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Irrationality and the DSM-III-R Definition of Mental Disorder

Abstract: I provide an account of irrationality that takes the concept of an irrational action as more basic than that of an irrational belief. While explaining the various elements of the DSM-III-R definition of mental disorders, I show that even though (1) not all mental disorders involve irrational beliefs or delusions, (2) not all irrational actions are due to mental disorders, and (3) not all mental disorders lead to irrational actions, there is a close conceptual connection between irrationality and mental disorders because both involve suffering or an increased risk of suffering an evil or harm, independent of the circumstances one is in.

Irrationality and mental disorders are obviously related to each other, but before the exact nature of that relationship can be provided it is necessary to have a clear account of each of the concepts involved. Many philosophers hold that the relationship between mental disorders and irrationality is straightforward; mental disorders always involve irrational beliefs. But this is false, not all mental disorders involve irrational beliefs, some involve irrational actions or desires without any irrational beliefs, e.g., volitional disabilities such as compulsions and phobias.¹ Further, many mental disorders do not involve any kind of irrationality at all but simply inappropriate suffering of anxiety or sadness or irritability, e.g. dysphoric moods (D, 401). However, this does not mean that there is not a close relationship between irrationality and mental disorders, for irrationality and mental disorders are related at a deeper level, both of them must be defined by means of the same list of evils or harms.

Before beginning the general discussion it is relevant to point out that delusions are equivalent to what I call irrational beliefs. The DSM-III-R Glossary defines a delusion as

"A personal false belief based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith)." (D, 395)

I define an irrational belief as follows: "(1) it is held by a person with sufficient knowledge and intelligence to know that it is false, (2) it is in conflict, either logically or empirically, with a great number of beliefs that one knows to be true, and (3) this conflict is apparent to almost all people with similar knowledge and intelligence." (Gert 1988, 21) It is quite clear that these two definitions are attempts to pick out the same beliefs, and that if they result in different beliefs being regarded as irrational or as delusions, this would be taken as an indication that one or the other of the definitions is inadequate.

The Concept of Irrationality

The concept of irrationality is one of the most fundamental concepts in philosophy. In philosophy, as well as in ordinary life, to show that an action, desire, or belief, is irrational is taken as showing that it should be avoided or given up. Whether it is explicitly acknowledged or not, most philosophers who put forward a descriptive account of an irrational action do so in order to condemn that way of acting. When they or anyone for whom they are concerned are considering acting in a certain way, showing that the action is irrational is sufficient to rule it out. That is why it is so important to have an accurate account of irrational actions. If one accepts an inadequate account of an irrational action, then one may rule out a certain way of acting that should not be ruled out or fail to rule out a way of acting that should be ruled out. It is because of its normative implications that the concepts of rationality and irrationality are fundamental to morality and to any general theory of value. I shall not deal with these matters here, but shall concentrate on providing an adequate account of rational and irrational actions and showing how these are related to mental disorders.

~~Almost all contemporary accounts of rational and irrational actions share a feature that is never defended, viz., that the basic definitions of rationality and irrationality must be given by means of a formula or a procedure, i.e., in some formal way that mentions no specific content. Almost all economists, political scientists, sociologists and contemporary Anglo-American philosophers as diverse as Brandt, Gauthier, Gauthier, Harsanyi, and Rawls, do not even consider the possibility that the basic definitions of rationality and irrationality must be given in terms of a specific content, e.g., a list, and that there is no formal way to generate that list. The failure to even consider that the basic definitions of rationality and irrationality must be given in terms of a list has resulted in all of the standard accounts of rationality being seriously inadequate. Further, no formal account allows irrationality to be related to mental disorders in the appropriate way.~~

Definition of an Irrational Action

People act irrationally when they act in ways that they know (justifiably believe) or should know, will significantly increase the probability that they, or those for whom they are concerned, will suffer any of the items on the following list: death, pain (including mental suffering), disability, loss of freedom, or loss of pleasure, and they do not have an adequate reason for so acting. A reason for acting is a conscious belief that one's action (or the rule or policy that requires the action) will significantly increase the probability either that someone will avoid suffering any of the items on the previous list or that they will gain greater ability, freedom or pleasure. This belief must not be irrational (a delusion). A reason (in this paper I use the term "reason" to mean a reason for acting) is adequate if any large group of otherwise rational persons (persons who do not significantly increase their chances of suffering death, pain, etc., with no reason) regard what will be avoided or gained as at least as important as what will be suffered. All intentional actions that are not irrational count as rational (Gert 1988, ch. 2).

This account of rational and irrational actions conflicts with much that economists, political scientists, philosophers and others have traditionally said about them, but it is the only account that allows us to use "irrational" as the basic normative term, i.e., allows us to hold that no one should ever act irrationally. This use of "irrational" explains why irrationality is such an important concept, for if we did not hold that no one ever ought to act irrationally, it would make sense to ask "Why should one act rationally?". ~~Then we might say that someone should not act rationally,~~ and even be tempted ~~to offer reasons why one should act irrationally.~~ This shows the confusion that arises once one gives up the view that irrationality is the basic or fundamental normative concept. ~~Characterizing a proposed action as irrational involves advising those for whom we are concerned not to do that action.~~ Contrary to what philosophers often maintain, characterizing an action as rational does not necessarily involve advising those for whom we are concerned to act in that way, for there are often two or more incompatible but rational ways of acting, e.g., vacationing in the mountains versus at the sea shore. An action is rationally required only if not acting in that way is irrational, e.g., jumping out of the way of a speeding car. Most rational actions are merely rationally allowed, e.g., going to a play.

We are often in situations where all of the proposed alternatives are rational, e.g., choosing between alternative places to vacation. Rejecting a rational way of acting does not mean one is choosing an irrational way of acting. That incompatible ways of acting can all be rational proves that a proposed course of action can be rational and yet not everyone would advise their friends to do it. This shows that not all rational actions are

rationally required, some are merely rationally allowed. We cannot be in a situation where all of the alternatives are irrational. It may have been irrational to get oneself into a situation where any alternative one chooses results in one's suffering death or pain, etc., but once one is in that situation, at least one of the alternatives has to be a rational one. For even if that alternative involves suffering death or pain, etc., it enables one to avoid suffering at least comparable evils, and so since one has an adequate reason for choosing that alternative, one's action is not irrational. On the present account of an irrational action and only on that account, showing that a proposed course of action is irrational is sufficient to show that no one would advise his friends to do it (Gert 1990).

It should be apparent from the preceding that the concept of an irrational action is more fundamental than that of a rational action, the latter being defined merely as one that is not irrational. Even that subclass of rational actions which are rationally required, those which it would be irrational not to do, are defined in terms of irrational actions. This is the reverse of what is usually done, where a rational action is given the initial definition and then an irrational action is simply defined as one that is not rational. For example, ~~one standard definition of a rational action, derived from Hume, is that it is any action that is based on true beliefs.~~ Making this a definition of an irrational action, it becomes: an irrational action is one that is ~~based on false beliefs~~. But even this would make far too many actions into irrational actions, even those based on simple mistakes, e.g., getting the wrong answer to a complex calculation, or even justifiable errors, e.g., believing a false statement you were told by several independent reliable sources. To provide a more plausible account, I shall modify the definition further so that it becomes "an irrational action is one that is based on delusions or irrational beliefs". This is the definition that is generally used by philosophers when they relate irrational actions to mental disorders.

Irrational Action as Action Based on Irrational Beliefs

If we accept that an adequate account of an irrational action must be such that one would never advise one's friends to act irrationally, then we have a test for the adequacy of any proposed account of irrational actions. However, even if one would never advise anyone for whom one cares to act on an irrational belief, that does not make the definition of an irrational action as an action that is based on an irrational belief an adequate definition, for there may be other kinds of actions that no one would ever advise anyone for whom they cared to act in that way. The plausibility of defining an irrational action as an action based on an irrational belief depends upon the assumption that acting on an irrational

belief will always increase the probability of one suffering an evil without having an adequate reason.

It is certainly true that, in general, acting on irrational beliefs (delusions) does increase the probability of one suffering an evil without having an adequate reason. Indeed, beliefs that satisfy the definition of irrational beliefs presented earlier, are called irrational because they generally lead to an increase in one's chances of suffering an evil without a compensating benefit to anyone when one is intelligent enough to know what one is doing. I do not deny that we generally call actions based on irrational beliefs, irrational actions, but if an irrational action must be one that satisfies the test that we would never advise anyone we care for to act irrationally, then an action based on irrational beliefs need not be irrational. For example, one might act on the belief that one is going to win some lottery even though one knows that the odds against winning are several million to one. But betting on the lottery, even with the belief that one is going to win, is not usually considered an irrational action. Only if one took some action that would have serious harmful consequences, if one did not win, e.g., buying a Rolls Royce, would the action be considered irrational. It is these later kinds of action that are performed by those suffering a manic episode of a bipolar disorder (D, 214-218).

I do not deny that we sometimes call an action that is based on a belief that a person knows, or should know, is irrational, an irrational action. But it is quite clear that it is not an irrational action in the most fundamental sense, namely an action that everyone who is concerned for that person would advise her not to perform. For example, a mother who could not face the fact that her son had died in the war, might not be advised by everyone to stop keeping his room ready for his return. For many, whether or not to advise her to stop acting in this way depends on what they think the consequences of her stopping would be. Those who believe that if she stops keeping his room ready she will become permanently depressed and unable to function at all, would be very unlikely to advise her to stop. Those who believe that stopping would lead her to face the truth and ultimately save her from more severe and unnecessary suffering, would be more likely to advise her to stop.² That the evidence seems to be that it is usually more harmful to continue acting on irrational beliefs explains why we regard beliefs that satisfy the definition of delusions as being properly called irrational beliefs. That it is generally harmful to act on irrational beliefs does not support defining an irrational action as one that is based on irrational beliefs, if an irrational action is to be one that everyone would advise those for whom they are concerned not to perform.

Moreover, there are irrational actions that seem completely unrelated to delusions or irrational beliefs, e.g. obsessive, compulsive disorder (D, 247), and factitious disorder (D, 315-318). But some drugs and some mental disorders may lead one to have desires that one knows will lead to the items on the list of evils even though one not only has no irrational belief about the consequences of taking the drug, but also is completely aware of what it would be like for such desires to be satisfied. Thus if one is fully aware of what it would be like to have one's desires satisfied, it is more than merely possible that killing oneself in the most painful possible way with no expected benefit to anyone, will count as rational. This is also true on the currently most popular account of rational action, that it involves maximizing, or even satisficing, the satisfaction of one's desires, when no limit is put on the content of one's desires. Without using the lists, the maximizing (or satisficing) the satisfaction of one's desires account of rationality, and the based on true beliefs account of rationality and their combination, all allow obviously irrational actions to count as rational.

When talking about irrationality, actions are basic. An irrational action is one that we would advise anyone for whom we care never to perform. Irrational beliefs are those that we would advise anyone for whom we care never to believe, unless holding that belief was necessary for avoiding one or more of the items on the list of evils. It is this unless clause that shows that irrational action is more basic than irrational belief, if irrationality is to count as the fundamental normative concept. What is central to irrationality is non-avoidance of the items on the list of evils. It is the suffering of the items on this list which is also the essential feature of both mental and physical disorders. Physical disorders are those disorders that are caused by a specific part of the body, except for the brain (if the brain is involved, then whether the disorder counts as a physical or mental disorder depends on other factors, e.g., is what is wrong with the brain just like what can be wrong with some other part of the body, e.g., a tumor). Mental disorders need involve no specific part of the body, they seem to involve the behaviors, beliefs, desires, or moods, of the person. In what follows I shall examine the definition of a mental disorder that is presented in DSM-III-R and show how like irrationality it is closely related to the suffering of the items on the list of evils.

Mental Disorders

"In DSM-III-R each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable response to a particular event, e.g., the

death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the person. Neither deviant behavior, e.g., political, religious, or sexual, nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the person, as described above." (D, xxii; or 401)

Definitions are not merely attempts to describe the way words are used, they are often also attempts to prescribe the way they should be used. Sometimes, when a technical term is being introduced, its definition is entirely an attempt to prescribe the way it should be used. Often, when the term being defined is an ordinary term, e.g., "cheating", it is entirely an attempt to describe the way the word is ordinarily used. This is not always a simple matter and dictionaries often get it wrong, e.g., cheating is often defined as defrauding by deceiving, but this leaves out cheating at solitaire, as well as those cases of cheating others where deceit is not involved (Gert 1988, 129-133). Of most interest are definitions of terms which are both attempts to describe the way a term is used and attempts to affect that use in some way. The definition of the term "mental disorder" in DSM-III-R, like all other definitions of this term, is a definition of the latter sort, as is the definition of irrationality offered above.

Definitions of the latter sort are usually offered of terms where the term already has an established use, but not everyone agrees on its application and it makes a practical difference whether the definition of the term results in classifying a particular condition as a mental disorder. It is quite clear that "mental disorder" is this kind of term. It already has an established usage, but there is not complete agreement on its application, e.g., on whether homosexuality is a mental disorder, and it makes a practical difference whether the definition of mental disorder results in homosexuality being classified as a mental disorder. "Physical disorder" has the same characteristics, e.g., there are disputes about whether or not pregnancy should be classified as a physical disorder and it makes a practical difference whether or not it is so classified. Circumstances also arise where the definition of much more ordinary terms like "book", are both unclear and of practical significance, e.g., when there is a difference in tariffs or postage rates for books and magazines. In evaluating proposed definitions of a term such as "mental disorder", one must therefore keep in mind two distinct features.

The first is whether the proposed definition includes all of the clear cases, e.g., schizophrenia, and excludes all of the cases everyone is clear should be excluded, e.g., running great distances in order to qualify for the Boston Marathon. Any definition of mental disorder which does not include schizophrenia or which includes training to qualify for the Boston Marathon, is obviously inadequate. One must also consider how well the definition of that term relates it to other terms with which it is closely

connected. For example, it is quite clear that a definition of mental disorder which does not show the close relationship of mental disorders to physical disorders would be inadequate. Even a definition of "mental disorder" that includes all clear cases of mental disorders, e.g., schizophrenia, and excludes all cases that were clearly not mental disorders, e.g., keeping track of one's stock market investments, would be regarded as inadequate if it did not distinguish mental disorders from physical disorders while still recognizing the close relationship between the two. A properly defined term not merely refers to all clear cases and does not refer to any clearly inappropriate case, it also preserves the appropriate relationship to other terms.

The second feature by which a definition is judged is whether it settles the disputed cases in a way that is most helpful both to those who most often use the term and to those most affected by its use. Obviously, there is likely to be somewhat more disagreement about whether a definition has the second feature than whether it has the first. However, it may be that only a very small number of the proposed definitions of mental disorder actually include all the clear cases of mental disorders and exclude all the cases that are clearly not cases of mental disorders. Further, it may be that all of these definitions settle the disputed cases in the same way. Hence one may not have to use the second feature at all in choosing from among the proposed definitions. Coming up with a single definition of mental disorder that includes all the clear cases, excludes all the clearly inappropriate cases and preserves the appropriate relationship of mental disorders to physical disorders may be sufficient to settle all of the disputed cases. In this article I shall attempt to show only that the revised definition of mental disorders in DSM-III-R gets all the clear cases right and relates mental disorders to physical disorders in the appropriate way. Although I believe that any other definition of mental disorder that does this also will settle the disputed cases in the same way, I shall not attempt to show that here.

The first sentence of the definition provides the essential features of mental disorders. A mental disorder is "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with either present distress (a painful symptom) or disability (impairment in one or more areas of functioning) or a significantly increased risk of suffering death, pain, disability, or loss of significant freedom."³ Note that mental disorders are defined in terms of suffering the same evils that are used to define irrational actions. The first part of this sentence simply distinguishes mental disorders from physical disorders. It makes clear that mental disorders involve behavioral or psychological features (feelings) rather than the physical features of the person. What makes a disorder a mental disorder is its symptoms, not its cause or etiology. This point is especially significant now as scientists are discover-

ing genetic causes for some paradigm cases of mental disorders, e.g., bipolar disorder. This account of mental disorder makes clear that the discovery that at least some cases of bipolar disorder have a genetic cause should have no effect at all on whether or not bipolar disorder is classified as a mental disorder. Bipolar disorder is a mental disorder because it involves "a clinically significant behavioral or psychological syndrome or pattern" that results in one's suffering of the evils or harms on the list.

Although mental disorders are distinguished from physical disorders by means of their symptoms, mental disorders having behavioral and psychological symptoms, physical disorders having physical symptoms, the distinction is not absolutely clear-cut. First of all, one must distinguish between those behavioral and psychological symptoms which are genuinely symptoms of a mental disorder and behavioral and psychological symptoms which are primarily reactions to a physical disorder. (I shall discuss this problem in greater detail when we distinguish between mental disorders and conditions that are listed under V codes.) Even after making the above distinction, one must realize that there are many disorders that have both behavioral or psychological symptoms and physical symptoms. It will often be arbitrary whether or not one categorizes these disorders as mental or physical, and most often the classification will depend upon historical accident. There is, however, nothing troubling about this, for on the account I am presenting it is only the character of the dominant symptoms that determines the classification of the disorder, and nothing of significance should turn on whether a particular disorder is classified as a mental disorder or a physical disorder.

For both mental disorders and physical disorders, the symptoms must be "associated with either present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." Arthritis is a physical disorder that involves both present distress and disability. High blood pressure is a physical disorder that may involve no present distress or disability, but involves a significantly increased risk of death. Phobias are mental disorders which are associated with both present distress and disability. Anorexia nervosa (D, 65-67) is associated with a significantly increased risk of death. Nothing counts as a disorder, either mental or physical, unless it is associated with present distress and disability or significantly increased risk of death, pain, disability, or loss of freedom.

This point is extremely important for it helps to establish the objectivity of the concept of a disorder. Disorders, mental or physical, are conditions that are associated with suffering pain or disability or a significantly increased risk of suffering death, pain, etc. Mental disorders properly understood, like physical disorders are not merely labels for conditions

that some culture or society has arbitrarily picked out for special treatment. Mental disorders are conditions that no one wants oneself or anyone one cares for to suffer, at least not without some reason. There are times when one might want to suffer a minor disorder in order to gain some advantage, e.g., mild asthma may result in a deferment from a wartime draft. But as this example indicates, although society can arrange things so as to make it advantageous to have a disorder, mental or physical, having a disorder still involves at least an increased risk of suffering some evil.

Suffering at least an increased risk of death, pain, etc., though a necessary feature of a mental or physical disorder, is not sufficient; more things cause suffering than mental or physical disorders. We often suffer because something has gone wrong, not with us, but with the world outside of us. A loved one dies, someone threatens us with serious physical harm, or poverty does not allow us to provide adequate food or clothing for our children. All of these states cause one to feel distress, but this distress is not a symptom of mental disorder if it is "merely an expectable response to a particular event, e.g., the death of a loved one". However, any of these conditions, especially if prolonged, can bring about changes in an individual so that "Whatever its original cause, it (the behavioral syndrome) must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the person." This means that even were the original cause to cease, the individual would continue to feel distress. It is well known that the distress brought about by the stress of real world events can cause a dysfunction in the individual that persists even after the external stress has been removed. There is an exact parallel to a physical disorder where, e.g., prolonged exposure to extreme heat may not only make one feel distress, but may actually cause a change in the person so that he now has a dysfunction that causes suffering even after the external temperature has returned to normal.

Sometimes external conditions may not cause present distress or disability, but may affect the individual in such a way that he suffers significantly increased risk of death, pain, etc. Continuing stress may cause high blood pressure. Continuing smoking, drinking, or taking various illegal drugs may affect a person so that he acquires a substance abuse disorder which significantly increases his risks of death, pain, etc. (D, 165-185: Psychoactive Substance Abuse Disorders). The mental disorders of substance abuse, like high blood pressure, undoubtedly often involve genetic predispositions, which reinforces the view that what distinguishes mental disorders from physical disorders is not primarily their etiology, but their symptoms. There can be physical causes of mental disorders, e.g., drug overdoses, and mental causes of physical disorders, e.g., stress related ulcers. Nothing in this account of a mental disorder is intended to suggest that psychiatrists limit themselves to the treatment of mental disorders,

psychiatric treatment may be, and often is, quite valuable in the treatment of many physical disorders.

As mentioned earlier, it is not a symptom of a mental disorder to be distressed on discovering that one has a physical disorder, e.g., cancer. This is because the physical disorder counts as an event in the world just as the death of a loved one and distress is a normal response to this event. However, if the distress goes beyond normal bounds, then one can be said to be suffering a mental disorder which the physical disorder, just like other unfortunate events in the world, may have played a significant role in causing. What counts as a normal response to an unfortunate event in the world, the death of a loved one or a serious physical disorder, does differ from society to society and from culture to culture within large multicultural societies like the United States. In such cases whether the behavioral or psychological syndrome counts as a mental disorder or should be classified as a condition falling under a V code⁴, often requires not merely clinical judgment but also knowledge of the culture of the individual involved.

Establishing the close relationship between mental and physical disorders makes it clear that "Neither deviant behavior, e.g., political, religious, or sexual, nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the person." And that dysfunction must be associated with present distress or disability or significantly increased risk of suffering death, pain, etc. Rigorous adherence to this account of mental disorder frees psychiatry from being used to enforce political, religious, or sexual conformity and allows it to take its place as a branch of medicine on a complete par with all of its other branches. But such rigorous adherence demands that one not label as a mental disorder any behavioral or psychological syndrome which does not involve distress, disability, or increased risk of death, pain, etc. Unless the patient has a painful symptom, suffers an impairment in an important area of functioning, or is at significantly increased risk of suffering death, pain, etc., deviant behavior is no more a mental disorder than situs inversus is a physical disorder.

The DSM-III-R account of mental disorder succeeds in classifying all the clear cases of mental disorders as mental disorders and rules out all the cases that are clearly not mental disorders from being so classified. It also preserves the close relationship between mental disorders and physical disorders. Thus it satisfies the first feature that any adequate definition of a mental disorder must satisfy. It also seems to us to satisfy the second feature as well, it results in a classification of mental disorders that is helpful both to those who most often use the term and to those most affected by its use. For those most affected by the use of the term, those who are labeled as suffering from mental disorders, it ensures that no one

needing psychiatric help will be denied such help because of a mistaken definition of mental disorder. Perhaps, most important of all, it helps protect people who do not need psychiatric help being forced to undergo treatment merely to satisfy a cultural or societal demand for political, sexual, or religious conformity. Thus, for psychiatrists, those who most often use the term, it provides a clear, objective account of mental disorders which allows them to practice their profession with confidence that they are helping those who really need their help. This definition of a mental disorder makes clear that psychiatry is distinguished from the other branches of medicine only in terms of the symptoms of its patients, thus providing a theoretical confirmation of what is already a practical reality.

Relationship Between Irrationality and Mental Disorders

From the definitions of irrationality and mental disorders it should be clear that both of them are objective concepts, not merely concepts used to stigmatize those with whom we disagree. In both cases, it is the suffering, or increased risk of suffering death, pain, disability, or loss of freedom that is essential. This explains why irrationality is so closely linked to mental disorders. Mental disorders provide some explanation for irrational actions. Irrational actions seem to need some explanation, for they involve acting in ways that we do not think that any person would naturally act, unless there were something wrong with him (Gert 1990; also Culver/Gert 1982, chs. 4-5). This notion of there being something wrong with a person when he acts irrationally, is so strong that many want to characterize the occasional irrational actions that are the result of acting on one's emotions when one knows the result will be uncompensated harm for oneself, as temporary insanity. I do not maintain that the connection between mental disorders and irrationality is that close. However, it does follow from my account of irrational actions and the DSM-III-R definition of mental disorders that a continuing pattern of irrational actions, e.g. smoking cigarettes, is the result of a mental disorder, e.g., a substance abuse disorder, what I have in other places called a volitional disability (Culver/Gert 1982, ch. 6; also Gert/Duggan 1979).

A somewhat surprising conclusion of this investigation of irrationality and mental disorders is that it challenges the commonly held distinction between facts and values. On this account mental disorders are factual states which incorporate universal values. Also, calling an action irrational is both descriptive and prescriptive; it can be verified by examination of the act to see whether it results in the agent knowingly suffering an evil with no conscious belief that anyone will benefit from that act, and it is also prescriptive in that, if the agent's belief is true such an act ought not to be performed. It is the neglect of the field of psychiatry in general and of mental disorders in particular that has allowed economists, political

scientists, and philosophers to put forward such oversimplified and distorted accounts of rationality and irrationality. I hope that by showing how closely mental disorders and irrationality are related that I have made it more difficult for these oversimplified and distorted accounts to go unchallenged.

Notes

- 1 See Gert/Duggan 1979; Culver/Gert 1983, ch. 6: "Volitional Disabilities". See also D, glossary 393 and 403.
- 2 Denial is a defense mechanism that seems to involve delusions, but as indicated, even when the denial does involve a delusion, the circumstances may lead one not to seek to remove the delusion. See D, 394.
- 3 I believe that "loss of significant pleasure" should be added to the definition, but this makes very little practical difference, as loss of pleasure is almost never the sole evil suffered in a mental disorder.
- 4 "A behavioral or psychological problem (that) may appropriately be a focus of professional attention or treatment even though it is not attributable to a mental disorder." (D, xxiii)

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