

CHARLES UNIVERSITY  
FACULTY OF HUMANITIES

Liberal Arts and Humanities



BACHELOR THESIS

Treating the Passions:  
A Critical Examination of Mauro Simonazzi's Interpretation  
of Self-liking and Hypochondria in the Works of Bernard Mandeville

Linda Havrdová  
Supervisor: PhDr. Tomáš Kunca, Ph.D.

Prague 2024

Department of Philosophy

# UNIVERZITA KARLOVA

## FAKULTA HUMANITNÍCH STUDIÍ

Studium humanitní vzdělanosti



BAKALÁŘSKÁ PRÁCE

Léčba vášní:

Kritické přezkoumání M. Simonazziho interpretace sebe-zalíbení  
a hypochondrie v dílech Bernarda Mandevilla

Linda Havrdová

Vedoucí práce: PhDr. Tomáš Kunca, Ph.D.

Praha 2024

Katedra filosofie

**Declaration:**

I hereby declare that the thesis is an original work written by myself, except where due references are made in the text. The thesis was not used to obtain any other title, degree, or diploma.

Date: .....

Signature: .....

**Acknowledgement:**

I would like to express my sincere gratitude to my supervisor, PhDr. Tomáš Kunca, Ph.D., for inspiring me by introducing me to Mandeville's work and for granting me the opportunity to pursue my research interest. Without his guidance and encouragement, the completion of this thesis would not have been possible. I would also like to thank my family and friends for their unwavering support throughout this journey and for making sure that my *self-liking* has always remained at serviceable levels so as not to succumb to the *disease of the learned* during the research and writing process.

## **Abstract:**

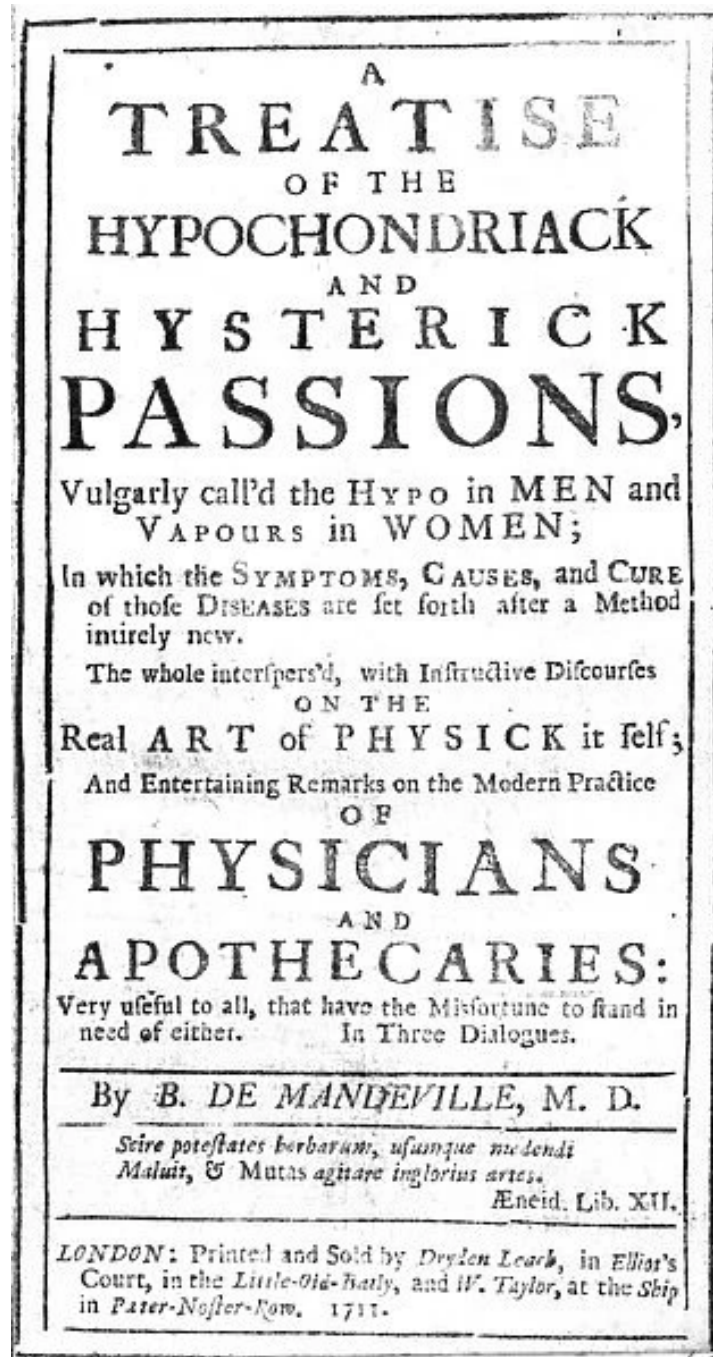
While the research on mental health typically centres on current perspectives, valuable insight can nonetheless be gained from examining how this topic was viewed in the past. For this reason, this thesis aims to explore this exciting avenue of study by critically re-examining the Mandevillian scholar Mauro Simonazzi's interpretation of the *Treatise of Hypochondriack and Hysterick Diseases*, an 18th-century medical text written by the philosopher and physician Bernard Mandeville. Simonazzi presents a case for why the mental illness known as hypochondria should be viewed through the lens of the theory of self-liking present in Mandeville's philosophical works. The method chosen for the purpose of the present examination is to outline Simonazzi's arguments, evaluate their consistency with Mandeville's original texts, and propose refinements where necessary. In the first section, Mandeville's philosophical theory of self-liking and the functioning of the 'psychological mechanism' is explicated to lay the groundwork for a subsequent review of Simonazzi's arguments. The second section evaluates Simonazzi's view that hypochondria stems from a lack of self-liking. It likewise further expands upon the role of shame in the onset of the disease and suggests a refinement of the argument that hypochondria should be seen as an 'annihilation of the desire for approval'. The third section examines how the treatment of hypochondria can be seen as a systematic effort to raise the patient's self-liking. This is achieved by using Simonazzi's arguments as well as the aforementioned theories on the role of shame and the breakdown of the psychological mechanism to interpret events in the *Treatise*. The final section then connects the early modern period to the present day by citing evidence from contemporary psychological research that aligns with Simonazzi's interpretation of Mandeville's writing. This not only demonstrates the strength of his argumentation but likewise indicates that certain features of the therapeutic process as well as realities of the human psyche can be considered timeless.

**Keywords:** Mandeville, Self-liking, Hypochondria, Mental Health, Therapy, British Philosophy, History of Medicine, Early Modern Period

## **Abstrakt v českém jazyce:**

Ačkoliv bývají studie zabývající se duševním zdravím typicky zaměřeny na současnost, může i zkoumání způsobu, jak na toto téma bylo nahlíženo v minulosti, přinést mnohé cenné poznatky. Z tohoto důvodu je cílem práce proniknout do tohoto fascinujícího tématu pomocí kritického přezkoumání interpretace navržené Maurem Simonazzim, v níž tento akademik posuzuje *Pojednání o Hypochondrii a Hysterii*, medicínský text z 18. století sepsaný filosofem a lékařem Bernardem Mandevillem. Podle Simonazziho by duševní porucha, kterou Mandeville nazývá *hypochondrii*, měla být interpretována prostřednictvím teorie o *sebe-zalíbení* prezentované v Mandevillových filosofických spisech. Přezkoumání bude dosaženo představením Simonazziho argumentů, zhodnocením toho, nakolik odpovídají Mandevillovým originálním textům a navržením případných úprav tam, kde se to bude jevit jako potřebné. V první části je explikována Mandevillova filosofická teorie *sebe-zalíbení*, jakož i fungování ‘psychologického mechanismu’, které poslouží jako základ pro následné ověření Simonazziho argumentace. V druhé části je kriticky zhodnocen Simonazziho názor, že *hypochondrie* pramení z nedostatku *sebe-zalíbení*. Dále je zde podrobněji vylíčena role studu v počáteční fázi této choroby a je navržena úprava Simonazziho tvrzení, že pro *hypochondriky* je charakteristické ‘odumření touhy po uznání’. Třetí část zkoumá, zda je možné chápat léčbu této nemoci jako systematickou snahu o zvyšování pacientova *sebe-zalíbení*. Za tímto účelem jsou události popsané v *Pojednání* interpretovány jak pomocí Simonazziho argumentů, tak s využitím dříve představené teorie o roli studu a defektu psychologického mechanismu. Poslední část pak propojuje raně novověkou perspektivu se současností tím, že předkládá zjištění vyplývající ze současných psychologických výzkumů, které se do značné míry shodují se Simonazziho interpretací Mandevillových prací. Tato shoda svědčí o síle Simonazziho argumentace a rovněž poukazuje na to, že některé aspekty terapeutického procesu, jakož i skutečnosti týkající se lidské psychiky, mohou být právem pokládány za nadčasové.

**Klíčová slova:** Mandeville, Sebe-zalíbení, Hypochondrie, Duševní zdraví, Terapie, Britská filosofie, Dějiny lékařství, Raný novověk



*“Whatever we do, self-esteem is always the more or less hidden driving force of our actions; it is the wind that fills the sails, without which the boat would not move at all.”*

- Émilie Du Châtelet<sup>1</sup>, Discourse on Happiness<sup>2</sup>

<sup>1</sup>18th-century French philosopher, physicist, and *femme de lettres*. Notable for her translation of B. Mandeville and I. Newton's work into French.

<sup>2</sup>DU CHÂTELET, Émilie. *Discourse on Happiness*. In: DU CHÂTELET, Émilie; ZINSSER, Judith P.; BOUR Isabelle. *Selected Philosophical and Scientific Writings*. University of Chicago Press, 2009. ISBN 978-0-226-16806-7.

# Table of Contents

<b>Introduction.....</b>	<b>1</b>
Notes on Scope and Limitations .....	4
Notes on Style .....	5
<b>Section I: Mandeville’s Theory of Self-liking.....</b>	<b>6</b>
1.1 Defining Self-liking.....	6
1.2 Selected Characteristics of Self-liking .....	7
1.3 The Psychological Mechanism.....	9
1.4 Self-liking, Well-being, and Happiness .....	12
<b>Section II: The Role of Self-liking in the Aetiology of Hypochondria.....</b>	<b>16</b>
2.1 The Hypochondriac and Hysterical Disease .....	16
2.2 The association between Lack of Self-liking, Sorrow, and Hypochondria.....	18
2.3 Self-liking Impaired by Shame .....	22
2.4 Connecting Low Self-liking to Hypochondria .....	23
2.5 Breakdown of the Psychological Mechanism .....	24
2.6 Tracing Shame in the Treatise .....	26
2.6.1 Initial Sources of Shame.....	26
2.6.2 The Role of Shame in Maintaining Hypochondria .....	28
2.7 Driven to Isolation.....	31
2.8 Annihilation of desire for approval? A refinement of Simonazzi’s Argument.....	32
2.9 Summarising the Aetiology of Hypochondria .....	36
<b>Section III: The Role of Self-liking in the Treatment of Hypochondria .....</b>	<b>38</b>
3.1 The Talking Therapy .....	39
3.2 The Doctor-patient Dynamic.....	41
3.2.1 Gaining Trust.....	42
3.2.2 The Importance of Trust.....	44
3.2.3 Respect and Admiration .....	45
3.3 Methods of Raising Self-liking .....	46
3.3.1 Flattery.....	47
3.3.2. Latin Quotes .....	48
3.3.3 Intellectual Discussion .....	48
3.4 Polytheca’s Interlude.....	49
3.5 Recovery of Self-liking .....	51



3.6 Psychological Mechanism Restored? .....	52
<b>Section IV: Discussion of Potential Implications.....</b>	<b>54</b>
4.1 Self-liking and Hypochondria in Our Times.....	54
4.2 What can be Learnt .....	56
<b>Section V: Conclusion .....</b>	<b>58</b>
<b>Bibliography .....</b>	<b>60</b>

# Introduction

The topic of mental health and the treatment of psychological problems is being discussed in our current cultural climate with increasing frequency by experts and laypeople alike. Some even go as far as to suggest that our society is presently facing a mental health crisis<sup>3</sup>, which makes debates on this issue seem not only relevant but urgent. There are many ways in which this matter can be approached, ranging from neurobiological research to psychological studies or discussions about public policy. One perspective that has been somewhat overlooked and which I believe nonetheless has great potential to enrich our understanding of this complex subject is a philosophical one.

In his 2016 article titled *Bernard Mandeville on Hypochondria and Self-liking*<sup>4</sup>, the Mandevillian scholar Mauro Simonazzi engages with the tradition of exploring topical issues through a philosophical lens. He explores the idea that *self-liking* – a passion to which the 18th-century philosopher Bernard Mandeville ascribed great importance in his works – can help to account for some of the key aspects of the ‘hypochondriac disease’ that Mandeville focused on in his medical treatise<sup>5</sup> and which shares a lot of similarities with the contemporary concept of depression<sup>6</sup>. In his paper, Simonazzi first uses the theory of self-liking found in Mandeville’s philosophical work to link lack of the passion to hypochondria and then explains how it can account for the effectiveness of the therapeutic method that can be traced in Mandeville’s text.

Although the Anglo-Dutch philosopher never explicitly stated that there is a connection between self-liking and hypochondriac disease, Simonazzi’s interpretation nonetheless offers a fascinating approach to reading Mandeville’s work that can be further expanded upon. Moreover, I believe it serves to highlight the great potential of reading Early modern

---

<sup>3</sup> YANATMA, Servet. *Europe’s mental health crisis: Which country uses the most antidepressants?* Online. Euronews. January 31, 2024. Retrieved from: <https://www.euronews.com/health/2023/09/09/europes-mental-health-crisis-in-data-which-country-uses-the-most-antidepressants>. [cited 2024-04-08]

<sup>4</sup> SIMONAZZI, Mauro. *Bernard Mandeville on Hypochondria and Self-liking*. Online. Erasmus Journal for Philosophy and Economics, vol. 9(1), March 2016. pp. 62–81. Retrieved from: <https://doi.org/10.23941/ejpe.v9i1.213>. [cited 2023-12-18]

<sup>5</sup> KLEIMAN-LAFON, Sylvie. *Introduction to Treatise of Hypochondriack and Hysterick Diseases*. In: *Bernard Mandeville: A Treatise of the Hypochondriack and Hysterick Diseases (1730)*. 1st edition. International Archives of the History of Ideas Archives internationales d'histoire des idées (Arch, volume 223). Springer International Publishing AG, 2017. Retrieved from Springer, <https://doi.org/10.1007/978-3-319-57781-4>. ISBN 978-3-319-57781-4, p. 3

<sup>6</sup> See section 2.1 for more in-depth discussion

texts for not only gaining a deeper insight into the minds of people in the 18<sup>th</sup> century but likewise for revealing certain universal and unchangeable principles of human nature itself. For this reason, I believe that this topic is well worth examining further.

The central aim of the present thesis is therefore to critically re-examine the arguments put forth by Simonazzi in his aforementioned paper which are later revisited in his 2023 article *Mandeville on Happiness, Self-esteem and Hypochondria*<sup>7</sup>. A particular emphasis shall be placed on Simonazzi's two central claims: that Mandeville's conceptualisation of hypochondria is characterised by a lack of self-liking<sup>8</sup>, and that in his *Treatise of Hypochondriac and Hysterical Diseases*<sup>9</sup>, a new method of treatment is proposed which mainly consists of the doctor raising the self-liking of the patient.<sup>10</sup> To assess the validity of Simonazzi's statements, his arguments will be compared with the textual evidence in the source material to see whether they are consistent. I will examine the evidence he directly cites in his paper within the context of Mandeville's writing to review whether it aligns with the philosopher's original intentions, set out to find new evidence in the source material which would further strengthen Simonazzi's arguments, and draw attention to any potential inconsistencies, should they arise.

The three Mandeville's works chosen for this purpose are the *Treatise of Hypochondriac and Hysterical Diseases*, the *Fable of the Bees Part II.*, and the *Enquiry into the Origin of Honour*. The *Treatise* is essentially a medical manual that was first published in 1711<sup>11</sup> and later republished in 1730<sup>12</sup>. In it, Mandeville presents a dialogue between two characters – the well-educated foreign physician *Philopirio* and *Misomedon*, the archetypal hypochondriac. *Misomedon's* wife *Polytheca* likewise makes an appearance to illustrate how the hypochondriac disease may manifest itself in women.<sup>13</sup> The second volume of the *Fable of*

---

<sup>7</sup> SIMONAZZI, Mauro. *Mandeville on Happiness, Self-esteem and Hypochondria*. Online, pre-print version. 1650-1850: Ideas, Aesthetics, and Inquiries in the Early Modern Era. pp. 265-283. July 2023. Pp. 1-26. Retrieved from: [https://www.researchgate.net/publication/372743948\\_Simonazzi-Mandeville\\_on\\_happiness\\_copia](https://www.researchgate.net/publication/372743948_Simonazzi-Mandeville_on_happiness_copia). [cited 2023-12-18]

<sup>8</sup> SIMONAZZI, Mauro, ref. 4, p. 75

<sup>9</sup> MANDEVILLE, Bernard. *Treatise of Hypochondriac and Hysterical Diseases (1730)*. 1<sup>st</sup> Edition. KLEIMAN-LAFON, Sylvie (Ed.). International Archives of the History of Ideas Archives internationales d'histoire des idées (Arch, volume 223). Springer International Publishing AG 2017. Retrieved from Springer, <https://doi.org/10.1007/978-3-319-57781-4>. ISBN 978-3-319-57781-4. p. 15

<sup>10</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>11</sup> MANDEVILLE, Bernard, ref. 9, p. 15

<sup>12</sup> MANDEVILLE, Bernard, ref. 9, p. 17

<sup>13</sup> KLEIMAN-LAFON, Sylvie, ref. 5, p. 3

*the Bees*<sup>14</sup> and the *Enquiry into the Origin of Honour*<sup>15</sup> are then two of Mandeville's philosophical works, published in 1729<sup>16</sup> and 1732<sup>17</sup> respectively. They are likewise presented in a dialogue form – this time featuring discussions between the characters *Cleomenes* and *Horatio* on various social, political, and moral topics. It is here that Mandeville first introduces the concept of self-liking and considers its many implications for individuals as well as for society as a whole.<sup>18</sup>

The critical re-examination shall be achieved by first defining self-liking and listing some of its key characteristics by carefully examining the description provided by Mandeville, followed by an attempt to explicate what Simonazzi means by 'psychological mechanism' by closely reading the primary texts. This will then be used as a basis against which all the subsequent claims will be checked to make sure they are consistent with Mandeville's original vision.

In the few instances in which Simonazzi's arguments will appear to be partially contradicted by what Mandeville himself has written, I will point it out and, in the case of the 'annihilation of desire to be esteemed' theory of explaining the origins of hypochondria, I will propose an alternative explanation which I believe more closely aligns with the textual evidence from the source material.

In the penultimate section, I will take inspiration from the method Simonazzi uses in his article and use Mandeville's theory of self-liking as well as Simonazzi's proposed psychological mechanism as a lens through which I will analyse the therapeutic method presented in the *Treatise*. This will then reveal some interesting new points which will add to the understanding of the hypochondriac disease and serve to further strengthen the perceived legitimacy of Simonazzi's arguments.

In the final section, some of Mandeville's original points, Simonazzi's arguments, and some of my proposed additions or refinements will be examined within the context of

---

<sup>14</sup> MANDEVILLE, Bernard. *The Fable of the Bees: or Private Vices, Publick Benefits. The Second Volume. With a Commentary Critical, Historical, and Explanatory by F. B. Kaye*. Liberty Fund, Indianapolis, 1988. ISBN 0-86597-074-2.

<sup>15</sup> MANDEVILLE, Bernard. *An Enquiry into the Origin of Honour; and the Usefulness of Christianity in War*. London, 1732.

<sup>16</sup> MANDEVILLE, Bernard, ref. 14, p. 1

<sup>17</sup> MANDEVILLE, Bernard, ref. 15, title page

<sup>18</sup> MANDEVILLE, Bernard, ref. 14, p. 130

contemporary psychological research on the topic of therapeutical practice, well-being, and mental health. This will serve to further demonstrate the strength of Simonazzi's interpretation of Mandeville's texts as well as the remarkable insight Mandeville himself exhibited when writing on these topics almost three centuries ago.

### *Notes on Scope and Limitations*

At this point, it is important to establish the scope of this thesis for the sake of transparency. Firstly, it should be noted that while the topic of the role of the *passions* – as envisioned by 18th-century philosophers – in mental health is a fascinating avenue for research, the focus of this thesis is limited solely to the medical treatise and two philosophical texts written by Bernard Mandeville. It is therefore only concerned with the characterisation of hypochondria present in Mandeville's work, although a comparison with other views of this disease in his times would certainly be an interesting area for subsequent exploration. The only exception is the inclusion of a few quotes from John Hill's 1766 treatise *Hypochondriasis*<sup>19</sup> which only serve to illustrate that the idea of the hypochondriac disease as something potentially damaging to social relations can be found beyond Mandeville's texts. While I did familiarise myself with the basic historical context of hypochondria in 18<sup>th</sup> century Europe and believe that understanding the times can greatly enhance one's understanding of Mandeville's work, the historical background nonetheless falls outside of the scope of this thesis.

Secondly, the topic is approached from a 'psychological' perspective which emphasizes the experience of an individual – albeit an individual operating within society – rather than the more 'sociological' perspective which focuses on the functioning of *civil society* as a whole. This method was chosen since it is more in line with the tradition of written works in psychiatry as well as more consistent with the 'case study' approach to the hypochondriac patient which the thesis draws from.

Lastly, since the focus is on the psychological explanation of hypochondria and its treatment, the more mechanistic, proto-neurobiological explanation concerning the role of 'animal spirits' will likewise be omitted from the analysis, although it prominently features in the *Treatise*, given Mandeville's background as a physician.

---

<sup>19</sup> HILL, John. *Hypochondriasis: A Practical Treatise*. London, 1776. Retrieved from: <https://quod.lib.umich.edu/cgi/t/text/text-idx?c=ecco;idno=004787188.0001.000> [cited 2024-01-17]

## *Notes on Style*

Before advancing to the first section, some brief notes that address the stylistic choices present in this thesis are in order. Firstly, I have decided to keep the original 18th-century English in the direct citations included here, as I believe it helps to better preserve the author's distinct voice. As a result, the spelling or grammar will occasionally differ from contemporary English, though never past a point at which it would hurt the reader's ability to comprehend its meaning. Secondly, it is important to note that all three of Mandeville's works which are used as a primary source for this thesis (*The Treatise*, *Fable*, and *Enquiry*) are written in the form of a dialogue. This means that with the exception of the preface, it is technically never Mandeville himself whom we hear speaking. That said, as was suggested by other authors before<sup>20</sup>, I believe it is safe to assume that the highly educated foreign doctor *Philopirio* from the *Treatise* as well as the character of *Cleomenes* from the *Fable* and *Enquiry* both serve as a stand-in for the philosopher himself. It is therefore not unreasonable to occasionally present their arguments as Mandeville's own instead of always pointing out that it is the fictional characters who are stating it, though this fact should nonetheless still be kept in mind.

---

<sup>20</sup> CARVALHO, Cláudio Alexandre S. *Mandeville and the Therapeutics of Melancholic Passions*. In: BRAGA, Joaquim, PIRES, Balsemão Edmundo (eds.). *Bernard de Mandeville's Topology of Paradoxes: Morals, Politics, Economics, and Therapy*. Studies in History and Philosophy of Science, vol. 40. New York: Springer International Publishing, 2015. ISBN 978-3-319-19381-6, p. 163

## Section I: Mandeville’s Theory of Self-liking

The primary goal of the ensuing section is to establish how Mandeville’s concept of self-liking ought to be understood and how the psychological mechanism, through which people commonly replenish self-liking, operates. This will create a basis against which some of Simonazzi’s central claims can be checked and thus serve as an essential first step for the subsequent critical re-examination of Mauro Simonazzi’s interpretation of the role of this passion in the onset and treatment of the hypochondriac disease, which constitutes the central aim of this thesis.

It shall be achieved by first describing how Mandeville envisioned the passion of self-liking and pointing out some of its important features. Next, the operation of the ‘psychological mechanism’ which Simonazzi argues can be found in Mandeville’s work<sup>21</sup> will be outlined. This will likewise lay the groundwork for the ensuing analysis in which I will closely examine Simonazzi’s claim that hypochondria can be viewed as a breakdown of the psychological mechanism<sup>22</sup> and the view that this issue could be resolved through the method of talking therapy<sup>23</sup>. Lastly, I will list some supporting evidence for Simonazzi’s argument that self-liking is a necessary prerequisite for happiness<sup>24</sup>, which will then help to tie lack of the passion to the disease characterised by feelings of misery and sorrow.

### ***1.1 Defining Self-liking***

The philosopher Bernard Mandeville first introduces the novel concept of self-liking in the second part of the *Fable of the Bees*, in which he explains that this passion, which can be found in humans as well as some animals, stems from the fact that “nature has given them an Instinct, by which every Individual values itself above its real Worth”<sup>25</sup>. He later reaffirms this definition in *An Enquiry into the Origin of Honour*, in which he proposes that self-liking is “the great value which all individuals set upon their own persons; that high esteem, which I take all men to be born with for themselves”<sup>26</sup>.

In order to make the definition more tangible to the modern reader while still not deviating from Mandeville’s original vision, I propose that the passion can be understood as something

---

<sup>21</sup> SIMONAZZI, Mauro, ref. 7, p. 13

<sup>22</sup> SIMONAZZI, Mauro ref. 4, p. 76

<sup>23</sup> SIMONAZZI, Mauro ref. 4, p. 63

<sup>24</sup> SIMONAZZI, Mauro, ref. 7, p. 13

<sup>25</sup> MANDEVILLE, Bernard, ref. 14, p. 130

<sup>26</sup> MANDEVILLE, Bernard, ref. 15, p. 3

akin to our contemporary understanding of high self-esteem<sup>27</sup>. That said, it should be emphasised that the description provided in Mandeville's older text also implies that the view of the self should be exaggerated to a certain extent. In other words, self-liking is the name Mandeville uses to describe our tendency to view ourselves as at least slightly better and more important than we really are.

## ***1.2 Selected Characteristics of Self-liking***

I believe it is worth highlighting some of the specific characteristics Mandeville attributes to self-liking in his texts. This will not only help to enhance our understanding of the role of this passion in the hypochondriac disease, but it will likewise serve as an important basis for the critical re-examination of some of Simonazzi's key assertions.

Based on Mandeville's writing, I would first like to propose that self-liking should be viewed as something that exists on a spectrum, rather than as a strict dichotomy in which a person either does or does not possess the passion at all. This idea appears to be consistent with the evidence available in the *Enquiry*, since Mandeville has one of the characters ask, "Would you mortify or flatter; lessen or increase in them the Passion of Self-liking?"<sup>28</sup>. The fact that the text explicitly discusses that the passion can be either increased or decreased clearly demonstrates that self-liking should be seen as a continuum. This point will be especially relevant in an upcoming discussion about how Simonazzi's proposed 'lack of self-liking'<sup>29</sup> should be understood in the context of hypochondria which will culminate in a proposal to refine some of the scholar's arguments.

Next, I would like to point attention to the fact that the philosopher ascribes great importance to self-liking. In the *Enquiry*, he writes that it is often the passions that yet do not have any name that are nonetheless the "very powers that govern the whole machine"<sup>30</sup>. Self-liking is clearly an example of one such passion, and the author even goes as far as to suggest that "men act from that and no other principle"<sup>31</sup>. This is significant since it opens up the possibility that the passion can not only have substantial positive effects on people but can likewise cause great harm if something goes awry.

---

<sup>27</sup> Self-esteem. In: Collins Dictionary. Online. Retrieved April 11, 2024, from <https://www.collinsdictionary.com/dictionary/english/self-esteem>

<sup>28</sup> MANDEVILLE, Bernard, ref. 15, p. 59

<sup>29</sup> SIMONAZZI, Mauro, ref. 4, p. 75

<sup>30</sup> MANDEVILLE, Bernard, ref. 15, p. 6

<sup>31</sup> MANDEVILLE, Bernard, ref. 15, p. 3



It is also important to note that although self-liking may at first seem like something undesirable, the passion should nonetheless be seen as strictly morally neutral in the context of Mandeville's philosophy. It is easy to see how a passion characterised by blatant self-interest could be interpreted as something reprehensible when viewed through the lens of the Christian ethos which emphasised humility and selflessness<sup>32</sup>. In fact, Mandeville points out that one of the things that can reduce self-liking is a "strict adherence to the Christian religion", which hints at a tension between the author's concept and the mainstream religious doctrine of his times. That said, Mandeville teaches us that the "instinct of high value"<sup>33</sup>, like all other passions, was "given to all animals for some wiser end" and therefore there is no point in feeling any shame for having it<sup>34</sup>. As Miko Tolonen puts it in his dissertation, "self-liking as such cannot be described to be vicious or virtuous"<sup>35</sup>. It is important to keep this in mind since it clearly illustrates that the passion itself should not be seen as something pathological and it provides the opportunity to portray its deficiency as a form of pathology instead.

The last interesting characteristic that is attributed to self-liking in Mandeville's text is the fact that people are not conscious of its vast influence upon their behaviour. Mandeville characterises self-liking as "the hidden spring that gives Life and Motion"<sup>36</sup> to all human actions; a crucial element powering the human machine whose operations go largely unobserved. This is significant since it highlights that it is difficult for hypochondriacs to understand precisely what is wrong with them which then prevents them from taking the necessary steps towards healing. This view also allows Mandeville to present himself as a philosopher who can peer inside and observe the complexities of the "anatomy of human nature"<sup>37</sup> which most others are unable to do, and potentially use this to his advantage in his medical practice.

---

<sup>32</sup> MANDEVILLE, Bernard, ref. 14, p 152

<sup>33</sup> MANDEVILLE, Bernard, ref. 14, p. 91

<sup>34</sup> MANDEVILLE, Bernard, ref. 14, p. 91

<sup>35</sup> TOLONEN, Miko, 2009. *Self-love and self-liking in the moral and political philosophy of Bernard Mandeville and David Hume*. Helsinki. Doctoral dissertation. University of Helsinki. Retrieved from: <http://hdl.handle.net/10138/229504>, p. 168

<sup>36</sup> MANDEVILLE, Bernard, ref. 14, p. 79

<sup>37</sup> MANDEVILLE, Bernard, ref. 14, p. 93

### ***1.3 The Psychological Mechanism***

In the following section, I will set out to outline the function of the “psychological mechanism” – a term which Simonazzi uses in his paper to describe a process proposed by Mandeville which enables people to maintain their self-liking<sup>38</sup>. To achieve this end, I will first illustrate how self-liking puts people in a fragile position which forces them to seek out the approval of others. Next, I will list textual evidence from Mandeville’s writings that show that social interactions can help people to replenish the passion. After that, I will briefly discuss some characteristics of the mechanism relevant for later analysis. Lastly, I will provide some specific examples of the mechanism in action which can be found in the original texts to further illustrate the point. Explaining the psychological mechanism in more explicit terms will then be crucial for the second section in which the points made here will be used to expand on Simonazzi’s claim that hypochondria can be understood as a breakdown of the psychological mechanism, and in the third section in which the treatment of hypochondria will be interpreted as an attempt to repair this mechanism in the patient.

Mandeville notes that self-liking puts humans in a rather precarious position.<sup>39</sup> Andrea Branchi perhaps best expresses this sentiment in his monography *Pride, Manners, and Morals: Bernard Mandeville's Anatomy of Honour*, in which he writes that the instinct of high value “is always accompanied by the secret apprehension that the value we place on ourselves is not entirely justified”<sup>40</sup>. For this reason, people constantly strive to have their self-liking validated, to be assured that their naturally high sense of self-worth is not unwarranted.

How then to alleviate this anxiety? Mandeville’s philosophical theory teaches us that the way in which our self-liking can be validated is by having it affirmed by other people. This is precisely why the passion makes people “fond of the Approbation, Liking and Assent of others”<sup>41</sup>, as the philosopher asserts and Simonazzi later re-emphasises<sup>42</sup>. Receiving praises from other people allows individuals to “strengthen and confirm us in the good Opinion we have of ourselves.”<sup>43</sup> The wish to maintain one’s sense of self-liking therefore drives people

---

<sup>38</sup> SIMONAZZI, Mauro, ref. 7, p. 21

<sup>39</sup> MANDEVILLE, Bernard, ref. 14, p. 91

<sup>40</sup> BRANCHI, Andrea. *Pride, Manners, and Morals: Bernard Mandeville's Anatomy of Honour*. 1st Edition. Brill's Studies in Intellectual History, vol. 334. Leiden: Brill, 2021. ISBN: 978-90-04-42843-0. p. 126

<sup>41</sup> MANDEVILLE, Bernard, ref. 14, p. 130

<sup>42</sup> SIMONAZZI, Mauro, ref. 7, p. 13

<sup>43</sup> MANDEVILLE, Bernard, ref. 14, p. 130

to act in ways that elicit approval from others.<sup>44</sup> In the words of Branchi, “self-liking acts as a mighty force which prompts the search for recognition”<sup>45</sup>. Bert Kerkhof then goes even further in the characterisation when he remarks in his paper which compares Mandeville’s ideas with those of Adam Smith that Mandeville views “a man as an animal living in constant anxiety about the opinion of others.”<sup>46</sup>

Thus, based on the information that have so far been summarised here, it can be concluded that the “psychological mechanism”, a term Simonazzi uses in his article<sup>47</sup> to describe a phenomenon that can be traced in Mandeville’s work, refers to the process through which individuals maintain their sense of self-liking by gaining approval from others.

Let me briefly restate the arguments made thus far for the sake of clarity: Mandeville believes that all individuals are born with the passion of self-liking, an innately high esteem of themselves. That said, they need to have it frequently affirmed in order to maintain it. This affirmation can happen through interacting with other people since winning the approval of their peers increases the passion in individuals by reassuring them that their augmented view of themselves is justified. Taking Simonazzi’s interpretation of Mandeville’s texts which asserts that appropriate levels of self-liking are inextricably linked to good mental health and happiness<sup>48</sup> into account can then help to explain why people seek out the approval of others and frequently act in ways by which they hope to win others’ esteem.

Mandeville thus effectively uses the idea of a ‘psychological mechanism’ to explain what drives people to sociability. The mechanism is what motivates people to interact with others. That said, Mandeville lets us know that the “desire” that a man “has naturally after company” is always for “his own sake” and “he would never wish for either company or any thing else, but for some advantage or other he proposes to himself from it”<sup>49</sup>. People regularly strive to present themselves in the best possible light by acting in a way that appears to be virtuous and altruistic. However, their true motivation is not the good of others, but rather their own “excessive thirst after Praise and an immoderate desire of general applause”<sup>50</sup>. So, in a typical Mandevillian twist, we discover that the basis of our love of society and virtuous

---

<sup>44</sup> MANDEVILLE, Bernard, ref. 15, p. 6

<sup>45</sup> BRANCHI, Andrea, ref. 41, p. 126

<sup>46</sup> KERKHOF, Bert. *A Fatal Attraction? Smith’s Theory of Moral Sentiments and Mandeville’s Fable*. Online. History of Political Thought, vol. 16(2), Summer 1995. pp. 219-233. Retrieved from: <https://www.jstor.org/stable/26215818>. [cited 2024-01-25], p. 221

<sup>47</sup> SIMONAZZI, Mauro, ref. 7, p. 12 – 13

<sup>48</sup> SIMONAZZI, Mauro, ref. 7, p. 20

<sup>49</sup> MANDEVILLE, Bernard, ref. 14, p. 183

<sup>50</sup> MANDEVILLE, Bernard, ref. 14, p. 74

behaviour has a purely egoistical basis. It is not that we do not need other people at all, but, in stark contrast to John Donne's famous sentiment that "no man is an island"<sup>51</sup>, Mandeville instead highlights that when it all comes down to it, "every individual is a little world by itself"<sup>52</sup>. This, I believe, offers an important insight into Mandeville's philosophy that should be kept in mind later when the thesis sets out to examine the hypochondriac from the *Treatise*: hypochondria could not have been caused by the patient being vain and selfish, since the philosopher believes that to some extent, all of us are.

Interestingly, unlike self-liking which is explicitly said to be innate<sup>53</sup>, the mechanism through which it is maintained is characterised in Mandeville's work as something that has evolved throughout the course of human history.<sup>54</sup> It is also something that children have to be taught, usually by their parents who are motivated to do everything in their power to make their offspring thrive in the social environment.<sup>55</sup> Here, the point that the psychological mechanism is something that can be learnt is particularly interesting, since it opens the door for the possibility of interpreting the cure for hypochondria as the patient 're-learning' the mechanism's operation through the physician's artful instruction. This argument will later be crucial for an upcoming discussion about the role of self-liking in the treatment of hypochondria.

In order to get a better sense of how the "psychological mechanism" operates, let me briefly list some examples from the *Fable* of how it can manifest itself in everyday situations, or – in other words – how people can potentially increase each other's self-liking. Mandeville tells us that there are many ways of displaying approval. People in the past may have relied on "gestures, looks, and sounds"<sup>56</sup>. The emergence of language then meant that praises could be vocalised and thus "the potential for exciting man's passions and flattering his self-image was further increased"<sup>57</sup>. The philosopher posits that in his times, it happened primarily through the art of conversation, during which people were constantly "soothing each other's frailties" and complimenting each other.<sup>58</sup> This fact does not go unnoticed by R. A. Collins,

---

<sup>51</sup> DONNE, John. *Devotions upon Emergent Occasions*. Online. Project Gutenberg, 2007. Retrieved from <https://www.gutenberg.org/files/23772/23772-h/23772-h.htm>. [cited 2024-03-08], p. 108–9

<sup>52</sup> MANDEVILLE, Bernard, ref. 14, p. 178

<sup>53</sup> MANDEVILLE, Bernard, ref. 15, p. 3

<sup>54</sup> MANDEVILLE, Bernard, ref. 14, p. 138

<sup>55</sup> TOLONEN, Miko, ref. 36, p. 172

<sup>56</sup> MANDEVILLE, Bernard, ref. 14, p. 133

<sup>57</sup> COLLINS, R. A., 1988. *Private Vices, Public Benefits; Dr Mandeville and the Body Politic*. Dissertation. Wolfson College, University of Oxford. Retrieved from: <https://philpapers.org/rec/COLPVP-2>, [cited 2024-01-17] p.121

<sup>58</sup> MANDEVILLE, Bernard, ref. 14, p. 17 – 18

who remarks in his doctoral thesis on Mandeville's philosophy that "polite conversation (...) functioned as a means of satisfying the demands of aristocratic self-liking"<sup>59</sup>. This sentiment is significant since it shows that Mandeville clearly acknowledged the powerful influence of words on one's self-liking. It is thus very much in line with Simonazzi's idea of the use of 'talking therapy'<sup>60</sup> as a method of treating hypochondria which is examined in the third section of this thesis.

In the *Fable*, Mandeville lets his characters reenact a typical polite conversation right at the start of the fourth dialogue, presumably to give the readers an idea of how it may look like. In it, Horatio compliments Cleomenes' taste, saying "This study of yours is a very pretty place"<sup>61</sup>. The fact that this scene follows their discussion about the artificial nature of such conversations highlights the tongue-in-cheek tone that is characteristic of Mandeville's writing. Another example offered in the *Fable* is the phrase "your servant", which was frequently used in Mandeville's era to demonstrate the individual's esteem for the person they were addressing.<sup>62</sup> Although times have changed since Mandeville set out to write down his observations, one can easily imagine similar means through which the passion can be replenished by others in the present day.

To summarise, this section outlined the operations of the "psychological mechanism" which can be traced in Mandeville's work. This in itself already highlights the value of Simonazzi's interpretation for examining the philosopher's texts, since he effectively coins a name for an important feature of human psychology which has many important implications that will be addressed in the ensuing chapters.

#### ***1.4 Self-liking, Well-being, and Happiness***

In the following section, I set out to evaluate Simonazzi's assertion that adequate self-liking is an essential component of one's mental health and a prerequisite for happiness<sup>63</sup>. This does not only help to explain why people seem to be so driven to replenish their self-liking, since Mandeville explicitly states that "all Creatures (...) endeavour to make that Self happy"<sup>64</sup>,

---

<sup>59</sup> COLLINS, R. A., ref. 58, p.335

<sup>60</sup> SIMONAZZI, Mauro, ref. 4, p. 63

<sup>61</sup> MANDEVILLE, Bernard, ref. 14, p. 148

<sup>62</sup> MANDEVILLE, Bernard, ref. 14, p. 150

<sup>63</sup> SIMONAZZI, Mauro, ref. 7, p. 20

<sup>64</sup> MANDEVILLE, Bernard, ref. 14, p. 178

but it also links self-liking to hypochondria, the association between which is the central focus point of this thesis.

Before looking into the claim that a lack of self-liking can account for the feelings of misery frequently associated with hypochondria, it is first important to establish that the opposite is true – in other words, show that Mandeville’s texts show that self-liking is a necessary prerequisite for a person’s psychological well-being and overall happiness. Demonstrating that this is indeed the case will open up the possibility that hypochondria can be explained by lack of self-liking, since it is – as shall be seen in due course – a state characterised by feelings of sorrow and significant mental turmoil.

In his article *Mandeville on Happiness, Self-esteem and Hypochondria*, Simonazzi skilfully lays down the argument that self-liking, as envisioned by the Anglo-Dutch philosopher, is a fundamental factor in an individual’s mental well-being.<sup>65</sup> Other authors writing on Mandeville seem to share this view as well: for instance, R. A. Collins notes that “self-liking (...) was an essential component in normal and successful functioning”<sup>66</sup>.

To support this claim, Simonazzi cites a passage from the *Fable* in which Cleomenes explains the purpose of self-liking to his friend: “If I should tell you, that the inward Pleasure and Satisfaction a Man receives from the gratification of that Passion, is a Cordial that contributes to his Health, you would laugh at me, and think it far fetch’d”.<sup>67</sup> That said, based on the cautious wording of the passage, he also notes that “Mandeville displays a certain reluctance to link self-liking to health”<sup>68</sup>. In his doctoral thesis, Collins makes use of the same passage but, unlike Simonazzi, does not point out the careful way in which the argument is presented<sup>69</sup>. It could be argued that Simonazzi may have overstated Mandeville’s hesitancy in connecting self-liking to good mental health, since in this particular instance, the character of Horatio seems to readily accept his friend's belief about the importance of self-liking for human health without any great protests which he normally does not shy away from if he does not share his friend’s view of a given topic.<sup>70</sup>

One piece of evidence I was able to find which supports the assertion that self-liking plays a key role in mental wellness comes from a part in which Cleomenes explains that the passion

---

<sup>65</sup> SIMONAZZI, Mauro, ref. 7, p. 20

<sup>66</sup> COLLINS, R. A. ref. 58, p. 119

<sup>67</sup> MANDEVILLE, Bernard, ref. 14, p. 134

<sup>68</sup> SIMONAZZI, Mauro, ref. 7, p. 20

<sup>69</sup> COLLINS, R. A., ref. 58, p. 119

<sup>70</sup> MANDEVILLE, Bernard, ref. 14, p. 134

“seems to be that, which continually furnishes us with that Relish we have for Life”<sup>71</sup>. We learn that “it is so necessary to the Well-being of those that have been used to indulge it that they can taste no Pleasure without it”<sup>72</sup>. It is thus becoming evident that Mandeville perceives a connection between the passion and general mental wellness.

I would also propose that the importance of self-liking for mental well-being is consistent with the fact that the philosopher envisions self-liking as having a protective function. It is said in the *Fable* that the passion acts as “the strongest Armour against Despair” and it “buoys us up against the Frowns of adverse Fortune”<sup>73</sup>. Keeping up with the medical theme, I would argue that self-liking can effectively be understood as an essential part of a ‘psychological immune system’<sup>74</sup> of sorts. Under normal circumstances, the passion helps a person to effectively process adverse events in their lives and maintain an optimal level of mental stability which further highlights its importance for good mental health.

It is likewise worth noting that Simonazzi draws attention to the fact that if a sufficient sense of self-liking is a prerequisite to human happiness, it must therefore follow that our happiness relies upon the actions and words of people around us. In his own words, “happiness depends on satisfying the desire for social recognition”<sup>75</sup>. Many instances can be found in the *Fable* which support the scholar’s claim that people gain happiness from a pleasant interaction with others that appeases their innate high sense of self-worth. For instance, Mandeville explicitly writes about the “felicity that accrues from the Applause of others”<sup>76</sup> and shows that “every individual Person is rendered more happy”<sup>77</sup> by following the rules of polite conduct and thereby eliciting approval from their peers. The point about the importance of positive interactions with others for mental wellness then constitutes a key part of the argument about the significance of self-liking in the treatment of hypochondria.

Presently, it should be clear that Simonazzi’s claim about self-liking playing a key role in mental well-being is well-supported by Mandeville’s original texts. By adopting this view, it is not difficult to see how a deficiency of a passion the necessity of which for well-being and happiness has just been demonstrated could potentially lead to mental health issues

---

<sup>71</sup> MANDEVILLE, Bernard, ref. 14, p. 135

<sup>72</sup> MANDEVILLE, Bernard, ref. 14, p. 136

<sup>73</sup> MANDEVILLE, Bernard, ref. 14, p. 136

<sup>74</sup> MANDELBAUM, Eric. Troubles with Bayesianism: An introduction to the psychological immune system. Online. *Mind & Language*, vol. 34(2), April 2019. Pp.141–157. Retrieved from: <https://doi.org/10.1111/mila.12205> [cited 2024-03-20]

<sup>75</sup> SIMONAZZI, Mauro, ref. 7, p. 16

<sup>76</sup> MANDEVILLE, Bernard, ref. 14, p. 17

<sup>77</sup> MANDEVILLE, Bernard, ref. 14, p. 147

characterised by feelings of hopelessness and sorrow. This then paves the way for a subsequent evaluation of Simonazzi's arguments which illustrate the association between lack of self-liking and hypochondria.



## Section II: The Role of Self-liking in the Aetiology of Hypochondria

The overall aim of the following section is to examine and contextualise Mauro Simonazzi's central claim that the psychological cause of hypochondria is reduced self-liking.<sup>78</sup> This will be achieved by first defining the hypochondriac disease, evaluating Simonazzi's arguments about the association between low self-liking and hypochondria in Mandeville's texts, and then offering additional supporting evidence for the link. In order to show that there is indeed a causal relationship between lack of self-liking and the hypochondriac disease, I will attempt to explicate a theory based on the arguments presented in Simonazzi's paper which will hopefully illustrate how may a hypochondriac patient come to lack self-liking and explain how the subsequent depletion of self-liking leads to the onset of the disease. For these purposes, I will draw onto Mandeville's theory of a psychological mechanism which was outlined in the previous section, and focus primarily on the role of shame in the process. The subsequent segment will then deploy a 'case study' approach to show that the proposed theory fits with the facts about the patient's life story presented in the *Treatise*. Lastly, I will attempt to re-contextualise Simonazzi's claim that self-liking is the "annihilation of the desire for approval and sociability"<sup>79</sup> and offer an alternative explanation for the patient's apparent lack of sociality which I believe to be more consistent with Mandeville's observations in the *Treatise*.

Defending the notion that this passion indeed plays a key role in the origins of the hypochondriac disease and attempting to outline how precisely it operates will then be essential for the final section. In it, the concept of self-liking will be utilised to explain the precise mechanism of the therapeutic process which Simonazzi believes to be taking place on the pages of the *Treatise*<sup>80</sup>.

### ***2. 1 The Hypochondriac and Hysterical Disease***

Before going any further, it is first necessary to establish what is meant by 'hypochondria' in the context of Mandeville's writing. This is especially crucial since Mandeville's understanding of the disease deviates from the contemporary view which defines the term

---

<sup>78</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>79</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>80</sup> SIMONAZZI, Mauro, ref. 4, p. 69

as “excessive concern about one's health, especially when accompanied by imagined physical ailments”<sup>81</sup>.

It should be noted that defining the philosopher’s idea of hypochondria is not an easy task, since, as Simonazzi notes, “Mandeville never says what hypochondria exactly is”<sup>82</sup>. If there is one characteristic that Mandeville ascribes to hypochondria in the *Treatise*, it would be its heterogenous nature, as we learn from the physician that he “never saw yet two hypochondriacal Cases exactly alike”<sup>83</sup>. This of course further complicates any attempts at explaining the disease.

The most suitable definition is provided by Kleiman-Lafon, who notes that Mandeville “understood it as a psychosomatic disease characterised by abdominal pain, indigestion and flatulence alongside more psychological symptoms such as irritability or ennui”<sup>84</sup>. The important point here is that the *Treatise* clearly shows that the effects of hypochondria are both physical (such as digestive issues<sup>85</sup> or migraines<sup>86</sup>) and psychological (such as feelings of sorrow<sup>87</sup>, hopelessness<sup>88</sup>, anxious thoughts<sup>89</sup> and insomnia<sup>90</sup>).

This suggests that some aspects of the hypochondriac disease may be close to the current definition of depressive disorder, which is likewise characterised by “persistent sad, anxious mood”, “feelings of hopelessness”, “difficulty sleeping”, and, notably, also “physical aches or pains, headaches, cramps, or digestive problems”, most of which Mandeville also describes in the *Treatise*.

It should be likewise mentioned that the doctor in the *Treatise* believes that hypochondria can be at least partially attributed to a disorder of digestion caused by an imbalance of the “animal spirits”, which facilitate communication between the stomach and the brain<sup>91</sup>.

---

<sup>81</sup> Hypochondria. In: Merriam-Webster Dictionary. (n. d.). Online. Retrieved January 29, 2024, from <https://www.merriam-webster.com/dictionary/hypochondria>

<sup>82</sup> SIMONAZZI, Mauro, ref. 4, p. 67

<sup>83</sup> MANDEVILLE, Bernard, ref. 9, p. 171

<sup>84</sup> KLEIMAN-LAFON, Sylvie. *The healing power of words: medicine as literature in Bernard Mandeville's Treatise of the hypochondriack and hysterick diseases*. Online. VASSET, Sophie (ed.). In: *Medicine and Narration in the XVIIIth Century*. Oxford: SVEC, 2013. pp. 161-181. Retrieved from:

293235211\_The\_healing\_power\_of\_words\_Medicine\_as\_literature\_in\_Bernard\_Mandeville's\_Treatise\_of\_the\_hypochondriack\_and\_hysterick\_diseases [cited 2024-03-05], p. 162

<sup>85</sup> MANDEVILLE, Bernard, ref. 9, p. 42

<sup>86</sup> MANDEVILLE, Bernard, ref. 9, p. 48

<sup>87</sup> MANDEVILLE, Bernard, ref. 9, p. 142

<sup>88</sup> MANDEVILLE, Bernard, ref. 9, p. 39

<sup>89</sup> MANDEVILLE, Bernard, ref. 9, p. 60

<sup>90</sup> MANDEVILLE, Bernard, ref. 9, p. 170

<sup>91</sup> BRANCHI, Andrea, ref. 41 , p. 75

Having stated that, as this thesis focuses solely on examining the psychological causes and their treatment, the role of the animal spirits in the disease will not be further discussed here.

Lastly, although Mandeville uses the term “hysteria” and not hypochondria when writing about women’s health, he nonetheless discusses both in the same manner throughout his text. I am therefore inclined to agree with Simonazzi who remarks that “Hysteria is simply the name given by Mandeville to hypochondria when it affects women”<sup>92</sup>. For this reason, the term “hypochondria” will continue to be used even in the case of the female patient – Polytheca – since it simplifies the discussion without omitting anything of great importance.

## ***2.2 The Association between Lack of Self-liking, Sorrow, and Hypochondria***

One of the main premises of Simonazzi’s article is that hypochondria is associated with a deficiency of self-liking<sup>93</sup>. This section aims to evaluate this claim by firstly carefully examining the passages from the *Fable* cited in Simonazzi’s paper, including a critical investigation of the passage on suicide. Next, I will present additional evidence retrieved from Mandeville’s writing which I believe further strengthens the validity of the proposed connection between self-liking and hypochondria. This will include revisiting the earlier point about self-liking being necessary for mental well-being, examining the sense of hopelessness, the protective function of self-liking, as well as an additional instance of similar language used in the description of symptoms of lack of self-liking and hypochondria. Defending the view that hypochondria can indeed be at least partially accounted for by a lack of self-liking on the part of the patient will then pave the way for an analysis of Simonazzi’s novel interpretation of Mandeville’s text, according to which the passion plays a key role in the treatment of hypochondria presented in the final section of this thesis.

One of the key pieces of evidence that Simonazzi makes use of in his paper to strengthen the validity of his argument about the relation between hypochondria and insufficient self-liking is the fact that Mandeville uses a similar language when describing the results of deficient self-liking and the symptoms of hypochondria.<sup>94</sup> Perhaps the most convincing example he cites is the one in which Mandeville makes use of the very same word: in the *Treatise*, Misomedon complains that his disease made him “weary of [his] life”<sup>95</sup> and in the *Enquiry*,

---

<sup>92</sup> SIMONAZZI, Mauro, ref. 4, p. 67

<sup>93</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>94</sup> SIMONAZZI, Mauro, ref. 4, p. 63

<sup>95</sup> MANDEVILLE, Bernard, ref. 9, p. 49

we learn that a person affected by shame, and thus with lowered self-liking, is “weary of his being”<sup>96,97</sup> Here, the Mandevillian scholar rightfully points out that the fact that a person whose self-liking is wounded, and a hypochondriac are both described by Mandeville as feeling a certain sense of exhaustion with their own existence already suggests that there is indeed a plausible connection between the passion and the disease.

Another argument utilized by Simonazzi to strengthen his claim is the perceived connection between hypochondria and suicide.<sup>98</sup> The author argues in his paper that the extent to which a decrease in self-liking affects the individual can differ from person to person. Sometimes, it just leads people to feel sad and dispirited, but on the other end of the spectrum, these effects can be truly grave. He points out that Mandeville sees suicidality as the most extreme consequence of deficient self-liking and he also asserts his belief that suicide is “the most severe form of hypochondria”<sup>99</sup>. Here, the author seems to be suggesting that the fact that a acute lack of self-liking can lead a person to commit or – at the very least – contemplate suicide, combined with the belief that suicidality is supposedly one of the marks of the hypochondriac disease, further demonstrates that hypochondria is indeed tied to lack of self-liking.

As for the first part of the claim, the connection between suicide and lack of self-liking is without a doubt evident in Mandeville’s work. In a famous passage from the *Fable* which Simonazzi quotes in full, the character of Cleomenes explains that “no Man can resolve upon Suicide, whilst Self-liking lasts: but as soon as that is over, all our Hopes are extinct, and we can form no Wishes but for the Dissolution of our Frame”<sup>100</sup>. In other words, the fact that a deficiency of the passion is connected to a wish to end one’s own life is explicitly stated by the Dutch philosopher himself.

However, an issue arises when examining the second part of Simonazzi’s argument more closely. Specifically, while the connection between suicide and lack of self-liking itself is clear, the link between suicidality and hypochondria is in fact not as straightforward as Simonazzi’s comment may suggest. At first glance, the author’s argument that suicide highlights the link between lack of self-liking and hypochondria seems to be intuitive, since depressive states similar to those described in the *Treatise* are thought to be one of the leading

---

<sup>96</sup> MANDEVILLE, Bernard, ref. 15, p. 12

<sup>97</sup> SIMONAZZI, Mauro, ref. 4, p. 75

<sup>98</sup> SIMONAZZI, Mauro, ref. 4, p. 76

<sup>99</sup> SIMONAZZI, Mauro, ref. 4, p. 74

<sup>100</sup> MANDEVILLE, Bernard, ref. 14, p. 136

causes of suicide in the contemporary popular imagination. It is also certainly true that the characters in the *Treatise* do at times think about their own death. Misomedon, for instance, mentions times during which he “had a thousand Pains about [him], and been devoured with Grief even to Death”<sup>101</sup>. Likewise, Polytheca mentions being ill to the point of feeling “ready to die”<sup>102</sup>.

That said, it appears that this type of language is used in the passages merely to highlight the severity of the physical and psychological anguish the characters face, rather than to suggest that they actually wish to die by their own hand. I was unable to find any point in the *Treatise* in which any of the characters expressed an outright suicidal ideation of any kind. For this reason, I believe that although the passage on suicide could be used as a supporting argument for the connection between self-liking and hypochondria, it is crucial to keep in mind that it is not a direct connection, since suicidality is, to the best of my knowledge, never outright mentioned by Mandeville as one of the potential outcomes of the disease. This makes the suggested link between self-liking and hypochondria less direct in this particular instance.

Although the argument about suicide ought to be treated with caution, there is nonetheless a great deal of additional evidence for the link between self-liking and hypochondria in Mandeville’s work. I will therefore presently go through some of my arguments which I believe further strengthen the validity of Simonazzi’s central claim.

Firstly, I believe it is significant to note that while sufficient self-liking is linked with feelings of happiness, as was demonstrated in the previous section, both hypochondria and lack of self-liking are often portrayed as being accompanied by feelings of sorrow in Mandeville’s texts. For instance, the philosopher writes in the *Enquiry* that sorrow is the emotion that arises in people when others demonstrate to them that they think poorly of them, thus dealing a blow to their sense of self-liking.<sup>103</sup> Sorrow is likewise often felt by hypochondriac patients. Simonazzi quotes a passage from the *Treatise* in his paper in which Polytheca discloses that one of the symptoms of her illness is the fact that her “Spirits are oppress’d of a sudden with an unaccountable Sadness”<sup>104</sup>.

It may also be worth noting that Mandeville links a lack of self-liking to a feeling of hopelessness, which is also a symptom that can be observed in hypochondria. In the

---

<sup>101</sup> MANDEVILLE, Bernard, ref. 9, p. 175

<sup>102</sup> MANDEVILLE, Bernard, ref. 9, p. 143

<sup>103</sup> MANDEVILLE, Bernard, ref. 15, p. 10

<sup>104</sup> MANDEVILLE, Bernard, ref. 9, p. 142

aforementioned famous passage from the *Fable*, the philosopher notes that when self-liking disappears (although this is quite an extreme case, as will be discussed later), “all our hopes are extinct”<sup>105</sup>. When it comes to the hypochondriac disease, readers of the *Treatise* can observe this emblematic lack of hope right at the beginning of the first dialogue, in which Misomedon states that he sent for a doctor to talk to him “about a Distemper, of which I am very well assured I shall never be cured”, knowing “before-hand that [the physician] can do me no good”<sup>106</sup>. Given the connection between lack of self-liking and lack of hope, I believe that the remarkably pessimistic attitude of the hypochondriac strongly suggests that his self-liking may be in some ways deficient, which further supports the idea that there is a connection between the passion and the disease.

Furthermore, it was already pointed out that according to Mandeville, self-liking can act as a psychological protective mechanism of sorts.<sup>107</sup> Based on this, I trust that it can be argued that if a person comes to lack self-liking, this protective system is significantly weakened as a result. It therefore follows that they become more prone to being negatively affected by the “Immoderate Grief, Cares, Troubles and Disappointments”<sup>108</sup>, all of which are listed by Mandeville as contributors to the hypochondriac disease in the *Treatise*. This suggests that a lack of self-liking could open the door to a deterioration of the patient’s mental state, potentially inviting or exacerbating the symptoms of hypochondria.

The last argument that I would like to draw attention to is, much like the evidence cited in Simonazzi’s paper, also based on the use of similar language. In the *Fable*, Mandeville claims that those who lack self-liking “can taste no pleasure”<sup>109</sup>. This description appears to be consistent with Polytheca’s account of her illness. In the *Treatise*, she complains that “even Mirth will discompose me” and “I am almost afraid of being pleas’d”<sup>110</sup>. It is clear from comparing the two passages that much like people who are deficient in the vital passion, the patient described in the *Treatise* seems unable to experience feelings of happiness in her present state, as any instance that would normally bring her joy only seems to cause her more pain. I believe that the fact that a limited ability to feel pleasure is characteristic of both

---

<sup>105</sup> MANDEVILLE, Bernard, ref. 14, p. 136

<sup>106</sup> MANDEVILLE, Bernard, ref. 9, p. 39

<sup>107</sup> MANDEVILLE Bernard, ref. 14, p. 136

<sup>108</sup> MANDEVILLE Bernard, ref. 9, p. 125

<sup>109</sup> MANDEVILLE Bernard, ref. 14, p. 136

<sup>110</sup> MANDEVILLE Bernard, ref. 9, p. 143

people who lack self-liking and hypochondriacs makes a convincing argument for the connection between the passion and hypochondriac disease.

In summary, this section demonstrates that there is plenty of evidence to be found in Mandeville's texts which supports Simonazzi's assertion that hypochondria and lack of self-liking are indeed inextricably linked. Though I believe the value of the argument about suicide is limited, I am nonetheless convinced that the other points of connection listed here more than make up for the issue. It has been shown that it is not only a similarity of the language which Mandeville uses that highlights the association between the disease and lack of self-liking but that there is also a deeper, logical connection that emerges when the protective function of the passion as well as its importance for psychological well-being is taken into account.

Now that a strong basis for the link between the passion and the disease has been established, I will set out to examine potential reasons for the deficiency of self-liking that emerge when reading Mandeville's work.

### ***2.3 Self-liking Impaired by Shame***

In order to ascertain that deficient self-liking is a "psychological cause of hypochondria"<sup>111</sup>, as Simonazzi puts it, it ought to be described how one can lead to the other. Before delving deeper into the argument, however, there is one important question that needs to be answered first: if self-liking is innate as Mandeville believes, how come the patient is lacking in this passion? Here, Simonazzi's article hints at a possible explanation: hypochondriacs' self-liking can be lessened by experiencing shame.<sup>112</sup>

In the following section, I will attempt to briefly outline this argument using textual evidence from Mandeville's writings. This argument will become important later, in a section in which I will provide specific instances from the *Treatise* which I believe could have been a source of shame for the patient and thus, by lowering his self-liking, acted as a catalyst for the disease.

In the first part of the *Fable*, Mandeville provides a definition of shame, describing it as "a sorrowful reflection on our own unworthiness proceeding from an apprehension that other either do or might, if they knew all, deservedly despise us"<sup>113</sup>. Firstly, this description is

---

<sup>111</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>112</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>113</sup> MANDEVILLE, Bernard. ref. 14, Remark C, p. 64

important since it highlights the crucial role of others for one's happiness as well as perception of oneself. Furthermore, one can see how "a reflection of our own unworthiness" is in stark contrast to the "great value which all individuals set upon their own persons"<sup>114</sup> known as self-liking. This suggests the existence of some sort of antagonistic relationship between the two. That said, it is important to keep in mind that even though shame and self-liking seem like polar opposites, Simonazzi is very much correct in calling shame "one of the effects of self-liking"<sup>115</sup> since Mandeville states that shame only exists because all humans possess the passion of self-liking.<sup>116</sup>

As Simonazzi points out in his paper, Mandeville explicitly writes that shame leads to a decrease in self-liking. To show this, Simonazzi cites a passage from the *Enquiry*, according to which "all the Marks of Ignominy" tend to "disturb, take away and extirpate every Thought of Self-liking"<sup>117</sup>. There is therefore clear evidence in Mandeville's work that shame indeed lessens self-liking in people, which makes it an important factor to consider when looking for potential factors that could lead to hypochondria through lowering of the passion.

#### ***2.4 Connecting Low Self-liking to Hypochondria***

There are several different ways to explain how self-liking lessened by shame can then result in hypochondria. I propose that one such way is that the decrease of the passion interferes with the protective function of self-liking which otherwise serves as an "Armour against Despair"<sup>118</sup>. This, as was already pointed out previously, leaves the person vulnerable to being negatively affected by "Grief, Cares, Troubles and Disappointments"<sup>119</sup> which Mandeville believes can all contribute to the disease.

It is also possible that the feelings of sorrow associated with both shame and low self-liking can account for some of the symptoms of hypochondria more directly. Mandeville himself explicitly connects shame to sadness in his writing: in the *Enquiry*, he writes that by shaming a person for their improper behaviour, people are generally aiming to "raise in them that sincere *sorrow*, which always attends man's reflecting on his own unworthiness."<sup>120</sup> This is

---

<sup>114</sup> MANDEVILLE, Bernard, ref. 15, p. 3

<sup>115</sup> SIMONAZZI, Mauro, ref. 4, p. 74

<sup>116</sup> MANDEVILLE, Bernard, ref. 15, p. 12 – 13

<sup>117</sup> MANDEVILLE, Bernard, ref. 15, p. 11

<sup>118</sup> MANDEVILLE, Bernard, ref. 14., p.136

<sup>119</sup> MANDEVILLE, Bernard, ref. 9, p. 125

<sup>120</sup> MANDEVILLE, Bernard, ref. 15, p. 10



significant since sorrow and other related emotions are often mentioned in the *Treatise* as one of the manifestations of the hypochondriac disease, as was already mentioned. For instance, Misomedon complains about feeling “unspeakable Pangs of Grief”<sup>121</sup> and likewise, Polytheca says she sometimes suffers from “unaccountable Sadness” accompanied by “terrible Fits of Crying”<sup>122</sup>. Taken together, this suggests that shame itself could account for some specific aspects of the disease since it is described as a cause of many of the emotions that hypochondriacs struggle with.

## ***2.5 Breakdown of the Psychological Mechanism***

Before going any further, it has to be said that naturally, not every instance of shame leads to hypochondria – otherwise the whole world would be teeming with hypochondriacs. There needs to be another factor which connects shame and lowered self-liking to hypochondria. This, I propose, is the breakdown of the psychological mechanism, which under normal circumstances drives people to seek out the approval of others.

In the following section, I will attempt to explicate an explanation based on the arguments presented in Simonazzi’s paper for how shame interferes with the psychological mechanism which then disables the person from replenishing their sense of self-liking and thus contributes to hypochondria.<sup>123</sup> This argument will then be relevant for the subsequent section, in which I will attempt to deploy a ‘case study’ approach and confront the arguments stated here with the evidence available in Mandeville’s *Treatise* to assess their validity.

As was already previously demonstrated, Mandeville shows us how under normal circumstances, the “psychological mechanism” – a term coined by Simonazzi<sup>124</sup> – drives us to seek out satisfying social interactions in which others affirm our naturally inflated sense of self, and thus allow us to maintain a satisfactory level of self-liking. At the same time, the Italian scholar is also acutely aware of the potential danger this mechanism poses. In his more recent article, he notes that “the pursuit of recognition exposes us to the risk of failure and, worse still, puts us at the mercy of others”<sup>125</sup>. The fact that the article also highlights the tendency of hypochondriacs to isolate themselves and avoid other people<sup>126</sup> – which will

---

<sup>121</sup> MANDEVILLE, Bernard, ref. 9, p. 58

<sup>122</sup> MANDEVILLE, Bernard, ref. 9, p. 142

<sup>123</sup> SIMONAZZI, Mauro, ref. 7, p. 21

<sup>124</sup> SIMONAZZI, Mauro, ref. 4, p. 76

<sup>125</sup> SIMONAZZI, Mauro, ref. 7, p. 22

<sup>126</sup> SIMONAZZI, Mauro, ref. 7, p. 78

later be addressed in more detail – then suggests that the psychological mechanism has ceased to work as it should in hypochondria.<sup>127</sup>

How does Simonazzi explain the fact that the psychological mechanism has stopped functioning properly? I believe that the key to understanding this issue is his view that “the patient does not want interaction because society has shamed him”.<sup>128</sup> In other words, Simonazzi argues that it is excessive shame as well as fear of being shamed again by others that brings the psychological mechanism to a halt, causing the patient to “no longer seek the esteem of others”<sup>129</sup>. It was already previously explained how shame leads to a lack of self-liking. I further propose that in certain cases, the fear of others’ negative judgement and the hurt to one’s self-liking it causes becomes so great that it overrides the drive to seek favourable opinions of others that would normally help to replenish the passion. The argument should become even clearer in the following section in which the idea of the hypochondriacs being shamed by others will be explored further, along with evidence of how precisely it may happen in the context of Mandeville’s *Treatise*.

So, to restate, I believe that one of the possible explanations for hypochondria which relies on Mandeville’s theory of passions is that the patient’s self-liking is at first lowered by experiencing shame, which then interferes with the protective function of the passion and invites feelings of sadness. Most important, however, is the fact that shame can lead to the breakdown of the psychological mechanism. By being shamed by others, the hypochondriacs learn that most social interactions presently not only do not help to raise their self-liking, but often further lower it. This then leads them to start avoiding others. I propose that this helps to explain the tendency to self-isolate observed in hypochondria.

This account then highlights one of the main virtues of Simonazzi’s interpretation: it explains how the miserable condition is maintained by preventing the patient from having a chance at recovery. Hypochondria essentially traps people in a vicious cycle: the fear of shame and desire to protect the little self-liking they have left leads the hypochondriacs to largely avoid interacting with others in a meaningful way. Yet – as Simonazzi explains – by doing so, they actively avoid the one way through which their condition could be improved.<sup>130</sup> I propose

---

<sup>127</sup> SIMONAZZI, Mauro, ref. 7, p. 21

<sup>128</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>129</sup> SIMONAZZI, Mauro, ref. 4, p. 76

<sup>130</sup> SIMONAZZI, Mauro, ref. 7, p. 13

that this perfectly illustrates why breaking the pathological pattern of hypochondria is a very difficult task to achieve on one's own.

## ***2.6 Tracing Shame in the Treatise***

The purpose of the upcoming section is to evaluate the aforementioned theory of the aetiology and perpetuation of hypochondria by checking whether it is consistent with the facts which can be found in the *Treatise*. To achieve this purpose, I will list textual evidence which I believe supports Simonazzi's claims about how a person could develop hypochondria through shame and later maintain it by feeling compelled to withdraw from the society of others. This will not only help to make the previous arguments clearer but will also provide a necessary basis for an explanation of the therapeutic process explored in the final section of this thesis.

Firstly, I will present evidence of potential causes of shame for Misomedon prior to him contracting the disease, including shame of past mistakes, as well as the role of wealth as a potential risk factor for hypochondria. Next, I will explore how hypochondria itself serves as an additional source of shame, thus fuelling the disease and making it harder to recover. This will be done by exploring one of the key symptoms of hypochondria that is associated with shame as well as the idea of hypochondria carrying a social stigma in the times in which the *Treatise* was written. Lastly, I will examine the evidence of the patient displaying signs of social isolation and argue that it can be interpreted as a result of a breakdown of the psychological mechanism.

### ***2.6.1 Initial Sources of Shame***

Many potential sources of the patients' shame emerge when reading Mandeville's medical text, all of which could have contributed to his shortage of self-liking. Perhaps the most convincing one is Misomedon's awareness of the fact that he almost brought his family to poverty by behaving recklessly in his youth. He, along with his wife Polytheca, lived above their means and ended up in a situation in which he "had about Thirty Pounds left, ow'd near Three Hundred"<sup>131</sup>. If it were not for a distant relative who passed away at the right time and left him with a sizeable inheritance, he would most likely end up penniless. Not long after the event, he started to reflect on his previous careless actions: "I could not look without horror on the dismal Prospect of Poverty and Want, to which I must in a very little time

---

<sup>131</sup> MANDEVILLE, Bernard, ref. 9, p. 40

inevitably have been reduced”<sup>132</sup>. Though he never actually found himself in these unhappy circumstances, this knowledge undoubtedly triggered a deep feeling of shame in him, knowing that his youthful irresponsibility would have been the cause of his and his wife’s downfall. We see further evidence of the shame he feels in connection to these events later on when he discloses that it continues to haunt him in his dreams: “[I] am sometimes frighten’d into such an Agony, as if all the Calamities that could have been expected from it, were, in reality, come upon me, and I saw my Wife and Children that Minute begging their Bread”<sup>133</sup>. Given the fact that Mandeville describes these affairs at great length towards the start of the text and continues to reference them throughout the *Treatise*, I believe that it is quite possible that he is hinting at the fact that the patient’s feeling of shame and guilt may have contributed to the onset of the disease.

Another evidence of shame playing a role in the onset of hypochondria is the fact that Misomedon is a member of the part of society which Mandeville believes is more likely to be affected by feelings of shame. Mandeville explicitly states that wealth is a risk factor in hypochondria.<sup>134</sup> Indeed, hypochondria was often seen as a disease mostly associated with members of higher social classes, and authors like Turner frequently allude to the “bourgeois character of the disease” in their articles.<sup>135</sup> Aside from the prosaic explanation offered by Philopirio that people who do not have to work for a living have more time on their hands to ruminate<sup>136</sup>, there is also an interesting additional interpretation that arises from viewing hypochondria through the lens of Mandeville’s social theory which supports the idea that shame may be one of the causes of the disease.

To present my case, it is first important to note that pride is augmented in members of the social class that Misomedon is unmistakably a part of.<sup>137</sup> Mandeville himself writes that “their Wishes and Desires [are] larger”<sup>138</sup>. Furthermore, the fact that pride and shame are interconnected, as is shown in the *Fable*<sup>139</sup>, means that the power that shame holds over people increases in proportion to their pride. In practice, this results in the fact that members of the upper class are more likely to strictly comply with the etiquette of the times, but it

---

<sup>132</sup> MANDEVILLE, Bernard, ref. 9, p. 40

<sup>133</sup> MANDEVILLE, Bernard, ref. 9, p. 57

<sup>134</sup> MANDEVILLE, Bernard, ref. 9, p. 125

<sup>135</sup> TURNER, Brandon, P. Mandeville against Luxury. Online. Political Theory, vol. 44(1), February 2016. pp. 26-52. Retrieved from: JSTOR, <http://www.jstor.org/stable/24571679>. [Cited 2024-01-04], p. 37

<sup>136</sup> MANDEVILLE, Bernard, ref. 9, p. 125

<sup>137</sup> TURNER, Brandon, P., ref. 137, p. 36

<sup>138</sup> MANDEVILLE, Bernard, ref. 9, p. 125

<sup>139</sup> MANDEVILLE, Bernard, ref. 14, p. 78

could also be argued that the tendency to greater pride also makes them more vulnerable to experiencing the negative consequences of shame – as it is – I would argue along with Turner<sup>140</sup> – precisely the case in hypochondria.

Mandeville even explains how lessening one’s high opinion of oneself, which Mandeville likely believed to be excessive in many members of the ‘leisure class’, could potentially have psychological benefits. In a passage about duelling, the character Cleomenes postulates that “if [whoever acts from fear of shame] could be persuaded any ways to lessen the great Esteem and high Value he sets upon himself, his Dread of Shame would likewise palpably diminish<sup>141</sup>. This part can thus be seen as an argument which proposes that a little more humility and realistic expectations can decrease the power shame holds over an individual. I would therefore agree with Turner’s assertion that a certain amount of humbleness can, in certain cases, act as a protective mechanism against the disease.<sup>142</sup>

In the meantime, we see that adopting the view that shame contributes to hypochondria helps to explain why the disease seems to be much more prevalent among the ‘new type of commercial men’, such as Misomedon, who are also more likely to be affected by the passion.<sup>143</sup> Furthermore, I believe that this argument serves as good evidence for Simonazzi’s claim that it is useful to rely on Mandeville’s philosophical writing when interpreting the *Treatise* since thinking about the role of shame offers an interesting additional perspective for one of the key risk factors of hypochondria mentioned in the medical text.

### ***2.6.2 The Role of Shame in Maintaining Hypochondria***

So far, we have seen how factors such as the shame of past mistakes and the greater sensitivity to shame associated with the higher classes can contribute to the onset of hypochondria. Next, I would like to explore two instances which I believe illustrate how a person already suffering from hypochondria can experience additional instances of shame as a result of the disease. I would argue that these ‘added sources of shame’ lower the patients’ sense of self-liking even further and thus act as an additional barrier to improving one’s condition.

One potential source introduced in the *Treatise* is in itself a symptom of hypochondria. It is, in fact, quite close to our contemporary understanding of the term defined as an “excessive

---

<sup>140</sup> TURNER, Brandon, P., ref. 137, p. 36

<sup>141</sup> MANDEVILLE, Bernard, ref. 14, p. 96

<sup>142</sup> TURNER, Brandon, P., ref. 137, p. 38

<sup>143</sup> TURNER, Brandon, P., ref. 137, p. 36

concern about one's health especially when accompanied by imagined physical ailments”<sup>144</sup>: One learns in the *Treatise* that after having spent countless hours studying medical texts, the patient became convinced that he had contracted a venereal disease. He tells Philopirio that “the losing of my Nose, my Palate, my Eyes, and all the frightful and *shameful* Consequences of the [venereal] Disease possess’d my Fancy for hours together”<sup>145</sup>. The fact that Misomedon describes the consequences as “shameful” clearly implies that there is a feeling of humiliation attached to the idea that he may have contracted an STD. From this, it can be seen that some of the disease’s symptoms further fuel the feelings of shame in its sufferers and thus continue to lower their self-liking, making it much harder to recover.

That said, if we truly want to understand how hypochondria is developed and later sustained – if we want to find evidence supporting the idea of hypochondria being marked by a breakdown of the psychological mechanism – it is important to inspect the role of other people in the process. For this reason, I set out to examine if there is any evidence which supports the claim that it is indeed the risk of being shamed by others – as Simonazzi hints at<sup>146</sup> – which ultimately causes the ‘psychological mechanism’ of the hypochondriac to stop functioning as it should.

Based on the evidence presented in Mandeville’s texts, I believe it can be argued that once the disease was labelled as hypochondria, the patient suddenly faced a new problem: the diagnosis carried a social stigma in Mandeville’s times. It would appear that there was a strong possibility for the hypochondriac to be shamed for their condition in some way. The *Treatise* offers plenty of examples of this. In one notable instance, Misomedon recalls how he was mocked in the street by a passer-by who cheerfully asked him “Well, Misomedon, how goes the Hypo?”<sup>147</sup>. It is likewise possible that there may have been even greater contempt in society for hysteric women. In the third dialogue, Polytheca mentions being made to feel ashamed when she complains that people often do not believe her illness is real. She complains to the physician that she “[has] the *Mortification* into the Bargain, of passing for Fantastical, in the midst of so many real Evils”<sup>148</sup>.

---

<sup>144</sup> Hypochondria. In: Merriam-Webster Dictionary. (n. d.). Online. Retrieved January 29, 2024, from <https://www.merriam-webster.com/dictionary/hypochondria>.

<sup>145</sup> MANDEVILLE, Bernard, ref. 9, p. 58

<sup>146</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>147</sup> MANDEVILLE, Bernard, ref. 9, p. 175

<sup>148</sup> MANDEVILLE, Bernard, ref. 9, p.143

The idea of a social stigma surrounding hypochondria is also further supported by another 18th-century author writing on hypochondria. The English physician John Hill wrote in his treatise titled *Hypochondriasis* that the sufferers “become a jest to the common herd” and that “the unhappy patient, instead of compassion and assistance, receive the reproof of sullenness”<sup>149</sup>.

What is arguably even more troubling is the fact that we get a sense from the *Treatise* that is not just the general public that shames the hypochondriacs, but also the doctors who are supposed to be helping them. For instance, Misomedon explains how he was made to feel ashamed by one of his previous doctors when he explains that the physician would always “found some fault with my Diet, or manner of living; or else charged me with omitting what he had ordered”.<sup>150</sup> Likewise, Polytheca complains that “even Physicians, because they cannot cure [her disease], are forced to *ridicule* [it] in their own Defence”<sup>151</sup>.

Thus, the evidence presented here demonstrates that hypochondriacs indeed faced a significant risk of experiencing shame in their interactions with others due to their symptoms and the general stigma surrounding their disease, precisely as Simonazzi hinted at.<sup>152</sup> Furthermore, it is not hard to imagine that acting in a way that elicits approval from others may be a difficult task to achieve when one is in a state of such misery as the people suffering from hypochondria often are. It is possible that the hypochondriacs may lack the energy and emotional capacity to be pleasant in their social interactions, which ultimately only serves to harm them further.

I would argue that as a result of both of these factors, most social interactions of the hypochondriacs will likely not increase their sense of self-liking. They even risk having the passion further decreased through experiencing shame. One can then easily see how a series of unsatisfactory or indeed detrimental interactions with others will lead to the disruption of the psychological mechanism if it no longer fulfils its designated function. This, I believe, helps to explain how and why hypochondria “makes one lonely and solitary”<sup>153</sup>, as Simonazzi states.

---

<sup>149</sup> HILL, John, ref. 18, p. 15.

<sup>150</sup> MANDEVILLE, Bernard, ref. 9, p. 46

<sup>151</sup> MANDEVILLE, Bernard, ref. 9, p.143

<sup>152</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>153</sup> SIMONAZZI, Mauro, ref. 4, p. 78

## 2.7 Driven to Isolation

So far, it was demonstrated that there is indeed a precedent in Mandeville's text for the hypochondriacs experiencing shame in various forms, which appears to be consistent with the theory of hypochondria proposed by Simonazzi.<sup>154</sup> What is left now is to examine whether there is also a case to be made for his claim that the hypochondriac experiences social isolation in some form.<sup>155</sup> For this purpose, I will once again rely on textual evidence from the *Treatise* while adding quotes from other authors for context.

Firstly, it should be noted that Simonazzi is not the only author to point out the connection between hypochondria and loneliness in Mandeville's texts. For instance, in his essay on the melancholic passions, Carvalho mentions that the disease "tends to force individual's withdrawal from normal social relations"<sup>156</sup>. This view was likewise shared by some of Mandeville's contemporaries – John Hill mentions in his medical work that the first signs of the disease are, not only "lowness of spirits" and "disrelish of amusements," but also "love of solitude"<sup>157</sup>.

Evidence of the tendency of hypochondriacs to isolate themselves is also available in the *Treatise* itself. The idea of a certain kind of withdrawal from society is in line with the characterisation of hypochondria as the "disease of the learned" which Mandeville employs in the *Treatise*.<sup>158</sup> The term refers to the notion that the archetypal hypochondriac is a 'man of learning' who spent too much time studying which then helped to fuel his disease. The character of Misomedon, who confesses to having "became a great lover of Reading, and by degrees fell to hard Study"<sup>159</sup>, certainly fits this profile. The issue is that we learn from the *Treatise* that Misomedon exhibited this behaviour even prior to the onset of his disease<sup>160</sup>, so it does not fully correspond with the idea that he became a recluse *as a result of* being shamed by society.

That said, he certainly does continue to exhibit solitary tendencies after the symptoms first appear. It could still be argued that the initial mistrust the patient exhibits when interacting

---

<sup>154</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>155</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>156</sup> CARVALHO, Cláudio Alexandre S., ref. 20, p. 151

<sup>157</sup> HILL, John, ref. 18, p. 13

<sup>158</sup> MANDEVILLE, Bernard, ref. 9, p. 219

<sup>159</sup> MANDEVILLE, Bernard, ref. 9, p. 41

<sup>160</sup> MANDEVILLE, Bernard, ref. 9, p. 41



with Philopirio<sup>161</sup>, the poor treatment of his wife<sup>162</sup> or the expression of open contempt for apothecaries<sup>163</sup> all have the potential to drive other people away from him and can therefore be seen as a form of asocial behaviour which would likely sooner or later increase his chances of becoming more isolated if there was no intervention.

## ***2.8 Annihilation of desire for approval? A Refinement of Simonazzi's Argument***

Despite the evident virtues of Simonazzi's novel interpretation of the role of self-liking in the onset of hypochondria which have so far been demonstrated, I do believe that there is one part of his argument that does not completely align with the textual evidence present in Mandeville's original text. Specifically, I am of the opinion that Simonazzi's notion that hypochondriacs experience a complete "annihilation of the desire for approval"<sup>164</sup> as a result of their lack of self-liking does present some problems. The following section aims to address these issues and attempt to offer an alternative account of what is happening in hypochondriacs in terms of their sociability that in my view more convincingly corresponds with the *Treatise*. This proposed explanation will then serve as a starting point for the analysis of the treatment of hypochondria presented in the final section.

In his paper, Simonazzi argues that the shortage of self-liking which is said to be the psychological cause of hypochondria ultimately leads the patient to a state marked by a "lack of faith and interest in other people's esteem"<sup>165</sup>. He plainly states that "hypochondria is the lack of interest in other people's judgment"<sup>166</sup>. He bases his claim primarily on the argument that a person who is ashamed – and whose self-liking is therefore negatively affected, such as is the case in hypochondria – "wishes he could make himself invisible"<sup>167</sup> and thus arguably lacks interest in being perceived and evaluated by others. He also makes use of the famous passage in the *Fable* on suicide, which suggests that when self-liking disappears, "all our Hopes are extinct, and we can form no Wishes but for the Dissolution of our

---

<sup>161</sup> MANDEVILLE, Bernard, ref. 9, p. 39

<sup>162</sup> MANDEVILLE, Bernard, ref. 9, p. 155

<sup>163</sup> MANDEVILLE, Bernard, ref. 9, p. 154

<sup>164</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>165</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>166</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>167</sup> MANDEVILLE, Bernard, ref. 15, p. 11 – 12 in SIMONAZZI, Mauro, ref. 4, p. 74

Frame”<sup>168</sup>, which too is in line with the idea that the wish for the approval for others disappears in those who lack self-liking.

That said, after reviewing the textual evidence from the *Treatise*, I conclude that this view of self-liking and sociability in hypochondriacs seems to be too extreme to accurately represent their situation. Instead, I propose that the ‘lack’ of self-liking Simonazzi mentions should be understood as “not having enough; shortage; deficiency”<sup>169</sup> of a given thing rather than the “condition of not having any; complete absence”<sup>170</sup>, both of which are valid definitions for the word ‘lack’ in contemporary English. In other words, the ‘lack of self-liking’ which is associated with hypochondria should not, in my opinion, be viewed as a complete absence of the passion but rather as something akin to low levels of esteem for one’s own person. Such a view does not appear to be inconsistent with the characterisation of the passion provided by Mandeville<sup>171</sup> which was detailed in the section on the properties of self-liking. This opens up the possibility for the hypochondriac still being interested in the opinion of others in some way.

In order to demonstrate what led me to propose this modification of Simonazzi’s original argument, I will briefly revisit his point about suicide, discuss a key passage in which Philopirio himself arguably contradicts the idea of hypochondriacs lacking interest in others, and lastly look at the other patient in the *Treatise* whose experience also seems to go against the original assertion.

Firstly, I have previously already suggested that one has to be cautious when using the suicidality argument in hypochondria since I was unable to find a direct instance of the characters wishing to commit suicide in the *Treatise*. This implies that it may be inaccurate to present hypochondriacs – in light of Mandeville’s suicide passage – as people who have no wishes (including the wish for approval of others) except to end it all. I am open to the possibility that the information available in the *Treatise* may perhaps be consistent with the view that the sufferers can briefly undergo this extreme state, but it certainly does not appear to reflect their present behaviour captured in Mandeville’s text. This alone already casts

---

<sup>168</sup> MANDEVILLE, Bernard, ref. 14, p. 136

<sup>169</sup> Lack. In: Collins Dictionary. Online. Retrieved January 24, 2024, from <https://www.collinsdictionary.com/dictionary/english/lack>

<sup>170</sup> Lack. In: Collins Dictionary. Online. Retrieved January 24, 2024, from <https://www.collinsdictionary.com/dictionary/english/lack>

<sup>171</sup> MANDEVILLE, Bernard, ref. 14, p. 130

doubt on the assertion that the disease is indeed marked by a total absence of interest in the opinion of others.

Next, it is worth pointing out that while some of Misomedon's asocial behaviour may upon first glance hint at the possibility of him not being interested in the opinion of others, his wife, Polytheca, whom we know to suffer from the same illness does not appear to be apathetic toward the opinion of others at all. She outright states in the *Treatise* that one of the reasons why she continues to seek out the service of an apothecary is because the man "has the Patience to weigh [her] Complaints, or at least the Good-manners to hear them, and seldom fails of giving [her] Ease".<sup>172</sup> This, I argue, clearly shows that the other Mandeville's hypochondriac character does exhibit interest in others' opinions, and it therefore further undermines the validity of Simonazzi's argument about the apparent "lack of interest in other people's judgement"<sup>173</sup> present in hypochondria.

The last argument against Simonazzi's notion that hypochondria constitutes an "annihilation of the desire for approval"<sup>174</sup> then comes from a passage in the *Treatise* which I believe directly contradicts the idea that hypochondriacs are not interested in the opinions of other people. In it, Misomedon recalls an anecdote from his life, stating that:

*"I have had a healthy Rascal full of Ease and Wantonness come up to me in the Street, with a Smile in his Countenance, and cry, Well, Misomedon, how goes the Hypo? I have said nothing and gone my ways, but I could have kock'd him down with all my Heart."*<sup>175</sup>

The same passage was previously cited here as valuable evidence which shows how hypochondriacs get shamed by society. It is, however, also noteworthy for a different reason – it offers the readers a glimpse into Misomedon's mind.

First of all, I am convinced that the fact that being mocked could produce such a strong, visceral reaction in the hypochondriac already speaks volumes against the idea that hypochondria is marked by total apathy about the opinions of others. After all, if the patient truly were indifferent about other's judgement, as Simonazzi postulates, would he truly feel the urge to hit the man whom he perceived to have downplayed the seriousness of his illness?

---

<sup>172</sup> MANDEVILLE, Bernard, ref. 9, p. 144

<sup>173</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>174</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>175</sup> MANDEVILLE, Bernard, ref. 9, p. 175

This passage therefore strongly suggests that the patient is still very much sensitive to how others perceive him.

The idea that people suffering from hypochondria still care about the opinion of other people is further supported in the original text by Philopirio, who explains that hypochondriacs often “can’t help looking upon the Compassion of others as their Due”<sup>176</sup>. Upon first glance, feeling entitled to receive pity may seem far removed from the “desire to be esteemed”<sup>177</sup> about which Simonazzi writes. That said, it can be argued that acknowledging someone’s suffering is still a form of validation. If one is not seen by others as the greatest lawyer or the most pleasant conversationalist, being viewed as the most tortured soul may be interpreted as another attempt to construct the idea of oneself in superlative terms. I therefore propose that the desire to be esteemed is still very much present in the hypochondriac – it has just become distorted since the patient’s sense of personal identity is so closely intertwined with his disease.

How then to explain this curious inconsistency? I would suggest that the best way to make sense of things is to adopt the view that there is a discrepancy between the patient’s actions and wishes. Simply put, the hypochondriac may at times *act as though* he is not interested in the opinion of others by throwing himself into solitary pursuits and being arrogant and bitter in the few interactions he experiences. That said, the fact that Misomedon does not actively seek out the affirmation of other people – at least not until he meets Philopirio – does not mean he cannot still subconsciously crave it. It may be true that he has a “lack of *faith*”<sup>178</sup> (as in trust) in other people’s judgement, as Simonazzi postulates, yet the evidence mustered here suggests that he does not in fact exhibit a complete “lack of *interest*”<sup>179</sup>.

One could even go one step further and argue that the seemingly asocial outward behaviour may be a form of self-protection, born out of fear of being further shamed by others. The quote that perhaps best summarises the dilemma the poor hypochondriac faces – though it is used in a different context – can in fact be found in Simonazzi’s more recent article: Misomedon too, like all of us, appears to be “constantly torn between the two passions fundamental to the survival of society: the desire for approval and the fear [of] shame”<sup>180</sup>. It may just be that the hypochondriacs’ fear of shame is in some cases so great that it trumps

---

<sup>176</sup> MANDEVILLE, Bernard, ref. 9, p. 175

<sup>177</sup> SIMONAZZI, Mauro, ref. 4, p. 72

<sup>178</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>179</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>180</sup> SIMONAZZI, Mauro, ref. 7, p. 15

their desire for approval, leading them to behave in ways which ultimately only add to their miserable condition.

To sum up, I believe that it is better to adopt the view that the patients still, deep down inside, want to have their sense of self validated by others, even though they may sometimes act in ways which suggest a lack of interest in others' approval since this position is more consistent with the textual evidence listed above. Moreover, this interpretation also has the advantage of being able to account for some of the aspects of the therapeutic process which will be explored in the third section of the thesis.

Based on the arguments discussed above, I conclude that the lack of self-liking associated with hypochondria does not lead to a complete “annihilation of the desire for approval”<sup>181</sup>, as Simonazzi argues. Instead, I believe that it should only be thought of as something akin to low levels of self-esteem – a term that Mandeville defines as “that good Opinion which Man has of himself from Nature”<sup>182</sup> in the *Enquiry* and Simonazzi later reuses.<sup>183</sup> After all, Mandeville explicitly states in the *Fable* that the desire to be esteemed – or, in his words, “love of praise” – is a name for the phenomenon that arises from the existence of self-liking and not merely another name for the passion itself.<sup>184</sup> It therefore follows that it can theoretically be possible for an individual to have a deficiency of self-liking and still crave the approval of others – the means through which self-liking can be replenished – just as much as a person whose self-liking is sufficient, if not more. I put forward the notion that this is precisely the state characteristic of hypochondriacs.

## ***2.9 Summarising the Aetiology of Hypochondria***

The evidence presented thus far plainly demonstrates that there is a great deal of merit to Simonazzi's assertion that reading the *Fable* and *Enquiry* alongside the *Treatise* can greatly enhance our understanding of the text. The strength of Simonazzi's argumentation is also further increased by the fact that it provides a rich basis for developing further arguments, such as the proposed disruption of the psychological mechanism caused by shame. These can then account for a lot of the specific details presented in the *Treatise*, namely the shame

---

<sup>181</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>182</sup> MANDEVILLE, Bernard, ref. 15, p. 92

<sup>183</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>184</sup> MANDEVILLE, Bernard, ref. 15, page 4

felt by the patients and the observed tendency to mistrust and avoid others that is sometimes present in hypochondriacs.

Though Simonazzi's arguments were shown to be both consistent as well as rich areas for further exploration, I have nonetheless proposed that some of his claims ought to be refined. Above all, I believe that the evidence mustered here suggests that the hypochondriacs from the *Treatise* indeed have a lack of self-liking, but not the desire for approval from others, as Simonazzi argues.

The theory outlined here regarding the possible origins of hypochondria linked to self-liking and shame is of course only one of the possible mechanisms through which hypochondria can occur, and it largely disregards the biological factors discussed by Mandeville in the *Treatise*. That said, I still believe that this explanation is a plausible one, as it appears to fit well with the evidence presented in all three of Mandeville's texts.

In the following section, the postulation about the breakdown of the psychological mechanism and the role of shame along with the refinement of Simonazzi's argument about the desire for others' approval will be utilised in order to examine the therapeutic process Simonazzi believes to be taking place on the pages of the *Treatise*.

### Section III: The Role of Self-liking in the Treatment of Hypochondria

The overall aim of the ensuing section is to evaluate and expand on Simonazzi's interpretation of the therapeutic process depicted in the *Treatise* which is based on Mandeville's theory of self-liking.<sup>185</sup> Specifically, the intention is to analyse Simonazzi's key claim that in the *Treatise*, Mandeville presents a form of therapy the primary goal of which is to treat hypochondria by raising the patient's self-liking.<sup>186</sup> For this purpose, I will mainly rely on the two Simonazzi's articles as well as the previous sections of this thesis which examine Mandeville's proposed psychological mechanism and the role of shame. I will also occasionally draw on interpretations from other contemporary authors writing on Mandeville which I believe either support Simonazzi's view or further enhance his arguments.

I shall start by explicating Simonazzi's theory regarding the 'talking therapy' presented in Mandeville's text and trying to reconcile it with the proposed clarification of his claim about the 'annihilation of desire to be esteemed' which was discussed in the previous section. Close attention will be paid to the role of the psychological mechanism in the process. Next, I will attempt to examine the relationship between the physician and the patient presented in the *Treatise* in more detail, explaining the importance of establishing trust as well as respect for the physician that aligns with Mandeville's theory presented in the *Fable* and *Enquiry*. Afterwards, I will offer examples of specific techniques present in the *Treatise* which I believe can be interpreted as attempting to raise the patient's self-liking. These examples should strengthen the validity of Simonazzi's interpretation by showing that the theory can explain the significance of the character's actions in the *Treatise*. Next, the other hypochondriac present in the text – Polytheca – will be examined in order to illustrate that she too seeks out a therapeutic relationship of sorts. This will demonstrate that the sort of therapy Simonazzi describes does not only apply to one single patient but can likewise be extended to other hypochondriacs. Then, with the help of Kleiman-Lafon's insightful article, evidence from the *Treatise* will be presented that supports the view that the therapy is indeed effective in raising the hypochondriac's self-liking, as Simonazzi claims. Lastly, a brief attempt will be made to tie Mandeville's and Simonazzi's arguments together with the views

---

<sup>185</sup> SIMONAZZI, Mauro, ref. 4, p. 79

<sup>186</sup> SIMONAZZI, Mauro, ref. 4, p. 77

of modern-day psychologists centred on understanding of the self, therapy and mental health. This will help to further strengthen the arguments as well as demonstrate the value of reading early modern authors in order to gain insight into human nature and discover some of its elements which seem to remain largely unchanged and could therefore be seen as universal.

### ***3.1 The Talking Therapy***

Before delving any further, it is important to examine how Simonazzi understands the ‘talking therapy’ and outline how it operates. For this reason, I will first define the term using Simonazzi’s arguments. I will then attempt to explicate the theory that ties the principles of talking therapy together with arguments presented by Mandeville in his philosophical works. Lastly, I will try to re-contextualise parts of Simonazzi’s argument, so it fits with the view that the desire to be esteemed does not completely vanish in hypochondria.

It is important to note that Mandeville himself does not provide any direct definition of talking therapy in his texts. As Simonazzi rightfully points out, the therapeutic method is simply “shown, rather than explained or theorised”<sup>187</sup>. The closest we get to a direct description of talking therapy in Mandeville’s own texts is probably Misomedon’s exclamation in which he tells Philopirio that “you can’t imagine, how a pertinent lively Discourse, or any thing that is sprightly, revives my Spirits”<sup>188</sup>. As for Simonazzi’s own understanding, one can conclude by reading his paper that ‘talking therapy’ is the name he uses to describe the process by which the physician raises the hypochondriac’s self-liking through a careful use of words in an attempt to cure them of the disease.

It ought to be mentioned that Simonazzi is not the only author who points out Mandeville’s proto-therapeutic approach. For instance, R. A. Collins observes the role of ‘talking cure’ in treating hypochondria in his doctoral thesis<sup>189</sup>, in which he explains that the purpose of the dialogue was (...) not only diagnostic but also therapeutic<sup>190</sup>. Likewise, Kleiman-Lafon also analyses the ‘talking cure’ in her article on the *Treatise*.<sup>191</sup> Simonazzi’s precise explanation of the functioning of talking therapy through the theory of self-liking is, however, novel.

---

<sup>187</sup> SIMONAZZI, Mauro, ref. 4, p. 69

<sup>188</sup> MANDEVILLE, Bernard, ref. 9, p. 57

<sup>189</sup> COLLINS, R. A., ref. 58, p. 79

<sup>190</sup> COLLINS, R. A., ref. 58, p. 64

<sup>191</sup> KLEIMAN-LAFON, Sylvie, ref. 85, p. 172



When explaining how precisely the talking therapy operates in terms of self-liking, the first key claim drawn from Simonazzi's paper is that in the hypochondriac patient, the psychological mechanism through which people normally replenish their self-liking via others stops operating as it should.<sup>192</sup> A possible explanation of this occurrence was already provided in the previous section, in which it was proposed that this could happen as a result of the hypochondriac fearing being shamed by others (which would damage his sense of self-liking further) and thus choosing to withdraw from most social interactions. This then prevents any chances of recovery since people's self-liking depends on others.<sup>193</sup>

This is precisely where Simonazzi's sharp insight comes in: he gets into the heart of the issue when he explains that "the talking cure mimics interaction by reintroducing the regulative mechanism of social appreciation"<sup>194</sup>. I believe that this describes – to honour Mandeville's tradition of using mechanistic metaphors to describe the intricate inner workings of the human psyche – how the physician is able to 'fix' the psychological mechanism and get it back into working order. Put simply, the physician needs to have the hypochondriac experience a positive social interaction by being patient with him and affirming him rather than shaming him as other doctors did.<sup>195</sup> Through this process, the hypochondriac will experience a surge of self-liking. By repeating this type of positive interaction, the patient will rediscover that the only meaningful way through which he can regain self-liking is by experiencing the approval of others. This will then likely motivate him to act in a way that elicits approval from others in the future and thus help him break the vicious cycle brought about by the disease.

In addition to this explanation, I propose that a further interesting point can be made about the therapeutic process by viewing it in the light of Mandeville's psychological mechanism outlined in the first section of this thesis. Specifically, the fact that Mandeville believes this mechanism to not be innate but rather something children have to be taught suggests that it should also be possible to 're-learn' it at a later stage of life if something goes awry. This allows for the possibility of drawing a parallel between the role of a parent socialising their child and the physician 're-socialising' the patient.

---

<sup>192</sup> SIMONAZZI, Mauro, ref. 4, p. 76

<sup>193</sup> SIMONAZZI, Mauro, ref. 7, p. 22

<sup>194</sup> SIMONAZZI, Mauro, ref. 4, p. 78

<sup>195</sup> MANDEVILLE, Bernard, ref. 9, p. 43

One key way in which my interpretation of the talking therapy differs from Simonazzi's is that in light of the argument previously made about the "annihilation of the desire for approval"<sup>196</sup>, I am not entirely convinced that the therapy would indeed serve as a tool to "re-establish the patient's interest in the "opinion of others"<sup>197</sup>, as Simonazzi puts forth. Rather, I would argue that experiencing positive social interactions with the physician would motivate the patient to start *acting* in a way that elicits approval from others and seek out these types of interactions in the future rather than isolating himself. In other words, though never truly apathetic to how he is perceived by others, the therapy encourages the patient to align his actions with the deep-seated wish for other people's approval, which Mandeville believes to be a key part of all of us.<sup>198</sup>

### ***3.2 The Doctor-patient Dynamic***

The aim of the upcoming section is to analyse the nature of the relationship between the doctor and the patient in the *Treatise* through the lens of self-liking. Specifically, my goal is to demonstrate that Simonazzi is correct in viewing trust as one of the key features of the emerging dynamic. For this purpose, I will present textual evidence which shows how the patient gains trust in the physician and then propose examples of the different methods through which this end is achieved that can be found in Mandeville's *Treatise*. I will then offer an explanation for why trust is a necessary part of the therapeutic process which will help to tie the arguments together with the broader theory of the role of self-liking in hypochondria. After that, I will attempt to demonstrate that the role of trust further supports the argument developed here which states that it is not lack of interest in the opinion of others, as Simonazzi suggests, but rather fear of being shamed that the patient needs to overcome in therapy. Lastly, I will propose an additional feature of the therapeutic relationship that can be found in the *Treatise* – respect for the physician – and argue that it can be further interpreted through a key passage in the *Enquiry*, which should then highlight a further important feature of therapy. All of this should then further support Simonazzi's argument about the usefulness of applying Mandeville's philosophical theory to the *Treatise*.

One crucial aspect of the therapy which Simonazzi consistently emphasises in his paper and to which he attributes part of the method's success is the connection between the doctor and

---

<sup>196</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>197</sup> SIMONAZZI, Mauro, ref. 4, p. 63

<sup>198</sup> MANDEVILLE, Bernard, ref. 14, p. 64

the patient.<sup>199</sup> He cites a „sound relationship between physician and patient“<sup>200</sup> as one of the key parts of the therapeutical approach presented in the *Treatise*. Other authors writing on Mandeville have also made a similar observation. Notably, Andrea Branchi points out the “central place given to the relationship between doctor and patient”<sup>201</sup>.

Simonazzi then goes on to highlight a vital feature of the doctor-patient relationship: trust.<sup>202</sup> Since it is so frequently mentioned throughout his argumentation, I believe that it is worth examining further. For this purpose, I will first list some evidence from the *Treatise* which demonstrates that the physician indeed does gain Misomedon’s trust throughout the course of the dialogues to support Simonazzi’s assertion and then offer two types of behaviour of the physician which I believe can be interpreted as him trying to win the faith of his patient. These arguments will provide further context and in turn, allow for a deeper understanding of the broader argument about the role of self-liking and other people in the hypochondriac disease.

### **3.2.1 Gaining Trust**

It is important to note that at the start of the dialogue, Misomedon is very much characterised as a man who distrusts doctors. His name itself serves as a vital clue here. As Sylvie Klaiman-Lafon notes in her introduction to the *Treatise*, the reader who is well-versed in classical languages “is encouraged to infer that Misomedon has come to dislike physicians “<sup>203</sup>. The precise reasons for his antipathy are a matter of speculation, but I believe it is safe to say that some amount of mistrust on Misomedon’s part is understandable. Not only did his previous physicians not manage to cure his disease, but the frequent practice of purging and bloodletting likely did him more harm than good in the long run. In one notable instance, the patient explains that after he was “blooded twice and purged four times”, it did help him with some of the problems, but as for his stomach, he “had a pain in it, which [he] never felt before”<sup>204</sup>.

Mandeville’s physician is undoubtedly aware of the challenging task that lies ahead of him. He therefore deploys various methods by which he attempts to gain the trust of the patient. One of these tactics was observed by Branchi, who points out that “Philopirio, unlike the

---

<sup>199</sup> SIMONAZZI, Mauro, ref. 4, p. 68

<sup>200</sup> SIMONAZZI, Mauro, ref. 4, p. 68

<sup>201</sup> BRANCHI, Andrea, ref. 41, p. 72

<sup>202</sup> SIMONAZZI, Mauro, ref. 4, p. 63

<sup>203</sup> KLEIMAN-LAFON, Sylvie, ref. 5, p. 4

<sup>204</sup> MANDEVILLE, Bernard, ref. 9, p. 43

other doctors consulted previously, is accommodating and offers his full willingness to listen”<sup>205</sup>. The *Treatise* provides plenty of examples of this approach. For instance, Mandeville’s physician assures his patient right at the very start of their meeting that he has an hour or longer to spare.<sup>206</sup> Similarly, we see that when Misomedon feels embarrassed about talking at length and in great detail, Philopirio does not hesitate to provide words of encouragement: „ Wherefore, let me beg of you to go on, Sir; I am all Attention, and shall not interrupt you“<sup>207</sup>. The fact that the physician emphasises that he is ready to let his patient speak without any judgment most likely shows that he is aiming to win his patient’s trust.

Another interesting strategy Philopirio uses in the *Treatise* involves the frequent use of Latin quotes. This practice is especially noticeable towards the end of each of the three dialogues, during which both men exchange around five to six quotes on average as their parting words. In his thesis, R. A. Collins interprets this method as the physician aiming to win over the patient by meeting him on his own grounds.<sup>208</sup> This idea is further supported by Mandeville himself, who, in the preface to the *Treatise*, explains that Misomedon is “over-fond of Latin proverbs”<sup>209</sup> and that the only reason why Philopirio uses them so extensively is “to fall in with the Humour of his Patient“<sup>210</sup>. It could thus be argued that the physician is purposefully imitating his patient’s language to establish a closer relationship of mutual trust.

This method is also significant for the reason that the physician outright discloses it to his patient. Mandeville has Philopirio explain that “as soon as I heard you was a Man of Learning, and lov'd Quotations from Classick Authors, I answer'd you in your own Dialect“<sup>211</sup>. From this, it can be inferred that if the physician is known to purposefully utilise at least one method in which he uses language to influence his patient, it makes it all the more plausible that he could be deliberately deploying other similar tactics designed to win over the patient as well.

Mandeville’s text then offers a great deal of examples which show that Philopirio was successful in winning his patient’s confidence. Perhaps the most notable of this is the passage in which Misomedon tells Philopirio “You are a man after my own heart” and “so far I

---

<sup>205</sup> BRANCHI, Andrea, ref. 41, p. 73

<sup>206</sup> MANDEVILLE, Bernard, ref. 9, p. 39

<sup>207</sup> MANDEVILLE, Bernard, ref. 9, p. 20

<sup>208</sup> COLLINS, R. A., ref. 58, p. 79

<sup>209</sup> MANDEVILLE, Bernard, ref. 9, p. 28

<sup>210</sup> MANDEVILLE, Bernard, ref. 9, p. 28

<sup>211</sup> MANDEVILLE, Bernard, ref. 9, p. 184

promise you, that I am your Convert already”<sup>212</sup>. This clearly supports the idea that trust between the two characters was achieved, further strengthening Simonazzi’s argument.

### 3.2.2 *The Importance of Trust*

An important question that should be addressed is why exactly it is so crucial to establish trust with the patient as part of the therapeutic process. The argument itself seems to be intuitive, especially in light of the contemporary understanding of how therapy functions, which is possibly the reason why it is not addressed in more detail in Simonazzi’s article. That said, I believe that investigating it through the lens of the theory of self-liking could deepen the overall understanding of the role of the passion in therapy. I therefore propose to once again rely on Simonazzi’s recommendation that in order to understand the *Treatise*, one must turn to the theory outlined in the *Fable* and *Enquiry*<sup>213</sup>, and set out to examine the importance of trust more closely.

Several authors writing on the *Treatise* offered a rather prosaic explanation for the need to establish trust of the patient. For instance, Carvalho states that “Philopirio plays with his patients’ passions (...) so that they follow his advice and prescriptions”<sup>214</sup>. In other words, the argument here is that the physician is aiming to win Misomedon’s confidence simply to make sure he will comply with the cure he prescribes.

However, after analysing the role of shame and the significance of the psychological mechanism for hypochondria, I believe it is fair to say that there is something deeper going on beneath the surface. It was already previously demonstrated how the psychological mechanism of hypochondriacs can stop functioning due to fear of being shamed by other people, including their doctors.<sup>215</sup> As a result, the sufferers sometimes withdraw from actively seeking the approval of others (or, as Simonazzi calls it, from playing “a game of social life”<sup>216</sup>). I argue that from this, it can be inferred why it is necessary to first establish trust in the relationship: it helps the patient overcome the initial fear of being negatively judged by another person. For the patient, learning that he can rely on the physician with his sense of self-worth which has been made fragile by the illness, serves as a first step to realising that he could and indeed should depend on interactions with other people in order

---

<sup>212</sup> MANDEVILLE, Bernard, ref. 9, p. 66

<sup>213</sup> SIMONAZZI, Mauro, ref. 4, p. 72

<sup>214</sup> CARVALHO, Cláudio Alexandre S., ref. 20, p. 163

<sup>215</sup> MANDEVILLE, Bernard, ref. 9, p. 46

<sup>216</sup> SIMONAZZI, Mauro, ref. 7, p. 22

to re-affirm his sense of self-liking. In other words, having some degree of trust in others is a key prerequisite for the proper functioning of the psychological mechanism. This once again demonstrates the usefulness of Simonazzi's assertion, since examining the evidence from the *Treatise* through the lens of self-liking allows one to draw a convincing interpretation of why establishing trust between the physician and the patient appears to be an essential part of the healing process.

I would also like to propose that in the light of the evidence discussed in the previous section, the doctor's task is not to help the patient overcome complete indifference towards the opinion of others as Simonazzi suggests<sup>217</sup>, but rather help them get over their distrust powered by fear of being shamed. I believe that this view better accounts for why we witness a relatively quick change in Misomedon and why the techniques used by Philopirio seem to align with the goal of winning the patient's trust, as trust can be easily interpreted as a tool that helps one to overcome the fear of reaction of others but not necessarily complete indifference to it.

### ***3.2.3 Respect and Admiration***

Next, I would like to propose that Mandeville's writings about glory and infamy presented in the *Enquiry* could enhance our understanding of the nature of the relationship between Philopirio and Misomedon in regard to self-liking. For this reason, I argue that not only trust but also a certain amount of respect for the physician is a key part of the therapeutic relationship.

In the *Enquiry*, Mandeville explains, through the character of Cleomenes, that "you'll find that when we covet Glory, or dread Infamy, it is not the good or bad opinion of others that affects us with Joy or Sorrow, Pleasure or Pain but it is the Notion we form of that Opinion of theirs, and must proceed from the Regard and Value we have for it."<sup>218</sup> As always, the philosopher is quick to provide an example to illustrate his point: "the most shameless fellow" can act in a way that violates social norms simply because he does not care about the opinion of the members of polite society in the same way that "a man who values his reputation" does.<sup>219</sup> Put simply, people cannot truly derive any substantial sense of pleasure

---

<sup>217</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>218</sup> MANDEVILLE, Bernard, ref. 15, p. 41

<sup>219</sup> MANDEVILLE, Bernard, ref. 15, p. 41

from others' good opinion of them unless they sufficiently believe their opinions to be worthy of merit in the first place.

The *Treatise* certainly offers a great deal of evidence of Philopirio establishing himself as a 'man of learning', either by engaging in lengthy discussions about medicine<sup>220</sup> or by quoting Latin authors.<sup>221</sup> We also get a sense of his efforts being successful. For instance, Misomedon discloses to the physician that "one thing above the rest I admire in you, and that's your Patience"<sup>222</sup>. Likewise, towards the end of the *Treatise*, he states that Philopirio's citation of a classic author „might serve to strengthen my Confidence in you; if what you have said your self before had been less satisfactory"<sup>223</sup> but then explaining that the physician's own rational arguments were enough to win him over. This clearly demonstrates that the patient has indeed come to look up to the physician.

In light of the passage from the *Enquiry*, I propose that the reason why respect for the physician is an important part of the therapy is because raising the hypochondriac's self-liking can only be sufficiently effective if the patient comes to respect the judgement of the physician. The same praises would most likely not benefit Misomedon if they came from Polytheca's apothecary instead of the esteemed doctor. It suggests that not all efforts of raising the passion are created equal – raising self-liking at least partially hinges on not only trust but also a certain amount of respect for the person offering the approval.

I believe that this observation further strengthens Simonazzi's interpretation since it constitutes another aspect of the talking therapy that can be explained through the theory which can be found in Mandeville's philosophical writings.

### ***3.3 Methods of Raising Self-liking***

Having thus explained how the dynamic between the doctor and the patient largely aligns with Simonazzi's claims about the importance of self-liking in the treatment of hypochondria, I will now discuss specific instances from the *Treatise* which I believe can be viewed as the physician attempting to raise the self-liking of the patient. The examples include the role of flattery, Latin tags, as well as intellectual discussions. This will serve to further demonstrate the strength of Simonazzi's interpretation by showing that the theory of

---

<sup>220</sup> MANDEVILLE, Bernard, ref. 9, p. 61

<sup>221</sup> MANDEVILLE, Bernard, ref. 9, p. 28

<sup>222</sup> MANDEVILLE, Bernard, ref. 9, p. 57

<sup>223</sup> MANDEVILLE, Bernard, ref. 9, p. 184

self-liking present in Mandeville’s philosophical works is a useful lens through which the disease can be interpreted.

### 3.3.1 Flattery

The first and perhaps most obvious method which Philopirio deploys to raise the patient’s self-liking is flattery. Here, the physician too may share the sentiment that flattery is a “bewitching Engine”<sup>224</sup> and that “there is no man” that is “wholly proof against the witchcraft of flattery” which Mandeville expresses in the *Fable*<sup>225</sup>. A great deal of examples of Philopirio praising Misomedon can be discovered all throughout the *Treatise*. In one such instance, the physician praises his patient’s rhetorical skills by stating that “your story is so diverting, that I take abundance of delight in it, and your Ingenious way of telling it”<sup>226</sup>. He also frequently assures him that he enjoys his company.<sup>227</sup>

The link between flattery and self-liking is very much discernible in Mandeville’s philosophical writing. In the *Fable*, he describes how once people start masking their naturally high opinion of themselves to avoid appearing disagreeable to others, “flattery will rush in upon them like a Torrent” to help them maintain the sense of self-liking through interaction with others.<sup>228</sup> In the *Enquiry*, Mandeville explicitly depicts flattery as a tool that allows people to either heighten or lower a person’s self-liking. In a passage about cultivating honour in women, Cleomenes specifically asks his friend: “Would you mortify or flatter; lessen or increase in them the Passion of Self-liking, in order to preserve their Chastity?”<sup>229</sup> This passage clearly shows that according to the Dutch philosopher, flattering people can indeed boost their self-liking.

This view also aligns with that of other authors writing on Mandeville. For instance, Harold J. Cook concludes in his article that “Mandeville’s notions of self-liking as a response to flattery were important for his proto-psychoanalytic investigation of the passions”.<sup>230</sup> I therefore conclude that flattery ought to be counted as one of the methods by which the physician skilfully manipulates the patient’s self-liking.

---

<sup>224</sup> MANDEVILLE, Bernard, ref. 14, p. 43

<sup>225</sup> MANDEVILLE, Bernard, ref. 14, p. 51

<sup>226</sup> MANDEVILLE, Bernard, ref. 9, p. 46

<sup>227</sup> MANDEVILLE, Bernard, ref. 9, p. 119

<sup>228</sup> MANDEVILLE, Bernard, ref. 14, p. 145

<sup>229</sup> MANDEVILLE, Bernard, ref. 15, p. 59

<sup>230</sup> COOK, Harold, J. Treating of bodies medical and political: Dr. Mandeville’s materialism. Online. *Erasmus Journal for Philosophy and Economics*, vol. 44(1), March 2016. Pp 1–31. Retrieved from: <https://doi.org/10.23941/ejpe.v9i1.210>. [cited 2024-02-08], p. 21



### 3.3.2 *Latin Quotes*

The frequent use of Latin tags which was already mentioned in the part analysing the doctor-patient relationship can likewise be understood as an aid to increase the patient's self-liking. Not only does it help the patient warm up to the physician, as was explained previously, but it could be argued that it also allows the physician to construct a space for Misomedon to demonstrate his knowledge of classic authors. Although Mandeville does not hesitate to point out that Misomedon's grasp of the ancient language is far inferior to that of Philopirio<sup>231</sup>, the physician's actions still allow the patient to demonstrate the extent of his education to his peer and present himself as a 'man of learning'. Put simply, I propose that the extensive knowledge of Latin quotes, much like expensive apparel mentioned in the *Fable*<sup>232</sup>, could be interpreted as a kind of status symbol. Thus, having a chance to display it to others would help Misomedon to increase his sense of self-liking.

### 3.3.3 *Intellectual Discussion*

Lastly, I believe it could be argued that the exchanges about scientific and philosophical topics scattered all throughout the *Treatise* could also be interpreted as serving to fuel the patient's self-liking. There are plenty of instances in the *Treatise* of interactions between the two characters which do not resemble the typical discussion between a doctor and a patient but rather, as Kleiman-Lafon puts it, a "casual discussion of two men of learning"<sup>233</sup>. I believe that the same explanation could easily be applied to the lengthy conversations on the nature of the human soul<sup>234</sup> or the role of experience in medicine<sup>235</sup> as to the quotes from Horace and Ovid. I would argue that here too Philopirio correctly judges that enabling a self-professed intellectual like Misomedon to display his educational prowess would help to add to his sense of self-liking which has previously suffered a damaging blow brought about by the insidious disease.

In summary, I believe that examining these instances allows us to observe how the interaction between the patient and the physician presented in the *Treatise* significantly contributes to raising the hypochondriac's self-liking. This then reinforces Simonazzi's key

---

<sup>231</sup> MANDEVILLE, Bernard, ref. 9, p. 28

<sup>232</sup> MANDEVILLE, Bernard, ref. 14, p. 304

<sup>233</sup> KLEIMAN-LAFON, Sylvie, ref. 85, p. 171

<sup>234</sup> MANDEVILLE, Bernard, ref. 9, p. 168

<sup>235</sup> MANDEVILLE, Bernard, ref. 9, p. 92

assertion that Mandeville's theory of self-liking is relevant to understanding how the therapeutic process operates in the *Treatise*.

### ***3.4 Polytheca's Interlude***

The goal of the next section is to demonstrate that the sort of therapeutic relationship we have so far been able to witness between Philopirio and Misomedon can also be found in another place in Mandeville's text. Specifically, I will argue that the information available about the relationship between the female patient in the *Treatise*, Polytheca, with her apothecary could also be interpreted in the light of the theory of self-liking. This will not only help to shine a light on a character that has been overlooked in Simonazzi's paper but will likewise strengthen the validity of Simonazzi's interpretation since it demonstrates that what is true for Misomedon can also be applied to other hypochondriacs.

Before discussing Polytheca's version of the therapeutic relationship, it is important to first briefly outline her own journey towards hypochondria. Her case is certainly worth examining since it further supports the idea of shame playing a role in hypochondria. Specifically, I would argue that her sense of self-liking is partially damaged by the interactions with her husband, who not only openly mocks her choice of treatment<sup>236</sup>, but also believes that "the greatest Part of her Distemper is Fancy"<sup>237</sup>. This is significant since she herself explains how the fact that other people often do not acknowledge the seriousness of her illness makes her feel ashamed<sup>238</sup> – and, as was previously stated, Mandeville himself explicitly links shame to lessening of self-liking in his writings.<sup>239</sup>

Furthermore, I believe that a later passage in which Polytheca appears is perhaps the only example in which we can directly observe how lessening someone's self-liking makes even their physical condition worse, further demonstrating the link between the passion and hypochondria: after a particularly bitter sarcastic exchange followed by her husband's patronising monologue, Polytheca develops a nasty headache, complaining of "tormenting and throbbing Pain"<sup>240</sup>, and promptly leaves the room. The timing presented here is enough to at the very least warrant the suspicion that the symptoms of hypochondria may have been triggered by the lowering of self-liking in this particular case. Also worth noting is the fact

---

<sup>236</sup> MANDEVILLE, Bernard, ref. 9, p. 147

<sup>237</sup> MANDEVILLE, Bernard, ref. 9, p. 174

<sup>238</sup> MANDEVILLE, Bernard, ref. 9, p.143

<sup>239</sup> MANDEVILLE, Bernard, ref. 15, p. 11

<sup>240</sup> MANDEVILLE, Bernard, ref. 9, p. 155

that by leaving the room, she effectively isolates herself from the company of others, further supporting the idea of hypochondria as a breakdown of psychological mechanism fuelled by shame which then leads to withdrawal from the society of others.

As was already previously hinted at, Polytheca's case also helps us to further understand the nature of the sort of therapeutical relationship that can help hypochondriacs. There can be little doubt that Polytheca is fond of medicine – in fact, the name Mandeville chose for her alludes to this very fact.<sup>241</sup> What is more interesting than her fondness for prescriptions, however, is how she characterises the relationship with her apothecary. When she defends him from Misomedon's criticism, she emphasises that he “has the Patience to weight my complaints, or at least the good manners to hear them (...) which is what others, that boast of greater Learning, either could not or would not do”<sup>242</sup>. I would argue that this quote clearly shows that in this relationship, she is offered the sort of compassion she does not seem to receive in other interactions. As was already explained in the previous section, compassion for one's suffering could be seen as a form of affirmation and thus as something that could at least temporarily help with the damaged sense of self-liking of the patient. Thus, when interpreted through the lens of the theory of self-liking, this too can be interpreted as a therapeutical relation of sorts.

It could likewise be argued that Polytheca is, at least on some level, aware of the fact that it is the apothecary's willingness to listen to her and his ability to believe her suffering is real when so few people can<sup>243</sup> that is the most essential part of the cure and not the concoctions themselves, which suspiciously “tasted of wine and brandy”<sup>244</sup>. The readers are thus invited to infer it is most likely the apothecary's superior social skills – the ability to temporarily soothe the sense of self-liking of his patients – that make him “a famous Man among the Ladies”<sup>245</sup>, as Misomedon bitterly notes. The text strongly suggests that she senses that the interactions with the apothecary must at the very least help to temporarily improve her condition in some way. After all, if that were not the case, she would not have concluded that I “should think my self unwise to leave him”<sup>246</sup>.

---

<sup>241</sup> KLEIMAN-LAFON, Sylvie, ref. 5, p. 4

<sup>242</sup> MANDEVILLE, Bernard, ref. 9, p. 144

<sup>243</sup> MANDEVILLE, Bernard, ref. 9, p. 143

<sup>244</sup> MANDEVILLE, Bernard, ref. 9, p. 146

<sup>245</sup> MANDEVILLE, Bernard, ref. 9, p. 146

<sup>246</sup> MANDEVILLE, Bernard, ref. 9, p. 144

For these reasons, I put forth the assertion that much like with Philopirio and Misomedon, the relationship between Polytheca and the apothecary can also be interpreted as therapeutic. This further strengthens Simonazzi's arguments that self-liking plays a role in alleviating hypochondria, since the evidence presented here suggests it can, at least to a certain extent, be applied to the other character in the *Treatise* as well.

### ***3.5 Recovery of Self-liking***

Lastly, I believe that an effective way of demonstrating the validity of Simonazzi's central claim that talking therapy "allows the patient to regain the lost sense of self-liking"<sup>247</sup> is to show textual evidence from Mandeville's work which indicates that the patient was indeed able to replenish that passion. For this purpose, I primarily rely on Kleiman-Lafon's argumentation which illustrates that Misomedon is indeed retrieving a high opinion of himself throughout the course of the dialogues.<sup>248</sup> After that, I turn to the *Treatise* to look for additional examples to support that assertion.<sup>249</sup> I also propose an additional argument about the role of flattery which I believe shows that Misomedon's 'psychological mechanism' is slowly getting back into working order.

What perhaps best highlights Misomedon's regained self-liking is the evolution of his relationship with Philopirio presented on the pages of the *Treatise*. At the start of the dialogue, the patient's mistrust in doctors quickly turns into an anxious dependence on the physician. He is trying to get Philopirio to stay by way of heartfelt pleas: "but pray don't leave me yet"<sup>250</sup> as well as by promising financial compensation for the physician's time.<sup>251</sup> At the end of the second dialogue, we can already witness the change in the patient, when, at the end of the day, he promises "I'll detain you no longer"<sup>252</sup>. This likely shows that at that point, he is much more assured of his own qualities as an entertaining discussion partner and trusts that the physician will still come tomorrow, though he still secures his return with a promise of an "excellent French Claret"<sup>253</sup>. It could be argued that as Misomedon's self-liking rises, their interactions start to resemble ones that are characteristic of a healthier, less dependent companionship.

---

<sup>247</sup> SIMONAZZI, Mauro, ref. 4, p. 77

<sup>248</sup> KLEIMAN-LAFON, Sylvie, ref. 85, p. 174 - 177

<sup>249</sup> KLEIMAN-LAFON, Sylvie, ref. 85, p. 174

<sup>250</sup> MANDEVILLE, Bernard, ref. 9, p. 60

<sup>251</sup> MANDEVILLE, Bernard, ref. 9, p. 65

<sup>252</sup> MANDEVILLE, Bernard, ref. 9, p. 126

<sup>253</sup> MANDEVILLE, Bernard, ref. 9, p. 126

Mandeville then saves the most conclusive evidence of the patient's transformation for the final part of the *Treatise*. When discussing his troubles with sleep, Misomedon states "I want no rhetoric to encourage me; the great desire I have of being cured is more eloquent than your persuasion."<sup>254</sup> This passage presents a key moment, as it shows that the patient is no longer dependent on Philopirio. It is possible to interpret this passage as Misomedon's sense of self-liking, presently increased by Philopirio's valiant efforts, leading him to want good things for his 'own person,' which, as is explained in the *Fable*, is the normal state for human beings whose self-liking is intact.<sup>255</sup>

### ***3.6 Psychological Mechanism Restored?***

Another evidence for the therapy being effective in raising the patient's self-liking and getting his 'psychological mechanism' back into working order comes from the passages in which the physician flatters Misomedon. An observant reader will notice that the passages containing flattery typically come right after the patient displays tell-tale signs of missing the essential "good Opinion" of himself which Mandeville describes in the *Fable*.<sup>256</sup> Indeed, right before Philopirio praises his patient for his entertaining story-telling, Misomedon apologises to the physician by stating that is "unpardonable to trespass so unreasonably upon any Man's good-nature" and force him to listen to "so tedious a tale"<sup>257</sup>. The sense of self-pity in that sentence is palpable. I put forth that it is possible to interpret this exchange as the physician attempting to raise Misomedon's self-liking whenever he displays signs of lacking it. Given the fact that he is clearly an expert on human nature, it is not hard to imagine that his actions are deliberate and in fact part of the cure itself.

That said, I also believe that passages like these may reveal something even more important: it shows that the therapy is effective in repairing the psychological mechanism and getting the patient back to playing the 'social game'. I propose that it is possible that Misomedon, at least on a subconscious level, becomes aware of the fact that his self-deprecating comments will lead to the physician's reassurance. By being thus encouraged, the hypochondriac likely experiences an uptake in self-liking as a result of a positive interaction with another person. In other words, he has a chance to get a first-hand experience of the psychological mechanism operating in a way it should.

---

<sup>254</sup> MANDEVILLE, Bernard, ref. 9, p. 170

<sup>255</sup> MANDEVILLE, Bernard, ref. 14, p. 178

<sup>256</sup> MANDEVILLE, Bernard, ref. 14, p. 130

<sup>257</sup> MANDEVILLE, Bernard, ref. 9, p. 46

What then arises is an interesting, albeit a little controversial reading of this type of social exchange: it is possible to view Misomedon as someone who is being genuinely self-deprecating at first, but later, when he realises that displaying signs of low opinion of himself will help him win Philopirio's praise, starts engaging in this behaviour purposefully. If this is indeed the case – and I believe it is not an unpalatable conclusion – it is no small matter, since it effectively demonstrates that by having experienced the pleasant effects of another person on his own sense of self-liking, the patient is slowly getting back to playing “the game of social life” described by Simonazzi in his article.<sup>258</sup> In other words, the interaction could be interpreted as an example of Misomedon trying to win the praise of others by the means which are presently available to him. This would suggest that – as a result of Philopirio's therapeutic process – the patient's actions now align with his wish for the esteem of others.

To sum up, I am positive that seeing Misomedon slowly regain confidence throughout the course of the *Treatise* serves as persuasive evidence for the claim that the talking therapy is an effective method of raising the patient's self-liking, as Simonazzi argues.<sup>259</sup> Furthermore, I would argue that the fact that he appears to act in a way which elicits reassurance from others demonstrates that the psychological mechanism which was previously damaged by shame seems to be getting back into working order.

---

<sup>258</sup> SIMONAZZI, Mauro, ref. 7, p. 22

<sup>259</sup> SIMONAZZI, Mauro, ref. 4, p. 77

## Section IV: Discussion of Potential Implications

### *4.1 Self-liking and Hypochondria in Our Times*

The aim of the following section is to see how Mandeville's ideas and Simonazzi's arguments align with more contemporary approaches to mental health and briefly discuss the possible implications of the philosopher's remarkable work for our times. It should be regarded only as an accompaniment to the main body of work that is included to highlight possible avenues for future research.

One interesting observation is that a phenomenon that seems to closely resemble Mandeville's concept of self-liking can be found in the work of 20th-century psychologists. In a pivotal article from 1988, Taylor and Brown<sup>260</sup> discuss the potential benefits of so-called 'positive illusions' about the self, which are defined as "unrealistically positive self-evaluations"<sup>261</sup>. Likewise, in his 2013 chapter on the Adaptive Unconscious, psychologist Timothy Wilson mentions four essential myths people commonly hold about themselves, one of which he calls the "we are important" myth. This refers to the fact that most people tend to have an exaggerated view of their own importance to others.<sup>262</sup> Both of these descriptions share a striking similarity with the passion which Mandeville defined as "an Instinct, by which every Individual values itself above its real Worth"<sup>263</sup> in his 18th-century philosophical work. I believe that the fact that a concept so alike the passion to which Mandeville attributed chief importance in his work is still being discussed centuries later shows that at least some of the philosopher's ideas can be considered timeless.

What is perhaps even more fascinating is that there is relatively recent (at least compared to the *Treatise*) empirical evidence which supports Simonazzi's argument regarding the proposed connection between self-liking and hypochondria. In their article, Taylor and Brown discuss the existence of a correlation between the absence of 'self-enhancing illusions' in an individual and moderately depressive characteristics.<sup>264</sup> This is significant

---

<sup>260</sup> BROWN, Jonathon, D.; TAYLOR, Shelley, E. Illusion and well-being: A social psychological perspective on mental health. Online. *Psychological Bulletin*, 103(2), 1988. Pp. 193–210. Retrieved from: <https://doi.org/10.1037/0033-2909.103.2.193>, p. 193

<sup>261</sup> BROWN, Jonathon, D.; TAYLOR, Shelley, E., ref. 262, p. 193

<sup>262</sup> WILSON, Timothy, D. *Self-Knowledge and the Adaptive Unconscious*. BATTRO, S.; DEHAENE, S.; SINGER, W. (Eds.). In: *Neurosciences and the Human Person: New Perspectives on Human Activities Pontifical Academy of Sciences*. Vatican City, 2013. ISBN 978-88-7761-106-2, p. 3 – 4

<sup>263</sup> MANDEVILLE, Bernard, ref. 14, p. 130

<sup>264</sup> BROWN, Jonathon, D.; TAYLOR, Shelley, E., ref. 262, p. 197

since self-liking could easily be interpreted as an example of a kind of self-enhancing illusion and depressive characteristics appear to be consistent with the description of the hypochondriacs available in the *Treatise*.<sup>265</sup> This could therefore be seen as further support for Simonazzi's claim that lack of self-liking is linked with hypochondria, though it needs to be stated that it cannot be seen as proof of a causal relationship between the two. Thus, one could argue that the association between Mandeville's concept of self-liking and the hypochondriac disease proposed by Simonazzi aligns with modern psychological research.

There is also a great deal of recent evidence which suggests that low self-esteem is a contributing factor to depression<sup>266,267</sup> and that people with higher levels of self-esteem are less likely to develop depressive symptoms.<sup>268</sup> Since Mandeville's concept of self-liking shares a lot of similarities with the contemporary understanding of self-esteem<sup>269</sup>, as was already pointed out in the first section, this serves to further increase confidence in Simonazzi's assertion.

That being said, this parallel also works the other way around. Not only does modern psychological research appear to strengthen some of Mandeville's philosophical ideas; reading early modern texts can likewise help to strengthen the believability of more contemporary psychological theories. If writers were able to comment on the precarious nature of our relationship with the self and its importance for mental well-being as far back as the early 1700s, it strongly suggests that there must be a universal, timeless element to the tendencies that have thus far been outlined here. It likewise serves to demonstrate the value of studying early modern texts since it allows those who study mental health to deepen their understanding of human nature by providing them with an access to the minds of people from centuries ago. This practice then helps to discern which principles governing the human psyche appear to be constant and potentially uncover new research directions.

---

<sup>265</sup> See section 2.1

<sup>266</sup> ORTH, Ulrich; ROBINS, Richard, W. *Understanding the Link Between Low Self-Esteem and Depression*. Online. *Current Directions in Psychological Science*, vol. 22(6), December 2013. Pp. 455-460. Retrieved from: <https://doi.org/10.1177/0963721413492763>

<sup>267</sup> CHOI, Yoobin et al. *The relationship between levels of self-esteem and the development of depression in young adults with mild depressive symptoms*. Online. *Medicine*, vol. 98(42), October 2019. Retrieved from: 10.1097/MD.00000000000017518

<sup>268</sup> ORTH, Ulrich et al. *Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism*. Online. *Journal of Personality and Social Psychology*, vol. 110(1), January 2016. Pp. 133–149. Retrieved from: 10.1037/pspp0000038

<sup>269</sup> Self-esteem. In: Collins Dictionary. Online. Retrieved April 11, 2024, from <https://www.collinsdictionary.com/dictionary/english/self-esteem>



## 4.2 What Can Be Learnt

In the penultimate section, I would like to take the opportunity to further demonstrate the benefit of reading past philosophical texts by briefly listing some implications of Mandeville's works for modern-day mental health and therapeutic practice. While these observations are not necessarily groundbreaking, I believe that they nonetheless help to illustrate the depth of Mandeville's insight into human nature by showing that some lessons that can be taken from it remain relevant until this day.

Firstly, I would argue that a lot can be learnt from the portrayal and subsequent analysis of the relationship between the doctor and the patient in the *Treatise*. The fact that trust in the clinician is a key prerequisite for the therapy's success has been well established<sup>270</sup>, though the importance of the patient (or, to use the contemporary language, 'client') having respect for the therapist has sometimes been overlooked by researchers.<sup>271</sup> Mandeville's work can thus be viewed as a theoretical framework which helps to shed light on why exactly those two features of the doctor-patient dynamic are so crucial by interpreting them through the lens of a breakdown of psychological mechanism and the theory of self-liking.

Furthermore, the proposed mechanism presented in the second section of this thesis which outlines the possible role of shame in hypochondria helps to understand why the Person-centred Therapy and other similar schools that remain popular until this day emphasise the importance of a non-judgmental approach when dealing with a client.<sup>272</sup> Since the client often feels a degree of shame, either stemming from their illness itself or from its various consequences, they may subconsciously worry about being shamed by the therapist as well, and as a result, initially mistrust them. The ability to listen without judgement – which Philopirio clearly employs in the *Treatise*<sup>273</sup> – serves to help the patient overcome their fear. Once this is achieved, it allows for the emergence of a positive relationship through which a more optimistic view of the self can be reconstructed in the patient – or, to use Mandevillian terminology, through which their sense of self-liking can be replenished.

---

<sup>270</sup> CRITS-CHRISTOPH, Paul et al. Trust and respect in the patient-clinician relationship: preliminary development of a new scale. Online. BMC psychology, vol. 7(1), December 2019. Retrieved from: 10.1186/s40359-019-0347-3

<sup>271</sup> CRITS-CHRISTOPH, Paul et al., ref. 272

<sup>272</sup> KABIR, Rian; YAO, Lucy. Person-Centered Therapy (Rogerian Therapy). Online. StatPearls Publishing; 2023. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK589708/>. [cited 2024-04-07]

<sup>273</sup> MANDEVILLE, Bernard, ref. 9, p. 46

The 18th-century text even offers some interesting examples of techniques through which this end can be achieved. For instance, constructing a space in which the patient can demonstrate their strengths and interests could certainly help to raise their self-esteem and, as a result, potentially alleviate some of their psychological discomfort. All the therapist needs to do is to find their client's equivalent of quotations from classical authors like Vergil and Horace.

Moreover, reading Mandeville's work alongside Simonazzi's interpretation also offers many remarkable insights with implications reaching far beyond the therapeutical context. The one I perceive to be the most significant and which I would hereby like to highlight is the crucial role of social interactions and relationships with others for one's mental well-being. This point, emphasised by Simonazzi in the conclusion of his article on happiness<sup>274</sup>, once again appears to be consistent with the current psychological research.<sup>275</sup> This can then lead to a cautious suggestion that perhaps the reason why Mandeville, along with his contemporaries, referred to hypochondria as 'the disease of the learned'<sup>276</sup> is not just due to the waste of 'animal spirits' and the lack of exercise commonly observed in the more studious types. Instead, it could be their tendency to isolate themselves from the company of others and neglect social interactions by preferring their intellectual pursuits that ultimately leads them to develop hypochondriacal symptoms. Thus, by reading both Mandeville and contemporary psychological studies, we discover that it is vital for our own sake not to underestimate the importance of socialising with others.

---

<sup>274</sup> SIMONAZZI, Mauro, ref. 7, p. 22

<sup>275</sup> MONTEZ, Jennifer K.; UMBERSON, Debra. *Social Relationships and Health: A Flashpoint for Health Policy*. Online. *Journal of Health and Social Behavior*, vol. 51(1), October 2010. Pp. 54–66. Retrieved from: <https://doi.org/10.1177/0022146510383501>

<sup>276</sup> MANDEVILLE, Bernard, ref. 9, p. 82

## Section V: Conclusion

In conclusion, the re-examination of Simonazzi's interpretation of the role of self-liking in Mandeville's conception of hypochondria revealed that it appears to be, with a few notable exceptions, largely consistent with the original source material. Some of the key strengths of Simonazzi's argumentation include the fact that it is well supported by the citations from Mandeville's texts which he provides in the articles and which in most cases accurately represent the original work. Likewise, a great of additional supporting evidence can be found which further highlights the validity of his analysis.

Furthermore, it is noteworthy that the proposed connection between lack of self-liking and issues with mental health also appears to be backed by empirical evidence from more contemporary psychological research, as is his point about the importance of trust in the doctor-patient relationship. What I perceive to be the main virtue of the interpretation however is the fact that it is ripe with potential for future explorations. It makes a lot of interesting points which can be further expanded upon, as I have attempted here with the idea of the role of shame in the onset and treatment of hypochondria.

That said, the evaluation also revealed some weaknesses of Simonazzi's line of thinking. One such issue is that it largely neglects the other patient present in the *Treatise*: Polytheca. However, it also needs to be stated that once I have set out to examine her case in more detail, I have discovered that it is largely consistent with Simonazzi's points, so it does not necessarily devalue the merit of the paper. The one exception is the fact that she, even less so than her husband, does not appear to be uninterested in the opinions of others. Secondly, there are some points, such as the proposed link between hypochondria and suicide, which are not necessarily supported by the *Treatise* and are therefore up for debate.

By far the largest issue I run into when assessing the validity of Simonazzi's line of reasoning was the point that hypochondria is marked by an 'annihilation of desire for approval'. I would argue that this extreme view is at times directly contradicted by textual evidence found in Mandeville's work. For this reason, a refinement of this argument was proposed at the end of the second section which reinterpreted the disease as a tendency to display a discrepancy between one's subconscious wish to be well thought of by others and the seemingly contradictory actions motivated by fear of shame.

Aside from critically examining Simonazzi's interpretation by checking the evidence Simonazzi cites against the source material, listing additional evidence which further supports the academic's claims and attempting to reassess some of the more problematic points, this thesis likewise explicated and at times expanded upon some of the points made by Simonazzi in his article. An outline of the functioning of the psychological mechanism was developed by using Simonazzi's arguments as a starting point and then further expanding on them by combining them with the information found in Mandeville's original text. The proposed understanding of the mechanism's operations was then used as a lens through which the specific aspects of the 'talking therapy' of hypochondria were analysed. This approach then revealed some interesting additional points, including but not limited to the importance of respect for the physician, an alternative explanation for the purpose of using Latin quotations, as well as uncovering possible evidence which suggested that the patient is deliberately acting in a way which helps him to elicit compliments and thus increase his wounded self-liking.

Similarly, Simonazzi's point about the role of shame in the onset of hypochondria was further elaborated upon and subsequently used in an attempt to better comprehend what the issue is in hypochondria and how the physician can take advantage of this understanding in order to achieve success in the treatment of the disease.

The thesis then concluded with a section that showed how some of Mandeville's key insights as well as Simonazzi's arguments appear to closely align with contemporary psychological research on therapeutical practice and mental health. This has not only demonstrated the strength of the interpretation presented in Simonazzi's paper but likewise the value in reading early modern texts for gaining a better understanding of the complexity of social interactions and relationships as well as of human nature itself.

# Bibliography:

## ***Primary Sources:***

1. DU CHÂTELET, Émilie. *Discourse on Happiness*. In: DU CHÂTELET, Émilie; ZINSSER, Judith P.; BOUR Isabelle (Eds.). *Selected Philosophical and Scientific Writings*. University of Chicago Press, 2009. ISBN 978-0-226-16806-7.
2. HILL, John. *Hypochondriasis: A Practical Treatise*. London, 1776. Retrieved from: <https://quod.lib.umich.edu/cgi/t/text/text-idx?c=ecco;idno=004787188.0001.000> [cited 2024-01-17]
3. MANDEVILLE, Bernard. *Treatise of Hypochondriac and Hysteriac Diseases (1730)*. 1<sup>st</sup> Edition. KLEIMAN-LAFON, Sylvie (Ed.). *International Archives of the History of Ideas Archives internationales d'histoire des idées* (Arch, volume 223). Springer International Publishing AG 2017. Retrieved from: Springer, <https://doi.org/10.1007/978-3-319-57781-4>. ISBN 978-3-319-57781-4.
4. MANDEVILLE, Bernard. *The Fable of the Bees: or Private Vices, Publick Benefits. The Second Volume. With a Commentary Critical, Historical, and Explanatory by F. B. Kaye*. Liberty Fund, Indianapolis, 1988. ISBN 0-86597-074-2
5. MANDEVILLE, Bernard. *An Enquiry into the Origin of Honour, and the Usefulness of Christianity in War*. London, 1732.

## ***Secondary Sources:***

1. BRANCHI, Andrea. *Pride, Manners, and Morals: Bernard Mandeville's Anatomy of Honour*. 1st Edition. Brill's Studies in Intellectual History, vol. 334. Leiden: Brill, 2021. ISBN: 978-90-04-42843-0
2. CARVALHO, Cláudio Alexandre S. *Mandeville and the Therapeutics of Melancholic Passions*. In: BRAGA, Joaquim, PIRES, Balsemão Edmundo (eds.). *Bernard de Mandeville's Tropology of Paradoxes: Morals, Politics, Economics, and Therapy*. Studies in History and Philosophy of Science, vol. 40. New York: Springer International Publishing, 2015. ISBN 978-3-319-19381-6
3. COLLINS, R. A., 1988. *Private Vices, Public Benefits; Dr Mandeville and the Body Politic*. Dissertation. Wolfson College, University of Oxford. Retrieved from: <https://philpapers.org/rec/COLPVP-2>
4. COOK, Harold, J. *Treating of bodies medical and political: Dr. Mandeville's materialism*. Online. Erasmus Journal for Philosophy and Economics, vol. 44(1), March 2016. Pp 1–31. Retrieved from: <https://doi.org/10.23941/ejpe.v9i1.210>. [cited 2024-02-08]
5. KERKHOF, Bert. *A Fatal Attraction? Smith's Theory of Moral Sentiments and Mandeville's Fable*. Online. History of Political Thought, vol. 16(2), Summer 1995. pp. 219-233. Retrieved from: <https://www.jstor.org/stable/26215818>

6. KLEIMAN-LAFON, Sylvie. *The healing power of words: medicine as literature in Bernard Mandeville's Treatise of the hypochondriack and hysteric diseases*. Online. VASSET, Sophie (ed.). In: *Medicine and Narration in the XVIIIth Century*. Oxford: SVEC, 2013. pp. 161-181. Retrieved from: [293235211\\_The\\_healing\\_power\\_of\\_words\\_Medicine\\_as\\_literature\\_in\\_Bernard\\_Mandeville's\\_Treatise\\_of\\_the\\_hypochondriack\\_and\\_hysteric\\_diseases](https://doi.org/10.29323/25211_The_healing_power_of_words_Medicine_as_literature_in_Bernard_Mandeville's_Treatise_of_the_hypochondriack_and_hysteric_diseases) [cited 2024-03-05]
7. KLEIMAN-LAFON, Sylvie. *Introduction to Treatise of Hypochondriack and Hysterick Diseases*. In: *Bernard Mandeville: A Treatise of the Hypochondriack and Hysterick Diseases (1730)*. 1st edition. International Archives of the History of Ideas Archives internationales d'histoire des idées (Arch, volume 223). Springer International Publishing AG, 2017. Retrieved from Springer, <https://doi.org/10.1007/978-3-319-57781-4>. ISBN 978-3-319-57781-4
8. SIMONAZZI, Mauro. *Bernard Mandeville on Hypochondria and Self-liking*. Online. *Erasmus Journal for Philosophy and Economics*, vol. 9(1), March 2016. pp. 62–81. Retrieved from: <https://doi.org/10.23941/ejpe.v9i1.213>. [cited 2023-12-18]
9. SIMONAZZI, Mauro. *Mandeville on Happiness, Self-esteem and Hypochondria*. Online, pre-print version. 1650-1850: Ideas, Aesthetics, and Inquiries in the Early Modern Era. pp. 265-283. July 2023. Pp. 1-26. Retrieved from: [https://www.researchgate.net/publication/372743948\\_Simonazzi-Mandeville\\_on\\_happiness\\_copia](https://www.researchgate.net/publication/372743948_Simonazzi-Mandeville_on_happiness_copia). [cited 2023-12-18]
10. TOLONEN, Miko, 2009. *Self-love and self-liking in the moral and political philosophy of Bernard Mandeville and David Hume*. Helsinki. Doctoral dissertation. University of Helsinki. Retrieved from: <http://hdl.handle.net/10138/229504>
11. TURNER, Brandon, P. *Mandeville against Luxury*. Online. *Political Theory*, vol. 44(1), February 2016. pp. 26-52. Retrieved from: JSTOR, <http://www.jstor.org/stable/24571679>. [Cited 2024-01-04]

### ***Additional Sources:***

1. BROWN, Jonathon, D.; TAYLOR, Shelley, E. *Illusion and well-being: A social psychological perspective on mental health*. Online. *Psychological Bulletin*, 103(2), 1988. Pp. 193–210. Retrieved from: <https://doi.org/10.1037/0033-2909.103.2.193>, p. 193
2. CRITS-CHRISTOPH, Paul et al. *Trust and respect in the patient-clinician relationship: preliminary development of a new scale*. Online. *BMC psychology*, vol. 7(1), December 2019. Retrieved from: [10.1186/s40359-019-0347-3](https://doi.org/10.1186/s40359-019-0347-3)
3. Depression. (n.d.). In: National Institute of Mental Health (NIMH). Online. Retrieved April 17, 2024, from <https://www.nimh.nih.gov/health/topics/depression>
4. DONNE, John. *Devotions upon Emergent Occasions*. Online. Project Gutenberg, 2007. Retrieved from <https://www.gutenberg.org/files/23772/23772-h/23772-h.htm>. [cited 2024-03-08]

5. CHOI, Yoobin et al. *The relationship between levels of self-esteem and the development of depression in young adults with mild depressive symptoms*. Online. *Medicine*, vol. 98(42), October 2019. Retrieved from: [10.1097/MD.00000000000017518](https://doi.org/10.1097/MD.00000000000017518)
6. KABIR, Rian; YAO, Lucy. *Person-Centered Therapy (Rogerian Therapy)*. Online. StatPearls Publishing; 2023. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK589708/>. [cited 2024-04-07]
7. Lack. In: *Collins Dictionary*. Online. Retrieved January 24, 2024, from <https://www.collinsdictionary.com/dictionary/english/lack>
8. MANDELBAUM, Eric. *Troubles with Bayesianism: An introduction to the psychological immune system*. Online. *Mind & Language*, vol. 34(2), April 2019. Pp.141–157. Retrieved from: <https://doi.org/10.1111/mila.12205> [cited 2024-03-20]
9. MONTEZ, Jennifer K.; UMBERSON, Debra. *Social Relationships and Health: A Flashpoint for Health Policy*. Online. *Journal of Health and Social Behavior*, vol. 51(1), October 2010. Pp. 54–66. Retrieved from: <https://doi.org/10.1177/0022146510383501>
10. ORTH, Ulrich; ROBINS, Richard, W. *Understanding the Link Between Low Self-Esteem and Depression*. Online. *Current Directions in Psychological Science*, vol. 22(6), December 2013. Pp. 455-460. Retrieved from: <https://doi.org/10.1177/0963721413492763>
11. ORTH, Ulrich et al. *Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism*. Online. *Journal of Personality and Social Psychology*, vol. 110(1), January 2016. Pp. 133–149. Retrieved from: [10.1037/pspp0000038](https://doi.org/10.1037/pspp0000038)
12. Self-esteem. In: *Collins Dictionary*. Online. Retrieved April 11, 2024, from <https://www.collinsdictionary.com/dictionary/english/self-esteem>
13. WILSON, Timothy, D. *Self-Knowledge and the Adaptive Unconscious*. BATTRO, S.; DEHAENE, S.; SINGER, W. (Eds.). In: *Neurosciences and the Human Person: New Perspectives on Human Activities*. Pontifical Academy of Sciences. Vatican City, 2013. ISBN 978-88-7761-106-2, p. 3 – 4
14. YANATMA, Servet. *Europe's mental health crisis: Which country uses the most antidepressants?* Online. Euronews. January 31, 2024. Retrieved from: <https://www.euronews.com/health/2023/09/09/europes-mental-health-crisis-in-data-which-country-uses-the-most-antidepressants>. [cited 2024-04-08]