TOWARD A FICTIONALIST PSYCHIATRY?

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I am deeply sympathetic to what Giulio Ongaro (2024a, 2024b, 2024c) writes in these three excellent interlocking papers. I will argue that there is a slightly more efficient way of approaching these issues. It involves adopting fictionalism rather than externalism (although fictionalism can accommodate externalist insights).

Fictionalism is something that Ongaro briefly, and approvingly, mentions, in the final paper, but there is an implicit realism in the initial approach. I am not sure there is much disagreement, however, and perhaps we end up in the same place, having approached from different starting points. The fictionalist approach is largely compatible with all of the substantive things Ongaro wants to say, but is, strictly speaking, in tension with the most natural interpretation of externalism, namely, construed as a form of descriptivism and realism (two notions I unpack later).

EXTERNALISM, EVALUATIVISM, AND SOCIAL INTEGRATION

A major theme of the first paper is that mainstream internalist Western psychiatry is bad at integrating the social dimension of mental illness. I agree. Furthermore, recent externalistic (enactive and predictive processing) approaches, while better, are still lacking in that they collapse the “social” into the “psychosocial.” Again, I agree. But

my diagnosis (excuse the pun) is slightly different. The social dimension of illness concerns in large part the evaluative nature of illness, not the need to descriptively, causally capture a complex, objectively real phenomenon called "illness."

Having said this, in integrating this evaluative social dimension, we need to tread carefully lest we fail to meet the "demarcation challenge" (e.g., Murphy, 2008). This concerns the challenge of demarcating different kinds of problem. Humans have always had problems, for which they have needed help, accommodation, allowances made, and so on, but how do you distinguish mental health problems, from other kinds of problems? How do you distinguish money woes, or marital strife, both of which certainly cause unhappiness, or even psychological states that look like psychiatric symptoms (e.g., anxiety, low mood), from properly mental health problems?

The biomedical "internalist" says: Easy! Either there is something objectively wrong with you, or there is not. However, notice that this is exactly what externalists can say too, to the extent that they are trying to *describe* and *define* disorder in value-free terms. The only difference is that the internalist will talk about what is wrong within the biological boundaries of the organism, whereas the externalist will go beyond that.

Externalism about a particular phenomenon, if it is to be a non-trivial position, needs to be sensitive to the distinction between *cause* and *constitution* (or what Adams & Azaiwa [2001] call "coupling-constitution confusion"). We see this in externalism about the mind in general. In the Extended Mind Hypothesis (Clark & Chalmers 1998), the claim is not that Otto's notebook causally contributes to Otto's mind (his belief about where the MOMA is). Nobody would deny that. The interesting claim is that the notebook is constitutive of his belief: it is literally part of

his mind. Similarly, nobody is denying that external (e.g., social) factors cause mental health problems, the question is: Do they constitute those problems? Externalism takes this question seriously and answers in the affirmative, at least in some cases. But the articulation of this has to be nuanced.

Suppose I have crippling anxiety over financial concerns. Anxiety can be a mental health problem, but if, in this case, you transferring money into my bank account makes my anxiety disappear, then one might think this is not a mental health problem. It is a money problem. Or is it? Enter fictionalism (Wilkinson, 2022).

Fictionalism is the view that calling someone mentally ill is not describing them as having a particular property, but involves something like engaging in a fiction, a fiction that has been constructed in order to encourage certain courses of action. According to fictionalism, given the facts, there is a lots of wiggle room about how we are to think of, and respond to, people's problems.

To borrow some insights from meta-ethics, when we examine normative discourse (one canonical domain being ethics) we can ask: what does the discourse do? And what is the ontological reality, if any, of what that discourse is about? The standard view about mental illness is that mental illness discourse is descriptivist, and realist. In other words, when I say, "This person has a mental illness," I am describing the world, and my statement is truth-apt, namely, accurate if the world is as described. What's more, what is being described is real: there are real things in the world (illness properties) that make that discourse true or false, accurate or inaccurate. Now, the mainstream, Western, biomedical psychiatry that Ongaro is critiquing is internalist, in addition to this: the truth makers of these assertions reside within the "boundaries of skin and skull" (to borrow the phrase from Clark & Chalmers [1998]). But the externalism that Ongaro presents in its stead, at least initially, in this first paper, also

presents truth makers, but they are merely distributed beyond these boundaries. That is, after all, the point of externalism: it is a claim about what constitutes illness.

In contrast, the fictionalist thinks that there is no fact of the matter about what constitutes illness. Crucially, this is not to say that people's problems or suffering are not real. You can describe accurately someone's condition, including with the help of biomedical science, but the further step to calling something an illness, of giving it illness *status*, is not to detect some further property in the reality described. It is to flag it as having a particular societal significance (see Roberts & Wilkinson, forthcoming).

So, an upshot of the nuanced anti-realism in fictionalism is that when you attribute mental illness, you are not only describing the individual: you are enjoining society to respond to that individual in a particular way (including how they should respond to themselves). That is why I have stressed how psychiatric fictions are intrinsically related to institutional structures and courses of action in, for example, education (extra time on exams), criminal justice (diminished responsibility pleas) (Wilkinson, 2022), the workplace (sick leave and benefits), and so on.[1]

What is the relationship between fictionalism and externalism? The fictionalist will be sympathetic to the idea that those very things that we deem to be instances of mental illness are best understood externalistically (and hence, for example, should be intervened upon holistically) but will find it misguided to think that deeming something to be illness can be descriptively articulated in these terms. Ongaro gets close to this position by the end of the third paper, by suggesting an "approach on the 'social' that combines political action with ontological revision" (Ongaro, 2024c, p. X).

ANTHROPOLOGICAL VARIETIES IN PSYCHIATRIC FICTIONS

In the second paper, Ongaro describes the Akha, and how their way of dealing with mental health problems succeeds in many ways, where internalist Western psychiatry has failed. Furthermore, their healing practices embody a kind of externalism which has many fascinating consequences, including the "folding together of nosology and etiology" (Ongaro, 2024b, p. X), and reducing stigma by promoting an "externalist etiology that offloads agency." The fictionalist accommodates this (indeed the "wiggle room" present in approaches to mental illness is a major motivation for the view), but will ask: Do the Akha really think about these problems as mental health problems in the first place, in anything comparable to the Western sense?

Ongaro talks about the impracticality of importing the Akha framework into Western psychiatry, in term of "importing pigs, rice fields, and bamboo altars." (Ongaro, 2024b, p. X) This may be rhetorical understatement, but for the fictionalist such an importing is unimaginable, as it has to holistically infiltrate every aspect of life. You would have to become the Akha.

And yes, while many cultures have practices of *healing*, where communities treat someone with a problem as a patient (a passive undergoer) and go through whatever process (administering a substance topically, by ingestion, undergoing a ritual, etc.) the anthropologically broad category of "healing" is distinct from the socio-culturally narrower concept of the "medical" or "clinical," or even "therapeutic." For the fictionalist, the lesson from the Akha is that they demonstrate one of indefinitely many possible fictions that human societies develop in the service of healing practices. It is noteworthy that they have an externalist flavor. But other fictions would too. One thing that is interesting to the fictionalist is a reflection on how Western narratives of healing became so internalist. Such a story could no doubt appeal to many things from Western individualistic thinking, to the integration of

biological and chemical science within medical research in the service of "evidence-based" practice, to the holding up of randomized, controlled trials as the gold standard and the relative ease with which one can conduct randomized, controlled trials (placebo conditions) with pharmaceuticals (and the support from pharmaceutical companies), to how psychiatry became a branch of medicine, (via an over-extrapolation of successful biomedical interventions for conditions like neuro-syphilis), and so on.

In other words, do the Akha share our Western fictions? Clearly not, and the fictionalist starting point is that they could not. Implicit, but hidden, in this second paper, as it is in the externalist project in general, is a degree of realism: the assumption that there is such a thing, that exists in all human societies, called mental health, and ill health, and that the Akha deal with it differently. But for the fictionalist, there is not.[2]

ENDING UP WITH CONSTRUCTIVISM

The third paper engages with the recent interest in the social determinants of mental health. A central take-home message is that we need to focus on "social etiology that is established by virtue of the meaning that it holds for patients, rather than its capacity to identify social causes of illness" (Ongaro, 2024c, p. X)

This seems exactly like what a fictionalist would say. Fictions are tools for meaning making: they are things we live by, things that structure our lives socio-culturally and individually as sociocultural beings. But notice how now this is incompatible with externalism. Externalism about mental illness is an answer to the question: Where is mental illness constituted? Is it within the organism (internalism) or beyond (externalism)? If you say, "Well, mental illness is a construct, a fiction that humans adopt to achieve certain goals, including processes of meaning making,

agency enhancement, ‘transformative efficacy,’ and so on, then you are not taking *that* question seriously enough to fall on an externalist side. You may endorse externalistic narratives since they are more useful across many dimensions, in guiding future research, in developing interventions, promoting patient empowerment, stigma reduction, but they are not in any robust sense *true*, in the standard way that this is understood to the exclusion of other (e.g., internalist) narratives.

NOTES

1. This inferential constitution is one reason why the analogy with fictions is apt. To say that Sherlock Holmes lives on Baker Street means, among other things (and unless told otherwise), that he lives in London, and closer to Marble Arch than Mile End, and so on.

2. As a non-anthropologist, I am reluctant to speculate as wildly as this, but if we look not just at other cultures, but at the past, we see that mental health discourse in general, and psychiatric discourse in particular, emerged at all, and in the way it did, in a contingent manner. There is a space of possible psychiatries that looks very different to ours, or possible cultures that do not seek to help, or treat, or accommodate those who suffer, but who abandon the burdensome.

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