Journal & Proceedings of the Royal Society of New South Wales, vol. 157, part 1, 2024, pp. 76–79. ISSN 0035-9173/24/01076-04

"Mental disorder" is not a useful, fundamental category

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I'm here to circle back and talk about mental disorders and the whole idea of whether we should be thinking in terms of dealing with mental disorders as such. So what's the story? Well, my story is going to be that there is no useful fundamental category of disorder. But that's not to say that there aren't disorders, it's just to say that there's nothing in common between things that get called disorders, that is deep and fundamental, and that this is going to play some kind of role in how we should think about mental health interventions.

What I'm not going to talk about is all the particular pragmatic reasons why you might not want to talk about disorders. The idea that disorders are stigmatising or perhaps they're not. Perhaps to some they're helpful because it's good to have a label on how you are and how you're feeling. I'm not going to talk about how particular diagnoses might be bad because they result in uniform treatment for a wide range of underlying behaviours. I am not going to talk about how disorder might be a bad notion because it leads to simple, monocausal, biological reductive explanations of the kind that Andrew rightly told us we should be very worried about. And I'm not going to talk about the ways in which diagnosis of a disorder might make someone act out the very symptoms that the disorder allegedly has. These are things which may be true, may be false, but the thing is if there really were a fundamental category of disorder underneath all of this, then we would ignore it at our peril, because we ignore fundamental joints in nature at our peril, if there are any. So it makes the question: Is the idea of a disorder a fundamental joint in nature a pressing one and an important one?

Here's what I'm going to do. I'm going to talk about two different kinds of ways you might think that there are such fundamental joints that disorder is a real category that plays an important role. One is kind of biological, to see if there's a biological notion of disorder which is kind of profound and reliable and repeatable. And the other is sociocultural, to see if there's a kind of constructed notion of disorder which plays those kind of roles too. And then I'm going to say that there's neither of these two and so there is no good account of disorder and that either means we need to pretend there are disorders, because that's a good thing to do, or we need to move beyond it.

A biological notion of disorder

Let's do the biological one first. There are lots of attempts — I'll just describe one and why I think it fails. And this is based on some work — by myself and many of my colleagues, as well as a couple of my colleagues at Sydney University — that there's a very natural way to go, which is derived perhaps from Aristotle. I mention his name only because I'm going to be a stereotype

1 This is an edited transcript of the session [Ed.]

philosopher and mention a dead philosopher's name — it's good thing to do. And that's to think that what's going on with a disorder is that a disorder is a disordered state because it's not doing what it's meant to do. It's not fulfilling its function. And so what you need then if you think that a disorder is something not doing what it's meant to do is a biological notion of what things are meant to do. Now that can seem very intuitive in some cases.

Think about your heart. What does your heart do? It does lots of things right. It exerts a small amount of pressure on your toes, it makes a little bumpity, bumpity noise. It exerts an extremely small gravitational attraction on Jupiter. I think I once calculated that Jupiter is 10^{-57} metres closer than it would be if I didn't have a heart. The other thing the heart does is pumps blood. And if I were to do a little poll here and ask you which one do you think it's for — which do you think is the purpose of the heart: pumping blood or applying pressure on your toes? — I'm assuming that most of you will raise your hands and say pumping blood. Well, why? Why is it a purpose? Why are there biological purposes, if there are? Well, for Aristotle the world was full of natural purposes — we lived in a purposeful world — but not many of us think that way now. Perhaps if you're not just a theist but also the kind of theist that thinks that you know God had a great big sketch pad and She planned out all of our organs in detail and thought I know what that thing's for, I'm designing it for this purpose just like someone might make a screwdriver for a purpose. If you think that intention in that kind of way can underwrite biological purpose, then maybe you're fine. But unless you have that particular brand of theism, it's not going to work.

So where are we going to get our purposes from if we don't have deliberating agents with purposes designing things for a purpose? Well, once again many stories. But perhaps the most common one is one which says that purpose here comes from what things were evolved for you. Ask yourself why is this thing here — why do I have a heart? What explains the fact that we all have hearts, that organisms have hearts? Is it that it made a noise and that those noises were useful for attracting mates? Is it because it applied pressure on our toes? Is it because it's kind of handy to distribute oxygenated materials around the body so your body can become larger and more complex? Very plausibly the last thing. So perhaps the function of the heart is indeed to pump blood, and it malfunctions when it fails to pump blood and you end up dead. Okay, is that a good account of biological function? Perhaps it is. I think it's the kind of counter-function which makes sense, when say a palaeontologist picks up a fossil and says, "What's this bit of the animal for? It's very peculiar." Perhaps what they want to know is how it got there? Why it got there? What it did that got it there? But I don't think that this sort of story is much used at all in thinking about disorder, either medical in general, or psychological in particular.

Why is this? Well, a couple of reasons: firstly, it's just much too easy to make up evolutionary explanations of things. Actually getting them right is incredibly hard and we mostly won't get there. Here's something you don't want — you don't want to go along to Andrew and say, "Please treat me," and you don't want him to say, "Come back in 20 years when I worked out exactly what the neural states underlying your behaviour are and what their purpose is and once I've

figured that out only then will I know it's a disorder." You don't want that. That's not a good idea. So that's one reason why this sort of story is not going to be a goer.

The second reason is lots of paradigm disorders just aren't disorders in this sense. So anything of the malfunctions — psychological or physical — of old age aren't going to counter disorders because there's not much evolutionary pressure in old age: you've done your reproducing. Whatever happens to you then has pretty much no effect on how many offspring you're going to have. So all those disorders of old age can't be things which have a function, where the function is failing. Because that sort of pressure is just not really there to some extent.

And the last reason is that lots of things we think of disorders — especially cases of psychological disorders — are things which are perfectly functional in this sense: things which are doing exactly what they were evolved for, but just in the current environment they are actually biting you in your ass very badly. One example: a semi psychological case is the story — which may not be true, it's controversial — that there are populations which have got a much stronger desire to eat fatty substances. Why? Because for many thousands of years those populations were in extremely fat-poor environments and this was massively adaptive for them to do so. But of course in a contemporary environment it's catastrophic. It leads to obesity and early death.

Maybe dementia is not any kind of a problem or any kind of a disorder on these sorts of stories of disorder. These sorts of stories about disorder are not ones that are looking very promising. If that kind of account of what a disorder is is not going to work — and you have to take it on trust that competing slightly similar ones don't seem to be very promising either — what else might we do?

A sociocultural notion of disorder

We might go for a socially constructed account of a disorder. We might say: look we don't need a fundamental biological story, what we need is a story about how we respond to the world and what kinds of things we think of as disorders. A team I work with — mainly in Denmark, partly here in Sydney — has done some work on trying to find out what sorts of things elicit the response in people of "That's a disorder."

Andrew Latham, S Vager and I at the University of Aarhus took a sample of people and we looked at various variables that might correlate with people's judgments that something was a disorder. There are four that we did in one study — one of them is patient valuation. This was a case of sexual disorders, by the way, patient valuation: how much does the patient mind or care about the behaviour they've got or how much do they not mind? Another is community valuation: how much do we as a community care about other people exhibiting these behaviours or not care about them exhibiting those behaviours? The other is the source: how much of this behaviour comes, it seems, from primarily heritable things not very responsive to the environment, and how much is the behaviour very responsive to the environment? And finally: the intensity or strength of the behaviour.

All those characteristics turn out to play a role in some way or other and they interact in various ways, but it's a complete mess: it is entirely unpredictable and entirely

unstable: different people make different judgments even when, for example, they're all psychiatrists or all clinical psychologists or all doctors or just regular Danes. I should say is they're all Danes — so this might be something about Danes, although I doubt it.

Now I haven't definitively proved then that there's no coherent thing we're responding to when we ask about disorders, but once again I think it's not looking good. If it's not looking good to think about what a disorder is from a biological perspective, and it's not looking good to think about what a disorder is from a kind of socially constructed responding to the behavioural perspective, then what should we do?

The problem is that disorder plays a crucial role in our society: I think of it as a kind of rationing role. Medical and psychological services are rationed according to whether you've got a disorder. In the medical case, if you go along to a doctor and say, "Look, my nose is ugly. I want Medicare to give me some plastic surgery" the answer probably be "No," because that doesn't count as a disorder. If you have a child and you want your child who's doing extraordinarily well at school to do even better and you want to hire a bunch of educational psychologists to intervene, you're not going to get it, because no disorder is playing some kind of role here.

If we decide that disorder is not the category that we want to use, we're going to have to come up with some other way of rationing. It seems just entirely controversial, believe me, but it seems right to me that public funding should not be prioritised towards cosmetic surgery, and it seems right to me that public funding should not be prioritised towards interventions to make people who are already happy much happier, or make people who are already learning very well learn even better. I mean, obviously it'd be great to have those people do that, but it's not a priority of public funding.

So what would you have to do? You have to think about the whole rationing question in a much more deliberate way. If we can't just default onto this simple notion of "Is it a disorder or not?" "Is it an illness that needs to be fixed?" or "Is it just giving people what they want?" Because if the key idea ends up being in the case of psychological disorder, what you're trying to do is give resources to improve people's psychologies, to make their psychologies more the way they want them to be, then you're going to have to make these serious rationing decisions. And how will you do that? I suppose there are equity considerations: maybe it's unfair to give someone who's already flourishing, resources to make them flourish more, compared to someone who's not flourishing or in a very bad way. Maybe if they are well.

There are communities where everyone is not flourishing psychologically for reasons for which we share a kind of collective responsibility, so maybe resources need to go there. Maybe we need to think about what sort of interventions will make society as a whole work better, rather than thinking about the fairness for the individuals. I don't know how any of this is going to work or should work, but I do think it's something that we really need to start thinking hard about: how to equitably distribute psychological interventions in creative and helpful ways that won't rely just on some default notion like disorder.