

## The Concept of Mental Disorder

### What is mental disorder?

- Per DSM-5: “A mental disorder is a syndrome characterized by clinically significant *disturbance* in an individual’s cognition, emotion regulation, or behavior that reflects a *dysfunction* in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant *distress* or *disability* in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the *deviance* or conflict results from a dysfunction in the individual, as described above.” (emphasis added)
- Mental disorder: deviance (statistical or cultural), causing dysfunction (i.e. maladaptive), or distress, or disability
- Pinel – mental disorder as *irrationality*: “the loss of reason is at once the most calamitous...deprived of this faculty, by which man is principally distinguished from the beasts that perish...his character, as an individual of the species is, always perverted; sometimes annihilated”
- Szasz - mental disorder as myth and metaphor for deviance repackaged as disease: “the expression of ‘mental illness’ is a metaphor that we have come to mistake for a fact...we call people mentally ill when their personal conduct violates certain ethical, political, and social norms”
- Wakefield – mental disorder as harmful dysfunction: “A ‘mental disorder’ is a harmful disruption of a natural function, where ‘natural function’ is to be understood in terms of functioning in the way ‘designed’ (selected for) in evolution.”
- Van Os – “need for care” separates mental disorder from normal variations; mental disorder exists on a continuum with mental health
- Frances – “Mental disorder is what clinicians treat and researchers research and educators teach and insurance companies pay for.”
- Bolton – mental disorder as *incapacity* or *unmanageable distress*: “illness in general and mental illness in particular may be explicated in terms of the person not being able to help doing or not doing as they are”
  - o i.e. their level of distress is intolerable vis-à-vis distress of everyday life
  - o i.e. they cannot help what they are doing c.f. volitional bad behavior
- note most discussions focus on the *disorder* aspect and conveniently ignores the ‘mental’

### The 5 umpires (Phillips et al.)

- Umpire 1) *There are balls and there are strikes and I call them as they are. (realism)*
  - o Mental disorders are ‘natural kinds’ that exist in the world
  - o Most aligns with a biomedical perspective
  - o Most applicable disorders with biomarkers like Huntington’s, Frontotemporal Dementia, Narcolepsy
- Umpire 2) *There are balls and there are strikes and I call them as I see them. (nominalism)*
  - o There are no universals only particulars
  - o Naturalism vs normativism
  - o Biology vs. cultural
- Umpire 3) *There are no balls and there are no strikes until I call them. (constructivism)*
  - o Mental disorders are social constructs (in fact all disorders are)
  - o Does not (necessarily) deny the reality of mental illness
- Umpire 4) *There are balls and there are strikes and I call them as I use them. (pragmatism)*
  - o Utilitarian – mental disorder definitions/descriptions may have different uses
  - o Mean different things to different people depending on the context (e.g. clinical, research)
- Umpire 5) *Don't call them at all because the game is not fair. (nihilism)*
  - o Mental disorders do not exist or are not useful constructs