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Understanding Mental Illness: A Philosophical Perspective

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Understanding Mental Illness: A Philosophical Perspective.

Senior Project submitted to
The Division of Social Studies
of Bard College

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Table of Contents

Introduction	3
Chapter 1: The Disease Model	12
Chapter 2: The Constructionist Model	23
Chapter 3 - The Creation of Mental Disorder	37
Conclusion	43

Introduction

What first drew me to this topic was arriving in the US in 2014 and noticing a very medical approach to mental health. I grew up in Indian culture where all problems were considered to be simple and everyday problems that come with being human - even if one is severely depressed or anxious, seeing a doctor would not even cross one's mind. I have had two different approaches to my own mental health - I was told that this is normal and to deal with it myself, and I was also told to get psychiatric services at an institution. What concerned me with each approach was the ambiguity of it all. What exactly was I going through, and do all individuals struggling with mental health issues have to go through similar difficulties about the nature of their mental illness? This Senior Project will address this sole question: "what does it mean to be mentally ill?" and answer it in three ways: the objectivist view, which states that mental illnesses are real, biological dysfunctions; the constructionist view, which states that mental illnesses are constructed by society and are simply problems in living; and my own view, a 'modified objectivist' view that states that mental illness has a biological basis but does in fact arise from environmental stressors and since they are quite common problems in living, they should not be considered to be disorders. This is a solution to traditional views of mental illness, which are quite opposing in nature, and it attempts to reconcile the two viewpoints.

Mental illness is becoming more of a societal issue, and it becomes increasingly important to understand the nature of mental disorders. In my experience with mental

health, I have often questioned the Diagnostic and Statistical Manual of Psychiatry (DSM) and the psychiatric industry. Can one have symptoms of a disorder without actually having the disorder? Is there a spectrum? Everybody struggles with their mental health, whether it be in a clinical sense or in an everyday sense. It is very interesting to wonder whether mental illness really exists, did society create it, and what is the most effective way of defining mental health disorders that will benefit the people involved? George Graham mentions the 'looping effect' which states that an individual labeled with a diagnosis will act differently than an individual who is not labeled, because the use of a laden term in describing one person's experience can influence a person's self-awareness (Graham 60). This can cause the individual to experience an increase in their symptoms and does not benefit the individual. What is said on the internet is mostly an umbrella term describing all the possible symptoms of a certain disorder, and that is what an individual sees when they look their disorder up. Additionally, I have wondered about the effects of pathologizing a person by labeling them with harsh diagnoses. These diagnoses were created for clinical practitioners to understand and classify different disorders, but it is not always effective to put labels on humans' mental and behavioral states. These are questions that drew me towards this topic.

I want to philosophically explore what a mental disorder is in order to gain some understanding on how to go about treating it. I want to treat children in the future in the best way possible, and for me to do that, I have to understand the nature of their 'illness'. Are they really sick or are they just experiencing temporary difficulties with behavior or emotions? Since the demand of mental health resources has spiked, it is

even more important to understand what exactly we are dealing with, instead of relying on doctors.

I will explore, 'what does it mean to be ill?' – ill in both a somatic and mental sense. There is the disease model of psychiatry, which states that there is something biologically wrong with the body and has specific causes, and that there are symptoms that are consequential of having the disease. It is a perplexing philosophical question to wonder what makes a person ill firstly, is it biology or behavior, and then what is it that makes it a mental disorder over a brain disorder, and should it be called a disorder at all? How do we know these facts? Biological data? One needs philosophy to answer these questions because we already study the healthy vs. a disordered body in a physical way, and how we define it, and so now the overarching question is how do we define a mental disorder. It is important in modern society to question these things because of the prevalence of mental health issues in the youth. By clarifying and studying how we define a mental disorder, it will inherently help with not only diagnosing, but also treating mental disorders, which is what I plan to work in in the future. This is why I am interested in exploring the definitions of disorders, mental and otherwise. I want to see where the line is between disorders and 'healthy' behavior/feelings. And if something is abnormal, how do we decide if it is problematic enough to be classified a disorder? How do we define a 'mental' disorder specifically? Physically, neuroscientifically, or behaviorally? Is it a combination of the three? How do we, as society, define what is healthy? Additionally, what ways can we respond to mental disorders, or this disorder specifically? Questions of ethics - what are the ethics of pathologizing a person, what are the impacts of diagnosing and labeling a person?

Are there also behavioral aspects that influence one's ability to function? Additionally, I think that there are certain ways to speak of mental illness without pathologizing the individual. We can claim that the brain is not functioning properly and that there are neurological 'failures' in someone with mental illness, but I would rather observe these differences in function as deviances without assigning negative connotations to the term, and as the percentage of people with different deviances is quite high, it makes more sense not to define it as a failure and more as a difference. It is important that a philosopher with background in psychiatry answers these questions, rather than a psychiatrist (who only places emphasis on the biology) or a therapist (who focuses on the cognitive and emotional and behavioral patterns) because as a philosopher, I am able to answer the metaphysical questions that are underlying all these questions – what does it really mean to be mentally ill, in a societal, philosophical, and somewhat biological manner.

There are two streams of thought in response to this question: the objectivist view and the constructionist view. Objectivists believe that mental disorders exist, and these disorders are natural kinds – or arise from natural causes. The objectivists include Culver and Gert, who believe that mental disorders are objective dysfunctions in the body and that there is no spectrum – one is either ill or they are not - and their illness is harmful. Constructionists do not believe in mental disorders. Thomas Szasz and believes that mental illness was created by the psychiatric industry in order to stigmatize and alienate a group of people. He does not believe in the objectivity of mental illness, and find their symptoms are just usual deviances in human behavior.

Modified objectivists believe in objectivism about mental illness, but they include a constructionist component as well.

To set the stage of this paper, Dominic Murphy's 'two-stage picture' of psychiatry comes into play. The first stage of the two-stage picture details the biological malfunction, and the second stage assesses the consequences of these malfunctions. In other words, the first stage, "works out when organs in the body work improperly, a scientific enterprise that psychiatry shares with general medicine" and the second stage assesses, "how these findings bear on our evaluation of lives that are affected by breakdowns" (Murphy 19) – can humans flourish if they have these physical or psychological abnormalities?

Within this, there is a debate surrounding conservative vs revisionist that adds nuances to the objectivist argument. Conservatives believe that the way we think about mental illness is the way it truly is. On the other hand, revisionists believe that our concept of mental illness is "false to the facts about mental illness" (Murphy 20). Just because we think a certain way about mental illness does not mean it's right, and there is a 'true' way of thinking about it that we must progress towards. The main difference between conservatism and revisionism is that conservatives believe in a fluid notion of mental illness and revisionists believe in a truth in which we must progress towards. Objectivists who believe in the two-stage picture are usually conservative about mental illness. However, conservatives use folk psychology, or commonsense theory, to justify common sense over science. Murphy believes this, "understanding of science's relation to commonsense must be rejected" (Murphy 20) and believes himself to be a revisionist

objectivist. This is because a revisionist objectivism emphasizes a true way of thinking about mental illness.

Boorse and Wakefield believe in the semi-objectivist harmful dysfunction view. However, they use commonsense folk psychology to prove it. Murphy wants to support the picture through pragmatic, conceptual grounds. Boorse believes that there is a mental disorder if there is a failure in the internal system of the body. Our psychology consists of 'evolved functioning components' (Murphy 37) and only breakdowns in the components are indicative of a mental disorder. There are issues with this statement, which Murphy also addresses; mainly that it is difficult at this point in scientific knowledge to pinpoint what exactly these breakdowns are. We need neuroscience to understand more about the nature of how mental illnesses manifest in the body. For example, there are several studies on the way in which depression manifests in the brain, compared with a healthy brain. There are reduced activity levels in people with depression (Harvard Health Publishing). Similarly, the amygdala is smaller and more active in people with anxiety. These sorts of empirical data prove that there is a dysfunction in the body of people with mental illnesses.

This idea of harmful dysfunction comes from the objectivist view that mental illness arises from an internal dysfunction of the body. One problem I have with the harmful dysfunction view is that it is difficult to say that something is a disorder if society deems it harmful. I believe the symptoms must affect the individual's functioning in society negatively. For example, people with depression are unable to socialize and enjoy previously enjoyed activities. Similarly, people with hallucinatory schizophrenia are unable to be on the same page as the rest of society in terms of what they perceive

to be real, concluding in poor societal functioning. It should not be society that is affected, but the individual, and the individual has most knowledge about their symptoms compared to what society may know from simply observing the behavior.

Constructionists like Szasz believe that mental illnesses do not exist, and what people take to be mental illness are simply problems in living and their institutionalization and marginalization was created by authoritative figures in order to make profit. Thomas Szasz believes that mental illness is a myth created by the medical and insurance industries as a form of “social control”. He claims the nature of mental disorders to actually be brain disorders, making him a rigid objectivist in some senses, but finds that mental disorders are really problems in living.

My view is one of a modified objectivist. Mental disorders exist, but the extent that we can define them as disorders is on a spectrum. This is contrary to conservative objectivists like people who wrote the DSM-5, who claim that there is a sharp dichotomy between healthy and disordered individuals, and these people are either healthy or disordered. Additionally, I am not a conservative about mental illness. Even though I believe that we can keep improving on our knowledge, there is a ‘right’ way of thinking about mental illness. This coincides with my alignment with the modified objectivists.

Chapter 1: The Disease Model

1.1 Introduction

The disease model is one way of thinking about mental illness. The disease model describes illnesses with causes and symptoms, and questions whether disorders based in the brain are the same as disorders of the brain. This chapter will explore the reasons for believing that mental disorders follow the disease model, drawing upon the works of Dominic Murphy, George Graham, and Christopher Boorse; and question whether it is legitimate to classify mental disorders as following the disease model, or whether they should be classified as something else.

1.2 What is the disease model?

1.2.1 The Objectivist Picture

The disease model is the medical model of illness that fits into a larger philosophical account known as the objectivist account. The objectivist account argues that there are “objective facts about the human body on which the notion of disease is founded, and that those with a clear grasp of those facts would have no trouble drawing lines, even in the challenging cases” (Murphy 20). Here, Kitcher is saying two things: that there are facts about the natural world, and that within disease, there are discrete cases of illness where a dichotomy between illness and healthiness is key. Objectivists tend to be conservative about mental illness - when regarding psychiatry they tend to

believe that the way we think of mental illness is the way mental illness really is and that there are facts to be discovered about the body and brain that tell us how the two truly work (Murphy 20). On the contrary, revisionists are people who believe that our view of mental illness evolves towards a 'right' way of thinking about it, and constructionists tend to be revisionists, which we will explore in the next chapter.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines disorder in an objectivist manner in terms of its dysfunctions. In objectivism, the causes of a disorder are crucial, because a dysfunction cannot occur without a cause, and this cause must be something greater than simply a problem in living as a problem in living does not identify any internal dysfunction in the body. For example, an individual who partakes in excessive alcohol use may not be considered an alcoholic unless there is a psychological dysfunction in their brain that causes them to rely heavily on alcohol as a coping mechanism - they might just enjoy it as a recreational activity. Here, the individual must have an internal organ that is unable to work in a functional manner.

Psychological dysfunction is key in defining objectivism, and hence in defining the disease model. Psychological dysfunction is defined as failures in "systems of cognition, thinking, perception, motivation, emotion, memory, or language" (Horwitz 22).

1.2.2 The Two-Stage Picture

Dominic Murphy's two-stage picture of psychiatry is a 'modified objectivist' view, and contains the harmful dysfunction model as its first stage. The first stage is identifying a dysfunction in the brain or body of a person with mental illness, and the

second stage is assessing the societal consequences of having such an illness. The disease model assesses a dysfunction in the body of an individual with mental illnesses, and then makes the claim that this disorder is unpleasant to have. The first stage of this model is objectivist, because it uses scientific knowledge to discover the facts about a body's dysfunction. The second stage is constructionist as it makes a judgment of whether the disorder is harmful to the individual and society, which we will get to in the next chapter.

The DSM-IV, the latest version of the DSM, follows the disease model and classifies mental disorders into discrete categories that need to then be treated according to their symptoms. This only follows the first stage of the two-stage picture - it is objectivist. It treats mental illness as if they exist as natural entities and arise in a law-like fashion (the natural kinds argument) and that there is a malfunction in the human body (the harmful dysfunction view). My critique of the disease model will explore in-depth the dangers of classifying every abnormal behavior as a disorder despite no known dysfunction, and the reasons for which mental disorders do not exist as discrete entities in nature.

1.3 The harmful dysfunction view

According to Christopher Boorse, a disease is defined as 'failure of species-typical function' (Murphy 36). This usually connotes an evolutionary malfunction of the body. Examples include eye disease, which does not help with being vigilant for

survival, and women not being able to give birth due to reproductive issues. These are both internal dysfunctions of the body that are specifically species-type dysfunction because they hinder the evolutionary purposes that natural selection creates.

In order for a disease to be defined as a somatic illness, there has to be something dysfunctional in the body of the individual with the illness. The two-stage picture of psychiatry demonstrates the harmful dysfunction view. According to Dominic Murphy, the two-stage picture distinguishes between “working out when organs in the body work improperly... and assessing how these findings bear on our evaluation of lives that are affected by breakdowns” (Murphy 19). The first stage identifies a breakdown in the internal system, like imbalanced dopamine levels or a brain tumor, and specifies the causes of the disorder. The second stage judges if human beings are harmed with such internal malfunctions - a more subjectivist view. For mental disorders to be diseases, there has to be a causal relationship between the illness and the factors that cause the illness.

1.4 Specifying the Causes of Mental Illness

Somatic illnesses tend to have one distinct, identifiable cause. Strep throat is caused by the strep bacteria, and a broken bone is caused by impact. These in turn lead to symptoms, which can manifest in several ways that are internal to the body. Causes of somatic disorders are single and identifiable by tests, which is a crucial

defining factor of the disease model - the idea of having distinct causes (Culver & Gert). On the other hand, the causes of mental illness can be several. A person suffering from anxiety may have the MTHFR gene mutation, but also have trouble in social situations, as well as have an unhealthy diet that impacts their physiological system, all creating what we call 'social anxiety disorder.' It is my view that the manifestations of symptoms of mental disorders are varied. They include *physical symptoms*, like increased heart rate, *behavioral symptoms* such as avoiding fearful situations, *mental and cognitive changes*, such as racing thoughts, and *emotional disruptions*, like low mood. Although exemplary somatic illnesses may cause distress, the distress is not a symptom of the illness. Because of the broad nature of the causes and symptoms of mental disorder, it is necessary to say that either mental illness is not a disease, or the definition of disease must be changed. The next section will explore this. I propose that mental disorder not be considered diseases because they do not have distinct causes nor do they arise in a law-like fashion. In order for serious disorders to be treated better, and perhaps to get closer to finding a cure for serious forms of mental illness, it would be helpful if scientists understood the true nature of mental illness rather than treat them as diseases.

1.5 The problem with the harmful dysfunction view

There are several problems with the harmful dysfunction view. The first includes the idea that the harmful dysfunction view includes a narrow range of causes that are applicable to somatic illnesses, but the causes of mental disorders are wide in their

range and lie on a spectrum. The second, in order to understand the malfunctions of a body that cause an illness, we must know what they are first. In addition, illness is defined normatively according to the present cultural and societal paradigms, therefore it is difficult to pinpoint exactly what is the distinction between socially deviant behavior and an illness.

Although George Graham is an objectivist, he argues against the disease model of mental illness because he finds that the symptoms of mental illnesses vary widely with each disorder, while somatic illnesses have more rigid sets of symptoms, and the list of causes is wider in mental illnesses, but also less distinct, than somatic illnesses. For example, Graham believes that in order to diagnose a mental illness, one must identify symptoms from a syndromal cluster of symptoms, defined as a set of correlated symptoms. However, a somatic disease only requires some X-rays, blood tests or other concrete diagnostic tools to be diagnosed with the illness. The symptoms of somatic illnesses tend to be “discontinuous with normal variations in human physical health” (Graham 55), so there are hard boundaries between what is considered to be healthy symptoms or behaviors, and unhealthy symptoms or behaviors. On the other hand, the symptoms of mental illnesses often lie on a spectrum of healthy and unhealthy behavior depending on the combination of symptoms and their severity. Depression, for example, includes symptoms like “lack of interest in usually pleasurable activities,” “persistent low mood,” and “excessive sleeping” (Diagnostic and Statistical Manual of Mental Disorders 5). Any of these symptoms alone do not manifest in the diagnosis of depression. One may sleep excessively due to medications, one may have a low mood due to a death in the family, or not find things interesting because of a change in one’s lifestyle or

mindset. These symptoms by themselves rest on a spectrum of healthy human behavior. However, combined, and with increased severity, one may have a diagnosis of depression. Because of the unclear nature of the symptoms of mental disorders, it is difficult to classify them as stereotypical diseases. Symptoms in the DSM continue to shift and change to fit a larger range of conditions. In order for mental disorders to be classified as diseases, one must redefine disease. Objectivists about disease believe in discrete boundaries between 'healthy' and 'unhealthy' bodies. However, even somatic diseases lie on a spectrum. One can have HIV and have it be undetectable because the viruses are more suppressed in their body. One can also have more severe HIV with visible symptoms. It is unclear where the line is drawn between a healthy body without HIV and a body with HIV, because it is a spectrum. The disease model should account for a range of symptoms that may have features of an illness without being an illness, but it does not. Therefore, the disease model does not fully account for mental illness either. The disease model is not a sufficient one for illnesses but it is the best account we have and so we can use it for analysing mental illnesses.

Causes for most somatic illnesses are singular. The harmful dysfunction model states that for something to be classified as an illness, there must be an internal dysfunction in the body. The cause of a cold is usually a viral infection, and the cause of cancer is the mutation of cells in the body. It is difficult to find a somatic disorder that has more than one cause. Because of the complex nature of human brains, it is theorized that there are several causes of mental disorders. Depression may arise from a loss in one's life, a genetic predisposition to developing depression, or eating habits that create a lack of healthy gut flora. George Graham states that there is usually a

“propensity explanation” (Graham 56) that describes the likelihood of one developing a mental disorder. However, this is no scientific manner by which to determine whether one will develop a mental disorder. Neurologically speaking, there are usually correlates in the brain structure and activity of individuals with mental illnesses, but there usually is no known singular biological cause for a mental disorder, and neuroscience is not advanced enough to explain these malfunctions in the brain. A brain with post-traumatic stress disorder may have a more active amygdala, but that does not explain why the disorder arose in the first place. We may attribute mental disorders to the environment, such as one’s relationships to family and one’s socio-political climate, but there is no singular cause that explains their existence, nor is there a definite known cause.

Despite advancements in scientific research, we do not know what causes mental disorders definitively, so it is difficult to place emphasis on the harmful dysfunction model when there is insufficient evidence. In order for something to be a disease, we must know what causes it and what the breakdown in function of the body is. We often find out that illnesses like pneumonia are caused by a dysfunction in the lungs but with mental disorders, it is more difficult to understand what causes them. Schizophrenia is caused by excessive dopamine transmitters firing in the brain due to there being a lack of dopamine in the body, but this is not certain, and there is no known cause for why there was a lack of dopamine to begin with. Although it would be nice to have a knowledge and understanding of the underlying variables that constitute the development of a disorder, we simply do not have the knowledge at the moment. Therefore without the causes known for mental disorders as they are known for somatic illnesses, it is difficult to equate mental and somatic disorders in the same boat. Even if

the causes of a disorder are known, we would need more information than simply the biological information - there is more to the story. But I will make the epistemic conclusion that because we do not know as of yet the causes of disorder, we cannot make the metaphysical claim that harmful dysfunction is true.

1.6 The argument for and against natural kinds

There is a viewpoint that states that there is a natural way to classify things, known as the natural kinds argument. Many things in the natural sciences, like the laws of motion and thermodynamics exist in nature with or without the presence of humans. Somatic illnesses are considered to be natural kinds as “disorders are natural events” (Graham 58). Neurotransmitters, like dopamine and serotonin, are also considered to be natural kinds, and therefore many objectivists believe their malfunctions to arise in a law-like manner. The natural kinds argument for mental illness finds that mental disorders and their symptoms arise in a law-like fashion. For example, an individual with depression starts feeling sadness first, then excessive sleeping, and so on. Additionally, their causal processes arise in a law-like fashion.

The problem with the natural kinds account is that the causal processes that develop a mental disorder do not occur in a law-like fashion. There are several causal and explanatory factors that play a role in the development of an individual's depression, for example a loss in one's life. However, the symptoms arise differently depending on the individual. One person can initially experience depression through

excessive sleep, while others experience it by feeling persistently low. The development of mental disorders definitively do not arise in a law-like manner, and therefore are not natural kinds. There is no law that can predict how a mental disorder will arise - this happens depending on the individual and their environment.

A thing has to exist by itself, without the presence of human beings, in order to be classified a natural kind. Mental illness would not exist without the presence of humans and therefore is not a natural kind.

1.7 Concluding thoughts

There have to be several adjustments made in order for mental disorders to fit in the disease model, if possible at all. First, the disease model has to change its conception of what is considered its causes and symptoms. The range of causes has to increase from singular to several, and its symptoms have to be more specific in order to be more credible. Additionally, science must progress to the point where the causes of mental illnesses are known; however, this may not happen because the causes are unique to the individual and their environment that only Graham's 'propensity explanations' can give some understanding towards the likelihood of developing a mental disorder. Causal explanations do not give sufficient understanding of why disorders develop at different paces, hence not being law-like or in natural kinds. Mental disorders are not diseases - they have to include a social component that takes into

account social and cultural factors that influence the understanding and definitions of disorder. This will be explored in the next chapter.

Although mental disorders are not diseases, we still tend to think of them as diseases. This is because on the surface, they mimic symptoms of a disease and they have an internal dysfunction much like diseases do. However, it is fallacious to think of them as diseases because they are not discrete entities, nor do they arise in a law-like fashion.

This is why we need the theory of social construction to understand the definition of mental illness. The next chapter will explore ways in which mental illness is considered to be constructed.

Chapter 2: The Constructionist Model

2.1 Introduction

Constructionists are people who believe that certain things are social constructs. To call something a social construct is to say it would not exist without society and that there is no objective way to quantify such an object. For society to create a thing, it must be nonexistent by itself, and only exist in conceptual terms with the presence of society. For example, gender is a construct created only by people and society, and gender is not an objective fact that exists biologically or through other objective means. It is also not a natural kind, because it was created in the presence of humans. Constructionists about the mental or psychological only believe in social facts rather than psychological facts, implying that there are no facts about one's psychology, instead there are only facts about society creating these psychological constructs. This means that they do not believe in mental illness as psychological fact but rather as social construct. Boghossian states,

“To say of something that it is socially constructed is to emphasize its dependence on contingent aspects of our social selves. It is to say: This thing could not have existed had we not built it; and we need not have built it at all, at least not in its present form. Had we been a different kind of society, had we had different needs, values, or interests, we might well have built a different kind of

thing, or built this one differently. The inevitable contrast is with a naturally existing object, something that exists independently of us and which we did not have a hand in shaping” (Boghossian 1)

Here, Boghossian is stating that things about which we are constructionist are dependent on social selves, and naturally existing objects do not exist at all in this world. X exists in nature through natural kinds, and X is molded by society, so if society were different the object would also mold differently.

Dominic Murphy, modified objectivist, states that facts about X are social facts rather than objective facts in nature. One way to make sense of constructionism is through eliminative materialism. Eliminative materialists are people who believe that there are no such thing as mental processes, or the mind. Eliminative materialism, according to the Dictionary of Philosophy of Mind, is “The view that, because mental states and properties are items posited by a protoscientific theory (called folk psychology), the science of the future is likely to conclude that entities such as beliefs, desires, and sensations do not exist. The alternate most often offered is physicalist and the position is thus often called 'eliminative materialism.'” There are no such things as beliefs or desires, even intentionality, as the science of the future will find that they instead correspond to neural processes. Folk psychology is the idea that commonsense is right about the mind - that the mind is separate from the brain. According to Lynne Baker, folk psychology is the “commonsense psychology that explains human behavior in terms of beliefs, desires, intentions, expectations, preferences, hopes, fears, and so on” (Baker 317). Constructionists can sometimes be radical eliminative materialists

about mental illness, because they believe that all mental disorders are actually disorders of the brain, or are not real problems in living. If there can be a scientific explanation for something, it must replace 'commonsense' folk psychology. Eliminativists believe that folk psychology is wrong and must be replaced by scientific fact. We can appeal to eliminative materialism as a way to understand whether someone is a social constructionist, as those who believe that mental disorders are mere brain disease actually do believe in mental disorders being objective, as eliminative materialists do not refute the idea of mental disorders - instead, they claim they are diseases of the brain instead of problems in living.

Constructionism "faces the problem of distinguishing the pathological from the merely disapproved of" (Murphy 26) wherein it classifies deviances in healthy behavior, like racism, in the same category as mental disorders, such as psychosis. Thomas Szasz, a philosopher of psychiatry, believes that there are no social or psychological facts about mental disorders, and mental disorders are simply problems in everyday living. He is considered by some to be a 'simple objectivist,' as he believes that mental disorders are simply brain disorders and only believes in 'bodily malfunctions' and if something is malfunctioning in the brain, it is physical, not mental. However, he is a key proponent of the constructionist model of mental illness because he denies the facts of mental illness and believes mental symptoms are simply problems in living. In his account, Szasz finds that the mental is distinct from the physical, and what psychiatrists call mental illness is either physical/neurological diseases, or problems in living, all of which I will critique.

2.2 What is constructionism?

Constructionism is the theory that things like gender and autism are created by society. It is the idea that objects do not exist in a vacuum and that they are created by societal ideas. Ideas are influenced by society as society is created by human beings, because there would not be society and culture without humans, and collectively we create ideas. Social constructionists view objects as created rather than organically existing through what is naturally occurring. Ian Hacking, an explorer of constructionism, investigates the theory of social construction in depth,:

“Social construction work is critical of the status quo. Social constructionists about X tend to hold that:

- (1) X need not have existed, or need not be at all as it is. X, or X as it is as present, is not determined by the nature of things; it is not inevitable....
- (2) X is quite bad as it is.
- (3) We would be much better off if X were done away with, or at least radically transformed” (Hacking 6).

Here, X is an invented construct that is “not determined by the nature of things” (Hacking 6) and therefore should not exist or be “radically transformed” (Hacking 6). He emphasizes the idea that X has been “shaped by social events, forces, history, all of

which could well have been different” (Hacking 7), but most constructionists are adamant to “criticize, change, or destroy some X that they dislike in the established order of things.” (Hacking 7). It is clear that constructionists about X do not believe that X exists and want to get rid of it, or dramatically change it. Szasz believes that mental illness ‘treatment’ should not exist in society, because it is a form of social control and a way for insurance companies to profit. He wants to rethink the ways in which to think of mental illness so that the government has less control over an individual’s well-being. If we think of mental illness as problems in living, we will not be marginalizing individuals in order to gain some form of control.

2.3 Szasz’s view

Thomas Szasz is an antipsychiatrist who wrote *The Myth of Mental Illness* in the 1950s. An antipsychiatrist is one who opposes the medical model of mental illness. Szasz makes several claims, including the idea that the mental is distinct from the physical, because the two belong in different logical categories. Additionally, he speaks of mental illnesses as problems in living rather than proper ‘diseases’. Some say he is an eliminative materialist because he believes that if mental illnesses are truly diseases of the brain, they should be classified as such. Szasz states, “I have tried to show that for those who regard mental symptoms as signs of brain disease, the concept of mental illness is unnecessary and misleading. For what they mean is that people so labeled suffer from diseases of the brain; and, if that is what they mean, it would seem better for the sake of clarity to say that and not something else” (Szasz 1960). This is a non-

constructionist view, and a less-thought view of Szasz's views. Instead, most people tend to believe Szasz was a constructionist because he believed in mental symptoms as problems in living and the mind as distinct from the physical. I believe he is a constructionist because he essentially believed in symptoms of mental illness as problems in living. The following sections will address Szasz's view.

2.3.1 The mental as distinct from the physical

Szasz believes that the mind is distinct from the physical because they are logically irreconcilable, and when constructionists are confronted with objectivists, "It is using "mind" as if it were brain" (Szasz 80). There are no facts of psychology as the physical is organic and testable, and the mental cannot be tested as such. He states, "The words 'mental' and 'physical' appear as if they described observations, when in fact they are theoretical concepts used to order and explain the observations... the so-called problem of conversion hysteria is epistemological rather than psychiatric: there is no problem of conversion" (Szasz 76). Here, he claims that there is no reconciling the mental with the physical, as the mental is a thing that does not exist, as mental illnesses "can "exist" only in the same sort of way in which other theoretical concepts exist" (Szasz 1960). The next section will uncover and compare different ways symptoms of disorder, according to Szasz, are viewed.

Szasz refers to different classes of 'organic symptoms' of diseases that exist in nature. The first is bodily complaints, which consist of pain, etc, second, bodily signs, for example a cough, and third, testable symptoms like increased heart rate. Szasz believes that somatic illnesses, or conventional physical diseases, include all three

types of organic symptoms, whereas symptoms of mental illness only consist of one sort of symptom - complaints. Since complaints are ways of communicating and making judgments, which includes “the patient's ideas, concepts, or beliefs with those of the observer and the society in which they live” (Szasz 1960), this makes it subjective and unreliable. However, there is more to Szasz’s claim than simply that mental illnesses only consist of complaints - he also believes they are created by society and problems in living.

Because the symptoms of the mind are described using communicative judgments rather than the objective bodily signs or somatic diseases, “the notion of mental symptom is therefore inextricably tied to the social (including ethical) context in which it is made in much the same way as the notion of bodily symptom is tied to an anatomical and genetic context” (Szasz, 1957a, 1957b). He states, “... the psychoanalyst tends to view and treat the same phenomena as representations: that is, as symbols of communications. But since he fails to clearly recognize and articulate this distinction, he persists in describing his observations and interventions as if he were talking about objects instead of representations.... We shall be compelled to regard psychiatry as dealing not with mental illness but with communications” (47) Therefore when Szasz states that mental illness does not exist, what he means is that we cannot speak of the mental as having illnesses, but if we define them some other way, as brain diseases, for example, we can get away with validating the existence of these illnesses. However, this means that mental illness is either constructed, as the mind cannot have things wrong with it, or they are physical diseases and not mental or psychological.

2.3.2 Problems in Living

Szasz states that what psychiatrists call 'mental illness' is instead simply problems in living. He states in his 1960 essay,

Many people today take it for granted that living is an arduous process. Its hardship for modern man, moreover, derives not so much from a struggle for biological survival as from the stresses and strains inherent in the social intercourse of complex human personalities. In this context, the notion of mental illness is used to identify or describe some feature of an individual's so-called personality. Mental illness -- as a deformity of the personality, so to speak -- is then regarded as the cause of the human disharmony. It is implicit in this view that social intercourse between people is regarded as something inherently harmonious, its disturbance being due solely to the presence of "mental illness" in many people. This is obviously fallacious reasoning, for it makes the abstraction "mental illness" into a cause, even though this abstraction was created in the first place to serve only as a shorthand expression for certain types of human behavior. It now becomes necessary to ask: "What kinds of behavior are regarded as indicative of mental illness, and by whom?"

Here, he finds it fallacious that some types of behavior are considered to be disordered, whereas others are not. He questions who creates these standards, and asserts that with being human, and with living, come everyday psychological issues.

Szasz finds that in order for an individual to be considered ill, a mental illness must deviate from a social norm. He states that there are societal norms of what is considered to be 'unhealthy', and these are norms "that must be stated in terms of psycho-social, ethical, and legal concepts" (Szasz(b) 1960) and therefore they are not credible, because they are not testable ways to discern what this unhealthy norm is. Because the way these norms are created is not credible, it is difficult to say definitively

what is a mental illness and what is not a mental illness, and therefore the category of mental illness is invalid.

2.4 Is Szasz a constructionist or an eliminative materialist?

It should be questioned whether Szasz is a radical eliminative materialist or a constructionist based on his views on mental illness. Szasz is considered a constructionist because of his view that mental illness is merely problems in living, and that the mental is a constructed idea. On the other hand, in several of his works, he claims that certain mental disorders should be classified as brain disorders, which can also lead us to believe he is an eliminative materialist. Szasz states, "I have tried to show that for those who regard mental symptoms as signs of brain disease, the concept of mental illness is unnecessary and misleading. For what they mean is that people so labeled suffer from diseases of the brain; and, if that is what they mean, it would seem better for the sake of clarity to say that and not something else" (Szasz 1960). Due to this ambiguity, Szasz cannot definitively be considered solely a constructionist or an eliminativist and I will make the distinction between the two to understand his views.

Constructionists believe that mental illness does not coincide with the facts of psychiatry. Szasz believes that mental illness is socially constructed, and these mental illnesses are merely problems in living. Szasz believes, "The concept of illness, whether bodily or mental, implies deviation from some clearly defined norm" (Szasz 1960). Here, the norm consists of "psycho-social, ethical, and legal concepts" (Szasz 1960). Any deviation from these concepts denotes an illness of some sort. Therefore, "Since

medical action is designed to correct only medical deviations, it seems logically absurd to expect that it will help solve problems whose very existence had been defined and established on nonmedical grounds” (Szasz 1960). Therefore the treatment of mental illnesses is void, as these illnesses are merely based in ‘psycho-social, ethical and legal concepts’ that are not based in nature. This is a reason to read Szasz as a constructionist.

Eliminativists believe that mental processes do not exist - there are only neural processes. Szasz has said that the mind belongs to a different logical category as the body and therefore there should not be considered to be illnesses of the mind. Let’s explore this: eliminative materialists state that all conscious phenomena including cognitive processes can be reduced to neural processes. In general, all common-sense knowledge of the world (folk psychology) can be spoken of in scientific terms. For example, the thoughts we think are traced back to neural processes allowing modern neuroscience to explain mental processes better than folk psychology can. Therefore the mind is not a real thing, so it is impossible to have dysfunctions of the mind - they are simply dysfunctions of the brain or problems in everyday living. In my view, he is a constructionist because he does not believe in the mind as having illnesses, and mental illness is just problems in living.

2.5 What this means for Szasz

In the question of whether biology plays a relevant role in the understanding of mental illness, it is important to look at the biological evidence for mental illness, and the ways that mental illness exists through this evidence.

What Szasz means to say is that the language we use to describe mental illness is incorrect - we must not use the word 'mental' to describe psychological disorders because if they are indeed diseases of the brain, they should be called that, as the mental can be reduced to the physical regardless. However, despite there being a biological basis to mental disorders, most of them originally arise not due to biology, although one may have a predisposition, but from expected environmental stressors that trigger a response in one's body chemistry and neurology. In his 1960 essay, he states, "The crux of the matter is that a disease of the brain, analogous to a disease of the skin or bone, is a neurological defect, and not a problem in living," (Szasz 1960) where a problem in living includes symptoms that consist entirely of complaints rather than somatic signs. I will attempt to disprove the idea that mental illness only consists of complaints, and prove that it also consists of the third type of organic symptom: testable bodily features, which will be explored in chapter 3.

Szasz does not believe in the view that all deviances or problems in living have a corresponding biological deviance. In his 1960 essay, he states:

According to one school of thought, all so-called mental illness is of this type. The assumption is made that some neurological defect, perhaps a very subtle one, will ultimately be found for all the disorders of thinking and behavior... This position implies that people cannot have troubles - - expressed in what are now called "mental illnesses" -- because of differences in personal needs, opinions, social aspirations, values, and so on. All problems in living are attributed to physicochemical processes which in due time will be discovered by medical research. "Mental

illnesses" are thus regarded as basically no different than all other diseases (that is, of the body). The only difference, in this view, between mental and bodily diseases is that the former, affecting the brain, manifest themselves by means of mental symptoms; whereas the latter, affecting other organ systems (for example, the skin, liver, etc.), manifest themselves by means of symptoms referable to those parts of the body. (Szasz 1960)

Here, Szasz is saying several things: first, that he finds that some people believe that all problems in living are illnesses of the brain. Second, he believes this is wrong, as it does not allow for general problems in living. I believe this to be an overstatement. In the case of mental illnesses, there is empirical evidence for how distinct a 'healthy' brain appears versus an 'unhealthy' brain. This has been done through MRI and fMRI imaging, which has shown that depressed patients have less activity in their brains, anxious patients have a smaller, more active prefrontal cortex, sufferers of post-traumatic stress disorder have a highly active amygdala, etc. Due to the nature of empirical studies that follow that scientific method, it is difficult to disprove that mental disorders do not have a biological basis, because of their tendency to be accurate through repetition. Additionally, the effectiveness of certain medications (e.g. antipsychotics) proves that there is some accuracy in modern scientific knowledge about the way in which the brain works.

2.5.1 My thoughts on Szasz

It is questioned whether constructionism makes sense, and then whether Szasz is a constructionist. To answer these questions, it is important to note that Szasz views symptoms of mental disorders as problems in living, and even though he has hinted

towards eliminative materialist tendencies, he had not fully elaborated on his comments about mental diseases being diseases of the brain, especially later in his life when more biological data about the basis of mental illness was revealed. Therefore it is logical to argue that Szasz was a constructionist, because he believed that symptoms of mental illness were merely problems in living, hence not mental, or biological, hence not mental.

To claim that mental illnesses are constructed would mean that humans would not have symptoms of mental illness as side effects of somatic illnesses. For example, why would someone with Irritable Bowel Syndrome have anxiety and depression-like symptoms and people with syphilis develop mental illness in their tertiary stage of illness? Mental illness would not be a scientific reality, through tests and imaging, if it were a social construct.

We should not agree with Szasz because his view is fallacious and harmful. First of all, he does not believe people suffering from serious disorders need to be treated. This is harmful because they could be of harm to themselves or others especially if they are suffering from depression, rage, or psychosis. It is also fallacious because although his conclusion was correct, the way in which he reached the conclusion was incorrect - we should treat mental problems as real problems, just not define them as heavily as disordered. Additionally, it is wrong to assume that problems in living are not mental disorders. They are not mutually exclusive - one can have general problems in living that cause them so much distress because of an internal dysfunction in the body that they develop a mental disorder.

Chapter 3 - The Creation of Mental Disorder

3.1 The Definition of Mental Disorder

The exploration of the disease model and the constructionist model leads me to make the following conclusions: mental disorders are not natural kinds, nor are they social deviations or problems in living. Instead, mental disorders consist of internal dysfunctions and their harmful effects are considered to be socially inappropriate. These are two of the most important aspects when considering how to define a mental disorder: that they contain internal dysfunction and that they are harmful. They are also not expected outcomes of stressful environmental factors, because outcomes of stressful events are not caused by internal dysfunction.

Disorders have to contain some sort of internal dysfunction of the body. Internal dysfunction is defined as an organ in the body that is not functioning as it should. Although the definitions of 'normal' are hazy, I believe an organ is functioning healthily when its biological function is being realized - an individual with a healthy organ will be able to function well in life and society without having any scientific deviations from what a healthy organ looks like. An organ's function is to keep a body healthy. For example, a body with Crohn's disease has an immune system that is attacking itself and this is discovered through tests which compare to what a healthy digestive and immune system look like. Mental disorders are also not any manifestations of consequential

symptoms and neither are they merely social deviations, as Szasz states. This chapter will explore what mental disorder is, and what mental disorder isn't.

3.2 Internal Dysfunction

It is imperative that a mental disorder contain some sort of internal dysfunction in the body in order to be classified as a mental disorder. This is because some internal function is unable to work, which is representative of mental dysfunctions. A mental dysfunction cannot exist without an internal physical dysfunction. However, the internal dysfunction is usually in the form of a psychological dysfunction specifically in “systems of cognition, thinking, perception, motivation, emotion, memory, or language” (Horwitz 22). A psychological dysfunction is an internal dysfunction that impacts one's psychological functioning. Although there may be other causes for psychological dysfunction, such as a brain injury or a chemical imbalance, the main factor that influences whether something is a mental disorder is that it has a psychological dysfunction, and people without a deficiency in their psychological functioning do not have a mental disorder. Proper psychological function consists of healthy systems of cognition, thinking, perception, emotion, memory, language, etc. An individual has healthy psychological functioning when none of these systems are deficient, and when they function well enough to create healthy mental and emotional processing. A disorder occurs when an internal mechanism is not able to perform its function; for example, just because someone is hyperactive does not mean they have ADHD. ADHD

is the body's inability to perform executive functions appropriately, whereas hyperactivity could just be a personality trait. Moreover, one may choose to be silent and reticent when around others, but having selective mutism requires that one is *unable* to speak to others due to anxiety, a psychological malfunction of the brain.

Additionally, just because a disorder arises from internal dysfunction does not mean that internal dysfunction is the cause of the disorder. The causes of mental disorder include social causes, environmental causes, lifestyle choices, and biological factors such as neurochemical imbalances. Although internal dysfunction can be a cause of mental disorder, usually it is not - most causes include lifestyle choices or social factors. Because there no singular cause of mental disorder, it makes more sense to say that the relationship between mental disorders and their causes is actually a correlation rather than causal.

3.2.1 Mental Disorders Do Not Arise From Stressful Situations

It is mistakenly assumed by some objectivists that all psychological problems, even ones like sadness after bereavement, are disorders. It is more accurate to say problems that include an internal dysfunction that persists in severity and duration are mental disorders. Depression that arises from a loss in one's life, or psychosis that occurs under high levels of stress should not be considered to be disordered, because in essence the biology of the individual is intact; rather, they are simply problems that occur from being human and undergoing levels of stress. Because these conditions only occur under stress, and do not persist, there is no disorder.

A disorder is more accurately something that arises or persists outside of external factors - they must persist internally. Horwitz states, "Social factors can cause internal dysfunctions when symptoms lose their link to an external precipitant and persist independently of their initial cause" (Horwitz 29). A mental disorder must exist more intensely in *severity*, and in longer *duration* than is expected or appropriate after an event or a series of events (Horwitz 29). The severity of a disorder is determined by the 'internal malfunction' aspect - the objective, scientific part of a disorder, and the duration is determined by what is considered acceptable by society for how long one should be in a certain state after a stressful event. For example, one may be hypervigilant a few weeks after a kidnapping, but this symptom only becomes PTSD if the symptoms get more severe and last for longer than is considered socially expected. Additionally, being depressed after a divorce may be considered to be expected, but having that depression last for months and persist in severity of its symptoms may be indicative of a disorder, or an internal malfunction of the body.

The claim I am endorsing here is a modified harmful dysfunction view that states that impact of an illness must be sufficiently severe and persist in duration to be considered an illness. Therefore this is a modified objectivist view that treats dysfunction as objective with a constructionist element about whether it is harmful. This is similar to Horwitz's view, which states that most disorders are problems in living. However, the disorders I define as 'disordered' are different - he finds that psychotic disorders are the only problems that should be considered disorders, because they depict a legitimate internal dysfunction (Horwitz 23). But to me, a disorder is anything that persists in severity and duration longer than is expected for a certain situation. This means that

psychotic disorders do not always have to be considered as disorders if they arise under stress or otherwise, but only if they arise and persist severely without external causes (society, stress, etc.) would they be considered to be disordered.

3.3 Social Constructionism

The second aspect of mental disorders includes the idea that mental disorders are considered to be socially inappropriate and harmful to have. The definition of mental disorders always has a culturally relative component to it, because any judgment of harm is considered to be socially inappropriate and hence, “Cultural standards of normality are integral parts of a valid definition of mental disorder” (Horwitz 24). Currently, it is considered to be outside the societal norm in Western countries to have ADHD-like symptoms and therefore it is heavily diagnosed, especially in children. This is a cultural value placed by society that determines that this disorder is unpleasant to have and hence must be treated.

3.3.1 Cultural Values as Integral Aspects of Establishing Mental Disorders

There is a culturally relative component to mental illness that is similar to social constructionism in that it finds that social and cultural influences determine whether

something is considered common, healthy behavior or disordered behavior. Cultural meanings are necessary in order to establish an account of mental illness, as “only internal dysfunctions that are also socially defined as inappropriate qualify as mental disorders” (Wakefield 1992a, 384). A mental illness must stand out as abnormal within a cultural context, as certain illnesses are considered as healthy in different cultures. For example, in a culture where the concept of ghosts is prevalent, such as the Philippines, it is common to “speak” to ghosts. However, in other cultures that do not believe in ghosts, this would be considered a form of hallucination. Within the context of the Philippines, these hallucinations are not considered to be mental disorders because of their ingrained religious beliefs in ghosts. Additionally, Horwitz states “cultural values always enter into judgments over whether reactions to stressors are proportionate or disproportionate” (Horwitz 25). This means that certain cultures believe it is appropriate to be bereaved for two weeks, and others six months. However, the western paradigm of DSM does not take into account the cultural relativity of one’s belief systems in regards to the development of mental disorders. The DSM considers depression to manifest after eight weeks of persisting symptoms. It is based in a Western cultural paradigm, where most mental health research takes place, and does not consider cultural factors.

3.3.2 Mental Disorders Are Not Social Deviations

For a mental disorder to exist, the individual has to be suffering as a result of internal dysfunction of the body. Any behavioral deviation cannot be considered to be a

mental disorder. A social deviation can be anything that transgresses 'healthy' social boundaries, for example, sleeping excessively, or feeling anxious. One can sleep excessively because they are lacking things to do, and feel anxious before a major sports game. However, these deviances do not have a specific psychological dysfunction associated with them. Although the individual may be suffering in some way or the other, they do not have a mental disorder because, "Only deviant actions that arise because of the internal failure of a psychological mechanism are mental disorders" (Horwitz 33). Mental disorders are therefore ones that arise from internal dysfunction rather than merely social deviances.

3.4 What Are Mental Disorders?

In summary, mental disorders are psychological dysfunctions that affect one's patterns of behavior. They are caused by internal dysfunction that affects one's psychological functioning and that is not correlated with environmental stressors. For example, psychosis caused by childhood trauma is not a mental disorder. In addition, mental disorders cannot be forms of socially deviant behavior that do not have any internal dysfunction. Horwitz finds that only certain disorders are mental disorders, like schizophrenia, but when this book was written it was not known that schizophrenia also has ties to childhood trauma - an environmental factor - and can also be prevented through healthy upbringing and resilience to stress. The internal dysfunction in this theory should also be considered to be socially inappropriate, since behavior is so relative to one's culture and society.

Psychological problems that are truly disordered consist of things that persist longer in severity and duration than an expected response to environmental factors. For example, one may be depressed after a break-up but this would only be considered disordered depression if it lasts for longer than deemed socially acceptable, and persists in severity. Similarly, feeling anxious around people may be expected if one had a bad experience in a group of people, but this becomes social anxiety disorder once the individual is experiencing difficulties for much longer than is expected after the event passes, and/or if the individual's symptoms are more severe in intensity than they should be according to society.

It should be questioned what are considered to be 'severe' illnesses. Society currently considers illnesses like bipolar disorder and schizophrenia to be severe. However, according to the criteria of severity and duration, it is not the disorder that should be considered 'serious' but the nature of one's symptoms. For example, one may have psychotic symptoms of schizophrenia, like hearing transient voices during moments of stress, that does not interfere with their daily functioning. This should not be considered a 'serious' disorder, or even a disorder at all if it occurs only during stress. Therefore even psychotic disorders exist on a spectrum and should not be considered serious based on what it is. On the other hand, panic attacks that occur frequently and persist for long periods of time can disrupt an individual's ability to function in society, and if they end up avoiding certain situations to prevent the panic attacks, they may end up staying inside for many weeks or months. This would be considered a more serious form of mental illness because it irrationally persists in severity and duration and

interferes with the individual's daily functioning because of the internal dysfunction in the body.

Conclusion

This Senior Project explores the nature of mental illness to find reasons to believe in what it is and to eliminate what it is not. Mental illness does not purely follow the disease model because there is more than an internal dysfunction in the body of someone who is mentally ill - the illness also has a constructionist component; that it is harmful. Mental illness does not follow the natural kinds model and therefore does not exist discreetly, instead following a spectrum of ill to healthy whose labels depend on societal and cultural factors. However, mental illness is not purely constructionist because there are objective facts about the internal dysfunction of a body. Therefore mental illness includes components of both constructionist and objectivist standpoints.

My view is that mental disorders are those that follow the two-stage picture - that there consists an internal harmful psychological dysfunction, and that this harmful dysfunction is considered harmful to varying degrees according to societal and cultural norms. The internal dysfunction has to be psychological in nature: it must inhibit or worsen one's perception, cognition, emotion, etc. The disorder should also be significant in intensity and duration, and if it is so, be labelled a disorder. It is useful to label a psychological dysfunction as such in order for society to recognize when an individual needs help, and for science to be able to treat it with the help of psychiatrists and therapists. Disorders exist on a spectrum, which means internal dysfunctions are on a spectrum, and only those that exceed societal norms must be considered to be true disorders of the body. Although we as humans create the labels of 'disorder' and this label changes as society evolves, it is important that we recognize when an individual needs professional help, and that is usually when the severity and duration reaches its

point where it is unacceptable by society to have the disorder. I am a revisionist about mental illness - there is a right way of thinking about mental illness that we must progress towards.

My view is different from Szasz's because he states that mental illness, as a thing in society, should not exist and should be dramatically changed. He says this because he does not believe in diseases of the mind, and feels that the state should stay out of the individual's personal life and access to drugs. I, on the other hand, believe that mental disorders do exist, they are caused by internal psychological dysfunction, and they are deemed harmful based on cultural and societal values. Szasz's views are radical and provide no help to people actually suffering from mental illnesses. Mine gives power to the individual, but also allows for sounder philosophical reasoning.

My view is different from Horwitz's through my use of spectrums for all disorders, rather than just non-psychotic disorders. Horwitz states that psychotic disorders like schizophrenia and bipolar disorder are discrete entities because they "seem to be clear dysfunctions of mechanisms that regulate perception, thinking, communication, and other psychological processes" (Horwitz 13). Here, he states that psychotic disorders must exist on a spectrum because one is either psychotic, or they are not. It is my opinion that even psychotic symptoms exist on a spectrum because in my knowledge one can have "sub-threshold symptoms" ("Viewing Psychosis as a Spectrum Can Improve Treatment.") without being psychotic, therefore all disorders exist on the spectrum of severity and persistence.

There are several problems with the DSM. One is that it was merely created as a way for psychiatrists to gain legitimacy. “If psychiatrists were to be treated as “real” physicians, then they needed to treat “real” diseases. The toxicity of the disease model is obvious here. If people’s problems in living are treated as diseases, they do not have to take responsibility for the events in their life preceding the psychological problems. It also gives parents an excuse to not be held responsible for when their children become disturbed. The DSM’s rise to prevalence was also fueled by insurance companies and physicians. Horwitz states, “This reclassification fit the needs of clinicians who were receiving an increasing amount of their income from third parties” (Horwitz 211). More clinicians were gaining profit from treating so-called ‘disorders’ when in fact all they were doing was helping patients cope with stressful life events.

It is also harmful to create labels on any individual with behavioral deviations. As Horwitz states, “... the categorical system of diagnostic psychiatry... can sometimes *create* the disorders it claims to classify” (Horwitz 218). This is Hacking’s “looping effect” (Hacking 35) where, once aware that one may have a disorder, the individual starts to behave in self-prophesying ways, much like how Thomas Szasz’s theory of malingering makes malingering a mental illness (Szasz 121). The DSM is harmful in this way, and even ‘real’ mental disorders should be treated as problems in living, in conjunction with medication, so that the patient does not feel pathologized. There were several questions I asked in the introduction which I will address in the following paragraph.

Questions I explored in the beginning of this paper were answered or deemed irrelevant. I had asked, “Can one have symptoms of a disorder without actually having the disorder? Is there a spectrum?” I realized that there is a spectrum and that internal

dysfunction does not exist discreetly. In practice, as well, I asked if all children who see a therapist have a mental disorder or are just experiencing temporary difficulties in mood or behavior. This is also on a spectrum and dependent on many environmental factors. I also asked what makes a person ill firstly, is it biology or behavior, and then what is it that makes it a mental disorder over a brain disorder, and should it be called a disorder at all? I decided that no, mental disorders are not brain disorders or disorders of the body because they are usually caused by environmental factors but have somatic consequences and therefore should be considered a mixture of internal dysfunction and constructionist thought. I also asked some constructionist questions, like, "if something is abnormal, how do we decide if it is problematic enough to be classified a disorder?" and this is really dependent on the societal values of the time, place, and culture. Questions I deemed irrelevant or did not answer included questions of ethics - what are the ethics of labelling somebody's personality as disordered - and decided not to delve into anything non-metaphysical in this paper. I also questioned what puts the 'mental' in mental disorder and did not answer this question in order to focus on the 'disorder' component of 'mental disorder.'

If my theory is correct, the emphasis on psychiatry would lessen, and instead people with problems in living would focus on alleviating distressing symptoms and finding coping strategies with either close family and friends, or trained therapists. Therapists and doctors would view disorders on a spectrum and would not use diagnostic codes for profit from insurance companies, who treat mental disorders as diseases. Problems in living would be treated as such - simply ways in which one responds to stress - and getting help would be encouraged regardless. This would

reduce the stigma around mental illnesses, allowing people to open up more freely about the things they struggle with. True mental disorders would be treated with therapy, and medication would be given out more strictly only if the individual truly needs it.

I believe that mental disorders are internal psychological dysfunctions of the mind and body, and they also entail a value judgment from society pertaining to their level of harmfulness. I explored Dominic Murphy, Thomas Szasz, and Allan Horwitz's works in order to make this conclusion, and found it immensely rewarding and enriching because I was able to reach an answer that I found made philosophical sense but also made sense using my common sense and intuition.

Bibliography

Boghossian, Paul. *WHAT IS SOCIAL CONSTRUCTION?* . NYU, as.nyu.edu/content/dam/nyu-as/philosophy/documents/faculty-documents/boghossian/Boghossian-Paul-socialconstruction1.pdf.

Cooper, Rachel. "Classifying Madness." *Philosophy and Medicine*, 2005, doi:10.1007/1-4020-3345-1.

Culver, Charles M., and Bernard Gert. *Philosophy in Medicine: Conceptual and Ethical Issues in Medicine and Psychiatry*. Oxford University Press, 1982.

Diagnostic and Statistical Manual of Mental Disorders: DSM-5. American Psychiatric Association, 2013.

"Eliminativism - Dictionary of Philosophy of Mind." *Google Sites*, sites.google.com/site/minddict/eliminativism.

Foucault, Michel. *Madness and Civilization; a History of Insanity in the Age of Reason*. Pantheon Books, 1965.

Graham, George. "The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness, by George Graham." *Mind*, vol. 121, no. 484, Jan. 2012, pp. 1064–1068., doi:10.1093/mind/fzt002.

Harvard Health Publishing. "What Causes Depression?" *Harvard Health*, 11 June 2009, www.health.harvard.edu/mind-and-mood/what-causes-depression.

Harvard Health Publishing. "What Causes Depression?" *Harvard Health*, www.health.harvard.edu/mind-and-mood/what-causes-depression.

Lacewing, Michael. *Eliminative Materialism* . documents.routledge-interactive.s3.amazonaws.com/9781138793934/A2/Mind/EliminativeMaterialism.pdf.

Murphy, Dominic. "Psychiatry in the Scientific Image." *The MIT Press*, The MIT Press, mitpress.mit.edu/books/psychiatry-scientific-image.

Schramme, Thomas. "On the Autonomy of the Concept of Disease in Psychiatry." *Frontiers in Psychology*, Frontiers Media S.A., 19 July 2013, www.ncbi.nlm.nih.gov/pmc/articles/PMC3715727/.

Szasz, Thomas. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Harper & Row, 1974.

Szasz, Thomas. "The Myth of Mental Illness." *Classics in the History of Psychology* -- Szasz (1960), Christopher D. Green , Jan. 2002, psychclassics.yorku.ca/Szasz/myth.htm.

"Viewing Psychosis as a Spectrum Can Improve Treatment." *Psychiatry Advisor*, 15 Dec. 2016, www.psychiatryadvisor.com/schizophrenia-and-psychoses/psychosis-psyhcotic-schizophrenia-autism-continuum/article/459134/.

"Viewing Psychosis as a Spectrum Can Improve Treatment." *Psychiatry Advisor*, 15 Dec. 2016, www.psychiatryadvisor.com/schizophrenia-and-psychoses/psychosis-psyhcotic-schizophrenia-autism-continuum/article/459134/.

Wakefield, Jerome C. "Diagnosing DSM-IV—Part I: DSM-IV and the Concept of Disorder." *Behaviour Research and Therapy*, vol. 35, no. 7, 1997, pp. 633–649., doi:10.1016/s0005-7967(97)00018-1.

Wakefield, Jerome C. "The Concept of Mental Disorder: On the Boundary between Biological Facts and Social Values." *American Psychologist*, vol. 47, no. 3, 1992, pp. 373–388., doi:10.1037//0003-066x.47.3.373.