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Joseph Chamoun April 10, 2023

Dying as a Stoic: How Stoicism Brings Peace to Death and Grieving

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An abstract of
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of Emory University in partial fulfillment
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Abstract

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Death and dying present enormous hardships for all parties involved. This includes the physician, the patient, and the family. The stoic thinkers Marcus Aurelius, Seneca, and Epictetus each offer aid to the affected parties. This thesis sets out to examine how stoicism offers relief and growth in the face of death. This discussion is rooted primarily in stoic thought, though clinical and sociological research is also included; the end goal being a "toolkit" of sorts that has the potential to be explored further in the fields of medicine and sociology. Along these lines, my hope is for this thesis to be grounded in pragmatism, offering real aid to those navigating death. There are three chapters in this thesis, the first focusing on how death is treated in America as well as how stoicism may offer relief to physicians making difficult decisions regarding terminal patients. The second chapter discusses the applicability of stoic thought to the patient themselves. In this case, stoicism offers not only comfort but also freedom and even growth. The third and final chapter covers the bereaved and the grieving process. Stoicism empowers family and friends to live alongside their grief as they honor their late loved one and pursue a healthy, fulfilling life. By the end of this project, one will hopefully see stoicism not as "cold" and distant, but rather as a philosophy of patience and kindness towards others and ourselves.

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Acknowledgements

First and foremost, I'd like to thank Dr. Bell. When I first came to Emory as a freshman, everyone was automatically assigned a temporary pre-major advisor with whom we were required to meet throughout the first semester. By chance, I was given to Dr. Bell, making him, in a way, my first and final college advisor. From our very first meeting Dr. Bell made me feel welcome and at home; since then, I have had the chance to take two courses in ancient philosophy with Dr. Bell, both of which opened my eyes to philosophy's importance in everyday life and likewise provided the foundation for this thesis. I plan to carry this passion into my future career and personal life, hoping to always make philosophy an important aspect of who I am. This is all on top of the generous guidance Dr. Bell has offered me throughout the thesis process, helping me to actualize a project that began as a term paper over a year ago.

I'd also like to thank Dr. Laderman and Dr. Idler, both for serving on my committee and for teaching classes that shaped my approach to this project. Dr. Idler was my one and only experience with college sociology, and I count myself lucky to have had such an incredible introduction. I'm planning on entering the medical field and Dr. Idler's class on health and wellness in sociology has had a profound impact on the type of career I wish to lead. Similarly, Dr. Laderman's course was my only experience with religion coursework. I can't think of a better introduction than Dr. Laderman, who always kept class engaging and interesting and who helped me see the role belief systems play in the people and communities we become.

Lastly, I must thank my parents. It's impossible to summarize how much their love and support have meant to me both before and during college. They have shaped the person I've

become and have gifted me with a lifelong passion for learning and discovery. Thanks to them I feel confident in my own ability to pursue a deeply enriching life where I may profit from all this world has to offer. There are no words to express how fortunate I feel for having such an incredible support system in my life. All I can say is thanks, Mom and Dad. For everything.

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Chapter I: Stoicism, End-of-Life Care, and The Physician

Growing up in small-town America, death always appeared to be hidden away. There seemed to be assisted living facilities every couple miles, and the county hospital looked like a fortress from the outside. This is all to say, there were numerous locations where those who were nearing death were sequestered away from the rest of society. Such separation is necessary in order for terminally ill patients to receive the care they need; it would not be feasible for a physician to make hundreds of house calls each week or for each patient to have a home nurse. However, a consequence of this organization is the shielding of society from death. When this shielding is combined with western biomedicine's "intolerance of both uncertainty and error", we are left with a society that has traditionally hushed away open discussion of the dying process, particularly in regard to those dying in hospitals (Hoffman et al. 1). My aim in this thesis is to provide a framework grounded in stoicism that addresses the needs of the three parties most affected by a hospital death: the patient, the family, and the healthcare provider. Stoicism, through an emphasis on communal obligation, adherence to the natural will, and flourishing within death, offers support and respite for the three aforementioned parties. I hope to maintain a sense of pragmatism throughout this project, as I intend to offer, in some small way, a degree of comfort to those confronting the dying process.

In the above paragraph, I hinted at the American tendency to seclude the dying, and I hope to expand on this point now. While it is difficult to obtain figures on the maximum licensed capacity for dedicated hospice facilities, we do have data available for nursing homes. For every 1,000 Americans over the age of 65, there are 320 licensed nursing home beds; of those nursing home beds, approximately 83% provide hospice services yet only 63.6% offer

mental health and counseling services (Sengupta et al. 18). One may thereby infer that a sizable portion of the already significant nursing home population end up dying in such facilities, and some must navigate the dying process without the aid of dedicated counseling. I include these statistics not to demonize nursing homes, as they represent the only viable option for many American families, but rather to provide context as to the situation in which older Americans find themselves. Those who are elderly and terminally ill are often isolated and "hidden" away. Similar circumstances arise as well with younger patients who are facing terminal diagnoses; in these cases, however, patients are more likely to have living relatives and friends to provide a support network. Furthermore, patients under the age of 65 appear more likely to die at home in the company of friends or family. A CDC survey from 2005 revealed that 30.2% of deaths under the age of 65 (excluding those ≤1 year old) were home deaths, compared to 22.9% of deaths over 65 (National Vital Statistics System 1). This is all to say that a significant portion of older Americans must grapple with isolation and loneliness while facing death.

The above statistics portray the reality of our current situation, but the question remains, "How have we arrived here?". While a complete and exhaustive answer to this question is well outside the scope of this thesis, I do believe it will be useful to trace the basic outline of how and why we have come to seclude the dying as we do. I will draw from Charles O. Jackson, an American studies scholar and former Associate Dean at the University of Tennessee at Knoxville. In his article "American Attitudes to Death" published in the *Journal of American Studies*, Jackson notes the reality of death in Colonial America. He writes, "A more widely held belief in the existence of a concerned God and an afterlife meant that death did not constitute an important challenge to the individual's sense of self" (Jackson 299). He then

proceeds to say, “Death was never denied, nor could it be: there was too much of it, particularly among the young” (Jackson 299). Death in 17th and 18th century America was an inclusive experience out of necessity. It was ultimately a high susceptibility to death, coupled with great religiosity, which demystified the dying process. Other elements as well, including the smaller size of communities and the obvious lack of hospitals or hospice centers, forced a more frequent confrontation with death and dying. Jackson argues three elements of contemporary America have spurred an “alienation” of the living from the dead: urbanization, advances in medical science, and increasing secularism (Jackson 305). Urbanism has rendered home deaths more difficult, medical science is now able to prolong and command the dying process in unprecedented ways, and secularism has rendered death a taboo subject in many settings. I believe the second point, namely the role of medical science, is of particular interest to this thesis. As medical advances have brought a drop in youth mortality, the elderly are now the ones who “do the dying”. As a consequence, “...individuals increasingly grow to maturity without death touching closely their family or friends, natural death, at least, has tended to fade from sight” (Jackson 307). Jackson immediately proceeds to recognize the impact of nursing homes and retirement communities on such sheltering, gesturing to another scholar, Robert Fulton, as he writes “By encouraging the old to congregate and segregate themselves in their own communities, while family and social bonds have had time to loosen before the event of dying, the true conquest of death, Fulton notes sardonically, may have been discovered” (Jackson 307). This discussion is all to say that medical sciences, particularly our ability to delay death until old age, has left us largely sheltered and by extension unprepared. We approach death without having had nearly the same exposure to it as Americans in the 17th and 18th

centuries. Understandably, this lack of exposure, coupled with the isolation which often accompanies old age, renders us incredibly anxious and fearful of death.

Due to these reasons, I find stoicism to be uniquely well-equipped to offer aid. Put simply, stoicism promotes self-sufficiency in the midst of highly uncertain circumstances. During the dying process patients, family, and providers are all challenged to navigate a dynamic and intimidating environment. Patients are forced to confront their own mortality and the uncertainty which follows it, while family and friends must accept sudden changes in their loved one's physical or mental condition. Meanwhile, providers must manage these fluctuations in condition and ultimately determine whether a curative or palliative treatment course is warranted. In each case, stoicism ensures that mental and spiritual well-being are driven from within, separated from external circumstances. Some may argue this separation is overly idyllic, and this criticism will be discussed further later in the thesis, but I believe such a perspective undersells human resolve and cuts off opportunities for growth before they have a chance to emerge. Obviously, stoicism is a philosophy that is easy to discuss and promote, but much harder to adopt. It is precisely this difficulty of adoption though which gives it its strength. Stoicism is fundamentally pragmatic and simple. The concept that our capacity for growth, peace and well-being lies under our control, against a context where it appears we completely lack control, is an empowering yet intimidating idea. Obviously, this discussion demands nuance and I do not wish to give the impression that feelings of dread or anxiety are invalid surrounding death. Quite the opposite in fact, they are natural extensions of our biological and societal conditions as outlined in the previous paragraph. Likewise, a lack of these emotions around death does not necessarily indicate an emotional or biological failing. Stoicism is not

concerned with emotional bulldozing, but rather seeks an affirmation of what lies within our control versus what lies outside, with a sense of pragmatism underlying all of it.

I intend to carry this pragmatism throughout this project, partially because I believe any thesis grounded in stoic thought demands such an approach, but also because I find it lends itself to what I believe philosophy should be more broadly. I found a quote from Seneca in *Letters from a Stoic* which summarizes my perspective quite well:

> "Shall I tell you what philosophy holds out to humanity? Counsel. One person is facing death, another is vexed by poverty, while another is tormented by wealth – whether his own or someone else's; one man is appalled by his misfortunes while another longs to get away from his own prosperity; one man is suffering at the hands of men, another at the hands of the gods." (Seneca 98)

I do not want to discount the importance of philosophy aimed at answering abstract metaphysical or ontological questions. Such discussions have great value and are important for the progression of philosophy as a field of study. I do believe however, that philosophy has an incredible capacity to help "everyday" people outside of academia. I myself will be wading into muddied, abstract territory in this thesis, and unavoidably so as philosophy demands such an approach. Furthermore, the opportunities to grapple with such abstract concepts have been invaluable in my personal development as a student and citizen, tasking me to develop skills that would be otherwise neglected. However, we must not let the discussion and handling of such ideas prevent philosophy from fulfilling its promise to people encountering adversity. Clearly, a debate on the "proper" role or aim of philosophy merits an entire thesis on its own, and there are likely critiques to my above claim which I have not anticipated nor addressed.

That being said, I find it important to establish my perspective on philosophy's aim and potential before embarking on a work of this scale, as my beliefs will inevitably influence the way I present both my arguments and counterclaims.

Returning back to the aim of my thesis, which is the use of stoicism to offer aid to those navigating the dying process, I would like to discuss death as encountered by the healthcare provider, specifically the physician. While some specialties encounter death more frequently than others, I believe it is fair to say that every physician, in the course of their training or career, has had to navigate death in some form. Through these encounters, physicians come to understand death's meaning and significance in the context of western biomedicine. Medical anthropologist Robert A. Hahn provides an overview of this biomedical context in his book *Sickness and Healing: An Anthropological Perspective*. Hahn notes, "Death is commonly experienced as a failure in medicine" (Hahn 139). He proceeds to note biomedicine's emphasis on reactive curative action over preventive measures, writing "Finally, Biomedical practice values *curative interventions* above preventive ones, although the curative approach is often not the most effective or efficient available means for promoting patients' health" (Hahn 153). The combination of these two elements, death as failure and curative action, means physicians have adopted a role akin to that of soldiers in a doomed war, battling an inconquerable foe. Biomedicine's emphasis on curative action only worsens the sting of failure once death inevitably takes hold. Alongside this, myths have developed about biomedicine being a perfect science, with any failure in outcome meaning human error in treatment is the culprit (Hoffman et al. 1). The result is a society where death poses not only financial and legal risk to physicians but also a personal and social risk, affecting how they and colleagues view their abilities.

Ultimately, we are left with a largely risk-averse medical system that promotes curative overtreatment over preventive and palliative options. Stoicism provides support and guidance to physicians who are tasked with navigating this environment so they may best care for both their patients and themselves.

As noted above, physicians face sizable societal pressure in regard to death and dying. This pressure emerges both from fellow healthcare professionals as well as the general public outside of healthcare. Social norms and expectations are not in themselves damaging. Rather, they often serve an important role in establishing acceptable and safe behavior both in healthcare and beyond. However, when such expectations are born out of mistaken ideas (i.e. death is failure) societal pressure can be counter-productive, promoting ineffective and perhaps damaging behavior. In the face of such expectations, stoicism prepares the provider to reject the mistaken assumptions of others. Aurelius urges us to recognize our shared character with others, writing

> "But I have seen the beauty of good, and the ugliness of evil, and have recognized that the wrongdoer has a nature related to my own–not of the same blood or birth, but the same mind, and possessing a share of the divine. And so none of them can hurt me. No one can implicate me in ugliness. Nor can I feel angry at my relative, or hate him. We were born to work together…" (Aurelius 17).

Before breaking down this quote, I wish to reiterate that pressure and expectations, especially from colleagues, are oftentimes to the benefit of the patient. They ensure the lead physician is taking proper precautions and following appropriate protocol. As mentioned above, however, judgment should be scrutinized when such expectations are born out of harmful beliefs

surrounding death and dying. Therefore, when I discuss the physician turning inward, away from such external pressure, I am talking specifically about expectations regarding death as failure. That being said, we can see Aurelius promote the belief that we are fundamentally aligned with each other by virtue of our shared divine nature. In this way, we are supposed to develop resilience and self-sufficiency out of a sort of compassionate self-identification, rather than a plain rejection of others' perspectives. To elaborate, in recognizing our shared character, we also see our common faults and flaws; we notice how those who cast judgment on us share an ignorance we once held. At the same time, we recognize our shared purpose, finding our shared character to mean we were made to work alongside one another towards common goals. In this case, the goal is patient wellness; in other words, pressures regarding death emerge from noble intentions. Reminding ourselves of this fact does more than just stave off anger, rather it encourages us to work towards a common understanding of our shared objective. At the same time, the physician must not allow the pursuit or attainment of such a shared understanding to dictate their own well-being. Such a perspective would place one's wellness in the hands of others. Rather, the physician should patiently remind themselves of the divine character they share with others, while at the same time identifying societal expectations to be born of the same ignorance from which they emerged.

Stepping away from the external pressures physicians face, it is important to address internal expectations as well. As noted earlier, American physicians have been trained and molded in an environment that oftentimes identifies death as a failure. It is natural and expected that such beliefs would be internalized by the time a prospective doctor finishes their education. Epictetus identifies the consequences of such a perspective as he writes

"Remember, then, that if you attribute freedom to things by nature dependent and take what belongs to others for your own, you will be hindered, you will lament, you will be disturbed, you will find fault both with gods and men" (Epictetus 15). The identification of what lies within and outside our control is a recurring theme in stoicism that will appear again later in this thesis. For now, Epictetus warns of the dangers of believing that biomedicine somehow holds dominion over death. Physical health and well-being are ultimately left to nature. While we are able to care for our bodies through diet and exercise, we are unable to dictate when we become sick or die. Seeing death as failure is merely a symptom of this larger problem; our ignorance and pride have made us believe we can command elements entirely outside our control. Therefore, the question is not how do we reframe our understanding of death as physicians, but rather how do we recenter ourselves to see things as they are, not as we wish or believe them to be. For Epictetus the solution initially appears extreme, as he argues "Aiming, therefore, at such great things, remember that you must now allow yourself any inclination, however slight, toward the attainment of the others [things beyond our control]: but that you must entirely quit some of them, and for the present postpone the rest" (Epictetus 15). At first, it appears Epictetus wants us to halt the pursuit of bodily health and wellness, as our eventual deaths are beyond our control. However, such an interpretation overlooks Epictetus's belief that "Within our power are opinion, aim, desire…" (Epictetus 15). We may absolutely act to protect bodily health, but we must pay special attention to the objectives and aims that drive this pursuit; most importantly, these aims must be grounded in internal expectations. To illustrate, instead of saying "I must save this patient from death", the physician should say "I will render the best possible care as I know how". In other words, the patient's physical state,

while important in delivering effective care, should not be the fundamental objective driving action. By shifting the emphasis from the change in a physical state to the fulfillment of an internal obligation, the physician places agency back into their own hands. The physician is now entirely capable of meeting their objectives, and their success or failure is no longer subject to the will of nature or other actors outside their control.

At this point, I would like to address three likely points of criticism aimed at the above paragraph. First, some may draw issue with the fact that the physician should aim toward the fulfillment of an obligation to themselves rather than an obligation to the patient. I believe this critique arises from a simple misunderstanding of my position. The physician's internal obligation is to act for the betterment of the patient as best they can. Therefore, the physician's obligation to themselves includes rendering the best possible care for the patient. The second, more pressing point of criticism is that the orientation toward the fulfillment of an internal obligation may jeopardize patient safety. Otherwise put, the outcome of treatment matters, and the physical state of the patient matters. Patient outcomes are an undeniably vital data point for hospitals and medical systems. They can reveal ineffective treatments, protocols, and dangerous providers. However, as I said, patient outcomes are important on a larger macro-level rather than on an individual case-by-case basis. Poorly trained physicians are identified and dealt with thanks to a cumulative review of patient outcomes by a morbidity and mortality committee or government agency. The same logic applies to the determination of treatments as ineffective. In other words, patient outcomes, insofar as they indicate performance, are mainly important to agencies and committees rather than individual physicians. To extend this logic, the type of physician to have a multitude of avoidable poor outcomes is unlikely to use

each individual outcome as an opportunity for growth and reflection. Such an analysis is best left to agencies and committees, and these organizations will best use patient outcomes to improve patient safety.

The third and final point of criticism is in shifting from an objective to a subjective aim we hurt the physician's ability to track their progress toward a goal, which will only serve to muddy the patient care process. While I understand where this critique comes from, I believe it focuses too much on objective v. subjective rather than external v. internal. As discussed previously, our troubling ideas regarding death are a byproduct of our mistaken belief regarding what we can control. By extension, though we may initially believe a goal concerned with the patient's physical state is easier to track, it in fact rests on random elements outside of our control. A patient may rapidly decompensate due to an unanticipated immune response while another patient may make a miraculous recovery; the idea that we can systematically track our "progress" toward a physical state is an illusion. Though this is somewhat hyperbolic, it is akin to having the goal of flipping a coin X times and having it land on heads Y times. Obviously, patient outcomes are not so out of our control that they are a coin toss, but they are unpredictable all the same. Just because they are objective does not mean we can track our progress toward them.

The United States has a problem with death. We have grown uncomfortable around it and have come to see it as a foe to be vanquished rather than a fact of life. In many ways, this state is unavoidable given the advances of modern medicine and the widespread use of nursing homes and palliative care facilities. Death has been hidden from view and we have been raised to believe that biomedicine is an infallible science capable of curing any and all ailments.

Physicians, although they obviously have a more realistic perspective on death and biomedicine, are nonetheless trained and socialized in an environment where this biomedical "myth" circulates. Death is seen as a failure, and expectations both from others and themselves can damage the physician's ability to properly care for the patient, while also avoiding burnout and remaining kind to themselves. Stoicism, through the promotion of self-sufficiency and a reevaluation of our control's extent, equips physicians to navigate this environment with poise and kindness.

Chapter II: The Patient

Any discussion of dying as it pertains to an individual is made difficult by the process's variability. The death of an elderly farmer in a rural hospital will look markedly different from that of a middle-aged businesswoman in New York City; as such, a set and accepted generalized framework must provide the foundation for examining "the patient's" death. The concept of "death anxiety", as laid out in a 1996 article by Adrian Tomer and Grafton Eliason, will serve as such a framework. Tomer and Eliason depicted three factors as primarily contributing to "death anxiety": meaningfulness of death, past-related regret, and future-related regret (Tomer & Eliason 346). The first part of this section focuses on stoicism's ability to mitigate "death anxiety" through individual empowerment, temporal grounding, and a redefined perception of pain. The second part focuses on stoicism's applications beyond the mere alleviation of "death anxiety" and expands upon its abilities to facilitate flourishing and growth.

Before proceeding I will offer my reasoning for selecting "death anxiety" as the "generalized framework" mentioned above. In choosing a framework I prioritized testability and cross-cultural applicability. To begin, I sought out "testability" because it offers a route to empirical study; such a path gives my discussion relevance beyond the field of philosophy. The Tomer-Eliason model was created to be used as a variable and metric in clinical studies; in fact, Tomer and Eliason outline how Structural Equation Modeling (SEM) can facilitate empirical research stemming from their model. They write "Death anxiety will function as a dependent (or exogenous) variable and types of regret, the meaningfulness of death, etc., will be endogenous variables" (Tomer & Eliason 360). This line is followed by a discussion of "reciprocal paths" and the ways such elements provide "a way toward further improvements of

this conceptual model" (Tomer & Eliason 361). In tethering my discussion to a self-improving model with empirical applicability I grant my discussion pragmatic relevance both today and into the future.

I prioritize cross-cultural applicability for a reason similar to that given above; in building my discussion around a rather culturally universal framework, I am working towards a discussion that bears pragmatic relevance. Obviously, as my discussion of stoicism and the patient's death proceeds, I will gradually include stoic concepts or ideas which are not as applicable across a wide range of cultures. In other words, my discussion's cultural range of applicability will decrease as it develops. Despite this eventuality, I want to limit such restrictions in the beginning. In using a framework built on simple, universal experiences such as regret and the search for meaning, I am not unnecessarily restricting my discussion before I have the chance to develop it. I also acknowledge that without an incredibly thorough and expansive observational study, it is impossible to definitively claim an experience (i.e. regret) as universal among humans. This is a fundamental limitation underlying my discussion, and I understand that despite my discussion of regret and meaning as being foundational to the human experience, there could be cultures where such elements are absent. With this limitation in mind, I still believe "death anxiety", being grounded in regret and meaningfulness, makes my discussion relevant to the largest possible audience. Having established a rationale for my use of "death anxiety", I now feel comfortable explaining how stoicism can be a useful tool in its alleviation.

In the introductory paragraph, I mentioned the term "temporal grounding". I use "temporal grounding" to mean a general emphasis on the current moment over the past and

future. This term contains a wider range of ideas within it, such as fatalism, the irrationality of mourning the future, and the inconsequentiality of the past and future on our well-being. As will be seen further on, stoicism emphasizes the present not necessarily through a focus on the current moment, but rather through the degradation of the past and future. I want to begin with an examination of Aurelius, in particular his belief in fatalism and nature's tendency to repeat itself. Aurelius offers comfort through fatalism when he writes "Whatever happens to you has been waiting to happen since the beginning of time. The twining strands of fate wove both of them together: your own existence and the things that happen to you" (Aurelius 132). Elsewhere, Aurelius writes a similar line, claiming "So there are two reasons to embrace what happens. One is that it's happening to you. It was prescribed for you, and it pertains to you. The thread was spun long ago" (Aurelius 56). Together these lines represent a key principle underlying Aurelius's discussion of fatalism: the elimination of the "post-death self". We envision the *post-death self* as experiencing moments beyond our death and I argue the *post-death self* is a strong source of future-related regret among terminally-ill patients. Patients envision the *post-death self* and ruminate on what they have "missed". However, "miss" implies they were meant to experience those moments. In claiming that our death was prescribed for us before our existence, Aurelius does away with this illusion. In other words, the *post-death self* does not concern us since it represents a divergence from our fate. Our ties to fate influence our triumphs, losses, personality, and relationships; we can understand our fate as being our identity. Consequently, when patients envision the *post-death self* they are not actually seeing themselves, but are rather seeing an abstraction. Therefore, to concern oneself with the *post-death self* is to reject one's own identity.

In the above paragraph, I used the terms “fatalism” and “fate” rather liberally. Before I proceed in my discussion, I want to acknowledge that fatalism for Aurelius, and stoicism as a whole, still allows for personal agency. This idea is made clear through the numerous lines compelling us to act in accordance with nature’s will; one such line of particular relevance reads “Don’t look down on death, but welcome it. It too is one of the things required by nature” (Aurelius 118). Nature prescribes a path for us, and we have the opportunity to either embrace such a path and flourish, or to reject the path and become lost. Stoic fatalism is thereby concerned with our choice of whether or not we accept the natural will. Even with this understanding, the idea that we may *choose* to embrace points to a paradoxical nature in stoic fatalism. While resolving this contradiction is beyond the scope of this thesis, I simply wish to recognize the complexity behind the usage of stoic fatalism.

Though I focused extensively on fatalism thus far, stoics accomplish “temporal grounding” through other methods as well. For instance, Seneca turns us away from the future through a critical examination of why we wish to continue living. He writes “Confess it – it is no attachment to the world of politics or business, or even the world of nature, that makes you put off dying – the delicatessens, in which there is nothing you have left untried, are what you are reluctant to leave” (Seneca 129). As one can see, this line is primarily aimed at those who have lived a life divorced from stoic principles; it presupposes an over-emphasis on fleeting pleasures rather than meaningful work and growth. While some may cast criticism at such an assumption, I believe it is actually the source of this quote’s importance. Medical literature has revealed that hedonistic tendencies are tied to the way our brains function. In a 2003 article titled “Pleasures of the Brain”, Dr. Kent C. Berridge concludes “Even when affective reactions are not directly

read out into conscious awareness, core processes of affect and motivation may nonetheless be manifest as positive affective reactions" (Berridge 124). This is to say, pleasure pathways influence our experience and motivation regarding certain events even without us being consciously aware. Humans have a natural tendency to gravitate toward what is pleasurable; as such, Seneca's claim that our fear of death is tied to our hedonism is not baseless. I am not arguing that our "pleasure pathways" in themselves render us slaves to luxury. Rather, the lack of conscious and persistent introspection, combined with these pathways, steer us towards a life ruled by the "delicatessens". In presupposing a heavily hedonistic value system, Seneca makes his advice applicable in the worst-case scenario: a dying patient who has lived a life largely devoid of meaningful reflection. Such a patient will likely feel intense future-related regret, as they mourn the luxuries they will miss. Tomer and Eliason note "...a being that projects itself toward the future via tasks, goals, and projects (e.g., Sartre, 1943/1966) is a being that cannot avoid fearing death as an event that will negate these projections" (Tomer & Eliason 348). A patient ruled by pleasure is a patient who cannot avoid looking toward the future, as pleasure is necessarily momentary and brief. I wish to expand slightly on this second point. Pleasure is made valuable only through its rarity and brevity. Pleasure derives its value from being a state of disequilibrium; it is enjoyable because it is an elevation above the baseline. If one were to make pleasure constant, a new baseline would form, and pleasure would become muddled and common. Therefore, a person directed toward pleasure is someone directed toward the next peak or elevation. Seneca's rejection of the "delicatessens" turns the patient away from pleasure, and consequently, away from a heavily "future-oriented"

viewpoint. As a result, the patient becomes grounded in the present, and future-related regret is alleviated.

I anticipate some may find Seneca's above argument lacking in a certain respect; the "delicatessens" are identified as harmful and superfluous, yet he offers little counsel as to the specific strategies of avoidance one may employ. While some may find Seneca's urge to "confess" sufficient for the rejection of luxuries, I suspect others will require additional reasoning. At this point, I believe Epictetus will be of use. Within *The Enchiridion* he writes

> "If you are dazzled by the semblance of any promised pleasure, guard yourself against being bewildered by it; but let the affair wait your leisure, and procure yourself some delay. Then bring to your mind both points of time – that in which you shall enjoy the pleasure, and that in which you will repent and reproach yourself, after you have enjoyed it – and set before you, in opposition to these, how you will rejoice and applaud yourself if you abstain" (Epictetus 33)

In the above lines, Epictetus asks us to find virtue and strength in our abstaining from luxury, urging us to celebrate our own strength of will. Immediately, I want to acknowledge that the terminally ill patient abstains by necessity, while the rest of society abstains by choice. Critics may claim this state of "necessary abstention" prevents the patient from discovering victory and strength in their refusal of luxuries. Such a viewpoint, however, implicitly rejects a universal stoic principle: the command we hold over our own minds. As Aurelius writes "Your three components: body, breath, mind. Two are yours in trust; to the third alone you have a clear title" (Aurelius 162), or as Epictetus proclaims "Within our power are opinion, aim, desire, aversion and in one word, whatever affairs are our own" (Epictetus 15). Although the patient's

capacity to fulfill luxurious desires may be diminished, their choice to hold such desires remains largely under their control. I say “largely” for two reasons. First, some terminal illnesses will of course affect the faculties of the mind, most notably perhaps Alzheimer's disease. Second, certain desires may be considered a part of “human nature”. That is to say, while some ascetics have demonstrated an ability to resist the urges to sleep, reproduce and eat, those desires will always remain in some form by virtue of our existence. Beyond these fundamental drives, however, the patient retains control over their desires, meaning the patient holds the capacity to reject their own desire of “delicatessens”. This inward rejection, demanding control over the mind, grants the patient agency and offers them meaning and victory through their abstention. I wish to note that this internal abstention does not demand that the urges or desires for luxuries never appear, but rather that the patient does not obsess over or glorify such desires.

As a final point on “temporal grounding”, Aurelius recognizes and criticizes the desire to be remembered or lauded in the future following our deaths. He writes “Your children, leaves. Leaves applauding loyally and heaping praise upon you, or turning around and calling down curses, sneering and mocking from a safe distance. A glorious reputation handed down by leaves” (Aurelius 141). In comparing the generations after the patient to falling leaves, Aurelius trivializes our concern over appearances and external validation following our departure. The people we seek praise from are of the same fundamental character as ourselves; they are mortal above all else, and they are followed by falling leaves of their own. At any point in human history, one can take a snapshot and see how this cycle of “life, death, praise” is repeated continuously without rest. We are one leaf of many, and the same people we seek validation and praise from will likewise fall. Aurelius thereby encourages us to again look away

from what we perceive or hope the future to become. The future is of no consequence to us just as is the past. For Aurelius, the only entity worth seeking "praise" from is Nature, and we may only reach such praise through living in accordance with its will in the present moment.

At this point, I would like to turn toward the third element of death anxiety which has yet to be discussed: the perceived meaningfulness of death. Stoicism offers meaning in multiple ways, the first of which is reframing death as a duty, rather than a passive event. "Passive" refers to the patient's role as a passenger heading towards death without any action of their own. Aurelius challenges this perspective when he writes "I am released from those around me. Not dragged against my will, but unresisting. There are things that nature demands. And this is one of them" (Aurelius 143). Interestingly, within this quote, there is an acknowledgment of both our limited control and our capacity for activity in death. The phrase "I am released" recognizes nature's fundamental power over us, but the idea that "nature demands" grants us a degree of agency. While nature compels us forcibly toward death, it cannot dictate how we perceive and cope with such death. Instead, we are asked or "demanded" to find peace as we die, and the act of dying with acceptance is decided internally. According to Aurelius, it is left to us to die in a manner that finds accordance with the natural will. In this way, the patient, despite having lost control over their bodily faculties and functions, maintains a sense of independence and agency until the end.

While Aurelius offers meaning through agency, Seneca asks us to reflect and reconsider death's role. Seneca first urges us to consider a line from Virgil's *Aeneid* as he proclaims

> "What he [Pacuvius] did from discreditable motives we should do from honourable ones, saying in all joyfulness and cheerfulness as we retire to our beds, 'I have lived; I have completed now the course / That fortune long ago allotted me" (Seneca 59).

In acknowledging the life we have already lived and enjoyed, we transform death from an "end" to a "conclusion". Death does not have to be an abrupt destructive force that cuts the patient off from their life. Rather, death serves as a completion of "the course"; it becomes unifying rather than destructive. At the same time, death becomes a vehicle for gratitude. In order to consider death as a force of unification, we must first acknowledge the life we have enjoyed thus far. The point of such reflection is not to induce grief or melancholy, but rather to foster a sense of respect for both the life we have lived and the death that follows it. Hopefully, the patient may now consider death not as a faceless void, but as the very event which has given their life value. A life without death lacks a grand unification; it lacks a conclusion.

I recognize that while discussions of death and coping are on the whole abstract and muddy, the above argument is especially so. With this in mind, I wish to introduce a clinical study that offers empirical confirmation of the above points. In 2002, a group of researchers in behavioral medicine developed and tested a scale known as "The Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being" (FACIT-Sp). The FACIT-Sp tasked patients to self-assess their ability to find comfort and harmony within themselves, as well as feelings of peace and purpose in their lives (Peterman et al. 51). I believe a commitment to Seneca's ideas on gratitude and unification during death contributes to greater feelings of comfort, harmony, peace, and purpose, and may thereby raise FACIT-Sp scores. In 2017, another group of researchers published an article in the *Journal of Pain and Symptom Management* wherein the

relationships between spiritual well-being, as measured by FACIT-Sp, and psychological distress, along with “wishes to hasten death” (WTHD), were measured. Following statistical analysis, researchers concluded “Regarding the first aim of this study, the main results are the significant negative relationships found between spiritual well-being and 1) psychological distress and 2) WTHD” (Bernard et al. 517). Obviously, the transition from the theoretical framework described in the previous paragraph to an empirical study demands we assume Seneca’s ideas may in fact promote inner harmony, peace, and comfort. Some may find such an assumption improper, but I argue inner-harmony and peace are natural extensions of approaching death through a lens of gratitude and unification. Harmony is the feeling of internal oneness which, for Seneca, death actively promotes. Meanwhile, peace and comfort are drawn from the reflection on a life that has been lived. Considering this justification, the patient is likely to see a decrease in psychological distress and WTHD following the adoption of Seneca’s ideas regarding reflection and recognition. It is also reasonable to assume that psychological distress and WTHD are effective proxies for measuring “death anxiety" as described by Tomer and Eliason.

Seneca continues down this thread of unification through death, asking us to reconsider how we perceive physical life and spirit, as well as the origins of each. This distinction between body and spirit is shared between Seneca and Aurelius, and the ways in which such separation promotes personal growth will be explored soon. For now, however, I wish to consider the ways in which such a distinction helps the patient make meaning out of death. Seneca claims “Greater power and greater value reside in that which creates (in this case God) than in the matter on which God works. Well, the place which in this universe is occupied by God is in man the place of the spirit. What matter is in the universe the body is in us. Let the worse, then,

serve the better" (Seneca 124). For Seneca, the spirit is born of the divine; it holds a character that brings it closer to God than the body. Furthermore, Seneca identifies the spirit as being fundamentally generative and creative; man's creative capacity is owed to the character of his divine spirit. In this way, man's works or accomplishments are under the spirit's ownership, and death is nothing more than the return of such accomplishments to the realm from which they emerged. Seneca explicitly notes how the soul yearns to "...win free of the heavy load it is saddled with here and return to the world where it once belonged" (Seneca 122). Death is not destructive, but is instead a homecoming. While living, the soul is of a fundamentally different nature than the world it inhabits, and the dying process allows one to liberate their soul, and by extension, their accomplishments. Patients will hopefully draw comfort knowing that death is not an unknown, consuming void, but it is instead the soul returning to the space from which it came.

Until now, our discussion has been directed almost entirely at how the patient may alleviate "death anxiety". However, I believe stoicism has potential beyond being a coping mechanism. Stoicism may actually promote personal self-directed growth on the part of the patient during the dying process. Aurelius's emphasis on autonomy during death is one such way of promoting growth. Throughout the *Meditations*, Aurelius stresses the distinction between our body and mind. More specifically, he notes how the decline of the body does not necessitate a diminishment of will or spirit. He notes

> "If you can cut yourself–your mind–free of what other people do and say, of what you've said or done, of the things that your afraid will happen, the impositions of the body that contains you and the breath within, and what the whirling chaos sweeps in

> from outside, so that the mind is freed from fate, brought to clarity, and lives life on its own recognizance–doing what's right, accepting what happens, and speaking the truth" (Aurelius 162).

Death presents an opportunity for one to affirm this distinction between body, breath, and mind. In "doing what's right" and bringing clarity to ourselves in the face of death or bodily decline, we confirm that our capacity for good is entirely under our control. Otherwise put, we are the sole source of the good we produce, and such good does not rely on aspects of our being that are at the whim of the outside world. Such an affirmation instills an enhanced sense of confidence and self-awareness; we are not simply physical objects under the gaze of others, we are instead independent beings capable of incredible good.

Upon first glance, this concept of affirmation through death is reminiscent of Hegel's life-and-death struggle contained within the master-slave dialectic. In both cases, mortality seems to inspire a drive to affirm that we are more than simply our physical manifestation. However, I find such a comparison to undermine Aurelius's capacity for radical autonomy. Hegel's life-and-death struggle is interpersonal and acute; two people are brought into conflict over the right to recognition as self-sufficient beings. Aurelius only requires others insofar as they are methods to produce good; in order to speak the truth or forgive, there must be people to speak to or to be forgiven. Initially, this requirement appears imposing. If we are left truly alone, we are unable to produce good, which prevents us from affirming our capacity for such good lies within a domain under our control. Yet this perspective ignores two important aspects of Aurelius's framework. First, there is another manner to produce or become good that does not necessitate others' involvement; the concept of "accepting what happens". To remain

composed and calm in the face of discomfort or tragedy is a way to be virtuous in the absence of others. We do not need another person to inflict the pain of aging or terminal disease onto us; on the contrary, we are able to find suffering whether isolated or in a community. This is not to say that Aurelius advocates for a purely ascetic lifestyle, full of self-imposed suffering, but rather that our capacity to become good and virtuous extends beyond the presence of others. The second aspect of note is the asymmetry between the patient and the "others" which the production of good may require. In a Hegelian struggle, both participants must enter into a life-and-death battle, with each willing to, at least initially, stake their lives. Aurelius demands no such partnership to enter into a space of affirmation. The "others" do not need to be dying alongside the patient in order for the patient to do good unto them. In fact, the "others" do not necessarily need to be present in the same space as the patient; a patient who is dying in isolation may still forgive those from their past, without such people being present. While certain elements of Aurelius's "death-based" affirmation and self-discovery require others, these others may be in any state and do not even have to be currently present. Therefore, to be truly isolated in Aurelius's framework would demand a person to have never had significant contact with other people, both before and after they became terminally ill. Taken together, these elements empower the patient to uncover their own capacity for good, and both this process of discovery and the good itself is entirely under the patient's control.

While Aurelius has dominated my discussion of autonomy and individuality thus far, he is not alone in his beliefs. Seneca shares a similar sentiment, proclaiming "No one should feel pride in anything that is not his own… Praise in him [man] what can neither be given nor snatched away, what is peculiarly a man's" (Seneca 88). Seneca follows this line with

> "You ask what that is? It is his spirit, and the perfection of his reason in that spirit. For man is a rational animal. Man's ideal state is realized when he has fulfilled the purpose for which he was born. And what is it that reason demands of him? Something very easy - that he lives in accordance with his own nature" (Seneca 89).

The dying process, particularly when prolonged in hospital or hospice care settings, is oftentimes characterized by a gradual loss of independence and agency. Patients may be unable to dress or feed themselves, some may have difficulties being understood and nearly all will have severely limited mobility. In the face of this loss, Aurelius and Seneca both contest that these things we mourn were never truly ours to begin with. Critics may argue that such a perspective does little to help ease the suffering of the patient, let alone aid in the patient's personal growth. I would be inclined to agree if it were not for the fact that both Aurelius and Seneca leave us with objects truly of our own: spirit and mind. These aspects of our being represent unshakable autonomy and, therefore, opportunity. As touched on above, the loss of bodily independence likely represents the first and only opportunity for patients to prove to themselves that their facility to do and be "good" lie firmly within themselves. Seneca emphasizes the importance of this opportunity as he writes "For what is the good of having silence throughout the neighbourhood if one's emotions are in turmoil?" (Seneca 110) and "The only true serenity is the one which represents the free development of a sound mind" (Seneca 111). The prospect of death and the loss of bodily autonomy forces the patient to face their own emotions and mind. Patients are no longer concerned with what lies external to them (i.e. "the neighbourhood") but are now turned inward, made to consider how they can arrive at peace internally. For Seneca, this shift from external to internal is necessary for someone who

seeks “true serenity”. In order to arrive at true peace and calm, we must free ourselves from that which does not concern us. For many patients, the dying process may be the only way to win that freedom.

I want to take a brief aside and address my use of “win” and “freedom”. I recognize that such terms may imply a belief of death as necessarily positive or helpful. I do not wish to argue that death is somehow a blessing, but rather that, in the face of fear, loss and grief, independence and agency persist. Furthermore, such independence is not merely symbolic or theoretical, but is instead practical, allowing the patient to reach a state of tranquility that is otherwise unapproachable. Therefore, death brings with it opportunity; the chance to grow and discover ourselves separately from our physical bodies. Obviously, such an opportunity does not make death a necessarily positive experience, but I use “win” and “freedom” to hint at the avenues for personal growth which emerge.

Building off of Seneca’s argument surrounding “true serenity” and the elimination of distractions, Aurelius believes such inner peace is vital to improving one’s understanding of self and reaching happiness. Aurelius argues “Ignoring what goes on in other people’s souls – no one ever came to grief that way. But if you won’t keep track of what your *own* soul’s doing, how can you not be unhappy?” (Aurelius 19). Obviously, Aurelius does not explicitly mention death or dying in the above quote, but when one considers this claim alongside Seneca’s argument for death offering “true serenity”, we can see the act of rejecting external distractions and turning inward is a process aided by death. Death is thereby not only a vehicle for serenity but also a sense of self-understanding and even happiness that emerges from such self-knowledge. Only once we have an enhanced understanding of self, can we apply the logical

analysis that Aurelius advocates for to the other events in our lives. Aurelius writes “Nothing is so conducive to spiritual growth as this capacity for logical and accurate analysis of everything that happens to us. To look at it in such a way that we understand what need it fulfills, and in what kind of world” (Aurelius 32). I recognize there appears to be a jump in my argument, namely in the reasoning that an enhanced sense of self will lead to an enhanced analysis of external events. However, I believe self-understanding is a necessary condition for “logical and accurate analysis” of the world, and Aurelius offers support for this idea in defining what he considers “blindness” to mean. Aurelius offers the following definition, “Blind: (adj.) one who keeps the eyes of his mind shut tight” (Aurelius 43). The “eye of his mind” signals that a heightened sense of awareness and consciousness comes from within. Specifically, the use of “eye” conjures up images of self-surveillance and moderation; we are our own continuous observers. This is to say, our ability to observe and moderate ourselves is indicative of the capabilities our “mind’s eye” possesses. It follows that a better understanding of self leads to an enhanced capacity for external observation. We can engage in the “logical and accurate analysis” that Aurelius notes, lending itself to spiritual growth in the process.

I wish to acknowledge two points of criticism regarding my discussion of growth through dying. To begin, in separating stoicism from “death anxiety”, I disconnect my discussion from the empirical and pragmatic study I praised at the beginning of the chapter. While this disconnect in itself is not necessarily negative, it does depart somewhat from the initial goal of this project; the goal being a system of handling death grounded in stoic thought with at least the potential for future empirical study. I must concede, measuring variables like “spiritual growth” or the abilities of the “mind’s eye” will prove at best difficult, and at worst impossible.

One can attribute such a limitation to the fact that these avenues for growth depend heavily on the patient's own value system. While yes, we may be able to speak in generalities on how "spiritual growth" is on the whole positive, the ways such growth is attained, and the character which that growth adopts will differ from one patient to the next; "personal growth" is above all "personal". I wish to emphasize that my discussions of growth or flourishing through death are ultimately grounded in the realm of opportunity. Adopting a certain perspective or following a stoic ideal does not automatically bring with it flourishing, but rather it presents an opportunity for growth. Whether or not someone actualizes such growth, depends entirely on how they approach these opportunities as well as their views on the outcomes of such opportunities. For instance, to find growth in an affirmation that our "capacity for good" lies under our control, the patient must place value on such a capacity. Put simply, when I discuss growth, I take for granted that the patient will adopt a value system similar to Aurelius, Seneca and Epictetus. At times such an assumption appears reasonable, but at others less so.

The second key point of criticism, which I draw contention with, is that my discussion of "personal growth" is overly idealistic. I believe such criticism is rooted in a preconceived notion of death as fundamentally negative; death is destructive and consuming, and reconciling with this fact is hard enough, let alone to grow through such an experience. Such an argument supposes that we have the ability to understand or observe death's nature, when in reality such a feat is impossible. Death, on the part of the dying themselves, is neither good nor bad; it is simply an event. Granted, it is an event unlike any other we will experience, but an event all the same. We commonly accept that other grand, challenging events in our lives, like the beginning of a new career or even the loss of a loved one, offer opportunities for growth. How does death

differ? Why does the loss of bodily autonomy necessitate the loss of spiritual autonomy as well? To me, there is no satisfactory answer to these questions. Death presents a challenge, but also an opportunity; a chance to realize our own power of will. In saying this, I do not wish to discount the physical pain and loneliness many patients experience toward the end of their lives. While the idea that our body is only ours "in trust" sounds immediately powerful in theory, the process of fully adopting such a perspective "in person" will be much more difficult and painful, but still possible. On one hand, I concede that stoic ideals are readily accepted in a place of comfort and security, but may prove more difficult to approach when one faces great challenges or perceived defeats. On the other hand, this difficulty does not mean that it is impossible or utopian for a patient to draw strength from stoic perspectives. In fact, though stoic ideals are more readily accepted in positions of comfort, they will likely prove far more useful in positions of pain and uncertainty.

This chapter has taken detours from, and evolved beyond, the initial discussion of the three-pronged Tomer-Eliason "death anxiety" model. Yet the management of past-related regret, future-related regret and meaningfulness all remain critically important to the patient's well-being. Stoic philosophy offers relief on all three fronts. Aurelius's fatalism and denunciation of future praise, along with Seneca's urging to critically examine our reasons for living, both offer an escape from a patient's past and future-related regret. The reframing of death as a return or unification, by both Aurelius and Seneca, is likewise important in offering meaning to the patient, in the face of great uncertainty and confusion. Perhaps most important however, is the opportunity for growth which extends beyond the "death anxiety" model. Simply put, Aurelius and Seneca offer the concept of radical spiritual autonomy in the face of

declining physical health. With such autonomy comes the chance to discover truths about ourselves that would otherwise be nearly impossible to approach; namely that we are fundamentally good, and that such good has always resided entirely under our control.

Chapter III: Family and Friends

The family and friends of a terminally-ill patient face a seemingly impossible challenge. They must, on the one hand, act as a pillar of love and support for the patient, while on the other hand accepting and making peace with their imminent death. Worse still, loved ones are present to witness the gradual loss of bodily autonomy. Combined with the unpredictable nature of disease and treatment progression, loved ones may find themselves feeling powerless and distraught throughout the dying process. This point will be explored further on, but for now, I want to make abundantly clear that feelings of grief, loss, and sadness are not problems that need to be "addressed". Nor do I think it possible or desirable to eliminate these feelings. Rather, stoicism aids people in adapting to loss, helping them to grieve while caring for themselves and pursuing fulfillment as they see fit. This guidance is approached through a reinterpretation of death's significance as well as an examination of nature's will and an evaluation of societal expectations regarding grief.

Before proceeding any further, it is important to address the variance and individuality present throughout the grieving process. How we approach grief and loss is dictated both by our personal beliefs and pre-dispositions as well as our memories and attitudes associated with the patient. Between all these factors, it becomes incredibly difficult to "standardize" grief. There is no way to create a scale that measures someone's love towards a patient nor to account for a lifetime of memories. I bring up this difficulty as I remain aware of my overarching mission introduced in the last chapter: the creation of a guide grounded in practicality and pragmatism, with opportunities for some degree of empirical study. This is not to say empirical study surrounding grief is impossible. On the contrary, grief disorders and the grieving process

are subjects of great interest in both psychiatry and neurology, with pathologies like “Prolonged Grief Disorder” being added to the newest addition of the *Diagnostic and Statistical Manual of Mental Disorders*. The presence of a clinical diagnosis, and the myriad of articles written on grief and grieving, demonstrate that the potential for further empirical study exists.

Keeping in mind how individualized the grieving process is, how can we determine when grief is causing real harm and should be addressed? To answer this question, it may be useful to turn toward clinical medicine. In Spring 2021, a group of clinicians and researchers based out of New York University published an article titled “Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment” in the psychiatry journal *Focus*. I will be drawing from this source primarily as the researchers offer a broad yet detailed overview that fits the needs of this discussion. Researchers have noted that “acute grief”, that is short high-intensity grief, is usually followed by “integrated grief”. “Integrated grief” means “...the individual has adapted to the loss so that grief is more in the background and they can meaningfully reengage in a life without the deceased” (Szuhany et al.). It is the absence of this “integrated grief” which typically signals Prolonged Grief Disorder (PGD). Note that PGD does not arise from simply a prolonged presence of grief, nor from the existence of a period of high-intensity grieving, but rather from a combination of the two. Most importantly, PGD prevents the affected parties from continuing in their daily lives and has been linked to physical health problems including cancer and increased substance use (Szuhany et al.). There are multiple thinking patterns that are identified as dangerous risk factors for PGD, with “yearning for the deceased” being one of the most important (Szuhany et al.). Ultimately though, these maladaptive thought patterns

and beliefs can be summarized as a failure to “integrate” grief. This process of “integration” will be of primary focus in this discussion.

One may already notice the definition of “integrated grief”, as given above, is rather vague. The only concrete observable factor is the bereaved’s ability to engage in “daily life”. Whether or not integration has occurred is thereby determined by one’s capacity to continue in the face of loss. Returning back to the theme of individuality, the process of integration will vary from person to person. Some may require a new understanding of their loved one’s passing, while others may need to confront lingering memories. At times integration will appear as a simple decrease in grief’s intensity, while at others it looks like a reimagining of grief’s role in our lives. As noted before however, the end result of integration remains the same. We are looking to live harmoniously alongside our grief so that it does not prevent us from pursuing goals and activities which enrich our lives. I make this note to highlight that the stoic perspectives on loss and grieving will vary in utility from one person to the next, depending on what their integration process demands. With this context in mind, we are now equipped to discuss the utility of stoicism for the bereaved or soon-to-be bereaved.

Epictetus, like other stoics, writes extensively on the importance of the natural will and the acceptance of such will. He carries these ideas into the grieving process as well, encouraging a conscious reflection of our role in nature so that we may be better prepared when a loved one passes. He presents these ideas in a rather blunt manner, writing:

> “The will of nature may be learned from things upon which we are all agreed. As when our neighbor’s boy has broken a cup, or the like, we are ready at once to say, ‘These are casualities that will happen’; be assured, then, that when your own cup is likewise

> broken, you ought to be affected just as when another's cup was broken. Now apply this to greater things. Is the child or wife of another dead… It should always be remembered how we are affected on hearing the same thing concerning others" (Epictetus 26)

Upon first glance, the comparison between a broken cup and the death of a child seems so emotionally distant it is almost comical. Furthermore, it appears as if Epictetus wants us to regard the death of a loved one exactly the same as the death of a stranger. However, these characterizations fail to properly consider the first line of the quote; when we collectively recognize strangers' deaths through obituaries, news, and public funerals, we must remind ourselves that such death is a reflection of the natural will. Put simply, we must guard against the notion that death and loss occur to others, not ourselves. When we cast out this myth of invincibility, we are able to recognize the same natural will at play when death occurs closer to home. The end goal of such recognition is not to see our family and friends as strangers, but to capitalize on the same acceptance we find in the deaths of distant others. Epictetus points out this acceptance while discussing the broken cup. When we watch news coverage of death, we may proclaim it as sad or tragic, but we also recognize it as a fact of life. We are not shocked or disoriented when reading an obituary because we are accustomed to seeing death in the public, "stranger" realm. We must draw strength from this conditioning to death when grappling with grief and loss. Undoubtedly, we will feel sadness and pain upon a loved one's death, yet we must recognize that this loss is as natural and expected as our other encounters with death. In making this affirmation we do not diminish the stature of our loved ones, we simply accept their death as being in line with the natural will.

As with most stoic teachings, this idea of "death conditioning" appears easier in theory than in practice. I would argue though that we are already halfway there; simply through participating in society and consuming media we have been exposed to death. Furthermore, most people have already experienced loss close to home. This initial half of gaining exposure to death and the natural will is accomplished by virtue of passive existence. The second half, that is the reflection on such will and its application to our personal lives, demands conscious action. In concentrating our efforts on this reflection, we remind ourselves that our inner circle is susceptible to the natural will we observe on a daily basis.

As touched on in the first chapter regarding the physician, social pressures can at times seem like an extension of the natural will. However, whereas the natural will demands simple acceptance, social pressures push for changes in behavior. At times such changes are benign or even necessary for the functioning of society, however, as Seneca outlines, expectations regarding grief can promote unproductive and damaging behavior. Seneca argues "Would you like to know what lies behind extravagant weeping and wailing? In our tears we are trying to find means of proving that we feel the loss. We are not being governed by our grief but parading it" (Seneca 114). Seneca identifies the expectations surrounding the overt display of grief following death. These expectations have been reflected even in this chapter, as I have at times presented sadness and pain as inevitable outcomes following loss. There has been scholarly work in philosophy that also challenged this assumption, perhaps most notably Donald Gustafson, former Head of Philosophy at the University of Cincinnati. In 1989, Gustafson proposed that grief exists as its own distinct emotion, entirely separate from pain, though the two are related (Gustafson 457). I present this example to highlight that grief has, for a

substantial amount of time, been identified as distinct and variable in academic circles. Yet, many people likely find themselves in social circles where grief and pain are perceived as one and the same; in this case, one may feel external pressure to present or process their grief in an "appropriate" manner. Seneca warns against letting such pressures dictate our understanding of grief, particularly our own grief. If one internalizes the beliefs of their social circle yet finds themselves lacking a certain prescribed emotion following death, they will likely experience deep shame.

Bereavement-related shame has been clinically proven to harm the process of grief integration and promote psychopathology. A 2019 study titled "Shame, guilt, and pride after loss: Exploring the relationship between moral emotions and psychopathology in bereaved adults" examined the effects of shame and guilt on the development of psychopathology following loss. Researchers used the State Shame and Guilt Scale to independently measure levels of shame and guilt of 92 participants. "Shame" specifically was defined as "when negative evaluation is applied to the whole self" (LeBlanc et al. 406). The scale relied on self-reporting measurements concerning 15 questions, which were modified to tie into bereavement specifically, with five questions measuring shame, five measuring guilt and five measuring pride. Psychopathology was evaluated using the Quick Inventory of Depressive Symptomatology – Self Report and the Inventory of Complicated Grief. As a brief sidenote, complicated grief is another label used to describe symptoms of Prolonged Grief Disorder. Following analysis, researchers determined that bereavement-related shame remains a strong predictor of both complicated grief and depressive symptoms at low to medium levels of guilt (LeBlanc et al. 410).

. I have included this research to demonstrate how damaging misalignments between societal expectations and personal feelings can become following loss. We cannot control how we feel following bereavement, but we can control how we perceive and interpret societal pressures surrounding grief and grieving. If we blindly accept these expectations without any further critical examination, we will likely find ourselves at odds with beliefs we have come to internalize as important. Such a difference may spark feelings of ineptitude or emotional failure on the part of the bereaved. Instead, we should look back towards Seneca, understanding the difference between being governed by grief, that is acting according to inner feelings, and parading grief, that is acting so as to appease others. None of this is to say that expectations regarding grief must be entirely rejected, if that is even possible, but rather we should reflect on the important difference between grieving for ourselves and grieving for others. Expectations can be useful, but in regard to grief, they should not be seen as benchmarks of character or emotional intelligence. Our grieving processes are ultimately the unique summation of our experiences, predisposition, and perspectives. Therefore, since grief is so highly individualized, our only concern should be grieving in the way we ourselves see fit, or in other words, being truly "governed" by our grief.

Aside from encouraging critical examination of external pressures, Seneca also provides counsel on personal actions to take following a loved one's passing. Specifically, Seneca tasks us to honor the deceased by continuing to seek out love and enrichment in our lives. He writes "A person, moreover, who has not been able to care about more than one friend cannot have cared even about that one too much… You have buried someone you loved. Now look for someone to love. It is better to make good the loss of a friend than to cry over him" (Seneca

116). The idea of "making good the loss" is key to the above quote. Death as opportunity is hardly a new idea and has been discussed in both previous chapters at length. Here, the death of a friend or relative presents an opportunity not to replace the one we have lost, but to find joy in the development of new relationships. Furthermore, our friends and family shape the person we become, and their death grants us the chance to share that person with others. In cultivating new meaningful relationships, we are sharing the memory of that person with others. The idea of death affirming life's value also appears to be present in Seneca's discussion. In the line "You have buried someone you loved" we find a moment of lucidity. Through our rituals regarding death, we celebrate the life of the deceased. It is not the location of one's burial or the cause of death which dominates the discussion, but rather the relationships and actions taken by the deceased during their life. Therefore, we should use our loved one's burial to remind ourselves of life's dominion over death, and our obligation to lead a fulfilling life; not so that we may be celebrated or remembered after our own passing, but that we affirm for ourselves life's capacity to produce joy and fulfillment in the face of death.

Until now, I have discussed how stoicism may prepare us for a loved one's passing as well as aid us in the grieving process following their passing. However, there remains the matter of dying itself. In this arena, I believe it appropriate and useful to draw on Aurelius's perception of death's significance. Aurelius notes "What dies doesn't vanish. It stays here in the world, transformed, dissolved, as parts of the world, and of you. Which are transformed in turn–without grumbling" (Aurelius 104). The mysterious and unknowable nature of death, while at times used as a source of comfort (as is the case in Plato's *Apology*), can potentially inspire fear among a patient's loved ones. Naturally, they wish to protect their friend or family

member, but death forces them to accept that they can longer provide such companionship, at least not as they have it in the past. Aurelius alleviates some of this anxiety by identifying the natural and social significance of death. As discussed in the last chapter, death is a fulfillment of nature's will; in satisfying nature's demands though, the deceased patient remains ever present in nature's process. The same forces which bring hurricanes and heatwaves bring life and death to those we love. This understanding of nature's will as being omnipresent and connected is recognized as Aurelius writes "It stays here in the world". We should draw comfort from the fact that our loved one, though no longer present with us physically, lives on in the natural will simply transformed rather than destroyed. Additionally, Aurelius touches on an idea previously discussed by Seneca; the death of the patient dissolves into a part of ourselves. This is the same idea behind "making good the loss". Put simply, the experiences and memories we create with someone forge who we become, and, by virtue of our participation in the world, our loved one lives on both within us and among others.

Before concluding, I want to address my rather liberal use of the words "fulfillment" "enrichment" and "meaningful" throughout this chapter. These are rather loaded terms, particularly in philosophy, and countless books, essays, and dissertations have been dedicated to determining their meaning. I am not equipped to offer an exhaustive definition of any one of these terms and as such have kept their meanings purposefully vague. Part of the reason for my lack of an exact definition is the goal of this project: creating a type of "stoic toolbox" which is on the one hand generally applicable yet on the other demands a valuing of stoic principles. I fear that, in offering a haphazard definition of "fulfillment" for example, I would unnecessarily alienate readers. Therefore, I use these words to imply a general sense of positivity and

purpose in one's life which does not demand an ever-present sense of happiness or joy. I readily concede however that such terms, in the context of academic philosophy, are especially heavy and are the subjects of entire fields of study. Offering such a discussion here would be beyond my abilities and distract from the objective of this dissertation.

As mentioned in the introductory paragraph, death inspires fear, uncertainty, and oftentimes pain in loved ones. This is oftentimes accompanied by a sense of powerlessness and dread. When paired with expectations regarding what grief is "supposed" to look like, we are left with a seemingly insurmountable challenge. Stoicism does not remove or even alter this challenge. Instead, it offers a way to live alongside it in relative peace, as we identify nature's will, the difference between grieving for others and ourselves as well as a new understanding of death's meaning. Put briefly, grief is an incredibly variable process, and while we cannot remove external pressure, we can prioritize ourselves over the expectations of others. At the same time, we should prepare for our loved one's passing by drawing on the "death conditioning" we gain through everyday life, reminding ourselves of our susceptibility to death. Lastly, our loved ones live on both through expressions of the natural will and by virtue of our own existence; we honor them by pursuing a life well lived. In applying stoic teachings, we may better equip ourselves to navigate the death of a friend or family member in a way that is healthy and productive.

Conclusion

At the beginning of this project, I expressed a desire for this thesis to have some grounding in clinical and sociological study. I believe I have succeeded in this effort, though questions remain as to how one can measure the efficacy of the stoic teachings that have been presented. On the surface, it appears as if the requisite scales already exist. For patients, the Tomer-Elias Death Anxiety model will likely prove useful, while for family and friends the State Shame and Guilt Scale paired with an evaluation for Prolonged Grief Disorder would be appropriate. Evaluating the physician would likely prove more difficult, as much of the discussion focused on the alleviation of external pressure on the decision-making process. Oftentimes, physicians may not be consciously aware of the way expectations from the public and their colleagues affect their treatment protocols. In this case, evaluations from psychiatrists or psychologists could potentially be useful. Obviously, the pursuit of empirical study will mean certain elements of the patient/family/physician's experience are lost. No matter how comprehensive the scale, there is no way to account for the infinite range of human attitudes, perspectives, and experiences. That being said, I continue to believe that stoicism, and philosophy as a whole, has much to offer clinical medicine. Despite the limitations, empirical study may open the door to a more critical examination of how we grapple with and work through death.

Outside of academia, stoicism is often regarded as a philosophy of detachment; a system where apathy is equated to strength. In reality, stoicism is grounded in compassion and kindness, both to ourselves and others. We reach such compassion through a conscious and deliberate manner of reflecting on ourselves and the world around us. As demonstrated in the

writings of Aurelius, Seneca and Epictetus, the goal in such reflection is to reach a state of acceptance and unity with the natural will. This process of finding peace and kindness through acceptance is why I felt stoicism to be useful for those encountering death. Death is the ultimate expression of the natural will; it is an overt display of an unconquerable force which presides over us at all times. Stoicism does not aim to eliminate fear or grief, but to rather accept what is owed to us. In this acceptance and recognition of all that is outside our control, we may affirm the existence of something deeply powerful within us. For the physician, this is radical self-sufficiency. For the patient, it is the capacity to produce good. For family and friends, it is the honoring of their loved one's memory. Among these ideas are a myriad of other stoic teachings and perspectives. Underlying all of it is the theme of acceptance. An acceptance of nature's will as it is, not as we wish it would be. Through acceptance we can take real ownership over what lies within our domain, realizing our own power in the face of death.

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