

Psychiatric disorder

Division of labor in bio-medicine

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Introduction

- ▶ Stipulation or assumption of the *Diagnostic and Statistical Manual of Mental Disorders*:
- ▶ - Psychiatry is the applied science of mental disorder
- ▶ - The aim is to discover the causes and nature of mental disorder and apply that to effective treatments

Introduction

- ▶ In the 1960's there was serious critique of psychiatry by gay rights activists, in particular
- ▶ Anti-psychiatrists (many of whom were themselves psychiatrists) maintained that there was little more to mental disorder than our having judged certain people to be in violation of certain kinds of (yet to be specified) social and / or moral norms

The grounding project

- ▶ In response to the critique theorists have attempted to show psychiatry to be grounded in the non-normative biological sciences
- ▶ This is known as the naturalization, or grounding project

The grounding project

- ▶ The idea is that psychiatry is grounded in bio-medicine
- ▶ Medicine is grounded in biology
- ▶ Biology is grounded in physics
- ▶ The aim is to show that there is no special problem for psychiatry.

The division of labor

- ▶ William James wanted to help the science of psychology develop by getting clearer on the division of labor between the metaphysic (philosophical) issues, and the psychological (scientific) issues
- ▶ It is in this spirit that I hope to help psychiatry be better regarded as a science by getting clearer on the division between the conceptual and normative (philosophical) issues and the role of scientific discovery
- ▶ In particular, the idea is that rather than being regarded as a poorer second cousin of the medical sciences, psychiatry has much to show us about the nature of medicine more generally

Some intuitions

- ▶ Intuitive judgment of cases
- ▶ - Intuitions about paradigmatic symptoms
- ▶ - E.g., delusion, hallucination, depression, mania
- ▶ - Intuitions about paradigmatic conditions
- ▶ - E.g., depression, bi-polar, schizophrenia
- ▶ Theoretic intuitions
- ▶ - There is 'something wrong' with people who are mentally disordered

Some intuitions

- ▶ Normative intuitions
- ▶ E.g., People who have a mental disorder would be better off if they didn't have a mental disorder (issues to do with defeasible rights or duties for treatment)
- ▶ Scientific intuitions
- ▶ E.g., Science will tell us the nature of what is wrong with them. Empirical findings of the form 'science has told us x'

Intuitions and the division of labor

- ▶ Conceptual intuitions
 - ▶ - Judgment of cases
 - ▶ - Something is *wrong*
- ▶ Normative intuitions
 - ▶ - They would be better off if what was *wrong* were put right
- ▶ Scientific intuitions
 - ▶ - Science will tell us what is *wrong* and the most effective way of fixing it

A two-stage view

- ▶ P1 - It is a-priori that mental disorder is the result of an inner *dysfunction* that results in *harm* to the individual and / or society (our judgment of cases tracks this)
- ▶ P2 - It is a-priori that science will discover the relevant processes for fixing the functions and *dysfunctions*
- ▶ P3 - Science has told us that the functions and *dysfunctions* are fixed by evolution by natural selection
- ▶ C - Therefore, mental disorders are evolutionary *dysfunctions* within the person that result in harm to the individual and / or to society

The grounding project

- ▶ Mental *disorder* is a certain kind of physical *disorder*
- ▶ Disorder = *Dysfunction* + harm
- ▶ Functions and malfunctions or *dysfunctions* = Physical properties and processes
- ▶ Biology fixes *functions* and *dysfunctions*
- ▶ Physics will ground the functions and dysfunctions in physical properties and processes

The division of labor

- ▶ Judgment of cases - Something is wrong
- ▶ 1) Normative intuitions
- ▶ E.g., whether their behavior results in harm to the individual and / or society.
- ▶ Ask: Does the behaviour result in harm to the person and / or society?
- ▶ 2) Scientific intuitions
- ▶ E.g., whether their behavior is caused by an inner dysfunction.
- ▶ Ask: Does the person have an inner dysfunction?
- ▶ Note: Distinction between the person and their behavior

Inner dysfunction no harm

- ▶ E.g., Gourmand lesion

Outer harm no inner dysfunction

- ▶ E.g., Political or religious views depending on the society

- ▶ *Pictures of fMRI of the brain. Graphs of attention control. Graphs of serotonin levels. Graphs of evolutionary fitness.*

From difference to dysfunction

- ▶ Our intuitions about whether a difference constitutes a dysfunction seems to vary according to whether we think their behavior results in harm (in some yet to be specified sense)
- ▶ Wakefield maintains that science has discovered that evolution by natural selection is the relevant process for fixing functions and dysfunctions
- ▶ It is unclear why

Function

- ▶ Aristotelian (Megone)
- ▶ - relative to the good of the kind
- ▶ Bio-Statistical (Boorse)
- ▶ - relative to the statistical mean
- ▶ Evolutionary (Wakefield)
- ▶ - relative to evolutionary fitness (survival and reproduction)
- ▶ - Systemic (Murphy)
- ▶ - relative to a previously specified output of a larger system

Translating function talk

- ▶ 'The function of the heart is to pump blood'
- ▶ ARISTOT.f - 'pumping blood is the *good for hearts*'
- ▶ STAT.f - 'pumping blood is what *statistically normal or average hearts do*'
- ▶ EVO.f - 'pumping blood is what *past tokens did that resulted in presently existing tokens*'
- ▶ SYST.f - 'pumping blood is what hearts *contribute to the circulatory system*'

Translating function talk

- ▶ They all share a common structure of *providing some standard* where we can read functions and dysfunctions off from how much or how little something approximates the standard
- ▶ Any of these (aside from the Aristotelean notion) seem respectable from the point of view of the grounding project
- ▶ Biology can make use of whichever it likes and we can translate 'function' talk into talk of purely physical properties and processes

The problem

- ▶ The problem comes when we need to appeal to these notions to justify intervening on the individual
- ▶ Why should any of these notions be relevant for whether or not we are justified in intervening on individuals who are harmed?

From difference to dysfunction

- ▶ In practice we start with our intuition that a person is harmed by their behavior and then we look about for a difference maker within the individual
- ▶ Once we have found the difference maker we then label it a 'dysfunction'
- ▶ To then appeal to the difference maker or dysfunction to answer why we are justified in intervening on the individual is circular

From dysfunction to prescription

- ▶ Other times, in practice, scientists discover a difference that they call a 'dysfunction' and advocate treatment for the condition
- ▶ There is a slippage in scientific usage between non-normative (scientifically respectable) notions of dysfunction and prescriptive or normative notions of dysfunction
- ▶ The relationship seems more intimate than the two-stage view would have led us to suppose

Relationship between science and norms

- ▶ Role for science in finding out the causes, nature, and most effective ways of altering the behavior of individuals
- ▶ This is in common to all the sciences (whether the explanandum are functions or dysfunctions or neither)
- ▶ Role for normative theory in finding out whether the person would be better off for behavioral change or whether the person should receive intervention
- ▶ Need to be careful of thinking that science discovers what is 'wrong' where 'wrong' features into normative theorizing about 'better' or 'worse' or 'duties' or 'rights'

Justification for intervention?

- ▶ Aristotelian
 - ▶ - the good of the kind
- ▶ Bio-statistical
 - ▶ - The statistical mean
- ▶ Evolutionary
 - ▶ - evolutionary fitness (survival and reproduction)
- ▶ Systemic
 - ▶ - previously specified output of a larger system

Relationship between science and norms

- ▶ Scientific
- ▶ - Is there a difference-maker for the behavior? What would most effectively alter it?
- ▶ Normative
- ▶ - Is the behaviour harmful to the individual and / or to society? Even if so, should we help them?

Moral

- ▶ We need to stop looking to science to tell us whether a person has a disorder or not
- ▶ The issue seems to depend on our normative notion of 'harm' for whether intervention on the individual is or is not justified
- ▶ I suppose this is hardly surprising since bio-medicine is an application of science or an applied science