

Bielefeld Workshop on Philosophy of Psychiatry

Organized by Fabian Hundertmark, David Lambert, and Daniel Montero

Bielefeld University, May 28th and 29th, 2024

Room V2-105/115

All time specifications are in Central European Time

Tuesday		Chair
11:00 – 12:30	Student discussion with Sanja Dembić	Fabian
12:30 – 13:30	<i>Lunch at Mensa</i>	
	<i>Start of the workshop and Zoom broadcast</i>	
13:30 – 14:00	Welcome and Introduction	Daniel, David, Fabian
14:00 – 14:40	Fabian Hundertmark Rationality, Design, and Mental Disorder	Lara
14:45 – 15:35	Caroline Stankози Layers of intentionality: Evidence against a nested hierarchy from biological needs over sensorimotor goals to reflective desires + Commentary Jonas Dauster	Lara
15:35 – 16:00	Coffee break	
16:00 – 16:40	Sascha Fink Psychedelic Transformation and Informed Consent	Fabian
16:45 – 17:25	Lara Keuck The (mis-)measure of validity	Fabian
17:30 – 18:10	David Lambert Treatment resistance as a case study in philosophy of psychiatric research	Fabian
19:00	<i>Workshop dinner at meiwei</i>	

Wednesday

9:00 – 9:40	Cornelia Elke Between Autonomy and Safety: The controversy surrounding involuntary hospitalization 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	Roberta
11:35 – 12:15	Jonas Hartmann tba	Roberta
12:15 – 13:35	<i>Lunch at Mensa</i>	
13:45 – 14:25	Sanja Dembić Delusions, Conspiracy Beliefs, and Pathology + Commentary Lena Schubert	David
14:25 – 15:05	Daniel Montero Diagnostic Validity and the Heterogeneity of Symptom Measurement	David
15:05 – 15:35	Coffee break	
15:35 – 16:15	Florence Adams Ideology and Evidence Resistance: On Theorizing and Measuring Depression	David
16:20 – 17:00	James Turner Depression Isn't a Dysfunction	Fabian
17:05 – 17:45	Anna Hagemann tba	Fabian
	<i>End of the workshop and Zoom broadcast</i>	
18:15 – 19:45	Guest Lecture by Sascha Fink	

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.

***Fabian Hundertmark* – Rationality, Design, and Mental Disorder**

In my talk, I will develop and defend a theory of mental health based on an analysis and critique of Jerome Wakefield's Harmful Dysfunction Analysis and Sanja Dembić's Rehabily View (RHA). According to this view, an organism's mental health depends on its ability to respond adequately to available reasons. Whereby an organism is completely mentally healthy if it has at least the abilities, it would have if all parts of the organism were fully functional. I will show that, unlike RHA, this theory avoids problems with reference classes and takes individuality into account. In contrast to HDA, my theory gives a plausible and informative answer to what constitutes mental health. Moreover, my proposal fits well into a plausible theory of general health and does not require an additional harm condition.

***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.

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.