

Depression's Threat to Self-Governance¹

Abstract: Much of the literature on impairment to self-governance focuses on cases in which a person either lacks the ability to protect herself from errant urges or cases in which a person lacks the capacity to initiate self-reflective agential processes. This has led to frameworks for thinking about self-governance designed with only the possibility of these sorts of impairments in mind. I challenge this orthodoxy using the case of melancholic depression to show that there is a third way that self-governance can be undermined: an agent may fail to form the desire she most wants to act on.

Key Words: Self-Governance, Depression, Agency, Autonomy, Volitional Impairment

1. Introduction

An estimated 5% of people worldwide suffer from some form of clinical depression.² Strikingly, it has been radically under-theorized by philosophers working on self-governance.³ The effects of the condition on the functioning of self-governance are well known to those who have suffered, making clinical depression arguably the most common cause of volitional disability. Yet little effort has been put towards understanding how we can accommodate the potential for the kind of agential threat that clinical depression poses on our best theories of self-governance. Much of the literature on impairment to self-governing agency focuses on cases in which a person either lacks the ability to protect herself from errant urges or lacks the capacity to initiate crucial self-reflective agential processes. This has naturally led to frameworks for thinking about self-governance that are designed with only the possibility of these sorts of impairments in mind. Clinical depression, however, seems to impli-

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² Iliades [2013].

³ Exceptions include Calhoun [2008], Radoilska [2013], and Shoemaker [2015].

cate a different sort of impairment to agency: an inability to be moved to action by what one "really wants" to do.

In this paper I start by sketching an explanation of the phenomenology of the volitional impairment caused by one type of clinical depression, and then show how it sets important desiderata on how we should explain its impairment to self-governance. Using these desiderata, I argue that the best way to account for the way in which this kind of depression impairs agency will involve modifying our best theories of self-governance since the impairment is different in kind from more familiar sorts of impairments. I propose an explanation in terms of the volitional gaps between what the agent wants to be moved to do and what she is actually motivated to do. I then consider and respond to three objections to the view: that we instead ought to account for the impairment in a more familiar way that requires less reimagining of extant models of agency, that the volitional gaps I identify are conceptually incoherent, and that in accounting for depression the view overextends the description of impairment to cases in which it seems intuitively like there is none. I conclude by illustrating, on different theories of agency, the extent of the challenge that depression poses for accounting for the impairment to self-governance.

2. The Phenomenon in Question

A notable exception to the lack of discussion of clinical depression in the literature on agency is Cheshire Calhoun's paper "Losing Oneself."⁴ Calhoun spotlights a set of cases in which depression manifests itself as estrangement from one's own normative outlook. She provides the example of Laura Brown, a character suffering from depression in Michael Cunningham's novel, *The Hours*. Laura Brown is a woman whose identity revolves around being a good mother, wife, and homemaker, but who has come to value these things in only a detached "bloodless, intellectual" way. While "from the outside," so to speak, she lives an idyllic suburban life, her heart just isn't in it and she longs for her lost possibilities. This dissatisfaction ultimately drives her to attempt suicide, and finally, to abandon her family and move to Canada.

On Calhoun's interpretation, Laura's depression stems from her ceasing to truly care about the values around which she has built her life and built her identity.⁵ While Calhoun's discussion of the case is rich and interesting, her case involves features that are often not present in certain kinds of depression, kinds of depression that are in some way even *more* insidious to the functioning of agency.

⁴ Calhoun [2008].

⁵ For example, she writes, "The incapacity has to do with there being something missing from the way in which one holds the normative outlook" (pp. 200).

Suppose that following her suicide attempt, Laura builds a new life for herself in Canada. She enjoys her newfound sense of liberation from domestic life, takes up a job at the local library where she spends much of her time reading and discussing literature with her colleagues, and starts exploring her sexuality in earnest. For the first time in her life she feels she truly understands what it is like to have a fulfilling existence, as she now spends her time doing exactly the things she most cares about doing. After several blissful years, however, Laura starts to find herself falling into a state in which she finds it hard to get through just a page of her favorite book, difficult to keep in contact with even her most beloved friends, and ultimately seemingly impossible just to get out of bed and go to work. She still genuinely loves the life she has built for herself in Canada, cares about reading great literature, keeping great company, and performing her job as a librarian but, despite herself, is rendered inert by her depressive episode.

Laura's episode, as I have described it, is consistent with what the DSM V calls depression with melancholic features, also known as melancholic depression.⁶ Clinical depression is a rather heterogeneous disorder, and it comes in a number of fairly distinct subtypes. Melancholic depression is a particularly severe form of depression characterized by symptoms like waking up in a bad mood, a loss of appetite, a lack of excitement at good news, and a slowing of psychological and physical activity. It is thought to be caused primarily by biological factors, and compared to other types of depression, it is resistant to being helped by talk therapy.⁷ Melancholic Laura's depressive episode, it would seem, presents us with perhaps an even more chilling fact about agency than the episode Calhoun focuses on: even that with which we most wholeheartedly identify can sometimes simply fail to be able to move us to action. It is *this* threat to self-governance that will be the focus of my investigation in the rest of this article.

3. Desiderata for an Explanation of How Depression Impairs Self-Governance

Our understanding of Melancholic Laura sets three important constraints on what a good explanation of melancholic depression's impairment to agency should look like. The explanation will have to be sensitive to the following desiderata:

⁶ While the DSM (Diagnostic and Statistical Manual) V, taken by mental health practitioners in the United States to be the most up-to-date authority on psychiatric disorders, classifies depression with melancholic features as a subtype of depression, some believe melancholia should be classified as a distinct syndrome. See Parker et. al [2010] for discussion.

⁷ Parker et. al [2010].

1. The kind of agency that is impaired is the kind of agency that allows you to be motivated by what you “really want” to do or most care about doing, where caring is not identical to valuing or judging best.
2. The impairment at least appears to cause an utter lack of motivation in those suffering.
3. The impaired agent is distressed by her own impairment, and this seems somehow to be intimately connected to the phenomenon itself.

The first desideratum requires some explanation. In the case of Melancholic Laura, unlike the case of Calhoun’s Laura, it is not merely that she judges it best to go to work, but isn’t able to get motivated to do what she thinks she *ought* to do.⁸ She might simply not have judged in one way or another what she thinks she ought to do and yet her depression prevents her from being motivated to go to her job that she cares about going to. Or it might be that while she can’t get motivated to get out of bed and go to work, what she thinks she *ought* to do is not to go to her job at the library but to move back to the US to tend to her husband and family as she has thought ever since moving to Canada. While there may be cognitive friction between the fact that she thinks she should move back to the US and the fact that she is lying in bed, it is not *this* friction that seems to threaten her autonomy, but instead the rift between *caring* about going to work and, instead, lying in bed. The impairment, it seems, is not due to a misalignment between the evaluative and the conative, but rather a rift *within* her conative system.

4. An Account of How Melancholic Depression Impairs Self-Governance

⁸ Depression, however, might *also* be used to generate clear counterexample cases to the view that there is a necessary connection between moral judgments and motivation. For example, Michael Stocker argues that people with depression can often make moral judgments, see them as reasons to act, and yet fail to be motivated to act, since “one’s lessened desire need not signal, much less be the product of, the fact that, or one’s belief that there is less good to be obtained or produced, as in the case of a universal *Weltschmerz*.” “Indeed,” he writes, “a frequent added defect of being in such ‘depressions’ is that one sees all the good to be won or saved and one lacks the will, interest, desire, or strength,” Stocker [1979], 744. While I find this line of argumentation persuasive, I think it ought to be distinguished from the conversation at hand since, as I argue, it cannot explain the nature of Melancholic Laura’s agential impairment. For more on clinical depression’s challenge to Motivational Judgment Internalism, see also Mele [1996], Roberts [2001], Cholbi [2011], and Swartzler [2015].

From one vantage point, it is puzzling how it makes sense to say that what happens to Melancholic Laura is an impairment of self-governance at all. It's not that she isn't able to do what she desires to do, it's just that she has no desires to get up and go to work anymore. It's clear that she has no desires to do so, because if she did, there would be nothing stopping her. Melancholic depression has changed her personality, it might seem, so that the facts about what she wants to do are no longer the same as they used to be, but this falls short of an impairment of self-governance.

This picture must be leaving something out, though, since it seems that Laura's self-governance *is* impaired. The key to this puzzle is noticing that people are not usually just pulled about aimlessly by the tides of their first-order desires and whims. People have the capacity to be reflective and to have further stakes in their motivations; they have opinions about what they want for themselves and about what they want for themselves to be motivated to do. By merely looking at a person's ability to act on the first-order desires and whims that dispose her to act in one way or another, we leave out an important part of the story.

Melancholic Laura's intra-conative rift is best illuminated by noticing that while Laura has ideas about what she 'really' most wants for herself to do, which are directed inwardly, she seems to lack the corresponding motivational states aimed directly towards affecting the world. This, I believe, is an underappreciated way in which a person's will can be thwarted—not by being overpowered by external forces, but by being underpowered. An agent experiences what I'll call a *volitional gap* iff she wants most or cares most about acting on a desire to ϕ while she simultaneously lacks any first-order desire to ϕ . I'll refer to the view I'll defend, the view that the correct explanation of how melancholic depression impairs the will is by causing these volitional gaps, as the Volitional Gap Model (VGM).⁹ For example, according

⁹ Notice that my discussion is limited to identifying a particular kind of impairment of the will caused by melancholic depression, and I do not aim to give an account of depression. One might worry that a consequence of the VGM is that someone who has no second-order desires about which desires she wants to act on cannot have clinical depression, or relatedly, that a way for a person to cure herself of clinical depression is to become a wanton, where a wanton is someone who either does not have the capacity for self-reflective formation of second-order desires and volitions, or does have the capacity but never exercises it. Very young children and perhaps certain cognitively advanced animals do not exercise complex volitional capacities yet it seems at least possible that they can suffer from clinical depression. All this seems right. However, I am only committed to saying that wantons are not subject to the same disability of the will that results from melancholic depression as non-wantons are who have their settled second-order volitions hindered, since wantons already lack such autonomy. This does not seem like a counterintuitive result, as there is more to having depression than being agentially compromised in such a way. Similarly, becoming a wanton is only a way for a person to cure herself of anything in the sense that if she could relinquish being an

to the VGM, Laura's impairment lies in the fact that she most wants to or cares most about being moved by a desire to get out of bed and go to work (she has, essentially, a second-order volition), while she simultaneously lacks any first-order desire to get up and go.

One virtue of the VGM is that it aligns with the phenomenology of the impairment that is described by people suffering from depression. People with melancholic depression quite frequently express frustration and upset over the fact that they are not able to be their full or best selves. They care about their projects and commitments deeply because they still identify with the things they most want to do, but find themselves unable to find the motivation to engage in those pursuits. In the introduction to a popular self-help book called *Get it Done When You're Depressed*, the authors describe this familiar aspect of the condition:

There's a big difference between the great feeling of motivation that comes when you want to do a project and the lack of motivation you feel when you wake up feeling down with low energy. It's natural that when you *feel* motivated, you can get things done more easily and feel a sense of accomplishment while you work. When you're depressed you often lack motivation, so as much as you might want to feel the desire to work, it simply isn't there.¹⁰

This passage suggests that what makes clinical depression feel like a disability of the will is that it involves a rift between the person's priorities for herself, that is, the ends to which she wants to feel motivated to aim towards; and the economy of her first-order desires. Whereas the person with melancholic depression *wants* to feel the desire to engage in her projects, after all, that's why she bothers reading a book like *Get it Done When You're Depressed*, she finds that she lacks the first-order desires to work on her projects. "Trust me," we can imagine her saying, "I really wanted to do the dishes tonight, but for some reason I just couldn't get myself motivated." While the phenomenology of agential impairment should certainly not be taken as an infallible guide to understanding the nature of impairment, the fact that the explanation so closely mirrors the first-personal perspective of the lived experience of people with the condition provides some defeasible evidence in favor of the view.

The VGM also clearly fits the three identified desiderata for an explanation of how depression impairs self-governance.

agent, she could relieve herself of the troubles of being an agent. Just like the addict, anyone who suffered from any condition that hindered their agency would be able to circumvent that particular problem in a fairly trivial way by relinquishing their agency altogether.

¹⁰ Fast and Preston [2008], 1.

1. The kind of agency that is impaired is the kind of agency that allows you to be motivated by what you “really want” to do or most care about doing, where caring is not identical to valuing or judging best.

According to the VGM, what’s impaired is the agent’s ability to move from what she most cares about doing or what she wants to want to be doing, to actually being motivated to do it. This is non-identical to being unable to do what one judges best to do. Here I take a cue from Harry Frankfurt, who locates what is essential to self-governing agents “not...[in] a capacity to measure the value of their desires or to assess the desirability of their impulses,” but rather, in “a capacity to identify themselves with (or to refrain from identifying themselves with) their tendencies to be moved in one way or another.”¹¹ Melancholic Laura’s failure to go to work despite her higher-order *identification* with the possible course of action in which she goes to work seems to be the key to understanding her impairment.

2. The impairment at least appears to cause an utter lack of motivation in those suffering.

According to the VGM it makes sense that the person with melancholic depression would have an utter lack of motivation. She is missing the first-order desires that ordinarily would be associated with her higher-order volitions.

3. The impaired agent is distressed by her own impairment, and this seems somehow to be intimately connected to the phenomenon itself.

The VGM is able to explain this impairment by showing how the agent will be experiencing desire frustrations. She wants to act on a desire to ϕ , but this desire will not be able to be satisfied since she has no desire to ϕ to act on. The distress is not a secondary effect of the impairment, but rather, explained by the central phenomenon of having agentially important desires be frustrated.

Furthermore, the VGM is able to offer unique resources for explaining the sense of personal autonomy that is at stake in discussions of paternalism. In particular, it might be used to help explain why suicides undertaken by people with depression are often not the results of autonomous decisions of a robust sort.¹² If we assume that

¹¹ Frankfurt [2002], 160.

¹² This may only be useful if one is optimistic about the prospects of a unified account of “autonomy” across domains; it is an open question whether “autonomous agency” as its used in the literature about self-governance is the same kind of autonomy that features in these sorts

actions undertaken autonomously are those that are motivated by first-order desires that align with higher-order conative states, and that when a person is clinically depressed, she is frequently not motivated in this way, we might reasonably assume that the actions to which she *is* motivated are non-autonomous. People with depression who are at special risk of suicide are often in an impulsive state, and it makes sense that a person might be more easily swayed by a passing impulse to take her own life when it's not competing with the first-order desires that would normally be present that are in line with what she cares about at a deeper level. The VGM could perhaps help give an autonomy-based explanation as to why intervention is often justified in such cases, while avoiding the implausible view that simply having depression makes a person unable to ever act autonomously.¹³

5. Objections

5.1 Couldn't we explain the impairment of agency in a more familiar way?

Adopting the VGM requires rethinking the very way our models of agency are structured. Before adopting such a modification, it is reasonable to wonder whether we might instead be able to assimilate our understanding of the impairment that melancholic depression poses to self-governance into one of the kinds of impairments more readily acknowledged in the literature.

The most discussed form of impairment is a kind of overpowering defeat by rogue first-order desires. Consider the case of the wholly unwilling heroin addict who is moved to take heroin despite herself and her identification with a different course of action. In this kind of impairment, an agent's ability to self-govern is threatened since some other first-order desire she has causes her to act instead of the desire with which her higher-order care is aligned. Such desires can be seen as outlaws since they occur outside the bounds of the agential standpoint she is identified with and act to overpower it by moving her to act in ways that conflict with her more deeply held priorities.

The other way an agent's ability to self-govern is standardly thought to be able to be undermined is by her coming to lack the abilities to even form higher order volitions or cares, instead being wantonly moved by whatever first-order desires come upon her, irrespective of what she would endorse. While the first kind of impairment directly impairs her self-governing process, this kind of impairment is an impairment to her ability to self-govern; her self-governance is, strictly speaking, absent.

of discussions. For an example of such optimism, see Killmister [2018]. Arpaly [2004] takes a more pessimistic view of the prospects.

¹³ For an alternate take on this, see Radoilska [2013].

I will take each in turn, and argue that neither can provide the correct explanation for how and why melancholic depression threatens self-governance. Neither can simultaneously satisfy the second and third desiderata: that depression's impairment involves a seeming lack of motivation altogether and that the impairment is almost inherently distressing.

5.1.1 Overpowered Agency

First, I'll consider the explanation that depression threatens the will by causing the agent to act on an overpowering first-order desire, just as agency might be understood to be threatened in the case of other volitional disabilities like addiction and compulsion.

So, what's the problem? As Calhoun points out, the phenomenology of depression just does not bear out the story that the impairment involves being overpowered by some surge of motivation. According to Calhoun, depression does not fit on a model in which we conceptualize threats to agency narrowly as *defeats* of agency due to lack of self-control, without acknowledging that it is equally possible in reality for agency to be *depleted*. As she puts it,

...if the aim is to identify internal threats to agency, there is some oddity in focusing so narrowly on the defeat of self-control by alienated impulses. Everyday experiences of impaired agency are not limited to finding oneself doing what one has no (sufficient) reason to do. Equally familiar—perhaps especially to women, who suffer from depression at twice the rate that men do—are experiences of being unable to get oneself to act on one's own deliberative conclusions...¹⁴

But perhaps this is too fast. It is possible that we sometimes experience the economy of our own desires as being other than it in fact is, so it is still at least possible that depression in reality does defeat agency via an overpowering urge. The desideratum that we must respect is just that it does not *seem* to the agent that she is being moti-

¹⁴ Calhoun, [1987], 195-6. Michael Bratman and David Velleman criticize a different element of Frankfurt's 1992 view on somewhat related grounds. (See Bratman [1996], 7, Bratman [2000], 49, and Velleman [2000]). In 1992, Frankfurt suggested that a way to avoid the infinite regress problem with his account—that his view of agency requires appealing to ever ascending hierarchies of desires—would be to require satisfaction with one's higher-order desire, and he understood "satisfaction" as having no desire to change it. Bratman and Velleman argue that a person can lack the desire to change her will if she is depressed, though this will fall short of identification.

vated by some overpowering rogue first-order desire. It is possible, in theory, that agents are just widely mistaken.

Now there is some strangeness in thinking that depression involves an overpowering urge, since according to the DSM V, severe depressive episodes are marked by symptomatic behavior like missing school or work, withdrawing from social interaction, and discontinuation of extracurricular activities.¹⁵ It is characteristic of the person suffering from severe melancholic depression that she feels unable to go on, to take a shower, to leave the house, or even to get out of bed; this seems like a lack of motivation rather than an overabundance of it.

Nevertheless, a proponent of this explanation could argue that we should understand this as a case in which a strong countervailing motivational pull overpowers the bits of a person's psychology that she identifies with: in this case, a strong first-order desire to do not much of anything. This strong desire might threaten self-governance by conflicting with just about all of the depressed person's higher-order volitions and cares, since they would involve pursuits that would require her to get out of bed and do things. So we could describe Melancholic Laura as having a second-order volition to go to work, since she has a desire to go to work and it is the one she most wants to act on, but also as having an even stronger desire to do nothing, which is strong enough to overpower her standpoint.

This view faces two problems. First, the difference between compulsion and weakness of will is arguably a matter of degree, whether differentiated by the degree of one's ability for self-control, the degree to which the agent lacks identification with the course of action, or the extent to which failure to resist in the particular circumstance is outside normal expectations. This view places Melancholic Laura on a spectrum with Lazy Laura, who likes to go to work, and tries to get herself to act on her desire to go to work since she decides it's what she wants for herself to do, but sometimes doesn't go because she is enticed by the fact that she just plain likes doing nothing more. The difference between Lazy Laura and Melancholic Laura does not seem to be a matter of degree, though; it's not that she's become helpless in the face of enticement to that lazy kind of urge to stay put. The two impairments seem to differ in *kind*.

While one of the most significant features of a person having a desire to ϕ is that it makes it more likely that the person will ϕ , desires usually consist of several relatively integrated aspects. While it is widely debated which, if any, other features may be necessary or sufficient for desire, the fact that many of these other features are oftentimes present ought to be relatively uncontroversial. Among these other features are: the fact that the desired end will seem good at least in a way to the desirer, the fact that she will be inclined to focus her attention toward the desired end,

¹⁵ American Psychiatric Association, [2013].

and the fact that she will take pleasure in achieving the end. Upon reflection, Melancholic Laura does not seem to have a mental state directed at doing nothing that has any of these features. This is striking, given that on this view she is meant to have a desire to do nothing so strong that it overpowers all of her second-order volitions.

First, Laura clearly doesn't seem to think that lying in bed and missing work is a good thing to do. In fact, it would be more likely that she would feel guilty for her behavior and feel like she is letting her boss and coworkers down. It is this feature of depression that has led many to explore the aforementioned mismatch between evaluative judgment and action that appears to take place during depressive episodes. Laura need not think doing nothing would be the all-things-considered best thing to do, and perhaps she might not even take herself to have *pro tanto* reasons to miss work to do nothing.

Now, it might be argued that this is a symptom of the fact that Laura is alienated from this desire. She has the desire, but her alienation from it arises precisely because it lacks this standard feature of desire.¹⁶ But Laura's situation also lacks features of a desire to do nothing that we would expect to see given the presence of even an alien compulsive desire.

For instance, desire is thought to be intimately related to attention. But it does not seem right to say that Laura is disposed to have her attention focused on reasons in favor of doing nothing or even drawn merely towards seeing doing nothing in some sort of favorable light. Insofar as desire has effects on or is partially constituted by patterns of attention, the ends of desire must be attended to in a positive light.¹⁷ But it seems that if Laura is attending at all to the thought of doing nothing, it seems it would only be in a negative light.

Finally, and most strikingly, Laura takes no pleasure in lying in bed doing nothing. A crucial indicator of melancholic depression is anhedonia, or an inability to feel pleasure in response to formerly rewarding stimuli.¹⁸ This makes it much more viable to suppose that people with melancholic depression lack desires rather than that they retain them in addition to acquiring new overwhelming standing desires to do nothing. To ascribe an overpowering desire to do nothing to Laura would be at best *ad hoc*. And so it seems clear that we will need to be sensitive to the fact that the per-

¹⁶ Thanks to an anonymous referee at *Social Theory and Practice* for posing this objection.

¹⁷ See Schroeder [2004], Arpaly and Schroeder [2013], Sinhababu [2009], and Sinhababu [2017].

¹⁸ See, for example, Keedwell et. al [2005], "The Neural Correlates of Anhedonia in Major Depressive Disorder."

son with depression suffers not from having a particularly strong motivational pull, but from some lack of motivational states.¹⁹

5.1.2 Loss of Higher-Order States

Now, I'll consider the explanation that depression's impairment to agency is best understood as a loss in the ability to form second-order volitions. On this picture, Melancholic Laura ceases to self-govern since she comes to find that depression has diminished her ability to take an interest in which of her motivations come to move her. Her depression undermines her agency only in the sense that it makes her stop caring about the process of constituting herself as an agent, and so causes her to fail to engage in the crucial process of self-reflective agency.

But notice that on this account, the person with depression is identical to what Frankfurt calls a "wanton." A wanton, in Frankfurt's sense, is someone who lacks second-order volitions and so fails to even truly be a person because she does not care about her will.²⁰ The wanton just pursues whatever course of action she happens to be most strongly inclined to pursue, and fails to take any stand whatsoever on what is to motivate her. According to Frankfurt, the class of wantons includes both very young children and all nonhuman animals that have desires. Adult human beings may also act more or less wantonly over time, as in the case of the wanton addict. Unlike the unwilling addict, who does not want to be under the sway of her first-order desire to take drugs, the wanton addict is someone who pays no mind to which of her first-order desires becomes her will. In the case in which she has both a first-order desire to take drugs and a first-order desire not to take drugs, she does not care which desire wins out, either out of a lack of capacity for self-reflection or out of "mindless indifference to the enterprise of evaluating [her] own desires and motives."²¹

If clinical depression affects the will by causing overall wantonness, there would be nothing to distinguish the way we should understand the agency of the person with depression from how we should understand and treat the agency of babies, animals, and people who lack the capacity or concern for self-reflective evaluation.

¹⁹ Notice that this argument also applies to non-hierarchical views on which the volitional impairment of melancholic depression is conceived of as compulsion or weakness of will. For example, consider the view on which the impairment involves judging it best to ϕ but being weak-willed in the face of a desire to do nothing. Here again, it is implausible that Lazy Laura and Melancholic Laura are only differentiated by degree of impairment, and there is little evidence beyond the fact of her failing to get out of bed that Melancholic Laura actually has an overpowering desire to do nothing.

²⁰ Frankfurt [1971], 16.

²¹ Frankfurt [1971], 19.

Even if the wantonness was distinguished from more global forms of wantonness, the analogy seems strained. Melancholic Laura's impairment just does not seem to involve having developed an animal-like or child-like lack of concern for self-reflective evaluation with respect to any subset of her motivations.

This by itself is fairly implausible, but it also leads to a failure to respect our third desideratum: that our explanation should be able to account for the fact that depression is distressing for the person experiencing it. In fact, the typical person with depression seems to exhibit just the opposite tendencies of the wanton. Recent studies suggest that depressive episodes are actually more common in people with excessive self-preoccupation, and such episodes can worsen due to self-preoccupation.²² Far from being the carefree person who has stopped caring about what she really thinks she should be doing, the person with clinical depression often finds herself obsessively worrying about how what she would like herself to be doing compares to what she finds herself capable of doing. If depression merely made a person revert to a childlike state in which she acted on whichever impulse happened to move her, in at least some domains, then we might judge her life to be lacking something, from an external perspective. However, she would not be able to see herself as lacking anything of great importance to her since she would have stopped caring about the project of being an agent in regards to that set of motivations. We see something lacking in the agency of a dog, but the dog sees nothing lacking. Falling into a clinical depression, though, is nothing like adopting such a lack of concern and a lack of interest in one's own motivation.

I anticipate that some people will protest that there are some tragic cases of depression in which the agent really does come to have a sense of apathy about her course of action and is not distressed by having depression, but rather, entirely resigned. My response here is twofold. First, it's worth saying that the majority of cases do not fit this description. So we should resist describing the very nature of depression's impairment to the will in such a way. Second, while I think this phenomenon fails to accurately portray or explain the crux of what is agency-impairing about depression, the VGM can actually illuminate a potential *reason* for this phenomenon, and thus offers deeper explanatory resources. Given the VGM, we have the resources to say that it is not that a person with depression suddenly ceases to care about any of her second-order volitions at the onset of the condition, but rather this may very well be a gradual process that happens in *response* to the agency-impairment of melancholic depression. Giving up on second-order volitions can be explained by the fact that though the person at first retains her ability to form second-order volitions, they are unable to motivate her when she does, and so the process of developing the states over time comes to seem altogether futile. As a conse-

²² Sakamodo [1999]; Sakamodo et. al [2002].

quence, such a person eventually resigns due to the futility of her agential project. Since this explanation is mindful of the painful psychological turmoil that underlies the relinquishing of the will instead of describing it as indistinguishable from becoming suddenly carefree, there is reason to prefer it.

5.2 Is such a volitional gap even conceptually possible?

According to the VGM, melancholic depression threatens self-governance by causing volitional gaps, making it the case that the desire that an agent most wants or cares about acting on is absent from her psychology. But, one might wonder whether or not it even makes conceptual sense to say that a person wants to want to ϕ without wanting to ϕ , since one might think the latter is actually entailed by the former. Harry Frankfurt, for example, is wedded to a picture on which self-governance is not about bringing new motivations into existence, but rather, about being able to prioritize preexisting motivations. Regarding the presumed entailment, he writes the following:

Now when the statement that *A* wants to want to *X* is used in this way [to indicate a second-order volition], it does entail that *A* **already** has a desire to *X*. It could not be true both that *A* wants the desire to *X* to move him into action and that he does not want to *X*. It is only if he does want to *X* that he can coherently want the desire to *X* not merely to be one of his desires but, more decisively, to be his will.²³

This remark is curious because Frankfurt makes it seem as though there is reason to think that having a second-order volition without a corresponding first-order desire is not just something outside the field of our interest, but rather something actually incoherent.²⁴

If we understand a second-order volition to act on a desire to ϕ as a mere desire to (now) act on a desire to ϕ ,²⁵ is there any reason to worry that having a second-

²³ Frankfurt [1971], 16.

²⁴ Note that the incoherence cannot consist in his being wedded to a picture in which what makes something second-order is just that it is about a state you already possess, since Frankfurt gives a case in which someone has a second-order *desire* to have a particular desire without yet having the desire. In this case a physician wants to be able to better empathize with his heroin-addicted patients by experiencing a strong addictive desire to take heroin, without actually acting on it. So it seems that there must be something special about the fact that it is a second-order *volition* that tempts Frankfurt into thinking such an entailment holds.

²⁵ We might, instead, conceive of a second-order volition as being the kind of state that essentially provides first-order motivation. On one reading, the incoherence is straightforward: it consists in the fact that second-order volitions essentially involve some motivational efficacy

order volition without its corresponding occurrent first-order desire is incoherent? One worry we might have is that one of the success conditions for an agent's second-order volition to act on a desire to ϕ is that the agent actually ϕ s. If that is the case, it is tempting to conclude that the agent must have some desire to ϕ after all. However, this line of thought is mistaken; these facts about success conditions on desire are not sufficient to infer the existence of desires with independent existences in the economy of desires.

Consider the following analogy: in order for my desire to drink a cup of coffee to be satisfied, it must be the case that I drink a cup of liquid. So, given that I have a desire to drink a cup of coffee, it is right to say that I want to drink a cup of liquid. But this does not mean that I have a desire to drink a cup of liquid that has motivational pull independently of my desire to drink a cup of coffee. One way we can see this is via the incoherence of asking how the two desires weigh up against each other. In terms of the economy of my desires, my 'desire' to drink a cup of liquid is nothing over and above my desire to drink a cup of coffee; they are not two different desires that feature in my motivational make-up. Just as it is a mistake to think that I have a first-order desire to drink a cup of liquid that ought to be counted as part of the economy of my desires in any robust sense, it is a mistake to say that just because I have a second-order volition to be moved to action by a certain desire to ϕ that I must have a first-order desire to ϕ that features in the economy of my desires.

The lesson here is that I think, *contra* Frankfurt, if you are a proponent of a second-order volition view of self-governance, you should be free to think of second-order volitions as not necessarily endorsements, but rather, as desires to be effective-

such that not being motivated at least to some degree by a desire to ϕ when one has a second-order volition to be moved by a desire to ϕ would be impossible. It is these sorts of second-order volitions that are required for full-fledged self-governing action, on this reading. Given this picture, it would be open to Frankfurt to say that Melancholic Laura's disability of the will consists in being unable to move from a second-order desire to have a desire to go to work to a full-fledged second-order volition to act on a desire to go to work and thus being unable to get herself to act on her first-order desire to go to work. This picture seems to, despite initial appearances, be basically compatible with the VGM since it preserves the idea that the melancholic agent cares about acting in a certain way but is unable to get herself to be sufficiently motivated to act in that way. This is a curious reading of Frankfurt, however, since his 1971 account is generally taken to be an attempt to give a *reductive* account of agency in terms of desires, and this is at odds with the idea that second-order volitions require more than mere desires to act on first-order desires. Although, see Cuypers [1998] for the view that Frankfurt's discussion of the will is equivocal between a Hobbesian appetitive and an active will, which may help explain why it sometimes seems like Frankfurt talks about second-order volitions this way despite his stated reductive aims elsewhere.

ly moved to certain actions. The VGM's explanation of melancholic depression's threat to the will seems to provide a clear counterexample to the idea that a second-order volition to be moved to ϕ entails that the agent has a first-order desire of any independent strength to ϕ . In order to integrate this insight, you would simply need to give up the idea that second-order volitions are always endorsements of some aspect of one's present psychology. However, on the new view, second-order volitions are cases of wanting to be effectively moved to action by a desire, and many times these wantings will be tantamount to endorsing a desire. It seems plausible to suppose that for a desire to be endorsed, it just needs to be the case that two conditions hold: 1) the desire currently exists in the agent's psychology, and 2) the agent wants the desire to exist in her psychology. This means that in cases where an agent has a second-order volition to act on a desire to ϕ and also a first-order desire to ϕ , she has done the equivalent of endorsing her first-order desire. But these are, importantly, two different things that can be lacking that are conceptually separable.

5.3 Does such a volitional gap really count as an *impairment*?

I have lent support to the idea that we should broaden the class of higher-order states that are agentially self-disclosing to include second-order desires about which sorts of first-order motivations an agent would want to be moved by in the absence of already possessing them. By doing so, one might worry that I have overextended the description of impairment to cases in which it seems intuitively like there is none. For example, I may wish I was moved by a desire right now to grade student papers, but in the absence of motivation to actually do so, I fail to get up off the couch. This does not necessarily seem like an impairment to my will in the same way that the effects of Melancholic Laura's depression does.

It is not the case, though, that modifying a second-order volition view to accommodate the VGM will lead one to have to say that anytime an agent thinks "I wish I was motivated to [ϕ]" but is not in fact motivated to action, her will is impaired.

First, the wish may express the fact that she thinks she ought to be motivated to ϕ , but this by itself is not sufficient to count as a second-order volition even on the modified view. A second-order volition is an occurrent desire to be moved by a desire to ϕ , evidence of its motivational component is best seen in the counterfactual worlds in which she does in fact have the desire to ϕ and thus the opportunity to be moved by a desire to ϕ . In the absence of an occurrent first order desire to ϕ , it may be very difficult to assess whether or not she does, in fact, have such a state.

Second, the wish may express the fact that while she neither actually desires to ϕ nor actually desires to be moved by a desire to ϕ , she wishes that her entire personality and preference structure were different so that she actually did have these

occurrent states. Again, this falls short of having a second-order volition on my view.²⁶

Third, the wish may be a desire at t_1 to be such that she is motivated by a second-order volition to act on a desire to ϕ (and to have an accompanying desire to ϕ) at t_2 . This too, falls short of actually having a synchronous second-order volition to act on a desire to ϕ with an accompanying lack of desire to ϕ .

Fourth, we may often be self-deceived about our desires, such that we often think we want to act on a desire to ϕ but, in reality, merely aspire to be the kind of person who wants to be moved to ϕ or think we ought to want to be moved to ϕ . Once these possibilities are all bracketed off, there is still a chance that we will need to cast a slightly broader net around cases of impairment due to lack of motivation than we tend to think. But given the fact of rampant undiagnosed anxiety and depression, this bullet is one we should seriously consider biting.

6. The VGM as Providing a Challenge to Theorists of Agency

I have argued that melancholic depression impairs the will by causing volitional gaps, and that an agent experiences a volitional gap iff she wants most or cares most about acting on a desire to ϕ while she simultaneously lacks any first-order desire to ϕ . Throughout this article I have been assuming that what is retained in the absence of the first-order motivation is something conative. What it means to be identified with one's motivation, or to care about it, is a matter of desiring or wanting it to motivate you in some sense.

But a person could adopt something like the VGM even if she thinks that the relevant states that are retained, rather than being conative, are cares, understood as complex *emotional* dispositions that govern agency via their impact on motivation. It might be that ordinarily these affective states produce first-order motivations, that when a person is impaired by melancholic depression, she comes to lack.²⁷ However, it may be more difficult to tell a similar sort of story on many other accounts of self-governance. As such, I offer not just a diagnosis of how we should understand the kind of impairment melancholic depression causes, but also a challenge to theorists of agency more broadly: if your view cannot accommodate the fact that melancholic depression threatens self-governance, and also explain how it does so in a fundamentally different kind of way from addiction, compulsion, phobias, and irresistible

²⁶ This situation does, however, raise the specter of the infinite hierarchy problem.

²⁷ On caring states as constituted in part by emotional dispositions see, for example, Shoemaker [2003], Jaworska [2007], and Sripada [2015]. Shoemaker [2015] argues that people with depression are not lazy since their inaction is not attributable to them, as it betrays their cares and commitments. For further discussion, see Shoemaker [2015], 125-136.

urges, your view is not viable. Taking this challenge seriously may narrow the field considerably.

For example, although Michael Bratman's planning theory has a hierarchical structure, it is unclear how it could account for the phenomenon. On Bratman's theory an agent identifies with her first-order desire to ϕ just in case she forms a higher-order policy in favor of treating her desire to ϕ as providing justificatory reason to ϕ in practical deliberation. This means that a person's second-order attitude or standing policy about her first-order desires can stay in place after she sets it and it continues to have an influence upon her practical reasoning, while also facilitating the maintenance of her cross-temporal agency even once her depression sets in. However, if a person has plans about how to weigh first-order desires A, B, and C when they factor as considerations in her practical deliberation, and her self-governance has to do with her being able to form and maintain such policies, but she now lacks first-order desires A, B, and C due to depression, her plans are now irrelevant. We can show how the person with depression can have the second-order conative attitudes that are crucial to agency while lacking first-order desires on his view, but it is at the cost of being able to say that lacking those first-order desires is in any way an *impairment* to agency.

Or consider a view on which the person with melancholic depression's impairment is explained entirely at the first-order, without the hierarchical machinery: she wants most to ϕ but just can't bring herself to ϕ . What, then, would be stopping her from acting on her desire to ϕ ? Perhaps it's possible that she retains her desire to ϕ , but that desire has lost all of its motivational force. So Melancholic Laura wants most to go to work, but that desire isn't motivating her.²⁸ While this view has some promise, it does present some challenges to familiar orthodoxies. First, this picture only makes sense given a fairly nonstandard view of desire, since desires are standardly held to be (at least partially) constituted by their ability to motivate. Furthermore, strength of desire is usually thought to have a direct correlation to strength of motivation. On the most common view, for example, strength of desire is constituted by a desire's causal power regarding the control of action.²⁹ But on the face of it, the proposal under consideration would have to forgo this intuitive connection. Now, one could say that during melancholic depression the relative abilities of the first-order desires to motivate remain intact while they are each simply weakened to a degree such that the agent could not act on them. But this proposal dispenses with

²⁸ The view of desire and agency put forth in Arpaly and Schroeder [2015] suggests the possibility of accounting for melancholic depression in this kind of way. See also Swartzler [2015] for a development of this kind of idea in the context of arguments about motivational judgment internalism. Thanks to Jennifer Gleason for helpful discussion on this point.

²⁹ For more on strength of desire, see Schroeder [2009].

another intuitive idea: that in the absence of intervention (intra-agential or otherwise), the desire with the strongest motivational pull will move a person to action.

7. Conclusion

I have argued that melancholic depression poses a unique and pernicious threat to the functioning of self-governance, one that we must be able to account for on our best theories of agency. I put forth the Volitional Gap Model, the view that melancholic depression impairs the will by causing volitional gaps. An agent experiences a volitional gap, I suggested, iff she wants most or cares most about acting on a desire to ϕ while she simultaneously lacks any first-order desire to ϕ . This view best respects the desiderata of the phenomenon, and as such is superior to views that aim to assimilate the threat from depression into one of the sorts of volitional impairments that is already widely recognized. The view is conceptually coherent, and does not stretch the range of what we should understand as an impairment to self-governance any further than what is necessary to account for historically neglected forms of volitional disability. Finally, I have argued that while the Volitional Gap Model is somewhat flexible to account for different ways of understanding self-governance it does pose a serious challenge that should significantly narrow the field of what we see as the viable set of theories of agency.

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