George Graham, as many readers of *Metapsychology* would realise, has ranked amongst the foremost contributors to the philosophy of psychiatry and its cognate disciplines over the past two decades. During this period and once more demonstrated by *The Disordered Mind*, he has developed a reputation for deftly dealing with the proliferation of the often abstract and abstruse arguments pervading the field. Indeed, in this arena of enquiry where all too few facts are recruited to the service of all too many reified speculations in the popular media, Graham rarely shies from giving his readers a clear sense of how actual and hypothetical case-studies can illuminate the theoretical issues at stake.

For all its praiseworthy features—including pertinent chapter summaries and bibliographical notes for those new to the field and those familiar with it—*The Disordered Mind* raises as many questions as it seemingly resolves. This critique will particularly attend to two of its more contentious facets. The first relates to the theoretical framing employed by Graham and the second to the explanatory force of that framing.

*The Disordered Mind* as a whole uses two strategies. First of all, it introduces its readers to some seemingly intractable philosophical problems about the nature of mind, especially in the first six chapters. It then pursues the apparent clinical consequences of a "realist" philosophy of mind Graham maintains, notably during the last three chapters. By so apportioning his text, Graham invites readers to consider the nature of mental disorders principally from a philosophical point of view rather than approach mental disorder or illness from the perspective of psychopathology. Notwithstanding an almost conversational tone at times, Graham confronts his readers—readers ranging from undergraduates to practitioners in the clinical sciences—with six theoretical questions which reverberate throughout the text. What distinguishes mental from neurological disorders? What part do social, psychological, and cultural factors play in a clinical understanding of mental disorders? Are mental disorders diseases? Is it possible to uphold a notion of mental disorder or illness without reducing or equating it to a physical or purely behavioural state? Does mental disorder involve a dissolution of rationality? Do stultifying facets of mental disorders also raise an ethical conundrum for issues of human dignity and self-respect?

Graham's response to these six questions finds him upholding various forms of addiction, depression, delusion, obsession, and paranoia as exemplars of mental disorders (e.g. 40). These disorders can be construed as mental in so far as they jointly possess mental symptoms and origins as distinct from physical or neural ones. So, although *paralysis agitans* ("Parkinson's disease") is capable of including degenerative cognitive and emotional symptoms, it is not considered a mental disorder because it derives from impairment of the central nervous system (41, 104 & 132). Fundamentally what distinguishes the mental from the non-mental for Graham is "consciousness and intentionality" (30). Consciousness comprises the capacity to "harbor perspectives" or "possess the power or ability" to represent one's self or the world (30) and intentionality indicates that "our experiences and conscious representational states are about things, or directed at things, other than themselves" (31). When mental capacities are severely disturbed as in cases of depression, the person affected enters "a self-stultifying impairment" to the point of
becoming "incapable of rational self-scrutiny or taking proper responsibility for self," to the point also of losing "emotional connectivity with previously cherished goods" (46). Hence, Graham ultimately contends that mental disorders preclude the exercise of "basic capacities or faculties of mind" which "when sufficiently 'well-ordered' enable decent lives to be led" (139; cf. 145). And "to achieve a satisfying or decent life" (150), there are "primary (basic, fundamental) psychological competencies that are bound to be required or desired" (147), including caring for others, comprehending communicative acts, engaging emotions, forming goals, identifying spatio-temporal contexts, making choices and recognising alternatives (147-150).

It is at this point that Graham has re-framed his conception of mental disorder or illness. In brief, what has begun as a tract embedding an understanding of psychopathology within a philosophy of mind has now embedded its philosophy of mind within moral philosophy, a moral philosophy given to the ends or purposes of human living in order to elucidate what is psychologically significant.

However, this transformed theoretical framework operating in *The Disordered Mind* raises a number of reservations. For example, are there not instances of harmful, non-voluntary ways of blocking the capacity for a decent life that do not qualify as mental disorders by Graham's definition? Take the case of an Alyssa who is grossly inattentive or a Giorgio whose stuttering cannot conceal his illiteracy or an Alessio with facial deformities. In what precise way or ways is the harm wrought by mental disorders to be distinguished from each of these instances, namely, being absent-minded, being illiterate, and being ugly? Again, what if Giorgio, say, found that, to achieve a fulfilling life, it was far more efficacious for him neither to care for others nor to engage in emotional commitments? In other words, has Graham ruled out of court and without discussion that a Giorgio's well-being might stem from acting upon the recognition of a socio-pathological alternative?

In his quest to distinguish mental disorders from non-mental ones, Graham emphasizes that symptoms of the former are invariably "multiple" (54). Moreover, he asserts that, when taking into account "normal variations in human mental health and disorder," there "certainly seem to be no symptomatic hard edges or discrete boundaries" (54). Consequently, he has little hesitation assigning a cluster of at least dozen criteria or symptoms to his exemplar of major or clinical depression, the "sheer multiplicity and contextual variability" of which bedevils attempts to diagnose it, let alone to discriminate it from, for example, "periods of...unhappiness or demoralization," "personality traits such as melancholia," or even "global attitudes like nihilism or pessimism" (54-55).

One might interject here and ask by what means do we actually know if the nominated cluster of criteria apply to severe depression or not. Presumably, if we do know, then it follows that we have a procedure for discriminating what cluster of criteria truly applies from what does not. For example, Graham states that "obsession with objects...paucity of imaginative play, a lack of normally expressive social engagement...and...monotonous, repetitive activities" can be assigned to autistic symptoms (190), but not a cluster including, say, vertigo, temper tantrums, night terrors, and hyperaesthesia. But, to adopt an argument first formulated by Roderick Chisholm in his 1982 paper, "The Problem of the Criterion," to know whether our procedure for so discriminating sets of criteria is a good one, we have to know whether it succeeds in distinguishing those that truly apply from those that do not and we cannot know that unless we already know which apply and which do not. In short, is there a danger lurking behind Graham's account which ultimately locks us into logically circular explanations?

At this juncture, Graham may attempt to counter such an objection by drawing upon the claim that, to talk about disorders in the mental realm, is to talk about episodes or events that "certainly appear to fail to emerge in a law-like fashion," let alone to emerge fully "from physical causal mechanisms" (58). Furthermore, attributions of mental disorder presuppose "violations of norms
or standards of prudential reasonableness or reason-responsiveness" (58). In other words, the issue at stake is not simply knowing the sheer applicability or not of one cluster of criteria. The history of shifting taxonomies and criteria in the successive revisions of the Diagnostic and Statistical Manual of Mental Disorders would demonstrate thecontestable nature of criteria or symptoms in the first place (see, e.g., 64-68, 102-105, 111-112 & 191-195). Instead, what is at stake is the issue of what constitute the norms for mental disorder. These norms, for Graham, are whenever intentionality is no longer coupled to rationality, or, to elaborate a little, whenever intentional content--and hence the objects of our cognitive processes and conscious representations--is divorced from "a rationally interconnected network of concepts" (120).

When turning to his exemplar of addiction, Graham specifically focuses upon the behavioral pattern of relapsing after temporary cessation as a demonstration of the addict's inability to assume responsibility for him- or herself (160ff.). By contrast, he claims, "Self-responsible people care about the future"; they have "long-term plans, projects or commitments to hold dear" (170). For those addicts who may well care about the future, who have a variety of rational plans they cherish, and yet relapse without willingly doing so, has rationality simply disappeared as if its possession were an "all or nothing" matter? Appeals to either/or arguments carry with them the risk of concluding that deficits are afoot. Are we therefore any closer to an explanation of addiction when Graham, in his concluding summary of the seventh chapter, identifies it as "a deficit of rational resolve" (184)? After all, why could such a deficit not be equally the hallmark of our absent-minded non-addictive Alyssa who is suddenly precipitated into a chronic state of indecision?

Finally, there are some passing remarks on the autistic child which also call into question the explanatory force of Graham's theoretical approach. He suggests that, in the case of the autistic child, "Neural damage presumably is responsible for the incapacity to understand" (177). Graham wonders whether its characteristic "repetitive, isolated play...reflects avoidance of situations that require understanding other persons" (177) whilst, at the same time, conceding that clinical investigation might be needed to establish if intentionality does or does not play "a proper part of a disorder's propensity conditions and if brute neural processes are the sole sources of a condition" (177). Subsequently, Graham asserts that, although "the precise neurological details are not known," autism is "a neurodevelopmental disorder" whose "central symptom is...social aloneness" (190). Yet, in any quest to understand autism empathetically, we are told

Various symptoms may affect and be affected by others. But focusing on symptoms does require not lumping...all sorts of symptomatic behaviors together. Whether a symptom can be understood empathetically and apart from others is...an empirical question (191).

On the basis of this empathetic approach and without challenging the belief in a "central" symptom, two questions come immediately to mind. Firstly, is it possible, contrary to Graham's view, for the interaction of symptoms to have a cascading effect upon persons, to act as the cause of their disorder's prolongation or the origin of its severity? Secondly, is the lack of a developmental focus in The Disordered Mind one reason why Graham never doubts that being bereft of "a rationally interconnected network of concepts" (120) is a defining feature of mental disorders? And, to return to the autistic child, could the absence of such a conceptual network equally define any child before the age of conscious awareness?

In conclusion, for all the potency and perspicacity of Graham's philosophical engagement with the nature of mental disorders, there still seems to be a place for disclosing the nature of mind from the perspective of psychopathology. Perhaps an insufficient acknowledgement of that perspective by Graham might account for a noticeable omission. Engaging the debates of a theoretically informed previous generation might have allowed Graham to interrogate the way, for example, a Kurt
Goldstein amongst others assiduously plotted the terrifying psychological reversal of patients stripped of the basic capacity for abstract thought and speech and with it the most rudimentary understanding of self and world.

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