

Philosophy of Psychopathology and Psychiatric Phenomena

June 16th – 17th, St. John's College, University of Cambridge
Lightfoot Room, Old Divinity School

FRIDAY JUNE 16TH

9:15 Opening Remarks

9:30-11:00 Tom McClelland (HPS, Cambridge)

Mental Affordances and Mental Disorder

Abstract: We experience situations as affording particular actions and doing so can trigger the neural preparation of the afforded action. The concept of affordances has been used to shed light on a variety of mental disorders. Conditions including optic ataxia and body dysmorphia have been characterised as irregularities in affordance perception. And conditions such as OCD, Utilization Behaviour and Anarchic Hand Sign have been characterised as irregularities in the preparatory signals triggered by affordances. Although the affordance literature focuses on affordances for bodily actions like walking, grabbing and eating, recent work has proposed that we are also sensitive to affordances for mental actions like attending, imagining and deliberating. But can the concept of mental affordances also be used to shed light on mental disorders? I argue that it can. Specifically, I suggest that the mental behaviours associated with certain disorders result from irregularities in how agents experience affordances for mental action or from irregularities in how agents regulate the preparatory signals triggered by those affordances.

11:15-12:45 Cecily Whiteley (Philosophy, Cambridge)

Depression and Incarceration

Abstract: For decades, scientific research on major depressive disorder has been guided by a conception of depression as a disorder of mood. In recent work, I have suggested that this conceptualisation is mistaken. According to the alternative 'global state' view, depression ought instead to be viewed not as a disorder of mood, but of the neurobiological state of wakeful consciousness subjects typically occupy whilst awake. In this talk, I examine a prominent challenge to this view which I call the

'affectivity objection'. According to this objection, while viewing depression as a disorder of consciousness explains many overlooked aspects of the phenomenology of depression, the global state hypothesis lacks the conceptual resources to explain why depression has a strong negative affective phenomenology. What explains this on a global state conception of the disorder? I offer the beginnings of an answer to this question which focuses on the contribution that wakeful consciousness, understood as a state of mental capacitation, makes toward our experience of affordances for mental and bodily actions of various kinds. What falls out of this discussion is a view of depression as a form of incarceration with respect to one's mental capacities, an incarceration which affects how the world is experienced and what possibilities feel open to one. To be depressed, I shall suggest, may, in one phenomenologically salient sense of the word, be less free; this feels bad.

Lunch

1:45-3:15 Sam Wilkinson (Philosophy, Exeter) and
Huw Green (Neuropsychology, Addenbrookes)

What is Organic Personality Change?

Abstract: Clinicians use the term "organic personality change" to refer to certain kinds of presentation after brain injury or neurological illness. This term is descriptively vivid and fits with folk conceptions, but it is imprecise and poorly defined. One response to this problem has been a form of eliminativism about personality. We argue that this eliminativism is unpalatable and shows questionable underlying assumptions. We instead adopt a pragmatic perspective and make a start on presenting a detailed account of when the term "personality change" should be deployed.

3:30-5:00 Pablo Hubacher Haerle (Philosophy, Cambridge)

Diagnosis as Speech Act

Abstract: When we make a diagnosis, we change the world. When we get diagnosed our world changes. Thanks to the diagnosis you may be able to access life-saving treatment, financial help and coverage by insurances. Also, you may be excused from certain expectations (at work or in school), receive understanding as opposed to scolding faces and potentially allow yourself to be less hard on yourself too. However, you also may become subject to stereotyping, be taken less seriously, perhaps

not heard at all. Put into the vocabulary of speech act theory, diagnoses are illocutionary and perlocutionary speech acts. They change the normative landscape. Moreover, they also change the 'landscape of affordances'—new actions might become possible for you, old ones seem suddenly unachievable. In this talk I discuss some of the performative aspects of diagnoses and explore the importance of seeing diagnosis as speech act. In particular, I suggest it allows us to make sense of two important topics in philosophy of psychiatry: epistemic injustice in the form of silencing and looping effects.

SATURDAY JUNE 17TH

9:30–11:00 Jack Wearing (Philosophy, Cambridge)

Mental Illness, Objectification, and the Objective Attitude

Abstract: Peter Strawson famously distinguished between two standpoints we take up toward others: the interactive and objective attitudes. Strawson and other philosophers who have elaborated on his distinction suggest that a wholly objective attitude is forced on us in the case of human beings with certain mental illnesses and psychological disorders. I reject this conclusion, arguing that it encourages a form of objectification: a failure to acknowledge these human beings' perspective, which we ought to try sympathetically to understand. While the Strawsonian view falsely suggests that we do not, perhaps cannot, take up an interactive attitude towards human beings with certain mental illnesses, I argue that such a view presents a distorted picture of what an interactive human relationship ought to look like. In doing so, it also implies a misleading and potentially pernicious model for the relationship between the psychiatrist and their patient. To overcome these issues, I develop a new account of Strawson's distinction (1) to explain why 'perspective-denial', like autonomy-denial, is problematically objectifying and (2) to make room for a wider conception of the interactive standpoint.

11:15–12:45 Eleanor Holton (Neuroscience, Oxford) and
Richard Holton (Philosophy, Cambridge)

Stability and Control in the vmPFC: Looking for the Neural Underpinnings of Intentions

Abstract: Many philosophers embrace the existence of intentions: states that are distinct from beliefs and desires, and that are stable (in the sense of resistant to revision) and controlling (in that they lead to action fairly directly, rather than providing an input to

deliberation). Some social psychologists have taken a similar approach, but there has been little work in neuroscience on what the underpinnings of such states might be. Drawing on established work on foraging behaviour and the like, and on a set of new studies involving behavioural, fMRI and lesion data, we suggest that there is an area of the vmPFC that serves to keep subjects focussed on a task, reducing the perception of alternatives. While there are clear advantages to be gained from this focus, this helps to explain the well documented tendency to continue pursuing goals after it rational to abandon them (sunk cost effects and the like); and, since the impact of diminished returns from the pursued task is different to the impact of the potential for increased returns from alternatives, it can explain how subjects can be more sensitive to the former.

Lunch

1:45-3:15 Jessie Munton (Philosophy, Cambridge)

Delusions and Negative Epistemology

Abstract: So far, philosophers and clinicians have generally attempted to theorise delusions within what I describe as a positive epistemological project, one that focuses on the beliefs and attitudes we do form, the evidence we have for them, and their epistemic status, as justified or unjustified, for instance. Within this framework, various aspects of delusions prove quite hard to make sense of. I argue that we need to consider delusions within a project of negative epistemology. Negative epistemology describes and evaluates not just the attitudes we do form, but those we fail to form, the information we neglect, and the evidence we do not acquire. I argue that certain delusions are at least partially constituted by a distinctive neglect of information. Appreciating this aspect of them helps to dissolve some of the difficulties of understanding their nature and epistemic status.

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