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## Quality of Will and (Some) Unusual Behavior

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### 1. How I will Not Use the Concept “Mental Disorder”

This chapter is about moral blameworthiness, or its absence, in unusual people who would normally be diagnosed as having well known (or somewhat less known) mental disorders. and I will, for convenience, refer to their conditions by the DSM categories that describe them best<sup>1</sup>. However, the concept of a mental disorder will not in itself play a role in my reasoning about their blameworthiness. An explanation of this absence is in order. I will provide it briefly here.

I do *not* in any way hold that the concept of mental disorder is only a “construction” whereby “society” controls deviant behavior, and it is important for me to emphasize that I reject this view. Watching a person with a simple phobia of spiders facing a spider is sometimes all one needs to be cured of one’s youthful extremism on this topic. Perhaps some excessive reactions to arachnoids and insects are socially constructed – as part of femininity, say – but a true phobia does not seem like the sort of thing that can be “constructed” in the sense favored by comparative literature departments<sup>2</sup>, nor does one need to be prejudiced against the deviant, in the way posited by Thomas Szasz<sup>3</sup> in order to feel that there is something extraordinary about the arachnophobe that makes him suffer. When I say that philosophers need to be careful employing the concept of a mental disorder as used by contemporary psychiatrists I do not mean to defend a Szaszian position or engage in Critical Theory. However, the concept of mental disorder as used by psychiatrists today, and especially by the writers and users of DSM, is not a philosophically respectable one.

I do not simply mean to say that “mental disorder” is not a natural kind. “Raptor” is not a natural kind, as hawks are not evolutionarily close to owls. Still “raptor” or “bird of prey” is in some contexts a legitimate theoretical category. “Mental disorder”, on the other hand, is not a theoretical but a *practical* kind<sup>4</sup>. When trying to decide whether to define a person as having a mental disorder – is this person depressed or is he only grieving? Does this child have a mild form of autism or is she just a nerd? – practical considerations are brought in. For example, a psychiatrist might advocate for calling the grieving person “clinically depressed” and calling the socially awkward child “autistic” because if we were not to define the grieving person as clinically depressed, we will not be able to help them using medical insurance, or if we do not call the socially awkward girl “autistic”, we will not be able to fund help for her in school. Another psychiatrist (or anti-psychiatrist) might object to defining either the bereaved person

<sup>1</sup> American Psychiatric Association (2013).

<sup>2</sup> Continental suspicion of the concept of mental illness goes back to Foucault. See Foucault (2006).

<sup>3</sup> See especially Szasz (1961).

<sup>4</sup> For a detailed defense, from within philosophy of science, of similar sentiments see Tabb (2015)

or the socially awkward child as having a mental disorder because it would be insulting to the man's grief if we called it a mental disorder or because it would stigmatize the already socially awkward girl to be declared to have a mental disorder.

These pros and cons of calling the conditions in question mental disorders are practical, not theoretical. Why should the fact that it is insulting to call a condition a disorder be theoretically relevant? Some people whose depression is severe and unrelated to any significant situation or event are gravely insulted when told that their condition might be caused by a glitch in the operation of their neurotransmitters and not by the deep insight into the world provided to them by having read Sartre. Still, their depression might well be exactly of the sort where we might suspect the more "medical" type of etiology. Similarly, why should the fact that a person needs help mean that the person is sick? A child who has no friends through K-12 and who is consistently beaten up by other children because they find her precocious taste for Shakespeare infuriating needs help, as suffering through K-12 with no friends and a lot of peer persecution is a horrible thing. That does not make a childhood taste for Shakespeare a *medical* matter, nor does it make distress over being shunned for one's taste for Shakespeare a disorder. *Not all suffering is a medical matter* and "medical" suffering is not the only kind of suffering that needs to be taken seriously.

I hope someday we'll articulate a respectable concept of mental disorder, or some other concept(s) that would enable good research into the relevant kind(s) of problems that people such as the arachnophobe have. However, as long as "mental disorder" is a practical kind rather than a theoretical kind, it is dangerous to use it in building a theory of responsibility. Thus, what I say about the agents I discuss is independent of whether or not "mental disorder" turns out to be a good expression by which to refer to their conditions<sup>5</sup>.

Let us now turn to my view of moral blameworthiness and see how it applies to ordinary behavior. We will then see how it can also be applied to cases of unusual behavior.

## 2. The Simple Quality of Will Theory

Consider the following case:

A Tempest in a Teacup: Ophelia and Amina are historians. Ophelia had sent Amina a message in which she asked her whether she happens to know a good article about Uriel da Costa's excommunication from the Jewish community in Amsterdam in the 17<sup>th</sup> century. To Amina, the story sounds familiar, and she has a sense that she had in the past skimmed an article on the subject, but 17<sup>th</sup> century Amsterdam is not part of her specialty and she is unable to remember the title, the author or the publication venue. She decides to give herself a day or two to remember, leaving Ophelia's message unanswered. The trouble is that Amina is quite absent-

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<sup>5</sup> That having a mental disorder per se does not have automatic implications for one's blameworthiness was argued by King and May (2018).

mindful and has a lot of work to do that week, and so she forgets about the matter completely. Shortly afterwards, Amina meets Ophelia at the history department, chatting with the department administrator, Gail. Ophelia expresses dismay at Amina for not answering her email. Embarrassed, Amina apologizes profusely for her absent mindedness, saying that she forgot. Ophelia is unmoved. "Amina", she says, "maybe you forgot, but we know that if I were someone important or famous, you would have remembered". Gail then chimes in, telling Ophelia that she is simply mistaken. She says "Ophelia, there is no need to be so angry. As the secretary, I can testify that Amina *always* forgets to answer emails. She forgets to answer emails from famous people. She forgets to answer emails from me about her tenure case. She loses checks made out to her and then forgets to ask me to reissue them. Don't take it personally".

Let us look at *A Tempest in a Teacup* more closely. All three characters assume that Amina had a (minor) moral duty to reply to Ophelia's email, if only to say "sorry but I don't recall". Ophelia clearly *blames* Amina for not answering her email and finds her *blameworthy* for failing to answer it. Gail, on the other hand, thinks Amina is *not blameworthy*, or is considerably less blameworthy than would warrant Ophelia's anger. The argument between Ophelia and Gail regarding Amina's blameworthiness or lack thereof centers on non-normative facts. Ophelia assumes that *if Amina cared enough* – about her duty to Ophelia or maybe about humans in general or politeness in general – she would have not failed to answer her message. Thus, Ophelia thinks that Amina's failure to reply to her email stemmed from indifference to Ophelia herself, to politeness, or to some other morally significant factor. Gail, the department administrator, holds that Amina, given her basic level of absent mindedness, would have likely forgotten to answer the email no matter what, and so there is no reason whatsoever to think that her failure to answer is a manifestation of disregard for Ophelia, politeness or any other morally significant factor. Gail's evidence includes the fact that Amina, contrary to Ophelia's clear insinuations, is forgetful even when remembering is decisively in her own interest, and as most people care about their self-interest, it is reasonable to assume that if Amina's absent-mindedness does not lessen when her self-interest is on the line, her absent-mindedness is a cognitive problem that is not indicative of "not caring". Thus, Gail thinks that it is likely that Amina's failure to act, while it is wrong, is not the result of some moral indifference and therefore Amina is not blameworthy for it. In short, Ophelia and Gail both assume that Amina's blameworthiness or lack thereof depends on whether or not her course of (in)action stems from *lack of good will*.

The bare bones quality-of-will view of praiseworthiness and blameworthiness, one version of which is defended by Arpaly and Schroeder (2013) as Spare Conativism, is the view implicitly shared by Ophelia and Gail, only writ large. At the base of the theory is the idea that there are things that a moral person cares about, and caring about these things can be referred to, with a nod to Kant and a different nod to Strawson (1962), as "good will". When a person does the right thing out of good will, she is praiseworthy for the action. For an action to be blameworthy, it is not enough for it to be wrong but it also needs to be manifestation of a shortage of good will - failure to care about the right things - or, alternatively, of ill will. A shortage of good will can be trivial, as when one can't be bothered to answer an email, or it can be dramatic, as when

a person commits murder for money, indifferent to the moral status of the victim. Ill will happens when a person is motivated by considerations that are in essential conflict with the things that a moral person cares about – for example, if the moral person wants people not to suffer, a person who performs an action exactly because it would cause suffering thereby shows ill will. According to one somewhat less bare bones version of the view, Spare Conativism, there are also actions attributable to lack of *ill* will, but let's ignore that for now.

Timothy Schroeder and I have referred to lack of good will as “moral indifference”, which is convenient, despite the awkwardness of discussing degrees of moral indifference, but it is important that this use of the word ‘indifference’, as well as my use of the word “caring”, is qualified in another way as well. It is natural English to say that my cats, Catullus and Philippa, do not care about or are indifferent to whether or not they damage my computer, as they do not possess the concepts ‘my’ and ‘computer’ or even a full-fledged concept of damage. This is not the kind of “not caring” or being indifferent to which I wish to refer. I am rather referring to the kind that is invoked when one asks one's spouse “do you not see the dust on the floor or do you *just not care?*” or when metaethicists wish to know if psychopaths do not know that what they are doing is immoral or know it full well but “just don't care”. So, when I speak of “not caring” I am speaking of the colloquial “*just not caring*” – in other words, to cases where the agent can *conceive* the object of her indifference. That means that cats and babies cannot be morally praiseworthy or blameworthy: the cat doesn't conceive the fact that my computer is my property, and so she is not morally indifferent in our sense.

It is important to stress that the simple quality of will theory – henceforth The Quotidian View - is a view of the things that make a person blameworthy or praiseworthy for an action. It does not provide *diagnostic criteria* for blameworthiness or praiseworthiness because it is often very hard to tell whether or not an action is a manifestation of moral indifference (or good will, or ill will), mostly because we cannot read people's minds. Obviously, if a person fails to help you because he is tied to a chair, his inaction does not show moral indifference, but many cases are much harder to diagnose. Many people have wondered whether their spouses do not see the dust on the floor (in which case the fact that they don't clean does not show moral indifference) or, being messy themselves, do not see that someone might mind the dust on the floor (ditto) or just do not care enough about them to clean the floor (moral indifference). Many people have wondered if they themselves give to charity to help people (which sounds like good will) or to be perceived as good people (which does not) or maybe both. Many people have wondered whether the person who is rude to them is trying to upset them (ill will), does not care about their feeling (moral indifference) or is just socially incompetent or following habits from another culture (neither). Even if one could read people's minds, one would find hard cases involving mixed motives for action, motivated irrational belief, culpable ignorance, and other such complexities. Believing and wanting, on my view, are as different as oil and water, but in ordinary life they are very well emulsified.

In somewhat simpler cases, there exist some heuristics. One of the better ones is the one used by the department administrator in Tempest in a Teacup, which I would like to call the *self-interest heuristic*: asking yourself if the person in question behaves the same way when her self-

interest is at stake. A person who would make a faux pas even when her self-interest is severely endangered by it is more likely to be socially incompetent or a cultural transplant than someone who only slights people that cannot harm her. As most people care about their self-interest, it stands to reason that if a person is absent-minded even when it comes to making sure checks are issued *for her* than her absent-mindedness in forgetting to return your email is no reason to suspect indifference: for all you know, your email is just as important to her as her interests are. Such heuristics, however, are far from perfect. The self-interest heuristic assumes that people care about their self-interest very much and are motivated to act for its sake, but these assumptions are not true of all people. The equal opportunity insulting person, for example, could be insulting her superiors because she does not care that much about her self-interest, or cares about it less than she does about some ideal of authenticity or contrarianism. But however hard it can be to answer questions like “if he cared, would he still have done it?” they are clearly questions that we often ask when we have trouble assigning moral credit or blame.

I will not attempt to offer a full defense of the Quotidian View or of any less bare-bones quality of-will account of moral blameworthiness, and I will especially avoid issues related to the classical problem of free will. What I would like to do is examine what The Quotidian View has to say about various kinds of unusual minds and behaviors of interest to psychiatry, psychology and neuroscience. Essentially, this is an exercise in *parsimony*: can we explain the blameworthiness and praiseworthiness, or lack thereof, of people who are dramatically atypical in a variety of ways by appealing exclusively to the quotidian thing which is quality of will.

In the following sections, I’ll take a look at some mental conditions and types of mental conditions and see what The Quotidian View has to say about them. I will not attempt to include all DSM categories, and I will specifically not discuss psychopaths and addicts, as I take the mission of this volume to be the discussion of conditions that are less discussed by ethicists and agency theorists.

### 3. Conditions Involving Epistemic Irrationality or Cognitive Impairment

Epistemologists as a rule take it be the case that to the extent that one fails to understand, say, topological set theory, one fails at rationality. I do not think this is true. I do not mean to say simply that the standard is high. I am perfectly willing to admit that not understanding topological set theory is a failure of smartness or a failure of intelligence – at least with regard to mathematics. But being smart is not the same as being rational and being unintelligent is not the same as being irrational. To see that, consider a normal child of 11 who is about as smart and as rational as 11 years old children generally are, and then consider the same child at 14. With brain development and with experience, the child will become smarter (ready for more difficult study material, able to learn new tasks with less help, etc.), but as many parents can tell you, it is likely that as an adolescent, flooded with strong desires, feelings and emotions, she will not be any more *rational* (or reasonable). Let me explain.

Roughly, the difference between a failure of intelligence and a failure of (epistemic) rationality is that a failure of intelligence involves an inability to acquire some concepts whereas a failure of rationality is what you suffer from if you fail to respond accurately to the relationships between concepts that you do, at the time, grasp. There are many concepts that my cats cannot acquire, but the fact that my cats cannot, for instance, grasp what philosophy is does not indicate that they are irrational. It indicates that they are *not that smart*. Irrationality is what happens when a person who seems to have a decent grasp on the concept 'random' is nonetheless both under the impression that lottery tickets are chosen randomly and under the impression that this month's winning ticket is less likely to have the same number as last month's ticket. The most obvious cases of irrationality are cases involving desires or emotions, as when a person wishfully believes something against evidence even though, in matters on which he doesn't have particularly strong wishes, he is very good at responding to the same kind of evidence. "How did such a smart person make such an elementary error?" one might ask, and "wishful thinking" is a good answer, because wishful thinking isn't a failure of smartness, but of rationality.

This is not a work of epistemology, so I will skip some obvious complications and say that some conditions widely considered mental disorders for centuries - generally the ones that used to be called "insanity" or "neurosis" - involve *irrationality*, and many other medicalized conditions - most of which are thought of in terms of disability - involve *cognitive impairment* that does not in itself imply irrationality. Examples of irrationality include paranoid delusions, seeing a small spider as big because one is afraid of the spider, and the depressed person's tendency to see herself as honest-to-God terrible for doing things that, when other people do them, she regards as minor errors. Examples of cognitive impairment without irrationality are low intelligence, memory problems, learning disabilities and inability to recognize people's emotions by looking at their faces.

It is easy to see that cognitive impairment can excuse from blame, and a bit harder to see how irrationality does so. Let us start from cognitive impairment. Cognitive impairment can excuse in two ways. First, if a person is so badly cognitively impaired that she cannot grasp morally relevant concepts like "harm" or "property" or "lie" she is in the same boat as my cats. She cannot be blamed when she causes suffering in other people, steals private property, or lies, respectively as the trouble with her is cognitive rather than conative or volitional. Again, this person cannot be accused of moral indifference, because moral indifference is being unmoved by morally important things of which one is aware, which requires the ability to grasp them. One class of people who might be in this extreme predicament of being unable to grasp morally important concepts are those who experience bad enough schizophrenic episodes that they speak, and seem to think, in "word salad". A person who says, outside poetry, that she is "Germania and Helvetia of exclusively sweet butter"<sup>6</sup> probably does not express a belief - what would it mean for a person to believe she is Germany and Switzerland of exclusively sweet butter? - and it seems that her belief forming apparatus is severely damaged. This cognitive predicament is bad enough to exempt a person with moral responsibility, as the person does

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<sup>6</sup> As does an early 20<sup>th</sup> century patient Carl Jung mentions in his early work (Jung 1961).

not seem to possess half-decent concepts of the things that a good-willed person wants or the things that an ill-willed person wants.

Second, in less severe cases, cognitive impairment can excuse through the ignorance that it causes. Factual ignorance often excuses, as many philosophers agree. To cite a famous example, a person who thinks (without irrationality, let us say) that she is putting sugar in another person's coffee cup but in fact is putting extremely sugar-like poison into the cup is not blameworthy for poisoning the coffee drinker, though in some cases she might be blameworthy for, say, keeping sugar-like poison on her kitchen shelves, which she could have expected to be confusing. A person who, because of low intelligence, thinks all white powder is sugar and who poisoned a person due to that alone – that is, *not* due to ill will or moral indifference - will not be blameworthy for putting white powder in a coffee cup, for the intuitive reason often phrased as “he didn't know”, sometimes contrasted with “he didn't care”. The same is true for the person who, due to dementia, manages to get confused between the sugar and the poison even though they were not placed next to each other, and puts the wrong substance in the coffee despite intentions.

This explains why people who are cognitively impaired are, when they are, excused from blame for their actions, but note that the Quotidian View does not imply that cognitively impaired persons are always exempt from blame. A person with low intelligence who can conceive of such things as suffering and property is excused from blame for actions that she does not understand – e.g. when she puts poison in coffee because she mistakes it for sugar. However, if she attacks a person violently, understanding full well that she is causing suffering and wishing to cause it, she can be blameworthy, even if she is unfit to stand trial. What is true of lack of intelligence is also true of types of cognitive impairment that only affect a relatively small domain of cognition. A person with autism is excused from blame when he hurts someone's feelings due to being bad at discerning feelings but *is* blameworthy for his action if he hurts someone's feeling on purpose. It is perfectly possible to be cognitively impaired *and* have ill will or be morally indifferent, as long as the cognitive impairment is not bad enough to make these attitudes impossible. The question in cases like these is always whether a particular action manifests ill will or moral indifference or whether it is *due* to the cognitive impairment<sup>7</sup>. As I have said earlier, it is sometimes hard to tell the difference in practice, and sometimes an action seems to need a hybrid assessment– for example, a child of 10 might understand full well that by being violent towards a peer she causes him pain, but not be capable of anything like a proper idea of the long term mental harm that peer persecution can cause a child who is regularly beaten up by other children.

Let us now discuss irrationality. As I have suggested, conditions that have been considered mental disorders for a very long time - depression, mania, psychosis, phobias – often involve gross irrationality, as it takes gross irrationality to believe one is Napoleon or to believe against

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<sup>7</sup> For an interesting discussion of cognitively impaired agents and their responsibility, see Shoemaker (2015).

clear evidence that one's family would be happy to see one dead. Gross irrationality often, but not always, excuses from blame.

People are very often quite irrational. How much epistemic irrationality is *gross* epistemic irrationality? I do not have the space here to formulate a full answer, but I will demonstrate what I have in mind by addressing an example: the difference between the average believer in astrology – an irrational-enough believer – and the person who has an honest-to-God delusion, such as the person with Delusional Disorder who believes that the FBI is after her.

Belief in astrology defies evidence as much as many delusions. Why, then, do we generally not take believers in astrology to be psychotic or deluded? A cynical answer is that contra Orwell, sanity can be a matter of statistics, and astrology is not taken to be a delusion because it is believed by a large number of people or by a sizable portion of the population. There might be something to this, but I think our failure to consider astrology fans deluded can be explained to a significant degree without such cynicism. The key factor in this explanation is the low credence most astrology fans have in astrological propositions – and here I include many people whose readiness to argue in favor of astrology till the cows come home might give you the mistaken impression that their credence in the main axioms of astrology is very high.

A common way to assess the credence one has in a proposition is the extent to which one would bet on it or “bank” on it, which is manifest in one's behavior and arguably, to some extent, in some of one's emotions, as one tends to be frightened or despairing if one has a high credence in a terrible proposition, happy if one believes in a happy one, and so on. Interestingly, how much one would bank on a belief does not correlate with one's readiness to argue with others in defense of its truth or even fight a literal war against people who reject it – a belief to die for is not always a belief to bank on and vice versa. A person might be, in a way, very passionate about his belief in heaven and hell and still behave, and in some ways feel, like someone who neither hopes for heaven nor is afraid of hell. It would be expected that if one truly believed that committing one of the 7 deadly sins might lead to hell, and that hell is a worse place than prison, one would avoid the deadly sins about as studiously as one avoids breaking laws the breaking of which would result in going to prison. It would be expected that if one believed that one will go to heaven upon death, and that heaven is a better place than Curaçao, one would find in the topic of death at least some of the cheerfulness that one finds in discussing an upcoming trip to Curaçao. Yet, many people who refer to themselves as believers are afraid of death and find it a relentlessly grim topic. Many such people are also as likely as many atheists to commit what they regard as deadly sins. They do not seem to *bank* on the existence of heaven and hell. In the words of a different Orwell character, they might believe in heaven and hell but they do not believe in them “the way they believe in Australia”.

Most astrology fans do not bank on astrology. Quite literally, they do not use it to make critical investment decisions. While they might mention a desirable astrological sign in a personal ad, or use the excuse of being a Scorpio when being obnoxious to their partners, most of them will not get married or divorced for astrological reasons. In short, they find astrology a fun field and consider its opponents dogmatic, but they do not normally act on its advice the way they act on



doctors' advice. This, in my view, is why they are not considered deluded. While it is counter-evidential and irrational to have even 10% credence in astrology, it is a lot less irrational than having 90% credence would be. A delusion, possibly the most irrational kind of belief, is not only a counter-evidential belief but a counter-evidential *certainty*. Patients with delusional disorder who think that the FBI is after them do quit their jobs and run, and the delusion that someone is the devil can cause a person with schizophrenia to attack him so as to protect the earth, regardless of legal circumstances. They believe their respective falsities "the way they believe in Australia" and any beliefs that conflict with them are treated in the same way that a theory that denies the existence of Australia would be treated by you and me. I dare say that anyone whose belief in astrology was as firm as her belief in elementary geography and who used it to guide his action the way one uses a GPS *would* be described as deluded (or "crazy" or "nuts") by many.

What, then, is the connection between gross epistemic irrationality and blame? Here it seems useful to avail ourselves of a distinction made by David Pears (1984) between hot irrationality and cold irrationality. Hot irrationality is irrationality caused by emotion, desire, or some other motivation state (I mentioned wishful thinking). Cold irrationality is not caused in this way (I mentioned the gambler's fallacy).

Cold gross irrationality can exempt from moral blame in the same way that cognitive impairment or ordinary ignorance does. The person who attacks someone because she believes him to be the devil as a result of schizophrenia does not display ill will or moral indifference. Hot gross irrationality is more complicated. Imagine a person who believes – the way one believes in Australia – an elaborate conspiracy theory in which Jewish people play the role of super-villains. The content of the conspiracy theory is the product of "hot", motivated irrationality. Let us assume that our character hates Jewish people, and it's the hatred that inclines him to believe horrible and decisively counter-evidential things about them. To the extent that his irrationality is a symptom of such hatred – plausibly a form of ill will – it is hard to see the same irrationality as an excuse from blame. Thus it is natural to think of Hitler, assuming that he believed the views he expressed, as both quite irrational ("crazy") *and* evil. Of course, motivated and unmotivated factors can combine in making a person irrational. It might, for example, be "cold" neurological factors that determine whether your hatred of certain people will turn you into an ordinary conspiracy theorist or a psychotic one.

#### 4. Quality of Will and Major Depression

Much depression involves or causes epistemic irrationality, much of which is fairly easy to detect. For example, if you are not clinically depressed, a dialogue between you and a (paradigmatic) clinically depressed person can look like the following.

Tristan: I am a terrible, horrible person and deserve to die.

You: why do you think so?

Tristan: I forgot to buy milk, again.

You: my roommate always forgets to buy what she was going to buy in the grocery store, including milk. Does it make her a terrible person?

Tristan: no.

You: so forgetting to buy milk doesn't make you a terrible person.

Tristan: it does. I am different from your roommate.

You: how?

Tristan: in my case, forgetting milk is the result of basically rotten character.

A depressed person, then, can think that the fact that she forgot to buy milk makes good evidence that she is a terrible human being, whereas the fact that someone else – it often does not matter who – forgot to buy milk says nothing about his moral character. This is typical of the way the depressed mind processes evidence, heavily biased towards the depressed view of the world. The most extreme version of this kind of irrationality occurs when a person is convinced that her friends and family will be relieved if she commits suicide, where anyone else can see that they will be devastated. The moment where we suspect a person is no longer “just” sad because he lost his job but rather is clinically depressed is often the moment in which such irrationality occurs to a significant degree.

A depressive episode involving epistemic irrationality can excuse or partially excuse from blame like any other condition involving epistemic irrationality. For example, a colleague might miss a meeting in the midst of a depressive episode because of her high credence that her presence at the meeting would be useless or even harmful. This is not a manifestation of moral indifference. The self-interest heuristic often works here: depressed people miss meetings even when it is bad for them. The real challenge for The Quotidian View, however, is in cases of depression that do not seem to involve *any* epistemic symptoms.

“There are two types of depression, woe-is-me and what's-the-use”, says a psychiatrist of my acquaintance, quickly adding that the same depressive episode can contain both the “woe is me” syndrome and the “what's the use” syndrome. Let us adopt this imprecise terminology for the moment. The “woe is me” patient's predicament is mostly epistemic, or at least cognitive: she believes she and the world around her are terrible, or at least ignores anything around her that might be good while paying attention to the bad. The “what's the use” patient's predicament is not epistemic: it is *motivational*. She no longer seems motivated to do things that she was motivated to do before, whether her motivation was prudence (e.g. she no longer pays her bills) or pleasure (e.g. she no longer bothers to visit friends).

As I have mentioned, the epistemic and motivational aspects of depression often appear together, and so can be hard to tell apart. A person might “not bother” to visit friends in part because she no longer feels loved by her friends and is inclined to believe that they hate her, and as a result no longer enjoys their company. A person might believe, as part of her epistemic irrationality, that she is an incompetent worker, and thus lose motivation to do anything complicated at work (or to go to work at all). But imagine – or recall - a person whose depressive episode could be described as pure “what's-the-use”, except that strictly speaking, he does not even have the *belief* that there is no use doing anything. His belief-forming

apparatus seems to be fine, but he is unmotivated to an extreme degree. Suppose such a person – call him Seth – does not appear at a meeting at work. Suppose there are moral reasons to be at the meeting. Intuition, for many of us, says that he is less blameworthy than a typical person who skips the meeting for no compelling reason, and the self-interest heuristic encourages this line of thinking, as Seth, too, is likely to miss meetings that are in his self-interest to attend. In what way is he not displaying lack of good will, aka moral indifference? Or, to put it more colloquially: *why do we not just say that he is lazy?*

A lazy person, let us assume, would miss the meeting because they prefer to do something else that's easier – say, watch T.V. Seth has a different motivational (or de-motivational) story. My suggestion is that though he does not believe that “it's no use” going to the meeting – that nothing good is to come out of going, morally or prudentially – he has the gut-level expectation that it would all for naught, that all his actions will fail to do him, or anyone else, any good.

What are gut-level expectations<sup>8</sup>? I am not referring here to beliefs about the future that are unreflective or unconscious. Such beliefs can in fact influence our behavior through the guise of “hunches”, “instincts” and do on, but these are not the mental states I am discussing here, but rather things that are not, strictly speaking, beliefs at all, though they fit within the related and broad philosophical category of “alief”<sup>9</sup>. Consider a person who is too afraid to step onto a transparent bridge high above the ground but has no qualms about allowing her children to cheerfully explore it. That person – let's call her Fatma – clearly does not believe, at any level, that she will fall to the ground below if she steps on the bridge. Even an inarticulate or unconscious suspicion that the bridge is unreliable would have caused her to be afraid of allowing her children to step onto the bridge, but Fatma just smiles and says, with a slight embarrassment, “I guess they are braver than I am”. However, looking down through the glass invokes a stubborn visceral expectation of falling, and so she is too terrified to step onto it.

A common context in which we run into gut-level expectations that don't seem to be beliefs is the context of what is known as “getting used” to things. Consider the following case:

It is 25 degrees Fahrenheit in Spencer's town and has been around this temperature for a while. Spencer flies to Florida. When he gets off the airplane, he is overcome by the pleasant warmth and experiences joy that the locals who come to meet him do not experience on that occasion. That is because there is a sense in Spencer's body “expects” a much colder temperature, and the actual temperature feels so high by comparison. Spencer need not, consciously or unconsciously, believe that he is going to be cold when he gets off the plane. In fact, Spencer might be thinking nothing but “Florida, here I come” throughout his flight, excitedly anticipating – that is, *cognitively* expecting - the sunny weather. However, he is used to – that is, he viscerally expects – a lower temperature, and enjoys the contrast.

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<sup>8</sup> For a full answer based on empirical data see Schroeder (2004), chapter 2.

<sup>9</sup> Introduced by Gendler (2008). I do not simply use Gendler's term because I am not convinced that none of the states classified as a-liefs, especially given the post-Gendler literature, are in fact beliefs of an inarticulate or unconscious sort.

Here is another case. Paula always did well in school. She was looked at as gifted and talented starting in kindergarten. She got excellent grades in primary school and in high school. She got excellent grades in college. She did not always get the best grades in her class, but her grades were always excellent. When she applied for admission to graduate school in philosophy she got into one of her top choices. There, in graduate school, she was warned many times by her teachers that the job market in philosophy is very harsh and that even the best students are not unlikely to find themselves without jobs, or even without interviews. She received reliable statistics and did her best to brace herself for the possibility of not getting a job. She had no illusions about the quality of her work – if anything, like many graduate students, she had become insecure about its quality. Still, when her first attempt at getting a job in philosophy results in two interviews and no job offer she is dealt a brutal emotional blow that would seem more congruent with a *surprising* misfortune than an expected one. That is because Paula is *viscerally* surprised. She had gotten *used* to things going well for her when it comes to anything to do with academics.

My suggestion is the following: the victim of the pure episode of what's-the-use depression viscerally expects, and strongly so, that all his actions will not lead to any improvement in his state or in the state of the world. Like the fear of falling can be for some people who cross a glass bridge, the visceral expectation is very powerful for Seth, and he approaches every task in life with the sense of resignation in which one would approach finding a needle in a haystack. That, rather than any preference for lying in bed, is what keeps him from the meeting, and that earns him at least a partial excuse, depending on the severity of the depression.

Arguably, gut-level expectations seem to be, in general, a part of what it means to be in a certain mood or what typically results from being in a certain mood. A typical person who is in a good mood because of just having been to an enjoyable concert might be, as a result, more viscerally optimistic than before about the results of the elections taking place the next day. It need not be the case that the concert experience changed her *beliefs* about politics. A person who is manic but not psychotic might viscerally expect things to go her way when it comes to investing in the stock market even if her beliefs about the stock market haven't changed much. Such exploration will have to wait for another day.

My proposal regarding depression, in addition to explaining the difference between the depressed and the garden variety lazy TV aficionado, also distinguishes the real-life depressed person from the "depressed" person as described by philosophers when they need an example of putative moral belief without motivation. That imaginary person is described as genuinely having *ceased to care* about morality (or about the morally important things *de re*) and remained only with causally inert beliefs about what she ought to do. An amoralist with moral beliefs would make a fascinating case, but has little to do with the depressed person next door. It might have more to do with people who, due to injury, become psychopaths late in life, apparently without having lost any beliefs.

##### 5. Non-Excusing Psychiatric Predicaments?

The person diagnosed with Factitious Disorder either pretends to be sick or intentionally produces real sickness in herself in order to receive positive attention from the people around her. She is different from the “maligner”, the person who fakes illness for a more tangible benefit like avoiding the need to work for a living or avoiding military service. The “factitious” patient would in fact work harder than necessary at her job and refuse the help she is offered, because in this way she will receive admiration in addition to compassion. It is a good question why pretending to have cancer in order to avoid work is not considered a mental disorder, but pretending one has cancer in order to evoke compassion and admiration is. The fact that the latter is stranger, or even the fact, if it is a fact, that it is likelier to harm the agent, does not seem to be enough of an in-principle reason.

From the Quotidian View, there is no *prima facie* reason to regard the “factitious” patient as less blameworthy for her deceptive behavior than a pretender who does not qualify for a DSM diagnosis. In fact, I suspect that by Quotidian View standards, there are some maligners who are less blameworthy than some factitious patients. For completeness, I’ll mention that there are maligners who avoid military service for good moral reasons, and though they are not as brave as conscientious objectors, they are praiseworthy. Even if we restrict ourselves to maligners who act in their own self-interest, some such maligners act to avoid a truly terrifying prospect, in which case their actions do not show ill will or serious moral indifference - whereas a factitious patient, as traditionally described, might be merely seeking to remedy a lack of sympathy in her life.

What if a factitious patient does not *merely* crave sympathy the way most people do, but suffers from unusually intense self-hatred or an unusually shaky sense of self-worth? That would make her equal in her suffering to some people who are clinically depressed. A person who acts immorally to counteract serious depressive symptoms is not, per the Quotidian View, as blameworthy as a person who acts immorally in order to get rich – it doesn’t take as high a degree of moral indifference to be tempted by the avoidance of pain. It might also be true that it makes sense to feel compassion for such a person despite her blameworthiness – and the Quotidian View is not in any way committed to the thesis that blameworthiness always entails punishment being right or compassion being out of place. Still, even if the factitious person is depressed, she might compare badly to many people who are depressed – mildly, moderately, or severely - and do not deceive or manipulate anyone. After all, many depressed people are *overly* concerned about being a burden on their friends and family while the factitious patient makes herself considerably more of a burden when she pretends to have, say, cancer. Given the way factitious disorder is described in DSM, I suspect that the Quotidian View might need to bite the bullet and say of some of these patients that they are not excused from blame, as well as say of some others that they are only partially excused from blame. Details do vary, though, and sometimes depression has the power to defeat even a very good will.

One of the most frightening persons in DSM, second only to the psychopath, is the person diagnosable with the form of Factitious Disorder known until recently as “Munchausen

Syndrome by Proxy”<sup>10</sup> – a person who induces serious illness in her child or who drags her child through painful and dangerous procedures on the basis of symptoms she pretends the child has. If the story as currently told by psychiatrists is true and the person in question is simply motivated by a desire for compassion and admiration, it is hard not to see her as a case of chilling moral indifference, an uncaring person willing to make a child suffer for the sake of “playing the martyr”.

Another of the more frightening people in the diagnostic manual of mental disorders is the narcissist, and he, too, might be a case of moral indifference – at least if the story often told about his psyche is true. A popular theory is that the narcissist “overcompensates” for profound insecurity through his self-centeredness. If narcissism is in fact a way of dealing with insecurity it is, again, hard not to see the narcissist as a selfish person – in the ordinary sense of someone who prioritizes her wellbeing over that of others more than a half-decent person does. Severe insecurity is unpleasant, and can be an *extenuating* circumstance for some actions, but there is a limit to how much one can deal with emotional displeasure at the expense of others without counting as a case of significant moral indifference. Again, it might be that the genesis of narcissistic behavior is different and has nothing to do with insecurity. If scientists discover such a genesis the verdict of the Quotidian View might have to change along with the story.

It should be added that some DSM categories are so broad, roughly defined, or, one suspects, applied so liberally that I expect each of the relevant diagnoses is given to some people who are blameworthy to various degrees for their characteristically bothersome behavior and some who are blameless. This controversial territory will have to be covered another day.

As I have warned, these have only been very few of the mental conditions discussed in the ever-expanding DSM. Most clearly missing in this work are conditions that involve seemingly uncontrolled impulses, compulsions, tics, and other forms of unusual motivation. Arpaly and Schroeder have already discussed addiction (2013) and Schroeder has discussed Tourette Syndrome (2005) from a point of sympathetic to the Quotidian View, but I hope to be able to discuss other types of compulsion-like urges and impulse control issues in future work. Meanwhile, I hope I have given you a decent idea of a way the same quotidian intuitions that guide us when judging people’s more boring actions can be stretched help us with more interesting agents, even the sort whose conditions will be prime candidates for the category “mental disorder” when it becomes more philosophically respectable.

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<sup>10</sup> Today it is officially known as Factitious Disorder Imposed on Another.

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