

international perspectives in philosophy and psychiatry

naturalism, interpretation, and mental disorder

SOMOGY VARGA



Naturalism, Interpretation, and Mental Disorder

International Perspectives in Philosophy and Psychiatry

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Part 1

Philosophy of psychiatry

Introduction: interpretation, naturalism, and the aims of this book

Most people understand philosophy as an academic discipline that relies on the use of reason and logic to comprehend reality and existence, and to answer essential questions about knowledge, morality, and human nature. Whereas for the ancient Greeks, who originally coined the term, the study of philosophy amounted to seeking answers to “big questions” about the meaning of life, the sources of morality, and secure knowledge, the spectrum of questions is significantly broadened in current philosophy. Today it is widely acknowledged that philosophical work can take a great number of different forms. One particular, and increasingly popular, form of philosophical inquiry leans toward empirically informed theorizing, which productively integrates scientific material. Although the umbrella of “empirically informed philosophy” designates a cluster of quite different domains of inquiry, one common aspect is the pursuit of questions that have a straightforward bearing on practical matters and do not typically focus on problems that only occur in highly theoretical reflection. Drawing a parallel with the development of the sciences, one might maintain that, just like the sciences, philosophy has evolved, and many of the subdisciplines are now dedicated to investigating special areas. Almost every significant scientific field of inquiry is accompanied by a branch of philosophy, usually referred to as “the philosophy of” that field. The main purpose of the philosophy of *X* is to investigate the nature of the subject matter of *X* and to account for its aims and methodology (Shapiro 1983). At its best, such work is not a one-way application of philosophical knowledge and methods, but rather a two-way encounter where both philosophy and empirical fields can benefit from one another.

This book is about such a special area, the *philosophy of psychiatry*, which is concerned with those philosophical issues that arise from within the academic and clinical discipline of psychiatry. Guided by such “practical” problems, in the field of *philosophy of psychiatry* philosophical theories are brought to bear on the particular questions that relate to the concept of mental disorder

and the explanation of impaired thinking and behavior. Consequently, the considerations in this book are largely guided by problems of a philosophical nature that arise in various settings of mental healthcare.

Although it is helpful to place the philosophy of psychiatry in the group of “philosophies of,” the view will be defended that the philosophy of psychiatry is in a number of respects a unique area of research. Partly due to its connection to socio-political and ethical issues, the depths of the conceptual problems in the philosophy of psychiatry are genuinely unique. In addition, and complicating the picture further, it seems that epistemological and normative issues are deeply connected when it comes to the nature of health and disease. As well as the normative implication of questions that arise in this field, these implications are also closely connected to a number of social and policy issues. Consider, for instance, the question “Do disorder categories objectively pick out something real, or do they function as convenient labels used for grouping certain people together for certain ends?” Questions like this, and the lack of really good answers, have contributed to the fact that no other medical subspecialty has faced so much criticism not only for being unscientific (for lacking a unified account of mental disorder, reliable biological criteria, and diagnostic classification system), but also for unfairly functioning as a normalizing socio-political force (Szasz 1965, 2000; Horwitz and Wakefield 2007).

Some of the reasons why the philosophy of psychiatry can be seen as a unique area of research stem from the very nature of psychiatry and mental health phenomena. It is quite simply the nature of the subject matter that leads to rather unique methodological challenges. While there are many such unique challenges, this book focuses on those that concern processes of interpretation and understanding. In many ways these questions are more challenging than in “somatic” medicine, as the symptoms of mental disorder are far more diverse, and as no “gold-standard” laboratory tests or biomarkers are available. However, given the nature of these challenges that partly stem from the unique position of psychiatry as a scientific discipline, it is likely that the new perspectives generated will not only benefit the two disciplines involved, but also philosophical work in this area might be expected to have potential ramifications for areas of study way beyond the field. Thus, while the depths of the philosophical problems are genuinely unique, so is the range of possible answers and new perspectives that might be generated in attempting to answer them.

This book is intended to speak to the academic readership that is interested in issues relating to human behavior and questions about mental health—a fact that is also reflected in the choice of methodology. The inquiry draws on different traditions, such as philosophical hermeneutics and analytic philosophy, with the methodological aim of moving beyond the analytic versus

non-analytic divide. Although some of the main arguments are based on work in *philosophical hermeneutics*, ideas from this particular tradition are merely used as points of departure for developing hypotheses that speak to readers who are versed in both traditions. The book is intended for a wide audience, but it is likely to be most stimulating to mental health professionals, philosophers, and intellectuals in general who share at least to some extent the motives by which this book is driven, namely sensitivity and skepticism. Specifically, this group would include those who are concerned with questions about the mind and mental health, but who are nevertheless somewhat skeptical about the notion of naturalism, and cannot accept the idea of retreating to the supposedly objective biological and statistical findings of scientific psychiatry.

1. The aims of the book

This book has several aims, and it is worthwhile to distinguish between a set of general and specific aims. One of the most important general aims of the book is to generate a constructive impact on psychiatric thinking, and thus on the lives of people who are involved in the numerous settings in which mental healthcare is practiced. It is hoped that the critical philosophical engagement with psychiatry as a medico-scientific discipline that is presented in this book will advance philosophical debates and inspire further work at the intersection of philosophy and psychiatry.

A more specific aim is to contribute to existing debates in the philosophy of psychiatry and to explore new areas and opportunities that have not yet been exploited. In particular, the intention is to make a detailed attempt to integrate a hermeneutically informed perspective into current debates in the philosophy of psychiatry. Whereas phenomenology has been successfully incorporated into many works in the field of philosophy and psychiatry, hermeneutics has not received the attention that it merits. Although there has traditionally been a link between hermeneutics and psychiatry—at least since Karl Jaspers took over Dilthey's concept of understanding (*Verstehen*) as a mode of comprehension (Jaspers 1963)—it has never been fully developed. A few authors have published articles that touch on this subject (Gadamer 1996; Phillips 1996; Sass 1998; Arnason 2000; Miller 2008), while others have briefly addressed it in books that are broader in scope than what is proposed here. This book aims to make a more comprehensive attempt to enlighten current debates from a hermeneutically informed perspective.

Such an aim is in agreement with the work of philosophers who argue that, due to the unique standing of medicine along deductive forms of scientific

explanations, there is a need for a specific *hermeneutics of medicine* (Leder 1990; Svenaeus 2000). The point they aim to convey is that processes of understanding characteristic of clinical settings do not clearly fit into the realm of the natural sciences. These authors argue in favor of a “hermeneutics of medicine,” but my point is that, due to the particular challenges of interpretation in psychiatry, there is a need for a specific “hermeneutics of psychiatry.” This need arises because, in the field of psychiatry, the processes of interpretation and information organization are arguably even more problematic than in medicine, as the symptoms of mental disorder are far more diverse than in the case of “somatic” disorders. That is, whereas the symptoms of “somatic” disorders are largely limited to sensations, perceptions, and movements, the symptoms of mental disorder comprise a wide range of thoughts, behaviors, emotions, desires, beliefs, perceptions, volitions, personal identity, and so on. In addition, given that many areas of medicine rely on technology, the scope for the interpretation of clinically relevant facts is relatively narrow. Noticeably in mental healthcare, which lacks “gold-standard” laboratory tests or biomarkers, the possible interpretations of symptoms are multiplied.

2. Hermeneutics and naturalism

Although numerous philosophical issues arise in the study of psychiatric phenomena, only some of them concern processes of interpretation and understanding.¹ According to a standard definition, hermeneutics is the theory of interpretation—the theory of achieving a proper understanding of texts and utterances. Although the term “hermeneutics” was first employed in a theological context in the seventeenth century, it has since acquired a cross-disciplinary importance, and it is now understood as encompassing a wide variety of interpretations. For instance, we do not only speak about interpretation when we attempt to uncover the meaning of a particular passage in the Bible or in a literary work. We also interpret juridical codes to determine the application of law and sets of scientific data to find explanatory regularities (Leder 1990). In such general terms, and specifically in such forms as commentary and exegesis, hermeneutics looks back on a long tradition. Increased attention was brought to bear on hermeneutics in the wake of the Reformation, as canonical interpretations of the Bible were questioned, and as the responsibility for interpreting the biblical texts became individualized.

¹ With a view to establishing the goals of this book, I shall not attempt to provide a comprehensive survey of the field of modern hermeneutics, but instead to focus on some of the main ideas.

The question of how to understand the Bible gave rise to interpretative investigations and debates, and, in response, hermeneutics evolved as a distinct field of inquiry that aimed to identify the rules by which interpretation should be directed. In other words, hermeneutics was to a large degree motivated by diverging interpretations of the Bible. The context in which the principles of a hermeneutic investigation were developed was the encounter of biblical texts with obscure or unacceptable meanings. Friedrich D. E. Schleiermacher, one of the main figures of Romantic hermeneutics, famously emphasized that misinterpretations, and hence misunderstandings, naturally arise due to the time span that separates the author from the interpreter. In this “gap,” concepts and words might change their meanings due to historical events or changing traditions that have to be taken into account by any adequate interpretation. Therefore only a reflective and methodologically underpinned interpretation can reveal the meaning of a text.

Under its development over the course of the nineteenth and twentieth centuries, the scope of hermeneutics significantly broadened beyond the narrowly prescriptive questions of textual interpretation, and beyond situations in which we encounter meanings that resist instantaneous comprehension and require interpretative effort.² With regard to the aims of this book, it is especially important to emphasize two aspects that are related to this expansion. First, the approaches developed by thinkers such as Martin Heidegger and Hans-Georg Gadamer no longer focus on identifying rules of interpretation, but direct attention to the nature, structure, and conditions of possibility for human understanding (Linge 1976; Gallagher 2004). Hermeneutic thinkers resist the idea that the individual is a “wordless and timeless source of insight” (Wachterhauser 1986, p. 5), and argue that we should think of all human understanding as deeply embedded in historically and linguistically constituted horizons of intelligibility. It is in this sense that hermeneutic thinkers argue that language and history both enable and limit human understanding. As Gadamer (1989, p. 43) argues, understanding is not so much the activity of a subject as “the entering into an event of transmission in which past and present are constantly mediated.” In contrast to Kant’s work that sought to identify the necessary conditions of three demarcated types of understanding, thinkers from the hermeneutic tradition tend to argue that the “historicity” (*Geschichtlichkeit*) of understanding is at odds with the idea of strictly differentiated realms of comprehension.

² This is why Linge (1976, p. xii) maintains that hermeneutics has its origins in the “breaches of intersubjectivity.”

Second, in Heidegger and post-Heideggerian hermeneutics, perhaps most tangibly in the work of Charles Taylor, hermeneutics is no longer confined to understanding texts and utterances in interpersonal communication, but also includes the idea that humans are essentially “self-interpreting animals” (Taylor 1985a, 1985b). The relationship between being a human being and being “thrown” (as Heidegger would say) into a particular historical situation and social community is essential rather than accidental. What we are is itself historical in the sense that it cannot be reduced to some noumenal core. Thus philosophical hermeneutics here emphasizes that the sources of normativity should be sought in the existential structure of our being embedded in the world. Importantly, such embeddedness is itself shaped by the range of our concerns, which themselves are interpretations that are indivisibly linked to the question of what it is to be a human being. In the wake of this development of hermeneutical thought, the human capacity of interpretation, and particularly self-interpretation, is attributed *ontological significance*. Rather than being given to us, our existence as human beings is such that who we are is (at least to a major degree) constituted by the manner in which we interpret ourselves. Consequently, who we are is intertwined with our “care” and concern for the meanings that things have for us. Just as the process of interpretation is for Gadamer (1989), self-interpretation is an ongoing process that cannot be finalized, or somehow concluded. Throughout his work, Taylor carefully develops this idea, emphasizing that the condition of our ability to constitute ourselves is our being embedded within horizons of significance—a collectively shaped background of a particular historical-cultural context. The self-understanding that this everyday practice of collective self-interpretation provides us with is not a set of axioms that we are free to choose; rather, it is a milieu made up of culturally shared notions, narratives, and historically shaped values that we further unfold (Gadamer 1989).³ Our identities are constituted by the way that we situate ourselves in such a cultural context, which we achieve by using the language of evaluative contrasts, assessing what is desirable by a qualitative characterization of options as higher and lower, noble and base, virtuous or vicious, more or less refined, profound or superficial, and so on (Taylor 1985a, 1989, 1991a).⁴

³ This view is shared by Habermas (2003), who adds that in self-interpretation we reflect on what it means to be a human being, not merely as members of a certain cultural, religious, or national community.

⁴ A subject who only evaluates weakly—that is, who makes decisions such as whether to eat now or later, or to take a holiday in the north or in the south—might be described as a simple weigher of alternatives. In weak evaluation, “for something to be judged good it is sufficient that it be desired” (Taylor 1985a, p. 18; 1991).

Thus, far from merely being a methodological doctrine for the humanities and social sciences, hermeneutics has evolved to include fundamental reflections about what it means for human beings to lead a practical life. At least *prima facie*, it is not difficult to see that such considerations are relevant to the philosophical questions that arise in psychiatry.

However, it should be noted that, in this book, hermeneutical thought will also be used in a selective manner, often in critical opposition to what could be called a general attitude of “naturalism” in psychiatry. The first point to mention is that, possibly to an even greater extent than is the case with hermeneutics, “naturalism” is applied in such a variety of contexts within philosophical thought that it is very difficult to pin down its principal tenets. As Papineau (1993, p. 1) fittingly remarks, “nearly everybody nowadays wants to be a ‘naturalist’, but the aspirants to the term nevertheless disagree widely on substantial questions of philosophical doctrine.” In the context of this book, it is acknowledged that a precise demarcation would itself require philosophical reflection and argument, and it is not claimed that naturalism is something like a consistent philosophical position with epistemological, metaphysical, and ethical dimensions. Papineau (1993) notes that, for some philosophers, naturalism is simply characterized by the rejection of dualism, for others by the denunciation of supernatural orders, and for yet others by the commitment to an externalist epistemology. It is not these varieties of naturalism that this book will critically engage. Rather, naturalism is seen as a general philosophical “attitude” with some discernible commonalities. The most important of these commonalities are the granting of unique cognitive authority to the empirical sciences, and striving to firmly base philosophical views about society, politics, and psychology in scientific fields such as evolutionary biology. Occasionally, such a position is combined with the claim that the entire range of physical and social aspects of reality are accounted for by the causal order of nature. Although critical of this kind of naturalism, the overall position that is defended in this book is not anti-naturalist in the sense that it wants to counter the position that properties related to our minds are ontologically dependent on entities in the natural world. No such claim is made here. Rather, the position defended in this book is skeptical about attempts to render philosophical approaches as entirely continuous with scientific methods and principles and that accept science as the highest tribunal for knowledge. The kind of naturalism that is opposed here is one that holds that science alone should tell us what mental disorder is, and that distinguishing between mental health and mental disorder is an objective matter that does not require taking into account value judgments. While critical toward a certain branch of naturalism, the position proposed in this book is “realist”

in the sense that it acknowledges that mental disorders exist and that they cannot be reduced to mere conventions that aim to classify individuals as subjects of such disorders.

Since naturalism is regarded as a general philosophical “attitude,” it does not seem entirely unfair to label some philosophical views as “naturalistic,” even though they do not explicitly discuss the role of science. A view that denies the importance of historicity, socio-cultural situatedness, and the primacy and irreducibility of interpretation, or that posits a direct, non-interpretative access to the contents of our minds, counts as naturalist.

3. Outline of the book

This book falls into two parts that each draw on different strands of hermeneutic philosophy. Part I, consisting of Chapters 1 to 4, draws on work on interpretation related to texts and utterances, and focuses on problems of understanding in research and therapeutic settings. Part 2, consisting of Chapters 5 to 10, draws on the broadened notion of interpretation (particularly on the idea that humans are essentially “self-interpreting animals”), and presents a new take on the concept of mental disorder.

Chapter 2 demonstrates that psychiatry has a unique position “torn between” (medical) science and the humanities, and therefore faces unique methodological challenges with regard to both clinical practice and research. After a brief account of the relationship between science, psychiatry, and philosophy, the field of the *philosophy of psychiatry* is introduced by discussing some of its historical developments and current challenges. The chapter conveys a sense of the variety of philosophical issues that arise in the study of psychiatric phenomena, while emphasizing philosophical issues linked to interpretation and rejecting a specific version of “scientism.” Having introduced psychiatry as a discipline with a unique standing in science, the chapters that make up Part 1 highlight the philosophical challenges that arise pertaining to interpretation, focusing on problems related to texts and utterances. The overall conclusion of Part 1 is that focusing on the role and character of interpretation is crucial in order to avoid inaccuracies and misunderstandings both in research and in clinical settings.

Chapter 3 starts out with the observation that knowledge about historical aspects of diseases is often useful for achieving a full understanding of the conditions in question. In the case of mental disorders, because there is a lack of “hard” evidence stemming from the discovery of fossil records, textual evidence is usually the only clue to which researchers have access in order to reconstruct disease activities in the past. Drawing on earlier work (Varga

2013b, 2013c; Radden and Varga 2013), it is argued that this leads to unique methodological challenges with regard to how to engage with historical sources. For instance, some conditions that we today refer to as mental disorders have covered a far wider spectrum than that covered by description of pathological states (Radden 2000). Thus it is first argued that one of the most pressing issues in this regard—the hermeneutical question about *continuity or discontinuity* (or comparability) between texts—is neglected in current debates. In order to provide the most robust comprehension of the relevant text, researchers must *properly interpret* them—a process that involves not only a careful assessment of the quality of the source and its representativity, but also a thorough understanding of the linguistic aspects and cultural horizon of the community from which the text originates. It is then indicated that the problem presents itself in two disguises—as a question about the continuity or discontinuity not only between historical and contemporary texts, but also between different genres of contemporary texts (autobiographical testimony, patient reports written down by clinicians, etc.). Chapter 3 conveys the decisive extent to which the knowledge of *cultural–historical embeddedness of the text* and the *genre of the text* influences its meaning and, lastly, how that knowledge plays a decisive role when trying to settle the question of continuity. To disregard these aspects might reasonably be assumed to incur the risk of drawing unreliable conclusions.

Chapter 4 continues the focus on interpretation, showing that challenges analogous to those discussed in Chapter 3 also present themselves in everyday clinical–therapeutic encounters. The chapter commences with a general reflection on some of the processes that are involved in clinical–therapeutic encounters. Subsequently, the focus is on cognitive behavioral therapy (CBT), as advocated by Beck et al. (1979), Beck and Alford (2009), and J.S. Beck (1995), which is among the most commonly used approaches for understanding disordered psychological processes and is promoted as the therapy of choice for many affective disorders. It is shown that CBT builds upon flawed assumptions about the nature of mental states and, most importantly, about the *meaning* of mental state reports. These assumptions, it is then argued, constitute numerous sources of misunderstanding that require attention. One of the main aims of this chapter is to clarify two processes that are crucial for an extensive understanding in a therapeutic setting, regarding *self-interpretation* and *conversation*. In the final section of the chapter it is demonstrated that taking more seriously these processes between client and therapist can ameliorate understanding in a therapeutic setting.

Whereas Part 1 of the book focuses on interpretation related to texts and utterances, analyzing problems that occur in different guises in research

and therapeutic settings, Part 2 of the book deals with *the concept of mental disorder*, arguing that a hermeneutically informed perspective is also fruitful when applied to the concept of mental disorder itself. The critical dialog in Part 2 is with a naturalist position—often referring to classificatory systems in chemistry and biology—which maintains that mental disorder can be defined by relying exclusively on “pure” facts. Naturalists, according to this view, are those who aim to provide a scientific and value-free concept of mental disorder and a connected classificatory system that picks out objective differences between types of mental disorder that are theoretically significant. Part 2 thus critically engages with “naturalism” and its philosophical assumptions, interlinking the clarification of interpretative processes with the critical exploration of claims put forward by naturalistic approaches. This discussion is of crucial importance, as the concept of mental disorder is in many ways important for psychiatric research and practice, with far-reaching consequences for diagnosis and interventions. However, although the question of where to draw the boundaries between health and disease is difficult to answer in medicine, it is even more challenging when it comes to mental health. For the psychiatrist, in Gadamer’s words, “the category of illness ... is not simply given in the same way as it is for other forms of medical diagnosis” (Gadamer 1996, p. 168). In addition to having to deal with diagnostic uncertainty, psychiatry is further away than other medical subdisciplines from the type of knowledge that characterizes the domain of the natural sciences. As the Introduction to Part 2 demonstrates, a satisfactory answer to these challenges is especially pressing, given the wide range of severe criticism launched against psychiatry as a medico-scientific discipline. Psychiatry has been attacked by a wide variety of philosophers, sociologists, psychiatrists, feminists, psychologists, social workers, and political scientists, who often present a fundamental critique targeting the very concept of “mental disorder.” One of the main criticisms is that instead of picking out real entities in the world, psychiatry exerts social control by converting normal forms of suffering and deviant behavior into psychiatric conditions.

Chapter 6 starts out by overviewing the theoretical landscape and observing that while many agree that a strongly naturalist (essentialist) understanding of mental disorders as *natural kinds* is inadequate, two interesting alternatives have emerged in the work of Rachel Cooper and Richard Boyd. According to both authors, the motivation is to recognize the inadequacies of the essentialist understanding of natural kinds, while salvaging some form of naturalism, along with the idea that the special sciences investigate natural kinds in their respective domains. First, it is argued that Cooper’s account of mental disorders as natural kinds (Cooper 2005) must ultimately

introduce too many conventionalist elements. Second, the chapter deals with Boyd's account of the "homeostatic property cluster" (HPC) model and with the idea that a scientific taxonomy reflects the mechanistic structure of the world (Boyd 1991, 1999). It is argued that there is a problem connected to two common strategies in the sciences, namely "splitting" and "lumping" (Craver 2009). These strategies are relevant whenever a cluster of properties connected to a putatively distinct kind is explained by several mechanisms, or whenever several putatively distinct kinds are explained by the same mechanism. Two interpretation-related dilemmas arise, and it is argued that the elimination of the dilemmas occurs at the price of embracing *conventionalism*. At the end of the chapter, arguments are put forward in favor of a hermeneutically informed *pluralistic view*—what a legitimate scientific kind is might turn out to be contingent on the parameters and interests of the particular scientific enterprise.

Chapter 7, which has the title "Naturalizing biological function," explores an influential attempt to objectively identify a particular condition as disease. Advocates of *natural function naturalism* have recourse to the notion of "natural function." Central to this approach is that value-laden evaluations are not necessary in order to decide whether there is a dysfunction. The chapter first explores Christopher Boorse's "biostatistical" account of natural function (Boorse 1976, 1997, 2014) and a recent modification of Boorse's theory proposed by Manesh Ananth (2008). This debate is especially important, as Boorse (2014) has recently replied to critics and provided more details of and context to some of his earlier thoughts. In the last part of the chapter, a particularly stimulating version of natural function naturalism is discussed. Jerome Wakefield's prominent "hybrid" account of mental disorder (Wakefield 1992, 1999a, 1999b, 2007) is examined, which both accepts a value component (harm) and embraces an objective, evolutionarily informed account of natural functions. The point is that natural functions are objectively discoverable, because our physiological and psychological systems were naturally selected to execute certain functions. Overall, the goal of Chapter 7 is to critically assess the arguments that support this version of natural function naturalism.

Chapter 8, which has the title "Having it both ways," deals with less strict accounts of mental disorder. Fulford (1989, 1991, 2005), Thornton (2007), and Graham (2010, 2013) reject the widely held dichotomy between value-laden and value-neutral (scientific) accounts and the connected Szaszian claim that bodily disease is value-free, whereas mental illness is normative.⁵ Thornton

⁵ For instance, Hempel (1961) has influentially argued that in order to secure scientific status of a psychiatric classification, "valuational aspects" have to be avoided.

(2007) and Graham (2010, 2013) opt for what is referred to as a “having it both ways” account, accepting that (just like the concept of somatic illness) the concept of mental disorder is value-laden, while rejecting the idea that this has to be interpreted as a sign of scientific deficiency. In other words, the authors accept that the concept of mental disorder is value-laden, while simultaneously maintaining that there are objective truths about mental disorder attributions. Starting from such shared ground, Graham (2010, 2013) and Thornton (2007) develop their positions in different ways.

Graham (2010) presents a prototypical account of mental disorders, according to which a mental disorder implicates a partial impairment in the operation of at least one of the basic psychological capacities of a person. A set of symptoms or a condition is clinically significant and thus qualifies as a mental disorder if there is an impairment of a *fundamental psychological competence*, which is basic, because leading any kind of a “decent or personally satisfying life” requires it (Graham 2010, pp. 131–132). Graham (2010, pp. 147–149) utilizes Rawls’ thought experiment to argue that basic mental capacities are like “primary psychological goods.”

Thornton (2007) attempts a different approach to “having it both ways,” largely inspired by McDowell’s secondary property realism and “relaxed naturalism” on which values can be objective. According to this view, some values are not merely projections into a value-free world, but constitute genuine parts of the world and are open to evaluative experience. The fact that they conceptually depend on experience and human sensibility does not preclude the possibility that they are genuine parts of the world. Thus Thornton argues that accepting allows us to “have it both ways”—securing the scientific validity of psychiatric judgment while at the same time acknowledging the value-ladenness of the concept of mental disorder.

The overall conclusion of Chapters 6, 7, and 8 is that although these accounts provide unique perspectives that help us to understand a wide range of aspects of the concept of mental disorder, they ultimately fail to provide an adequate concept of mental disorder. This leads to the proposal and defense of the idea that the key to understanding the failure of both naturalist and (quasi-)value theorist accounts lies in the nature of a group of concepts to which “mental disorder” belongs. Chapter 9 then sets out and defends the idea that the concept of mental disorder is *identity-tied*. Taking seriously the claim that who we are is (at least in large part) constituted by the manner in which we interpret ourselves, and that certain concepts such as rationality are crucial to our self-understanding, it is argued that “mental disorder” stands in an *asymmetrical supervenience* relation to our identities. Demonstrating that the concept of mental disorder is identity-tied and making explicit the

manner in which it supervenes on our self-interpretation help to explain its elusive and dynamic nature. However, perhaps the most important implication of this thesis is concerned with the limits of empirical discovery connected to mental disorder. If this thesis is correct, then it would follow that there cannot be anything like a purely empirical discovery of the boundaries of mental disorder. But, this does not mean that nothing can prevent the slide into a detrimental relativism about mental disorder. The suggested position is situated *between* naturalism and relativism, making possible a reflection on mental disorder that steers clear of the pitfalls to which naturalism and relativism fall victim.