CONCLUSIONS

As should by now be clear, the D.S.M. is a classification system of immense practical importance. As such it is important that the D.S.M. should be the best classification of mental disorders possible. Through examining the fundamental assumptions on which the D.S.M. is based, this book aims to contribute to assessing whether the D.S.M. is a satisfactory classification system.

The first half of the book examined the metaphysical assumptions behind the D.S.M. In the first chapter I assessed the account of disease on which the D.S.M. is based. The D.S.M. committee employed an account of disease according to which a disease is a harmful dysfunction. I argued that this account of disease is unsatisfactory. Instead, diseases are conditions that are bad things to have, that are such that the sufferer is unlucky, and that can potentially be medically treated. This account of disease is quite different from the D.S.M. account. However, the D.S.M. account could not have been used in practice. This is because in general we do not know enough about evolutionary biology to know whether or not a condition is a dysfunction. I suggest that in practice the committee assumed that a condition is a dysfunction if it seemed that sufferers are unlucky and if the condition seemed to have a biological or psychological basis. These conditions are so close to my conditions, that those with a disease are unlucky and that diseases are at least potentially medically treatable, that I suggest that little harm has been done to the D.S.M. through the committee explicitly adopting an incorrect account of disease.

The D.S.M. project has assumed that empirical research can tell us how mental disorders ought to be classified, and that the distinctions between mental disorders thus discovered will be theoretically important. In other words the D.S.M. assumes that types of mental disease are natural kinds. In the second chapter I refuted various arguments that have been supposed to show that mental disorders cannot be natural kinds and I developed a generally applicable account of natural kinds. According to this account it is plausible to think that some types of mental disorder will be natural kinds, while other types will not be natural kinds. If I am right, and at least some mental disorders are natural kinds, this is an important conclusion. Natural kinds and natural laws are linked. Thus, if at least some mental disorders are natural kinds, there will be laws, explanations, and sound inductive inferences in psychiatry – in short psychiatry will be a genuine science. In addition, if at least some mental disorders are natural kinds it makes sense to review empirical work in the hope that theoretically important distinctions between mental disorders might be found, and so the approach of the D.S.M. committees is justified.

The second half of the book examined epistemological issues. Even if some types of mental disorder are natural kinds is there any reason to hope that a classification system such as the D.S.M. will ever reflect their natural structure? In the third chapter I examined the epistemic problems that would follow from observation being theory-laden. Most philosophers of science hold that observation is theory-laden because they think that perception itself is theory-laden, that the language of observation reports is theory-laden, and that scientists require a theory to tell them what features of the world are worth investigating. I argued that there is insufficient evidence for it to be possible to judge whether or not perception in psychiatry is theory-laden. I also argued that the problems caused by the theory-ladenness of language can be side-stepped; while observation statements may not be theory-free they can at least be theory-neutral. However, I agreed that classification systems must always draw on some theory or other, as a theory must be used to decide which features of the entities under study are of scientific interest. As such a classification of mental disorders can only be as good as the best psychiatric theories. In so far as we have reason to doubt that the correct theories concerning mental disorders are known, we have reason to doubt that the conditions included in the D.S.M. are natural kinds.

In the fourth chapter I investigated the ways in which the D.S.M. has been shaped by its use by the medical insurance industry and by the pharmaceutical industry. I demonstrated that the D.S.M. has been substantially shaped by insurance considerations, and to a lesser extent affected by the needs of the pharmaceutical industry. I developed an account of feedback in science that makes it clear that the feedback arising from the use of the D.S.M. by insurance companies, in particular, is epistemically a bad thing. In principle it would be possible to introduce measures to limit the effect of such feedback on the D.S.M. However, far from seeking to limit the effects of insurance considerations on the D.S.M., the D.S.M. committees knowingly include categories for insurance purposes. As a result I conclude that it is highly unlikely that D.S.M. categories will come to describe natural kinds of mental disorder in the near future. Unfortunately it turns out that although the D.S.M. is of immense practical importance it is not on track to become the best possible classification of mental disorders.

APPENDIX

Definitions of "Mental Disorder" in the D.S.M.

1.D.S.M.-III (1980)

"... each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability). In addition there is an inference that there is a behavioural, psychological, or biological dysfunction, and that the disturbance is not only in the relationship between the individual and society."

2.D.S.M.-III-R (1987), D.S.M.-IV (1994) AND D.S.M.-IV-R (2000)

"...each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in a individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. an impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioural, psychological, or biological dysfunction in the individual. Neither deviant behaviour (e.g. political, religious or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above."

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