

Table of Contents

1	Interactive kinds and the impact of classification.....	2
1.1	From essentialism to nominalism (with looping in between)	2
1.1.1	Essentialism.....	2
1.1.2	Inductive Generalization.....	3
1.1.3	Homeostatic Property Clusters (HPC)	5
1.1.4	Grounding Mechanisms.....	7
1.1.5	Socially Constructed Kinds	8
1.1.6	Looping Kinds.....	9
1.2	Case Study: The Case of the Apathetic Children	12
1.2.1	Hacking's Imitation and Internalization (I&I) Model of Apathetic Children	12
1.2.2	Trauma Model	13
1.3	Case Study 2: Multiple Personality Disorder	20
1.3.1	Diathesis-stress (trauma).....	20
1.3.2	Social role enactment	20
1.4	Which way forwards?	20
1.4.1	Non Eliminativism	Error! Bookmark not defined.
1.4.2	Eliminativism	Error! Bookmark not defined.
1.4.3	Implications of implicit looping for taxonomy.....	20
1.4.4	Implications for problem cases (e.g., addiction, sociopathy).....	23
1.4.5	The DSM and the NIMH	24

1 Interactive kinds and the impact of classification

1.1 From essentialism to nominalism (with looping in between)

1.1.1 Essentialism

It just seems obvious that the natural world falls into a distinct number of different types or kinds - of substances such as water and gold, and species such as lions and onions. These regularities and the true inductive generalizations they support have been thought to be enabling conditions for our coming to acquire empirical knowledge. In accounting for *what it is in virtue of* that different instances or particulars are members of this or that kind the traditionalist view was that each thing was what it was and not some other thing in virtue of an *intrinsic, eternal, necessary essence*. While this account seems consistent with current chemistry, insofar as water = H₂O, and gold = atomic number 79 these kinds of essences don't seem to have been forthcoming for many of the natural sciences.

The psychiatrist Emil Kraepelin had a particular view of mental disorders that is fairly essentialist in focus. He thought that there were a number of distinctly different kinds of disorder (e.g., dementia praecox and manic depression). He thought that each kind of disorder had a distinct etiology, underlying physiology, observable behavioral profile, and course. He thus thought that a classification made on the basis of observation of one (e.g., behavioral profile) would result in the same classification system as one made on the basis of observation of another (e.g., underlying physiology). On this view we can also see how classification is thought to be useful for intervention purposes since a disorder shares a common etiology and course we can see how it might be useful for guiding research into effective preventions and treatments for different kinds of condition.

Traditionalist essentialist views of kinds were focused on chemical and biological kinds. While traditional essentialist views seem to offer a somewhat plausible account of kinds for chemistry and perhaps physics they aren't so well suited to explaining biological kinds. There are a number of dimensions of the essentialist view and an account could

be more or less essentialist according to various ways that one can relax one or more of the dimensions to a greater or lesser degree. For example, instead of maintaining that essences need to be intrinsic one could allow history to be the relevant kind of essence so that lineage (for example) provides what is essential to species. Indeed, depending on how one individuates particular members of a species it might be that lineage is an intrinsic rather than external relational property of species at any rate.

While this is one move that one can make a far more popular view for the biological sciences has been to move from essentialism to a homeostatic property cluster view.

1.1.2 Inductive Generalization

Richard Boyd considers categories of minerals, for instance, and the categories of metal, semi-metal and non-metal which all seem to lack traditionalist essences. He considers that a theory of intrinsic essences isn't able to account for meteorological kinds, and that perhaps some astronomical kinds will turn out the same way. 'The kind of stability which defined a natural kind of storm system, for example, may depend unexpectedly perhaps, on the nature of weather systems distant from the storm itself (Boyd, 1999, p. 84).' In this case the essential properties of the kind turn out to be *extrinsic* rather than *intrinsic* the way that traditional essentialism took them to be. According to current best biological theory species are members of a kind in virtue of their *extrinsic, historical* lineage¹. These kinds seem to be a special case of *extrinsic* kinds where the essence in their particular case is *historic*.

While some have been inclined to bite the essentialist bullet concluding that there aren't meteorological, mineral, and biological kinds insofar as they lack intrinsic essences other theorists have taken cases such as these to be evidence for our needing to revise our beliefs about the nature of natural kinds. Boyd states:

¹ Actually, perhaps this is too simplistic. Zachar (2001). has some (possibly) interesting stuff to say about how biologists might focus on slightly different ways of carving up species for slightly different projects. Perhaps it is worth digging out an example or two of this and using it to motivate the homeostatic property cluster account a bit more. Or perhaps I should just start with the homeostatic property cluster account.

‘It is worth asking whether *it* [*biological species*] is a natural kind in evolutionary biology. This is a somewhat odd question: It’s like asking whether or not the kind *mineral* is a natural kind in mineralogy. In neither case would a negative answer provide a methodological reason to abandon the category (Boyd, 1999, p. 97).’

Whether or not we are inclined to apply the term ‘natural kind’ to such phenomena we surely don’t want to deny their inductive utility and hence usefulness for a variety of scientific projects. We seem to have little reason to attempt to *prescribe* the elimination of these categories from the respective sciences. Insofar as inductive usefulness was what was interesting about natural kinds then we need a more permissive account than traditional essentialism.

Zachar (2000, pp. 175-176) describes an example from Corning involving classification on the basis of similarity of presentation:

Upon returning to his office after the meeting, he found that his son had reorganized his filing system. All his brown folders were neatly stacked... All his manila folders were stacked... The documents in each file had been removed and placed in their appropriate piles. Legal size yellow notepaper was in one pile, legal size white notepaper was in another pile, notebook-size yellow notepaper was in a third and so on. All white paper with typing on it was in its own pile... The important issue is not what rules we use to develop categories. The important issue is deciding how useful the proposed categories are. Organizing offices in terms of files, so that information on attention deficit disorder is in one file, information on lateralization is in another file, and information on cluster analysis is in another file is more useful to an academic than putting all the yellow paper in one pile. Categories are practical kinds. The categories developed by Corning’s son were impractical, not arbitrary.

In a more recent work Boyd maintains:

‘...the epistemic reliability of scientific practices in a disciplinary matrix (when and to the extent that they are reliable) depends on many dimensions of

accommodation between (on the one hand) conceptual features of practice in that matrix like its theories, concepts, classificatory practices, inferential standards, standards of experimental design, etc., and (on the other hand) the causal powers of the phenomena under study. The claim, about any scientific discipline, that its methods are epistemically reliable with respect to a given range of questions is always an empirical hypothesis not only about the subject matter of the discipline but about a variety of complex cognitive, social, linguistic, and classificatory practices (Boyd, 2010, p. 237).

This allows that whether a kind is natural or not must always be considered with reference to the scientific backdrop or matrix within which the category is utilized. Other theorists have similarly considered a conceptual back-drop to kinds e.g., (Godman, 2012, p. 175; Millikan, 2000)². What might be a useful category for some scientific projects / some scientific methodologies might not be so useful for others.

While the American Psychiatric Association thinks that the needs of researchers, clinicians, and allied health professions is similar enough for a single classification scheme it is not obvious that this will turn out to be the case. Boyd considers that the categories of mammalian liver, vertebral liver, liver (broad enough to include Turing machines) and my own particular liver are useful or not depending on the inferences they license for different explanatory projects.

1.1.3 Homeostatic Property Clusters (HPC)³

If we focus on Boyd's *homeostatic property cluster* account then we have a more liberal view of what can count as an essence. Or instead of focusing on *essences* (insofar as we might be inclined to reserve the term for *intrinsic, immutable, eternal, necessary* properties) we have a more liberal view of what factors serve to *stabilize* the property cluster grouping. In virtue of what does knowledge of some properties support (more or less reliable) inferences about the presence of certain other properties? Naturalists typically maintain

² At least I think something along these lines is meant to be going on with the 'determinables' and 'determinates' thing though I'm having a hard time grasping it.

³ I don't actually offer a summary of the view here – perhaps I should. Perhaps I need to read Dupré too? I'm not entirely sure how to not get lost in the literature here.

that what underwrites the success of our inductive practices (for natural kinds) is something about the causal structure of the world.

The homeostatic property cluster view of natural kinds is much more liberal than traditional essentialism in allowing different particulars to be more or less the same and for inductive generalizations to be more or less powerful, more or less reliable⁴. It allows that there can be a multiplicity of relevant causal processes depending on what features we want explained. It allows that we can come to revise our categories so they support more powerful inductions (accommodation). In having done away with the idea of a single essence for each kind we can have the idea of multiple stabilizing causal influences tracking different aspects or features of the phenomenon for this or that explanatory project.

Psychiatry is an interesting case insofar as we might expect to see different kinds of kinds emerging – from the genetic to the social, the neurobiological to the cultural, the anatomical to the artefactual, to the non-existent and fictitious. Or where Boyd considers the minorly embarrassing (hence revised) we may also consider the majorly embarrassing (hence eliminated). Are mental disorders natural kinds? Or perhaps a better question: What kinds of mental disorder might there be? These questions have increasingly become the focus of discussion in the build up to the launch of the new edition of the *Diagnostic and Statistical Manual of Mental Disorders* in May 2013.

While we might be well motivated to require our theory to be more permissive than traditional essentialism, we do need to draw the line somewhere, however. It is typically granted that any sane theory of needs to exclude arbitrary classes or mereological fusions such as Aristotle's super-lunary objects. A focus on inductive generalization may well have the resources to do just that insofar as knowing that *x* is a super-lunary object doesn't license us to inductive generalization about it. It is also typically granted that any

⁴ These are special terms in science. Apparently kappa value is a measure of inter-rater reliability, for instance. I need to learn more about these measures so I can say something about them. I thought that inter-rater reliability for mental disorders was poor – but apparently it is comparable to the inter-rater reliability of many diagnoses in medicine (I think I need to check this out properly).

sane theory needs to rule out conjunctive (e.g., duck-rabbit), disjunctive (either a fly or a bee-bee), and grue-some categories. While the standard line has been to appeal to ‘natural categories’ that have a ‘causal structure’ as the homeostatic mechanism I have some reservations (which I’ve put in the appendices).

1.1.4 Grounding Mechanisms

Szasz e.g., (1992) has perhaps been the most vocal advocate of the position that there ‘isn’t any such thing as mental illness’. He thinks that because there aren’t any mental disorders the whole institution of psychiatry is illegitimate. Or perhaps it is because he rejects the legitimacy of the background matrix of psychiatry that he rejects the categories that the field trafficks in. He thinks that psychiatrists aren’t justified in categorizing people as mentally ill, and they aren’t justified in involuntarily confining them or subjecting them to ‘treatments’ against their will. He does maintain that individuals should be able to voluntarily seek assistance for their suffering from psychiatrists should they choose – but that this is like engaging in consensual sexual relations (rather than being forcibly raped) and is more like choosing a religion or a particular restaurant – i.e., nothing to do with *health*. He thus rejects psychiatry as being legitimately regarded as a field within medicine and psychiatric disorders as being medical disorders (rather than non-medical problems in living or non-medical forms of suffering more broadly).

While Szasz reasons are complex and have been critiqued for being based on binary dualisms (Bracken & Thomas, 2010), one aspect is his belief that mental processes (as a causal mechanism) are simply the *wrong kind* of causal process for disorder. It perhaps does seem intuitive that causal processes *matter* in the sense that some causal mechanisms might be thought to be *legitimizing* of mental disorders whereas others might be thought to be *debunking*. If we discovered some pattern on some or other chromosome that tracked attention deficit disorder with .87 reliability we would think we had discovered (a very significant!) biological grounding for attention deficit disorder which would legitimate our regarding attention deficit disorder to be a natural kind of disease category (if anything would).

On the other hand we can consider what sorts of things we might find out about it that would be debunking. Bentall (2004) maintains that schizophrenia and bi-polar don't form two different categories (clusters of properties) at all (by which he seems to mean that knowledge of a few morphological features isn't a reliable predictor of others either with respect to etiology, current presentation, or course). If this were correct then that would seem to undermine the utility of the categories.

1.1.5 Socially Constructed Kinds

Artefacts like pens and chairs are paradigmatic examples of Socially Constructed Kinds. Instances of the category pens count as members of the category in virtue of having the historical relational property of being designed by an agent for a certain function. As such agents designing them for a certain function is necessary and sufficient for or constitutive of category membership. Because they are designed by agents for a certain function pens exhibit a cluster of superficial properties in common. Those properties may enable us to identify instances as instances of the category. If we found something that shared the superficial properties with pens but it grew on a tree or materialised out of a swamp then because it was not designed by an agent with the relevant intention it would not count as a pen, however. While pens are dependent on us for their initial existence once the instances have been brought into being then it is a mind independent fact that the instances are in fact members of the category. Even if we lost our concept of a pen or we no longer used pens to perform their function the instances that still exist would continue to exist as members of the category.

Some other socially constructed kinds aren't dependent on the intentions or mental states of agents so much as their social practices. Something might count as a doorstep, for example, not because it was designed with that intention in mind, but instead because it is currently being used to perform that function. If we accept this reading of what it is to count as a doorstep then it would follow that if we were to stop using the object as a doorstep that it would cease to be a member of that kind. There isn't a science of pens or doorknobs. While we might be able to make generalisations such as that pens usually have ink and that doorstops tend to be sturdy or obstructive it would seem that there are significantly less generalisations and predictions available to us than there is with either chemical or biological kinds.

1.1.6 Looping Kinds

The notion of a Looping Kind was initially introduced by Hacking and it has subsequently been picked up on by other authors such as Griffiths, Mallon, and Murphy. In order to describe the features of looping kinds I need to draw a further distinction between what I shall call explicit looping kinds and implicit looping kinds. Explicit looping kinds are kinds that are constituted by our social practices. While artefacts like pens are mind independent in the sense that they continue to be pens in the absence of our social practices around them, looping kinds are thought to be causally rather than definitionally or constitutively dependent on our social practices. Our social practices cause them to come into being as instances of the category and if our social practices change then this can cause them to go out of being as instances of the category. It is easiest to see this by way of example. Members of Parliament and Licensed Dog Owners are examples of explicit looping kinds. We have social practices around parliament and the election of members of parliament, for example, and in virtue of those social practices individuals come to be Members of Parliament. Unlike pens explicit looping kinds aren't independent of our social practices because if we alter our social practices so that there isn't a parliament then the individuals would cease to be members of the category Members of Parliament.

Individuals that are Members of Parliament have properties in common such that they may be identified as Members of Parliament. We are able to make generalisations and predictions about Members of Parliament with respect to the properties they exhibit or are likely to exhibit and ways in which they are likely to behave. When the individuals are no longer members of the category Members of Parliament then they lose the properties that they had in virtue of their category membership, however, and we can no longer make such generalisations and predictions about them. These looping kinds are explicit in the sense that we are aware that the categories are dependent on our social practices. We know that there wouldn't be any Members of Parliament if we altered our social practices in certain ways. This doesn't stop us being able to make generalisations and predictions about Members of Parliament, however. It also doesn't stop the special science of politics from taking them seriously as a category.

Implicit looping kinds are similar to explicit looping kinds except that in this instance we aren't explicitly aware that the instances of the category are instances of the category because of our social practices and instead we regard the category as being a natural (or biological) kind. Hacking maintains that in this case if we were to become aware of their status as a looping kind then it would be inevitable that our social practices would change and this would have the result that the instances would no longer be members of the category. Our awareness and subsequent change in our social practices would also result in an alteration to the properties that the individuals shared as members of the category and thus the generalisations and predictions that were made about individuals in virtue of their category membership would no longer obtain.

Examples of implicit looping kinds include categories such as demonic possession and being possessed by a wild pig. The notion is that when we believed in these concepts then our belief in them and our social practices around them results in opening up new ways of behaving that are stereotypic of the category. If we take a person to be a member of the category or if they take themselves to be a member of the category then this may cause them to behave in ways that are stereotypic of the category. Members of the category are thus able to be identified as members of the category in virtue of sharing certain stereotypical properties in common. What is supposed to be distinctive about these categories, however, is that they cannot survive our realisation that they refer to looping kinds. The notion is that once we become aware that the properties are due to our social practices then we cease believing in them and we inevitably alter our social practices so that the individuals no longer display those common features.

In 'Multiple Personality and the Sciences of Memory' Hacking (1995) tells a story of the evolution of a certain patient population (a controversial and perhaps question begging way of describing it – maybe there is instead a mere succession of different, unrelated epidemics):

We tend to behave in ways that are expected of us, especially by authority figures – doctors, for example. Some physicians had multiples among their patients in the 1840's, but their picture of the disorder was very different from the one that is common in the 1990's. The doctor's vision was different because the patients were different; but the patients were different because the doctors' expectations were

different. That is an example of a very general phenomenon: the looping effect of human kinds. People classified in a certain way tend to conform to or grow into the ways that they are described; but they also evolve in their own ways, so that the classifications and descriptions have to be constantly revised. Multiple personality is an almost too perfect illustration of this feedback effect (Hacking, 1995, p. 21).

Hacking thus maintains that in the case of implicit looping kinds there is a tension in that possession of the concept and our social practises around this are the mechanism that both stabilises and destabilises the property cluster. With respect to the stabilising function he considers that individuals symptoms are shaped because when the clinician applies the concept to the patient this results in the clinician having either implicit or explicit expectations of the symptoms they expect to find in the patient. This changes the way that the clinician relates to the patient and is thought to lead to the patient exhibiting the symptoms they are expected to exhibit. Another way this can happen is if the clients apply the concept to themselves and thus come to exhibit symptoms that they believe to be stereotypic features of the category. In this way the concept and our social practices stabilise the symptoms that the patient exhibits as they come to behave in ways that are consistent with the stereotype.

Hacking also considers how our social practices can have a destabilising effect, however. He traces how the stereotypical features of Multiple Personality Disorder have evolved through time. Hacking tells a complex story of destabilisation and he draws on a variety of factors including political and theoretical, which lead to our beliefs about the concept evolving and the symptoms evolving in response to this. Some examples he has of this effect in the case of MPD include how many alters are thought to be typical (one or several or over one hundred); whether there is one or two way amnesia; how long it takes to switch between alters; and reports of abuse. It thus seems that the change seems mostly to be a function of a change in the theoretical views of clinicians. This led to a subsequent change in how they related to their clients and what kinds of symptoms they expected to see. Hacking seems to regard implicit looping kinds as having some homeostasis but the homeostasis is less stable than other kinds of socially constructed and natural kinds in that awareness of their status as looping kinds will result in the dissolution of the category.

He states that sometimes people alter their behavior to conform to classification (thus the category becomes homeostatic and supports more induction) but other times people alter their behavior to not conform to classification (thus the category evolves or alters its morphology over time). He says that some categories can't survive our realization that they are social kinds rather than biological kinds. He seems to feel this about Multiple Personality in thinking that the more florid symptoms are the product of collusion between the patient and the doctor / are an artifact of the treatment situation. I have some stuff I need to pull out of my 6 month review on this. He thinks we should be nominalists about such categories since our awareness of being classified in this or that way alters what is being classified (behavior).

We might think that the destabilizing factors are undermining of the status as kinds – but alternatively we might view them as being causal mechanisms that predict / explain the trajectory of morphological evolution of behavioral symptoms. If we know some of the causal mechanisms resulting in disorders evolving in this or that way we might be able to improve our identification of afflicted individuals and / or take steps to control or prevent certain future trajectories.

He doesn't have a great deal more to say about this, but I will go on to consider threads from Godman, Griffiths, and Tekin.

1.2 Case Study: The Case of the Apathetic Children

1.2.1 Hacking's Imitation and Internalization (I&I) Model of Apathetic Children

From Hacking (Hacking, 2010) A couple of children develop a rare phenomenon (PRS). Then it becomes known through the media and gossip etc and then other children come to imitate / role play. Then the imitation / role playing becomes internalized genuine. This accords with a range of phenomena such as catching faith by associating with believers (Pascal's wager). A part or a version of his more general account of looping

affects that affect kinds in the human science. Refugee children start out as ‘social replicas’ of the real kinds.

1.2.2 Trauma Model

High achieving (older children, responsibilities) + trauma. Implies a deeper connection in the sense that they are the same disorder with the same grounding (one is not a copy of the other). Same relevant etiology factors, symptoms, recommendation for treatment. Doesn’t account for epidemic (but not trying to explain population level frequencies).

There are similar trauma vs social role accounts of multiple personality disorder / dissociative identity disorder (I have an extended honors piece on precisely that that I can pull out – debate between a couple psychologists from the 90’s). What is interesting is their different treatment prescription – empathy (trauma) on the one hand, punishment (social role) on the other. Swedish children refugee case all over again (perhaps or there might be important differences on closer analysis)...

Griffith’s (2008, p. 140) considers a similar sort of phenomenon of wild pig possession.

The syndrome is treated as a disease by the tribe... The disease either runs its course or is ritually cured. Wild-pig behavior is largely restricted to males between the ages of twenty-five and thirty-five. At this age men are likely to be under considerable economic pressure following the acquisition of a wife. Wild-pig behavior seems to occur when a man cannot meet his financial obligations. After a display of wild-pig behavior the individual receives special consideration with respect to these obligations. Newman convincingly explains wild-pig behavior as a device by which a man can obtain this consideration without denying the fact that the demands made on him are legitimate. The behavior is an action, but it is not acknowledged as such either by the individual or by society. It is part of the wild-pig role that wild-pig behavior is involuntary.

(Other cultures have the domestic purposes benefit - do we as readers have the urge to ‘unmask’ the above phenomenon or do we think that as a charity mechanism it works

okay for that society? It doesn't follow that realizing a category is socially constructed (if we buy the above explanation) will undermine the social practices that legitimate it).

Griffith's (2008, p. 143) also considers two variants of the social role model (of some culturally specific emotions). "The social role model has two variants, the disclaimed action version, in which the behavior is driven by a deliberate attempt to conform to a social role, and the reinforcement version. In the reinforcement version the social role is not internalized as a direct cause of behavior, but behavior is brought into conformity with it by patterns of reinforcement in the cultural environment. This is very similar indeed to the two explanations of MPD as social role (intent hence punish) vs unintentional (trauma hence sympathy) explanations.

What difference does it make?

One issue is on how we individuate the disorder. Do we have two disorders (Hacking things we do) or is it one disorder that has evolved through time? In a way it probably doesn't matter (like drawing the precise line on speciation events) but in another way it might matter. If culture bound syndromes are different manifestations of the same disorder (e.g., because they share similar etiology and / or because similar treatments are effective for them and / or because they have similar stabilizing / destabilizing mechanisms) then this could be very useful for us to know.

Hacking considers a number of questions that the Swedish authorities were asking about the apathetic children and that his theory provides the resources for him to explain:

- Why did the problem first occur only in the 2000s?
- Why this high number of cases in Sweden after 2002?
- Why are only asylum-seeking children in Sweden involved?
- Why are only children who have left certain geo-political-religious regions affected?

It seems to me that they didn't directly ask the question they were most wanting answered: Should we consider apathetic children as grounds to support an application of asylum seeking - or not? I take it that if the children had cancer or were tested HIV

positive then this would be considered special (compassionate) grounds to expediate the asylum seeking process. If the parents were *intentionally inducing* this upon their children in order that their family be granted asylum then this would not, however, and if the children were *intentionally role-playing* in order that their family be granted asylum then this would not, however. If the case were the result of some kind of *collusion* between the child and / or the parents and / or the physicians who were sympathetic to the plight of the asylum seeking family then perhaps many would have the intuition that the phenomenon is somehow illegitimate. That they should perhaps be punished by denial of asylum, even. If, on the other hand, trauma plays a significant role then we might be extremely reluctant to allow them to be further traumatized (e.g., by being the ‘victim’ of an extended asylum seeking process).

We can consider a parallel to the evolution of hysteria that Hacking considers. Hysterical paralysis as doctors found that interesting, then when this seemed less interesting (since collusion was suggested as an etiology and clinician’s didn’t like people thinking they might be making their patients worse) then new morphologies seemed more interesting. Insofar as we lack empathy for / blame people for their symptoms then I think it likely that this results in symptoms morphing into something that we have a little more empathy for. Or at least that sounds plausible to me (as plausible as the idea that behaviors that are rewarded increase in frequency and those that are punished decrease). Intent aside.

What does one need to do in order to get a little asylum in Sweden? And how (genuinely) distressing is that? The publicity afforded to the family had many feeling empathetic toward the plight of the family which could in turn have an effect on the policies around application for asylum in Sweden (e.g., whether there was public pressure to expediate the process and so on). Which resulted in alleviation of distress as asylum was granted...

The issue of *intent* seems to be crucially important to our intuitions about quite a lot of mental disorders. Szasz critiques psychiatry for doing away with the distinction between thinking you are sick and actually being sick since anybody who thinks they are mentally disordered gets to be mentally disordered. Not everyone who thinks they are mentally disordered gets the kind of treatment they would like to receive, however. If we consider

hysterical paralysis there was a proliferation of cases when clinicians were interested in treating it. When it was suggested that the phenomenon might be *therapist induced* or the product of *collusion* between doctor and patient or that the patient might be *faking* then rather less of it was observed / reported. Indeed, if one is in fact presenting with symptoms *in order to* take up the sick role then the symptoms will only be expected to appear *insofar as they enable one* to take up the sick role. If clinicians aren't sympathetic to hysterical paralysis as a *genuine disorder* then there is no utility to present with the symptoms of hysterical paralysis. This can be given a fairly straightforward behaviorist analysis with respect to what behaviors are reinforced intent aside. Though we might think that intent is a causal factor that has the potential to debunk the legitimacy of the phenomenon.

What is the difference between social loafing, being a lazy shit, and being depressed? Why would one work when one could lounge about freeriding off the products of others? People often write about such a thing in such a way as to suggest that everyone would do it if they thought they could get away with it. That it would be in our own best interests to socially loaf if possible. All the benefits of the labor without the costs – it is better for us fairly much by definition – right? It is unclear that it is on a fuller understanding, however. Most people get a sense of personal satisfaction / pride when they feel like they have contributed something positive to society. A sense of accomplishment from a job well done. From the assembly worker to the apple picker to the computer programmer. Not all, to be sure, but generally people like to feel useful and they often tell themselves stories in which they are the main player. How important their contribution is. Even assembly line workers tend not to view their contribution as replaceable parts. Pursuit of personal excellence.

Some evidence that people who are depressed have a more realistic self assessment than those who aren't (who tend to over-value themselves). Maybe there isn't any difference between being depressed and being a lazy shit. But maybe instead of thinking that is grounds for treating people with so-called 'depression' like they are lazy shits (having no empathy for them and thinking a kick in the pants will cure them) maybe instead it is grounds for treating people who are so-called 'lazy shits' like they are depressed (and instead figuring how to behaviorally get them into activity schedules, cognitively get them (over)-valuing their contribution, and socially involved with their communities).

William Baum... 'Behaviorism explained' begins with a chapter 'beyond freedom and dignity' on how the behaviorist view can allow for our social practices of punishment (prisons) being legitimate even though the notions of personal responsibility and blame need to go. Maybe I want to apply something like this to psychiatry – do away with the notion of there being a difference whether someone is intentionally or unintentionally behaving a certain way. Maybe intent doesn't matter (aren't we supposed to be being eliminativists about such functional folk psychological notions in our scientific explanations of behavior anyways)?

Perhaps it is about flourishing or the pursuit of an ideal. And the limiting factors are simply that our resources are limited so we need to prioritize when it comes to charity.

Is mental illness more prevalent than it once was or have we changed our criteria? Do more people meet the criteria instead of other things. By which I mean to ask: Do people channel their distress into ways that are socio-culturally appropriate and in western societies where a lot is invested in destigmatizing mental health issues and where (comparatively to developing nations) a lot of resources are allocated to treatment of mental health problems individuals are taught to channel their distress in that way? Particularly in the depression / anxiety way? With the decentralization of church (as a place to go to seek comfort / solace) do we perhaps have the rise of alternative institutions?

In a forthcoming chapter 'The missing self in Hacking's looping effects' Serife Tekin presents the 'multitudinous self' and makes the case that 'we can use it to make sense of how self-concepts change after the subject receives a diagnosis of mental disorder. Self-concepts and behavior change due to (i) the subject's knowledge of the illness... as well as (ii) the course of illness; and (iii) the psychiatric treatment the subject receives (Tekin, forthcoming, p. 31). This is an interesting proposal to separate out some distinct factors so as to make more specific hypotheses regarding the stabilizing or destabilizing trajectory of disorders (assuming again that we are tracking the same thing as it evolves over time).

An idea of making oneself sick – so then the individual is to blame for their predicament (they are undeserving of help). Of course in the physical illness case we think that if one intentionally or unintentionally gets sick there are objective facts about whether one is sick or not. Perhaps it does affect our empathy. Most don't feel entirely sympathetic of the obesity epidemic in the US or of everybody paying more for accommodations (e.g., larger seat planes) for those with such 'disability'.

Hacking makes much of the idea that bacteria aren't self-aware. That it makes no difference to the bacteria whether or not people have whatever attitudes towards them. The bacteria are only responsive to what people do in response to them. On the one hand I do understand the temptation to consider self-concept with respect to mental disorder. When people identify with their diagnosis / identify with others with the diagnosis. When they start to conceptualize themselves as a person with that disorder. When they start to explain their behavior by recourse to it 'I'm jittery because I have an anxiety disorder' or make predictions about their behavior 'I can't go outside because I'm agrophobic'. Or when they otherwise adapt their behavior in response to their beliefs about people with their disorder. This is a stabilizing mechanism. The more they learn about the diagnosis the more they learn about 'typical'. The more they learn about the efficacy of this or that treatment the more they are likely to stabilize towards the typical outcome.

There are socio-culturally accepted and not accepted ways of asking for assistance. What ways are accepted and what ways are not accepted alters through time. Why is this the case? We want to make it harder to ask for help than it would be for one to simply help oneself (if one was in fact capable of helping oneself). When it comes to formal (institutional, governmental) forms of assistance we want to make it such that non-formal (e.g., familial, community) forms of assistance are exhausted first. Partly because the closer the ties are the more likely the person is to see that others pay the cost that the person could not (which deters against loafing / expediates recovery). Wild pig people might be multiples in future generations (though these disorders are demographically distinct)...

Very real need... For what? Possibly for some empathetic attentiveness, a human connection.

While slightly different... We might see the same thing in physiotherapy. While respiratory physiotherapy traditionally involved a lot of tilting people to varying degrees of upsidedownness in order to belt them in different regions of their lungs to help them cough up stuff there has increasingly become a market for private physiotherapy clinics in affluent areas. One such clinic is 'breathing works'. The idea is that most people's suffering (the nebulous fidgety anxious not entirely happy feeling that plagues many affluent people who think they should be happy with their successful lives) is the product of non-optimal breathing. For a fee a physiotherapist can teach you how to breathe. I know you didn't know it was a problem. You have now been 'educated' however. Or maybe it isn't breathing training (or isn't 'just' breathing training) you need. Maybe it is a little clinical pilates as well... Maybe that was the cause of your distress all along. People report it is quite effective for treating asthma, anxiety, allergies and so on. This bleeding edge treatment is thought to be pushing the boundaries of physiotherapy practice. It is available to practitioners particularly in New Zealand because patients can self-refer for physiotherapy - they need not be referred by a physician. Physiotherapists can market their services directly to consumers (e.g., market how faulty breathing is the cause of your nebulous complaints) and negotiate whatever payment clients will pay.

Of course a downside to all of this is that physiotherapy is / will be increasingly alienated from 'traditional' healthcare (publicly funded / health insurance reimbursed). Some physiotherapists are happy to view themselves as providing a personal service. Other physiotherapists prefer to see the profession as allied health. One might ask.... Whether there is much of a difference... The rise of allied health as... User pays pursuit of flourishing. And why not? Still left with charity... And where we draw the line on that as a society. How much charity costs and how much the society can afford. But maybe it simply is an issue of that and there isn't anything particularly 'health' about it or the conception of health is broad enough to capture the aesthetic.

Are new physiotherapists being trained in 'breathing works' techniques? Should they be (if there is a market for it)? What difference does it make? We can ask similar questions of plastic surgeons who work in private practice performing cosmetic surgery. Beauty therapists. Massage therapists. Hand and nail specialists. Podiatrists. Personal trainers. Hairdressers. Health? Talk to a religious leader. Talk to citizens advice. Etc.

In psychiatry we have origins in Freud and psychodynamic. It hasn't broken from that yet. Certain diagnoses are notorious. The idea that people are 'attention seeking' (that perhaps we should refrain from paying attention to them as punishment) and so on. The other idea (more common in aspects of 'health' where there is a private market) that people pay for a service and let the market dictate. If a person chooses to pay \$200 on a new haircut and color or \$200 on fixing their bad breathing or \$20,000 of a course of psychoanalysis for an aesthetically pleasing narrative structure for their life or \$5,000 for a new painting for the hallway or 10,000 for a nose job or \$7,000 for a personal trainer building up for their high school reunion then where's the harm?

Suicide is self inflicted. We tend to encourage people to seek assistance if they feel like killing themselves unless they feel like killing themselves too often in which case we regard them to be 'overly needy' and 'attention seeking' and think they shouldn't be helped / think we are justified in our failure to help them. Some people end up with very real (physical) injuries from failed attempts. We think that these people really are physically disordered but might have different intuitions about their treatment? Perhaps.

1.3 Case Study 2: Multiple Personality Disorder

1.3.1 Diathesis-stress (trauma)

1.3.2 Social role enactment

1.4 Which way forwards?

1.4.1 Implications of implicit looping for taxonomy

In these cases because it is implicit that we are dealing with a looping kind we are unaware of the impact of categorisation, our social practices, our expectations, our ways of interacting with the person, and so forth. If we come to believe that a certain kind of mental disorder is a looping kind then it seems that one of three things could happen:

Firstly, it could turn out to be the case as an empirical matter of fact our change in belief does not result in a change in our social practices. While Hacking thinks the relevant social practices are ones that invariably would change if we became aware that the category was a looping kind surely it could be possible that the social practices that are sustaining the phenomena could be resistant to change possibly because they have other beneficial effects. It is unclear whether Hacking would consider this to be an example of an implicit looping kind because it was implicit even though awareness did not result in its dissolution or whether Hacking would consider this to be an example of an explicit looping kind because it does not dissolve in the face of our awareness even though the so called explicit looping kind was implicit for a time.

Secondly, it could turn out to be the case that as an empirical matter of fact that if we came to believe the category was looping and we changed the relevant social practices the stereotypical behavioural features remain. In this case we seem to be left having to conclude that the category wasn't a looping kind after all. While it could still be socially constructed in the sense that artefacts similarly rely on us for their initial existence the phenomenon wouldn't seem to be dependent on our social practices and thus it would not be an implicit looping kind on Hacking's account. The third thing that could happen would be that our awareness of the category as an implicit looping kind could cause the stereotypic features to shift. If we found that a particular kind of mental disorder was an implicit looping kind this isn't to say that all instances of the category are suddenly cured of all symptoms of psychopathology, however. It is just to say that they won't display features of psychopathology that were stereotypic of the looping kind. They may well go on to display stereotypic features of another psychiatric kind, for example. Social constructionists about Multiple Personality Disorder often say that there is no such category as Multiple Personality Disorder there is only Borderline Personality Disorder that has been worked up into Multiple Personality Disorder in response to our social practices around the concept. The notion here seems to be that if we refuse to participate in those social practices the patients will display stereotypic features of Borderline Personality Disorder instead.

What is unclear, however, is whether this would be so because the clinician's expect them to come to display the stereotypical features of Borderline Personality Disorder or whether this is in response to some other mechanism. If clinicians came to believe that

there was no such category as Borderline Personality Disorder then would the individuals continue to behave in a way consistent with a diagnosis of Borderline Personality Disorder or would their behavioural symptoms shift so that they met criteria for another diagnostic category? While Multiple Personality Disorder is often one of the favourite categories of those who maintain that we need to look at social causal mechanisms it is unclear whether other, more paradigmatically biological psychiatric kinds could turn out to be looping kinds or to have a looping kind feature to their behavioural symptoms. It could turn out to be the case that mental disorder more generally has a significant looping kind component. If this was found to be the case then this would seem to have significant implications for both the project of how we identify mental disorders and the project of how we develop a scientific classification of them.

One implication is that focusing solely on behavioural symptoms might be counter-productive. Each subsequent edition of the DSM is praised for making scientific progress with respect to providing categories that better support generalisations and predictions. If the properties relevant for generalisation and prediction are purely behavioural symptoms and if the behavioural symptoms evolve over time in response to the classification system and a new round of expectations by clinician's then it would seem that the DSM approach will be limited insofar as the property cluster is unstable. The DSM may not only describe current symptomatology but it also may have a causal role to play with respect to future symptom development. One consequence of this might be that the DSM and ICD aren't necessarily converging on constructs that are more valid than the old constructs; rather each edition might recover some of the construct validity that the old one had by adequately capturing present symptoms that may, at least partly, have been evoked in response to previous systems of classification. Construct validity on the basis of generalisations and predictions on the basis of behavioural symptoms may be of limited value with respect to a scientific nosology.

If we identify kinds of mental disorders according to causal mechanisms rather than behavioural symptomatology, however, then this enables us to say that the behavioural symptomatology of a particular kind of disorder can evolve over time. This latter approach also allows that there could be considerable cross-cultural variation in the behavioural symptoms of individuals who have the same kind of mental disorder. While the DSM saw purely behavioural symptoms as progress from the causal mechanisms offered by

the psychodynamic theorists cognitive neuropsychology would seem to have good prospects for grounding the next stage of scientific development from observational properties towards a scientific nosology of the causal mechanisms that produce psychiatric disorders. It seems plausible to me that more valid constructs may require us to incorporate causes from multiple levels of analysis. While there will be more to social causes than the looping effects that Hacking deals with the looping kind effect is interesting with respect to the relationship between social cognitive and behavioural facts. If we consider that the cognitive facts are represented within the brains of individuals it seems that whether the cause is inner or outer may be a function of how far back in the causal chain we look.

1.4.2 Implications for problem cases (e.g., addiction, sociopathy)

The problem here is that whether these conditions are labelled 'mental illnesses' or not has important implications for whether these people are treated or jailed, whether health insurance companies are required to provide treatment or not, whether we are able to discriminate against these people or whether they are covered by mental health laws. It would seem to me that the relationship between mental disorder and right to treatment, moral responsibility, and legal responsibility is a separate issue really... It is far from clear that these things are part of the concept or if they are connected so as to feature into the *carnp* conditional then this is importantly different (there aren't facts aside from our social practices). What is left to argue about how our social practices should be. For example, it could be possible to proclaim that addiction is a mental disorder and yet addicts should be prosecuted.... The interest in these being mental disorders seems to be around social and legal responsibility. We already know these come apart. An anxious person is responsible for murder... Dunno...

The answer to these questions will come from a complex interrelationship of honing our intuitions and empirical investigation. It is nice that people are doing the conceptual analysis thing and it is important to not end up with a brain storm of features where some are redundant or fairly irrelevant but by the same token it is important not to make the issue out to be too black and white and it is also important not to isolate part of the project off from the whole...

Implications for sociopathy and addiction...

How many features do these conditions share with paradigmatic mental disorders and paradigmatic non-mental disorders? How much do mental disorders really have in common? Problem with the data is that the models seem to assume rather than discover irrationality etc... concern about stipulated malfunctions.

Decisions we made around the criteria have consequences for the under / over inclusiveness of categories. Once we realize that is problematic whether there is a categorical feature to nature such that we get things right or wrong. Once we appreciate some of the subtlety of the situation then we can be more nuanced. Multiple personality (and the sciences of memory). We can cast the net broadly or narrowly. This has consequences for seriousness. institutionalization. medication. and so on. the answers to these questions is dependent on how to choose to identify the individuals to start with.

the literature on sociopathy. different ways of defining cast it narrow or broad. cast it broad and study undergraduates. but then problematic relationship to the most serious (which is very rare).

1.4.3 The DSM and the NIMH

The Diagnostic and Statistical Manual of mental disorders was an attempt to bring unity to the field of psychiatry. Prior to the DSM different theorists had different views of what kinds of disorders there were for psychiatry. This made it hard to progress the field as it seemed as though different theorists weren't even investigating or learning about the same phenomenon. The DSM was an attempt to provide a system of classification that all researchers and clinicians could embrace so that psychiatry could develop as a science. The DSM came to be a great success of the 'doctrine of truth by agreement' (as Bentall puts it).

While the DSM was a phenomenal success insofar as it came to be affectionately referred to as the psychiatrists 'bible' indeed being much more widely embraced across a diversity of fields including clinical psychology, education, social work etc. The more widely it became embraced the more thoroughly it came to be critiqued. E.g., colonialism.

Reflecting Western Values. It certainly was a phenomenal success in bringing an apparent source of legitimacy to the field, though. Taking over the world.

With the publication of the DSM V this year the National Institute of Mental Health has made the radical move of rejecting it as a ground for research in the field. This is good – there seems to be an awareness now that the Kraeplinean vision doesn't seem to capture the reality of the situation. While he envisaged two or three kinds of disorders the DSM lists far more than that. While he envisaged each thing being of its kind and not of any other the DSM is happy enough for people to meet criterion for 2 or 3 or more disorders and even the inclusion of arbitrary exclusion criterion doesn't serve much to limit the number of disorders that one gets to have so long as one gets to have one at all. The problem of co-morbidity is indeed significant with the majority of people who meet criteria for one disorder meeting the criteria for more than one disorder.

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Appendix i

The Problem of Disjunctive Properties

The disjunction problem arose in the context of fixing content for teleosemantics. The issue is how we are justified in saying that the frog is misrepresenting FLIES when it snaps at bee-bee pellets rather than saying that the frog is accurately representing FLIES OR BEEBEES. The obvious answer is that the past tokenings of flies were involved in causing the frog to come to have the concept FLIES whereas there weren't any beebees in the frogs environment. A worry that I have about this retort is that flies or beebees were in fact in the frogs environment. In response flies or beebees isn't a natural category whereas flies is and the natural categories are responsible for causing the content. If we then want an account of what natural categories there are we say that they cannot be disjunctive. What grounds is there for considering the content to be disjunctive? It is meant to be that there isn't a common causal explanation for flies or beebees the way that there isn't a common causal explanation for jadeite or nephrite.

Maybe.

Appendix ii

The Problem of Gruesome Properties

Richard Boyd page 73- 'Anyone who can define "grue" can define persistence conditions for gruish individuals which mix and match temporal stages of ordinary persisting individuals, or define otherwise *unnatural things* as well as unnatural properties. Induction and explanation require that we quantify over natural as opposed to unnatural individuals every bit as much as that we deploy only projectable predicates.'

I thought that the problem of gruesome properties ran deeper than this, however. The reason why it was such a problem is that we don't have grounds for concluding that grue is more gruesome than green.

Something is grue if it is green before time t and blue after it.

Something is bleen if it is blue before time t and green after it.

It appears that grue and bleen are time dependent or temporally indexed in a way that precludes their being projectable predicates. But consider the predicates green and blue from the perspective of the grue speaker:

Something is green if it is grue before time t and bleen after it.

Something is blue if it is bleen before time t and grue after it.

From the perspective of the grue speaker it is the properties green and blue that are disturbingly temporally indexed and hence not projectable.

If our account of natural properties appeals to some properties being natural because they are projectable then we don't have grounds for concluding that grue is less projectable than green.

What difference would it make if someone had the concept of grue rather than green? When (if) time t rolled around then they would think that the color of things had changed. Or... When (if) time t rolled around then they would think that we had changed our minds about the color of things. I need to think harder on this.