Free Will, Moral Responsibility, and Mental Illness

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1. Introduction

What is the relationship between mental illness and moral agency? The default assumption is that mental illness undermines a distinctive form of moral agency: morally responsible agency. More precisely, it is thought that when a person’s mental illness plays a significant role in the causes of her moral wrongdoing, her illness provides reason to excuse her.1 Or, when it does not excuse, i provides grounds for mitigation. As such, in the absence of competing reasons, either judgments of moral blameworthiness are unjustified, or their force is diminished by virtue of the mitigating influence of the illness. Moreover, in a wide range of cases, it seems that this is explained in terms of the illness’s impairing of an agent’s freedom. In this essay, we wish to scrutinize this pervasive assumption, as well as the freedom-impairing explanation associated with it. While we do not intend to reject it, we do wish to qualify it considerably and in the process come to a deeper understanding of it. The relation between mental illness and moral excuse is simply far more delicate than it is sometimes taken to be.2

Of course, this common association between mental illness and excuse is not without exception. It is widely agreed that some mental illnesses do not undermine or diminish a presumption of moral responsibility. Pedophilia, for instance, is a sexual disorder according to DSM IV, but the condition is not recognized as grounds for excusing from criminal culpability (Edwards 2009: 106). This is despite the fact that a clinician’s response to a pedophile would be and ought to be to interpret the behavior through the lens of pathology, addressing the patient as a person in need of treatment. In short, the aptness of the “sickness” role in such cases is not assumed to foreclose treatment as a morally responsible agent.

Nevertheless, there is a compelling association between the influence of mental illness on behavior and reason not to blame, to punish, or more generally to regard as

References


morally responsible. It is, for instance, a familiar piece of politically correct liberal doctrine to insist that an enlightened approach to the problem of substance abuse should be to decriminalize consumption and instead focus upon problems of addiction. While this may be the most defendable policy to adopt, if it is, we wish to argue that it is not simply because behavior issuing from a mental illness—in this case, drug use caused by addiction—is incompatible with moral responsibility for that behavior. The compelling association marks a constellation of considerations that need teasing apart in order to take proper measure of how mental illness defeats or diminishes moral responsibility and when it genuinely does so.

Looking to legal practice is helpful in certain respects. Criminal culpability is not easily defeated by credible claims of mental illness (e.g., see Brink 2013). Hence, as regards legal responsibility, actual legal practice strongly suggests that the default assumption we wish to scrutinize is indeed not widely accepted. There are, however, two problems with looking to legal practice for wisdom here. First, legal responsibility is simply different from moral responsibility; the normative and pragmatic pressures in the realm of law vary from those pertaining to morality more generally (e.g., see Hart 1961). Admittedly, we ourselves uncritically elided this distinction in these introductory remarks. For instance, our ground for claiming above that pedophilia is not typically taken to excuse is largely based on legal practice. Likewise, we have remarked upon the tension between addiction and moral responsibility in terms of decriminalization, which is about legal responsibility, not moral responsibility. But these observations are innocent enough as a set of preliminary remarks. There is at least an aspirational expectation that our legal practices track our considered moral convictions, and hence that our grounds for legal responsibility arise out of our commitment to moral responsibility. Nevertheless, the two practices, practical pressures and norms differ, and we are here concerned with the more inclusive phenomenon of moral responsibility.

Second, and more importantly, looking to legal practices and accepted norms is unreliable, since they might be misguided or poorly motivated. (Recall the now debunked separate-but-equal Jim Crow laws.) It is, for instance, likely that one reason why pedophilia does not typically excuse is because the sexual molestation of children is so abhorrent and evinces such strong reactions of contempt and disgust. Visceral reaction is thus liable to swamp countervailing considerations, should there in fact be any (not that we think there are). Hence, it is unlikely that legal practice would ever bend much in the direction of excusing, regardless of any discoveries about the causes of pedophilia—even if it could be shown that pedophiles suffer from a mental illness involving literally irresistible urges.

In this essay, we will examine the relation between mental illness and moral responsibility by drawing upon two resources. First, we will examine philosophical work on the related topics of free will and moral responsibility. Along the way, we’ll pay special attention to how free and responsible agency is related to underlying principles accounting for various pleas designed to show that a person is not morally responsible for something she is alleged to have done. In doing so, we will argue that it is misguided to think that when mental illness undermines moral responsibility, it does so simply by showing that a person’s moral competency is defeated. Second, we will turn to a loose collection of mental illnesses that are not all that fashionable in the literature on free will and moral responsibility. These include generalized anxiety disorder, clinical depression, and attention-deficit disorder. In focusing on these sorts of mental illnesses, we will focus mostly upon mild cases. We will not attend to cases on a spectrum in which persons with these illnesses are so massively impaired that they cannot function well at all in their daily lives. Rather, we will attend to cases that are, in certain respects, at the borders. By focusing on these cases, we intend to argue that those labors with these conditions retain their status as morally responsible agents and are not excused for their objectionable behavior—even when their illness plays a nontrivial causal role in it. Or at the very least we hope to show that such cases are perfectly intelligible. We hope that by tending to them we can get clearer on the conditions under which mental illness does and does not provide an excuse for an act of wrongdoing.

2. Free Will and Moral Responsibility

We begin this section with a plea to those unfamiliar with contemporary philosophical work on free will. We ask readers to set aside the impressions they may have acquired about free will from popular sources, and even recent discussions in some much-publicized scientific literature in the neurosciences. Despite how it is often understood in arenas outside of philosophy, the meaning of the term “free will” does not necessarily presuppose substance dualism, or any sort of supernatural powers or abilities. Nor can one infer, simply by grasping the meaning of the term, that free will is opposed to the prospect of a fully naturalistic, scientifically credible explanation of mental life and intentional action. To be clear, we are not claiming that free will does not require substance dualism. Perhaps careful philosophical inquiry will show that it does. Nor are we claiming that free will is compatible with a naturalistic account of human behavior. 'Maybe careful examination will show that it is not. All we are saying is that if any of these things are true, this cannot simply be read off the meaning of the term—as if it could simply be looked up in a dictionary. It is, as philosophers sometimes put it, an open question just what free will is and whether human persons possess it. In any event, what we are especially concerned to make clear, for the purposes of the present essay, is that on a wide variety of philosophically respectable approaches free will is consistent with a scientifically explanation of the causes of actions. This is not a patently incoherent thesis. Hence, one can at least attempt to understand free will in a manner suited for a science of human behavior, including the sciences of psychology and psychiatry. We shall thus proceed by assuming that free will is a respectable notion, and that human persons really do possess it. But we only mean to commit to this thesis as an operating assumption, one that naturally could be discredited.9

How should one understand free will? Although controversial, many philosophers understand free will in terms of the conditions for moral responsibility. In this essay, we shall adopt this strategy. Here is a relatively common proposal: “Free will is the unique ability of persons to exercise all of the control necessary for moral responsibility” (McKenna 2013). A free act, as we shall understand it, is simply an act that
issues from an exercise of the free will ability. This proposal is meant to be neutral between more refined theories of free will. Naturally, the hard philosophical work involves giving an adequate theory of the pertinent sort of control. Here there is room for a considerable amount of philosophical dispute. For now, we can skirt these issues and simply take it that free will skepticism is false and that at least some persons on some occasions—indeed, most psychologically healthy persons on most occasions—possess free will. That is, they possess the ability to control their conduct in the strongest manner necessary for moral responsibility.

Now consider moral responsibility. We will restrict attention to responsibility for moral wrongdoing and focus just upon a sense of “responsibility for” captured by the notion of accountability (e.g., Shoemaker 2011; Watson 1996). To explain: When an agent is accountable for her moral wrongdoing—when she is blameworthy—she can justifiably be held to account for what she has done.11 How so? It would be appropriate to blame her overtly by directing one’s moral anger, resentment, or indignation toward her.12 It might (depending upon context) be appropriate to make demands upon her to explain herself, or apologize, or correct her behavior and make efforts to repair the moral landscape. It is, furthermore, reasonable to assume that her being morally responsible in the accountability sense for her wrongdoing and thus being blameworthy is a precondition for her being an apt target of punishment.

In the preceding paragraph, we fixed upon moral responsibility for something—for wrongdoing. It will also be useful to clarify the distinct notion of morally responsible agency. Morally responsible agency is a matter of a person’s status as an agent. A morally responsible agent is one who is sufficiently competent—who has what it takes—to be accountable for her behavior and to do something of moral import. Small children are not morally responsible agents, but most mature, sane, fully developed adult persons are. Perhaps an example of a borderline case is the character Lenny from Steinbeck’s Of Mice and Men, a man-child of sorts, whose readers are liable to see as at least mildly mentally retarded and thus not a fair candidate for holding to account (at least fully) for his moral failings.

3. A Taxonomy of Pleas: Exceptions, Excuses, and Justifications

We turn now to an examination of the various kinds of pleas meant to show that a person is not blameworthy. Since our focus is upon how and when mental illness defeats moral responsibility, it will be instructive to consider in more general terms the different grounds that our norms and practices treat as reasons to withdraw judgments of blameworthiness.

To begin, note that a person who is not a morally responsible agent might nevertheless be a moral agent, one capable of doing morally, wrong. Such a person would not be blameworthy for wrongdoing simply because she is not a morally responsible agent.13 Why? Only morally responsible agents are candidates for being accountable for what they do when they engage in wrongdoing. Certain sorts of mental illness are often thought to abolve the sufferer of any responsibility for her actions because the illness so thoroughly impairs a person that it undermines her having the capacities requisite for responsible agency (Strawson 1962; Elliott 1996: Chap. 7). Extreme forms of mental retardation or schizophrenia are clear cases. The term of art used to capture such excuses is “exception.”

Non-exempting excuses, hereafter referred to as “excuses,” function by showing that one who is a morally responsible agent did in fact do wrong, but special circumstances exonerate her from being responsible for acting as she did. Pleas such as “she did not know” or “she could not help it” call attention to some reason showing why an agent is not blameworthy for her wrongdoing.

Exceptions and excuses are to be distinguished from justifications. Pleas such as “it was the only way to save him” or “she has a right to do that if she likes” are meant to show not that a person who did wrong does not deserve blame, but rather that the person did no wrong in acting as she did. There is no wrong for which she is to blame, and so she is not blameworthy.

There is also a further way to qualify both exemptions and excuses by way of mitigation. A mitigating exception or excuse appeals to grounds for partial but not full exculpation; it invokes grounds to show that an agent is less blameworthy than she might otherwise be. In the case of excuses, for instance, imagine the two examples offered above but modified as follows: “it was difficult for her to know, given the situation” or “although she could have helped it, it would have been very difficult for her to do so.” Similar remarks might apply for certain exempting considerations. A person might be mildly rather than severely mentally retarded and so be merely on the borderline of competent agency of the sort required for moral responsibility. Likewise, an adolescent just emerging from childhood might be just beginning to become a morally responsible agent and so accountable only to a small degree and in only some moral domains but not others.

What can we learn about the preceding taxonomy as it bears on pleas involving mental illness? It might initially be thought that when mental illness defeats moral responsibility it only does so by way of exemption, and many philosophers’ discussions of the relationship imply as much (Strawson 1962; Scanlon 2000: Chap. 6). But careful consideration suggests otherwise. Here we come to a point at which we can begin to explain how the blanket assumption that mental illness undermines morally responsible agency masks important complexity worth teasing apart.

A person suffering from a mental illness might not be so impaired that she is incapacitated for morally responsible agency (Elliott 1996; Bjorklund 2004; Kenneth 2007). She might be perfectly capable of being held to account for her conduct in some domain of activity and yet, nevertheless, her illness might, on a particular occasion, impede her ability to exercise her conduct in that very domain of activity. Consider, for example, a person, Jane, with generalized anxiety disorder, who is able to manage her illness well enough to function in most social contexts and comport herself reasonably well with others, though perhaps it is onerous to do so. Now imagine some special occasion in which Jane’s anxiety gives rise to a level of inescapability leading her to explode and say something cruel to a coworker. Suppose it counts as morally wrong to say what she said in that environment. And suppose as well that in this case her anxiety and her agitation rendered it true in that moment that “she could not help it.” If Jane literally could not help acting as she did, then she has a legitimate excuse for her wrongdoing. She has an excuse in which her mental
illness plays a significant causal role. It would be a distortion to regard her as incapacitated for morally responsible agency. She would fall all still be able to comply with lots of other expectations, and perhaps even keep her emotions in check in subsequent interactions of the very same sort that gave rise to her outburst. So an appeal to her mental illness should not be thought of as an exemption, but rather a "localized" excuse.

The above point is not merely an academic one of taxonomy. Whether we can carve out a space in which one with a mental illness is excused for an action while still being a morally responsible agent has important practical and moral implications. Clearly, we want to be able to sometimes absolve someone with mental illness for an act of wrongdoing, given that mental illness sometimes makes people behave in ways that appear beyond their control. However, using exemption to absolve an agent comes with its own costs. It involves adopting, toward the mentally ill person, what P. F. Strawson (1962) referred to as the "objective attitude," treating the mentally ill person not as someone who is to be reasoned with, but rather as a "force to be dealt with" (Scanlon 2000: 280). To exempt someone because of mental illness, it would seem, is to deny that the person is a participant in the system of morality within which adult humans normally participate. As has been pointed out (Bjorklund 2004; Kennett 2007), this risks robbing the person of both their dignity and autonomy, and stands to undermine their effectiveness as moral agents, perhaps running contrary to therapeutic goals. It appears important, then, that we be able to understand how a mental illness can remove blameworthiness for an action without also taking the person's capacity for moral responsibility.

Another implication of this concerns what might be called "moral residue." What is moral residue? To illustrate, suppose you promise to pick up your friend at the airport but through no fault of your own your car breaks down on the way. As a result, you cannot follow through—you cannot help it. You are excused for failing to fulfill your promise, and you are not morally responsible and blameworthy for your wrongdoing. While this is all true, insofar as now your friend is in a pickle, you still owe it to her to aid in the untoward residue of your (admittedly) excused moral failure. Perhaps you should at least walk to her apartment and let the dog out, or call someone to help make arrangements for another way to get her home, and so on. The point is, you are still morally accountable for the fallout, and you would be to blame for other wrongs were you just to ignore the entire affair, as if the failure to meet your friend were just a natural disaster that might be unfortunate but is not your business in the least.

So, when mental illness excuses but does not exempt a person from moral responsibility, there is of course a sense in which the person is not morally responsible and blameworthy for her wrongdoing. But there is another sense in which the mentally ill person remains morally responsible: First, she persists in being a morally responsible agent, and, second, depending upon context, she might remain accountable for further moral burdens incurred as an upshot of her (blamelessly) doing morally wrong. For instance, Jane in the scenario mentioned above would likely owe her coworker an apology and an explanation. She might bear the burden of taking steps to avoid certain conversations or correct any misimpressions caused by the hurtful things she said. Now, if she were simply not a sufficiently competent moral agent, she would not bear these burdens and would not be to blame for failing to comply with them. Hence, Jane's mental illness and the excuse it provides leaves much for which she continues to be responsible; this would not be the case if her illness exempted her altogether.

What about justifications? Might a mental illness serve as a warranted plea for blamelessness by way of justifying an action and so showing why behavior that otherwise would be morally wrong is not? Perhaps. We don't want to rule this out as a possibility. One might make the following case for the thesis that sometimes mental illness can function as a justification: As a general point about the moral landscape, many of the moral obligations, duties, burdens, and responsibilities we incur are only meant to apply to us at all in certain contexts. If you owe your fellow neighbors a certain degree of good will and due regard, as well as a degree of kindness and civility in daily life, you do not necessarily owe it to anyone at all if you have a splitting headache, or if your family has recently been killed in a horrific accident. To be clear, on the proposal we are now entertaining, it is not that in such cases you are excused from a moral burden you have. It's that it is unreasonable in such contexts to presume that this ought to be a burden on you at all. Perhaps this point can be extended to all sorts of mental illnesses. If Josephine and Joe, husband and wife, owe each other spousal duties a certain degree of kindness and affection in their daily lives, a level of intimacy that allows their home life to be a source of comfort to them, Josephine is not under any such obligation if she suffers from a significant albeit not completely debilitating episode of depression and simply can find little joy in much of anything. Here, Joe would be unreasonable to presume his wife owes him her kindness and good cheer while the darkening clouds are gathering over her.

Here too there are important moral and practical implications that flow from these observations and so distinguish the way mental illness might count as a justification rather than an excuse or an exemption. In particular, in this case, Joe has no cause to regard Josephine as if she is not a morally responsible agent at all. It's not that he need regard her as exempted. More importantly, Joe and Josephine would misunderstand their moral relationship if either thought that there was any moral residue due to Josephine's doing Joe wrong. As Josephine does not wrong Joe at all, there are no further burdens she incurs for any (blameless) wrongdoing.

Others have argued for a similar thesis. Elliott (1996: Chap. 3) has argued that volitional disorders such as kleptomania or voyeurism can justify an action normally considered wrong (e.g., shoplifting) if the action was the lesser of two evils. The person with Tourette syndrome, then, is justified in barking an insult at someone if inhibiting the insult causes her greater distress than whatever distress would be caused to the recipient of the insult, were the Tourette's individual to indulge in it. But even in a seemingly favorable case like this, we think it is questionable whether there would be moral wrongdoing and no moral residue (the Tourette's individual might rightfully be considered to owe an apology to the person insulted), and perhaps this indicates such a case is more naturally interpreted as an instance where the action was excused, rather than justified.

Overall, the issue of whether a mental illness can justify an action normally considered wrong looks to us to be unsettled (see also
Brady (1997); as nothing we argue for below hinges on this, we are happy enough to leave it this way.

In closing this section, recall the initial default assumption we proposed to scrutinize: mental illness undermines morally responsible agency. We hope we have now made clear that in certain tests mental illness undermines judgments of moral responsibility by exempting. In these cases, it clearly does undermine an important form of competent moral agency. But this is not always so. Mental illness sometimes undermines judgments of moral responsibility simply by excusing a person from wrongdoing while in no way showing that her agency is impaired in such a way that she is rendered incompetent. Other times, perhaps mental illness undermines judgments of moral responsibility simply by showing that a person did not act in a way that is morally objectionable. 16

4. Kinds of Excuses and the Conditions for Blameworthiness

We turn now to the conditions for blameworthiness. Attending to these, we can then examine in more detail the various ways that a mental illness might undermine a person’s moral responsibility for wrongdoing. Before doing so, we need to offer one further refinement to the taxonomy set out in the preceding section. Recall that in explaining excuses, we mentioned two sorts of pleas: “she did not know” and “she could not help it.” Note that the first type of plea is designed to defeat a presumption of knowledge or understanding, while the second is designed to defeat a presumption of freedom or control. As it happens, these two types of pleas are just instances of numerous pleas for excuse that seem to fall into one or another of these categories. Consider, “My vision was clouded, and I thought it was she I saw,” or, “I was sure she told me to get the bottle of pills from the right-hand side of the cabinet,” and so on, all of them being variations on a did-not-know plea. Now consider, “I was pushed,” or, “You startled me and made me jump, and that’s why I hit the lever,” and so on, all of them being variations on a could-not-help-it plea. That there are two types of pleas suggest that there are distinct necessary conditions for being morally responsible (and blameworthy) for something.13 These different types show that one or the other of the necessary conditions is not satisfied. Hence, we can identify an epistemic (or knowledge) condition for moral responsibility, and also a freedom (or control) condition. As should now be clear, free will, as we defined it in section 2 above, just is the ability that enables a person to satisfy the control condition for moral responsibility when she is responsible for something or other (either by way of being blameworthy or praiseworthy).

Momentarily we will present a proposal offering the conditions necessary and sufficient for moral blameworthiness. Before doing so, we pause to build on the point just made regarding kinds of excuses—those pointing to an epistemic failure and those pointing to a freedom failure. Drawing upon these as conditions for being morally responsible for something, we can also infer the general abilities or capacities a person must have to be a morally responsible agent. She must have the ability to act freely by being able to adequately control her conduct, and she must have the ability to understand morality, as well as the further practical details pertaining to moral considerations. Hence, knowing that these are the general kinds of abilities a person needs to be a morally responsible agent, we can also see how different mental illnesses are likely to be grounds for different sorts of exemptions. Some mental illnesses, such as schizophrenia, cause failures of understanding, and so defeat the possibility of morally responsible agency not so much by undermining a person’s freedom but by undermining her understanding and moral knowledge of the world. Other mental illnesses, however, leave a person’s perceptions and understanding intact but impair a person’s ability to control her behavior and do what she has reason to think she should. This seems to capture more accurately how mental illness exempts in the case of impulse-control disorders or maybe extreme forms of addiction. 14

Drawing upon the preceding taxonomy, here is an account of moral responsibility and blameworthiness for an action, principle MB, cut in terms of necessary and sufficient conditions:

MB: A person, P, is morally blameworthy for an action, A, just in case:

(a) A-ing is morally wrong;
(b) P knows that in A-ing she is doing morally wrong;
(c) P acts freely in A-ing.

This principle, MB, is a caricature of what a fully defensible account of moral blameworthiness amounts to. It ignores important details, but these needn’t detain us here. With one qualification we shall take up presently, MB is an adequate approximation for the purposes of this essay. 15

As for that qualification, MB does not make room for “tracing” cases. A very simple example is a case of drunk driving in which at an earlier time a person freely and knowingly gets drunk and then later drives home with no understanding of what she is doing and no ability to control herself or her car. When she kills someone, she is morally (and legally) responsible, but at the time she did wrong, she did not know what she was doing and was not acting freely. Nevertheless, we can ground her culpability by tracing the roots of her drunken behavior to prior directly free conduct. Here, it seems that both the knowledge and the freedom conditions in MB need qualifying so as to allow for tracing—an exercise we shall forgo.

A different sort of case that is more relevant to our topic is recreational drug use that later leads to addiction, where addiction is understood by DSM IV as a mental illness. Suppose that recreational drug use is morally wrong (not that we think it is), and suppose that extreme addiction genuinely does render an addict unfree with respect to her drug consumption. A tracing principle can be used to argue that someone who is presently an addict is nevertheless morally responsible and blameworthy now for acting as she does even if now she is not free with respect to her drug use. Of course, this would be so only if one could genuinely trace to an earlier time in which the (now) addict was a morally responsible agent who freely and knowingly embarked on a pattern of reckless drug use, with some understanding that by doing so she might later make herself an addict with little ability to control her cravings for the drug.
In light of MB, we can now identify all of the following distinct ways in which mental illness might defeat a person’s blameworthiness for a (putative) wrong act:

1. Her status as a morally responsible agent is undermined by compromising her ability to control her conduct, and so a could-not-help-it exemption applies (MBc is defeated).
2. As a morally responsible agent, she is not able to exercise her ability to control her conduct, and so a could-not-help-it excuse applies (MBc is defeated).
3. Her status as a morally responsible agent is undermined by compromising her ability to understand the moral states of her actions, and so a did-not-know exemption applies (MBb is defeated).
4. As a morally responsible agent, she is not able to exercise her ability to understand the moral significance of her actions, and so a did-not-know excuse applies (MBb is defeated).
5. She did not actually do anything morally wrong, and so a justification applies (MBa is defeated).

Further refinements could be made to variations on points 1 through 4 to account for different sorts of mitigation. We'll spell each of these out here. Moreover, there can be mixed cases, wherein, for example, a mental illness might exempt by compromising both control and understanding.

5. Working with a Reasons-Responsive Theory of Freedom

Thus far, we have been working to tease apart the different ways mental illness might defeat or diminish a person’s moral responsibility and blameworthiness for something. But we have yet to focus our attention directly on (alleged) cases in which an agent is morally responsible and blameworthy despite the fact that her mental illness does play a nontrivial causal role in her wrongdoing. Are there such cases, and how can we make sense of them? To focus our discussion, we restrict attention to the control or freedom condition. It is common to associate compromises of moral responsibility due to mental illness as arising from impairments of freedom. So it will be most instructive to attend just to conditions that are allegedly freedom-imparing. What we are especially interested in considering are cases in which mental illness plays a causal role in an agent’s exercising her ability to control her conduct but in which she nevertheless is morally responsible and blameworthy for acting as she does. Hence, no could-not-help-it excuse or exemption (from categories 1 and 2 in the previous section) would apply. In the cases we wish to consider, if there are any, the causal contribution of mental illness would not: even provide grounds for mitigation.

To proceed, we devote this section to sketching a theory of free will in terms of responsiveness to reasons.23 While reasons-responsive theories are not universally accepted as the means by which to theorize about free will and free agency, they are widely accepted. The fundamental insight used to explain freedom in terms of reasons-responsiveness is basically this: When an agent acts freely, she acts from causal sources that are sensitive to reasons. To put it a bit more precisely, she acts from causal sources that are expressive of her sensitivity to reasons.24 Why is this an appealing way to ground freedom? What seems to distinguish persons from other creatures that are non-persons is their ability to relate to the world rationally. Recall Aristotle’s thesis: man is a rational animal. Reasons-responsive theories capture a distinctive sort of freedom, one that helps to distinguish persons from non-persons, and one that seems to be featured in the sorts of moral demands and expectations involved in holding people morally accountable for how they conduct themselves.

A simple example will help illustrate how a reasons-responsive theory of free will works, and it will at the same time help expose the main explanatory burden for such theories. Take Ann and Beth, who both have occasion to wash their hands. Both have just fallen in some mud. Because both have dirty hands, both have reason to wash their hands. But there is a difference. Unlike Ann, Beth suffers from a strong form of Obsessive-Compulsive Disorder, which manifests itself for her with constant hand-washing. While Beth washes her hands for good reason (because they are muddy), she would wash them just as well if she happened to see a bit of trash fall off a garbage pail outside from the comfort of her spotless apartment, or if someone even uttered the word “germ” in her presence. There are, as it happens, a wildly large number of considerations in which Beth would wash her hands despite not having any good reason to do so. This shows that when Beth washes her hands, the cause of her doing so does not express her being suitably sensitive to reasons in this domain of her life. She thus does not wash her hands freely, or, as some might put it, of her own free will. But assuming Ann does not suffer from any similar impediment to her agency, she does wash her hands freely. Moreover, unlike Beth, if Ann were given good reasons not to wash her (now) dirty hands even though she had just fallen in the mud, she would be able to refrain from doing so. Imagine, for instance, that Ann heard a large crash around the corner and was given reason to believe that someone had been hurt. Ann, unlike Beth, would respond to that reason as one that rightly defeated her need for clean hands just then, and she would go running. Beth, on the other hand, is a slave to her need to wash her hands, and so would not respond likewise.

Thus far, the case of Ann and Beth handily explains how a reasons-responsive theory works. How does it also expose the theory’s main explanatory burden? Consider Beth again. It might seem that Beth is not at all reasons-responsive. But this need not be so. She might simply not be suitably reasons-responsive. Why? Suppose there are some reasons such that, were they present, she would not wash her muddy hands. Suppose that if she washed her hands, her daughter would immediately be discomfited, or that New York City would instantaneously disintegrate. More realistically, suppose that if a fire was raging through the house and she’d be incinerated were she to stay to wash her hands, she’d not wash her hands then but instead flee.25 Turn now to Ann. We’ve suggested that Ann is suitably reasons-responsive insofar as we have described her as acting freely in washing her hands. But does this mean Ann is perfectly reasons-responsive? Must it be, for her to act freely, that she would respond to every good reason to wash her hands and ignore every bad reason to do so? Suppose in some non-actual but possible scenario she learned that if she washed her hands exactly at that moment, she’d violate some local taboo that would offend her hosts.
Suppose that this really does count, even by her own standards, as a good moral reason not to wash her hands just then. But suppose that Ann would still wash her hands. This is a reason she’d just ignore. (Sometimes, not often, Ann is a bit of a jerk and just does things she knows she really ought not to do.) Would this possibility—which we are supposing is not the actual context of her action—show that she does not wash her hands freely when she actually washes them due to falling in the mud? Bear in mind that she is still sensitive enough to reasons to respond aptly to a very rich range of other reasons. It seems that we should regard Ann as washing her hands freely in the actual situation.

So Beth does not wash her hands freely even though she is at least a little bit reasons-responsive, and Ann does wash her hands freely even though she is less than optimally reasons-responsive. Clearly, what is needed is a way to specify a suitable or adequate degree of responsiveness to reason that captures what it is for a person to be able to navigate the space of potential reasons in her environment reliably enough to function as a competent moral agent in the world. The hard work for all reasons-responsive theorists of free will is to capture that range in an elegant and compelling fashion, one that seems to explain intuitively the distinction between moral (and in other contexts, say, legal) responsibility. This is not something we will develop here. We simply leave it as an intuitively plausible thesis that free and morally responsible agents are suitably reasons-responsive to a degree that displays (roughly) their (moral, social, legal, practical) sanity.

6. Refining a Reasons-Responsive Theory and the Etiology of Action

As might be expected, our plan is to consider carefully the way particular manifestations of mental illnesses are liable to influence different agents’ responsiveness to reasons. Reasons-responsiveness comes in degrees, and it allows for a threshold above which an agent might act freely even if less (or differently) responsive than she would be in the absence of the illness. Hence, it seems to be an open empirical question whether in fact a person’s having a mental illness that causally influences her exercise of free will is after all excused for occasions in which she engages in wrongdoing.23 To help see in a finer-grained way just how mental illness might influence a person’s responsiveness to reasons, it will be helpful to attend in more detail to the different elements involved in being responsive to reasons. It will also be useful to attend to further details in the etiology of some paradigmatic cases of action that naturally flow from an exercise of a person’s deliberative, rational capacities.

As for the needed refinements, here we draw upon Fischer and Ravizza (1998: 41–46 and 69–76) in distinguishing between: receptivity component of reasons-responsiveness and a reactivity component. Reasons-receptivity concerns an agent’s ability to be receptive to—that is to be able to recognize—the reasons that an agent has to act as she does or to act other than as she does. (In our example of Ann and Beth above, these would be candidate reasons not to wash one’s hands, as well as candidate reasons to persist in washing one’s hands.) Reasons-reactivity concerns an agent’s ability to react to the good reasons she recognizes by acting upon them. An adequate theory of reasons-responsiveness needs to be able to account for a suitable degree of reasons-receptivity. An agent must be able to recognize a considerable range of good reasons for acting as she does or instead acting otherwise. But she need not be able to recognize every such good reason. If this were required, no one but perfectly rational gods would be adequately reasons-responsive, and so free and morally responsible. Furthermore, an adequate theory of reasons-responsiveness needs to account for a suitable degree of reasons-reactivity (McKenna 2005). An agent must be able to react to a considerable range of the good reasons she is able to recognize by choosing and acting on the basis of such reasons. But she need not be reactive to the full spectrum of reasons she is able to recognize. If this were required, then no one who ever fails to do what the judges best to do would be reasons-responsive and so free and morally responsible.

As Fischer and Ravizza point out, failures of suitable receptivity can be associated with “delusional psychosis” (1998: 41). Whereas lack of suitable reactivity “afflicts certain compulsives or phobic neurotics” (42). Their examples of mental illness are offered as grounds for exemption. We are presently interested in different sorts of cases (ones in which exemptions do not apply), but it is especially helpful to see how refining reasons-responsiveness helps to expose the way different mental illnesses can potentially compromise different aspects of free agency.

For ease of discussion in the next section, we offer the following toy model of an agent, X, who, as a suitably reasons-responsive agent, satisfies a suitable degree of reasons-receptivity and reasons-reactivity with respect to an action, A. Treat “Rx1,” “Rx2” and so on through “Rxn” as names that pick out reasons for X doing other than A or instead for X persisting in doing A. Suppose this model captures X’s receptivity to reasons with respect to X’s act of A-ing. Now treat Rx1 through Rxn as the smaller class of reasons falling within Rx1 through Rxn to which X is also reactive with respect to doing A.

Note that any particular person’s reasons-responsive “profile” will permit features that are unique to her. If some other agent, Y, were also reasons-responsive, and to roughly the same degree as our agent X, the reasons picked for her in relation to a similar act of A-ing, reasons such as Ry1 through Ry2, and so on, while naturally overlapping somewhat with X’s reasons-responsive profile, would capture a different, but equally rich and stable class of reasons. For ease of reference below, call the above the Agent X Model of reasons-responsiveness. Call :relevant variations the Agent Y Model, the Agent Z Model, and so on.

Before applying the resources of a reasons-responsive theory to our present concern—the prospects for acting freely even when mental illness is involved—we offer a few further distinctions useful in the theory of action. These are distinctions regarding the etiology of certain paradigmatic cases, actions issuing from exemplary exercises of well-functioning agency. In the cases we have in mind, the causal story unfolds roughly as follows.

An agent is faced with uncertainty about what to do, perhaps regarding something that is morally loaded, although that need not be so. She then engages in a process of deliberation wherein she weighs reasons. At this juncture, reasons come and go, and in this respect, she cannot simply will them to occur. While she can take some effort, say, by doing some research or consulting with others.
Consider the above case as of a kind of exemplary exercise of practical agency for imperfect beings like us. We have identified with it all several salient action-theoretic elements in the etiology of these kinds of actions. Of course, not all actions issuing from competent agents have the sort of causal history these actions have. Indeed, most do not. People often act well from habit, make choices on a whim, and so on. But these exemplar sorts of actions allow one to use a magnifying glass to think about all of the elements that might go into exercises of relatively healthy human agency. This in turn can help us think about how normal agency can be short-circuited and go wrong. Moreover, it is easy to see how these action-theoretic elements “interface” with the distinct elements of reasons-responsiveness as we have set it out. Think of cases like Tourette syndrome, where the causal pathways between formed intention and action are apparently dysfunctional. Or consider cases of severe clinical depression, in which a person’s motivational system might be so depleted that she simply is incapable of acting as she judges best. In these sorts of cases, it appears we would have distinctive reasons-reactive failures. Something similar might be true about addiction, should a person’s motivational states simply flood her resources for exercising self-control. But other mental illnesses, such as extreme attention-deficit disorder, might powerfully handicap a person for sustaining a process of deliberation while making an effort to settle on what is best to do. Or once that is formed, it might impede her from retaining that judgment in the process of translating it to decision and intention formation. Moreover, in yet other cases, a person’s anxiety might instead flood her cognition that she would not be able to evaluate potential reasons in light of her values and principles so as to even identify what genuine reasons she has for how she ought to act. Here we would have compromises or failures of reasons-receptivity.

7. Zeroing in on an Interesting Thesis: Examining Mundane Cases of Mild Mental Illness

Are there cases in which a person is morally responsible and blameworthy for free actions causally influenced by mental illness? For the question to be at all interesting, we need to set aside cases in which any blameworthiness is due to some tracing consideration. Naturally, if a fully competent person engaged in an activity at an earlier time knowing she would be liable to make herself ill and then as a result act wrongly, she could be morally responsible for these wrong acts by being morally responsible for embarking on such a course of action to begin with. We also note before proceeding that the causal influence needs to be proximal and nontrivial. How so? Imagine that years ago an episode of mental illness led Jill to check into a mental hospital. When there she both recovered and met her criminal future husband, Jack, who turned her toward a life of crime. Years later, while mentally healthy, she robs a bank. Now, in some sense, her mental illness was a cause of her robbing the bank. Had she not been mentally ill, she’d have not met Jack. And had she not met Jack, she’d have not become a criminal and then not robbed a bank. But her mental illness was not a proximal cause, and it was also a trivial cause. It might pass a “but-for” test of counterfactual dependence, and might strictly be a cause, but it does not fix upon explanationally salient features in the ongoing mental life that is proximally causally engaged in her deliberations, intention formations, and the like. Finally, we set aside a further “indirect” way that a person could be blameworthy for actions resulting from mental illness. If she is capable of seeking help that would cure her, and she knows this and fails to seek the help, she might also be morally responsible and blameworthy for any foreseeable wrongdoing that might be caused by her actions. So, to proceed, we intend to consider cases in which the causation of the mental illness is “direct” and there is no question about prior culpable, negligent history leading to her current illness or resultant behavior.

We shall focus on cases of mental illness not often considered in the literature on free will and moral responsibility. Philosophers currently working in these areas, when attending to issues of mental illness, tend to fix on dramatic cases. In these cases, the illness massively impairs an agent’s competency. Featured mental illnesses include psychopathology, autism, and mental retardation, and are fairly far along on a spectrum. They are frequently used to test the boundaries for moral responsibility (e.g., see Shoemaker 2015). Rather than tend to these cases, we are interested in rather pedestrian cases. There are, presumably, numerous people living among us, carrying on their lives well enough, who suffer from some mild form of mental illness such as depression, anxiety disorder, or attention-deficit disorder. Do we have reason to think that often they are not morally responsible for what they do? Or is at least mitigation in play? If so, there is ground for limited skepticism about moral responsibility. If many people are mildly mentally ill, and if their illness plays a significant causal role in many of their actions much of the time, then many people
are not morally responsible for much of what they do. Or, if they are, they are less responsible than one might otherwise think. Is this true?

8. Freedom, Moral Responsibility, and Mild Depression

Consider simple cases of depression. Along with feeling fatigued, individuals with depression tend to have diminished motivation to engage in typical activities they otherwise find pleasurable. They are as well liable to feel irritable or sad and assess themselves as worthless. Moreover, their negative assessments are not limited to themselves, their assessment of their environment is apt to be "meaner and grayer" (Church 2003: 175). As a result, they are also liable to see their options and others in a negative light. Depression thus poses several risks to exemplary exercises of agency of the sort we sketched in the preceding section. It is liable to affect her motivation, and so her ability to form intentions that align with what she judges best to do. It is also likely to affect her deliberations, since her ability to assess others and her environment, as well as her own needs, will be colored by her negative outlook. Hence, it will also affect her ability to judge what it is best to do. As such, it is liable to affect both one's reasons-receptivity and her reasons-reactivity.

Now consider the case of Jenny, who suffers from mild depression. Jenny decides not to pick up her friend at the airport as she promised simply because she does not want to deal with managing the task. Grant that doing so is morally wrong. Should we conclude that Jenny's illness excuses or exempts her? Insofar as we assume her illness is mild, we assume that she is not incapacitated due to her illness and so is able to exercise control over much of her life most of the time. So no exemption applies. But if her illness figured in the causes of her decision not to pick up her friend, does it excuse?

Suppose Jenny's illness played a causal role in the motivational states at the time, rendering her less inclined to do what she knows she should—which is dog through rush hour traffic to pick up her friend as promised. Imagine as well that when reflecting upon whether she should, her illness also affected her assessment of the value of her friend and so the desirability of doing right by her. As a result, in modeling Jenny's spectrum of receptivity, the value of Jenny's friend would not count as one of the reasons to which Jenny would be receptive. Or, if she were receptive to it, she would weigh it as less significant in relation to the rest of the reasons available to her for deliberation. As for modeling her level of reactivity, she would not be reactive to a range of reasons that would involve her wanting to do something like brave the stress of rush hour traffic. Finally, suppose these causal influences would pass a test of counterfactual dependence: Were Jenny not mentally ill, she would weigh the value of her friendship differently and would not withdraw in the face of the nasty traffic. She'd make the drive and do as she promised.

An initial reaction to the case as we have set it out here is likely to be that Jenny is excused since, were she not ill, she would follow through and avoid wrongdoing. But not so fast. Consider Sarah. She is a morally responsible agent who suffers from no mental illness at all. Sarah is roughly just about as receptive and reactive to reasons as Jenny is, given Jenny's current condition. Of course, Sarah's reasons-responsive profile is unique to her. So she is not receptive and reactive to the same complete spectrum of reasons to which Jenny is—she is not in this respect Jenny's psychological duplicate. But she is roughly the same. While Jenny’s illness is partially what explains why she values her friend only to a certain limited degree, Sarah values similar friends to similar degrees as a result of causes that do not include mental illness. Sarah has simply acquired a sour outlook upon many of her friends as an upshot of a different sort of history. Were Sarah to decide not to pick up one of her friends as promised in similar circumstances, she would do so from a similar reasons-responsive spectrum, but one not causally influenced by mental illness. Note also that there are surely some counterfactuals involving details of Sarah and her past which are such that, were she to have had some sort of different history in some way, then she too would pick up her friend as promised in a similar situation.

With the cases of Jenny and Sarah before us, we now deploy our toy Agent X, Agent Y, etc. models to each agent. We also include a Mentally-Healthy-Jenny model along with the actual mentally ill Jenny. Of course, Mentally-Healthy-Jenny would be receptive and reactive to the further reasons that mentally ill Jenny would not, and so when acting in a similar context, she would have a wider and richer degree of reasonsresponsiveness. To make perspicuous just how reasons-responsive each agent is, and how it is that each is a morally responsible agent (not an exempted one) we also include the model of a person, Tina, who is sufficiently impaired due to depression to be exempted were she in a similar situation. Figure 4a.1 shows each of the modeled agents:

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<table>
<thead>
<tr>
<th>Mentally-Healthy-Jenny</th>
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<tbody>
<tr>
<td>Receptivity: RH1, RH2</td>
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<tr>
<td>Reactivity: RH1, RH2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Jenny</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptivity: R1, R2</td>
</tr>
<tr>
<td>Reactivity: R1, R2</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Sarah</th>
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</thead>
<tbody>
<tr>
<td>Receptivity: R3, R4</td>
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<td>Reactivity: R3, R4</td>
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<table>
<thead>
<tr>
<th>Tina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptivity: R7, R8</td>
</tr>
<tr>
<td>Reactivity: R7, R8</td>
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</table>

Figure 4a.1
With these models in hand, we offer the following argument for the conclusion that Jenny acts freely and is blameworthy for her wrongdoing: By hypothesis, unlike Tina, Sarah is a morally responsible agent who acts freely and is blameworthy for her wrongdoing. And, unlike Tina, she displays a sufficiently rich pattern of reason-responsiveness to ground her freedom. But if Sarah is morally responsible and blameworthy for her freely doing morally wrong, and if her degree of reason-responsiveness to reasons is no different than Jenny’s, then Jenny is also equally morally responsible and blameworthy for her freely doing morally wrong.25

A critic might protest that it is fallacious to regard Jenny as equally free and responsible as Sarah. After all, what caused Jenny’s relative degree of freedom as in contrast with a Mentally-Healthy-Jenny was her mental illness. Were it not for her illness, Jenny, qua Mentally-Healthy-Jenny, would have done right, not wrong. Jenny’s illness counts as a difference for why, between Sarah and her, Jenny is excused and Sarah is not. But here we would counter that the initial motivation for regarding mental illness as a grounds for excusing is that it impeded an agent’s exercise of her freedom to a degree that undermines responsibility. However, in this case, there is no such impediment for Jenny if Sarah is not impeded—and we have simply stipulated as a feature of the case that Sarah is not impeded. So, we would counter this critic by pointing out that it now seems that she is simply assuming that mental illness is itself a basis for excuse even when it does not in itself count as an impediment that would be grounds to excuse any agent from lacking a pertinent degree of freedom.

At this point, our critic might respond by pointing out that Jenny’s freedom is impeded at least by comparison with that of a Mentally-Healthy-Jenny. That is not true for Sarah. Of course, this is correct. But it is irrelevant. Most fully morally responsible agents most of the time act in suboptimal conditions which are such that, if things were different in some way, then they would have performed better. (Sometimes their blood sugar is low and they are not as mentally crisp as they otherwise would be.) Regardless, when they act above some threshold (such as that of Tina’s) they make themselves liable to be held to account by fair standards. If Jenny was just as free as Sarah was, Jenny was just as able as Sarah to act well rather than badly. She was just as much responding objectionably to the poor reasons as Sarah would have had Sarah been similarly situated. Furthermore, as we noted above, surely there are details about Sarah’s situation and history that make it true that if they had been slightly different, then Sarah too might instead act differently were she in a similar situation. Indeed, this is true for pretty much every agent in most every context in which they act. Should all of these agents then be excused, or should some mitigating factor also apply to them? If not, why? Is it because mental illness is somehow a special basis for excusing above and beyond the degree to which it affects freedom? If so, it is our critic’s burden to state what the special basis is, since it was originally assumed that mental illness in these contexts excuses by impairing freedom.26

Naturally, the preceding treatment is not unique to depression. We could just as well have executed our argument by working with a case of generalized anxiety disorder or instead with attention deficit disorder. Both in their mild forms are bound to causally influence the execution of the sorts of exemplary acts of deliberative agency we highlighted in section 6. And both are bound to do so in ways that are liable to have some bearing on an agent’s reason-responsiveness and so her degree of freedom. People with anxiety disorders find it difficult to control persistent worries. Of course this will affect their ability to assess reasons presented to them, as their consciousness will frequently be drawn to the worrisome facets of their environments in ways that could “crowd out” attending to other matters. Also, the impulse to act in ways that would alleviate the worry will have an effect on their motivational systems. As for attention-deficit disorder, as we already noted above, this can affect a person’s ability to attend to the reasons she has for judging what is best to do, and also for retaining those judgments when committing on a plan and forming intentions to act as she judges best. With these sorts of illnesses as well, in their mild form, it seems a live possibility that the causal influence these conditions might have on an agent could affect her in a way that does not undermine her freedom and responsibility for acting as she does.

We closed the previous section by raising the prospects for a limited kind of skepticism about moral responsibility: If many people are mildly mentally ill, and if their illness plays a significant causal role in many of their actions much of the time, then many people are not morally responsible for much of what they do. Or, if they are, they are less responsible than one might otherwise think. Is this true? In this section, by focusing just on the freedom condition for moral responsibility, we have attempted to resist this skeptical worry. We have tried to make credible a causal story according to which mental illness might influence a morally responsible agent’s freedom without impeding it and so without excusing her—or for that matter without even providing grounds for mitigation. We believe we have cast doubt on this skeptical thesis. But can we in good conscience answer our question by confidently asserting that the answer is no—by asserting that the skeptical thesis is false? Of course not. Our effort to resist this skeptical challenge is by way of a just-so story that we believe is consistent with how the actual causal facts might be. But in the end, this is an empirical question to be settled by the sciences of psychology and psychiatry. It might simply be that the way a condition like depression, even in its mild form, "gums up" the causal machinery of deliberative rational agency is simply inconsistent with the contention that an agent like Jenny really could be similar in relevant ways to an agent like Sarah. Our job as philosophers is to help clarify what is at issue, not to pronounce on how agents like Jenny or others suffering from mild mental illness might really be causally shaped.

9. Conclusion

We began this paper by promising to scrutinize the pervasive assumption that mental illness undermines morally responsible agency. It is for this reason that mental illness is allegedly assumed to defeat an agent’s culpability for moral wrongdoing. As stated, we do not wish to reject outright this assumption as a default presupposition. At an initial point of inquiry, learning that a person is mentally ill provides a defeasible reason to consider the possibility that the person’s competency as a morally responsible agent is
defeated or compromised in some way. But in our estimation, this assumption should function as no more than a presumptive starting point for further inspection.

In this paper, we have advanced two main theses. First, we have argued that when a plea of mental illness does carry exculpatory force, it does not always do so by demonstrating that a person is not a morally responsible agent. That is, it does not always exempt. Sometimes it excuses, and it may even sometimes justify. If so, important moral consequences follow insofar as the mentally ill person can still be regarded as competent moral agent. As we, the may bear responsibility arising from the moral residue of her (excused) moral wrongdoing.

Second, we have challenged the presumption that mental illness is always at odds with moral responsibility and blameworthiness for wrongdoing. We have attempted to make credible the thesis that sometimes a person’s mental illness might play a nontrivial causal role in her actions and yet she could still be morally responsible and blameworthy for acting as she does. We fully acknowledged that our second thesis is at the mercy of the empirical details of how mental illness really functions—of the underlying dirty details in the etiology. But we do hope to have clarified how it might be that those with mild mental illness could persist in being morally responsible for what they do. To this extent, we mean to have countered the skeptical worry that if many people suffer from at least mild mental illness, and if their illness has a direct effect on much of what they do, then many people are not morally responsible for a wide swath of their behavior.

We close with one final observation: The default assumption we set out to scrutinize comes with a considerable risk. It is a costly and disturbing affair for one to come to see one’s own behavior as the product of an illness. But what seems especially disturbing about it is the further dubious presupposition that this is at odds with retaining an understanding of one’s self as a morally competent person who remains accountable for herself. Both of our main theses are meant to help make clear that the mere presumption that one is mentally ill, and that her behavior sometimes flows from her illness, does not provide decisive grounds for one to conceive of herself merely as a patient and not as a competent, accountable person, one who retains her dignity in the face of the burdens that plague her.

Acknowledgments

For helpful advice on various issues developed in this paper, we would like to thank Ishiyama Haji, Terry Horgan, Alfred Mele, Shaun Nichols, David Shoemaker, Danielle St. Amand, and Mark Timmons. We would also like to thank the editors, Gary Gaia and Daniel Moseley, for kindly inviting us to contribute to this volume.

Notes

1. For the moment, we use "excuse" to include what might more accurately be expressed by "exemption." Exempting excuses show that a person is so impaired that she is incapable of being a morally responsible agent. Other excuses show that one who is a morally responsible agent is not blameworthy for some bit of wrongdoing.
alone and she cannot help him as she usually does, Josephine might owe it to Joe to tend to him as soon as she can. She might owe him a debt of gratitude for his being understanding, and so on. But she would not owe him anything as a result of having wronged him.

16 For non-Tourette's individuals, it would be the equivalent of an itch so overwhelming that you would be willing to scratch it vigorously even in delicate company.

17 Some think it is questionable whether the Tourette's individual would even be excused in such a situation (see Schmerz 2003).

18 What about mitigation? Just as mental illness might fully exonerate from responsibility by excusing or excusing, so too it might diminish responsibility by partially excusing or partially excusing. We'll pursue this further here, as its extension from the previous discussion seems easily accessible.

19 The distinction between these two types of pleas has its roots in Aristotle's conditions for voluntariness (Nicomachean Ethics 1109a30-1111b5). Contemporary philosophers have taken it on for theorizing, not about voluntariness, but instead about moral responsibility, sometimes appealing to it (as we are in at least one way of how mental illness can abolish one of wrongdoing (Elliott 1996; Bjorklund 2004). An application of the distinction can be found in P.F. Strawson's seminal paper "Freedom and Resentment" (1962), wherein Strawson also distinguishes between excusses and exemptions (without using the label) in doing so distinguishes epistemic excusing considerations from control excusing considerations. See also Fischer and Ravizza (1998: 12-14).

20 While this distinction between epistemic and control conditions has been often appealed to in understanding how mental illness might excuse (see Elliott 1996; Bjorklund 2004), it is not necessarily a clean one, and marking it is in some respects an artifice. It nonetheless appear theoretically useful, since some features of responsible agency are clearly merely epistemic, and others are clearly about an agent's control. That is adequate for our purposes here. For a careful treatment of this issue, see Mele (2010).

21 These two conditions for morally responsible agency have their parallel conditions for criminal responsibility and the conditions for criminal insanity, according to the American Law Institute's Model Penal Code (2.09).

22 Briefly, to note just two problems with MB: First, the knowledge condition (6) is too stringent because it does not allow for culpable ignorance. Moreover, it requires that an act for which one is morally blameworthy be morally wrong. But it seems that one could be morally blameworthy for acts that are not morally wrong but morally objectionable in some different way (bad or vicious, for example). For a more refined account of moral blameworthiness, see McMena (2012).


24 What is meant by a reason? What is at issue here are practical reasons as in contrast with theoretical ones, where practical reasons are just reasons aimed at settling the question of what to do. As for what such reasons are, we wish to remain neutral as between different theories. For present purposes they can be understood as justifying considerations counting in favor of a course of action. Bear in mind, however, that even a brute desire to do something can give rise to a consideration in favor of so acting insofar as satisfying a desire is something that can count in favor of acting.


26 Certainly, the most detailed and impressive development of this strategy can be found in Fischer and Ravizza (1998). For other ways of developing such a theory, see Brink and Nelkin (2013), and Meena (2013).

27 The view of freedom we shall ultimately settle on shares some illuminating similarities with Allen E. Buchanan and Dan W. Brock's compelling account of competence in decision-making (Buchanan and Brock 1990). While we develop our view by very different means, the results are similar.

28 Why for imperfect beings? For several reasons. For example, a perfect being would not need to exercise strength of will in the face of temptation since her motivations would always effortlessly align with what she judges best. Moreover, all of the best reasons would effortlessly present themselves to her.

29 In sketching these action-theoretic elements, we are relying upon a very rough approximation to the elements of stable, self-controlled action (giving in Mele's work. See for example Mele (1995).


31 But see Bjorklund (2004) and Schroeder (2005) for discussion of some of the less sensational kinds of mental illnesses.

32 This assumption is at odds with one of the criteria listed in DSM IV for illnesses such as "Major Depressive Epipode." In particular, in the cases we have in mind, it would be misleading to describe a subject as experiencing "clinically significant disturbance or impairment in social, occupational, or other important areas of functioning" (APA 1994: 356). We are imagining cases that permit mild or even moderate impairment rather than significant. Here we set aside the difficult conceptual question as to how one can characterize "mild" cases as mental illness as all the absence of significant impairment. We shall simply assume we are entitled to expressers like "suffers from a mild form of depression" in contexts that leave subject functional in most of their daily lives.

33 According to a 2012 SAMHSA survey, 18.2 percent of the US population suffers from a clinically diagnosable mental illness (2013).

34 Timothy Schroeder (2005) insightfully explores an interesting case that is in certain respects similar to the one we develop here.

35 To our knowledge, the only philosophers who have ever explored depression in terms of reasons-responsiveness are Justin Coates and Philip Swenson (2012). Our discussion tracks theirs in certain respects, and we have profited considerably from studying their excellent paper. Despite that, it seems that perhaps our view is at odds with theirs, although it is not clear, since they do not explicitly consider a case in which two agents are equally reasons-responsive when one's responsiveness is influenced by mental illness and the other's is not.

36 At this point our critic does have one viable avenue worth pursuing. She can argue that freedom and moral responsibility are essentially historical properties. Two agents qualitatively identical in terms of their nonhistorical features (like Jenny and Sarah) might differ in terms of their freedom and responsibility properties due to historical differences in how they came to have those features. (For example, see Fischer and Ravizza 1998; Haji 1998; and Mele 1995.) We cannot pursue this here, as space does not permit it. Nor do we wish to foreclose the viability of an historical theory of freedom and responsibility. But we would note that the details of a credible historical theory need not be incompatible with our diagnosis of Jenny. That is to say, Jenny's illness and the way it causally influences her conduct might be of a sort that would not conflict with what would be involved in satisfying the conditions of an historical theory according to which she would still act freely and be morally responsible.

References

American Law Institute, Model Penal Code, §2.09.


