

# COPING RATIONALLY WITH LAPSES FROM RATIONALITY

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A man gave up smoking three months ago. For the first six or eight weeks he was regularly tormented by a desire to smoke, but the last three or four weeks have been less uncomfortable and he is becoming optimistic that he has left cigarettes behind for good. One afternoon a friend drops in for a business chat. The business done, our reformed smoker sees his friend to the door; returning to the living room he finds, on the coffee table, an opened pack of cigarettes. He snatches up the pack and hurries to the door, only to see his friend's car disappear around the corner. As he will see his friend in the morning and can return the cigarettes, he puts the pack in his jacket pocket and hangs the jacket in the closet. He settles in front of the television with a before-dinner drink to watch network news. Twenty minutes into the news he walks to the closet where his jacket hangs and takes the cigarettes out of the pocket, studies the pack for a minute, and walks into the bathroom, where he empties the cigarettes into the toilet and flushes it. He returns to his drink and his news.

What have we witnessed? I think we can confidently guess that our subject came to anticipate that in the presence of the cigarettes something might occur that he did not want to happen; by disposing of the cigarettes he has made it not happen. Wasting a dollar's worth of his friend's cigarettes was an inexpensive safeguard. He has coped rationally with the risk that he would do something he did not—at the moment of flushing the cigarettes—want himself later to do.

I shall look in more detail at what may have been forestalled, but for the time being let us just interpret the man's act as a rational attempt to prevent some non-optimal behavior that the presence of the cigarettes might motivate. Tentatively we might suppose that the man would explain his behavior as anticipating some "irrational act" that he strategically precluded by acting while still "rational."

My usual interest is in how people actually exercise strategy and tactics, successfully or unsuccessfully, in constraining their own future behavior. Often the ways people try to constrain their own future behavior are like the ways they would try to constrain someone else's behavior; they appear to be treating their "future self" as if it were another individual. If our man had never smoked but his wife had, and she had recently with great discomfort forsworn cigarettes and was not yet confidently weaned, and his business friend had left cigarettes behind, he would surely dispose of the cigarettes before his wife came home. So whether we want to say that he treats his ten o'clock self as if it were "another self," or only that he treats it as he would "another's" self, makes little difference.

Most literature on this subject in economics and philosophy concerns what is usually described as an apparent change in preferences. At five o'clock the man does not want to smoke; at five o'clock he does not want to smoke at ten o'clock; at ten o'clock he may want to smoke, remembering perfectly well that five hours ago he did not want himself to smoke at ten o'clock, remembering that three months ago he did not want himself to smoke at any time. Just describing what the man is doing if he lights the cigarette that even a few moments ago he may have hoped he wouldn't smoke is not easy. Whether it is "rational" that he satisfies an urge to smoke, exercising his unalienable sovereignty at ten o'clock, may not be answerable within the classical paradigm of rational choice; neurologically there may be a resolution of the question, but I prefer at this point to postpone examination of whether and how that succumbing at ten might be judged rational or irrational. I'll settle for calling it *nonoptimal as of five o'clock*; I'm willing to let the man refer to his anticipated lapse as "irrational" if he wants to call it that; at least, it so appears to him as of five o'clock.

These apparent changes in preference as time goes by, or as events trigger them, are important and interesting—maybe the most important and interesting of the "lapses from rationality." They can involve addiction to legal and illegal drugs—heroin, nicotine, Valium, caffeine; they include thirst, sex, and appetite; they include some hard-to-manage behaviors like gambling and video games.

Just to be clear: I do not consider the injection of heroin or the smoking of nicotine to raise any issue of rationality. It is only when the user of heroin or nicotine makes a serious attempt to stop and has difficulty doing so, suffering occasional relapse or suffering torment on the verge of relapse, perhaps attempting to restructure his or her environment or his or her incentives, that the issue arises whether some preferences are "true" and some are interlopers, whether fulfilling one preference is rational and fulfilling an opposing or alternating preference is not.

But, as I said, I shall defer treatment of those conflicting preferences. I want to introduce a number of conditions and behaviors for which a judgment about "irrationality" will be less problematic. Whether these conditions and behaviors appear less important or more important than drug addiction, binge eating, or nymphomania, they at least offer a spectrum into which the more notorious addictions and compulsive behaviors can be fitted. The latter may then be seen as members of a family not all of whose members are so difficult to understand.

## OUTLINE OF WHAT'S TO COME

**Asleep**  
**Drowsy**  
**Depressed**  
**Euphoric**  
**Drunk**  
**Extremes of motivation**  
     **Pain**  
     **Fear**  
     **Panic**  
     **Rage**  
     **Thirst**  
**Phobias**  
**Compulsions**  
**Captivations**  
**Nervous interaction**  
     **Giggling**  
     **Embarrassment**  
**Misbehaving minds**  
**Temptations**

## SLEEP

A good place to begin is sleep. Many people do things in their sleep that awake they want not to do. Children suck their thumbs and wet the bed; children and adults scratch lesions or tug at bandages; people lie on their bellies whose back doctors recommend against it, or lie on their backs and snore. (When I was young sleepwalking was ubiquitous; I don't know what became of it.) Probably we would not call it "irrational" to tug at our bandages, sleep being out of bounds to rationality. But a child can desperately want to stop sucking its thumb, and an adult male may badly want not to sleep on his back and snore. And the child can rationally put on thick mittens at bedtime; and the snoring adult can strap a lumpy object to his back. These coping behaviors surely do not raise any question of what the person "really" wants to do.

Nightmares and bad dreams can be a problem. Having an alert partner to wake one up is a help. Certain before-bedtime activities can be avoided, and certain foods; and one can experiment with tranquilizers.

And of course there is oversleeping. We set an alarm.

**DROWSY**

Even an alarm may not solve the problem. People put the clock across the room so they cannot turn it off without getting out of bed. When it is important they call a friend who will call, and call repeatedly, in the morning. (In a foreign city, without an alarm, I found a waking service in the yellow pages and left a call. I got the call on time; five minutes later I got another call, and another five minutes after that.) Is it "irrational" not to get out of bed when the alarm goes off? People have missed important engagements; others have had to skip shaving and breakfast. Rather than say a strong preference for an extra half hour's sleep exercised a legitimate claim, we'd probably prefer to say that the barely awakened drowsy person is not quite all there; his metabolism is depressed, his brain is awash with "sleep." By the standards of the night before when the alarm was set, and by the standards of the person cursing his lateness to work, staying in bed was "irrational."

Falling asleep is a problem. Actually it is two, but I defer insomnia for later. The soldier on guard may sit with his chin on his bayonet: when he droops, the pain awakens him. Truck drivers can purchase a noisemaker that is activated when a button is released; if they doze, they relax their grip and the noise startles them awake. Is it "irrational" to fall asleep when doing so will get one in trouble? Descriptively, this may depend on whether one chooses to say a person "succumbed" to a strong temptation—as surely sometimes one does—or instead the person's brain "turned off" on its own. I don't think it matters: what matters is that people need to cope, and often can rationally cope, with undesired dozing.

Drowsiness can be due to fatigue, lack of sleep, medicinal drugs, alcohol. Precautions can include coffee, a nap, and not drinking.

Besides falling asleep when drowsy, people can be inattentive or absentminded—failing to turn off the stove, missing telephone messages, not hearing the baby cry. Anticipating drowsiness, one can try to avoid drowsiness, can warn others that one may be too drowsy to be responsible, or otherwise avoid responsibility that one anticipates being unable to fulfill.

**DEPRESSED**

Depressed, people do things, decide things, and say things they deprecate in advance and regret after. Some depression is predictable: post-operative for surgery patients, postpartum for mothers. Some medicinal drugs induce depression, as do some illnesses, notably hepatitis (as preserved in the expression "a jaundiced view"). Some depression is treated with dietary supplements or medicines, some (seasonal affective disorder, SAD) with light.

Some of the behaviors associated with depression can be anticipated and guarded against. If a pregnant woman eschewed alcohol and tobacco during pregnancy, and hopes to remain nicotine-free now that she has several months invested in that condition, she can be advised that the onset of depression may lead to relapse and her husband would be wise not to leave cigarettes around the house. The husband's

giving up smoking is especially valuable at this time, even if he can keep it up only for a few weeks. Post-surgical depression may need to be guarded against by cardiac patients who wish, on the adamant recommendation of their physicians, to give up smoking.

Depression is a condition in which it may be important to rid the house of means of suicide—a gun, sleeping tablets, even car keys—or to keep company on hand, a watchful friend or a telephone line.

**EUPHORIC**

There is a euphoric counterpart to depression, although it is comparatively rare. People become impetuously generous as a result of success or good luck; gamblers who win heavily are said to become instantly spendthrift. And Jeppo in *The Informer*, newly rich and surrounded by flatterers, squandered in one evening the entire twenty pounds reward that was to buy his steamer ticket out of Ireland.

**DRUNK**

Alcohol is one of the many temptations people try to avoid, but here I refer not to abstinence but to regrettable behavior, behavior that one hopes in advance to avoid and that one regrets after. The person who enjoys drinking and has no intention of giving it up may need safeguards against behaviors that, when he is under the influence, will seem perfectly rational but, when remembered the next day—if remembered—will seem foolish and unwise, or worse. The classic case is the person whom alcohol encourages to think he can actually drive a car safely; the solution is to leave the car at home and take a taxi, or to deliver the keys to the host with the request not to return them if the host thinks that best.

People who when drunk abuse their spouses or children, insult their friends or employers, fight, bet large amounts of money, or otherwise behave outrageously, may have to remove their children in advance, leave their money at home, and do their drinking away from the people whose presence is conducive to bad behavior.

The same disregard of consequences that can get one into trouble after drinking can at times dispel inhibition and provide the "Dutch courage" to say what, sober, one hadn't the nerve to say, or to do what, sober, one hadn't the nerve to do, like proposing marriage, or proposing divorce, demanding a promotion, or quitting a job, making up to one's children, or disowning them. Just as people rationally drink to conquer stage fright or fear of flying—or are served drinks for that purpose—they can "rationally" drink to rise to the occasion. Whether we should say, then, that they rationally drink to achieve rationality—it being irrational not to say what the occasion calls for—or to achieve irrationality—it being irrational to be insensitive to the consequences, is a choice I leave to the reader.

## EXTREMES OF MOTIVATION

*Pain*

American women about to give birth have been known to request that anesthesia be withheld; they want to be fully aware, they want the newborns not drugged, they want to display loving courage. An obstetrician may respond that nitrous oxide will be available for self-administration, otherwise anesthesia will be used only in emergency. The woman asks that nothing be available on demand—if it is available she will demand it and get it, and she wants her demands unattended, she wants not to receive relief even if she asks for it. (There are evident legal and ethical issues, as well as medical; and if the husband is present in the delivery room there may be conflicts of interpretation.)

Advance self-denial may be formulated as not wanting to succumb “irrationally” to a level of pain that makes clear thinking and clear recall unavailable. The brain may have evolved when pain was something to be avoided, not welcomed; and a “primitive” response to pain may overwhelm any earlier resolution, taken perhaps in a more recently evolved part of the brain, to eschew relief—may even overwhelm the very recollection of that resolution or the reason for it.

*Fear*

Let me quote the first paragraph of the first chapter of my favorite book about baseball [Koppett, 1967].

“Fear.”

That’s the paragraph. The second paragraph begins, “Fear is the fundamental factor in hitting, and hitting the ball with the bat is the fundamental act of baseball.” If one has decided, fully aware of the risk, to lean into the plate, bat poised, awaiting a white object travelling ninety miles an hour toward one’s face, ducking away at the last moment may be “irrational.” Or maybe not doing so is irrational.

Rationality may be somewhat intertwined with voluntariness. If, during the third of the three fifths of a second the ball is travelling, one changes one’s mind and backs off, doing so may be irrational—it contradicts what one earlier decided in full knowledge of the danger. If one uncontrollably, involuntarily, perhaps by reflex, flinches and withdraws, maybe the act is something like “transrational,” beyond considerations of rationality. Surely if one blinks the act does not qualify as irrational, any more than sneezing while hiding from an enemy is irrational.

A World War II movie showed an officer removing fuses from unexploded bombs in London. He wore a headset into which he described every move so that when he disappeared there would be a record. His was a calling that was very demanding: one’s fingers mustn’t tremble. In training, nobody trembled during practice; it was

only confronting a live bomb that anyone learned whether or not he qualified. Tranquilizers were unavailable; they reduced the sensitivity of the fingers. Possibly a fully rational person could not control his own trembling; maybe there is something “wrong” with a person so nerveless. Again we confront the question of what “rationality” covers: if one knows rationally that it is safer not to tremble . . . ?

Suppose that trembling over the bomb’s fuse made detonation extremely likely, while a calm hand could almost surely remove the fuse safely. Now should I be able rationally to persuade myself there is no danger—none unless I create it by needlessly trembling—and not tremble? I can either correctly believe the operation safe, because I am not trembling, and not tremble—a rational response—or I can correctly believe the operation extremely dangerous, because I am trembling, and tremble—two “equilibrium” pairs of belief and behavior.

When I was young I read that dogs could smell fear in me if I was afraid. (I believe it was adrenaline or some such hormone that affected the chemistry of my breath or my perspiration.) And the smell was said to infuriate dogs and make them (irrationally?) aggressive. Decades later I remembered, as I jogged occasionally pursued by dogs. I was not particularly afraid of dogs, never had been; but remembering, I realized I might well be *afraid of being afraid* of dogs. I tried to be “rational,” to be unafraid because there was nothing to be afraid of. But I was subject to a sneaking “rational” recognition that if I *were* afraid there was plenty to be afraid of! Again two “rational”(?) equilibria.

I’ll come to phobias shortly. Here the issue is whether justifiable fear may overcome one’s resolve to face it, and one needs to cope in advance in order not to give way. Alcohol on the battlefield may be administered by one’s superiors, or self-administered in the interest of not acting the coward. (Maybe my drinking alcohol could keep those dogs tranquil.) A sufficient level of terror may induce paralysis when action is needed; a sufficient level of terror may lead to flight, when fleeing courts disaster. That leads to our next topic.

*Panic*

Many people know that when the car skids in snow the worst thing is to slam on the brakes, and they slam on the brakes. Technology has come to the rescue; before that, practice—skidding practice—helped overcome the impulse. Novice skiers can knowingly do the wrong thing when they slip; some of us could even watch ourselves helplessly doing the wrong thing.

Mountain lions have returned to Colorado and have been seen near some of the hiking trails, even near towns; signs have appeared advising appropriate behavior in the event one confronts a mountain lion. Some of the advice sounds sensible: make continuous noise, e.g., carry a little bell that is always dingling; the lions will hear and you’ll never see them. The advice that scares me is: never turn your back and run!

### Rage and Temper

Rage is sometimes a wonderful substitute for courage and often a source of energy. But rage usually distorts judgement and triggers impulsive actions that are futile, destructive, or embarrassing. Losing one's temper is a mild sort of rage. I don't know of any programs of training for rage control, but there is the traditional prophylactic, count to ten before speaking. If I am too enraged to mind my behavior, how can I make myself count to ten? Actually people do, and it helps. How can I simultaneously be rational enough to count to ten and at the same time not rational enough to contain my rage? Maybe the mind is not altogether singular; watching myself uncontrollably losing my temper I count to a controlled ten and watching myself regain control.

When rage or loss of temper is predictable one can often avoid the stimulus or the occasion. There was a member of my Department who was incapable of speaking, on any subject, without provoking me into bad humor and a futile argument. I eventually learned that whenever he began to speak I should simply go to the bathroom. I'd miss my chance to lose my temper and never regret the lost opportunity.

### Thirst

If a person suffers a stomach wound and must not drink for forty-eight hours, and no intravenous technology is available, it is important not to leave a glass of water nearby. Eventually, we are told, the person will drink and die. People at sea will drink salt water and die; in the desert, poisonous water and die. I think we should not conclude that the person prefers instant relief to long life, but we should infer that his central nervous system was programmed, through millions of years of biological evolution, to relieve extreme thirst at any cost. As the hours go by the stomach-wounded person's thirst increases, his mind's capacity to think about the consequences of drinking the water steadily diminishes while his mind's preoccupation with the need to quench his thirst increases. He didn't "decide" he would rather drink than live: he was under the control of a brain that knew that dehydration could kill and didn't know that drinking could.

Is it irrational to drink? I propose that it is neither rational to drink nor irrational. It is rational to drink only if one is capable of rational action and drinking is the right thing to do; it is irrational to drink only if one is capable of rational action and drinking is the wrong thing to do. The dehydrated nervous system is not capable of rational choice: there is no choice, there is an absolute demand for rehydration. Maybe we could identify a *primitive rationality* that takes charge. By evolutionary experience, drinking the water is the right thing to do; drinking is the wrong thing to do only at a level of mental activity that has been shut down in the interest of survival.

Most of us do not get lost in the desert or at sea, or suffer stomach wounds where intravenous liquid is unavailable. But thirst may be a useful model for the nature of choice *in extremis*, when the conscious mind cannot get our attention, when the more primitive brain kicks in and takes charge. I think this idea applies to extreme pain, discussed earlier.

### PHOBIAS

Dictionaries make phobias irrational, or at least behaving under their influence. They are defined as fears not based on reasoning or evidence, or fears greatly exaggerated. "Fear" may be too restrictive: some appear to be revulsion, and some induce nausea, fainting, or paralysis. Alfred Hitchcock's *Vertigo* revolved around Jimmy Stewart's reaction to heights; Howard Hughes' antiseptic withdrawal late in life was reportedly phobic.

There are many phobias; a score have their own Greek or Latin names: acrophobia, claustrophobia, agoraphobia, and in a recent movie, "arachnophobia." In addition to heights, enclosures, open spaces, and things that crawl, there are needles, blood, reptiles, filth, feces, viscera, leeches, and the dark. For some people it is submersion in water, for some it is the furry animals that other people love. Stage fright can reach phobic proportions. Some phobias appear to be induced by traumatic experience, some are thought to be partly genetic in origin. Acrophobes get a physical sensation that sometimes attracts and repels, and bears little relation to "fear." Some monkeys react to reptiles with panic; removing one of the frontal lobes of the brain, it is reported, and putting a patch over one of the monkey's eyes, sends the monkey to the ceiling in panic if there is a snake in the cage, or alternatively lets the monkey calmly pass the snake in pursuit of a banana, according to whether the unpatched eye corresponds to the intact hemisphere or the one lacking the frontal lobe.

Most phobias can be seen as abnormal or unhealthy; some agoraphobes' lives are shaped by an incapacity to leave home, and Hughes' life was reportedly devastated by his compulsive antisepsis. But acrophobes are typically normal except for their phobia. A hospitalized soldier in M\*A\*S\*H\* who sexually harassed a nurse was punished by her dropping his blood sample and telling him that he'd have to give blood again tomorrow; the soldier was ordinarily brave enough, but he spent the night in horror of tomorrow's needle.

Heights, needles, and even fear of the dark often yield, at least somewhat, to closing one's eyes, although if one needs to navigate a precipice closing the eyes is not an available option. Fear of flying appears phobic in some people who acknowledge that their fear is not rational; perhaps they just cannot control their imaginations, or cannot keep their nervous systems from interpreting every slight jolt of the plane as a warning signal. Airsickness and seasickness seem to be aggravated by, if not generated by, an inability to distinguish the signals from the noise.

Some phobias have a potential to be therapeutic. "Aversive conditioning" has been occasionally successful against nicotine addiction: people are instructed to oversmoke to induce headache, to keep wet cigarette butts in open containers to emit disgusting odors, etc. Evidently if phobias could successfully be induced, they would have great potential.

Not altogether unlike phobias are some more apparently "natural" or normal aversions. Some people cannot kill spiders, some cannot drown kittens, some cannot kill the horse that broke its leg. The inability to inflict suffering may be a welcome, recent cultural evolution.

## COMPULSIVE BEHAVIORS

One class of compulsive behaviors has been named "grooming behaviors." These are biting fingernails, picking scabs, plucking hairs and whiskers, squeezing earlobes, chewing on lips and cheeks, and doing other things with face, head, and hands that are unsightly or painful. (The name implies efforts to remove surface imperfections.) Where one can avoid driving home drunk by leaving the car at home, and avoid a spending binge by leaving money and credit cards at home, one cannot leave cuticles, eyebrows and cheeks at home. The number of Americans who suffer significantly from these grooming behaviors has been estimated in excess of twenty million. These behaviors are usually partly conscious, partly unconscious, and when conscious may be quite irresistible.

An interesting method of coping—interesting partly because it has application to other deprecated behaviors—is identifying precursors, behaviors that tend to precede, as preliminaries, the unwanted actions. (Alcohol is often a precursor to smoking relapse; if one has trouble giving up cigarettes but not alcohol, giving up the latter for a period can help to prevent smoking relapse.) Azrin and Nunn [1977] explain that many of the offending facial features that invite compulsive "grooming"—a whisker the razor missed, an errant eyebrow, a small scab—are "discovered" while a hand is idly exploring the face. Once discovered, the item's demand for attention becomes irresistible; but if one never discovers it by hand it doesn't offend and won't be noticed. The manual exploration is a habit that is nowhere near as compulsive as the irresistible sequel. If one can learn to keep hands away from the face—eliminate the precursor activity—one may escape the irresistible invitation to groom. Keeping hands off the face requires only breaking a habit, not resisting a compulsion.

For cuticles and fingernails the authors recommend professional manicures until the compulsive habit has subsided.

## CAPTIVATION

Many of us waste time we cannot afford to waste by watching an old mystery or western, often something we had no intention of watching, something we got caught in the middle of while idly scanning the channels. For most of us there is a precursor that is not too hard to cope with: turning the set on in the first place. Like not eating the first peanut or potato chip, not getting a glimpse of the police chase can be crucial to not staying to the end. But it is not always easy to resist looking for the late news, or something "really" worth watching; the set does get turned on, with the risk of a lost hour. I often wish the hotel would disconnect the TV in my room; I'd happily pay extra for a TV-less room.

For some of us reading can be as bad as TV, and a cheap mystery isn't over in one hour or two. Puzzles can be captivating, and people who can't afford the time to solve them have learned they cannot easily be laid down unfinished, or put out of mind.

## NERVOUS INTERACTION

Interacting with dogs was mentioned earlier, an interaction that could generate "irrational" fear in me and possibly irrational aggressiveness in dogs. More widespread is interaction among people leading to undesired feelings and behaviors. Yawning and coughing are examples; so are giggling and embarrassment.

### *Giggling*

Giggling is never solitary. Two youngsters, even teenagers, can be seized with uncontrollable giggling; scolded they may stop, but just looking at each other starts it again. To control it they must avoid catching each other's eyes—sit facing away from each other, or in separate rooms. Some years ago, with a group studying the role of television in American culture, I watched an episode of the Mary Tyler Moore show, "The Death of Chuckles the Clown." A beloved clown had died when the episode opened; everybody felt the need to grieve but nobody could help laughing whenever Chuckles was mentioned. The climax was a funeral at which the entire congregation giggled uncontrollably; the minister finally assured them that Chuckles could only have been delighted at their inability to control their laughter. Fifteen minutes into the program the group I was with was laughing uncontrollably. It was nervous laughter, self-conscious laughter, participatory laughter; whenever we managed to stop, someone among us would try to stifle a giggle and at the sound we were rocking back and forth again, choking with uncontrollable laughter. I am sure if I had seen the show alone in my room I would have kept my poise; and I would have missed a convincing demonstration of the show's authenticity.

### *Embarrassment*

Embarrassment is an interactive phenomenon: it takes two to make somebody embarrassed, and usually both are. A lone astronaut stranded on the moon can do nothing to embarrass himself.

("Consider the following problem. Suppose you were to find yourself on a lifeless moon with no possibility of returning to, or communicating with, the earth. Suppose also that you were in a frame of mind to do something bad. What would you do?" [Braybrooke, 1965, 73].)

A poignant experience was driving to a friend's home with another friend who began to complain about the treatment he had received from an anonymous referee. As he enumerated the errors and fallacies of the referee's report I recognized the manuscript: I was the referee. The author's name had been removed and it had not occurred to me that my friend might be the author. He assumed my complete sympathy because this manuscript was in the style and methodology of an earlier manuscript that I had told him I admired.

I had a choice. I could confess at once, guaranteeing mutual embarrassment, or I could feign sympathy and risk a worse embarrassment if he discovered that I not only

was the referee but had deceived him during his diatribe. I took the chance; he never knew; we were not embarrassed.

Suppose he had caught on. He might, for example, have been quoting something from the referee's report that he had not thought to associate with me, but with me beside him the attribution to me had become inescapable. He might have turned to me in shock as he discovered my dirty secret; my treachery would have been the greater because of my claim to have admired the earlier manuscript. As we looked in each other's faces, and he knew that I knew that he knew that I knew that he knew I was the referee, our "common knowledge" of my role would have allowed no escape from an embarrassment that might have afflicted us both forever.

Suppose instead—and conceivably this is what happened—that he had caught on, just while complaining to me, to who the referee was and appreciated the mutual embarrassment that would ensue if he let on; he might have kept secret that he knew my secret and spared us both. If it had become apparent to me that he had caught on and was not letting on that he had caught on, I should have cooperated in disguising my awareness of his awareness. The important thing was to avoid "ratification," mutual acknowledgment of the mortifying fact that I was the referee. ("Ratification" is Goffman's term [Goffman, 1955]) "Poise" is Goffman's term for skill in disguising or hiding one's own embarrassment to cut the positive feedback between one's own and the other's embarrassment, or the talent to be casual in dismissing the occasion for embarrassment.

So there are rational ways to reduce the likelihood or the intensity of embarrassment, but whether embarrassment itself is rational or irrational, or neither of the two, is not easy to assess. Usually embarrassment is a mutual awareness of something that causes an unpleasantness that is due entirely to the awareness. If we could agree that there is nothing unpleasant except the mutual awareness, we might rationally agree to ignore whatever it is that is making us uncomfortable. Knowing that if I do not become embarrassed the mutual embarrassment will be aborted, should I rationally be able to make myself unembarrassed? Just as there were two equilibria in the fear-of-dogs cycle—rationally fearing them and providing grounds for fear, or rationally not fearing them and giving no grounds—there appear to be two possible equilibria for mutual embarrassment, being embarrassed and providing each other grounds for embarrassment, or not being embarrassed and providing no grounds. Whether this makes embarrassment "irrational" I do not know.

### MISBEHAVING MINDS

It is an interesting question whether rationality should be construed as including command over one's mind, or how much command might be demanded. Guilt and regret, bad memories, apprehension of painful experiences to come, even a tune playing over and over in the mind, are hard to expunge by a rational act. One can sometimes "forget" by becoming absorbed—the student worried about tomorrow's exam can go to an exciting movie to displace the anxiety—but it is hard to teach one's mind the principle of sunk costs.

Being able to fall asleep at appropriate times is a help and a comfort that many of us miss, regularly or occasionally. Insomnia is a perverse phenomenon: awareness of it, remembering that one is insomniac, aggravates the insomnia. Some people report that they become so sensitive to their own sleeplessness that, as they finally begin to drift off, they notice it and jolt themselves awake. The best antidote to insomnia is to forget that one is afflicted.

I love sashimi. I read some years ago that there is a rare occurrence of a live worm in raw fish, a worm that is not destroyed either by the chewing or the digesting of the fish. There are two such worms, one of which is serious because it can do harm to the intestine; the other is less serious but uglier: it can be regurgitated and come out of one's mouth. I know the odds on this happening, and there is no reason to think that suffering such trauma is more likely than dying in an automobile crash on the way to a Japanese restaurant. But I could not, for a long time, keep myself from thinking about that dreadful worm, the one that might come out of my mouth, and wondered whether I could ever eat sashimi again.

Daydreaming, a.k.a. phantasy, is ambivalently irrational. Imagine an adult playing out a scenario in his or her mind, finding large amounts of money, heroically saving a child, making passionate love, delivering a lecture to an enraptured audience: what is the person *doing*? There are two interesting possibilities: the person is wasting good time unawares, idly letting his or her mind play at his or her expense; or the person is enjoying a good enough facsimile of the real thing to be getting genuine pleasure at little material cost. Either way there is some form of self-deception; both the wayward enjoyment of the autonomous phantasy and the counterfeit pleasure of the "authored" phantasy depend on a somewhat convincing pretense that what is being imagined is real. If I don't say this right, I'd like to know how to say it with higher fidelity to what is actually going on.

What could be more irrational than caring what happens in the final chapter of a book that someone has written? You tell me that someone is finishing a poignant novel and hasn't decided whether the heroine's kidnapped daughter will survive the final chapter; you ask me whether I care how it turns out. The final chapter is merely binary digits on a diskette that will become letters on a page; change the letters and the daughter is murdered, change them again and the daughter is rescued—letters on a page: no such daughter exists! But if I read the book, I care; I may weep if the daughter doesn't survive. Weeping is part of my enjoyment of the book, my utterly irrational participation. It is phantasy, but phantasy that I do not control; the author does. And here's what is so wonderful: if I could discipline myself to think rationally, and reduce the daughter to digits on a diskette, I would lose some of the best of life in a world of art and civilization. My ungovernable and irrational mind gives me nightmares, worms in the sashimi, embarrassment at things past and fears of things to come; but it lets me identify with characters in a play or novel and lets me experience, at least momentarily, feelings that money cannot buy.

And then there is absentmindedness—forgetfulness—and we learn tricks to cope. Forgetting, or having faulty memory, may be thought of as a sort of intellectual irrationality, a little like computing wrong or reasoning faultily. If one knows that one

forgets, or knows that one remembers certain things wrong, one can try to cope—e.g., don't call people by name if you know you are likely to get the name wrong, and write down where you parked the car.

## TEMPTATIONS

The reader will probably acknowledge that most, or at least some, of the conditions I have described can reasonably be called "lapses from rationality," perhaps "normal, justifiable lapses from rationality." Turning around and running from the mountain lion, or yanking back the hand that needs its wound cauterized with a hot iron, is an act that I know is wrong, that somehow I cannot help at the time, an act for which I may seek some coping strategy or device, and an act for which I need not apologize.

By "temptations" I mean the kind of circumstance or phenomenon that I illustrated at the beginning of this essay with the cigarettes flushed down the toilet. I have in mind the temptations that people wish to resist and find hard to resist, often resolve to resist and fail to resist, sometimes with serious consequences. The distinguishing characteristic is that, notwithstanding the cliché of the "drug-crazed" addict, the person succumbing to what I call temptation is usually quite aware, while succumbing, that he or she is violating an earlier resolve to abstain and will eventually regret the momentary lapse and any ensuing longer-lasting relapse. (Remember, I am interested only in the "temptations" that people wish to resist; the contented overeater, addict, or nymphomaniac is outside my subject.)

I have been particularly interested in the ways that people try to govern their behavior in relation to temptations by avoiding the opportunities or the stimuli, by manipulating their own incentives or capabilities, or by affecting the functioning of their nervous systems. (The cigarette example represented one or more of these; we'll explore it further.) Some of these strategies may require an understanding of the nature of the lapse; some just require understanding how to prevent it. I can know that if there are peanuts on the coffee table I'll eventually start eating them and that I can avoid eating them by having them removed; that doesn't mean I can describe how my mind will be working when I reach the point of putting a peanut in my mouth fully aware that I didn't want to and didn't intend to and will shortly wish (or am already wishing) that I hadn't done it.

There are many behaviors that display the paradox that a person, quite uncrazed, fully conscious, apparently "voluntarily" does what the person is simultaneously fully aware one shouldn't do. Scratching hives, poison ivy, or chicken pox almost always aggravates the burning and itching, the person scratching knows that it does, and as he or she scratches can be amazed at what he or she is doing. The boy who believes masturbation is evil, harmful, or contrary to God's command, continues to believe it as he watches himself masturbate. The man or woman who is persuaded that sexual infidelity is fraught not just with risk but with the near certainty of awful consequences continues with the persuasion while engaging in the act. This phenomenon, altogether different from that of the thirst-crazed water drinker, the pain-crazed evader

of the cauterizing iron, or the panicked confronter of the mountain lion, is utterly tantalizing. One sees oneself doing what one knows one should not be doing; there is no loss of awareness of consequences, only (this is one way to say it) loss of command from one part of the brain to another.

## ADDICTION

A central role in what I call "temptations" is played by addictive substances. I appreciate the different needs of different groups—psychiatrists, lawyers, pharmacologists, legislators, psychologists, neurologists—for their own specialized definitions of addiction; but I believe understanding the nature of the lapse from rationality that occurs when someone succumbs to temptation can be advanced by comparing a wide range of behaviors: gambling, eating, drinking, smoking, sniffing, inhaling, injecting, masturbating, or watching television. What is happening when the reformed alcoholic accepts the drink, the reformed smoker rushes to the store before it closes to buy cigarettes, the conferee reaches for the Danish on the table, or the boy convinced that masturbation is evil masturbates, is not yet susceptible, as far as I can tell, to scientific description. (In my opinion, too little attention is paid to introspective reports.)

To illustrate what I have in mind I return now to our friend who flushed his friend's cigarettes away at the beginning of this paper. I averred, and expected no dispute, that the man's action was interpretable as a rational act, probably taken in anticipation of some lapse in his later rationality. This anticipatory preemption is easy to describe. Harder to describe is what that later action, the one he wanted to avert, would represent, what the state of his "rationality" would have been, at the later time, had he later engaged in smoking, or perhaps what the state of his rationality is still going to be at that later time when he might have engaged in smoking but does not. (Actually, maybe he will; his preclusive act may not have been decisive.)

An interesting question is whether he, at the time he disposed of the remaining cigarettes, had a good understanding of what his later state of mind was going to be. Might he, if we could ask him, be able to tell us just what the mental or emotional circumstances were going to be that he wanted to guard against?

There are a number of possibilities.

## ALTERNATIVE SCENARIOS

One possibility is that he anticipates drinking alcohol and knows by experience that drinking interferes with his reasoning so that he succumbs to the temptation of cigarettes if cigarettes are readily available. If the individual believes that what alcohol does is to distort or to anesthetize some of the functions or characteristics that go under the name of rationality, we can call this situation "anticipated irrationality." We discussed it earlier.

This drinking contingency can be divided in two. The simpler case is that he enjoys relaxing in the evening with a few drinks even though it impairs somewhat his "rationality," because nothing he plans for the evening places demands on that part of



his rationality that is subverted by alcohol. He could keep his smoking under control by going without alcohol, but for the price of a pack of cigarettes he can eliminate the danger and have his drink, and that is what he has chosen.

The second is that he wishes not only not to smoke but also not to drink, but he has a drinking problem that he knows he may not be able to control this evening: to be on the safe side—with respect to smoking, not to drinking—he destroys the cigarettes. We need here some reason why he doesn't pour the liquor down the toilet too. Maybe he is going out for the evening where he will be confronted by an opportunity to drink, expects to succumb against his (currently) better judgement or expects to feel obliged to drink among his friends, and fears coming home with impaired rationality to find cigarettes on the coffee table. (Our story might have been more tantalizing if, upon discovering the cigarettes his friend left behind, he had studied the pack momentarily, had then put it back on the coffee table and gone to the pantry and poured his whiskey down the sink!)

Counting the alcohol contingencies as the first two, a third possibility is that cigarettes by their physical presence—the sight of them, perhaps the smell of them, or the mere unforgettable knowledge of their presence—stimulate a craving, a craving that is a serious discomfort and distraction unless satisfied by the smoking of a cigarette. This contingency in turn breaks down into three.

One is that the craving is such a discomfort and distraction that it will produce an unproductive and disagreeable evening; at the risk of complete relapse it would be rational to avoid such a dismal and unproductive evening by going ahead and smoking. The presence of the cigarettes is an irritant that if not removed will make it rational to smoke. (An alcoholic might be considered rational to drink before undergoing some exceedingly painful procedure, the risk of relapse being a lesser evil than the pain.)

A fourth possibility, the second of these craving contingencies, is that he knows he will *not* succumb—will not suffer a lapse from rationality—but will be sufficiently distracted by the presence of cigarettes to make it worthwhile to dispose of them. In the same way he may, when it is time to get to work, turn off the TV, not because he expects to succumb to it but just because the flickering screen continually disturbs his concentration.

The third craving contingency—the one I find hardest to understand, though not to recognize—is that he expects to succumb “irrationally,” not merely to be distracted, and not to be so distracted that it would be better to go ahead and smoke, but simply to be unable to maintain his resolve not to smoke. He wants now not to smoke later no matter how strong the craving, and he cannot trust his brain to function “rationally” under the stimulus of cigarettes present. (The case of extreme thirst mentioned earlier may be an exemplar.) He would rather handcuff himself to the radiator across the room than be free to succumb. He doesn't need to; it is the presence of the cigarettes, or the knowledge of their presence, that will influence his brain chemistry, and *that* he can take care of in the toilet. Less poignantly, people often remove the peanuts, or the Danish, from the conference table or the nearby buffet, either in fear of succumbing or just to remove the distraction. (Clinicians have told me that recov-

ering heroin addicts suffer much less craving when in a “clean” place where they know there is no chance to obtain heroin than when they believe, rightly or wrongly, that there is some possibility of obtaining the stuff.)

A sixth possibility is that the craving is independent of the presence of cigarettes. He knows that late-night fatigue (or late-night awakening) or some circadian change in brain chemistry—he needn't know what—will produce an irresistible craving for tobacco. It is the same whether the cigarettes are in open view, stowed in a cupboard, or five miles away in a vending machine. Destroying the cigarettes has no effect on his choice to smoke, only on his ability.

Here, too, we can distinguish two cases. One is that there will be no other cigarettes available at reasonable cost. No stores will be open, no one will be on the street from whom to bum a cigarette, or perhaps the man lives out of town without a car and no busses will be running. Tossing the cigarettes effectively denies the wayward choice.

The other—the seventh case—is that the craving is the same whether or not cigarettes are present, but their absence affects his ability to avoid surrender. I can think of two reasons. One is that an impetuous urge might control his behavior for a minute or two, but not for an hour, and if he grabbed his car keys and drove away his better judgement would overtake him within the time it would take to get to the store and park the car, and he'd be safe. (Maybe knowing that he'd return without cigarettes suffices to keep him from getting the car.) Alternatively, in self-discipline some lines are harder to cross than others: he might allow himself “just one cigarette” if this act of God offers the opportunity, whereas getting the car and driving in search of cigarettes would be a flagrant violation of the regime he has imposed on himself, and the prospective loss of self-respect would suffice to deter.

An eighth case is that the individual simply believes that if the cigarettes are there he will smoke. It may not matter where his belief came from. If instead his problem were alcohol, it is easy to believe he may have been authoritatively told that if there is liquor in the house he will drink it, or is likely to. Therapies to cope with cigarette addiction have not institutionalized any such lore about the inexorable consequences of spending an evening in the company of cigarettes, but our man could have received strong advice to that effect and takes it seriously even without a theory of his own of how the breakdown occurs in the presence of cigarettes. If his belief is based on his own experience with earlier attempts to quit, it may be a belief in behavioral phenomena that he can analyze in retrospect.

His belief could be true, and it serves his purpose that he destroyed the cigarettes. His belief could be false, and he has wasted a dollar for his friend. And there is a third possibility.

The proposition that if cigarettes are available he will ineluctably smoke before the evening is over may be the kind that is true of anyone who believes it and false of people who do not. Anyone who “knows” that with cigarettes around he will smoke before midnight knows that as midnight approaches he will have an irrefutable argument for going ahead and not waiting for midnight.

Somewhat akin to belief is suspense. Suspense produces discomfort, anxiety. If one spends an evening watching oneself, wondering whether one is going to succumb to temptation, two things can happen. One is that the evening can be exceedingly disagreeable; the second is that the suspense goes away once a cigarette is smoked. Until the cigarette is lit one is uncomfortably apprehensive that he may light a cigarette; lighting the cigarette is an escape. Is there something irrational here? There is a painful uncertainty whether I shall survive the night without smoking, an uncertainty that is dispelled upon smoking. Can the certainty that failure has occurred bring relief from uncertainty whether it will occur? (Again if it were alcohol, the anesthesia might enhance the relief.)

We have so far, I believe, somewhere from nine to eleven distinct scenarios, depending on how we count subcases. But they are all scenarios of what the person might have in mind when he "rationally" disposes of the cigarettes. That is an important part of our subject, and in several of the cases may be an adequate diagnosis of just what later would happen if the cigarettes were not made to disappear.

## RECAPITULATION

### Drinking contingencies

1. Wants to *drink*, knows he may smoke.
2. Wants *not to drink*; knows he may drink, may smoke.  
Pour away the whiskey

### Craving induced by presence of cigarettes

3. Discomfort so great it would be *rational to smoke*.
4. Discomfort enough to be *worth the dollar*.
5. Craving so great he will *lose control* and smoke.  
Analogy to thirst

### Craving independent of presence of cigarettes

6. If available will smoke, if not, can't.
7. Local absence affects *ability to resist*.  
7.a. Lose control only *briefly*, not long enough to acquire cigarettes.  
7.b. Act of God vs. flagrant violation

### Belief in inevitability

8. Belief is *true*; good to dispose of the cigarettes.
9. Belief if *false*; he wasted the cigarettes.
10. Belief is true *if (and only if)* he believes it.

### Suspense

11. Not craving, not belief, but *suspense* so disagreeable he will succumb to the need to dispel it.

## POSTSCRIPT

But the tantalizing case, in terms of sheer description, is the third "craving" contingency: no alcohol or other exogenous chemical influence, no brainwashing about inevitability, just the anticipation that, either gradually or impetuously, the resolve not to smoke will be, or may be, replaced or overwhelmed by the desire to smoke, and in full consciousness that he badly wanted (wants?) not to, he will voluntarily smoke. This is often a correct anticipation; it is the anticipation of something that actually occurs. But what "it" is that occurs continues to defy description.

## NOTES

This paper was first given as the Presidential Address at the 1996 Eastern Economic Association Conference in Boston.

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