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Some Issues Concerning the Concept of Mental Illness

Alguns Problemas Com O Conceito De Doença Mental

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ABSTRACT

Our main objective is to locate and analyze some philosophical issues about the concept of mental illness and the manner it is used, especially in contemporary psychiatry. It is even difficult to find a standard meaning in the main psychiatric textbooks; and, when there is some exposition of the concept, it is sparse, uncritical and vague. As an immediate consequence of these issues, practical guidelines and protocols for the clinic arise, which become almost “automatic”, unreflective behaviors, practices translated as health interventions and public mental health policies. An example is the problem of overdiagnosis, in which the use of medical technology (categories, drugs, clinical exams, etc.) has generated more harm and risks to the subject's health than benefits. Exposing these issues from a philosophical perspective can eventually contribute to the field of mental health. For this work, the main manuals and textbooks of psychiatry were selected to analyze how they deal with the concept of mental illness or disorder, in addition to locating the present discussion in authors from both philosophy and the psychiatric field and how they contribute to its clarification.

Keywords: Philosophy of Psychiatry, Mental Illness, Mental Disorder, Philosophy of Health.

RESUMO

O objetivo desse trabalho é localizar e analisar algumas questões filosóficas acerca do conceito de doença mental da maneira como ele é usado principalmente na psiquiatria contemporânea. Há dificuldade inclusive em encontrar um significado padrão nos principais manuais e compêndios de psiquiatria; e, quando há alguma exposição sobre o conceito, ele é parco, acrítico e vago. Como consequência imediata dessas questões acima, decorrem orientações práticas e protocolos para a clínica que se tornam condutas quase “automáticas”, irrefletidas, práticas traduzidas como intervenções de saúde e políticas públicas de saúde mental. Um exemplo é o problema da sobrediagnóse, em que o uso da tecnologia médica (categorias, fármacos, exames clínicos, etc) tem gerado mais prejuízos e riscos à saúde do sujeito que benefícios. Expor essas questões sob uma perspectiva filosófica pode contribuir eventualmente para o campo da saúde mental. Para este trabalho, selecionou-se os principais manuais e compêndios de psiquiatria para analisar como tratam do conceito de doença ou transtorno mental, além de localizar em autores

tanto da filosofia quanto do campo psiquiátrico a presente discussão e como contribuem para seu esclarecimento.

Palavras-chave: Filosofia Da Psiquiatria, Doença Mental, Transtorno Mental, Filosofia Da Saúde.

1 INTRODUCTION

There has never been any human culture that has not developed some type of concept of mental disease. Social practices to deal with illnesses have been recorded ever since human beings invoked mystical forces and performed sacred rituals to heal someone from the disease that hit them. Diseases are not something extraneous to human life, they accompany us throughout our existence as a species. In this sense, disease is something which we are very intimate with, but that is also very obscure in another sense. We may not even be able in our daily lives to talk about disease as something not in opposition to health. We can see the complexity of a phenomenon such as illness.

If the empirical dimension of diseases in general is oftentimes an obstacle to think of disease as a phenomenon – because experiencing this dimension may give the impression of ending the issue on the concrete effects on human life – the difficulty increases when we deal with mental illness. And it is not evident, as one may think, that we should first deal with the concepts of *illness*, *health* and *mind* in a separate way and before any discussion on mental health or illness. The supposed advantage in accuracy and clarity when dealing with the theme analytically is deceitful, because when we artificially divide the phenomenon, it loses its characteristics that are only apparent on the phenomenon as a whole. The challenge in understanding the meaning of mental illness is to take the phenomenon as it is, and not previously imposing analytical categories on it.

In the present work, we intend to locate and analyze some philosophical questions about what is understood by mental illness, taking as main reference the way it is conceived mainly in contemporary psychiatry. The main reason for giving so much prominence to the psychiatric perspective is because, among all contemporary discourses active in the field of mental health, it is the psychiatric discourse that has been hegemonic to the point of colonizing public discourse and the private sphere with perspective on the normal and the pathological. Therefore, it starts from it in order to problematize it and not to accept it as the endorsed description of the

phenomenon of mental illness - which would precisely reinforce the hegemonic position of the description.

2 CRITERIA PROBLEMS FOR DEFINING MENTAL ILLNESS AND DISORDER

When we take the great psychiatric reference manuals and catalogs to investigate how they conceive of mental illness, one can clearly perceive some general features. A striking feature in all descriptions of mental disorders and illnesses is the lack of clarity about the boundary between the normal and the pathological. The border between the normal and the pathological, since the work of Georges Canguilhem in 1943, continues to be an issue that is difficult to resolve, especially in the field of mental health. Although there are paradigmatic cases that raise little doubt about their disease status, it is often the particular conditions that make it difficult to qualify phenomena such as mental disorders. Of course, there are paradigmatic cases that serve as a reference, but it is difficult to determine whether a specific condition fits as a mental disorder or not; and one of the reasons for this is that the descriptors of disorders and diseases are often given in degrees of intensity, i.e., in gradations. An example of a problematic definition linked to gradations is the prodromal stages of diseases, those in which the symptoms manifest at a stage prior to the onset of the disease itself. Diagnosis fulfills an important function in the medical field, as the guidance for treatments is based on it; and this, in turn, should be based on specific pathological processes related to specific etiological pathways (DALGALARRONDO, 2008) – at least ideally. The diagnoses fulfill other functions as well, such as guiding medical research, allowing the study of causes, prevalence, results and treatment methods; works as a kind of abbreviated communication between healthcare professionals and ultimately, they help patients by providing an explanation of how and why they are sick. (PARIS, 2015, p. 3).

The prodromal stages of diseases are certainly a matter of dissent. Psychiatric diagnostic manuals do, of course, provide a definition of the boundaries of a disease, but these definitions function normatively without clarifying the nature of the disease, let alone the implications or linkages between other states. This issue of lack of clarity in the limits of the concept of mental illness, and its synonyms and correlates, is what is conventionally called *terminological vagueness* in philosophy. It is important to understand how the determination of a mental disorder works. A mental disorder is a label that is arrived at by filling in a list of symptoms evaluated with the patient, as can

be clearly seen in *the Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, 2014). The symptoms are then grouped into sets which are called syndromes. But without a specific etiology, syndromes are not diseases. Since most mental illnesses remain in the category of syndromes—thus not being a disease in the traditional medical sense—psychiatry describes these syndromes as "disorders." Stated bluntly, disorders do not qualify as most medical conditions traditionally designate diseases. The problem evoked here is what is the ontological status of mental disorders.

However, one can advocate assuming the vagueness of these terms not as an epistemological problem for psychiatric discourse, nor as an ontological problem of indeterminacy of nosological categories, but as a way of facing two very common problems in the debate in philosophy of science: one arising from a certain contemporary scientific Platonism, in which essentialist definitions are aimed; another arising from the ubiquity of naturalistic thinking in the sciences, reifying diseases (BOLTON, 2008). There is also the defense of this conceptual vagueness as a *methodological* vagueness (KENDLER; PARNAS, 2012), that is, the indeterminacy of nosological categories should be seen as a heuristic way of reasoning about the diagnostic classification and refining it, not to locate a an essentially elusive entity, but with a pragmatic objective of harm reduction to the patient.

Another characteristic that we come across when attending psychiatric manuals is the categorically binary approach of presenting the symptomatologic criteria that make up a disease or disorder. The diagnostic criteria for determining a disease or disorder are presented in a list that is contrasted with the patient's anamnesis assuming whether those criteria occur. It is not immediately clear whether this way of organizing textbooks is a serious problem, as it has many pragmatic virtues for the physician; however, if we pose the issue as a problem, what then would be the appropriate organization? What would a non-binary proposal look like, maybe put the criteria by pathological dimensions, but how would it work?

Are not the principles that guide psychiatric classifications also problematized to the point that we can question whether, for example, mental disorders are natural types or whether they are arbitrary pragmatic conventions? Even the concept of disease itself is not clear whether it is a natural type or an artificial construct that groups phenomenal evidence by “family resemblance” (to recall a wittgensteinian solution to vague concepts). It is even difficult to find a standard meaning in the main psychiatric textbooks and textbooks such as the *Diagnostic and Statistical Manual of*

Mental Disorders (DSM) or the *International Code of Diseases* (ICD); and, when there is some exposition of the concept, it is sparse, uncritical and vague. However, issues related to the notion of mental illness are not limited to problems of terminological imprecision. The very constitution of the concept as currently used, and its correlates (disorder, syndrome, disability, etc.), carries a specific, more biologicist and positivist perspective - not without tensions, of course - of how to conceive of existence in health and in the pathological. This generalized vagueness mainly affects borderline and prodromal cases, as we have already stated, leading to controversies of border states between disease and health. This problem may seem to be of merely academic interest, however a direct consequence is overdiagnosis in psychiatry, as Joel Paris and Allen Frances have demonstrated.

3 CONSEQUENCES OF TERMINOLOGICAL VAGUENESS IN PSYCHIATRIC PATHOLOGIES

Currently, the hegemony of psychiatric discourse is evident in terms of colonization of the lifeworld in the constitution of notions about morbid mental states and other associated diseases. In the sociology of health, it can be seen how much the medical and psychiatric categories conform modes of subjectivation that restrict the self-understanding of the situation experienced by the subject. As an immediate consequence of these issues above, practical guidelines and protocols for the clinic arise, which become almost “automatic”, unreflective behaviors, practices translated as health interventions and public mental health policies. An example is the problem of overdiagnosis, in which the use of medical technology (categories, drugs, clinical exams, etc.) has generated more harm and risks to the subject's health than benefits. Allen Frances (2013, p. 92) points out that *diagnostic inflation* is not only a problem of psychiatry, but of medical culture in general and of the pharmaceutical industry in particular, although in the psychiatric field diagnostic inflation comes in the wake of fads from Big Pharma:

> Because there are no biological tests or clear definitions that distinguish normal from mental disorder, everything in psychiatric diagnosis depends on very easily influenced subjective judgments. Whenever rates of a mental disorder jump explosively, the safe bet is always on fad. Assume that many, if not most, of the newly identified ‘patients’ are really “normal enough”. They have been mislabeled and will likely be overtreated (FRANCES, 2013, p. 95).

These “fads” in psychiatry begin when authorities give them legitimacy, and the *Diagnostic Statistical Manual* (DSM) system has been the main promoter of legitimacy in the identification of new mental disorders (FRANCES, 2013, p. 96). In the early 1980s, around one-third of the US population was diagnosed with a mental disorder at some point in their lives (ROBINS; et alii, 1984). In 2005, this prevalence was half of the population (KESSLER; et alii, 2005). In Europe, the situation is not far behind, and in 2012 this prevalence reached 40% (GRAAF; et alii, 2012). In another study, it was found that by age 32, 50% of the general population is qualified with an anxiety disorder, more than 40% with a mood disorder, and more than 30% with substance dependence (MOFFITT; et alii, 2010). Another study, in 2011, shows an even more alarming result: 80% of young people up to 21 years of age had met the DSM criteria for a mental disorder of some kind (COPELAND; et alii, 2011). These studies point to the diagnostic inflation of recent years making much of everyday life pathologized.

Overdiagnosis is a problem that can no longer be ignored as if it were not real, the signs appear from all sides. Part of the problem, as we stated earlier, is due to conceptual problems involving imprecision in the classifications of mental disorders. This is a problem highlighted in many psychiatric and medical debates, yet there have been no systematic efforts to bring these lines of inquiry together and explore their connections with philosophical debates over imprecision. Although the philosophy of medicine literature has addressed the topic for at least since the work of Georges Canguilhem (2018 [1943]) on the border between the normal and the pathological, this problem is still a difficult issue to solve, especially in the field of medicine. mental health. Medicine is an applied science that requires a clear classification of the phenomena involved; however, the characteristics of diseases, even if one tries to describe them in a scientific way, do not have the same level of precision as, for example, the elements of the periodic table. (PARIS, 2015).

It must be understood that medical diagnoses should not be used to describe single symptoms, which can have many different causes. A proposal to create a separate category for suicide in the fifth edition of the DSM-5 is an example of this type of misconception that could lead to designating suicide as a mental disorder (PARIS, 2015). Any symptom can be described using standard scales, but unless symptoms reflect common mechanisms, they do not belong in a diagnostic manual. This example was certainly not incorporated in the DSM-5, however it shows how

problematic the process of including categories in the DSM is, raising doubts to those categories that were finally included. It is not enough to say that the DSM and other manuals are based on statistics as the best method to determine the average prevalence of certain disorders and mental illnesses if, precisely, the problem lies in the categories used in the statistical method.

It can be said that statistically a set of criteria, which are symptoms evaluated by the psychiatrist with the patient, appear in those people diagnosed with a certain disorder. However, the problem is not the statistical tool as we said. To feed the statistical tool, and for it to provide a result, we start from previously established categories, with strict criteria or not – it is not through statistics that we find the categories, but the opposite. The symptomatology itself, as a syndrome, is an object of subjective evaluation, whether well or poorly constructed. And diagnostic criteria seem to resolve their contentious content when they take the form of statistics. But the tensions of symptomatologic determination were not mitigated but hidden by a deceptive solution. The ultimate question is what is the basis of mental disorders in the DSM, as it cannot be the statistical arrangement otherwise we would have a clear vicious circle in the logical structure of the manual.

Thus, new categories of diseases are created under biases that are not scientific and even less philosophically oriented. The pressure of the pharmaceutical industry, the “new” diseases and other pressures that are not clear in the field of public health policies, provide the right scenario for an unbridled culture of diagnoses. Overdiagnosis is usually the result of enthusiasm or overzealousness, both for a theoretical concept and a method of treatment. Wouldn't this expansion of unhealthy categories compromise the very classificatory purpose of psychopathology? The diagnoses combined within spectra make the differences between them obscured and the research on their causes ends up being hampered. The DSM-5 system has tried to define fewer diagnoses than the DSM-IV,[1] as you can see, but it still has many. Given the indeterminacy of these categories, what is still known about the disorders is too little to be possible a reduction of diagnoses given the number of significant "spectra" for diseases.

[1] The unfamiliar reader with the bibliography in the field of mental health may be surprised by the apparently indiscriminate use of Arabic and Roman numerals in the title of the Diagnostic and Statistical Manual, aka DSM. However, this is the use that the promoter of the manual, i.e., the American Psychiatric Association (APA), made of the numbering, which we maintain the usual use in the Mental Health literature, facilitating the identification of the reference. The practice of using Roman numerals by the APA took place until the 4th edition and, from the 5th edition, changed it by adopting the Arabic numerals. The presentation of historically released editions is as follows: DSM (1952), DSM-II (1968), DSM-III (1980), DSM-III-R (1987), DSM-IV (1994), DSM-IV-TR (2000) e DSM-5 (2013).

4 CONCLUSION OR WHERE DO WE GO FROM HERE?

The subject of psychopathology and mental health in general is a prolific field of questions for philosophy, albeit little explored, despite having a tradition that goes back at least eighty years. In the present work, we intend to make a panoramic image of the problems that quickly arise from the encounter of the field of mental health with the proper way of philosophy to proceed. Evidently, we did not carry out an exhaustive survey of issues relevant to mental health, even within the scope of the concept of mental illness. We could perceive that there is a bibliography that points out philosophical questions for the theme worked here, however, in relation to other philosophical themes it is very scarce.

In the strict scope of this work, we were able to perceive that the issues of terminological accuracy in mental health are far from being resolved and have at least one far-reaching and important social consequence: overdiagnosis. We could not explore the implications and links related to the topic; however it was possible to perceive that terminological vagueness ends up playing an important role in how the field of mental health avoids having to face such problems. It is also possible to understand that the statistical approach to the preparation of diagnostic manuals ends up providing an impression of scientificity and precision for the symptomatological categories and criteria that, in fact, they do not have.

As a first approach to philosophical problems in the field of mental health, we can suggest that there is room to work on these and other issues from a philosophical perspective, whatever the tradition. The amount of work (or lack thereof) from the perspective of philosophy on mental health in Brazil is impressive, suggesting the need to produce more work on topics in this field.

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