Reason, Agency, and the Malaise of Mental Health

By

Alexander Richard Youck Cousins

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Abstract

Mental health conditions create incredibly complex experiences in the world. Some medical professionals argue that mental health conditions are purely physical phenomena – simply a deficiency of brain chemicals. Some philosophers construe reason (and therefore the limits of philosophy) too narrowly to say anything interesting about mental health conditions. I aim to develop a complex account of rational agency that explains how we navigate the world in general, and mental health conditions in particular. I then develop examples to show how this account of agency can help explain what it is like to live with a mental health condition. My account aspires to shed light on the nature of agency and provide some much-needed theoretical backing for psychological methods of treating mental health conditions.
Reason, Agency, and the Malaise of Mental Health has been a difficult project. I was drawn to the study of agency and mental health not just because it is an interesting topic, but because I have extensive personal experience with the darkest corners of living with chronic depression and anxiety. Thus, I consider this project the result of a concerted effort of a great host of excellent people whom I cannot do without. First is my partner Michelle MacQueen, whose steadfast support and understanding provides such incredible comfort in all the darkest periods of my mental health struggle. Second is my mentor and supervisor David Bakhurst, who simultaneously expands my philosophical horizons and helps me navigate the issues of undertaking graduate studies with mental health conditions. Third is the Queen’s department of philosophy and its head Christine Sypnowich, who have made every effort to welcome me, warts and all, into the fold. I am happy that you will have me as part of the community. Finally, I wish to thank a dedicated group of friends, family, and professionals who have rallied to my side when I needed their help most, both academically and personally. Among such friends I count Andrew McCann, Ryan Wilcox, Jackie Kumar, Aaron Fritzler, Curtis Miller, Kiera Mitchell, Vance Lester, Sue Echlin, Omar Bachour, Adèle Mercier, my brother Jordan, My mother Carol, my father Peter, my counsellor Alison Lavigne, my occupational therapist Tess Grant, my physician Laura Butler, and many more. I am humbled by your support and endeavor to continue to deserve it.
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Introduction: Philosophy and Mental Health

Mental health conditions (MHCs) traditionally fall outside the remit of philosophy.¹ Philosophers tend not to focus on mental phenomena and processes that fall beyond the domain of reason. They may, of course, concern themselves with cognitive distortions, such as the gambler’s fallacy, which impinge on reason, or akrasia and self-deception. However, philosophers tend to focus on questions that take for granted the proper functioning of reason – what can we know? what is meaning? how do we determine right action? and so on. But reason is a complicated faculty, whose effects and components reach into all aspects of our life, including mental health.

There are two specific reasons why philosophy ought to take MHCs seriously: first, the theoretical state of treatment for mental health conditions could be aided by philosophical analysis. Second, MHCs are themselves epistemic and normative phenomena, and philosophical analysis can speak to the experience of living with MHCs.

First, let us discuss the value philosophy could have for understanding MHCs. The established practice for treating MHCs is called evidence-based-medicine psychiatry (EBMP). EBMP, as Mona Gupta writes, dominates the training of physicians and how they ought to treat MHCs (Gupta 2014, 13). EBM itself dominates the training of physicians in general (Guyatt et al. 2015, xxiv–xxvi). EBM is an explicitly empirical.² An approach that uses scientific studies, especially Randomized Clinical Trials (RCTs), to directly inform clinical practice (Gupta 2014 14–15). As this applies to Psychiatry, this treats MHCs as a causal condition, on which the patient’s conscious awareness has no clear impact (107–108). This is a sort of mechanistic claim. A broken leg is like a malfunctioning piece of equipment, which requires some intervention,

¹ I use the neutral term MHC in this paper to avoid improper pathologization when discussing MHCs.
² Here I use the term ‘empirical’ in the sense of ‘appropriate subject of scientific analysis’.
such as a cast, to heal. At its most crass, EBM psychiatry similarly treats MHCs in a similar way. The brain requires a certain chemical balance to function properly and we can correct this balance by administering medications that add appropriate chemicals to the mix (1110–1112).

The results of EBMP, however, do not support this mechanistic assumption (110). Much of MHC treatment is therapeutic and involves relational factors like the patient-therapist rapport – these treatments do not involve medications designed to correct chemical imbalances (94, 104–106). Moreover, medications have a patchy record for treating MHCs. The efficacy of various antidepressant medications is similar despite differences between many MHCs (110). As Gupta writes, antidepressants produce “a general drug-induced state that some people find helpful” (110). If MHCs were analogous to infections, we would expect specific medications to cure specific conditions and we would understand how they did so. This, to put it mildly, is not the case.

Thus, MHCs do not seem to fit so readily into the EBM framework. Gupta argues that this is because EBMP has theoretical commitments that distort the ability of physicians to understand MHCs. Gupta argues that EBMP, taken in a strong sense, implies a positivist epistemic commitment insofar as it privileges empirical data – often to the exclusion of all other forms of evidence (21). Many practitioners of EBMP psychiatry endorse a physicalist view of mind; they believe, that there is nothing more to consciousness than a set of empirically measurable brain states (72). This must, at least, commit EBMP, to a reductionist view (though it is unclear whether the reduction is to brain states or functional states), where no matter what else is going on, treating the physical condition of the brain is the best strategy to engineer the desired results in consciousness and other components of mental life (73). In essence, this means that while an
EBMP methodology can accept a metaphysical explanatory gap between physical and conscious components of the mind, they think it irrelevant to the task of treating MHCs.

Under this theoretical framework, we would expect a medication to alter the brain state associated with an MHC, and therefore ‘cure’, or at least ameliorate, the condition. Lack of success in this endeavour is put down exclusively to incomplete knowledge of the physical underpinnings of the condition, the inadequacy of the medication, or a combination of the two.

In my view, philosophical analysis is needed to construct a new theoretical framework to understand MHCs. I hope to design such a framework based on agency – one that can make sense of the therapeutic components of successful MHC treatment. I will generally stick to philosophy in this paper, but I hope the insights gleaned here can help to explain the efficacy of certain psychological strategies. Many concepts I develop may well be familiar to psychologists – all the better. I hope to place these concepts within a larger philosophical understanding of the mind.

Let us now turn to the second way in which philosophy can be helpful in this domain: how it can enlarge our understanding of the nature and experience of MHCs. As Gupta argues, medicine and the practices of EBMP do not cure MHCs. Even while medicated people with MHCs remain in a particular state – that of a medicated depressive, for example. Philosophers have commented on the experience of MHCs. See John Stuart Mill, for example:

It was in the autumn of 1826. I was in a dull state of nerves, such as everybody is occasionally liable to; unsusceptible to enjoyment or pleasurable excitement; one of those moods when what is pleasure at other times, becomes insipid or indifferent; the state, I should think, in which converts to Methodism usually are, when smitten by their first ‘conviction of sin’. In this frame of mind it occurred to me to put the question directly to myself: ‘Suppose that all your objects in life were realized; that all the changes in institutions and opinions which you are looking forward to, could be completely effected at this very instant: would this be a great joy and happiness to you?’ And an irrepressible self-consciousness distinctly answered, ‘No!’ At this my heart sank within me: the whole
foundation on which my life was constructed fell down. All my happiness was to have been found in the continual pursuit of this end. The end had ceased to charm, and how could there ever again be any interest in the means? I seemed to have nothing left to live for. At first, I hoped that the cloud would pass away of itself; but it did not. A night’s sleep, the sovereign remedy for the smaller vexations of life, had no effect on it. I awoke to a renewed consciousness of the woeful fact. I carried it with me into all companies, into all occupations. Hardly anything had the power to cause me even a few minute’s oblivion of it. For some months the cloud seemed to grow thicker and thicker. The lines in Coleridge’s ‘Dejection’ – I was not then acquainted with them – exactly describe my case:

A grief without a pang, void, dark and drear,
A drowsy, stifled, unimpassioned grief,
Which finds no natural outlet or relief
In word, or sigh, or tear.

In vain I sought relief from my favourite books; those memorials of past nobleness and greatness from which I had always hitherto drawn strength and animation. I read them now without feeling, or with the accustomed feeling minus all its charm; and I became persuaded, that my love of mankind, and of excellence for its own sake, had worn itself out. I sought no comfort by speaking to others of what I felt. If I had loved any one sufficiently to make confiding my grief a necessity, I should not have been in the condition I was.³

Mill’s reflections on his experience of depression reveal that there are irreducibly phenomenological components to MHCs. Part of understanding an MHC is understanding what having an MHC is like. This is more complicated than might at first seem. MHCs are subject to a peculiar sort of hermeneutical predicament – all the mental resources that would allow us to describe our experiences are affected by MHCs themselves. Introspection into the effects of an MHC on one’s thought requires the use of cognitive resources – we need to have a clear sense of how we impact others, and how much support is reasonable to ask of them. These are precisely the sort of thoughts an MHC can distort. I will analyze this predicament in detail in chapter 4.

For now, I hope it will suffice to note the peculiarity of this epistemic position.

³ Quoted in Goldie 2012, 1064–1069.
How do we help those afflicted by MHCs? Part of the aid required by persons with MHC will be a sort of applied moral epistemology. Sufferers of MHCs will require epistemic assistance to identify and overcome epistemic distortions that stem from their MHC – they will need to *know* when they are thinking clearly and when they are not. No matter how much faith we place in medical science to produce drugs that aid in recovery from MHCs, those who are medicated will require philosophically rich advice.

From the combination of these two points – the inadequacy of EBMP and the philosophical character of MHC treatment – I conclude that MHCs require philosophical analysis. To this end, I will break my project into four chapters: In chapter 1, I will outline the only major source of philosophical analysis on MHCs – the writing of Hanna Pickard. Pickard argues that since MHCs affect agency, understanding and treating MHCs requires the use of a robust conception of agency (Pickard 2009, 92–93, 95–98) (Pearce and Pickard 2010, 1–2) (Pickard 2013, 1141). This agency analysis will have implications for other topics in moral philosophy, such as moral responsibility. Pickard concludes that those with MHCs can be responsible for their conduct, but not blameworthy (Pickard 2013, 1135, 1141–1142). In chapter 2, I will review some places where Pickard’s account could be expanded. In particular, I argue that MHCs require a significantly more detailed account of agency in order to understand their phenomenology, treatment, and implications for moral responsibility. In chapter 3, I will develop a robust account of agency. I rest my account on a rejection of the binary conceptions of consciousness and unconsciousness and argue that we ought to understand consciousness as a continuum of awareness and focus. *We focus* on specific thoughts directly, but the content of such mental states is informed by implicit links between the other feelings, experiences, and beliefs which make up our mental horizon. To articulate this account of awareness and focus, I will draw on
various debates about the nature of thought, including work by Hubert Dreyfus, John McDowell, David Bakhurst, David Hume, Tim Scanlon, and Jonathan Dancy. In section 4, I will outline two cases designed to illustrate the cognitive experience of MHC distortions, and strategies often used to cope with these distortions. I will conclude with some thoughts about my account of agency and what it can tell us about MHCs.
Chapter 1: Pickard on Mental Health Conditions

I will begin this project by reviewing the themes present in the philosophical discourse on MHCs, to provide a starting point for developing a rich account of agency which aids in explaining the nature and experience of MHCs. Since philosophical literature on the nature of MHCs is sparse, I will focus on Hanna Pickard’s work. Pickard, as both a philosopher and clinical psychologist, brings an interesting perspective to conceptualizing MHCs. Pickard argues that MHCs implicate the agency of those who have them (Pickard 2009, 92–93, 95–98; Pearce and Pickard 2010, 1–2; Pickard 2013, 1141). MHCs, therefore, are not best understood in solely physiological terms. First, MHCs are not “empirically valid categories”, and thus their definition rests on normative similarities rather than a list of physiological properties. Second, the treatment of MHCs will involve therapy understood as a “moral conversation”, which is not an empirical phenomenon (Pickard 2009, 85–87). This moral conversation will involve addressing the morally problematic behaviour associated with some MHCs, because persons with such conditions have at least some responsibility for, and agency in, rejecting these behaviours (Pickard 2013, 1135, 1141–1142).

1.1: Mental Health Conditions are not Diseases or Scientific Categories

Part of Pickard’s analysis of MHCs is terminological. She picks up on Thomas Szasz’s argument that diseases involve some “deviation from the normal anatomical or physiological structure and functioning of the human body” (Pickard 2009, 84). However, MHCs are often departures from moral or cultural, rather than physiological, norms (Pickard 2009, 84–85). As Pickard notes, the definition of Narcissism will not rely on some hormonal or chemical deficiency in the brain, rather a possession of insufficient empathy and sensitivity towards the needs of others. Pickard notes that many interlocutors focus on the definition of ‘illness’, and possible positive
physiological deviations like athletic prowess to show that ‘illness’ is a contested term (Pickard 2009, 85–86). This debate has sparked literature of its own, but it may not be instructive for MHCs. Pickard argues that MHCs may not be best understood using the term ‘disease’:

It is possible to hold both of the following claims: first, that particular kinds of mental illnesses may prove to be valid scientific kinds, and second, that our concept of mental illness, as an overarching or generic category, involves a deviation from ‘psychosocial, ethical, and legal’ norms and, in this sense, maybe unlike our concept of bodily illness – however this is ultimately correctly understood. (Pickard 2009, 85–86).

Pickard implies that MHCs are not empirically valid categories, because such categories can be defined scientifically in terms of clear necessary and sufficient conditions. Here the term empirical has a narrower meaning than “drawn from experience” (i.e. *a posteriori*). In the context of medical research, its meaning is more like “reducible to physiological conditions”. Recall Pickard’s example of narcissism, which does not appear to have any associated physiological components but does raise a cluster of moral concerns over the narcissist’s relations with others. This condition does not obviously fall under the term “disease”, and has no obvious physiological correlate, but is nevertheless an identifiable sort of condition.

Another difficulty Pickard identifies in categorizing MHCs as diseases are that many conditions are not defined by clear necessary and sufficient conditions for their occurrence. Definitions of many conditions appear to have a sort of “family resemblance” character. Pickard uses the example of Schizophrenia, which includes a host of symptoms such as apathy, athymia, and asociality. These symptoms also occur in related conditions like bipolar disorder (Pickard 2009, 90–91). This indicates not only that schizophrenia is not a clear category, but that MHCs may not best be understood in terms of specific diagnostic criteria at all (Pickard 2009, 89, 91).
Rather instead, MHCs might be best understood in terms of placing patients on axes or continua that track symptoms (Pickard 91–92). A patient might have indicators on one axis that is strongly associated with bipolar disorder, and indicators on another axis that is not historically associated with that label. The upshot of this understanding, according to Pickard, is that no matter what the fundamental underlying scientific basis might be for any given MHC, people in the therapeutic community can continue to diagnose and aid those who have MHCs more accurately without attempting to categorize a given condition as an example of a specific disease.

1.2: Mental Health Conditions Contain Moral Defects, and their Treatment Implicates Agency

Just as the typical categorization of MHCs deviates from traditional understandings of the term ‘disease’, so too does their treatment. There are a host of MHCs that implicate agency in different ways. Pickard defines a straightforward account of agency, on which agency is implicated when one has: (1) a range of options to choose from, and (2) the capacity to do so under ordinary circumstances (Pickard 2013, 1137). I will break Pickard’s examples into three categories, to illustrate how agency is implicated in treating these conditions.

(1) Other-Harming Conditions

Certain MHCs, such as Personality Disorders (PDs), follow Szasz’s criterion of serious departure from social and cultural norms, and their treatment involves correcting these behaviours. Some persons with PDs have severe trauma which causes them to lash out at others in order to relieve mental strain or to avoid being hurt again (Pickard 2009, 92). Others, such as narcissism, involve an insensitivity to others, which renders these clients less likely to see how their actions and dispositions may harm or disrespect others. Talk therapy for treating these conditions involves
moral conversations where “virtuous alternatives” are developed (Pickard 2009, 92–93, 95–98). For trauma-related PDs, therapy might involve working on other ways of coping. For narcissism, therapy involves the development of empathy and sensitivity to others (Pickard 2009, 92–93, 95–98).

(2) Self-Harming Conditions

Some MHCs, such as addiction or self-harm, involve coping mechanisms or behaviours that harm those who have the condition. These MHCs involve problematic relations to self, and in this sense are deviations from moral or cultural norms (Pickard 2013, 1140). Pickard notes that it is not always useful to view self-harm through a moral lens, since specific self-harming actions are not wrong (Pickard 2013, 1140). They may involve seeking escape or stupor to avoid facing trauma or to regain control of one’s life. These actions involve voluntary choices, even if persons who engage in them may not understand what they are doing or what their options are (Pickard 2013, 1137, 1140). They might also involve responses to trauma which fall outside of intentional action. As Pickard notes, persons with MHC can have “psychological distress that we do not expect people to tolerate without taking action to alleviate it” (Pickard 2013, 1142). Self-harm might involve actions that operate as a survival mechanism intended to shift one’s psychological state. This need not necessarily involve a deeper motivation to “take back control”, though it may develop into a long-term strategy that involves controlling one’s psychological state. Regardless, treatment for these conditions will involve exercising one’s agency to avoid these behaviours (Pickard 2013, 1141).

(3) Self and Other Harming Conditions

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4 Talk-therapy is a catch-all term for therapeutic strategies which involve discussion and analysis of patient experiences, rather than medical intervention.
As Pickard notes, many MHCs are difficult to delineate clearly from one another. For example, a person with clinical depression may well engage in both self- and other-harming behaviour. Such persons may damage interpersonal relationships because they are overly sensitive to perceived insults. They may well engage in any number of self-harming behaviours for relief or to cope with symptoms of depression. Persons with this sort of hybrid conditions will have their agency engaged in therapy for both sorts of harmful behaviour. These persons may have to learn to doubt the veracity of perceived insults and develop less vicious coping strategies.

The commonality between all these forms of treatment is that recovery of those with MHCs, from the internal perspective, involves “taking back control”. This would be impossible without agency (Pearce and Pickard 2010, 1–2). If the agency of a sufferer from MHC’s was not implicated, we would not see progress when deploying coping strategies for addicts or seeking to develop empathy in narcissists. Often treatment hinges on fostering moral virtues and better relations with one’s self, their condition, and the world (Pickard 2009, 97–98; 2013, 1141). In other words, these are conditions that can be subject to change via intentional action.

1.3: Persons with Mental Health Conditions can be Blameworthy for their Conduct

Given that MHCs do not completely suppress agency, moral considerations should be applied to persons with MHCs. Pickard focuses on the notion of moral responsibility – something particularly important for PDs which manifest in various other-harming behaviour (Pickard 2013, 1142). Since the treatment of persons with MHCs would be impossible without the possibility of using one’s agency to do otherwise, it follows that persons with MHCs are responsible and at least sometimes blameworthy for their conduct (Pickard 2013 1144–1145). This is clearly at odds with a disease-based understanding of MHCs, which places persons with MHCs as victims of a condition that causes them to act out in certain ways. However, as Pickard clearly shows,
MHCs are not like having a broken bone or a cold and they do not affect people in the same way – they are not “out of one’s control” in the same way. When we ascribe potential responsibility to persons with MHCs, we do so for actions or beliefs that are typically voluntary. The fact that problematic behaviors can be mitigated is proof that agency is still implicated within them. Therefore, persons with MHCs do retain their agency – their actions are not out of their control like arbitrary facts of nature, nor are MHCs pathologies in the sense that they remove the possibility of a person mitigating problematic behavior.

Pickard focusses on blameworthiness due to the specific focus of her intended audience. Pickard explicitly wants to avoid what she calls the “clinical trap”. If clinicians view persons with severe MHCs as fully morally responsible and hence blameworthy for their conduct, they can experience reactive attitudes towards patients that are not useful for proper treatment (Pickard 2013, 1136–1137, 1142, 1147). But if they view patients as victims of their conditions and reduce their behaviour to a sort of mechanistic and causal analysis, they deny the very agency that must be cultivated for successful recovery (Pickard 2013, 1137, 1141). Pickard’s account seeks to separate responsibility and blame so that a clinician can hold a patient responsible – and therefore develop patient agency – without adopting a judgmental attitude.

Pickard notes we typically place blame on a continuum (Pickard 2013, 1138). Things like traumatic history might modify someone’s blameworthiness (Pickard 2013, 1147–1148). She is not exactly clear how this works, but a plausible interpretation appears to be similar to Angela Smith’s notion of a partial excuse. Smith raises this notion in response to a person with inherited racial bias. Persons in particular circumstances may not have the same cognitive resources to make their decisions, perhaps because their upbringing was insufficiently sensitive to moral questions, like racial equality, and therefore inadequate for general moral thought and action (Smith 2015, 779). The idea is that such a person may be responsible for their beliefs and actions because everyone has some responsibility to develop their epistemic and moral capacities so that they can fulfill their moral obligations. However, those who may have been
deprived of the tools provided by a non-biased upbringing might be disadvantaged in this pursuit. Such a person may not be quite so blameworthy or responsible as those whose upbringing was ethical. This, of course, will require further development, a task which I will take up in the following sections.

MHCs might operate in a similar way. Some conditions may make it more difficult for a person to understand their moral obligations. To return to Pickard’s example of narcissism, it seems clear that narcissists would not have access to the same intuitive sense of the needs of others. However, since these people can develop the proper sensitivity, it follows that they can rightly be criticized for the moral failings associated with their condition (Pickard 2009, 93, 95, 98).

Pickard also notes that it will not always be helpful to actively blame those with MHCs for their immoral behaviour (Pickard 2013, 1149–1150). This is especially true in the clinical context, where a focus on blame interferes with developing moral virtues so that persons with MHCs can fulfill their moral obligations (Pickard 2013, 1141, 1148). Whether someone wants to blame a person with an MHC will be based on the relationship between the person wronged and the person with the MHC (Pickard 2013, 1148–1149). Despite these ambiguities, Pickard’s argument remains that persons with MHCs can rightly be described as responsible and blameworthy for their conduct.
Chapter 2: Expanding Pickard’s View:

I am, in general, sympathetic to Pickard’s account. Her analysis reveals both how philosophy may have a role to play in understanding MHCs, and also how current therapeutic practices are philosophically rich. However, Pickard’s view has deficiencies that fall under two categories. First, Pickard leaves open the possibility that science could, in principle, fully define a mental health condition (Pickard 2009, 90–91, 97–98). I believe that this concession is a mistake and that insofar as MHCs involve agency, they will essentially fall outside the net of exhaustive scientific explanation. This is relevant to both the understanding of MHCs and their successful treatment. This is because there is a component of understanding any MHC which is inherently phenomenological, and which is relevant to what it is like to have a given MHC affect one’s thought.

Second, Pickard’s account of agency is inadequate for understanding both what it means to be a person with a MHC, and exactly how one’s agency is implicated in therapy. Pickard’s view of agency is straightforward if brief. As we saw, she argues that agency is implicated when one has (1) a range of options to choose from, and (2) one has the capacity to choose under normal circumstances (Pickard 2013, 1137). She uses this definition to show ways in which persons with borderline personality disorders can be held responsible for their conduct, even if they have partial excuses due to traumatic circumstances (Pickard 2013, 1141, 1147–1148). This analysis makes it hard to countenance the hermeneutical predicament in which persons with MHCs often find themselves: the very cognitive resources they might use to analyze how they are affected by their condition are the resources affected by the condition itself. MHCs can affect one’s sensitivity to certain reasons, and therefore truly understanding how MHCs interact with agency requires epistemic and phenomenological analysis, both of the condition itself, and of agency in general.

2.1: Exploring Implications
Pickard notes that MHCs are both physiological and moral concerns (Pickard 2009, 85–86). From this, she argues that clinics are the proper place to treat MHCs because they can combine physiological treatments like medication, with normative treatments like talk therapy (Pickard 2013, 97–98). As we saw, Pickard does leave open the possibility that science could, in principle, define MHCs in solely physiological terms, likely through neuroscience (Pickard 2013, 90–91), but she contends that such definitions would not necessarily be helpful in treatment, since many effective treatments are predicated on moral conversation and virtue-building exercises (Pickard 2013, 97–98).

Let me expand further on why I think Pickard’s concession to neuroscientific definitions of MHC is mistaken. The claim is, I believe, in tension with the implications of her account more broadly. MHCs are difficult to define precisely because they sit in the liminal space that links the neurological and the conscious. The very fact that medication and talk therapy are both required for recovery from some conditions indicates a sort of mutual irreducibility in the two components of MHCs. Identifiable physiological “defects” are often present in MHCs. Persons with severe depression can be greatly aided by medications that regulate brain chemicals such as serotonin and norepinephrine. This indicates that some physiological difficulty is part of the condition. There are also conscious components to such MHCs. Persons with depression will experience their world differently. They may not be able to recognize good things in their lives. They may be unduly sensitive to what they perceive as slights. This experience, in turn, affects the sorts of cognitive resources available to them in deliberating about what to do and what to value. It is important to note that this remains true even if medication is useful. Moreover, medication may also alter one’s experience of the world, and in so doing, it becomes an
influence on consciousness which must be explained. To live with depression, for example, is to live with the consequences and side effects of one’s treatment as well as with the condition itself.

The two components are mutually irreducible because they operate using different terms in different areas. *Even if* scientists were able to find the exact aspects of one’s brain associated with depression, this would *only* aid in understanding the physiological side of depression. It would not operate as an explanation of the epistemic difficulties of living with altered conceptual tools. To map the depressed brain is not the same as saying what *it is like* to have depression. This can only be done through philosophical, and in some cases phenomenological, analysis.

Furthermore, the fact that most MHCs are treated by more than medicine also indicates some reason to doubt whether “science” could deliver a “cure” for many MHCs. In part, this is because many MHCs are not exclusively “bad”. A person on the Autism spectrum may have some difficulties and some advantages from their condition, rendering this not an obvious case for a “cure”. Even for conditions that are more straightforwardly bad, science will only be able to cure such conditions if we have a strictly reductionist conception of mental states. Since consciousness has a phenomenological character – something which is qualitatively and conceptually distinct from physiology – such a reduction may be wholly inappropriate. I suspect it is inappropriate, but I do not think answering this question is crucial for the current task. At the very least, we are a long way from physiological “cures”, which may well be impossible. As long as they exist, we will need to understand MHCs in *both* physiological and philosophical terms. Moreover, to treat something *bad*, we require an account of its *badness*, something which only normative analysis can provide.

MHCs, therefore, are not purely “empirical” phenomena. While Pickard notes that philosophical tools are crucial to good therapeutic practice, (such as moral conversation and
philosophical analysis will also be key to understanding the nature of MHCs. Philosophical analysis is required not only because MHCs involve deviations from cultural or moral norms (which themselves are philosophically rich), but also because MHCs must be defined at least in part by their epistemic and phenomenological characteristics. This is to say that to even begin to understand an MHC will involve analysis of consciousness and agency. Pickard is clear that we should avoid an overly scientistic understanding of MHCs, but I think she is still too conciliatory. If we do not stress the limits of scientific understanding in this field, then researchers and practitioners may operate under the assumption that talk-therapy is a merely provisional strategy to be deployed so long as we remain ignorant of the physiological basis of MHCs and their pharmacological remediation. That assumption is, in my view, quite wrong.

2.2: Adding Detail

Pickard’s account refers to some important concepts and uses them in eminently plausible ways. However, when the relationship between these concepts and MHCs are examined in more detail, her account becomes significantly less clear. As we saw, Pickard argues that persons with MHCs can be responsible for their conduct even though they may have altered responsibility based on their condition, or a history of trauma (Pickard 2013, 1147–1148). Responsibility, for Pickard, arises when one’s agency is implicated in one’s actions (Pickard 2013 1141, 1144–1145; Pickard 2009, 97–98). However, MHCs interact with agency in multifarious ways, some of which look like they directly involve agency, while others look much more complicated. Pickard uses examples of addiction, self-harm, and lashing out at others to detail agency-related behaviour. These cases are rather simple. Actions like self-harm, lashing out, or succumbing to addiction are not compulsory in the literal sense. They are coping mechanisms in which a person may or may not engage, and this voluntary character is reinforced by the fact that persons with MHCs are
often able to take back control and develop more virtuous coping strategies (Pearce and Pickard 2010, 1–2).

However, there are a host of features of any given MHC that affect basic components of subjectivity and implicate the way one lives their life. Some chronic conditions like anxiety or depression influence how one responds to reasons or context in a given case, and therefore affects one’s range of options and one’s capacity to choose from them. These two effects are, of course, interrelated. One’s range of options can be limited due to the restricted reach of one’s epistemic tools. One cannot choose an option that is unknown to one.

Pickard’s account, however, does not provide sufficient detail to deal with such subtle epistemic effects. Consider her claim that agency entails that the agent has (1) a range of options to choose from, and (2) the capacity to do so under ordinary circumstances (Pickard 2013, 1137). Condition (1) may initially appear metaphysical, in that some set of options must exist in fact for them to be selected. This may require the mere existence of options, or Joseph Raz argues, the set of options must be good enough for the choice to amount to something (Raz 1986, 204). In other words, choices must exist for them to be able to be chosen. Condition (2) involves epistemic capacities, in that agents must have capacities to make judgements about their choices. However, agency is a capacity of agents. In order for a choice to be available to an agent, it must exist and be epistemically available to the agent. One cannot choose that of which one is unaware. Therefore, even condition (1) has an epistemic character. In fact, since part of (1) is metaphysical, it has a hybrid character since the epistemic factors that underlie the capacity to choose also to influence what things are options for the agent. Some conditions can take certain options out of one’s choice set in a purely metaphysical sense. A person with schizophrenia may well not have the option to stop hearing voices. More important, however, are the epistemic
impacts of an MHC. MHCs can impact one’s thinking in such a way the notion of “ordinary circumstances” becomes difficult to parse. This is either because the MHC is chronic in such a way that it moves the baseline of what counts as ordinary, or because the MHC alters one’s epistemic toolkit and the context in such a way that one cannot tell whether one is in ordinary circumstances or not. Someone with chronic depression, for example, may experience periods of low mood for months or years, and these periods may be quite common. For this person, “normal” includes the effects of an MHC. Someone with chronic anxiety will often experience symptoms of clenched guts, and pangs of fear. This person may also get such symptoms from stress, but since that person’s experience of stress occurs in the context of their anxiety, it will be difficult to determine the symptoms that are attributable to the MHC or just general stress.

This may initially look like a misreading of the conditions of agency provided by Pickard. The word “ordinary” may be interpreted as a comparative value, i.e. “ordinary” would be the sort of circumstances someone without the condition might experience. I think a comparative interpretation has some clear deficiencies. First, it is unfair to hold one to a conception of agency which is intended to be circumstantial in some important way, where the baseline is not indexed to the context of the agent in question. There is a marked difference between holding a view like that of Angela Smith (where one can be responsible for things one is not, but could be, directly conscious of), and holding someone responsible for that which they cannot be conscious of (Smith 2015, 776–778). Someone could be responsible for forgetting someone’s birthday, but only if they were made aware at some point of the date. If we think they ought to know, we can, at most, hold them responsible for not taking action to find out the date. They could not be responsible for forgetting what they could never have been aware of in the first place.
Second, holding a simple account of agency misses a crucial epistemic piece of the puzzle. An MHC affects how one thinks, and as such, is implicated in how one sees the world to begin with. More plainly, how one thinks affects how one sees the world itself. MHCs provide a clear case of how one’s background of commitments, emotional responses, upbringing, and so on affect the cognitive context of all one’s deliberations. The clearest examples of such effects are chronic MHCs like anxiety and depression. Consider an example offered by David Bakhurst in *The Formation of Reason*:

One evening, Harry attends a dinner party. He has been suffering a bout of depression, but he expects that the dinner will distract him. As it turns out, his mood affects his behaviour for the worse. He seems indifferent to the conversation, tuning in and out, except when he becomes preoccupied with something another guest has said. His sustained rebuttal offends her and embarrasses the others. As the evening wears on he makes several distasteful remarks. He is first to leave, and when he does, he is insufficiently appreciative to his hosts. The remaining guests wonder what is up with him. The hosts apologise on his behalf, explaining that Harry is susceptible to depression and this makes him ‘difficult’. (Bakhurst 2011, 131).

Bakhurst explains Harry’s predicament via an appeal to salience, or the notion that depression can highlight some reasons or emotional responses to an event, and obscure others (131–132). Someone with a particular MHC may be sensitive to certain events or statements in ways in which others may not be. Bakhurst notes, as Pickard no doubt would, that these sorts of influences are not outside rational control (132). However, this example also reveals a crucial difficulty in understanding the epistemic component of MHCs. Someone with depression can deploy their reason to avoid assigning too much weight to some offhand comment in their thinking, but depression is both susceptible to deliberation, and an influence on deliberation itself. Part of how deliberation is undertaken involves weighing the salience of a given reason within one’s worldview. However, if depression is implicated in the salience of a reason already,
it places those with depression in a peculiar sort of hermeneutical predicament: the exact resources they might be expected to use to combat the influences of depression on their thinking are the ones depression is said to influence.

Consider the epistemic components of Harry’s case. We no doubt suspect that Harry could reflect on his conduct at the dinner party and recognize that he was being “difficult” in many ways. Harry, we assume, has all the usual tools to determine the social norms of a given context and follow them. After all, his hosts take it to be necessary to explain why Harry acted poorly that night, which indicates that night was abnormal. However, Harry did not have easy access to the tools required adequately to navigate this dinner party at the time. Such tools are not generally expressed or presented in explicit ways, rather they are generally skills we practice without conscious deliberation. We tend to see situations in normatively rich ways. We do not, for example, see a certain motion and conclude that a thirty-degree tilt of the head is associated with the emotional marker discomfort. There is no space between perception and interpretation; to see ahead tilt is to see discomfort. However, depression can interfere with this capacity to read body language.

When not suffering from depression, Harry may be able to read the body language of his interlocutors to realize he has spent too long and focused too intensely on one topic for polite conversation. This tool enters Harry’s judgement as part of his perception of the world. He sees his interlocutor as in distress. Depression can interfere with this perception by suppressing the richness of one’s experience. Those with depression often express this feeling in metaphorical terms, such as experience being rendered “colorless”. One’s insensitivity to how things feel does more than merely interrupts one’s happiness; it also poses an epistemic challenge. This example clearly shows that while we do not think Harry’s condition renders him incapable of
understanding how he ought to act at the dinner party, it does, however, operate as a kind of impediment. On most occasions, most people have easy and unconscious access to the tools of judgement. Harry does not.

This is merely one example of how MHCs can challenge the conditions of agency presented by Pickard. If Harry’s MHC interrupts his ability to judge when he is being rude, how does this affect Pickard’s two conditions of agency? Given that condition (1) can only be satisfied if one knows the options available to one, Harry’s MHC seems to interrupt this condition by barring Harry from perceiving others in distress (and therefore disabling him from correcting his behaviour). Condition (2) is obfuscated because it involves the epistemic capacities that allow the reading of social cues. I will explore these implications, and the related theoretical questions, further in later sections. My present concern is to illustrate the insufficiency of Pickard’s account. Harry’s epistemic difficulties alter his ability to choose how to behave, insofar as he is deprived of easy access to epistemic tools of judgement. Depending on the severity of Harry’s condition, he could not perceive the proper way to act at the dinner party and therefore proper behaviour is not an option for him.

This hermeneutical predicament, I think, renders two things clear. First, any sufficient account of MHCs must not only note that agency is involved. The account must also have a sufficiently detailed conception of agency, and a sufficiently detailed phenomenological account of MHCs. The epistemic effects of an MHC on agency cannot be understood otherwise. In other words, Pickard is right to gesture at agency in the context of MHCs, but we require much more than two simple conditions to understand how agency is implicated in this context.

Second, agency’s epistemic components are more complicated than they first appear. Both one’s capacity to make choices and the situation of choice can be affected by a host of
background and contextual factors. These factors are implicated in both the situation itself and one’s mental landscape taken more holistically.

It is worth noting that Pickard’s account may be a result of writing to a specific intended audience. Pickard is writing to inform clinicians that agency is implicated in MHCs, and that agency’s consequences, responsibility, and blame can be separated. Her aim is interdisciplinary: to bring a topic into an audience’s horizon of knowledge, and therefore allow it to inform deliberation. There is a struggle in such cases to know just how much knowledge is required. After all, we do not, and cannot, expect every clinician to have a deep philosophical education in addition to their clinical education. Thus, whatever Pickard’s deeper view of agency is, which is no doubt more complex, she offers this particular view of agency as appropriate for her interdisciplinary aim.

I think the *Harry* case shows that such a narrow understanding of agency will not suffice for understanding and treating MHCs. Insofar as therapeutic strategies implicate epistemic and moral factors that are tied to agency, they must be informed by a deeper understanding of what agency means. Considerations of agency implicate both the “moral conversation” involved in therapy and the sense in which persons with MHCs might be responsible for their conduct given their MHC. We have reason to think that therapy is as much an epistemic conversation as it is a moral one. We also have good reason to think that responsibility will be indexed to how their MHC interacts with their agency. In the chapters that follow, I will attempt to develop a more nuanced account of agency and a phenomenological account of at least some MHCs.
Chapter 3: Practical Agency Revisited

In Chapter 2, I argued that Pickard is correct to characterize MHCs as malaises of agency, but an analysis of the effects of MHCs on agency requires a significantly more complex account of agency. In this chapter, I will attempt to build just such an account. Agency itself is a complicated concept – it covers all how we choose to navigate our world. As such, developing an account of agency will require delving into many debates with long historical roots. First, I want to address the determinist objection to the use of agency as a concept, something which would accept my account from the start. I will argue that determinism (which is usually thought to threaten the rejection of free will and therefore also the utility of related concepts like agency) is far from decisively proven, and therefore cannot justify a rejection of agency analysis. Agency, as Pickard argues, is so conceptually intertwined with how we understand and treat MHCs that the concept’s use is unavoidable.

Second, I want to examine how philosophers have explained how we navigate our world – do we do so unconsciously through instinct or consciously through reason? Hubert Dreyfus argues that the phenomenology of how human beings navigate the world supports an unconscious and instinctual account. John McDowell rejects this, and argues that reason is often implicit and unconscious, and therefore underlies our ability to navigate the world. I agree with McDowell and argue that the McDowellian conception of reason is best understood if we reject a binary distinction between the conscious and the unconscious, and opt instead for a spectrum of mental awareness which includes both implicit and unconscious reasoning (things within our awareness), and explicit conscious thought of things (things in our direct focus). I argue that our thought occurs on a continuum of unconscious and implicit reasoning, something I label awareness. We also have mental experiences directly, i.e. we think, and we feel some

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5 See McDowell’s *Mind and World*, and “What Myth” as well as Dreyfus’ “The Myth of the Mental” and “Return of the Myth of the Mental”.

things explicitly, which I describe as focus. These two concepts provide greater explanatory flexibility than a conscious and unconscious binary.

Third, I address the claim that deliberation is not best explained by reason, but rather it is desire, as David Hume argues, that is the ultimate arbiter of human thought and action (Hume 2010, 633). I argue that anti-rationalists like Hume have a problematically narrow conception of reason – where reason is specifically neutral and deductive. Rather, I argue that reason is something far more fundamental As Scanlon argues, reason is foundationally normative (Scanlon 2000, 38). Besides, desires must themselves have evaluative (that is to say, rational) components in order for them to be sensible (Scanlon 38–41, 45). Desires, therefore, are just another kind of reason.

Fourth, I focus on Jonathan Dancy’s account of practical reason to illustrate what roles theoretical (reasons for belief) and practical reason (reasons for action) have in agency. Dancy argues that practical reason has primacy – when we think of what we ought to do, the belief that some action is right is generated by the truth that the action would be right (Dancy 2018, 88–89). Thus, reasons for belief play a secondary role in agency. I argue that the distinction between theoretical and practical reason disappears when we consider how reasons for belief implicitly underlie the way we view situations themselves, and thus what counts as right action in the first place.

Finally, I conclude by sketching a general account of agency that I draw from my conclusions on these various debates. Agency is a matter of rational deliberation, where reason is considered to be wide and normative, including desires and emotive states as part of justification and evaluation. Most of this work occurs implicitly and ‘unconsciously. Therefore, I

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6 See McDowell’s *Mind and World* as well as his “Virtue and Reason” for a rationalist account, and Hume’s *Treatise of Human Nature* for an anti-rationalist account.

7 There are many versions of these positions. McDowell’s “Virtue and Reason” is a moderate account which blends theoretical and practical reasoning. Kant’s ethics in *The Groundwork for the Metaphysics of Morals* is heavily theoretical, and Dancy’s *Ethics Without Principles* provides an account based on practical reason.
conclude that agency is better explained via a spectrum of awareness, with propositions, thoughts, and emotive states occurring within our focus, and general components of how we see the world shaping our worldview in the corners of our awareness.

3.1: Addressing Determinism

Before developing an account of agency, I wish to reiterate and expand upon an argument made by Pickard about the appropriateness of agency as a core explanatory concept for MHCs. Recall that Pickard notes that mental health professionals often struggle with the ‘clinical trap’ of assuming that MHCs cause behaviour that is either totally out of a patient’s control, or within their control and therefore their fault (Pickard 2013, 1136–1137, 1142, 1147). Pickard argues that neither is true, but rather than persons with MHCs are at least sometimes responsible, in at least some ways, for their conduct. This need not eliminate extreme cases that might be covered by an insanity defence in criminal court. Rather Pickard’s account implies that agency has at least some role in explaining MHCs. This must be true if therapy is to be possible at all, since therapy assumes problematic behaviours can change (Pickard 2013, 1137, 1141).

Even though I contend that Pickard is right to understand MHCs in terms of agency, determinists might critique my current project based on the idea that it is a sub-component of their main object of criticism: theories of free will. If agency exists, it would be predicated on a robust notion of free will – one where agents control how they act in the world in a meaningful sense. A determinist might argue that this entire account is irrelevant because there is no such thing as free will. However, I think bringing up this critique is at best unnecessary, and at worst it ignores all the conceptual resources we have for understanding MHCs. The metaphysical status of agency is irrelevant to determining how agency and MHCs are related. Every concept we use to explain MHCs presupposes agency for its content since MHCs would be incomprehensible
without analysis that features agency. Pickard rightly notes that narratives of ‘taking back control’ underlie successful recovery from the negative effects of MHCs (Pearce and Pickard 2010, 1–2). For example, if someone struggles with addiction, we are going to explain addiction in terms of the person’s inability to stop abusing a substance. “Inability” is an agency-laden concept; it distinguishes between actions that agents do and do not have the power to take. Even if we explain why someone is an addict in terms of particle reactions (as a scientific determinist would), this explanation does not help us to elucidate the experience of addiction or the methods through which addiction is treated.

3.2: Conscious Thought vs Unconscious Response

The first area of debate I want to cover is that of Hubert Dreyfus and John McDowell. McDowell develops a rationalist account of the connection of mind and world, where the world and experience are conceptually rich and therefore ‘minded’. Dreyfus argues that this rationalist conception of everyday decision-making and means of relating to the world ignores all the ways we act unconsciously and pre-conceptually.

McDowell’s ‘Minded’ World

McDowell and others advance a rational and ‘minded’ account of the relationship between human beings and their world. For McDowell, this rests on the claim that human beings have conceptual capacities (like language and reason) that constitute a ‘second nature’, a mind which can experience and explain the world rationally (McDowell 1996, 84, 87–88). These capacities allow human beings to perceive the world conceptually, meaning that the very components of experience that impinge upon our thoughts are themselves conceptual (McDowell 1996, 9, 12, 27, 46–49). We then use these conceptual contents to deliberate, judge, and make decisions (McDowell 1996, 135–136). Conceptual content has normative characteristics; it has a linguistic
and historical context, linked to a particular tradition of understanding. As such, human beings can “be moved by meanings” within our environment (Bakhurst 2011, 17).

Under this view, when a person sees a door, they draw into play the concept ‘door.’ This conceptual perception includes “door’s” uses, and perhaps historical information about how doors have been used and made, and possibly even where this particular door was purchased, etc. Perceiving the door in this way allows us to place it within our deliberations. We can think of going through the doorway, for example, since we perceive doors as objects with purpose, they can open.

The notion ‘second nature’ is important to understand this view. For McDowell, this is a way of recognizing that human beings are born with the potential to develop conceptual capacities but begin with these capacities unrealized. However, these skills are natural even though they must be developed (McDowell 1996, 84, 87–88). The potentiality for these skills establishes them as ‘second-natural’; they are proper and expected consequences of human development. These capacities often underlie much of what we take to be central to the human experience. As David Bakhurst writes, “second nature” is acquired through enculturation and education, and it becomes the precondition for all sorts of capacities, such as intentional thought (Bakhurst 2011, 9) The McDowellian picture serves to break the hard distinction between humanity’s ‘animal’ components (like desire and instinct), and our ‘higher-order’ capacities for rational thought. They are all-natural.

Dreyfus’ Embodied Coping

Hubert Dreyfus wrote a series of articles in which he directly contests the McDowellian picture. Contrary to McDowell, Dreyfus argues that rational apprehension only comes into play when we step back from an engaged situation (Dreyfus 2005 48–50). This ‘stepping back’ is more or less
what McDowell means by judgement and receptivity, according to Dreyfus. If we step back, we can frame situations with particular concepts, make judgments, and act in accordance with rational rules. However, Dreyfus claims that most of what we do amounts to unconsciously responding to the ‘affordances’ of our surroundings, wherein certain objects imply certain possible responses: an apple affords eating, and a door affords opening (Dreyfus 2005, 56). None of our responses occur through conscious deliberation, such as applying rules of how to act or responding to facts of a situation. In fact, the better we are at navigating our surroundings, the less we can discernibly be described as following “rules” (Dreyfus 2004, 54).

Dreyfus has many examples of this phenomenon, though perhaps his most interesting ones involve instances of ‘expertise’ Consider the following example:

For an extreme case of the inverse relation of a free-distanced orientation and involved skilled action, consider the case of Chuck Knoblauch. As second baseman for the New York Yankees, Knoblauch was so successful he was voted best infielder of the year, but one day, rather than simply fielding a hit and throwing the ball to first base, it seems he stepped back and took up a ‘free, distanced orientation’ towards the ball and how he was throwing it – to the mechanics of it, as he put it. After that, he couldn’t recover his former absorption and often – though not always – threw the ball to first base erratically – once into the face of a spectator.

Interestingly, even after he seemed unable to resist stepping back and being mindful, Knoblauch could still play brilliant baseball in difficult situations – catching a hard-hit ground ball and throwing it to first faster than thought. What he couldn’t do was field an easy routine grounder directly to second base, because that gave him time to think before throwing to first. I’m told that in some replays of such easy throws one could see Knoblauch looking with puzzlement at his hand trying to figure out the mechanics of throwing the ball. There was
nothing wrong with Knoblauch’s body; he could still exercise his skill as long as the situation required that he act before he had time to think. In this case, we can see precisely that the enemy of expertise is thought. (Dreyfus 2007a, 354).

Dreyfus’ picture shows that Kobach was once capable of feats of great skill, however, these skills are not conscious nor rational. Rather, skillful navigation of a scenario is predicated on responses to the possibilities offered by that scenario, or in other words, instinctual responses to affordances. In addition to cases of expertise, there are plenty of ordinary examples. We do not often consciously order our bodies to walk, but when we do, it takes a great deal more concentration than we might like. In Dreyfus’ view, we are predominantly unaware of the affordances of our surroundings, even as we respond to them.

A McDowellian might object to this picture on the grounds that ‘affordances’ are precisely what is meant by ‘conceptual content’ from the world. A door is an artifact of human beings, replete with meaning. It has a purpose, which means that seeing the door implies concepts of traveling through it, and so on. Dreyfus rejects this characterization:

I don’t see the doorknob as a doorknob when I’m absorbed in using it, and the way I do take account of it in this case isn’t just an implicit version of seeing it like a doorknob. Yet, my coping is mine in that I can break off doing it, and for that reason I take responsibility for it. Moreover, it is a directed response to the situation that can succeed or fail (Dreyfus 2007b, 375). This fits with another account of the doorknob example:

But the involved coper does not act for that reason as such. As Heidegger points out even more clearly in the case of a doorknob, when I go out the door I needn’t attend to the doorknob (be mindful of it), see it as a doorknob, least of all see that it affords opening the door. Rather, as Merleau-Ponty notes, and recent research confirms, as I approach the door my hand simply begins to take the shape of the doorknob and when I reach the doorknob my hand just turns it (Dreyfus 2007a, 361).
Dreyfus’ discussion implies that while we are no doubt engaged in some kind of response to the world, it would be a mistake to characterize our reaction to the doorknob as ‘minded’ in the sense that it involves our deliberative faculties. This instinctual response is distinct from the mind, rather than continuous with it. Consider this passage:

Although not indubitable, the ground-floor level of everyday coping is self-sufficient. In principle, given our body schema, which according to Merleau-Ponty is always already attuned to the logic of the world, and given our sense of our culture with its language and all its social demands such as gender roles which we take over as second nature without having had to notice them, we could go on coping in flow – changing from task to task – without ever facing a breakdown and having to step back and reflect, although, unlike animals, we would always have the capacity to do so (Dreyfus 2007, 363).

Therefore, Dreyfus’ position is that none of the basic actions covered by McDowell’s idea of openness to the world occur on the conscious level, and therefore do not involve concepts or deliberation. Dreyfus’ account of ‘framing’ (which he characterizes as a rational action) sits in contrast to this instinctual response he calls ‘embodied coping’. Embodied coping, as previous examples of expertise indicate, requires that we do not ‘notice’ the affordances of a situation; we simply respond to them (Dreyfus 2005, 56). This means that the way in which we perceive the world must be nonconceptual, insofar as this response is to be unconscious and nonconceptual (Dreyfus 2005, 58).

Perhaps Dreyfus’ most direct criticism of the conceptualist account is found in this passage: “we can only relate and make judgments about them [affordances] insofar as they show up on the background of the world – and the world is not a belief system but is through our unthinking and unthinkable engaged perception and coping” (Dreyfus 2005, 59). This passage
shows commitment to a narrow conception of the thinkable: foundationally when we make judgements, in Dreyfus’ view, we are thinking about premises we can hold directly within our awareness. It is precisely this characterization which underlies the distinction between the detached mode of ‘framing’ and the engaged mode of ‘embodied coping’.

*Unconscious and Semi-Conscious Deliberation*

Dreyfus understands deliberation as divided into a binary: one either reasons consciously or one reacts to the world through ‘embodied coping’. The plausibility of his account relies on this binary being the only option; however, deliberation is far more complex and involves rational, conscious, embodied, and unconscious components. In the remainder of this chapter, I will discuss three components that will support a nuanced account of deliberation: (1) McDowell’s notion of being ‘open’ to the world rests on the idea that the mind *receives* conceptual content from the world; in contrast, Dreyfus argues that perception must be *preconceptual*. (2) McDowell and Bakhurst write of fluid movement from conceptual content received from the world, to deliberation and judgement within the mind. There is no obvious delineation between ‘inner’ and ‘outer’ experience, in the sense that the mind’s conceptual content, which informs judgements, is drawn from the world itself.\(^8\) In contrast, Dreyfus distinguishes sharply from embedded ‘reacting’ to the world, and detached ‘framing’ of the world via reason and judgement. (3) McDowell, Bakhurst, and others, such as Jonathan Dancy and Tim Scanlon, have a conception of reason which is broad and sometimes informal. Most of their conception is based on the ‘favouring’ relation and other fundamental normative notions that underlie our epistemic

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\(^8\) See McDowell 1996, 50–53 for more on this point.
tools. Dreyfus, in contrast, characterizes reason as primarily *formal* – his examples are of ‘rule following’ and other practical syllogisms that have propositional structure.

(1) *Conceptual Content in Perception*

Dreyfus criticizes the notion of conceptual content in perception because he claims that conceptual content must be *actively* incorporated into one’s thought. That is, to use concepts is to deploy them in propositional thoughts that can be made into *premises*. His focus on premises is implicit in the doorknob example, where he concludes that we do not use our ‘minded’ capacities when we reach for the door (Dreyfus *RMM*, 361). Dreyfus also states his belief that concepts are premises more explicitly when he argues that “perception must be nonconceptual” (Dreyfus 2005, 56). This is precisely what the McDowellian account denies. As Bakhurst notes, the McDowellian capacity of openness to the world, ‘receptivity’, is often passive (Bakhurst 2011, 129–130). Conceptual content comes to us from the world unbidden: “Experiences come to us unbidden, but they are nonetheless conceptual in character and hence impose a rational constraint on judgement. So McDowell clearly acknowledges that not all movement in the space of reasons issues from moves deliberately made” (Bakhurst 130).

Let’s return to the example of the door. Dreyfus is no doubt right to note that we *instinctively* curl our hand to the shape of the doorknob so we can open the door. However, we do so because to see a door is to see an object replete with meaning. Doors are made by people for *purposes*. They can be opened because they are designed to separate spaces and provide entrances and exits. Even when they are used for other reasons (say a false door that does not open on a cabinet), they have at least an aesthetic purpose. What about this perception of a door that could be explicable as preconceptual? No arrangement of atoms says ‘openable’; yet, the act of curling one’s hand to open a door is a reaction to something that *can be opened*. 

Thus, McDowellian receptivity, i.e. conceptual experience, seems at the heart of the notion of affordances. We can respond to a door as affording opening because **intentional** and **conceptual** content is held within the artifact itself. To perceive a door is to perceive it as a thing with purpose. The same is true of more natural examples. An apple can be perceived as affording eating because human beings have a history of eating apples; we have cultivated them, studied their nutritional characteristics, and so on. These things are true even if we are unaware of them. Our rich cultural and linguistic tools shape perception itself.

**(2) The Boundaries of ‘Reason’ and ‘Perception’**

Dreyfus is correct to note that perception and reaction happen unconsciously, however, he fails to understand that they are foundationally conceptual. As a result of this failure, McDowell is correct to develop a more nuanced account of ‘reason’ than is at play in Dreyfus’ account. Conceptual content underlies more than propositions. So, Bakhurst argues that “reason cannot plausibly be portrayed as a purely active principle, fully unencumbered and self-determining.” (Bakhurst 2011, 130). It is situated in our cultural and linguistic tools, and it also operates in unconscious and passive ways, underlying perceptions and our responses to the world. Bakhurst notes that a more nuanced reason has different characteristics: “Much of its control is retroactive: it can vindicate and extol, censure and revise, but the extent to which its activities are transparent to itself is limited, as, accordingly, are its powers of self-control.” (Bakhurst 2011, 130).

This account, however, might provoke the objection that it renders deliberation unrecognizable. If we act and think about concepts unconsciously, we may be unaware of our own reasons. This may seem peculiar, especially when compared to Dreyfus’ binary conception of reason and consciousness. Recall that Dreyfus describes reasoning as propositional and conscious. If reason has a propositional structure, we cannot have reasons that we do not hold within our conscious mind. Under Dreyfus’ model, we might deliberate with reasons that look
something like “that door can be opened” or “the train departs at 12:00”. A nuanced version of reason will include many things that are not like those examples, such as the experience of a chair or the notion of ‘red’. How, it might be wondered, could reasons be ours if they are not active thoughts in our direct awareness? More plainly, how can we deliberate with concepts if we are not directly aware of them?

I think this worry can be assuaged by considering ‘consciousness’ in thought as admitting of degrees. To capture this, we must do away with the distinction between conscious and unconscious, and instead speak of our thought in terms of awareness and focus. Awareness comes in degrees. For example, to have a perception is to be aware (in at least some sense) of how it can be used in judgement. To see my apartment door is to recognize implicitly that I could use the door in a plan of how to walk to the grocery store. This awareness might figure into a larger plan for my day – say I plan to have friends over, and I will need to navigate space in order to cook and entertain. Awareness is multilayered; propositional structure does not need to be used for something to be part of one’s conscious thought.

If one understands thinking in terms of an axis of awareness, it allows for much more flexibility and explanatory power. It explains everyday cases such as “sleeping on a problem”. This phenomenon seems inexplicable in a traditional binary notion of consciousness. When one is asleep one is, by definition, unconscious. The best explanation available to the traditional view for this example is that one is rested and therefore a little sharper. Awareness can capture the idea of being rested, and the more intuitive notion that some part of our mind is working on the problem while we sleep or paying attention to something else.

Awareness also provides a better way to understand how human beings perceive the world. The conscious modes of incorporating a perception usually come in the form of “I see a door” or “there’s a door”. We do not generally identify our perceptions as such. In the awareness model, we instead have a host of perception, some of which we are focusing on, some of which we are partially aware, but not currently in our direct focus. If someone asked us “Is there a door
to the park in this room?" we can shift our focus to answer this question. We need not say this new focus is another instance of perception; rather, we can say that our focus shifts our perceptual data in a different way. This conception fits better with how we actually perceive the world. We do not only perceive the specific objects of our direct focus.

While I do argue that awareness exists on a spectrum, at our most conscious we experience things in a specific way. Focus is how I wish to refer to the most aware components of our thought. What we focus on, of course, is informed and coloured by the wider context of our awareness. In fact, it is often precisely the wider context of our awareness that allows for us to focus in particular ways. The best way to explain this interrelation is through an example: take the example of painting. Painting involves a wide swathe of awareness. On some level, one must be aware of many components of the task: the condition of one’s brushes, the thickness of their bristles, the width of the brush’s point, how quickly the brush tapers to the point, the viscosity of the paint one is applying, the surface characteristics of the medium, the wetness of the paint and how likely it is to blend with existing coats of paint, and so on. This is far from an exhaustive list. Not all of these components will be held within one’s direct focus. Likely none of them will directly. One will be focusing on how this brush stroke fits within a larger plan of the painting. Perhaps this brush stroke is designed to outline a block of colour, and so one attends in particular to the thinness of the paint and the tip of the brush. All the while, one will be focused on how outlining fits within the larger painting project. Focus presupposes all the considerations which allow for outlining in that moment. While one focuses in a specific place, one’s awareness fills in the content of this focus, and vice versa.

(3) Beyond Propositions

The things of which we are partly aware also play a crucial role in our thought. While I am not thinking of the door directly (meaning I am not directly aware of the door in a propositional structure), I nevertheless include the door in my thoughts. The existence of the door can signify a
host of things: i.e., people can enter into the space I currently occupy; I can leave this space; because this space is enterable, I may not have total control over what goes on in the space. These significations will favour certain actions over others. To favour is a foundational normative relation in all deliberation (Dancy 2018, 28–30). Scanlon even takes favouring to be the normative primitive: things simply favour something, and there is nothing beyond this (Scanlon 1998, 18–22). Factors of a situation can favour something, even if they are not directly part of one’s awareness. These factors are also part of our awareness because they are part of what can favour, allow, permit, or otherwise become part of our deliberations. These relations can only happen if implicit perceptions have conceptual content. Favouring has epistemic components, i.e. it involves the ability to make inferences, and so on. More importantly, it is impossible to understand how we actually deliberate about the world at all if something like implicit conceptual content in perception was not the case. If a door did not have the conceptual status of ‘for opening’, it could not be placed into our deliberations about getting groceries or going to work. Without this status, it would be impossible to understand what a door is, why it was made, and how it can be used. There are, of course, many more normative notions that can be used in deliberation in addition to favouring. Dancy has written on many, detailing various considerations such as disfavouring, enabling, intensifying, and so on. I will return to these specifics as the need arises.

Not only are there many more components of deliberation than propositions, propositions themselves rely on basic normative components – like favouring – as well. Propositional reasoning is a special case, in that it uses clear and distinct premises. However, a particular logic’s plausibility will have to be cashed out in more substantive terms. A logical system will be judged on how well it captures our reasons. Whether or not it provides adequate truth conditions,
the intuitions that support its axioms, and so on. For example, the law of non-contradiction is supported by our norms of plausibility – something cannot be both all green and all red after all.

If the same structures and relations can be identified within the normative implications of perception (such as the door allowing movement between spaces), and more direct and conscious forms of deliberation (such as ‘I am going to walk through that door’), the distinction is arbitrary. If we use subconscious reactions in deliberation, they just are a part of our reasoning.

*Implications of Unconscious Reasoning*

The previous discussion indicates that while everyday thinking and decision-making is rational, it does not fall into a narrow conception of rationality as propositional and formal. Reason is contained within a vast spectrum of awareness, only some of which is in our direct focus. As the McDowellian picture illustrates, concepts underlie our experience of the world. In turn, we react non-consciously or semi-consciously to these conceptual contents by seeing the ‘affordances’ of our surroundings. To see a door as a door is to understand what the door is good for, and to use these understandings to justify or favour certain beliefs and actions.

This account may be intuitive for simple examples like understanding the purpose of a door, but it also explains more complicated examples. Consider what Strawson calls ‘reactive attitudes’, or one’s almost involuntary responses to the world (Strawson 2009, 5–8). When one has a reaction or intuition in a moral case, one is seeing the world in a certain way. These reactions are subject to further analysis – we can ask if our intuition is warranted, or if our reaction is fair. The fact that reactions start out unconsciously does not mean they are not reasons or reasoned. Thus, unlike Dreyfus who holds that we are either acting in a primal embodied coping way, or we are in a space of rational deliberation, we can see that these are not binary
states. Rather, we are on a continuum of awareness with regard to our reasons, but we are fundamentally interacting with the world via reason.

This account may be thought to struggle with incorporating two considerations: expertise as outlined by Dreyfus, and ‘control’ over what we think. Dreyfus understands expertise as the sort of muscle memory flow state reached by auteurs of their craft. It is both conscious and unconscious. Dreyfus describes expertise as being “off book”, i.e. no longer thinking about the task directly (Dreyfus 2005, 53–54). This is surely true, but reason is implicated in the basic components of a task. The basic movements of a brush stroke have reasons: one might apply a certain amount of pressure to a brush in order to get a certain width of coverage. While a novice painter may have to focus on this component of the task, an expert painter’s focus can move ‘higher’ as it were, from the specific mechanics of a brush stroke to the aesthetic components of how a specific stroke fits into a larger vision of the painting. The difference between a novice and an expert is not one of consciousness or reasoning and instinct, but rather where they can focus.

The second issue with my account is that it may challenge the foundational intuition that we are in control of what we think, at least to some extent. Stray thoughts aside, we demarcate what we think by contrasting what we choose to bring into our mind versus gut reactions that merely happen to us. My answer to this intuition is that we do control, to at least some extent, how the world appears to us through our reactions. Since appearances are conceptual, they involve interpretive tools we have inculcated into our mental horizons as part of our general ‘worldview’. Someone with a sensitivity to racial oppression can see racism in the world, and their gut reactions change accordingly. This is a difficult idea which I will develop in the next few sections.
This all may seem very far from our original goal – understanding and coping with MHCs. However, the answers to how we understand agency will clearly impact our therapeutic strategies. If we generally interact with the world on the level of *instinct* (as Dreyfus argues), we would not *ask* a person why they think certain things, or act in certain ways; we would simply try to interrupt the habits or shift the instincts that correlate with a MHC. Clearly interrupting habits and shifting instincts is at odds with a careful understanding of agency because it fails to capture how widely reason is implicated in our thoughts and actions. A better practice would attempt to engage with the reasons (or expose a lack thereof) in a person with an MHC. In fact, I think my account clearly fits better with the narrative of ‘taking back control’ as Pearce and Pickard outline (2010, 1–2). As I develop more nuances of this account, I will return to this point.

### 3.3: Why ‘Reason’?

I have used the term ‘reason’ when discussing the mental toolkit people use to form beliefs and deliberate about actions when navigating the world. This choice, however, may be contentious. In this section, I plan to address this choice by discussing a famous alternative, *desire*, and show that ‘reason’ is a wide category which can capture our use of ‘desire’. All reasons, including what we often call desires, are normative and structured.

David Hume is a famous critic of the powers of reason. Hume argues that “that reason alone can never be a motive to any action of the will [...] it can never oppose passion in the direction of the will.” (Hume 2010, 633). Hume contrasts the passions (which he characterizes as appetitive states which impinge upon us) with reason, which discerns truth and falsehood (Hume 634–636). Reason cannot, therefore, find *ends*; it merely finds means. We *are* thirsty; therefore, we reason ways to find water. On the Humean picture, and many others that have been inspired by it, my account has omitted a great deal by speaking only of reason.
Scanlon takes up this kind of concern in *What We Owe Each Other*. He argues that desires must contain an evaluative component if we can make sense of them at all (Scanlon 2000, 38). If I am thirsty, I will have a sensation of dryness in my throat and a belief that water would relieve this; however, if I am to *desire* to drink, I must judge that the relief of a drink of water is desirable (Scanlon 38). In other words, the future pleasure of drinking water (in addition to a host of background factors such as how much water a person should drink every day to be healthy) *favours* drinking. This indicates that so-called desires follow the same structure as reasons (Scanlon 38–41). When the term ‘desire’ is used, it generally refers to identifying something as a reason (Scanlon 45).

I think this insight can be supported if we note that reason is a broad term; one that is founded upon basic normative concepts such as ‘favouring’ or ‘propriety’. Consider a standard emotional state – anger. A pair of friends make plans to meet for coffee at 10:00. Andy shows up to the designated coffee shop at 10:00 sharp. His friend Sarah arrives at 10:10. Andy becomes angry, saying that Sarah has slighted him by not keeping her promise to meet at 10:00. We can analyze the justifiability of Andy’s anger. There are plenty of innocent ways a person maybe 10 minutes late for an appointment, so we can say that Andy’s reaction is *inappropriate*. If Sarah was 30 minutes late or an hour late, or if she forgot to show up at all, we might have more sympathy for Andy and excuse his reaction.

This indicates that emotional states have the same sorts of structure as reasons. We ask if they are *justified*. We can be *critical* of them. We also have a degree of control over them. An explanation that traffic had been blocked by a car accident might assuage Andy’s anger, since his anger was over what he perceived as a slight to his importance. Andy can *stop* being angry if he deems traffic a good enough excuse for tardiness. There are certainly phenomenological
differences between emotive states and propositional reasons. Anger is felt in the gut, reason is thought in the mind. However, I think the similarities between emotive states and reasons are significant enough to indicate that emotive states and desires are different types of examples of the same thing. Since the crucial underlying structures are doxastic, i.e. they involve justification and judgement, I will continue to use the term ‘reason’. It is important that this includes much, if not all, of what we generally call desire or emotive states.

To this end, I want to distinguish between three senses in which we use the term ‘reason’. The first sense of ‘reason’ is the proper noun ‘reason: a particular mental capacity, something which authors like Dreyfus and Hume associated with deductive reasoning. This is the sort of detached capacity sometimes utilized in a way that feels different. I think this is the least valuable sense in which we might use ‘reason’. While it is true that we sometimes do use our capacity to reason in a way that feels detached, (for example, when considering an abstract math problem) the content considered by our reason will always have something to do with other embodied capacities. Our intuitions, sense perception, emotive states, and so on provide conceptual content for this capacity to consider. It is better to say that no capacity operates alone. Any one capacity’s operation is inexplicable without reference to all inter-related capacities. Thus, we ought not to attempt an arbitrary separation between embodied and non-embodied reason. As a result, I do not mean ‘reason’ in this sense.

The second sense of ‘reason’ is a process, where ‘reason’ or ‘reasoning’ is a synonym for ‘deliberation’. This use of ‘reason’ applies to the process of thought as a whole, where all faculties are used in concert to make a particular decision about what to do or believe. This, I think, is the better way to refer to the verb ‘reason’, since it implies no special deliberative character to the process of reasoning. As such, a procedural categorization of reason can capture
the basic normative relationships like ‘favoring’ that underlie all the capacities we sometimes call reason, desire, and the like.

The third sense of ‘reason’ is a singular component or consideration that might enter into the process of deliberation. This is the common noun form or ‘reason’. A ‘reason’, as Scanlon argues, is something that counts in favour of some action or belief. All sorts of things, on my account, can be ‘reasons’. Our background beliefs, facts about the case, facts about the world, our dispositions, our emotive states, and so on might all be ‘reasons’ in this way. I take this sense of ‘reason’ to be a way of enumerating the complicated milieu that makes up deliberation. If something is ‘reason giving’, it typically means that that thing-provides a ‘reason’.

Therefore, it is most instructive to use the procedural (deliberative) and component (consideration) senses of ‘reason’ to explain our thought and action. Deliberation is a complicated thing. It uses fundamental relations like ‘favoring’ in a process of combined mental capacities, it considers various component ‘reasons’. Much of the procedural sense of reasoning happens implicitly, somewhere within our awareness, but not in our focus. However, all of this process and its component parts are how we ought to understand the term ‘reason’.

3.4: Theoretical vs Practical Reasoning

Thus far, I have criticized overly abstract, non-normative or foundational, and propositional accounts of reason. However, there is an important debate between philosophers who endorse a more nuanced account of reason. Jonathan Dancy offers an account of agency which focuses on practical reason. He argues that practical reason (reasons as reasons for action) is prior to theoretical reasons (reason for belief). I think Dancy is wrong to suggest that practical reason is prior to theoretical reason. Rather, these two types of reasons are coextensive and concurrent, so much so that the very distinction between them might not mean a very great deal at all.
Dancy’s Practical Shape

Dancy offers two reasons to support his argument. First, reasons for action precede reasons for belief in deliberation (Dancy 2018, 88). Dancy holds that it is far more intuitive to think that if I ought to stop lying, I should believe this because I actually have an obligation to stop, not because I believe I ought to stop (Dancy 2018, 88–89). On this view, reasons for adopting dispositions or other belief states stem from actual obligations to act thus-and-so. Second, Dancy argues that any sort of suspended intentional state that appears to be a belief, such as an intention to act in the future, relies on mental actions, such as planning to X or making up one’s mind to X (Dancy 2018, 89, 90). While it is possible that the belief is distinct from these mental actions, belief at least presuppose them.

Dancy’s wider account also offers some important ideas. For Dancy, we reason from values that are in the world, and we reason in terms of these values. To see reason to stop lying is to see this action as preserving or advancing some value, say honesty, or the value of a particular friendship (Dancy 2018, 102–103). We want our responses to sit appropriately with regards to the values in a situation, and therefore reasoning is inherently normative (Dancy 2018, 102–103). This account shows that purely mechanistic and instrumental accounts of reason mistake what reason is. The foundational structures of reasons involve normative relations. To say that X favours Y is to say that X provides proper justification for Y. This appeals to the procedural notion of deliberation I raised earlier, not the detached capacity notion of Dreyfus and Hume.

Dancy explains the normative structure of reasons though the metaphor of shape: “We have to come to understand so far as possible the ways in the various relevant aspects of that situation relate to each other in the construction of an overall picture of what matters here that will enable us to determine how to respond” (Dancy 2018, 58). This appears to be a holistic
conception of the reasons in a case. Reasons can interact with each other in myriad ways. In other works, Dancy has provided lists of possible relations between reasons that go beyond mere favouring, such as intensifying, enabling, and so on (Dancy 2004, 39–44). The details of these are less important for my purposes, but the structure is crucial. A specific situation can only be understood if the reasons are taken together, and the overall picture of how one should respond is determined by their interrelation (Dancy 2018, 59). Considerations that arise in two scenarios, therefore, will not necessarily have the same normative significance in each situation (Dancy 2018, 60–61). Being an office manager gives someone reasons to give orders at work, but not at home, for example. Dancy is open (at least in principle) that these interrelations can be implicit (Dancy 2018, 58). This is because practical reasoning is not logical or propositional, even though it may or may not be structured (Dancy 2018, 59).

Cross-Situational Holism

Dancy’s account clearly articulates a holism of reasons within a particular situation: the normative significance of some feature will depend upon its relation to other features of the case. Further, Dancy maintains that this holism means that we cannot infer from the reason-giving character of some feature in this case how it will behave in other cases. There is no one way in which reasons operate between cases (Dancy 2004, 39–44). Dancy rejects the Aristotelian notion that practical reason is syllogistic, where we compare a case to a general principle to determine what to do (Dancy 2018, 13). Each case is its own unique context. As such, Dancy rejects the notion of general consistency in one’s ethical judgements:
It is common ground between me and Scanlon that the considerations that favour an action may only do so in a certain context. They may, in that context, be ‘sufficient’ (that is, good enough to make the action actually right). But this does not show that they will always be sufficient, nor even that they will count in favour of the action at all in other contexts. Suppose now that we take a conception of the context itself and ask whether this at least is true, that wherever that context recurs these considerations will favour similar action. [...] But this, though it might retain the truth of the universality of reason judgements, retains it on pain of rendering such judgements only trivially, not substantially, universal. (Dancy 2004, 131)

Dancy’s concern with universality is that each case will have substantive differences in context that renders the universality of reasons suspect. If we are to take the idea of universality seriously, almost all the work will be done by the idea that two cases are “relatively similar” (Dancy 2004, 131).

This argument, however, deals with only one way in which reasons might be cross-situational. Dancy’s metaphor of shape appears to take cases as discrete entities. However, this implies an atomistic conception of cases. I think proper understanding of cases will require a holistic conception of cases themselves. To understand this, consider the doorway example again. To understand opening the door as an opportunity to go outside, purchase groceries, and so on, we must possess the concept of door and how it relates to other concepts. Recall McDowell’s claim that perception always already conceptual (McDowell 1996, 9–10, 12, 31). To understand the object door, one must build an understanding of ‘door’ from related concepts like entry, hinge, etc. These concepts are parts of our thinking already, and they are used in justificatory and inferential roles in our thinking (McDowell 1996, 135–136).

The same holistic conception is true of reasons themselves. Features of a situation will necessarily involve conceptual content. This content will involve explanations and intentions that reach beyond a specific case. A door is an object built by human beings for familiar purposes.
Certain socially constructed expectations are reasonable assumptions – doors generally open into other spaces. The salience of features within a case, therefore, involves one’s view of the world and all the concepts by which one understands it. These stable dispositions, judgements, and beliefs are preconditions for understanding cases at all, and these things are all cross-situational in nature.

McDowell notes something of this kind when he speaks of making moral decisions: “If someone guides his life by a certain conception of how to live, then he acts, on particular occasions, so as to fulfil suitable concerns” (McDowell 1979, 343). Of course, we need not think that the logical form is syllogistic. The point is that one’s general view of the world affects what one sees as appropriate. Consider that without a theoretical conception of racism, one does not see racial discrimination in the same way. Let us use the notion of awareness to see how theoretical considerations can be implicit in practical reasoning. Background commitments and knowledge form an interpretive toolkit that allows one to understand the world. Some of these components, like language, will be socially constructed, and other components will be previous judgements made by that specific agent. I will call this complicated cluster of tools a worldview. One’s worldview operates as an ordering principle that renders aspects of a situation understandable and relevant. This sort of consideration often underlies Dancy’s account of how some things can count in favour of one action in one case, but not in another. I might have reasons to give orders at work because I am an office manager, but not to give orders to my friends. This difference is shaped by a general judgement that authority can be situationally granted, i.e. there are limits on what I have been granted and over whom. What are the reasons that constitute a worldview? They do not clearly fit into Dancy’s categories of reasons for action or reasons for belief. They are not often directly within a person’s awareness. They are not
always directly implicated in one’s beliefs, though they sometimes are beliefs themselves. This means two crucial things: first, I do not think we can uphold the delineation between practical and theoretical reason. I think we can, at best, think of these as two interrelated contexts for reason. Second, we cannot think of either practical or theoretical reason as prior. Rather, every context is a composite of theoretical and practical reasons, not all of which we are fully aware.

We can also conclude that there is interrelation between our views of what to do in particular cases, and how we ought to view the world. There are clear cases where we find this tension. For example, I have a moral reaction that seems right, but I do not understand why. Someone who is moved by the suffering of a factory farmed animal but eats meat might have such a feeling. Their worldview does not include the resources to denounce factory farming, since they do not view animals as having the appropriate moral status. Thus, this concerned carnivore must reach back into their worldview and either revise it or ignore their gut reaction. This resembles Quine’s point that a particular data point and the whole picture are always in a tension of simultaneous analysis (Quine 2004, 50–51).

3.5: A Sketch of Agency

I want to conclude with a sketch of agency based on the previous discussions. Agency, as I understand it, is the host of skills we use to navigate the world. We use our agency to determine what to believe and how to act both in general and in specific situations. If we adopt Dancy’s metaphor of shape, we come to situations seeing them a certain way, and we alter the way we seem them as we deliberate. The way deliberation occurs is profoundly complex. We navigate the world with reason, but reason is broad both in nature and scope. Reason’s foundational character means that all things which have evaluative or normative components are implicated in reason, even desires and emotive states. Reason’s scope is such that it includes we think of
directly and the background beliefs, instincts, dispositions and so on that form our worldview. The nature and scope of reasoning implicated in the use of agency indicates we ought to understand our mental lives not as a binary of conscious and unconscious states, but rather a continuum of awareness which can bring specific thoughts into focus.

This account, broadly speaking, is holistic – our skills for navigating the world are determined, at least in part, by the whole of our mental horizons. That is to say, everything which is in our awareness colours the content of our focus. It is rationalist – human thought and behavior is best understood through the application of foundational concepts like ‘favoring’ which underlie reason. Finally, it is minimally realist – the most basic components of our conceptual content, at least, must be drawn from the world in some fashion. Else, we would not be able to explain how thought began at all. In the next section, I will apply this concept of agency to specific cases of MHCs to show how we can bring philosophical analysis to bear on MHCs.
Chapter 4: Examples on Experience of Mental Health Conditions

In this section, I describe two fictional cases that illustrate how my account of agency can illuminate the experience of those with MHCs. The first covers the epistemic difficulties created by anxiety and depression. I argue that such chronic conditions create an experience of dual awareness, where there is a conflict between the altered salience of one’s intuitions and the result of one’s considered judgement based on the impacts of MHCs. These epistemic conditions force persons with MHCs to adopt alternative strategies, such as relying on testimonial evidence to shore up their epistemic deficiencies. The second case will return to Hannah Pickard’s inciting question — what can we hold persons with MHCs responsible for? I will argue that the facts of MHCs create certain effects on a person’s reasoning that go beyond one’s moral responsibility. We can, following Angela Smith, say that MHCs generate partial excuses for the behaviour of those with MHCs. As Pickard notes, MHCs are “diseases of agency” in that they affect the capacities one uses in everyday life. As such, we cannot suggest that persons with MHCs are fully unencumbered in their agency, so we must shift the locus of responsibility from specific acts to second order dispositions about how they ought to relate to the world.

I will primarily draw cases from Generalized Anxiety Disorder and chronic and severe Depression. Partly, this is because these conditions present excellent cases for detailing MHCs.

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9 In addition to theoretical considerations, my focus on anxiety and depression is personal. I have extensive experience with these particular MHCs and therefore I have a host of detailed and hopefully honest experiences to draw upon when constructing cases. Thus, I can draw from personal experience instead of relying on the testimony and self-reporting of those with depression.

10 The DSM 5 defines Generalized Anxiety disorder as: “Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). The individual finds it difficult to control the worry. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months); (…) 1. Restlessness or feeling keyed up or on edge. 2. Being easily fatigued. 3. Difficulty concentrating or mind going blank.
They are chronic, so they are constant companions to one’s thoughts and actions. They are significant enough that we clearly want analysis that provides insight beyond some platitude like ‘it’s difficult’ and provides guidance more useful than ‘snap out of it’. However, I think much of the analysis in this section will be informative for understanding cases of other MHCs. As I develop these cases, I will note why.

4.1: Alice’s Epistemic Maladies

A graduate student named Alice is at a party with many of her friends and colleagues. Alice has Generalized Anxiety Disorder and Depression. She is currently feeling poorly, and the host, Jonathan, invites Alice as he thinks the party might provide Alice with a much-needed distraction. Jonathan knows of Alice’s condition, as do some of the guests. Others know nothing about Alice’s MHC. Her condition is not necessarily a secret, but neither is her MHC common knowledge. The evening proceeds well; Alice mostly chats with guests, and Jonathan’s idea

4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).”

The DSM 5 Defines Depression as: “Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. (…) 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.) 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.) 4. Insomnia or hypersomnia nearly every day. 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). 6. Fatigue or loss of energy nearly every day. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.”
seems a good one – Alice is feeling a little better since her focus has shifted to the party and away from various anxieties and insecurities.

Later in the evening, the topic of conversation shifts to work. Another guest, Sarah, brings up an impending conference submission deadline to which many guests, including Alice and Sarah, were planning on submitting. Alice is, of course, particularly sensitive to the stresses of work. Sarah likely brought up work stress in order to commiserate with her fellows and blow off steam. Other guests would likely take the comment in the spirit in which it was intended, and respond with affirmations, and perhaps some dark humor to vent some feelings. Regardless, in any context, a comment about work can bring up feelings of stress. For Alice, this might trigger something psychologists call ‘catastrophizing’, where a small stress or worry inevitably leads to thoughts and judgements about things much worse than the initial stress. Alice might be worried, potentially with good reason, about her career prospects. She worries about this conference deadline because she wants to ensure that she has a competitive C.V. for the job market. If she misses this deadline, she fears she will not have another chance to publish during her PhD studies. Without a publication, her C.V. will not be competitive. Without a competitive C.V., she will not get a tenure track position. Without a tenure track position, she will lose the chance at the career she has always wanted. If she cannot work in academia, she does not know what she will do. Thus, a small comment about a deadline can lead to a chain of judgements that implicate the whole of Alice’s future, including the predictions of doom and despair therein.

This phenomenon is not a new observation. However, my account of agency can help shed light on how these distorted judgements can manifest, and from where. Part of this is captured by Bakhurst’s observations about salience in his ‘Harry’ case. As Bakhurst notes, those with MHCs

11 ‘Catastrophizing’ is a label for a string of thoughts which build upon each other to raise anxiety.
can have the salience of certain features magnified, minimized, or otherwise distorted by their condition (Bakhurst 131–132). Alice cannot help but see this comment about work as being more serious than intended. To use one of Dancy’s specific types of reasons, the comment is intensified by her MHC. Dancy describes an intensifier as a reason that does not offer any content on its own; rather, it modifies the significance of some other reason in one’s set (Dancy 2004, 42). For Alice, her MHC provides an intensifier about the stresses of work. Therefore, her judgements about the severity of stress appropriate to a particular deadline will be distorted by the experience of her MHC.

The phenomenon of ‘catastrophizing’ does not merely distort the weighing of evidence. It also connects a particular case to a general concern in a problematic way. On any other day, Alice is fond of making exactly the same sort of comments that Sarah made. She, like all her colleagues, finds it therapeutic to blow off steam about work. However, when she is being significantly affected by her MHC, she cannot help but draw connections between particular cases and general anxieties and insecurities that are pre-existing components of her worldview. Alice values her academic career. To value something is to think its presence is good, and its absence is bad, or at least that its absence forgoes something good. It is also appropriate to fear that one’s actions will not bring about the existence of some good. Therefore, Alice has always feared (to some extent) the idea that she will not succeed in her academic endeavors. This fear has reasonable components, as previously outlined, but it may also involve flawed judgements and beliefs. Alice might tie her self-worth to her career success, and therefore imbue the success or failure of her career with existential stakes, whether or not these stakes are actually appropriate. What ‘catastrophizing’ shows is that in a particular situation, Alice’s focus shifts due to MHC distortions. Alice’s general insecurities about career and self-worth are become her
direct focus, rather than remaining somewhere in the background of her awareness. This sort of distortion is not of weight of evidence; it is not reducible to difficulties in reading body language or interpreting expressions. Rather, the distortion expands the relevance of a specific case to one’s whole worldview. MHC distortions bring one’s preexisting considerations to the case, and as a result, the negative components of one’s worldview are cast in a special light; their salience is heightened. Alice’s preexisting anxieties and insecurities about work become implicated in her experience at this party – something that would not have occurred without the distortions of her MHC. One could call this MHC distortion an implicator, since it serves to bring only loosely related background considerations into relevance for a specific case. I will use the term ‘MHC distorter’ to refer to the different ways in which MHCs can alter one’s judgments, including implicating additional considerations (implicator) and altering the weight of evidence (intensifier).

Alice’s experience at the party is one of dual awareness, where Alice’s epistemic resources are differentially impacted by MHC distortions. In order to understand dual awareness, we must return to the account of reason illustrated in the previous section. I argued that the concept ‘reason’ is best understood as a normative notion that covers basic epistemic norms like ‘favouring’ or ‘appropriateness’. As such, reason covers many things that are sensitive to these relations, including premises, emotive states, intuitions, and so on. So long as something (i.e. premise, intuition) can be sensitive to basic epistemic norms (i.e. favouring, appropriateness), it can be called a reason. Nevertheless, the way in which we use different types of reasons can pull apart in interesting ways. We do not experience thinking of a premise and feeling an emotional reaction the same way.
MHC distortions provide one interesting example of how different types of reasons pull apart. When faced with a comment, one will likely have a host of responses. Alice’s immediate response is felt in the gut. Alice feels a clenching sensation, her skin feels cold, and she can feel sweat form on her forehead. These feelings accompany and act to explain the feeling that something is wrong. This, in turn, generates a sort of intuition – if she feels a sense of impending doom, she ought to sort out why, perhaps something is wrong. These are not necessarily different steps; often they are simultaneous. I note them as such to show the complexity of an intuition. Some of this piece of evidence is felt by the body rather than thought in the mind, but all of it will figure in her deliberation going forward. From this foreboding intuition, Alice searches her mind for an answer to why she is feeling this way, likely without explicitly thinking through every aspect of the search. Her MHC distorter has increased the salience of background anxieties and insecurities, so they readily spring to mind. Another MHC distorter makes her think that these background anxieties and insecurities are relevant. She then uses these components to follow the train of catastrophizing I outlined earlier. So, following this account, one strain of Alice’s thought looks like this: (1) Intuition that something is wrong, (2) Background anxieties and insecurities, (3) MHC intensifier, (4) MHC implicator (5) conclusion: Catastrophize.

However, Alice will also likely have another concurrent yet contradictory line of reasoning. Alice is aware that her MHC often interferes with her ability to make judgments and interpret situations. This is a sort of background consideration operates as a secondary reason, casting doubt on her judgements. This might lead to preferring alternative strategies for determining a proper course of action. She might pull Jonathan aside, for example, and ask for input on her thinking. This would mean Alice makes more use of testimony than she would without her MHC. That is to say, she will be forced to rely on others to help correct her distorted
thinking. Jonathan, for example, can provide context or other information, and Alice would therefore have a second chain of reasoning that looks like this: (i) Intuition that something is wrong, (ii) Background suspicion of intuitions (iii) Context of feeling affected by her MHC at this time (iii) Knowledge of alternate epistemic resources (iv) Conclusion: Consult Jonathan.

Some might object to this characterization of Alice’s thoughts on the grounds that these are not separate lines of reasoning, but rather separate components of a larger chain. Under this interpretation the reasoning might look like this: (1) Intuition that something is wrong, (2) Background anxieties and insecurities, (3) MHC intensifier, (4) MHC implicator (5) Intuition that something is wrong, (6) Background suspicion of intuitions, (7) Context of feeling affected by her MHC at this time, (8) Knowledge of alternate epistemic resources, Either (9a) Conclusion: Consult Jonathan, Or (9b) Catastrophize.

However, the unified picture (i.e. one that does not break Alice’s reasoning into two separate chains) fails to capture important phenomenological components. Alice will likely engage in catastrophizing up to and even during her conversation with Jonathan, even if she knows that such thoughts are incorrect. This can feel almost like a call and response, where some proclamation of doom is brought directly into her focus and felt in her gut while she simultaneously criticizes it. The fact that she knows the thought is wrong does not cause the line of catastrophizing to stop. This is not simply a matter of failing properly to recognize the power of a reason, nor is it a case of reason and something more basic like an intuition or emotive state. The distorted line of thought is being responded to. It is subject to and includes reasons. Alice also recognizes the power of her critique. It is just that her critical conclusion fails to ‘stick’.

I think part of why this lack of ‘stick’ occurs is because these two lines of reasoning draw upon epistemic resources that are placed differently in one’s awareness. The distorted line of
reasoning generally draws on resources like intuitions, which are outside of one’s direct focus. They look much more like McDowell’s notion of ‘receptivity’ or Dreyfus’ account of ‘affordances,’ where one simply has responses to the situation at hand. Alice just hears that comment in a way that reminds her about her insecurities regarding work. However, these intuitive resources are easily distorted by MHC effects. When Alice’s world is coloured by anxieties and insecurities, she sees evidence for their credibility everywhere. This does not negate her ability to cast doubt on how the situation appears to her. To borrow a term for Dreyfus, she can ‘step back’ into a more traditional deliberative state. However, this need not be post-hoc, as Dreyfus describes. Rather I think Alice’s case shows us that some of our epistemic resources can be deployed in this detached and propositional state, while other epistemic resources are tied in with how we see the world at a given time. We are always simultaneously embedded in a situation and ‘stepping back’ from it and critiquing it. These stances affect our judgements about the merit of each line of reasoning. This dual stance could not be possible if we did not describe Alice as having two separate lines of reasoning. Thus, Alice, and persons with MHCs like hers, can find themselves in a state of dual awareness, where components of their thoughts simultaneously lead in different directions in an instinctive and distorted way.

To conclude the Alice case study, I will focus on just what might count as a ‘reason’ in these circumstances. The way I have characterized MHC distorters thus far has relied on Dancy’s account of intensifiers, which are a kind of reason (Dancy 2004, 42; 2018, 50–52). This raises the question of whether MHC distorters are reasons in just the same way. This would raise some thorny questions for my account, such as whether MHCs are simply mistakes of reason, and how one could have two lines of reasoning, one of which fails to ‘stick’ as I argued earlier. I want to head this off with an alternative plausible explanation of what MHC distorters are. MHC
distorters do not appear to arise from justification in the same way as other reasons, nor do they appear to be the result of a strictly doxastic attitude. I think they are more akin to a fact about the world that is conceptually rich, and therefore they are reason giving or reason affecting, though not themselves reasons.

Advocates of a McDowellian metaphysics will recognize this sort of claim. McDowell characterizes the world as conceptually rich, and it is this conceptual content that impinges directly on our thoughts and will be used in our deliberations (McDowell 1996 9, 12, 27, 46–49, 135–136). One’s circumstances can provide reasons to take specific actions; however, these circumstances are not themselves reasons. Angela Smith outlines this sort of effect in her account of racial bias. Those who possess racial bias often have inherited this distortion from their cultural environment, family upbringing, lack of access to diverse interlocutors and educational resources (Smith 2015, 779). This bias is a fact about that person’s situation that then can be reasoned from. This circumstance can leave little choice but to justify bigoted beliefs and racial ills of all sorts. However, the circumstance is not a reason in a racist’s set of available reasons; it is a limiter in the availability of reasons, and therefore a position from which one reasons.

However, unlike an MHC distorter, a bias is existentially vulnerable to further deliberation and experience. One can eliminate racial bias via exposure to proper moral considerations (i.e. removing the limitation on one’s available reasons). Alas, this happens far too rarely, but it is technically possible. MHC distortions cannot often be reasoned away even in principle. There are other factors about one’s situation that operate more analogously to MHC distorters. Kwame Anthony Appiah discusses the notion of cultural resources or ‘scripts’ which allow for one to adopt certain forms of life (Appiah 2005, 19–21, 24). One can only build a way of life in
response to these culturally situated concepts, even if one’s response is a rejection of them. Bernard Williams describes a similar point when he says that only certain choices are real options for a person: I cannot adopt the values of a feudal knight because it is the 21st, not the 13th century (Williams 1982, 138–139). These facts impinge causally on our deliberation in the sense that they close certain avenues and leave others open. They cannot be reasoned away, and they feature in reasoning.

MHC distorters have components of both biases and cultural scripts. They can often hamper deliberation from reaching the best conclusion. However, they are vulnerable to reason; they can be responded to. One can rationally reject the truth of a distorther. In fact, this is explicit in the Alice case. Stable dispositions about how she ought to perceive her background anxieties, insecurities, and their relevance are key to reasoning with MHC distorters. She believes that she should not allow her anxieties and insecurities to affect her negatively. I think it is fair to say that MHC distorters fundamentally colour one’s world. Even if Alice holds all the best dispositions about her condition and how she ought to let it affect her thinking and actions, she lives in response to it. This is not all she is or does, but it cannot be escaped or taken away, no matter what actions she takes to alleviate her condition. Alice’s world cannot be ‘transformed’ by a pill, as some EBM psychiatrists hold. As such, I think Pickard’s characterization of MHC as ‘diseases of agency’ has profound implications. Alice’s case is but a relatively simple example of this problem. More serious and reality distorting MHCs have even more complex epistemic components, and correspondingly more serious implications on one’s phenomenal world. Alice’s case also helps to explicate how other conceptually rich factors (which are not themselves reasons) play into our thinking. One’s cultural and linguistic horizons shape one’s world by colouring the conceptual content within one’s awareness. These things are, in a sense, within our
control. We can respond to them, reject them, endorse them, qualify them, and incorporate them. What we cannot do is argue that they are not part of our epistemic and phenomenal condition.

4.2: Jeremy’s Moral Culpability

In my second case, I will return to one of the inciting ideas for this project. Hanna Pickard originally discussed the philosophical implications of MHCs in the context of moral responsibility (Pickard 2013, 1135, 1141–1142). In section 2, I briefly mentioned that MHCs may offer a partial excuse for certain behaviour, as is the case for inherited bias, following the work of Angela Smith (2015, 776–778). In this case, I aim to show how a more developed account of agency predicated on awareness and focus can help illustrate how a person with a chronic MHC can be held responsible, and what moral responsibility applies to in these cases.

Consider the case of Jeremy. Jeremy, like Alice, has Generalized Anxiety Disorder and Chronic Depression. When Jeremy is in the midst of a particularly bad period, it colours his interactions with those closest to him. He knows that when others watch him suffer, it has a harmful effect on them. Jeremy also knows that his MHC distorts his worldview such that he cannot help having some deeply situated beliefs that are instances of self-loathing. Jeremy reasons that the combination of his MHC and some of his beliefs make him almost poisonous. Thus, he reasons that it is unethical to let people get too close to him, and therefore tries to distance himself from his friends and romantic partner. This could manifest in a number of different ways. Perhaps he describes himself as ‘radioactive’ and tells his partner she shouldn’t want to be with him. Perhaps he stops returning calls or answering texts from his friends. All of these comments and strategies are designed to create distance between himself and those closest to him. Unsurprisingly they have the opposite effect: his partner and friends become increasingly
worried and suffer more emotional distress but are no less committed to seeing Jeremy through this bout of depression.

Is it reasonable to hold Jeremy responsible for his actions and beliefs in this case? If so, which ones? We know from Pickard that a reasonable assessment of his responsibility is not the same as what specific people might need to hold Jeremy responsible and blameworthy for in order to maintain a specific sort of relationship. A committed romantic relationship is an intimate relationship of care and will likely engender more reactive attitudes than others. Jeremy’s counsellor, on the other hand, ought to follow Pickard’s advice and hold Jeremy responsible but refrain from blaming him (Pickard 2013, 1149). Responsibility and blameworthiness are on a spectrum (1138). In order to place Jeremy on this spectrum, we need to detail his epistemic situation. What can Jeremy actually do, given his MHC?

There are at least 4 separate components that shape Jeremy’s deliberations and actions in this case: (1) Background insecurities and beliefs: Jeremy fears that his MHC and perhaps other aspects of his personality render him burdensome to people in his life; he believes he burdens his friends and partner unfairly, and perhaps even dangerously. He likely feels that he requires a significant investment of emotional labour from others to manage his condition, and to ask for such labour is a source of shame and guilt. (2) A MHC Intensifier: As in the previous case, there are certain ways in which MHCs can intensify previously existing insecurities. Jeremy’s case includes heightened sensitivity to evidence that supports the insecurity. Any offhand comment could be taken to support the conclusion that Jeremy’s friends and partner do indeed view him as a burden, or that he is a burden, whether they view him that way or not. The belief that he is a burden might also be called a distorter, which is to say that it may lead to interpretive errors (i.e. some comment might not be strong evidence for the conclusion that Jeremy is a burden or that
others feel that way about him, however he will nevertheless arrive at that conclusion). (3) The stable disposition of how to relate to (1) and (2): Stable dispositions include ordinary mental components like Jeremy’s second-order beliefs about his insecurities. They also include his beliefs about how the agency of others are affected by his condition. In this case, he concludes that the impacts of his MHC and his beliefs are harmful for others, and therefore the facts of his life indicate he ought to isolate. (4) Specific acts towards others: These include actions and comments made by Jeremy to push away his close relations.

As Dancy notes, these reasons are interrelated in such a way that their meaning and weight cannot be understood separately (Dancy 2018, 58). We can see that (2) alters the significance of (1), and therefore can generate (4), depending on how (3) intervenes with understanding the pertinence of (1) to any given situation. So, what, if anything, can we hold Jeremy responsible for in this situation?

At a minimum, we must at least concede that Jeremy is responsible for what he can ‘control’. Often, this is taken to hinge on the metaphysical question of determinism: only if people are their own cause, can they be responsible, even though we will likely never know if this causal story is true (Shlick 2007, 145–146). More plausibly, this causal notion is taken to require the agent is implicated significantly in the causal chain that lead to the events, the events are somehow within their own power. This means that if one’s actions, beliefs, and attitudes lead to the occurrence of an event, one is ‘responsible’ for it in an important sense (Smart 1961, 304–306). J. J. C. Smart uses the idea of a poor student whose bad performance is due to avoiding homework to illustrate this point (305). This student is implicated in the causal chain of their performance in a central way, and therefore can be blamed, or at least held responsible for their performance. Exactly how far we should push this line of attributability is debatable. Some think
attributability might require knowledge and understanding of the stakes of an action or belief, and therefore rarely occurs (Rosen 2004, 308–309). Others, such as Angela Smith, argue that attributability is appropriate even in cases that do not include conscious knowledge, like lapses of memory or implicit biases (Smith 2012, 580–581).

The account of agency I have sketched thus far is, of course, more sympathetic to the idea that persons can be held responsible and often even blamed for things that they do not directly think of or deliberate about. As I argued in section 3, one’s thought reaches far more broadly than the thoughts within one’s focus at any given moment. Therefore, we can attribute to an agent aspect of their cognition that are within their awareness but outside their focus. However, I think we need not settle this debate to answer our present concerns with Jeremy’s conduct. I will argue that Jeremy cannot be responsible for some parts of his conduct, and since my account will embrace the broadest definition of attributability, we can say that is at least not responsible for these.

Let us return to Jeremy’s case. Component (2), the MHC distorter, is not up to Jeremy. Insofar as Jeremy has an MHC, he will have MHC distorters. This is a fact of circumstance and wholly outside of what Jeremy can actually change. Component (4), specific harmful actions and beliefs, is a product of the whole of this situation. Its composition and conceptual content could not and would not exist were it not for MHC distorters. If this is true, it is doubtful whether Jeremy, in any given moment, could actually alter any specific action that falls under component (4). Therefore, the decisive factor that leads to Jeremy pushing his loved ones away is the MHC distorter.

Responsibility need not be binary. Angela Smith develops a notion of a partial excuse based on the idea of inherited racial bias. She notes that many people who end up having racist
biases do so because they did not have sufficient education or exposure to diversity (Smith, 2015 779). Smith is less clear on how this responsibility is ‘partial’, but she does note that responsibility has to do with the idea that we all possess some sort of general obligation to act and think well, whatever the specifics of any given obligation will be that caches this general obligation out (Smith 2015, 778–779). I think the key part of this general obligation is epistemic. We know we ought to conduct ourselves ethically per se, and from this, it follows that we ought to attempt to figure out how to conduct ourselves ethically in particular cases. This epistemic obligation is complicated. In order to know how to be ethical, we will have to sort out how to relate to particular cases. This will include answering questions such as whether the best practice of morality is to have general principles or stable dispositions, among others. Sorting out one’s epistemic obligations will likely also involve metaphysical questions such as that of determinism, even if we judge that determinism is not relevant to moral questions like responsibility. In essence, the generality of this obligation will mean that we have a responsibility to build a proper worldview so that we can conduct ourselves well. This likely seems implausibly difficult, and this is true. We cannot expect perfection, but we can reasonably expect progress. Just because perfection is unattainable, need not mean that progress is also unattainable.

So, what does any of this mean for Jeremy? He knows that he ought to live as ethically as possible. For him, a particular challenge will be managing how his MHC affects his conduct. Therefore, Jeremy should know that he might have MHC distorsers in his thinking, and he ought to determine the proper response to these factors. Since the most significant factor in any specific action (component (4)) is his MHC distorser (component (2)), these seem outside the realm of attributability. However, his stable disposition with regards to his condition, component (3), is
properly attributable. He may not be able to alter his MHC, but he can develop responses to it. He could, for example, be critical of his belief that he is a burden and refuse to grant this belief any credibility. He cannot avoid having this thought entirely.

Since the nature of thinking about specific cases is determined holistically, as Dancy argues, we are left to sort out if Jeremy is responsible for his conduct towards his loved ones. It is here that Smith’s partial excuse is instructive. Jeremy is partly responsible because he can alter how he responds to his MHC distorters. He can refuse to grant distorters any credibility. However, he is not fully responsible because MHCs and their epistemic distortions are accidents of fate — Jeremy did not choose to have Depression and Anxiety. He can, however, choose, at least to some extent, how to respond to them.

4.3: The Implications of ‘Awareness’ and ‘Focus’

I want to conclude this chapter with some observations on how the cases of Alice and Jeremy exemplify some of the arguments I presented in section 3. I argued that reason covers much more than the propositions and formal deliberation we traditionally associate with the term ‘reason’. As I illustrated in the ‘Alice’ case, some of what figures into an intuition is felt as much as it is thought. Alice’s experience of clenched guts or a sense of impending doom is part of her experiencing her intuition that she should be worried about an impending deadline. This ‘feeling’ informs deliberation; it can be criticized, and it is part of her complex host of factors that formulate her deliberation. Both the Alice and Jeremy cases are predicated on the interplay between background considerations (like insecurities and anxieties) and situations as they occur. Alice and Jeremy are informed by their anxieties and insecurities and affected by how their MHCs distort the importance of these considerations. Stable dispositions (ways of relating to the
world) play a role as well, since stable dispositions govern the general reactions one has to the interplay between background considerations and the specifics of a given case.

These cases illustrate how we should understand the continuum of awareness. Our thought is always impacted by a host of wide-ranging components that are beyond the realm of the ‘conscious’. We have ‘feelings’ that inform and justify certain conclusions, as well as general dispositions and beliefs that shape our worldview. These components might not be the focus of our thought – we do not always think of them in their own right, but they are nevertheless part of what it is for us to deliberate in a specific context. We could not understand the complexities inherent within our intuitions and judgements without taking careful note of these considerations.

For the purposes of our current endeavor, the most important component to note is how the concepts of ‘awareness’ and ‘focus’ factor into understanding the experience of an MHC. Without a more flexible notion of how our thought operates, we would be hard pressed to understand the ‘dual-awareness’ that someone like Alice experiences. For Alice, her thought is a complex hybrid of facts beyond her control (such as MHCs) and how they distort her thinking, as well as her background insecurities and how the context of a particular situation might bring up all sorts of distorted thought. All of these components are part of Alice’s awareness, even if they are not directly within her focus. Similarly, Jeremy’s case shows that we need to understand the relationship between stable dispositions and a specific circumstance to understand the idea of partial responsibility for potential conduct of persons with MHCs. A continuum of awareness allows us to explain why Jeremy can be responsible for responding to his MHC distorters. Because they are a feature of his cognition, he can influence this feature by bringing his focus onto how he relates to these distorters. Thus, I think that ‘awareness’ and ‘focus’ are crucial for understanding the experience of those with MHCs.
Conclusion: Mental Health and the Notion of a Worldview:

This project began as a response to Hanna Pickard’s exemplary work on the philosophical implications of MHCs. Pickard describes many MHCs as “disorders of agency” (Pickard 2013, 1134). This characterization provides important insights into what MHCs are and how they are experienced. Agency is implicated in managing MHCs because persons are required to respond to and attempt to control the effects of their condition (Pearce and Pickard 2010, 1–2). MHCs themselves involve various beliefs and behaviours that implicate the agent, including actions of lashing out at those close to persons with MHCs various insecurities, and feelings of self-loathing that might lead to self-harm (Pickard 2009, 92–93, 95–98; Pearce and Pickard 2010, 1–2; Pickard 2013, 1141). From this, Pickard argues two main points. First, defining MHCs will require philosophical analysis, since MHCs are often best understood as deviations from moral and cultural norms, rather than as physiological maladies. Treatment of MHCs also implicates agency and normativity insofar as therapists engage in “moral conversation” when they encourage patients to reject problematic beliefs and behaviours (Pickard 2009, 85–87). Second, persons with MHCs can be held responsible for their conduct, given that their agency is implicated in their behaviour, even if mental health professionals ought to refrain from blaming them (Pickard 2013, 1136–1137, 1142, 1147).

These arguments are excellent, but they require further development. Primarily, Pickard’s account of agency is under-developed. It is not enough to note that agency is implicated in something when one has (1) a range of options to choose from, and (2) one has the capacity to do so under ordinary circumstances (Pickard 2013, 1137). To this end, I developed an account of agency which is foundationally rational and replaces the binary distinction between the conscious and unconscious for the more flexible ideas of awareness and focus. Agency is
rational because a broad definition of reason captures the wide host of factors that fall under basic norms of deliberation. For example, anger can be justified by reasons like a broken promise, something that renders anger sensitive to criticism and other notions that are fundamentally part of reasoning. Therefore, anger can act as reason to form dispositions about someone. Agency requires more than just the binary terms of consciousness and unconsciousness because our conduct is shaped by many considerations outside our direct focus. Our stable dispositions, background insecurities, and long-standing beliefs all shape how we respond to a specific case. A conception of justice allows us to see specific circumstances as unjust.

I then applied this account of agency to cases that explore MHCs. MHCs place people in a peculiar epistemic position. MHCs provide distortions that can implicate one’s background anxieties and insecurities even if these background considerations are not clearly relevant to the circumstances at hand. This can lead to an experience of ‘dual awareness’, where one’s intuitions and physical experiences of emotive states are altered by an MHC distorter, and at the same time one’s detached deliberative faculties generate conclusions that conflict with those embodied epistemic resources. I also argued that MHCs can provide a partial excuse for one’s conduct. The existence of an MHC and its attached distorters are not under the control of the agent with an MHC. These distortions often become decisive contributors to specific problematic actions and beliefs. In other words, someone with an MHC is not properly understood as the cause of their problematic conduct, nor the proper locus of attribution for their problematic conduct. Agents are implicated in and responsible for stable dispositions and beliefs about how their MHC should guide their conduct. As a result, agents have partial excuses because they can only influence some of how they act in specific circumstances.
While I hope that my arguments help to illuminate what it is like to live with an MHC and therefore how we ought to respond to and treat MHCs, I think that an account of agency predicated on awareness and focus can illuminate how everyone responds to the world, regardless of the presence of MHCs. Our responses to the world are shaped by more than just specific ethical principles or the context of a particular circumstance. We respond to the world by building an explanation of it, one that includes all the stable dispositions and background beliefs we hold, as well as the specific context we find ourselves in. The exercise of agency is influenced by a host of complicated factors that fall within our awareness, even if we are not directly focusing on them in specific acts of thinking.
References


