Skepticism, Mental Disorder and Rationality

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Abstract

I stipulate and motivate the overlooked problem of demarcating radical skeptics (perceptual and moral) from mentally disordered persons, given that both deny that they know ordinary Moorean propositions (e.g., that they have hands or that killing for fun is morally wrong). Call this ‘the demarcation problem.’ In response to the demarcation problem, I develop a novel way to demarcate between mentally disordered persons and radical skeptics in an extensionally adequate way that saves the appearance that radical skeptics are not mentally disordered persons (at least not typically). Finally, I examine how a Moorean, non-skeptical epistemologist would compare radical skeptics with the mentally disordered in terms of what Plantinga calls internal and external rationality. Perhaps surprisingly, by Moorean lights, the mentally disordered fare better than the radical skeptic in terms of (internal) rationality. The upshot is that for Mooreans skeptical philosophy is more of an epistemic evil than mental disorder.

Keywords

radical skepticism – mental disorder – demarcation criterion – internal/external – rationality

1 Radical Skeptics and the Mentally Disordered: the Demarcation Question

Various forms of radical skepticism or ‘nihilism’ (e.g., about perception, morality, free will, the self, time, other minds) seem pretty close to various forms of mental disorder and are sometimes even associated with them by
philosophers. This is because both radical skeptics and mentally disordered persons deny that they know ordinary Moorean propositions, such as that they have hands of flesh and blood, that killing for fun is wrong, that there is a self, other minds, or time. In what follows, for the sake of argument, I will focus on perceptual skepticism about the external world and moral skepticism about moral truths vis-à-vis the disorders of schizophrenia and psychopathy, respectively.

In epistemology, there is a long tradition of associating radical perceptual skepticism with mental disorder (or ‘insanity’). For example, Descartes (1641/2008: 14, §19) famously wrote in the *Meditations on First Philosophy* I:

> Indeed, that these hands themselves, and this whole body are mine—what reason could there be for doubting this? Unless perhaps I were to compare myself to one of those madmen, whose little brains have been so befuddled by a pestilential vapour arising from the black bile, that they swear blind that they are kings, though they are beggars, or that they are clad in purple, when they are naked, or that their head is made of clay, or that their whole body is a jug, or made entirely of glass. But they are lunatics, and I should seem no less of a madman myself if I should follow their example in any way.²

And Thomas Reid wrote in the *Inquiry into the Human Mind* (2000: Chapter V, Section vii):

> Thus, the wisdom of philosophy is set in opposition to the common sense of mankind. The former pretends to demonstrate a priori that there can be no such thing as a material world; that sun, moon, stars, and earth, vegetable and animal bodies are and can be nothing else but sensations in the mind, or images of those sensations in the memory and imagination; that, like pain and joy, they can have no existence when they are not thought of. The latter [common sense] can conceive nothing other of this opinion than as a kind of *metaphysical lunacy*, and concludes that too

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¹ Compare Byrne (2004: 301): “the skeptic does not need an argument, he needs treatment.” See also Reimer (2010) for some discussion and Tsou (2021) and Wilkinson (forthcoming) for what mental disorder is.

² It should be noted that, with some foresight, Descartes, first, correlates delusional beliefs with a brain malfunction and, second, only says that mad persons “swear blind” in their delusions. He does not say that they arrive at their belief via a process of careful reasoning, as the skeptic does. Our positive account will be consonant with both of these Cartesian insights.
much learning is apt to make men mad, and that the man who seriously entertains this belief, though in other respects he may be a very good man (as a man be who believes he is made of glass), yet surely he has a soft place in his understanding, and has been hurt by much thinking. (My own emphasis)

Like some epistemologists, some moral philosophers loosely associate radical moral skepticism (usually in the form of moral error theory) with mental disorder, specifically with psychopathy. For example, Fuqua (forthcoming) writes:

Regarding McPherson’s claim that we don’t see broad non-philosophical consensus on moral propositions, this just seems false when we consider propositions like R. Almost everyone who is not a moral nihilist or a psychopath embraces R, or at least would embrace R were it to be brought to their attention. In fact, R is so obviously true that it’s hard to think of propositions that would be more widely embraced than it in just about any domain. And there are many other moral propositions that are just like R in this respect.3

And Cowie writes: “The natural or ‘go to’ reason that one ought to follow moral norms is surely that there is moral reason to; it is that doing so is required in order to show other people due respect, to treat them with dignity, and so on... Anyone who doesn’t see this would be a cause of concern” (2019: 68).

Cowie (2019) suggests that not accepting Moorean moral propositions, such as that it is required to treat others with dignity, is a reason for concern. And Fuqua (forthcoming) makes an explicit link of what this concern might be about: we might be concerned that such an agent is a psychopath or a ‘moral nihilist’ because only such persons would deny such truths.

As these quotes indicate, radical skeptics are sometimes likened to, or paired with, mentally disordered persons because like them they deny ordinary Moorean propositions, such as that they have hands of flesh and blood,

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3 Many moral philosophers portray the figure of the so-called amoralist as someone who is callous, remorseless, cruel, selfish, ruthless, without conscience, etc. (e.g., Smith [1994], Shafer-Landau [2012], Kyriacou [2017a, 2021a]), but it is clear that the amoralist character is someone with paradigmatic psychopathological character traits (cf. Hare [1991], Viding [2019], Englebert [2019]). Thus, it seems that a philosopher’s amoralist is a psychologist’s psychopath and that more interaction between the two communities would have made that clearer. See Schramme (2014) for a volume of essays on amorality and psychopathy that aims to build bridges between the two academic communities.
or that killing for fun is wrong. In light of this fact, questions about the exact relation of radical skepticism and mental disorder naturally spring to mind. Are radical skeptics mentally disordered, such as psychotic schizophrenics and amoral psychopaths are, who may think that they lack hands of flesh and blood or that killing for fun is permissible? If radical skeptics are not mentally disordered, what is the demarcation criterion that differentiates them from mentally disordered persons?

The question is far from entirely novel. Wittgenstein (1969: §73) puts his finger on a similar question when he writes: “But what is the difference between mistake and mental disturbance? Or what is the difference between my treating it as a mistake and my treating it as mental disturbance?"

Presumably, radical skeptics are not—at least typically—mentally disordered because psychiatrists do not tend to treat philosophy professors for their radical skepticism. But if they are not typically disordered, then how should we demarcate between radical skeptics and the mentally disordered in a way that saves that appearance? Call this question ‘the demarcation question’. Any plausible demarcation criterion should respect the appearance that skeptical philosophers typically are not mentally disordered (or at least that their

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4 Compare Reimer (2010: 315): “Yet one of the points I intend to make in what follows is that the similarities between the claims of the philosopher and psychiatric patient are both striking and illuminating.” See also Kustets (2016) for phenomenological similarities between philosophical thinking and mental disorder, and Van Duppen and Sips (2018) for a Wittgensteinian approach to the onset and operation of psychosis. Kustets and Sips report on their own psychotic experiences.

5 As we shall see, the cognitive processing involved in denying ordinary Moorean propositions tends to be different in skeptical philosophers than the mentally disordered. Skeptical philosophers tend to arrive at the conclusion that not-\( p \) (e.g., I don't have (physical) hands), reflectively, via a train of skeptical reasoning, while mentally disordered agents tend to find \( q \) (that entails not-\( p \)) intuitive and to engage in post hoc rationalizations about \( q \) (and not-\( p \)). That is, they tend to think, say, that they have hands of glass, which entails that they don't have (physical) hands. If asked how can this be the case, they engage in post hoc rationalizations that attempt to make sense how this is possible. See Sass and Pienkos (2013: 650) for a real-life case of such reasoning.

6 A pertinent question highlighted by an anonymous referee is when agents should be treated for mental disorder. It is unclear when we should. One normative, broadly Aristotelian model that I am sympathetic to is that we should seek treatment when we are not properly functional (individually and/or socially) to a degree that seriously impedes having a flourishing life. According to this very rough picture, we assume a normative model of well-being that includes peaceful coexistence and social functionality in the context of a community and its structures (family, workplace, neighborhood, etc.) and consider the need for treatment when we seriously deviate from this model of well-being (individual and social). Unfortunately, I cannot delve into this difficult terrain here.
radical skepticism is not induced by a corresponding mental disorder), if it is to be extensionally adequate.

The demarcation question is an important question at the crossroads of philosophy and psychopathology that, I think, has been overlooked by the philosophical, the psychological and the psychiatric community. It is an important question for at least two motivating reasons. First, because an answer to this question would shed some light on philosophical methodology and contribute to philosophical self-understanding. That is, it would help us clarify how philosophical-skeptical thinking (even if incorrect) is different from pathological disordered thinking and enhance our self-understanding of philosophical practice.

Second, because an answer to this question would indicate what is pathological with disordered persons and help alleviate the concern (often voiced in philosophy of psychiatry debates) that psychiatry is not a real science but it is only a pseudoscience imposed by established political authority for the manipulative goal of normalizing and controlling behaviorally deviant individuals. Hence, an answer to the demarcation question would be useful for both philosophical methodology and philosophy of psychiatry. We will revisit these two motivating reasons at the end of our conceptual exploration and touch on how our reply to the demarcation question bears on them.

In this paper, I take up the demarcation question and briefly explain how to demarcate between mentally disordered persons and radical skeptics in an extensionally adequate way that saves the appearance that, typically, radical skeptics are not mentally disordered persons. First, I argue that the demarcation criterion is, roughly, reflection and argument. According to this proposal, the difference lies in the different mode of production and cognitive processing of ordinary Moorean propositions by radical skeptics and mentally disordered people. Evolutionary considerations about how the structure of our cognition is likely to have been shaped by evolutionary pressures of adaptive value are also ancillary to the sketched explanation.

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7 Reimer (2010) comes close to the problem when she discusses the question whether delusions are beliefs and compares the delusions of the disordered persons with ‘nihilist’ philosophical beliefs.

8 See Burns (2018) and Tsou (2021) for critical discussion of the pseudoscience concern.


I then present an objection from extensional inadequacy. On the one hand, disordered persons sometimes do engage in proto-philosophical reflection and argument (even somewhat sophisticated argument) and, on the other hand, philosophers who do engage in reflection and argument can, in principle, suffer from mental disorder (and sometimes do suffer, as the history of the subject and human frailty indicates). Thus, the criterion of reflection and argument fails to cut at the joints of social reality and neatly demarcate between radical skeptics and the mentally disordered and, hence, the proposal is extensionally inadequate on both ends.

In response to this objection, I concede that there may be cases where the mentally disordered reflect and philosophize and cases where philosophers are mentally disordered, but suggest that such cases need not be decisive counterexamples to the account because, although both use reflection and argument, the mode of production and cognitive processing of ordinary Moorean propositions by radical skeptics and mentally disordered people is still quite different. Radical skeptics base their rejection of Moorean propositions on rational argument (or at least *prima facie* reason-able argument that purports to be rational) while the mentally disordered base their rejection on *post hoc* rationalizations “underwritten by demonstrable biological processes” (Tsou 2021: 18), something that betrays cognitive malfunction.11 12 I also discuss the

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11 I draw the distinction between rational argument and *prima facie* reason-able argument because I think that very radical forms of skepticism, such as global skepticism about rationality, are ultimately not themselves rational. I cannot expand here but, for one thing, such global skepticism about rationality is epistemically self-defeating, surrenders us to universal skepticism and still implicitly commits to indispensable epistemic rationality norms in order to launch its very skeptical argument. See Cuneo (2007) and Kyriacou (2016, 2019, 2023) for some arguments towards this direction. Of course, some defiant extreme skeptics defend even global skepticism about epistemic rationality, such as Unger (1975), Streumer (2017) and Rinard (2022). I confess that I am myself sympathetic to an infallibilist theory of knowledge that has skeptical implications for much we presume to know (cf. Kyriacou 2017b, 2020, 2021b, 2021c, 2023), but I don’t think we should be skeptics about justification or rationality.

12 Although Tsou (2018) argues that mental disorders constitute a natural, biological kind, I stay non-committal about such a broadly reductionist account of mental disorder. I assume the weaker naturalistic constraint that mental disorders supervene on neural processes in the brain and adopt Shea’s (2013) interactionist account of the relation between the neural-subpersonal level of explanation and the mental-personal level. As Shea (2013: 1069) says: “it is now well established that there are fairly stable mappings
borderline case where a mentally disordered philosopher engages in reflection and rational argument (or at least prima facie reason-able argument). Finally, I examine how a Moorean, non-skeptical epistemologist would compare radical skeptics with the mentally disordered in terms of what Plantinga (2000) calls internal and external rationality. Perhaps surprisingly, by Moorean lights, the mentally disordered fare better than the radical skeptic in terms of (internal) rationality.

Let us now turn to the demarcation criterion of reflection and argument.

2 Reflection and Argument as the Demarcation Criterion

Philosophy is traditionally conceived to be the realm of reason, while mental disorder (or ‘madness’) is usually considered to be the exact opposite, namely, the realm of unreason. In light of this platitude, one might naturally surmise that we can easily demarcate between radical skeptics and mentally disordered persons in terms of what is often considered to be the mark of rationality, namely, reflection and argument. That is, the demarcation criterion is that philosophers reflect and argue about their radical skepticism while mentally disordered persons do not. In other words, philosophers are reasonable agents, committed to reflection and argument, while mentally disordered persons are not reasonable agents because they are not committed to reflection and argument.

between some basic psychological functions and particular brain areas. ... there are cases where the mind-brain relation is intimate enough that neural data can be illuminating about personal-level phenomena. The relation appears to lie within the family of options in the metaphysics of mind that make neural data a good basis for inferences about personal-level phenomena” (2013: 1070). He adds “Often the brain state is not just a regular cause, and therefore evidence of the person’s psychological state. It is part of the constitutive basis of their psychological state. In this way neuroscience can deliver evidence of what makes it the case that a person instantiates various personal-level psychological properties” (2013: 1071). Finally, he remarks: “If the subpersonal mechanisms captured by reinforcement learning models of reward-guided decision-making are part of what makes it the case that agents take voluntary decisions as they do, then malfunctions of those mechanisms can help explain how the personal-level mental life of patients goes awry in some of the cases studied by psychiatry” (2013: 1074).


14 See Foley’s (1987) theory of epistemic rationality for such an account of rationality.
In order to flesh out such a reflection and argument criterion, we can invoke the influential dual processing theory of cognition as well as ancillary considerations of evolutionary psychology. Invoking the dual processing theory of cognition is explanatorily fruitful because it enables us to better understand the different kinds of cognitive processing involved in skeptical thinking and disordered thinking, respectively. Philosophical, skeptical thinking seems paradigmatic so-called System-2 reflective thinking, while disordered thinking seems at first instance to be so-called System-1 automatic thinking. Let us explain.¹⁵

According to dual processing cognition, thinking can be roughly distinguished between two different processes: System-1 or automatic thinking, which is fast, intuitive and effortless and System-2 or reflective thinking, which is, in contrast, slow, attentive and effortful.¹⁶ This account would have it that although both disordered people and radical skeptics may claim that they do not know that they have hands, etc., their mode of production and processing of this proposition is different. Disordered people believe and think they know they have no hands on the basis of their intuitive, automatic thinking. Usually, such thinking is the causal outcome of mental disorder, such as psychotic schizophrenia, “underwritten by demonstrable biological processes” (Tsou 2021: 18).¹⁷ They are inclined to think that they have no hands, or that killing for fun is permissible, and believe accordingly, at least partly because of abnormal neurological function that underpins such cognitive processing. In so believing, they seem to be what Plantinga (2000) calls “internally rational”:

¹⁵ As one anonymous referee pointed out, we could still talk in terms of the categories of reflective thinking and intuitive thinking, which do not presuppose the dual processing theory of cognition, and still capture the basic difference between the two basic forms of cognitive processing. I think, however, that it is useful to appeal to the influential dual processing theory of cognition for at least two reasons. First, because in this way we build conceptual bridges with the psychological community, where the dual processing theory is well-established. Second, because the dual processing theory of cognition is an empirically well-justified theory of cognition that illuminates the basic forms of cognitive processing and their prototypical properties. Anyone who would like to better understand reflective thinking and intuitive thinking and their contrasting prototypical properties (e.g., fast and effortless versus slow and effortful processing) can appeal to the theory.

¹⁶ See Kahneman (2011) and Evans (2017) for detailed discussion of the different characteristics of the two basic processes of cognition.

¹⁷ See the description of schizophrenia of the American Psychiatric Association here: https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia. For discussion of schizophrenia, see Frith and Johnstone (2003) and Wilkinson (forthcoming).
they follow an evidential requirement of epistemic rationality and believe what their internal evidence suggests.\textsuperscript{18}

But, the train of thought would continue, the mode of production and cognitive processing of ordinary Moorean propositions in the case of a radical skeptic is very different. It is the causal outcome of reflection and argument, not of intuitive thinking induced by a mental disorder underwritten, in principle, by demonstrable biological processes, such as psychotic schizophrenia or psychopathy.\textsuperscript{19} The skeptic might find it intuitive and accept that she has hands, or that killing for fun is morally wrong, and she may upon reflection recognize that he can't psychologically do otherwise and, moreover, accept that, as Hume taught us, she has no pragmatic reason to shake that intuitive impression in everyday circumstances.\textsuperscript{20}

She has no such pragmatic reason because ordinary Moorean propositions are practically useful for assertion and practical reasoning in everyday life. If I am to assert, reason practically and act rationally, I better believe (or at least accept) that I have hands and feet, or that killing for fun is morally wrong. Otherwise, I would be paralyzed into inaction or kill someone, with obvious dire practical consequences for myself and society.\textsuperscript{21} Call this appearance ‘the pragmatic shrewdness of radical skepticism’.

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\textsuperscript{18} With ‘internal evidence’, I mean mental states (e.g., experiences, intuitions, memories) internal to the psychology of the agent that stand as evidence.

\textsuperscript{19} I hasten to clarify that I do not mean to imply the rather naïve picture that neuroscience has completely mapped out and fully understood the neurological underpinnings of various mental disorders. This is clearly not the case as neuroscience is a nascent science that continues to explore and better understand the complex relation between the brain, the nervous system, the mind and mental disorders. As Shea (2013: 1978–1980) notes, it is still controversial how we should understand delusional schizophrenia in broadly neuroscientific terms. But it is also safe to say that we have been making strides in discovering the neural correlates and abnormal neuro-cognitive functioning that underpins various mental disorders. We better understand the neurological basis of Alzheimer and aphasic disorders, for instance. See O'Shea (2005) and Passingham (2016) for an introduction to cognitive neuroscience and the study of the brain and its cognitive functions via neuroimaging methods. Thanks to an anonymous reviewer who pressed this reasonable concern.

\textsuperscript{20} Hume, for one, seems to have thought that inductive knowledge works and should work along those pragmatic lines. See Hume (1739|1986: Book i, Part iiii) and Stroud (1977: chaps. iv and v) for discussion. Strawson (1985) also took a broadly Humean approach to skepticism.

\textsuperscript{21} As Reimer (2010: 316) notes, mentally disordered persons also do not tend to act on their delusional belief. Persons who think that their loved one has been replaced by an impostor and suffer from the monothematic Capgras delusion, tend to go on with their lives as if they did not believe that their loved one has been replaced by an impostor. Sometimes,
But when the radical skeptic enters the seminar room, steps back and puts on her reflective hat, she may find that she has philosophical reasons to believe that she does not really know that she has hands, of flesh and blood, or that killing for fun is wrong. Perhaps this is because she finds with Unger (1975) that knowledge requires unsatisfiable absolute certainty, or because she agrees with Mackie (1971) that the ontological ‘queerness’ of irreducible moral facts renders them unlikely to exist. For Mooreans, in so doing the radical skeptic is being what Plantinga (2000) called “externally irrational”: she treats internal evidence with excessive caution and doubt-mongering and resists its lead to connect with an independent external reality (physical and moral). In such a situation, her cognitive faculties seem to malfunction, or function improperly (in Plantinga’s [1993] proper function terminology).

Thus, although the radical skeptic may question the belief that she has hands or that killing for fun is wrong when she adopts the reflective philosophical stance, when she returns to the unreflective routine of everyday life, she continues to accept and rely on the almost instinctive beliefs that she has hands and that killing for fun is wrong. And psychologically she cannot do otherwise because, plausibly, this is how our psychology is designed to be predisposed to function by natural selection. It tends to bear adaptive value to instinctively accept ordinary Moorean propositions and creatures that would be overly skeptical about such mundane propositions in everyday life would be unlikely to have survived, reproduced and perpetuated their genes.

However, they don’t and they might even kill the supposed impostor. The radical skeptics (perceptual and moral) do not go about in their everyday lives wondering about whether they have hands or torturing babies. It is also evolutionarily explicable why disordered persons do not tend to act upon their delusional beliefs. Presumably, such acting would decrease our ancestors’ chances of survival and/or reproduction.

As Nozick (1993: 112–114) has argued, rationality as reason-responsiveness might have evolved to play an evolutionary adaptive role, but now “floats free” and can be used to inquire into pure mathematics, logic systems, game theory, metaphysics, theoretical physics, and even rationality itself.

Pinillos (2019) argues that we have good reason to think that we are equipped with an adapted innate skeptical mechanism of modular nature. This is because, roughly, having a skeptical mechanism would enable us to doubt and double check about possible threats, such as poisonous mushrooms, or the whereabouts of predators, which would have been adaptive. Radical skepticism can then be explained away as the skeptical mechanism overdoing its doubting in a highly theoretical-philosophical context that evolution never intended the skeptical module to apply to. In the same evolutionary fashion, Hoffman (2019) has argued that our perception mechanisms have evolved to enable us to survive and not to accurately represent the external reality, and Korman (2014) has posed an evolutionary debunking argument with regard to perception of ordinary objects. Hence, we can expect our perception mechanisms to occasionally misfire and misrepresent things, which is what our experience corroborates (illusions, hallucinations, etc.).
As Street (2009) aptly put it, doubting about the approaching tiger would seriously decrease the likelihood of survival, reproduction and perpetuation of one’s genes, presumably because it would not allow our instinctive ‘fight or flight’ thinking to take over and thereby save our life (typically by flight). The radical skeptic may also be wise enough to accept that there are good pragmatic reasons to proceed in everyday life as if she knows that she has hands because this is practically useful. Likewise, as moral error theorists have argued, the semblance of moral truths in everyday life can help establish social safety and order, coordinate action, reduce interpersonal tensions, promote reciprocity and cooperation, interpersonal bonding etc. and these are socially beneficial. Presumably, as some have argued, this is the evolutionary adaptive value of the capacity for moral judgment and the institution of morality. Without these in place during the Pleistocene, our hunters-gatherers ancestors’ chances of survival and reproduction would significantly decrease.

In light of this discussion, we may conclude that the radical skeptic is not mentally disordered. He might be philosophically wrong, even externally irrational because he does not respect and evaluate our best evidence correctly in a way that connects with the external reality, but he is not mentally disordered. This is because the relevant moral and epistemic judgments (e.g., ‘Murder is wrong’, ‘I have hands’) are all at the intuitive first-order level while the moral and epistemic skeptical-antirealist stories have to do with the higher-order level of reflective argument. Moral and epistemic error theorists-skeptics intuitively grasp ordinary moral and perceptual Moorean propositions (they are not necessarily psychopaths or psychotics, etc.), but reflectively resist the realist metanormative account of this intuitiveness for an antirealist-skeptical one (on the basis of independent arguments). Thus, their intuitive and reflective thinking are somehow compartmentalized, independent from each other and insulated from cognitive interaction and integration for pragmatic reasons.

To sum up, the dual processing theory of cognition, in conjunction with evolutionary psychological considerations, can help us illuminate the fundamental difference between radical skepticism (moral and perceptual) and mental disorder (psychopathy and schizophrenia) in a broadly Humean-pragmatic manner. The difference is the mode of production of the relevant skeptical beliefs: reflection and argument, on the one hand, and intuitive thinking induced by a mental disorder, in principle underwritten by some abnormal neurological correlates that betray cognitive malfunction, on the other hand.

What is more, our sketch of the fundamental difference between mentally disordered and radical skeptics is explanatorily fruitful because it addresses the demarcation question in an extensionally adequate way. It helps explain why we tend to think that radical skeptics are not mentally disordered. Indeed, it is not accidental that some philosophers have written thus:

I am sitting with a philosopher in the garden; he says again and again ‘I know that that’s a tree’, pointing to a tree that is near us. Someone else arrives and hears this, and I tell him: ‘This fellow isn’t insane. We are only doing philosophy’.

WITTGENSTEIN 1969: §467

No philosopher becomes really a Sceptic; if a man really feels what the Sceptic says he feels he is said to have a ‘sense of unreality’ and is removed to a home.

WISDOM 1964: 170

As these quotes indicate, we can do philosophy and reflectively consider the epistemic status of ordinary Moorean propositions (moral, perceptual, free will, self, time and other), but it would be very concerning if the skeptic finds that there is a ‘sense of unreality’ (moral and/or perceptual) in his non-reflective moments—in the same way that, as Cowie (2019) pointed out, a lack of sensitivity to basic moral norms and reasons, or a “sense of moral unreality,” would be concerning. We would start suspecting that the skeptic is ‘losing it’ and might need consulting a psychiatrist for treatment. Fortunately, as we explained, this is not the case with radical skeptics, at least not typically.

I conclude that the reflection and argument demarcation criterion is prima facie attractive: it is consonant with the influential dual processing theory of cognition and with a plausible account of the evolutionary origins of moral and perceptual cognition, and it is extensionally adequate in saving the appearance that skeptical philosophers do not tend to be mentally disordered.

26 See Van Duppen (2017) for an exposition and analysis of Minkowski’s notion of “loss of vital contact with reality.” As Van Duppen (2017) explains, sympathy or interpersonal affection is also often lost in patients with schizophrenia. Hence, loss of vital contact with reality is not just about losing contact with physical reality via hallucinations and delusions. It is also about losing contact with moral reality and, of course, lacking sympathy for others is one of the trademark traits of psychopaths that could go some way towards explaining their loss of vital contact with moral reality.

27 Of course, it is very hard to treat in some way, or rehabilitate, psychopaths, as they tend to recidivate to their wicked ways. On this, see Hare (1991) and Viding (2019).
But although this demarcation criterion bears some attractions, and it is in the right direction, in the next section I argue that it is too simplistic and crude to be extensionally adequate. Social reality is more complex and messier and, therefore, a more refined criterion is called for.

3 The Extensional Inadequacy Objection

In spite of its attractions, it might be objected that the reflection and argument demarcation criterion, as it stands, is too crude to be extensionally adequate. This is because disordered persons sometimes reflect and argue for their skeptical beliefs (even with some sophistication) and because philosophers can be, and presumably sometimes are, mentally disordered. Hence, reflection and argument fail as a demarcation criterion that enables us to distinguish between philosophers and the mentally disordered. Although I think this objection is up to something important, I think the gist of the positive proposal, with some careful modification, can accommodate such cases. But let us present the cases first.

On the one hand, mentally disordered persons can sometimes offer reasons and engage in reflective argument for their deluded beliefs, even somewhat sophisticated argument. For example, a psychopath might offer reasons that post hoc rationalize why it is permissible to kill or humiliate others for fun, or ruthlessly manipulate and exploit others. For instance, as Englebert (2019: 1074–1075) writes:

Psychopathic patients may say, for example: ‘The others are objects I use when I need them; in my eyes, they are no more'; ‘What counts for me is the pleasure I get from what I'm doing; the role of other people isn't very important'; ‘I wanted to carry out a successful robbery and no one was going to stop me. To succeed, I had to kill him. He didn't represent anything more than an obstacle to me' [Source: own clinical experience].

As Englebert’s report indicates, in Machiavellian (a)moral spirit, they might argue, for instance, for some rough subjectivist version of desire satisfaction egoism that rationalizes and exonerates their conduct: what really matters for them is having fun in terms of desire satisfaction, that there are no values other than egoistic self-interest and that everyone is entitled to do whatever she likes.
for the sake of living life ‘to the fullest’ or ‘having fun’. Moral values, they might contend, are socially established conventional values, just as the rules of a basketball game are that we can infringe at will, if we so desire. Nothing more, nothing less.

This rough metaethical argument suggests a kind of subjectivist, desire satisfaction egoism in inchoate form, and although almost all philosophers would think it is implausible because it relies on a weak argument, there are philosophers who argue for similar positions (and other moral antirealist positions) in somewhat similar fashion. Hence, it is not clear what distinguishes the radical skeptic about moral knowledge from the psychopath’s lived and practiced moral skepticism, other perhaps than the fact that philosophers are paid and have the leisure to pursue their research projects systematically, persistently and at some depth.

For a real-life famous example, Adolf Hitler, who exhibited many paradigmatic psychopathological traits (e.g., narcissism, manipulativeness, callousness, grandiosity, cunningness, charm, eloquence, impulsivity, lack of empathy, guilt or remorse) found corroboration of his racist, social Darwinist dogmas in the philosophy of Nietzsche (and others) when imprisoned in Landsberg (after the failed Munich putsch). But as his biographer Ian Kershaw (2009: 145) underlines, “He read not for knowledge or enlightenment, but for confirmation of his own preconceptions. He found what he was looking for.” In other words, Hitler fell prey to confirmation bias and selective exposure and found theoretical support that post hoc rationalized his preestablished racist beliefs (or his Nazi ‘worldview’, as he liked to put it).

Likewise, a psychotic suffering from the Capgras delusion might argue that he knows better than everyone else that this person is not his wife but an impostor because he has been married with her for 30 years and knows her better than everybody else (cf. Stone and Young [1997] and Reimer [2010]). If pressed to explain how he can tell, he might suggest that the impostor has different habits from his wife (never occurring to him that she might have changed some of her habits in due course). Thus, his wife must have been abducted and replaced by some impostor.

Or compare what Sass and Pienkos (2013: 647–648) report on a patient suffering from schizophrenia, Sophie:

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29 For the moral/conventional distinction, see Machery and Stich (2022). For how psychopaths tend to think of moral norms as merely conventional norms, see Viding (2019).
30 For a form of subjectivist metaethics, see Wiggins (1987).
31 See Kershaw (2009) for a description of Hitler’s life, character and psychological profile.
Unlike the normal person, who only sojourns in the imaginary, the individual with schizophrenia does not have the same unshakeable faith in the public, the objective and the ordinary. Sophie, at least, rejects ignorance or intellectual incapacity as the source of her perspective: ‘I cannot count the number of times I’ve been told ‘but Sophie, X is impossible’ and all I ever want to say in response is ‘yes, I am perfectly capable of appreciating why you think X is impossible, but your conceptual or metaphysical constraints are not mine’.32

As is evident from these examples, mentally disordered persons can sometimes engage in reflection and argument about their deluded beliefs, even somewhat subtle argument (for instance, after thirty years of marriage, it is prima facie reasonable to expect to know your wife quite well and better than strangers).33

On the other hand, it is psychologically possible that radical skeptics are mentally disordered (and even possible that their mental condition induces their skeptical position).34 A moral error theorist could, in principle, be an amoral psychopath, or a perceptual skeptic could be a delusional psychotic, although this would probably be an unlikely phenomenon. It is not that there are empirical findings suggesting that radical skeptics are mentally disordered (or, at least, I am not aware of any), but any answer to the demarcation criterion should be modally flexible enough to account for such a coherent possibility, no matter how far-fetched it is. Besides, philosophers are ordinary humans and can fall prey to mental disorder too, just as anyone else can, and the history of philosophy is rife with figures that are alleged to have had serious mental health issues (such as ‘nervous breakdown’ (as was called in Hume’s time), depression, paranoid persecution mania, anorexia nervosa, anti-social personality disorder etc.; see note 28 above).35,36

32 How is Sophie’s argument any different from philosophical arguments that appeal to deep disagreement about first metaphysical principles and lead to verbal disagreement among metaphysicians, e.g., between realists and nominalists about universals? It is hard to say. For an introduction to the nascent field of metametaphysics, see Tahko (2015).
35 Besides, Kustets (2016) and Sipp (2018) are philosophers of psychiatry that draw from their own experiences with psychosis. The same could happen with some (amoral) moral philosophers who draw from their own psychopathological experience in order to engage in moral matters. Of course, this is highly speculative, but not unreasonable as psychopaths tend to appear in the general population and in well-educated circles, but are often much harder to detect due to their psychological profile and social skills.
36 Actually, the chances are higher for moral radical skeptics suffering from psychopathy to go undetected rather than perceptual radical skeptics suffering from schizophrenia
What is more, like pragmatically shrewd Humean radical skeptics who do not practically live up to their reflective, theoretical skepticism and see nothing wrong with that, often “[d]elusional subjects fail, in important ways, to act in ways that we would expect from someone who genuinely believed the things that he or she professes to believe” (Egan 2009: 266). In this way, they resemble pragmatic skeptics who argue that they do not know that they have hands, or that killing for fun is wrong, but they go on with their practical lives as if they do know that they have hands, or that killing for fun is wrong. They do not tend to kill their allegedly impostor wife, nor do they intend to take their armies to battle against invading aliens. Somehow, they manage to compartmentalize their beliefs and insulate them from their practical import and, in this respect, they resemble the Humean character of pragmatically shrewd radical skeptics.

I conclude that the reflection and argument demarcation criterion is too crude to be extensionally adequate as it stands. Mentally disordered persons can, in principle, reflect and argue for their skeptical beliefs and philosophers go undetected because it is much harder at first instance to identify and diagnose psychopathy than schizophrenia. This is because of the shrewd psychological profile of psychopaths that allows them to climb the social ladder unnoticed and occupy positions of power, influence and authority in academia, politics, business, law, public administration, the military, etc. (cf. Hare [1993], Babiak and Hare [2006], and Viding [2019]). As is well-known, psychopaths are often so cunning, charming and manipulative that can pass as normal, socially functional persons (e.g., they can be very glib and eloquent and very good at impressions management; see Goffman [1956] for social action as “dramaturgic impressions management”), something that it is not often the case with schizophrenics. Often schizophrenics cannot be fully socially functional persons because they are not fully in touch with external reality—or what appears to be external reality, the radical skeptic would insist—and their thinking and conduct can be disorganized, catatonic, erratic and even incoherent. So, it is often much easier to detect a schizophrenic than a psychopath (at least in cases with serious schizophrenic symptomatology).

For some discussion of the phenomena of double bookkeeping and double exposure in schizophrenia, see Sass and Pienkos (2013: 646–652).

An important difference here between the Humean pragmatic skeptic and the pragmatic mentally disordered agent is that the former would step back and reflectively approve of their pragmatic take on things as the only practically realistic option, while the mentally disordered would not tend to think much about why he takes the pragmatic turn. Hence, the pragmatic skeptic would have some more meta-cognitive awareness and command of his cognitive condition than the mentally disordered.

See Reimer (2010) for some discussion on how the mentally disordered fail to draw logical consequences of their beliefs. There is the further question that occupies Reimer (2010), namely, whether the mentally disordered have genuine skeptical beliefs or rather their mental state is one of delusion. Like Reimer (2010), I think their mental state is one of deeply irrational beliefs, or what she prefers to call “anomalous beliefs.” This is my working assumption in this paper.
who reflect and argue for their skeptical beliefs can, in principle, be mentally
disordered (and their skeptical position can be even induced by a correspond-
ing disorder). And just like radical skeptics, mentally disordered persons tend
to be pragmatically shrewd enough not to live up to their skeptical beliefs in
everyday life, something that might go some way towards explaining why evolu-
tion allowed for mental disorder tendencies. For, if mental disorder tenden-
cies were severe enough to seriously hamper our practical lives (individually
and collectively), then we can conjecture that this would decrease the chances
for survival and reproduction of persons with mental disorders tendencies.40
In any case, a more refined demarcation criterion is called for.

In the next section, I explain how our answer to the demarcation criterion
can appeal to the rationality of argument and the pertinent post hoc rationali-
ization/justification distinction in order to make progress with such purported
counterexamples.

4 Rationality, Post Hoc Rationalization/Justification and Mental
Disorder

We can accommodate cases where mentally disordered persons reason and
attempt to justify their rejection of ordinary Moorean propositions, as well as
cases of philosophers that are mentally disordered, by appeal to reflection and
the rationality of argument and to the post hoc rationalization/justification dis-
tinction. This would indicate that the demarcation criterion is modified to be
reflection and rational argument. Let me explain.

As is well attested, we are natural coherence-seekers insofar as we seek to
understand and explain ourselves and our position in the world.41 We seek to
make sense of ourselves, our experience, attitudes, and conduct, and for this
task we devise reason-giving explanations of why we tend to have certain
attitudes and conduct. Of course, our reason-giving explanations need not
always be very rational and plausible. As empirical evidence indicates, some
reason-giving explanations may be biased and vicious, ideology-driven, exam-
pies of motivated reasoning, confabulatory post hoc rationalizations, cases of
evidence resistance, of twisting the evidence, wishful thinking, self-deception
and the like.42

40 For an introduction to evolutionary psychiatry, see Brune (2018).
41 See Kahneman (2011) and Mitova (2016). See Fogal and Risberg (2020) for how reasons
ground explanations.
Likewise, although mentally disordered agents can often provide reasons for their skeptical beliefs, we may have good independent reasons to think that the reasons they provide are nothing more than conjured up, post hoc rationalizations that fail to really justify their beliefs and render them rational.43 That is, if the reasons they provide are weak and fail to provide strong evidential support for their skeptical beliefs and, what is more, we have strong independent evidence that what induces these weak justificatory reasons are demonstrable biological processes associated with mental disorder, then we may reasonably think that the reasons in support of their skeptical beliefs are only post hoc rationalizations that fail to be truly justificatory. In essence, this picture suggests that they make things up to ad hoc rationalize a skeptical belief induced by cognitive malfunctioning due to some extent to abnormal, neural processes. Given that they fail to properly justify the skeptical belief, it is irrational.

Our canvassed examples with the amoral psychopaths, Hitler, the Capgras patient and Sophie the schizophrenic patient exemplify this pattern of reasoning. The amoral psychopath may give reasons that sketch a subjectivist, desire satisfaction egoism because he wants to rationalize his amoral conduct and make sense of his experience and conduct in an ad hoc and post hoc manner, but we know via brain imaging studies that the function of some neural networks of psychopaths is biologically abnormal.44 Similarly, the Capgras patient may give reasons for his belief that his wife has been abducted and lives with an impostor because he wants to rationalize his belief and make sense of his experience and practice in an ad hoc and post hoc manner, but we know via brain imaging studies that the function of some neural networks of Capgras patients are again biologically abnormal.45 And Sophie explains in lucid philosophical language that ‘Yes, I am perfectly capable of appreciating why you think X is impossible, but your conceptual or metaphysical constraints are simply not mine’ (cf. Sass and Pienkos 2013: 650). Again, we know that the function of some neural networks of schizophrenia patients are biologically abnormal (cf. Shea 2013: 1078–1079).

43 Compare Reimer (2010: 319): “Owing to neurological dysfunction, these individuals suffer from ... ‘anomalous perceptual experiences’. In an effort to make sense of these extraordinary experiences, psychiatric patients invoke delusional hypotheses. So argue Stone and Young (1997). These hypotheses are clung to by patients, who adamantly refuse to consider alternative hypotheses, including the (true) hypothesis that their odd experiences are the result of brain dysfunction.” For further discussion, see Stone and Young (1997). For post hoc rationalization of intuitive moral beliefs, see Haidt (2012).
44 See, e.g., Umbach et al. (2015) for growing evidence for amygdala impairments.
45 See, e.g., the Luca et al. (2013) study. Capgras syndrome seems to correlate with lesions of the bifrontal and right limbic and temporal regions.
In the reverse case, if we have mentally disordered philosophers that attempt to justify their skeptical beliefs, the situation is slightly different. Of course, insofar as the reasons they provide in support of their skeptical beliefs are weak and there is strong independent evidence that what induces these weak justificatory reasons are demonstrable biological processes associated with the respective mental disorder, then, again, we may reasonably think that the reasons in support of their skeptical beliefs are only post hoc rationalizations that fail to be really justificatory. In these conditions, their predicament is identical to the one of the mentally disordered non-philosophers we canvassed above. In both cases, it is mental disorder that induces the belief and *post hoc* rationalization is appealed to in a failed, *ad hoc* attempt to justify and make sense of the belief.

But there is also the further interesting possibility that some philosophers are mentally disordered and they can still provide strong independent reasons in support of their skeptical beliefs that have nothing to do with their non-truth-tracking, corresponding mental disorder. For instance, a mentally disordered skeptic might make use of a skeptical underdetermination argument, or the Agrippan trilemma argument, or Hume’s argument against causal inference, or some other supposedly strong skeptical argument, and this might have nothing to do with his mental disorder. In such a case, the mental disorder does not cloud, as it were, their ability to independently justify their skeptical beliefs about, e.g., moral skepticism or perceptual skepticism.

Perhaps mental disorder (e.g., psychosis, anxiety or obsessive-compulsive disorder) inclines the skeptical philosopher to be more doubtful, take more seriously skeptical beliefs and seek to independently justify them but the justification *per se* is not the direct, causal outcome of mental disorder. If it were the direct outcome of mental disorder, then the mentally disordered philosopher would again fall prey to *post hoc* rationalization. But in this case, insofar as the reasons they provide are independent and strong and the skeptical belief is

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*This is why the so-called genetic fallacy is, I think, itself a fallacy. The genetic fallacy points out that the genetic origins of a belief have no bearing on its epistemic status. It is a fallacy to think otherwise and, therefore, we should not conflate the causal origins of a belief with reasons for the belief. To illustrate, suppose that I am hard-wired to believe in an external world, a God, etc. It can still be the case that a belief’s origins of formation are epistemically reliable and I have independent reasons that justify the reliability of the source (and thereby belief). Hence, the genetic fallacy itself is a fallacy because it can be the case that the causal origins of a belief are epistemically reliable and I have independent reasons to support this. Therefore, the genetic origins of a belief can, in principle, have a bearing on its epistemic status. See Kahane (2011) on evolutionary genealogical considerations and how they can be employed in the service of debunking arguments.*
based on them, we may reasonably think that they avoid a *post hoc* rationalization and provide *post hoc* justification for their beliefs.\(^{47}\) Thus, in this case, their skeptical beliefs would be rational (although perhaps overdetermined by both good reasons to believe and the disordered experience inducing to believe).\(^{48}\)

Thus, it seems that the appeal to reflection and *rational* argument and the *post hoc* rationalization/justification distinction can help us better understand how the different mode of production and cognitive processing of ordinary Moorean propositions (and their denial) by radical skeptics and mentally disordered people can accommodate cases of extensional inadequacy. The radical skeptic’s reasoning can, in principle, be rational while the proto-philosophical reasoning of the mentally disordered seems only to be a mere *post hoc* rationalization that fails to really justify (recall the *post hoc* rationalization of the amoral psychopath, of Hitler, the Capgras patient and Sophie the schizophrenic patient that seek to justify their skeptical beliefs in order to make sense of their abnormal experience and conduct in an *ad hoc* manner).

Of course, as we have just seen, there is also the interesting possible case of the mentally disordered philosopher who endorses a skeptical belief on the basis of good independent reasons to believe and in so doing is reasonable enough to acquire the belief rationally. This special case illustrates, I think, that there can be no clear-cut, neat distinction between the mentally disordered and radical skeptics as the two social categories of agents can partially overlap. But as we have argued, the reflection and *rational* argument criterion (in light of the *post hoc* rationalization/justification distinction) can, in principle, help us better understand how radical skeptics and the mentally disordered may typically differ in their patterns of reasoning and processing of skeptical beliefs.

Let me now briefly counter two related objections to the proposed account. First, it might be objected that radical skeptics themselves cannot and do not offer cogent rational arguments for their skeptical beliefs. That is, the arguments of moral skeptics and perceptual skeptics are not cogent arguments that we should accept as rational and, therefore, even radical skeptics do not provide rational argument for their skeptical beliefs.\(^{49}\) If that is the case, then we

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\(^{47}\) For the *post hoc* rationalization/*post hoc* justification distinction, see Davis and Cox (forthcoming).

\(^{48}\) In the case of overdetermination, what matters, epistemically speaking, is that the belief is based on good epistemic reasons. For the basing condition on doxastic justification, see Alston (2005).

\(^{49}\) This is especially the case for very radical versions of universal skepticism, such as Unger (1975), Streumer (2017) and Rinard (2022), that deny all justification and knowledge, something that seems to be epistemically self-defeating.
cannot appeal to rationality of argument to demarcate radical skeptics from the mentally disordered.

In brief rejoinder, it is a moot point that is the object of lively philosophical debate whether arguments for radical skepticism are cogent and rational, but I think that non-skeptical philosophers critical of such arguments would not typically charge moral and perceptual skeptics with offering irrational *post hoc* rationalizations. They would concede that their arguments are *prima facie* reason-able in the sense that they purport to justify their position by giving reasons and arguments for it, but judge that these arguments are ultimately not very plausible.

Second, it might be objected that it could be the case that a mentally disordered philosopher, whose skeptical belief is induced by the disorder, has a true skeptical belief and, therefore, there is no irrational *post hoc* rationalization of the skeptical belief. A moral skeptic who is a psychopath, for instance, might have a true skeptical moral belief (e.g., ‘There are no moral truths’) and in such a case his *post hoc* justification is not an irrational, *ad hoc* rationalization because he discovers a truth.

In brief rejoinder, although this scenario is a coherent conceptual possibility, it would seem to be a Gettier-style case where someone accidentally hits the truth without *basing* the belief on the right kind of justificatory reasons. This is because he comes to acquire the true skeptical belief in virtue of the epistemically lucky accident of having the relevant mental disorder inducing the abnormal experience and true belief. Had it been the case that he did not suffer from the mental disorder, it is anyone’s guess whether he would still hold the true skeptical belief. That is to say, in many possible worlds similar and thereby in proximity to our own, where the same agent does not suffer from the belief-inducing mental disorder, he does not have the true skeptical belief and this seems to render the belief unsafe. Thus, it would still seem that there is something irrational involved in the case because knowledge is something of a safe true belief that is a non-lucky, rational achievement out of cognitive ability.50

I conclude that the appeal to reflection and *rational* argument and the *post hoc* rationalization/justification distinction can help us better understand how the different mode of production and cognitive processing of ordinary Moorean propositions (and their denial) by radical skeptics and mentally disordered people can accommodate cases of extensional inadequacy.

50 See Williamson (2000) and Pritchard (2012) for such safety-based theories of knowledge.
We are now poised to very briefly revisit the two motivating reasons we encountered in Section 1 for posing the demarcation question. First, our account sheds some light on philosophical methodology and contributes to philosophical self-understanding. Philosophy is about providing rational justification, explanation and understanding for our web of beliefs. Some of those beliefs can be so intuitive and effortless that we are simply stuck with them at the first-order level of System-1 cognition (e.g., about an external reality) and we can only provide post hoc justifications for them (vindicating or debunking) via reflective System-2 cognition, but those justifications need not be ad hoc rationalizations, as with the pathological thinking of mentally disordered agents.

Second, our account indicates what is pathological with mentally disordered persons and helps alleviate the concern that psychiatry is only a pseudoscience. According to our account, what is pathological is that mentally disordered persons (at least the kind of disorders we have canvassed, such as schizophrenia, psychopathy and the Capgras syndrome) are induced to have skeptical beliefs because of some subpersonal neurological abnormality and the best they can provide by way of evidential support for such beliefs is conjured up post hoc rationalizations at the personal level. Given independent empirical evidence of how these beliefs are induced, such post hoc rationalizations are conjured up and ad hoc and can have little credibility.

But insofar as psychiatry is empirically grounded in neuroscience and beyond (e.g., biochemistry, genetics, pharmacology, psychology, epidemiology) in studying the subpersonal level and studies and theorizes about the experience, reasoning, etc. at the personal level, it is a proper science—although perhaps odd by other sciences’ standards because it straddles at the intersection of various natural and social sciences and philosophy, which partly explains some of the misgivings and skepticism about its scientific credentials.51

In the next section, I briefly examine how a Moorean non-skeptical epistemologist would compare a radical skeptic and a mentally disordered person in terms of what Plantinga (2000) calls internal and external rationality. Although radical skeptics are considered at the very least to be prima facie reason-able agents that aspire to rationality of argument, by Moorean lights, perhaps surprisingly, it would seem that the mentally disordered fare better than the radical skeptics with regard to rationality. Of course, whether a Moorean position

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51 I understand that the sketchy reply to the charge that psychiatry is a pseudo-science is not adequate to answer the full force of the challenge and that a much more detailed work would be required for such a reply. In any event, this is the line of thought I would pursue if I had more space at my disposal. Thanks to an anonymous referee for raising the matter.
about rationality should be assumed in moral and perceptual epistemology is dubious and the staunch radical skeptic would not concede it, but for the sake of exposition we can assume the Moorean rationality perspective and explore what this perspective implies. This is a worthwhile hypothesis as many epistemologists have, in one way or another, broadly Moorean sympathies (Moorean classic invariantists, safety theorists, contextualists, subject-sensitive invariantists etc.).

5 Moorean Rationality, Radical Skepticism and Mental Disorder

Perhaps, as Williamson (forthcoming) says, “[s]cepticism is a [cognitive] disease in which healthy mental processes run pathologically unchecked. Our cognitive immunity system, designed to protect our conception of the world from harmful errors, turns destructively on that conception itself.” But although radical skepticism might well be a mistaken philosophical pattern of reasoning, a philosopher’s cognitive disease as it were, because it is ultimately unreasonable, it does not typically involve a mental disorder. Psychiatrists don’t tend to treat radical skeptics for their radical skepticism.

Hence, the radical skeptic about morality and perception might be irrational because she fails to be sensitive to our best, rational argument that connects us with an external reality (externally irrational, in Plantinga’s [2000] terms) but she need not be disordered. In Reid’s words, the skeptic may be a ‘metaphysical lunatic’ in her reflective moments but be pragmatically rational enough to take ordinary Moorean propositions at face value in her non-reflective everyday life moments and, therefore, not be an ‘ordinary lunatic’ as such.

Perhaps surprisingly, the sketched demarcation of radical skeptics from the mentally disordered implies that, for Moorean philosophers who take ordinary Moorean propositions (moral and/or perceptual) at face value, mentally disordered people are in a better epistemic predicament than radical skeptics (!). Mentally disordered persons are at least internally rational, that is, respecting their best internal evidence, while radical skeptics are neither internally nor externally rational: they are internally irrational because they do not respect and evaluate correctly their best internal evidence (because they are

52 See again Pinillos (2019) for an account of the evolutionary origins of skeptical thinking that is in line with Williamson’s (forthcoming) talk of the design of a cognitive immunity system. For Pinillos, the design of our cognitive immunity system is evolutionary.

53 For the sake of argument, I ignore here the overlapping possibility of the mentally disordered philosopher.
pathologically cautious, doubt-mongering and misguided by bad arguments) and are also externally irrational because they fail to rationally—on the basis of evidence and argument—connect with external reality. If that is the case, then for Mooreans skeptical philosophy is bad philosophy that can render us in a worse epistemic condition than mental disorder can. In this sense, bad (skeptical) philosophy is more of an epistemic evil than mental disorder.

As Plantinga (2000: 111–112) writes:

A pathological skeptic, for example, might have the sort of doxastic experience as the rest of us, but still be unable to form the appropriate beliefs. I might be appeared to in the way that goes with seeing that Peter is running toward me out of pathological caution, however, I am unable to believe that he is really running toward me (after all, it could be a cunningly contrived robot, or I could be dreaming, or a brain in a vat, or a victim of some kind of illusion; and I can be certain that it is really me that he is running toward?). This sort of response is also precluded by internal irrationality. By contrast, Rene Descartes notes that there are people “whose cerebella are so troubled and clouded by the violent vapours of black bile, that they ... imagine that they have an earthware head or are nothing but pumpkins or are made of glass.” That sort of response is not (necessarily) precluded by internal rationality. Perhaps these madmen are subjected to overwhelming doxastic experience here. Perhaps this proposition—that their heads are made of glass—seems utterly obvious to them, as obvious as that $3 + 1 = 4$. Then the problem lies with this seeming, with this kind of doxastic experience. Given this doxastic experience, what proper function requires (all else being equal) is forming this belief; and they do. They display external irrationality, but not internal irrationality.

Table 1 illustrates how the mentally disordered fares better than the radical skeptic in terms of (internal) rationality from the Moorean perspective. Of course, for the staunch radical skeptic, nothing of the sort that the Moorean envisages happens. It is just that the radical skeptic reflects philosophically on the reasons we have for ordinary Moorean propositions (moral and perceptual) and realizes that we have good reasons to accept that ordinary Moorean propositions are false, or at least implausible. This revisionary, nihilist result opens a wide gap between common sense and philosophical wisdom, but like other disciplines (physics, biology, mathematics) that are revisionary about ordinary Moorean propositions (physical, biological, mathematical)
and common sense, philosophy could be revisionary to some extent. There is nothing exceptional in philosophical methodology in that respect vis-à-vis other disciplines that opt for the *scientific image over the manifest image* (in Sellars’ [1962] memorable distinction) on the basis of our best rational argument.

### 6 Conclusion

I conclude that the dual processing theory of cognition, in conjunction with evolutionary considerations, can lay bare the fundamental difference between mentally disordered people and radical skeptics by illuminating the mode of production and cognitive processing of radically skeptical beliefs (moral and perceptual). Radical skeptics employ (or at least aspire to employ) reflection and rational argument in support of their skeptical beliefs while the mentally disordered, to the extent that they employ System-2 reflection, typically employ reflection and argument that appeal to irrational *post hoc* rationalizations in order to exonerate skeptical beliefs that are induced by cognitive malfunction due to in principle demonstrable biological processes (associated with a respective mental disorder).

As I explained, there are also interesting conceptual possibilities of mentally disordered philosophers and proto-philosophical mentally disordered agents that complicate the picture and indicate that there can be no clear-cut, neat demarcation criterion between the radical skeptic and the mentally disordered. In principle, the social categories of mentally disordered agents and philosophers can and presumably sometimes do intersect. Interestingly, by the light of Moorean philosophers, mentally disordered persons are in a better epistemic predicament than radical skeptics with respect to (*internal*) rationality. From within this Moorean perspective, bad philosophy (*i.e.*, radical  

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54 See Rinard (2013) for an argument that philosophy can overturn common sense.
skepticism) is worse epistemically not just from healthy common sense but even from mental disorder, because it is a kind of philosophical, cognitive disease of reflective thinking, in Williamson’s (forthcoming) words. Reflective thinking, as in the case of radical skepticism, can go very badly; or so the Mooreans think, the skeptic would quip.55

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