

Defining (Mental) Disorder

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Assumptions...

- Related notions of disorder, disability, illness, sickness, disease, distress, etc. Will focus on 'disorder' for the purpose of expository clarity
- 'Mental disorder' is employed in scientific contexts (nature and causes of) and extra-scientific contexts (law, moral responsibility, involuntary treatment). Will focus on scientific context.

American Psychiatric Association Definition

- ‘...each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., an impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioural, psychological, or biological dysfunction in the individual. Neither deviant behaviour (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above’.

More Assumptions...

- Two-stage view: objective facts about malfunctioning mechanisms + normative facts about harms to persons
- Social or moral deviance is not sufficient unless the two-stages are met
- No satisfactory account of psychiatric / neurological distinction
- Assumption that there is a shared notion of 'disorder' between psychiatry and the rest of medicine

Wakefield's Harmful Dysfunction Account

- P1) It is a-priori that disorder is due to an inner dysfunction that results in harm to persons. (At this stage he regards 'malfunction' to be a pre-theoretic, folk notion).
- P2) a. It is a-priori that science should determine the relevant causal process for fixing functions / malfunctions.
- b. It is a-priori that the relevant process is the causal-historical process that is the explanation for the mechanisms existence and maintenance in current populations.
- P3) It is a-posteriori that the relevant causal-historical process for fixing functions and malfunctions (for explaining the existence of the relevant mechanisms) is evolution by natural selection.
- C) Disorders are thus failures of an inner mechanisms evolutionary function that result in harm to persons.

Harm

- Inner malfunction in the absence of harm is not sufficient for disorder.
 - Phobia
 - Homosexuality
- Unclear what notion of harm is relevant
- Harm is regarded as evaluative
- More work needs to be done...

Murphy on function

- '...on the two-stage view, the criteria for assessing adequate performance are supplied by nature rather than by a human practice... It is not the view that relative to human goals and interests, we can establish what psychological systems should be like and how they should be arranged to meet those goals and further those interests. Rather, it is the view that psychological normality imposes non human, natural functional standards. Those standards exist independently of what people think they should be'.
- 'Some people will say that since even this view licenses statements about what some biological system ought to be like, it is in fact normative in a fairly weak sense... All of medicine is normative in this sense – the problem is whether any science is not, though, because all sciences license expectations about what ought to happen in a normal system: stars, for example follow a reliable progression through developmental stages, so we can predict what ought to happen to them'.

Causal processes and functions

- Is-Ought gap: Facts about purely causal processes aren't sufficient for facts about normative processes (such as functions and malfunctions and dif-functions)
- There is something special about evolutionary causal processes which means they CAN fix functions in a non-normative way
- **If** our explanatory interest is in what effects of past token mechanisms enabled them to survive and reproduce... **Then** we can identify 'survival and reproduction' as the relevant 'goals' or 'goods'
- We can thus identify the effects which contribute towards or away from the relevant 'goods' or 'goals'
- Those that contribute towards the 'goods' or 'goals' are functions and those that hinder that are the malfunctions (very roughly... we might need to invoke counter-factuals...)
- Facts about function and malfunction thus seem to be fixed by a combination of facts about causal processes and an identification of the 'goods' or 'goals' that we are interested in

Statistical and Cummins Functions

- The statistical notion of normal / abnormal doesn't seem to be the relevant notion, however.
- On the statistical notion we still have to identify the 'average' effects as the 'functions' and those that deviate from the average as the 'malfunctions'
- Cummins functions also require us to identify the function of a system (e.g., the heart) in order to identify the role (function) that the part (e.g., the valve) plays with respect to the function of the whole
- Familiar point of having to put normativity in (survival and reproduction, statistical average, function of the whole) in order to get normativity out.

Methodological recommendation

- Construct a model of 'normal' biology / psychology then explain disorder as a breakdown in the model
- Some work has been done that doesn't grant this however. Don't need malfunction assumption to study causal processes.
- Hard to see how we identify individuals / conditions as mentally disordered, however.

Commits to too much A-priori

- First intuition (or set of intuitions) are around which people are appropriately regarded as mentally disordered and which conditions are appropriately regarded as mental disorders. (Prototype)
- Second intuition that mental disorder is a natural kind term. Science will discover what the prototypical cases have in common
- Third intuition is the dysfunction assumption. Captures our intuition that something is wrong with these people
- Our intuitions need to be revisable, however...

Conclusions

- The dysfunction assumption doesn't seem to do the work we need it to do
- The anti-psychiatry assumption (of moral or social norm violation) doesn't seem to do the work we need it to do either...
- Might be that mental disorders are like 'weeds' in the sense that our values / explanatory interests are crucial for determining the class of things that are of interest. More needs to be said about the relevant values / explanatory interests