Abstract

We hesitate to blame kleptomaniacs for stealing. Should we be similarly hesitant to praise people for doing good deeds if their actions are motivated by similar compulsions? My thesis project considers how to evaluate good deeds that are caused by mental illness. Specifically, I will focus on Scrupulosity OCD. Scrupulosity is a type of obsessive-compulsive disorder in which rather than feeling the urge to do something like wash their hands, the patient has the compulsion to help other people.[1] Mental illnesses like this can cause conflicting intuitions when it comes to assigning praise. For example, if someone donates 30% of their income to charity because they want to help other people, it seems like we should praise them strongly. But if we find out they have Scrupulosity OCD and felt compelled to make donations, we might want to avoid praising their compulsive behavior.

My project seeks to resolve these conflicting intuitions. I will start by confirming that it is possible to perform good deeds as a result of mental illness, and I will then carefully dismiss the possibility that such deeds can warrant neither praise nor blame due to mentally ill people having 'no choice.' Next, I will explore one influential account of praiseworthiness in which, roughly, a person is praiseworthy if they do the right thing for the right reasons.[2] From this account, we might expect Scrupulous people not to be praiseworthy, but I discovered the opposite result: it follows from this account that a good deed resulting from Scrupulosity OCD is actually more praiseworthy than one that is not compulsive. I do not consider this a desirable result. Accordingly, I propose a way to alter the account to return a more plausible result: compulsive and non-compulsive actions are, in some circumstances, equally praiseworthy. I will finally conclude that when good deeds caused by Scrupulosity OCD are as praiseworthy as non-compulsive good deeds, it is because the person's good deeds and the compulsions that caused them are an accurate reflection of that person's real (praiseworthy) values.

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[1]Summers and Sinnott-Armstrong, 2019, 40-41
[2] Arpaly, "Moral Worth," 2002, 226

Can't Help but Help: Should We Praise Good Deeds that Result from Mental Illnesses?

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Introduction

Most people would consider a diagnosed kleptomaniac less blameworthy for shoplifting than someone who chooses to steal just for fun. It seems like the compulsive nature of the action negates some or all of the blame we would usually assign. Should we be similarly hesitant to praise people for doing good deeds if their actions are motivated by similar compulsions? This project will consider how to evaluate good deeds that are caused by mental illness. Specifically, I will focus on a kind of OCD called Scrupulosity.

Compare two people, both of whom frequently wash their hands. Jen prefers to keep her hands clean because she doesn't want to catch a cold. Her workplace put up a sign about proper hand washing technique, and she always tries to follow it before she eats. If she realizes she forgot to wash her hands, she feels upset. She tries to remember to wash her hands as soon as she can, at which point she stops thinking about her hands and moves on to doing other things.

David cares a lot about keeping his hands clean because the thought of catching a cold makes him feel terrified. He is distressed by the thought of being contaminated, and washing his hands is the only thing that makes the upsetting thought go away for a moment. His workplace put up a sign about proper hand washing technique, and he always follows it before he eats. If he realizes he forgot to wash her hands, he feels ashamed because now it will be his own fault if he gets sick. He is desperate to wash his hands as soon as he can, and he cannot fully function until he has done so, due to the distraction and distress. Even afterward, he usually cannot stop thinking about how contaminated his hands might be, which makes it hard to do other things.

Jen and David both want to keep their hands clean to avoid catching a cold. They both try to follow proper hand washing technique before they eat. We can even stipulate that they wash their hands with the same intensity and equally often. Both are upset if they forget, and both try to remedy it as soon as they can.

But Jen and David are different in one crucial way. Only one of them displays behavior that seems pathological. Jen's behavior indicates she has a more cautious than average personality, but it seems responsible rather than pathological. We might even praise her for taking the time to prevent spreading diseases. David's behavior seems different.

It's plausible to think that David would be diagnosed with OCD if he saw a psychologist about his handwashing behavior, even though he does not wash his hands any more often than Jen does. Obsessive Compulsive Disorder is a mental illness according to the DSM V.[3] We can define obsession as a thought you cannot get rid of that causes distress at least some of the time. A compulsion is a behavior or mental act you feel a strong urge to perform in response to an obsession. Compulsions are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation. Criterion 3a of the DSM states that these behaviors or mental acts are "not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive."[4]

You might associate OCD with simple behaviors like hand washing or lock checking, but more complex behaviors like excessive studying can be OCD compulsions, too. You also might associate OCD obsessions with physical threats or other primal fears, like dying or catching a disease, but OCD obsessions can also target personal values, like fairness or generosity. I am

[3] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5,* 2013, 237

[4] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5,* 2013, 237

especially interested in the latter sort of OCD compulsions: value-based ones that involve complex behaviors.

For an example of such a compulsion, suppose Dan donates 10% of his income to charity every month because he cares about helping others. He rarely misses a donation, but on the off-chance he does, it upsets him greatly because helping others is important to him. Concern for others and consequent donations are good, and, I think, praiseworthy.

But what if Dan is genuinely afraid to donate less money? Suppose he feels debilitating guilt at the thought of missing a donation, and his regular donations are the only way he knows to relieve anxiety. Do all these unpleasant emotions change our judgment about Dan's donations being praiseworthy?

We can call Dan's fear Scrupulosity. This is a type of OCD that focuses specifically on moral issues.[5] In Scrupulosity, instead of obsessing about something like germs, the person obsesses about doing good deeds. Instead of doing something like compulsively washing their hands, they try to do things that help other people.

There is no agreed-upon psychological definition of Scrupulosity OCD. Even if there were, psychological definitions are often not as clear or exact as we would like a philosophical definition to be. For that reason, I have compiled a working definition of Scrupulosity that is clear and simple enough to be used for philosophy. It is outside the scope of this project to determine whether a person who meets my definition for Scrupulosity would be diagnosed with OCD if they presented to a therapist. I believe that they would be since my definition overlaps largely with the DSM diagnostic criteria for OCD. However, even if this is not the case, it need

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[5] Summers and Sinnott-Armstrong, 2019, 40-41

not influence our philosophical interpretation of such cases. Even if Scrupulosity were not diagnosable as OCD, most people would likely agree that a person who meets my Scrupulosity criteria experiences pathological compulsion in some sense. And pathological compulsion is the philosophically relevant factor in these cases.

We should consider a person to have Scrupulosity when—

1. The person experiences obsessions about doing good things.
2. The person compulsively tries to perform actions or think thoughts that they believe to be good.
3. The person is extremely distressed by the thought of not doing enough good things or not doing good enough things.
4. The severity and frequency of obsessions, compulsions, and distress interfere with the person's quality of life or ability to complete daily tasks.

It is possible to meet these criteria without actually managing to help anyone. Suppose that Dewey thinks to himself "I care about other people and do not want anyone to suffer" at least five hundred times a day. Every time he sees someone unhappy, he becomes very afraid of not feeling upset enough. He tries to neutralize that fear by repeating his mantra. Dewey's mantra is not helping other people. Similarly, imagine that in order to donate money more to charity, Dan had elected to stop buying food for his children. This may still help other people, but the harm it would cause to those close to Dan would seem to cancel it out.

Cases like Dewey's and this version of Dan's are not hard to morally evaluate. Even though they were trying to help other people, they have not been successful in ways that matter, so they are not praiseworthy.

The harder to evaluate (and therefore most interesting) cases are those where—

1. The person's compulsions involve doing actual good deeds.
2. The person's compulsive good deeds are successful at bringing about a good outcome that is not canceled out by any inconvenience or distress to others caused by their compulsive nature.[6]

Cases like this are interesting because OCD symptoms like this appear indistinguishable from actions we associate with moral saints. A moral saint is "a person whose every action is as morally good as possible."[7] Determining exactly what such a person would look like depends on what actions are the morally best, but there are some actions that most people can agree are morally good. Donating to charity because you care about helping other people is one of them. Additionally, it is vital that the moral saint does these good deeds out of genuine concern for helping others. We can refer to this kind of caring as moral concern.[8] Donating money solely because you believe you will go to Hell if you do not may or may not be praiseworthy, but it definitely would not make you a moral saint. The more somebody cares about helping others, the more saintly it seems like they are.

But what if an apparent moral saint is actually acting on compulsion? Mental illnesses like Scrupulosity OCD can cause conflicting intuitions when it comes to assigning praise. If someone donates a large proportion of their income to charity because they want to help other people, it seems like we should praise them strongly. They might even be a moral saint if their moral concern is high enough. But if we find out they have Scrupulosity and felt compelled to make donations, we might resist praising their compulsive behavior. Intuitively, we might feel

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[6] In case this seems implausible, I will argue more specifically for the plausibility of compulsive good deeds in Chapter One.
[7] Wolf, 1982, 419. For real-life examples of moral saints, or at least people the author identifies as moral saints, see MacFarquhar, 2015.
[8] Arpaly, 2002, 233

that if a behavior is compulsive, it is not a true reflection of the person's will or their values. A compulsive person is sick, not a saint.

We must determine how to resolve our conflicting intuitions here. Doing so will require us to engage with important ideas about agency, responsibility, and mental illness. No matter which solution we pick, there will be significant consequences for the moral status of people who suffer from OCD. Let me explain this last point.

If we concluded that compulsive good deeds could never be praiseworthy, then we could never praise people with Scrupulosity OCD for any of the good they do. This would mean people with Scrupulosity OCD are not moral agents. A moral agent is a person who makes their own decisions about morally relevant matters, and therefore can be justly praised or blamed for their actions. Even if OCD can compromise agency, it seems implausible to conclude that people with OCD are not moral agents at all. Furthermore, since the symptoms of Scrupulosity OCD overlap with the characteristics of moral saints, we would have to claim that many (if not all) moral saints are not moral agents either. This would force us to reevaluate what it means to be a good person. Before, we established that moral saints are different from other people who do good deeds because moral saints care more, but extremely high moral concern is connected to OCD. What does it mean to be a good person if caring 'too much' eliminates praiseworthiness entirely?

If instead we concluded that compulsive good deeds can be praiseworthy, then we would have to praise many mentally ill people for indulging the symptoms of their mental illness. This would mean that for many people, the right thing to do would be to avoid mental health treatment, and that it might be wrong for psychologists to provide such treatment. After all, treatment would make the patient's actions less praiseworthy.

In addition to this impact on people with Scrupulosity OCD, this conclusion introduces a hefty element of moral luck to the facts about praiseworthiness. How praiseworthy you are will depend on whether or not you happen to have a particular mental illness. Maybe if you are not 'lucky' enough to have Scrupulosity OCD, you cannot achieve the level of moral sainthood open only to those who 'lucked' into being born with this mental illness.

Given that there are costs to both granting or denying praise to compulsive good deeds, the best solution to this puzzle may be more complex than picking between one or the other. I will lay out the features we would want in a solution to this puzzle.

1. Recognize that people with Scrupulosity OCD can still have moral agency.
2. Allow mental health treatment to be appropriate and not potentially blameworthy for people with Scrupulosity OCD.
3. Minimize any moral luck included in being praiseworthy.

The first possible solution wherein compulsive good deeds are not praiseworthy fails the first condition, while saying compulsive good deeds are praiseworthy fails the second two. My aim is to present a solution that achieves all three. I will start by arguing that it is possible to perform good deeds as a result of mental illness. I will then carefully dismiss the possibility that such deeds can warrant neither praise nor blame because having a mental illness implies having 'no choice.' Next, I will explore one influential account of praiseworthiness in which, roughly, a person is praiseworthy if they do the right thing for the right reasons.[9] Prima facie, we might think that if the right reasons are required, compulsive actions cannot be praiseworthy. But one reason Arpaly's account is interesting is that the opposite follows: a good deed resulting from Scrupulosity OCD is actually more praiseworthy than one that is not compulsive. As mentioned

[9] Arpaly, 2002, 226

earlier, I do not consider this a desirable result because it introduces moral luck. Accordingly, I propose a way to alter the framework to return a more plausible result: compulsive and non-compulsive actions are, in some circumstances, equally praiseworthy. I will finally conclude that when good deeds caused by Scrupulosity OCD are as praiseworthy as non-compulsive good deeds, it is because the person's good deeds and the compulsions that caused them are an accurate reflection of that person's real (praiseworthy) values.

This demonstrates that evaluating compulsive good deeds is tricky. There is not a test that definitively produces the correct results for any compulsive good deed we plug into it. But my solution resolves the puzzling ambiguity of compulsive good deeds in a way that accomplishes my three goals. It does this even though one goal (retaining the agency of mentally ill people) seemed as if it may contradict the other two (making mental health treatment morally appropriate and avoiding moral luck).

My conclusion will complicate the ideas of compulsion and praiseworthiness. Although it may seem like compulsion is a binary in which an action is either compulsive or it is not, I will show that actions can be varying degrees of compulsive. Additionally, I will reveal a distinction between an action being compulsive in that it is uncontrollable versus an action being compulsive in that the motivation to do it stemmed from a compulsion. Actions may be compulsive in one sense but not the other or be varying degrees of compulsive in each. This distinction is not always acknowledged, but my results will show it is important that we do acknowledge it. They will reveal that the urgency often associated with compulsion is more wrapped up in our conception of genuine praiseworthiness than we may previously have thought.

Chapter 1: Are Compulsive Good Deeds Possible?

1.1 An Initial Objection

We want to figure out how to evaluate good deeds that are caused by compulsion. But are compulsive good deeds even possible? If something being good means that it is not a compulsion, then we could very easily conclude that no compulsions are praiseworthy. In exploring this response, I will clarify several terms I will use throughout this thesis, including "good," "praiseworthy," and "compulsive." I will focus on distinguishing between good and praiseworthy acts. I will also argue that just because an act is compulsive does not mean it cannot also be good or praiseworthy.

Not all good acts are praiseworthy. For example, saving a person's life is a good thing to do. But suppose Penny intends to inject Robert with a lethal poison, but then accidentally saves Robert's life by mixing up her vials and injecting the antidote to Robert's deadly disease instead. Penny has done something good: she saved Robert's life. But Penny's act clearly is not praiseworthy— she was trying to kill him.

Even though not all good actions are praiseworthy, actions do have to be good in order to be praiseworthy. Penny's action would not be praiseworthy if she intended to save Robert's life with the antidote but chose not to check the vials and carelessly injected him with lethal poison instead. These examples demonstrate that an action can be good without being praiseworthy, but an action cannot be praiseworthy without being good.

I am interested in whether compulsive actions can be praiseworthy. I have just shown that to be praiseworthy, an action must be good. But what if no compulsive actions are ever good? Then no good deeds caused by Scrupulosity OCD could ever be praiseworthy.[10] To determine if this is the case, let us look back at the DSM criteria for compulsions. Criterion 3a states that "compulsive actions must be "not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive."[11] One possible interpretation for the case of Scrupulosity OCD is that *"*the behavior cannot be connected in a realistic way with *helping other people* or is clearly excessive*."* The behavior is designed to prevent the suffering of others, so it cannot qualify as a compulsion if it successfully prevents suffering. For handwashing OCD, this interpretation would mean that the behavior is designed to prevent catching or spreading a serious disease, so the behavior cannot be a compulsion if it does prevent catching or spreading a serious disease. The second possible interpretation of 3a is that *"*the behavior cannot be connected in a realistic way with *relieving anxiety* or is clearly excessive*."* In this interpretation, for all types of OCD, the behavior is designed to prevent anxiety. It cannot be a compulsion if it succeeds at preventing anxiety. Which interpretation of 3a we select will determine whether compulsive actions can be good.

1.2 Clearly Excessive

First, let us focus on the term "clearly excessive" and see if this term makes more sense describing the content of compulsions or the act of relieving anxiety. To be excessive means to

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[10] This response is largely inspired by Summers and Sinnott-Armstrong, 2019. They do not explicitly state this response, though it seems to be implicit in their ch. 1: "Cases" and ch. 3: "Scrupulosity as a Form of OCD."

[11] Diagnostic and Statistical Manual of Mental Disorders: DSM-5, 2013, 237

be more than is "necessary, normal, or desirable."[12] What would it mean for an action to be clearly excessive under each possible interpretation of 3a?

If 3a means the behavior is "clearly excessive" in terms of *helping other people,* then whether a good deed is compulsive partially depends on whether it excessively helps other people. This does not make much sense. We do not want to label all people who do more good deeds than other people as compulsive. Perhaps it is 'normal' to do nowhere near enough good deeds. It also does not make sense to ask whether a good deed was necessary. What good deeds are required of us is a large philosophical question, and it does not seem like whether a behavior is clinically compulsive should depend on the answer to a large philosophical question. It is also philosophically loaded to determine which good deeds are desirable. A philosopher like Peter Singer would likely argue that all good deeds are desirable; it is desirable to do as many good deeds as possible.[13] But a philosopher like Susan Wolf would argue that many good deeds are undesirable, in the event that they take up too much time that could be spent on other worthwhile pursuits.[14] Which philosopher's moral theory is correct also does not seem like it should have a bearing on whether a good deed is compulsive. So defining whether a behavior is excessive in relation to the action itself, in this case, doing good deeds, is not clear or helpful.

Moving to the other possible interpretation, suppose 3a means the behavior is "clearly excessive" for the purpose of *relieving anxiety.* This criterion makes a lot more sense. It may be rational to perform more good deeds than a normal person does, but performing more anxiety-relieving behaviors than normal is more plausibly pathological. The necessary definition makes more sense as well. Under many moral theories, nobody, no matter how rational, will ever be

[12] Oxford Languages, Oxford University Press, "excessive"
[13] Singer, 1972
[14] Wolf, 1982

sure that they have completed enough good deeds. It is hard to distinguish reasonable doubt from OCD. But most people will feel sure that they have completed a stress relieving activity to its completion. Someone without OCD might count the lengths of their inhales and exhales for a few minutes and then move on with no impression that they have left the 'slow breathing' task incomplete. Someone with OCD might continue the breathing task for much longer than is necessary, perhaps for days at a time. Finally, the desirable definition also works better if it relates to anxiety. What is desirable under a moral system is not a good basis for diagnostic criteria, but what is desirable in terms of anxiety management is. Taking deep breaths to relieve anxiety is a healthy and desirable way to relieve anxiety. It becomes excessive at the point where it has undesirable impacts on the person's quality of life.

For each definition of excessive, the "clearly excessive" part of the criterion is clear when applied to the relieving anxiety interpretation, but unclear when applied to the helping others interpretation. Next, I will focus on whether such behaviors are 'connected in a realistic way with what it is designed to neutralize or prevent,' and see if we get the same result.

1.3 Realistically Connected

Applying 3a to Scrupulosity OCD, we could interpret it to mean *"*the behavior cannot be connected in a realistic way with *helping other people."* If Dan's donations help other people, then they are not compulsions. If they are compulsions, they must be failing to help other people in some way. This would mean that any behaviors that seem like compulsions but that we would consider good actions cannot be OCD. This is the thought I believe is implicit when Summers and Sinnott-Armstrong say compulsions are "unjustified." They use the example of a person who repeatedly checks locks, and then explores why they would continue to do so even "when the

lock has never failed."[15] In this case, the lock-checking behavior is not realistically connected with ensuring the door cannot open. But Scrupulosity compulsions do not take place in a world where nobody has ever starved to death. This means that if Dan is donating money to feed the hungry, he must not be doing it compulsively. Actions that help prevent starvation can never be unjustified, so any good deed that reduces world hunger must not be compulsive. This interpretation makes more sense in regards to the reasonable connection criterion than it did in regards to the clearly excessive criterion.

Even so, let us consider the other option for interpreting the meaning of reasonable connection in 3a. After that, I will use an example to show that this second interpretation still makes more sense. We could interpret 3a to mean *"*the behavior cannot be connected in a realistic way with *relieving anxiety."* Donating money to charity is not a commonly recommended coping mechanism for reducing anxiety. This is especially true of scheduled and automated donations to charities chosen by efficacy rather than an emotional connection. This means that donating could be compulsive even if it is effective. However, using a healthy coping mechanism like taking a deep breath would not be compulsive, even if the urge to take a deep breath is strong. This is because deep breathing is realistically connected with relieving anxiety. (Unless, of course, the deep breathing is excessive as defined previously).

1.4 Selecting an Interpretation: OCD Treatment During COVID

We can see that the relieving anxiety interpretation is the one psychologists have used in real life by examining their response to hand-washing OCD during the COVID-19 pandemic. In the beginning, public health experts reported that COVID could spread through surfaces, so there was a major public service campaign encouraging hand washing. Where before, it seemed easy

[15] Summers and Sinnott-Armstrong, 2019, 37

to tell when handwashing was compulsive and when it was rational, suddenly, 'rational' people had as much urgency, anxiety, and preoccupation about handwashing as those with diagnosed OCD. It seemed that the benefits of handwashing and the risks of not doing so had increased to match the significance that many OCD patients attributed to handwashing before the pandemic.

If we interpret 3a to mean *"the behavior cannot be connected in a realistic way with reducing the risk of serious disease,"* then this would mean many former OCD patients would no longer qualify for diagnosis. Because reality changed such that their behavior now seemed realistically connected to this outcome, their behavior should have been no longer compulsive.

But this is not how psychologists responded. They did not rescind OCD diagnoses. Instead, they explored new ways of treating OCD given the facts of the pandemic. Standard treatment pre-COVID, and for non-health-based forms of OCD, includes encouraging the patient to resist performing their compulsions. This causes increased anxiety in the short term but significantly reduces anxiety in the long term.[16] Several articles explored whether OCD patients should be encouraged to resist their compulsions when those compulsions are genuinely effective public health behaviors.[17] Most psychologists agreed that OCD patients should not be encouraged to resist such compulsions, so long as the frequency or intensity of their handwashing did not exceed public health guidance. This contradicts the first interpretation of 3a: *"*the behavior cannot be connected in a realistic way with *reducing the risk of serious disease."* During the early stages of the COVID-19 pandemic, all evidence suggested that previously diagnosed handwashing OCD behavior was indeed connected in a realistic way with

[16] *APA Dictionary of Psychology* "exposure and response prevention"
[17] See, for example, N. A. Fineberg, et al, 2020; and Caitlyn E. Maye, et al, 2022.

reducing the risk of disease. And yet, psychologists still treated such behavior as if it met the diagnostic criteria for OCD.

This response is consistent with the second interpretation of 3a: *"*the behavior cannot be connected in a realistic way with *relieving anxiety."* It makes sense to think that people with clinical OCD felt more continued anxiety after washing their hands than non-pathological people did, even at the beginning of the pandemic. Under this interpretation, the difference between compulsive and non-compulsive handwashing is that non-compulsive handwashing actually provides relief. Someone who does not have OCD might wash their hands just as carefully as someone with OCD, but the difference is that they will then feel satisfied that they have sufficiently cleaned their hands and be able to go on functioning with their anxiety at least somewhat reduced. A person with handwashing OCD, on the other hand, will begin to feel more contaminated and scared than they did before washing their hands. They may feel the need to wash their hands again very soon. This means that the non-compulsive hand-washer's behavior did relieve anxiety, but the compulsive handwashing, despite providing an equal level of protection against disease, did not relieve anxiety.

For this reason, I will accept the second interpretation of 3a: *"*the behavior cannot be connected in a realistic way with *relieving anxiety."* The other interpretation would have claimed that good deeds that actually help other people cannot be compulsive, but this interpretation says that they can, so long as they do not relieve the donator's anxiety. This means that compulsive actions can (at least theoretically) be good. There is nothing in the DSM criteria for compulsions that proves they cannot. If these actions still are not praiseworthy, it must be for some reason beyond the fact that they are compulsive. I will explore one such possible reason in the next chapter.

Chapter 2: Principle of Alternative Possibilities

2.1 Presenting PAP: An Initial Concern

You might be thinking there is an easy answer to the question of whether compulsive actions could ever be praiseworthy. Clearly, they cannot be since if an action is compulsive, you have no choice but to perform it. If you have no choice, then you cannot be praiseworthy or blameworthy. It seems reasonable to think we can only morally evaluate actions when there are other possible actions the person could have taken instead. Does this answer our question about Scrupulosity? Let us consider an example of a person with no alternatives, and then name our intuitions about the situation. After that, we will need to flesh out our conception of what it means to have no choice, and then compare that to our knowledge of OCD to see if compulsive actions would be removed from moral responsibility under this intuition. Although it may seem like they would be, after carefully considering these relevant factors, I will conclude that they would not.

Suppose that Aaron is heading to a first date when a drunk driver runs into his car. Aaron hits his head and has to wait for an ambulance to arrive so that he does not bleed to death. If he tried to go to the date anyway, he would probably die, and moreover, would make a terrible conversationalist. He might even pass out on the way and still be unable to attend even if he tried. He texts his date explaining what happened and that he will have to reschedule. Aaron had been fully planning to attend the date and only cancelled because his head injury left him no choice.

Should Aaron's date blame him for cancelling? It seems obvious that she should not. Blaming Aaron only makes sense if he had another choice. What choice did Aaron have? We must be able to explain what Aaron should have done instead, if we wish to blame Aaron for what he did in actuality. So it seems that a person cannot be held morally responsible for an action if they had no alternatives to performing it. This is the principle of alternative possibilities, or PAP.[18]

PAP can absolve a person of blame, as well as deny a person praise. Frequently, PAP is used to argue that people are not blameworthy for actions which would be considered blameworthy in most circumstances. A person cannot be blamed for doing something that would usually incur blame if that person did not have a choice when they did the blameworthy thing. Aaron is not blameworthy for missing his date because he had no choice but to miss his date. Intuitively, it seems like PAP would work similarly for actions that would ordinarily be praiseworthy. Suppose Brenda is looking at a charity website just to kill time when she experiences a muscle spasm that causes her to accidentally hit the donate button and be unable to hit cancel before the money goes through. Even though donating money is usually praiseworthy, it does not seem like Brenda is praiseworthy in this case. Donating the money is something Brenda had no choice but to do. Donating money would only be praiseworthy if she could have alternatively chosen to keep it for herself. This means that according to PAP, a person is not praiseworthy for an action if they had no choice but to perform it.

Intuitively, it seems like this might suggest actions caused by Scrupulosity OCD cannot possibly be praiseworthy. After all, they are compulsions, and compulsions are frequently used in philosophy as examples of actions people have no choice but to perform. This explains the

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[18] Robb, 2020

intuition about the kleptomania case in the introduction. The intuition is that the kleptomaniac's compulsion limits or eliminates their ability to make a different choice, whereas a non-pathological shoplifter could have performed an alternative action relatively easily. In other words, it seems like PAP suggests a kleptomaniac is not blameworthy for their action because their mental illness gave them no choice but to take it. This same logic could suggest Dan's compulsive donations are not praiseworthy. If OCD behaviors are compulsions, perhaps Dan has no choice but to perform them. But it is unclear exactly how little choice Dan has, as well as how limited his choice must be for PAP to deny his praiseworthiness. To figure out whether PAP really does prove that OCD actions cannot be praiseworthy, we must determine what counts as a lack of alternatives and whether OCD meets these criteria.

2.2 Defining an Alternative Choice: Two Options

2.2.1 Physical Impossibility View

What does it mean to have no alternative choices? One option is to say that Aaron only had no alternatives if taking any action besides the one he did take would have been physically impossible. This view is appealing because it seems obvious. It would be very hard to argue that having no choice does not apply to situations where no other choice is physically possible. Clearly, Aaron had no choice but to miss his date if he would have passed out from blood loss before he could get there. But if Aaron could physically make it to the date, even though he would die shortly thereafter, then he technically did have a choice under the physical impossibility view. Doing otherwise than cancelling in this scenario may have been the wrong choice and therefore not blameworthy, but not because he had no choice whatsoever. We would need to think of a way other than PAP to defend him from blame.

The main problem with the physical impossibility view is that it excludes a lot of cases where it does seem like the person had no alternatives. Think of a person who is held at gunpoint and ordered to rob a bank. This is an example of coercion. Coercion seems like it should fall under PAP: it is a classic example of a situation where a person's lack of alternatives eliminates or at least reduces their moral responsibility.[19] The physical impossibility view, unfortunately, cannot handle this intuition regarding coercion. We believe the coerced bank robber does not have a choice about robbing the bank, but under the physical impossibility view, we would have to say that he does. He could have chosen to stand still and allow himself to be shot. Even if this choice does not seem like a reasonable option, it would be physically possible. Claiming that people under such a high degree of coercion have alternative options and can thus be morally responsible despite PAP is a big bullet to bite. It contradicts a strong intuition about the moral responsibility of coerced people that is the basis for a lot of moral philosophy.[20]

2.2.2 No Reasonable Alternatives View

Coercion demonstrates that some physically possible choices seem reasonable, while others do not. This leads us to the second option: the no-reasonable-alternative option. Nobody could reasonably expect you to stand still and get shot to avoid stealing money. Similarly, it would be unreasonable for Aaron to sacrifice his life to attend the date. Under this view, an action is not really an alternative choice if performing it would be so unreasonable that most people could not follow through on it. This would prevent choices that result in death or extreme harm from qualifying as true alternatives in most cases. This view also includes all cases covered by the

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[19] Robb, 2020

[20] For example, see Wertheimer, 1987; and Pallikkathayil, 2011

physical impossibility view, since something that is physically impossible cannot be a reasonable alternative.

There are numerous benefits to the no-reasonable-alternative view. Firstly, it preserves the correct verdicts from the physical impossibility view but excludes the incorrect ones. Both views agree that Aaron is not responsible for cancelling if he would have been physically unable to make it to the date. Unlike the physical impossibility view, the no-reasonable-alternative view also holds that Aaron is not responsible for cancelling if attending the date would lead to his death, even if he could briefly make it there. The no-reasonable-alternative view also upholds our intuition on cases of coercion. It holds that a person being coerced does not have a real choice because none of their alternatives that involve incurring the threatened penalty would be reasonable. Because of this, the no-reasonable-alternative view also benefits from being intuitive. It gives the intuitively anticipated results in cases of both physical impossibility and coercion—two major areas in which it seems like PAP should apply.

One difficulty of this view is in actually applying it. How are we to determine whether any given person has reasonable alternatives? In the bank robbery example, it is clearly unreasonable to expect a person to take a shot to the head, but could we reasonably expect him to take a shot to the stomach? What about the foot? Even if there is a definitive answer to whether any given scenario presents a person with reasonable alternatives, it is not always obvious at first glance. It is also not easy to come up with a simple test to determine the answer that works in every scenario. Although it is unfortunate that we cannot easily create a test for PAP under this definition, that does not mean that this definition is wrong. So far, this definition seems promising. Are there any cases where applying the no-reasonable alternative definition does not produce the intuitive outcome we would hope? Let us consider some circumstances in which no-

reasonable-alternatives does not produce the desired outcome to see if it is worth adopting any exceptions to PAP.

2.3 Modifying PAP: Three Exceptions

In addition to determining what qualifies as having no alternatives, we must consider whether there are any exceptions to PAP. Are there conditions in which a person has no alternatives, by whichever definition we choose, but still has moral responsibility for their actions?

2.3.1 The Tracing Principle

For example, suppose Aaron had decided to drive to the date without wearing his glasses and could have prevented the car accident entirely if he had put them on. In that case, it seems like Aaron is still blameworthy for missing his date. This is the case even though the decision Aaron made that ultimately prevented him from attending the date occurred a long time before he finally wound up with no alternatives in the driver's seat of his wrecked car. Aaron should have taken actions in the past to ensure his ability to attend the date was not endangered. Despite Aaron's decision occurring in the past, it seems like it does still make Aaron blameworthy for cancelling his date even if he had no alternatives at the time he finally notified her.

We can call the intuition that Aaron's past actions impact his blameworthiness for current actions the tracing principle.[21] The tracing principle states that even if something is impossible to avoid, you could still be blamed for it if your own actions in the past resulted in all alternatives becoming unavailable to you. Aaron could be blamed for missing his date even though he would pass out from blood loss before he gets there, if he could have easily prevented his injury by choosing to wear glasses earlier. Even though Aaron is too injured to attend the date, he could

[21] Summers and Sinnott-Armstrong, 2019, 162

still be to blame if it is his own fault as the result of an earlier choice he made when he did have alternative options.

Should we add the tracing principle to our definition of PAP? One reason to do so is that it gets cases like this right, where it does seem like Aaron is to blame. But there are also reasons to be worried. What if Aaron is slightly nearsighted but has not yet been diagnosed so therefore does not own glasses or even know he needs them? Even if Aaron's friend had left glasses that coincidentally would be the right prescription for Aaron in the glovebox of Aaron's car, we could not expect Aaron to foresee that these glasses would help his vision and or that slightly improving his vision would protect him from such a dangerous driving situation.

2.3.2 The Foreseeability Requirement

This connects to an objection Summers and Sinnott-Armstrong raise against the tracing principle: the foreseeability objection.[22] It seems like the tracing principle cannot render someone responsible for their lack of alternatives at a future time if said lack of alternatives was not a *foreseeable* result of the choice that they made. If Aaron had not noticed any symptoms from his minor near-sightedness, he could not have reasonably foreseen that failing to spontaneously don his friend's forgotten glasses would cause a terrible car accident on the way to his date.

Without the foreseeability addition, the tracing principle can make people blameworthy for events they could not be reasonably expected to foresee. In this way, the foreseeability addition makes the tracing principle more appealing for the same reason that the no-reasonable-alternatives view is more appealing than the physical alternative view. Intuitively, we do not want to blame people who could not be reasonably expected to prevent their actions, whether

[22]Summers and Sinnott-Armstrong, 2019, 165

that is because there is no way to do so without incurring harm, or because the way to do so was not something a typical person would think to do.

2.3.3 Frankfurt's Intention Objection

We have considered two ways to conceive of a lack of alternatives: physical impossibility and no reasonable alternative. We also considered the benefits of adding an exception to PAP in the form of a tracing principle with a foreseeability requirement to PAP. Before we move on from solidifying our conception of PAP, let us consider a counter-example Frankfurt presents to PAP and determine whether it warrants adding another exception to PAP. Frankfurt presents a scenario in which it seems like a person is blameworthy for an action even though he had no choice but to perform it. [23] Suppose that Aaron had no reasonable alternative to missing his date because of the car accident, but before the accident occurred, he had actually been driving towards a different bar while trying to think of an excuse to cancel the date because he did not feel like attending. If his car had not been hit, Aaron would have claimed to have a stomach virus or simply failed to show up with no explanation. In this scenario, it does seem like Aaron is to blame for cancelling the date even though the car accident caused him to lack alternative choices. This contradicts our current definition of PAP, which states that a person cannot be blameworthy for an action if they lack reasonable alternatives to it and this limitation was not caused by their own past choices. We should alter our definition of PAP to exclude cases like Frankfurt's from becoming morally void.

Perhaps the difference between these cases is whether the agent would have taken the reasonable alternative if one was offered to him or if his intentions happened to be aligned with

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[23] Frankfurt, 1969, 832. This example case directly uses the structure of Frankfurt's example case, although I have changed the scenario to involve Aaron and his date.

the action he had no reasonable choice but to take. Perhaps Aaron is not blameworthy in the first scenario because he had intended to attend the date, and the car accident is the only reason he did not. He would have chosen the option of attending the date if that had been a reasonable alternative available to him. In the new scenario, Aaron is blameworthy even though the car accident gave him no reasonable way to attend the date, because he had not intended to attend the date even if the accident had not occurred. In the scenario where the accident does not occur, Aaron would have a reasonable alternative to cancelling the date (namely, attending the date), but he would not choose to take that alternative. We can phrase our new working version of PAP like this: A person is not morally responsible for an action if they had no reasonable and foreseeable alternative to performing it, unless their lack of alternatives was caused by a previous choice they made at a time when they did have alternatives, *or if they would not have taken an alternative even if they had one*.[24]

For example, remember David's OCD compulsion to wash his hands. Suppose resisting the compulsion would cause him extreme distress, and he has no morally pressing responsibilities that would be impaired by him washing his hands. He washes his hands. Because resisting the compulsion would cause him extreme distress and he had no compelling reason to tolerate such distress, it seems like David had no reasonable alternatives but to wash his hands. We can also assume that David has diligently complied with his OCD treatment in the past so that his lack of options cannot be traced back to his previous choices. Our previous version of PAP would say David is not morally responsible for washing his hands. But what if David's hands were covered in mud and even if he did not have an OCD compulsion to wash them, he would have wanted to wash the mud off regardless? Even if David did have a reasonable

[24] Frankfurt, 1969, 838

alternative to washing his hands in this scenario, he would not have taken it. In this case, it seems like his lack of reasonable alternatives does not eliminate David's moral responsibility.

Similarly, suppose that Dan has no reasonable alternatives to donating money, but that he would have donated to charity even if he did not have Scrupulosity OCD. The OCD makes him feel more distressed at the thought of not donating, and it would make him donate in rare scenarios where otherwise he would not donate, like if it would prevent him from affording a medical procedure. But on an average week, a non-OCD version of Dan would donate just as much as the OCD version of Dan, with the only difference being the excess stress that OCD Dan experiences. Even if Dan did have reasonable alternatives, he would not choose to take them. In this case, it does not seem like Dan's lack of alternatives should render his donation morally void.

2.3.4 Should We Select a Definition?

It is outside the scope of this paper to definitively pin down and defend a specific definition for what it means for an action to lack alternatives. However, determining the qualities we would want in such a definition will suffice for our purposes. Our goal is to determine whether people who act in accordance with their OCD compulsions have alternative choices. We know that to answer this, we must establish whether any actions we think might be alternatives are reasonable, foreseeable, and physically possible. We can now consider whether a good definition of PAP, however it ultimately would look, would suggest that people who take actions because of OCD compulsions have alternative choices besides fulfilling their compulsions. This depends on what OCD compulsions are like, in addition to what qualifies as a foreseeable and reasonable alternative. Finally, it must be the case that the person would have chosen an alternative if one

had been available. Otherwise, their lack of alternative options seems irrelevant, and they should still be eligible for praise or blame.

2.4 Using PAP: Do OCD Compulsions Lack Alternative Choices?

I have not found scientific evidence on how resistible OCD compulsions typically are. It would be hard to obtain empirical data of this kind due to the subjective nature of psychological experiences. A researcher has no good way to determine the level of difficulty a patient experiences while trying to resist a compulsion. Sometimes, people with OCD speak or write about their internal experiences, but these writers are not using a fixed scale to evaluate their difficulty. A statement like ‘it felt almost impossible’ could mean different things to different people. Additionally, information volunteered by patients is likely to be biased toward more severe cases of OCD. This is because people with mild cases are less likely to write about their experiences.

In some cases, OCD compulsions are hard to resist, and trying causes a lot of distress. Wiegartz, Carmen and Pollard write about “treatment resistant OCD” in which a patient describes resisting compulsions as too difficult to accomplish, even with the support of a therapist. [25] These people are not helped by medications or available alternative therapies, either. There are also case studies in the form of memoirs. For example, in *Devil in the Details*, Traig describes her OCD compulsions as extremely difficult to resist and recounts severe emotional breakdowns as the result of trying, leaving her “writhing on the floor.”[26]

In other cases, resisting OCD compulsions is only slightly difficult and mildly anxiety-inducing. For example, Warren, Gershuny and Sher write of subclinical OCD.[27] Many people

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[25] Wiegartz. Carmin and Pollard, 2002
[26] Traig, 2006, 81
[27] Warren, Gershuny and Sher, 2002

have behaviors that could be described as compulsive, but they are so easy and non-distressing to resist that they do not bother seeking treatment or diagnosis. Such compulsions may not even qualify as pathology, but rather a typical part of human psychology. Even in severe OCD cases, not all compulsions will be equally difficult to resist. For example, Traig had an easier time resisting her compulsion to avoid lying than her compulsion to avoid eating meatballs.[28] Considering the literature as a whole, it appears that most OCD compulsions likely fall somewhere between these two extremes.

The level of distress it is reasonable to expect a person to endure in order to perform an alternative action will depend on the circumstances. We can conceive of scenarios in which the level of distress caused by resisting a compulsion is unreasonable to expect a person to tolerate, such as replying to a Tinder message before washing your hands even though it causes a panic attack. We can also think of situations in which it is reasonable to expect a person to tolerate the distress, such as saving a child from a burning building before washing your hands even though it causes anxiety. The question gets harder to determine when the distress and the consequences are either both minor or both severe. What if a person would have minor anxiety about replying to a Tinder message before washing their hands, and their Tinder match would have equally minor anxiety about waiting for a delayed response?

The level of difficulty a person can be reasonably expected to overcome also depends on the circumstances. If replying to a Tinder message before washing your hands would be as difficult as lifting a car, it seems unreasonable to expect. But if saving a child instead of washing your hands would be as difficult as doing a push-up, that seems like a reasonable expectation.

[28] Traig, 2006, 14

Once again, in circumstances where resistance is difficult and the consequences of giving in are severe, or vice versa, it is hard to determine exactly whether resistance is reasonable.

We may not be able to come up with a formula that produces a yes or no answer, since reasonability depends on many related factors that are hard to empirically quantify. However, this does not mean there is no answer to whether or not any given compulsion is reasonable to resist. For our purposes, it is enough to understand what factors influence this answer. Specifically, we know that distress and difficulty as compared to the consequences of failing to resistance are important pieces of the puzzle.

What does this say about Aaron? Suppose that rather than getting in a car accident, Aaron missed his date because he had the compulsion to drive back home and make sure he turned off his stove. Assume his OCD is usually related to counting and symmetry, so he could not have foreseen this sudden obstacle, which means we cannot blame him for making an appointment he would be foreseeably unable to keep. If the amount of discomfort resisting this compulsion would cause would be equivalent to surviving a horrific shipwreck, then it does not seem reasonable to expect Aaron to tolerate this distress to avoid inconveniencing his date. On the other hand, suppose that resisting this compulsion would have been approximately as distressing as discovering someone else has eaten your leftovers. In this case, it seems reasonable to expect Aaron to tolerate this level of discomfort to fulfill his commitment. Additionally, it might be reasonable to expect Aaron to tolerate even a shipwreck amount of distress if the consequences of giving into his compulsion were severe enough. For example, it seems reasonable to expect Aaron tolerate an extremely high level of distress from choosing not to turn around to check his stove if Aaron is a firefighter racing to a burning elementary school. With blameworthy actions, it seems like we can use a working test for whether person with OCD has a reasonable

alternative to giving into their OCD compulsion of whether the level of the distress they would feel exceeds a certain level as determined by the consequences of giving into the compulsion.

So in some scenarios, it seems like people experiencing OCD compulsions have reasonable alternatives, and other times, they do not. It is hard to say which scenario is more common in people with OCD, though as noted earlier, there are likely more mild OCD cases than the data suggests since such people do not often fill out OCD surveys. This means it is not impossible, and in many or even most cases, it is not unreasonable to suspect a person fulfilling an OCD compulsion did have reasonable alternatives. In other words, a philosophically significant proportion of actions caused by OCD compulsions cannot be denied either praise or blame via PAP alone.

2.5 Summary and Conclusion

Let us summarize what we have established regarding whether PAP means that actions caused by OCD cannot be praised or blamed. First, we stipulated that alternatives must be both reasonable and foreseeable. We also considered amending PAP to add that a person with no alternatives may still be responsible if their lack of options was caused by their own previous choices or if the agent would have performed the action even if they did have alternative choices. We established that people with OCD likely do have reasonable and foreseeable alternatives, but even when they do not, nothing precludes the possibility that they would have performed similar actions even without compulsions. Either way, it appears we cannot use PAP to prove that people with OCD are never morally responsible for their compulsive actions.

What does this mean for Dan's Scrupulosity? It rules out one intuitive impulse to avoid the question by claiming Dan is not morally responsible for his actions at all. If Dan lacked moral responsibility, there would be no question as to whether his action was praiseworthy—it

simply could not be. Since it is plausible that Dan does have alternatives and therefore retains moral responsibility over his actions, we must find a way to determine if this means his donations are praiseworthy, or if their compulsive nature negates their praiseworthiness in some way other than PAP. Let us next turn to an account of praiseworthiness that will help us consider whether the compulsive nature of Dan's compulsions reduces or eliminates their praiseworthiness, even if PAP does not.

Chapter 3: Arpaly's Account of Praiseworthiness

3.1 Presenting Arpaly's Account

We have established that PAP, even if it were true, would not exclude Scrupulosity OCD actions from potentially being praiseworthy. However, this does not prove that such actions *are* praiseworthy. To determine if and when they are, we need a theory of praiseworthiness. I will consider Nomy Arpaly's account, according to which an action is praiseworthy if it is the right thing and it is done for the right reasons.[29] How praiseworthy an action is depends on how morally concerned the person is.[30] It seems like greater moral concern should make a person's good deed more praiseworthy. We established earlier that caring more is what distinguishes a normal person who does good deeds from someone who is a true moral saint. But what if a compulsion, something we are not ordinarily inclined to praise, suggests high moral concern? We would need to reevaluate our intuitions about what it means to be a moral saint, as well as what makes one good deed more praiseworthy than another. By using typical traits of OCD as indicators of moral concern, Arpaly's framework suggests that OCD makes an action more praiseworthy rather than less. This magnifies the tension in our dilemma regarding whether to praise compulsive good deeds, since these deeds must be either extremely praiseworthy or not at all praiseworthy, with no middle ground. I do think Arpaly's framework gets a lot right, so I will

[29] Arpaly, 2002, 226
[30] Arpaly, 2002, 233

explore how we can alter Arpaly's framework to maintain its strengths while preventing this strange outcome, rather than rejecting it altogether.

3.2 Arpaly's Account of Praiseworthiness

Arpaly claims that for an action to be praiseworthy, it must be the right thing and it must be done for the right reasons. This means the action must be something that is morally good, and it must be done in response to the features that make it morally good. For example, suppose Kim Kardashian is drowning, and Bob decides to save her life because he believes doing so will make him rich and famous. Bob did the right thing in saving Kim's life, but his action is not praiseworthy on Arpaly's account because he did not do it for the right reasons. The features of saving a life that make it morally right involve the inherent value of life, as well as the importance of helping others. Instead, Bob saved a life in response to features that might lead to a reward, like the fame and wealth of the person he decided to save.

If a person does do the right thing for the right reasons, their good deed is praiseworthy according to Arpaly. But how praiseworthy is it? Arpaly says it depends on how morally concerned the person is.[31] A person is morally concerned if they strongly and urgently desire to do things that are morally good for the reasons that make them morally good. Arpaly lists three indicators of such concern.

1. Emotional investment
2. Cognitive disposition
3. Motivational disposition

[31] Arpaly, 2002, 233. "for a person to be concerned with morality is for her to have an intrinsic desire that people (herself included) do that which is, in fact, moral"

She argues that the more of these indicators a person has, the more morally concerned they are. A person can have emotional investment or cognitive or motivational disposition towards anything, but for the purposes of assessing praiseworthiness, we care about the investment and disposition a person has toward the moral features of the world in particular.

To explain these indicators, Arpaly uses the example of Huck Finn. Huck Finn has high moral concern behind his decision not to turn in Jim. Huck is emotionally invested because he feels a lot of sadness and guilt when he considers turning Jim in. Sometimes, emotional investment means the person is explicitly distressed by the thought of doing something morally wrong in general, but other times, like in the case of Huck, the distress is a direct response to something that is morally wrong.[32] Even though Huck does not know turning in Jim would be morally wrong, his extreme distress at the thought of a behavior that, unbeknownst to him, would be immoral, still indicates his emotional investment in morality. Huck has a cognitive disposition to think about moral issues because he views Jim as a person, which is a morally correct opinion to hold, while most people around him were not predisposed to make this moral observation.[33] Finally, Huck shows a high motivational disposition because it would be very difficult for him to convince himself not to save Jim. Huck does in fact try to prevent himself from taking this action, but he finds himself unable.[34]

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[32] Arpaly, 2002, 234. "The morally concerned person tends to find the thought of doing wrong distressing—that is, she feels guilt. She also feels anger when reading about atrocities in the news, sadness when wondering, as Kant did, if 'anything straight can be fashioned from the crooked timber of humanity,' admiration for moral heroes, and so on"

[33] Arpaly, 2002, 230. "To the extent that Huckleberry is reluctant to turn Jim in because of Jim's personhood, he *is* acting for morally significant reasons"

[34] Arpaly, 2002, 229-230. "When the opportunity comes to turn Jim in, Huckleberry experiences a strong resistance to do so"

To sum up, Huck is more praiseworthy than someone who decided not to turn Jim in but would not have been particularly distressed about the situation either way. Huck is also more praiseworthy than someone who did not notice the morally relevant factor of Jim's personhood and decided not to turn him in the way one might decide to be kind to an animal. Finally, Huck is more praiseworthy than someone who decided not to turn Jim in but could easily have decided to make a different choice. This is because Huck's high emotional investment, cognitive disposition, and motivational disposition toward morality indicate he has high moral concern. While his action would still be praiseworthy as long as he did the right thing for the right reasons, it would be less praiseworthy if he had less moral concern.

In the case of Huck Finn's high moral concern, this result seems intuitively correct. I will now give another example of someone with low moral concern to show that Arpaly's framework gives an intuitively appealing result in this type of case as well. Before, we determined that Bob saving Kim's life was not at all praiseworthy because he did the right thing for the wrong reasons. Let us now imagine a slightly better version of Bob. Better-Bob sees Kim Kardashian drowning and thinks that not only would saving her life be helping a fellow human being, but it might also, more importantly, make him rich and famous. He jumps in and saves her. Despite being mostly motivated by fame and riches, Better-Bob did have a little bit of concern for Kim's human worth. He is more interested in fame and riches, but helping a fellow human being was a small part of his motivation.

Since a concern for human worth is the right reason to save a life, Better-Bob's action is praiseworthy. How praiseworthy is it? Better-Bob did not have a high emotional investment in doing the right thing or preventing Kim from being harmed. Since helping others was only a small part of his decision, he probably did not feel extremely distressed when he thought about

Kim dying while everyone ignored her. His primary emotion was excitement at the possibility of personal gain. Better-Bob also does not have a strong cognitive disposition toward morality. Most people would view saving a life as a morally good thing to do, but Better-Bob views morality as only part of the equation. The morally relevant factor does not significantly stand out from other factors that Better-Bob considers. Finally, Better-Bob does not have a high motivational disposition toward morality. Since his primary goal was obtaining fame and wealth, if there were another, more convenient way to get rich and famous, Better-Bob would probably have done that instead. He did the right thing, but it would have been easy for him to do otherwise.

Unlike Bob, Better-Bob's action is praiseworthy on Arpaly's account. This is because he does the right thing for, at least partly, the right reasons. However, it is not very praiseworthy because Better-Bob does not have the indicators of high moral concern. Certainly, he is not as praiseworthy as Huck. This seems like an intuitively correct result. It makes sense that Better-Bob would be less praiseworthy than Huck due to his lower moral concern.

Based on these examples, we can see that this model for judging praiseworthiness has many strengths. To summarize, it seems right that to be praiseworthy, a person must actually do a good thing. Merely thinking about doing a good thing is not praiseworthy. Secondly, it lines up with the intuitive idea that an action is only praiseworthy if it is done for the right reasons. It seems correct that saving a life because you value human life and kindness is praiseworthy, while saving a life just to get famous is not. Finally, it seems right to say that moral concern is a good way to evaluate *how much* praise a praiseworthy action deserves, as seen by contrasting Huck Finn and Better-Bob. The paradigmatically praiseworthy person is emotionally invested in seeking the good and maintaining the wellbeing of others. They notice opportunities to do good

where others might not. It would be difficult for them to do anything different. This, in other words, is what Arpaly identifies as emotionally invested, cognitively disposed, and motivationally disposed toward morality. Thus, to abandon any major components of Arpaly's model would be costly. We would have to either explain how to still maintain these intuitive beliefs about morality or show that they are worth giving up.

3.3 Applying Arpaly's Framework to Dan's Scrupulosity OCD

I have now presented Arpaly's framework for praiseworthiness. What does this framework say about Dan? He is donating a lot of money, partly because he has Scrupulosity OCD. Are his donations praiseworthy, by Arpaly's account?

Remember, to be praiseworthy, Dan must do the right thing, and he must do it for the right reasons. If Dan is praiseworthy by this standard, then how praiseworthy he is will depend on his level of moral concern.

With respect to the first, it is clear that Dan does do the right thing: he donates money, and it really helps people. With respect to the second, does he do it for the right reasons? We might say that he does not. Doing something to fulfill a compulsion does not seem like the right reason. But this is not all that is going on in Dan's head. Dan also cares a lot about helping others, and it is not plausible to think that this plays no role whatsoever in his decision to donate. There are two ways to conceive of Dan's compulsive action stemming from the right reason to donate money, and both are more plausible than Dan's compulsion being completely unrelated to his values.

The first interpretation, we discussed in the previous chapter: perhaps Dan is highly motivated to donate because of the compulsion, but even if the compulsion did not exist, he would donate anyway. I concluded that if Dan would have donated even if he did not have the

compulsion, then his compulsive good deed could still be praiseworthy. But here is a scenario where Dan would not have donated if he did not have the compulsion, but we might still consider his donation to be praiseworthy. This second interpretation is that Dan is only donating because of his compulsion, but that compulsion only exists because he genuinely cares about helping other people (which is the right reason to donate money). In this interpretation, Dan is still donating for the right reasons because he would not have that compulsion if he did not truly care about those reasons. I will explain this new interpretation in more detail.

I will argue that in most cases, OCD compulsions, by their nature, tend to reveal a person's genuine values. OCD is not like a phobia, which can cause a person to fear an outcome that would not otherwise cause much distress. For example, arachibutyrophobia is the fear of peanut butter sticking to the roof of your mouth. If they were mentally healthy, a person with arachibutyrophobia likely would not strongly value keeping peanut butter off the roof of their mouth. OCD, on the other hand, preys upon fears and values that the person already had. Phobias make a person fear things they otherwise would not, but OCD makes a person unable to convince themselves they are safe from the things they already fear.[35] This means that even without a mental illness, people with OCD would care about the same things. They might not appear quite as invested as they do with the OCD, but their genuine level of concern would not have changed.

[35] This is because OCD is a disease of uncertainty. A person with OCD is unable to tolerate as much doubt as most people can, so they are distressed by small possibilities for suffering that most people would dismiss as unlikely. But if they did not associate a certain outcome with suffering, then uncertainty as to whether that outcome would obtain could not cause the fear characteristic of OCD obsessions. This implies that OCD obsessions tend to center outcomes that the person would, even without OCD, find distressing were they to actually occur. See Cochrane and Heaton, 2017.

There are people prone to obsessions and compulsions and people who are not. Of those who are prone to them, what determines the content of their obsessions and compulsions? Maybe sometimes it is random, but, at least in Dan's case, it seems to stem from his values. If Dan did not care about helping others, then the thought of failing to do so would not be scary. He would have a compulsion either way, but the specific compulsion he has reveals his genuine values. If Dan did not hold these values, then his compulsion would be different.

What I have said so far is that if even Dan could not have done otherwise, he could still be praiseworthy if his compulsion reveals his true values. And we have psychological evidence to believe that it does. Dan's having a compulsion to help others gives us evidence that Dan values helping others.

But is this right? If someone says they do not eat much sugar because they are diabetic and would experience insulin shock if they were to eat a lot of sugar, we would not take this as evidence that this person values moderating one's sugar intake. Rather, we understand that the person has an illness that induces suffering if they do not moderate their sugar intake. Without further evidence, we have no reason to assume they attribute any value to moderating sugar intake aside from its impact on diabetes symptoms. It would be just as ridiculous to judge that Dan values donating money to help other people; all we know is that he would experience the symptoms of panic or shame if he were to keep his money for himself. We understand that Dan has an illness that induces suffering if he does not donate to help other people. Without further evidence, this does not give us reason to assume he attributes any value to donating money to help other people aside from its impact on his OCD symptoms.

This is a compelling objection, but it rests on a conflation of physical and mental illnesses. But, as Arpaly argues, physical and mental illnesses are importantly different.[36] This is because, roughly speaking, mental states tend to be about something, whereas physical states tend not to be. Physical illnesses cause physical symptoms, and the person's beliefs are not part of the equation. Mental illnesses, on the other hand, often cause mental symptoms that are impacted by the content of a person's beliefs. This means that in order to understand the difference between physical and mental illnesses, we need to understand how mental causation works. Arpaly distinguishes between three types of causation for mental states.[37] The first, diabetes-like*,* is automatic. It is a type of physical causation, so it does not involve content; it is not about anything. Suppose Brittney's diabetes causes her blood pressure to drop so low that she faints. Her fainting has nothing to do with the content of her having low blood sugar; it would happen even if she were a child who did not know what low blood sugar was. Physical illness involves physical causation in which one physical state causes another physical state with no transmission of mental content whatsoever.

Although diabetes-like causation is usually physical, some mental causation is similarly contentless and thus diabetes-like. For example, suppose John was hypnotized to feel shame when he hears the word "bat." The content of the stimulus (the word "bat") is irrelevant to the response; John's response would be the same even if the sound "bat" had a different meaning or if John did not understand English. It would also be the same if he happened to be hypnotized to respond to the word "cat" instead. Nothing about John or the nature of his response would be

[36] Arpaly, 2005, 282
[37] Arpaly, 2005, 285-287. Arpaly uses an example about the word "bat" to explain the second two types, which I will recreate here. I adapt this example to demonstrate the first type as well.

different if the hypnotist happened to select a different word. But, as I will explain shortly, this is not how most mental illnesses work.

Before that, let us consider the second type of causation: content-efficacious. This kind of cause is based not just on the physical stimulus, but the agent's understanding of the stimulus's content. For example, John is ashamed when he hears the word "bat" because his classmates once teased him for making a statement about bats, which they believed to be wrong, but which actually was correct. In this case, John's response is a result of his understanding the meaning behind the sound "bat," as well as his experience and opinions. He would not have the same response if he did not understand the word's meaning. It is not reasonable for John to feel shame—he was right, after all. But he is responding to what the word "bat" actually means. He would not have the same reaction if he did not speak English, and this particular response could not be triggered by a different word. Arachibutyrophobia works like this. Someone with arachibutyrophobia would not experience fear when hearing the sound 'peanut butter' if they did not speak English. Similarly, they would not suffer from arachibutyrophobia at all if they grew up in a culture where they never learned what peanut butter was. Arachibutyrophobia is based on a mental understanding of meanings; it is not a purely physical response.

But this still does not seem like what is going on in Dan's case. Even if he experiences an unreasonable amount of fear at the thought of failing to help others, it is not as unreasonable as fearing peanut butter sticking to the roof of your mouth. We *should* be upset when we could help other people but do not. Even if Dan's *level* of fear is inappropriate, it occurs in response to an appropriate reason to be afraid.

That brings us to the third type of causation: reason-responsive. This is a species of content-efficacious causation where the response is based on content *and* reasonable. This means

that the response is not completely irrelevant to the stimulus. When you feel ashamed in response to something that is not shameful you are not responding to a reason, but when you feel ashamed in response to something that is shameful, you are. Similarly, when you feel afraid in response to something that is not harmful you are not responding to a reason, but when you feel afraid in response to something that is harmful, you are. Suppose that John's shame comes not from memories of undeserved mockery, but from memories of a horrible thing he did. Perhaps he recently killed a bat in a needlessly painful way and knows this to have been a grievous moral wrong. In this case, John *should* feel guilty. Guilt is a fitting response to what happened.

What kind of causation is Dan's OCD? It cannot be diabetes-like because it does involve content. Dan understands what donating money means and what the benefits of doing so are. If he did not understand these things, or if the action of donating money had a different significance in Dan's society, then he would not feel the same way. That means his fear is content-efficacious. Whether we think Dan's fear is also reason-responsive will depend on whether Dan truly has a moral obligation to help people– perhaps by donating 10% of his income every month. Either way, though, Dan's fear is not diabetes-like. This means that it cannot be conflated with physical illnesses.

This objection stated that judging Dan's values based on his OCD symptoms would be as ridiculous as judging a diabetic's values based on their diabetes symptoms. But the reason it would be ridiculous to judge the diabetic's food opinions is because diabetes is not a disease with content. Diseases without content cannot give us information about a person's values because values have content. Unlike diabetes, OCD does have content. This means that judging Dan's values based on his OCD symptoms could be justified.

I have just introduced three terms: diabetes-like, content-efficacious, and reason-responsive. These types of causation are important for evaluating praise and blame. It does not make sense to praise or blame a person for diabetes-like responses, since those do not involve content. If an illness causes something in a content-efficacious way, though, there is no reason its classification as an illness should stop the action from being praise or blame-worthy. The reason it seems like illnesses cannot be morally evaluated is that they are physical occurrences that happen regardless of a patient's values and opinions. But if the symptoms of an illness respond to content, there is no reason the content to which they respond might not be the patient's genuine beliefs or values. And if an action is in response to the agent's genuine beliefs, we might be able to morally evaluate that action.

What does this say about Dan? His donations are caused by OCD, but OCD is content-efficacious, unlike diabetes. Dan donates money because he feels afraid when he thinks about not doing so. If this fear is diabetes-like, then it cannot be the right reason to donate money. But if this fear is content-efficacious or reason-responsive, then it could be the right reason, even if it is caused by a mental illness. This is because what Dan is afraid of is failing to help other people. This is exactly what we would want a moral person to be afraid of. If a moral saint said she felt afraid she would not be able to transport food to a group of starving children in time, we would not say her donating the food was not praiseworthy because fear is a bad reason to donate. Given what we know about Dan, it seems clear that his fear is at least content-efficacious, and plausibly reason-responsive, much like the nervous moral saint's. So even though Dan's fear is a symptom, it is not just like diabetes. It makes sense to use Dan's fear as evidence for his genuine values and beliefs.

Let us review what we have established about Dan so far. Dan does the *right thing*—donating money—and he does it for the *right reason*—a desire to help others. This means that by Arpaly's criteria, Dan's donations are praiseworthy. Now, we must evaluate his level of moral concern to determine how praiseworthy he is. This is the third and final item on Arpaly's checklist. To evaluate Dan's moral concern, we will see how much he exhibits the three indicators Arpaly proposes: emotional investment, cognitive disposition, and motivational disposition.

Dan's emotional investment is indicated by the fear he feels of failing to help other people. The same distress that makes his behavior pathological is also what indicates his high emotional investment. Dan also has a strong cognitive disposition toward morality. Most people would not think about the moral factors of planning their monthly budget, but Dan does. Because he has an OCD level of obsession with helping others, his cognitive disposition is extremely strong. Likewise with his motivational disposition to donate money. Because his behavior is compulsive and he is so distressed by the thought of not doing it, it would take a lot to convince Dan not to make his donation. This shows that Dan more than fulfills all three markers of moral concern. Because these markers determine a person's praiseworthiness, Arpaly's account unambiguously renders Dan's donations extremely praiseworthy.

This is a strange result. We began by wondering whether Dan's donations could be praiseworthy at all if they are compulsive. We concluded that compulsiveness and praiseworthiness are compatible. But this is a much stronger claim. Could it really be true that compulsiveness *increases* praiseworthiness?

Let us consider what Arpaly's framework get right and what it gets wrong, in terms of the Dan case to see whether it makes sense to accept the framework in the face of such a strange

result. Remember, we had three goals in solving this puzzle. We wanted patients with Scrupulosity OCD to retain their moral agency, we wanted seeking mental health treatment not to reduce praiseworthiness, and we wanted to minimize the role of moral luck.

Arpaly's account does very well at the first goal. If OCD were more like diabetes, then there would not be agency involved. And if Dan did not have moral agency, then Arpaly's account would not praise his donations so highly. After all, praiseworthiness requires doing something for the right reason, and high praiseworthiness requires moral concern. No condition that removes a person's moral agency could possibly allow them to act for the right reasons and with high moral concern. I think this much is right: Dan does the right thing for the right reasons, and his moral agency is involved in this. But is he so in control that he deserves this much praise? Isn't the OCD doing at least something to influence his actions?

This account is unsuccessful with the second goal. Dan's actions would become significantly less praiseworthy if he got effective mental health treatment. Even if he kept donating the same amount, he would feel less urgency around his donations. This urgency is the very thing OCD treatment would seek to eliminate, but it is also the thing that makes Dan's donations so praiseworthy under Arpaly's account. This suggests that tying praiseworthiness directly to moral concern the way Arpaly does may be problematic.[38]

This solution also fails the third goal. It introduces moral luck. After all, Dan's urgency stems from a mental illness. Dan and another person could care about helping others the same amount, but if the other person was not 'lucky' enough to have OCD, their donations would never be as praiseworthy as Dan's. They would lack the praiseworthy urgency. If a person's

[38] I will explore this issue in my proposed solution at the end of this chapter.

urgency being pathological does not reduce their agency, then it seems that being 'lucky' enough to have pathological levels of urgency would make your actions more praiseworthy.

If we accept Arpaly's framework, we must accept that Dan is extremely praiseworthy thanks to having the right kind of OCD—lucky Dan! He is also praiseworthy for refusing psychological treatment, and that seems bad. But if we reject Arpaly's framework we would be giving up the moral agency for Dan that seems correct and fulfills one of our goals. So what should we do? I will attempt to alter Arpaly's account of praiseworthiness in a way that preserves this conclusion regarding Dan's moral agency but allows us to reach our other goals as well.

3.4 Altering Arpaly's Framework

Here is an option: change Arpaly's indicators of moral concern to ones that are not symptomatic of OCD. Arpaly suggests emotional investment, cognitive disposition, and motivational disposition, but perhaps there are other traits that could indicate moral concern that are not symptomatic of OCD. Unfortunately, indicators like this are hard to find. For example, a strong conviction in one's moral beliefs might indicate high moral concern. A person who feels assured that they are doing the right thing might be more morally concerned than somebody who just guessed what the morally best action might be without really caring that they might be wrong. But one symptom of OCD is unresponsiveness to competing evidence.[39] For example, someone might read an article explaining that people only need to wash their hands for twenty seconds but remain convinced that a full minute is required. This unresponsiveness to evidence would lead to a high conviction in one's beliefs. Another possible indicator of moral concern is valuing

[39] Amir and Kozak, 2002, 171. "Individuals with OCD may be characterized by an interpretation bias for threat."

morality more than other abstract virtues. Someone who cares about morality more than anything else is more morally concerned than someone who cares about morality less than they care about other abstract values such as beauty. Unfortunately, another symptom of OCD is fixating on one thing at the expense of everything else.[40] For example, someone might care a lot about handwashing because they fear dying of disease but fail to wear a seatbelt because they never think about vehicle safety. This fixation on one thing above all others could cause a Scrupulous person to care about morality far more than other abstract values. Both our new proposed indicators of moral concern fall into the same trap as Arpaly's original indicators: they are heightened in people with OCD. If we could think of plausible indicators that did not create the same problem in cases of OCD, it would be a fairly low-cost change to make to Arpaly's framework. Even so, it would still not be completely cost-free. Arpaly's indicators seem appropriate. The ones we come up with would have to be even more appropriate, in ways other than merely giving a more desirable result in the OCD case.

A more promising solution is to grant that Arpaly's indicators are the best ones but argue that it is not always true that the more of them a person has, the more morally concerned they are. Instead, we agree that a person must have at least some moral concern in order to display these indicators, but acknowledge that factors other than moral concern can magnify the indicators, making a person seem more concerned than they really are. Agency is still involved, but we need to watch out for distorting factors that make a person seem more concerned than they truly are. For example, coming into work five minutes early might indicate that an employee takes their job seriously. Coming in twenty minutes early might indicate this even

[40] Amir and Kozak, 2002, 168. "Individuals with OCD are characterized by an attentional bias for OCD-relevant information."

more. Coming in ten hours early and camping out in the lobby seems to indicate something very different. The person likely has a reason for doing this other than merely caring about their job. Perhaps they care about their job and also have some kind of anxiety disorder or a phobia of lateness. Perhaps they care about their job and also are confused about their workplace's customs and policies. Either way, it seems like earliness indicates that you care about your job, but factors other than caring about your job can contribute to extreme earliness as well. We think some other factor such as anxiety or confusion must be magnifying the person's care for their job. To be anxious or confused does not mean the person does not take their job seriously, but it also does not indicate that the person takes their job *more* seriously than a less anxious and confused person does.

Similarly, Dan has an outside factor magnifying his concern: OCD. Thinking about the needs of others monthly shows you care about helping others. Thinking about the needs of others daily may show you care about helping others even more. Thinking about the needs of others constantly, despite the distress and inhibited functioning, might indicate something different, like OCD. Dan's Scrupulosity OCD magnifies his level of concern for others and makes it appear greater than it really is.

Dan is not as extreme as the lobby camper, but even if he was, Arpaly's model would still say he is praiseworthy. Suppose that Dan starts by donating 10% of his income once a month, which indicates he cares about helping other people. He then decides that isn't good enough and begins donating 40% of his income every month, which may indicate he cares about helping other people even more. He then decides even that isn't good enough and sets up his income to be automatically deposited directly to the charity, so that the charity immediately receives 100% of it. He sells his house, donates the lump sum to charity, then sleeps in the woods and scavenges

just enough berries to keep himself hungry but alive. Not even real moral saints go this far. Most of the moral saints described in MacFarquhar's *Strangers Drowning* avoid becoming homeless. This seems to suggest that there would be some other factor at play besides concern about other people in such extreme cases. Dan cares about helping others, but perhaps he also feels unworthy of having his needs met, or disproportionately scared of ever experiencing guilt. We would not feel inclined to explain typical selfless behavior with these psychological factors, but the extreme nature of Dan's behavior sends us searching for explanations beyond simply his care for other people. This is in line with Susan Wolf's argument that factors other than extreme morality are at play in the extreme good deeds performed by moral saints. She suggests moral saints might be "blind to some of what the world has to offer" or suffer from "a pathological fear of damnation, perhaps, or an extreme form of self hatred."[41] Although these factors do not actually increase a person's moral concern, they do magnify it, causing their concern to look greater than it really is.

Here is an analogy to better understand the concept of magnifying factors. Suppose you take your temperature with an oral thermometer, and it reads 104 degrees Fahrenheit. Reading a high number on a thermometer is a good indicator that you have a fever, but it is not foolproof. What if you had just finished drinking a hot cup of coffee before putting the thermometer in your mouth? The coffee would increase the number that you see on the thermometer, but this increase would not indicate you have a higher fever. This is true even though a high number on the thermometer is a good indicator of having a fever. Likewise, having OCD can increase the indicators of moral concern that Dan shows, but it does not mean he is more morally concerned even though the indicators are good ones.

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[41] Wolf, 1982, 424

Even if Dan's moral concern is magnified by OCD, this does not mean he has no moral concern, or even that he does not have unusually high moral concern. He likely cares as much as a typical person would, and perhaps even more. He just does not care as much as the moral saints who display the same levels of indicators as he does but without having OCD. Similarly, if your temperature of 104 degrees is magnified by hot coffee, this does not mean your body temperature is 0 degrees. It does not even mean you do not have a fever. Your true body temperature is probably between 98 and 103 degrees.

Here is what we have learned so far. Arpaly's account says that Dan's donations are praiseworthy because he does the right thing for the right reasons. Furthermore, it says Dan's Scrupulosity OCD makes his donations more praiseworthy than they would be if he were mentally healthy because they increase his emotional investment, cognitive disposition, and motivational disposition toward the morally good concept of helping others. This accomplishes our goal of granting Dan agency, but the extent of this agency means we cannot accomplish our goals of making it appropriate for Dan to seek mental health treatment, or minimizing moral luck. In order to accomplish the second two goals, I proposed we alter Arpaly's framework slightly by acknowledging that there are magnifying factors that can make a person seem more morally concerned than they really are. These people will show very high levels of Arpaly's indicators, but they will actually be less morally concerned than these levels of the indicators would typically suggest.

Accepting Arpaly's solution with the concept of magnifying factors in place allows us to differentiate between people with Scrupulosity OCD and moral saints. Before, using moral concern to distinguish between moral saints and other do-gooders implied that having Scrupulosity OCD gave you a lucky fast track to being a moral saint. Under this interpretation,

OCD makes you look like a moral saint without necessarily being one. But it also does not preclude the possibility of someone with Scrupulosity OCD being a moral saint, if even their true level of moral concern is high enough. This allows us to maintain the moral agency of people with Scrupulosity. This solution meets the final goal as well. Dan has no reason to avoid treating his OCD, since the increased moral concern his OCD appears to give him is not genuine. If Dan treats his Scrupulosity OCD, his genuine moral concern will no longer be magnified, but his genuine moral concern will not be lower than it was before. His actions will not become less praiseworthy as a result of his treatment. This solution nicely changes Arpaly's framework without losing what was insightful about it. We are not excising the concept of moral concern, and we are not even changing the indicators of moral concern. We are only adding the understanding of that apparent moral concern may be an illusion. This subtle distinction allows a framework close to Arpaly's original to meet all three of our goals.

One objection to this solution is to argue that it is not worth altering Arpaly's framework in order to accomplish these three goals. Arpaly was never concerned with Scrupulosity OCD in particular. Perhaps we should just say that Scrupulosity OCD is an exception to Arpaly's framework, rather than altering the framework to accommodate it.

My response to this objection is that Scrupulosity OCD would not be the only exception to Arpaly's framework without my modification. Mental illnesses are not unique in their ability to magnify how strong a person's opinions look without actually increasing how strong those opinions are. Cocktails can do this, too. Arpaly elsewhere explores the puzzle of why we sometimes say alcohol excuses a person's behavior- 'it was just the alcohol talking, not him'- but other times say that alcohol reveals a person's true self—'when he drinks, he tells us what he

really thinks.[42]Arpaly argues that both statements can be true at different times. Sometimes alcohol makes a person act less like himself, other times more.[43] The difference is whether the alcohol inhibits that person's stronger desires or his weaker ones. For example, suppose Greg punches a mailbox when he is drunk.[44] It is possible that Greg has always longed for destruction, and a weak desire to avoid legal trouble was the only thing keeping this desire in check. It is also possible that Greg truly values his identity as an upstanding citizen, and despite having a weak desire to let out his frustration, he more strongly desires to respect his neighbor's property. In either case, the alcohol lowered his self-control and allowed his desire for destruction to win out. The difference is that in one case, that desire for destruction is representative of Greg's true self, whereas in the other case, it does not seem representative of his true self at all. In both cases, Greg did have at least some desire to punch the mailbox. Even in the scenario where Greg's desire for destruction was weak, the alcohol did not make him want to punch the mailbox any more than he already did. It simply weakened his self-control. My interpretation of how this can be possible is that even though it might seem like Greg wanted to punch the mailbox more than he did when he was sober, it was actually just the alcohol magnifying his still-small desire.

If this is analogous to the case of Scrupulosity, it implies that Dan's OCD weakens his self-control like the alcohol lowers Greg's self-control. Let us suppose that Dan would not donate as much as he does if he did not have OCD. It is possible that this means Dan's desire to help other people is weak, and he much more strongly desires to spend that money on video games. It is also possible Dan's desire to help other people would still be quite strong, but that he

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[42] Arpaly, 2017, 123
[43] Arpaly, 2017, 129
[44] Arpaly, 2017, 121. The mailbox example was created by one of Arpaly's students and quoted by Arpaly.

would be put off by a weaker desire to avoid making his friends uncomfortable by donating more than they do. Either way, Dan's OCD inhibits the self-control that would have caused him to forgo donating in favor of other desires. It is plausible that those other desires are representative of Dan's true self (if he just loves video games) but it is also plausible that those other desires are actually weaker than his desire to donate(if he weakly desires social acceptance). For the purposes of this thought experiment, let us assume that Dan's desire to help other people is his stronger desire. His Scrupulosity OCD makes him appear more morally concerned, but, like the alcohol, this does not mean he actually *is* more morally concerned.

My modification to Arpaly's framework accommodates actions performed while intoxicated as well as compulsive actions. Drinking alcohol can magnify a person's concern for something without actually increasing it. Similarly, having OCD magnifies Dan's moral concern without actually increasing it. There are many circumstances in which a person's apparent concern may be magnified by unrelated factors. OCD is one of them, but my proposed solution accommodates all of them.

3.5 Summary and Conclusion

I have presented Arpaly's right thing for right reasons framework for determining praiseworthiness, and discovered it produces a strange result when applied to an example of Scrupulosity OCD: it claims a person's OCD makes their behavior more praiseworthy, by increasing their indicators of moral concern. I proposed two ways to alter Arpaly's framework and avoid this result. First, I proposed changing the indicators of moral concern but rejected it because most plausible indicators produce the same result. Second, I proposed we accept that factors other than moral concern can lead to high presence of the emotional investment,

cognitive disposition, and motivational disposition, which will make a person seem more morally concerned than they really are. This solution, I think, is a good one.

Let me summarize our modified framework.

1. To be praiseworthy, a person must do the right thing for the right reasons.
2. If a person is praiseworthy, then how praiseworthy they are depends on their level of moral concern.
3. The indicators that a person has high moral concern are emotional investment, cognitive disposition, and motivational disposition toward moral features.
4. The more of these indicators a person displays, the more concerned we should think they are, *unless there is some magnifying factor.* In some cases, factors other than moral concern may cause a person to display more of the indicators, thus inaccurately exaggerating the amount of moral concern that person appears to have.

The fourth component includes my modification of Arpaly's framework. It prevents the strange conclusion where being mentally ill makes a person more praiseworthy. Let us apply this modified framework to Dan to see what it says about his praiseworthiness, and whether the result makes sense.

Dan does the right thing for the right reasons, so he is praiseworthy. How praiseworthy he is depends on his level of moral concern. He has very high levels of the indicators of moral concern. But in Dan's case, another factor is magnifying his moral concern: Scrupulosity OCD. We can thus conclude that Dan is praiseworthy for his donations, but not any more so than he would be if he did not have OCD. This conclusion is less strange than the conclusion from Arpaly's unmodified framework because this new conclusion does not suggest that Dan's OCD makes him more praiseworthy.

This solution accomplishes our three goals for solving the puzzle of whether compulsive good deeds are praiseworthy. It respects Dan's moral agency by allowing his donations to be just as praiseworthy as they would be if he did not have OCD, but not more praiseworthy, which would encourage Dan to avoid treatment and suggest him to be morally lucky.

Conclusion

We began with a puzzle about compulsive good deeds. On one hand, it seems like a person doing something like donating money because they want to help others is very praiseworthy. On the other hand, it seems like we should not praise actions that a person cannot help but perform. It is puzzling how we should respond when our desire to praise good deeds conflicts with our desire not to praise compulsive actions.[45] I showed that adopting the first horn (praising compulsive good deeds) had unpalatable results about mental health treatment and moral luck. But accepting the second horn (not praising good deeds) had unpalatable results about the agency of mentally ill people. In this thesis, I sought an alternative resolution to the puzzle that could avoid all three negative results.

In Chapter One, I cleared the way for the possibility of praising compulsive actions. I carefully dismissed an objection that claimed compulsive actions were, by definition, unworthy of praise or blame. In Chapter 2, I turned to PAP to determine if compulsive actions are unworthy of praise or blame because they do not provide alternative possibilities. I found that sometimes, even when someone is compelled to perform an action, they have their own reasons for wanting to perform the action regardless. Suppose Dan would have donated the same amount of money to charity even if he did not have OCD; he just would have been less anxious about it.

[45] In addition to the PAP arguments and Arpaly's framework that I used to reject this intuition over the course of this thesis, other philosophers have rejected this intuition in different ways. These other arguments likely could be adapted to argue for the same conclusion I draw here, although that it outside the scope of this project. See Wolf 1980 and Pickard 2015.

In that case, we cannot assume from Dan's mental illness that he is not donating for the right reason.

In Chapter 3, having confirmed that it is possible for compulsive actions to be praiseworthy, I turned to Arpaly to determine whether they really are praiseworthy, and if so, how praiseworthy they are. Arpaly's account says to be praiseworthy, a person must do the right thing for the right reasons. Compulsive good deeds are obviously the right thing– they are good deeds. My analysis of PAP showed that being compulsive does not preclude being for the right reason, as well. I presented a second interpretation of compulsive good deeds wherein it is possible for the symptoms or compulsions of a person's mental illness to reflect their true values. If they do, then there is no reason to assume the person's actions are not praiseworthy solely because they are compulsive.

Compulsions can stem from genuine values that are eligible for moral evaluation, and this does not contradict our impulse that pure compulsions ungrounded by personal values are not. This means that even if a person would not have done the good deed without the compulsion, the compulsive good deed could still be praiseworthy if it reflects their genuine values.

How praiseworthy these good deeds are depends on how morally concerned the person is. I showed that Scrupulosity OCD makes a person very morally concerned according to Arpaly's account, meaning that having OCD makes actions more praiseworthy than they would be otherwise. This result was strange, so I proposed we alter Arpaly's framework. I added a clause to Arpaly's framework acknowledging that although her indicators of moral concern are good ones, sometimes factors other than moral concern can magnify how morally concerned a person seems.

This solution meets the goals I set at the beginning.

1. Recognize that people with Scrupulosity OCD can still have moral agency.

Dan's donations are just as praiseworthy as they would be if someone without Scrupulosity made them. Although his OCD does not make him more praiseworthy as Arpaly's framework originally suggested, it does not remove his moral agency.

2. Allow mental health treatment to be appropriate and not potentially blameworthy for people with Scrupulosity OCD.

According to my modification, any appearance of additional moral concern created by Dan's OCD does not actually increase the praiseworthiness of Dan's action. For this reason, treating his OCD would not reduce the praiseworthiness of Dan's actions. He would appear less morally concerned according to the indicators, but his actual moral concern would not decrease, so neither would his praise.

3. Minimize any moral luck included in being praiseworthy.

Because Dan's Scrupulosity OCD is only increasing the appearance of his moral concern rather than his actual level of moral concern, it is not morally lucky that Dan has Scrupulosity OCD. This means it is also not morally unlucky for a person not to have Scrupulosity OCD.

My proposed modification of Arpaly's framework wherein Scrupulosity OCD makes a person appear more morally concerned without increasing their actual moral concern solves our puzzle in a way that satisfies all our goals.

This project has shown that evaluating compulsive good deeds is tricky. There is no quick test for whether any given action that results from mental illness is praiseworthy, or for how praiseworthy it is. We must look at each case individually and do the hard work of determining whether the both the reasoning and the motivation behind the action comes from the

person or their mental illness. In many cases, mental illness symptoms and genuine values are intertwined.

I have pointed out a complexity in compulsion not frequently acknowledged: the difficulty in determining how much of an action stems from compulsion and how much stems from genuine will. Although we may have expected compulsion to be a binary or a single sliding scale, I have shown that two dimensions impact the compulsiveness of any given action: not only the person's control over the action, but also their motivation for performing the action in the first place. Complicating things even further, both dimensions are likely to include both compulsive and non-compulsive elements.

Still, everything is not a hopeless jumble. I have also identified several relevant factors that impact how praiseworthy a compulsive good deed is. We can look to the likelihood of the person performing the action without the compulsion, whether the compulsion developed as a result of a person's genuine values, how much the person cares about the action outside of the compulsion, and how closely aligned the action is with the person's true self.

This led to surprising but plausible results that allow us to resolve the dilemma. Compulsive good deeds can be praiseworthy because compulsions often stem from a person's genuine values. However, even when they do reflect genuine values, the heightened urgency caused by their compulsive nature cannot make a good deed more praiseworthy, even though non-pathological urgency can.

This gets to the root of what likely caused our confusion in the first place. We had an intuition that moral concern makes a person more praiseworthy while compulsion makes a person less praiseworthy, but moral concern and compulsion are more similar than we previously acknowledged. Having discovered the root of the contradiction, I used it to create the solution.

Even though this combination of intuitions does not allow us to simply say that compulsive actions are praiseworthy while morally concerned ones are not, we can say that having more non-pathological urgency makes an action more praiseworthy while having more compulsive urgency does not. This is the subtle distinction we needed to avoid over-praising compulsion without denying moral agency to the mentally ill.

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