Malfunction and Harm: Why the Distinction Doesn't Work to Ground Psychiatry

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Two Problems

- Problem #1
- What makes it the case that a condition is a disorder?
- Problem #2
- What makes it the case that a person has a disorder?

Motivating the Problem: Why Should We Care?

- People are involuntarily confined in institutions and / or forced to have treatment (including medication) against their will
  - The concern is that abuses of psychiatry aren't hard to come by. E.g., political dissenters in Russia were diagnosed as having 'Sluggish Schizophrenia' and psychiatrists involuntarily confined them and medicated them against their will
  - So it can't be the case that being included in a classification system and / or being considered mentally disordered by psychiatrists is enough to make a condition a mental disorder, or a person mentally disordered
- The truth maker for 'mental disorder' should distinguish between behavior that is disordered compared with behavior that is simply disvalued by society

Motivating the Problem: Why Should We Care?

- People receive publicly funded treatment and / or treatment that is covered under their health insurance.
  - The concern is that only people who have disorders (and not people who are simply looking to improve performance) should be entitled to third party funded treatment
- The truth maker for ‘mental disorder’ should distinguish between behavior that is disordered compared with behavior that is simply disvalued by the individual
- Diagnosis of mental disorder is necessary (though not sufficient) for the insanity defense

The Critique and a Defense

- Critics of psychiatry (anti-psychiatrists) have maintained that there is little more to mental disorder than social and / or moral norm violation
- Their critique is often directed towards practices like involuntary confinement and medicating, the insanity defense, and opposition to the Parity Bill
- This critique threatens to undermine psychiatry's status as a branch of medicine
- The two-stage view is the most popular account of disorder as it promises to ground both psychiatry and medicine in non-normative facts to be discovered by geneticists / neurologists / cognitive psychologists

One Criterion of the Two-Stage View: Harm

- Harm is thought to be to do with behaviour (actions, surface manifestation)
- Harm is thought to be ***normative.***
  - If someone is harmed that entails they would be better off if they weren't harmed.
  - If someone is harmed then that has implications for whether they are entitled to treatment
  - Whether someone is harmed or not varies according to the norms of their culture
- E.g., in some societies people with delusions are revered as prophets or seers or holy leaders. In some other societies people with delusions are feared and / or stigmatised
- Thus, while some behaviours are thought to be ***intrinsically*** harmful I think it is better to think of behaviours as ***causing*** harm
- We can of course worry about behaviours that seem to be invariantly harmful across all (or most) societies…

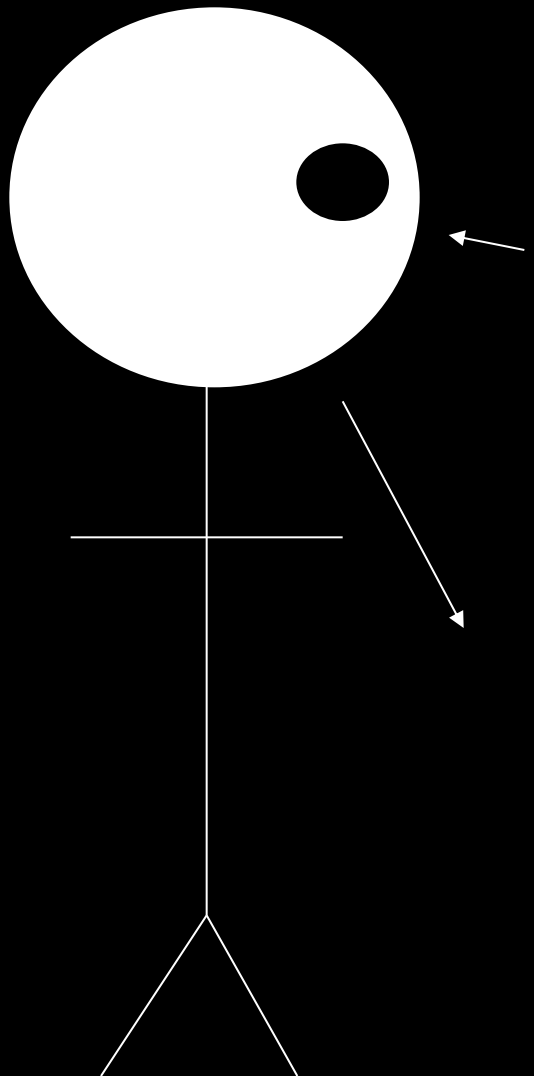
But…

- Surely not ***all*** behaviours that result in harm is indicative of physical and / or mental disorder
  - Political dissenters who were oppressed by their society were harmed by their political dissent – yet their political dissent isn't necessarily indicative of mental disorder
  - Homosexuals often suffer harm as a result of stigma and prejudice – but the harm is thought to be a problem with society rather than with the individual's behaviour
- So… While it would be nice if we could help everyone who is suffering / harmed surely psychiatry isn't about changing everyone's behaviour that results in harm

The Other Criteria of the Two-Stage View: Malfunction

- What is the difference between harms that are due to disorders compared with harms that are not due to disorders?
- Only harms that are caused by ***malfunction within the individual*** are appropriately regarded as disorders (the focus of medicine / psychiatry)
- Malfunction is thought to be independent of harm in that some malfunctions don't cause harm, or some malfunctions might even result in benefit to the person. E.g., gourmand syndrome
- Malfunction is thought to be non-normative and discoverable by the biological sciences (e.g., genetic malfunction, neurological malfunction, perhaps even cognitive malfunction)

Relationship Between Disorder and Harm



CRITERION A: DYSFUNCTION

Dysfunction in part of person

CRITERION B: HARM

Behaviour → Not Harmful to person

Not Disordered

My Thesis:

- If we look at scientific reasoning we will see that malfunction is inferred from harm
- To use malfunction to justify why some harms are regarded as disorders would thus be circular
- I don't see that there is a way of fixing malfunctions independently from harms
- The two-stage view thus fails to ground psychiatry in non-normative facts
- I'll use the case study of Attention Deficit Disorder. This is an arbitrary decision, I could have used depression or psychosis instead…

DSM-IV criteria for ADD

Either (1) or (2):

1. six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

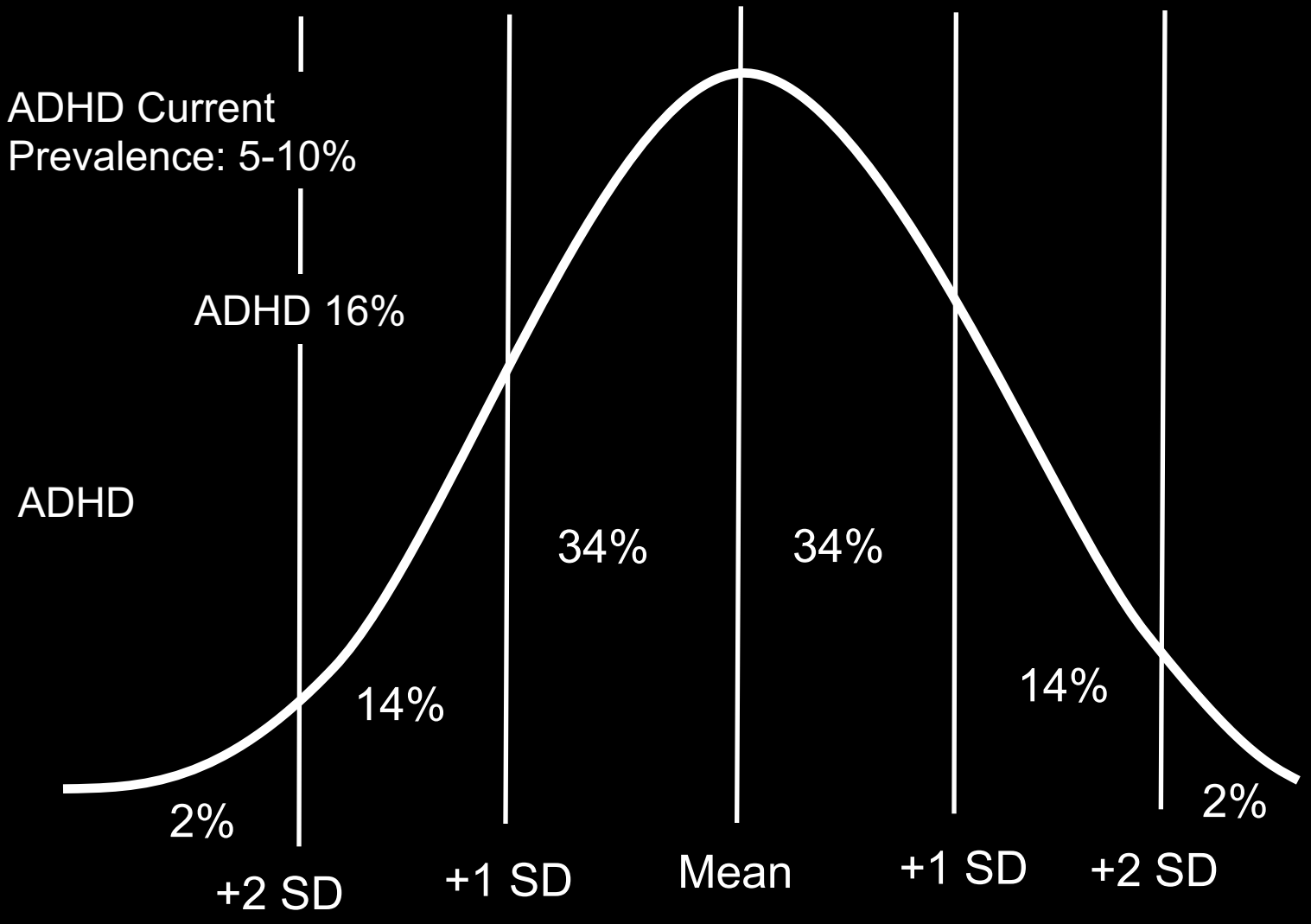
Inattention

1. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
2. often has difficulty sustaining attention in tasks or play activities
3. often does not seem to listen when spoken to directly
4. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
5. often has difficulty organizing tasks and activities
6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
7. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
8. is often easily distracted by extraneous stimuli
9. is often forgetful in daily activities

DSM-IV criteria for Attention-Deficit/Hyperactivity Disorder

- **Some hyperactive-impulsive or inattentive symptoms that cause impairment were present before age 7 years.**
- **Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).**
- **There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.**
- **The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, or a personality disorder).**

Ability to Focus Attention
(Behavioural Symptom that Results in Harm)



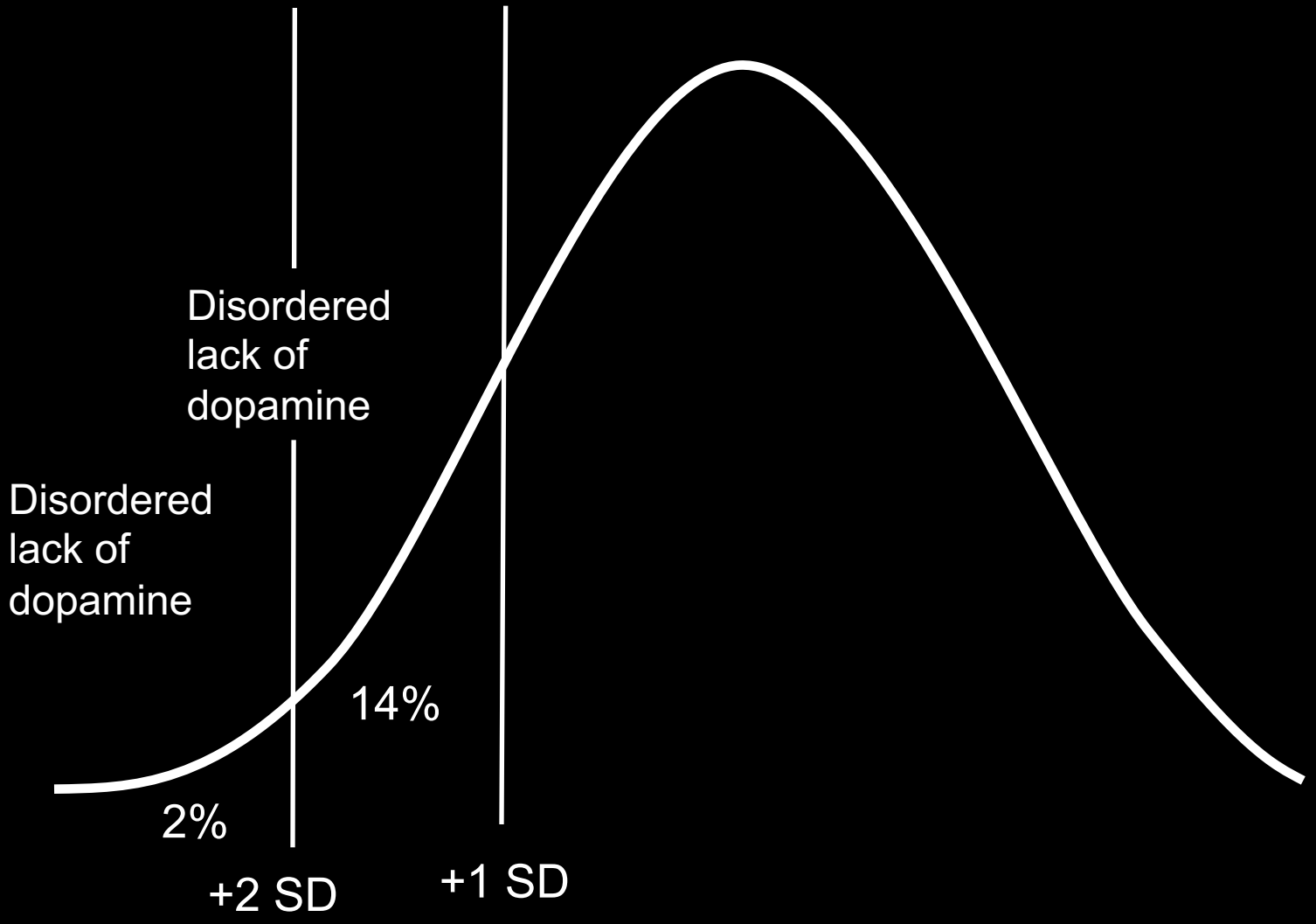
Harm in ADD

- So… How do we decide where to draw the line as to what behaviour is regarded as appropriately harmful?
  - How often is often?
- There might be different cut-offs for different societies E.g., Societies that value active people compared with societies that value academic decorum
- Should beware colonialism of values…
- So on to the ‘inner malfunction’ criterion for disorder

Mechanisms of Action

- The main line of reasoning from harmful behavioural symptoms to inner malfunction is as follows:
  - P1) Stimulant medications are a successful treatment for the harmful behavioural symptoms of ADD
  - P2) Stimulant medications raise the amount of dopamine in the synaptic cleft
  - Therefore, the harmful behavioural symptoms of ADD is caused by too little dopamine in the synaptic cleft
- While the mechanisms of ADHD medication aren't fully understood the current theory is that they work by enhancing the effectiveness of dopamine by encouraging release and blocking reuptake
- This line of reasoning has also been applied to depression (too little serotonin), psychosis (too much dopamine) and so forth
- Perhaps we could get further support for this line of reasoning by independently discovering that people with the behavioural symptoms of ADD actually did have abnormally low levels of dopamine in the synaptic cleft

Amount of Dopamine in Synaptic Cleft

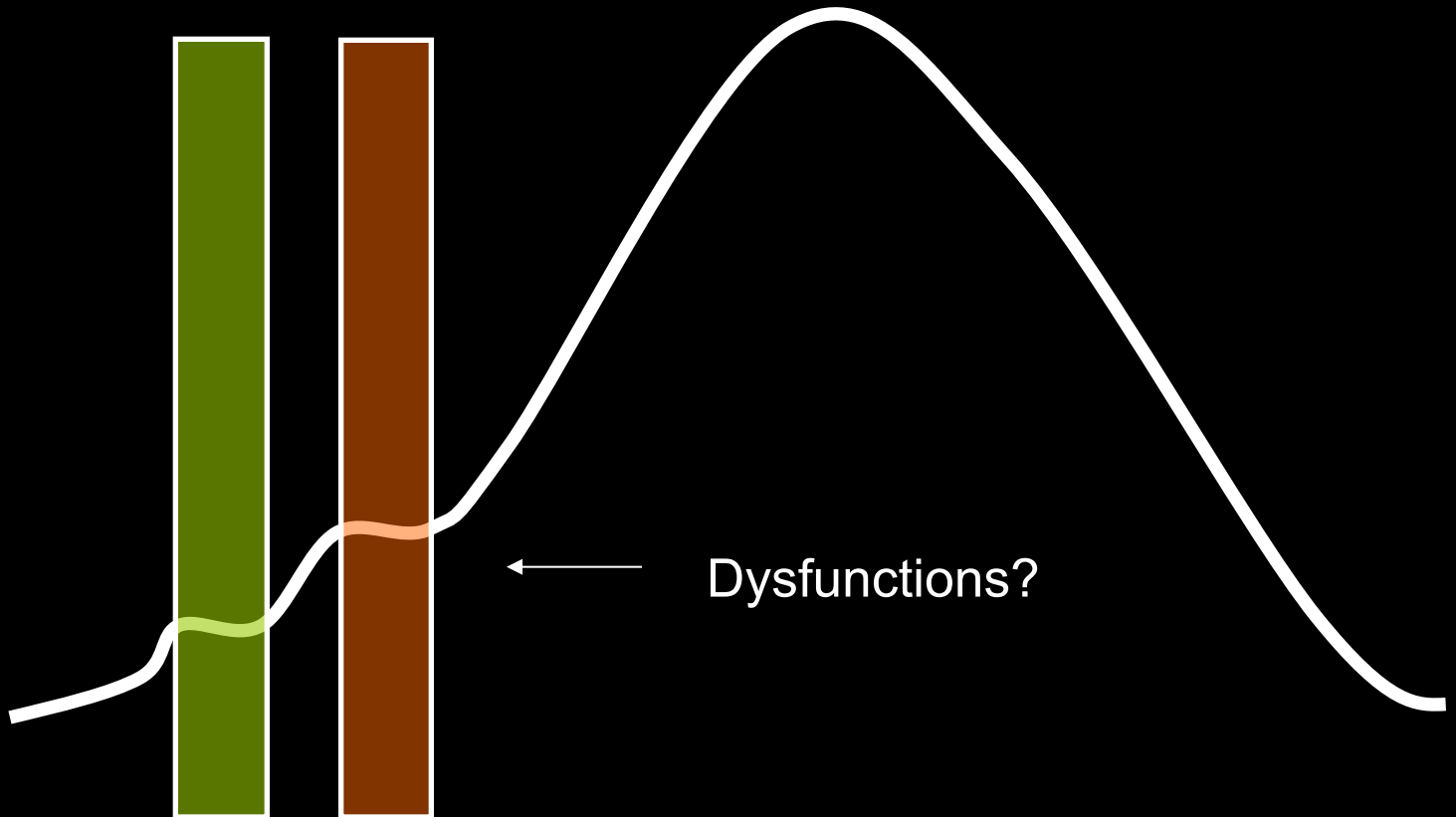


Dysfunction as Problematic as Harm

- Dysfunctional levels of dopamine was thought to be something that was discovered by science ***without recourse to the notion of harm***
- But how are we meant to discover what amount of dopamine constitutes a dysfunction independently of the harmful effects?
- One can't cite the effectiveness of stimulant medications as giving us reason to believe that the person had an inner dysfunction as stimulant medications improve ***everyone's*** cognitive performance
- Drawing the line as to what constitutes an inner dysfunction seems every bit as problematic as drawing the line as to what constitutes harmful behaviour
- We need to draw the line because if everyone could take cognitive enhancing medication it would become a fitness trap…

So Much the Worse for the Statistical Notion?

- Maybe this is merely a problem for the statistical notion of malfunction



Other Notions of Function

- Maybe (something along the lines of) Cummin's notion of a systemic function can do the work?

- Or maybe (something along the lines of) an Evolutionary notion of function can do the work?

Systemic Functions

- According to the systemic notion of function we need to begin by identifying the relevant output of some system
  - E.g., the relevant output of the circulatory system is to circulate blood / nutrients
  - E.g., the relevant output of the heart is to pump blood
- We can then assign functions to the components of the system in virtue of the contribution the components make with respect to the relevant output of the system
  - E.g., the function of the heart ***relative to the relevant output of the circulatory system*** is to pump blood
  - E.g., the function of the heart valve ***relative to the relevant output of the heart*** is to regulate blood flow

The Inadequacy of Systemic Functions

- The problem is that we need to identify the relevant output of a person ***before*** we can read off the function of part of the person
- Systemic functions are always relative to the relevant output that we specify initially
- And here the relevant output (ability to focus attention within 'normal range') is determined by our social values
- As such malfunctions are not discovered independently of the harmful behaviour. Rather, inner processes are regarded as malfunctioning precisely because we consider the behavioural effects to be harmful

Evolutionary Functions

- Evolutionary functions are thought to be fixed by effects that contribute to the fitness of individuals (relative to their environment)

- As such, we can't discover evolutionary 'genetic malfunction' or 'neurological malfunction' independently from the effects of the genetic or neurological structures in a particular environment

- As such malfunctions are not discovered independently of the harmful behaviour. Rather, they are attributed precisely because we consider the behaviour to be harmful.

Harm as Objective (Non-Normative)?

- We might think that ‘decrease in evolutionary fitness’ would be a nice way of making ‘harm’ non-normative
- In the case where the behaviour results in a decrease in evolutionary fitness across the majority of environments we might be tempted to say that the individual really is malfunctioning
- A problem is that the relevant notion of harm doesn’t seem to be adequately characterized as ‘survival and reproduction’. (E.g., fertility treatments for a person who is past menopause)
- ‘Decrease in evolutionary fitness’ doesn’t tell us that we are justified in changing the individual rather than society, however
- As such, the evolutionary notion of fitness (and harm) doesn’t seem to help us with the problems that we faced to start with

Conclusion

- The justification for certain conditions being regarded as mental disorders… And the justification for certain individuals being regarded as mentally disordered is meant to be that they have an inner malfunction that results in harm
- It is typically acknowledged that whether there is harm or not is determined by our values. Harm is normative in the sense that if someone is harmed then it follows that they would be better off if they weren't harmed
- It is thought that inner malfunction is independent of our values and can be discovered by geneticists and / or neurologists, however
- Inner malfunction that results in harm is supposed to justify our intervening on the individual in order to change their behaviour

Conclusion

- I have attempted to argue that psychiatric reasoning involves our:
  - Firstly: Identifying the individuals who are of interest to us on the basis of a notion of harm that is hard to specify…
  - Secondly: Identifying the causal basis for the harmful behaviour
  - Thirdly: Calling that a 'malfunction'
- Since malfunctions are inferred from harms malfunctions can't be used to justify our regarding the person as harmed, however
- Malfunction collapses back into the normative notion of harm and as such:
- NO PROGRESS HAS BEEN MADE ON THE ISSUES THAT WE FACED TO START WITH

The Problems:

- The truth maker for ‘mental disorder’ should distinguish between behavior that is disordered compared with behavior that is simply disvalued by society

- The truth maker for ‘mental disorder’ should distinguish between behavior that is disordered compared with behavior that is simply disvalued by the individual