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Why mental disorders are just mental dysfunctions (and nothing more): some Darwinian arguments

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ABSTRACT

Mental disorders are often thought to be harmful dysfunctions. Jerome Wakefield has argued that such dysfunctions should be understood as failures of naturally selected functions. This suggests, implicitly, that evolutionary biology and other Darwinian disciplines hold important information for anyone working on answering the philosophical question, 'what is a mental disorder?'. In this article, the author argues that Darwinian theory is not only relevant to the understanding of the disrupted *functions*, but it also sheds light on the *disruption* itself, as well as on the *harm* that attends the disruption. The arguments advanced here are partially based on the view that a core feature of Darwinism is that it stresses the environmental relativity of functions and dysfunctions. These arguments show a very close empirical connection between social judgments (values) and dysfunctions (psychopathology), which is of interest for psychiatric theory. Philosophically, they lead to the conclusion that the concept of mental disorder is identical to the concept of mental dysfunction. Consequently, it is both misleading and redundant to conceptualize mental disorders as 'harmful dysfunctions', and not simply as 'mental dysfunctions'.

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1. Introduction

Starting with the rise of anti-psychiatry in the sixties, the concept of 'mental disorder' has been discussed with great vigour by philosophers, sociologists and psychiatrists alike. Not surprisingly, this debate has not led to a consensus. The controversy can in part be attributed to the different backgrounds of the theorists involved: whereas philosophers, on the one hand, seem clearly to value conceptual unity and clarity above all else, psychiatrists, on the other hand, are willing to countenance a concept that is not perfectly unambiguous, so long as it can be used as a guide for research and treatment. That said, we would be deluding ourselves if we thought the problems would disappear if the debate were conducted exclusively by psychiatrists, or philosophers. First and foremost, there is, among psychiatrists as well as philosophers, a wide variation in education, theoretical backgrounds, and (thera-

peutic) ideals. Furthermore, even in fields with a non-disputed underlying paradigm, conceptual discussions about the fundamental entities tend to be never ending, a point perfectly illustrated by the ongoing species debate in biological systematics (Wilson, 1996) and the substances debate in chemistry (Needham, 1993). One can hardly expect a better outcome from conceptual analyses in psychiatry, a discipline notorious for being in a pre-paradigmatic phase.

In the last decade, a number of theoreticians have suggested that Darwinism might be the lever that will hoist psychiatry out of its pre-paradigmatic state. These theoreticians believe that evolutionary psychiatry—even more than, say, neuroscience—has the power to integrate psychiatry's conflicting schools and currents because of its focus on ultimate causes, or 'why questions' (McGuire & Troisi, 1998; Nesse & Williams, 1999).¹ The purpose of this article is twofold. First, we will show that a Darwinian approach may have a

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¹ The unificatory power of evolutionary psychiatry is best compared to the unificatory power of Darwin's theory, which unifies 'into a whole all of the hitherto disparate areas of biology: paleontology, biogeography, behavior, embryology, systematics, morphology, and more' (Ruse, 1999, p. 66).

similar integrative impact on our *empirical* understanding of the relation between harm and mental dysfunction. Darwinism reveals *why* there is a frequent causal relationship between values (or social judgments) and dysfunctions. This is philosophically relevant, for it hints at a solution for the recurring problem in psychiatry whether mental disorders are biological or rather socially constructed. Secondly, we will show that evolutionary theory is also *philosophically* relevant to the analysis of the concept of mental disorder, because it underscores the importance of a genuine integration of social values and natural dysfunctions to our understanding of what a mental disorder really is.

First, however, we must outline why harm and dysfunction are pivotal notions in the philosophical analysis of mental disorder, and indirectly, in the empirical study of psychopathology.

2. Psychopathology as dysfunction: an evolutionary perspective

The fact that mental disorders are associated with psychic suffering has led some people to believe that ‘mental disorders’ are defined by the pain and suffering they generate. However, Darwinian theory makes clear that the different mechanisms of evolution did not shape our minds for happiness or social harmony, but only for survival and reproduction. It could be, then, that some psychic suffering may have a (hidden) function. In other words, it may just be the case, for instance, that a certain subtype of depression can help prevent further ostracizing.² According to Jerome Wakefield, such adaptive responses to adaptive problems are not real mental disorders, even if they cause tremendous suffering, but designed defensive reactions, akin to fever and vomiting. He claims that real mental disorders should be seen as ‘harmful dysfunctions’ of otherwise adaptive mechanisms (or defences, or strategies ...).

Wakefield developed this harmful dysfunction-model in a series of influential publications (Wakefield, 1992, 1995, 1999, 2000). His central claim in these papers is that mental disorders are failures of naturally selected functions that result in harm to the individual. It should be clear that for Wakefield the adaptive concept of ‘function’ is crucial to a philosophical discussion of the nature of mental disorders. According to him, (1) function statements offer first and foremost functional explanations, and (2) Darwin’s theory of evolution is the only scientific theory able to explain the existence of a function. In other words, Wakefield adopts an *etiological* view of function: the function of an organ or trait is the set of its effects which in turn explain the presence of the particular organ or trait. Wakefield, of course, is also well aware that ‘function’ can also be used in some ‘weak senses’. Still, even if these weak senses may have some relevance for medicine and psychiatry, he believes that they will not help to understand *what a ‘harmful dysfunction’ is* (Wakefield, 2005). Like Millikan and Neander, he holds that the failure of selected functions (‘proper functions’) alone can be pathological (ibid., Millikan, 1989; Neander, 1991).

Wakefield further emphasizes that psychological dysfunctions or failures and physiological disorders are in many instances caused by the same factors: lesions, mutations, infections, etc. Nevertheless, the harmful dysfunction-model does not exclude the possibility that excessive mental suffering is due rather to psychological factors (intra-psychic conflicts, psychic traumata, and the like). Wakefield writes: ‘it also seems possible and even probable that some mental disorders are dysfunctions of mental processes without any identifiable physical lesion or even a physiological

malfunction ... We may use the analogy of software that can malfunction without there being any identifiable malfunction at the hardware level’ (Wakefield, 2005, p. 892).

Wakefield’s ‘harmful dysfunction analysis’ (HDA) is probably one of the most powerful analysis of the ‘mental disorder’ concept available today, something even his critics acknowledge (see, e.g., Richters & Hinshaw, 1999). The strength of his conceptual analysis has probably a lot to do with how he firmly grounds the concept of disorder in evolutionary biology. Still, I believe that a further elaboration of the concept’s Darwinian foundations can have some remarkable consequences for the HDA. Before we explore this issue, I will show where Wakefield’s version of the HDA fails to solve two important philosophical questions. While these shortcomings do not amount to a refutation of the HDA as it stands, they certainly imply that a philosophically (and scientifically) stronger version of the HDA would be welcome.

First, the HDA claims to present a medical concept of disorder: ‘mental conditions can be disorders in the strict medical sense’ (Wakefield, 1999, p. 376). This leads Wakefield to conclude that people ‘*are not*’ their disorder—they only ‘*have*’ the disorder. Wakefield may be quite right in defining mental disorders as medical disorders, but he overlooks the possibility that mental disorders, unlike bodily disorders, may involve the person as a whole and not just mental parts (Fulford, 2001). *And, of course, the difference between mental disorders and (other) medical disorders should have a strong bearing on the concept of mental disorder.*

Secondly, Wakefield’s HDA involves a conjunction of facts and values. Wakefield stresses that the harm component of his HD analysis requires values, and that the values involved in the value judgement are very often ‘social values’ (Wakefield, 1992). At the same time, however, he argues that dysfunction is a value-free concept (Wakefield, 1995). For Wakefield, then, mental disorder is a mixed normative–descriptive concept. The dysfunction-component of ‘mental disorder’ is value-free, the harm-component value laden. Wakefield believes that evolutionary theory bears on the dysfunction component, but does not give us relevant information about the harm component of mental disorders. *I will show, however, that evolutionary theory can elucidate (a) the harm component of mental disorder, (b) the causal interaction between harm and dysfunction. Most importantly, however, I will argue that a thorough understanding of Darwinism leads to the elimination of the harm component from the concept of mental disorder.* In short, I will argue that Wakefield’s evolutionary analysis just isn’t Darwinian enough.

3. Evolved dysfunctions

Wakefield turns to natural selection almost exclusively when he is discussing the disrupted functions; when his discussion deals with the factors responsible for the *dysfunction*, however, he usually only mentions proximate causes. It is often the case, though, that evolutionary theory also harbours good explanations for these ‘disruptions’ or ‘failures’ of functions (Murphy & Stich, 2000). In what follows, I will describe some non-exclusive explanatory schemes used in evolutionary psychiatry in order to account for the vulnerability or failure of certain functions.³

The *senescence* model. For certain neuro-psychiatric diseases, such as Alzheimer dementia and Huntington’s disease, the genes, which have a pathological effect in the latter part of a lifespan, usually have no effect, *before* or *during* the reproductive period. In

² It must be clear that the examples I give do not pretend to be the best or even plausible explanations for these disorders. They serve a purely illustrative function. On the other hand, many authors have argued that some mental disorders, variants of depression especially, are really adaptations (e.g. Hagen, 1999; Nesse, 2000).

³ In their seminal paper on Darwinian medicine, Williams and Nesse give six possible evolutionary explanations for vulnerability to a disease: novelty, co-evolution, trade-offs, constraints, reproductive success at the expense of health, and defences (Williams & Nesse, 1991). My list differs from theirs, especially because it is about dysfunctions, not vulnerabilities.

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