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ARTICLE

Reasons Internalism and the Problem of Depression

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Abstract

This article looks at a version of the "too-few-reasons" problem for reasons internalism stemming from the existence of cases of clinical depression. People with clinical depression lack motivation to do things like go to work or seek treatment for their depression. Internalism appears committed to saying that such people lack reasons to do these things since internalism makes having reasons depend on having motivations. But, intuitively, depressed people do have reasons to do them. This article considers a number of possible solutions to this problem, such as that depressed people have actual or ideal desires which explain their reasons, and argues that these solutions do not succeed.

1. Introduction

Reasons internalism is the view that, in order for a person to count as having a normative reason to do something, that person must be able to be motivated to do it.[1] The "too few reasons problem" for this view says that people sometimes have reasons to do things even when they appear incapable of being motivated to do them (Schroeder 2007: 103–122). For example, a drug addict lacks a desire to enter treatment but has a prudential reason to enter treatment. A serial killer lacks a desire not to kill but has a moral reason not to kill. For each too-few-reasons case, the internalist has two ways to respond. The first is to "bite the bullet" by maintaining that, in spite of our intuition, the addict really has no reason to get treatment. The second is

[1]Reasons internalist views can be divided into those which maintain that reasons require actual or counterfactual *motivations* (motivation views), and those which maintain that reasons require actual or counterfactual *psychological states* which can motivate but are not themselves motivations (state views), such as desires, values, etc. The objection defended in the present article applies with more force to motivation views than state views, since the objection depends on cases which more obviously involve an absence of motivation than an absence of desire. However, because I believe the objection poses a serious problem for state views, as well, and in order to avoid sliding between the two views throughout the article, I will henceforth mean "internalism" to refer to state views.

Reasons internalism is also sometimes taken to be the view that the existence of motivations is *sufficient* for the existence of reasons, in addition to being necessary. In this article, I ignore the sufficiency claim, because the too-few-reasons objection takes aim only at the necessity claim. As I understand the necessity claim of reasons internalism, it is the claim that, for a person to have a reason to *A*, that person must have a desire/motivational state which would be promoted by *A*-ing.

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to claim that, contrary to appearances, she has the sort of motivations necessary to ground her reason to get treatment. Which of these ways of responding is best will depend on the nature of the case. For example, in the addict case, the best response may be to bite the bullet and say that she has no reason to get treatment. In the killer's case, the best response may be to show that he does have the right reason-giving motivations.[2]

This article explores a too-few-reasons case which involves psychological depression. People with depression often lack an interest in doing much of anything. Of the criteria listed by the DSM-V for a diagnosis of a major depressive episode, one of two criteria (either of which) must be met is "markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day" (American Psychiatric Association 2013: 160–164).[3] Those with depression often stop going to work, stop seeing friends and family, and neglect their physical health and hygiene. In more severe cases, they may even refuse treatment for their depression. Despite their lack of interest in doing these things, they seem to have reasons to do them.[4]

Following Alan Goldman (2009), the problem of depression can be framed as an inconsistent triad of claims:

The problem of depression

1. A person's reasons are provided only by their desires (reasons internalism).
2. Depression eliminates most or all of a person's desires.
3. Depressed people have reasons to do things like accept treatment for their depression.[5]

It is important to note that (2) does not claim that depression eliminates all of a person's desires. Even the most severely depressed person may have some desires, such as the desire to sleep all day, the desire to avoid social contact, or the desire to end their life. The problem of depression claims only that depression eliminates the desires

[2]One might be skeptical about the force of counterexamples like these given that in many ordinary cases of prudential reasoning, such as when we decide which job offer to take or whether or not to skip dessert, desires seem to play an important role in explaining the existence of prudential reasons. The counterexamples to internalism, including the one I focus on in this article, may seem less than ordinary, and so it might seem reasonable to place less weight on those intuitions in our theorizing. However, I believe that if we have strong intuitions about a case, it is better for a view, other things being equal, that it be able to accommodate those intuitions than to conflict with them. The question then seems to be whether a given case poses a serious enough challenge to be worth replying to, and I think the answer depends on how strong our intuitions about the case are. In my experience, peoples' intuitions about the depression case I focus on in this article are strong enough that it is worth examining what the internalist can say to avoid biting the bullet. Thanks to an anonymous referee for pressing me on this point.

[3]This symptom is known as "anhedonia." The second criterion is "depressed mood most of the day, nearly every day," where "depressed mood" refers to negative or blunted affect (sadness or feeling empty). Only one of these two criteria is required for a diagnosis, which indicates that experiences of depression can be drastically different from person to person. For some people, depression is characterized by intense pain, while for others it is characterized by a lack of interest or pleasure.

[4]I will often refer to the "depressed person's reasons." Unless otherwise specified, I mean to refer to all of the depressed person's reasons, including the reasons which the problem of depression points out are unexplained, such as the reason they have to seek treatment for their depression.

[5]This is a paraphrase of the triad found in Goldman (2009: 99). In that work, Goldman attempts to defend internalism from this problem by denying (2).

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needed to explain the reasons the depressed person appears to have. While it may be that the few desires the severely depressed person does have can do this explaining, it is at least prima facie implausible. How, after all, could a desire to avoid social contact or to end one's life ground a reason to go to work or to get treatment for one's depression?

This article considers a number of ways internalists can and have responded to the problem of depression, and argues that these responses are largely unsuccessful. As with other too-few-reasons cases, the internalist has two general types of response to choose from. They can bite the bullet and deny (3) – that is, deny that the depressed person has the reasons they seem to have. Or they can deny (2) – deny that the depressed person lacks motivations which ground their reasons.[6] Though I will say a few words about the bullet-biting response in the final section of the article, the main focus of the article will be on ways of making the second response.[7]

In section 2, I consider responses to the problem which claim that depressed people have actual, present motivations which explain their reasons to do things like seek treatment. Section 3 considers a response which says that the depressed person will or could have desires in the future, and these future desires can ground their present reasons. Section 4 looks at responses which claim that depressed people would have the relevant desires if they were properly idealized (such as being informed and rational), and these counterfactual desires are what generate their reasons. I shall argue that each of these responses to the problem of depression fails. The failure of these responses to solve the problem may push some internalists to accept the bullet-biting response. In the final section, I try to bring out the unattractiveness of this response by looking at the implications it would have for a particular, real world case.

2. Deep desires

The most natural way for the internalist to try to explain the existence of the depressed person's reasons is to show that, despite their inactivity, depressed people do have actual desires or motivational states which ground their reasons.[8] An initially attractive way of

[6]There may seem to be something odd about this second strategy. One might think that, even if the internalist can show that depressed people have reason-giving desires, they will at best be able to show that these desires are had contingently. But to avoid the problem, it might be thought, the internalist must show that the depressed person *necessarily* has reason-giving desires. Otherwise, the mere possibility of a case of depression so extreme that desire and motivation are absent would be enough to constitute a counterexample to internalism. However, I think that accepting the mere possibility of the extreme case is a much smaller intuitive cost for internalism than accepting that there are actual cases like this – cases of depressed people who have no reason to get treatment. This is because people tend to have much stronger intuitions about actual cases – especially when they involve people we care about. So, this strategy, if successful, would significantly blunt the force of the depression counterexample. And it is for this same reason that I try to show that these actual extreme cases of depression exist, rather than rest my argument on the mere possibility of such extreme cases.

[7]Depression comes in many forms and degrees of severity, and not all cases of depression pose a problem for internalism. This is important because the extent to which bullet-biting is an intuitive cost for the internalist will depend on what this range of cases looks like. If the range of problematic cases of depression is quite narrow – only a few bizarre cases of depression – then the intuitive cost of bullet-biting would perhaps be negligible. But I will argue that the range of cases is not narrow – that the cases of depression which pose a problem for internalism are quite common.

[8]As I will understand "desire," to desire A is for one to be disposed to take means to bring it about that A.

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developing this response is to say that, though depression eliminates superficial desires, like the desire to get out of bed or the desire to go to work, it does not eliminate deep desires. Deep desires would be things like a person's life goals or major concerns which are highly prioritized and around which many of their other activities are organized. Examples include a desire for financial stability or a concern for the welfare of one's children. In responding to the problem of depression, Goldman points to the success of cognitive psychotherapies for depression like cognitive behavioral therapy and rational emotive behavior therapy as evidence for the existence of deep desires (Goldman 2009: 105–106). These therapies treat depression by removing a depressed person's irrational beliefs. Irrational beliefs caused by depression have the effect of destroying the depressed person's surface motivations by causing the depressed person to underestimate their own ability, or otherwise have false beliefs regarding their prospects for success. For example, a depressed person might believe, irrationally, that they are unworthy of being loved and thus incapable of living a fulfilling life. Such beliefs would explain why the depressed person lacks the motivation to do things like go to work or take care of their health. There would appear to be no point in taking the means to achieve the end of living a fulfilling life if that end is believed to be unattainable. Once these irrational beliefs are removed by therapy, the argument continues, the person gets better, which is to say, comes to have a normal range of desires. A good explanation for why this happens is that the deep desires were there but only blocked by the irrational beliefs.[9]

A problem with this response is that empirical evidence suggests that depression can affect even these deeper desires. According to the DSM-5, those experiencing a major depressive episode may report "not caring anymore." Not only is the depressed person unmotivated to shower or go to work, they are also unmotivated to spend time with friends and family and engage in leisure activities they once enjoyed (American Psychiatric Association 2013: 163).[10] Depression appears to involve a general loss of interest which includes deep desires, rather than the removal of only superficial or instrumental desires. While suggestive, however, the evidence just presented does not rule out the possibility that depression leaves intact *some* deep desires of the sort which could ground reasons. In the next few sections, I look at various ways of arguing that the depressed person has these deep desires.

2.1 Evaluative judgments

According to Goldman (2009), deep desires are reflected in the evaluative judgments one makes. The person who believes he is unworthy of being loved may still claim that a life filled with love would be better for him than a life without it – he merely believes it is unattainable. Such evaluative judgments indicate, according to Goldman, that deep concerns like the desire to have a life filled with love still exist. Judgments about what is good, worthwhile or important tend to be an indication of what a person cares deeply about. The desire for friendship, for example, is characterized by a disposition to spend time with friends and to get pleasure from thoughts of having friends, but

[9]I follow Alan Goldman (2009) in using the terms "superficial desire" and "deep desire" to mark the distinction.

[10]One might reply that because desires are, or involve, dispositions to act, depression does not eliminate desires because it leaves intact the relevant dispositions. But depression often lasts for months and sometimes years (Young 2001). In such cases, it is more difficult to hold that a disposition to act remains.

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it is also accompanied by the judgment that it would be good to have friends. Perhaps depressed people express judgments like that having friendship is valuable, that not being loved is a bad thing, or that having success in their career is a good thing. If so, we would have some evidence for thinking they also have desires for these things.[11]

Goldman argues that depressed people do continue to make such judgments. As he points out, having negative evaluations of oneself is a common symptom of depression.

> Depression is not only compatible with the capacity for evaluation, but certain sorts of evaluations lie at its core, namely negative evaluations of the self and of the possibility of success in endeavors judged to be highly important and reflective of the self. Automatic negative self-appraisals linked to desires for outcomes judged to be good but unattainable contribute to depression. (Goldman 2009: 105)

According to Goldman, the negative self-evaluations made by depressed people, such as that they are incapable of being loved or too incompetent to succeed in their chosen field, provide evidence that they take certain states of affairs to be good. And the fact that they take these states of affairs to be good is evidence that they have desires for them.[12]

However, while it may be true that all depressed people continue to make evaluative judgments, there is evidence that, in some cases of depression, these judgments do not reflect the kind of deep desires which would give rise to reasons to go to work or seek treatment. Some depressed people say that nothing is worth doing, that there is no purpose or point in life, or that they feel empty (Watson and others 2020). In an autobiographical account of his depression, author Andrew Solomon says that, in his depression, "the meaninglessness of every enterprise and every emotion, the meaninglessness of life itself, becomes self-evident. The only feeling left in this loveless state is insignificance" (Solomon 2002: 15). The evaluative judgments expressed in these claims appear to reflect either an absence of concerns altogether, or concerns of the wrong kind to generate reasons to go to work.[13]

On one interpretation of the quoted passages, these claims might appear consistent with the picture suggested by Goldman according to which some valued and desired ends are simply out of reach. On one interpretation of a claim like "every enterprise

[11]If judgment internalism is true, then the existence of these judgments would entail the existence of motivation. However, even if judgment internalism is false, the fact that desires are often accompanied by evaluative judgments would be strong prima facie evidence for the existence of these desires.

[12]Goldman himself (2009) defends the view that some evaluative judgments, including the ones just mentioned, do not merely provide evidence for the existence of motivational states like desire, but can themselves be motivational.

[13]The view that depression saps deeper desires is one I try to support in the article by offering mostly anecdotal evidence based on how people describe their own experience with depression. This is less than ideally scientific, but I also do not think such evidence can be dismissed entirely, as much of our understanding of what depression is like depends on these kinds of self-reports and on case studies. One important example is the case described in the final section of the article, which is based on an actual patient.

My own experience with depression is very close to the experience of that patient and the others mentioned in the article. In my depression, I had no interest in getting better because I did not see that there was any point in doing anything. In fact, it would be more accurate to say I did not see "effective" treatment as making me better off, but only giving me desires and a life I had no interest in having. I think this anecdotal evidence about how depression affects deep desires must be weighed against the evidence that deep desires are not affected by depression, and there does not seem to be any evidence on this side, as far as I can see, except a weak inductive argument.

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is meaningless," what is meant is that nothing they do will get them what they really want. In other words, they have deep desires for some things, but believe no amount of effort will bring these things about. However, other claims made by depressed people about meaninglessness appear to be incompatible with this interpretation. In describing his own battle with depression and suicide, Tolstoy writes:

> My life came to a standstill. I could breathe, eat, drink, and sleep, and I could not help doing these things; but there was no life, for there were no wishes the fulfillment of which I could consider reasonable. If I desired anything, I knew in advance that whether I satisfied my desire or not, nothing would come of it. Had a fairy come and offered to fulfill my desires I should not have known what to ask … I could not even wish to know the truth, for I guessed of what it consisted. The truth was that life is meaningless. (Tolstoy 1954: 17)

What is noteworthy in this passage is that Tolstoy claims that he would not wish for *anything*. Similarly, Maria von Herbert, in a correspondence with Kant in which she describes her depression, writes:

> I get an empty feeling inside that extends inside me and all around me, so that I am almost superfluous to myself. Nothing attracts me, and even getting every possible wish I might have would not give me any pleasure, nor is there a single thing that seems worth the trouble of doing. (Kant 1967: 201)

These claims appear incompatible with an interpretation according to which "everything is pointless" means "nothing I do will get me what I truly want" because both Tolstoy and von Herbert maintain that there is *nothing* that they would wish for. One would think that, if their lack of motivation to do anything were due to a belief that a roadblock prevented them from achieving their goals, they would at least wish for that roadblock to be removed.[14]

2.2 Moral desires

Despite the evidence just presented, it might be argued that depressed people – even those who judge life to be meaningless – still have moral concerns which give them reasons to go to work or get treatment. They surely continue to care about their families, for example, and they surely would choose to save a dog from cruel neglect if they could so with minimal effort. Empirical evidence appears to support this hypothesis. Those with depression experience empathy just as often and to the same degree as non-depressed people, and they tend to be even more concerned than non-depressed people with how well they are meeting the requirements of morality (O'Conner and others 2007: 54). This evidence conflicts with the evidence considered in the last section. Perhaps when Tolstoy and von Herbert claim they could not wish for anything, they mean that they could not wish for anything *for themselves*, but could wish and desire things for others.

[14]On the view about what a desire is that I claim to be assuming (see n. 8), it might seem that a wish cannot be a desire, since wishes need not involve a disposition to act. I think this is right, but in the passages from Tolstoy and von Herbert, absence of "wish" is either in addition to lack of desire, or it is a description of a disposition ("act of wishing before a fairy").

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But Tolstoy, elaborating on the extent of meaninglessness he found in the world, claimed that he wondered why he should take care of his children:

> But my family – wife and children – are also human. They are placed just as I am: they must either live in a lie or see the terrible truth. Why should they live? Why should I love them, guard them, bring them up or watch them? That they may come to the despair that I feel, or else be stupid? (Tolstoy 1954: 21)

The "terrible truth" to which Tolstoy refers is that life is meaningless. This passage suggests that he judged, not merely that his own life was meaningless and not worth living, but that no life was worth living. Therefore, though he might have been preoccupied with morality, it was out of skepticism about why he should care for others.[15]

2.3 Desires for meaning

Perhaps instead we should interpret Tolstoy and others as expressing a deep desire for meaning in life – some purpose that would provide a justification for their doing something rather than nothing. Both Solomon and Tolstoy appear to attribute their inactivity to an absence of meaning in life. When they say that life is meaningless, this could be evidence that they desire meaning in life but believe that bringing it about is impossible. Rather than showing that they have no deep concerns, these statements could be taken as expressions of one of the deepest desires people can have. If meaning in life is possible for them, then their desire for it could be satisfied, and they would thereby have reasons to do what is necessary to satisfy it.

The problem with this interpretation is that it is not clear that these statements about meaninglessness point to a desire for meaning. An inference to the existence of such a desire requires more than a claim about meaninglessness. My claim that water is flavorless does not, by itself, imply that I desire water to have flavor. Andrew Solomon mentions the way that life appears meaningless in his depression apparently only to describe what it is like to be depressed, and not to lament a lack of meaning. If this is right, then a claim that life appears meaningless when depressed does not give us reason to think the depressed person desires meaning in life.

3. Future desires

A different approach claims that the depressed person's reasons to get out of bed or get treatment are grounded, not in their present actual desires, but in the desires they will have or could have in the future. Depression is usually treatable and can sometimes naturally subside even without treatment. When this happens, depression usually gives way to a normal range of desires. If the depressed person fails to do certain things while depressed, they may wind up frustrating their own future desires. The depressed person's failure to get out of bed or seek treatment, for example, could lead to the frustration of their future desire to have financial stability. In this way, a depressed person's future desires could explain the existence of their present reasons.

[15]Even if some moral desires remain, their satisfaction might be given a lower priority by the depressed person than the satisfaction of other desires, like the desire to end their own life or the desire to sleep.

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This response to the problem of depression involves two claims. The first is that a person's future desires give them present reasons. The second is that depressed people have future desires. As I will try to show, each of these claims is problematic.

The first claim, that future desires can give one present reasons, seems initially plausible. I now lack the desire to eat dinner, but given that I will later come to desire to eat dinner, I have a reason now to take means necessary to satisfy that desire. One way to explain the existence of this reason is in virtue of a standing second order desire I now have to satisfy my future desires. But this explanation depends on the dubious assumption that everyone has a standing second order desire that all of their desires, whether present or future, be satisfied. But this is doubtful. There are many desires I now have which I do not desire to be satisfied because I think their satisfaction would be bad for me or bad for others.

Instead, the internalist could claim that future desires *directly* ground present reasons, rather than in virtue of a second order present desire. It is unclear, however, whether such a view is compatible with internalism. Derek Parfit, for example, appears to be assuming that it is not compatible when he argues against internalism on the grounds that it cannot explain a person's present reasons to avoid future agony (Parfit 2011: 66). David Sobel argues, in reply to Parfit, that this view is compatible with internalism (Sobel 2011). The core commitment of reasons internalism, Sobel claims, is to the view that one's reasons depend on one's motivations. The view that future desires ground present reasons is compatible with this commitment because one's present reasons, on this view, do depend on one's own desires, since one's future desires are one's own desires.

But the problem for the view that a depressed person's reasons are grounded in their future desires is that not all depressed people will have future desires of the kind that will give them reasons to get treatment. Some depressed people who could get better as a result of treatment either refuse treatment or lack information about its existence, and as a result they remain depressed. Others lack future desires because they die from suicide. These people will not have future, non-depressed desires. Yet they nevertheless have a reason to get treatment.

A natural reply to this more serious problem would be to hold that *possible* future desires can ground reasons. This would avoid the problem just mentioned because depressed people who will not actually come to have future desires nevertheless *could* have future desires. And these possible future desires give them present reasons, such as a reason to get treatment in order for those future desires to come into being. The view that merely possible future desires can ground present reasons is implausible, however, because it over-generates reasons. There are all sorts of future desires I could have. I could have a desire to do heroin or a desire to one day meet Fran Dresser. The fact that I could have these desires does not give me any reason to take means to satisfy them, however, nor does it give me any reason to come to have these desires in the first place. For the same reason, the depressed person's merely possible future desires do not give them a reason to take steps to satisfy those desires, nor do they give them a reason to bring those desires about by getting treatment.

4. Counterfactual desires

Rather than try to show the depressed person has actual desires which ground their reasons, the internalist could attempt to explain the existence of the depressed person's reasons by appealing to the motivations they would have if they were properly idealized.

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The first step of this response involves accepting a version of internalism according to which a person's reasons are determined, not by their actual motivations, but by the desires or motivations they would have if they had been in ideal conditions. Given that ideal conditions are usually taken to involve, roughly, having relevant information and being fully rational, the second step involves offering a good reason for thinking that depressed people, if they were sufficiently informed and rational, would have motivations which ground the reasons we think they have.[16] Henceforth, I will call these reason-grounding motivations "the necessary motivations."

Information or rationality would certainly give some depressed people motivation to do the things they are not doing. However, it is much more difficult to show that idealization would create the necessary motivations in all depressed people. In this section, I will try to show that we have no good reason to expect that idealization would generate the necessary motivations in all depressed people.

A number of different accounts of idealization have been offered. Bernard Williams, for example, held that a person's reasons are determined by what that that person would be motivated to do after a process of "sound deliberation" which involves a correction of false beliefs, as well as exercising one's imagination about what each of their available options would be like (Williams 1979). But idealization could also be thought of as a kind of cognitive psychotherapy, where irrational thinking would be corrected and one would be given the best knowledge of the world available at the time (Brandt 1979). Stephen Darwall claims idealization requires being "reflectively aware, in an imaginatively vivid way, of all the facts regarding properties internal to the thing preferred," where "vivid awareness" may require having first-hand experience (Darwall 1983). And according to Michael Smith, idealization requires that an agent be "fully rational," where this requires having no false beliefs and all relevant true beliefs, having a "maximally coherent and unified" set of desires, and not being affected by "physical and emotional disturbances" (Smith 1996).

In arguing that idealization will not solve the problem of depression, I will not attempt to canvas each of these versions of idealization. I think it is enough to ask whether the most extensive idealization compatible with internalist commitments would solve the problem.[17] The most extensive idealization would involve having the most information one could have, as well as being as rational as possible. If the most extensive idealization of the depressed person would not generate the necessary motivations, then a more moderate idealization is unlikely to do so.

4.1 Rationality

Consider, first, whether making the depressed person more rational can be expected to have the necessary effect on her motivations. Idealization could involve an improvement in either epistemic rationality or practical rationality (or both). My focus will be on improvement in epistemic rationality, as I am skeptical that any kind of improvement in practical rationality will generate the necessary motivations. This is because

[16]William Lauinger (2013: 287–289) argues along these lines in response to a parallel problem of depression for subjectivist theories of well-being.

[17]Compatibility with internalist commitments would require placing limits on what information the agent must be given and what sorts of rational improvements are required for the agent to count as idealized. For example, idealization that requires an agent to have certain ends regardless of what they actually desire could easily smuggle in external reasons by claiming that being rational requires that the agent desire to do what morality requires, even if they have no desire that would be served by doing so.

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requirements of practical reason usually have to do with what one is required to do, or be motivated to do, given one's other beliefs and desires. For example, instrumental rationality requires that one take the necessary means to one's ends. But in the sort of cases we have been describing, the depressed person desires almost nothing, and the desires that remain are for the most part being satisfied. Other requirements of practical reason, such as the requirements of consistency and coherence, would seem unlikely to make a difference for similar reasons. The coherence requirement, for example, requires that one's desires be organized in such a way as to promote maximal overall desire satisfaction. This can require that one not have certain ends. To have drinking alcohol as one's end could be irrational if it were incompatible with other ends to which one has assigned a higher priority. But, again, in the cases we have been considering, the depressed person desires almost nothing, but is getting the few things they do want, such as to lie in bed. So there appears to be no failure of coherence or consistency.[18]

The most promising way to argue that the depressed person would have desires if they were rational is to argue that depression is caused by epistemic irrationality. The basic thought is that depression is caused by irrational beliefs, and so removing that irrationality would allow a normal range of desires to return. The view that irrational beliefs are responsible for depression has been influential in clinical psychology and psychiatry. Cognitive Behavioral Therapy (CBT) is a scientifically supported and widely used type of psychotherapy which treats depression (among other conditions) by attempting to eliminate irrational beliefs and thought patterns. The thought patterns addressed by this therapy include things like over-generalization, the tendency to focus on negative rather than positive aspects of one's life, and self-defeating thoughts such as the thought that one will never succeed (National Alliance on Mental Illness 2020). Given that this therapy treats depression by aiming to reduce epistemic irrationality, the effectiveness of such a therapy may be taken as evidence that if the depressed person were ideally epistemically rational, he would have a normal range of desires.

However, some empirical research also suggests that depressed people tend to be in some ways *more* "realistic" than non-depressed people – a phenomenon known as "depressive realism" (Alloy and Abramson 1979). This research indicates that people with depression tend to be less susceptible than people without depression to certain biases in reasoning, such as overestimating one's own reputation, importance, abilities, and one's control over events.[19]

Moreover, empirical research on the factors responsible for the treatment effect in psychotherapy indicates that the improvement in mood and motivation attributed to therapies like CBT is due to factors which are common to all effective psychotherapies, many of which do not focus on challenging irrational beliefs. Common factors theory suggests that factors like having a supporting and trusting patient/therapist relationship are doing most of the work in psychotherapeutic change, whereas the "specific ingredients" of particular psychotherapeutic approaches, like CBT and its focus on irrational beliefs, are doing comparatively little work (Messer and Wampold 2002).

[18]More substantive requirements of practical rationality, such as the Kantian requirement to follow the categorical imperative, may solve the problem of depression since they would require that the agent have certain ends independently of what their actual ends are. But it remains controversial whether the reasons generated by such requirements count as internal or external reasons.

[19]It should be noted, however, that the empirical evidence regarding depressive realism has been mixed. See Dobson and Franche (1989) for a review of the evidence for and against the existence of this phenomenon.

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Finally, and perhaps most importantly, CBT and related therapies are far from universally effective in treating depression. In some cases, anti-depressant medication or electroshock therapy is the only effective treatment. This fact points to the conclusion that irrational belief is not responsible for the existence of depression in all cases. In research on the etiology of depression, the consensus seems to be that there are many causes of depression (Kaltenboeck and Harmer 2018). In one form of depression, known as Seasonal Affective Disorder (SAD), depression appears to be caused by reduced exposure to sunlight during winter months, which in turn causes a change in neurochemistry (Melrose 2015). The difference between a non-depressed person and someone with SAD does not seem to be a difference in rationality. All of this suggests that even significant improvements in epistemic rationality will not remove depression in all cases, and so also gives us reason to doubt that full epistemic rationality would generate the necessary motivations in all depressed people.

Before moving on, it is worth looking at a different sort of response based on the irrationality of the depressed person. In the "the Moral Problem," Michael Smith defends the view that a fully rational agent is one who is not emotionally disturbed:

> Desires are irrational to the extent that they are *wholly and solely* the product of psychological compulsions, physical addictions, emotional disturbances, and the like; to the extent that they wouldn't be had by someone in a non-depressed, non-addictive, non-emotionally disturbed state. (Smith 1994: 155)[20]

Smith is here claiming that desires which are entirely the product of a disorder or a disease are not relevant to one's normative reasons. This may seem to offer a reply to the problem of depression. The desires of the depressed person may be *wholly and solely* the product of a disorder, disease or emotional disturbance, and would therefore count as irrational on Smith's view, making them irrelevant to the depressed person's reasons.[21]

It is important to ask why such desires ought to be considered irrelevant. It is not enough to say that it is because diseases such as depression and obsessive-compulsive disorder cause one's thinking to be irrational, as this is precisely what needs to be explained. Without justifying such an addition, the distinction between internalism and externalism is threatened. The internalist cannot add just any kind of counterfactual requirements to their view, since otherwise requirements could be added that gerrymander counterfactual desires to fit a preconceived set of what reasons there are. For example, one could add that, in addition to being emotionally undisturbed, one must also be moral. These sorts of "substantive" additions to an internalist view must be ruled out to avoid this threat. It is for this reason that the view Smith proposes which says that says one's reasons depend on what one would desire if *not emotionally disturbed*, etc. be justified on internalist grounds.[22]

The most plausible justification is that if a desire is wholly dependent on the existence of a disease, then the existence of that desire is not subject to rational rejection. The disease has complete control over whether one has that desire. The desires of a fully

[20]Emphasis in the original.

[21]Though the above passage from Smith does not mention absence of desire as being possibly irrational, we should include this possibility, as it seems especially relevant to the case of depression.

[22]By "internalist grounds" I mean whatever justification is supposed to favor internalism over externalism.

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rational agent, by contrast, may be eliminated if, upon reflection, they are found to conflict with the satisfaction of other, more important desires. The same could be said for the absence of desire: a fully rational agent is one who can come to form a desire to take necessary means to a given end, and so is able to form new desires, but depression can make the formation of new desires impossible. This response dovetails nicely with the internalist argument considered above that says cognitive therapy can eliminate depression by making the depressed person more rational. My response was in part to say that cognitive therapy does not work for everyone, and so we should be skeptical of the claim that a more rational version of all depressed people will have reason-grounding desires. But now the internalist can say that, in exactly those cases, the inability on the part of the depressed person to form new desires in the face of rational therapy is proof that their desires, or lack of them, are irrational.

However, while the inability to form or reject a desire can lead to irrationality, it does not itself constitute irrationality. That a desire cannot be eliminated is a problem only if the existence of this desire conflicts with other requirements of rationality, such as the requirements of consistency and coherence. Similarly, the absence of a particular desire is not irrational if requirements like consistency and coherence do not call for one to have that desire. If the immutability of desire were enough to make a desire irrational, it seems that many desires which appear perfectly rational would turn out to be irrational. A non-depressed person's most basic desires, such as the desire that one's children be happy, may be quite steadfast – as steadfast as a depressed person's absence of desire. But these desires do not seem irrational. There are also many desires non-depressed people *lack*, such as a desire to end the world, which they may be unable to come to have through reflection – at least, as unable as some depressed people are to form new desires. But those absences of desire do not seem irrational. So, desires or their absence which are wholly the product of an emotional disturbance or addiction *may* be irrational, but only if this leads to a conflict with standard requirements of rationality. The depressed person may be unable to form the desire to go to work or accept treatment for her depression, but for reasons discussed earlier in this section, it is not clear that standard requirements of rationality, like coherence and consistency, require them to form these desires.

4.2 Information

Internalists who accept a rationality constraint on reasons often also accept an information requirement. An information requirement is motivated by thought experiments like Williams's example of the gin drinker who desires to drink a glass of what he believes to be gin but which is in fact gasoline (Williams 1979). The gin drinker may be fully practically rational and may have a rationally formed belief that the glass contains gin. But though the gin drinker desires to drink the contents of the glass, intuitively, he has no reason to do so. This example suggests that one's reasons are determined by the desires one would have if sufficiently informed – if one had an accurate picture of what the world is like. The internalist who accepts such a view may claim that absence of desires in the severely depressed person would not persist were they more informed.

In thinking about which kind of information idealization should require, David Sobel suggests that there are two models to choose from (Sobel 1994: 796). One, which he calls the "report model," has idealization involve gaining merely propositional information about the ways one's life could go. Receiving information, on this model, is

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akin to hearing an "expert lawyer" argue for each option. For example, being informed about my ice-cream flavor decision would require having each flavor option be argued for as fully as possible. The second model, which Sobel calls the "experiential model," has being fully informed require knowing "from the inside" what the experience of each option would be like (in addition to having propositional information). My ice-cream decision would only be fully informed on this model if I had actually had the experience of tasting each flavor.

Consider first whether giving the depressed person full propositional information would have the necessary effect on her motivations. One reason for thinking it would is that a natural reaction to encountering someone who is depressed, and especially someone who is considering suicide, is to remind them of all of the things they have to live for. These would be the sorts of things that we think make it desirable for most people to continue living: being able to smell flowers, listen to the rain, and watch your children grow up. The assumption behind this reaction seems to be that the depressed person has forgotten some of the information they used to have. Full information, on the report model, would remind them of all of the things they have forgotten. The hope is that after being apprised of all of this information about what makes life so great, some of their former, non-depressed desires would return to them.

But efforts to remind depressed people of the things they have to live for often fail to motivate them. This is because they usually have not forgotten about the existence of these things, but, like Tolstoy, simply are not moved by the thought of them anymore. An attempt to help a depressed or suicidal person in this way sometimes backfires by making that person feel misunderstood. For this reason, this method of trying to help is discouraged by mental health professionals (National Suicide Prevention Lifeline 2020).

What other reason is there for thinking that full propositional information would have an anti-depressant effect? I can see no other reason for thinking that it would. In fact, I think the phenomenon of depressive realism discussed in the previous section should make us at least wonder whether full propositional information would increase motivation in depressed people rather than decrease motivation in non-depressed people. Depressed people may be more informed than non-depressed people about things which generally affect motivation. For example, they may have more information about their own limitations or may be more cognizant of the amount of suffering in the world and of their own mortality.

If full information can be expected to have the right kind of effect on motivation, I think it is must be experiential information. A reason for thinking so is that depression makes a person unable to have certain kinds of experiences. Importantly, depression appears to make it difficult or impossible for depressed people to experience taking pleasure in the things they used to take pleasure in. Anhedonia, or the inability to feel pleasure, is a common symptom among people with depression. Even colors can appear duller and less vibrant (Bubl et al. 2010). This inability may mean they have lost crucial information about what the experience feels like, even if they remember having had pleasure experiences in the past. If they were to have a vivid enough awareness of what pleasure feels like, only then could they fully appreciate what life would be like if they were to get treatment. Under these conditions, perhaps they would desire treatment.[23]

[23]Compare the example involving ice-cream flavors. Even if I vaguely recall having tasted pistachio ice-cream as a child, my decision about which flavor to pick is not fully informed unless I have a vivid

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The problem is that changing the depressed person in this way may make them unable to have the experience of not taking pleasure in anything, and so not able to fully appreciate what life would be like as a depressed person. This is an instance of a more general problem for the experiential model of full information theories: being able to have certain kinds of experiences sometimes precludes being able to have other kinds of experiences, and so no single, fully informed perspective may be possible. To illustrate the problem, Connie Rosati (1995: 318) gives us the example of an obtuse person. An obtuse person is unable to appreciate what it would be like to experience life as a compassionate person. To make them able to have that experience "from the inside" would require that they take on the ideals, traits, and motivations which characterize the compassionate person. But if this is done, it creates someone who no longer has the ideals, traits and motivations necessary for appreciating a life as the obtuse person would experience it. Similarly, if we change the depressed person so that they are able to appreciate pleasure, and in effect allow them to appreciate a non-depressed life, we make them unable to know how it feels to be depressed. Even a person who has experienced depression in the past may no longer have a sufficiently vivid awareness of what the emptiness of depression feels like.

5. Biting the bullet

In light of the failure of the above arguments to show that depressed people have reason-giving motivations, internalists may feel pushed to accept that there are some people with severe depression who have no reason to do anything – or at least no reason to do something like go to work or seek treatment. Before accepting this response, however, it is important to appreciate how counterintuitive are some of its implications.

Consider an actual case of a person so depressed that they refuse treatment. Abraham Rudnick describes a patient whom we can call Jane. According to Rudnick, Jane

> clearly understood the information given to her about the benefits of the treatment, she appreciated the personal relevance of this information as she accepted the diagnosis that she was depressed and that treatment may help her, and she reasoned logically in her decision making in the sense that her conclusion to refuse treatment followed logically from her premises (which included her not caring about the treatment outcome). (Rudnick 2002)

Rudnick believes that Jane's lack of interest in treatment is not due to lack of information or irrationality. Though not mentioned in the passage, Jane also appeared to lack an interest in much of anything else. What is important about her case is that her depression could be effectively treated.[24] Because it could be effectively treated, were she to get treatment, she would very likely go on to live a healthy, normal and happy life by most standards. Were she not to get treatment, she would likely either live a diminished life or end her life prematurely. The tragedy of most suicides resulting

awareness of its taste. I may prefer it now if I had that vivid awareness. Similarly, the depressed person may want pleasurable experiences if they had a vivid awareness of how it feels.

[24]It is not surprising that a depressed person who finds life empty would see treatment as equally pointless. A treatment that would create in them a desire to live would be, from their perspective, perhaps, as pointless as taking a pill which would make you hungry now even though you are not now hungry and have no desire to be.

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from depression lies in the fact that the person who died could have gone on to live a fulfilling life.

Because Jane lacks a desire for treatment (or anything else), the bullet-biting internalist will accept that she has no reason to get treatment. What makes this result so counterintuitive is that depression like Jane's can strike anyone at any time. Someone we care deeply about could be struck down tomorrow by severe depression. If this person's condition were like Jane's, so that they did not desire to have a treatment which would allow them to go on to live a happy, normal life, I think it would be very hard to say about this person that they have no reason to get treatment. For my part, I want to say that if anyone has a reason to do anything, this person I care deeply about has a reason to get treatment. So while this might be the correct response to the problem of depression for the internalist to take, I believe it is more counterintuitive than some have thought.[25]

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