

Mental Illness and Sartre's Existentialism:
An Evaluation of the Implications of Mental Illness for Practical Freedom and Ontological
Freedom

Lindsey Harriman

April 9, 2024

An Honors Thesis Dissertation and Defense
Presented to the Department of Philosophy and the Honors Committee of the University of
Colorado, Boulder

Examining Committee

Garrett Bredeson

Thesis Advisor, Department of Philosophy

Brian Talbot

Honors Council Representative, Department of Philosophy

Carole McGranahan

Department of Anthropology

Abstract

To what degree, if at all, does suffering from a mental illness reduce one's freedom? Jean-Paul Sartre stated that "Mental illness is the way out a free organism, in its total unity, invents in order to live in an unlivable situation." In this paper, I critically evaluate Sartre's conception of mental illness, examining its implications for practical freedom and ontological freedom. Sartre's argument that mental illness results from an "unlivable situation" indicates that external factors are the causes of these conditions. However, his rejection of the positivist psychiatry model neglects to consider the complexities of mental health issues, which include a combination of biological, environmental, psychological, and genetic factors. This evaluation contends that mental illness itself reduces one's practical freedom via its choice-inhibiting symptoms, constraining the sufferer's ability to shape the essence of her being. Furthermore, I argue that, in accordance with Sartre's conception of mental illness, mental health issues are perpetuated by various societal conditions which worsen the sufferer's symptoms by limiting her practical freedom within her external reality. Additionally, this evaluation critiques Sartre's rejection of mental illness as the result of genetic conditions. I assert that genetic predispositions to mental illness indicate a factor of predetermination—a philosophy that is incompatible with Sartre's definition of ontological freedom. Hence, I challenge the validity of Sartre's famous claim that "existence precedes essence" (1975). This paper also posits a proportional relationship between ontological freedom and responsibility, demonstrating how a reduction in ontological freedom necessitates a corresponding reduction in a mentally ill individual's moral responsibility. Finally, I propose an addendum to Sartre's contention that all individuals are condemned to be free: because ontological freedom comes in varying degrees, all individuals are not *equally* condemned to be free.

Table of Contents

Introduction.....	4
<i>A Background on Mental Illness</i>	4
<i>Preface to Ontological Freedom and Consciousness</i>	6
<i>Preface to Practical Freedom</i>	9
<i>Aims of this Evaluation</i>	10
Sartre's Conception of Mental Illness.....	12
<i>Limitations of Psychiatric Knowledge during the Twentieth Century</i>	12
<i>Whom Does Sartre Blame for the Development of Mental Illness?</i>	14
<i>Bad Faith</i>	16
<i>Sartre's Rejection of Mental Illness as a Physical State</i>	18
Practical Freedom and Mental Illness.....	19
<i>The Direct Implications of Mental Illness on Practical Freedom</i>	19
<i>Suicide</i>	21
<i>The Psychiatric Model's Limitations on Practical Freedom</i>	23
<i>The Cyclical Nature of Mental Illness Acquisition</i>	24
Ontological Freedom and Mental Illness.....	26
<i>Introductory Remarks on the Potential for Reduced Ontological Freedom</i>	26
<i>Mental Illness's Impact on Consciousness</i>	27
<i>A Case Study: Brain Death</i>	28
<i>Genetics and Predeterminism</i>	30
Implications for Responsibility, Authenticity, and Our Condemnation to be Free	32
Conclusion.....	34

References.....	37
-----------------	----

Introduction

A Background on Mental Illness

The expression “mental hygiene” first appeared in written English in 1843 in reference to mental ailments. Prior to the 1946 International Health Conference held in New York City, at which an assembly of nations united to form the World Health Organization (WHO) and the London-based Mental Health Association, technical references to the concept of mental health as a discipline had not yet been made (Bertolote, 2008). Following this conference, at the second forum of WHO’s Expert Committee on Mental Health in 1951, “mental health” was defined as follows:

“Mental health is a condition, subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of [her] own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in [her] social and physical environment” (“Mental health: report on,” 1951).

This definition treats “mental health” as a condition applicable to all human beings—one which describes all individuals in respect to how each is affected, in varying degrees of positivity or negativity, by their instinctive drives, relationships with others, and environmental experiences. In an attempt to shape the definition of “mental health” further, the Campbell’s Dictionary of Psychiatry makes a seemingly contradictory distinction between two ways in which the phrase “mental health” is used in our language: (1) “mental health” as a set of measures to prevent or minimize mental illness and (2) “mental health” as a state of greater or lesser psychological well-being (Campbell, 2009). This paper will be concerned with the second meaning of mental health as an expression—especially with regard to states of *reduced*

psychological well-being. To ensure the clarity of this distinction between “mental health” in reference to a healthy psychological state and “mental health” in reference to an impaired degree of psychological well-being, I will refer to this latter meaning of the phrase as “mental health issues” (interchangeably with “mental conditions” and “mental illness”), for those suffering with poor psychological welfare correspondingly endure various “issues” in their instinctive drives, relationships, and environmental experiences.

It is estimated that one in every eight people in the world live with a mental health condition (“Mental disorders,” 2022). The prevalence of mental health issues as a debilitating phenomenon endured by nearly one billion people warrants an exploration into the deeper implications of this common illness: Is the presence of a mental health issue accompanied by a decreased capacity for freedom in an individual on account of the weaknesses in her instinctive drives, relationships, and environmental experiences? If mental illness indeed necessitates a reduced capacity for freedom, to what degree is an individual relieved of the responsibility of her actions?

In the present age, we hold a similar yet more encompassing understanding of what constitutes a mental health problem: such a problem is “...a clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior...[which] is usually associated with distress or impairment in important areas of functioning” (“Mental disorders,” 2022). The details of this definition are still debated by professionals, but this definition’s method of existing as a wider, more applicable descriptor to all types of mental health issues—such as disorders relating to anxiety, depression, trauma, substance abuse, psychotic symptoms, along with disorders of other kinds—accommodates the large array of mental disorders which exists. This specified definition of “mental health issues” will guide my understanding of the cognitive symptoms

which are broadly experienced—to varying degrees of severity—by sufferers of mental illness regardless of their particular diagnosis. With this understanding, I will position myself to explore the degree to which the experience of living with a mental illness inhibits one’s freedom, both in accordance with particular mental illnesses as well as universally across mental conditions.

Achieving a thorough comprehension of the intricacies and implications of mental health issues is essential to developing both alleviating and curative treatments for these conditions in the future. This more comprehensive definition of mental health issues will help guide my general understanding of mental illness with regard to its limitations on two types of freedom imagined by Jean-Paul Sartre: practical freedom and ontological freedom. (I will explain this terminology in the pages to come. For now, it is sufficient to define practical freedom as “situational freedom” and ontological freedom as “absolute freedom.”) In this evaluation, I will explore how mental illness substantially reduces one’s practical freedom by constraining the sufferer’s ability to carry out her chosen tasks within her environment, limiting her capacity to shape her being as she desires. Furthermore, I will also contest Sartre’s idea that ontological freedom is absolute, arguing that the existence of mental illness can reduce an individual’s ontological freedom via impeding the sufferer’s cognitive abilities and serving as a form of genetic predeterminism.

Preface to Ontological Freedom and Consciousness

In his book *Being and Nothingness: An Essay on Phenomenological Ontology*, Jean-Paul Sartre, arguably the most influential existentialist philosopher of his time, illustrates a distinction between two types of freedom: “ontological freedom” and “practical freedom.” According to Sartre, ontological freedom, or freedom of choice, entails the absolute, innate freedom which we are granted from the moment we gain consciousness. Sartre labels beings who exist in a mode of

consciousness—those with ontological freedom—as “beings-for-themselves.” Beings-for-themselves stand in contrast to another type of being, one that (1) lacks consciousness, (2) lacks ontological freedom, and (3) is a fully-realized, self-sufficient object: “beings-in-themselves.” A being-in-itself is an object such as a rock: its essence is entirely determined—it will never be anything more than a rock, and lacking consciousness, can take no steps to define its essence.

Consciousness is essential to Sartre’s conception of ontological freedom, and hence, necessitates a comprehensive discussion of his view on consciousness and this view’s role in his consideration of freedom. Accordingly, understanding the complexities of Sartre’s idea of consciousness will position me to explore how ontological freedom may be limited through a reduction in consciousness of the form associated with certain mental health issues. Crucially, Sartre describes the “consciousness” that is essential to ontological freedom as transcendent, for consciousness projects itself out of itself. By that, Sartre means that consciousness must transcend itself in recognizing that it is distinct from its object of perception, thereby recognizing that it is not what it is perceiving. Indeed, consciousness is nothingness. For Sartre, consciousness as nothingness is freedom—an “arrachement à soi” (tearing away from oneself). Consciousness is beyond our perception because consciousness itself is what enables us to perceive: it is transphenomenal (i.e., “beyond appearing”). Consciousness is able to transcend the factitious world (the realm of being) because it is not being. Rather, consciousness is a negation (i.e., nothingness) in that it distinguishes itself from everything that it is not.

Whenever a being-for-itself is conscious of something, the being-for-itself is pre-reflectively conscious of her consciousness. Put differently, a consciousness is pre-reflective because it is aware that it is a consciousness presently in an act of perceiving. For instance, when

a being-for-itself perceives a chair, the being-for-itself, as a consciousness, is aware of herself as perceiving the chair. This pre-reflective consciousness entails the being-for-itself's recognition (even if it is merely an implicit recognition) that she is a thing which is distinct from the chair—the consciousness always understands itself to be distinct from its object of perception. A consciousness's object of attention might refer to something external to itself (such as the chair) or something internal to itself (such as an emotion like sadness). One's consciousness is no more the sadness of which it is conscious than it is the chair which it is conscious of. This is what Sartre means by referring to consciousness as a “negation”—consciousness will always be distinct from what it perceives, refusing to be simply identified with its object.

Because the consciousness which defines the being-for-itself is nothingness, we might think of consciousness as a blank slate which enables the being-for-itself to create her own meaning over the course of her conscious existence. Sartre refers to this as “ontological freedom”: one's capacity to create her essence. Importantly, for Sartre, the being-for-itself has this ontological freedom because she does not have any degree of predetermined meaning—Sartre believes that we are thoroughly and completely free to design who we are. Thus, our ontological freedom is absolute because “...existence precedes essence [meaning that]...Man is nothing else but that which he makes of himself” (Sartre, 1956). Man is only able to attain his essence when he is what he creates himself to be. Sartre equates the inherent nothingness of consciousness to desire, suggesting that freedom at its greatest (ontological freedom) is working in action when a being makes herself a desire of being (i.e., her desire to create her own being), or a project-for-itself (Sartre, 1993).

Sartre claims that ontological freedom is the nature of all beings-for-themselves (i.e., all of mankind). Hence, because the predisposition to create one's essence is the very nature of all

beings endowed with consciousness, Sartre maintains that it is the inherent duty of each individual to act on her natural freedom. It is important to note that, while beings-for-themselves have the certain, unlimited freedom to shape their lives, Sartre explicitly establishes an inseparable connection between freedom and responsibility. “Man being condemned to be free carries the weight of the whole world on his shoulders...” (Sartre, 1993, p. 424), indicating that an individual will be held responsible for every choice that she makes. This condition is compulsory in understanding the ways in which humans (every one of which is ontologically free, according to Sartre) will act under and be accountable to their ontological freedom. Sartre’s conception of the relationship between freedom and responsibility will be essential to my consideration at the end of this evaluation of how mental illness and responsibility coordinate with one another.

Preface to Practical Freedom

Upon a reader’s first encounter with the concept, Sartre’s conception of ontological freedom as absolute may ring untrue for some human beings living under oppressive conditions. Indeed, there are a number of limitations which will affect a being-for-itself’s ability to carry out a desire. Aware of this potential criticism, Sartre importantly discusses practical freedom in opposition to ontological freedom. Philosophy professor David Detmer describes Sartre’s practical freedom, or freedom of obtaining, as:

“...a freedom that is present in varying degrees in varying circumstances, depending on the range and quality...of the options open to [the individual], and on the degree to which [they] have the actual ability...to carry out [their] chosen option successfully” (2005, p. 81).

For instance, we might consider the privilege of property ownership as a freedom which is present in varying degrees in varying circumstances for different individuals. Under this measure of freedom, a married woman living in the colonial United States would have encountered significant limitations in pursuing her desire to own property, given the circumstances presented by the regulations regarding property ownership at the time. Sartre recognized limitations such as these, noting that beings-for-themselves encounter limitations on account of what he termed the “given” (Sartre, 1993). The “given” refers also to facticity, meaning the background consisting of definite details by and through which human freedom is limited and exists. Facticity might consist of the conditions in which a being-for-itself is born into, such as her family’s financial status. For example, a person from a wealthy background is free to obtain an education from her chosen university in her desired field. Accordingly, such a wealthy individual is freer to satisfy more of her desires in creating her essence than her impoverished counterpart, who may not have access to a higher education and must, consequently, settle for an undesired profession on account of this factitious constraint (i.e., poverty).

Aims of this Evaluation

While practical freedom is a condition that a free agent owns in greater or lesser degrees, Sartre claims that the agent’s ontological freedom remains fully intact regardless of her life’s circumstances. When critics question Sartre for holding the belief that “...the slave in chains is as free as his master...” (Sartre, 1993, p. 422), they are failing to recognize the vital distinction which Sartre makes between ontological and practical freedom. In my examination of mental illness as a factor limiting an individual’s freedom, I will consider mental illnesses’ effects on these two forms of freedom. I will contend that the affliction of mental illness is a constraint on

one's practical freedom because mental conditions reduce the being-for-itself's ability to utilize her body to carry out tasks within the factitious world, limiting her capacity to shape the essence of her being. Simultaneously, I will posit that external limitations to our practical freedom are frequently the cause of the acquisition or exacerbation of mental illness, indicating a cyclical nature of diminishment in practical freedom. I will also propose that, despite Sartre's assertion that ontological freedom is absolute, the existence of mental illness can reduce an individual's ontological freedom. I will prove this by exploring how a severe impediment in consciousness—a feature essential to ontological freedom—reduces a being-for-itself into a being who resembles a being-in-itself (i.e., a fully-realized, self-sufficient object lacking consciousness). I will also argue that mental illness resulting from genetic predisposition also reduces one's ontological freedom by indicating the existence of predeterminism, challenging Sartre's claim that "existence precedes essence."

I will begin by analyzing the implications of Sartre's conception—or perhaps misconception—of mental illness in order to provide Sartre with a voice in my discussion of the impacts mental illness has on his notions of practical and ontological freedom. I will then assert that mental illness itself greatly diminishes one's practical freedom via its choice-inhibiting symptoms and that mental illness is further perpetuated in a cyclical pattern by various societal conditions which worsen a sufferer's mental health issues in the form of external constraints. I will proceed to consider whether freedom of consciousness is proportionate to our degree of ontological freedom in order to cast doubt on whether ontological freedom can perhaps be limited in the cases of those suffering with a mental condition. Moreover, I will explore the implications of one's having a mental illness resulting from a genetic predisposition: if this predisposition constitutes a form of predeterminism, the existence of genetic mental illnesses

will conflict with Sartre's idea of ontological freedom as absolute. Finally, I will consider the implications of a reduction in ontological freedom on an individual's responsibility, their ability to live an authentic life, and Sartre's famous assertion that "man is condemned to be free" (Sartre, 1975) in order to arrive at the conclusion that men are not *equally* condemned to be free.

Sartre's Conception of Mental Illness

Limitations of Psychiatric Knowledge during the Twentieth Century

Jean-Paul Sartre was born in Paris, France in 1905. The period during which Sartre wrote the majority of his works (i.e., during the middle of the twentieth century) is an important piece of context in making sense of Sartre's conception of mental illness. Though theories surrounding mental illness in the 20th century began to depart from the harmful, simplistic beliefs held by many during the preceding centuries that attributed the origins of mental conditions to supernatural causes, theorists living in the 20th century were still working with minimal information regarding these conditions. Thus, while the study of mental conditions had been established "...as a unique form of pathology [and] official diagnostic classification systems [had been] adopted..." (Jutras, 2017, p. 86) in the twentieth century, there still existed stigmas and damaging judgments about those living with mental health issues in both professional and public spheres.

Although he was an extensively educated man, Jean-Paul Sartre could not have been entirely immune from the limitations of twentieth-century society's minimal knowledge and negative beliefs regarding those suffering with mental illness. When considering Sartre's conception of mental illness, it is vital to acknowledge the effects these societal traditions and beliefs—such as the judgments that those suffering from mental illness are of lesser value than

those who do not struggle with mental health issues—may have had on his convictions. In this section, I will evaluate whether Sartre places blame on the mentally ill for their conditions in order to attain a thorough understanding of his conception of mental illness that I will then apply to Sartre's beliefs regarding mental illness's effects on practical and ontological freedom. In exploring this topic, I will highlight where the limited knowledge of mental illness in the twentieth century may have influenced Sartre's attitude towards those suffering from these conditions.

It is reasonable to say that Sartre put forth an effort to shed light on the abusive treatments conducted on mental patients in the nineteenth and twentieth centuries. During the 1960s, the "...antipsychiatry movement arose as a group of scholarly psychoanalysts and sociologists shaped and organized an opposition to what were perceived as biological psychiatry's abuses in the name of science" (Rissmiller et al., 2006, p. 863), Sartre appealed to the anti-psychiatry movement, arguing that the twentieth century's practices of psychiatry functioned to control and inhibit the freedom of those suffering with a mental condition. Furthermore, Sartre rejected models of psychiatry which reduced mental illness to a brain disease with a merely neuropsychological foundation, asserting that "...one cannot understand psychic troubles from the outside...nor can one reconstruct them by a combination of concepts that remain exterior to the lived illness" (Sartre, 1971, p. 7). It appears that Sartre indicates that the human reality of the observed mentally ill is ignored through the perspective of the psychiatrist treating his patient, who objectifies his patient and reduces her to a being that is nothing more than her condition. If we are to agree with this concern of Sartre's, a large portion of the teachings of twentieth-century psychiatry would be called into question, given these misinformed approaches to learning about mental conditions during a pivotal time in psychological research.

In my discussion of mental illness and practical freedom in the section following this discussion, I will explore the implications of the limitations which the standard practices and authority of psychiatry place on the practical freedom of the mentally ill.

Whom Does Sartre Blame for the Development of Mental Illness?

Sartre famously stated that “Mental illness is the way out a free organism, in its total unity, invents in order to live in an unlivable situation” (Sartre, 1971, p. 7). Upon first inspection of this quotation, it may appear that the philosopher is placing a degree of blame upon the mentally ill for the development of their condition—it could be inferred reasonably from looking at this quote in isolation that Sartre believes that a mentally-ill free organism is attempting to escape her freedom due to her inability to tolerate an unfavorable situation. However, once considered in tandem with what Sartre means by an “unlivable situation,” a new, plausible perspective is given to Sartre’s conception of mental illness which could indicate that the philosopher places no blame on the mentally ill for their constraints and instead blames their condition on the society which harbors them.

In examining a letter titled “Dear Comrades! Make Illness a Weapon,” which Sartre composed at the height of the anti-psychiatry movement, it is revealed that Sartre believes mental illness is “...indissolubly connected to the capitalist system that transforms labour force into commodities...and wage-earners into things” (Sartre, 1987, p. 4). In fact, Sartre, a well-known figure in the Marxist movement, describes mental illness as a type of Marxist alienation, which is “...the process whereby the worker is made to feel foreign to the products of his/her labor” (Felluga, 2002). Sartre claims that, due to the alienation perpetrated against the working class by the capitalist system, mental illness is the only possible form of life under a capitalist system. Because many nations operated under a capitalist system in the twentieth

century and continue to operate under such conditions in the present day, the common man's purpose in life (i.e., his subjective labor), in accordance with Marx's concept of alienation, is stolen and exploited by the capitalist class for their exclusive ownership of that purpose (Felluga, 2002). In other words, because a capitalist system demands work for an unlivable wage in order to benefit the elite class, the working man must abandon his passions to work whatever job will provide him with a minimum means to survive, alienating him from the labor he would rather be doing. The result of this alienation is mental illness, which, for Sartre, is the inescapable condition of the working class. Sartre goes on to argue that even the psychiatrist himself is a wage-earner and therefore a sick individual, and that mental illness appears in varying degrees of severity due to some individuals being further along in the stages of distress about their unlivable situations.

Sartre argues that these mentally ill individuals are wage-earners who revolt against the system in various ways, and are thus thrown into a particular category and isolated from society. Regardless of the isolation of the mentally ill within the system, those deemed ill continue to have the capacity to produce for the capitalist class. Sartre asserts that this continued capacity for labor exists because psychiatric cures are "...nothing but a reintegration of the ill person into our society..." (Sartre, 1987, p. 4), which is the source of the ill person's mental health issues. Hence, it could be conceived that Sartre is not placing any degree of blame on the mentally ill, but rather is placing the blame fully on the society which creates and entraps its proletariat in her illness.

On the contrary, in the context of the discussion of the faults of psychiatric practices, the Sartrean view contends that by viewing mental illness as nothing more than a neurophysiological disease, "...and therefore as an ailment no different from...[physical ones]...psychiatry has

relieved the person of responsibility for his condition” (Jopling, 2014, p. 9). This assertion directly indicates that Sartre believes mentally ill individuals are, in at least one regard, responsible for their ailment. This is most plausibly a result of Sartre’s belief that every human holds the status of being the creator of their own meaning (Sartre, 1993). Thus, for Sartre, mental illness is not a biological force which acts upon a responsive organism, but rather, is the result of one’s factitious environment and is a symptom of the ways in which an individual defines her essence within this unideal environment. Indeed, Sartre believes that mental illness is the free organism’s way out of an unlivable situation—for him, mental conditions appear to be the result of either limited choices or an abundance of choices.

While the capitalist system presents the proletariat individual with limited choices concerning her labor and ways in which she is at liberty to determine her own essence, it is also plausible that Sartre views mental health issues as developing as a result of the existential emotion “forlornness,” in which the being-for-itself realizes that there is no blueprint for the choices she will make and recognizes that she is condemned to be utterly free to make or reject any number of important choices. Perhaps the individual’s consciousness finds its way into mental illness in response to the abundance of choices which it must consider without the guidance of any higher power.

Bad Faith

When considering forlornness as conducive to mental illness, it is essential to explore Sartre’s conception of bad faith to elucidate the degree to which Sartre places blame on the mentally ill for their condition in light of his seemingly conflicting viewpoints on this topic. In the words of the existentialist philosopher Hazel Barnes, for Sartre, bad faith is “...the possibility which consciousness possesses of wavering back and forth, demanding the privileges of a free

consciousness, yet seeking refuge from the responsibilities of freedom...” (Barnes, 1993, p. 11). Bad faith refers to self-deception; it is the free individual’s attempt to evade the truth and to keep it concealed from oneself (Detmer, 2013). The best known example of bad faith which Sartre provides his readers involves a café waiter who institutionalizes himself as a café-waiter “object.” While there is no doubt that a café waiter is indeed a café waiter, he is not a waiter in the sense that he is a being-in-itself: the waiter is not a fully-realized, self-sufficient object. The waiter is, however, a conscious being endowed with freedom—on account of this consciousness (which is “nothingness”), he is in the mode of being what he is *not*. The waiter would be deceiving himself by reducing his existence to being just a waiter and believing that there exists no other direction in which he might conduct his life. Hence, bad faith is the being-for-itself’s attempt to elude her freedom. While Sartre claims that bad faith is inevitable because it is always at least partially available to us in our lived experience (Reynolds et al., 2022), Sartre expects that we should strive not to deceive ourselves regarding our freedom and always to act on our liberation. Sartre seems to view mental illness as a bad-faith response to forlornness in the face of an abundance of choices, most importantly advocating that we make an effort not to deceive ourselves about this freedom of choice by falling into the trap of mental illness.

Sartre’s opinion that “Mental illness is the way out a free organism...invents in order to live in an unlivable situation” directly adheres to his definition of bad faith. The moment one becomes aware of the possibility of liberation, such as rejecting the capitalist system or escaping a factitious constraint, one must act; otherwise, one is in bad faith. While it is clear that Sartre places blame on the mentally ill for their condition to a degree, he evidently believes that mental illness is only natural just as bad faith is inevitable. Sartre takes men as they are, not as mentally-ill vs. sane, because mental illness is the inevitable form that bad faith takes in the

context of a capitalist system. While Sartre holds that mental illness is an attempted escape of the being-for-itself's freedom, he views the mentally ill much more sympathetically than others of his time. For Sartre, it seems that even the most extreme forms of mental illness "...constitute a mode of life as valid as our own [as it is a form of bad faith, and bad faith is an inevitability for all beings-for-themselves], but which, however, is likely to lead to...unbearable pain" (Jopling, 2014, p. 6). Hence, Sartre appears to maintain that mental illness is only one's fault insofar as bad faith is one's fault—bad faith, while indeed the free organism's attempt to elude her freedom, is only natural. Sartre believes that mental illness is not a conscious choice, but rather an unavoidable reaction of the being-for-itself: while some humans will fall victim to this stage of bad faith, others will exhibit their attempt to escape their ontological freedom in other ways. What remains unclear is whether Sartre believes there is a way to prevent mental illness as an act of bad faith on an individual level rather than altering the ailing society as a whole.

Sartre's Rejection of Mental Illness as a Physical State

Because Sartre rejects the positivist psychiatry's model of mental illness (i.e., he holds that we should not reduce mental states to physical states of the brain because this offers a deterministic model of consciousness), he focuses on mental conditions as the results of lived experience rather than something inherent to one's brain chemistry. Seemingly, Sartre rejects the existence of mental illnesses as mere physical states of the brain which are genetically ingrained in one from birth, regardless of whether they are subsequently exacerbated by capitalism and other negative external influences. While I am in agreement with Sartre that theorists should look to one's lived experience in considering the origin or exacerbation of some types of mental illnesses, I am concerned with Sartre's tendency to disregard mental health issues as the meaningful results of biological phenomena. There is no significant literature written by Sartre in

which he discusses the implications of mental conditions resulting from biological factors. While Sartre's efforts to integrate the lived experiences of the mentally ill into psychological models and research was undeniably crucial to the antipsychiatry movement, the philosopher seemingly advocates for this at the expense of biological considerations of mental health issues. This omission could be the result of the twentieth century's limited knowledge of mental illness. In the present day, "New research shows our genes influence the way our brains are wired up..." ("Genes and Mental Illness," 2020) and that mental illness is largely the result of a combination of genetic and environmental components.

Sartre's overt disregard of mental illness as the result of genetic elements has significant implications for his arguments concerning ontological freedom, which I will explore in the following sections of this essay. However, I do not dismiss Sartre's thorough considerations of mental illness as an act of bad faith and the result of lived experiences, particularly within the system of capitalism. These ideas remain crucial to Sartre's understanding of the limits mental health issues place on the practical freedom of afflicted individuals.

Practical Freedom and Mental Illness

The Direct Implications of Mental Illness on Practical Freedom

As I noted previously, Sartre's view on practical freedom can be described as "...a freedom that is present in varying degrees in varying circumstances, depending on the range and quality...of the options open to [the individual] and on the degree to which [they] have the actual ability...to carry out [their] chosen option successfully." It is particularly easy to consider the vast array of symptoms that might be experienced by one afflicted with a mental illness and their

obvious effects on the sufferer's practical freedom. In this section, I will briefly discuss the various ways in which practical freedom is limited by mental illness and the implications of the choice of suicide in response to an intolerable mental health issue. Then, I will evaluate how the model of psychiatry which Sartre criticizes further detracts from the practical freedom of those suffering from mental health issues, despite being a supposed solution for such ailments. Finally, I will explore the cyclical nature in which diminished practical freedom (i.e., freedom which is diminished via environmental factors) contributes to the development of mental illness, while this development of mental illness reversely results in diminished practical freedom.

In the depressive sense of the term, mental illness limits one's practical freedom in a variety of ways: perhaps the disease causes a person to sleep too much or too little, inhibiting the sufferer's capacity to successfully make various choices throughout the day which constitute the project of her essence. Furthermore, a being-for-itself who is experiencing depressive symptoms might have very little enthusiasm and lack a complete will to take action in the determination of her desired essence. We observe complete freedom, according to Sartre, when the nothingness of consciousness turns to a desire of being (Sartre, 1993). Because the being's essence is still determined in a variety of other ways, regardless of whether the being desires such an achieved essence, it is notable that this lack of desire to alter one's essence more favorably does not reduce the being's status as a being-for-itself. However, a depressed individual's lack of motivation certainly inhibits her being as a "project" when her consciousness is working with fewer observed desires to attain in recognition of its freedom. Thus, depression limits practical freedom by limiting the sufferer's ability to (1) go about her day and (2) feel invested in the project that she is to begin with.

The effects of symptoms of certain mental illnesses such as delusions differ from the effects of depressive symptoms on a being-for-itself's practical freedom. Delusions are related to "...mental health [conditions] in which a person can't tell what's real from what's imagined" ("Delusional Disorder," 2022). Holding beliefs which do not correspond with the world in its actuality affects the afflicted individual's degree to which she has the ability to carry out her chosen options successfully in creating her essence. For example, a being-for-itself affected by the delusion that her mother is trying to poison her will struggle to maintain trusting relationships which would otherwise have positive effects on her well-being and enable her to live in a stable environment. Without being able to maintain such relationships and receive the benefits which accompany those relationships (e.g., financial stability, shelter, and companionship), the individual's practical freedom will be limited in what she can achieve without her basic needs being met. Furthermore, a person whose beliefs lack accurate correspondence to reality might struggle to form desires concerning the creation of her essence as well as lack the cognitive means to carry out choices and act on her freedom.

Suicide

Among the most extreme choices someone might make in determining her essence is the choice of suicide, an option which has interesting implications for freedom that warrant a consideration within this discussion, as "...suicidality is known to be closely related to mental illnesses" (Song et al., 2020). Sartre conceives that mental illness is a form of an attempted escape of the being-for-itself's freedom, and therefore, is an act of bad faith. Accordingly, suicide plausibly constitutes the absolute escape—the ultimate rejection—of one's freedom in response to the limitations which cause and are caused by the sufferer's practical freedom. Hence, it appears obvious that Sartre would consider suicide to be another act of bad faith—or

perhaps even the logical conclusion of bad faith in its finality. Regardless, because suicide is the ultimate rejection of one's freedom, Sartre would certainly consider the action something to be avoided.

Paradoxically, one might view a sufferer's decision to end her life as the pure assertion of her freedom and a demonstration of an incredibly consequential action concerning ontological liberty. If a person suffering from mental illness makes the choice to take her own life, all at once, she has made an extraordinarily conclusive choice to end her essence and being in its entirety with one swift action. Although suicide, as an intense assertion of one's freedom, is worthy of attention, it is necessary to emphasize the various indications—most notably that suicide (as an individual's attempt to flee her own being and freedom) must be considered as an act of bad faith—that point to the probability that Sartre would stand in opposition to suicide as a choice made from a failure to confront one's freedom or, perhaps, one's reduced freedom.

Limitations of practical freedom and their effects on a socially-oppressed being-for-itself's tendency to commit suicide is perhaps the most important element of the discussion of suicide to explore. Conceivably, one instance in which an individual might resort to suicide is when the various limitations of her practical freedom have become too much for her to bear. Per Sartre's conception of mental illness, suicide constitutes a mental health issue in its greatest degree of severity. When suicidal, an individual is caught in the most significant stage of distress due to an unlivable situation. A situation might become progressively more unlivable as the symptoms of one's mental illness worsen and remain unaddressed, minimizing an afflicted individual's ability to carry out her desired tasks within the factitious world, resulting in a limitation to her practical freedom.

The Psychiatric Model's Limitations on Practical Freedom

Because of the significant challenges mental illness presents to the being-for-itself's practical freedom, it is crucial that proper psychiatric care is administered to the sufferer in order to restore and nourish her practical freedom to the greatest extent possible. Perhaps the need for effective psychiatric care to benefit the mentally ill person's practical freedom was one of the most prominent motivations for Sartre's advocacy in the antipsychiatry movement. Sartre contends that "...it is through human reality that there is a world" (Sartre, 1993, p. 257). Sartre argued that the standard practices of the psychiatric field during his time limited the practical freedom of the mentally ill by depriving patients of care in accordance with their own reality and lived experience.

In his analysis of Sartre's antipsychiatry, David Jopling remarks that the "cures" utilized by psychiatrists in the twentieth century (e.g., pharmacotherapy, electro-shock, and behavior modifications) "...[were] often no more than purely physical treatments that [involved] no appeal to what the person means by his actions and words, to his capacity for reflexive knowledge, or to his subject-being" (Jopling, 2014, p. 6). In other words, because psychiatrists denied their patients the status of beings-for-themselves and instead treated them as beings-in-themselves by rejecting their capacity for thought, communication, and consciousness, psychiatrists extensively contributed to the marginalization of the mentally ill as vulnerable members of the population.

As Sartre contends, the marginalization of a group of people, such as we see with the proletariats in the capitalist system, limits the group's practical freedom and makes a situation unlivable, worsening their mental illness. In this regard, twentieth-century psychiatric services—while being the only source of alleviation for those suffering with mental health issues—failed severely in virtue of the psychiatrists' inability to recognize the ontological

freedom of their suffering patients and their overt disregard of the existence of their patients' practical freedom. In this way, the negative effects on patients' practical freedom in the twentieth century were, in part, caused by the psychiatrists' inability to recognize the ontological and practical freedoms of their patients.

The Cyclical Nature of Mental Illness Acquisition

While mental illness and the psychiatric model limit the practical freedom of those suffering from mental health issues, inversely, the limitations of practical freedom presented societally is evidently a major contributor to the acquisition and exacerbation of mental illness. There appears to be a cyclical relationship in which (1) an external lack of practical freedom (such as the result of marginalization) contributes to the development of mental illness, (2) the development of mental illness results in diminished practical freedom, and (3) the further-diminished practical freedom pushes the sufferer deeper into her illness. The externally-reduced practical freedom which precedes mental illness is evinced by Sartre's extensive discussion of the capitalist system and the ways in which it inhibits the freedom of society's inhabitants.

While I contend that Sartre's convictions about mental illness are flawed in the way he indicates that a defective economic system is the primary (if not only) instigator of mental illness in a population, he is certainly justified in using capitalism as an example of a powerful condition in society which potentially brings about and exacerbates mental health issues by reducing its subjects' practical freedom. Subsequently, these mental health issues continue to lessen the practical freedom of those whom they affect. Living under an economic and political system which inherently exploits the majority of its citizens in transforming their personal labor into commodities diminishes its worker-citizens' practical freedom: because human production is

a way to express and develop one's essence, when a being-for-itself's labor is estranged from herself by transforming her labor from something expressive and personal to a mere means for survival, the being-for-itself is deprived of one the primary ways in which she is capable of determining her essence. Under the capitalist system which turns production into a demanding competition for survival, "...mankind no longer lives to work, but works in order to (barely) live" ("Estranged Labor," n.d., p. 3). It is easy to see how a societal condition such as capitalism will limit practical freedom: capitalism deprives its subjects of self-expression (which is essential in determining one's essence) and significantly hinders a subject's ability to meet her basic needs of survival. When a being-for-itself is limited in her choices for determining her essence, she will conceivably develop depression or another mental health issue in response to this limitation in her practical freedom. Per the notion I have proposed concerning the cycle associated with mental illness, the symptoms of these acquired mental illnesses will continue to limit the practical freedom of the mentally ill, pushing them deeper into their illness.

It is overwhelmingly evident that those suffering from mental illness face three clear and continuous threats to their practical freedom: (1) most notably, the limitations presented by the symptoms of mental illness itself; (2) the oppressive treatment imposed upon the sufferers which regards mentally-ill patients as beings-in-themselves, dismissing both their practical and ontological freedoms; and (3) powerful societal conditions such as capitalism which deprive humans of the choice-making abilities that are essential to their practical freedom and status as beings-for-themselves. With these three evident threats to the practical freedom of those suffering from mental health issues in mind, the cyclical relationship between mental illness, practical freedom, and external limitations is clear: if a being-for-itself is born into a system such as capitalism in which her practical freedom is inherently diminished, she will develop a mental

illness which further limits her practical freedom, pushing her deeper into her illness. Suffering within this cycle, the oppressive treatment imposed by the positivist psychiatry model which Sartre detests only serves to limit the practical freedom of the mentally ill to an even greater degree. Thus, it is abundantly evident that mental illness is an intense factitious constraint on an individual's practical freedom and is perpetuated by various external conditions which worsen the mental health issues of beings-for-themselves by limiting their practical freedom in additional ways.

Ontological Freedom and Mental Illness

Introductory Remarks on the Potential for Reduced Ontological Freedom

For Sartre, ontological freedom is the default nature for all beings-for-themselves. Adeptly summarized by Elijah Akinbode in his publication “Jean-Paul Sartre’s Existential Freedom: A Critical Analysis,” ontological freedom is “...the ability of the man (being-for-itself) to define his values and essence within the context of his liberty” (Akinbode, 2023, p. 16). Importantly, Sartre’s conception of ontological freedom is incompatible with the idea of a permanent, fixed self. This conception of ontological freedom is why Sartre argues against the positivist psychiatric model: Sartre contends that this model reduces mental states to purely a neuropsychological basis, offering a deterministic model of consciousness. The deterministic nature of positivist psychiatry is a problem for ontological freedom, as the view that “existence precedes essence” is incompatible with determinism. While Sartre’s intention behind this rejection of the positivist model of psychiatry—that physicians should focus on mental health issues as the results of lived experience—is a fair criticism, Sartre’s rejection of mental

conditions as the significant results of physical brain states entirely is a misguided conviction, conceivably held to remain consistent with his argument for ontological freedom. However, just because Sartre's rejection of the positivist model of psychiatry is consistent with his conception of ontological freedom does not mean that it is correct—especially when considered within the context of the constraints on scientific knowledge of mental illness posed by the twentieth century.

In this section, I will begin by arguing that mental illness reduces the sufferer's consciousness; this reduction in consciousness is crucial because consciousness is an essential component of ontological freedom. Furthermore, I will argue that some mental illnesses can reduce the consciousness's ability for pre-reflection, threatening a vital condition of Sartre's conception of consciousness. Finally, I will explore how a genetic mental illness affects the capacity in which someone suffering from such a mental illness can determine her essence, clashing with Sartre's beliefs that mental illness is the free organism's way out of an unlivable situation and that ontological freedom is absolute.

Mental Illness's Impact on Consciousness

As I discussed in an earlier section, in his book *Being and Nothingness: An Essay on Phenomenological Ontology*, Sartre claims that consciousness is nothingness. Sartre views consciousness as a process or activity rather than a thing or a container of things. He describes consciousness as a process of negation—consciousness always distinguishes itself from its object of perception. Sartre states that “...in order for its determination as the nothingness of being to be full, the for-itself must realize itself as a certain unique manner of not being this being” (Sartre, 1993, p. 175). In other words, the consciousness of the being-for-itself must realize what its being is *not* in order for it to be a complete nothingness.

If consciousness is to realize the objects from which it is distinct, I take the capacity for perception to be an essential quality of consciousness. Indeed, Sartre makes it clear that the consciousness which accompanies ontological freedom must be capable of pre-reflection (i.e., the being-for-itself's ability to first observe an object and then recognize that she is distinct from that object). I contend that if a mental health issue is debilitating enough, it will affect a consciousness's capacity for perception and pre-reflection. For example, an individual suffering from severe schizophrenia, which would cause her to "...interpret reality abnormally," ("Schizophrenia," 2020), might be incapable of perceiving certain objects in reality correctly, thereby altering her capacity for perception, leading to an incomplete capacity for pre-reflection. Although this individual might have a capacity for pre-reflection to a degree, this capacity is diminished in comparison to her mentally-healthy counterpart. In severe cases, for example, a schizophrenic individual's consciousness may not as readily distinguish itself from its object of perception, although that ability is not lacking entirely. It could be conceived, then, that ontological freedom comes in varying degrees: when a person's consciousness has diminished capacities for perception and pre-reflection, surely she is lacking in some degree of ontological freedom (i.e., the innate ability to determine her essence) in comparison to other beings-for-themselves which maintain a fully-functioning consciousness.

A Case Study: Brain Death

If the examination of the decreased capacity for consciousness of someone with schizophrenia isn't friendly enough to the Sartrean model of freedom, one might consider the situation of someone who has had massive physical trauma inflicted upon her brain, permanently placing her in a state of brain death. Whether the Sartrean agrees that this constitutes a debilitating mental condition in its most severe form or not (which I contend that it does), it is

indisputable that this person's capacity for a pre-reflective consciousness has been removed completely under these conditions.

It is somewhat unclear whether Sartre would believe that a brain dead human being maintains her ontological freedom. As I have discussed at length, consciousness is essential to ontological freedom for Sartre. Because this brain-dead individual no longer has a pre-reflective consciousness, it would seem that Sartre would not consider her a being-for-itself, and thus, he would hold that her ontological freedom has been revoked. However, it is worth noting that Sartre famously claims that "Men are condemned to be free," possibly indicating that a person can never lose her ontological freedom, so long as she is human. If Sartre views the brain-dead individual as maintaining her humanity, it seems that he must agree that a brain-dead person still preserves her ontological freedom on account of this humanity. If we deem the brain-dead individual to be human, because she also no longer has the capacity for consciousness contemporaneous to maintaining her humanity, an inconsistency in Sartrean thought arises: a person is able to maintain her ontological freedom despite having no consciousness. In this line of thought, it would seem that ontological freedom can be altered in accordance with mental conditions, contrary to Sartre's belief that humans can never lose their ontological freedom. While this person in the coma is still alive in a technical sense, her essence has been determined irreversibly and in its finality.

This thought is contingent upon the specificities of what Sartre would have believed regarding what makes someone a "man" who is condemned to be free. Sartre never spoke on the nuances of brain death in relation to his existentialism, so this is somewhat uncertain. While I find it more convincing that Sartre would disagree that a brain-dead person keeps her humanity under such a circumstance, this thought experiment is still worth considering. Depending on

Sartre's beliefs, brain death could hold notable implications for Sartre's idea that "existence precedes essence": this notion fails under this thought experiment, as the individual's existence would extend beyond the creation of her essence.

Genetics and Predeterminism

While a mental condition (apart from brain death as the consequence of a severe trauma within the factitious world) which is developed as the result of various factors during the progression of one's life appears to diminish only practical freedom since such factors would constitute purely factitious constraints, mental conditions which have been present since birth and are the results of genetic factors plausibly constitute a reduction in ontological freedom.

Sartre believes that "...it is in terms of birth as the original and a priori law of being for the For-itself that there is revealed a world with a universal time in which we can designate a moment when the For-itself was not yet and a moment when it appeared..." (Sartre, 1993, p. 141). For Sartre, we enter the world from our birth as blank slates (because consciousness, which we are endowed with at birth when we enter existence as a being-for-itself, is a negation); we have the full capacity to create our essence, barring factitious constraints to our practical freedom. However, in his works which address mental illness, Sartre overtly neglects to consider genetic factors innate to one's being which might reduce her capacity for pre-reflective consciousness and determine part of her essence prior to her existence. Research conducted by the National Institute of Mental Health "...has found that certain genes and gene variations are associated with mental disorders" ("Looking at My Genes," 2020). As previously mentioned, the twentieth century (during which Sartre wrote on the concepts of ontological freedom and psychiatry) was significantly lacking in biological research surrounding psychiatric disorders. Hence, it is plausible that Sartre may have formed his opinion that mental illness is only the

result of lived experience in accordance with his convictions regarding existentialism rather than in accordance with scientific fact.

Researchers now know that mental illness can develop as a result of “...a combination of biological, environmental, psychological, and genetic factors” (“Looking at My Genes,” 2020). On account of these discoveries, Sartre’s notion that we cannot appeal to a fixed or predetermined nature as our essence must be rejected. By its very definition, a genetic illness is a form of predetermination—it is the result of “...mutations that are inherited from the parents and are present in an individual at birth” (“Genetic Disorders,” 2018). Thus, when a mental illness which negatively affects an individual’s consciousness is present neuropsychologically at birth, the individual’s capacity to create her essence, and thus her capacity for ontological freedom, is reduced. The existence of genetic mental illnesses challenges Sartre’s belief that, unequivocally, “Mental illness is the way out a free organism...invents in order to live in an unlivable situation.” While this is perhaps true for some mental health conditions, genetic illnesses cannot be the invention of a conscious organism, as genes determine an illness within an individual prior to the presence of her consciousness during her fetal development.

For instance, I was born with obsessive compulsive disorder: this mental illness runs in my family, and I don’t remember a time in my life when I didn’t experience intense symptoms of this condition. Before I was endowed with consciousness, my genetics had already determined that I would experience symptoms of the disorder, such as compulsions and intrusive thoughts, which would inhibit my ability to carry out my desires to a certain degree. While my symptoms became worse during my childhood as a result of various environmental factors (such as not receiving mental health care when I was in need of it in order to acquire proper coping skills during my development), my symptoms at their most primitive level are inherent to my

psychological state. It was determined while in utero that I would have these struggles. Because predetermination such as this conflicts with Sartre's claim that "existence precedes essence," I argue that my essence was determined to a degree prior to my existence. Hence, my ontological freedom was altered in this area due to my genetic makeup, resulting in my having a reduced degree of ontological freedom.

Implications for Responsibility, Authenticity, and Our Condemnation to be Free

My argument that ontological freedom can be present in varying degrees holds significant implications on the supposedly inseparable connection which Sartre outlines between ontological freedom and responsibility. Sartre "...boldly contends that human beings possess absolute freedom, meaning they are not determined by external factors or pre-existing essence, and are therefore responsible for creating their 'own' meaning and purpose in life" (Akinbode, 2023, p. 15). Furthermore, Sartre argues that this responsibility involves the moral consequences of a being-for-itself's actions and choices: accepting the responsibility which accompanies one's freedom is a moral guide and requirement for leading an authentic existence (Linsenbard, 2023). What can be said, then, of the responsibility of a person with a reduced capacity for ontological freedom and who therefore makes decisions which she would not otherwise have made if she had been endowed with a perfectly-functioning consciousness?

I contend that a person who lacks freedom to any significant degree because she has a mental health issue inhibiting her consciousness necessarily has a reduced responsibility for her choices and actions. While such an individual still maintains an ability to create her own essence (but to a lesser degree than her counterpart with a fully pre-reflective consciousness), Sartre's proposed direct connection between freedom and responsibility indicates a certain

proportionality of the two variables: if freedom is reduced, then responsibility must be reduced as well. While an individual lacking a degree of ontological freedom still maintains some responsibility for her actions due to the presence of partial ontological freedom, she cannot be held fully responsible for the creation of her own meaning and the moral consequences of her choices. For example, a person suffering from schizophrenia from birth cannot be held entirely responsible for a morally-inept choice which she would not have made otherwise if she had been endowed with a fully-functioning consciousness.

As stated earlier in this evaluation, Sartre believes that accepting the responsibility which accompanies one's freedom is essential to living an "authentic existence." For Sartre, an authentic existence is to affirm freedom as a fundamental value; to exist authentically is to grasp oneself in one's "deepest structure as creative" (Linsenbard, 2023). Because any individual must accept the responsibility of whatever degree of freedom they maintain—regardless of the extent of that freedom—it is plausible that individuals living with a genetic mental health condition are capable of carrying out an authentic existence in accordance with Sartre's definition of authenticity. There is no parameter set forth in this conception of authenticity which declares that diminished responsibility of freedom affects an individual's ability to live an authentic existence; it seems that it is only the duty of an individual to accept the responsibility which accompanies her freedom to the level at which the degree of her freedom entails such responsibility. Although an individual with reduced consciousness will have less of an ability to create her essence owing to the determinative nature of her pre-reflective consciousness, she can conceivably still grasp her deepest structure as creative, thereby living authentically.

Perhaps the most famous assertion which Sartre makes in *Being and Nothingness* is that man is "condemned to be free." With my proposed revelations about freedom, consciousness,

and mental illness in mind, Sartre's assertion appears to be only partially true for some. It seems that all men are indeed condemned to be free to varying extents (barring those suffering from brain death). However, I contend an important addendum to Sartre's assertion must be considered: that the assertion that all men are condemned to be free is not an unconditional statement. Because inherited mental illnesses produce a predetermined reduction in consciousness, essence is not universally undecided at the moment a person comes into existence, indicating that ontological freedom comes in degrees. Therefore, men are not *equally* condemned to be free.

Conclusion

In examining Sartre's conception of mental illness in its totality and considering the various elements which point to Sartre's conception being misguided with regard to ontological freedom, I have concluded that mental illness, when understood in its causes and outcomes accurately, conclusively limits practical freedom and shows that ontological freedom comes in varying degrees. Sartre asserts that "Mental illness is the way out a free organism, in its total unity, invents in order to live in an unlivable situation." While it initially appears as though Sartre is placing the blame on the mentally ill for their condition, once considered in tandem with what Sartre considers to be an "unlivable situation," it is revealed that Sartre more accurately blames the capitalist system and the constraints which it places on beings-for-themselves' practical freedom. Importantly, Sartre rejects the positivist psychiatric model because, in his view, it reduces mental conditions to a neuropsychological foundation while dismissing the lived experience of the mentally ill under capitalism as the reason for their mental health issues. While this initially appears to be a valid criticism, I have shown that Sartre's seemingly thorough

rejection of mental illness as a predisposition and neuropsychological matter is problematic: in the modern day, we now know that mental illness develops as the result of "...a combination of biological, environmental, psychological, and genetic factors." Because of the limited medical knowledge and research into the nature and causes of mental health problems in the twentieth century, Sartre would not have had access to these facts in forming his opinion as to how mental illness develops. It appears that Sartre informs his conviction of mental illness as merely the result of lived experience on the basis of his beliefs regarding existentialism rather than on the basis of scientific fact. While Sartre is right in that environmental factors (i.e., lived experiences) have a large role in the development or exacerbation of mental illness, he goes too far in this direction in claiming that *only* lived experience contributes to the development of mental illness.

Despite Sartre's partial misconception of mental illness, it appears that he was correct in his assertion that the standard practices of the psychiatric field can pose a limitation to a mental patient's practical freedom, as it seems that any number of negative environmental conditions can pose such constraints to practical freedom. Included in these constraints are the symptoms of mental illness itself, which limit a sufferer's ability to determine her essence by reducing her ability to create the project of her being in complete accordance with her desires.

A plausibly faulty conception of ontological freedom is the most significant implication for Sartre's claim that *only* lived experience can contribute to the development of mental illness. Because consciousness (and hence perception) is essential to having ontological freedom, if a mental health issue is debilitating enough, a person's capacity for perception is compromised. Even more, genetic mental illnesses indicate the reality of predetermination, which is incompatible with Sartre's ontological freedom. Such genetic conditions will affect a person's ability to determine her essence within the context of her liberty prior to her existence, clashing

with Sartre's belief that mental illness is the free organism's way out of an unlivable situation by showing that mental illness can arise from circumstances other than the situation of one's environment. From these findings, not only is Sartre's idea that "existence precedes essence" challenged, but also his claim that "man is condemned to be free." Because ontological freedom appears to come in varying degrees (contrary to Sartre's beliefs against predeterminism), in the case of mental illness, men are not *equally* condemned to be free.

References

- Akinbode, E. (2023). Jean-Paul Sartre's Existential Freedom: A Critical Analysis. *International Journal of European Studies*, 1(1), 15–18. [10.11648/j.ijes.20230701.13](https://doi.org/10.11648/j.ijes.20230701.13).
- Bertolote, J. (2008). The roots of the concept of mental health. *World Psychiatry*, 7, 113–116. <https://doi.org/10.1002/j.2051-5545.2008.tb00172.x>
- Campbell, R. J. Mental health. *Campbell's Psychiatric Dictionary*, 9.
- Delusional Disorder*. Cleveland Clinic . (2022, May 22). <https://my.clevelandclinic.org/health/diseases/9599-delusional-disorder>
- Detmer, D., Churchill, S., & Reynolds, J. (Eds.). (2013). Bad faith. In *Jean-Paul Sartre Key Concepts* (pp. 118–130). essay, Acumen Publishing.
- Detmer, D. (2005). Sartre on Freedom and Education. *Sartre Studies International*, 11(1/2), 78–90. <http://www.jstor.org/stable/23512961>
- Felluga, D. F. (2002). *Alienation (Marx)*. Introductory Guide to Critical Theory. <https://www.cla.purdue.edu/academic/english/theory/marxism/terms/alienation.html#:~:text=Definition%3A%20Alienation,of%20his%2Fher%20own%20labor>
- Genetic Disorders*. National Human Genome Research Institute. (2018, May 18). <https://www.genome.gov/For-Patients-and-Families/Genetic-Disorders>.
- Jopling, D. A. (2014). Sartre's Anti-Psychiatry and Philosophical Anthropology. *Journal of the British Society for Phenomenology*. <http://dx.doi.org/10.1080/00071773.1987.11007780>

Jutras, M. (2017). Historical perspectives on the theories, diagnosis, and treatment of mental illness. *British Columbia Medical Journal*, 59(2), 86–88.

Linsenbard, G. (2023). *Bad Faith - Jean-Paul Sartre. Existentialist Philosophy*.

Looking at My Genes: What Can They Tell Me About My Mental Health?. National Institute of Mental Health. (2020).

<https://www.nimh.nih.gov/health/publications/looking-at-my-genes#:~:text=Research%20conducted%20and%20funded%20by,%2C%20psychological%2C%20and%20genetic%20factors.>

Mayo Clinic Staff. (2020, January 7). *Schizophrenia*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443>.

Reynolds, J., & Renaudie, P.-J. (2022). *Jean-Paul Sartre*. Stanford Encyclopedia of Philosophy.

<https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=sartre>

Rissmiller, D. J., & Rissmiller, J. H. (2006). Evolution of the Antipsychiatry Movement Into Mental Health Consumerism. *Psychiatric Services*, 57(6), 863–866.

Sartre, J.-P. (1987). Dear Comrades! Make Illness a Weapon. *Journal of the British Society for Phenomenology*, 18(1).

Sartre, J.-P. (1993). *Being and nothingness: An essay in phenomenological ontology* (H. E. Barnes, Trans.). Washington Square Press.

Sartre, J.-P., & Kaufman, W. A. (1975, March 1). *Existentialism is a Humanism. Existentialism from Dostoevsky to Sartre*. Paris; Club Maintenant.

Sartre, J.-P., Cooper, D. G., & Laing, R. D. (1971). Foreword. In *Reason & Violence: A Decade of Sartre's Philosophy, 1950-1960*. Pantheon Books.

Song, Y., Jin Rhee, Suicide, Ji Kim, M., Shin, D., & Min Ahn, Y. (2020). Comparison of S Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records. *Journal of Korean Medical Science*, 35(47). <https://doi.org/10.3346/jkms.2020.35.e402>

University of Oxford. (2020, May 7). *Genes and Mental Illness*. Department of Psychiatry. <https://www.psych.ox.ac.uk/news/genes-and-mental-illness>

World Health Organization. (1951). *Mental health: report on the second session of the Expert Committee*. Geneva.

World Health Organization. (2022, June 8). *Mental disorders*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=A%20mental%20disorder%20is%20characterized,in%20important%20areas%20of%20functioning>.