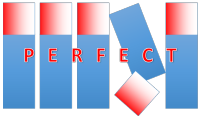


Philosophy of Mind Workshop Series 4. Rationality



European
Research
Council



Workshop series developed by Sophie Stammers, research fellow at Project PERFECT, University of Birmingham, and conceived of in partnership with Mind in Camden in 2017. Email s.stammers@bham.ac.uk

Today's session: Guiding questions

- 1) What are rationality and irrationality, and where are these concepts employed?
- 2) Should irrationality be identified with illness, or mental health crisis?

Popular view in psychiatry:

Irrationality is a significant symptom of “mental disorders”

“The World Health Organization’s *International Classification of Diseases* and the American Psychiatric Association’s *Diagnostic and Statistical Manual* that set the criteria for psychiatric diagnosis of mental disorders **describe many mental disorders as involving deviations from rationality**. This means that rationality plays a big role in what counts as a mental disorder and, hence, in who we judged to have one and how we treat them.”

Elly Vintiadis, “The Irrationality Within Us”, Scientific American, 12th December 2016.

What is rationality?

And what does it mean to be rational?

Difference senses of rationality

Believing

Epistemic rationality

Having beliefs based on evidence (whatever that is...) or shared reality.

Rational coherence

Having beliefs that don't contradict each other, and which fit together.

Doing

Instrumental rationality

Doing things to achieve **your** aims, whatever they are.

Value rationality

Doing things in accordance with some set of **values or principles**.

Cognitive biases: Confirmation bias

When existing beliefs influence the outcome of a decision (and they shouldn't).

E.g. Forensic examiners and fingerprints

Forensic examiners were given some finger prints to match. It was hinted that these finger prints came from a case already known to the examiners, in which other examiners had found the prints to be a non-match. In fact, the prints were from cases the forensic examiners in the study had *already* made judgements about. Even though the experts were told to ignore the background information, four out of five of them did not identify the fingerprints as they did the first time they examined them!

From Dror, I. et al. (2006), Contextual information renders experts vulnerable to making erroneous identifications, *Forensic Science International*, 156:1, 74-78.

Social bias

When someone makes unfavourable judgements about a person, or their accomplishments, on the basis of that person's social group membership. This can (and regularly does!) happen for people who do not intend to discriminate, and are not aware that they do.

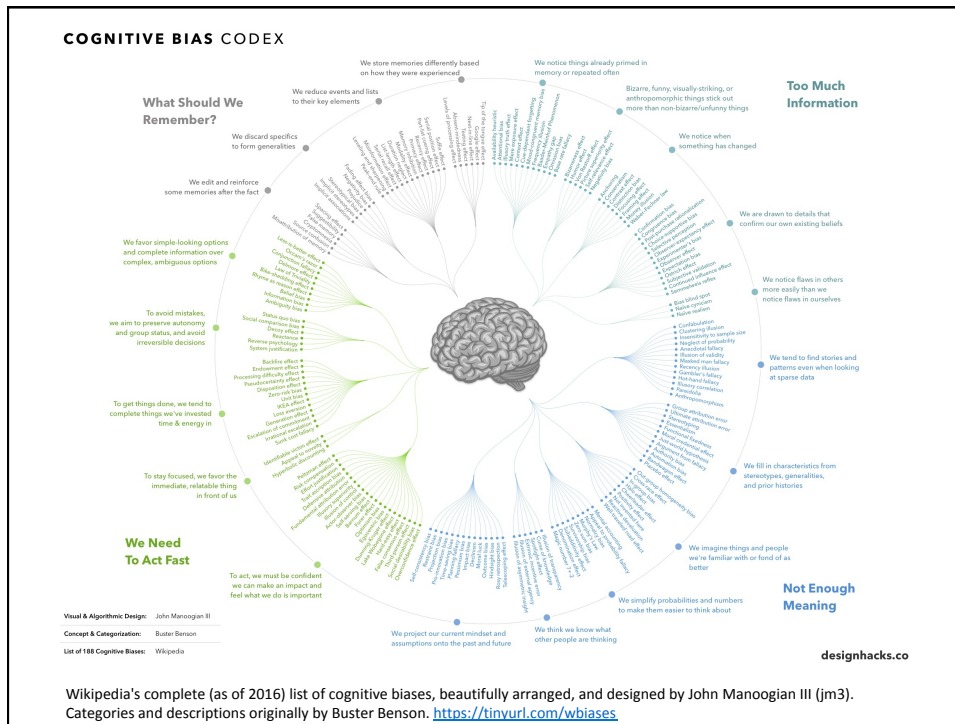
The idea is that we tend to associate certain social identity groups with certain stereotypical traits, and that these associations can manifest in cognition and lead us to misrepresent people by expecting them to comply with a stereotype that does not necessarily reflect how a person really is.

Social bias

E.g.s

- "Microaggressions" subtle signs of hostility in social interactions with a black person, compared to with a white person.¹
- Women less likely to be recommended for a job than men.²
- (Swedish study) job applicants with Swedish names more likely to be called for interview than applicants with Muslim names (exactly the same C.V.s!).³
- People associate notions relating to mental illnesses with dangerousness, as well as with incompetence and character weakness.⁴

References 1-4 at end of document



Cognitive biases affect everyone

Regardless of whether they have unusual beliefs and/or experiences, ongoing mental distress, or any psychiatric diagnosis.

Is there any special kind of
irrationality that is associated
with mental health issues?

And do you agree with the
irrationality as symptom view from the start?

reminder of this view:
Irrationality is a significant symptom
of “mental disorders”

“The World Health Organization’s *International Classification of Diseases* and the American Psychiatric Association’s *Diagnostic and Statistical Manual* that set the criteria for psychiatric diagnosis of mental disorders **describe many mental disorders as involving deviations from rationality**. This means that rationality plays a big role in what counts as a mental disorder and, hence, in who we judged to have one and how we treat them.”

Elly Vintiadis, “The Irrationality Within Us”, *Scientific American*, 12th December 2016.

But if multiple cases of irrationality which are not related to mental health crisis or diagnosis have been identified, is irrationality a meaningful diagnostic symptom of mental health crisis?

(Optional) readings for next session

“‘Them and Us’ no longer: mental health concerns us all’

<https://tinyurl.com/m4reading1>

“Models of Mental Health: A Critique and Prospectus”

<https://tinyurl.com/m4reading2>

Social bias (references)

- 1) Dovidio, J. F., Kawakami, K., Johnson, C., et al. (1997). On the Nature of Prejudice: Automatic and Controlled Processes. *Journal of Experimental Social Psychology*, 33(5), 510–540; McConnell, A. R., & Leibold, J. M. (2001). Relations among the Implicit Association Test, Discriminatory Behavior, and Explicit Measures of Racial Attitudes. *Journal of Experimental Social Psychology*, 37(5), 435–442; Wilson, T. D., Lindsey, S., & Schooler, T. Y. (2000). A Model of Dual Attitudes. *Psychological Review*, 107(1), 101–126.
- 2) Uhlmann, E., & Cohen, G. L. (2005). Constructed Criteria: Redefining Merit to Justify Discrimination. *Psychological Science*, 16(6), 474–480.
- 3) Rooth, D.-O. (2007). Implicit Discrimination in Hiring: Real World Evidence. (IZA Discussion Paper No. 2764). Bonn: Forschungsinstitut Zur Zukunft Der Arbeit (Institute for the Study of Labor).
- 4) Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *American journal of public health*, 89, 9, 1328-1333; Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry*, 1, 1, 16-20.