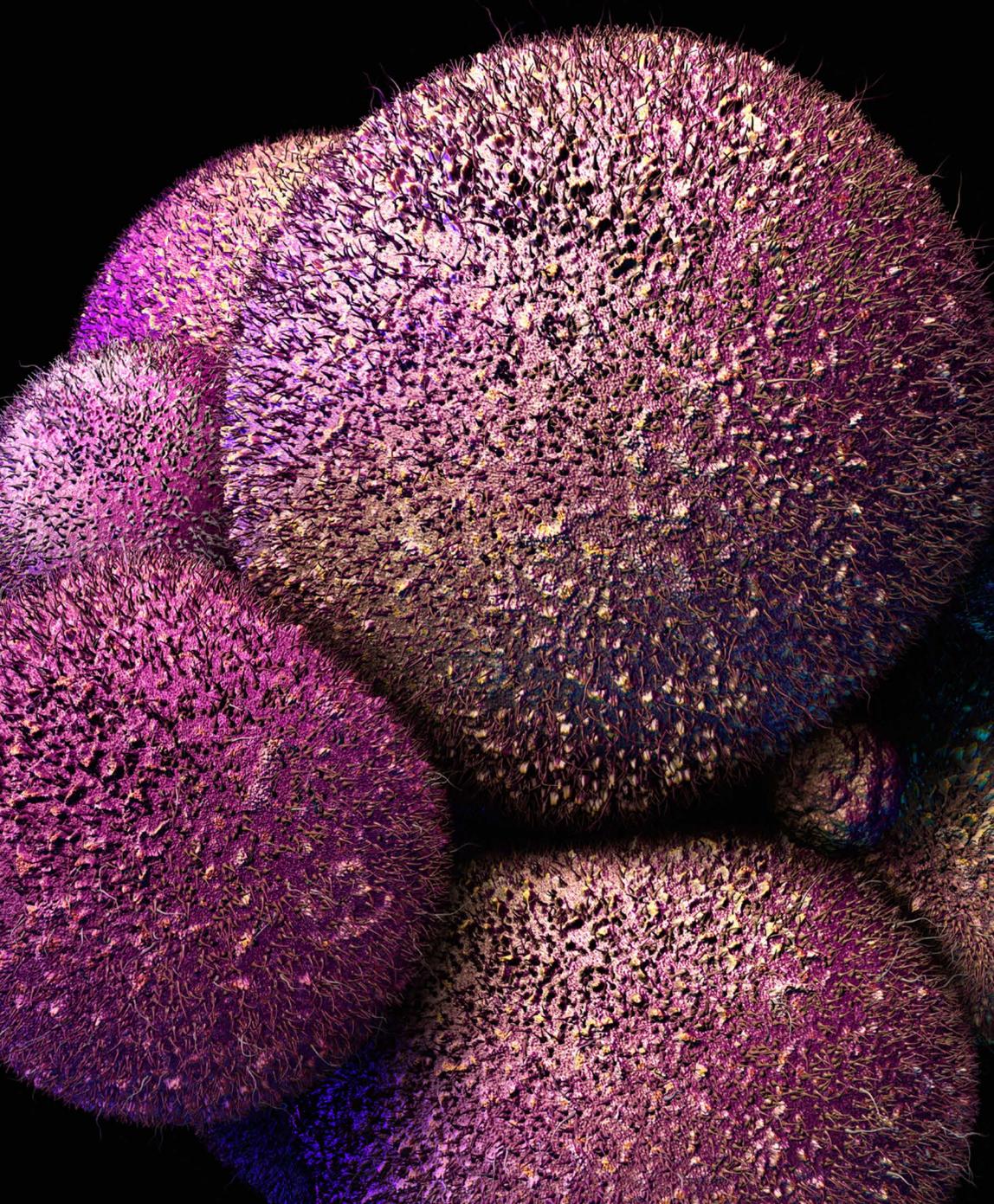


# compos mentis

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Thomas Mann

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Zea Miller

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Center for Cognition and Neuroethics  
University of Michigan-Flint  
Philosophy Department  
544 French Hall  
303 East Kearsley Street  
Flint, MI 48502-1950

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# Introduction

## **Thomas Mann**

University of Michigan-Flint

Thank you for your interest in volume 2, issue 2 of *compos mentis: the Undergraduate Journal of Cognition and Neuroethics*. This issue marks the one-year anniversary of *compos mentis*. The articles included in this issue are based on the proceedings at the Second Annual Michigan Undergraduate Philosophy Conference, sponsored by the Center for Cognition and Neuroethics, the Insight Institute of Neurosurgery and Neuroscience, and the University of Michigan-Flint Philosophy Department.

Volume 2, issue 2 features a wide variety of topics from undergraduate students from around the United States. One of our primary goals has always been to bring philosophical discourse out of the classroom and into a more public forum where ideas can flourish. We have focused our publishing efforts on the burgeoning fields of the philosophy of mind, cognitive science, free will, Neuroethics, philosophy of science, and many other related fields, and have found that there is no shortage of interest among undergraduates.

Each of our participants first submitted an abstract or paper to a blind review board, which included students and faculty members. Once abstracts were accepted, the participants were expected to present their papers at the Michigan Undergraduate Philosophy Conference, held at the Center for Cognition and Neuroethics in order to be considered for this publication. Then participants were given a month to revise and edit their papers while considering feedback from the conference. The participants that stayed with the editing process the whole way through are published here.

Finally, I would like to thank the help and guidance of the faculty members who have made the process very easy, Dr. Jami Anderson, Dr. Simon Cushing, and Dr. Bénédict Veillet. Their unwavering dedication to education and philosophy continues to be unrivaled. I would also like to thank our Production Editor, Zea Miller, who seems to know the answer to any question you throw at him, however technical or trivial. Also, I would like to thank the members of our Philosophy Club who graciously volunteered to chair our sessions and be active in the selection process. And finally, I would like to thank our participants, without whom neither the journal nor the conference would be possible.

## Ethics of Memory Dampening Using Propranolol as a Treatment for Post Traumatic Stress Disorder in the Field of Emergency Medicine

**Rachel Fischell**

Duke University

### **ABSTRACT**

Imagine a world in which one could selectively recall memories - the undesirable memories would not be retrievable, leaving us with only pleasant remains to be remembered. In this world, an emergency medical technician (EMT) forced to witness a violent mutilation following a severe car accident could forget every detail of what they'd observed and avoid the emotional aftermath. In many emergency situations worldwide, emergency medical personnel, such as first responders, EMT-B's, or paramedics are relied on to provide critical pre-hospital care. While this pre-hospital care is often necessary to save citizens' lives, those providing the care are consistently exposed to cognitively corrosive events. The nature of the field of emergency medicine causes the incidence of mental disorders to be incredibly high in this profession compared to other healthcare professions. Post-Traumatic Stress Disorder (PTSD) is particularly common amongst emergency medical personnel. This mental disorder, often characterized by reiterations of the trauma through intrusive and distressing recollections of the event, flashbacks or nightmares, affects approximately 20 percent of those employed in emergency medicine (Slaymaker 1999). In part, this has caused the average career of an emergency medical professional to last only 4-7 years. One potential solution to the high prevalence of PTSD and the elevated personnel turnover rate involves neurocognitive enhancement, one of the fundamental issues raised in neuroethics. Administration of propranolol prior to or immediately following traumatic situations to prevent emotional memory consolidation may ensure that no traumatic experience becomes embedded in the amygdala as a non-conscious emotional memory. Pre-hospital workers could take advantage of this effect and use propranolol, a sympatholytic non-selective beta-blocker, as a preventative measure. Specifically, propranolol administration could help emergency personnel to avoid the chronic hyperactive fear response triggered by certain stimuli that is the basis of PTSD (Glannon 2006). For example, the EMT from earlier would be administered propranolol either before or immediately after treating the victims of the violent car accident to help prevent emotional memory consolidation. Without the emotional component of the memory, the EMT would be far less likely to develop symptoms of PTSD. However, this must be weighed against the potential negative consequences. Because propranolol works to prevent aspects of memory consolidation via reduction of emotion, moral judgments that might arise during such traumatic situations could be affected, thus compromising the quality of patient care. In this paper, I will examine the ethical implications

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of alteration of memory consolidation through emotional dampening and moreover, the inability to make sound moral judgments as a result. Utilizing the current literature from various disciplines on the subject, I demonstrate that the disadvantages and potential risks of propranolol administration significantly outweigh the potential benefits, especially for the 80 percent of emergency medical personnel who will not develop PTSD. Therefore, treatment with propranolol to prevent emotional memory consolidation in emergency medical personnel is unethical and should be prohibited.

### **KEYWORDS**

Pharmacological Enhancement, Post-Traumatic Stress Disorder, Emotional Memory Consolidation, Propranolol, Moral Decision-Making, Personal Identity, Value of a Life

## **INTRODUCTION**

A world where one could selectively remember events—the memories we no longer wanted would be erased and we would be left with only pleasant remains. In this world, a witness to a violent assault would be able to forget every detail of what they'd observed and avoid the emotional aftermath of the horrible scene they'd been forced to witness.

Recent research supports the idea that memory dampening using a drug called propranolol immediately following traumatic events has the potential to manipulate memory and change our world to resemble the one described above. This method of memory dampening with propranolol is now being explored as a method of treatment for victims of post-traumatic stress disorder (PTSD). Reduction of the incidence of PTSD could be especially useful in the field of emergency medicine in which approximately 20 percent more people in the field than in the general population will develop PTSD. However, many things remain to be seen with regard to the drug's long-term effects and the mechanisms by which it works. Moreover, a myriad of ethical implications inevitably arise when discussing memory manipulation, regardless of the intentions of the manipulation.

## **AN OVERVIEW OF EMERGENCY MEDICINE**

The field of emergency medicine is crucial to the successful functioning of our current society in the United States. Every year, thousands of lives are saved by the Emergency Medical Services (EMS). The primary occupations within EMS include certified first responders (CFR), Basic Emergency Medical Technicians (EMT-B), Advanced Emergency Medical Technicians—Intermediate (AEMT-Intermediate)

and EMT-paramedics, each of whom retain a unique role in emergency situations (NY Health 2013).

The primary role of the CFR is essentially what is indicated by their title—he or she “answers emergency calls to provide efficient and immediate care to ill and injured patients... and safely responds to the address or location given, using the most expeditious... route, depending on traffic and weather conditions” (NY Health 2013, 2–1). Once on the scene, a CFR may be required to assist the EMT-B or paramedic with various tasks including caring for the patient(s) in a variety of ways. After each call, the CFR is responsible for returning the emergency vehicle to its initial state, as to be prepared for the next call.

The EMT-B is primarily responsible for immediate care of the patient. This care may include (but is not limited to) “opening and maintaining an airway, ventilating patients, administering cardiopulmonary resuscitation, (including use of automated external defibrillators), [and] providing pre-hospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, [or] immobilization of painful, swollen, or deformed extremities, immobilization of painful, swollen, or deformed neck or spine” (NY Health 2013, 2–3). Additionally, an EMT-B is expected to “[provide] emergency medical care to assist in emergency childbirth, or manage general medical complaints of altered mental status, respiratory, cardiac, diabetic, allergic reaction, seizures, poisoning behavioral emergencies, environmental emergencies, and psychological crises” (NY Health 2013, 2–3). Once en route to the hospital, the EMT serves as the link between the EMS staff and the staff at the hospital. Other duties might include assisting in restocking supplies in the emergency vehicle or ensuring maintenance of the vehicle.

The role of the AEMT-Intermediate is essentially that of the EMT-B, but the AEMT must also “be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest” (Wronski 2013, 1). Similarly, the EMT-paramedic must be able to perform all basic skills of the EMT-B and the AEMT-Intermediate, as well as “be able to perform under Advanced Cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards [and be] knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids” (Wronski 2013, 1).

Each of these professions is unique, but collectively, those employed in medicine are commonly referred to as 'EMTs', as they will be in the remainder of this paper. While these occupations are essential to the survival of thousands of citizens every year and provide incredible gratification to those in the field, these jobs don't come without hindrances. Based on the descriptions of various professions in emergency medicine, it becomes clear that working in this field is incredibly taxing and stressful, not only as a result of the multitude of tasks that must be performed in high stress situations, but also because of the exceptionally gruesome situations to which one might be forced witness.

One of the major negative outcomes of working in EMS is the high level of stress that one must confront on a daily basis. Simply based on the job descriptions, it is easily understandable that a person working in emergency medicine would have to cope with great amounts of stress. Obviously, such high stress levels on a consistent basis can lead to a variety of physical problems in the long run. These problems include but are not limited to increased risk of heart disease, strokes, gastrointestinal problems, cancer, memory, concentration and learning deficits, poor eating habits, or even substance abuse (Simon 2009).

In addition to the variety of physical ailments one might experience as a result of such high levels of stress, psychological problems are also likely to arise. According to studies done at the University of Maryland, "the inability to adapt to stress is associated with the onset of depression or anxiety" (Simon 2009, 1). One specific type of anxiety disorder that is particularly common amongst emergency medical personnel is post-traumatic stress disorder (PTSD), with a rate of development of greater than 20 percent (Slaymaker 1999), whereas only about one percent of the general population will develop this disorder (Helzer et al. 1987).

As a result of the psychological (and physical) effects of such exorbitant amounts of stress - PTSD, specifically—the career-span of many emergency medical personnel tends to be quite short, approximately 4-7 years on average. Although there are other reasons for a shortened career in emergency medicine (such as pursuing higher educational opportunities or simple dislike for the work), the high levels of stress leading to higher risk for PTSD is a huge contributing factor. In a study conducted by Deborah Sirratt, approximately 115 emergency personnel responded to a survey investigating occupational stressors and the correlation with burnout rates in the field. "Results of the correlation indicated that there was

a significantly positive correlation between occupational stressors and the burnout subscales of Emotional Exhaustion and Cynicism... In the next analysis, results indicated that Emotional Exhaustion, Cynicism, and Professional Efficacy serve as predictors of severity of psychological distress. Results of the multiple regression indicated that Emotional Exhaustion and the overall occupational stressors score were predictors of the severity of PTSD symptoms," (Sirratt 2001, 1).

### **AN OVERVIEW OF PTSD**

PTSD itself is a specific type of anxiety disorder whose name is rather self-explanatory. "PTSD is a serious, potentially debilitating condition that can occur in people who have experienced or witnessed a natural disaster, serious accident, terrorist incident, sudden death of a loved one, war, rape or other violent personal assault, and other life-threatening events" (ADAA 2010, 2), all of which would be characterized as 'traumatic events' in one's life.

It is not necessarily always triggered by a traumatic event (ADAA 2010, 2), but in emergency medicine, it seems that the high stress levels in combination with exposure to traumatic scenes trigger PTSD more frequently than anything else. Other factors that could be causal in the development of PTSD include "the type of traumatic event experienced, childhood adversity, biological markers, genes, and environmental and other influences" (ADAA 2010, 3).

The symptoms of this potentially debilitating disorder most commonly include "re-experiencing the trauma through intrusive distressing recollections of the event, flashbacks and nightmares, emotional numbness and avoidance of places, people, and activities that are reminders of the trauma, and/or increased arousal such as difficulty sleeping and concentrating, feeling jumpy, being easily irritated and angered," (ADAA 2010, 2). A diagnosis of PTSD is typically made when these symptoms are experienced for at least one month following a traumatic event, but the onset of these symptoms may not occur until months or even years after the event, (ADAA 2010).

Clearly, an effective treatment for PTSD in emergency medicine is necessary in order to retain some of our most respectable men and women in public service for more than 4 years. Such a treatment would most likely decrease the level of stress and incidence mental disorders and therefore allow a higher retention rate in the field. Some treatment options for PTSD already exist; among the most popular

are cognitive behavioral therapy (CBT) and medication, or some combination of the two.

Cognitive behavioral therapy involves talking through a mental illness such as PTSD with a mental health care professional using three different aspects—exposure therapy, cognitive restructuring, and stress inoculation training. Theoretically, exposure therapy allows the patient to face their fear and confront it, cognitive restructuring is geared toward allowing the patient to understand the traumatic event realistically, and stress inoculation training treats the symptoms in order to reduce feelings of anxiety (NIH 2013).

The two most common medications used for treatment of PTSD are sertraline (Zoloft) and paroxetine (Paxil), which are both selective serotonin reuptake inhibitors (SSRIs). Occasionally, other classes of drugs such as benzodiazepines or antipsychotics are used as well, but little is known about how these work to treat PTSD. (NIH 2013).

SSRI's are one of the most common types of antidepressants; they selectively block the reuptake of serotonin and seem to leave other neurotransmitters unaffected. When the levels of reabsorbed serotonin in the presynaptic neuron are reduced by SSRIs, mood tends to be positively affected (Dubuc 2002). While SSRIs (and in some cases, other drugs) can help to treat PTSD in some cases, their efficacy is far from exceptional.

Because PTSD is so difficult to treat, a variety of other treatments are currently being explored. Treatments under investigation include d-cycloserine, MDMA (commonly known as "ecstasy"), transcranial magnetic stimulation (TMS), and memory dampening drugs (Kolber 2006, 11), which are the focus of this paper. Recent experiments (the first of which took place in 2002 with Roger Pitman as the primary investigator) have suggested that administration of propranolol (a  $\beta$ -adrenergic blocker originally intended to treat hypertension) within a short period of time (i.e., less than six hours) after enduring a traumatic event can reduce emotional intensity as well as dampen factual components of the memory (Kolber 2006, 1-2). The majority of these studies have been executed using patients admitted to the emergency department (ED) following some sort of traumatic event after which the patient did not sustain physical harm.

It has long been understood (at least on a basic level) that heightened physiological responses can work to enhance memory consolidation. "The ability to remember an event is made possible by changes in neurons and in networks

of neurons—neural plasticity,” (Paller 2009, 1), and Larry Cahill has proven in a recent study that when physiological responses are heightened due to emotional arousal, one’s ability to remember specific details of a specific event is enhanced.

The six-hour period following a traumatic event is believed to be the time during which the memory of the event is being consolidated. Since the primary purpose of propranolol is to “block or diminish the cardiovascular excitatory response to the stress hormones adrenaline and noradrenaline,” (Glannon 2006, 2) during this period, it stands to reason that the emotional intensity and factual richness of the memory would be dampened by administration of the drug. Theoretically, a drug like propranolol could even be administered before a traumatic event if one is previously aware that the event is going to occur, as would be the case for EMTs.

### **POTENTIAL BENEFITS OF TREATMENT WITH PROPRANOLOL**

Since “a substantial number of EMTs (over twenty percent) demonstrated clinically significant symptoms of work-related PTSD,” (Slaymaker 1999, 1), many emergency medical personnel could benefit monumentally if this technique of memory dampening were utilized as treatment. The most obvious advantage to permitting treatment of PTSD using propranolol in emergency medicine would be to reduce emotion during emergency situations.

Suppose that the emergency department receives a call from a bystander stating that they have just witnessed a tragic ten-car pile-up that occurred at high speeds on a major highway nearby. Now suppose that the EMTs, immediately prior to (or immediately following) the treatment of at least five mangled bodies, are administered propranolol in order to reduce their emotional response to the situation. “The aim would be to ensure that no traumatic experience would become embedded in the amygdala as non-conscious emotional memory. This memory could result in a chronic hyperactive fear response when triggered by certain stimuli long after [the event]. Administering the drug could modulate the fear” (Glannon 2006, 2). Theoretically, the EMTs could respond appropriately and do their job more efficiently without emotions interfering, and they would avoid forming pathological emotional memories of the tragedy.

Despite the fact that such treatment sounds good in theory, the reality of how propranolol would actually work within the human brain and body is unexplored and potentially dangerous. First of all, if the drug blunted the EMTs emotional response too much, he or she would have a decreased fight-or-flight response,

potentially resulting in his or her own serious injury or death if in a life-threatening situation. In this situation, "what was intended as a prophylactic intervention to prevent harm could unwittingly result in harm," (Glannon 2006, 2). Secondly, "although the amygdala regulates non-conscious emotional memory and the hippocampus regulates conscious episodic memory, it is unclear whether a drug aimed at altering the first type of memory would have any effect on the second... The action of the drug would have to be very specific, and it would be difficult to predict that the drug would not have any adverse effects on other memory systems. There is no guarantee that targeting negative emotional memories in the amygdala would not result in collateral damage to episodic memories in the hippocampus," (Glannon 2006, 2). Finally, if an EMT were to use propranolol on a daily basis to prevent development of PTSD, they could be taking this drug every day for years. Currently, the long-term effects of consistent treatment with propranolol have yet to be explored and could be potentially harmful in ways of which we are not yet aware.

On the other hand, this potential reduction in emotion could have numerous advantageous results for the mental health, well-being, and career-span of many people in the field of emergency medicine. It seems that if propranolol can reduce the physiological response to stress hormones, then the high levels of stress that are typically associated with an occupation in emergency medicine could be reduced. Reduction in stress could lead to decreased symptoms of chronic stress as well as decreased frequency and intensity of the distressing recollections, flashbacks and nightmares of the event. If EMTs have a lower chance of experiencing distressing flashbacks, they would therefore have a smaller probability of developing PTSD.

By way of contrast, it has not been proven that reducing physiological response (e.g. cardiovascular response) to stress hormones will decrease perception of stress. Even if the physiological stress response is decreased by the propranolol, what is important is whether or not the EMT perceives the same level of stress as he/she would without propranolol treatment. If the EMT still perceives the high level of stress, symptoms of chronic stress would seemingly remain unchanged. Furthermore, if chronic stress is not decreased, flashbacks could still occur exactly as they would without treatment with propranolol.

Another potential benefit of treatment with propranolol could be improved well-being and quality of life for EMTs. "Over 18% of the sample [of EMTs] admitted to the deliberate use of alcohol as a strategy for coping with the job," (Slaymaker

1999, 1) and a reduced incidence of PTSD could decrease the probability that EMTs feel the need to turn to alcohol or other drugs. However, the EMTs will still be exposed to the same gruesome events that caused so many of them to turn to drugs and alcohol in the first place. Therefore, there is an inherent risk that an EMT being treated with propranolol will simply be compounding alcohol abuse with consistent use of another drug.

Finally, as a result of the high levels of stress, the burnout rate in emergency medicine is exceptionally high, with an average career span of approximately 4–7 years. While the use of propranolol as a treatment could significantly lengthen the career-span of EMTs by decreasing incidence of PTSD and chronic stress, the burnout rate may remain unchanged for two reasons. Primarily, as discussed previously, symptoms of chronic stress and development of PTSD may be unaffected by treatment with propranolol. Secondly, careers in emergency medicine are shorter than other careers for reasons other than mental condition. It takes a unique and emotionally strong person to be able to function (and even enjoy) performing in high-stress situations and some people simply do not enjoy the profession. Outside of being unfit for the profession, others leave the career to pursue higher levels of education—medical or nursing school, for example.

### **ETHICAL ARGUMENTS AGAINST TREATMENT WITH PROPRANOLOL**

Outside of the physical arguments against treatment with propranolol, there is an inordinate amount of ethical issues to take into consideration when considering memory dampening. The President's Council on Bioethics has reported several issues related to the ethics of simple memory dampening, specifically involving three issues. Firstly, "the Council claims that memory dampening, by offering us a solution in a bottle, allows us to avoid the difficult but important process of coming to terms with emotional pain," (Kolber 2006, 38). It seems as though the council believes that by providing an easy way to deal with the situation, those using propranolol will be less emotionally healthy in the long run. Secondly, "memory and identity are closely linked. We feel a special connection to our past selves largely because we remember having our past experiences... While memory is not the sole constituent of personal identity, it creates much of the psychological continuity that makes us aware of our continuing existence over time," (Kolber 2006, 41). If we lack memories of our personal experiences, what truly defines us as unique individuals? Finally, "according to the Council, 'we

might often be tempted to sacrifice the accuracy of our memories for the sake of easing our pain or expanding our control over our own psychic lives. But doing so means, ultimately, severing ourselves from reality and leaving our own identity behind.' This, according to the Council, 'risks making us false, small, or capable of great illusions.' It also risks making us 'capable of great decadence or great evil,'" (Kolber 2006, 45).

Relating specifically to treatment of EMTs with propranolol, the effect the drug may have on his or her ability to make sound moral judgments is of grave concern. "Both reason and emotion need to be integrated into the process of ethical decision making to ensure balanced outcomes," (Connelly 1990, 1), and from that it follows that decisions made without emotion would more often tend to be ethically wrong. As an EMT, one is faced with many ethical decisions every day, such as whether to save one patient over another or how to distribute limited resources if there is a large amount of injured people. If an EMT's ethical decision-making is impacted, this could cost one or more patients their lives.

Another concern when dampening emotions to such an extreme extent is the threat of diminution of factual memory capabilities. As discussed previously, heightened emotional states should allow for better memory consolidation; memories created in a heightened state will be remembered in more vivid detail and for a longer period of time than those created on an average day. In a 1994 study, this theory was supported by Cahill's conclusion that "propranolol significantly impaired memory of the emotionally arousing story but did not affect memory of the emotionally neutral story" (Cahill et al. 1994, 1).

The ethical implications of a decreased ability to remember emotional events as a result of propranolol treatment are rather profound. First of all, if an EMT is unable to remember the events as clearly, they might fail to remember a technique that had been successful at reviving a patient in the past. What is more is that the EMT may be unable to accurately report the events that occurred in the field to the doctors in the emergency room. As a result of diminished memory capabilities, the probability that one of the EMT's patients will not receive optimal care is increased significantly. In other words, an EMT under the influence of propranolol is not in an ideal state to provide optimal care to each patient, and his or her chances of saving a life could be severely diminished by the administration of propranolol.

Finally, the question of whether or not it is ethical to treat EMTs who are not actually at risk for developing PTSD arises. Because only about 20 percent

of people in emergency medicine will develop PTSD, that still leaves eighty percent, a rather large majority, un-afflicted by the disorder. It does not hold that potentially solving this problem for 20 percent of people is worth putting the other 80 percent at risk with no chance of benefit. Plus, for that 80 percent of people, there exists the possibility of 'over-correction' because treating those people with propranolol would be treating PTSD that doesn't exist; therefore, it is certainly plausible that this could result in severe emotional numbing of this fraction of the EMT population.

Some have suggested that an effective approach to using propranolol as a treatment for PTSD would be to identify those at a higher risk for developing PTSD and to only treat those people. However, PTSD has only been recognized as a disorder for a few decades, and currently not enough is known about how the genetics of the disease interact with the environment to be able to accurately predict who would or would not develop PTSD. So perhaps in the future, this could be explored as a solution, but first the disease itself needs to be further understood.

## **CONCLUSIONS**

As a result of the magnitude of the problem of such high levels of PTSD in emergency medicine, the development of an effective treatment for PTSD in emergency medicine is absolutely necessary. For the time being, treatment with SSRIs and CBT is a moderately effective approach, but the risks and shortcomings of administration of propranolol are simply too extreme to consider it an ethically reasonable approach to treating PTSD.

While the benefits of PTSD could include reduction of emotional arousal, reduction of symptoms of chronic stress and PTSD, reduction of alcohol and drug abuse, and improvement of the characteristically short career-span in emergency medicine, these benefits are only potential. It has not been proven that incidences of chronic stress, PTSD, or alcohol and drug abuse would decrease with treatment of propranolol, and there are fundamental risks involved. First of all, every EMT who was treated with propranolol would have a reduced fight-or-flight response, which could be critical in an emergency situation, and the long-term effects as well as the side effects of treatment with propranolol are currently unknown. Secondly, there could be collateral damage to episodic memories in the hippocampus. Additionally, there is no guarantee that a person being treated with propranolol

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would not abuse drugs or alcohol, so the abuse could just be compounded and made more dangerous by the treatment. Finally, because the decrease in incidence of chronic stress and PTSD is not guaranteed by treatment with propranolol, the elongation of the average career-span is not guaranteed either.

In addition to these risks, there are also ethical concerns with regard to memory dampening. Specifically, the President's Council on Bioethics is concerned that using a propranolol to treat PTSD might result in overall decreased emotional health in the long run, a loss of connection with one's personal identity, or even a lack of connection to reality, potentially resulting in 'evil.' Additionally, the threat of diminution of factual memory capabilities is compounded by a potential lack of ability to make sound moral judgments and the risk of emotional numbing of the 80 percent of EMTs who would not have developed PTSD. Together, these ethical issues are of serious concern when considering treatment of PTSD with propranolol in EMTs.

As a result of the inherent risks, the great amount of unknown information about the effects and mechanisms of propranolol treatment, and the slew of ethical issues that arise when considering memory dampening, treatment of PTSD with propranolol is unethical and should not be practiced. Regardless, EMTs are still desperately in need of a solution to decrease the suffering caused by PTSD. Along with other aforementioned solutions that are currently being investigated, (i.e., d-cycloserine, MDMA, and TMS), there are two other solutions that seem to be worth exploration—firstly, utilization CBT prior to traumatic event exposure as a form of priming, and secondly, treatment with propranolol after a person has begun to develop symptoms of PTSD.

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# Rethinking the Goal of Imprisonment

**Tracy Graves**

Ball State University

## **ABSTRACT**

Upon completing a prison sentence and returning to society, an incarcerated individual is oftentimes not equipped to return to society. There are extenuating circumstances that lead a person to commit crime, such as poverty, mental illness, class and race disparities. However, an individual cannot act outside the circumstances within hir life. In order for an individual to change hir actions, the individual must receive what I call positive causation in order to replace the negative causation that led hir to commit a crime. However, the current system of imprisonment does not effectively address those extenuating circumstances. This is not effective for it does not teach people the reasons behind why they should not commit crime. On the other hand, rehabilitation teaches people to reform their actions and better prepares them for proper functioning in society. It is better for society overall if the ill-functioning members of society (which are ill-functioning largely because of the structure of society) are taught the proper lessons to return to society.

## **KEYWORDS**

Philosophy of action, positive and negative causation, rehabilitation, incarceration, punishment

## INTRODUCTION

Contemporary American imprisonment serves two purposes. One is to remove the convicted individual from society for the sake of other members of society. The second is to punish individuals through imprisonment in order for them to pay for their transgressions.<sup>1</sup> I find a major flaw in the second purpose. The current prison system mainly focuses on placing the individual in prison for a set amount of time, which implies that once the time served is completed, the convicted individual will have supposedly paid hir<sup>2</sup> debt to society, and is subsequently released from prison. The prison system, thus, operates by an implied goal of change, because upon release, a convicted individual is not supposed to commit crime again. Although, upon completing a prison sentence and returning to society, in many cases the convicted individual is not equipped to return to the community, for imprisonment by itself does not correct an individual.

In consideration of the unfortunate situation of the inefficacy of the prison system, society would benefit from redirecting the focus from punishment to focusing more heavily on rehabilitating the convicted individual during and after imprisonment. I argue from the perspective of our current American prison system, and therefore do not focus on changing current laws, but rather how the laws are implemented. However, there are definitely problematic laws, such as it is illegal to sell milk in a liquor store or it is against the law to pass a horse on the street, both in the state of Indiana. Instead, I argue for increasing the efficacy of the goal of imprisonment for the sake of the convicted individual, and hir friends and family, and society. We should make individuals face the consequences of their actions but discontinue punishing individuals, and as an alternative, insert what I deem positive causation to replace negative causation. I hope to argue convincingly for a shift in the goal of imprisonment by putting convicted individuals' situations and backgrounds into perspective, by questioning why we punish as well as flaws in implementation of punishment, by explicating how free will fits in this picture, and examining some examples of positive causation.

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1. I do not examine any contention with current laws or reasons for incarceration, such as possession of drugs. For the purpose of this paper, I leave alone the debate about what ought and ought not to be punishable by law, as well as what deems an incarcerated individual a threat to society.

2. I utilize gender-neutral pronouns ze (subject) and hir (object).

## **LOOKING AT THE SITUATION**

Class, economic, and racial inequalities are some of those factors which shape an individual. These inequalities are the very kind of negative causation that I find drives an individual to criminal propensities. Bruce Western and Becky Pettit conducted a survey in particular on social inequality and imprisonment (Western and Petit 2010, 8–19). First, it is no surprise that many of the individuals who commit crimes disproportionately suffer from economic and social disparity. Not to mention, the imprisonment of particular individuals has an effect on their families and contributes to perpetuating disparities (14). Men are imprisoned at far higher rates than women, leaving families without fathers, partners, and brothers (9). In particular, the sons of imprisoned fathers are more likely to end up in jail as well (15). Furthermore, Latino men and black men are arrested at rates far more than white men, which has an effect on racial inequality (10). Those who have been imprisoned also are significantly more likely to have been high school dropouts (10). Those who are imprisoned are more likely to come from poverty, and upon release, face higher unemployment, which is more pronounced for black men (13–14). Bruce Western and Becky Pettit conclude, “[o]ur perspective, focused on the social and economic inequalities of American life, suggests that social policy improving opportunity and employment, for young men in particular, holds special promise as an instrument for public safety” (18). Moving away from statistics, I would like to examine the problem through philosophical theories.

## **THE PROBLEM**

Jeremy Bentham argues from his utilitarian perspective maintaining there are several reasons why we should not punish at all, based on the expected utility from punishing an individual (Bentham 1995, 541–546). While I do not espouse utilitarianism as the basis for my proposal, I do find that Bentham has some quite useful critiques. I will focus on just one of his, which is that punishment may be ineffective from deterring future undesirable actions, and hence the guilty individual should not be punished. Bentham states, “where, though the penal clause might exercise a full and prevailing influence, were it to act alone, yet by the *predominant* influence of some opposite cause upon the will, it must necessarily be ineffectual; because the evil which he sets himself about to undergo, in the case of his *not* engaging in the act, is so great, that the evil denounced by the penal clause, in the case of his engaging in it, cannot appear greater [sic] (543–

544). Bentham is saying, in cases where there is a stronger motivation to commit the crime rather than not, punishing the individual does no good because it does not deter the individual from committing a crime. Hence, if a punishment were insufficient to overcome the temptation to reoffend, then it would be prudent to direct our focus to interventions that target the underlying motivations of criminal behavior instead of imposing disincentives that merely hinder criminal propensities. Bentham is speaking of punishment in a different sense than I am, for while I think it is still necessary to incarcerate persons, the incarceration need not be “punishment.”

Unfortunately, it is common in our contemporary prison system to incarcerate without reference to underlying criminal propensities in many individuals’ lives, such as poverty, mental illness, class and race inequalities, among other issues, which led individuals to commit crimes. This is not to say that if we identify the influences that contributed to someone committing a crime, that we will become sympathetic to the extent that we excuse individuals from facing consequences. Instead, the individual would be convicted of the crime, and receive rehabilitation appropriate to the individual’s situation. This would involve psychological and psychiatric treatment, as well as participation in support groups and 12-step programs, both during and after incarceration. In this way, imprisonment would remove the threatening individual from society and address the criminal propensities underpinning their illicit behaviors. On the other side, today’s prison sentences entail treating the surface issue and hastily labeling individuals as criminals, which does not get to the causes of the unlawful act, and is thus ineffective, as countless studies of high recidivism rates demonstrate.

### **OBJECTION**

Now, it might be that fear of punishment has an important role for society, namely, it deters individuals from committing crimes, and insofar as it accomplishes this goal, it can be said to have some efficacy. Nonetheless this concern comes from the perspective of general and specific deterrence, the two theories of deterrence in philosophy, both of which are ineffective through the prison system (Hinman 2013, 138–139). General deterrence is punishment that intends to prevent members in society from committing crimes due to negative consequences, such as prison. However, general deterrence is also enforced by “family, religious institutions, schools, teams, [and] civic organizations,” which encourage group

members to be law-abiding citizens, and often these groups are the primary form of deterrence in an individual's life, rather than the prison system (138). Specific deterrence is punishment that intends to prevent a convicted individual from committing crime again. Specific deterrence has more potential for decreasing crime, for it focuses on the individual, and coupled with positive causation, can reduce the propensity for criminal activity. This is a way in which the prison system can address the issue directly. On the other hand, fear of punishment is better realized by groups outside the prison system.

### **THE "CRIMINAL"**

Now, I want to take a look at the "criminal" who commits a crime. Not surprisingly, almost all of us break the law occasionally, whether it is an illegal U-turn, neglecting to wear seatbelts, or remaining quiet when a store clerk makes a monetary error in our favor. A couple more serious laws that are commonly broken are consuming alcohol and using nicotine before the legal age. These acts are illegal, and truly portray many of us as criminals. However, it does not seem quite right to compare minor departures from the law with more severe crimes. Most of us draw a line between minor crimes and severe crimes.

Karl Menninger provides some insight in the matter of why some individuals are lead to commit more severe crimes (Menninger 1991, 478–485) He says, "Why aren't we all criminals? We all have the impulses; we all have the provocations. But becoming civilized, which is repeated ontologically in the process of social education, teaches us what we may do with impunity" (480). That is, we all have impulses to break rules when the rules contrast with our desires. While some individuals give into impulses and speed or consume alcohol before the legal age limit, a few individuals commit more heinous crimes, which many of us find unacceptable. I find that we all experience different series of causation in our lives, some more negative than others, which can help clarify why some commit more heinous crimes.

Menninger states, "rape and other sexual offenses are acts of violence so repulsive to our sense of decency and order that it is easy to think of rapists in general as raging, oversexed, ruthless brutes...some rapists are. But most sex crimes are committed by undersexed rather than oversexed individuals, often undersized rather than oversized, and impelled less by lust than by a need for reassurance regarding an impaired masculinity" (481). It might not sit well with

some individuals to see the perpetrators of crimes as suffering individuals, at times even victims; but I believe this is exactly the case. In fact, many sex offenders were sexually abused at one point in their life. This is not to say that all individuals commit crime and harm others merely as a result of previous harm done to them. However, there is a prevailing tendency among criminals that suggests this effect, and this should be addressed in the prison system. Effectively deterring and rehabilitating convicted individuals based on previous causation in their lives should be the goal with the prison system.

### **DETERMINED TO CRIMINAL LIVES?**

Now, as I have been claiming, the circumstances of our lives affect our propensities later in life, and I have been speaking in terms of inserting positive causation to undue negative causation, but to examine this more closely I must engage in issues concerning free or unfree choices to criminal lives. In philosophy of action, the debate is between free will and hard determinism, with compatibilism as a middle ground. I will focus on hard and soft determinism for this paper. Hard determinism says all actions are due to previous causes and an individual could not have acted otherwise in that situation, while soft determinism (compatibilism) says actions are due to previous causes though that does not exclude free will.

W. T. Stace, a compatibilist, states that "*common usage is the criterion for deciding whether a definition is correct or not*" [sic] (Chaffee 2013, 186). He argues that our lived experiences reflect that we think of our choices as being free, and hence hard determinism cannot truly be accepted since we think and talk as if we make free choices (185–186). I quite agree with this point, especially since free will is a term invented by humans to describe particular human phenomena, I see the term free will as relative. Free will points out that there are some actions that are carried out with more control of the agent, which would be called free, and others carried out with more control of the agent, which would not be deemed free choices and actions.

Stace uses an example of Gandhi fasting and a man in the desert fasting (186). There is some sense in which Gandhi has more control to fast compared to the man in the desert. For Stace, free choices "are those that are not compelled by forces or circumstances external to the individual" (189). Another example is one in which a jury deliberates about the guilt of a prisoner (187). The prisoner confesses due to beatings received from the police. The prisoner claims he did

not sign of his own free will, and one jury member objects that there is no free will and it does not matter that prisoner was determined to sign the confession, for everyone is determined. These examples demonstrate that there is something amiss about discussing free will and determinism in this traditional sense. Hard determinism has to face the claim that since all actions are determined, it makes no difference that the prisoner was forced to sign the confession. Gandhi's fasting is just as determined as a man fasting in the desert, so one can make no judgment about Gandhi's fast.

Feminist literature dealing with enforcement of patriarchal standards adds to the picture of a relative use of the term free will. There are many relevant and powerful feminist insights, which I will summarize as the following (216).<sup>3</sup> Critiques of patriarchy claim that while an individual may make a decision without direct external forces, that individual may still choose and not act freely due to internalized roles of oppression. For example, an oppressed woman may internalize male standards of beauty and dress accordingly, though it is not true to say that this is always an autonomous decision. Through a lack of autonomy from internalized oppression, the individual is still not acting freely. Likewise, an individual who experiences poverty, abuse, family troubles, lack of opportunity, no support and encouragement, and so forth, does not actualize autonomy to the same extent that other individuals do. And these types of individuals often end up in less advantageous situations, like being unemployed or not furthering their education, all of which are heavily correlated with committing crime. Thus, while someone may commit an action without direct manipulation, there are factors that shape an individual that severely limit the ability to make a free choice.

Overall, I find that a relative use of the term free will, which takes into account both external and internal constraint, provides a more accurate description of what we mean when we talk about free choices. It remains highly debatable whether the logistics of every choice and action is uncontrollably determined by previous choices and actions, and the solution does not seem obvious. But there is still a sense in which some individuals actualize more autonomous decisions compared to others. Many individuals who commit crimes from internalized systems of oppression will greatly benefit from rehabilitation. Thus, many convicted individuals are not acting freely compared to other individuals. The

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3. See Marilyn Frye and *The Politics of Reality* for more information.

solution for many of these convicted individuals is to give them autonomy and enable free choices and actions.

### **WHY DO WE PUNISH?**

At this point, someone might respond with a Kantian concept of right and wrong, claiming that wrong actions should be punished by virtue of the action being wrong, regardless of how autonomous an agent is. An unjust act is punished merely because of the guilt of the individual, which does not allow punishing for the sake of the convicted individual or the sake of society (Rauscher 2012). While an intuitive definition of justice seems to be that justice is served merely by punishing wrong actions, and rehabilitation may function as a byproduct, I argue for the exact opposite. A convicted individual should face consequences for the sake of the individual, other individuals affected by the crime, and society, with punishment as a byproduct. This is because the laws in a society do not exist for the excuse to punish those who break the laws; rather, the laws are intended to foster a well-functioning society. Solely punishing actions because they are wrong does not foster a well-functioning society, which is demonstrated by continuing criminal propensities in convicted individuals and high recidivism. My shift in the goal of imprisonment involves making individuals face consequences for their actions, not punishing those essentialized to criminal status, along with correcting propensities through rehabilitation, which is more on target with the intention of having a well-functioning society.

Furthermore, the principles of justice that support punishing wrong actions are unfeasible. Equivalent proportionality is one such principle we currently hold in the American justice system (Hinman 2013, 136). Equivalent proportionality says that the individual who breaks the law receives punishment in a manner equal to harm done, such as the idiom "an eye for an eye," which Kant supports. While equivalent proportionality has some merit, ultimately it does not work as a guiding principle. If a thief takes one million dollars, then the principle of equivalent proportionality would mean that the individual should return the million dollars, but should ze pay interest as well? How much interest? If an individual kidnaps someone, is the penalty to kidnap the kidnapper? Alternatively, consider a case of murder. Some people argue proportional punishment is death. However, should it be death in the way that the victim was murdered? What if ze had multiple

victims? The principle of equivalent proportionality, though it may serve some purpose, is inherently flawed, for we rarely actualize it.

Another prominent principle is the principle of retribution (136). An individual makes restitution to society by serving a particular amount of time in prison, so called "paying one's debt to society." Again, while this principle does have a degree of truth, it is quite arbitrary, for we cannot measure what counts as retribution. First, we cannot reasonably connect a particular act such as stealing with a particular sentence of X amount of years. It would be true to say individual who steals a candy bar should receive a shorter sentence than stealing a car. However, with the principle of retribution we also need to factor in the age of the individual, the ease with which the money or goods were taken, the level of premeditation, the number of individuals harmed, how severely each individual was harmed, and the overall damage of the crime. Thus, when we get into discussions of evaluating restitution for breaking the law, we use arbitrary methods of measuring what is the fair amount of incarceration.

Therefore, the principles of equivalent proportionality and retribution are flawed. They are abstracted from the reality of the situation and do not foster an efficacious justice system. Punishment can never undo a past action, and while victims' friends and family may call for justice to be served by those principles, in most, if not all cases, that type of punishment does not offer the healing that is needed, because punishment is not a source of recompense. So while these voices should be heard, they are not the only judges in the matter. We need to take into consideration the factors that led an individual to commit a crime, for the sake of reducing crime rates and bettering the individual during and after imprisonment. The reason to do this is not only for convicted individuals, but also for the sake of preventing the propagation of more crimes and convicted individuals.

### **REAL EXAMPLES OF INSERTING POSITIVE CAUSATION**

Now I would like to provide a few examples of inserting positive causation which attempts to deal with issues of inequalities, which are an improvement over current mainstream principles of justice. In Brownsville, Brooklyn and in East Harlem, there is a rehabilitation program ran by the NYPD called (JRIP) Juvenile Robbery Intervention Program ("NYPD Offer Last Chance Justice by Monitoring Teens" 2013). The JRIP involves preventative action in which the officers follow-up on juveniles arrested for stealing to make sure they stay out of trouble. Joanne

Jafee, the housing bureau chief for the NYPD, started this program in 2007 to respond to large amounts of robberies in public housing units, mostly robberies committed by teenagers. The program is meant to inform the previously arrested minors that if they steal again, the consequence is more jail time. And, those involved with the program also seek to give resources to the minors and their families. Joanne Jaffe states: "we're talking about young kids, young adults that have an opportunity...[and]... we have an opportunity to help them and their families change their lives." The police officers who visit the members of the program provide opportunities by encouraging them to apply for jobs and finish school, as well as by connecting families with childcare options. A small-scale program with just a little over 300 teenagers, JRIP is one type of rehabilitation that is needed for those convicted of crimes. In poor neighbors with little resources for change, these officers insert positive causation into the lives of individuals dominated by negative causation. I think it is summed up well by a member of JRIP, who said "I don't see things the way I used to. I see the bigger picture in life basically the typical stuff, get a job go to school. I wasn't really thinking like that at the time. I was just a moment type of guy. If I want it, I take it. But not no more. Not no more" [sic].

An initiative for individuals currently in prison, called (RSVP) The Resolve to Stop the Violence Project, is another instance of inserting positive causation, which resulted in significant drop in recidivism rates (Gilligan and Lee 2005, 145). In 1997 the San Francisco County Sherriff's Department started the initiative to reduce recidivism rates and to promote offender accountability which included victim restoration and community involvement. The programme groups spent 8, 12, or 16 weeks in RSVP and the recidivism rates for programme groups were lower for each period of participation compared to the control group (146). Gilligan and Lee state that, "all factors were stacked against RSVP: its subjects were of a lower age group, of a greater racial minority constitution, longer in lengths of incarceration, lower in age of first arrest, and higher in rate of arrests for violent charges" (147). However, overall the RSVP showed that participants benefited by a significant decrease in recidivism, which according to RAND must exceed 10% (147). The recidivism rates were less significant for drug-related arrests, as well as for released individuals who were not able to find a job or did not participate in follow-up programs after release.

Fortunately, there is also hope for those who retain high recidivism rates due to drug use. Judge Steven Alm initiated a program called HOPE, Hawaii's Opportunity Probation with Enforcement, which he describes as "parenting 101" ("A New Probation Program in Hawaii Beats the Statistics" 2013). "A lotta the folks in the program, I think, grew up in families...where there wasn't a lotta structure" [sic]. This program focuses on those at highest risk of repeating offenses, which means 80% of those in the program are addicted to alcohol and drugs. HOPE, then, imposes regular and random drug tests with immediate consequences for failing a drug test or failing to report into a supervisor at appointed times. Also, when someone fails a drug test and admits their mistake, judge Alm will show more leniency. A study conducted 5 years after the program began found that "HOPE probationers were half as likely to be arrested for new crimes, or have their probation revoked. They ended up spending about half as much time in prison. And were 72% less likely to use drugs." John Kema, a participant of the program, said that his experience in HOPE was the first time he was held accountable for his actions and consequently decided to turn his life around, and now he mentors others in need of turning their life around due to addictions. Kema is one prime example of an individual who was influenced by negative causation, but through HOPE received the proper positive causation that changed his actions and propensities.

## **CONCLUSION**

These studies as well as numerous other studies have shown that the attempt to give individuals positive causation results in lower recidivism rates compared to those imprisoned without rehabilitation programs. This use of rehabilitation programs can give individuals options besides crime, such as providing job opportunities and assistance pursuing educational opportunities. Other common issues among prisoners, such as mental illnesses and addictions, can be aided through psychological and psychiatric treatment. Inequalities such as class, race, and family issues, all set up a series of negative causation in an individual's life. While it is less clearly the case that one is determined to a life a crime, it is clear that an individual has less autonomy. These individuals did not choose a life of disadvantage that lead them to crime anymore then certain people of privilege chose a life of advantages. Thus, the line between being born among advantages or disadvantages is quite thin, and to me it is quite sensible to help individuals who

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have been unfortunately disadvantaged. Our current prison system is ineffective, and the implied goal of change should be brought to the forefront. We should no longer have the mentality of punishment, but rather of making individuals face the consequences of their actions and insert positive causation. We need to address the influences that drove individuals to commit crime, and then to incorporate effective methods for change, for the good of society and the good of the convicted individuals. I'd like to close with some wise words from the infamous Bertrand Russell in A.J. Ayer's biography of the wise man. "The only justification for praise or blame, reward or punishment, is that we expect to influence future choices...What is not justifiable is any retributive idea of punishment" (Ayer 1988, 121).

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## Reason, Society, and the Social Intuitionist Model

**Joelle Hershberger**

Bethel University

### **ABSTRACT**

Although Jonathan Haidt's Social Intuitionist Model (SIM) of moral judgment does not claim to be a defense of either rationalist or sentimentalist ideas of morality, because it does not seem to include much of a role for personal reasoning, many rationalists have critiqued this model heavily. Specifically, the present paper explores critiques made by Cordelia Fine in 2006, and David Pizarro and Paul Bloom in 2003. Responses by Haidt himself as well as Neil Levy are explored to make the argument that not only can Haidt's model withstand these critiques, but also suggests that the SIM can be used to defend either a rationalist or a sentimentalist moral position. Further merits of the SIM are also explored, in particular its ideas about social interaction as a key part of moral judgment making, as these social links seem to be both significant and unique to the SIM. While philosophers have traditionally looked at morality (and indeed, psychology as a whole) as fairly individual, it is possible that this aspect of our lives in particular is more social than previously thought.

### **KEYWORDS**

Rationalism, sentimentalism, intuitionism, society, morality, moral psychology

The field of moral psychology has been split into two main camps—moral rationalism and moral sentimentalism. Moral rationalism is the belief that most of our justified beliefs about moral reality come from effortful reasoning processes. On the other hand, moral sentimentalists believe that a lot of our moral reality is based on our intuitive emotional (and therefore nonrational) reactions to moral dilemmas and situations. While there are many reasons to fall on either side of this divide, one might find it impossible to determine a middle ground. However, Jonathan Haidt proposed a Social Intuitionist Model (SIM) of moral judgment as a counter to the thoroughly rationalist models which seem to dominate the field (2001). This model has been met with much criticism from rationalists, and while it is not a strictly sentimentalist model, it does argue that there is a greater role for moral emotions in our moral judgment than rationalists want to concede. However, the SIM may be used to defend either rationalism or sentimentalism, but does not seem to prove the reality of either.

That being said, there is still much merit in the attempts being made by the SIM, particularly if one considers it to be merely descriptive, rather than normative. Even more specifically, the SIM does something that almost no other model of moral judgment has done—it has brought to light some of the social aspects of morality, specifically, the role that interaction and having relationships with others plays in our moral judgments. These social factors are important to consider and should not be ignored, even for the sake of “morality through reason alone.” As such, this paper will 1) set up the main points given by Haidt about his model; 2) seek to explore some of the rationalist critiques of the SIM, as well as the responses to these arguments; and 3), in light of these critiques, this paper will investigate some of the potential merits of the SIM, especially its social features.

## **EXPLORING THE MODEL: GENERAL OVERVIEW OF THE SIM**

### Introductory Remarks

Before discussing the model itself, it is important to preface with a few notes on the nature of the SIM. While Haidt has some fairly strong things to say about what he calls philosophy’s “worship of reason” (Haidt 2001, 815), he does not claim that his model is a pro-sentimentalist concept, either. Rather, Haidt’s main focus is to propose a model which is empirically based, and looks something like the way that people generally work to get to moral judgments (a conclusion

about what is “good” and what is “bad,” morally; Haidt, J. 2001). Therefore, it is important to keep in mind that Haidt is attempting to argue for a *descriptive* model, rather than a *prescriptive* normative system of ethics. Just because the world is seen as operating according to the SIM, does not mean that it should, and while Haidt has made claims elsewhere which suggest adopting normative, pluralistic, ethical principles based on the model, for the sake of discussion we are going to treat the SIM as descriptive.

### Links in the SIM

According to Haidt, there are six basic “links” in the SIM: intuitive judgment, post hoc reasoning, reasoned persuasion, social persuasion, reasoned judgment and private reflection (2001). The first four are used in nearly every moral judgment a person needs to make, while the last two (the “reasoning links”) are used more infrequently, especially by a majority of “normal” people. However, this is not to say that these links are inconsequential or always unnecessary, just that they do not seem to be involved in the “everyday” moral thinking of most people. Especially important to note are the reasoned and social persuasion links, which are included by Haidt because he believes that morality is an interpersonal process, rather than a stagnant, individualistic way of reasoning as is proposed by rationalist models (2001).

As one might suppose, the way this model works out practically is fairly straight forward. When first faced with a moral dilemma on which one must make a call of the “rightness” or “wrongness” of an action, that person makes an *intuitive judgment* call (Link 1) on the situation. For example, when given a story of incest and asked if it was “okay” for the brother and sister to “make love,” a person will intuitively say “no” (Haidt 2001). This judgment is made quickly and with little conscious effort or processing on the part of the one making the call (Haidt 2001).

Next, Link 2 is employed—*post hoc reasoning*. After a judgment has been passed as to the morality of an action, a person will employ more effortful reasoning as a means of justifying a decision they have already made intuitively (Haidt 2001). According to other research in psychology, people have what is known as the confirmation bias: a tendency not only to search for only evidence which supports what we already believe but also to quickly disregard information which contradicts our pre-formed beliefs (Perkins, Faraday and Bushey 1991). While this process is more effortful than that of Link 1, it does seem to be extremely

biased, and not nearly the kind of reasoning which a rationalist would like to have employed in a model of moral judgment making, because it does not include the careful, reasoned consideration of all available information.

The third link—*reasoned persuasion*—is the first of the social links in the SIM. This link is employed as an attempt to convince others of the legitimacy of the created Link 2 reasons for moral intuitions. In other words, Link 3 is the verbal confirmation of Link 2, with the addition of attempting to convince another that one's reasoning is sound. Haidt proposes that this link is more about "triggering new affectively valenced intuitions in the listener," (2001, 819) since the initial intuition was affectively charged, instead of actually convincing the listener through rational and mental reasons, such as logic. However, there does seem to be some blurriness here as to what actually takes place in the pronouncement of this link. The only thing that can be said for sure is that upon completion of Link 2, a person generally will (at some point) try to convince others (or themselves, in light of disagreement by another) of their reason(s) for making a moral judgment one way or another, and will do so by whatever means possible. While these explanations seem to be well-reasoned (or at least attempt to be), it is hypothesized that moral argument works only through affective persuasion, since moral decisions tend to be emotionally charged (Haidt 2001).

Continuously, Link 4—*social persuasion*—is perhaps one of the most radical and provocative links in Haidt's model. The idea of the social persuasion link is simply that we are influenced by our social groups. While this may come as no surprise to many, Haidt takes the idea one step further to propose that after one member of a person's social group has made a morally charged call on some action, thought, idea, etc., others in the group will pick up on the idea as "truth,"—even without the use of reasoned (or any other kind of) persuasion (2001). One example of this might be something like the formation of cliques that occur specifically within school settings. Once a member of a particular clique decides (passes a moral judgment on) the status of a new student to the school—judging her to be worthy or unworthy of inclusion into the group—the rest of the members are usually quick to agree. This agreement occurs regardless of whether the rest of the members were neutral on the new student before, or even if they held the opposite opinion. In the same way, even as adults, when someone within our social group makes a judgment call on a particular action or situation, many

people are likely to either switch opinions or simply accept the reasoning of the group at face value, in order to reduce instances of social incongruence.

Although Haidt proposes that we rarely come to change our mind on moral matters without the influence of other people, and that times when we think that private reasoning is what changed our minds may be illusory conclusions, he does concede that some people (particularly philosophers) are capable of this kind of change through self-reasoning (2001). As such, he adds to his model Link 5 (*reasoned judgment*) and Link 6 (*private reflection*). Reasoned judgment is when a person overrides, without social help and through sheer effortful logic, their initial intuitive moral judgment. Private reflection is when, through consideration of a moral situation, a person spontaneously arrives at a new intuition which overrides the intuition which was made initially in Link 1.

#### Why we Should Doubt the Importance of Reasoning's Role in Moral Judgment

Haidt suggests four main reasons why a person might doubt the importance that reasoning plays in moral judgment, and suggests ways in which the SIM might overcome these problems (Haidt 2001). The first reason is that moral judgment is probably a similar process to other types of judgment, which is suggested to be a dual-process model of reasoning (effortful, rational deliberation) and intuition (a faster, generally more emotionally laden way to reach a conclusion) working on a parallel within the brain. Also similar to other kinds of judgment and problem solving, a majority of the end process is thought to be intuitive, despite the fact that moral judgment research and models have mainly focused on the moral reasoning process. Haidt suggests that the grounds on which many believe that reasoning plays such a huge role in moral judgment comes from the way in which we conduct the research in this area. Research on moral judgment usually includes some type of "moral interview," and it is the way these interviews are conducted, argues Haidt, which is skewing our view of moral judgment processes. Haidt proposes that these interviews may artificially induce the activation of Links 5 and 6, causing it to appear as if people naturally use these reasoning links much more frequently than they really do under more "normal" circumstances which occur outside of the lab. Unlike rationalist models of moral judgment, Haidt argues that the SIM is fully compatible with a dual-processing model because it makes intuition the main focus of our moral judgment process. In addition, the

SIM recognizes that moral judgments are not made in an isolation chamber—there is a heavy social influence on most of what we believe.

Second, Haidt puts forth several reasons why our reasoning capabilities are more often than not like lawyers defending our initially made intuitive judgments than they are like scientists searching out the truth (Baumeister & Newman 1994; Haidt 2001). The first is the relatedness motive, which is the drive to belong to a social group or groups, and is the motivation for taking on the moral judgments of others as discussed above in Link 4. A second reason for thinking reasoning to be more like a lawyer is the coherence motive, or a drive to avoid cognitive dissonance. This idea is discussed in Link 1 above, and is in essence just confirmation bias, in addition to what is called “makes-sense epistemology,” or the idea that once we find evidence that makes sense of what we previously intuited, we stop searching (Perkins, Allen and Hafner 1983). Haidt argues that our reasoning capacities may only be capable of working objectively under very specific circumstances, such as those which do not trigger any social or emotional ties, and no judgment has previously been made on the subject—arguably, these conditions are extremely artificial and are found only in rationalist studies of moral judgment. Under realistic circumstances, where reasoning is not unbiasedly free to search as a scientist, Haidt argues that it is more like a lawyer, and this is reflected more accurately in the SIM (2001).

A third reason to doubt a more prominent role of reasoning in moral judgment is that of post hoc reasoning. Related to the phenomena of confirmation bias and makes-sense epistemology, discussed above, post hoc reasoning seems to play a huge role in our judgments. We are so desperate for justification that avoids cognitive dissonance that we will cite reasons for our judgments and behaviors that are impossible. Haidt suggests that in the moral realm, our minds search for reasons to support our moral judgments from our cultural knowledge of what is considered right and wrong by our social group. It is this post hoc searching which causes us to believe that reason is running the show—because we can come up with reasons, they must have been there all along. In addition, Haidt cites how difficult it is to persuade anybody through reason alone that one’s position on anything moral is right, which further suggests that reasoning does not play the decisive role the rationalists want to believe.

Finally, Haidt points out that most of our moral action is emotion-lead, rather than reason-lead. Perhaps most important are his illustrations of psychopathy

and altruism. Psychopaths are all reason and no emotion, and are capable of committing what many would consider to be immoral acts, such as murder, without so much as flinching, which suggests that emotion is needed in order for a person to be truly moral. In addition, altruism has been shown to be exhibited most when emotions are elicited, specifically empathy, which further suggests a connection between feeling and action in the moral realm. Given the evidence, Haidt suggests that we should shift our attention from reasoning to emotion as the main drive for our moral judgments—not because reasoning does not play a role, but because in “real life” circumstances, emotions seem to be the main driving force, and reasoning takes a backseat. As Haidt puts it, the emotional dog is wagging its rational tail: the tail is important for communication, but it is definitely not the whole dog (2001).

### **RESPONSES TO HAIDT’S MODEL**

Despite the fact that Haidt’s model of moral judgment is not really a *sentimentalist* model, but rather is an *intuitionist* model (which attempts to blend the ideas of sentimentalism and rationalism), understandably, the rationalists do not buy much of what Haidt proposes about reason. Specifically, critics like Cordelia Fine (2006), David Pizarro and Paul Bloom (2003) suggest that if we just look a little closer we will find that reasoning plays a much bigger role (or at the very least, a different role) than the one proposed by Haidt in the SIM. While Haidt (2003) and Levy (2006) offer some reply to the criticism posed by the rationalist arguments listed above, there is still some debate as to the complete role of social factors within the SIM, as well as suggestions that Haidt does not push these factors far enough (Levy 2006; Greenwood 2011; Sneddon 2007; Clarke 2008).

#### Rationalist Critiques

To begin, Fine critiques Haidt’s model on three main points. First, she suggests that Link 1 can be disrupted by conscious, deliberative moral reasoning (Fine 2006). As evidence, Fine points towards research done using the Implicit Association Test (IAT), which is designed to measure the amount of prejudice or stereotype enforcement exhibited by individuals beyond their consciousness. This research found that those who already had low prejudice and were shown their tendencies to enforce racial stereotypes using their IAT results, later more carefully controlled their behaviors regarding these stereotypes (Monteith 1993,

as cited in Fine 2006). Fine claims that these findings suggest that, at least in the case of stereotypes and prejudices, we can consciously choose to override the intuitive “gut reaction” of Link 1 in Haidt’s model. Arguably, this interruption of Link 1 is due solely to the person’s (rationally) held values and beliefs.

Second, Fine argues that despite the fact that moral judgments may appear to be made based on intuition, as Haidt suggests, this does not rule out the idea that these intuitions are based on controlled reasoning which has been done prior to the present instance being recorded by most experiments of moral reasoning and judgment (Fine 2006). Monteith (2002, as cited in Fine 2006) followed up their IAT study to test whether certain individuals have synthesized their unprejudiced beliefs into intuitive unprejudiced behaviors, arguably through the conscious thought seen in the first study. Subjects were given a distracter task in order to retrieve intuitive thoughts on a number of racist jokes. Those who showed little discrepancy between their supposed thoughts and actions in a prejudice-inducing situation rated these jokes more unfavorably than those who reported a discrepancy between thought and action. This suggests that the non-discrepancy group had trained themselves to make their intuitions match their beliefs in such a way that their beliefs are now intuitive, suggesting evidence that previous controlled reasoning can change our intuitions (Fine 2006).

This idea of controlled change in intuitions points to Fine’s third point, which is the idea that, when within the bounds of the right circumstances, our reasoning will question our moral thoughts and beliefs (2006). Research indicates that situational factors can cause us to secondguess our moral intuitions. Similar to the research done on prejudice, if we believe that something will lead to a better outcome we are more likely to change our initial thoughts on the matter (Fine 2006). For example, if told that introverts are more successful than extroverts (situational effect), people will rate themselves as being much more introverted than they otherwise would consider themselves to be (intuitive judgment). However, when given scores obtained from an introvert/extrovert scale, people reconsidered their initial rating of themselves in light of the new evidence (reasoning questions intuition; Kunda & Sanitioso 1987 as cited in Fine 2006).

Similarly, the second argument made by Fine (2006) closely relates to an argument made by Pizarro and Bloom (2003), who suggest there are two ways we can control our intuitions through reasoning. The first is similar to Fine’s argument in that our intuitions can be changed and effected over time by prior reasoning.

Especially through empathy, we can effectively change our Link 1 intuitions on a matter. Second, when we are confronted with information which does happen to be contrary to our initial beliefs (such as when we discover the real reason our mother did not call us on Sunday is because she was in the hospital), we are forced to make a new judgment call, and this, argue Pizarro and Bloom, is done through reasoning.

Finally, Pizarro and Bloom suggest that when people are outside of the artificial conditions created by empirical studies of morality, they actually do apply active reasoning to their “real-world” moral decisions (2003). They argue that while many of the situations used by Haidt in his research on morality do have quick, automatic, intuitive answers—it is wrong to kill babies, have sex with one’s sibling or a chicken (Pizarro & Bloom 2003; Haidt 2001)—many of our real-world moral decisions do not have such simple judgment calls. Every day we make decisions which require us to make a moral call, and there are no “‘off the shelf’ answers” (Pizarro and Bloom 2003, 195). These tough questions include such things as “how much is too much time away from my family?” and “should I ‘go with the flow,’ protecting my in-group status, or stand up for my belief that X (even though no one is being harmed)?” Pizarro and Bloom argue that these questions take serious, conscious moral reasoning, and are situations which remain unaccounted for by SIM (2003).

#### Haidt and Levy Respond to the Rationalists

*Haidt’s Response to Pizarro and Bloom (2003).* First, Pizarro and Bloom suggest that the changing of situational factors force us to change our moral judgment of the situation, and that this change is completed through reasoning. However, Haidt defends his original position by stating that, “the emotional dog does learn new tricks” (2003, 197). Haidt argues that his model was carefully constructed with this idea of changing situations in mind (Haidt, The emotional dog does learn new tricks: A reply to Pizarro and Bloom 2003). However, Haidt does not believe that our change in moral judgment is due to the way that we have privately reasoned about the new situation (Link 6), but rather it is about the social context in which the new information is viewed (Link 4).

Continuously, Pizarro and Bloom (2003) as well as Fine (2006) suggest that intuitions can be changed through prior reasoning. Specifically, we can change our intuitions over time to match up more closely to our moral beliefs through

the use of conscious moral reasoning. On this point, Haidt agrees—with the exception that he does not think that the reasoning which is occurring has to be Link 6 private reflection. Instead, Haidt proposes that what is actually occurring is, again, something closer to Link 4 social persuasion. As we immerse ourselves in situations which socially fit with our beliefs, that experience (not conscious reasoning) changes our intuitive judgments to fit with those beliefs (Haidt 2003).

A further argument put forth by Pizarro and Bloom (2003) is that the SIM does not really apply outside of the laboratory. They argue that the kind of huge, overarching moral decisions that people end up making in the real world end up being decided by reasoning—the back and forth of a tough decision is eventually decided by logic and effortful thought. Haidt replies that the SIM has built into it structures which account for these “real-world” tough choices (2003). Haidt suggests that when faced with a tough moral dilemma, people loop continuously through the first four links of the model, each time taking on the viewpoint of a different person who would be affected by the decision, perhaps because of an encounter with that person or something which reminds the chooser of them (i.e. a woman considering an abortion would think of her fetus when seeing a baby). In addition, this looping process may even take place within the chooser’s head through Link 6. Regardless, Haidt suggests that this kind of “tough” dilemma is relatively rare when one considers how many moral judgments are cast by an individual even in a given day (2003).

*Levy’s Response to Fine (2006).* Levy narrows Fine’s arguments down to two main points. The first point is that, contrary to the SIM, our moral intuitions are not “impervious to conscious control,” and we can control and inhibit our natural intuitions (as is seen in stereotype research; Levy 2006; Fine 2006). Very simply, Levy responds to the first point in a way similar to what Haidt himself tells Pizarro and Bloom—while it is possible that controlled reasoning does influence our moral judgments, this is probably a rare occurrence (2006; Haidt 2003). Further, we rarely seek out challenges to our moral beliefs, and when those beliefs are challenged, we only search far enough to find information to re-support our view, and then we stop looking—“makes-sense epistemology” at its finest (Levy 2006).

The second point of contention Levy sees as being at the crux of Fine’s argument is the idea that the automatic processes that give rise to moral judgments may or may not have been influenced by controlled processes, but nevertheless do reflect our moral values which, arguably, are based in reason (Levy 2006). However, Levy

argues that this point is not enough to prove that our beliefs are based on reason, only that, yes, they are in fact our own beliefs. In other words, Levy argues that “moral values,” rather than being based in reason, are just a set of values which we personally hold—and may very well be old intuitions of their own. In essence, then, the fact that our moral judgments are a reflection of our moral values merely shows that our intuitions belong to us (as they match our unique set of values) and does *not* mean that any piece of that process (value or judgment) is or was ever based in reason alone. In conclusion, Levy says that although it may be possible to change and amend our intuitions through reason, we rarely do so, since we do not like to look that closely at our moral beliefs. Additionally, even when we do try to make alterations to our moral intuitions, the process is driven by emotions—not reason (Levy 2006).

In summary, while Haidt makes a valid effort to defend his model against the critiques of rationalists who disapprove of his emphasis on intuition, Levy (2006) and Clarke (2008) both suggest that this is still not enough evidence to totally disprove that our moral judgments truly are based in reason—at least to the degree than Haidt suggests. Clarke even goes so far as to say that one cannot make a call as to whether moral judgment is rationalist or sentimentalist based on the model: it can be used to defend both. All that is to say, defending a sentimentalist standpoint or refuting rationalism is not where the SIM’s strengths lie.

## **THE “SOCIAL” IN SOCIAL INTUITIONIST MODEL: THE MERITS OF THE SIM**

Several authors<sup>1</sup> support the idea that the main merit of the SIM is its emphasis on society’s role in individual morality, regardless of its inability to fully defend itself from the arguments of moral rationalists. There are at least two main points discussed by these authors which will be briefly sketched here. The first is an attempt to refute the idea that morality is created individualistically—completely separate from social influence (and to point to the SIM as evidence of that). The second is the idea of “moral experts,” who are present in our society and to whom we look for moral guidance, whether we realize it or not (Levy 2006; Sneddon 2007).

First is the idea that we have placed too much emphasis on individualism in the past—both psychology and philosophy alike have focused their efforts in understanding morality on the individual level, and how they personally think about

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1. Greenwood 2011; Levy 2006; Sneddon 2007

what is good and what is bad (Greenwood 2011). The implications of this is that not enough models of morality in general have included social factors—whether those models be rationalist or sentimentalist. The argument is that even if our moral judgments are made using reasoning, our reasoning is not truly our own—we are creatures who have created an extremely complex society and culture, and this includes not only the transference of goods necessary for survival (food, shelter, protection, etc.) but also the transference of ideas (Greenwood 2011). Because we do not live as hermits in a cave, neither do our ideas of morality, and whether “reason is a slave to the passions” (Hume 1740) or not does not deny the fact that *both* our beliefs and emotions are influenced by social forces.

Second, both Levy (2006) and Sneddon (2007) suggest that, above and beyond the role that Haidt suggests that social forces play (Links 3 and 4), is the role of “moral experts” in our moral judgment calls. Specifically, Sneddon suggests that of course Haidt’s participants were morally dumbfounded when confronted with difficult to discern moral cases—they were being questioned alone, without any social help or support. As such, it might be supposed that it is almost as if a piece of their cognitive ability was missing; as if we each have off-loaded some of our moral knowledge onto others, and as such we put our trust in them to tell us what is right and wrong. For example, a woman facing the dilemma of whether or not to divorce her husband might go to her pastor or priest, her mother, or even various groups of women who either have gotten divorced or decided not to despite former feelings in that direction. This woman would consider these people to be experts in something that she is facing for the first time—just like one would call a plumber or Google the answer if they did not know how to unclog their toilet, so we seek out the advice and reasoning of expert others when making moral calls (Sneddon 2007).

On the other hand, however, while it makes sense that the social nature of morality is far more complex than Haidt’s model acknowledges, it seems reasonable to suppose that there is no room—and in fact, no need—to add an extra Link to the SIM. As discussed above, the mere inclusion of the social factors of morality already put the SIM leagues ahead of other models of moral judgment, since people are not isolated land masses, and moral cognition is definitely not an exception to that. In addition, while it has been argued to be a limitation of the theory that it does not include a Link for “moral experts” (Levy 2006; Sneddon 2007), Haidt might argue that this factor is included in Link 4,

social persuasion, and that the role of experts is not necessary once moral beliefs have been learned. However, this still seems to fall short of what it means to rely on an expert when facing more difficult decisions—while these types of choices arguably do not come up on a daily basis, there is something to be said about not having an intuition, or not trusting it to the point where one would seek further confirmation from an expert.

### **SUMMARY AND CONCLUSION**

In conclusion, while Haidt's SIM does seem to have some merits in that it includes social factors which other models leave out, it still has some limitations in that it cannot fully refute the claims brought against it by the rationalists. The rationalists argue that one cannot prove that effortful reasoning is not the cause of our intuitions or our everyday (out-of-the-lab) moral judgments (Fine 2006; Pizarro & Bloom 2003). However, Haidt (2003) and Levy (2006) argue that even if reasoning does come into play in the shaping of our intuitions, it is done very rarely. In addition, Haidt (2003) argues that the changing of our intuitions over time to match our beliefs is a *social* process, not a process of reasoning. Finally, while the SIM has made great strides in even considering the social implications on our moral judgments, some have argued that it is still lacking something because it does not include consultation of moral experts (Levy 2006; Sneddon 2007). While Haidt might argue that consultation of moral experts is included in Link 4 of his model, it still appears that the SIM could use with a bit of a revamping of its social aspects in order to truly capture the way our moral judgments work.

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compos mentis

# Are Virtue Ethics and Situationism Really Incompatible?

**Samuel Kratzer**

Bethel University

## **ABSTRACT**

The compelling empirical support for situationism has caused many to question whether there is such a thing as character, or if it simply a misattribution. In what follows, the author explores the nature of character traits and outlines the case in favor of situationism. The author then argues that character traits are more complex than either virtue ethics or situationism has supposed, and outlines a model of character traits based on counterfactual theories of dispositions. Moreover, while situationism is quite damaging for the strong conceptions of character and agency held by Aristotelian virtue ethics, a more modest notion of character traits survives the situationist challenge and has a promising potential to deliver desirable results in behavior and deliberation.

## **KEYWORDS**

Virtue, character, situationism, agency, dispositions, preemption, sustaining social contribution to character, enabling and stimulus conditions

## 1. INTRODUCTION

In his book *Experiments in Ethics*, Kwame Anthony Appiah proposes that trying to separate philosophy from psychology is “like trying to peel a raspberry” (Appiah 2009, 14). The truth that Appiah drives home in this analogy is that both disciplines are ultimately concerned with understanding the human condition: why we are the way we are, why we do the things we do, and how we can do better. Virtue ethics addresses these issues in terms of personal character; specifically, it recommends the acquisition and development of stable and virtuous character traits.<sup>1</sup> The situationist movement in social psychology, however, presents serious challenges to this traditional way of thinking, beginning by questioning the assumption that what we *do* has anything at all to do with who we *are*. Situationism contends, as its name suggests, that behavior is primarily determined by situational factors, not virtues or vices of character. This hypothesis is underpinned by a host of experimental data, which suggests that even minute changes in subtle, seemingly insignificant situational variables can lead to predictable, large-scale changes in subjects’ behavior. The compelling empirical support for situationism has caused many to question whether there is such a thing as character, or if it simply a misattribution: a useful, but mistaken way of thinking and talking about human behavior (Doris 1998, 507). If anything, situationists claim, information about situational factors should prove much more useful in predicting behavior than information about character (Kamtekar 2004, 458).

In what follows, I explore what exactly a character trait is. I outline the major themes of situationism, as well as some of the reasons for thinking that situationism might be true. I then argue that situationism doesn’t tell the full story. More specifically, I suggest that the type of character that situationism renders impossible is a naive, even ridiculous picture of what character is. Character dispositions, I contend, are more complex than either traditional virtue ethics or situationism have supposed, and so neither model has given us a good idea of what the instrumental role of character in behavior really looks like. I conclude that while experimental evidence is quite damaging for the strong notions of character and agency held by Aristotelian virtue ethics, concluding from this that character

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1. In keeping with the convention established by previous literature on the character-situationism debate, I will use the terms ‘character trait’, ‘virtue’, ‘virtuous disposition’, ‘personal disposition’ and ‘character disposition’ interchangeably, and they should thus be taken by the reader to mean the same thing.

is either impotent or nonexistent is a fallacious inference. Finally, I suggest a way in which character can, in some cases, be strengthened to resist situational factors.

## 2. DISPOSITIONS AND SITUATIONS

Most of us assume that we each have a set of attributes, having to do with our moral psychology and behavioral choices, which collectively make up our character. This set of moral attributes might include qualities like honesty, care, helpfulness, or integrity: things we refer to individually as character traits. Generally, character traits are conceived of as personal dispositions towards specific behaviors or types of behaviors—so understanding what dispositions are and how they might work will help us to better understand what character traits are and how *they* might work, and ultimately, to determine whether or not virtue ethics is a plausible way of thinking about behavior and personality.

A disposition is a property possessed by someone or something such that he, she, or it exhibits a certain behavior in response to certain conditions, generally referred to as its *manifestational behavior* and *manifestation conditions*, respectively. The relationship between the manifestation conditions and manifestational behavior is usually expressed in the form of a counterfactual, or subjunctive conditional: if the manifestation conditions were to obtain, the manifestational behavior would occur. A very simple example is the tendency of ice to melt in temperatures above 0°C: melting is the manifestational behavior, and any temperature above 0°C is the manifestation condition.<sup>2</sup>

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2. It is important to note that this formulation posits dispositions as actual properties regardless of whether or not their manifestations are actualized; the existence of a disposition presupposes no actual instances of itself. To this effect, C.B. Martin stipulates that “it is an elementary confusion to think of unmanifesting dispositions as unactualized *possibilia*, though that may characterize unmanifested manifestations.” (Martin 1994, 1).

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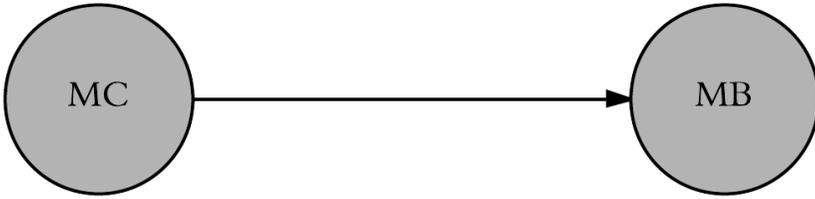


FIG. 1: A SIMPLE COUNTERFACTUAL

In particular, there are two distinct kinds of manifestation conditions: *enabling* conditions, which put the subject in a state of readiness for the exercise of its manifestational behavior, and *stimulus* conditions, which elicit the behavior itself (Harré and Madden 1975, 88).<sup>3</sup> In order for a disposition's manifestational behavior to occur, its enabling conditions must be met when its stimulus conditions obtain.<sup>4</sup> To illustrate this, imagine a grand piano being lifted off the ground by some absent-minded construction workers. If the workers drop the piano, we would say that it has a disposition to fall. Specifically, the piano has a disposition with the manifestational behavior of falling to the ground, the stimulus condition of being dropped, and enabling conditions that would include things like: positive mass, gravity, unresolved potential energy, etc. If these enabling conditions are met at such a time as the piano is dropped, the piano will fall.<sup>5</sup>

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3. Note that enabling conditions are not necessarily intrinsic, nor are stimulus conditions necessarily extrinsic.

4. In other words, the enabling conditions must be met first, followed by the stimulus conditions.

5. While it is true that objects will exhibit MB once MC is satisfied, Harré and Madden add the caveat that, in the case of persons, "will" should be replaced with "can". This distinction, however, has little to no impact on the issues being addressed. The conclusions of this paper remain the same regardless of whether persons are uniquely free agents, as the matters of consideration have not to do with why these conditions obtain, but what happens when they do.

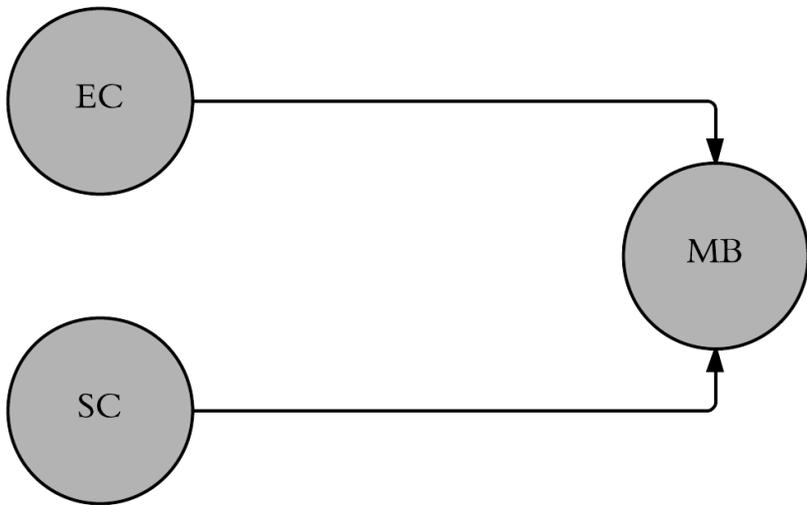


FIG. 2: ENABLING AND STIMULUS CONDITIONS

This same model can be applied to character traits as well. A character disposition, according to the virtue ethics model, is a trait possessed by a person, such that the person would exhibit a specific type of behavior if presented with a specific type of situation. A person possessing a virtuous character trait would accordingly be expected to consistently exhibit the corresponding virtuous behavior in response to virtue-relevant situations (the stimulus conditions), provided that they are in an internal state of readiness to exert the behavior (the enabling conditions). At the very least, as John Doris asserts, they should be expected to exhibit such behavior “with some markedly above chance probability  $p$ ” (Doris 1998, 509). An honest person, for example, would be expected to exhibit honest behavior across situations relevant to honesty with *at least* an above-average degree of consistence.

Research studies designed to test whether or not human behavior is shaped by these strong, cross-situationally consistent character dispositions, however, have found little to no evidence to suggest that they are present. In fact, these studies seem to suggest quite the opposite: that behavior varies, not with personality or character differences, but with situational differences. One such study found that the degree to which people are willing to go out of their way to help another person can be heavily influenced by something as small as planting a dime for them to find in the coin return of a phone booth (Isen and Levin 1972); another

tested the consistency of honesty exhibited by children across various types of relevant behaviors: specifically, lying, stealing, and cheating (Hartshorne and May 1928). The most famous of these studies is the case of 67 Princeton seminarians, each of whom were directed by experimenters to prepare a sermonette on being a Good Samaritan, then presented with an opportunity to do so themselves. The study found that when these seminarians were told that they were running late on their way to deliver the sermons, the chances of them responding to a situation in which someone needed help were reduced to almost zero (Darley and Batson 1973).

Situationists have concluded from this that, if we do in fact possess personal dispositions like honesty or helpfulness, then they are easily preempted by the effects of situational factors. Specifically, some situational factors appear to disrupt the enabling conditions of our dispositions<sup>6</sup>—that is, our internal readiness to exhibit these behaviors in response to stimuli—and thus prevent the behaviors from occurring (Paul 2009, 168).

To illustrate this, imagine a baseball flying through the air towards a large pane of glass. Assume that if the baseball was allowed to continue on its current path, it would strike the pane of glass, shattering it. Now imagine that you are standing directly between the ball and the pane of glass with a fielder's mitt on. You reach out to make the catch, and, rather than impacting the pane of glass with shattering force, the baseball lands safely in your glove. Since the ball would certainly have struck the glass had you failed,<sup>7</sup> the event of your catch *preempted* the breaking of the glass (Collins 2004, 108). It is in much the same way that situational factors are often able to preempt the obtainment of a personal disposition's enabling conditions. Any one of those Princeton seminarians may well have had a disposition towards helpfulness, but if one of more situational factors were to disrupt their internal readiness to exhibit helpful behavior—that is,

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6. It must be the enabling conditions that are affected by situational factors, as additional aspects of situations would not impact the presence or absence of a choice between two or more courses of action (i.e., the stimulus conditions).

7. The absence of any other potentially preventative factors is critical to the attribution of genuine preemption. Had, for example, someone else been between you and the pane of glass, and had it been the case that if you failed to catch the ball, then they would have successfully caught the ball, then, Collins claims, it is not necessarily the case that your successful catch preempts the breaking of the glass. Rather, it preempts someone else's preemption of the breaking of the glass.

the enabling conditions of the disposition—then it would not manifest in response to appropriate stimulus conditions.

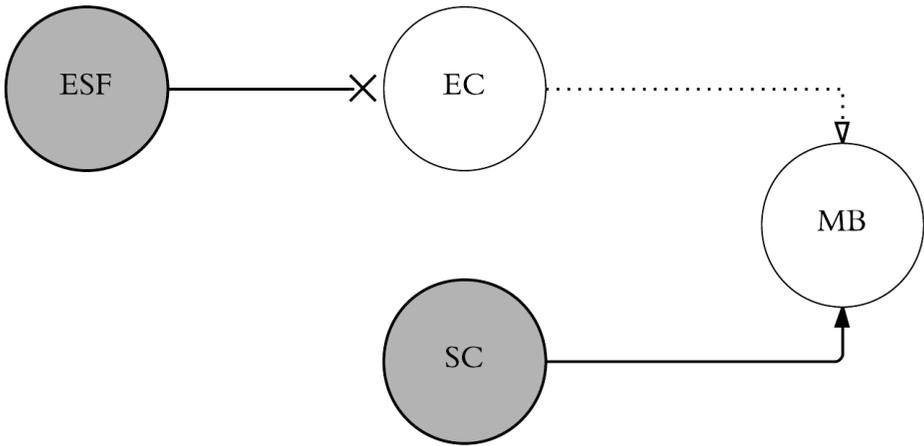


FIG. 3: PREEMPTION BY EFFECTS OF SITUATIONAL FACTORS (ESF)

The important thing to see here is that since we do not seem to have much control over our situations, it stands to reason that we do not have much control over whether or not our dispositions will be triggered. If situational factors are strong enough to preempt our attempts at virtuous behavior, then any success we have in behaving virtuously is actually contingent upon an absence of these factors (Paul 2009, 168).<sup>8</sup> In other words, if a virtuous character trait consistently produces good behavior, it is only because of an equally consistent presence of situations that do not preempt the behavior. Even behaviors that have manifested consistently, not just from person to person, but over time and across cultures, are implicated. It may well be the case that they only occur because they are supported by stable aspects of the sociological environment which ensure that these behaviors will not be preempted. Maria Merritt refers to this stabilizing effect as the *sustaining social contribution to character* (Merritt 2000, 374).<sup>9</sup>

8. Causation resulting from the absence of a potentially preemptive factor is referred to as negative causation. Paul gives the helpful example of failing to set an alarm negatively causing one to miss class.

9. In this context, broad sociological factors are analogous to situational factors insofar as cultural behavioral trends are analogous to personal behavioral trends. This macro-situationism, so to speak, serves to illustrate the pervasiveness of the sustaining social contribution to virtuous dispositions.

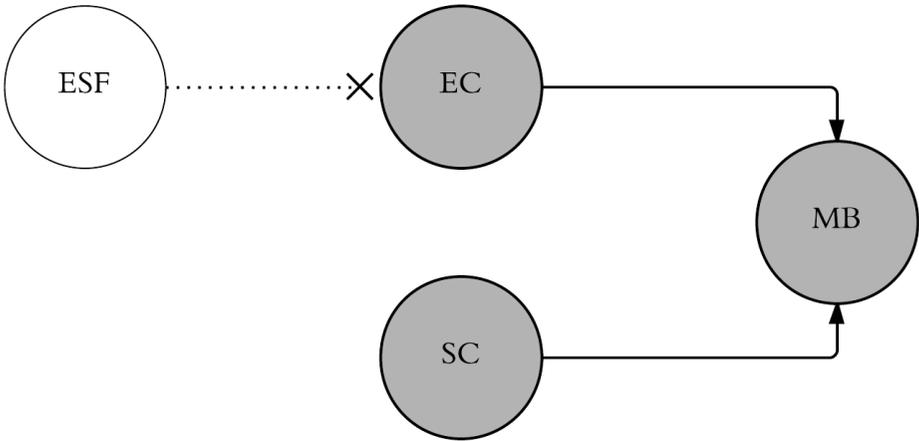


FIG. 4: THE SUSTAINING SOCIAL CONTRIBUTION TO CHARACTER AS NEGATIVE CAUSATION

### 3. SITUATIONISM'S PROGNOSIS

The fact that behavior seems to vary so strongly with situations has led many social psychologists to believe, as Gilbert Harman does, that “ordinary attributions of character-traits to people may be deeply misguided, and it may even be the case that there is no such thing as character” (Harman 1999, 316). And even if there is such a thing as character, it seems to be nothing we could ever rely on to consistently produce good behavior. If this is the case, then the characterological strategy for promoting good behavior championed by virtue ethics—namely, the creation of robust and stable virtuous traits through willpower and habituation (Aristotle 1962, 1103a)—is simply not a reliable way to ensure virtuous behavior.

Situationists have proposed an alternative to this strategy. Rather than expending our energies on failed attempts to inculcate strong virtues, we should instead focus on learning as much as we can about which situations threaten to preempt the virtuous behaviors we aspire to, and fine-tune our daily lives so as to avoid those situations as much as possible (Doris 1998, 517). Imagine a man named David: a middle-manager at a large firm. His wife is at an out of state conference for the week. Ellen, David’s attractive young colleague—whom David knows full is interested in him—invites him to come over to her place after work to watch a movie and share a bottle of expensive wine. David knows that he has a situational weakness to attractive younger women—especially after a few

glasses of wine, and he suspects that his desire to be faithful to his wife might be preempted if he allows himself to do this. David cannot be sure if his virtuous intentions will prevail in such a situation, so he decides to avoid putting himself in it, and politely turns down Ellen's offer. Note that David's approach makes no attempt to rely on the strength of his virtues and willpower to determine behavior, but instead attempts to compensate for his character's vulnerability to situational factors by simply avoiding a situation that might elicit bad behavior. Rather than depending on the fortitude of character to overcome situations and make correct behavioral judgments, this strategy attempts to engineer an environment of situations in which character will not be put to the test.

This deflationary view of our ability to exert willful and rational control over our own actions entails a model of behavior determination that is more or less mechanistic. The degree to which rational agency is attributed to a person's intra-situational willpower in this model is hardly greater than the degree to which rational agency is attributed to, for example, a spring-loaded toy car. Because of its mechanistic qualities, if you wind up a toy car on the floor in the middle of an open area and let go of it, it will immediately unload its potential energy and zip across the floor until it hits something. On the other hand, if you wind the same toy car up, only this time with its front bumper situated up against a wall, it will behave quite differently upon being released. The wheels will spin; it might lose stability and bounce around a couple times before slowing to a stop—but its not getting past that wall. The situationist model supposes that people function in much the same way; each of us exhibits behavior that is in some sense self-propelled, but ultimately dependent on situational context.

There are a number of common objections to the methodology used in situationist research studies.<sup>10</sup> There is the suggestion, for example, that experiments used to evidence the impotence of character traits contain factors that may "rationally override behavior that accords with virtue" (Prinz 2009, 123). For the sake of argument, let's assume that the situationist's critique of robust and stable character traits survives objections of this sort. This model poses significant problems for any ethical theory that recommends, as Aristotelian virtue ethics does, the development of strong, incorruptible character dispositions. It simply would not be possible, because character alone is not sufficient to reliably produce

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10. Jesse Prinz gives a semi-comprehensive overview of these various objections in "The Normativity Challenge: Cultural Psychology Provides the Real Threat to Virtue Ethics" (2009).

behavior: instead, traits must rely on support from the right situational factors. Situationists conclude from this that the ascription of character traits to people are entirely wrong-headed; characterological explanations of behavior, according to John Doris, have been “empirically discredited,” and are “inferior to those adduced from experimental social psychology” (Doris 2002, 2-6). Furthermore, Gilbert Harman decries the “deplorable results” of character ethics, which he says lead to “massive misunderstanding of other people,” concluding that “there is no empirical support for the existence of character traits” (Harman 1999, 330).

#### 4. SITUATIONISM CRITIQUED

I submit that conclusions like these venture far beyond what can be reasonably inferred from the data. What Doris and Harman fail to realize is that the extent to which we are susceptible to situational influences on our behavior has very little to do with whether or not we each have a set of moral dispositions that might be called character. The idea that character ought to make us impervious to situational influences—a notion that Maria Merritt refers to as the *motivational self-sufficiency of character*<sup>11</sup> (or MSC, for short)—has been thoroughly discredited, but the simple idea that we possess a set of basic moral dispositions has not been damaged. In her discussion of character, Merritt goes on to remark that:

Acknowledging a sustaining social contribution to character has damaging consequences for, at most, conceptions of virtue that include a very strong ideal of MSC. What situationist psychology makes problematic not as such the recommendation to have virtues, but the normative ideal of the virtues as qualities that must be possessed in a strongly self-sufficient form (Merritt 2000, 374-5).

The problem with the assertion that characterological explanations of behavior have been “empirically discredited” is that not all character-based models of behavior include a strong notion of MSC. Furthermore, a theory of character traits that actually *rejects* MSC would not expect dispositions to resist changes in situational factors at all; a model of this type would not be threatened by the situationist’s findings—in fact, it would likely have *expected* them, since it conceives of character dispositions as somewhat contingent on situational factors.

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11. Merritt expounds the motivational self-sufficiency of character as such: “A conception of character advances a strong ideal of MSC to the degree that it calls for the possession of the motivational structure of virtue to be, in maturity and under normal circumstances, independent of factors outside oneself, such as particular social relationships and settings” (Merritt 2000, 365).

Allowing for a third option—namely, a more modest theory of character traits that conceives of character dispositions as contingent on support from external factors<sup>12</sup>—opens up an entire category of character traits that has yet to be evaluated by empirical research. The “lack of evidence” for character traits purported by Harman and others, then, does not reflect an absence of any evidence that we might reasonably have expected to see if such traits existed, but rather, an absence of relevant research that might tell us *anything at all* about such traits. Thus, the situationists’ claim that virtue ethics has been empirically discredited, or that “people typically lack character,” (Doris 2002, 2) is not merely a prudential shift of the burden of proof, but a well-masked argument from ignorance.

### 5. A CONCILIATORY VIEW OF CHARACTER AND AGENCY

So why might we prefer a model of human behavior that includes a notion of character to one that does not? In the interest of fairness, we should consider the reasons situationists prefer a situationally-determined model to one that conceives of character as meaningfully instrumental in behavior. Doris writes that an ethical theory is “ameliorated by the promise of substantial advantage in the practice of deliberation” (Doris 1998, 516). In other words, all other things being equal, the theory with the most promising potential to deliver practical results in the form of virtuous behavior is the better ethical theory. The situationist strategy—David understanding his weakness towards women and alcohol and refusing to enter a situation where he would be put to the test in that area—does a fairly good job of avoiding unethical behavior, at least to the extent that one understands one’s own situational weaknesses. A model like Aristotelian virtue ethics, on the other hand, clearly fails this common-sense ethical litmus test, since it fails to anticipate the power of situations to alter behavior.

A more realistic conception of character traits, however, might actually enjoy certain advantages over the situationist model in terms of producing desirable behavior. A view of character traits that rejects the notion of the motivational self-sufficiency of character maintains a healthy respect for situational factors, but still allows the potential for exercising some degree of rational, regulatory control over our behavior. If virtuous dispositions need not be motivationally self-

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12. Failing to allow for a more modest theory of character would construct a false dichotomy between character that is motivationally self-sufficient and character that is impotent/nonexistent. There is no good reason to suppose that character traits could not fall somewhere in between these two categories.

sufficient, then it is plausible that their manifestations could be supported and stabilized by something other than a random-chance arrangement of social and cultural influences—something more under our control, which might allow us to resist the influence of situational factors in certain cases. One straightforward idea might be to expand on the situationist's recommendation to discover as much as possible about which situational factors one exhibits any significant sensitivity or vulnerability to. Obviously, some situational weaknesses are too powerful to trifle with—as in the case of David—but in less extreme cases, an awareness of situational factors might well help us learn how to deal with situations better. Learning more about our weaknesses, by reflecting on personal experiences, or perhaps by reading some of the literature in situationist personality psychology, can easily help us to recognize and respond to these types of factors as they present themselves. This can in turn help our virtuous dispositions to be triggered in a larger percentage of cases, in spite of certain situational factors. Some situations are better to simply avoid—but we are not powerless against all of them.

To summarize, the discussion has thus far centered around the issue of whether or not arguments from situationism against the existence of character are successful. The more ambitious claim that (1) situationist social psychology constitutes sufficient evidence to show that people do not possess character—works against the optimistic Aristotelian view of character (since advances a strong ideal of MSC), but is a nonstarter against any modest view of character. Furthermore, the resulting weaker claim that (1a) situationist social psychology constitutes sufficient evidence to show that, if people possess character, their behavior can still be influenced by situations—is not very interesting, since it poses no immediate conflict with the existence of personal character, and at any rate, the only view with which it genuinely conflicts is one that almost nobody holds anymore.

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# Revisiting the Problem of Other Minds

**Maxim Perel**

The Ohio State University

**ABSTRACT**

The Problem of Other Minds remains as a puzzling issue in the philosophy of mind. One well-known proposed solution to the Problem of Other Minds is called the Analogical Inference, but this solution fails to achieve its goal of probabilistically entailing that one can know that other people have minds. I propose a new solution called the Revised Analogical Inference that builds on the original Analogical Inference by introducing propositions about the nature of physicalism and basic human biology that, once posited, do manage to probabilistically entail that one can know that other people have minds.

**KEYWORDS**

Other Minds, Physicalism, Analogical Inference, Human Biology, Probabilistic Arguments

You are conscious. You have a mind. You have thoughts, feelings, and beliefs, all of which are accessible to you by introspection. These thoughts, feelings, and beliefs all cause you to act in ways that are much like the behaviors of other people.<sup>1</sup> Like other people, you are prone to eat at certain times of the day; like other people, you look both ways before crossing the street (I hope). You know that you eat at certain times of the day because you believe doing so will alleviate your hunger, and you know that you look both ways before crossing the street because you believe doing so will help you avoid injury. Since other people's behaviors match yours in these ways, it's intuitive to think they have minds, too, which cause those behaviors. People constantly talk of their feelings and beliefs, so after years of social interaction, it's easy to form and hold onto this intuition.

But should you?

The only direct, introspective knowledge you possess for the existence of any mind is your own. People might behave as though they have minds like you (even going so far as to explicitly assert that they have minds), but who's to say if they really do? It's entirely possible that every other human you encounter is not even conscious at all. Their brains might instead work like computers, processing inputs through the senses and, through a complex procedure, producing appropriate outputs in the form of behaviors, as opposed to relying on some conscious process to produce their behaviors like the one you rely on. Without the sort of direct access to their thoughts like the kind you have to your own, it's impossible to tell one way or the other.

This puzzle has come to be known as the Problem of Other Minds, a classic problem in the philosophy of mind. A multitude of potential solutions have been proposed to explain how it is we can know that other humans have minds, but none seem to enjoy majority support because they fail to adequately rebuff some important objection posed against them.

Here, I shall endeavor to propose a new solution to the Problem of Other Minds. This new solution will be based on a previously-given solution called the

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1. This sort of intuitive view about the characteristics of the human mind is not without its share of objections, most prominent of which is Eliminative Materialism. Eliminative Materialism is the view that we are simply mistaken when we assert that we have mental states or are even conscious (Ramsey). However, the issue being discussed here, Problem of Other Minds, is a puzzle specifically for common-sense views about the mind, which is why I assume such a view at the outset. The question of whether a common-sense account is a more or less attractive philosophical account than a view like Eliminative Materialism is a matter to be decided elsewhere.

Analogical Inference. My solution, however, will differ in that it will be tailored to resist the objection against the Analogical Inference. Before I explain the solution, however, it will be appropriate to explain the Analogical Inference itself and the typical objection given against it.

## **1. THE ANALOGICAL INFERENCE AND ITS OBJECTION**

The argument starts with the premises that you share many similarities with other humans. Not only do you behave like other humans, you are very similar to them biologically, as well. That is to say, not only do you react in similar ways as other humans do in similar situations (examples of which include the street-crossing case from earlier), but you also have the same bodily structures in the same configurations performing the same functions as other humans (for example, you have a liver that does the same thing in your body as what it does in other humans' bodies).

Given this multitude of similarities you share with other humans, the argument makes the inference that the feature of having a mind is a characteristic you must also share with other humans (Mill 1889, 243–44). This argument is convincing because it closely follows our own implicit, day-to-day reasoning process about why we think other humans have minds. Surely it can't be, we think, that other humans, who are so much like me in a number of fundamental ways, don't possess the fundamental quality of having a mind like I do?

The trouble with this line of reasoning is that there are an equally large number of characteristics that you do not share with other humans. No one is physically identical to you (arguably barring an identical twin), no one has the same personality as you, no one has behaved in the same ways as you or at the same times as you have, and so on. Given this, it's not clear why possession of a mind ought to be classified as a characteristic shared by everyone as opposed to a characteristic unique to you, as the probability that the possession of a mind is a member of either one of these categories looks to be about equal. The reason that the probabilities look to be the same here is that the Analogical Inference bases its conclusion that the possession of a mind is a characteristic shared by everyone on the basis of the confirmed case of only one person, you (Malcolm 1962, 152). Since you can only directly know that you yourself have a mind, it doesn't make sense to extrapolate and say that the possession of a mind is a

feature shared by everyone because you have just as much reason to conclude that the possession of a mind is a feature unique to you.

## **2. THE REVISED ANALOGICAL INFERENCE**

If we wish to revise the Analogical Inference to account for this objection, it will need to be able to provide an explanation as to why it is at least more probable that the possession of a mind must be a feature shared by everybody.

My revision of the Inference will attempt to provide just such an explanation.

For the sake of the argument, I will need to assume the truth of a physicalist account of the universe, which is to say that I will need to assume that everything in the universe is in some way physical, including minds (Stoljar). Whether or not this physicalist account is actually true will have to be set aside and re-examined after the rest of the argument is clearly established.

I start with the knowledge that I have a mind. I also know that my mind is the direct cause of my conscious behavior. By this, I mean that my mind is the cause of those behaviors that require the formation of beliefs, such as the ones mentioned earlier (eating when hungry, crossing the street, etc.) In addition to this, I can observe that other humans engage in behavior of this sort, too (although I cannot yet know whether such behavior stems from their actually having beliefs or not.) These assumptions so far look relatively uncontroversial.

However, granting physicalism allows me to make other assumptions that otherwise would be very controversial. I can now accept that the cause of every human's behavior must be physical and biological in nature, since in general all possible causes are physical, and whatever the physical cause is in this case looks like it has something to do with the biology of the human body. I can also assume that my mind is physical and biological in nature, too, for similar reasons. The addition of these two assumptions, however, will not be enough to prove that other humans have minds. I know now that everyone has some physical, biological cause for their having behavior, but whatever this cause is can vary from human to human. Sure, for me that cause is having a mind, but for other humans it could very well be some other, non-conscious physical and biological structure. More premises will be required to come to know that I'm not the only human with a mind.

The first of these premises is that there exist physical, biological structures that produce a collection of physical, external symptoms of their continued

function. Furthermore, the recognition of the presence of these symptoms can be used to identify the presence of the physical, biological structures they are caused by. The lungs, for instance, can be classified as a physical, biological structure that produces the rise and fall of the chest in a person. Such chest movement may be considered to be an external symptom of the continued function of the lungs, since observing the rise and fall of a person's chest actually can be used to successfully identify the presence and continuing function of that person's lungs.

This assumption is true so long as it is also considered true that all instances of a particular type of physical and biological structure produce the same external symptoms of their continued function. Every pair of lungs will produce the rise-and-fall action as an external symptom, every heart will produce a measurable pulse as an external symptom, and so on. There's no physical and biological structure that produces some unique external symptom of its continued function that is never observable for any other person who has the same particular kind of physical and biological structure. Otherwise, the assumption concerning the identifiability of a physical and biological structure by its corresponding external symptom simply wouldn't be true. It wouldn't be possible to recognize the presence of a physical and biological structure by the presence of some external symptom because there would be no general matching system to inferentially take us from external symptom to physical and biological structure in every case. However, it looks like we actually can inferentially move from the presence of an external symptom to the presence of a corresponding physical and biological structure, like in the chest movement to lung inferential case I described earlier. For this reason, it looks like the assumption that every instance of a type of physical and biological structure produces the same external symptoms must be in fact true.

The premise required next is a little more contentious. If a particular instance of a type of external biological phenomenon is considered to be a physical symptom for some particular physical and biological structure, every instance of that type of external biological phenomenon must then be considered a physical symptom for *some or other* physical and biological structure. What this means is that if some external physical phenomenon is considered to be a physical symptom in one case, that type of phenomenon, *in general*, must always be considered a physical symptom in every case; it's not possible for something to be considered a physical symptom for one person but not a physical symptom for another person. Motivating this premise is a modest kind of appeal to the biological similarities

between humans. On its own, the supposition that humans are very biologically similar to each other and to myself seems too weak as justification for the claim that other minds exist, as previously mentioned. However, this sort of supposition does not seem too weak to motivate the claim that if something is a physical symptom for one human, like me, then it must also be a physical symptom of *some kind* for other humans, too. The fact that something is a physical symptom in general doesn't seem like it ought to change from person to person, given that we all possess a biological system of at least a roughly similar kind.

Note that the inclusion of these new premises to the argument will still not be enough to justify the claim that I can know the existence of other minds using the knowledge that I have a mind. In order for that to follow, one more premise will need to be introduced.

That premise is this: each instance of a type of physical symptom is caused by an instance of the same type of physical and biological structure for every case. That is, every physical symptom has only one possible causing physical and biological structure. For every human, the rise and fall of the chest will always correspond only to the continued function of the lungs; for every human, measureable pulse will always correspond only to the continued function of the heart; and so on. Paradigmatic examples such as these intuitively motivate the claim (but more on this later). If true, this premise, along with all the others described, will be enough to successfully infer that other humans have minds from the knowledge that I have a mind.

The way this is done is by asserting that my mind causes an external symptom of its continued function, my behavior. From this, I can successfully infer that behavior in general for other humans is an external symptom of some sort. For other humans, there must be some corresponding physical and biological structure that causes their behavior. However, I also know that every physical symptom of the same specific type has only one possible corresponding causing physical, biological structure. Since for me that causing physical and biological structure is my mind, it must be the case that everyone else has their behavior caused by their having minds, too.

Thus, from knowledge that I have a mind, I can infer that other humans have minds.

### 3. OBJECTIONS TO THE REVISED ANALOGICAL INFERENCE

My original intent in formulating the Revised Analogical Inference was to have it be able to avoid the objection given against the original Analogical Inference. It thus seems natural to begin the evaluation of the argument by seeing whether it actually manages to avoid the objection.

The revised version of the Analogical Inference does manage to avoid the objection posed against the original Analogical Inference by making the general inference that all humans have minds based on the confirmed existence of only my own mind a rationally justifiable one. The original Analogical Inference does not provide any reason to suppose that the possession of a mind is a feature shared by everyone aside from the observation that I share a lot of similarities with other humans, which isn't enough to validate the conclusion because I also share as many dissimilarities with other humans. My revised version of the Analogical Inference provides additional reasons to infer that other humans have minds. These reasons, which take the form of the argument just elaborated upon, make the inference from only my own case to the case of everyone else justified, which cannot be said of the original Analogical Inference.

So far, so good. But being able to resist the objection given against the original Analogical Inference does not preclude the Revised Analogical Inference from suffering from a unique objection of its own. So, does the formulation of the argument make it vulnerable to such an objection?

In fact, it looks like it does. According to this objection, the last premise of the given argument doesn't appear to be justified, or for that matter even true. That is, it doesn't appear to be true that each instance of a type of physical symptom is caused by an instance of the same type of physical and biological structure for every case. As an example, the objection could provide the case of someone with an artificial heart which causes a pulse of exactly the same kind as a heart made of flesh would. It now seems that a detectable pulse can be caused by either the function of an organic heart or the function of a synthetic heart, which goes against the premise as stated. In fact, there seem to be numerous such cases that can be invented for a variety of different physical symptoms. In each case, some other candidate can be conceived which looks just as eligible to be the physical cause of the external symptom as whatever biological structure we typically think of as being the cause. That person's chest isn't rising and falling because their lungs are working, it's because they've got an air pump in there that replicates

the motion of the lungs in exactly the right way! And so forth. This makes the premise stating that each external symptom has only one possible cause simply false. Without this premise, the argument collapses because it becomes possible for other people to have some non-conscious cause for their behaviors, unlike me.

However, I posit that this objection does not actually get rid of the needed premise as intended. This is because this objection only rebuts the premise if the premise is intended to be necessarily true in all cases. It does not rebut the premise if it is only probabilistically true, which is exactly what I posit it to be.

There certainly are cases in which there are multiple candidates for the possible physical cause of an external symptom. However, such cases do not actually occur frequently in real life, because most of the time different physical causes result in noticeably different symptoms. A person might spasm in such a way as to make their chest rise and fall, but this rise and fall is far more erratic than if it was caused by the function of that person's lungs. Furthermore, cases in which there isn't any noticeable difference between two symptoms with different physical causes look relatively rare. The use of heart transplants are a good deal more common than the use of artificial hearts, and whatever other cases that can be conceived look far more bizarre and uncommon than that. How often does one expect to find someone's smooth chest motion to be caused by an internal air pump instead of an actual pair of lungs? For these reasons, we can expect the premise that external symptoms only have one possible physical and biological cause to be true most of the time.

This renders the argument to be probabilistically true in nature as opposed to necessarily true. In our usual day-to-day interactions, we are justified in believing that other people have minds, even though it is still (technically) logically possible for other people to not have minds. This conclusion certainly looks a little weaker than we might like, but I think it's the best we can muster right now.

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compos mentis

# Chess and Regress: A Defense of Intellectualism

**Andy Slabchuck**

University of Michigan-Flint

## **ABSTRACT**

The relationship between knowing how and knowing that is a contentious one. Intellectualists say that knowing how to do a thing is either a case of knowing that certain things are the case, or at minimum, knowing how requires some prior amount of knowing that. Anti-intellectualists generally deny that there is any such relationship, and most insist that there is simply no link between knowing how and knowing that. This paper discusses two of leading anti-intellectualist Gilbert Ryle's strongest arguments against intellectualism: the regress argument and the chess argument. I attempt to show that Ryle's case against intellectualism ultimately fails in the face of ordinary ways we think about our knowledge.

## **KEYWORDS**

Epistemology, Know-how, Structure of knowledge, Gilbert Ryle, Regress, Propositional Knowledge, Intellectualism, Anti-Intellectualism

## 1. ARGUING THAT

Epistemology traditionally distinguishes between three types of knowledge: propositional knowledge, acquaintance knowledge, and practical knowledge. Propositional knowledge is knowing *that*; you know *that* Barack Obama is the President of the United States in 2013, or *that* water boils at 100°C. Acquaintance is expressed as a sense of being familiar with a thing, like in the case of “Eric knows Rhonda.” Practical knowledge, sometimes called *know-how*, is what is expressed when we say that “Herschel *knows* how to ride a bike.”

Here, we are only concerned with propositional knowledge and practical knowledge, or as they will be referred to, knowing-that and knowing-how. Historically, there has been a lot of argument over the nature of the relationship between these two types of knowledge. Some philosophers (see for instance Stanley and Williamson 2001 and Bengtson and Moffat 2009) have thought that knowing-how is ultimately reducible to knowing-that, which is to say that you need to grasp a certain proposition before you know how to do something. This view is called Intellectualism, in reference to the supposed mentalistic quality of grasping such propositions. Others (for example, Lewis 1990, Nemirow 1990) have thought just the opposite: that in order to know that a thing is the case, you must possess some sort of ability prior to that. This view is called Strong Anti-Intellectualism. Still others think that there is simply no relationship between knowing how and knowing that. This view is accordingly termed Weak Anti-Intellectualism. In this paper, we will consider these first and second views, but not the third, as it is rarely defended in modern literature.

The philosopher Gilbert Ryle is the best-known Strong Anti-Intellectualist, having over the years offered many criticisms of intellectualism. The foremost of these is considered to be his regress argument, which is thought to pose significant difficulty for intellectualists. In this paper, I will examine this regress, lay bare its assumptions, and show where the argument goes wrong. I will then examine Ryle’s second line of defense, the chess player argument, and show why I find it inconceivable. If I should successfully defeat these two arguments, then Ryle’s attack on Intellectualism will have failed.

## 2. THE REGRESS

...I rely largely on variations of one argument. I argue that the prevailing doctrine leads to vicious regresses, and these in two directions. (1) If the intelligence exhibited in any act, practical or theoretical, is to be credited to the occurrence of some ulterior act of intelligently considering regulative propositions, no intelligent act, practical or otherwise, could ever begin... (2) If a deed, to be intelligent, has to be guided by the consideration of a regulative proposition, the gap between that consideration and the practical application of the regulation has to be bridged by some go-between process which cannot, by definition, be the resultant deed. —Gilbert Ryle ([1971, 213] as found in Stanley and Williamson 2001, 2)

Ryle's central argument against Intellectualism is that there is a vicious regress involved in its basic workings. Ryle believes that if knowledge-how were a subspecies of knowledge-that, then to exercise know-how and perform any action at all, one would need to grasp a certain proposition. However, that grasping of a proposition would then be an action also, for which we would also require the grasp of a proposition (which is also an action in need of a proposition), and so on. Actions would always need to be accompanied by propositions, and those propositions would always need to be accompanied by more actions, resulting in a permanent recursion. Ryle argues that if Intellectualism were true, we would be constantly and permanently grasping propositions about how to grasp propositions. Intuitively, it seems that that this is not true; sometimes we relax on a summer day seemingly without a care in our minds. We do not think we have significant brain activity in these serene moments, and diagnostic data on brain function does not seem to reveal the sort of ever-increasing mental activity such an account would necessitate. Therefore, as Ryle means to show, such an idea is absurd.

To borrow from Stanley and Williamson (2001)'s analysis, Ryle's *reductio* has two premises:

Premise 1: If one performs an action F, then one employs know-how of F.

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Premise 2: If one has propositional knowledge that P, one cognitively grasps that P.

As with any other argument, undercutting the premises will render the argument unsound.

### 2.1. How to Perform a Somersault

Let us examine the first premise. If someone performs an action, is it really true that they *know* how to perform that action? I think not. David Carr points out the falsity of this in his famous trampoline example:

A novice trampolinist, for example, might at his first attempt succeed in performing a difficult somersault, which although for an expert would be an exercise of knowing how, is in his case, merely the result of luck or chance. Since the novice actually performed the feat one can hardly deny that he was able to do it (in the sense of possessing the physical power) but one should, I think, deny that he knew how to perform it. (1991, pg. 53)

It would seem that the trampolinist did not *know how* to do the aerial trick, but still managed to perform it. That is, we have to separate the raw ability to do something from possessing knowledge how to do it, because various forces can compel our bodies to do any number of things that are normally beyond our knowledge. We can bring this up in more ordinary cases, such as Stanley and Williamson (2001)'s example of digestion; Ryle would have to say something like "If Hannah digests food, then she knows how to digest food." But of course nobody *knows* how to digest food; it is simply an operation that the body performs. So we can say that there are certain actions that we perform without knowledge. Of course, we might still think Ryle's premise applies in a subset cases. If Eric does ride a bike, then Eric probably knows how to ride a bike—at least if he can do it consistently. It seems like there is some set of actions for which the premise applies. We can say that this premise simply does not apply in some cases, but does apply in others. As such, Ryle must amend the premise to be more restricted in its scope for it to be true. However, we will postpone the matter of the amendment of the first premise, as there are more pressing matters to attend to with regard to the second premise.

## 2.2. of Dogs and Doorknobs

The second premise states that if a person has propositional knowledge *that p*, then that person cognitively grasps *that p* (and, again, grasping is an action). This means that if I know that Ubby is a dog, then I have some conscious cognitive relationship with the idea that Ubby is a dog. This is because the mental content of *that p* is nothing more than *that p*; the content of "Ubby is a dog" is the identification of Ubby as a dog, where a dog is a member of the species *canis lupus familiaris*.

The philosopher Carl Ginet provides good reason to doubt that we a conscious relationship with all of our knowledge (1975, pg. 6-9). In his view, if one uses a doorknob to open a door, one exercises the knowledge *that* one can open the door by turning the knob. But that does not mean that a person formulates the corresponding proposition in their mind every time they open a door. Likewise, when we walk, we utilize various propositions: that we must balance such-and-such a way to stay upright, or that distributing our weight too far to the left or right could cause us to fall. But we do not conjure those up every time we walk. Ryle means to show that know-how constructed of know-that could not possibly function because the constitutive know-that would require conscious grasping of the attendant propositions, and the grasping is an action, which starts the regress. But as Ginet shows, we do not seem to consciously grasp knowledge in that way. It would seem that this premise is false.

Between these criticisms of Ryle's premises, it seems that the regress argument fails on grounds of unsoundness. It is true that the first premise is true in some restricted number of cases, but the second seems to be false in all of them. If the second premise is false, the regress is inoperable; the thinker in question would not perform the action of grasping, which means that it would require no accompanying proposition (as all know-how is constituted of know-that). There would be no regress. For instance, if I know how to ride a bike, I know all the propositions that compose knowing how to ride a bike, but I no longer have to grasp them in such a conscious way; instead, I took in that information the second I knew all of the associated propositions.

## 2.3 Ryle's Response

In order to contest this argument, Ryle would have to reject one (or both) of the criticisms of his premises (he could perhaps also reject the framing of them

in this way, although it is hard to see how else to construe his regress). Since the criticism of the first premise is lighter and not altogether fatal to his argument, I propose that Ryle would be willing to grant it. This means that Ryle would have to address his second premise.

In order for the regress argument to 'take', Ryle needs the act of considering a proposition to be an action (that action must be preceded by a proposition, and the regress begins). We have been taking "grasping a proposition" to mean actively, conscious, cognitively considering that a proposition is the case. In a more practical way, this makes sense: the *reductio* has its roots in the absurdity of thinking about thinking, in series, forever. Nonetheless, Ryle could argue that the action involved is anything but conscious and cognitive. This removes the nasty counterexamples: you unconsciously grasp what to do with a doorknob, and one's clarity of mind when walking becomes unremarkable. We think recursively, in series, but in the backs of our minds. In essence, our brains would be permanently ruminating in the background about previous actions and thoughts.

However, this would render the regress a bit too weak. The regress, again, is so particularly absurd because our brains simply could not *handle* conscious recursion. The consciousness of the regress situation is what gives the absurdity argument such *bite*. Some of us cannot walk and chew gum at the same time; how on Earth could we recursively consider thousands of propositions? If we are talking about something more muted and sedate, it seems downright possible that we could handle it. We could even say that mental fatigue is the product of weathering the regress for too long! Perhaps sleeping 'resets' one's personal loop, and we are tired in the morning because we manage sometimes to consider propositions while we sleep; maybe we do not properly reset, some nights.

With this move, Ryle comes far too close to giving the intellectualist something she can work with. After all, the point of all of this was to show how silly and untenable an idea having all know-how be composed of know-that really is, and, indirectly, to show the explanatory superiority of Weak Anti-Intellectualism. So if my proposed outcome was a defeat for Ryle, this is only a softer defeat. If Ryle (or others) wants to truly rebut the intellectualist here, he must provide a new turn to the regress argument and show that there is a reasonable way to arrange his premises that resists criticism. So we turn to the Regress argument's richer cousin, the Chess Player argument.

### 3. THE RIGHT MOVES

Ryle's Chess Player argument is a close cousin of the regress argument. In it, Ryle gives us the case of a certain chess player. Imagine a loquacious and learned chess player who shares with her opponent all sorts of rules, tips, and stratagems, such that she could not think of anything further to impart. Despite the incredibly high level of detail that our chess player can go into when talking about the game, she is, alas, a terrible chess player. Thus it is supposed to be that although our chess player possesses all sorts of propositional knowledge about the game of chess, she cannot translate it into chess know-how. Therefore, the argument goes, knowing-how is not reducible to knowing-that because you can have the former without the latter. (As discussed in Fantl 2008, from Ryle 1946.)

Let us observe first that this is a conceivability argument. Ryle seems to be suggesting that if this sort of state of affairs is conceivable, it says something about the nature of our world such that knowledge-how and knowledge-that are shown to be logically separate. On the other hand, we can deny the argument by finding grounds on which to deny that we can conceive of such a chess player. I intend to do just that.

The idea is intuitive enough: there must be persons whose know-that is such that it ought to mean success, but in practical cases means failure. We often see this concept employed in ethics: the case of the moral idiot, who knows all of the moral rules but cannot bring herself to act morally. In this case, we have to ask ourselves what sort of knowledge ought to be sufficient for success. In the event that the person does not possess the proper know-that to guarantee success under normal circumstances, it seems that the argument does not go through; it could simply be that the person didn't know enough of the relevant propositions to perform well.

For one thing, I think there's something to be said for the idea that Ryle's chess player doesn't have every proposition sufficient for winning chess games. To repeat a sports cliché, it is often said that certain players 'know how to win,' which is held apart from other skills. A player might have every tool in the proverbial box, but lack this crucial factor. I advance the idea that Ryle's chess player is just like this. She has every bit of propositional knowledge about how to play chess, but does not possess the propositional knowledge for *winning* chess. This can be interpreted as a set of propositions such as move X will win the game in situation  $S_1$ , or that move Y will lose the game in situation  $S_2$ .

I suspect that Ryle would object to this on the grounds that the knowledge of how to win at chess is a subset of the broader set of 'how to play chess.' But in an obvious way, it seems to me that the chess player cannot understand winning chess in a crude way: because she does not win, not even a minority of the time. She only loses. It would seem that she possesses only a certain basic group of chess propositions: that such-and-such is a legal move, and that this or that strategy once gave Kasparov a big victory, and so on. I think there is reasonably something that the chess grandmaster possesses that our chess player does not: the propositional knowledge that a particular move will lose the game for her. If our chess player possessed that, she would lose far less often. This is, of course, barring some other sort of intervening psychological circumstance like her *wanting* to lose or her being insane.

This should make us start to question Ryle's example. Contrary to Ryle's claim, the chess player does not seem to possess all of the requisite knowledge to play winning chess. If we incorporate the knowledge of how to play winning chess into the chess player's 'knowledge base,' then it seems that she should win instead of lose (provided she's a rational, well-adjusted individual). That is, if the chess player has all of the propositional knowledge about Chess (including my addition), then she ought to win.

This paints Ryle into a corner. He can admit that the chess player does not have all of the propositional knowledge about chess, which means that his argument does not go through, since he means to show that full propositional knowledge cannot be translated into know-how, and yet the propositional knowledge at hand is hardly full. Otherwise, Ryle can deny it. He must deny that such knowledge exists at all in order for his argument to make sense. However, I think that I have provided a persuasive case as to why such additional knowledge *does* exist. If this knowledge does exist, then it seems that Ryle's chess player is inconceivable as construed: it does not make sense to have someone with perfect knowledge still lose on grounds of knowledge.

Of course, we might say that although the letter of Ryle's argument fails, the spirit is more successful. Could there be a person who possesses all of the requisite propositional knowledge for success, yet still manages to fail on grounds of know-how? Perhaps I could read all about snowboarding, but when the time comes, I simply do not possess the coordination to be a successful snowboarder. Maybe there are certain propositions that are difficult to articulate: that in order

to stay upright while snowboarding, you need to use the muscles on your back leg in a certain way. So, in that way, perhaps I could say that truly knowing how to snowboard is to know those physically-oriented propositions. If that is true, then the result would be the same as in the chess player case. However, I think the belief that these sort of physically-motivated propositions are a different species than more mentalistic propositions is a well-motivated one.

Also, there seems to be something special about what these physically-motivated propositions capture. "A roux is made by combining butter and flour," is something that is easily entertained mentally, but "in order to hit a home run you move arms hands like this," is different. By "this" we refer to something non-linguistic; we refer to a state of affairs in the world that is better seen than read. If I see a chef make a roux in person, it does not reveal much more about the proposition than what I already knew. But there is a certain indexical element of physicality that the home run proposition represents that is not done justice by language, and *prima facie* could not be realized in the same way (i.e. converted into know-how and performed).

Doubts about indexical propositions notwithstanding, the argument stands for now. It is enough to say that it seems likely that knowing how to snowboard is also to know how to use one's body parts to successfully perform the task.

## CONCLUSION

As I have shown, Ryle's arguments against intellectualism fail. The regress is not nearly as regressive as once believed, and it does not seem as though comprehensive knowledge can conceivably lead one to repeated failure. As these were by far the strongest arguments marshalled by anti-intellectuals, I feel that their case is substantially weakened. Perhaps future positive inquiry can provide new and better arguments with regard to the true relationship of knowing-how and knowing-that.

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## Should Parental Rights be the Final Judgment for Their Child's Medical Needs?

**Jordan Tiffany**

University of Michigan-Flint

### **ABSTRACT**

Should a parent have the decision over their child's life, which is in dire medical need? Many would accept a parent's right over their child's autonomy in such circumstances, believing that they would only do what is best for their child. However, if one sees what some parents believe is truly best for their child it should give pause to such general approval. There are millions of children are denied immunizations against easily preventable virus due to their parent's misinformed fear that their child will become autistic. While this connection is unfounded, it is a fact that children suffer needless pain and even death because their parents believe they are doing what is best for their child. Millions more are denied proper medical treatment for similar reasons. Parents opt for alternative treatments such as praying, using herbs and other supplements, homeopathy, and a whole host of other failed methods to treat not only themselves but their children as well. The problem is that someone needs to speak for these children, those whose autonomy is not yet realized. Should parents continue to have authority over their children in regards to medical treats, which has allowed many children to suffer and die needlessly or should that power be given to doctors? I argue that the doctors should be given complete control in such situations. Parents should be required by law to vaccinate their children (with the only exception being a medical reason) and to seek proper medical treatment when their child is in need. The failure of the parent to comply should be punishable, as it is negligence. If parents truly wish to help their children yet still hold unto their unfounded beliefs then they must be forced by law to take the proper course of action, the action that is most effective and could potentially alleviate their child's suffering and prevent their death, that being medical treatment.

### **KEYWORDS**

Autism, Alternative Medicine, Autonomy, Children, Medicine, Measles, Parents, Rights, Treatments, Vaccines

Should parents be legally permitted to deny medical treatment or vaccinations for their children because of their beliefs (religious and/or philosophical)? Some parents wish to opt for different “medical treatment” such as Alternative or New Age medicine or even simply pray for a cure without seeking other treatments. The controversy is no longer whether the science validates medicine and vaccines, but rather, how we should handle the parents who believe that they have the right to deny their children life-saving medical treatment in favor of whatever unsupported “medicine” or “treatment” they prefer. I argue that the parent does not have the right to deny their child medical treatment for religious or philosophical beliefs, including their beliefs in the power of prayer or Alternative/New Age medicine.

First, I must define medicine and alternative medicine. Medicine is based on the scientific method and is accepted by the medical community based on whether it is proven to be effective. It has developed and improved generation after generation allowing for new and better forms of treatment to be included once they pass trials and testing, and once again, get accepted by the medical community.

Alternative and New Age “medicine” are treatments that claim to solve the same problems that medicine solves but without the scientific method or results being applied. In other words, these methods are not tested nor do those who espouse them recant the recommendations of their use once they are proven faulty. In actuality, it seems that those individuals support the faulty methods even more strongly and make up or distort facts to support their claims, which are then propagated by their misinformed followers.

These individuals reject real-science-based medical treatments in favor of Alternative treatments such as homeopathy, acupuncture, vitalism, chiropractic, hydrotherapy, magnetic theory, use of herbs and vitamins, praying, and many other similar “treatments.” I will not discuss all of these, rather; I will address why these treatments in general (as in Alternative treatments) are not to be preferred over science-based medicine when it comes to a child.

The parents’ right over their child’s health and even life should be denied when their beliefs are actually going to harm the child, not help them. I will present arguments from both sides regarding whether a parent has such rights or if the doctor’s judgment is to be preferred in cases mainly dealing with vaccinations. I will also address a couple cases dealing with some of the other alternative treatments.

Those who oppose vaccinations in favor of a wide assortment of other treatments, such as a diet that relies heavily on various herbs and vitamins to prevent illness or prayer claim that the government cannot force parents to give their own children vaccinations as it is a violation of the First Amendment. The First Amendment prohibits the making of any law respecting an establishment of religion or impeding the free exercise thereof. Therefore, if vaccinations are against an individual's religion then it is unconstitutional to force them to get vaccinations for their child.

Following that argument's focus on religion is another religious argument against medical treatment in general: medical treatment violates god's plan. A non-religious based objection specifically to vaccinations is that they cause serious reactions like autism or even death. Many will often object to the "chemicals" used to make up vaccines and other medicine as being the problem here. For example, mercury was in vaccines for a time and mercury stunts brain growth, therefore it would follow that mercury in the vaccines cause autism.

The First Amendment argument has a few problems; the children of a religious parent do not know their own views on religion. Further, most religious texts do not even mention medical treatments. There were Supreme Court cases that allowed for limitations on citizens' First Amendment rights regarding vaccines being preferred over someone's beliefs. Finally, the First Amendment allows for religious freedom without choosing a particular religion but it does not say anything about scientific knowledge, so science can be proffered over religion.

The First Amendment guarantees that American citizens have the right to the free exercise of religion and that the government cannot establish a government-religion. The problem with this half of the argument is that the government can reject certain religious beliefs and customs for many different reasons, especially if someone else could be or is harmed in the process. For example, Mormons are not permitted to practice their religious belief of polygamy. Jews, Christians, and Muslims all have sacrifices as part of their belief system but none are legally allowed to sacrifice neither humans nor animals. Nor are the above three religious groups permitted to stone women to death for not being a virgin on her wedding night even though the Old Testament commands it by law (Deuteronomy 22:20-21) as does the Qur'an. Following from this, it is easy to see that just because something is a belief or is a *perceived* right that someone has, does not mean the government has to accept anyone harming others based on one's religion.

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Furthermore, there are limitations to the First Amendment supported by the Supreme Court. One is the case of *Schenck vs. U.S.* (1919), that limits which forms of free speech are constitutional. The case stated that individuals are not free to say anything that falsely causes alarm or hysteria, like yelling, "Fire" in a crowded theatre. Supreme Court Justice Oliver Wendell Holmes stated that limits to free speech were permissible in cases where there would be a "clear and present danger" in allowing that speech to be spoken.

A Supreme Court case that directly dealt with the government being able to force individuals to get vaccinated was a 1905 case called *Jacobson vs. Massachusetts*. Henning Jacobson did not wish to be vaccinated against small pox as he viewed it as a violation of his "inherent right" to "care for his own body and health in such way as seems to him best," citing the Fourteenth Amendment. The Supreme Court ruled that government could place burdens and restraints on individuals for the good of the public's welfare including compulsory vaccinations. Justice John M. Harlan accepted that there would be individuals that would be medically unable to get vaccinations and that it would be inhumane to force those particular individuals and therefore would be an outreach of government powers. This created an exemption for adults with legitimate medical reasons. However, Jacobson did not qualify for this exemption. Further, if Jacobson (or any individual for that matter) wishes to have the benefits of living in a society such as the U.S., which has taken the step to ensure not only the safety of themselves but also those around them, then it would be unfair to have such an individual enjoying the benefits of herd immunity without participating himself. The case was upheld in the 1922 case: *Zucht v. King*, which allowed schools to refuse admission to students who were unvaccinated.

The argument that it is "against god's will" is an arrogant statement as one could not possibly know the will of such a being; therefore one could not know if medical treatment is actually against "god's will." Further, to say that a holy book is against something that did not exist until thousands of years after that particular book was written is ludicrous; no book could speak out against something it has no concept of. A religious person could even argue for medical use by arguing that it was god's will being manifested through humans. Moreover, scientific medicine is proven to work, while there is no evidence of such claims from religious texts. Oftentimes they are absolutely wrong in regards of scientific issues. Examples range from biology (*Genesis* 1:11-13; 1:14 and 1:19), astronomy (*Genesis* 1:1-17),

geology, and medicine (Mark 7:1-23; 7:32-35; 8:22-23). Knowing how wrong holy books are why should we take anything they say on matters of science? They are wrong on these matters and therefore should be ignored in these matters.

Finally, the argument that medical treatment, especially vaccinations, causes life-threatening and serious reactions as well as autism is also not a strong argument. I will address the autism portion of the argument first and end by showing that medical treatments far outweigh the risk of not doing anything to treat whatever problem one might have or could have. The claim that vaccines cause autism is unfounded. Research has been thoroughly conducted on the argument and no evidence has arisen to support it. The belief that vaccines cause autism came from pediatrician Andrew Wakefield and several others, who published in *The Lancet* (Wakefield, 1998) a report that the Measles, Mumps, and Rubella (MMR) vaccine containing the measles virus may have caused inflammation that could have led to problems with brain development. However, Wakefield had a conflict of interest as he was marketing for a rival vaccine. The Lancet had later retracted the report for falsifying data through “misrepresented or altered medical histories of all 12 of the patients.” (Cohen & Falco 2011). It is clear that vaccines are not the problem here; it was simply one man trying to discredit his rivals.

Another argument against vaccines is that there was thiomersal in vaccines, which is a mercury compound and was used as a preservative. Thiomersal was used in vaccines from the 1930s until 2001. It was then removed from vaccines to alleviate the fears of those who believed it caused autism. In 2003, the Center for Disease Control and National Institutes of Health reviewed the research on thiomersal and autism and concluded that there was no evidence to support the claim that thiomersal caused autism (“Physicians, patients, and others: Autonomy, truth telling, and confidentiality” 2014).

Further, it has been argued that there has been an increase in autism since vaccinations have been implemented. There has indeed been an increase in *reports* of autism; however, vaccinations are not the reasons for the increase. There are several reasons for the increase of reports that show vaccines are not the cause, reasons include: what is considered to be autism has broadened drastically and over the diagnosis of autism. Along with this, there is evidence that supports that autism is simply genetic.

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Autism is a term of a wide range of syndromes that incorporate several syndromes such as Asperger Syndrome, pervasive developmental disorder-not otherwise specified (PDD-NOS), as well as autistic disorder. With wider ranges in what is considered to be autism and what is considered when diagnosing someone as autistic has certainly caused the increase in *reported* cases of autism. Moreover, physicians are now over-diagnosing autism, as they are looking for early signs. Many children are being labeled as autistic, yet they are not actually autistic. They over-diagnose autism with "early warning signs" yet autistic children can be developing normally before they actually show any signs of autism around the age of three, ("Physicians, patients, and others: Autonomy, truth telling, and confidentiality" 2014) such as losing the ability to communicate through speech.

The evidence that supports a genetic cause of autism is very strong compared to the belief in vaccination-caused autism. Consider the genetics of autism. What are the chances that a family with an autistic child having another autistic child? If that child were a male, then he would be four times more likely than a female to be autistic. If it were caused by vaccinations, then it would be roughly 50/50. Further, as the one child already has autism it makes the other child 25% more likely to be autistic. If they are identical twins in which one is autistic, the other is 60-90% more likely to be autistic as well. In cases of fraternal twins, again where one has autism, the other is 24% likely to be autistic. This is the case regardless of whether either child receives a vaccination. The very fact that there are autistic children who never received a vaccination shot should be sufficient evidence against the claim that vaccinations cause autism. To reiterate the point further, there is a reason for autism, that being genetics; and reasons for the increase of reported cases: over diagnosis and a broadened-redefinition of what autism is; however, vaccinations are not the cause.

Vaccinations as well as other forms of medicine are to be preferred over any alternative because they work. The success rate of these methods is significant whereas alternatives have nothing to show for their "success." Real medicine based on science has cured polio, small pox, measles, whooping cough, and many others along with being able to treat other medical problems such as various forms of cancers. Medicine can do this and has done it; alternative medicines cannot and will not be able to do anything like this. One may take all the herbs they want or pray until they can pray no more, but they will never accomplish anything similar to what scientific based medicine has. It should be noted that

medicine has not cured everything but thus far it is the best (and should be the only) option as “Few things in medicine work 100% of the time, but vaccines are one of the most effective weapons we have against disease—they work in 85% to 99% of cases. They greatly reduce your child’s risk of serious illness (particularly when more and more people use them) and give diseases fewer chances to take hold in a population” (Ben-Joseph, MD 2012).

“Herd Immunity” is created when the vast majority of people get vaccinated so that they cannot contract an illness/disease which in turn lowers the risk of someone who cannot get the vaccine from acquiring the disease. This unfortunately breaks down if there are too many who depend on herd immunity. It works, though, because the more people who cannot contract the disease, the less likely it is that the individuals who are not vaccinated will come into contact with someone who has a preventable disease that they can in turn contract. Therefore, if anyone is allowed to reject receiving vaccines for any reason, mainly religious or philosophical, instead of just for medical treatments, then the risk of coming into contact with individuals with these preventable diseases is greatly increased. The risk of succumbing to the virus is increased significantly if a random individual chooses to not have their children receive vaccinations and live in a community where others also do not receive them. It becomes a huge problem when people are involved in such communities, like a church or private school.

Consider the case of the measles outbreak in Texas in 2013. In Texas, children are to be vaccinated before they attend school; however, homeschooling does not have this requirement, which allowed the Eagle Mountains Church’s Pastor Terri Pearsons to tell the members of her church not to vaccinate their young children because she believed it would cause autism. Measles were once responsible for over 400 deaths in America each year from 1958-1962 (Andrews et al.).

Measles in recent times have been considered eradicated in the Western Hemisphere but they have resurged in the past few years. The Center for Disease Control and Prevention (CDC) says there are an estimated 20 million cases and 164,000 deaths each year worldwide (“Overview of Measles Disease” September 12, 2013).

In 2013, there were at least 135 reported cases of measles in the U.S., most of which were from the Eagle Mountain Church. What had caused the resurgence of measles was the breakdown of herd immunity within the tight-knit community. The individuals who attended Pastor Pearson’s services had listened to her unfounded

beliefs of autism and forgone vaccinations for their children. This church is a “mega church”, so it can draw in a rather large crowd. A woman visited the mega church after she had recently traveled to the United Kingdom and contracted measles; the result was the spread of measles to a large number of church members who remained unvaccinated due to the lack of strong herd immunity. Many individuals ranging from four months to 44 years now have measles at this church. This could have a snowball effect on the measles outbreak because when those who are not vaccinated interact with those who are infected, there is a high possibility of contracting the diseases. A recent example of the spread of Measles has been reported in Manhattan and the Bronx, New York (Schmitt 2014) and (“Measles Outbreak in NYC Grows by 3 Cases to 19 Total” 2014). Ninety percent (Szabo, 2013) of the people who are unimmunized who is exposed to the Measles virus will become infected.

A further objection made against my argument is that the parent is only doing what they believe is best for their child and that the First Amendment supports their decision. While I would agree that the parent truly *believes* that they are doing what is best for the child, the fact remains they are not *actually* helping their child at all. The objection dealing with the belief that they are just doing what is right for their children is wrong because it does not matter what someone believes to be true, reality is what is true. The parents may truly believe they are doing what is right, but the reality is that it is harmful and can result in the child being in tremendous pain and it can even cause their death. This is even more terrible when one realizes that the pain did not have to be so severe or even exist, and death could have been easily avoided if only the parents had been willing to do what was truly right for the child by doing what has been proven the most effective form of prevention and treatment.

Consider the example of Jessica Crank a 15 year-old with a rare form of cancer. Jessica died when her mother Jacqueline refused to take her to the emergency room. Jacqueline took the advise of a religious leader, Ariel Ben Sherman instead of doctors. Sherman’s advice was for Jacqueline to simply pray for her daughter’s cancer to go away. Jacqueline’s attorney, Gregory P. Isaacs said, “Jacqueline Crank is a loving mother, and her exercising of her religious freedom is recognized under Tennessee law.” Further, Isaacs said, “This isn’t the time for lawyers and prosecutors. It’s time for prayer and grieving.” If the counter argument presented is valid, then it was permissible for this mother to allow her child to die painfully,

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because it coincides with her religious views and what she thinks was “best for her child.” I would expect almost everyone would be horrified if this were allowed or even considered to be “helping” the child. This example shows how a parent who truly believes they are helping their child with an unrestricted First Amendment right is not something that is legitimately moral; it is morally reprehensible and irresponsible to allow this.

The doctors who follow contemporary medical science have the right to decide the treatment for the child, not the parent or guardian. Of course, these can be case by case at the doctor’s discretion as there are individuals who have legitimate medical reasons why they may not be able to have certain treatments like vaccinations or chemotherapy. A problem does surface when a doctor is given the control over saving a child’s life by making a decision: what if the doctor makes the wrong decision, should they be held accountable? The problem with this objection is that it assumes that only one doctor will be involved in the case and that they may not be an expert in a certain area of their medical field pertaining to the case of a particular child. If a child is having problems with a tumor in their brain the doctor that this child would see would not be a doctor that deals with regular check ups, there would be several doctors involved to make decisions, including a neurologist, an oncologist, a radiation oncologist, a neuro-oncologist, a team of surgeons, and rehabilitation specialists. A whole team of specialists would be used to ensure that the child receives the best possible chance of survival. Serious cases would be handled delicately. Further, there is always the chance of failure and of success, which the doctors would inform those involved. There is obviously always a chance that that someone might not survive an ailment. But at least there would be some sort of attempt being made that could help save their life; certainly better chances than doing nothing or doing crystal healing or praying for a cure. Regardless of the chances against someone with a brain tumor, surviving surgery and undergoing successful rehabilitation far outweighs doing something that will certainly result in the child’s death such as idly standing by praying that the tumor disappears.

The parents should not be able to use their personal beliefs whether it is religious, philosophical, or just the desire to keep “chemicals” out of their child. The best and only sensible treatment is one based on hard empirical science that is proven to work in the vast majority of cases. Parents who fail to comply should be punished for negligence, as there is no reason for a child to suffer or even die

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from something that is easily preventable and treatable. The fact of the matter is that the larger the number of parents who refuse to vaccinate their children, the larger the toll of suffering, misery, and death that will occur.

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