe: 1-548. (A Loeb Classical Library edition; volume 1 published 1917; volume 2 published 1920; volume 3 published 1925).

1. Freedom and Dignity

Seneca focuses on the notion of freedom (*libertas*) as cause for the permissibility of suicide.

One must inquire what Seneca means by freedom as well as how and why freedom is connected to suicide.

Freedom is in sight. This is the prize I am working for. What is freedom, you ask? To be a slave to no situation, to no necessity, to no chance events; to force fortune onto an even playing field. On that day when I know that I am more powerful, fortune will have no power. Shall I put up with her, when death is under my control?³⁵

Seneca's *Letters* focus on the importance of one's freedom. For him, freedom shall be sought above all else. Freedom, he says, is when the human's soul is free of anything, including free of its own circumstances, because Seneca, like most of the Ancient Greek philosophers, believes that the soul is not limited by its surroundings, and that it is free. Consequently, Seneca will choose freedom over slavery. Following Seneca's concept of freedom, we can conclude that suicide shall be considered an option to preserve one's freedom. Seneca gives the example of a Spartan boy who is captured as a slave. To revolt against his situation, the Spartan boy smashed his head against a wall and died after yelling, "I won't be a slave."³⁶

Seneca praises what the Spartan boy did as freedom was more important to him than unworthy tasks or being a slave to slaver. "So close at hand is freedom (*libertas*); is anyone a slave?" It is worth noting how Seneca focuses on and praises freedom while rejecting slavery, even if the only path to freedom is ending's one's life. In short, unfreedom is worse than death. We will see later that the example of Seneca's Spartan boy is very similar to Camus' example of Sisyphus, which will be discussed in detail in Chapter Three. Both Seneca and Camus discuss slavery and its relation to suicide but from different points of view. While Seneca praises the Spartan's boy suicide, Camus would be against it.

³⁵ Seneca, *Letters*, 51.9.

³⁶ *Ibid*, 77.14.

Some other Stoic philosophers agree with Seneca and think that suicide can be a way to preserve one's honor, or dignity (*dignitas*).³⁷ This view is illustrated and developed by Panaetius. Panaetius said that there are four personae or roles to define oneself and discover what is fitting for us to do: our common nature as humans, our individual natures, our social position/other things bestowed on us by fortune, and our occupation.³⁸ Panaetius especially focused on the duties of the person who is working their way towards virtue and stressed the need to act consistently with one's various personae. Both Cicero and Epictetus agree with Panaetius and even go as far as to argue that one is allowed to commit suicide if the purpose is to maintain one's commitment to one's personae.³⁹ In short, indignity is worse than death. As we saw, death for the Stoics is not bad, however we will see below that Seneca did not see death in the same way.

2. Fear of Death

Before talking about fear of death, let us first see how Seneca defines death. Death for him is "just non-existence."⁴⁰ Seneca believes that death is natural; it is neither a bad thing nor a good one. Dying is just dying, meaning not being here. On this point, Seneca makes an analogy comparing death to a lamp. "I ask you, would you not say that one was the greatest of fools who believed that a lamp was worse off when it was extinguished than before it was lighted?"⁴¹ Seneca asks the reader if they ever heard of someone saying that a lamp is better off put out than lit; the answer is no. It is the same with death. "We mortals also are lighted and extinguished;"⁴² Seneca presents us with a simplistic view of death, and it all goes back to this one question: why is death feared the most? For him, it should not be; death is just the fact of

³⁷ See Griffin 1976, 379.

³⁸ On the four-*personae* theory, see Cicero, *De Officiis*.1. 107-21; see also Gill. 1988. "Personhood and Personality: The Four-*Personae* Theory in Cicero, *De Officiis* 1." *Oxford Studies in Ancient Philosophy* 6: 169-199.

³⁹ See Griffin, Miriam. 1986. "Philosophy, Cato, and roman suicide: I." *Greece & Rome* 33, no. 1: 64-77.

⁴⁰ Seneca, *Letters*. 54.4.

⁴¹ *Ibid*, 54.5.

⁴² *Ibid*, 54.5.

not existing. And death should not bother us. “Whatever condition existed before our birth, is death. For what does it matter whether you do not begin at all, or whether you leave off, inasmuch as the result of both these states is non-existence?”⁴³

He then talks about the bad reputation of death. Death is considered bad and even the worst thing that can happen to anyone. Death, Seneca insists, is not bad. He confirms this once again when he ends his *Letters* with the fixed stance that death is not bad or evil. Death is fair, equal, and does not differentiate between people. “Death is not an evil; why need you ask? Death alone is the equal privilege of mankind”⁴⁴ What is bad, though, for him, is fearing death.

Or you may rate death as the worst of evils, although there is really no evil therein except that which precedes death's coming – fear. You will be frightened out of your wits, not only by real, but by fancied dangers, and will be tossed for ever on the sea of illusion.⁴⁵

In the following passage, Seneca explains why the fear of death is bad, that there is no reason to fear death, and that fearing death makes us irrational.

We are meant to set free or perfect this rational element, this particle of the universal reason, the “divine spark” in our human make-up, so that it may campaign against and conquer pain, grief, superstition and the fear of death. It will show us that “there’s nothing either good or bad but thinking makes it so.”⁴⁶

Seneca explains that our task in life is not to give way to irrational fears like the fear of death but rather to overcome such fears using reason. One, who is fearing death and trying to avoid it at all costs, would miss the point of life. On the other hand, by using reason, one can rid oneself of the fear caused by many dispreferred indifferents such as pain, disease, and death. Part of this might include choosing death: in doing so, one might overcome the irrational fear of death, which is part of the point of life.

⁴³ Ibid, 54.5.

⁴⁴ Ibid, 123.15.

⁴⁵ Ibid, 104.4.

⁴⁶ See Introduction; Seneca. 1969. “Letters from A Stoic.” *Epistulae morales ad lucilium*. Selected and translated with an introduction by Robin Campbell. Penguin group

For Seneca, this fear of death human beings have is groundless and not reasonable. He illustrates his view by reflecting on the death of Tullius Marcellinus as an example. When Tullius had an incurable and painful disease, he started to contemplate the option of committing suicide. Tullius then gathered some of his friends and asked them to give him advice regarding the matter. Amongst his friends, there was a Stoic. We can see how Seneca admires this Stoic personality in this quote, “but our Stoic friend, a rare man, and, to praise him in language which he deserves, a man of courage and vigour admonished him best of all, as it seems to me.”⁴⁷

The Stoic advised Tullius of the following:

For he began as follows: “Do not torment yourself, my dear Marcellinus, as if the question which you are weighing were a matter of importance. It is not an important matter to live; all your slaves live, and so do all animals; but it is important to die honourably, sensibly, bravely. Reflect how long you have been doing the same thing: food, sleep, lust, – this is one's daily round. The desire to die may be felt, not only by the sensible man or the brave or unhappy man, but even by the man who is merely surfeited.”⁴⁸

Here, he stresses that, just as death is not evil, life is not good. Also, there is no need to be afraid of death. In fact, when death comes, one should face it calmly and courageously. It's especially evident when Seneca describes Tullius' death as not difficult or unhappy. “For you will see that your friend departed neither with difficulty nor with suffering. Though he committed suicide, yet he withdrew most gently, gliding out of life.”⁴⁹ The words he uses to describe Tullius' suicide are positive and praising.

In summary, Seneca does not explicitly say that suicide can sometimes be encouraged but it might be concluded from his *Letters* to Lucilius, *Consolatio ad Marciam* and *De Providentia* as we saw above. Death is a positive way of dealing with overwhelming sickness, pain, and loss that allows us to rise above them and preserve our rationality.

⁴⁷ Seneca. *Letters*. 77.6.

⁴⁸ Ibid, 77.6.

⁴⁹ Ibid, 77.10.

3. Hope

There is no point in fearing death, Seneca explains. Fearing death entails that you are hoping; hoping death will not come or worrying that it will. This connection, Seneca makes by discussing the relationship between fear and hope is important, and we will see later with Camus that he holds the same view as Seneca in regards to fear and hope. Fear for Seneca is one of the biggest problems he tackles in his *Letters* for fear cripples humans. To get rid of it, Seneca advises controlling our desires.⁵⁰ Also, the Stoic philosopher connects fear and hope by saying that ceasing to hope means no more fear. The connection between fear and hope is explained in the following passage:

I find in the writings of our Hecataeus that the limiting of desires helps also to cure fears: "Cease to hope," he says, "and you will cease to fear." Well, the fact is, Lucilius, that they are bound up with one another, unconnected as they may seem. Widely different though they are, the two of them march in unison like a prisoner and the escort he is handcuffed to. Fear keeps pace with hope.⁵¹

Fear and hope both carry an expectation from the future; they both entail not living in the present moment as Seneca and early Stoics praised and encouraged. They cause one to be irritated, worried, and scared.

I am not surprised that they proceed in this way; each alike belongs to a mind that is in suspense, a mind that is fretted by looking forward to the future. But the chief cause of both these ills is that we do not adapt ourselves to the present, but send our thoughts a long way ahead. And so foresight, the noblest blessing of the human race, becomes perverted. 9. Beasts avoid the dangers which they see, and when they have escaped them are free from care; but we men torment ourselves over that which is to come as well as over that which is past. Many of our blessings bring bane to us; for memory recalls the tortures of fear, while foresight anticipates them. The present alone can make no man wretched. Farewell.⁵²

About those who let hope and fear to control their actions, Seneca says:

"He is a slave." His soul, however, may be that of a freeman. "He is a slave." But shall that stand in his way? Show me a man who is not a slave; one is a slave to lust, another to greed, another to ambition, and all men are slaves to fear.⁵³

⁵⁰ Seneca, *Letters*. 4.7.

⁵¹ Ibid, 4.7.

⁵² Ibid, 4. 8, 9.

⁵³ Ibid, 47.17.

In short, while there is nothing about death that makes it something to be avoided, both the hope to keep living and the fear of death should be avoided.

4. Pain and Suicide

This lead to the conclusion that one can take the decision to end one's life if one's pain is great enough, be it physical or mental pain, and if this prevents one from living a virtuous life. This would give the sage the freedom to leave life whenever it becomes difficult or hard to bear:

Suicide plays a role in the freedom of the sage because it allows him to exit when he should. The sage, not fearing death as an evil and knowing he can commit suicide at any time it is called for, is completely free and in control of his own fate.⁵⁴

In this way, the sage maintains freedom and control. But what about the non-sages? Not everyone has the wisdom of the sage the rest are either fools, the Stoics say, or progressing into being sages. People such as this might end their lives rashly out of irrational fear of the pain or suffering they must face when it starts to become difficult. Here, it seems there is a paradox: suicide might be advisable for the sage, but not the fool. Regarding the paradox of the sage versus the non-sage, Seneca suggests many methods to combat such fear, which usually enslaves us. To get rid of these fears, Seneca says, one has to constantly think about his fears, see them for what they are, and then commit suicide only as a last resort. But we can also commit suicide if we are not rational or virtuous enough to withstand pain and suffering. Here, one can commit suicide to preserve one's mind so that one can die like a sage.⁵⁵

A criticism of this view might be that suicide, in this case, is a mere avoidance of life's hardships, and that Seneca is calling for suicide as an escape from pain. Seneca responds as follows:

I shall not lay violent hands upon myself just because I am in pain; for death under such circumstances is defeat. But if I find out that the pain must always be endured, I shall depart, not because of the pain but because it will be a hindrance to me as

⁵⁴ De Prov. 9. 6-9.

⁵⁵ Ibid, 30. 5; 70. 5-6, 19; 75. 8-18.

regards all my reasons for living. He who dies just because he is in pain is a weakling, a coward; but he who lives merely to brave out this pain, is a fool.⁵⁶

Like other Stoics, Seneca is *not* saying that one should commit suicide to avoid pain, but rather when the constant pain prevents one from living a worthwhile life. More on this point in Chapter Four.

Conclusion

So far, we established that, for Seneca, freedom is important. His preference is for freedom over slavery, death over slavery, death over indignity, and death over the fear of death. We saw his positive appraisal of the Stoic friend who advised Tullius not to fear death. In certain circumstances, death is preferable to the alternative because death in itself is not bad.

Then let not this sort of thing damage death, either, in our estimation; death also is in bad odour. But no one of those who malign death has made trial of it. Meanwhile it is foolhardy to condemn that of which you are ignorant. This one thing, however, you do know – that death is helpful to many, that it sets many free from tortures, want, ailments, sufferings, and weariness. We are in the power of nothing when once we have death in our own power! Farewell.⁵⁷

Death is not an evil. How can it be when one cannot describe it? For death is unknown; no one actually know for sure what comes after death. However, we know that death can be a blessing through suicide. Through death, freedom can be gained.

CHAPTER CONCLUSION

Suicide for the Stoics was never a mere escape or cowardice, but more of an exit from life when one rationally decides. When considering suicide, their main focus was not on death, but rather on how to live a better life, a virtuous one, according to one's nature, even if an early death was the only means to guarantee it. Their teachings were also about getting rid of passions, especially unnecessary fears such as the fear of death in order to be in control of one's own mind and against attaching a negative value to death. In Chapter Three, we shall explain

⁵⁶ Ibid, 58.36.

⁵⁷ Ibid, 104.

how the Stoics' view compares with that of Albert Camus' in the book *The Myth of Sisyphus*.

This will eventually show which parts of the Stoics' theory should be kept and which should be rejected. But first, let us turn to some modern views about suicide.

Chapter Two: Contemporary Views on Suicide

Starting in the second half of the 20th century, the debate about the permissibility of suicide in the context of practical ethics and medicine was absorbed into the one about euthanasia and physician-assisted suicide (PAS). In a non-medical context, the debate turned to rational suicide. As we will see in this chapter, on the one hand, those who advocate for the permissibility of euthanasia and PAS focus on the presence of an incurable illness, and in this way, suicide is reduced to physical pain, while mental pain is excluded as a reason to take one's life. On the other hand, those who argue for rational suicide exclude the mentally ill, arguing that mentally ill people cannot be rational. Here, the definition of a mental disorder implies that a person's cognition is impaired. According to the American Psychological Association (APA), for example, a mental disorder is defined as "any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these."⁵⁸ In this way, mental pain caused by mental illness is excluded as a reason for committing suicide. I will argue that the issue about contemporary views on the permissibility of suicide lies in the exclusion of mental pain and people with mental illness in both medical and nonmedical contexts. This standpoint treats suicide as a public health issue, hence viewing it as a purely medical problem, and a symptom of mental illnesses. Therefore, this chapter will showcase current contemporary views on the permissibility of suicide, highlight their limitations, and explore the prevalent phenomenon that medicalizes suicide.

⁵⁸ Dictionary. "Mental Disorder." APA. Last modified March 25, 2021. <https://dictionary.apa.org/mental-disorder>

Section I: Suicide in a Medical Context

A. Euthanasia and Assisted Suicide

Euthanasia is when a person helps another individual to end their life for the sake of that person.⁵⁹ PAS is when a health professional provides the lethal means to the patient, which are then self-administered. On the meaning of euthanasia, Peter Singer writes:

‘Euthanasia’ means, according to the dictionary, ‘a gentle and easy death’, but it is now used to refer to the killing of those who are incurably ill and in great pain or distress in order to spare them further suffering.⁶⁰

There is usually a common argument surrounding the permissibility of euthanasia and PAS, it contends that when a patient has a terminal illness and is in terrible pain, it is on that basis permissible to assist someone to commit suicide. This makes the argument rest solely on physical pain while excluding mental pain. Suicide in a nonmedical context—that is suicide which is not euthanasia—is generally rejected in contemporary medicine and psychiatry even though the goal is one which aim to help the patient and prevent further suffering by giving them a ‘good death.’ The issue here is that physicians take suicide to be a way to avoid the pain of a terminal illness. Here is an example of the common argument for the permissibility of suicide and PAS presented to us by Michael Tooley.⁶¹

- (1) If a person is suffering considerable pain due to an incurable illness, then in some cases that person’s death is in his or her own interest.
- (2) If a person’s death is in that person’s own interest, then committing suicide is also in that person’s own interest.
- (3) Therefore, if a person is suffering considerable pain due to an incurable illness, then in some cases committing suicide is in that person’s own interest. (From (1) and (2).)

⁵⁹ It is important to distinguish between different types of euthanasia: active and passive. Active euthanasia is the process of actively terminating the person’s life, such as injecting a patient with lethal drugs. Passive euthanasia is when withholding of life support, permitting the patient to die. Other types of euthanasia include voluntary, non-voluntary, and involuntary euthanasia. Voluntary euthanasia is when the patient is competent and clearly requests the help to die. Non-voluntary euthanasia is when a person is not capable of expressing if they want to die and did not previously state their preference about the matter. Lastly, there is involuntary euthanasia which is very rare and some even consider it to be murder; it is when euthanasia occurs against the patient’s wish to continue living. Such definitions are key into understanding the current debate about euthanasia and PAS and to better grasp the arguments defending their permissibility.

⁶⁰ Singer, Peter. 1979. *Practical Ethics*. Cambridge; New York; Cambridge University Press.

⁶¹ Tooley, Michael. 2003. “Euthanasia and Assisted Suicide.” In *A Companion to Applied Ethics*, edited by R. G. Frey and Christopher Heath Wellman, 326-342. Oxford, UK: Blackwell Publishing Ltd.

- (4) A person's committing suicide in such circumstances may very well also satisfy the following two conditions: (a) it neither violates anyone else's rights, nor wrongs anyone; (b) it does not make the world a worse place.
- (5) An action that satisfies conditions (a) and (b), and that is not contrary to one's own interest, cannot be morally wrong.
- (6) Therefore, a person's committing suicide when all of above conditions obtain would not be morally wrong. (From (3), (4), and (5).)
- (7) It could be morally wrong to assist a person in committing suicide only if (i) it was morally wrong for that person to commit suicide, or (ii) committing suicide was contrary to the person's own interest, or (iii) assisting the person to commit suicide violated an obligation one had to someone else.
- (8) Circumstances may very well be such that neither assisting a person to commit suicide nor performing voluntary active euthanasia violates any obligations that one has to others.
- (9) Therefore, it would not be wrong to assist a person in committing suicide in the circumstances described above. (From (3), (6), (7), and (8).)

The above argument entails that specific features need to be present for a permissible case of suicide (from P1, P2, P4) and PAS (from P7).⁶² Additional conditions have been given by James Rachels with respect to cases of euthanasia.⁶³ The features Rachels gives are amongst the most common.⁶⁴ Tooley's argument, which representative the common argument, is based on the assumption that suicide is only a solution to avoiding physical pain, making pain the sole acceptable reason for people to end their lives. When presenting real examples illustrating what euthanasia is, Rachels mentions a patient named Albert. A. who had a severe and

⁶² See Emanuel, Ezekiel. 1999. "What Is the Great Benefit of Legalizing Euthanasia or Physician-Assisted Suicide?" *Ethics* 109: 629–642; Jackson, Emily and John Keown. 2012. *Debating Euthanasia*. Oxford: Hart Publishing.

⁶³ See Rachels, James. 1980. "Euthanasia." In *Matters of Life and Death*, edited by Tom Regan, 28-65. Philadelphia: Temple University Press.

⁶⁴ 1. The patient would have been deliberately killed.

2. The patient was going to die soon anyway.

3. The patient was suffering terrible pain.

4. The patient asked to be killed.

5. The killing would have been an act of mercy; that is, the *reason* for the killing would have been to prevent further needless suffering and to provide the patient with a "good death," or at least as good as it could be under the circumstances.

In the *Cornell Law Review* 69 *Cornell L. Rev* (1983-84), (p. 381) in chapter 4 titled Voluntary Active Euthanasia, similar conditions are given: "Five conditions in which assisting a competent terminally ill patient in implementing his voluntary, informed decisions to commit suicide should not be subject to criminal sanctions. To avoid criminal liability, those five conditions must be fulfilled: 1. The patient must be terminally ill. 2. The decision must be voluntary. 3. The patient must be legally competent. 4. The patient's decision must be informed. 5. To further evidence voluntariness, the doctor must prescribe the least active means to effectuate death. 6. If these conditions are met, doctors and the juridical system should respect and honor a terminal patient's desire regarding the manner and time of their death."

extremely painful cancer.⁶⁵ Even on painkillers, the patient's body developed a tolerance to drugs making them useless. Albert wanted to die because he was about to die of cancer anyway and because he did not want to suffer anymore or live in constant agony. Rachel mentions another example similar to Albert A., the case of Barbara B., who wished to die because of her incurable disease and continuous pain. "Barbara B. was a multiple amputee and diabetic in constant pain who was told that she could live for only a few more months."⁶⁶ Another case Rachels discusses is that of Charles C; this case is slightly different than the examples of Albert and Barbara. Charles C. did not have a terminal illness and did not suffer from any pain, but he wanted to die after being completely paralyzed as a result of an accident

This case is different from the previous ones because Charles C. was not going to die soon anyway, and he wanted to be killed, not because he was in pain but because he did not want to live as a hopeless or invalid. Other people, of course, might have had a different preference. Others might prefer to live paralyzed, rather than not to live at all. But not Charles C; he preferred to die.⁶⁷

We have, so far, been running together the permissibility of euthanasia and PAS and the impermissibility of suicide. One question that might be raised is if there is a relevant difference between them. Daniel Sulmasy sums up this difference and writes:

I am a physician. Part of my job is to help people die in comfort and with dignity. But I do not want to help you, or your daughter, or your uncle commit suicide. You should not want me to.⁶⁸

The answer to this question lies in the current trend in psychology asserting that euthanasia can be permissible, but suicide never is. The above examples show how a dominant view in the literature is that what is considered a *legitimate* request for euthanasia or PAS depends on the existence of physical pain and/or an incurable illness. For this reason, the suffering caused by mental illness or existential pain is discarded from the debate, and suicide is often viewed

⁶⁵ Rachels. "Euthanasia."

⁶⁶ Ibid, 28.

⁶⁷ Ibid, 29.

⁶⁸ Sulmasy, Daniel, John Travaline, Louise Mitchell, and E. Wesley Ely. 2016 "Non-Faith-Based Arguments against Physician-Assisted Suicide and Euthanasia." *The Linacre Quarterly* 83, no. 3: 246-257.

exclusively as a medical issue. But is this discrepancy between physical pain and mental pain a mere assumption, or can it be justified?

B. The Medicalization of Suicide

The medicalization of suicide, also called the psychiatric view on suicide, started with the rise of psychiatry and psychology. At the time, suicide was medicalized by default.⁶⁹

Medicalization describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders. This article reviews the work of sociologists, anthropologists, historians, physicians, and others who have written about medicalization.⁷⁰

The medicalization of suicide is a problem because it reduces the topic to a public health issue and a product of mental illness.

The key to medicalization is the definitional issue. Medicalization consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to "treat" it. This is a sociocultural process that may or may not involve the medical profession, lead to medical social control or medical treatment, or be the result of intentional expansion by the medical profession.⁷¹

Those who take on this view —the medicalization of suicide— argue that suicide is a medical problem, a symptom of mental illnesses and that mentally ill people are irrational agents.

1. A Public Health Issue

In this context, suicide turned from being a social problem to a public health issue that needs to be diagnosed, treated, and prevented. This view that psychologists, psychiatrists, and philosophers have adopted.⁷²

The foremost perspective discusses suicide as a *medical and psychiatric problem*. In the current protocols of the WHO, suicide is delineated as both a psychiatric and a major public health problem. Consequently, the current trend in the field of suicide research is to attempt to define suicide in psychiatric terms.⁷³

⁶⁹ McDonald, Michael. 1989. "The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change." 1 500--1870. *Milbank Q.* 67 (Suppl.) 1 :69-9 1

⁷⁰ Conrad, Peter. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18, no. 1: 209-232.

⁷¹ *Ibid*, 211.

⁷² *Ibid*, 211-212.

⁷³ Honkasalo, Marja-Liisa and Miira Tuominen. 2014. *Culture, Suicide, and the Human Condition*, edited by Marja-Liisa Honkasalo, Miira Tuominen. 1st ed. Oxford, [England]; New York, [New York]: Berghahn Books.

In the same line of thinking, The World Health Organization (WHO) and other organizations categorize suicide as a medical health issue. The United Nations (UN) prioritizes suicide by making it the indicator for the one target specific to mental health within current development goals.⁷⁴

Suicide is now a major public health issue in all countries. Empowering primary health care staff to identify, assess, manage and refer the suicidal person in the community is an important step in suicide prevention.⁷⁵

How such big organizations view suicide is vital because while psychologists and philosophers may have different opinions and arguments on suicide, one cannot deny the fact that our society, along with its institutions, support suicide prevention and consider it exclusively to be a medical issue that needs to be treated. According to this view, organizations, institutions, and health professionals alike work on one objective, which is suicide prevention, and so suicide ideation is considered to be a symptom of a mental illness.

2. Suicide: A Product of Mental Illness

The treatment of suicide as a public health issue and suicidal thoughts as a symptom of mental illness is due to the medical view on suicide that considers suicide to be a direct result of mental illnesses like depression.⁷⁶ There are certain symptoms indicating the presence of a mental illness, and the severity of the mental illness depends on the intensity of these symptoms.

According to the APA, nine symptoms can indicate depression:

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood.
- Loss of interest or pleasure in activities once enjoyed.
- Changes in appetite — weight loss or gain unrelated to dieting.
- Trouble sleeping or sleeping too much.
- Loss of energy or increased fatigue.

⁷⁴ United Nations. “SDG Indicators.” Accessed April 1, 2020.
unstats.un.org/sdgs/metadata/?Text=&Goal=3&Target.

⁷⁵ World Health Organization. 2000. *Preventing Suicide: A Resource for Primary Health Care Workers*. No. WHO/MNH/MBD/00.4.

⁷⁶ Battin, Margaret. 1994. “The Least Worst Death: Essays In Bioethics On The End Of Life”. New York: Open University Press.

- Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others).
- Feeling worthless or guilty.
- Difficulty thinking, concentrating or making decisions.
- Thoughts of death or suicide.⁷⁷

Therefore, ‘thoughts of death or suicide’ are defined as a symptom of mental illness. Unlike the Stoics, contemporaries, in this context, do not see death as a natural part of life or as not evil but a medical problem.

Death is considered a problem by our cultural eudemonistic imperative. Therefore, suicide must be avoided through medicalization and/or the law. As a problem, suicide has been analyzed by religion, arts, literature, films, sociology and medicine. Cooley (2007) states that suicide is mandatory in some cases, and this statement is correct within a particular philosophical framework, for example, Stoicism.⁷⁸

This current view understands suicide in relation to the medical model. As I will argue in Chapter Four, adopting the Stoics’ model will allow for a more permissible account of suicide.

Jeanette Hewitt, a specialist in Suicide and Mental Health says:

The current response from mental health services to people with serious mental illness who attempt suicide is typically determined by the disease or medical model (Rich & Butts, 2004; Werth, 1996), which views mental illness as a dysfunction of the brain.⁷⁹

The medical model Hewitt refers to treats mental illness as a problem, a dysfunction of the brain, and a result of that disease. The medicalization of suicide view relates suicide to mental health by saying that the mental states of people with mental illness are affected and impaired because of their disease and so they cannot be rational about end-of-life decisions. The central claim is that mental illness impairs the person’s cognition. According to the psychiatric view of suicide, David Clarke defines mental illness as “a disturbance of the mind affecting,

⁷⁷ See The American Psychiatric Association (APA): <https://www.psychiatry.org/patients-families/depression/what-is-depression>

⁷⁸ Outomuro, Delia. 2007 “Morality of Suicide in Dementia.” *The American Journal of Bioethics* 7, no. 6: 64-65.

⁷⁹ Hewitt, Jeanette. 2013. “Why are People with Mental Illness Excluded from the Rational Suicide Debate?” *International Journal of Law and Psychiatry* 36 (5-6): 358-365.

thinking, mood, motivation and behavior.”⁸⁰ Thus, the mental states of people with mental illness are viewed to be distorted and cannot be trusted.

Problems in brain chemistry, rather than problems in living are seen to be the remit of psychiatry, where treatment seeks to correct deviation from the norm. Psychiatric responses towards persons who exhibit ‘symptoms’ of suicidality are often adopted on the basis of a disease paradigm and seek to ‘fix’ the faulty organism rather than relate to the person’s experience of suffering.⁸¹

One might expect that the role of psychiatrists is to acknowledge that there can be real psychic reasons for suicide and to focus on mental anguish, instead they treat suicide as a medical problem leading them to fall into the same problem as the physicians in Section I. In contrast, they call for treating the disease that is suicide and support suicide prevention. That is due to their conviction that suicide is a product of mental illness and that mentally ill people cannot be rational when deciding whether to commit suicide. Following their argument, the medical view holds that people with mental illness can never be rational and have the desire to kill themselves at the same time. I will argue in Chapter Four that this is a false dichotomy (the relationship between irrationality and mental health is discussed in detail later in the chapter). Further, since the disposition to commit suicide is seen as an illness, the psychiatric view argues that people with suicidal thoughts are a danger to themselves.

More recently the social sanction has been institutionalised within medicine and psychiatry, and the suicidal person has been seen as mentally disturbed, a danger to him or herself, and an appropriate object of “care.”⁸²

Thus, the medicalization of suicide view maintains the position that mentally ill people are irrational agents, especially when it comes to contemplating suicide as an option. As mentioned earlier, the aim of this thesis is not to undermine the expertise of psychiatrists and health workers in dealing with suicide or to deny that there are cases in which severe mental illness causes suicide, but to point out that suicide cannot, in all cases, be reduced to the effects of

⁸⁰ Clarke, David. 1999. “Autonomy, Rationality and the Wish to Die.” *Journal of Medical Ethics* 25 no. 6: 457-462.

⁸¹ Hewitt, “Why are People with Mental Illness Excluded from the Rational Suicide Debate?” 358.

⁸² Clarke, “Autonomy, Rationality and the Wish to Die.”

mental illness and so their conceptual framework can be positively expanded. Moving to the next section, the debate about the permissibility of suicide turns to the possibility of rational suicide. Contemporaries who argue for suicide aim at taking it out of this medical context by arguing for its rationality in at least some circumstances. This might offer us a broader and more inclusive perspective on the permissibility of suicide.

Section II: Suicide in a Non-Medical Context

A. Rational Suicide

Before discussing the conditions surrounding rational suicide, we shall first define what practical reason is then clarify what type of rationality this paper is discussing.

1. Practical Reason

The term ‘rationalization’ was coined in the second half of the 19th century by theorist and sociologist Max Weber who defined and categorized rationality into four types.

The typology of the types of rationality, a classification that must be sifted out of Weber’s writings, is one of many conceptual schemes he utilizes to analyze such regularities and patterns. “Practical,” “theoretical,” “formal,” and “substantive” rationality constitute this typology.⁸³

For the purposes of this paper, we shall focus on practical reason because it deals with taking action and hence touches upon the topic of what one ought to do, specifically, the decision to commit suicide.⁸⁴ Weber defines practical rationality as how one deals with the decisions of everyday life.

[...] a practical rational way of life accepts given realities and calculates the most expedient means of dealing with the difficulties they present. Pragmatic action in terms of everyday interests is ascendant, and given practical ends are attained by careful weighing and increasingly precise calculation of the most adequate means

⁸³ Kalberg, Stephen. 1980. “Max Weber's Types of Rationality: Cornerstones for the Analysis of Rationalization Processes in History.” *American Journal of Sociology* 85, no. 5: 1145-179.

⁸⁴ See Carla Bagnoli. 2013. “Reason and Ethics.” In *Reason and Rationality*, edited by Maria Cristina Amoretti, and Nicla Vassallo. Vol. 48. Berlin/Boston: De Gruyter, Inc.

([1946] 1958f, p. 293 [266]). Thus, this type of rationality exists as a manifestation of man's capacity for means-end rational action.⁸⁵

Cholbi distinguishes between two types of rationality when discussing the decision-making process of choosing to commit suicide, they are instrumental and telic.

On defining instrumental rationality, Cholbi writes:

An act of suicide is instrumentally rational when the choice to die serves the ends the individual seeks to achieve through death, the individual chooses to die recognizing that death would serve those ends, and the individual chooses to die because death serves those ends.⁸⁶

About the difference between the two, Cholbi writes:

An act of suicide can be instrumentally rational, insofar as choosing to die serves the ends the agent seeks to achieve through death, or an act of suicide can be telically rational, insofar as choosing to die rests on a full and proper appreciation of the ends, both current and future, that suicide both serves and thwarts.⁸⁷

While I accept his concept of rationality, I believe Cholbi's distinction between instrumental and telic is unhelpful as both types look the same (i.e. practical deliberation) but in different degrees. Also, the usage of the word telic is unusual because there is a purpose built in the definition. This might be misleading given the context of this paper, as it might cause people to think that the end in question is always a larger goal or purpose for life, such as the Stoics' 'living in accord with nature.' However, the main 'ends' in question could simply be avoiding pain, health, comfort, and other preferred indifferents. What is important here is to define rationality in terms of weighing up the benefits and disadvantages of choosing to die versus continuing to live. This definition is taken from the Stoics. In this light, one might consider that telic rationality is just a more comprehensive kind of rationality that takes account, not just of the means to a particular end, but of all the ends/goods that are achieved by living and all the obstacles/evils that are incurred by living.

⁸⁵ Kalberg, "Max Weber's Types of Rationality: Cornerstones for the Analysis of Rationalization Processes in History," 1152.

⁸⁶ Cholbi, "What is Wrong with "What is Wrong with Rational Suicide," 287.

⁸⁷ Cholbi, Michael. 2012. "What is Wrong with "What is Wrong with Rational Suicide." *Philosophia* (Ramat Gan) 40 no. 2: 285-293.

Concerns regarding the rationality of suicide involve a weighing up of the positive and negative results of a proposed act of suicide and coming to a conclusion as to whether the act is of overall benefit or not.⁸⁸

A question might be raised here is whether these ends/goods are subjective or objective. Of course, such a question is relevant and is of utmost importance because discussing the decision-making process to commit suicide falls under the permissibility of suicide. To give an answer, I believe that the said goods/ends which will determine whether one ends their life shall be objective. This is because the reasons discussed in this paper, even if they seem subjective to some, are objective insofar as these goods abide by the Stoic model of life, as mentioned earlier, fall in the objective ends category such as health, wealth, and happiness. An objection to this view might say ask how can one defines what is objectively good, but to address such a critic, I would need more time and space than I currently have. However, I do not see why the subjective ends for one person like feeling great pain due to a bad breakup cannot fall under some big objective end like happiness for example. in this why, my theory will permit that (a) suicide can be rational in some circumstances while (b) respecting the freedom or dignity of the individual; the latter is especially important to the connection made between Camus and the Stoics.

Continuing the discussion on rationality, it is worth noting that that rational suicide, as its name suggests, entails that the person who commits suicide of this sort needs to be rational. Consequently, advocates of rational suicide deny that suicide need be irrational, as we will see later on in the chapter. For now, we shall consider irrationality to be the absence of reason, whilst exploring certain conditions that need to be met to permit rational suicide, rationality being the main condition.

⁸⁸ Kelly, Chris, and Eric Dale. 2011. "Ethical Perspectives on Suicide and Suicide Prevention." *Advances in Psychiatric Treatment* 17 no. 3. Cambridge University Press: 214–19.

2. Criteria for Rational Suicide

Advocates of rational suicide argue that suicide can be a rational choice when certain conditions are met. However, psychologists, psychiatrists, and philosophers offer different definitions of rationality as the condition that makes rational suicide possible. Here are some of the conditions that express telic rationality or come close to Cholbi's definition.

On the rationality of suicide, modern philosopher Glenn Graber argues that rational suicide is possible if "a reasonable appraisal of the situation reveals that one is better off dead."⁸⁹ So if a person completes a reasonable assessment of their overall interests and preferences, including a logical evaluation of their present and future, and arrives at the conclusion that suicide is the reasonable thing to do, then suicide, in such a case, would be justifiable.

Similarly, Margaret Battin gives five criteria for a suicide to be rational.⁹⁰

The first three criteria—*ability to reason*, *realistic world view*, and *adequacy of information*—attempt to answer the question of whether suicide can be chosen in a "rational," unimpaired way, and the other two—*avoidance of harm* and *accordance with fundamental interests*—explore whether suicide can ever be a "rational" thing to do.

Battin's conditions, such as the ability to reason, adequacy of information, and avoidance of harm, are already entailed in Cholbi's definition of telic rationality. The two further conditions that add something to Cholbi's definition are having a realistic worldview and being in accordance with one's fundamental interests.

Battin explains that for suicide to be rational, the person should have reasonable expectations and views of the world around them. Otherwise, Battin argues, this will result in irrational suicides. Battin associates having a realistic view of the world with irrationality

⁸⁹ Graber, Glenn. 1981. "The Rationality of Suicide." *Suicide and Euthanasia: The Rights of Personhood*: 51-65.

⁹⁰ Battin, Margaret. 1999 "Can Suicide Be Rational? Yes, Sometimes." In *Contemporary Perspectives on Rational Suicide*, edited by James L. Werth. Psychology Press: 13-21.

because thinking irrationally affects how one views the world around them. We will see later in Chapter Three that this condition is especially relevant to Camus' absurdism.

A rational decision must also be based upon a realistic view of the world. Many types of suicide are clearly highly irrational in this aspect. Most extreme is that of the person with schizophrenia, based on bizarre beliefs about the nature of the world.⁹¹

Having a realistic view of the world is also about how one views their own life and current situation. One can believe, for example, that life is meaningless, but that his/her life has meaning, so they wish to continue living based upon that belief, and vice versa.

For example, an individual may have a relatively realistic picture of the world as a whole but fail to have a realistic conception of his own life situation, including his identity, position in the world, and on his particular talents, abilities, and disabilities.⁹²

As for the other condition, Battin says, the act of suicide needs to be according to one's fundamental beliefs and interests. For example, if a person who has always believed that life has intrinsic value suddenly decides to end their lives, this would not be in accord with their fundamental beliefs. Accordingly, with these five criteria, Battin says that suicide can be a rational decision and action. Commenting on Battin's conditions for a rational suicide, Cholbi writes that Battin's account takes into consideration both instrumental and telic rationality.

Battin appears to condition the rationality of suicide on its being instrumentally and telically rational. For on her view, a suicide is rational not only if it serves certain ends a person has, but also if these ends are among her most fundamental, i.e., if those ends have been assigned the appropriate significance vis-à-vis the individual's choice to die.⁹³

Psychologists and psychiatrists give similar conditions for rational suicide. Professor of Sociomedical Science, Siegel Karolynn, argues for three necessary conditions to permit rational suicide:

(1) the individual possesses a realistic assessment of his (or her) situation, (2) the mental processes leading to his (or her) decision to commit suicide are unimpaired

⁹¹ Battin, "Can Suicide Be Rational? Yes, Sometimes," 14.

⁹² Ibid, 15.

⁹³ Cholbi, "What is Wrong with "What is Wrong with Rational Suicide," 289.

by psychological illness or severe emotional distress, and (3) the motivational basis of his (or her) decision would be understandable to the majority of uninvolved observers from his (or her) community or social group.⁹⁴

Likewise, Psychiatrist and suicidologist, Jerome Motto, gives two features when arguing for rational suicide: being realistic (meaning to have full knowledge of one's options) and having minimal ambivalence.⁹⁵ To ensure the latter, Motto says one should avoid inconsistent desires and decisions that are not according to one's fundamental values and beliefs.⁹⁶

By and large, the rational suicide argument made by contemporaries like Battin, Graber, and others is broader than the argument in euthanasia and PAS. This is because the rational suicide view gives clear-cut conditions permitting suicide and does not focus on physical pain alone, as do the physicians considered in Section I. Although it is not clearly mentioned among the conditions for rational suicide, we can assume that, by focusing on rationality as the primary condition for suicide, advocates of rational suicide exclude cases of extreme mental anguish or existential pain. Their supposition that mentally ill people are simply irrational still results in a less inclusive view. Thus, mentally ill people are excluded from the debate. As a consequence, the suffering caused is excluded from the rational grounds for committing suicide.

3. Excluding the Mentally Ill from the Current Debate

By drawing on the above conditions permitting rational suicide, contemporary views exclude mentally ill people from the debate as a condition. This is the case because contemporaries view suicide as a symptom of mental illnesses that need to be treated and prevented.

⁹⁴ Siegel, Karolynn. 1986. "Psychosocial Aspects of Rational Suicide." *American Journal of Psychotherapy* 40:405-418.

⁹⁵ Motto, Jerome. 1972. "The Right to Suicide: A Psychiatrist's View." *Suicide and Life-Threatening Behavior* 2: 183-188.

⁹⁶ Motto. "The Right to Suicide: A Psychiatrist's View."

Contemporaries argue that “most persons at risk for self-harm do not choose suicide actively but are instead under the influence of disturbances in thought, feeling, and behavior.”⁹⁷

On this point, Avital Pipal writes:

Even those who believe suicide is sometimes morally permissible usually require that a suicide be ‘rational suicide’: instrumentally rational, autonomous, due to stable goals, not due to mental illness, etc.⁹⁸

Pipal states that rational suicide can be morally permissible if it is not due to mental illness. We need to clarify what Pipal and other supporters of the same view mean by excluding mentally ill people, since the phrase “not due to mental illness” is ambiguous. The first interpretation could be that someone is contemplating suicide *due* to their mental illness, meaning as a result causally of their mental illness. The second interpretation could be that someone with mental illness wants to commit suicide. If the latter, and the claim is that someone with a history of mental illness cannot permissibly commit suicide, I disagree with it. But if the former, then I accept it. In the first case, suicide is pathological while in the second, it is not. And so, if Pipal’s point implies the second interpretation— not *due* to a mental illness— that is plausible. If one has a mental illness, I argue, then it does not necessarily mean that committing suicide is a result causally of their mental illness or cannot be rational. This is why this ambiguity is crucial. Therefore, excluding the mentally ill from the class of those who are capable of rational suicide is one of the assumptions embraced by suicidology.

In suicidology, the common view is that ‘rational ’suicides occur only rarely, because the competence of people who want to end their lives is compromised by mental illness.⁹⁹

This condition takes origin in the assumption that mentally ill people are irrational agents as we saw above in the medicalization of suicide view. Thus, in defending rational suicide, similar

⁹⁷ Tanney, B.L. 2000. “Psychiatric Diagnoses and Suicidal acts.” In *Comprehensive Textbook of Suicidology*, edited by Maris, R.W., Berman, A.L. and Silverman, M.M: 311–341. Guilford Press: New York.

⁹⁸ Pipel, Avital and Lawrence Amsel. 2011. “What is Wrong with Rational Suicide?” *Philosophia* 39 no. 1: 111-123.

⁹⁹ Den Hartogh, Govert. 2016. “Two Kinds of Suicide.” *Bioethics* 30 no. 9: 672-680.

to the context of euthanasia and PAS discussed above, philosophers as well as psychologists¹⁰⁰ exclude mentally ill people from meeting the given conditions for rationality, considering mental illness a sign of an impaired ability to make a rational decision. Moving to the next section, we will further explore the relationship between irrationality and the mentally ill.

B. Irrationality

People with mental illness can be irrational agents when thinking of ending their lives. As we saw above, excluding mentally ill people from responsibility because they are mentally ill is one of the ruling assumptions in the debate about euthanasia, PAS, and rational suicide.

One definition of irrationality given by Allan Sica is:

(2)A form of behavior or a belief that controls the subject's action in gaining either pleasant, unpleasant, or ambivalent results without the subject's absolute control or conscious wishes.¹⁰¹

Another definition of irrationality is that of Bernard Gert who writes:

People act irrationally when they act in ways that they know (justifiably believe), or should know, will significantly increase the probability that they, or those for whom they are concerned, will suffer any of the items on the following list: death, pain (including mental suffering), disability, loss of freedom, or loss of pleasure, and they do not have an adequate reason for so acting.¹⁰²

Thus, irrationality can be a thought or an action that goes against the ability to reason. For example, Gert says that “jumping out of the way of a speeding car. Most rational actions are merely rationally allowed, for instance, going to a play,” is an example of an irrational action.

Discussing the notion of irrationality is essential because, as we concluded above, the difference between the permissibility of euthanasia and PAS and the impermissibility of suicide is the assumption that there is a direct relationship between mental illness and irrationality.

¹⁰⁰ See Battin, Margaret Pabst. 2015. *The Ethics of Suicide: Historical Sources*. New York; Oxford: Oxford University Press.

¹⁰¹ Sica, Alan. 1990. *Weber, Irrationality, and Social Order*. University of California Press.

¹⁰² Gert, Bernard. 1990. “Rationality, Human Nature, and Lists.” *Ethics* 100: 279- 300.

Suicide has been linked with such diagnostic labels as depression and schizophrenia, where loss of contact with reality or a negative view of self, the world and the future lead to the irrational response of suicide resulting from cognitive distortions (Katschnig, 2000).

Therefore, mentally ill people are considered irrational, and this irrationality affects our view of their decision-making process, hence their ability to make a rational decision about committing suicide.

1. The Decision-Making Process

In reply to Michal Cholbi, Ryan Tonkens argued for a link between suicide, mental illness, and irrationality.¹⁰³ Tonkens holds that some types of mental illnesses affect an individual's rational capacity, rendering them impaired in a way that incapacitates them to make decisions, especially when it comes to ending one's life. That is why many philosophers layout clear conditions for when suicide can be a rational decision yet exclude the mentally ill from those who can commit suicide rationally.

Thus, euthanasia and PAS are held to be permissible in some cases because the patient undergoing them is not suffering from irrationality. Although the debate about the permissibility of euthanasia and PAS does not say so directly, it can be concluded from the arguments that there exists a link between mental health and irrationality.

Mentally ill people do not have it in them to be rational. Rather, when they think of killing themselves, they are irrational because of their mental illness [...] the person's distress is only the product of current cognitive distortions, which can either be reasoned against or treated with psychotropic medication.¹⁰⁴

For example, Clarke defines the mental state of mentally ill people and describes its effect as to "impair a person's ability to think rationally and to consider options fully."¹⁰⁵ The argument about irrationality can be summed up as follows:

- 1) Suicidal thoughts and acting upon them are a symptom of a mental illness.

¹⁰³ Tonkens, Ryan. 2007. "A Reply to Cholbi's 'Suicide Intervention and Non-Ideal Kantian Theory'." *Journal of Applied Philosophy* 24 no. 4: 397-407.

¹⁰⁴ Hewitt, "Why are People with Mental Illness Excluded from the Rational Suicide Debate?" 358.

¹⁰⁵ See Clarke, "Autonomy, Rationality and the Wish to Die."

- 2) Mental illness is a disease.
- 3) Diseases needs to be treated.
- 4) Suicidal ideation or attempts are to be prevented and treated.
- 5) Since mental illness is a dysfunction of the brain, mentally ill people cannot be rational when deciding to end their lives. This is because ending one's life entails a rational decision-making process that death is a better option than living which involves a rational evaluation of one's life.

2. Irrational Desires

Joel Feinberg writes that because people with mental illness are irrational, their objectives and what they want are as well. This irrationality makes the mentally ill ignorant and ill-informed of their wants.

The mentally ill person, however, will be radically and fundamentally benighted about the source of the appeal in his immediate objectives . . . [and] the ignorance is the necessary consequence, perhaps even a constituent, of the mental illness.¹⁰⁶

Accordingly, the psychiatric view of suicide asserts that people with mental illness have irrational desires to end their lives. Hewitt writes:

Within this view, psychopathology which gives rise to irrationality in denial of the illness precludes an understanding of one's realistic life prospects. Therefore suicidal desires are considered to be a symptom of illness, rather than the result of rational deliberation.¹⁰⁷

On this point, Moore argues that irrational desires are inconsistent. He argues that mentally ill people have more irrational desires and inconsistencies than normal people. "While this circumstance is true for most of us some of the time, more of the mentally ill's desires are unconscious and, being unconscious, cannot be ordered into a transitively ordered or consistent set of wants."¹⁰⁸ This brings us to the last point of this section: Prevention.

Section III: Paternalism

The widespread view that the impulse to suicide is irrational makes suicide prevention the default mode when reacting to any case of suicidal ideation or suicide attempts. "Suicide

¹⁰⁶ Feinberg, Joel. 1970. "What Is So Special about Mental Illness?" In *Doing and Deserving*; Princeton: Princeton Univ. Press: 272-292.

¹⁰⁷ Hewitt. "Why are People with Mental Illness Excluded from the Rational Suicide Debate?" 359.

¹⁰⁸ See Moore, 197; Michael Cholbi, *Suicide: The Philosophical Dimensions*.

prevention is a National Health Service priority in the United Kingdom.”¹⁰⁹ Therefore, treating suicide as a pathology allow for paternalistic means to be put in place to prevent suicide. This is because suicidal people, according to this view, are irrational agents, especially when it comes to thoughts of or attempts at killing themselves. In this way, it is the duty of health professionals to stop and prevent suicidal attempts or ideation.¹¹⁰

Yet suicide prevention continues to be a central goal of psychiatry. In what has been referred to as the orthodox psychiatric position on suicide, because the desire to kill oneself nearly always results from mental illness, it is always necessary to intervene in suicide attempts whenever possible, with the aim of preventing people from ending their lives.¹¹¹

The failure to treat suicidal ideation and prevent suicidal attempts is considered a failure for health professionals. In this case, intervening to prevent and save the suicidal person’s life is the top priority to stop them from performing irrational actions that they might take, such as taking their own lives.¹¹² The goal of mentioning such paternalistic measures is to showcase the connection between paternalism, mental illness, and rational suicide.

CHAPTER CONCLUSION

Finally, we can conclude that contemporary views on the permissibility of suicide reduce suicide to an escape from physical pain while leaving out mental pain and treat it as if it were unreal by considering it as a result of mental illness. Additionally, they reduce suicide to a medical problem, and they exclude the mentally ill. In this context, it is debatable whether psychiatrists have preset values regarding suicide and presume a framework of mental illness. From a philosophical standpoint, this relationship between the permissibility of suicide versus

¹⁰⁹ Hewitt, Jeanette. 2010. “Rational Suicide: Philosophical Perspectives on Schizophrenia.”

¹¹⁰ Appel, Jacob. 2007. “A Suicide Right for the Mentally Ill? A Swiss Case Opens A New Debate”. Hastings Center Report, 37 no. 3: 21–23.

¹¹¹ Kelly, Chris, and Eric Dale. 2011. “Ethical Perspectives on Suicide and Suicide Prevention.” *Advances in Psychiatric Treatment* 17 (3). Cambridge University Press: 214–19.

¹¹² See Beauchamp, Tom. 1986. “Suicide”. In *Matters of Life and Death*, edited by T. Regan: 77–124. New York: Random House; Beauchamp, Tom, & Childress, J. 2009. *Principles of Biomedical Ethics*. New York: Oxford University Press.

medicalizing¹¹³ it depends on how one understands mental health. This stigma, I argue, is prevalent because we understand suicide in relation to other fields like psychology, health care, or sociology; this has been the case for a long time. In the next chapter, we argue that the limited perception that led to this stigma can be lifted by visiting Camus, whose theory challenged the medicalization of suicide at a time when it was the default view.

¹¹³ This opposition between those who think that suicide may sometimes be permissible because rational and those who think it is never permissible because never rational, and who think it is never rational because they see it simply as a result of mental illness—or a response to physical pain.

Chapter Three: Suicide as a Philosophical Issue in Albert Camus

How Camus starts *The Myth of Sisyphus and Other Essays* immediately shifts the way we understand suicide in relation to mental pain.

There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy.¹¹⁴

From the very beginning, Camus lays out his view, which is that searching for a meaning behind life is, by default, connected to the issue of suicide. By stating this connection, Camus admits that searching for a purpose in life, and the suffering associated with this search, can lead to suicide. Here, Camus addresses the issue of mental anguish, which is relatively neglected in the secondary literature. Not only does he discuss it, but the kind of pain Camus talks about is not a result of mental illness or caused by it like some contemporaries argue, rather it is existential suffering and a result of absurdism. His theory is that this pain, or suffering, can sometimes be too much that can drive someone to contemplate suicide. Suicide as a result of absurdism (that life is meaningless), according to Camus, is never permissible nor is it justifiable but rather a problem that needs to be solved.

Camus' existential account of suicide is necessary because it provides us with a different modern view that appeared simultaneously with the rising of psychiatry. By categorizing suicide as one of the most important philosophical issues and relating it to the meaning of life, Camus takes suicide out of the sociological and the psychiatric context by focusing on existential pain— a kind of pain that causes suicide, that everyone can experience and is not related to a mental illness. He writes that “Suicide has never been dealt with except as a social phenomenon.”¹¹⁵ Here, Camus is talking about the widespread view at the time in sociology,

¹¹⁴ Camus, Albert. 1955. *The Myth of Sisyphus: And Other Essays*. New York: Alfred A. Knopf.

¹¹⁵ Ibid, 4.

which claims a correlation between suicide and particular orientations of society; that suicide is a consequence of societal factors.¹¹⁶

In this chapter, I shall agree with Camus' standpoint regarding pain due to searching for meaning in life. I will consider some ways in which, by comparing the Stoics views with Camus' we can arrive at a more complicated picture of the issues involved. I will eventually argue against Camus' rejection of suicide by adopting some aspects of the model presented by the Stoics, who, unlike Camus, view voluntary death to be virtuous and sometimes even required. The result is a view that more fully considers the complicated role that pain, especially mental pain, plays in suicide.

Section I: Camus' Account of Pain

1. Absurdism

For Camus, absurdism is the process of searching for a meaning in life and arriving at the conclusion that life is absurd and has no meaning. This process is composed of the man before the absurd and the man after the absurd—the absurd man. In general, Camus talks about two kinds of pain or existential suffering. The first is the pain felt before absurdism, and the second is the pain after getting acquainted with absurdism— living with the fact that life is meaningless. Before getting to the second kind of suffering that of the absurd, let us first see how the man before the absurd lives, according to Camus, and the kind of pain the man experiences.

2. Before The Absurd Is Born

Firstly, Camus explains that man goes through life in a routine or a loop.

It happens that the stage sets collapse. Rising, streetcar, four hours in the office or the factory, meal, streetcar, four hours of work, meal, sleep, and Monday Tuesday

¹¹⁶ In this quote, Camus is especially referring to Emile Durkheim who was one of the firsts to investigate suicide from a sociological framework in his book *Le Suicide* in 1897. Social stratification, economic prospects, membership of narrative 'groups', are reasons Durkheim took to lead to 'anomie' (the breakdown of moral values and rules of guidance), and he thought this inevitably led to increases in suicide.

Wednesday Thursday Friday and Saturday according to the same rhythm—this path is easily followed most of the time.

To pass the days and ensure the continuity of life, man has dreams, hopes, and future goals. What Camus is talking about here is a standard description of most people's lives. But at some point, man will be tired of this same life, exhausted with searching for meaning, and at this moment, one will start to doubt and wonder if life has meaning at all.

But one day the “why” arises and everything begins in that weariness tinged with amazement. “Begins”—this is important. Weariness comes at the end of the acts of a mechanical life, but at the same time it inaugurates the impulse of consciousness. It awakens consciousness and provokes what follows. What follows is the gradual return into the chain or it is the definitive awakening. At the end of the awakening comes, in time, the consequence: suicide or recovery.

Asking why is the moment of the absurd's birth. This is when man becomes more conscious of the reality of the illusion that is life: Camus calls it “the awakening.” How is it possible, at that moment, to face the truth and avoid escaping from it all? Because Camus says when one sees life for what it really is, just absurd, one has two options: either finding salvation in having hope to survive this unbearable truth or suicide.

One kills oneself because life is not worth living, that is certainly a truth yet an unfruitful one because it is a truism. But does that insult to existence, that flat denial in which it is plunged come from the fact that it has no meaning? Does its absurdity require one to escape it through hope or suicide—this is what must be clarified, hunted down, and elucidated while brushing aside all the rest. Does the Absurd dictate death?¹¹⁷

Before arriving at the second kind of pain, the pain after the absurd, one might wonder how this feeling of absurdity is born and how it leads to Camus' absurdism.

3. The Absurd's Birth: The Feeling of Absurdity

The feeling of absurdity gives birth to the absurd. Camus describes it as feeling as if man were a stranger and an unwanted visitor in the world. As Camus labels it, it is a divorce because it is like a disconnection between man and the universe.¹¹⁸ “Whatever may be or have been their

¹¹⁷ Ibid, 8.

¹¹⁸ Ibid, 5.

ambitions, all started out from that indescribable universe where contradiction, antinomy, anguish, or impotence reigns.”¹¹⁹ The world can be a harsh place to live in, but the pain is what gives rise to the absurd man. Following this feeling that life is absurd and without reason comes absurdism, Camus explains. A face-to-face meeting with a reality that man is now aware of yet accepts: that life is meaningless. This meeting, this realization is the absurd. “The absurd is born of this confrontation between the human need and the unreasonable silence of the world.”¹²⁰ The absurd knows that life has no meaning. “At this point of his effort man stands face to face with the irrational. He feels within him his longing for happiness and for reason.” What is the irrational for Camus, one might ask? He answers by saying that the world is irrational.

This world in itself is not reasonable, that is all that can be said. But what is absurd is the confrontation of this irrational and the wild longing for clarity whose call echoes in the human heart.¹²¹

There comes a moment, Camus explains, when man wants things in this world, but the world, being the unreasonable place that it is, does not comply; this is the moment when man feels that the world is just absurd. Therefore, to become aware of himself as absurd, man must start from a state of pain: the angst of meeting face to face with the absurd and the pain of knowing that life is devoid of meaning. Camus acknowledges that pain or suffering is what often leads us to realize that life is absurd. The second kind of pain comes after the absurd.

4. After the Absurd Is Born

Secondly, there is the pain resulting from the realization that life is meaningless: a constant pain that one has to live through, but an essential one. Camus states that this pain is so great that when one fails to understand the world, thoughts about suicide start to kick in. “The mind,

¹¹⁹ Ibid, 23.

¹²⁰ Ibid, 28.

¹²¹ Ibid, 21.

when it reaches its limits, must make a judgment and choose its conclusions. This is where suicide and the reply stand.”¹²²

However, Camus does think that neither kind of pain should be a decisive factor in the individual’s decision whether to commit suicide or not. On the contrary, the first kind of pain is necessary because it brings man to meeting and accepting the absurd. The second kind of pain is vital because it keeps the absurd man aware of the reality of life, encouraging him to always choose life over death despite the pain. After all, for him, life is a victory, and death is defeat. So for him, pain is the way to avoid suicide— constantly living through this pain is the necessary condition for continuing to live in the face of the absurd. This is especially clear in the Sisyphus example that will be discussed below.

Camus does not deny that pain can be a cause of committing suicide, but he thinks, as we showed a moment ago, that pain should not be a decisive factor when thinking about suicide

5. Camus’ Non-Reductive Account

Unlike contemporary views, Camus does not think that thinking about suicide is an issue. In fact, opposite to contemporary views, he says that everyone has probably thought, at one point, of ending their lives.

All healthy men having thought of their own suicide, it can be seen, without further explanation, that there is a direct connection between this feeling and the longing for death.

Camus here states that even healthy men have thought of killing themselves. This quote is important because, as I argue, suicide is not exclusive to the mentally ill as the psychiatric view claims, and the advantage of Camus’ theory is that he does not think of suicide as something that is caused by pain or mental illnesses. On the contrary, he thinks that healthy people have thought about suicide at one point in their lives. Here, he is referring to a widespread tendency in human psychology. So, for him, thinking about one’s own death is not that uncommon. This

¹²² Ibid, 27.

goes against the view we discussed earlier that medicalizes suicide and claims that suicide is a symptom of a mental illness and that the suicidal person should be treated immediately or admitted to a psychiatric clinic.

Section II: Camus versus the Stoics and Contemporary Views

The section to follow will highlight some of the similarities and differences between the Stoics' and Camus' views. This will help raise some questions that arise about suicide that are insufficiently addressed in the contemporary literature. Considering these issues will pave the way for my theory, which I layout in Chapter Four.

1. Life without Hope

How important is it that the person considering suicide be able to have hope of achieving future ends? Both Camus and the Stoics see hope as irrelevant to the decision and even think of it as getting in the way. Camus explains that hope is an illusion, and since life has no meaning, hope has no place. We can see this in the fact that he rejects the idea that living requires having hope.¹²³ "We live on the future: "tomorrow," "later on," "when you have made your way," "you will understand when you are old enough.""¹²⁴ Camus destroys the concept of the future, hope, or future goals describing them as "irrelevancies." "Now, if it is admitted that the absurd is the contrary of hope." I agree with Camus on this point.

A man devoid of hope and conscious of being so has ceased to belong to the future. That is natural. But it is just as natural that he should strive to escape the universe of which he is the creator.

The absurd belongs to the present, not to the past or the future.¹²⁵ This is vital when one decides whether or not to kill oneself. Firstly, because absurdism will allow man to better evaluate one's life in case of considering suicide. It is a better situation because the absurd knows that

¹²³ Ibid, 31.

¹²⁴ Ibid, 13.

¹²⁵ Ibid, 58.

life has no meaning, so the lack of meaning will not be a problem here or a cause to commit suicide.

Some critics would argue that this point is invalid because one shall think of the future and especially what he might achieve in the future when deciding whether or not to commit suicide. However, according to the Stoics, the decision of whether or not to end one's life should be about weighing down the benefits and disadvantages of life. To do that, without any interference or biases, you need to forget about what might or might not happen in the future and focus on your life right now. Indeed, as we saw in Chapter One, the Stoics also see hope, like fear, as interfering with rational decision-making.

I argue that adopting absurdism when weighing the benefits and disadvantages of living and rejecting hope shall make the evaluation of one's life more objective and realistic. If the absurd man chooses to live, they will live knowing that life has no meaning and hope is not real. This will make their lives more realistic because they will live because of their desire to continue living and not base their lives on other factors like finding a dream job, meeting the love of their life, or achieving future goals. In other words, those who do not meet with the absurd shall not have such a clear view when they consider whether or not to kill themselves.

2. The Decisive Factor in Committing Suicide

Camus thinks that one should not try to avoid the pain of living, and he rejects suicide because he thinks all suicide is an attempt to escape pain rather than face it directly. As we have seen, the Stoics agree that that suicide should not simply be an attempt to escape from pain but think not all kinds of suicide are.

According to Camus, the reason humans continue to live besides habit is their survival instinct. Camus elaborates that killing oneself is due to admitting that this same habit of living is absurd and that there is no reason to go on living if life has no meaning.

Dying voluntarily implies that you have recognized, even instinctively, the ridiculous character of that habit, the absence of any profound reason for living, the insane character of that daily agitation, and the uselessness of suffering.

Indeed for both Camus and the Stoics living is natural, but it is hard. Hence, just because life is natural, it does not mean it is easy to be lived. “Living, naturally, is never easy.”¹²⁶ So what is the thing that keeps man going, if life is hard to live?

In a sense, and as in melodrama, killing yourself amounts to confessing. It is confessing that life is too much for you or that you do not understand it. It is merely confessing that that “is not worth the trouble.”

Camus claims that if one kills himself, the only possible explanation is that life has no meaning and the pain of existence is not worthwhile. He seems to think the pain of existence and the desire to avoid it drive one to commit suicide. On this point, I wonder if this can be an assumption made by Camus. Can this be really the only explanation? Or is there another reason someone might end their life besides the pain of a meaningless existence? Clearly, this is not the only possible cause. Further, it is not the sufficient cause—even for Camus—because, if it were, and everyone found no meaning to life, they would all kill themselves. The fact that many people find life to be meaningless but still do not kill themselves shows this is not the decisive factor. The decisive factor here is what comes after finding out that life has no meaning, which is reaching the further conclusion that life is not *worthy* of living. That is the decisive factor for Camus when one thinks of committing suicide: If one *did* find life worth living and the pain worth bearing, they would not commit suicide. However, the Stoics and Camus have different views about what makes life worth living.

3. The Myth of Sisyphus

Looking at the example of Sisyphus will further clarify Camus’ view and elaborate on the differences and similarities between the Stoics’ and Camus.

The gods had condemned Sisyphus to ceaselessly rolling a rock to the top of a mountain, whence the stone would fall back of its own weight. They had thought

¹²⁶ Ibid, 5.

with some reason that there is no more dreadful punishment than futile and hopeless labor.¹²⁷

In Greek mythology, Sisyphus is the king of Ephyra. After angering the gods, Sisyphus is doomed to an eternal punishment of rolling a rock to the top of the mountain only for it to fall back down again automatically. He was condemned to repeat this action of rolling the rock forever. It is obvious by now that Sisyphus is the Absurd Hero for Camus, the ultimate example illustrating Camus' absurdism. His passion for living, his rejection of death makes him the perfect example of the absurd. On the other hand, the Stoics would say that if Sisyphus were to weigh the advantages and disadvantages of continuing to live in this way (or, as they would say, the preferred indifferents and the dispreferred), the disadvantages would outweigh the benefits and therefore Sisyphus would have a legitimate reason to commit suicide.

Further, Sisyphus is unable to strive toward meaningful goals, and this means his life is without meaning "that unspeakable penalty in which the whole being is exerted toward accomplishing nothing."¹²⁸ Moreover, under these conditions, Sisyphus would not be able to live a life with purpose, and his life would be without dignity. Therefore, the Stoics would see suicide as an acceptable means for Sisyphus to preserve his dignity. By contrast, for Camus, it is not relevant that the disadvantages of living outweigh the advantages.

Indeed, Camus knows that Sisyphus will spend eternity enduring this painful punishment, yet he invites us to imagine him happy because during this punishment, Sisyphus, given the way he embraces absurdity, will experience victory and joy. In fact, Camus believes that Sisyphus should choose a painful existence and still find value in the act of working and suffering. The Stoics' view is preferable in this respect because it allows for the possibility that physical and mental pain can be important considerations in committing suicide without simply

¹²⁷ Ibid, 119.

¹²⁸ Ibid, 120.

reducing suicide to an attempt to avoid pain. Further, the Stoics would say that life has meaning only if the benefits of continuing to live outweigh the disadvantages. Also, they would argue that life has meaning only if the world can accommodate the goals the individual is striving to achieve.

CHAPTER CONCLUSION

As we saw, Camus' account of the absurd introduces us to a different kind of pain. Note that pain is not much discussed in the secondary literature. By turning the discussion into existential pain as reason to committing suicide, Camus challenges the argument in euthanasia and PAS that focuses on physical pain. Also, his account of pain takes into consideration the pain of living as well as the suffering as a result from searching for meaning in life. However, despite this pain, Camus rejects the idea that suicide should involve the benefits or disadvantages of staying alive or considering the balance between what we want and what is possible to have in the world. For Camus, one should choose to live despite the fact that the disadvantages of continuing to live may outweigh the benefits and despite the fact that the world may not accommodate the goals the individual is striving to achieve. In fact, Camus does not consider these to be relevant considerations. Instead, he argues one should always choose to live aware of the struggle between the reality of a meaningless and indifferent world and what one desires and hopes.

Chapter Four: My Theory

In this chapter, I am combining both systems, the Stoics' and Camus', while rejecting the contemporary views on suicide comprised in the medicalization of suicide to offer a better perspective on the decision to commit suicide. It is worth noting that all the existing research on this topic either discusses Camus' account of suicide or the Stoics', but as far as I am aware, none have compared their views or combined both systems.¹²⁹ My theory distinguishes between three central claims:

- (a) People medical professionals *classify* (wrongly) as mentally ill.
- (b) People with *genuine* mental illness who can still be rational.
- (c) People with *genuine* mental illness who are incapable of rationality.

The result will be a view more applicable to the modern world as I will attempt to establish a more inclusive and non-reductive account of suicide.

Section I: A New Perspective on Suicide

1. On Existential Suffering

As we saw, suicide can be permissible if the pain and suffering are great enough. Opposite to the currently prevalent view, the medicalization of suicide, my view implies that suicide is not reduced to physical pain or mental pain caused by a mental illness. My view also implies that it could be permissible in even more cases if we understand mental pain as a human experience and not only in terms of mental illnesses. Here, I will accept Camus' view on existential suffering as a result of searching for meaning in life and a valid reason for committing suicide. The first element of my theory is the idea that suicide should be treated as a question about life's meaningfulness. This will de-medicalize suicide. Adopting Camus' view on pain will permit some instances of suicide where existential suffering can be a valid reason for committing suicide.

¹²⁹ No sources tackle the issue from both Camus and the Stoics, they present either Camus or the Stoics' view, but not both combined.

Existential suffering has many reasons. Irvin Yalom writes that there are four: freedom, the question of the meaningfulness and meaninglessness of life, existential isolation,¹³⁰ and death.¹³¹

1. *Freedom*, which means that man must always choose. Every choice implies a responsibility and creates anxiety. Unethical choices made earlier in life may result in existential guilt and in a need of reconciliation.
2. The question of *meaning* and *meaninglessness*, where, e.g., relationships, spirituality, and even religion may (but do not have to) give meaning.
3. *Existential isolation*, which refers to the fact that in certain questions, one can feel alone—even in the company of others— particularly prior to one’s own death or in relation to (an absent) God.
4. *Death*, which is the source of a universal anxiety but also reflects life and makes the remaining life more intense and authentic.¹³²

It is clear now that combining some aspects of the Stoics’ such as freedom and fear of death and Camus’s absurdism will cover Yalom’s givens for existential suffering. In Chapter One, we discussed that the Stoics see death as a natural part of life and not evil. They encouraged us not to have fears and get rid of them, especially the fear of death. Seneca talked about the same as well as the importance of freedom. In Chapter Two, we saw that the Stoics’ account of death opposes contemporary views. In Chapter Three, we saw how Camus described existential suffering.

The second element of my theory focuses on Camus’ existential view on suicide. The advantage of Camus’ approach lies in his existential account of suicide that is independent of psychiatry, sociology. Although Camus rejects suicide, his *Myth of Sisyphus* takes suicide out of its psychological and sociological context and offers us a new account of suicide which goes *beyond* the way mental pain is understood in relation to mental illness by contemporaries. Mental health specialists Marc Roberts and Emma Lamont argue that Camus’ *Myth of Sisyphus* provides an existential reconceptualization of our perception of suicide. They argue

¹³⁰ Note that this paper is *not* tackling suicide from a theological view, so the ‘Existential Isolation’ in terms of the existence or absence of God will be discarded given the context of this paper.

¹³¹ Strang, Peter, Susan Strang, Ragnar Hultborn, and Staffan Arnér. 2004. “Existential pain—an Entity, a Provocation, or a Challenge?” *Journal of Pain and Symptom Management* 27, no. 3: 241-250.

¹³² Yalom, Irvin. 1980. “Existential Psychotherapy.” New York: Basic Books, Inc.

that Camus challenges the common view that medicalizes suicide and frames suicide within the context of mental illness and irrationality.¹³³

Therefore, rather than seeking to understand suicide by attempting to determine which events are ‘an important causal factor,’ Camus’s work suggests that the individual who has committed suicide has made a declarative judgement about the worth or the value of life, has undergone a ‘crisis’ in which the value of existence has been questioned and, in reaching the conclusion that it does not possess worth or value, has responded by committing suicide.¹³⁴

This goes against the medicalization of suicide view that considers suicide a symptom of mental illness and a result of irrationality.

Against the automatic association and potential conflation of suicide with mental illness, Camus radically reconceptualizes suicide such that it is understood as a terminal point in the attempt to address a profound existential problem; namely, the uniquely human and profoundly challenging endeavour to make sense of the struggles and sorrows of life.

Camus’ account of suicide in relation to meaninglessness and meaningfulness of life, Roberts and Lamont say, presents a new account of suicide based in existential philosophy.

Therefore, to the extent that suicide is reconceptualized as a response to the absurd – a profoundly distressing condition of estrangement and alienation in which the individual is divested of hope of making sense of life’s struggles – Camus’s work not only challenges the framing of suicide within the context of mental illness, but it can also be understood as calling into question the sufficiency of the interventions that have traditionally been associated with an understanding of suicide within that context. That is, in challenging an understanding of suicidal ideation and behaviour as being symptomatic of a mental illness – and of cognitive distortions, irrationality and impulsivity in particular – Camus’s work also challenges the primacy and predominance that have traditionally been accorded to pharmacological interventions supported by the custodial and defensive practices of containment, seclusion, close observations and no-suicide contracts.¹³⁵

As it challenges the current and limited view that suicide is a symptom of mental illness, Camus sheds light on the topic from an existential point of view and treats suicide as a response to the

¹³³ Roberts, Marc, and Emma Lamont. 2014. “Suicide: An Existentialist Reconceptualization.” *Journal Of Psychiatric And Mental Health Nursing*. 21 no. 10: 873-878.

¹³⁴ Roberts, Marc, and Emma Lamont, “Suicide: an Existentialist Reconceptualization,” 875.

¹³⁵ *Ibid*, 876-877.

question of life's meaning, and by shedding light on existential suffering as a reason to end one's life. However, Camus' theory has a flaw that can be corrected by combining it with some ideas from Stoicism.

2. The Stoics' and Camus' Decision-Making Process

The advantage of Camus' theory, as we have seen, is that, unlike the Stoics, it does not presuppose that life has a higher meaning or purpose. Although his theory does not presuppose that life has a higher meaning, it assumes a person should only commit suicide because they have decided that life, in general, has no meaning. As discussed in Chapter Three, Camus's view is that if one kills oneself, the only possible explanation for this is that one believes life has no meaning and one does not want to face up to this. On this point, I wonder if this is an assumption made by Camus. Can this be the only explanation? Could it not be that one sees death as preferable to unfreedom or living an unvirtuous life? As the lesser of two evils? As we have seen, the Stoics think that one should end one's life because one has compared death with the alternative and has assessed the advantages and disadvantages of continuing to live. And this is the aspect of their theory that I will adopt. Contra Camus, this decision necessarily involves comparing one's objectives with the world's ability to accommodate those objectives and decide whether to continue living or end one's life.

Camus thinks that this decision should not be based on whether one achieves one's goals or not. But we have already seen this view is flawed. By rejecting this aspect of Camus' theory, we recognize that some people, especially the mentally ill, may have few ways to achieve any of their goals or may be suffering from mental pain that prevents them from achieving goals, and that in some cases, this can be a legitimate reason for them to commit suicide.

In short, by adopting the Stoics' model, I argue that ending one's life should be based on a telic rational decision-making process that calculates the advantages and disadvantages of living

versus dying. My theory takes the decision-making model over from the Stoics but, following Camus, argues that the decision should not be based on the presupposition that life, in general, has a higher meaning or purpose. In this way, it combines the best aspects of both theories: Camus' claim that the decision to live cannot be based on the presupposition that life has an overarching purpose and the Stoics' focus on telic rationality.

Eric Matthews, Philosopher and specialist in Medical and Psychiatric Ethics, argues for a similar view and says:

If we eliminate all proposed sources of outside meaning for our continued existence, however, then we are left with the existentialist position that human life is absurd. Any reason that we might find for our continuing to exist has to come from within ourselves.¹³⁶

Similarly, I argue that we can adopt the claim that life, in general, is devoid of meaning but still find enough meaning in one's own life to keep living. This is not to undermine the importance of searching for meaning in life but to accept the fact that life may be meaningless, but one's own life is not necessarily meaningless. One can adopt that life is meaningless and still find a purpose in one's own life if one engages in telic reasoning and finds that the advantages to living outweigh the disadvantages. Of course, one is free to end their life if they want, provided that the decision is based on telic rationality.

One ought to respect a competent person's choices, where one can do so without undue costs to oneself, where doing so will not violate our moral obligations, and where these choices do not threaten harm to other person's or parties.¹³⁷

In this case, we ought to respect the person's decision and not resort to suicide prevention as the only solution as the psychiatric view necessitates.

¹³⁶ Matthews, Eric. 1998. "Choosing Death: Philosophical Observations on Suicide And Euthanasia." *Philosophy, Psychiatry, & Psychology* 5, no. 2: 107-111.

¹³⁷ Battin, "The Least Worst Death."

Section II: Beyond Mental and Physical Pain

1. Implications of My Theory

My decision-making model, which I take from the Stoics, would make more cases of suicide permissible. By adhering to the Stoics model comprising their views on suicide and on life and death, as well as Camus' view on pain, my model will permit suicide in some circumstances.

This framework clearly supports the idea of suicide. In contrast with the platonic prohibition of suicide, Stoicism presents a conception of life and death that is tied to physics and materialistic metaphysics. Other authors would also allow persons to commit suicide in some circumstances.¹³⁸

Such circumstances do not reduce suicide to physical or mental pain, nor does it reduce suicide to only a product of mental illness as the medicalization of suicide entails. However, it does recognize that painful life circumstances can nonetheless be legitimate grounds for suicide. In defending this view, philosopher William Ferriolo writes:

The Roman Stoics seem to have agreed that there are many fates worse than death and, more to our current point, a number of fates that warrant suicide in lieu of continued existence in a condition of degeneracy or dishonor (though there appears to have been some disagreement concerning the necessary and sufficient conditions for legitimately taking one's own life). If a virtuous life in accordance with reason and decency is no longer possible, or if continued survival necessitates disgrace, or obeisance to indefensible persons or values, then most of the Stoics seem to have agreed that death is, in such instances, a lesser evil than an unproductive or otherwise shameful life.¹³⁹

In general, the result of my model is that it allows suicide in a greater number of cases when death is preferable to the alternative, including physical and mental pain.

2. On Pain: Between the Stoics' and Camus'

As we saw in Chapter Two, pain is a major issue in the contemporary discussion of suicide because physical pain is considered one of the few legitimizing conditions for suicide, while emotional pain or suffering, if considered to be a symptom of mental illness, is not considered

¹³⁸ Outomuro, "Morality of Suicide in Dementia," 64.

¹³⁹ Ferriolo, William. 2018. "Stoic Suicide: Death before Dishonor." *International Journal of Philosophical Practice* 4, no. 4: 28-36.

as a legitimate reason for suicide, since it arises from distorted reasoning. By contrast, I will now show how my theory, by drawing on the Stoics' and Camus', can help address these issues, specifically, the question of what kind of role pain should have in the decision to end one's life.

First, unlike contemporaries who attach negative value to physical pain and make it one of the few accepted reasons for suicide, my view does not have the same implications insofar as it accepts pain as a legitimate reason for committing suicide, but that the decision to commit suicide should not base itself only on pain— physical or mental— as a decisive factor. This is for reasons explained by Camus and the Stoics.

Camus discusses two kinds of pain, the kind of pain before and after the absurd. Camus asserts that it is hard to live with both types of pain, but one should endure and live through it. Neither kind of pain is by itself a sufficient reason to commit suicide. As Camus shows, this is because life can still be worth living for the individual despite this pain. Indeed, it is not possible to live a worthwhile life unless we face up to it.

The Stoics' view is more complicated. The Stoics, unlike Camus, see pain as a legitimate factor in the decision to end one's life, but not a decisive one. The Stoics do not deny that pain can be a factor in the decision to commit suicide, however, they think that pain should not be the only factor when thinking about suicide. Here, it is crucial to distinguish between two ways in which pain can affect one's judgment. Pain can be one of the disadvantages that one weighs alongside others in making a decision (a factor in one's decision), or pain can be a cause impairing one's judgment (a factor over-influencing one's decision). For the Stoics, the one does not necessarily entail the other. In short, it is possible to legitimately decide to end one's life because the pain outweighs the advantages to living, as long as one is not acting out of an

irrational passion, such as the fear of pain. The question is whether this necessarily excludes the mentally ill.

3. Mental Illness

This brings us to the issue of mental illness. One of the consequences of adopting the Stoics' view, I argue, is that even a mentally ill person could potentially end their own life if the emotional suffering is great enough (great enough to prevent one from living virtuously or great enough to outweigh the advantages of living). In this way, although the modern discussion regarding mental illness is different than in the Stoics' time, we can see how their theory could apply to people who are classified as mentally ill in the contemporary world. Here, I have two things to say about the so-called mentally ill. The first is that mental illness does not necessarily affect one's rational capacity. The second is that the person's defective rationality, if it were defective, would not count against the decision-making process; in fact, it could even count in its favor.

❖ Mental Illness Does Not Necessarily Affect Rational Capacity

The common argument in psychiatry that mentally ill people cannot be rational about committing suicide is based on the presumption that mental illness affects the person's capacity to reason, rendering them irrational. Some scholars think that to make such a decision, one needs a certain kind of rationality that, they believe, is not present in the mentally ill. One example of the conditions needed for reason, as we saw with Battin, includes having a realistic world-view.¹⁴⁰ This is why these scholars think that schizophrenics, for example, cannot be rational, because a schizophrenic does not "have a realistic conception of his own life situation, including his identity, position in the world, and on his particular talents, abilities, and disabilities."¹⁴¹ They cannot be rational because they do not have a realistic view of life because

¹⁴⁰ Battin, "Can Suicide Be Rational? Yes, Sometimes," 14.

¹⁴¹ Ibid, 15.

of their delusions and hallucinations. Moreover, it is not even clear that people with severe depression can meet these criteria for reason.

By contrast, regarding the first point, in my view, the only kind of rationality the person needs is telic rationality which is being able to weigh the disadvantages and advantages of ending one's life. This is a kind of rationality that many mentally ill people possess. In response, many critics would say that the pain a mentally ill person feels impairs their judgment by causing them to overestimate the amount of pain in life and the disadvantages of continuing to live.¹⁴² Therefore the person suffering is incapable of making a telic rational decision. In response, I claim that pain does not affect one's ability to weigh advantages and disadvantages. Followed to its logical conclusion, their view would entail that no one who feels pain can form an accurate assessment of benefits and disadvantages. On this point, I agree with the Stoics who would say that it is perfectly possible for someone to be in pain and still make a rational judgment about whether or not to end their life, for example, a slave who feels pain and suffering because he is forced to do things he does not want.

❖ Defective Rationality Does Not Necessarily Disqualify The Mentally Ill

Regarding the second point, even if a mentally ill person's ability to be rational, as these scholars define it, is compromised, it does not follow that the final decision they arrive at is wrong. So if a person with depression is not rational by these scholars' standards—for example, if they do not have a realistic view of their life—they can still make the decision to commit suicide. In this case, ending their life would be permissible because having a realistic view or not, the pain is still great enough. The Stoics would say that, even if one is irrational, one can choose to end one's life if one sees that the pain is great enough. It does not matter that they are irrational in general. In fact, the Stoics would even say that it is preferable—and even

¹⁴² See Siegel, "Psychosocial Aspects of Rational Suicide." Battin, *The Ethics of Suicide: Historical Sources*. Tonkens, "A Reply To Cholbi's 'Suicide Intervention and Non-Ideal Kantian Theory'."

rational—to end one’s life if one is irrational: “To be alive as fools is to be alive as unhappy and wretches.”¹⁴³ I agree with the Stoics on this point. By challenging the views reducing suicide to physical pain and irrationality, Gray Hardcastle argues for a similar view saying that “sometimes we are better off supporting a so-called irrational suicide, and that emotional or psychological distress—even if medically controllable— might justify a suicide.”¹⁴⁴ If suicide is the person’s desire, then at some point, we should accept this as a personal and autonomous choice.

However, once suicide has been chosen, we can and should tailor our reactions to the medical circumstances as we understand them. Sometimes, this will mean that we should support the suicide, even if the patient committing suicide isn’t rational and even if the patient isn’t near death by any conventional measure of health.¹⁴⁵

Hence, if one has the option between choosing to live and suffer, or die and end the suffering, regardless of whether one is rational or irrational, my theory and the Stoics’ would permit and even encourage their decision to die. As I argue for the permissibility of suicide, Richard Brandt argues for the same view from a utilitarian perspective.¹⁴⁶

Brandt’s argument was a utilitarian one, according to which the rational agent could make a sufficiently informed comparison between the likely utility of two possible futures – one future with him surviving, almost certainly in his present or worse state, and one without him – and make a choice that would be intelligibly rational.¹⁴⁷

My account so far has assumed that there are mentally ill people and argued that their status as mentally ill does not disqualify them from (a.) being rational, or, if irrational from (b.) correctly making a decision about whether to end their life. Below, I will question whether “mental

¹⁴³ Plutarch, *Stoic. Par.* 1042c.

¹⁴⁴ Gray Hardcastle, Valerie, and Rosalyn Walker Stewart. 2002 “Supporting Irrational Suicide.” *Bioethics* 16, no. 5: 425-438.

¹⁴⁵ Hardcastle, “Supporting Irrational Suicide,” 437.

¹⁴⁶ Brandt Richard. 1975. “The Morality and Rationality of Suicide.” In Perlin S (Ed) *A handbook for the study of suicide*. Oxford University Press, Oxford (reprinted as ‘The Rationality of Suicide’).

¹⁴⁷ Cowley, Christopher. 2006. “Suicide is neither rational nor irrational.” *Ethical Theory and Moral Practice* 9, no. 5: 495-504.

illness” is even a helpful category for thinking about these issues. First, however, let us turn to the question of mental suffering.

4. Mental Pain and Suffering

My account of pain further considers a type of pain that is not included in contemporary views, which is mental pain and existential suffering. In euthanasia and PAS, they take into account only physical pain and in rational suicide, they ignore mental anguish by excluding the mentally ill, arguing that having mental illness automatically disqualifies one as a candidate for suicide.¹⁴⁸ Here, a person’s pain is only taken as a further reason for disqualifying them. This is because mental pain, in their view, is taken to be a symptom of mental illness. Suicidal ideation is also disqualifying because these thoughts and feelings are assumed to be irrational from the start. Hence, the person who has them is considered to be irrational. Their reasoning seems to be that if one is experiencing mental pain, it is due to having a mental illness; hence the person is irrational. On this view, one is either rational, in which case they do not think of committing suicide, or, if they think of committing suicide, they are irrational because they think of committing suicide. However, I argue that this is a false dichotomy because, according to this view, a person can never be both considering suicide and rational at the same time.

One exception is philosopher Jukka Varelius who argues for the permissibility of PAS in psychiatric patients who suffer from mental pain, not only physical pain.¹⁴⁹ Varelius argues that emotional suffering can sometimes be a good reason to end one’s life.¹⁵⁰ Although Varelius discusses the matter only at the end of life, we can apply the same argument to suffering in general.

¹⁴⁸ See Chapter One.

¹⁴⁹ Varelius, Jukka. 2016. “On The Moral Acceptability of Physician-Assisted Dying For Non-Autonomous Psychiatric Patients.” *Bioethics* 30, no. 4: 227-233.

¹⁵⁰ Varelius, Jukka. 2019. “Suffering at the End of Life.” *Bioethics*, 33 no. 1: 195-200.

Indeed, as the suffering can be very distressing, it may not be worth bearing even if that was the best way to achieve the aims: the distress can sometimes be bad enough to outbalance the worth of achieving the goals.¹⁵¹

On this point, philosopher den Hartogh agrees and says that as long as suffering is real to them, suffering does matter and that it cannot be dismissed as an important factor to end one's life. In fact, he thinks that you cannot ask a person in that condition not to feel the suffering without asking them to think irrationally.

The patient's actual situation can be such that he would have to live in a world of illusion in order not to suffer. To the extent that grief, sadness and other negative emotional states are appropriate responses to the actual circumstances in which the patient finds himself, they are not to be considered 'symptoms' of a pathology, to be fought [sic] at all costs.¹⁵²

Similar to the Stoics, Varelius opens the discussion on the permissibility of suicide to include emotional suffering, not just physical pain. This raises the question of the medicalization of suicide. In this next section, we will explore de-medicalizing suicide which will lead to addressing further objections that might arise against my view.

Section III: De-Medicalizing Suicide

1. Post-psychiatry: Against the Medicalization of Suicide

The advantage of my theory is that it does not medicalize suicide by assuming that anyone who has suicidal thoughts or intense emotional pain is mentally ill and therefore is immediately disqualified from deciding to take their life. To begin with, it does not assume that sadness or emotional pain disqualifies the person.

With regard to my claim that people medical professionals *classify* (wrongly) as mentally ill, Sociologist Allan Horwitz, and Jerome Wakefield, a clinical theorist and a specialist in the philosophy of psychopathology, mental health, and psychiatric epidemiology of depression, are leaders in psychiatric diagnosis and the nature of mental disorders. They challenge the

¹⁵¹ Varelius, "Suffering at the End of Life," 1.

¹⁵² Den Hartogh, Govert. 2017. "Suffering And Dying Well: On The Proper Aim Of Palliative Care." *Medicine, Health Care & Philosophy*, 20: 413–424.

common and standard view that psychiatry has maintained, which is that a set of symptoms constitute a disorder. More specifically, they argue that the DSM criteria for depression fall short in distinguishing the fine line separating sadness from depression: normal sad responses from a symptom of mental illness.

[...] contemporary psychiatry confuses normal sadness with depressive mental disorder because it ignores the relationship of symptoms to the context in which they emerge. The psychiatric diagnosis of Major Depression is based on the assumption that symptoms alone can indicate that there is a disorder; this assumption allows normal responses to stressors to be mischaracterized as symptoms of disorder. The authors demonstrate that this confusion has important implications not only for psychiatry and its patients but also for society in general.¹⁵³

They explain that sadness can sometimes be mistaken for depression and that many supposed symptoms of mental disorder called depression can actually be normal sadness which lead to medicalizing normal sadness.

The basic flaw, then, of the DSM definition of MDD, as well as of all efforts that rely on it, is simply that it fails to take into account the context of the symptoms and thus fails to exclude from the disorder category intense sadness, other than in reaction to the death of a loved one, that arises from the way human beings naturally respond to major losses. The resultant lumping of nondisordered with dysfunction-caused symptoms of depression, and the classification of both as disorders, is a fundamental problem for current research, treatment, and social policy regarding depression).¹⁵⁴

In my view, extreme sadness does not automatically mean that someone has a mental illness, and even if they do, mental illness does not necessarily mean that they are irrational and, therefore, does not disqualify them from the capacity for rational suicide.

2. Depression as an Example

Intense pain is a common human condition that anyone can experience. Pain is embedded in the human being's nature and not exclusive to the mentally ill person. I argue the widespread view that depressive persons cannot be rational about suicide is absolutist. One can have

¹⁵³ Horwitz, Allan and Jerome Wakefield. 2007. *The Loss Of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*. Oxford University Press.

¹⁵⁴ Horwitz and Wakefield. *The Loss Of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*, 14.

depression and still be able to be involved in rational decision-making. With regard to my claim that people with *genuine* mental illness can still be rational, the following example is relevant. Philip Burnard, Psychiatric Nurse and the Director of Postgraduate Nursing Studies at Cardiff University, explains his experience of depression.¹⁵⁵ This example is relevant because as I am arguing that depression is a uniquely personal experience that differs in severity and from person to person; this challenges the standard view that depicts depression only as a dysfunction of the brain and disease.¹⁵⁶ Again, the goal is not to undermine psychiatry but to shed light on the flaw in their views, whether the over-medicalization of suicide or mental illness exclusion as a result.

In describing his experience of depression, Burnard criticizes the common view that over-medicalizes depression, and says that each experience of depression is different. He writes:

The danger with having a particular “experience” is always that we can believe that other people’s experiences may be the same: they may be but they may not be. It does, occasionally, allow you to see things from two perspectives: the healthcare professionals’ and the consumers’. And sometimes these are very different.

Burnard says that in his experience of depression, he never felt that the DSM symptoms of depression represented or even came remotely close to the reality of his experience. “Certainly, textbook accounts of depression never seemed, to me, to match what I was feeling. [...] Psychology never seemed to be about my experience of life.”¹⁵⁷ As we mentioned earlier, depression’s severity can be mild, moderate, or major. People who are diagnosed with depression experience depressive episodes that vary in severity.¹⁵⁸ In describing one of his depressive episodes, Burnard writes:

¹⁵⁵ Burnard, Philip. 2006. “Sisyphus Happy: The Experience of Depression.” *Journal of Psychiatric and Mental Health Nursing* 13, no. 2: 242-246.

¹⁵⁶ “This paper offers one person’s experience of periods of depression. It describes symptoms and personal ideas about this commonly experienced condition. It raises questions about the legitimacy of psychiatric and psychological theorizing, and draws from various existential positions to support the text.”

¹⁵⁷ Burnard. “Sisyphus happy: the experience of depression.”

¹⁵⁸ According to WHO, “Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have

So how does depression feel? The thing I have often thought odd was that typical lists of symptoms do not include, as a first-mentioned one, that of extreme sadness. I am currently going into a depressive episode and find many things sad. Not just obviously sad things but things and people I see about me. At the moment, I am easily moved to tears but I know that as the episode goes on, this will pass and I will become 'blank'. The metaphor of a journey is a partially useful one. I feel about to go into a tunnel, from which I will (probably) exit at a later date.¹⁵⁹

The importance of this passage does not only lie in Burnard knowing that he is about to enter a depressive episode but his knowledge that this episode will end or pass like the others. This kind of thinking entails rationality and not distorted reason like the common view implies. Burnard is aware of his depressive episodes and how to deal with them, and what to expect.

Some would object and say that someone like Burnard, when in a depressive episode, can never be rational about the decision to commit suicide because at the time he will not be able to think about the future or consider future goals due to the intense pain caused by the episode. However, the Stoics and Camus think that considering future plans too much is biased. Thinking about the future has a negative influence on one's decision to commit suicide—those people are not rational because they are focused too much on hope and not thinking realistically. If anything some forms of rationality require one to focus on the facts and the present rather than focusing too much on the future. Thus, it is not clear that this is what a person needs to do.

The importance of Burnard's example is to show that even if a person is diagnosed with a mental illness, I argue that when it comes to the decision of taking one's life, it is possible to make sure or sure enough that this decision is telically rational.

Of course we have to make sure that this decision is the outcome of an adequate weighing process, and is stably enduring through time. But it is not always impossible to make sure, or sure enough.¹⁶⁰

some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent."

¹⁵⁹ Burnard. "Sisyphus Happy: The Experience of Depression," 243.

¹⁶⁰ Den Hartogh, "Two Kinds of Suicide," 676.

Indeed, it is not impossible to make sure enough if someone's wish to commit suicide is based on weighing up the advantage and disadvantages of life versus death. There are ways in which we can be sure or sure enough. For example, bioethicists-Cameron Stewart, Carmelle Peisah, and Brian Draper put together a test that assesses the person's mental capacity and eligibility to request assisted suicide. Also, this test is not just theoretical but made to be applied legally as part of the laws regarding assisted suicide.¹⁶¹

We have already seen how a mental illness does not necessarily disqualify a person from committing suicide. Given the above, it is not clear that mental illness is a useful concept for thinking about suicide or that classifying someone as mentally ill is useful for determining if they can make a rational decision about ending their life. Not only is focusing on mental illness not helpful, but it can even be problematic. For instance, disqualifying anyone who is classified as having a mental illness is held not to have the freedom to rationally decide whether to live or die.

3. Suicide as an Autonomous Choice

Arguing for the same view as the Stoics concerning suicide in relation to freedom is psychiatrist Thomas Szasz. He says that suicide is an expression of freedom and that psychiatry deprives the person of this right by medicalizing suicide:

Two hundred years ago, Johann Wolfgang von Goethe (1749-1832) observed, "Suicide is an event that is part of human nature." If suicide is part of human nature, why do physicians, especially psychiatrists, regard thinking about it as "suicide ideation," a symptom of mental illness, or a side effect of one or another "medication," and wage war against voluntary death as a deadly enemy?¹⁶²

¹⁶¹ Stewart, Cameron, Carmelle Peisah, and Brian Draper. 2011. "A Test for Mental Capacity To Request Assisted Suicide." *Journal of Medical Ethics* 37, no. 1: 34-39.

¹⁶² Szasz, Thomas. 2011. *Suicide Prohibition: The Shame of Medicine*. Syracuse University Press.

By defending the right to suicide, Szasz refers to the autonomy view and argues that suicide is a permissible right. He says that “reason tells us that we have just as much right and responsibility to regulate how we die as how we live.”¹⁶³

The point here is not to argue for the moral permissibility of the act, but to show that Szasz’ theory illustrates my claim (a) people medical professionals *classify* (wrongly) as mentally ill. His theory does not exclude the so-called mentally ill from the permissibility to commit suicide. In fact, Szasz goes far as to argue that mental illness is a myth created by psychiatry to gain more control over individuals and deprive them of this right.¹⁶⁴ Although this paper does not go this far as to deny that mental illness can be a disease, I support the movement of post-psychiatry, which holds, as I do, that contemporaries depend too much on the medical model. My view challenges this common view (the medicalization of suicide), and invites debate and the further exploration of the permissibility of suicide.

4. Objections

Of course, it may be objected that my view permits suicide in too many cases. However, a Stoic view such as mine acknowledges that there are some cases in which people commit suicide for the wrong reasons, such as fear and avoiding or escaping pain. Opposite to committing suicide out of fear of living or escaping pain, the Stoics, especially Seneca, stressed facing one’s fears and enduring pain until this pain is great enough. Only then should one choose to depart. For example, the Stoics would argue that one should not act solely out of fear of future pain when assessing the benefits and disadvantages of ending one’s life. In this case, committing suicide would be a mere attempt to escape pain rather than an accurate assessment of the total advantages and disadvantages of continuing to live, and thus would not be the right

¹⁶³ Ibid, 3.

¹⁶⁴ Szasz, Thomas. 1960. *The Myth of Mental Illness*. American Psychologist, 15(2).

decision to make. To further illustrate my theory, we shall compare the following two examples:

Example No. 1

X is a person in their 30s who has a steady job, future goals, good friends, and a good relationship with her family, but is deeply sad most of the time. X has been diagnosed with depression, borderline, and anxiety for over ten years. X tried therapy, medications, and all for nothing. X has attempted to commit suicide several times before and still continues to have suicidal thoughts. Death is a mere non-existence where there is no pain or suffering. X has a pessimistic view of life, and although her sadness and pain come and go, the feeling of not belonging has always been there. X is not genuinely happy even though X experiences success and love, X still continues to have suicidal thoughts. After some extended research, X found out that it is possible to end their life as some countries allow it, and so X has been considering traveling to Switzerland and end their own life accordingly.

Example No. 2

Y is a person in their 30s, unlike X, Y's depression prevents them from having any job at all. Y has been diagnosed with clinical depression but does not want to take medications because of their negative effect on the body. Y did not go to therapy as well. Y spends a typical day sitting in bed, eating, and watching TV. Y has no desire for life. Y is not happy or sad, just indifferent almost all the time. Y has never attempted to commit suicide because of their fears but thought of it. Rarely, Y feels the need to see their friend and interact with people.

Section IV: My Theory

The Stoics and my theory would permit suicide to the person in example No. 1 (X), but not to the person in example No. 2 (Y). It seems that X's desire to end their life is not sudden or a reaction to a certain event, but a consistent desire based on weighing the advantages (success, friends...) and disadvantages (intense pain, difficulties...) of living versus dying. That is why my theory, in agreement with the Stoics, would permit suicide to X and even consider it preferable since it is a result of a telically rational decision. On the other hand, it does not seem that Y is making a telic rational decision. Y's decision does not seem to be fully informed because Y is not aware if there are possible treatments for the pain. In the case of Y, neither my theory nor the Stoics' would permit suicide. In this case, opposite to what I am arguing, pain is an over-influencing factor (*not* a contributing factor like in X). Hence, it seems as if Y

wants to end their life to escape this intense pain or indifference, and not a result of weighing the advantages and disadvantages of their decision like X. Even though Y did not attempt to take their life, Y seems to be experiencing fear, especially fear of living, leading to suicide being a mere avoidance of pain.¹⁶⁵

The point, as I argue, is that mental illness should not be what makes a person's decision acceptable or not. Indeed, the Stoics recognized melancholy and suffering, which can now be described as depression but did not think of it as especially relevant to one's ability to make these decisions.¹⁶⁶

It cannot be denied that mental illness often has an undue influence on a person's decision-making capacity and authority. However, the mere fact of a history of mental illness does not prove that the person's decision-making authority as regards life or death should be doubted forever.¹⁶⁷

The important factor in deciding whether someone is legitimately considering suicide is not whether they are mentally ill or not but whether they are acting out of fear or simply fleeing pain. Therefore, if a mentally ill person can consider these factors, they cannot necessarily be accused of irrationality, nor can their decision be censured. In fact, this is a kind of calculation that mentally ill people can make even if they might be considered "irrational" in other ways. Here, as I have explained, the only important thing is that the person contemplating suicide not be motivated solely by the desire to avoid pain.

Section V: Overview: Legalizing Assisted-Suicide

In closing, I will consider applying my theory in practice in light of legalizing assisted-dying and non-terminal cases of suicide as well for those suffering from mental pain. More countries now consider permitting assisted-suicide in non-terminal cases if the suffering is great and

¹⁶⁵ Note that, from a Stoic perspective, both examples are not living according to nature. However, the role of pain in X's life is different than in Y'. On the one hand, in X, the pain is not over influencing the telic decision-making process. On the other hand, Pain, being the over-influencing factor in Y's example, is great enough preventing Y from living according to Nature as per the Stoics.

¹⁶⁶ Tusc. IV.27-28

¹⁶⁷ Den Hartogh, "Two kinds of suicide," 676.

unbearable.¹⁶⁸ Such countries include Belgium, the Netherlands, Luxembourg, Canada, New Zealand, Switzerland, the latter being the most liberal and open in its regulations.

Now, a recent decision by the Swiss Federal Supreme Court threatens to undermine yet another longstanding taboo in the debate over assisted suicide and euthanasia. In its ruling on November 3, 2006, the high tribunal in Lausanne laid out guidelines under which, for the first time, assisted suicide will be available to psychiatric patients and others with mental illness.¹⁶⁹

In a recent article published in January 2021, it has been announced that Spain will be the sixth country worldwide to permit assisted dying.¹⁷⁰ Since my theory combines aspects from philosophical and psychiatric fields, I argue for permitting philosophical counseling to those who wish to end their lives. With a few changes, my theory in practice will look like that of Elliot Cohen, a Philosophical Counselor and Co-Executive Director of the American Society for Philosophy, Counseling, and Psychotherapy (ASPCP). Cohen calls for offering philosophical counseling to people requesting suicide to help them make an autonomous and fully-informed decision.¹⁷¹ Counselors will work as a mediator between the suicidal person and health care professionals

The client's knowledge that suicide can be a genuine option not itself legally preempted can have profound effects upon the willingness of a client to confide in the counselor and to seek counseling in the first place.

Thus, in the case of permitted suicide, counselors have the ability to intentionally *not* avert the suicide.¹⁷² The advantage of Cohen's approach is that it permits patients to freely get acquainted with philosophical ideas (the meaninglessness/meaningfulness of life and existentialism) that many people consider to be reasons for committing suicide. The scope of philosophical concepts the councilor can provide includes the conditions put in place by

¹⁶⁸ Appel. "A Suicide Right for the Mentally Ill? A Swiss Case Opens a New Debate."

¹⁶⁹ Ruling 03.11.2006 2A.48/2006 of the Federal High Court of Switzerland.

¹⁷⁰ Rada, Aser García. 2021. "Spain Will Become The Sixth Country Worldwide To Allow Euthanasia And Assisted Suicide." *BMJ*, vol. 372.

¹⁷¹ Cohen, Elliot. 2001. "Permitting Suicide in Philosophical Counseling." *International Journal of Philosophical Practice* 1 no. 1: 65-79.

¹⁷² Cohen, Elliot. 2001. "Permitted Suicide: Model Rules for Mental Health Counseling." *Journal of Mental Health Counseling* 23 no. 4: 279.

advocates of rational suicide discussed in Chapter Two. Such conditions include having a realistic worldview, rational decision-making, and others.¹⁷³ Thus, councilors will ensure the person's telic rationality contemplating suicide and prevent irrational suicides or suicides that are not based on a fully rational decision.

Although Cohen excludes mentally ill people from philosophical counseling due to incompetence caused by psychosis or clinical depression, my theory, in practice, argues for including those who suffer from mental pain. I argue that the scope of philosophical councilors can extend to include some mentally ill people who can reason about the decision to commit suicide. Therefore, my theory will take Cohen's model and apply it to persons who desire to end their life, be it to end physical, mental, or existential suffering.

Conclusion

Overall, the key contribution of this thesis is to specify and better elucidate the questions relating to the permissibility of suicide. This is especially relevant in the above sections that compare then accepts/rejects some elements from the Stoics and Camus.

Of course, some critics may object and say that rationality should be the main factor in the decision-making process, and mentally ill people do not have the capacity to be rational when it comes to weighing the benefits and disadvantages of committing suicide. However, I argue that some mentally ill people have the capacity to be rational about such a decision and that rationality is largely independent of mental illnesses. This view challenges the position maintained by physicians and advocates of rational suicide—that mentally ill people should be excluded from the permissibility of suicide because of being irrational agents due to their mental illness. Following this argument, this view also defies the dominant conception that suicide is always a result of a mental illness.

¹⁷³ Cohen, "Permitting Suicide in Philosophical Counseling," 5.

Lastly, the narrow perspective that led to a stigma surrounding suicide can be lifted by more closely considering the role of physical and mental pain in the Stoics and Camus. My theory lifts this stigma, which reduces suicide to a cry for help. Perceiving suicide in this way reframes the way we think about and make the decision to commit suicide and eventually providing a non-reductive account of suicide. It allows a more open discussion of suicide by taking it out of its psychiatric context, and this lifts the stigma surrounding mental illness and opens the door to a more positive and acceptant attitude towards death, and eventually suicide.

Bibliography

- Appel, Jacob. 2007. "A Suicide Right for the Mentally Ill? A Swiss Case Opens A New Debate". *Hastings Center Report*, 37 no. 3: 21–23.
- Bagnoli, Carla. 2013. "Reason and Ethics." In *Reason and Rationality*, edited by Maria Cristina Amoretti, and Nicla Vassallo. Vol. 48. Berlin/Boston: De Gruyter, Inc.
- Battin, Margaret. 1994. "The Least Worst Death: Essays In Bioethics On The End Of Life". New York: Open University Press.
- Battin, Margaret. 1999 "Can Suicide Be Rational? Yes, Sometimes." In *Contemporary Perspectives on Rational Suicide*, edited by James L. Werth. Psychology Press: 13-21.
- Battin, Margaret. 2015. *The Ethics of Suicide: Historical Sources*. New York; Oxford: Oxford University Press.
- Beauchamp, Tom. 1986. "Suicide". In *Matters of Life and Death*, edited by T. Regan: 77–124. New York: Random House; Beauchamp, Tom, & Childress, J. 2009. *Principles of Biomedical Ethics*. New York: Oxford University Press.
- Brandt, Richard. 1975. "The Morality and Rationality of Suicide." In Perlin S (Ed) *A handbook for the study of suicide*. Oxford University Press, Oxford (reprinted as 'The Rationality of Suicide').
- Burnard, Philip. 2006. "Sisyphus Happy: The Experience of Depression." *Journal of Psychiatric And Mental Health Nursing* 13, no. 2: 242-246.
- Camus, Albert. 1955. *The Myth of Sisyphus: And Other Essays*. New York: Alfred A. Knopf.
- Cholbi, Michael. 2012. "What is Wrong with "What is Wrong with Rational Suicide."" *Philosophia* (Ramat Gan) 40 no. 2: 285-293.
- Chrysippus' formula for the end cited above, 63B.
- Cicero, *De Finibus* 3. 60. Translation from Long and Sedley v.1 1987, 425.
- Cicero, Marcus Tullius and Margaret Graver. 2002. "Cicero on the Emotions: Tusculan Disputations 3 and 4". Chicago: University of Chicago Press.
- Clarke, David. 1999. "Autonomy, Rationality and the Wish to Die." *Journal of Medical Ethics* 25 no. 6: 457-462.
- Cohen, Elliot. 2001. "Permitted Suicide: Model Rules for Mental Health Counseling." *Journal of Mental Health Counseling* 23 no. 4: 279.
- Cohen, Elliot. 2001. "Permitting Suicide in Philosophical Counseling." *International Journal of Philosophical Practice* 1 no. 1: 65-79.
- Conrad, Peter. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18, no. 1: 209-232.

- Cowley, Christopher. 2006. "Suicide is neither rational nor irrational." *Ethical Theory and Moral Practice* 9, no. 5: 495-504.
- Den Hartogh, Govert. 2016. "Two Kinds of Suicide." *Bioethics* 30 no. 9: 672-680.
- Den Hartogh, Govert. 2017. "Suffering And Dying Well: On The Proper Aim Of Palliative Care." *Medicine, Health Care & Philosophy*, 20: 413–424.
- Dictionary. "Mental Disorder." APA. Last modified March 25, 2021.
<https://dictionary.apa.org/mental-disorder>.
- Emanuel, Ezekiel. 1999. "What Is the Great Benefit of Legalizing Euthanasia or Physician-Assisted Suicide?" *Ethics* 109: 629–642; Jackson, Emily and John Keown. 2012. *Debating Euthanasia*. Oxford: Hart Publishing.
- Englert, Walter. 1990. "Seneca and the Stoic View on Suicide." *The Society for Ancient Greek Philosophy Newsletter*, Vol. 184: 1-20.
- Feinberg, Joel. 1970. "What Is So Special about Mental Illness?" In *Doing and Deserving*; Princeton: Princeton Univ. Press: 272-292.
- Ferriolo, William. 2018. "Stoic Suicide: Death before Dishonor." *International Journal of Philosophical Practice* 4, no. 4: 28-36.
- Gert, Bernard. 1990. "Rationality, Human Nature, and Lists." *Ethics* 100: 279- 300.
- Graber, Glenn. 1981. "The Rationality of Suicide." *Suicide and Euthanasia: The Rights of Personhood* : 51-65.
- Gray Hardcastle, Valerie, and Rosalyn Walker Stewart. 2002. "Supporting Irrational Suicide." *Bioethics* 16, no. 5: 425-438.
- Hewitt, Jeanette. 2010. "Rational Suicide: Philosophical Perspectives on Schizophrenia."
- Hewitt, Jeanette. 2013. "Why are People with Mental Illness Excluded from the Rational Suicide Debate?" *International Journal of Law and Psychiatry* 36 (5-6): 358-365.
- Honkasalo, Marja-Liisa and Miira Tuominen. 2014. *Culture, Suicide, and the Human Condition*, edited by Marja-Liisa Honkasalo, Miira Tuominen. 1st ed. Oxford, [England]; New York, [New York];: Berghahn Books.
- Horwitz, Allan and Jerome Wakefield. 2007. *The Loss Of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*. Oxford University Press.
- Inwood, Brad. 2003. "The Cambridge Companion to the Stoics." New York; Cambridge, U.K.;: Cambridge University Press.
- Irwin, Terence. 2003. "Stoic Naturalism and Its Critics." In *The Cambridge Companion to the Stoics*. 345-365.
- Jedan, Christoph. 2009. "Stoic Virtues: Chrysippus and the Theological Foundations of Stoic Ethics". London; New York: Continuum.

- Kalberg, Stephen. 1980. "Max Weber's Types of Rationality: Cornerstones for the Analysis of Rationalization Processes in History." *American Journal of Sociology* 85, no. 5: 1145-179.
- Kelly, Chris, and Eric Dale. 2011. "Ethical Perspectives on Suicide and Suicide Prevention." *Advances in Psychiatric Treatment* 17 no. 3. Cambridge University Press: 214–19.
- Laertius, Diogenes. 1905. "The Lives and Opinions of Eminent Philosophers." G. Bell & Sons.
- Long, Anthony Arthur. 2006. "From Epicurus to Epictetus: Studies in Hellenistic and Roman Philosophy." New York; Oxford: Clarendon Press.
- Matthews, Eric. 1998. "Choosing Death: Philosophical Observations on Suicide and Euthanasia." *Philosophy, Psychiatry, & Psychology* 5, no. 2: 107-111.
- McDonald, Michael. 1989. "The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change." *Milbank Q.* 67 (Suppl.) 1:69-91
- Merriam-Webster. 2020. "Suicide." Accessed April 3, 2020. <https://www.merriam-webster.com/dictionary/suicide>.
- Michael M. Burgess. 1993. "The Medicalization of Dying." *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, Volume 18, Issue 3: 269–279.
- Motto, Jerome. 1972. "The Right to Suicide: A Psychiatrist's View." *Suicide and Life-Threatening Behavior* 2: 183-188.
- National Institute of Mental Health. 2020. "Suicide." U.S. Department of Health and Human Services. Accessed April 3, 2020. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.
- Outomuro, Delia. 2007. "Morality of Suicide in Dementia." *The American Journal of Bioethics* 7, no. 6: 64-65.
- Pilpel, Avital and Lawrence Amsel. 2011. "What is wrong with Rational Suicide?" *Philosophia* 39 no. 1: 111-123.
- Plutarch, *Stoic. Par.* 1042c.
- Rachels, James. 1980. "Euthanasia." In *Matters of Life and Death New Introductory Essays in Moral Philosophy*, edited by Tom Regan, 28-65. Philadelphia: Temple University Press, 1993.
- Rada, Aser García. 2021. "Spain Will Become The Sixth Country Worldwide To Allow Euthanasia And Assisted Suicide." *BMJ*, vol. 372.
- Roberts, Marc, and Emma Lamont. 2014. "Suicide: An Existentialist Reconceptualization." *Journal of Psychiatric and Mental Health Nursing*. 21 no. 10: 873-878.

- Russell, Bertrand. 1961. "History of Western Philosophy and Its Connection with Political and Social Circumstances from the Earliest Times to the Present Day." 2d ed. London; Boston: Allen & Unwin.
- Salem, Tania. 1999. "Physician-Assisted Suicide: Promoting Autonomy or Medicalizing Suicide?" *The Hastings Center Report* 29 no. 3: 30-36.
- Seneca. 1969. "Letters from a Stoic." *Epistulae morales ad lucilium*. Selected and translated with an introduction by Robin Campbell. Penguin group.
- Shneidman, Edwin. 1993. *Suicide as Psyche: A Clinical Approach to Self-Destructive Behavior*. Jason Aronson.
- Sica, Alan. 1990. *Weber, Irrationality, and Social Order*. University of California Press.
- Siegel, Karolynn. 1986. "Psychosocial Aspects of Rational Suicide." *American Journal of Psychotherapy* 40:405–418.
- Singer, Peter. 1979. *Practical Ethics*. Cambridge; New York; Cambridge University Press.
- Stewart, Cameron, Carmelle Peisah, and Brian Draper. 2011. "A Test for Mental Capacity to Request Assisted Suicide." *Journal of Medical Ethics* 37, no. 1: 34-39.
- Strang, Peter, Susan Strang, Ragnar Hultborn, and Staffan Arnér. 2004. "Existential pain—an Entity, a Provocation, or a Challenge?" *Journal of Pain and Symptom Management* 27, no. 3: 241-250.
- Sulmasy, Daniel, John Travaline, Louise Mitchell, and E. Wesley Ely. 2016 "Non-Faith-Based Arguments against Physician-Assisted Suicide and Euthanasia." *The Linacre Quarterly* 83, no. 3: 246-257.
- Szasz, Thomas. 1960. *The Myth of Mental Illness*. *American Psychologist*, 15 no. 2.
- Szasz, Thomas. 2011. *Suicide Prohibition: The Shame of Medicine*. Syracuse University Press.
- Szasz, Thomas. 2007. *The Medicalization of Everyday Life: Selected Essays*. Syracuse University Press.
- Tanney, Bryan. 2000. "Psychiatric Diagnoses and Suicidal Acts." In *Comprehensive Textbook of Suicidology*, edited by Berman, Alan Lee, Morton Silverman, and Bruce Michael Bongar. Guilford Press.
- The American Psychiatric Association (APA): <https://www.psychiatry.org/patients-families/depression/what-is-depression>
- Tonkens, Ryan. 2007. "A Reply to Cholbi's 'Suicide Intervention and Non-Ideal Kantian Theory'." *Journal of Applied Philosophy* 24 no. 4: 397-407.
- Tooley, Michael. 2003. "Euthanasia and Assisted Suicide." In *A Companion to Applied Ethics*, edited by R. G. Frey and Christopher Heath Wellman, 326-342. Oxford, UK: Blackwell Publishing Ltd.

- United Nations. "SDG Indicators." Accessed April 1, 2020.
unstats.un.org/sdgs/metadata/?Text=&Goal=3&Target.
- Varelius, Jukka. 2016. "On The Moral Acceptability of Physician-Assisted Dying For Non-Autonomous Psychiatric Patients." *Bioethics* 30, no. 4: 227-233.
- Varelius, Jukka. 2019. "Suffering at the End of Life." *Bioethics*, 33 no. 1: 195-200.
- Weiss, Robin. 2020. "Stoicism and its Telos." *Metaphilosophy* 51 no. 2, 3: 335-354.
- World Health Organization. 2000. *Preventing Suicide: A Resource for Primary Health Care Workers*. No. WHO/MNH/MBD/00.4.
- Yalom, Irvin. 1980. "Existential Psychotherapy." New York: Basic Books, Inc.