

Lecture 9 – November 20, 2017

Topics for today

- Psychiatry and values
- Consequences of diagnosis

Last week...

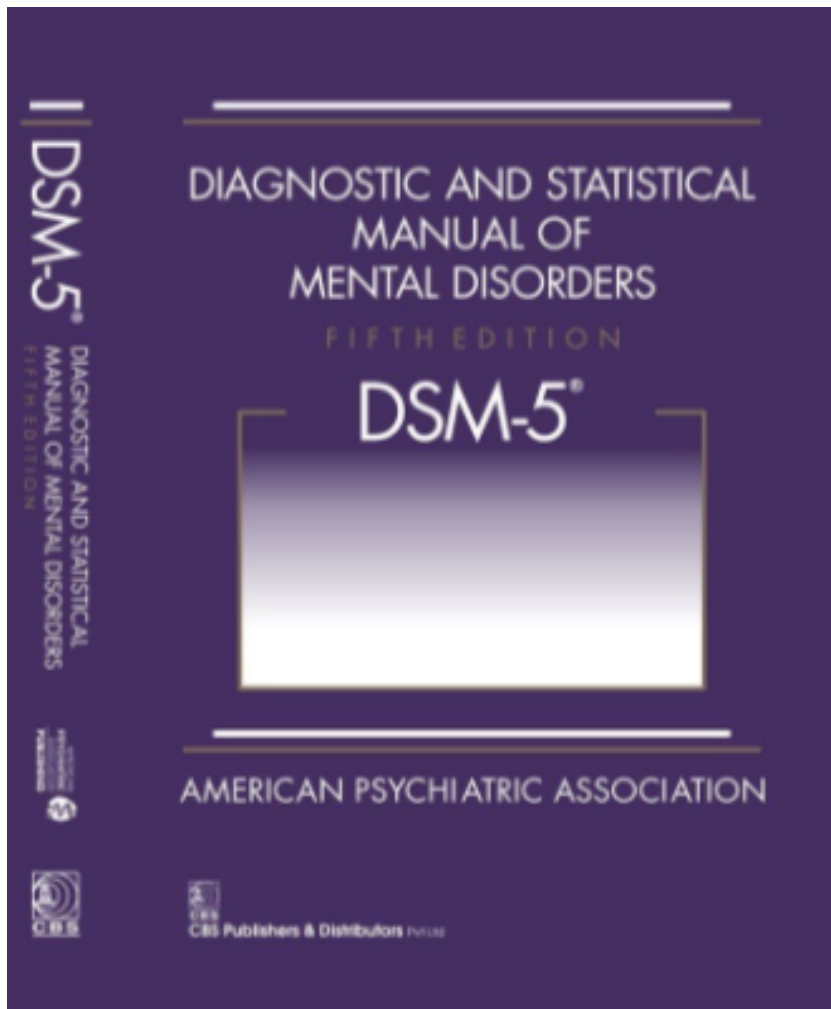
- Role that values play in psychiatry
- Novel role of values in psychiatry - distinct from other contexts (epistemic risks, funding experiment)?
- We were interested in how we go about defining a mental disorder

Psychiatry and values

Slide 1

- Defining mental disorder → whether or not you think it's an effective way of going on about this problem of defining a mental disorder
- It is defined with respect to the criteria in the most recent DSM (the fifth edition)
- The kinds of characterizations given has changed over time
- DSM-1 and 2 had narrative accounts of what mental disorder was
- Consequent ones – we had a significantly different characterization
- Mental disorders are characterized by operational definitions

Slide 2



Slide 3

- An operational definition gives specific operations that can be performed to determine whether/to what extent a property obtains
 - o Seen in the current DSM (fifth edition)
- In order to define a mental disorder with this strategy → you need to have a step of operations that a clinician or doctor can use to query the patients and determine whether or not according to the criteria – they fit having that disorder (if they fit enough of the criteria)
- How do we define a mental disorder?
- What are the ones, that according to W, aren't successful?
 - o Look at previous lecture...
- The proposal he arrives at is (next slide)

Slide 4

- Wakefield: A condition is a disorder if and only if (a) the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person's culture (the value criterion), and (b) the condition results from the inability of some internal mechanism to perform its natural function, wherein a natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mechanism (the explanatory criterion).
 - o A. Some roles played by certain values
- There is a bunch of ways that this proposal seems to be more successful than others – this proposal is great at sorting out cases that we generally refer to as disorders and in ruling out cases that are probably not disorders
- But there is something that is not satisfactory with this proposal; what is that?
 - o Natural function
- Because we running up against hard problems, we are not going to find a unique, correct answer
- What we are after is a way of characterizing what makes one approach to a problem more adequate or useful in improving conditions in society
- We saw that something similar to this picture has now been appropriated in the DSM
- What are the consequences of adopting the kinds of definitions has for the people that eventually get diagnosed or fail to get diagnosed with the appropriate disorder?
- Pause and consider on Wakefield's view, from the harmful dysfunction view of disorders...

Slide 5

- On this view, are mental disorder real, or are they socially constructed?
 - o On one hand there is a reportedly objective biological basis for what counts as a dysfunction
 - Dysfunction: whether the person or not has a disorder – if one of their normal biological functions is disordered (we may not know the objective normal functioning of the brain)
 - After we get access to that information; there is something over and above that that we still need to know whether or not if someone has a disorder (is the presence of that dysfunction – biological effect – harmful)
 - What counts as harmful is something Wakefield wants to cache out in terms of lack of evolutionary fitness and truncated lifespan (wants to make harmful in terms of societal values)
 - We have all kinds of ideas on what is good for us or bad – those values are not shared across cultures, individual cultures in a timespan
 - According to these views – consequence: according to W's pictures, something that counts as a mental disorder in our society at this particular moment and location may not have been counted for 100 years ago

- There are two cultures (our culture and the culture in china)
- Conclusion: Come out saying different things about whether or not something is a disorder
- Last week we came up with reasons why there were more people diagnosed with mental disorder in the US than in China
- Nice thing about W's explanation: gives us the resources to account for huge discrepancy – two diff societies count different things as harmful – as a result they come down to what is a mental disorder

Slide 6

- So, what do we mean when we say something is real?
 - The ways people have come up with on what it would mean for mental disorders to be real...
 - There is some sort of biological factor (adequate reason for why it is real)
- Or is it socially constructed?
- There's other ways of characterizing what mental disorders are too...
- Science is in the business of carving the world up into different classes of kinds of things and then theorizing about those kinds.
 - That is an abstract characterization of the project of science
- Can you think of examples of such kinds?
- What are some kinds that get employed in science (something that gets picked out as an object in investigation, that ends up getting theorized)?
 - DNA (you can theorize about DNA)
 - Fundamental particles (electrons, quarks, etc.) → physicists believe particles constitute the world – develop theories on the basis of it after
 - Planets
 - Basically any object that gets theorized about...
- All these kinds of things are kinds...

Slide 7

- Examples of kinds: Electron, Quark, Hydrogen, H₂O, Organ, Population, Financial Market
 - Basic objects that gets fed into scientific theorems
 - We want to distinguish between different kinds of kinds
 - Not between electrons and quarks (those are just different kinds)
 - But different kinds of kinds
 - Ex. Electrons and quarks is kinds of things; this might be different from the status of financial market as kinds of things
 - One immediate different between electrons and financial markets?
 - Electrons → independent of us being present
 - Financial Market → dependent on human interactions for their presence
 - If no humans, no financial markets, no money
 - It seems that there is room for distinguishing between different kinds of kinds
 - Some kinds are dependent on humans for their existence, some are independent

Slide 8

- A kind is a natural kind if it picks out a collection that corresponds to the structure of the natural world rather than the values that we hold or the purposes for which we use the kind.
 - A kind is natural if it's like a joint-carbon thing
 - Gets exactly the structure of the world right
 - You might think that electron → natural kind

- A feature of the structure of the world
- Nothing about their existence depends on the values we hold or the purposes for which we use them
- It is true that we can use electrons in various ways
- But what it is to be an electron does not depend on the fact that we happen to be able to use them!

Slide 9

- A question: is disorder a natural kind? Are particular physical disorders natural kinds? Are particular mental disorders natural kinds?
 - Disorder → not just in the context of mental disorder
 - A general kind of feature
 - Is it a natural kind?
 - Are certain physical orders natural kinds... are mental disorders natural kinds?
 - They are all distinct questions (yes to some, no to others); they all refer to different things
 - There is no fundamental structural fact about the world about what it is to be a general disorder
 - You can still say though, for particular mental disorders...
 - Ex. Schizophrenia → even though the concept of disorder is not natural kind (arguable - just for the sake of example), schizophrenia is a natural kind
 - You might think that that particular collection of phenomena picks at some fundamental feature of the world – independent of us
- Perhaps it will be helpful to understand what a natural kind is by introducing an obvious competitor for a type of kinds → something that is socially constructive
- In order to be clear about what we mean about social construction, we need to know the distinction between social causation and construction

Slide 10

- The distinction between social causation and social construction
- There are many social conditions that affect the spread of disorders

Slide 11

- Social conditions affect the spread of diseases like AIDS, but they do not make the disease what it is.
 - Affected by social structure of populations
 - But those social causes of the spread of disease, don't make the disease what it is though
- Socially constructed concepts are meaningful only in virtue of the fact that we agree to use them in a particular way. There is no reason to think that a socially constructed concept refers to anything in the world.
 - Different from social conditions
 - Just a concept that we agreed to use
 - Something like AIDS is not a socially constructive concept
 - Refers to a particular class of symptoms that patients experience caused by virus infection

Slide 12

- AIDS is not socially constructed. It refers to a syndrome that is caused by infection with virus.
 - There is a concrete biological realization of the disease
 - There are social causes that reflect this
 - Those social causes don't make it what it is (not constitutive)
 - Just in the spread of the disease

Slide 13

- But what about mental disorders?
- Don't always have that kind of obvious biological realization that distinguishes the constructive nature from the causation of the disorder

Slide 14

- McNally: Cognitive and emotional symptoms are constitutive of psychiatric disorder, and cultural and social factors affect how we think and feel.
 - o Important difference: social factors control the spread of aids (in virtue of the fact that AIDS is the results of being infected by the virus) vs. in mental disorders (the problem is different)
 - o Disorders consists of cognitive and emotional symptoms
 - Social engagement, being out in the world, etc. → affects those processes in which we experience symptoms
 - Social causation can actually be constitutive of the mental disorder
 - You interactions with the world, family, friends, etc. can affect and to what extent you have a disorder
- Therefore, social factors may become part of the very fabric of psychiatric disorder whereas they cannot for infectious disease.
- How you are social in the world, can be an influence on the disorder itself

Slide 15

- McN's Example: Chinese patients suffering from depression complain primarily of pain, fatigue, dizziness, and other somatic symptoms, whereas their psychologically minded counterparts in the West voice cognitive and emotional complaints.
 - o Reported physically realized symptoms
 - o Also, disproportionally reported emotional symptoms of the disorder
- However, when Kleinman explicitly questioned the Chinese patients about mood symptoms, 87 percent qualified for a DSM-III diagnosis of major depressive disorder, and many experienced improvement after receiving antidepressant medication.
 - o "Explicitly" queried not about how the Chinese patients describe their disorder themselves but whether or not they had the symptoms their western counterparts described the same disorder
 - o In a different culture, people express concerns about their mental health in different ways

Slide 16

- McNally: To say that something is a social construction is to deny its inevitability and to affirm its basis in contingent social circumstances.
 - o If mental disorders are influenced by social structures in which they occur, by changing social structure, you can remove mental disorders
 - o Not like a virus → which is not because of social circumstances

Slide 17

- Are we creating mental disorders in this sense?
- If so, what might be some consequences of this process?

Slide 18

- McNally: Certainly psychiatric disorders require the presence of people, and people require culture. There would be no paranoid schizophrenia if there were no people to hallucinate and form delusions. Is the ontology of paranoid schizophrenia more like that of money than of the elements of the periodic

table? Does this disorder have an inevitability that purely social phenomena do not? Or is it as socially contingent as the market economy?

- Financial markets were distinguished from electrons, where they depend on the existence of money, people exchanging money, and people themselves → otherwise no such thing as a financial market
- If there were no people to hallucinate → there would be no schizophrenia
- Is schizophrenia more comparative to money than the elements of the periodic table?
 - Elements of the Periodical table → natural kinds
- So, mental disorder → natural kinds or socially constructed?
-

Slide 19

- McNally: These are not merely semantic issues. Indeed, answering these questions is directly relevant to determining the causes of mental disorders ...
 - You think the social factors are constitutive (socially caused kinds) – well, whether or not the kinds is natural or not, it has real consequences for how we decide to cure the disease

Slide 20

- The distinction between interactive and indifferent kinds.
 - A distinction between different kinds of kinds...
- This will be helpful – make a further distinction

Slide 21

- Quark is an indifferent kind.
- How quarks behave doesn't depend in any way on how we characterize them.
- Quarks don't care what we think about them – they just do quark stuff...

Slide 22

- Most mental disorders do not have this feature...
- Most mental disorders are plausibly interactive kinds: diagnosing someone with a mental disorder affects how they feel about themselves and how society responds to them.
- If for many years you have felt sad, disconnected from social life, fatigue, and you satisfied many of the criteria for major depressive disorder, but you have never seen a medical professional...
- People just tell you to things will get better and work hard...
- Very plausible that even that situation has a different influence on how you think about yourself than if you were to go to a medical professional and check the criteria and tell you that you have the disorder and end up giving you a treatment
- The very idea of what it is to be that kind (how we carve out the boundary of that kind) has the capacity to affect how people feel and affect whether or not people report having the symptoms in question

Slide 23

- How we define mental disorder has consequences for people diagnosed with disorders and so values become directly relevant.
- Even if you don't want to cache out disorder in the way W does (harm is a place where values enter in question), there is still a role for values in context of defining mental disorder → how we define the disorder has the capacity to affect how people feel, how they act in society and how society react
- Even if you try to reduce the problem in an entirely scientific way, this procedure has the result of incurring social consequences for the patient in question and thus you must make value judgements
- How is this related to the case of inductive risk?

- Example: someone is defending themselves in courts, the defence says the reason they acted out the way they did, was because they had a mental disorder; whether or not you say that the person has the disorder in question, has the capacity to have social consequences
- When talking about inductive risks – scientists have to accept a hypothesis and on the basis of incomplete information (incomplete info in almost every case of mental disorder) → no clear certain knowledge or biological realization
- Inductive risk based on those uncertainties → make a decision taking account of the fact that there is an uncertainty
- If you were wrong, it will have consequences in terms of what will happen in society
- The scientists needs to make non-epistemic value judgement on which type of risk to take on what type of consequences
- PROF'S VIEW:
 - In the context of mental disorder: we are faced with a similar problem
 - Nature of uncertainty is much harder to quantify
 - Don't even know if we have the right information
- We could get the answer wrong
 - Serious consequences
 - Those who are diagnosed vs. not diagnosed wrongly
 - Consequences for society at large too
- Need to think about what kinds of consequences we can get when making the wrong decisions

Consequences of diagnosis

Slide 1

- Wakefield: Current symptom-based DSM ... diagnostic criteria for mental disorders are prone to yielding false positives because they ignore the context of symptoms.
 - False + → when you say they have a disorder, when they don't
 - We encountered false positives in the inductive risk lecture!
 - Well, what happens when you get diagnosed?
 - You get a form of care
 - Go to the hospital
 - Prescribed unnecessary medication
 - Hmm, getting a false + → positive consequence?

Slide 2

- You might think that false positives in the context of psychiatry are without much consequence. Getting care or even unnecessary medication doesn't seem so bad (provided the medication is safe).
 - Wakefield thinks this is wrong

Slide 3

- Wakefield: diagnosis of a disorder in our society has many ramifications not only for treatment choice but for broader social reactions to the diagnosed individual. In particular, mental disorders impose a sick role on individuals and place a burden upon them to change; thus, disorders decrease the level of respect and acceptance generally accorded to those with even annoying normal variations in traits and features.
 - Treating them as having mental disorder is not without consequence.
 - There are many consequences!
 - Affects how people feel about themselves and how society reacts to them
 - Obligations on the person to change
 - Natural expectation: take action to make yourself no longer sick

- Diagnosing people with these effects requires action from the patient in question

Slide 4

- Wakefield: False + is not interested in cases where doctors misapply the criteria in the DSM.
 - False positives in not about this...
 - Doctors checking off you have a mental disorder (misapplied the criteria)
 - W is concerned about something different

Slide 5

- Rather, he is interested in cases where the criteria in the DSM are applied correctly but the patient does not actually have a mental disorder.
 - Applied correctly without the person having the disorder?
 - Context is everything!!

Slide 6

- Wakefield: "Reliability is not at issue here. Although it is a prerequisite for adequately valid diagnoses, reliability of the application of criteria in no way implies validity; both disorders and non-disorders can be reliably measured without being valid. Validity, however, is an issue here, and one might have hoped that the validity literature would be helpful."
 - The reason why we get false + → not because of reliability (when doctors are given the same criteria and are given the same patient and they distinguish the same results), but because of validity (correctly identifying those who have the disorder and those who do not)
 - Something is valid when you correctly diagnose
 - W is not saying that the DSM is not reliable (which has been in a sense *proved*)
 - Doesn't imply validity though → need to look at circumstances where you may get false +

Slide 7

- Valid diagnostic criteria correctly identify those with the disorder and exclude those without the disorder.
- Validity, in turn, requires diagnostic reliability. If the diagnostic criteria for a disorder are reliable, then two clinicians who interview the same patient should arrive at the same diagnosis.
 - Reliability → different clinician will come to same conclusion

Slide 8

- Two problems with the validity of DSM criteria
 - Circularity: validating procedures and instruments used to test the validity of a given assessment are often themselves based on DSM criteria
 - Circular = you assume the thing you want to arrive as a result in the end
 - DSM functions in a way, where many kinds of operationalized definitions given in the document refer back to other definitions in the document (circular)
 - Circular definitions of what a disorder is and what validating procedures are determine whether or not someone has a disorder
 - This is one problem
 - Second, where validity is supported by outcomes rather than alternative diagnostic procedures, those outcomes themselves are ambiguous as to their meaning.
 - A more serious problem

Slide 9

- Concerning the second point: if the diagnostic criteria successfully predict later problems or role impairment, this could be so because intense normal distress also tends to predict such outcomes.
 - o Suppose patient presents a particular set of complaints
 - o W idea: if they are presenting to you because they have disorder or because if they just have intense normal stress, which is not a disorder:
 - Both of those situations could be equally mediated in terms of the outcome
 - The situation would have improved if they were presented with care – it would have been better
 - Diagnosing intense-normal cases might have same improvement of outcome as those with the actual disorder
 - If characterizing validity in terms of outcome (people improving) → we are not going to sort out the false positives

Slide 10

- W: One might object to the focus on DSM's diagnostic criteria. Clinicians are smarter than the diagnostic criteria produced by the DSM... They ignore the criteria when they do not make sense. Thus, the validity of the criteria has little importance.
 - o Document has to be the one that is interpreted when the patient presents themselves in the clinical context
 - o The clinician is expected to adjudicate whether or not diagnosis is appropriate
 - o SO, the validity of criteria has little importance

Slide 11

- Wakefield: this is an inadequate response.
- In many instances clinicians do use the criteria for diagnostic purposes.
 - o For the bulk of instances
- The criteria are often applied in instances where no clinician is available, or the clinician is required to apply the criteria directly as stated.
 - o A number of instances where people who are not experts (are expected to apply the diagnostic criteria) but there are also instances, where clinicians are required to produce a diagnosis exclusive to DSM

Slide 12

- Examples: Diagnostic criteria for mental disorder are also applied these days in many venues outside of the medical arena. For example, in court cases—such as court evaluations of custody disputes in divorces—mental disorder diagnoses and court-mandated mental health profiles may be required.
 - o In those instances, there are specific instructions for clinicians doing the evaluation which are to adhere to the criteria as laid out in the DSM
 - o Role that DSM is playing is the objective metric on whether or not someone has the disorder

Slide 13

- Examples: Insurance companies routinely adjust rates depending on a history of mental disorder diagnosis in the applicant or his or her relatives.
 - o Do this because?
 - o Some genetic component to disorder
 - o Even though it was not genetically determined
- And, clinical trials for experimental cancer drugs and for other medical treatments often exclude those who qualify for a mental disorder diagnosis.
 - o Ethics of this procedure?

- Research often does try to exclude any factor that might interfere with testing the variable that are trying to be tested in research
- If you add the fact that someone has a mental disorder in this clinical treatment → may impact how they respond to treatment
- Therefore, they are ruled out in participating these trials
- Having the diagnosis with the mental disorder has impacts in your life

Slide 14

- Wakefield: it is important to recognize that as part of their social mandate to use their skills for human betterment, psychiatry and the other mental health professions—analogue to medical disciplines more broadly—have several functions beyond the treatment of disorders.
 - He has the realization that Douglas had for the role of non-epistemic values

Slide 15

- The mental health professions have as a major responsibility the pursuit of what I would call psychological justice. By this I mean that a society, in accordance with its specific values, will attempt to treat people who are normal but who possess normal variations of human traits that do not fit the society's values.
 - In the background, W appeals to concepts relating to ethical dimensions of the problem

Slide 16

- Such mismatches between normal variation and a society's values, while not constituting disorders, do unjustly prevent people who possess those particular variations from participating in the society in an adequate manner.
 - Role of non-epistemic values → False positives (treating something that is a normal variation from normal functioning) have real consequences for that person in society
 - You are responsible to eliminate this!

Slide 17

- However, studies show that once a clinician classifies a patient as disordered versus non-disordered, the kinds of thinking the clinician does about appropriate interventions and their prioritization as optimal or preferable changes. The potential benefits and costs of various interventions will be assessed differently.
 - Affects how people react, how clinicians react to them
 - Changes what the clinician thinks what is an appropriate intervention

Slide 18

- **Clinical implications of false positives:** an intense normal reaction to a loss is different from a similar clinical depression even though they may be equally intense and painful, because one expects a better prognosis with a normal reaction.
- Thus, the degree of one's willingness to undergo pharmacological treatment with its potential side effects may be different. One's informed consent to treatment may thus be affected by false positives.

Slide 19

- **Societal implications of false positives:** When diagnosed with a mental disorder, one enters some form of the sick role. The sick role itself involves trade-offs. Part of the sick role is that, in return for what it gives you in terms of liberty from normal obligations and freedom from being blamed for your limitations or afflictions, you have a prima facie obligation to try to change.
 - Once you diagnose someone as sick then the individuals have a number of effects
 - You are blamed less, not expected to work

- But, also the patient acquires an obligation to change
- These societal implications go on

Slide 20

- Societal implications of false positives: Therefore, built into the sick role, there is a certain kind of pressure, and thus, in many cases, an implicit lack of full equal respect of the kind one has in principle for normal variations.
 - By diagnosing people, you take away part of the patient's agency (the capacity of an actor to act in a given environment)
 - They lose their own control over situations in a way that is not the case of normal variation
- Given the patient's obligation to try to change and become healthy again, one is inclined on average to be less accepting of the current condition, even if sympathetic to the patient's affliction

Slide 21

- What the harmful dysfunction analysis suggests is that the concept of disorder has two components—a factual component and a value component. To be a disorder, a condition has to satisfy both components.

Slide 22

- Wakefield: normal trait variation must be distinguished from disorder. For example, intense response to loss may be part of normal variation and not a disorder, and so on for a variety of traits and features.

Slide 23

- In other medical specialties, this sort of point is totally obvious. For example, physicians who treat height disorders debate in the literature whether a given condition is a height disorder due to, say, a hormone deficiency or just an extremely short height within a normal range, and whether intervention with growth hormone injections is justifiable if the condition is part of the normal curve. No such discussion would be possible if the superficial "symptom" of shortness was taken in and of itself to indicate disorder.
 - What differentiates psychiatry from these examples, we are relying on these cases (DSM) on symptom based diagnoses
 - To define a mental disorder in the DSM is explicitly defined by the number and severity of the symptoms the patient has

Slide 24

- But psychiatry relies primarily on symptom based diagnoses.

Slide 25

- A second important implication is the need to take into account the context of the symptoms (important in objection to the DSM criteria and how they lead to false positives). Mental mechanisms are generally biologically designed to be responsive to the environment. They are designed to be triggered in some circumstances and not to be triggered in other circumstances.
 - Whether or not the symptoms are triggered, according to W, is a matter of which we should be say something carefully
 - Compare with someone going through a period of grief (a normal reaction); may engage in symptoms similar to some that have a mental disorder
 - But the presence of symptoms are explainable by the context itself
- This means that one cannot necessarily tell whether an emotional response is a disorder unless one knows the context. There are of course some conditions in which the symptoms are so severe or their nature is such that one can tell from that alone that there is a disorder. But the point is that one cannot

make the general distinction between disorder and non-disorder without knowledge of the context in most cases.

Slide 26

- W: I conclude that there are some surprisingly powerful reasons in terms of human freedom for rejecting the current maladaptiveness or “mismatch” approach to disorder and for embracing the harmful dysfunction analysis’s evolutionary view.
- Only the latter (his analysis) gives us a “place to stand” independent of changing social demands from which to judge disorder, and thus frees psychiatry (he thinks) of the specter of social control and spurious medicalization as its primary mission.
- Concern: if we do not have proper diagnostic procedures in the DSM that are affective at ruling out false positive → a real danger of false positive → psychiatry branches into domain of social control (court, insurance companies)
- Spurious medicalization: There are pressures in the market (ex. people who define the criteria for the DSM) from major pharmaceutical companies to determine criteria for particular drugs being developed that will be used frequently to treat disorders

Slide 27

- Are values playing a novel role in the context of psychiatry?
 - o Close connections in the ways in which values enter into the discussion in context of non-epistemic values and inductive risk
 - o But, is there something new (over and above) that arises in the context of psychiatry?

Case three assignment:

- Listen to recording @1:26:00