

## “Pyrrhonism” as a Therapeutic Response to the Allure of Mania

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I am a 56-year-old English philosopher who has had a bipolar 1 disorder diagnosis since 1994 on the basis of having had a manic episode preceded by several months of depression. I began taking mood stabilizing medications at this point and have continued to do so ever since. During this time there has been no recurrence of the mania or depression. There is then a sense in which I have come to cope with my bipolar 1 diagnosis by taking medication. Indeed, during this time I have been happy to think of the medication as causally responsible for this fact. But this is really only half of the story. For there is an important sense in which the medication did not help me to cope at all.

To understand this it is important to have some sense of what it was like for me when I was manic; in particular, what it was like to exhibit 3 of the DSM 5 diagnostic criteria for mania that I manifested—“flight of ideas or subjective experience that thoughts are racing,” “more talkative than usual or pressure to keep talking,” and “increased self-esteem or grandiosity.”

Starting with the first, it is crucial to remember that the thoughts in question were like those that occur outside manic experience insofar as they appeared to be attempts to capture reality as it is in itself. To speak of the thoughts as “racing” points for me to the way in which they seemed to come along more rapidly and voluminously than usual. But it also points to the fact that they seemed to be presenting more reality than was usually available. Moreover, the expression “flight of ideas” appears to be an attempt to indicate another feature of these thoughts. For they involved seeing connections between elements of reality that had not been apparent to me before. As such I found myself leaping from one thought to another in ways that did not respect the ways in which thoughts are normally connected. I saw patterns that others were not paying any attention to. Taken

together these elements of DSM 5 seem to be attempts to capture the way in which I found myself thinking more and more thoughts and making more and more conceptual connections in response to exponentially increasing experiential data. I was being overwhelmed by a rapidly expanding sense of reality and trying my best to comprehend it.

Two things are missing from the description, however. The first is the extent to which the manic thinking brought with it a sense of obtaining profound insight; the second is the extent to which it was enjoyable. I simply could not get enough. Given this, the other 2 elements of the DSM 5 characterization also make sense. I was “more talkative than usual” and felt “pressure to keep talking” because I wanted to share the joyful knowledge and insight; much as people want others to listen to the music and to watch the films they love, or evangelize when they are new converts to a religion. Nor do the feelings of grandiosity mentioned in DSM 5 seem so strange. During the mania, the sense of insight was coming directly from experience. I was not being converted to a profound way of thinking by others, I was receiving an original revelation myself.

I have provided this phenomenology of my manic experience for the sake of explaining what medication could not help me with. Over the years, taking the drugs seemed to be responsible for preventing me from having mania again. However, it did not wipe away the memory of those experiences. Moreover, it did not wipe away the sense that I had had the most profound insight that I wanted to share with people. But I was not left with a new set of beliefs that I was in a position to articulate. I emerged with the sense that I had had access to insights when manic but without any real sense of what that insight was.

This left a particular challenge, one which I suspect may motivate some people who are diagnosed with bipolar

disorder and stop taking medication. Part of me wanted to go back and recover the insight by becoming manic again. Other pressures—particular the fear of the social alienation that the mania had brought—kept me on the medication. Nonetheless, there was a nostalgic longing for the enlightened experiences and the person who had access to them; and a sense of lack of fulfillment which would only go away if mania returned. While this feeling did not prevent an apparently normal life, it was attended by a pervasive feeling of not being completely true to myself or at home in the non-manic world.

At some point over the past 5 years I found myself gravitating toward a way of thinking and being that has freed me of these problems; a way of making sense of what lay at the end of the manic rainbow. I refer to this as “Pyrrhonism” insofar as it bears some important resemblance to the way of thinking that is found in the ancient Greek tradition that bears this name. “Pyrrhonism” as I use the term indicates a core component of my current existence, namely that it seems to me that none of the ways in which I am tempted to conceptualize reality should be taken to capture anything other than the way things seem to me to be.

Central to my Pyrrhonic life is a way of relating to the memory of the manic experience that I had. I no longer interpret it as the memory of a mode of being in which I had been gaining insight which was cut short. Rather it seems more appropriate to think of it as an experience that showed that the mania could not have but been cut short. For want of a better expression, the manic experience seems to have been an experience of finite thinking flailing around in an infinite reality.

With my memory transformed in this way, it has been possible to harmonize my current understanding of the experience with other elements of my life. Mania’s apparently revelatory nature remains intact. But there is no need to repeat the experience. It stands as seemingly indefeasible experiential evidence for something pervasive, namely the sense that reality in itself outstrips any attempt at comprehension of which I am capable, or indeed of which any finite thinker such as me is capable. As a result, the privileging of any given attempt on the grounds that it is capturing reality in itself cannot be taken seriously. However, this needs to be qualified in 2 crucial ways: Firstly, it is not a dogmatic commitment. I cannot see how reality could be rendered intelligible conceptually, but I do not regard that as the final word; and, secondly, it does not preclude speaking as if some ways of conceiving of things are more adequate than others. Embracing an account of the way things seem is not

ruled out. What is precluded is the thought that this embrace can be justified because it is an embrace of an account of reality as it is in itself. Finally, although I do not feel the same kind of exuberant joy as I did when manic; I feel something even better, namely something that seems to be the very “tranquillity” that the was claimed by the original Pyrrhonians.

Pyrrhonian life is still filled with the complexities and difficulties that everyone faces. However, a fundamental set of difficulties has disappeared, namely, those arising from the problem of feeling alienated from the way in which mania had revealed a truth about myself and reality and from the sense that returning to mania was the way to alleviate that. Mania now appears to have been a gateway that I passed through and which I do not need to pass through again.

Those familiar with this section of the *Schizophrenia Bulletin* may be having a sense of déjà vu at this point. In “My Strategies for Dealing With Radical Psychotic Doubt: A Schizo-Something Philosopher’s Tale,”<sup>1</sup> Sofia Jeppsson describes the way in which she has come to adopt a Pyrrhonian strategy for coping with the fact that her life can appear to move between what she calls “the mainstream world” and an incompatible “demon world.” This was something that she came to adopt in preference to her “Jamesian strategy” of coping by deciding what to believe. In another paper,<sup>2</sup> Jeppsson observes that this transition is one that occurred after our conversations when I revealed how Pyrrhonism helped with my manic life. There is no priority dispute here. Pyrrhonism has been around for thousands of years. However, Jeppsson’s conversion gives me greater confidence in a transformed version of the third attractive element of the manic experience that I now find myself having, namely the need to evangelize. The fact that the Pyrrhonian strategy has worked for 2 people with quite different forms of madness is striking; and it raises in me the desire to share it. The hope here is that it might be employed by more people with bipolar diagnoses, but also by others who have experienced such dramatic changes in their sense of what is real that they are unable to settle back into a life that gives priority to the “mainstream world.”

## References

1. Jeppsson S. My strategies for dealing with radical psychotic doubt: a schizo-something philosopher’s tale. *Schizophr Bull.* 2022;49(5):1097–1098.
2. Jeppsson S. Radical psychotic doubt and epistemology. *Philos Psychol.* 2023;36:1482–1506.