

Rationality, Equality, and Mental Disorders

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At least since Aristotle, it has been taken for granted that humans are rational agents, in virtue of being which are they regarded to be not only distinguished from other animals, but also equal to one another. The cluster of conditions referred to as, for the lack of a better term, mental disorder provides difficult cases for such a view of humanity. For (some of) the people with mental disorders seem to lack the ability to reason either partially or completely (at least on a par with the majority of the population), which challenges rationality as the criterion for demarcating humanity. What rationality is supposed to be, how mental disorders should be understood, and whether egalitarianism is possible all hang together at this challenge as the answer to any one of the three questions either presupposes or determines certain answers to the others. This essay has three sections. In §1, I will concisely present the challenges in reference to the problem of mental disorder, delusion, and autism. In §2, I will develop an account of rationality in respect to moral agency that can meet the challenges. In §3, I will sketch a way in which the account of rationality may meet the challenges, based on the stance approach to the problem of agency in general.

§1

Despite their apparent differences in various properties, it is supposed that all members of humanity are and must be treated equally at least in one respect whereas the goods and privileges such a condition ensures ought to be the (right to) necessities in pursuit of life. Since basic rights are exclusive to humans, the capacity in virtue of which they are all equal would also be what demarcates humanity. Traditionally, such a capacity is presumed to be the ability to reason, viz.,

rationality. Thus, it must be shown that rationality *both* separates humans from other animals *and* is equally possessed by all humans; these two hurdles for egalitarianism are what Jeff McMahan respectively identifies as the “separation problem” and the “equality problem.”¹ If so, within this formulation of the issue, the existence of the people with mental disorders presents a challenge to egalitarianism in appeal to rationality because, on the surface, it seems that these people lack the ability to reason either partially or completely. Rationality as the criterion for basic rights fails to solve the separation problem if the people with mental disorders completely lack the ability as it leaves some people outside the boundary of humanity. However, if we grant that at least some of them possess the ability partially, then the equality problem looms because it turns out to be that rationality is not equally owed to everyone, in which case people are unequal after all.

One response to these problems may be to attempt to resolve the issue by construing the mental disorders as pathological conditions treatable by medical interventions through which the *patients* could sufficiently recover (or develop) the ability to reason. However, there are at least three reasons why this response is unsound: there is no clear sense in which (a) mental disorders could be said to be pathological, (b) delusions could be conceived as irrational beliefs, and (c) autism could be characterized as social deficit. Moreover, these three reasons why this response is unsound implies what I call the “(neuro)diversity problem,” which asserts that there are in fact multiple incommensurable ways of being a rational agent or, at worst, that there is no substantial content to the sense of rationality as the criterion for basic rights at all.

Insofar as physical illnesses and disabilities are seen as deviant cases from the norm (in terms of physical health), the defects and deficiencies incurred by these conditions could be mended or accommodated by appropriate medical treatments or enhancements. Thus, one may

¹ Jeff McMahan, “Challenges to Human Equality,” *The Journal of Ethics*, Vol. 12, No. 1 (Springer, 2008), 84.

suggest that the *apparent* lack of the ability to reason in mental patients could be addressed and treated by neuropsychological or psychiatric interventions. However, there is no clear sense in which mental disorders could be said to be pathological. Two main frameworks for classifying a condition as a disease are the naturalist and the normativist models, both of which—according to Lisa Bortolotti—have limitations in explaining why mental disorders are pathological. In short,

[n]aturalist models see disorders primarily as deviations from normal functioning, and often as dysfunctions in a biological sense ... Normativist models understand disorders primarily as disvalued states, where the state is disvalued because it harms the individual or constitutes a disadvantage for that individual ...²

Bortolotti observes from the relevant literature that naturalists have been unsuccessful in finding “a scientifically respectable account of abnormal human functioning” while normativists cannot distinguish between medical and social problems.³ One version of the naturalist models would be the identification of disease as a lesion. However, as R. E. Kendell shows, there is no coherency in reducing disease to a lesion,⁴ and this is probably because the concept of abnormality is itself value-laden. Thus, Kendell attempts to identify disease as biological disadvantage, or a class of “conditions which reduce fertility or shorten life,”⁵ which may be viewed as one version of the normativist models. But Kendell’s account fails to distinguish whether the cause of the biological disadvantage is physical or social because it provides no clear sense in which such a condition is “innate” to the individual rather than is imposed through the (social) rejection by others.⁶

² Lisa Bortolotti, “Doctors without ‘Disorders’,” *Aristotelian Society Supplementary*, Vol. XCIV (2020), 165.

³ *Ibid.*, 165-6.

⁴ R. E. Kendell, “The Concept of Disease and Its Implications for Psychiatry,” *The British Journal of Psychiatry* (1975), 308-9.

⁵ *Ibid.*, 310-1.

⁶ *Ibid.*, 313-4.

Whereas delusion is taken to be one of the essential symptoms of certain psychoses, this mental state is defined as that in which one has (epistemically) irrational belief.⁷ Martin Davies et al. identify the two factors in the etiology of such a supposedly pathological type of irrational belief as “normal responses to unusual [or anomalous] experiences” (in reference to Brendan A. Maher’s work⁸) and biases in psychotic reasoning, possibly what they call the “failure to inhibit a pre-potent doxastic response.”⁹ If so, it may be argued that the ability to reason in mental patients could be recovered or improved by appropriate treatments. However, as Bortolotti notes, what it is for a belief to be irrational is for it to lack supporting evidence or be unresponsive to counter-evidence,¹⁰ and if this is so, then there can hardly be any distinction between the irrational, yet normal, beliefs many of us have and the supposedly pathological mental states we would like to classify as delusions. For instance, Bortolotti points out that irrational beliefs such as prejudices, religious and political convictions, and various forms of self-deception would not be regarded as pathological.¹¹ Yet, if there is no clear sense in which delusions *qua* irrational beliefs could be distinguished from other irrational, but normal, beliefs, there is no clear sense in which mental disorders, whose symptoms involve delusions, could be said to be pathological, either.

One way in which autism is conceived as pathological is that this mental state is viewed as the state in which one lacks the ability to develop social relationships due to the absence of a theory of mind.¹² However, this conception of autism has been criticized in terms of the “double

⁷ Lisa Bortolotti, “Delusions and Three Myths of Irrational Belief,” *Delusions in Context* (2018), 99.

⁸ Brendan A. Maher, “Anomalous Experience in Everyday Life: Its Significance for Psychopathology,” *The Monist*, Vol. 82, No. 4, Cognitive Theories of Mental Illness (Hegeler Institute: 1999).

⁹ Martin Davies et al., “Monothematic Delusions: Towards a Two-Factor Account,” *Philosophy, Psychiatry, & Psychology*, Vol. 8, No. 2/3 (The Johns Hopkins University Press, 2001).

¹⁰ Bortolotti, “Delusions and Three Myths of Irrational Belief,” 99.

¹¹ Bortolotti, “Doctors without ‘Disorders’,” 173-4.

¹² Simon Baron-Cohen et al., “Does the autistic child have a ‘theory of mind’?” *Cognition*, 21 (1985).

empathy problem,” which asserts that the attribution of social deficit to autistic people rather stems from “a disjunction in reciprocity between two differently disposed social actors[,]”¹³ viz., autistic and *normal* people. The claim is that autism is not a pathological or deviant mental state, but, as Jim Sinclair puts it, “a way of being.”¹⁴ In fact, Sinclair writes,

It takes more work to communicate with someone whose native language isn't the same as yours. And autism goes deeper than language and culture ... You're going to have to learn to back up to levels more basic than you've probably thought about before, to translate, and to check to make sure your translations are understood.

If this characterization of the mental state or condition that autism is, is correct, then it is implied that the autistic people have their own conceptual framework or worldview which the normal, or *neuro-typical*, scheme of meanings cannot penetrate. It is unclear to what degree the gap between the way of being, or worldview, of the autistic and that of the neuro-typical are supposed to be *deep*. But, if we are to respect the description that the gap “goes deeper than language,” then it must be the case that the two worldviews are essentially incommensurable.

If, as shown above, there is no clear sense in which delusion, autism, and mental disorder in general could be said to be pathological (whether as irrational belief, social deficit, or deviant condition), the people with mental disorders are best viewed as those with different neurological or psychological dispositions. If so, the ways in which these people properly addressed as neuro-atypical are disposed to generate different ways of experiencing the world. To the extent that we attribute some form of cognitive and conceptual process to their experiences, it is appropriate to regard how neuro-atypical go about in the world as rational. In other words, there are more than one way of practicing rationality as the neuro-typical and the neuro-atypical operate on different

¹³ Damian E. M. Milton, “On the ontological status of autism: the ‘double empathy problem’,” *Disability & Society*, Vol. 27, No. 6 (2012), 884.

¹⁴ Jim Sinclair, “Don’t Mourn for Us,” *Our Voice*, Vol. 1, No. 3 (1993), 1.

neurological dispositions, or make-ups. The worry is that, if this is the case, then the standards by which they exercise their ability to reason are incommensurable. Consequently, it is unclear how the possession of rationality is supposed to be unique to humans or, worse, what this condition really amounts to. That is, rationality was presumed to be the basic criterion because the intuition was that it picks out the exclusive and universal property of humanity. However, if we accept neurodiversity (since there is no good reason to conceive mental disorders as pathological), there is nothing substantial to the idea that all humans are equal in respect to one common feature.

§ 2

Unless one endorses speciesism or cedes to inequality, the challenge is to provide an account of rationality that can overcome both the separation and the equality problem *as well as* the neurodiversity problem. The account of rationality I would like to suggest stems from the stance approach to the problem of agency. The stance approach is contrasted to the metaphysical approach to the problem. Whereas the metaphysical approach “begins by asking what a person, or agent, or subject *is*,” Mark Lance and W. Heath White write,

Stance approaches ... begin not with a straightforward account of persons or freedom or subjects, but of what it is *to take something to be* a person/free agent/subject. In [P. F.] Strawson’s terminology, the stance approach begins by distinguishing the “participant stance” from the “objective stance.”¹⁵

That is, in taking the stance approach, one analyzes the attitudes involved in interacting with or treating something as an agent instead of attempting to identify the nature or the sufficient and necessary conditions of agency. By applying this method, I hope to delineate the presumptions

¹⁵ Mark Lance et al., “Stereoscopic Vision: Persons, Freedom, and Two Spaces of Material Inference,” *Philosophers’ Imprint*, Vol. 7, No. 4 (2007), 2.

underlying the practice of attributing rationality to others in general—in respect to the attitudes involved in interacting with or treating them as (moral) agents.

In “Freedom and Resentment,” Strawson distinguishes agents into those we see as with whom we can have intra-personal relationships and those we do not see as such. The difference between these two kinds of agent amounts to the fact that we express *reactive* attitudes towards the former and *objective* attitudes towards the latter; accordingly, whereas it is appropriate to feel resentful or grateful towards the former, we tend to see the latter as subjects of treatment, or as something to be managed, trained, avoided, etc., but not as someone to have quarrels with.¹⁶ Strawson offers people with mental disorders as instantiations of the subject of objective attitudes.¹⁷ But there is no need to take this depiction literally. The exemplary subgroup of cases for the subject of objective attitudes Strawson refers to as “psychologically abnormal” can rather be understood as symbolizing what Jennifer Radden in *On Delusion* (2010) characterizes as “the limiting case ... of reason, reasoning, rationality and shared meanings, of the perorations that take place in the ‘space of reasons’” in modern Western philosophy.¹⁸ In this formulation, what it is to take objective attitudes towards another is then to perceive that object (or person) as lacking the ability to reason or incapable of engaging in discursive activities. This interpretation implies that, in expressing or developing reactive attitudes towards someone, we conceive the person as a rational agent. Conversely, the condition under which we attribute rationality to someone is that

¹⁶ P. F. Strawson, “Freedom and Resentment,” originally published in 1962, *Ethical Theory: An Anthology*, 2nd ed., ed. by Russ Shafer-Landau (Wiley-Blackwell, 2013), III-V.

¹⁷ *Ibid.*, 345.

¹⁸ Jennifer Radden, *On Delusion* (Routledge, 2010), 13.

the person is seen as (or, more precisely, *impresses* us as) with whom we can have intra-personal relationships, as a subject of resentment, gratitude, blame, praise, etc.¹⁹

Given that it is in undertaking reactive attitudes (or an intra-personal stance) towards the others do we attribute rationality to them, the question is then what this capacity that the ability to reason consists in (or is deemed to be) so that we are willing to attribute it only to those with whom we think we can have quarrels with. To express resentment or gratitude to one is to take the person as a moral agent, i.e., as someone who is responsible for his actions. Yet, in assuming this stance, we must resolve incompatibilism, the view that we are not responsible for our actions insofar as they are causally determined. One response to this challenge is the *deep-self* view that is presented by Susan Wolf in “Sanity and the Metaphysics of Responsibility,”²⁰ which

offers an answer to ... determinism, for it allows us to distinguish cases in which desires are determined by forces foreign to oneself from desires which are determined by one's self—by one's “real,” or second-order desiring, or valuing, or deep self ... Determinism implies that the desires which govern our actions are in turn governed by something else, but that something else will ... be our own deeper selves.²¹

In other words, there is a sense in which we are responsible for our actions even though or if they are causally determined, and that is when they are (recaptured to be) governed by us on the level at which we reflect on and oversee our impulses, viz., deep self. The follow-up question is then who or what is responsible for (the way in which) this deep self (is), for it could be argued this deep self is in turn governed by some external factors. To this, Wolf replies by remarking that we need not be the originator of the causal chains in order to be moral agents, but only *be a certain*

¹⁹ In “Criticizing Blame,” a lecture given on Nov. 16, 2021, Susan Wolf presents a critique of Strawson's account of agency by arguing that the notion of responsibility and that of blameworthiness are separable. In the essay draft of the lecture, Wolf offers organizations and psychopaths as two counter-examples to Strawson's account (17-8). But, in my opinion, these counter-examples are not decisive (at least in the way they were formulated). Thus, in this essay, I will take the Strawsonian framework of ethics for granted in working out my own account of rationality.

²⁰ Susan Wolf, “Sanity and the Metaphysics of Responsibility,” originally published in 1987, *Ethical Theory: An Anthology*, 2nd ed., ed. by Russ Shafer-Landau (Wiley-Blackwell, 2013).

²¹ *Ibid.*, 333.

way although we may have no control over the fact that our deep selves happen to be like in *this* way. Wolf identifies *this* way or state of being as sanity,²² and a person is sane

if (a) he knows what he is doing and (2) he knows that what he is doing is ... right or wrong. Insofar as one's desire to be sane involves a desire to know what one is doing[,] it is a desire to be [or have one's *beliefs* and *values*] controlled by perceptions and sound reasoning that produce an accurate conception of the world, rather than by blind or distorted forms of response ... [W]e can understand sanity ... as the minimally sufficient ability cognitively and normatively to recognize and appreciate the world for what it is.²³

Here, again, the possession of rationality is identified as that in respect to which it is appropriate to treat one as a moral agent. Furthermore, Wolf explains the state that is involved in exercising this capacity. In being treated as a moral agent, one is attributed with rationality. In turn, to be a rational agent, one must be *sane*, i.e., be such that he can recognize the patterns and features of the world (reality) and grasp appropriate ways of responding to them.

To sum up, in order for us to interact with or treat others as moral agents, i.e., with whom we can have intra-personal relationships, we must conceive them as possessing rationality, which is the ability to engage in epistemic activities. To attribute such a capacity to someone, we should view the person as sane, i.e., sufficiently equipped with the ability to appreciate or respond to the features of the world cognitively and normatively. Accordingly, what is involved in our practice of attributing rationality to one another is the presupposition that each of us is capable of drawing out patterns in nature and reacting to them by correcting his thoughts and behaviors according to the underlying rules or principles. Based on this analysis, my account of rationality comes down to the following view: Rationality, or the ability to reason, is the capacity one attributes to others in taking reactive attitudes towards them (i.e., in treating them as moral agents), to do which one must also presuppose that the subjects of his reactive attitudes are capable of engaging with (and

²² Ibid., 334-5.

²³ Ibid., 335.

in fact do engage with) the features of the world in terms of what is the correct way to respond to these features (and thereby modifying their beliefs and actions correspondingly).

§ 3

If taken as a metaphysical view, the account of rationality developed in the last section is vulnerable to the problem of rule-following (one version of which is Saul Kripke's paradox²⁴). As motivated by the stance approach, however, this account faces a different question. Given that, in attributing rationality to someone one must presuppose that the person is cognitively and normatively disposed in his responses to his surroundings, what does it take (for us) to make that presupposition about others, especially the people with mental disorders, or neuro-atypicality? If we answer this question by referring to another (more fundamental) condition, then our approach converts into a metaphysical one for which the problem of rule-following awaits. Thus, the trick here is to articulate the ground of presupposing sanity in—thereby, attributing rationality to—others *qua* practice. One way of characterizing this ground as such that I would like to suggest is to articulate it by means of the principle of interpretation presented by Donald Davidson:

[I]f ... we cannot assume that [the language of a speaker] is our own, then we cannot take even a first step towards interpretation without knowing or assuming a great deal about the speaker's beliefs ... [T]he only possibility at the start [of interpreting what one says] is to assume general agreement on beliefs ... We make maximum sense of the words and thoughts of others when we interpret in a way that optimizes agreement ... [W]e improve the clarity and bite of declarations of difference, whether of scheme or opinion, by enlarging the basis of shared (translatable) language or of shared opinion ... Given the underlying methodology of interpretation, we could not be in a position to judge that others had concepts or beliefs radically different from our own.²⁵

²⁴ For more discussion on the problem of rule-following, specifically Kripke's paradox, refer to: Saul A. Kripke, *Wittgenstein on Rules and Private Language* (Blackwell Publishing, 1982), Ch. 2.

²⁵ Donald Davidson, "On the Very Idea of a Conceptual Scheme," *Proceedings and Addresses of the American Philosophical Association*, Vol. 47 (1973-4), 18-20.

Notice that, according to Davidson, there are two points to this principle. First, we cannot even begin to make sense of what others say without initially assuming that the speakers and we agree on many things. It is only against these doxastic agreements as the common background we also understand differences in opinions. This implies the second point: insofar as we (decide to) take someone as an agent that engages in linguistic or conceptual activities, we cannot interpret the person as applying concepts or operating within a conceptual framework different from our own to the degree that we cannot understand him at all. That is, there is no clear sense to the idea that the conceptual schemes or worldviews of two rational agents can be incommensurable.

The conceptual schemes, frameworks, or worldviews of two rational agents could not be incommensurable because there always ought to be a class of beliefs and concepts that are shared or agreed upon by both parties. In turn, there ought to be such a class because, without assuming one, the two agents cannot even view each other as whose utterances and behaviors (responses to each of his surroundings) are meaningful or having certain intentional contents to be interpreted. Early on, it was remarked that, since there is no clear sense in which mental disorders can be said to be pathological (or deviant from norms), these conditions are best viewed as neuro-atypical, or neurologically or psychologically different, dispositions. It was also remarked that, to the extent these dispositions are conceived to be involving some form of cognitive and conceptual process, they are to be understood as exercise of rationality. And, insofar as each individual cognitive and conceptual process is subjective, its exercise of rationality must bear its own conceptual scheme or worldview. There should be nothing much controversial about this way of construing neuro-atypicality up to this point since there is nothing radical about granting such a difference among ordinary or neuro-typical people as well. A logically unwarranted move is made, however, when it is inferred from this understanding of mental disorder that the standards by which the neuro-

typical and the neuro-atypical exercise rationality are incommensurable—and that, accordingly, there is no clear sense in which the possession of rationality is supposed to pick out the unique feature of humanity. The reason why this is a mistaken move is as it follows. As established in the last section, rationality is the capacity one attributes to others in taking them as moral agents, to do which one must presuppose that they can engage with nature cognitively and normatively. And it is in being conceived as (capable of) engaging with the world in such a manner that the person is viewed as whose responses to his surroundings (through utterances and behaviors) are meaningful or having intentional contents such as beliefs and desires. But, to view someone as such, as Davidson remarks, one must assume that the person and he share or agree on a class of beliefs and concepts. Since differences in opinions could be made sense only in reference to this class as the common background, the neuro-atypical *cannot* be conceived as both being rational and having incommensurable worldviews. Likewise, the neurodiversity problem (which is really just one version of moral relativism) stems from a misunderstanding of rationality.

So much for the neurodiversity problem. The concern is now then whether the account of rationality given in § 2 can solve the separation and the equality problem. Let us first consider the equality problem. The challenge here is to show that rationality is equally possessed by all humans including the neuro-atypical. This problem arises because the assumption is that, even if we grant that some with mental disorders (or neuro-atypical conditions) who do not completely lack the ability to reason, they should be lacking it partially. Now, it has been decisively shown in § 1 that mental disorders cannot be seen as pathological, but rather as dispositions operating on a different standard of rationality. If so, there is no clear sense in which these conditions are to be understood as deviant cases coming short of normal functioning of rationality. In other words, there is nothing abnormal or deficient about neuro-atypical conditions. Consequently, the above

assumption that some neuro-atypical lack the ability to reason partially is false. Before endorsing Davidson's principle of interpretation, this assumption could have been avoided only at the cost of facing the neurodiversity problem since the bullet of the equality problem was dodged by, so to say, biting the bullet of incommensurability. However, because we have resolved this issue in the earlier part of this section, the assumption can be repudiated without a remainder.

The challenge raised by the separation problem is much more complicated than that of the equality problem. To remind ourselves, in solving the separation problem, we must show that the possession of rationality separates humans from other animals. However, if we assume that the people with mental disorders lack the ability to reason completely, then rationality fails to be in respect to which we can demarcate humanity. The reason why this problem is particularly challenging is because it asks for the condition of separation, therefore criterion of basic rights, *as a matter of fact*, i.e., of whether all humans *in fact* possess the candidate capacity or not. On the surface, such a problem seems to be solvable only by a metaphysical account of rationality, which specifies the sufficient and necessary conditions of being a rational agent. But the account of rationality I have developed is based on the stance approach which stays neutral as to whether people (to whom we would like to attribute rationality) in fact do possess the ability to reason or not. Thus, the worry is that my account is inadequate for this problem (and that, if a metaphysical account is given as to meet the challenge, then it leads to the bigger problem of rule-following in general). Thus, it seems that we have come to a dead end in defending egalitarianism.

I have two responses to the separation problem based on my stance approach account of rationality (or in the absence of any metaphysical account of rationality). The first one is that the problem itself is self-defeating. The second is that the reason why we should attribute rationality to the neuro-atypical (or the people with mental disorders) is pragmatist. First, the separation

problem arises at all because, as noted above, it is viewed that the neuro-atypical lack the ability to reason completely. There is no question that the neuro-atypical, no matter how unusual their behaviors may be, belong to humanity. If so, why are they even thought of as lacking something that the *other* people have? That is, why do we even perceive their behaviors as unusual? Just as the people with physical disorders are thought of as lacking certain abilities supposedly common among the general population *because* they are perceived as suffering from conditions that are deviant from the norm (in terms of physical health)—the neuro-atypical are viewed as in need of something (*viz.*, rationality) because they are perceived as deviating from some norm. The same question would not arise in respect to non-human animals since, as organisms not belonging to the human species, they are not even any deviant case, for these creatures lie entirely outside the spectrum. Given this, is it possible to perceive someone as belonging to our species without also attributing to him as (capable of) having experiences involving some cognitive and conceptual process? Could not the thought that one can completely lose rationality as he can lose, e.g., arms and legs be a false analogy? If the neuro-atypical should be perceived as deviant cases, then by definition they must be (viewed as) possessing some amount of the quality or capacity these people are supposed to have little of in comparison to the others. If so, it is not the case that the neuro-atypical could completely lack the ability to reason.

One may complain that this way of characterizing and refuting the separation problem commits the strawman fallacy. But, even if one finds this refutation rather convincing, he may continue on by arguing that it does not give us the reason why we should attribute rationality to the neuro-atypical. Especially, within the account of rationality formulated based on the stance approach, there is no fact of the matter about why one needs to treat anyone as a rational agent at all. To meet this challenge, I roughly sketch out a pragmatist twist to the stance approach account

of rationality in reference to Timothy Brown's view on agency. In his recent work in bioethics, Brown considers complications caused by the use of Deep Brain Stimulation (DBS). According to Brown, some users of DBS report confusions about their selfhood by expressing uncertainty about whether the personality and the choices they exhibit and make are their own or the effects of DBS.²⁶ Brown assesses and refutes three characterizations of the nature of these confusions—feeling of inauthenticity, shifting of identity, and diminishing of autonomy—as failing to capture the struggles experienced by the users.²⁷ Instead, Brown argues that the experiences in concern are best captured in terms of relational agency. The basic idea is that, in using DBS, the person's "exercises of agency may be supported, encumbered, and otherwise 'intertwined with' their DBS systems..."²⁸ This idea is based on Hilde Lindemann's relational view of identity which asserts that others (usually family members and friends) can play a role in the formulation of one's own identity. In usual cases, such a role is played by those whom we perceive as (moral) agents. But, in the case of DBS, the role is played by the neurostimulator. Since we are not used to perceiving such a gadget as an agent, some confusions in regard to one's selfhood may arise, which can be remedied by learning how to conceive one's relationship with DBS as that between two agents.²⁹ The take-away from this view is that the ground on which we attribute agency to one another is pragmatic. There is no deeper structure of reasoning to our practice of attributing (some form of) agency to other people than the practical needs, which are involved in our occasional practice of attributing agency to non-human objects and organisms (e.g., pets, tools, cars, weathers, planets, etc.). In most cases, it is more practical to abstain from attributing agency to, e.g., a car or a pet,

²⁶ Timothy Brown, "Building Intricate Partnerships with Neurotechnology: Deep Brain Stimulation and Relational Agency," *International Journal of Feminist Approaches to Bioethics*, Vol. 13, No. 1 (2020), 134-5.

²⁷ *Ibid.*, 135-44.

²⁸ *Ibid.*, 136.

²⁹ *Ibid.*, 144-9.

if there is a need to treat it as a mere commodity. However, it is sometimes useful to treat an object or an animal as having its own agency in order to make sense of certain relationships we have with it, e.g., the feeling of attachment; in the case of DBS, the reason for attributing agency to the neurostimulator is because, Brown argues, doing so makes better sense of and provides a solution to the confusions or struggles experienced by its users.

From this view, it may be inferred that the grounding reason for attributing agency to one another is essentially pragmatist. Particularly, the reason why we perceive or treat each member of humanity as moral agents is because only by doing so can we make sense of the complexity of the interactions between and the relationships we develop with each other. Therefore, it would be a categorical mistake to attempt to provide a metaphysical account of rationality, i.e., identify the factual conditions (naturalistic, physical, logical, etc.) one must satisfy in order to qualify as a possessor of rationality. Perhaps this is why various attempts to reduce rationality (and the notion of normativity involved with it) to any specific fact of the matter have been unsuccessful—or, if made some progress, still subject to the problem of rule-following. Given that the only reason in attributing moral agency (accordingly, rationality) to anyone or anything can only be pragmatist, the final question is this: Is there any pragmatic reason or need to attribute such a status (moral agency) and its corresponding capacity (rationality) to the neuro-atypical? I would like to say, at least on behalf of those who have developed close intra-personal relationships with the neuro-atypical such as the parents and friends of the autistic people, that there is a good reason to do so, for otherwise these people have no adequate resources for making sense of their complex stance towards and relationships with the neuro-atypical. But I must also comment that this matter is yet a subject of a further inquiry (not just in regard to those with neuro-atypicality, but also to people in general) which is beyond the scope of our current discussion. All that I would say for now is,

given that or if there is a good pragmatic reason to attribute moral agency to the neuro-atypical, the separation problem dissolves because these people must be viewed as rational agents.

In concluding the discussion, I would like to make a brief comment about the status of mental disorders, or neuro-atypical conditions, insofar as they are not to be viewed as deviant or pathological. Even if these conditions are not pathological, we must still make sense of why they give us the impressions of being abnormal or impaired. Given that the neuro-atypical conditions represent a group of minority, it would be best if the society is such that it could accommodate them all (just as our architectural structures are required by certain policies to be designed in a way that can accommodate the people with some physical disabilities). However, due to various reasons such as scarcity, there is a limit to how much our society can actually accommodate any particular group (let alone the minority group of the neuro-atypical). Thus, there will be some needs for the neuro-atypical to find a way to adapt to or fit in with the rest of us (just as each of us finds a way instead of always waiting for the society to change). To that extent, neuro-atypical conditions are, as Thomas Szasz puts it, “*problems in living*.”³⁰ And there are various means by which one can deal with these *problems in living*. For instance, one can engage in philosophical reflections or attend counseling. Also, one can seek help from medical interventions by taking pills proven to alleviate the harms of the conditions or receiving appropriate surgical treatments; a condition needs not be pathological to be a subject of medical interventions, e.g., pregnancy.³¹ It is encouraged that individuals apply and figure out proper methods of treatment to the best of their knowledge (in cooperation with others). Yet, of course, political activism is requisite when

³⁰ Thomas S. Szasz, “The Myth of Mental Illness,” *The American Psychologist*, Vol. 15, No. 2 (1960).

³¹ Bortolotti, “Doctors without ‘Disorders’,” 168.

the problems cannot be solved by each individual, but only by some drastic changes in society, in which case the problems are no more that in living, but of justice and equity.

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