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The Rational and the Sane

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"But surely, if it's not irrational, it can't be OCD!" my friend exclaimed, when I told them about the paper Carolina Flores and Brent Kious provided their excellent comments for. In all fairness, my friend isn't working in philosophy, nor psychiatry, nor in psychology. Still, I take their sentiment to be expressive of a widely held view: if you have a certain mental illness, then you *must* be irrational. Conversely, rationality guarantees mental health; the sane life *is* the rational life.

In my paper, I attempted to complicate this picture. My main line of thought was that if the sane life is the rational life, we don't have a good conception of rationality yet. For, our best theories of rationality fail to capture what's going wrong in some cases of OCD. Addressing the criticisms raised by my commentators will allow me to clear up some misunderstandings and sketch avenues for further work.

1. Overgeneration and Non-linear Accumulation

A central part of my argument was the idea that people who obsessively worry about their own desires remain evidentially uncertain where further inquiry is permitted. Flores objects to this thought (CITE) arguing that either evidence is biased and should be disregarded or it's not and then it increases one's epistemic standing. On both options inquiry will eventually be impermissible. For, if biased evidence should be ignored completely, the agent is left with no evidence whatsoever to rationalize their inquiry. We are in the lower red-shaded area of *Figure 1.* Kious raises a related worry. He thinks I'm committed to the view that to rationally worry about one's desires, it's sufficient that the desire be highly stigmatized. If my view entailed that we are entitled to suppose a desire "to eat human flesh, to eat feces, to murder one's family, or to expose one's

genitals in public" (CITE) that would be an awkward conclusion to embrace.

Now, Kious is absolutely right to point out that not all forms of self-mistrust are warranted. Doubt needs its reasons too. And Flores is spot on to emphasize that without any evidence, inquiry is unlikely to be rational. [1] However, people with S-OCD experience obsessive thoughts and intrusive fantasises. On my picture, these experiences represent the minimal level of evidence needed to get their inquiries off the ground and make a provisional desire-ascription legitimate. Thus, I don't think the evidence Gary and Rachel have should be *completely* disregarded.

In that case, Flores' argument continues, this somewhat-but-not-completely-biased evidence will accumulate and increase one's epistemic standing so much that eventually the agent ought to form a belief. Now, we hit the upper red-shaded area of *Figure 1*! For their point to go through though, biased evidence needs to accumulate *linearly*. And that's not given. Think back to Rahel. She might go over her various interactions with women during her daily life looking for evidence that she is attracted to any of them. At the same time, she knows she's drawn to conclude in the negative. The most natural reading of this scenario—to my mind at least—is that she does gather evidence about her desires, but attaches little weight to it. Whatever she gathers, she's taking it in with a pinch of salt. Moreover, it seems that the *more* she gathers of it, the *less* it adds to her epistemic standing. In other words, Rahel discount her evidence in such a manner that it has *some* epistemic value, but also *diminishing marginal returns*. As a result, she never arrives in the upper red-shaded area.[2]

My thought was that people without OCD wouldn't discount evidence that concave way and would eventually form a belief. It's not clear, though, on what grounds rationality would favour having the non-pathological method of accumulating evidence over Rahel's.

2. Destigmatizing Rightly Construed

But why does all this matter?, Kious (CITE) asks. And rightly so. Well, here's one way in which it would matter: if irrationality was *necessary* for mental illness, determining whether a certain candidate condition is irrational would amount to determining

whether it is a mental illness at all. This is the view that Kious takes me to have (CITE). While this may be *one* view of what constitutes a mental illness, it is not what I believe. In the paper I stay neutral on the question whether OCD is an illness and if yes, what makes it so.

Yet, there are other reasons why getting clear on the exact ways a mental health condition is irrational matters: if what's irrational is unintelligible and completely un-understandable, grave problems arise for those conceived under this label (e.g., Hofman *et al.*, forthcoming: §3). The right destigmatizing move is *not* to deny that OCD is an illness—as Kious interprets me (CITE). Instead, it is to look at OCD in detail. And if we do so, we realize that the irrationalities experienced by those with OCD and those without are not different in kind but only in degree. My hope is that this realization can detract (very modestly) from irrationality being used as an instrument of stigmatization (cf., Bortolotti 2015).

3. Ways Forward

The main aim of my paper was to show that *existing* accounts have failed to establish a kind of irrationality that works for all cases of OCD. This leaves it completely open that S-OCD turns out to be irrational in ways not considered so far. What other possibilities are there?

First of all, there is pragmatic irrationality. Perhaps the main reason OCD is irrational is that it keeps people from achieving their goals. If that's all there is to say, however, we need to stop treating people with OCD as if they're making epistemic mistakes. But this isn't straight-forward. For, there is a large body of empirical research testifying reasoning biases associated with OCD. Moreover, the main therapy used for OCD—cognitive behavioural therapy—heavily builds on the idea that OCD involves 'errors in thinking'. While I'm sceptical that ultimately, we can make sense of epistemic rationality without appealing to pragmatic concerns, I do think that the attribution of a distinctively epistemic mistake is helpful in conceptualizing and treating OCD. Yet, it needs to be done carefully. Otherwise, any such ascription will contribute to the harmful stigma. I hope that a nuanced view of the epistemic irrationalities involved in OCD can do justice to the empirical literature and to the

importance of therapeutical tools building on epistemic rationality, without stigmatizing people who experience OCD.

Flores's comments helpfully point to possibilities in which this could be done.[3] She agrees with me that part of what goes wrong in cases of OCD lies in abnormally high epistemic standards. But they urge that these standards *are* epistemically evaluable.

Primarily, Flores (CITE) suggests consequentialist reasoning: if a standard is so high that it keeps me from attaining epistemic goods it cannot be rational. Yet, surely this depends on the epistemic goods assumed. If avoidance of error is valued higher than getting true belief, the policy "As long as I am biased, I ought to disregard my evidence completely" is preferable to "If I've checked really well, I can trust my evidence, even though I'm biased" (cf., Dandelet 2021: 499). Establishing the rationality of an evidential standard will need extended argument about which epistemic goods we ought to have.

Her second suggestion was that pragmatic and moral factors might 'encroach' on rationality of an epistemic standard. On this view, pragmatic drawbacks can make an extremely high evidential threshold epistemically irrational. Given how disastrous OCD-inquiries are, that's a promising strategy. Let me just issue one warning: the question whether OCD is *epistemically* rational only matters insofar we have some useful way of distinguishing it from other forms of rationality. While sympathetic, I worry that by building too heavily on encroachment ideas, we lose any meaningful distinction between these concepts.

For this reason, I take the most fruitful approach to be the third option mentioned by Flores (CITE). I think that the second-order beliefs about one's own inquiry are the point where the person experiencing OCD goes wrong epistemically. Specifically, people like Gary and Rachel become epistemically irrational because they inquire, even though they have no grounds for believing that their inquiry could lead to any epistemic improvement. I develop this idea elsewhere (Hubacher Haerle, Manuscript).

4. Conclusion

The exchange with Kious and Flores showed that there are multiple ways in which people experiencing OCD can plausibly

be said to be irrational. Yet, this is not an unreflective endorsement of the equality between the rational and the sane. Instead, for OCD there are independent reasons—grounded in the specific characteristics of the condition and the therapeutic interests in play—to think that some form of distinctively epistemic irrationality is involved. In what way(s) exactly remains to be shown. Whatever verdict will be reached in that debate won't just illuminate certain cases of OCD. It will also tell us something significant about epistemic rationality itself.

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[1] That's not to say that we can't be *curious* or *wonder* about something without evidence. However, I think there is an important difference in rationality conditions between being curious about p and inquiring into p. After all, we can't control our curiosity, while we can choose to inquire (Hubacher Haerle, manuscript).

[2] Think about an analogous case where a number of witnesses testify against an accused person. You know them to be biased—perhaps they hold a stereotype against the accused. Still, their testimony may give you *some* reason to think that the accused in fact did it. But it doesn't seem true that if you'd *double* the number of witnesses you'd have *twice* as much reason to believe that the accused is guilty.

[3] See Vazard (2022) and Steglich-Petersen and Varga (forthcoming) for other recent proposals.