Bielefeld Workshop on Philosophy of Psychiatry

Organized by Fabian Hundertmark, David Lambert, and Daniel Montero

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Bielefeld University, May 28th and 29th, 2024

Room V2-105/115

Schedule

All time specifications are in Central European Time

Tuesday		**Chair**
11:00 – 12:30	**Student discussion with Sanja Dembić**	Fabian
12:30 – 13:30	*Lunch at Mensa*	
	Start of the workshop and Zoom broadcast	
13:30 – 14:15	**Welcome and Introduction**	Daniel, David, Fabian
14:15 – 15:05	**Fabian Hundertmark** The Blueprint View: Rationality, Design, and Mental Health	David
15:10 –16:00	**Caroline Stankozi** Layers of intentionality: Evidence against a nested hierarchy from biological needs over sensorimotor goals to reflective desires + Commentary **Jonas Dauster**	David
16:00 – 16:30	Coffee break	
16:30 –17:10	**Lara Keuck** The (mis-)measure of validity	David
17:15 – 17:55	**David Lambert** Treatment resistance as a case study in philosophy of psychiatric research	Fabian
19:00	*Workshop dinner at meiwei*	

Wednesday

9:00 – 9:40	**Cornelia Elke** Between Autonomy and Safety: The controversy surrounding coercive measures in psychiatry	James
9:45 – 10:25	**Vladimir Markovic** Differentiating between pathological and non-pathological malevolence	James
10:40 – 11:30	**Roberta Locatelli** A disjunctive account of mental disorder + Commentary **Dennis Dübeler**	James
11:35 – 12:15	**Jonas Hartmann** Psychiatric internalism & externalism	Roberta
12:15 – 13:35	*Lunch at Mensa*	
13:45 – 14:25	**Sanja Dembić** Delusions, Conspiracy Beliefs, and Pathology + Commentary **Lena Schubert**	Roberta
14:25 –15:05	**Daniel Montero** Diagnostic Validity and the Heterogeneity of Symptom Measurement	Roberta
15:05 – 15:35	Coffee break	
15:35 –16:15	**Florence Adams** Ideology and Evidence Resistance: On Theorizing and Measuring Depression	Fabian
16:20 – 17:00	**James Turner** Depression Isn't a Dysfunction	Fabian
17:05 – 17:45	**Anna Hagemann** Diagnoses in psychiatry and the looping Effect	Fabian

End of the workshop and Zoom broadcast

~~18:15 – 19:45~~	~~**Guest Lecture by Sascha Fink (cancelled)**~~

Abstracts

Florence Adams – Ideology and Evidence Resistance: On Theorizing and Measuring Depression

The most prominent theory of depression — the monoamine theory — stipulates that reduced synaptic monoamine levels underlie symptoms of depression. The MTD is routinely invoked to explain the mechanism of action of antidepressants. Likewise, evidence of effectiveness of antidepressants provides the basis of the MTD.

The development of ADMs can therefore be usefully understood as a distinctive case of epistemic iteration, whereby psychiatrists converged upon a stable theory of depression by calibrating theoretical concepts and measurement procedures into gradual alignment (Chang 1995, 2004). Yet this alignment seems feasibly contingent upon a pernicious set of non-epistemic interests, occurring as it did against a backdrop of industry interests. Here I offer a historically-informed philosophical analysis of the MTD, arguing that the case exemplifies a potential for industry funding to bias iterative processes towards convergence on commercially favourable conclusions.

The upshot is the dissemination of theories which appear evidence resistant. I argue that evidence resistance of this variety can be fruitfully understood in analogue with recent work on political ideology and propaganda (e.g. Stanley 2015, Oreskes and Conway 2010). Thus, reflecting on the history of the MTD can highlight continuities in the role of ideology across scientific and political domains.

Sanja Dembić – Delusions, Conspiracy Theory Beliefs, and Pathology

In general, delusional beliefs are considered pathological and conspiracy theory beliefs are considered non-pathological. I call this the asymmetry view. This view is somewhat puzzling because at least some delusional beliefs - e.g. persecutory delusions - are very similar to typical cases of conspiracy theory beliefs, which are considered non-pathological. This raises a question: Do we have good reasons to accept the asymmetry view? In my talk, I will show that it is much harder to argue in favour of the asymmetry view than one might initially think. I will examine a number of arguments in favour of the asymmetry view and claim that none of them work. At the

end, I will outline an approach that could justify the asymmetry view at least to some extent. According to the approach I propose, (1) a belief *p* is delusional only if it is held by an individual S in light of considerations that have *no justification-relevant connection* to *p* and (2) the belief *p* is pathological only if S is *unable* to disbelieve *p* given that S has available (apparent) reasons against *p*. In light of this view, at least some conspiracy theory beliefs could turn out to be pathological.

***Cornelia Elke* – Between Autonomy and Safety: The controversy surrounding coercive measures in psychiatry**

According to the Basic Law, the right to life, physical integrity and freedom shall be guaranteed and protected. Laws may interfere with this fundamental right, but only in exceptional cases. These include coercive measures in psychiatry. The controversy outlined in the Basic Law, namely that both the person´s integrity and freedom are considered inviolable, forms the fundamental basis for this discussion: In case of an acute “outbreak” of the mental disorder, are we allowed to restrict individual freedom to ensure general security, even if this involves traumatizing coercive measures? By ensuring general security are we still protecting the individual´s (physical) integ-rity? Are there really no alternatives to coercive measures that equally ensure safety while re-specting autonomy?

These and other questions will be discussed in my talk as follows. Before reviewing the main arguments concerning the legitimacy of coercive measures, I will set out some general facts about what exactly coercive measures are, whom they concern and how they are handled legally (in Germany). I argue that coercive measures are neither the only nor the best measure to handle such cases. To illustrate my point, I will present some alternatives to coercive measures that have proven to be feasible in practice.

Anna Hagemann – Diagnosis in Psychiatry and the Looping Effect

Generally speaking psychotherapy is mostly about treating patients to improve their mental health. During this process, a diagnosis is usually made. The question that arises in this regard from a psychological and philosophical perspective is whether the confrontation with the diagnosis is helpful at all and further to what extent the confrontation of patients with their diagnosis can influence diagnostic manuals or their own course of recovery.

One phenomenon that I would like to examine in this context is the looping effect according to Ian Hacking. In my argumentation I assume that the phenomenon

of the looping effect exists. One aspect of Hacking's argumentation that might emerge is that people behave according to their diagnosis when they know their diagnosis. I come to the conclusion that psychoeducation has the potential to counteract the looping effect and patients should be confronted with their diagnosis despite the potential impact of the looping effect.

***Jonas Hartmann* – Psychiatric internalism & externalism**

The talk will be concerned with whether factors outside the individual are relevant for the constitution of a mental disorder. I will present an overview of the positions of psychiatric internalism and externalism, and consider the implications of research on 4e cognition for the debate.

Fabian Hundertmark – The Blueprint View: Rationality, Design, and Mental Health

In my talk, I will develop and defend a theory of mental health that satisfies two criteria of adequacy. On the one hand, it makes it plausible that mental health is a genuine form of health and that, consequently, psychiatry can legitimately be considered a part of medicine. On the other hand, my theory answers the question of what is specific about mental health.

I start from the intuition that health is a matter of having certain abilities. In a second step, I criticize various answers to the question of which abilities are relevant, because they fail to distinguish certain forms of biological and educational diversity from a lack of health. Then, I will propose the Blueprint View, according to which an organism is healthy iff it has the abilities it would have if it were the way it was designed to be. In a second step, I will answer the question of what makes mental health mental. After critiquing various approaches to this question, I adopt Sanja Dembić's view that the mental health of an organism depends on its ability to respond appropriately to the available reasons. Finally, I will comment on the question of what mental disorders are and what makes them harmful to the organism that has them.

Lara Keuck – The (mis-)measure of validity

Whether a measurement is valid is not only a question of the specific methods of measurement, but also implies a given understanding of validity. The relationship between measurement and validity mimics on a meta-level the problem of circularity that is well known from measurement theory and the debate on coordination: we can

observe a to-and-fro between applying validation practices to certify a measurement, and referring to measurement in order to define validity. This presentation analyses the second-order problem of coordination between validity and measurement. It argues that the qualification of validity and the interpretation of measurements are necessary requirements to avoid self-referentiality. This limits the generality of validity, but allows for discerning meaningfully between measures and mismeasures.

David Lambert – Treatment resistance as a case study in philosophy of psychiatric research

In recent years, psychiatric research has been increasingly concerned with a phenomenon called 'treatment resistance'. It can be observed in different psychiatric disorders: Something makes it so that some sort of treatment that has proven efficacy in usual cases turns out not to be efficacious in other (kinds of) cases. In fact, estimates regarding the prevalence of treatment-resistant cases vary widely, ranging from 20 to 60% (Howes et al., 2022, p. 69). Psychiatric research that tries to find out why that is and how it can be overcome is the field of treatment resistance research.

This field is in conceptual disarray though, as its practitioners readily admit (e.g., Howes et al 2022, 63; Smith-Apeldoorn et al 2019, 9). Based on my qualitative work and on the research literature, I will sketch the conceptual landscape of it. The theme I will focus on are what I would like to call the 'epistemological ripple effects' of problematic conceptualisation practices in treatment resistance research.

Roberta Locatelli – A disjunctive account of mental disorder

Despite striking differences, many theories of mental disorders share three assumptions, that often remain implicit. They are:

1. The treatment condition: A condition deserves medical treatment only if the suffering is due to something wrong internally
2. Essentialism: There is one or a conjunction of essential characteristics that characterizes all and only instances of mental disorders
3. The taxonomist Assumption: Particular mental conditions (like ADHD, depression, anxiety disorder, autism, schizophrenia) are to be understood as species of the genus 'mental disorder'. Hence, all instances of a species (say depression) either necessarily count as instances of mental disorder or they all necessarily don't.

I argue that we would be better off rejecting these assumptions and I outline a view,

which I dub ‘disjunctive view of mental disorders’ that forsakes them.

Daniel Montero – Diagnostic Validity and the Heterogeneity of Symptom Measurement

The current research environment in psychiatry is marked by the discredit of the main psychiatric classifications. The common narrative about the DSM holds that the current diagnostic categories lack diagnostic validity. This claim is supported by the high degrees of diagnostic heterogeneity and comorbidity among diagnosed patients. Current attempts to overcome these problems emphasize the need to develop alternative ways of investigating psychopathology that no longer rely on the DSM categories. In this line, transdiagnostic research initiatives such as RDoC promote the abandonment of the DSM categories while still relying on traditional psychiatric symptoms. This reliance assumes that symptoms do not pose similar problems to those commonly ascribed to the DSM categories. In my talk, I challenge what I call the “received view of symptoms” and argue that a closer look at symptom measurement reveals that different measurements of purportedly the same symptom differ from each other in ways that have an impact on both psychiatric research and clinical practice. Furthermore, I show that psychiatric symptoms are not “neutral” vis-à-vis the DSM categories. To illustrate my points, I use a case study from the history of the measurement of anhedonia. Finally, I suggest that symptom measurement heterogeneity might play a role in the DSM's lack of diagnostic validity.

Caroline Stankozi – Layers of Intentionality: Evidence against a nested hierarchy from biological needs over sensorimotor goals to reflective desires

So far, layers of intentionality are often described as forming nested hierarchies. This summons the image of a layered cake, where the base layer for everything is our drive to survive and the sugar coating on top is our mental reflection, ruling and constraining all the other layers.

This talk will provide you with reasons for picturing a marble cake instead: where the different layers are intermingled, leak into each other and – most importantly – where the influence goes both ways. Whether any layer is dominant does not only depend on the individual, but also on her current situation, which can change rapidly.

In the following, I will first outline (i) what intentionality is, to then give you (ii) three examples: for a biological, a sensorimotor, and a reflective layer of

intentionality. After (iii) discussing whether they are organised hierarchically, I will (iv) indicate what makes them intentional and in which sense they differ. These theoretical insights result in some (v) practical implications for psychiatry.

James Turner – Depression Isn't a Dysfunction

According to most psychiatrists, depression is a dysfunction—i.e., it is constituted by a dysfunctional low mood system (LMS). Many evolutionary theorists disagree, arguing that many cases of depression are activations of properly functioning LMSs. In my talk, I present a novel argument in defence of the evolutionary theorists' claim. In fact, I go a step further, arguing that most cases of depression are activations of properly functioning low mood systems. I do so first by arguing that all dysfunctional systems necessarily exhibit at least one of five features, and then showing that, in depression, people's LMSs typically exhibit none of those features. Thus, I conclude that most cases of depression are not dysfunctions.