

Chikuro Hiroike and The Art of Narrative Ethics

Peter Luff

The recent growth of narrative ethics, particularly as it bears on issues connected with medicine, is an important and fruitful departure from the conventional approach to the study of morality. This is not least because, as a natural part of the process of taking life stories seriously, the walls of academic detachment have begun to crumble, allowing scholars to confront and learn from lived experience, their own as well as that of others. It is no accident that some of the leading figures in the field possess intimate knowledge of what it means to be very seriously ill, either from having been patients (in the case of Arthur Frank) or from practising as doctors with the very seriously or chronically sick (in that of Arthur Kleinman and Jerome Groopman). The results of this engagement have been a much greater sense of freedom, and the seizing of the chance to explore ethical issues more deeply by blending the personal with the general.

The use of narrative in connection with ethics is not without its problems, though. This is partly because it has become entangled with a much more wider recent academic trend, described by one professor of biomedical ethics in the following terms.

Everywhere one looks in the academy these days, theory is out and stories are in. On any number of different fronts - including anthropology, history, literary criticism, and even philosophy -

we are currently witnessing a retreat from theory and so-called “master narratives” such as Enlightenment rationalism, Freudian psychoanalysis, and Marxism ... Rather than lusting after the immutable laws of nature and “Man”, historians, social scientists, philosophers, and legal scholars have begun to celebrate the particularity and localism inherent in the medium of the little story, the “*petit récit*”.¹⁾

The charge here is that we are dealing with the world of fashion, with theory being ‘out’ and stories ‘in’, and the implied warning is that students of ethics should be wary of taking up an approach merely because it seems that everyone else is doing so. For, as Professor Arras goes on to point out, there is a problem; exactly what is meant by narrative ethics? Even the narrative part is not so easy to define; stories, stories and more stories, seemingly without end, may rightly be to some a revelation of richness and of unending possibilities.²⁾ But it is just as true that stories come in all shapes and sizes, and that some discrimination has to be exercised. So what kind of stories are fit and proper material for this new approach? This question does not seem to have received much sustained attention, but certainly one noticeable feature is that the most valuable stories are bound together by the common threads of suffering and of the human response to it, particularly (but not exclusively) the suffering that is connected with illness. But even if we accept this as a guide, there is an even thornier question; what is narrative ethics? Where is the analysis, where are the conclusions that flow from the wealth of stories now being told about the experience of pain? And if there are none, then how can

1) John D. Arras, ‘Nice Story, But So What? *Narrative and Justification in Ethics*’, in H. L. Nelson (ed.), *Stories and Their Limits: Narrative Approaches to Bioethics* (New York, 1997), 65-88 (quote at pp. 65, 66).

2) A good illustration of the new enthusiasm for narrative can be found in the unbuttoned ‘Narratives of Human Plight: A Conversation with Jerome Bruner’, in R. Charon and M. Montello (eds.) *Stories Matter: The Role of Narrative in Medical Ethics* (New York, 2002), pp. 3-9.

such an activity properly be called ethics? The stream of stories surely cannot simply be allowed to run unchecked forever. At some point, the advocates of theory claim, a halt must be called and an attempt at drawing conclusions made. It is all very well to ‘celebrate the particularity and localism’ of stories, but how is this to satisfy those who are still convinced that the particular, in all its diversity, must in the end yield to the general, indeed to the universal? In their view, it would seem inevitable that, once the first flush of enthusiasm for stories has passed, the role of stories will diminish in status, that they will become at best handmaidens at the court of philosophical principles. Thus Professor Arras endorses the approach of Rita Charon, for whom he says,

... “narrative ethics” essentially means a mode of moral analysis that is attentive to and critically reflective about the narrative elements of our experience. It is important to note, however, that Charon’s plea for a narrative ethics is not meant as a fundamental challenge to an ethic driven by principle and theories. On the contrary, she wishes to leave intact the basic structure of principle-driven ethics. On this view, narrative competence is recommended as a supplement, as a way to improve our use of the existing methods of moral analysis by gearing their deployment to the rich particularity of patients’ lives.³⁾

For some, then, ethics has to be an exclusively rational process, a drawing of logical and universally applicable principles from evidence, for which the elimination of the subjective and the particular is indispensable. Yet the devaluation of stories, and consequently of the whole endeavor of narrative ethics which this implies, would be a mistake, which we can best appreciate if we begin by trying to sort out the radical confusion that exists about how conclusions are actually drawn from stories. As writers like Arthur Frank have pointed out, the process of using stories to arrive at conclusions is not in fact an exclusively rational and analytical

3) Arras, ‘Nice Story’, p. 70.

process, but rather an entirely different kind of activity, often much lengthier and more complicated in nature than the kind of thinking typified by Kant. Frank notes that his own interest in other people's illness stories began after he himself contracted cancer, and that he returns most often to the first stories he read, since he has lived with these the longest. The reason for his continued interest in them is that,

Thinking with stories ultimately requires a highly personal sedimentation of experience: living with the stories and having them shape perceptions of various experiences over time ... Some more recent stories may be "better" to make certain points, but stories take time to become mine ... that process can only occur in each reader's own experience, and experience takes time to sediment.⁴⁾

This metaphor may have its limitations, since sedimentation is basically a passive process, and there are some readers who adopt a much more active and interrogative approach to stories. Nonetheless, the essential point is well taken. Stories often do take time to do their work, and they do so in a different way with each new reader, as they react with that individual's own lived and developing experience. It is often the case that not everything of value in a story is fully understood by a particular reader at once. Some of its hidden truths may only reveal themselves with the passage of time and the accumulation of further experience. A reader therefore needs to lay down stories like wine for future use. Moreover, a story does not do its work by presenting a single, concise, concentrated truth, in the form of an analytical conclusion to be used as the basis for action. Rather, its role is to release a new awareness, to facilitate the growth of a deeper understanding. Indeed, Frank argues, the very act of reading (or 'listening' as he also calls it) to illness stories is in

4) Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, 1995), pp. 24-25.

itself a moral one, for

One of our most difficult duties as human beings is to listen to the voices of those who suffer ... These voices bespeak conditions of embodiment that most of us would rather forget our own vulnerability to. Listening is hard, but it is also a fundamental moral act ... in listening for the other, we listen for ourselves. The moment of witness in the story crystallizes a mutuality of need, when each is *for* the other.⁵⁾

In this view, an involvement with stories of suffering (in this case, illness) is essentially a process of personal development, a vital component of an individual's lifelong moral self-education. All this is very far cry from the business of drawing rational, analytical conclusions couched in terms of general principles which a story may at best be allowed to illustrate, an approach summed up by Professor Murray in the following way.

Defenders of the ethics-as-propositions conception could argue that people are simply too dense to grasp, remember, or learn how to use propositions as such, so we must fall back on stories as heuristic devices. Narratives, on this view, are second-best instruments for representing the content of morality in a vivid, memorable way. But they are not themselves that content.⁶⁾

In the 'ethics-as-propositions conception', then, moral education is conceived of as the task of enlightening the unintelligent, in need of such 'heuristic devices' as are suited to their severe limitations. But this cannot in fact be the main issue, since illness stories clearly have a permanent and enduring value for Arthur Frank, whom defenders of the 'ethics-as-propositions conception' would surely not describe as lacking in intelligence. Nor does it acknowledge that stories have at least as important a place in the realm of lifelong moral self-education as in that of the moral instruction of the young or the allegedly simple-minded.

5) *Ibid.*, 25.

6) Thomas H. Murray, 'What Do We Mean by "Narrative Ethics"?', in Nelson (ed.), *Stories*, pp. 3-17 (quote at p. 7).

Narrative ethics have value at every stage in the unfolding of every life, revealing where and how others have journeyed before, and where and how they are journeying now.

* * * * *

Nonetheless, there are definitely other kinds of limitations to narrative ethics as currently conceived. One such is a certain lack of perspective. In some ways the current excitement, generated by the belief that this approach is essentially a new one, is puzzling, for narrative ethics are in fact far from being of recent origin. Creators of stories have been working 'to point a moral and adorn a tale' for a very long time indeed. One of the classic stories of suffering, the Book of Job, which forms part of the great repository of experience and reflection that is the Old Testament, is still frequently cited in discussions of medical ethics today, though its depths are much less rarely fathomed. A second limitation to the modern (or, more self-consciously, postmodern) conception of narrative ethics lies in its almost exclusive focus on illness. Certainly illness formed an important part of Job's misfortunes, but he was afflicted in other ways too, not least by his 'comforters'. The same essential point can be illustrated from a different tradition, in the form of a short Chinese tale, as venerable as the Book of Job, which also illustrates the uncertainties of existence and the restraint with which it is wise to confront them. It has recently been retold in the following version by Richard Nisbett. There was

... an old farmer whose only horse ran away. Knowing that the horse was the mainstay of his livelihood, his neighbors came to commiserate with him. "Who knows what's bad or good?" said the old man, refusing their sympathy. And indeed, a few days later his horse returned, bringing with it a wild horse. The old man's friends came to congratulate him. Rejecting their congratulations, the old man said, "Who knows what's bad or

good?" And, as it happened, a few days later when the old man's son was attempting to ride the wild horse, he was thrown from it and his leg was broken. The friends came to express their sadness about the son's misfortune. "Who knows what's bad or good?" said the old man. A few weeks passed, and the army came to the village to conscript all the able-bodied men to fight a war against the neighboring province, but the old man's son was not fit to serve and was spared.⁷⁾

This story may seem rather crudely didactic at first sight, but it has its exact 20th century parallel in an incident from the life of a doctor named Anton Walter, as recounted by his second wife, Eugenia Ginzburg. Sentenced to the labour camps by the Stalinist regime for a second time in 1937 and transported to Siberia, Anton Walter found that good and bad luck are indeed very hard to define except in the long term.

In Kolyma, where Walter was sent to serve his second sentence, it was relatively bearable at first. Doctors were in demand, and he was working at his own speciality. But then [in 1939] came the war [against Germany]. In Walter's case it canceled out his qualifications, his service in his profession, and all his personal qualities. The only thing that mattered now was that he was German.

Three years hard labor in the gold mines had shattered his once robust constitution. After burning his cornea he had lost the sight of one eye. The site overseer fractured several of his ribs. Starvation had resulted in chronic dystrophy.

And all this was pure luck, his personal good fortune. For the other German doctors under detention in Kolyma were eliminated just at this time. Some of them were tried first, others informally shot "while attempting to escape" ... Anton Yakovelich had got off lightly, with no more than an additional ten-year sentence.⁸⁾

The severity of the prison camp experience inflicted on so many millions of Russians during the 20th century makes their tales entirely fit to set alongside any of the stories of illness

7) Richard E. Nisbett, *The Geography of Thought* (Free Press, New York, 2004), pp. 12-13.

8) Eugenia Ginzburg, *Within the Whirlwind* (Harvest/HBJ, San Diego, 1982), p. 109.

that are currently included within the scope of narrative ethics. They, too, are tales of misfortune and suffering, but ones in which illness strictly conceived is not always central. It is also the case that conclusions have been drawn more boldly from the experiences of those prisoners than has been the case with illness narratives. A central figure here is Alexander Solzhenitsyn, both as a story teller (in *One Day in the Life of Ivan Denisovich*, among many other tales) and as a writer on ethics (in *The Gulag Archipelago*). Certainly he too has been a listener and observer, and his status as witness and chronicler is vitally important for his country and the world. But the results of the 'sedimentation' of the multitudes of stories he set himself to gather are more radical. In the first place, Solzhenitsyn's process of reflecting on these stories ranges very widely and penetrates very deeply. It allows him to discern and convey in the following passage the central opportunity offered by the experience common to those many millions of his contemporaries who spent so long in the Soviet Gulag.

And the years go by ...

Not in swift staccato, as they joke in camp - "winter-summer, winter-summer" - but a long-drawn-out autumn, an endless winter, an unwilling spring, and only a summer that is short. In the Archipelago ... summer is short.

Even one mere year, whew, how long it lasts! Even in one year how much time there is left for you to think! For 330 days you stomp out to line-up in a drizzling, slushy rain, and in a piercing blizzard, and in a biting and still sub-zero cold. For 330 days you work away at hateful, alien work with your mind unoccupied. For 330 evenings you squinch up, wet, chilled, in the end-of-work line-up, waiting for the convoy to assemble from the distant watchtowers. And then there is the march out. And the march back ...

And that is only one year. And there are ten. There are twenty-five ...

And then, too, when you are lying in the hospital with dystro-

phy - that, too, is a good time - *to think*.

Think! Draw some conclusions from misfortune.⁹⁾

So, having constructed his long, multi-narrative account of the growth of the Soviet prison camp system and detailed the endless variety of suffering it caused, Solzhenitsyn set down to write the meditative section of *The Gulag Archipelago* entitled 'The Soul and Barbed Wire'. As with illness stories, the conclusions to be drawn from the experience of the Gulag have to do with a fundamental change of attitude rather than anything that takes the form of an analytical concept. According to Solzhenitsyn, 'imprisonment begins to transform your former character in an astonishing way', and he goes on to recount that experience and to offer his readers, in the form of a general guide to behaviour, the lessons so gradually and so painfully learned by himself and many others.

Once upon a time you were sharply intolerant. You were constantly in a rush. And you were constantly short of time. And now you have time with interest. You are surfeited with it, with its months and its years, behind you and ahead of you - and a beneficial calming fluid pours through you blood vessels - patience ...

With the years, armor-plated restraint covers your heart and all your skin. You do not hasten to question and you do not hasten to answer. Your tongue has lost its flexible capacity for easy oscillation. Your eyes do not flash with gladness over good tidings nor do they darken with grief.

For you still have to verify whether that's how it is going to be. And you also have to work out - what is gladness and what is grief.

And now the rule of your life is this : Do not rejoice when you have found, do not weep when you have lost.¹⁰⁾

It is no accident that this passage ends in the form of a maxim ; narrative ethics seem often to lead in this direction.

9) A. Solzhenitsyn, *The Gulag Archipelago 2* (Collins, 1975), p. 579. Dystrophy does not seem to be one of the illnesses commonly included within the scope of the contemporary narrative approach to medical ethics.

10) *Ibid.*, 593.

Conclusions derived from suffering are expressed not in the shape of general analytical principles, but are distilled into the concentrated form of aphorisms, maxims, and proverbs, 'the daughters of experience', often to the point where a proverb can be read as the conclusion to an untold tale. This connection is sometimes made explicitly, as in the final lines of Solzhenitsyn's own story, *Matryona's House*, one of the finest recent examples of narrative ethics properly understood. After telling how Matryona came to die and how most of her relatives used even her funeral to pursue their own interests, Solzhenitsyn's tale ends with a proverb that distils the essence of Matryona's whole life story, of her true but hidden meaning for those from whom she had departed.

Misunderstood and rejected by her husband, a stranger to her own family despite her happy, amiable temperament, comical, so foolish that she worked for others for no reward, this woman, who had buried all her six children, had stored up no earthly goods. Nothing but a dirty white goat, a lame cat and a row of fig plants.

None of us who lived close to her perceived that she was that one righteous person without whom, as the saying goes, no city can stand.

Nor the world.¹¹⁾

Life story and proverb are here fused by the skill of a great story teller into an artist's tale that is one of the peaks of narrative ethics.

* * * * *

The current conception of narrative ethics, therefore, needs to be greatly broadened, both in terms of timespan and of the scope of the material which it treats.¹²⁾ This process

11) A. Solzhenitsyn, *Matryona's House and Other Stories* (Penguin, 1973), pp. 46-47.

12) It should in fairness be noted that aphorisms, for instance, have not been entirely neglected by recent narrative ethics. See, for example, Kathryn Montgomery Hunter, 'Aphorisms, Maxims, and Old Saws: Narrative Rationality and the Negotiation of Clinical Choice' in Nelson (ed.), *Stories*, pp. 215-231. However, much of the focus of this piece is on how maxims can contribute to effective clinical diagnosis.

can be advanced by considering the case of Chikuro Hiroike, whose writings illustrate many of the characteristics of narrative ethics outlined above.

The first theme worthy of note is the course of Hiroike's life and the nature of his work in the study of ethics and the creation of moralogy were interwoven completely and in a complex pattern. Although he began to concern himself with issues connected with morality from an early age, his deepest insights were stimulated by crucial events of a very personal nature. Professor Nagayasu has pointed out how important was the part played by sickness in deepening Hiroike's understanding of morality, for 'spiritual insights emerged from each of the successive experiences of serious illness that afflicted him'.¹³⁾ This is particularly true of one of the major turning points in his life, the crisis in his health in 1912, which, as he himself described it, 'was so serious that medical treatment was abandoned, and I had nothing to do but wait for death.'¹⁴⁾ The result of that was to trigger a fundamental change in the direction in which he chose to steer his life, one that he described in the following terms.

When in 1912 I was seriously ill, I reflected upon my self in this way: "I was born poor in a far corner of this country and I have reached my present status. What I am today I owe to God, to the virtue of the sages and to the favour of several senior scholars. If I rise further to higher rank or office and obtain more wealth or honour, it will be too good for me and ill-boding. Fortunate-

But this analysis, while certainly interesting and important, is essentially concerned with the technical reasoning of clinicians rather than with ethics. Only when the attention shifts to the question of how and whether to treat the elderly do genuinely moral questions emerge, and the diagnostic maxims under discussion are of limited relevance here.

13) Y. Nagayasu, 'Hiroike's Experiences and Supreme Morality' in H. Kitagawa, S. Mizuno and P. Luff (eds.) *Searching for a Common Morality in the Global Age* (Lancer Books, in association with the Institute of Moralogy, New Delhi, 2004), 89-94 (quote at p. 89).

14) Quoted in N. Tachiki, 'Chikuro Hiroike's Moral Experiences' in H. Kitagawa et al. (eds.), *Searching*, 95-105 (quote at p. 99).

ly, I am now suffering from this serious illness and hovering between life and death; this must be a warning from God." Accordingly I made up my mind to give up all honours and advantages and devote myself to the enlightenment and salvation of mankind.¹⁵⁾

The word 'fortunately' is interesting in the context of what was said above about the importance of discerning the true nature of good and bad fortune, particularly in the context of illness. Up to this point in his life, Hiroike has pursued academic success as a major goal in itself, and this road had led him from distant Kyushu to Waseda University. The honours that had come his way as a result of his dedication to study seemed to him like good fortune. But now illness, conventionally seen as nothing but bad luck, intervened. Yet Hiroike took its irruption into his life as a revelation of the need for a radical change in his own nature. The decision he took as a result appalled those closest to him, but he persisted in it because he was completely convinced of its vital importance for him and others.

My family, relatives, and friends, all tried to dissuade me. At that time, I declared to them something like as follows:- "After my long years of hard work, I have been honourably received among scholars; but to promote myself further with this scholarship and status is only an expression of egoism. If on the contrary, at this stage, true to the teachings of the sages, I contribute all my present scholarship and status to the enlightenment and salvation of mankind, it may appear foolish at first glance, but there seems to be nothing better for a man to do. This is my conclusion. Please put your trust in my free will." In this way I recovered from my serious illness ...¹⁶⁾

As noted above, the substance of narrative ethics concerns itself with 'a fundamental change of attitude rather than anything that takes the form of an analytical concept', and

15) *Towards Supreme Morality. An Attempt to Establish the New Science of Moralogy* [hereafter *TSM*] (Eng. trans., 3 vols., The Institute of Moralogy, Kashiwa, Japan, 2002), III, 300-301.

16) *Op. cit.*, III, 301.

Hiroike's own experience is a very good example of this essential point. What Hiroike saw in late 1912 was the reality that any further attempts at self-advancement through scholarship would be 'only an expression of egoism'. Illness alone had proved capable of teaching him this essential truth about himself, and he was grateful for this 'warning from God'. The conclusion that he drew was that he must turn away from the quest for personal success and instead give himself to the service of others, and in doing so he came to see the true point of the story of his life. Now, all of this was achieved not by any process of reasoning derived from a set of abstract, universal principles, but represented instead a conclusion revealed to him by the experience of deep physical suffering. Even more than that, in his own eyes such a conclusion was vital to his physical recovery, limited in nature though this was.

The most important fruits born of this fundamental change in orientation were the creation of moralogy and the writing of a lengthy exposition of its tenets, *Towards Supreme Morality*, also known as *A Treatise on Moral Science*. This work is a many-sided approach to the study of morality, but the passages cited above are good examples of those elements in it that clearly take the form of narrative ethics. A significant portion of the work involves Hiroike telling the story of his own life, with particular emphasis on the episodes of pain that it contained and of how he responded to these. That pain was not only physical, although he certainly had intimate acquaintance with ill health for much of his life after 1912. Another very important turning point in his life occurred in 1915, at which time Hiroike was educational adviser and principal of the Tenri Junior High School. On the death of the First Superintendent of Tenrikyo, Shinjiro Nakayama, a memorial lecture meeting for him was held at which, as

Professor Tachiki has described, 'Hiroike gave a memorial address. In the course of his address, Hiroike outlined a plan of advice connected with his attempt to introduce certain reforms into Tenrikyo. As a result he was forced to resign from the sect, and lost everything.'¹⁷⁾ Hiroike's own account of this incident leaves us in no doubt about the sense of loss he felt at the time. He was, he writes, 'in those days, out of money, out of books, lacking even one acquaintance or friend, with one enfeebled body of my own under nervous prostration and a slight fever every day', completely isolated because 'even my own family were disaffected towards me, not to mention my seniors, friends and relatives.'¹⁸⁾ Once again, though, this apparent misfortune (the loss of status, money and the like) proved just the reverse over time, since it left Hiroike completely free to pursue his life's work in creating moralogy.

Hiroike's account of his trials in 1912 and 1915 highlight one very important element of narrative ethics which has not so far received much attention. In order to tell accomplish his change of life direction, without which there could be no story worth the telling, Hiroike had to undergo a process of self-examination. As both Professors Nagayasu and Tachiki have made clear, this practice had been part and parcel of Hiroike's approach to ethics from an early date. Thus, as Hiroike himself recalled,

In 1896 ... I was engaged in compiling a work connected with the shrines of Ise. For no other reason than my dissatisfaction with those who were in charge of this undertaking, I planned to seek other work. This scheme, however, turned out to be a failure, thus convincing me of my folly in entertaining the idea of leaving the noble task in connection with those Sacred Shrines. I then carried out a severe self-examination and repented sincerely

17) Tachiki, 'Chikuro Hiroike's Moral Experiences', p. 101.

18) *TSM*, III, 424.

before my own household shrine dedicated to Amaterasu Omikami ... This moment marked the turning point in my life, and showed me the way to success.¹⁹⁾

Despite the success that this brought, however, Hiroike was not satisfied with the nature of his self-examination at that time, since 'it was merely motivated by the spirit of intellectual morality, which is no more than the instinct of self-preservation'.²⁰⁾ In 1896, too, he was still motivated by ambition as a scholar. The key difference between the self-examination of 1896 and those of 1912 and 1915, then, is that the first of these was not triggered by genuine suffering, whereas the second and third were. In 1896, Hiroike experienced merely 'dissatisfaction' in connection with his scholarly work. In 1912 he was at the borders of death, and in 1915 completely cut off from those around him, which meant that his self-examination was of an entirely different quality. The outcomes, too, were very different. In 1896 he opened up 'the way to success', but it was for himself alone. In 1912 and again in 1915 he began to look for ways to turn his scholarly and other talents to the 'the enlightenment and salvation of mankind'. His account of what happened in 1896 is narrative; that of what happened in 1912 and 1915 is narrative ethics.

A final theme worth attending is the close connection noted above between narrative ethics and the world of proverbs and maxims. The role of the latter in encapsulating principles based on life experience is also clearly illustrated in Hiroike's thinking. The final section of his major work is entitled 'A Synopsis of Supreme Morality' and consists of more than 100 maxims that Hiroike described as the 'fundamental principles for the practice of Supreme Morality'.²¹⁾

19) Quoted in Tachiki, 'Chikuro Hiroike's Moral Experiences', p. 96.

20) *Ibid.*

21) *TSM*, III, 507-568.

Two of these are of particular relevance to narrative ethics. The first, 'Every incident, great or small, is a warning to be attended to'²²⁾, highlights the importance of interpreting one's living experience as a story with a meaning that must be attended to constantly if it is to be properly understood. Hiroike himself, as we have seen, regarded his illness of 1912 as a 'warning from God' and through giving it his fullest attention he began to discern the new path on which he had to set out. The second of these two maxims, 'Never despair, even in agony'²³⁾, follows logically from this, since despair is an act of inattention, a denial that the future contains multiple possibilities and a refusal to engage in the search for clues to the future. Any warning contained in the present, therefore, will be ignored. To the extent that Hiroike's 1912 illness was an agony, and his 1915 isolation the same, these maxims were born of and later authenticated by personal experience. Together, they constitute a working definition of narrative ethics.²⁴⁾

22) *Ibid.*, 529.

23) *Ibid.*, 541.

24) Also well worth attending to is, 'Be neither proud in prosperity, nor sad in misfortune' (*ibid.*, 550), cf. 'Do not rejoice when you have found, do not weep when you have lost' quoted above.