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April 10, 2023

Alcibiades and Socrates: A Psychiatric and Political Examination of Mental Health

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An abstract of
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Philosophy, Politics, Law

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Abstract

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This thesis analyzes Alcibiades and Socrates, two notorious figures from Athens, to make four main arguments regarding mental health. First, Alcibiades, a military general, is a case study for the possible manifestation of narcissistic personality disorder (NPD) symptoms. Further, this thesis posits that many of Alcibiades's potential personality disorder symptoms are traits society seeks in its leaders. Third, Socrates's discourse with Alcibiades resembles modern-day talk therapy. Finally, this thesis concludes by showing how Socrates's regard for mental health underscores the importance of supporting today's mental health initiatives, like H.R. 1109, legislation addressing youth mental health.

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Section I: Introduction

In February of 2023, Sen. John Fetterman [D-PA] checked himself into Walter Reed National Military Medical Center to be treated for clinical depression (Jalonick & Levy, 2023; Karni, 2023). His chief of staff, Mr. Adam Jentleson (2023c), stated that Sen. Fetterman had experienced depression "off and on throughout his life" but acknowledged that the condition became more severe over the few weeks preceding Sen. Fetterman's admission. Mr. Jentleson (2023b) also noted that Sen. Fetterman is receiving treatment voluntarily upon the recommendation of the Attending Physician of the United States Congress, Dr. Brian P. Monahan—a public announcement highlighting such a decision is significant considering past members of Congress like Sen. Thomas Eagleton and Sen. Edward Kennedy who kept details about their mental health concerns and therapies secret (Jalonick, 2023; Senior, 2023). The aforementioned news follows a controversial election due to Sen. Fetterman's almost-fatal stroke while running his campaign and the questions that circulated regarding his fitness to serve, making it even more commendable that he communicated about his mental health again (Burns & Allen, 2022; Fetterman, 2023; Jalonick & Levy, 2023). Comments by Mr. Jentleson (2023a) also included the notion that Sen. Fetterman is "getting the care he needs, and will soon be back to himself," implying that he will return to the United States Senate shortly. But can an individual battling clinical depression really receive the necessary care quickly to return to governing?

Current research indicates that effective management of depression in primary care settings includes following up with patients to ensure they are improving and committing to treatments suggested by mental health professionals "until [the] depression is significantly improved" (Unützer & Park, 2012). One treatment option for depression, antidepressants,

generally takes four to eight weeks to work; treatment-resistant depression could also occur in an individual—further evidence that medication-based treatment can be lengthy (National Institute of Mental Health [NIMH], 2021). Clinical depression, also known as major depression, is a more severe form of depression; its treatment consists of an acute phase (six to eight weeks), a continuation phase (sixteen to twenty weeks), and a maintenance phase (variable duration, dependent on the severity and prevalence of prior depressive episodes; Primary Care Online Resources and Education [PCORE], n.d.; Hall-Flavin, 2017). Thus, it is clear that depression, especially clinical depression, treatment requires continuous care—it is not comparable to an elective surgery that may require a one-time visit.

While treating depression is often a long process, this is even truer for personality disorders like narcissistic personality disorder (NPD). An entire course of talk therapy, which can “require lengthy and consistent working through” if the NPD patient exhibits severe symptoms, is purported to take 5-10 years, making it a prolonged and rigorous process (Greenberg, 2019; Kernberg, 2014, p. 867-868). Dr. Elinor Greenberg (2019), a therapist specializing in personality disorders and schizophrenia, adds that one’s progression through NPD treatment depends on the self-reflection skills and coping mechanisms they have been using before seeking help, making the exact length of the full course of talk therapy variable. However, given that NPD is a lifelong condition with no cure, it requires lifelong assistance (Gillette, 2022).

A case study for the manifestation and treatment of NPD symptoms involves an analysis of the life of Alcibiades. Alcibiades was an Athenian leader known for being "brilliant but unscrupulous" insofar that he committed treason, which is attributed to the defeat of an entire city-state (Meiggs, 2023). A closer look at his childhood, conversations with Socrates, and actions during the Peloponnesian War reveal Alcibiades's possible symptoms of NPD. After

carefully observing Alcibiades and realizing the mental health assistance he needs, Socrates engages in discourse with Alcibiades that mimics talk therapy (Pl. *Alc. I* 104d). Though Alcibiades and Socrates are figures who lived more than two millennia ago, an exploration of the two individuals is crucial. An examination of Alcibiades is essential as his potential, troublesome personality disorder symptoms overlap with the characteristics society looks for in its leaders. Furthermore, a consideration of Socrates's regard for mental health is necessary as it suggests the importance of supporting today's initiatives centered on mental health, like legislation addressing youth mental health.

Section II: Introduction to Alcibiades

Alcibiades (circa 450 - 404 BCE) was a well-known Athenian politician, military general, and aristocrat (Meiggs, 2023). Though born into wealth, when young, Alcibiades lost his father, Cleinias, to an army battle (de Romilly, 2019, p. xii; Meiggs, 2023). Once orphaned, Alcibiades was raised by Pericles, a politician who rarely "[provided] the guidance and affection that [Alcibiades] needed" (Edmonds, 2017, p. 194; Meiggs, 2023). As he grew up, Alcibiades became "strikingly handsome," leading to him becoming "self-centered" and attracting the attention of individuals like Socrates (Meiggs, 2023). Socrates and Alcibiades served in the military together, helping each other in battles at locations like Potidaea (Meiggs, 2023; Pl. *Symp. 220c-d*). Alcibiades was quite attached to Socrates, hypothesized to be indicative of Alcibiades looking to Socrates as a father figure given Socrates's "moral strength" and "keen mind" (Finlay, 1994, p. 62; Meiggs, 2023). Despite the aforementioned, Alcibiades "abandoned the intellectual integrity that Socrates demanded" in pursuit of a career in politics (Meiggs, 2023).

Alcibiades's 'claim to fame' was being a "powerful speaker," which is quite beneficial when in the assembly (Meiggs, 2023; Plut. *Alcib.* 10.2). His political decision-making, however, was controversial. As Athens began to steer towards peacemaking, Alcibiades hoped to establish an amicable relationship between Athens and Sparta; however, when Sparta chose to only communicate with "established political leaders," Alcibiades retaliated by being aggressive against Sparta as a general (Meiggs, 2023). He often opposed Nicias, a general famous for encouraging peace between city-states that many called the "'Peace of Nicias;'" Alcibiades instead made fatal strategic decisions, like persuading Athens to join an alliance soon defeated by Sparta or send troops on an expedition to Sicily that proved to be catastrophic (Meiggs, 2023; Plut. *Alcib.* 14.2). However, Alcibiades still maintained a positive reputation in Athens after his dramatic wins in chariot-racing at Olympia—an unsurprising feat given his renowned intelligence (Kyle, 2003, p. 187; Meiggs 2023). This reputation was eventually worsened as Alcibiades defected to Sparta, and eventually Persia, during the Peloponnesian War; after being charged with defacing the statues of Hermes, Alcibiades turned traitor and shared military secrets with Athens's enemies (Meiggs, 2023). Athens ultimately lost trust in the opportunistic Alcibiades, but alas, it was simultaneous with the "loss of [the city-state's] supremacy" to Sparta (Meiggs, 2023; Plut. *Alcib.* 38.1).

Ultimately, Alcibiades died in Phygria, located in modern-day Turkey (Plut. *Alcib.* 39.1). There are conflicting explanations for who was behind Alcibiades's death. For example, one version notes that the Spartans, headed by the military general Lysander, orchestrated an assassination (Plut. *Alcib.* 39.1). Another account suggests that Alcibiades planned his death because he seduced "a girl belonging to a certain well-known family, and had her with him," causing the girl's brothers to act out of familial pride (Plut. *Alcib.* 39.5). Regardless, it is agreed

that Alcibiades's house was set on fire, causing him to throw textiles onto the fire to try and stop it from spreading; eventually, he ran outside with his sword but was shot "with javelins and arrows" (Plut. *Alcib.* 39.3).

Section III: Introduction to NPD

A personality disorder is generally characterized as a mental health disorder in which the affected individual's thinking, functioning, and behavior deviate from society's norm (Mayo Clinic, 2016). In particular, narcissistic personality disorder (NPD) involves having an exaggerated sense of pretentiousness in actions or dreams, often supplemented by an entitled need for significant attention or admiration from others and a disregard for others in various contexts (Mayo Clinic, 2017; Sparks, 2020). However, one does not axiomatically have NPD if they merely fit the previous description (Ambardar, 2018). Instead, one should be accounted for holistically—factors like the onset age, number, frequency, and severity (based on the impediments posed to everyday life) of symptoms should be assessed (Ambardar, 2018).

The latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association 2022) is a handbook used by healthcare professionals in the United States when characterizing, describing, and diagnosing mental health disorders (American Psychiatric Association [APA], 2022). The *DSM-5-TR* is organized into the following three distinct sections: diagnostic classification (a list of officially-recognized mental health disorders), diagnostic criteria sets (symptoms and associated standards that clinicians must consider before making a diagnosis for each mental health disorder), and descriptive text (risk factors, differential diagnoses, etc.; APA, 2022). More formally, the *DSM-5-TR* states the following nine symptoms of NPD:

1. Grandiose sense of self-importance (e.g., [exaggerating] achievements and talents, [expecting] to be recognized as superior with commensurate achievements)
2. [Preoccupation] with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. [Belief] that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. [Requirement of] excessive admiration
5. Sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations)
6. [Interpersonal exploitation] (i.e., [taking] advantage of others to achieve his or her own ends)
7. [Lacking] empathy: is unwilling to recognize or identify with the feelings and needs of others
8. [Envy] of others or [belief] that others are envious of him or her
9. Arrogant, haughty behaviors or attitudes (APA, 2022).

An individual with five or more of the above symptoms may have NPD, according to the *DSM-5-TR* (APA, 2022). Along with the *DSM-5-TR*, healthcare professionals may use a 148-question instrument known as the Narcissistic Personality Inventory or five-factor narcissism inventory (FFNI) to determine one's severity of NPD (Mitra & Fluyau, 2022). The FFNI is a newer measure in which individuals self-report fifteen NPD traits (Miller et al., 2013; Sherman et al., 2015). The aforementioned fifteen traits are those related to both the vulnerable (including cynicism, need for admiration, reactive anger, and shame) and grandiose (including acclaim seeking, arrogance, authoritativeness, entitlement, exhibitionism, exploitativeness, grandiose fantasies, indifference, lack of empathy, manipulativeness, and thrill seeking) variants of narcissism (Sherman et al., 2015). FFNI scores have been shown to be comparable with *DSM-IV* (4th ed.) and *DSM-5* (5th ed. without text revision) NPD scores (Miller et al., 2013). Researchers are developing a short-form FFNI, and a preliminary version's results seem reliable (Sherman et al., 2015). Though evidence is still being gathered, many researchers also note that NPD is sometimes comorbid with antisocial personality disorder, colloquially referred to as psychopathy, elucidating the intricacies behind NPD diagnoses (Bobadilla et al., 2017).

NPD is described in psychological texts to typically begin in early adulthood, emphasizing that the outlined symptoms can start to manifest at a young age, unlike mental illnesses like Alzheimer's, which is often considered an issue of the elderly (Ambardar, 2018; Lowe, 2015). Further, adverse childhood experiences (ACEs), traumatic experiences that take place before a child becomes 18 years old, can have developmental consequences that lead to a fragile ego (Mitra & Fluyau, 2022; National Conference of State Legislatures, 2022). ACEs can be classified into the following broad categories: familial abuse (physical, emotional, and sexual), familial dysfunction (domestic violence, substance abuse, mental illness, separation, incarceration of a family member), and neglect (physical and emotional; Felitti et al., 1998). New psychological research also suggests narcissism stems from an individual's deeply-rooted insecurity (New York University [NYU], 2021). Researchers stated that narcissists' behavior of applauding themselves for trivial accomplishments could initially appear confusing as most people typically respond negatively to narcissists' exaggeration (NYU, 2021). This "self-congratulatory" phenomenon seems even more strange with the rise of technology and social media, as individuals who excessively "flex" or brag about their lives are considered cringeworthy (NYU, 2021). However, after analyzing the results of a robust survey involving about 300 respondents, researchers note that it is probable that NPD patients use extreme self-love to overcome intensely low self-worth (NYU, 2021).

The neuroscientific underpinnings of NPD are not an active area of research, given the limited number of studies describing the disorder's biology (George & Short, 2018). However, scientists studying the neurology of personality disorders indicate that NPD patients typically have abnormal brain structures compared to their counterparts (George & Short, 2018). For example, one study highlights that NPD patients have reduced grey matter volume in their

anterior insular cortices; another study found that NPD patients have smaller gray matter volumes in fronto-paralimbic brain regions, consisting of the rostral and median cingulate cortex along with the dorsolateral and medial parts of the prefrontal cortex (George & Short, 2018; Schulze et al., 2013). The previously-noted research findings were discerned using magnetic resonance imaging, a technique commonly used in neuroscience studies to visualize brain structures without having to perform surgeries (George & Short, 2018; Schulze et al., 2013). Decreased gray matter in the brain refers to a decrease in the outermost layer of the brain, made of neuronal cell bodies and unmyelinated axons, and suggests changes in brain function (Mercadante & Tadi, 2022). The notion that NPD patients have smaller anterior insular cortices and fronto-paralimbic brain regions is expected as these regions are involved in emotional empathy—NPD patients are often noted to struggle with being empathetic as they prioritize their feelings over others (George & Short, 2018; Schulze et al., 2013). Additionally, a team of researchers stated that they lesioned out a part of the anterior insular cortex in patients struggling with tumors in that region; ultimately, those cancer patients performed similarly in empathetic pain processing when compared to NPD patients, giving more evidence for the notion that the anterior insular cortex plays a crucial role in NPD (George & Short, 2018).

Another study found that individuals with higher narcissism scores had lower neural connectivity between the ventral striatum, important to human responses to rewards, and areas like the prefrontal cortex, crucial to executive decision-making; this study used diffusion tensor imaging to observe neurological tracts between brain regions (George & Short, 2018). Though the above-described study was conducted on healthy individuals and not NPD patients, the results provide insight into the possibility that narcissism is a result of a neural disconnect between the ventral striatum and the prefrontal cortex since poor neural connectivity can indicate

diminished neural networks integral to human functioning and thus abnormal behaviors (Chester et al., 2015; Schneider 1981). Thus, behaviors to attract attention to oneself and the lack of humility often displayed by narcissists may be regulatory mechanisms resulting from the neural disconnect between the concepts of self and rewards. Furthermore, a study on healthy individuals noted that the number of narcissistic personality traits exhibited by participants correlated with hypersensitivity in brain regions part of the social pain network (notably anterior insula, dorsal anterior cingulate cortex, and subgenual anterior cingulate cortex) associated with distress during social exclusion, shedding more light on a possible reason for attention-seeking behaviors (Cascio et al., 2014).

Section IV: The Goldwater Rule and Alcibiades's Potential NPD

In 1964, *Fact* magazine asked 12,356 psychiatrists whether they believed that Republican presidential candidate, Sen. Barry Goldwater, was psychologically fit to serve as the President of the United States. The responses of the surveyed psychiatrists were then published, sparking fierce commentary (Levin, 2016). Despite having never met Goldwater, some psychiatrists made claims like the following: "I believe Goldwater [is] suffering from a chronic psychosis," "He resembles Mao and Tse-tung," and "I believe Goldwater has the same pathological makeup as Hitler, Castro, Stalin, and other known schizophrenic leaders" (Levin, 2016). Though some psychiatrists remarked in support of Goldwater, pointing out that it would be quite challenging for a "schizophrenic" with "emotional [instability]" to accomplish all that he managed, like "[being] a jet pilot," *Fact* magazine's article had implications in the 1964 United States presidential campaign (Levin, 2016). In response, the American Psychiatric Association espoused an ethics annotation (section 7.3 in the Principles of Medical Ethics with Annotations

Especially Applicable to Psychiatry) in 1973, now known as the Goldwater Rule, which applies to public figures (Appelbaum, 2017; Levin, 2016). Though psychiatrists should be involved in activities related to community improvement, the annotation states that "[i]t is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement" (Levin, 2016; Pies, 2016).

Despite psychiatrists being reluctant to comment on a public figure since the annotation's adoption, the Goldwater Rule has been widely criticized (Appelbaum, 2017; Levin, 2016). From calling it an "effort to 'legislate against stupidity'" to stating that it threatens the public's awareness of mental illnesses, several individuals are pushing back on the Goldwater Rule (Appelbaum, 2017). For example, Dr. Seon-Cheol Park (2018), an assistant professor of psychiatry, highlights the so-called Tarasoff rule, which came out of a California Supreme Court decision in 1976, emphasizing that psychiatrists have a duty to warn the public. Furthermore, Dr. Park (2018) mentions that the field of psychiatric ethics often considers discussions of deceased public figures as exceptions to the Goldwater Rule. Dr. Ronald Pies (2016), a professor of psychiatry and a lecturer on bioethics, also notes that the Goldwater Rule should not apply to comments made about public figures that are no longer living, as it is impossible to conduct a clinical examination of a deceased individual. More notably, he argues that examining the material in the public domain, descriptions by contemporaries, etc., should aid a psychiatrist in synthesizing a professional opinion of a public figure no longer living (Pies, 2016). Further, in an example of an acceptable comment by a psychiatrist on Abraham Lincoln, Dr. Pies (2016) mentions terms like "suggest" and "likely," emphasizing the "epistemological and scientific limitations" present when making "historical inferences as to likely [diagnoses]" (Park, 2018).

This paper aims to detail the possibility that Alcibiades may have suffered from NPD. However, considering this paper as one that outlines Alcibiades's diagnosis of NPD is an inappropriate characterization, primarily since a psychiatrist did not write this paper. Even so, because Alcibiades is a deceased public figure, and considering Dr. Park's comments, an assessment of Alcibiades would likely be regarded as an exception to the Goldwater Rule (Meiggs, 2023). Additionally, as suggested by Dr. Pies, material in the public domain and descriptions by contemporaries have been prioritized. Most importantly, this paper acknowledges the significant limitations of writing about Alcibiades since he is not currently alive; his neurological data is also not available to corroborate any claims about NPD, as tools like MRI machines are breakthroughs of the 20th century (Tretkoff, 2006).

First, an analysis of Alcibiades's childhood points to the possibility that Alcibiades may have suffered from NPD. For example, Alcibiades was orphaned at a young age—though he was eventually adopted by Pericles (de Romilly, 2019, p. xii). Current scientific literature clearly states that "a significant number of orphans are of low self-esteem," thus having insecurity-related issues (Erango & Ayka, 2013). Therefore, to cover up the insecurity riddled within him since being an orphan, Alcibiades may have approached life boastfully, aligning with the notion that NPD patients may use extreme self-love to compensate for low self-worth. Additionally, the description of Alcibiades in *Alcibiades* by Plutarch, a Greek biographer who wrote about influential Greek and Roman individuals, is revealing (Walbank, 2023). Plutarch's writing is interpreted today with the notion that, from when he was young, Alcibiades often acted as a result of the following two passions: philonikia (translated as 'love of victory') and philoproton ('love of being first'); in essence, Alcibiades thought he had to win and had to be first (Sandridge, 2016, p. 10). Furthermore, Plutarch writes that "it was not long before many men of

high birth clustered about him and paid him their attentions” after being drawn to Alcibiades’s “brilliant youthful beauty” (Plut. *Alcib.* 4.1). The elite often “fondly courted” and “pampered” Alcibiades with praise (Plut. *Alcib.* 4.1-2). Receiving too much praise can give rise to one’s NPD (Mitra & Fluyau, 2022).

Plato's *First Alcibiades*, featuring Socrates as an advisor to a young Alcibiades with aspirations of becoming a political leader, is an example of a text that also points to the possibility that Alcibiades may have suffered from NPD. After failing to explain the true source of his knowledge, distinguish between justice and injustice, and explain how he plans to better the city-state in response to Socrates's questions, Alcibiades states that he is "sure [his] natural abilities will be far superior" to those of the general public, allowing him to separate himself from his fellow competitors and win the democratic election; the "natural abilities" refer to Alcibiades's "good looks and [other] advantages" that Alcibiades repeatedly mentions (Pl. *Alc. I* 119b). The aforementioned is a clear example of Alcibiades confidently exaggerating the value of his attributes compared to others in his life, a symptom of NPD. Furthermore, Alcibiades implies that most of Athens are not educated in self-care as recommended by Socrates; since the people who vote are less intelligent than Alcibiades, he argues that he will fare well as a leader (Pl. *Alc. I* 119b). The preceding dialogue shows that Alcibiades places himself on a pedestal compared to others and is willing to disparage anyone haughtily, a symptom of NPD. Also, it becomes clear to Socrates that "Alcibiades has in mind something more than just benefiting from his connections...and wealth for the rest of his life," as Alcibiades believes he deserves to be honored by the people and would rather die if he can not acquire anything more extraordinary than the greatest power and reputation (Foucault, 2005, p. 33). Essentially, Alcibiades insists that he must have the best of something, similar to how many NPD patients would feel—in this case,

Alcibiades is worried about power and posits that an unpowerful life is useless. Additionally, Socrates mentions that Alcibiades is twenty years old in the *First Alcibiades* (Pl. *Alc. 1* 123d). Many NPD patients begin to display NPD symptoms as young adults; thus, the age at which Alcibiades exhibited the above symptoms in the *First Alcibiades* should not be discounted.

The possibility that Alcibiades may have suffered from NPD is also made clear in the *Second Alcibiades*, a text in which Socrates seeks to provide Alcibiades with a reason as to why one should not pray to the Gods if they do not know how to distinguish between the truly good and bad. Although Socrates successfully convinces Alcibiades by claiming that “to receive the means of telling good from evil” is beyond Alcibiades’s power, it becomes apparent that Alcibiades tends to act ignorant by being uninformed of things he should know and of himself—all while being unaware of his ignorance (Pl. *Alc. 2* 150e). For instance, Alcibiades responds to Socrates that no man would pray for the greatest evils and “thinks [he is] quite capable of praying not for the worst but for the best...[as] such a prayer would really seem to be more like a curse than a prayer!” (Pl. *Alc. 2* 143b). Thus, there are instances in the *Second Alcibiades* where Alcibiades exaggeratedly claims to be more capable than Socrates notes. Also, the overall dialogue presents how Alcibiades assumed that it would be easy to answer Socrates’s questions and define the nature of complex concepts like the good, bad, and the good of the state; this demonstrates what “he did not know and [that he] was unaware... [of what] he did not know” because of his perception of his intelligence (Foucault, 2005, p. 46). An exaggeration of their abilities is common in NPD patients.

Plato's *The Symposium*, featuring an infamous banquet where concepts like love are discussed and operationalized, is another example of a text that points to the possibility that Alcibiades may have suffered from NPD. As Socrates concludes his speech, Alcibiades barges

into the event, drunk, and passionately professes that Alcibiades has failed to seduce Socrates. He arrives with a group of followers, including a girl playing the flute, and a "wreath of ivy and violets and a multitude of fillets on his head" (Pl. *Symp.* 212d-e). Especially when considering how the elite interacted with him while he was young because of his looks, it is clear that Alcibiades is no stranger to significant praise, which can bring about NPD (Mitra & Fluyau, 2022). In addition, Alcibiades suggests that he has invited Socrates for dinner many times, but their interactions never lead to Socrates making sexual advances despite Alcibiades's notable physique—another blatant example of Alcibiades severely glorifying his appearance and thus emphasizing his importance, which is a symptom of NPD (Pl. *Symp.* 217b).

Alcibiades's time as an Athenian general during the Peloponnesian War also reveals the possibility that he may have suffered from NPD. As described by Thucydides in *The Peloponnesian War*, a matter of contention between Athenian generals during the Peloponnesian War centered around the decision to conquer Sicily. Athenian general and politician Nicias pointed out Sicily's size (a large Mediterranean island) and attempted to persuade the Athenian people not to invade Sicily by discussing past military failures (Encyclopedia Britannica, 2023; Thucydides, 2009, p. 312-315). Conversely, Alcibiades passionately convinced the people that the expedition to Sicily was necessary by stating that the Athenians must either conquer or be conquered (Thucydides, 2009, p. 316-319). The aforementioned is a clear example of Alcibiades inadequately considering the possible consequences of his actions, possibly so he can be deemed superior if successful (Thucydides, 2009, p. 315-316). Significant recklessness can be a characteristic of narcissists (Vaknin, 2016, p. 12). Thucydides (2009) also writes about Alcibiades' summoning back to Athens due to charges that he defaced statues of Hermes (p. 339-340). Alcibiades vehemently denied the allegations and traveled to Sicily for the expedition

he supported instead of returning to Athens (Thucydides, 2009, p. 339-340). However, after several individuals involved in defacing the statues were executed, Alcibiades was soon convicted (though not present at court) and condemned to death—to escape, Alcibiades fled from Sicily and went to Sparta after offering to help them in the Peloponnesian War (Thucydides, 2009, p. 339-340; McGill School of Computer Science n.d). A symptom of NPD is "[expecting] special favors and unquestioning compliance with their expectations," and the above is an example of Alcibiades expecting to have his allegations of defacing a statue of a God ignored (Mathew, 2021; Mayo Clinic, n.d.).

As alluded to above, Alcibiades turned traitor and left Athens. Alcibiades emigrated to Sparta, the city-state that Athens was fighting against, and helped Sparta with military strategy (Thucydides, 2009, p. 418), eventually leading to Athens's defeat in the Peloponnesian War. Alcibiades also chose to share confidential information about Athens's military and allies with Spartan leaders, paving the path for places like Chios to be persuaded to revolt against Athens (Thucydides, 2009, p. 418, 421-422). A symptom of NPD is "[taking] advantage of others to achieve his or her own ends," and the above interactions highlight how Alcibiades took advantage of Athens and ultimately sabotaged them out of a place of resentment, given his departure from the city-state (Mayo Clinic, n.d.). Furthermore, in Sparta, "Alcibiades had a reputation for adultery" (Littman, 1970, p. 270). A scandal associated with Alcibiades involves his seduction and impregnation of Timaea, the queen of Sparta; details of this affair, from the accounts of both Xenophon and Duris of Samos, were documented by Plutarch (Littman, 1970, p. 269). The affair even affected individuals other than Alcibiades and Timea, like their child, Leotychidas, who could not rule Sparta "on the charge of bastardy" (Littman, 1970, p. 269-270). Nevertheless, despite Agis II, the king of Sparta, graciously hosting the Athenian émigré, a

general of Sparta's enemy during the Peloponnesian War, Alcibiades pursued the affair with his wife—embodying entitlement, interpersonal exploitation, and a lack of empathy.

Section V: Alcibiades's Potential Disorders Other Than NPD

Many conditions share symptoms, and it can thus be challenging for medical professionals to make final diagnoses; for example, many mental health disorders can "cause sadness, anxiety, and sleep problems" (Cleveland Clinic, 2022; MedlinePlus, 2023). Therefore, providers compile differential diagnoses for patients (Cleveland Clinic, 2022). A differential diagnosis is a list of possible conditions, given the symptoms exhibited by a patient; if a condition is not included on the list, it is unlikely to be the final diagnosis (Cleveland Clinic, 2022; Jain, 2017). Conditions can begin to be ruled out based on certain laboratory tests (blood or urine), physical examinations, imaging (ex: x-ray) tests, ultrasounds, biopsies, etc. (Cleveland Clinic, 2022). If possible, medical professionals will consider the length, severity, history, triggers, lifestyle consequences, and drug-induced causes of the patient's symptoms to determine a final diagnosis (Cleveland Clinic, 2022). Providers may also use database and data mining tools like artificial intelligence before diagnosing a patient (Cook & Décary, 2020). Differential diagnoses exist to minimize errors in making final diagnoses (Cleveland Clinic, 2022). Furthermore, differential diagnoses can ensure a diagnosis leads to "[improved] clarity and communication" between the medical professional and patient while also "[providing] a trajectory of treatment (Cook & Décary, 2020). Healthcare aims to accurately treat a condition's underlying causes while avoiding danger (Cleveland Clinic, 2022). If any steps necessary in making a differential diagnosis are omitted, a differential diagnosis can lead to an inaccurate final diagnosis because a provider could select incorrect disorders to consider (Cleveland Clinic,

2022; Richardson et al., 2000). Therefore, differential diagnoses should include both common and uncommon diseases to increase the likelihood of an accurate diagnosis (Jain, 2017).

Psychiatrists note that other cluster B personality disorders, like "antisocial personality disorder, histrionic personality disorder, and borderline personality disorder," are often differential diagnoses for people with NPD (Mitra & Fluyau, 2022). Cluster B personality disorders involve "dramatic, overly emotional or unpredictable thinking or [behaviors]" and stem from similar genetic and environmental factors (Mayo Clinic, 2016; Torgersen et al., 2008). Additionally, cluster B personality disorders are often comorbid, meaning that an individual can simultaneously have more than one cluster B personality disorder (Centers for Disease Control and Prevention [CDC], 2022; Torgersen et al., 2008). Though this paper does not set out to outline a diagnosis for the late Alcibiades, especially since it is impossible to evaluate him via a live evaluation, it is important to acknowledge that Alcibiades could have suffered from conditions other than NPD. Therefore, the possibility of conditions like "antisocial personality disorder, histrionic personality disorder, and borderline personality disorder" should be explored (Mitra & Fluyau, 2022).

Antisocial personality disorder (ASPD) is a mental health disorder defined by "impulsive, irresponsible and often criminal behavior" (National Health Service [NHS], 2021). ASPD is dysfunctional and involves exploitative behaviors underpinned by a lack of remorse (Fisher & Hany, 2022). Along with struggling to be empathetic, individuals with ASPD are often "manipulative, [deceitful,] and reckless" (NHS, 2021). The disregard for others and their rights exhibited by those with ASPD is often associated with a failure to follow the law, difficulty maintaining relationships, and trouble having consistent employment (Fisher & Hany, 2022). Typically, ASPD patients have histories of conduct disorder when young—often characterized by

behaviors like truancy (intentionally missing school) and aggressive behaviors (including delinquency, in the form of engaging in illicit drugs, for example; NHS, 2021). While some researchers argue that psychopathy is a distinct disorder from ASPD, others note that psychopathy is a subtype of ASPD with extreme manifestations (Fisher & Hany, 2022). More formally, the *DSM-5-TR* clearly states the following seven symptoms of ASPD:

1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest
2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
3. Impulsivity or failure to plan ahead
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults
5. Reckless disregard for safety of self or others
6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another (APA, 2022).

An individual with three or more of the above symptoms may have ASPD, according to the *DSM-5-TR* (APA, 2022). One example of Alcibiades acting aggressively involves his behavior as a young man in a wrestling ring (Plut. *Alcib.* 2.2). To avoid being pinned and losing, Alcibiades bit into his opponent's arms (Plut. *Alcib.* 2.2). When confronted about his bite, in response to his opponent's crying, Alcibiades exclaimed that instead of biting like a woman, he bit like a lion (Plut. *Alcib.* 2.2). The aforementioned is an example of instrumental aggression, meaning he chose to bite with calculation, not because he felt threatened or frustrated (Sandridge, 2016, p. 9-10). In the past, Alcibiades seemed to have "cut the tail off a dog" to distract individuals from his previous misdemeanors (expanded upon later when discussing borderline personality disorder); thus, the repeated aggression of Alcibiades seems to be in line with ASPD (Deahl, 2021; Plut. *Alcib.* 9). Furthermore, it is essential to note that Alcibiades's behavior in a wrestling ring was as a young boy since aggressive behaviors associated with

conduct disorder can be seen as predictors of individuals having ASPD (NHS, 2021; Sandridge, 2016, p. 11). Most importantly, the behavior described in the wrestling ring is noted to have potentially been fabricated; however, the notion that anecdotes of Alcibiades's boyhood were even recorded calls attention to his problematic character (Sandridge, 2016, p. 11). Nevertheless, Plutarch's text often describes Alcibiades as a lion, like in the discussion about Alcibiades's "tyrant-like and monstrous" behaviors; the above highlights how Alcibiades "[changed] forms to capture his prey" in social interactions, an example of disregard for others for the sake of personal success (Plut. *Alcib.* 16.2; Sandridge, 2016, p. 10).

Histrionic personality disorder (HPD), also referred to as dramatic personality disorder, is a mental health disorder characterized by "exaggerated emotionality and attention-seeking behaviors" (French & Shreshta, 2022). Individuals with HPD present as seductive, charming, flirtatious, lively, manipulative, and impulsive; they act sensually with others, even if they are not sexually attracted to them (Lilienfeld et al., 1996; Novais et al., 2015). HPD may also induce one to wear flamboyant clothing—brightly-colored or revealing garments (Lilienfeld et al., 1996). Furthermore, those with HPD anchor their self-esteem on the approval of others and not their self-worth; they are motivated by a desire to get attention and thus engage in provocative or dramatic behaviors (Cleveland Clinic, 2022). In fact, individuals with HPD may feel unappreciated if they are not the center of attention; they often aim to be "the life of the party and have a 'larger than life' presence" (French & Shreshta, 2022; Rienzi & Scrams, 1991). "Superficial emotionality" with constantly changing emotions, which others can find disingenuous, is integral to those with HPD (Cleveland Clinic, 2022; French & Shreshta, 2022). Most notably, individuals with HPD are "easily influenced--especially by the people they

admire” and often consider their relationships with someone closer than they may be (French & Shreshta, 2022). More formally, the *DSM-5-TR* states the following eight symptoms of HPD:

1. [Discomfort] in situations in which he or she is not the center of attention
2. Interaction with others...often characterized by inappropriate sexually seductive or provocative behavior
3. [Display of] rapidly shifting and shallow expression of emotions
4. [Consistent use of] physical appearance to draw attention to self
5. Style of speech that is excessively impressionistic and lacking in detail
6. [Show of] self-dramatization, theatricality, and exaggerated expression of emotion
7. [Suggestibility] (i.e., easily influenced by others or circumstances)
8. [Considering of] relationships to be more intimate than they actually are (APA, 2022).

An individual with five or more of the above symptoms may have HPD, according to the *DSM-5-TR* (APA, 2022). Alcibiades was known to use appearance to draw attention. As Plutarch writes, when deriding Alcibiades’s son, Archippus provides the following description of Alcibiades: “walks with utter wantonness, trailing his long robe behind him” (Plut. *Alcib.* 1.3). The above makes it clear that Alcibiades used his walking posture and clothing choices to draw attention. Furthermore, a knuckle-bones incident highlights how Alcibiades was uncomfortable when he was not the center of attention and therefore pursued a dramatic course of action. As Plutarch describes, one day, the young Alcibiades was playing knuckle-bones, a game of the ancient Greeks comparable to the modern-day game of jackstones, in a narrow street (Good, n.d.; Plut. *Alcib.* 2.2). When it was his turn in the game, “a heavy-laden [wagon] came along” (Plut. *Alcib.* 2.2-3). Though he called on the driver to stop, the driver was impolite and did not stop. Though the other boys playing made way for the wagon, Alcibiades “threw himself flat on his face...stretched himself out at full length, and bade the driver [go] on if he pleased” (Plut. *Alcib.* 2.3). In response, the driver halted by “[pulling] up his beasts” (referring to some animals) and, with others on the street, ran to Alcibiades to help him (Fraser, 446; Plut. *Alcib.* 2.3). The previous encounter is an example of Alcibiades putting on a display where he risked his life for

the sake of a game—a theatrical move to ensure that his “turn to throw” in a game was not temporarily delayed (Plut. *Alcib.* 2.2).

Borderline personality disorder (BPD) is a mental health disorder that affects one's ability to regulate their emotions (NIMH, 2022). Also called emotionally unstable personality disorder, BPD is often characterized by unstable moods and reckless actions (Johns Hopkins Medicine, n.d.). These debilitating and "intense [mood swings]" can cause uncertainty for those with BPD and those around them, making it challenging to complete daily tasks, be responsible (including maintaining jobs and relationships), and participate in life events—individuals with BPD may use food, alcohol, etc. to cope with the aforementioned hardships (Johns Hopkins Medicine, n.d.; NIMH 2022). Thus, BPD's impulsivity can lead to the formation of negative self-images and relationships; timely treatment is of the utmost importance for BPD patients since they are at a higher risk for "depression, anxiety, substance use disorder, [self-harm]," and suicide (Johns Hopkins Medicine, n.d.; NIMH, 2022). More formally, the *DSM-5-TR* states the following nine symptoms of BPD:

1. Frantic efforts to avoid real or imagined abandonment (**Note:** [Does] not include suicidal or self-mutilating behavior covered in Criterion 5)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) (**Note:** [Does] not include suicidal or self-mutilating behavior covered in Criterion 5)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideation or severe dissociative symptoms (APA, 2022).

An individual with five or more of the above symptoms may have BPD, according to the *DSM-5-TR* (APA, 2022). Typically, the lack of signs like impulsivity and self-destructiveness can rule out borderline personality disorder (Mitra & Fluyau, 2022). However, Alcibiades chose to commit treason as an Athenian by joining Spartan forces, which was quite self-destructive for his reputation in Athens. Furthermore, he impulsively decided to pursue an affair with Timaea without considering the potential consequences if the affair was revealed. Additionally, there is evidence that Alcibiades, as a young individual, "killed a slave attendant in the palaestra with a stick, assaulted his schoolmaster for not possessing an edition of Homer's work, and even cut the tail off a dog so that those [rumors] would circulate instead of his other [misdemeanors]" (Deahl, 2021). The actions mentioned above are, holistically, clear examples of Socrates inappropriately controlling his anger towards various individuals by choosing to commit murder and assault; he even frantically engaged in actions to start rumors—all to prevent any abandonment by the people for his "rash behavior" (Deahl, 2021). Well before his affair in Sparta, Alcibiades was known to engage in casual sexual affairs with women, which led to his wife leaving home and wanting to divorce him—an example of a continuously-persisting intensely negative interpersonal relationship (Deahl, 2021). Given that 25% of people with BPD also have NPD, it is reasonable that there exists evidence that Alcibiades may have suffered from both disorders (National Education Alliance for Borderline Personality Disorder, n.d.).

Section VI: Leadership Efficacy Given Potential Symptoms of Personality Disorder(s)

There is indeed an overwhelming amount of evidence that Alcibiades may have suffered from NPD, but there is also evidence that highlights some of the symptoms of ASPD, HPD, and BPD. Given Alcibiades is a historical figure, no one can likely say with certainty which

personality disorder(s) Alcibiades suffered from in particular (Sandridge, 2016, p. 6). Instead, what is more important is considering how Alcibiades's potential personality disorder(s) shaped his governance.

Personality disorders indicate deviations from society's norms (Mayo Clinic, 2016). Therefore, one may be immediately inclined to postulate that Alcibiades's potential disorder(s) could have merely driven him to make poor decisions and were disadvantageous. However, as highlighted by Dr. Norman B. Sandridge (2016), an associate professor of political science, many of the symptoms of NPD, ASPD, HPD, and BPD are characteristics that society looks for in leaders "at least in some circumstances" (p. 6). For example, a relationship with individuals exhibiting grandiosity by exaggerating achievements can be challenging (Mayo Clinic, 2022). Yet, people want a leader that is guarded "from an abundance of negative criticism," and they are often encouraged by individuals that can remain optimistic and communicate the positives of tough situations (Sandridge, 2016, p. 11). Another example involves lying; people look down upon hypocrisy, lying, and cheating (Davis, 2018; Jordan et al., 2017). Yet, people want a leader that lies to "protect sensitive information;" an important caveat is that individuals may not want a leader to lie pathologically due to how difficult it can be to determine if a leader is sharing the truth (Sandridge, 2016, p. 12). Furthermore, individuals may resist supporting manipulation, given that it, especially in the form of propaganda, can be coordinated efforts of malice (Woolley and Howard, 2018, p. 3). Yet, people understand that leaders may be required to "mislead others, build them up, or trick them" as part of strategical operations (Sandridge, 2016, p. 12). Moreover, society places great importance on responsibility, evidenced by legislation that highlights adolescents are not too young to be held responsible for their criminal actions (Morse, 1998, p.

16). Yet, people may share that leaders may need to be “irresponsible” by “[switching] loyalty from one side to another in order to advance their (or others’) interests” (Sandridge, 2016, p. 10).

Additionally, individuals may analyze impulsivity as a detriment—for example, literature examining drugs and society noted that impulsivity in adults with ADHD can lead to poor, regrettable decisions being made (Arun & Das, 2016). Yet, people also report that leaders should be able to “seize the right moment,” which inherently requires impulsive actions (Sandridge, 2016, p. 13). In addition, a lack of remorse or guilt can come with rationalizing hurt, as manifested by some individuals with ASPD, which could cause discomfort for some (APA, 2022). Yet, people realize that leaders must move on after making tough decisions—especially since people expect their leaders to “do cruel things that [they themselves] are unwilling to do” (Sandridge, 2016, p. 12). Moreover, some individuals realize that leaders could be required to take steps forward without giving in to emotions like guilt (Sandridge, 2016, p. 12). Further, exploitation is often considered a negative phenomenon, as evidenced by a Northern Ireland Government Services (n.d.) website mentioning ways to recognize exploitation. Yet, people understand that leaders could need to “take more than they give back in order to succeed;” regardless of the aforementioned takeaway being about financial donations or support, it is clearly about taking advantage of others (Sandridge, 2016, p. 12). Lastly, it can be challenging to maintain relationships with those with HPD, possibly given their rapidly-changing emotions (American Addiction Centers, 2022). Yet, people understand that leaders must modify moods quickly based on a situation (Sandridge, 2016, p. 13). For example, despite being upset because of how a dignitary reacted to a decision, the leader is expected to adopt forgiveness towards an intern who made a mistake moments later—an example of a quick change in emotions.

Although the traits outlined above can be advantageous, Athens was often hurt by Alcibiades's personality disorder symptoms—particularly grandiosity and the belief that he is unique, characteristics of NPD. For example, during the Peloponnesian War, Alcibiades delivered an impassioned plea persuading Athens to conquer Sicily—likely so he could be decorated for his military prowess if the expedition were successful (discussed in **Section IV**). However, Athens's subsequent decision to follow Alcibiades's advice was disastrous, as Athen's expedition led to defeat (Plut. *Nic.* 30.1-2). The Athenian people initially did not believe Athens's failure at Sicily when first communicated at a barbershop, possibly because of the extreme confidence Alcibiades instilled via his plea (Plut. *Nic.* 30.1). After being confused about how Athens could be defeated, a general assembly decided that the messenger of the news at the barbershop fabricated the information and was punished by being "fastened to the wheel and racked [for] a long time until messengers came with the actual facts of the whole disaster" (Plut. *Nic.* 30.2). If only the Athenians had listened to Nicias, who presented historical evidence, rather than being enamored by Alcibiades, the defeat could have been prevented (Plut. *Nic.* 30.2). Additionally, after details about his affair with Timea (discussed in **Section IV**) became public and the retirement of Endius, one of the five highest magistrates who advised the Spartan king, Alcibiades had very little support in Sparta (Encyclopedia Britannica, 2011; McGill School of Computer Science, n.d). In fact, it is said that the Spartan admiral Astiochus, an enemy of Alcibiades, was ordered to kill Alcibiades; thus, Alcibiades then defected to Persia (Marsh, 16; McGill School of Computer Science, n.d.). In Persia, Alcibiades became a close comrade of the satrap, Tissaphernes, allowing Alcibiades to hurt both Athens and Sparta; for example, Alcibiades suggested that the Persian fleet enter the Peloponnesian War after the Athenian and Spartan fleets became exhausted so that Persia could easily take over both city-states (McGill

School of Computer Science, n.d.). Thus, Alcibiades's "irresponsibility" led to Persia's growth and Athens's demise (McGill School of Computer Science, n.d.; Sandridge, 2016, p. 13).

Section VII: Talk Therapy, Medicalization, and Socrates

Today's primary approach for NPD patients is talk therapy, also known as psychotherapy (APA, 2019; Pietrangelo, 2020). The technique can assist children and adults in one-on-one or group settings (APA, 2019; NIMH, 2023). Therapists use talk therapy to help NPD patients identify troubling emotions, thoughts, and behaviors (Pietrangelo, 2020). For example, a therapist may ask a patient how they feel knowing that their mother did not help them (Pawelczyk, 2016, p. 167). Questions such as the one noted above allow patients to navigate the root causes of their emotions and create more intimate relationships with others through active focus (Pietrangelo, 2020). Importantly, when NPD patients fail to tolerate criticism and accept their competence and potential, talk therapy provides temporary relief as therapists encourage individuals to exhibit humility—such a practice can alleviate one's severe symptoms rooted in inner turmoil and stress caused by their unrealistic approach to life (Mayo Clinic, 2017). It is crucial to consider that therapists personalize the talk therapy to the patient, especially since it can be used for conditions featuring emotional difficulties other than NPD, like obsessive-compulsive disorder and bipolar disorder (APA, 2019; NIMH, 2023). There are many types of talk therapy, and the type used is dependent on factors like symptoms and patient preferences; the following is a summary of each type:

- Cognitive behavioral therapy (CBT) "helps people identify and change thinking and behavior patterns that are harmful or ineffective, replacing them with more accurate thoughts and functional behaviors"

- Dialectical behavior therapy is a type of CBT that "helps regulate emotions"
- Interpersonal therapy (IPT) "helps patients understand underlying interpersonal issues that are troublesome...and learn healthy ways to [express emotions, communicate, and relate] to others"
- Psychodynamic therapy helps with "self-awareness and [changing] old patterns" since "behavior and mental well-being are influenced by childhood experiences and inappropriate repetitive thoughts or feelings"
 - Psychoanalysis is "a more intensive" and frequent "form of psychodynamic therapy"
- Supportive therapy, by means of encouragement, "helps patients develop their own resources," [builds] self-esteem, [reduces] anxiety, [strengthens] coping mechanisms, and [improves] social and community functioning" (APA, 2019).

For talk therapy to be effective, a patient must be actively engaged; thus, within talk therapy sessions, therapists strive to build trust between themselves and their patients (APA, 2019). To foster trust, therapists do not share patients' thoughts and feelings with others—in *Jaffee v. Redmond*, the United States Supreme Court recognized such a "psychotherapist-patient" privilege (APA, 2019.; Jaffee v. Redmond, 1996). While talk therapy can be short-term, characterized by a few sessions, it can also be long-term as it is equipped to address chronic challenges (APA, 2019.). The length of the talk therapy treatment, in terms of the duration and frequency of sessions, is determined by the therapist and the patient's goals, responsibilities, history, and progress—thus, successful talk therapy involves all parties being committed (APA, 2016; APA, 2019). "75% of people who enter psychotherapy show some benefit;" more

specifically, individuals who engage in talk therapy are noted to “experience symptom relief and are better able to function in their lives” (APA, 2016; APA, 2019).

Contemporary medicalization of mental health, with its roots in Western culture, is a process involving mental "conditions and behaviors [being] labeled and treated as medical issues" (Conrad & Slodden, 2012; NYU Langone Health, n.d.). Such a phenomenon has proven to be sometimes beneficial—especially in reducing stigma and blame toward mental health disorders (Overholser, 2018). "Individuals with mental or psychological issues may be seen as lazy, disrespectful, or rude," as if they intend to go against the norms and expectations set in place by society; but, when an individual's behavior is described with a biological explanation, individuals suffering are met with compassion instead of anger and vitriol (Levine, 2003, p. 1; Overholser, 2018). For example, it can be far easier to explain one's unavailability by mentioning an appointment with a healthcare professional to discuss a prescription than a therapy appointment (Overholser, 2018). Nevertheless, such a medicalization of mental health has also brought significant problems. For instance, there has been a marked increase in medications purported to be effective against mental health disorders; there exists an effort to "[medicalize] normal emotional struggles" rather than perhaps considering population-based interventions (Overholser, 2018; Thangadurai & Jacob, 2014). As argued by Dr. James Overholser (2018), a professor of psychological sciences, the rise in the prevalence of mental health disorders and distress can likely be attributed to economy-based stressors more than it can be linked to "improvements in medical taxonomy or discoveries in science." Dr. Overholser (2018) uses depression as a case study; since the end of the 20th century, there has been a jump in antidepressant use and sales—the industry made billions of dollars in 2019 (Urquhart, 2020; Wehrwein, 2011). Because pharmaceutical corporations benefit, widespread struggles like

shyness have been described and marketed as mental illnesses (Moynihan & Cassels, 2006; Overholser, 2018).

Talk therapy is a non-pharmacological intervention as it does not include medication; given its efficacy, it is a viable alternative to the treatments offered by today's medicalization (Cramp et al., 2013). Research suggests that talk therapy, specifically CBT, can be more effective than medication for conditions like depression; CBT even reduces the risk of relapse after its discontinuation, making it a reliable treatment option for patients (Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder, 2017; DeRubeis et al., 2008). Furthermore, brain imaging revealed that brain changes in those who participated in talk therapy were comparable to changes from medication (Karlsson, 2011). The aforementioned could maybe be explained by talk therapy and medication for a particular condition interacting with the same neural circuitry, as is likely the case for CBT and antidepressant medication (DeRubeis et al., 2008). Additionally, though one may be inclined to postulate that consuming an antidepressant would be less expensive than talk therapy, a study concluded that the costs posed by both options are equal five years after a depression diagnosis (Ross et al., 2019). Dr. Susan Krauss Whitbourne (2015) also shares that talk therapy poses a benefit that makes it far more advantageous to medications—talk therapy is not associated with overdose and addiction, two significant risks of drugs like benzodiazepines (Tan et al., 2010). Given the challenges brought by contemporary medicalization and the characteristics of talk therapy, the following conclusion of Dr. Whitbourne (2015) must be echoed: instead of merely relying on medication, individuals should shift their focus to talk therapy.

Talk therapy's history centers around a patient, Anna O., and her doctor, Josef Breuer (Boeree, n.d.; Encyclopedia Britannica, 2023). In 1880, when she was twenty-one, Anna

dedicated most of her time to caring for her father (Boeree, n.d.). Around then, she suffered from a chronic cough and various speech difficulties—she first became mute and, after, solely communicated in English despite German being her primary language (Boeree, n.d.; Tsuman, 2020). However, after her father passed away, Anna stopped eating, was partially paralyzed, had involuntary spasms, experienced hallucinations, and had tunnel vision; specialists discerned no physical causes for any of the issues outlined (Boeree, n.d.). However, given her suicide attempts, "fairy-tale fantasies," and mood swings, Breuer diagnosed Anna with what is today referred to as conversion disorder—she had symptoms that "appeared to be physical, but were not" (Boeree, n.d.; Halligan et al., 2000). Breuer also noted that Anna would sometimes find herself in states called "spontaneous hypnosis," in which Anna was able to explain her behavior from earlier in the day; as evidenced by Anna calling them "the talking cure," the aforementioned trances made Anna "[feel] better [afterward]" (Boeree, n.d.). In fact, during these states of spontaneous hypnosis that Anna called "clouds," a cause of an abnormality she suffered from would be revealed (Boeree, n.d.; Santiago, 2021). For example, Anna avoided drinking water for an extended period; however, while in spontaneous hypnosis, she noted how disgusted she felt when she saw an individual "drink from a glass that a dog had just drunk from" and consumed water after the discussion (Boeree, n.d.). The above phenomenon later became known as the "cathartic method" since a conversion disorder symptom would disappear after an emotional event was uncovered (Boeree, n.d.; Macmillan, 2008). Breuer and Sigmund Freud eventually wrote a book detailing Breuer's findings on conversion disorder (Boeree, n.d.). In summary, they emphasized that, though the emotions one feels after a traumatic experience may not manifest immediately, they do not disappear; therefore, when individuals understand their

conversion disorder symptoms by talking or engaging in hypnosis, they no longer exhibit any of their past symptoms (Freud & Breuer, 2004).

Though Breuer and Freud have since received pushback, notably because of Breuer's speculative thinking and "deduced ideas from theories which were highly abstracted," the two represent the recorded origin of talk therapy (Schlessinger et al., 1967). Nevertheless, the conversations between Socrates and Alcibiades, over 2200 years before Breuer and Freud, can be considered precursors to talk therapy (Sandhu, 2015). For example, in the *First Alcibiades*, Socrates compares Alcibiades to Persian rulers "since [Alcibiades plans] to be a leader of [Athens]" (Pl. *Alc. I* 120b). When Socrates asks Alcibiades what skills he plans to depend on when competing with individuals in Persia who were often groomed to be new rulers, Alcibiades unsurprisingly mentions "good looks, height, birth, wealth, and native intelligence" (Pl. *Alc. I* 123e). In a humbling response, Socrates eloquently notes that Amestris, the widow of Persian emperor Xerxes, would "conclude that [Alcibiades is] stark raving mad" as Persian rulers have the aforementioned traits as well (Pl. *Alc. I* 123e). Socrates also engages in sarcastic commentary aimed at humbling Alcibiades. Socrates says, "surely you ought to be so far superior to them that they're happy to be your humble comrades in the struggle and wouldn't dream of competing with you," in response to Alcibiades's remark about distinguishing himself from others due to his "superiority" (Pl. *Alc. I* 119e). Furthermore, Socrates shares with Alcibiades how caring for oneself via philosophy can lead to betterment. When addressing the differences between mirrors and pupils, he discusses that the next step for Alcibiades is to "cultivate [his] soul" by learning "what makes a soul good" (Pl. *Alc. I* 132c-133c). Thus, Socrates implies that gaining self-knowledge by introspecting is comparable to freeing oneself from servitude—he provides philosophy as a resource for Alcibiades, similar to how a therapist

employing talk therapy would give tools to someone suffering from NPD. Towards the end of the text, Alcibiades acknowledges a psychotherapist-patient relationship between himself and Socrates when saying, “I’ll be playing yours and you’ll be playing mine, for from this day forward I will never fail to attend on you, and you will always have me as your attendant” (Pl. *Alc. I* 135e). In response, Socrates shares that the city of Athens may be an interpersonal issue that complicates Alcibiades’s improvement—he identifies the tendency in which Alcibiades’s love of people dictates his nature; the above is an example of Socrates utilizing elements of talk therapy (specifically IPT) in his conversation with Alcibiades (Pl. *Alc. I* 135e).

The *Second Alcibiades* and *The Symposium* also involve conversations that resemble talk therapy. For example, in the *Second Alcibiades*, Alcibiades claims, “who will teach me? I would very much like to see the man who could do it” (Pl. *Alc. 2* 150d), implying that no one is capable enough to teach him. In response, Socrates humbles Alcibiades by suggesting that Alcibiades should “get rid of the fog which is wrapped around [his] soul” so he can prepare “to receive the means of telling good from evil” (Pl. *Alc. 2* 150e). Furthermore, in *The Symposium*, Alcibiades exclaims that he thought that Socrates would be interested in his “youthful beauty,” which would thus allow Alcibiades to be closer to Socrates and know “whatever [he knows]” (Pl. *Symp.* 217a). However, Socrates takes the time to put down Alcibiades’s misconceptions of praise, eros, and erotic education by using counterexamples—“a prologue to a constructive relationship rather than [a] malicious assault on [Alcibiades’s] intelligence and character (Lampe, 2010, p. 192-193; Pl. *Symp.* 222c-223b). However, it is important to remember that behind Alcibiades’s confidence lies great insecurity. Thus, Socrates, in a manner similar to talk therapy, provides Alcibiades with obtrusive questions to test his intelligence, ambition, courage, and maturity; Socrates takes the

time to critically observe how Alcibiades emotionally and practically reacts to rebuttals to bring about adequate transformations of character (Lageman, 1989).

Though the text does not feature Alcibiades, Socrates's dialogues with Callicles in the *Gorgias* feature Socrates establishing himself as someone who may today be referred to as a therapist. The *Gorgias* involves discourse between Socrates and a few sophists, or those who practiced the art of persuasion—he aims to reveal the pitfalls of rhetoric as it is mere flattery. When arguing about the differences between what is good and pleasurable, Socrates mentions to Callicles, one of the sophists, that things must be ordered and organized to be good (Pl. *Grg.* 503e). For example, a sailboat with a mast is disordered and disorganized if the vessel was designed to be underwater, as the mast would be ineffectual. Further, he notes that the order and organization of everything vary—after all, the composition of a body is distinct from a house; thus, housebuilders are concerned with the order and organization of houses, whereas physical trainers and doctors are concerned with those of bodies (Pl. *Grg.* 503e-504a). He adds that a good human being is composed of a good soul, and he notes that he is willing to be someone concerned with the order and organization of Callicles's soul; the aforementioned can be extrapolated as Socrates describing himself as one interested in addressing the mental health of Callicles, similar to a therapist (Pl. *Grg.* 504b-506e). Thus, if Socrates considers himself akin to a therapist, his incorporation of talk therapy elements in dialogues is unsurprising.

As alluded to above, the trends observed in Socrates's dialogues are not unique to the *First Alcibiades*, the *Second Alcibiades*, *The Symposium*, and the *Gorgias*. "The Socratic method" describes Socratic dialogue, often including questioning with the goal of "clear definitions of ethical terms" (Hackforth, 1933; Overholser, 2018). Socratic dialogue can be summarized as "two or more people [exchanging] ideas, [challenging] beliefs, and [remaining]

open to new perspectives;" discourse featuring Socrates has involved various topics, ranging from religion to politics to drug use (Overholser, 2018). More specifically, within the elenchus, a form of Socratic dialogue, Socrates asks a series of questions and aims to highlight all consequences of an individual's statement—the previously-mentioned approach includes "detecting and refuting the invalid and unsupported beliefs" that may be part of the individual's argument (Matthews, 1999; Overholser, 2018). Mainly if conversations include more abstract concepts like justice or love, in the elenchus, Socrates does not shy away from developing an operational definition while determining how an individual's beliefs inform their proposed definition (Matthews, 1999; Overholser, 2018; Robinson, 1971). Most importantly, Socrates hopes to eliminate misconceptions from ignorance in the elenchus, allowing for an individual's growth centered around making valid arguments (Overholser, 2018). In a dialectic, another form of Socratic dialogue, Socrates's objective is to learn about new ideas and tackle novel perspectives (while dispelling misconceptions; Overholser, 2018). The importance of "learning opportunities" and "new insights" for Socrates was paramount, given that he believed he lacked knowledge and instead carried himself as a "fellow explorer" determined to learn "knowledge that could be trusted" (Overholser, 2018). Although Socrates's conversations may not have had goals explicitly related to mental health treatment, his dialogues with Alcibiades and Callicles include principles central to modern-day talk therapy, like questioning, identifying thoughts, and changing thinking.

Section VIII: Socrates, Society, and Mental Health Legislation

Section VII notes that Socrates valued caring for one's health, which includes mental health, given his utilization of elements of what is known today as talk therapy. However,

considering his commitment to the ideals of Asklepios, the physician-god, it can also be argued that Socrates believed society is responsible for caring for others' health (Bailey, 2018). As described in Homer's *Iliad*, Asklepios was traditionally seen as a mortal hero, not a god, that was gentle and caring towards everyone (Hom. *Il.*). He was well-known for healing individuals, including criminals, and bringing them back from the dead (Bailey, 1996; Edelstein and Edelstein, 1945). However, by Socrates's lifetime, Asklepios began to gain traction as a physician-god, and temples for Asklepios were built for people to practice his beliefs (Stanton, 1999). A temple included the following inscription: "Savior equally of slaves, of paupers, of rich men, of princes, and to all a brother, such help he would give," which emphasized the Asklepian focus on caring for everyone, a concept substantially different from the ideas highlighted by the gods portrayed in Greek mythology (Bailey, 1996; Edelstein and Edelstein, 1945; Oliver, 1939).

Below is a summary of the main elements of the Asklepian tradition:

- Serving one's "self, patients, and community"
- Healing by accepting mortality
- Focusing on "the quiet repose and the dreams of the patients"
- Listening and waiting carefully
- Accepting a patient's uniqueness so as not to threaten their integrity
- Applying knowledge carefully "while constantly attending to the patient" (Bailey, 2018; Downie, 2018; Mitchell-Boyask, 2008)

Socrates seemed to have subscribed to the above ideals; he consistently noted that individuals are indebted to the healing divinity and underscored that society should act altruistically by healing others (Bailey, 2018; Pl. *Phd.*). Furthermore, he shared that individuals

are responsible for fighting for the "weak, vulnerable, sick, and suffering," especially if one's private interests contradict the interests of the public's health (Bailey, 2018). Ultimately, Socrates was prosecuted for "not believing in the state's gods" and advocating for Asklepiian beliefs and cults; one of his charges was "impiety" (Bailey, 2018; University of Cambridge, 2009). The *Phaedo* is a text featuring Socrates's last conversation and subsequent execution. As he is dying from the hemlock provided by his executioner, Socrates accepts his mortality and says the following to his friend: "Crito, we owe a cock to Asklepios - Pay it and do not neglect it" (Pl. *Phd.* 118). After being told that he cannot pour a portion of the hemlock as an offering, Socrates requests Crito to "pay the traditional thank offering" to Asklepios" (Bailey, 2018). Dr. James Bailey, a professor of internal medicine, theorizes about Socrates's allegiance to Asklepios, including the desire to thank Asklepios with a cock. Dr. Bailey (2018) postulates that Socrates must have thought that Asklepiian beliefs would "heal both [himself] and his followers from the fever of earthly life;" leading a life while avoiding earthy pleasures was a principle core to Socratic thought.

Since roughly 14% of the world's health conditions involve mental health disorders, mental health care is paramount. Legislative bodies are beginning to pass mental health legislation (MHL), or bills aimed at ensuring mental health care access by providing a "regulatory framework for mental health services and other providers of treatment and care" (Ayano, 2018). For example, in the 117th United States Congress (from January 3, 2021 to January 3, 2023), 543 bills involved mental health—of those, 59 bills were enacted by being signed into law by President Biden or incorporated into other bills (GovTrack, n.d.). MHLs allow individuals who require mental health care to be given the treatment necessary to prevent the worsening of symptoms and quality of life (Ayano, 2018). Furthermore, MHLs aid patients in

receiving mental health care in the least intrusive and restrictive environments so that their treatments are effective; for example, current research indicates that mental health care should be delivered in a patient's community (as opposed to institutional settings) unless "there is a risk of self-harm or harm to other people," which can be ensured by MHLs (Ayano, 2018). One example of an MHL in the 116th United States Congress (from January 3, 2019 to January 3, 2021) is H.R. 1109 - Mental Health Services for Students Act of 2020, a bill passed in the United States House of Representatives and read in the United States Senate by the Committee on Health, Education, Labor, and Pensions (Mental Health Services for Students Act of 2020, 2020). Based on Socrates's commitment to Asklepian ideals, it can be maintained that, if alive today, Socrates would have supported H.R. 1109.

H.R. 1109 was introduced to the United States House of Representatives by Rep. Grace F. Napolitano [D-CA-32] in February 2019; it attempted "to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs" (Mental Health Services for Students Act of 2020, 2020). More specifically, the bill aimed to provide "specific statutory authority" for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program by amending the Public Health Service Act (Mental Health Services for Students Act of 2020, 2020). Statutory authority, also known as a statutory grant of authority, involves the United States Congress earmarking powers and duties associated with "[issuing] legally binding rules and [resolving] disputes" to a government agency via the law (Ballotpedia, n.d.). Thus, the statutory authority would allow the Project AWARE State Educational Agency Grant Program to devise regulations "with the force and effect of [the] law" (Library of Congress, n.d.). For example, a statutory authority established the United States Department of State with a Secretary of State as its head (22 U.S. Code § 2651 - Establishment

of Department, 2011). Statutory authority allows a government agency to administer a program effectively, as the United States Congress would allow the agency to decide substantive and procedural details (Ballotpedia, n.d.). H.R. 1109 focused on providing statutory authority for the Project AWARE State Educational Agency Grant Program under the Substance Abuse and Mental Health Services Administration; the program aids mental health services like screening, treatment, and outreach in schools (United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Furthermore, Project AWARE prides itself in delivering rigorous training for school personnel and individuals working with school-aged youth, ranging from teachers to bus drivers, to identify and respond to mental and behavioral health issues by introducing students and families to appropriate services (United States Department of Health and Human Services SAMHSA, 2023).

As one who prioritized Asklepiian ideals, Socrates would have supported H.R. 1109 as it would strengthen the authority of the Project AWARE State Educational Agency Grant Program and allow it to perform tasks like allocating sufficient “[funding for] state, tribal, territorial, and local education agencies to increase awareness of youth mental health” via regulation (Mental Health Technology Transfer Center Network, n.d.). Project AWARE indeed serves the community by providing students with mental health resources (United States Department of Health and Human Services SAMHSA, 2023). Their training programs emphasize the importance of listening to students to identify individuals needing assistance—further, the services they connect families with offer continuous, coordinated care (SchoolSafety.gov, 2022). Most importantly, Project AWARE understands that students are a unique demographic and provides solutions to overcome mental health challenges in their unique environments (schools; Georgia Department of Education, n.d.). Considering the elements of Asklepiian tradition above

embodied by Project AWARE, Socrates would have discerned that, as members of society who must care for others, the United States Congress should have enacted H.R. 1109 into law.

Section IX: Conclusion

Frustrated with the Athenian government, for which he served as a general during the Peloponnesian War, Alcibiades turned traitor and was instrumental in Sparta's eventual victory. Even more notably, although the Spartan king graciously hosted the Athenian émigré, Alcibiades pursued an affair with the Spartan queen. The above description may sound like Alcibiades was merely a reckless individual. However, given the features and symptoms of the mental disorder outlined in the *DSM-5-TR*, it is likely that Alcibiades suffered from NPD.

Many NPD patients can be described as having extreme self-superiority while also battling insecurity; several of Plato's works, along with texts documenting Alcibiades's childhood and time as a leader, make it evident that Alcibiades can be characterized similarly. When he was younger and aspiring to lead, Alcibiades was advised by Socrates to learn to define essential concepts like justice and explain how he planned to better the city-state. However, Alcibiades refused to acknowledge Socrates's guidance and would ramble about his good-looking physical attributes. Socrates's emphasis on the importance of practicing philosophy and self-care to be the best version of himself was also met with similar commentary by Alcibiades. Nonetheless, since it is impossible to evaluate the late Alcibiades via an interview, it cannot be said with certainty that Alcibiades battled NPD specifically—it is also feasible that Alcibiades suffered from conditions like ASPD, HPD, and BPD. However, it is evident that many traits individuals seek in their leaders are also symptoms of personality disorders. Yet, Alcibiades's potential personality disorder ultimately did negatively affect his leadership. From

attempting to conquer the large island of Sicily in hopes of strengthening his popularity to defecting to Persia after details about his affair with the Spartan queen came to light, Alcibiades's potential personality disorder may have driven him to make poor decisions. Thus, Alcibiades is a case study to analyze the relationship between a personality disorder and governance.

Despite talk therapy not being introduced until the late 1800s, by incorporating statements meant to instill humility while providing avenues to change his thinking, Socrates's engagement with figures like Alcibiades and Callicles resembles talk therapy in a psychotherapist-patient dynamic. Further, as a staunch proponent of Asklepian ideals, Socrates believed society was responsible for caring for those suffering. Given his approach and views, Socrates would have supported H.R. 1109, which is a bill centered around strengthening the authority of the Project AWARE State Educational Agency Grant Program and ultimately improving access to mental health services for students across the United States.

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