Dr. Clea F. Rees

Atyniadau Angheuol
Arweiniad i’r Pechodau
Fatal Attractions
A Guide to the Vices

Addysg Barhaus a Phroffesiynol
Prifysgol Caerdydd

Continuing and Professional Education
Cardiff University
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§6 Vicious Attitudes

Heyden, Invidia, c1550
Vicious Attitudes, in one form or another, have already reared their (ethically) ugly heads several times in our exploration of the vices. We have noted several times that what is most essential to the vices often seems to be a question of motivation and attitude, rather than action. Attitudes are key, of course, to Kant’s discussion of vice (1999) and Hill’s analysis of snobbery (2012). Servility and snobbery are clear examples, but Kant’s discussion of vices such as lust and gluttony also rest on the idea that it is a mistaken attitude which is central.

Similarly, although it is the actions of the megalomaniac which harm others, for example, Murray (1936) argues that an essential feature of megalomania is a self-deceptive understanding of the self in relation to others. It is the megalomaniac’s attitude to self and others which lies at the root of the problem. For example, recall the image of Göring as ‘Meisterjäger of Germany’ and Murray’s discussion of attitudes of superiority.

Whatever the conceptual connection between valuing something or desiring something and one’s attitude towards it, our values and attitudes seem strongly connected psychologically. Hence, the accounts of the ‘deadly vices’ and the vice of efficiency offered by Taylor (2006) and Setiya (2005) respectively also suggest the importance of vicious attitudes, which Taylor sometimes invokes explicitly in her analyses.

Sometimes the role of vicious attitudes — as opposed to the mere absence of virtuous ones — may be less clear. Does the drug addict Murray describes as possessing ‘a complete unconsciousness of other people’ (1936, 263) have a vicious attitude or just lack a virtuous one? Similar questions arise for Jenni’s ‘vices of inattention’ (2003). Does Speer have a vicious attitude or merely lack a virtuous one? What about those who know about, but ignore, abuses on factory farms or in distant sweatshops?

In order to think meaningfully about these issues, we will need to keep in mind a few key questions.

- What makes an attitude vicious (or virtuous)?
- Can attitudes, just in themselves and regardless of their effects, be vicious (or virtuous)? Or is the goodness or badness of an attitude a function of the consequences it has?
- Hill (2012) argued that the fundamental problem with snobbery is the attitude it involves and not the consequences of that attitude. So snobbery is a vice even if the snob treats others impeccably.
- On the other hand, at the end of her paper, Jenni (2003) said that the point of paying attention is not our own ‘moral purity’ but, rather, that it will mitigate the harm and abuse suffered by other people and non-human animals. Is this right and, if so, does it apply to vices other than those of inattention? What, exactly, is bad about a cruel attitude? Is cruelty a vice (assuming it is) because the attitude it involves is fundamentally vicious? Or is it a vice because it tends to have suffering and misery as a consequence?

Hurka’s Recursive Account of the Vices

Hurka (2001a) provides an account of the vices (virtues) which derives their badness (goodness) from the badness (or goodness) of more basic evils (goods) such as pleasure (pain), knowledge
The basic idea is that a vice is a positive attitude to an evil (i.e. something bad e.g. pain) or a negative attitude to a good (e.g. creative expression). Roughly speaking, a vice involves the love of evil or the hatred of good. Likewise, a virtue is a positive attitude to a good (e.g. creative expression) or a negative attitude to an evil (e.g. pain). It involves loving good or hating evil.

The final account is obviously somewhat more complex than this. A vice such as cruelty is what Hurka calls a ‘pure vice’, but not all vices involve loving evil or hating good. For example, there are also ‘vices of indifference’ because lacking a positive attitude to a good or lacking a negative attitude to an evil is vicious, even if it is not accompanied by a negative attitude to that good or a positive attitude to that evil. Callous indifference to others’ suffering is in this category. Similarly, Hurka introduces qualifications to cover ‘vices of disproportion’, such as selfishness, which consist of disproportionately positive attitudes to certain goods (e.g. one’s own pleasure) in comparison with others (e.g. others’ pleasure).

Furthermore, positive attitudes to vices (virtues) and negative or indifferent attitudes to virtues (vices) are themselves vicious (virtues). So there is a kind of hierarchy of levels (a bit like a tower) with the basic goods and evils at the bottom and various levels of vices and virtues built up from that. That is, the account is recursive.

The badness of vices and the goodness of virtues is thus derivative: the badness and goodness depend on the badness and goodness of the basic evils and goods at the bottom such as pain and pleasure. There are no attitudes at this level: the badness (goodness) of a vice (virtue), unlike the badness (goodness) of such things as pain (pleasure), is always derivative. Hurka is a consequentialist* account since the badness (goodness) of actions is purely a function of their consequences. What is bad about a cruel act is not that it manifests the vice of cruelty but that it causes suffering, something which has non-derivative badness.

- Does Hurka (2001a) provide a better framework for understanding the vices than those we’ve discussed so far?

**Attitudes**

We will also be asking some questions about the nature of attitudes.

- What exactly is an ‘attitude’?

Up until now, we’ve been taking this idea pretty much for granted, but our discussion of implicit bias will challenge us to address this question. While Hurka (2001a) is using the term in a more-or-less philosophical sense, Fitzgerald (2014) is using it in the social psychologist’s sense. Social psychology provides a richer understanding of the psychology of attitudes, but we will need to be especially careful if we wish to apply this understanding when discussing the claims of other authors.

Maio and Haddock explain the social psychologist’s conception of attitudes as complex, structured evaluations of objects with cognitive, affective and behavioural components which have functional roles in a person’s psychology (2010). Roughly speaking, attitudes are ‘likings’ and ‘dislikings’. More technically, they are associative clusters of mental items which differ in content and strength. Their objects may be as particular and concrete as a drip of candle wax or as general and abstract as universal justice.

The content of one’s attitude towards an object is a function of cognitive elements one associates with it such as a belief that woollen jumpers are difficult to wash; associated affective elements such as a fear of sheep; and associations with past behaviours such as the memory that one preferred wool

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Adapted from Rees (2016). This material was also included in the course packet for Faith, Hope & Charity: A Guide for the Wicked (Cardiff University, spring 2015).
Vicious Attitudes

(a) ‘Woollen jumpers are hard to wash.’
(b) Fear of sheep
(c) Buying wool rather than acrylic

Figure 9: Elements of an attitude: Belief (9a), affect (9b) and associated behaviour (9c)

to acrylic last time one bought a jumper (figure 9). How much I like or dislike an attitude object is part of the content of that attitude and not, as philosophers might be inclined to say, a question of the attitude’s strength. Whether I am simply crazy about penguins, moderately well-disposed towards them or full of hatred for the birds is part of the content of my attitude towards penguins.

An attitude’s strength is a matter of the strength of the connections both between the components which make up the attitude and between those components and other elements in the cognitive system, situational features, behaviours and so on. The strength of the connection between any two elements of the cognitive system is a matter of how readily each affects the other’s influence on cognition. As Mischel and Shoda explain it, this system involves components of five general types (1995). (See figure 10.) First, people classify features of internal and external experience using categories such as ‘philosophy’ and ‘penguin’ (10a). Second, individuals have beliefs about themselves and their worlds such as ‘I am going to mess up this job interview’ and ‘oil-soaked penguins need woollen jumpers’ (10b). Third, individuals’ experience is affectively laden with such things as sympathy and claustrophobia (10c). Fourth, people value aspects of their worlds such as patience and penguins (10d). Fifth, individuals have plans and strategies such as intentions to assuage feelings of disappointment by thinking positively and to respond to the next oil spill by knitting penguin-sized woollen jumpers (10e).

The various components of the cognitive system are connected together as a network (figure 11). This system processes information and is itself modified as a result of that processing. The system is sensitive to both internal and external inputs. A memory of rescue workers appealing for penguin-sized woollen jumpers is an example of an internal input because it is drawn from information already stored in the system. Suddenly discovering an ambiguous figure slumped on the corner of Miskin Street is an example of an external input because it depends on information which is new to the system such as seeing a person lying on the pavement. Whether inputs are internal or external, they have two effects on the cognitive system. First, they induce processing aimed at an immediate response such as appending ‘wool for penguin jumpers’ to my shopping list or dialling 999. Second, this processing strengthens the connections between the activated components of the system.

Stronger attitudes are more accessible in the sense that they are more likely to significantly affect cognitive processing, intentions and behaviour. Attitudes are strengthened and made more accessible by activation. The more often an attitude influences cognition, the stronger the associations between its components and the stronger the connections between those components and triggering internal and external elements. Accessibility in this sense need not be conscious. Components of the system can be activated automatically by external and internal stimuli, feedback and associations.
Figure 10: Components of the cognitive system: Categories (10a), beliefs (10b), affect (10c), values (10d) and plans (10e)
Processing can take place consciously or non-consciously, with or without a person’s awareness.

Mischel and Shoda’s model does not, therefore, depend on there being one system for conscious, deliberative processing and another, distinct system for non-conscious, automated processing.

Implicit Attitudes and Implicit Bias

One issue we’ve touched on already is that we are not always aware — or not vividly aware — of the consequences of our actions. So, as Jenni (2003) pointed out, we may have a very negative attitude to needless suffering, for example, but not pay attention to the fact that our (collectively) buying certain products results in such suffering.

But there is another problem. We may not always be aware of our own attitudes, even when those attitudes significantly influence our behaviour. Research on implicit bias suggests that we may have negative attitudes towards many disadvantaged groups, for example, even when we explicitly disavow such attitudes and are committed to treating everyone fairly.

It is important to note that the words ‘implicit’ and ‘explicit’ refer here to the way in which attitudes are measured. An explicit measurement relies on self-report. For example, if you ask people whether they would hire a black job applicant or a deaf one, or whether they think men and women should have equal rights, then the results of your survey concern explicit attitudes. If instead you assess people’s differential responses in ways which they cannot consciously control, then the results of your research may tell us something about their implicit attitudes. ‘May’ is an indication of the fact that the conclusions drawn from this kind of research are by no means uncontroversial. Moreover, the issue of our awareness is a further inference, although it seems that we at least have less or less direct awareness of our implicit attitudes than we do of our explicit ones.

The best known measure of implicit attitudes is the Implicit Association Test (IAT). This test
involves sorting pictures and/or words into two categories — positive/good and negative/bad. The pictures and/or words sorted include things of two kinds: people from an advantaged group (e.g. able-bodied) and those from a disadvantaged group (e.g. disabled), and positive things (e.g. ‘good’, ‘pleasant’) and negative things (e.g. ‘bad’, ‘nasty’). You ask people to complete various sets of sorting tasks and compare their response times when they are asked, for example, to sort

1. able-bodied and positive into one category; disabled and negative into the other;

2. able-bodied and negative into one category; disabled and positive into the other.

Typically, people sort more quickly when performing tasks of type 1 then when performing tasks of type 2. This shows that they associate able-bodied more closely with positive and disabled more closely with negative than they associate able-bodied with negative and disabled with positive. Similar results show positive words are typically more closely associated with white, male, straight, young, thin, light skin etc. than with black, female, gay/lesbian/bisexual, old, fat, dark skin etc. and negative words are more closely associated with the latter than with the former.

It is important to realise that it is a further inference to claim that these differences reflect differences in implicit attitudes: all the tests measure directly are implicit associations. It is a further step again to infer that these differences influence how people interact with each other, or that they explain, for example, differences in candidates’ success in obtaining employment or housing.

Strictly speaking, any implicit attitude which involves liking or disliking one thing rather than another is a form of implicit bias because it (literally) biases cognitive-affective processing. However, the term is often used to refer specifically to biases which constitute preferences for members of one group of people rather than those of another group, where the group is not such that membership would justifiy the preference.

For example, if you need an operation on your knee, a preference for a surgeon who specialises in knee surgery is a bias: you prefer knee specialists to other surgeons. But it is not usually described as such simply because it is clearly justified: if you needed an operation on your heart, you would not have this preference. That is, your preference is a function of the fact that, other things being equal, a surgeon who specialises in knee surgery is more competent to perform surgery on knees than one who does not.

In contrast, if you prefer a thin surgeon, your preference is not (presumably) justified by any considerations linking body size and shape with surgical competence. If your preference is explicit,
we would say that you are ‘prejudiced’ i.e. biased in a way which is problematic. If your preference takes the form of an implicit bias, but you are not explicitly biased, that means that you think body size and shape irrelevant to surgical competence and would not, for example, consciously select a surgeon based on this factor. But, nonetheless, you do prefer thin surgeons and your behaviour may show that you have such a preference implicitly: given two equally qualified surgeons, you may select the thin one rather than the fat one.

There is a substantial and growing literature exploring these issues and their epistemic, moral and political implications. We will be especially concerned with the following questions.

- Are implicit biases vicious? Are they vices?
- If so, do implicitly biased attitudes themselves constitute vices? In this case, preventing the attitudes from affecting our behaviour would be good, but it would not rid us (entirely) of the vices — we would still have vicious attitudes.
- Or does the vice depend on the behavioural effects of implicit bias? In this case, if we could prevent the attitudes influencing our behaviour, we would rid ourselves of the vices. Our attitudes, once dissociated from our actions, would not be vicious.

If the answer to any of these questions is that these do involve or constitute vices, then we have the following problem: since our implicit biases do not depend on explicit biases, we cannot ‘turn over a new leaf’ and rid ourselves of them. We are already committed to treating women, lesbians, gay men, bisexuals, people with disabilities, the elderly, dark-skinned people etc. in the same way that we treat men, straight people, able-bodied people, the young, light-skinned people etc. And the worry is that because implicit biases are...well, because they are implicit, nothing we do explicitly is going to help.

In that case, we seem to be stuck with our vicious characters. Even if we aren’t to blame for them — perhaps because they are a result of society’s prejudices and outside our control — this
seems, to say the least, a disturbing result. The fact that I’m not responsible for my vices does not, after all, change the fact that they are vices.

[What would or should Hurka say about implicit bias?]

Glossary

**act utilitarianism**

Any form of *utilitarianism* which states that the right action is that which, of one’s available options, will result in maximal pleasure and minimal pain — i.e. the right act is that act which will result in the most utility. One example of such a theory is *classical hedonism*.

**classical hedonism**

A form of *act utilitarianism* according to which the right action is that which, of one’s available options, will result in maximal pleasure and minimal pain and where no distinction between kinds of pleasures or pains is taken into account.

**consequentialism**

A theory is ‘consequentialist’ if, and only if, it states that the rightness of actions depends *only* on their consequences/expected consequences. For example, *classical hedonism* and *utilitarianism*.

**rule utilitarianism**

Any form of *utilitarianism* which states that the right action is that which is in accordance with a set of moral rules, where these rules are just those which will result in maximal pleasure and minimal pain — i.e. the rules are justified *iff* they maximise utility.

**utilitarianism**

Any theory which states that the rightness of actions depends *only* on the extent to which they maximise ‘utility’ or happiness i.e. the extent to which they maximise pleasure and minimise pain. Some forms appeal to expected utility rather than actual utility. Utilitarianism is a form of *consequentialism* and some authors use the terms ‘utilitarianism’ and ‘consequentialism’ synonymously. See *act utilitarianism*, *rule utilitarianism*.

Further Reading

Hurka’s *Virtue, Vice, and Value* (2003), on which his assigned article is based, is available from the library through Oxford Scholarship Online. Driver (2006), Slote (2003) and Swanton (2002) provide useful reviews of the book, including several lines of objection.

Information about the IAT and work on implicit bias is available at [https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/). Interdisciplinary research on the philosophy of implicit bias was the focus of the Implicit Bias Project. Resources are available at [http://biasproject.org/](http://biasproject.org/). If you are thinking of writing on this, please let me know.

As always, I would be happy to provide further reading recommendations on request.
References


Recall that philosophers are concerned with the arguments* which authors give for their theses. In order to evaluate a piece of philosophical writing, we need to clarify both the claims the author is making and the reasons she gives in support of those claims.

The key reading for this week is Hurka’s ‘Vices as Higher-Level Evils’ (2001) and is included in this course packet.

Note that parts of Hurka’s article use concepts and terminology which may be difficult. If you do not understand these, simply highlight them as points to raise in class and keep reading. The most technical and abstract parts of Hurka’s argument tend to be earlier in the paper. Later he expands on his account somewhat and illustrates the points he is making with plenty of examples which should be reasonably accessible even if you struggled early on. Don’t worry about the graph on page 198 unless you find it helps — it is perfectly reasonable to find it does not help at all. Even if you like graphs, this one may not be the most illuminating representative of its kind that you have ever had the pleasure of encountering.

Note also that Hurka may not always use terms in the same senses as other people we’ve read. This is not, of course, the first time we’ve come across this — it is rather characteristic of many philosophical (and non-philosophical) debates.

In preparing for class, focus on questions 1–5.

**Thesis**

1. What is Hurka’s main thesis or conclusion* in ‘Vices as Higher-Level Evils’?

**Terminology**

Understanding a philosophical text often involves identifying specialist terminology and ensuring that you understand how the author is using that terminology.

2. Identify and explain in your own words the terms which are important for understanding ‘Vices as Higher-Level Evils’. Your explanations should reflect Hurka’s use of the terms.

3. In what sense is Hurka’s account ‘recursive’?

4. Hurka distinguishes three kinds of vice. What are they and what distinguishes them? Give an example not mentioned by Hurka for each of the three kinds.

**Argumentation**

5. What argument* does Hurka give for the main conclusion* you identified in question 1? (See figure 5.)
   (a) What are the premises*?
   (b) How are the premises supposed to support the conclusion?

**Evaluation**

6. Is the argument you explained in question 5
(a) valid*?
(b) sound*?
(See figure 6.) Why or why not?

7. What is the single strongest objection to Hurka’s argument?
8. How might Hurka reply to this objection?

References

Hard copy includes Hurka, ‘Vices as Higher-Level Evils’ (Hurka 2001)
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Recall that philosophers are concerned with the *arguments* which authors give for their theses. In order to evaluate a piece of philosophical writing, we need to clarify both the claims the author is making and the reasons she gives in support of those claims.

The key reading for this week is Fitzgerald’s ‘A Neglected Aspect of Conscience: Awareness of Implicit Attitudes’ (2014) and is included in this course packet.

**In preparing for class, focus on questions 1–5.**

**Thesis**

1. What is Fitzgerald’s main thesis or *conclusion* in ‘A Neglected Aspect of Conscience: Awareness of Implicit Attitudes’?

**Terminology**

Understanding a philosophical text often involves identifying specialist terminology and ensuring that you understand how the author is using that terminology.

2. Identify and explain in your own words the terms which are important for understanding ‘A Neglected Aspect of Conscience: Awareness of Implicit Attitudes’. Your explanations should reflect Fitzgerald’s use of the terms.

3. What exactly does Fitzgerald mean by ‘conscience’? What is the difference between her conception of conscience and the ‘dominant’ one in bioethics?

4. What is the connection between conscience and integrity, according to Fitzgerald? Is Fitzgerald using ‘integrity’ in the same sense as Jenni (2003)?

It is important to note that Fitzgerald’s use of ‘attitude’ is not the standard philosophical one but, rather, drawn from social psychology. See page 220 for details.

**Argumentation**

5. What *argument* does Fitzgerald give for the main *conclusion* you identified in question 1? (See figure 5.)

   (a) What are the *premises*?
   (b) How are the premises supposed to support the conclusion?

**Evaluation**

6. Is the argument you explained in question 5

   (a) *valid*?
   (b) *sound*?

   (See figure 6.) Why or why not?

7. What is the single strongest objection to Fitzgerald’s argument?

8. How might Fitzgerald reply to this objection?
References


Hard copy includes Fitzgerald, ‘A Neglected Aspect of Conscience: Awareness of Implicit Attitudes’ (Fitzgerald 2014)
Heyden, Ira, c1550

$7$ Sick Minds
PSYCHIATRY tells us that symptoms once believed to result from possession by evil spirits or insights conferred by contact with benevolent deities are, in fact, caused by disorders of the mind. Paranoid delusions are not the work of either Satan or God but, rather, symptoms of schizophrenia. Manic episodes are not a sign of an artist’s inspiration by the muses but, instead, the effect of bipolar disorder.

Clearly, the improved understanding and treatment of psychiatric conditions constitutes enormous moral progress. Society no longer considers it acceptable to respond to mental illness with a ball and chain, any more than it deems it appropriate to exile lepers to colonies or to persecute old women for witchcraft (figure 14). The mentally ill are no longer exhibited as objects in of fun by those very institutions originally intended to offer them sanctuary and protection (figure 15).

But what are we to make of psychiatric conditions whose diagnostic criteria include feelings, thoughts and behaviours which we would normally condemn as immoral? We saw Murray (1936) classify gambling, excessive alcohol consumption and drug addiction as vices. But drug addiction is now regarded — to at least a great extent — as requiring medical and/or psychological treatment. Although drunkenness and gambling are still classified as vices up to a point, if these are sufficiently excessive, they, too, are regarded as addictions in need of treatment. Of course, this does not necessarily eliminate the addict’s responsibility or blameworthiness. Whatever we think about the addiction once in place, we might attribute blame to the addict for becoming addicted in the first place.

Psychiatric diagnoses such as antisocial personality disorder (psychopathy) — a condition once known as ‘moral insanity’ — raise serious questions about the relationship between mental illness and morality. To begin thinking about the problem consider a case in which one person hits another.

1. The injury takes place while the first person is undergoing a seizure. The seizure causes the person to lose both consciousness and control of her limbs. The victim, attempting to help ends up being hit hard by a flailing limb.

2. The first person, unbeknown to her, has schizophrenia and is suffering from paranoid delusions. Believing that the second person is attempting to kill her, the first hits the second as hard as possible in an effort to defend herself.

3. The first person is a drug addict and hits the second when the latter attempts to remove the drug from the first person’s house. The second does this in a (misguided) attempt to help since the effect of the addiction on the first is extremely damaging.

4. The first person hits the second while drunk, although she would not have done so if sober.
Figure 15: ‘People used to visit Bedlam to see the lunatics — there were 96,000 visits in 1814. Entry was free on the first Tuesday of the month. Visitors were permitted to bring sticks to poke and enrage inmates.’ (BBC 2008b)

5. The first person is suffering from alcoholism and hits the second while drunk, although she would not have done so if sober.

6. The first person has antisocial personality disorder and hits the second after being offered a significant financial reward for doing so by a third.

7. The first person is threatened with eviction and accepts a payment for hitting the second person in order to pay her rent.

We will explore these issues by looking at Arpaly’s ‘How It Is Not “Just Like Diabetes”‘ (2005).

Further Reading

Roberts (2001) addresses this topic, with a particular emphasis on discussion of depression. Szasz (e.g. 1999) is arguably the best known defender of anti-psychiatry. (This is a much stronger position than the one Arpaly defends.)

As always, I would be happy to provide further reading recommendations on request.

References


Recall that philosophers are concerned with the arguments which authors give for their theses. In order to evaluate a piece of philosophical writing, we need to clarify both the claims the author is making and the reasons she gives in support of those claims.

The key reading for this week is Arpaly’s ‘How It Is Not “Just Like Diabetes”’ (2005) and is included in this course packet.

In preparing for class, focus on questions 1–4, 6 and 11.

Thesis

1. What is Arpaly’s main thesis or conclusion in ‘How It Is Not “Just Like Diabetes”’?
2. What are the three conclusions which Arpaly says the moral psychologist can draw from her discussion (290)?

Terminology

Understanding a philosophical text often involves identifying specialist terminology and ensuring that you understand how the author is using that terminology.

3. Identify and explain in your own words the terms which are important for understanding ‘How It Is Not “Just Like Diabetes”’. Your explanations should reflect Arpaly’s use of the terms.
4. Which two features of mental states does Arpaly claim distinguish them ‘from other biochemical states such as diabetes’ (283)?
5. What three kinds of causation does Arpaly describe?

Argumentation

6. What argument does Arpaly give for the main conclusion you identified in question 1? (See figure 5.)
   (a) What are the premises?
   (b) How are the premises supposed to support the conclusion?

7. Why does Arpaly think that ‘some mental disorders are clearly more diabetes-like than others’ (288)?
8. What does Arpaly think are the normative implications of each of the three kinds of causation you identified in question 5?
9. What are the pros and cons of ‘pathologization’ in Arpaly’s view (295)?
10. What connection does Arpaly make between her conclusions concerning moral imagination and the ‘golden rule’ (298)?
11. How does Arpaly argue for the three conclusions you identified in question 2? What role do these claims play in her overall argument?
Evaluation

12. Is the argument you explained in question 6
   
   (a) **valid**?
   
   (b) **sound**?
   
   (See figure 6.) Why or why not?

13. Do you agree with Arpaly’s assessment of Lisa (292–294)? Why or why not?

14. Are Arpaly’s evaluations of some of the cases she considers more plausible than others? If so, what implications does this have for her argument?

15. So are mental disorders ‘just like diabetes’? Why or why not?

References

Hard copy includes Arpaly, ‘How It Is Not “Just Like Diabetes”’ (Arpaly 2005)
Hard copy includes Arpaly, ‘How It Is Not “Just Like Diabetes”’(2005)