The Brain-Body Problem: Distinguishing Psychiatric Illnesses From Character Flaws Through A Dual Perspective Analysis

For generations, psychiatrists have debated the differences between psychiatric illnesses and character flaws as questions of whether certain people are "mad" or "bad" (Hickey & Martin, 2011, p.19; Seifert, et al., 1999; Nabarro, 1984). Psychiatric illnesses seem to be most distinguishable from character flaws when the pathological symptoms include such extreme sociopathic behaviors as bank robbery, mass murder, arson, and the like. This is probably because when such extreme deviance is presented in modern civilized societies, people tend to find that only mental illness is acceptable to explain this aberration in the pro-social behaviors encoded in human beings to survive, thrive, and harmonize. Character flaws, meanwhile, are more likely to be associated with such personality imperfections as as carelessness, laziness, or procrastination that do not pose severe threats to themselves or other people.

Nevertheless, when taking a closer look into the overlapping area of psychiatric illness and character flaws, one may easily identify ambiguity in certain situations, with Borderline Personality Disorder (BPD) and Narcissistic Personality Disorder (NPD) standing out as two salient examples. For these subtle conditions, people tend to define mental illness from two different perspectives: the medical and socio-cultural (Li, 2015). From the medical viewpoint, professional psychiatrists determine psychiatric illness through observation and evaluation of questionnaires. But from the socio-cultural viewpoint, public attitudes also determine psychiatric illnesses. The two perspectives are actually connected: psychiatric experts and scholars design diagnostic questionnaires by interviewing the general public about its views on specific phenomena, so in essence, both doctors' clinical judgments and public attitudes are driven by their own moral beliefs–which are in turn derived from different types of Modern Moral Theory (Zachar & Potter, 2010). As we will argue, psychiatric evaluations guided by modern morality are often misleading and inaccurate. This essay attempts to differentiate psychiatric illness and character flaws from both the medical and socio-cultural perspectives, and argues that psychiatric illnesses reflect defects in two domains, external action and internal thoughts and feelings; while character flaws, by contrast, reflect a defect in only one of these two domains.

The Medical Perspective

Who defines abnormal human behaviors? In what cases should these abnormalities receive medical treatment?

The obvious answer to these questions is psychiatric evaluations. One well-known evaluation is the General Health Questionnaire (GHQ-12), a widely used tool in clinical situations to detect common mental disorders (Anjara, et al., 2020; Comotti, et al., 2023). The design of GHQ-12 takes both mental and behavioral dimensions into account. While some scholars identify two factors of the GHQ-12 structure as the Depression/Anxiety construct and the Social Dysfunction construct, and other scholars propose as the dichotomy of mental conditions and social behaviors, all of them agree that the GHQ-12 diagnoses psychiatric illnesses for people with both mental and behavioral abnormalities.

Beyond the GHQ-12, psychiatrists also divide mental health into five stages on a spectrum: healthy, disturbed, disordered, neurotic, and psychotic. In this classification, psychiatric illnesses occur at the "disordered" stage because, while the "disturbed" state can be palliated through self-effort, the "disordered" state requires medical intervention. One characteristic of the "disordered" state is the abnormal externalization of psychological activities (Yu, 2024). Therefore, psychiatric illnesses are by definition both physically and mentally abnormal. Character flaws, however, are not clinically diagnosed and thus do not conform to a specific set of standards of evaluation.

While medical evaluation is necessary to detect psychiatric illness, it still suffers limitations. For example, many evaluation questionnaires and clinical diagnoses of professional psychiatrists are largely based on moral standards embedded in the consciousness of the given society. Distinguishing psychiatric illnesses from character flaws, therefore, requires moral frameworks as well. People thus attach immense socio-cultural emphasis on the externalization of mental disease.

Socio-cultural Perspective

As mentioned above, moral frameworks are adopted in subtle or blatant ways even in psychiatric evaluations. One obvious effect of this is the association of abnormality with immorality. Immorality actually is a vital part of Modern Moral Theory which stems from the theory of divine command

ethics (Anscombe, 1958). This ethics suggests that humans are obligated to obey eternal laws decreed by God.

Three prevailing types of law-like moral frameworks evolved to identify immorality. Yet each type has its own limitation when determining “immoral” psychiatric illness.

The first is Kantian deontology. This duty-based moral theory asserts that the duty motivation, which follows universally applicable moral laws, drives right actions (Kasher, 1978). Individuals, then, are considered immoral if they fail to fulfill their obligations to the moral law. In this moral framework, overt abnormal or immoral behavior is irrational, and thus mentally ill. The limitation of this framework is ignoring the importance of one’s emotional motivations. Applying this theory, it is hard to distinguish if people who lie, for example, have a psychiatric illness or are just telling a white lie.

A second moral framework is John Stuart Mill’s Utilitarianism. Unlike Kantian thinkers, the utilitarian guideline for action is “the greatest good for the greatest number” (Gillon, 1985). Personal actions are thus aimed at increasing public happiness are moral and, importantly, the opposite is immoral. As in Kant, the limitation of this framework is, again, ignoring people’s emotional motivation. Applying this theory to the famous “Trolley Problem”, in which a person can divert a train onto a side track that will kill one person, but save five people one the initial track (Duignan, 2024), it is hard to distinguish if a person who chooses to save one has a psychiatric illness which causes her to completely disregard life, or if she instead thinks this person should not suffer from an accident.

The third moral framework is Moral Motivation Theory, which holds that people should strive to occupy the emotional states that make them more likely to behave morally (Anscombe, 1958). This framework is limited by its failure to address people’s normal mood swings. Under the scope of Moral Motivation Theory, it is hard to distinguish if a person who is excited, for example, has a psychiatric illness, or has just won the lottery.

All three of these modern moral frameworks rely on external behaviors to identify immorality that are based on moral concepts derived from cultural norms. This reveals two further limitations to these frameworks. Firstly, groups with different ethnicities, cultures, and moral norms cannot agree

whether a person is psychologically impaired. But similar to physical health, mental health is objective within each group's or culture's moral norms. Secondly, psychiatric illnesses and character flaws cannot always be distinguished through external behavior.. For example, anti-social behavior can stem from both mental illnesses, e.g., extreme autism, and from simply not happening to like one's community.

Contrary to these types of Modern Moral Theory is Aristotle's Virtue Theory, which is not conceptualized as law-like. Adopting Aristotelian Virtue Ethics, this essay argues that a person suffers psychiatric illness when both her behavior and her accompanying feelings and intentions are simultaneously defective; if the defect is only in one or the other category (behavior or mental state), this is a character flaw.

According to Aristotle, virtue is a state of character that lies between extremes of excess and deficiency, and is cultivated through habitual action (Barnes, 1984). Virtue Ethics focuses on developing good character traits – virtues – and avoiding bad traits – vices – through the practice of moderation in one's behaviors and emotions. Virtue is a character style with interlocking behavioral, emotional, and cognitive dimensions (MacIntyre, 1981). In other words, Virtue Ethics concerns a person's actions, feelings, and intentions simultaneously in various situations. In contrast with Modern Moral Theory, Virtue Ethics places emphasis on emotions while Kantian deontology does not. Furthermore, in contrast with Utilitarianism, Virtue Ethics sees virtues as intrinsically good and not to be practiced for a particular good outcome. Finally, in contrast with Moral Motivation Theory, Virtue Ethics rejects the role of motivations in moral action. The practice of virtues is not a process produced by good feelings; rather, it is a process in which acting virtually feels good.

In this light, Aristotelian ethics delineates what kind of person one should be, rather than telling them what to do in accordance with legalistic moral rules. Aristotelian virtue means achieving excellence. Excellence refers to fulfilling one's nature or purpose. An excellent person, or a virtuous and healthy person in the Aristotelian sense, is the one who can fulfill the unique essence of the human species, which means rationality–not only in one's actions, but also one's feelings and reasonings (Barnes, 1984).

Compared with the virtues of a hypothetically excellent person, a character flaw aligns more closely with Aristotle's concept of vice: a trait or habit that leads individuals to act in morally reprehensible ways. Examples of character flaws might include dishonesty, greed, or boorishness. Vices are character flaws because according to virtue ethics, individuals have the capacity to cultivate virtues and overcome character flaws through conscious effort and moral education. In this sense, people with character flaws have right feelings and reasoning, so vices can be overcome rationally. A character flaw is the result of habituation and personal choice, and defective actions can be altered through personal efforts. Aristotle also posits that a character flaw can alternatively involve doing the right things without having the right feelings or reasonings. For example, a thief might decide not to steal out of fear of a nearby police officer, rather than out of a desire to be morally virtuous. This is also a way of controlling one's bad actions. Nonetheless, the fact that one can control one's actions suggests that consciousness can overpower external behaviors. In this case, even when the person does not have the "right" mindset, we cannot conclude that they suffer from a mental defect. A character flaw cannot be proved as it only presents a defect in either the external behavior or the internal thoughts and/or feelings.

We can thus define a psychiatric illness as a condition of moral deficiency both behaviorally and mentally. Further, by definition, psychiatric illnesses require "medicine and psychiatry … to treat and to heal … to live a good life – both in the sense of 'desirable' and of 'moral'" (Zachar & Potter, 2010, p.110). Illness is antithetical to health. In Virtue Theory, health is not only behavioral; it is also conscious. We act in accordance with our consciousness; conversely, we experience certain feelings and emotions when performing certain actions. Consciousness and behavior have interlocking relationships that influence each other. Accordingly, only when a moral deficiency is observed both in a person's behaviors and inner state can her condition be deemed as medical–for at this point, she does not have the capacity to exert a positive influence on either her behavior or her consciousness to thereby improve her condition. This double-dysfunction in psychiatric illness impedes a person's ability to practice virtue, not because of moral failure, but due to co-existent biological and psychological factors beyond their immediate control.

Conclusion

After considering the medical and socio-cultural perspectives, this essay contends that the differences between psychiatric illness and character flaw lie in different situations of deficiencies in behavior and consciousness. Under medical evaluation, only when deficiencies in both are observed, can psychiatric illness be determined. Character flaws, however, lack medical standards for evaluation. Socio-culturally speaking, Aristotle's Virtue Theory, with its focus on the cultivation of virtues through moderation and habitual action, offers a comprehensive framework for understanding these distinctions. While psychiatric illness can still be viewed as deficiency in both the behavioral and psychological spheres, character flaws, on the other hand, typically manifest as deviations in either behavior or reasoning–not both at the same time–that can be rectified through personal effort and moral education.

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