

Depression: Symptoms May Include Akrasia?

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ABSTRACT

Much of the literature on weakness of will has focused on persons with some sort of mental illness. However, persons with various types of mental illness in the philosophical discourse are often cited as paradigmatic cases without a sufficiently nuanced discussion of what makes these cases akratic or how their rationality fails. In this paper, I attempt to shed light on the phenomenon of akrasia as it occurs in persons with depressive disorders. My goal is to explain the phenomenology of reasoning that leads to akratic action in persons suffering from depression. I argue that there are two types of akrasia: (1) akrasia as it traditionally understood, merely acting against one's better judgment; and (2) a more psychologically complicated type that features a person attempting to reason around acting in accordance with their better judgment. In persons experiencing a depressive episode, this second type of akrasia manifests as a result of a higher-order belief that the person's first- and second-order desires ultimately do not matter. I begin by setting out examples of the two types of akrasia as they occur in procrastinating students. I then construct analogous examples of persons with major depressive disorder exhibiting the two respective types of akrasia. I introduce psychologist Andrew Solomon's metaphors of the "veil of happiness" and the "grey veil [of depression]" to provide an additional way to understand phenomenology of depressive reasoning. Next, I respond to several objections to the series of examples that constitute the bulk of my argument and consider an alternative definition that captures the idea of akrasia as it occurs in the second type. Finally, I conclude with some implications for cognitive behavioral therapy for persons with depressive disorders in light of the conceptualization of akrasia I have described.

KEYWORDS

Akrasia, Weakness of Will, Depression, Practical Reason, Mental Illness, Phenomenology, Procrastination, Rationality, Psychology, Normativity

INTRODUCTION

Much of the literature on akrasia, or weakness of will, concerns cases of persons with some type of abnormal psychology or mental illness (Frankfurt 1988; Rorty 1997; Wedgwood 2007). Yet an in-depth analysis of akrasia in persons with major depressive disorder (MDD, commonly referred to as depression¹) is conspicuously absent. The absence is notable because akrasia—acting against one’s best judgment—seems almost inherent in some of the symptoms of MDD listed in the DSM 5: sadness, loss of interest, indecisiveness (American Psychiatric Association 2013). In this paper, I will attempt to shed light on akrasia and the phenomenology of patients with depression by arguing that there are two different types of akrasia commonly exhibited by patients with depression: (1) merely acting against one’s best judgment; and (2) attempting to reason around one’s all things considered best judgment with respect to achieving a specific goal. I begin with two examples of procrastination in persons free from any psychological abnormalities to flesh out the basic structure of the two types of akrasia. I then move to a discussion of what I call “depressive akratics” and examine their behavior and the structure of their reasoning, using two examples that are analogous to the examples featuring procrastination. Next, I consider some objections to my view, namely by addressing apparent inconsistencies in my examples. I conclude with a discussion of the possible implications for cognitive behavioral therapy that follow from the two types of akrasia I describe.

TERMINOLOGY

For the sake of clarity, I will stipulate some definitions here that I take to be uncontroversial or that I borrow from other authors. Akrasia traditionally has been understood as acting against one’s better judgment, i.e., when one takes into account all the relevant considerations one can² and forms a judgment that to ϕ

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1. Though major depressive disorder is the most common depressive disorder, it is worth noting that the analysis in this paper extends to depressive episodes caused by any number of mental disorders, e.g., bipolar disorder, seasonal affective disorder, etc. I focus on MDD for the sake of simplifying my examples.
 2. There is an open question about the possibility of akrasia in terms of acting against a better judgment *all things considered*, i.e., acting against a judgment that is best in light of all the relevant considerations, not just the ones to which the reasoner has access. In the examples that follow, whether the judgments formed are best in light of all the relevant considerations or only the considerations the reasoner entertains is immaterial.

is the best course of action, but does not ϕ . This definition is sufficient to capture both types of akrasia I wish to discuss. Reasoning will refer just to the reasoning process as it occurs in the minds of persons deliberating on a course of action. I will stipulate that the term “reasoning” as I am using it refers to a process that can be good or bad, depending on (1) how well the premises support the conclusion of the reasoning and (2) the extent to which the reasoning leads a person to act in a way that will help them accomplish the goal that motivated the reasoning.³ “Rational” and “irrational” will be used to assess the interaction between the reasoner, her reasoning, and her subsequent actions. In this sense, “rationality” is, as Nomy Arpaly describes, “a theory that tells us when people act rationally and when they do not, so that given a God’s-eye view of a person’s circumstances, beliefs and motives, one would be able to tell how rational or irrational said person would be in performing a certain action”⁴ (2000, 488). Finally, I use the phrase “personal project” to describe something that a person deeply cares about and has special obligations to in virtue of his caring. Borrowing from Frankfurt, a person who has a personal project “identifies himself with his [personal project] in the sense that he makes himself vulnerable to losses and susceptible to benefits depending on whether [his personal project] is diminished or enhanced” (1988, 260).

PROCRASTINATION

Perhaps the most salient case of quotidian akrasia, procrastination (“leaving too late or putting off indefinitely what one should, relative to one’s goals and information, have done sooner”⁵) is something that most, if not all, human beings

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3. One further qualification: the reasoning must lead the person to act to accomplish the goal of the reasoning in a non-deviant way, i.e., the reasoning must connect to the goal in the right way. I have in mind something akin to the kind of deviant causation described by Davidson in his famous mountain climber case: Two men are climbing a mountain, and one falls and is caught by the other man. The man holding the first climber thinks that he could drop the first climber to his death. The thought of dropping the first climber causes the second climber to become nervous, lose his grip, and drop the first climber. In this case, the second climber’s thought that he could drop the first climber to his death causes him to drop the first climber, but not in the right way.
 4. This quote is from an essay describing two different definitions of rationality. I do not mean to suggest that Arpaly endorses this account of rationality over the other one she describes. I merely use the quote to describe rationality as it figures in my paper.
 5. This cursory definition of procrastination is borrowed from Chrisoula Andreou.

have engaged in at some point in their lives (Andreau 2010; Stroud 2014). But even this relatively straightforward example of akrasia can manifest itself in different ways.

Consider the case of Bob. Bob has a paper to write for his Introduction to Ethics class that is due at 5:00 pm on a Tuesday. That same Tuesday morning, at around 10:00 am, Bob reasons that he ought to start his paper but instead sits on the couch for six hours watching TV. At 4:00 pm, Bob begins to panic because he acted against his better judgment and delayed writing his paper until an hour before it was due. Bob's case is a paradigmatic instance of akrasia.

But now turn to Bob's classmate, Al. Al has the same paper due at 5:00 pm and at 10:00 am begins reasoning about how to spend his day. Al reasons thusly:⁶

1. My paper is due at 5:00 pm.
2. If I start now, I can finish my paper by 12:00 pm.
3. The kitchen in my apartment really needs to be cleaned.
4. The cleaning in my kitchen will have to be done eventually.
5. Having a clean kitchen will make me more productive, as I will be less distracted.
6. Therefore, I will clean my kitchen.

And Al does.

Now it is 4:00 pm, and Al, like Bob, hasn't started his paper. But it seems plausible that either Bob acted akratically, whereas Al did not; or Bob acted, in some respect, more akratically than did Al, despite both of them being in the same circumstantial position at 4:00 pm. I argue that both Bob's and Al's failure to complete their respective papers are two instances of akrasia that differ not in degree but in kind.

6. The reasoning presented here is not meant to conform to any particular schema of practical reason. Rather, it is meant to realistically represent how a person who decides to procrastinate might entertain propositions in their deliberative process. In this paper, I take no stand on what is a "correct" account of practical reason, in terms of the types of premises and conclusions in the reasoning. I merely represent what is colloquially referred to as a "thought process" using a basic format with premises and a conclusion.

One method of distinguishing between the two types of akrasia would be to ask Bob and Al about their reasoning processes and assess their reasoning with a “God’s eye view” of rationality. When one asks Bob if he thinks he should have done his paper earlier, Bob would respond “Yes, I should have done the paper.” In this instance, Bob acted irrationally because his (enthymematic) reasoning led him not to complete the paper; instead he acted akratically and watched TV. Bob’s answers reflect the fact that to delay doing what one thinks one ought to do just is what it means to act against one’s better judgment.

But, if the same questions were asked of Al, Al has more resources to respond. He might say something like “Yes, I should have done my paper, but the kitchen really did need to be cleaned, and since I write in the kitchen, I couldn’t focus on my paper with plates cluttering up the sink.” One could then ask a number of follow up questions: Couldn’t you have written the paper somewhere else? Did you consider that cleaning the kitchen does not have a deadline, whereas the paper does? The relevant point is not whether Al acted in accordance with his best judgment, *all things considered*, or even whether Al acted in accordance with his best judgment taking into account only the reasons and motivations to which he had access. Al, in fact, did act in the way he judged best. The point, in Al’s case, is that his deliberative process looks like a piece of good reasoning, even if it is not infallible. When pressed on the matter of whether Al *actually* thinks he ought to have done the paper, Al can dig in his heels and say the kitchen needed to be cleaned. Moreover, he even has the fact that cleaning his kitchen will allow him to write more efficiently and perhaps produce a better essay. Though Al seems to be rationalizing⁷ (in the colloquial sense) not doing his paper, the rationalizing and the reasoning do not come apart very cleanly.

Let us now assess the reasoning in terms of how it helped Al to reach his ultimate goal, finishing the paper. One might be tempted to say that the goodness of Al’s reasoning turns on whether or not cleaning the kitchen *actually* helped him concentrate on the paper, i.e., whether or not Al was deceiving himself in his reasoning process. If Al took 6 hours to clean the kitchen and can write the paper in one hour, there seems to be no problem in Al’s reasoning; further, if the paper he wrote in that hour is better than the one he would have written had he tried to work in a dirty kitchen starting at 10 am, his reasoning, and subsequent actions

7. Hereafter, “rationalizing” will be used exclusively in the colloquial sense, i.e., to attempt to justify one’s (flawed) reasoning or action after the fact.

look especially rational. He is no longer in the same position as Bob (who, we'll say, takes a minimum of three hours to write a paper). However, in Al's case, and in the case of the akratic depressive later on, the relevant criteria for rationality is the reasoner's belief that his goal would be served. The belief in Al's case may or may not be true. The larger problem, and the one related to one type of akratic depressive patient, is that it seems like one could engage in reasoning like Al's several times over and become endlessly involved in quotidian or trivial tasks (or worse, become totally inactive) at the expense of fostering one's personal projects.⁸

AKRATIC DEPRESSIVES

While procrastination may seem to be a relatively harmless instance of akratic actions so long as the personal projects of those behaving akratically are not significantly disrupted, I will argue in this section that the way depression can infect reasoning and lead to akratic action is much more disruptive. The question of how reasoning like Al's can lead to alienation from both immediate and long term goals brings us to a discussion of two types of akratic depressives, roughly analogous to Bob and Al.

The term "akratic depressive" requires some exposition because of the way akratic is usually used to characterize actions. Actions (or inaction, as in Bob's case) can be akratic insofar as they diverge from the action a person judges they ought to undertake; persons can be akratic insofar as they act akratically. The modifier "akratic," then, does not seem to be something that can be predicated of a person without reference to a particular action. I wish to argue that a person can be akratic, if they are depressed, or, more accurately, in the grip of a depressive episode, even in the absence of a particular akratic action. A depressed person can be akratic because of the way in which their depression affects their reasoning. The analogs to Bob and Al can shed some light on this point.

Take the akratic depressive analog to Bob, Debra. Debra suffers from major depressive disorder (MDD) and is in the midst of a depressive episode. Debra is a high school teacher with a stack of final papers to grade. Debra knows that she ought to grade the papers—because it is a requirement of her job, because

8. In Al's case, we can say that he needs to do well on the paper to complete the course to graduate from college, and, in this sense, his finishing the paper is instrumental to one of his personal projects, namely, being a successful student.

she values her students' ideas and efforts, etc.—but in the grips of a depressive episode, she cannot bring herself to get out of bed to grade the papers. Debra's case seems straightforwardly analogous to Bob's. Both Bob and Debra's inaction is irrational, i.e., against their better judgment, and therefore akratic.

The analog to Al, whom we'll call Craig, presents a more complicated case. Craig is also a high school teacher; additionally, he is a husband and father, and an accomplished pianist. Before the onset of Craig's depression, Craig finds joy and purpose in teaching, in his relationships with his wife and children, and in playing piano. All of these parts of Craig's life are deeply held personal projects, which, in a very real sense, make his life worth living. The motivation built into such actions that further his professional career, his familial relationships, and his music is so automatic he never countenances the thought of why he acts thusly with respect to his roles as teacher, family man, and pianist: he simply acts.

Perhaps this is what Frankfurt had in mind when he spoke of "volitional necessity" (Frankfurt 1988). If that analogy is illuminating, we may say that Craig was subject to a volitional necessity to act in light of these personal projects. And if one were to ask Craig (borrowing from Anscombe) why he lectured or prepared Sunday dinner for his family or practiced piano, the conclusion of the chain of "why" questions would always end with Craig saying "because I love being a teacher, husband, and pianist," respectively. A "why" question beyond Craig's love for his job, family and music would be unintelligible to Craig.

But Craig's life changes when he becomes depressed.⁹ As a result of his depressive symptoms (sadness, loss of interest, lack of energy) Craig gives up playing the piano. He soon slips further into the grips of his depression and begins skipping his classes and missing his deadlines at work. His depression becomes so severe that when he looks into the eyes of his wife and his children, he does not feel love for them, though he knows he should. And even when he realizes that his family recognizes the absence of his love for them, he cannot bring himself even to feel sad about causing his family pain, though, again, he knows should.

The type of alienation Craig experiences from his personal projects is all too common in patients with severe depression. His second order desires to *want* to want to be a professor, husband, father, and musician are not strong enough to override the inertia caused by his depression. Craig's case, as described, is one

9. Here "becomes depressed" means developed MDD. The phrase is roughly analogous to "contracts a virus," rather than "feels sad."

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that is marked by a number of akratic actions: not practicing piano even though he reasons he ought to in order to hone his craft; not going to work even though he reasons he ought to in order to keep his job; and not showing his family his love even though he reasons he ought to in order to maintain and develop his relationship with them. In this way, Craig's akrasia extends over time. His inaction constitutes an akratic inability to do what he reasons he ought to do. Even though his depression causes alienation from discrete personal projects, the alienation which leads to akratic inaction is but one symptom of his depression. Thus, the term "akratic depressive" seems to capture akrasia as it occurs in Craig's life (and Debra's, should we provide a sufficiently three-dimensional account of her life) better than would describing each instance of inaction as akratic.

At this point, one might rightly wonder, where the analogy between Al and Craig lies. Seeing the analogy requires us to further examine the complexities of Craig's case and a specific instance of his reasoning. Perhaps, with regard to attending his lectures, Craig reasons thusly:

1. I love being a teacher.
2. Part of my job as a teacher is to lecture.
3. I *want* to want to be a teacher and to lecture.
4. But ultimately it does not matter if I miss my lectures.
5. The school will find a replacement for me.
6. I am expendable.
7. Given that I am expendable, going to my lecture is not worth the energy it would take for me to get out of bed.
8. Therefore, I will not go to lecture.

And Craig doesn't. He remains in bed. To analyze Craig's reasoning, beliefs and desires in the spirit of Frankfurt, we can say Craig has a first-order desire to stay in bed and not lecture, behavior which is symptomatic of his depression and a second-order desire to want to change his first-order desire. Finally, Craig has a third-order belief that his first- and second-order desires are inconsequential.

The problem with respect to Craig's akratic depression, and the way in which it resembles Al's rationalizing procrastination, is that it becomes almost impossible to undermine Craig's third-order belief that his desires, his personal projects, and perhaps his own existence are inconsequential. This belief provides a ready-made practical reasoning blueprint for Craig to assess whether or not he ought to entertain doing actions related to the maintenance of his personal projects.

Craig's reasoning exemplifies what psychologist Andrew Solomon means when he writes, "You don't think in depression that you've put on a gray veil and are seeing the world through the haze of a bad mood. You think that the veil has been taken away, the veil of happiness, and that now you're seeing truly" (Solomon 2008, 516). The use of the "veil" metaphor helps to eloquently capture the phenomenology of depressive reasoning. The "gray veil" can be understood as an impediment to goal-oriented reasoning, in terms of the neurological effects depression has on one's thinking, reasoning, and feeling. The grey veil, in this sense, actually does capture what is going on in the brain of akratic depressives. The belief that the "veil of happiness" is taken away helps to explain why Craig's reasoning seems in many ways compelling, especially to Craig himself. He believes he is seeing the world more clearly, and therefore reasoning better. Finally, the juxtaposition of the metaphor of the two veils, i.e., that the grey veil is not being added but the veil of happiness is being taken away, helps to explain the sense of alienation from one's personal projects that affects the akratic depressive's reasoning: the akratic depressive does not feel that the alienation he is experiencing from his vocation, his relationships, and his hobbies is a result of putting on the gray veil. Rather, he feels that the veil of happiness has been lifted and begins to question whether he can expend the energy needed to foster his personal projects. The belief that Solomon describes, that the world is colder and uglier in actuality than people not suffering from depression think, is what makes life for a person in the grips of a depressive episode necessarily akratic, and part of what makes MDD and other depressive disorders so difficult to treat.

The in-depth analysis of the way depression infects Craig's reasoning and renders it akratic has not merely been an exercise in exploring the phenomenology of persons with depression. The two types of akasia exhibited by the pairs of Bob and Debra and Craig and Al, respectively, are different phenomena. In the case of the former, akasia is acting against one's better judgment without rationalizing the action. In the latter case, akasia manifests as acting against one's better

judgment and the action is supported by reasoning that seems good on its face, but is problematic precisely because it can be deployed as a way to avoid any action in one's judgment best, at the expense of one's personal projects. For persons with a depressive disorder, this type of akrasia is deeply connected to feelings of alienation from the things that make life worth living. Without anything to anchor a person with depression to their personal projects, the ability to work and reason toward goals becomes immensely difficult. Insofar as their ability to do goal-oriented reasoning is compromised, so too is their rationality.

OBJECTIONS

At this point it is worth discussing some objections, primarily to the hypothetical cases I have set forth, as they are the bulk of my argument. One obvious objection arises when considering how to define the scope of who can be considered rational: If depression fundamentally disorients a reasoner's ability to perceive the world around them, perhaps it would be best to set those cases aside when discussing akrasia and practical reasoning. My response to this is two-fold. First, as noted in the introduction, much of the literature on akrasia/weakness of will already concerns persons with some sort of abnormal psychology. Second, the analogous cases of persons without any mental illness (Bob and Al) seem plausible enough to suggest that the two types of akrasia for which I have argued can be exhibited in the absence of depression.

A more pointed objection with respect to Al and Craig's cases concerns their relationship to their respective reasoning and intentions. If akrasia is forming a judgment that to ϕ is the best course of action and knowingly choosing not to ϕ , it seems Al and Craig are not behaving akratically when they choose to clean the kitchen and stay in bed, respectively. In fact, they are acting in accordance with their intentions. Still, these cases seem to contain an element of akrasia, even if they do not fit the traditional definition: Both cases feature a reasoner having a goal, engaging in practical reasoning to achieve his goal, and choosing to do something that does not help him to accomplish his goal. The issue, then, is locating the disconnect between a piece of ostensibly good instrumental reasoning and a failure to act in one's best interest. A solution lies in the distinction drawn by Frankfurt between desires (and beliefs) with which one decisively identifies, and desires and beliefs that are epiphenomenal, self-deceptive or alien (Frankfurt 1971, 16). Reading about cases like Al's or Craig's, one might feel like Al really

should do his paper and Craig really should teach his class. The reason a person with a "God's eye view" has these intuitions is not merely because it is prudential for Al and Craig to do their work as student and teacher, respectively. These intuitions are more fully explained by an acknowledgment that the desire to be a student for Al and to be a teacher for Craig are desires with which they identify. In their complex mental landscapes, the identities of student and teacher are relatively stable, inflexible, and motivating. A more in-depth analysis of the beliefs and desires Al and Craig identify with will be illuminating.

In Al's case, one of Al's personal projects is being a successful student. Academic success is a desire with which he identifies and that he acknowledges as his own. If Al were, out of nowhere, forced to leave school and go to a work in a coalmine, or some other such field that is completely new to him, Al would experience a real sense of alienation, not only because he enjoys school and being successful in his academic pursuits, but also because before he was forced to switch from student to laborer, his identity of student and all the beliefs and desires connected to that identity were abruptly uprooted from his mental landscape. Al does not know how to be a coalminer. Further, he is aware that he knows how to be a student much better. One of the primary lenses through which Al sees the world is through his identity as a student. He assimilates new information into his mental architecture more easily if it is understandable in terms of his beliefs and desires as a student and less easily if it does not.

Conversely, a desire with which Al might not deeply identify could be his desire to have a chocolate chip muffin for breakfast in the morning. Al enjoys chocolate chip muffins, but were Al to see a sign advertising a new jelly-filled donut in the drive-thru of his favorite bakery-café, he is sufficiently distanced from his desire for a muffin to try the new donut. This idea of alternative options is especially important when one considers Al's original case. There are alternatives available to Al besides cleaning his kitchen, for example, writing the paper somewhere else. If Al were to write the paper elsewhere, this action would not disrupt his network of beliefs and desires. The premise in Al's reasoning stating that the kitchen really needs to be cleaned (at the time he is engaged in the reasoning) is a belief with which he does not identify precisely because the belief is not deeply integrated into his mental architecture. He has a good deal of plasticity in his response to the issue of a writing a paper with a dirty kitchen, whereas his belief that he needs to

complete the paper by 5:00 pm to do well in the class is more deeply ingrained in his mind.

In Craig's case and in the case of persons with depressive disorders more generally, alienation from the beliefs and desires with which one identifies happens as a result of the depression. The alienation is built into the diagnostic criteria for depression because it marks a departure from the stable, inflexible, and motivating beliefs and desires that were present in Craig's mental landscape before he became depressed. The premise in Craig's reasoning stating that Craig is expendable is similarly connected to his depression. Although Craig's belief that he is expendable feels at the time he engages in the reasoning to be true, it is not a belief with which he identifies. His second-order desire to *want* to want to teach is indicative of Craig's non-identification with his belief that he is expendable.

As a point of contrast, it is worth noting that there are people who do identify with beliefs that their place in the world is immaterial, that their attachments on earth are transient and their identities illusory. An ascetic is an example of such a person. If one can imagine a case were instead of becoming depressed, Craig adopted an ascetic lifestyle, his relationship to the beliefs and desires in his reasoning becomes very different. The belief that he is expendable is no longer a departure from his overall mental architecture, but rather an instantiation of his larger worldview.

Returning to the issue of akrasia, neither Craig nor Al genuinely reasons to the judgment that to ϕ is the best course of action because the beliefs and the desires that constitute the practical reasoning are not beliefs and desires with which they identify. Specifically, the disingenuous belief in Al's case that the cleaning needs to be done at present and the alien belief in Craig's case that he is expendable cause the practical reasoning to rear off-course. The reasoning arrives at a conclusion that does not help the reasoner to accomplish the goal he set out to accomplish. The "correct" path of practical reasoning, consisting of desires and beliefs with which the reasoner identifies, reaches an intention that allows the reasoner to achieve their goal, but these beliefs and desires are not occurrent in the reasoning processes of Al and Craig. In the cases of Al and Craig, akrasia consists in forming a judgment that he ought to ϕ based on self-deceptive or alien beliefs and desires and ϕ -ing, when ϕ -ing is not the all things considered best course of action.

While this type of akrasia departs somewhat from the traditional definition of the term, one of the translations of akrasia, "weakness of will," is present in all the

cases discussed: for Bob and Debra, their will is just not enough to override their motivational inertia; for Al, his rationalization demonstrates a kind of will power, but not the kind that allows him to foster his personal projects by acting in his best interest; and for Craig, his will is infected by depression such that he is unable to foster his personal projects and uses reasoning as an attempt to make sense of his feelings of alienation, anhedonia, and exhaustion.

CONCLUSION

In this paper, I have argued for two types of akrasia, both of which are salient in the lives and the reasoning processes of persons with depressive disorders. The first, more well-known type is simply acting against one's best judgment. The second type involves a more complex psychological phenomenon, where a person attempts to avoid an *all things considered* best course of action through roundabout, specious reasoning that justifies or rationalizes not doing said action (and leads to some other course of action). The discussion of these types of akrasia vis-à-vis persons with major depressive disorder is meant to shed some light on the phenomenology of depression. Given these findings, there may be important implications for cognitive behavioral therapy: if a person who suffers from major depressive disorder is behaving akratically, perhaps the best course of action is to attempt to explain to him that his ability to reason well is being compromised by his illness.¹⁰ Solomon's grey veil metaphor might be helpful to explain this point to a person suffering from depression. And, once the person acknowledges that he is not in a position to act in accordance with his all things considered best judgment, assistance from family, friends, and psychotherapists can come in. Perhaps this is where something akin to second-person practical reasoning could be used to help depressed patients see what they ought to do in order to foster their personal projects during depressive episodes.¹¹ Further

10. This discussion, describing to a person who acknowledges that they are depressed that their rationality is being affected even if it feels like they are seeing more clearly, is a different discussion than trying to explain to someone who refuses to acknowledge that they have a mental illness that they are unwell.

11. At this point, there may be a worry about paternalism in the treatment of patients with depressive disorders. This worry is not unwarranted, but given the lack of a robust understanding of the mechanism of mental illness and the relatively recent emergence of modern treatments for mental illness, a talk therapy solution steeped in an acknowledgment of the alienating nature of the disease might be the best course of treatment.

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philosophical investigation into this relatively unexplored type of reasoning should be conducted to see if it can be incorporated into treatment plans. Any and all philosophical and psychological tools should be marshalled to combat akrasia in patients with depression because, in too many cases, leaving on the gray veil leads to tragic consequences.

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