



## Book Review

# *The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness*, by George Graham

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**The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness**, by George Graham. London and New York: Routledge, 2010, pp. xiv + 288. P/b £18.99.

Perhaps more than any other scientific discipline, psychopathology relies on pre-theoretical intuitions that are unavoidably philosophical. Beneath psychiatric theory and practice lie issues that fall squarely within the philosophy of mind —issues such as the mind-body problem, mental causation, personal identity, subjectivity, consciousness and the emotions— not least, of course, the very concept of rationality. Professor George Graham's book, *The Disordered Mind*, is primarily concerned to show that the understanding and explanation of the mental disorders typically found in psychopathology manuals demands precisely that we apply the concepts and tools distinctive of that branch of philosophy. Unlike those who think about the philosophy of psychiatry as a research field within the philosophy of science, Graham urges us to acknowledge the dependence of psychopathology on the philosophy of mind. At the same time, although to a lesser extent, he draws on the phenomenon of mental illness to introduce and discuss central concepts and positions in that discipline. The book should thus be welcomed as a novel, gripping and doubly unorthodox textbook. It offers a critically acute introduction to the philosophy of psychiatry, while discussing some key themes in the philosophy of mind.

*The Disordered Mind* fosters realism about mental disorders. This is perhaps the one single feature that best characterizes the book. Mental disorders are real *qua* mental —Graham contends. They should not be treated as neurological illnesses, even though they are brought about by a combination of mental and brute somatic causes. Graham's realism is even in contrast to the view that takes cognitive neuroscience to be the natural niche for categorizing and treating mental illness —a view he, interestingly, labels 'anti-realist' thus assuming, at the risk of alienating its advocates, that it carries with it a reductionist commitment. Neurochemistry notwithstanding, Graham

strongly advises us not to think of the mentally ill as having chemically unbalanced brains, but muddled minds.

To explain the 'mental' in 'mental disorder', and in consonance with his non-reductive approach to mental illnesses, Professor Graham draws upon two cornerstones of the philosophy of mind: intentionality and consciousness. The irreducible mentality of mental disorders is best captured, he claims, by attending to both what the representational states of the mentally ill are about, and the phenomenal character of their conscious experiences. How mentally ill patients represent themselves and the world, and their own experiences of such representations also become essential taxonomic parameters for Graham. Intentionality and consciousness thus turn into the coordinates for Graham's preferred theory of concepts: a theory based on prototypes. The choice of parameters works particularly well when characterizing disorders in which the subject is capable of reflecting upon his own condition. Major depressive disorder is paradigmatic in this respect. The depressed subject typically represents the world as providing no motivation while, at the same time, experiencing himself as helpless or aggrieved. Representational and experiential features thus help us, on Graham's view, both to identify and to understand the onset conditions of a disorder. Yet, while there is much to recommend about this analysis when applied to mental illness of a certain type, intentional parameters are of little use in other, paradigmatic, disorders such as delusion. It would certainly seem meaningless, as Graham himself rightly notes, to talk about e.g. the deluded subject's own experience of his condition contributing to the individuation of the disorder in any way.

Intentional-cum-phenomenological considerations are also paramount to Graham's analysis of 'disorder' in 'mental disorder'. A disorder is presented as an "a-rational gumming up of the rational works" (p. 160): some basic mental capacities are gummed up in the mentally ill, he claims. Not surprisingly, the capacities listed by Graham illustrate the non-reductive and holistic nature of his approach. Among them, we find bodily/spatial self-location, self/world comprehension, care, commitment and emotional engagement (pp. 147-149), to mention just a few. These are all capacities, Graham claims, necessary for conducting a decent life. A disordered mind is thus characterized as one in which the mental capacities involved in living a decent life are gummed up in such a way as to be harmful for the agent —harmful to the point of requiring treatment or assistance.

Graham's philosophy of psychiatry thus comes with a moral psychology programme in tow. His appeal to the idea of a decent life as a regulatory criterion in determining the relevant faculties for the characterization of mental illnesses definitely marks his project as one that is genuinely humanistic and person-centred. As such, *The Disordered Mind* could not be further from the hard-line geneticists and molecular biologists flooding psychiatry journals with their attempts to account for mental illnesses by carving nature ever finer at the joints. These micromanagers of psychiatric nosology will, without a doubt, become suspicious of Graham's strategy, and so will anyone inclined to analyse the intentional in more moderate naturalistic terms. The book, in this sense, seems to be best suited for those who, instead of looking for a causal account of mental illnesses, look rather for a proper understanding of the mentally ill's experiences and their import —the kind of understanding that can, although perhaps not happily, sidestep certain issues that touch on the causal efficacy of the subpersonal.

From a strictly philosophical point of view, and also related to Graham's engagement with the purely intentional, there is something not quite clear about his basic characterization of mental disorder. Graham presents a classic picture of rationality as the smooth working of inferential processes between mental contents, and asks us to view mental illnesses as the breakdown of such processes by a-rational muddles. It would thus seem natural to understand 'a-rational' here as referring to some sort of mechanical, brute, causes. Yet, as already pointed out, Graham warns us against taking the proximate causes of mental illnesses to be purely mechanical. Then again, his reticence to allow for brute causes to become efficient on their own makes it very difficult to draw certain boundaries where, pre-theoretically, we find them. Some archetypal mental illnesses —e.g., schizophrenia— seem to be the outcome of purely mechanical breakdowns —their symptoms just feeding into intentional patterns that reinforce and deepen the disorder. This reticence also makes Graham's analysis of some disorders —such as addiction— slant dangerously towards the self-righteous; for the addict is presented as someone who, in breaking his own promises to restrain from relapsing, is best characterized as someone who lacks responsibility for himself.

Graham does defend his position from these charges, which he takes to be two forms of scepticism about his proposal: moral and metaphysical. On the one hand, the moral sceptic, a Szasz advocate of

sorts, takes the category of mental disorder to be morally ill-conceived inasmuch as it carries with it evaluative judgments about the mentally ill which normal physical diagnoses lack. The Szaszian argument is based on the idea that science is not normative, while psychiatry makes normative judgments; so psychiatry is not scientific and should be abandoned. Graham's reply consists of arguing that general medicine is as value-ridden as psychiatry; that there is not much difference between the normative assumptions guiding the diagnoses of physical and of mental illnesses. Metaphysical sceptics, on the other hand, are those who take Graham's realist approach to mental disorders to be clearly dualistic. *The Disordered Mind* is indeed a good illustration of how to deny that for every instantiated mental property F, there is some physical property G such that  $F = G$ . Graham offers instead a particular kind of non-reductive physicalism with clear Davidsonian overtones: "the same condition of a person may be ... both a physical condition and a mental disorder" (p. 80). It is, of course, highly unlikely that either the Szaszians or the metaphysical sceptics would feel defeated by Graham's considerations against their views. The Szaszians are likely to argue that there are clearly two notions of normativity at work in the physical and the mental branches of medicine; the metaphysical sceptics will remind us of the well-known weaknesses of token physicalism as a form of physicalism. The discussion of these issues, however, provides the clearest example of the way in which the book also plays the role of an introduction to the philosophy of mind and it does so in a very clear and engaging fashion.

*The Disordered Mind* is divided into nine chapters and an epilogue. The first six chapters are dedicated to an explanation and defence of the general approach favoured by the author —the main object of this review. The last three chapters examine a few central cases, such as addiction, delusions like paranoia or thought insertion, and multiple personality disorder, among others. Finally, in the epilogue, Graham takes us through some of Kierkegaard's most moving passages, used as a platform for discussing the metaphysics of the self vis-à-vis his view of psychopathology. Here, Graham aspires to legitimize the permeability of boundaries in what he takes to be prototypes of mental disorders, thus eluding some of the anticipated objections regarding the inherent vagueness of his approach; and he does a very good job of showing the prevailing fuzziness of psychopathological taxonomies.

The land of the mentally unsound is poignant territory, which attracts all kinds of scientific and philosophical projects. To understand it involves, in part, identifying the underlying causal patterns that allow for correct classification, assessment, and treatment. From Professor Graham's book we learn that to understand the land of the mentally unsound also involves being able to draw a moral psychological model of human flourishing—one that preserves dignity and self-respect. *The Disordered Mind* will definitely be of interest to philosophy undergraduates and to anyone interested in a philosophical account of the fine balance between sanity and insanity. It is written in an engaging and accessible way for students, yet its contributions will also appeal to psychiatrists, psychologists and mental health practitioners.

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**LOT 2: The Language of Thought Revisited**, by Jerry Fodor, Oxford, Oxford University Press, 2008, 228pp.

In the course of some characteristically wry autobiographical comments at the beginning of this book, Jerry Fodor remarks that when he published *The Language of Thought* in 1975, he thought of himself as reporting an emerging consensus in the study of cognition. His views have inspired much discussion but little outright agreement, and this proclaimed sequel is polemical in nature. Fodor sees himself as in an embattled minority, and here he returns the fire of his critics.

The book is a short one, but covers a great deal of ground. Beginning with some remarks on the history of the development of cognitive science and analytical philosophy, Fodor addresses propositional attitude ascriptions, concept possession, the nature of perceptual representation and the sense/reference distinction, among other things. The pace is brisk, and Fodor's famous wit is again on display. His humorous approach to philosophical writing