

**Johns Hopkins University Press Podcast**

**Anne-Marie Gagné-Julien**

***Philosophy, Psychiatry, and Psychology***

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**Mary Alice Yeskey**

Welcome to the Hopkins Press Podcast. I'm Mary Alice Yeskey with the Hopkins Press Journals Division. Our guest this week is Anne-Marie Gagné-Julien. Anne-Marie is a post-doctoral fellow at the biomedical ethics unit at McGill University and is also affiliated with the École normale supérieure in Paris, working on philosophy of psychiatry and medicine, social epistemology and epistemic justice. She holds a PhD in philosophy of science and psychiatry at the University of Québec in Montreal. Dr. Gagne Julien was recently named the 2021 winner of the Karl Jaspers award, given by the Association for the Advancement of Philosophy and Psychiatry. Her winning paper is titled "Dysfunction and the Definition of Mental Disorder in the DSM."

Thank you so much for joining us today, Anne Marie. I'm so excited to talk to you today.

**Anne-Marie Gagné-Julien**

Yeah, thanks for having me.

**Mary Alice Yeskey**

The first question I like to ask all of our guests is can you tell us a bit about your academic origin story? How did you come to study biomedical ethics?

**Anne-Marie Gagné-Julien**

Yeah, in fact, I became interested in biomedical ethics because of the results of my doctoral research. So, I did my PhD in philosophy of psychiatry, and my doctoral dissertation focuses on the concept of mental disorder in the DSM and the classical debates in the philosophy of psychiatry and medicine that have targeted this specific concept.

I was first interested in classical philosophy of science, but I discovered feminist philosophy of science and feminist epistemology and what is called today the value in science approach and this led me to become interested more and more in values that could be considered legitimate in psychiatry but also the values that could be considered illegitimate in the field of psychiatry. So, we could say that some values like epistemic values like truth, coherence, explanatory power of theories would be legitimate values in psychiatry, but we can think also of other types of values, such as social, cultural values like justice, well-being, care, but also wrongful values such as racism, sexism, ableism, and so I became interested in assessing the place and roles of those types of values in psychiatry.

In my dissertation I was primarily interested in the issue of the place and role of social and cultural values in the philosophical debate over the definition of the concept of mental

disorder. Ultimately, I adopted what is called a normativist or constructivist position to this question, which defends that the meaning of the concept of mental disorder is influenced by social and cultural values.

I think one of the implications of this position is that it forces us to think about which values are legitimate in psychiatry and which are not. And so, this kind of work brings us into the realm of bioethics and moral and political philosophy.

Mary Alice Yeskey

Very heavy stuff, but very, very important work too. Thank you so much. Your paper, which is titled "Dysfunction and the Definition of Mental Disorder in the DSM" was named the 2021 Karl Jasper Award winner by the journal *Philosophy, Psychiatry and Psychology*. So first of all, congratulations. My question is did somebody suggest you apply for the award, or did you submit on your own behalf?

Anne-Marie Gagné-Julien

Yeah, well actually my co-supervisor Luc Faucher told me about this award years ago. At that time, I didn't apply because I didn't feel my work was finished or was good enough. But since last year was my last year of doctoral studies, I felt it was my last chance to apply, so I made the decision a little bit last minute to apply, and I'm very glad I did!

Mary Alice Yeskey

Excellent, excellent. We're glad you did too. Your paper discusses different theories of defining the scope of "mental disorder," with a goal of providing a framework for that definition that is both, as you put it, "value-laden and sufficiently objective." For our listeners who are not experts in the field of psychology, could you explain what those two approaches are and why they have been at odds with each other in defining mental disorders?

Anne-Marie Gagné-Julien

So, as I said, one of the issues in contemporary debates about the definition of mental disorder in the DSM is the place and the role that social and cultural values play in the definition. This is an issue that goes back to the 1960s-1970s when psychiatry was the subject of heated debate. At that time psychiatry was under attack from all sides, but one of the most important criticisms was to show the problems of one of its central concepts, mental disorder.

Numerous critiques challenged psychiatry as a legitimate scientific discipline, just as medicine would be, and one of the arguments was that the concept of mental disorder was not based on anything scientific or empirical and it was therefore only a tool of social control to regulate what would be called social deviance.

So, since this crisis that psychiatry encountered in the 1960s and 1970s, there has always been a desire on the part of psychiatry to demonstrate that its concept of mental disorder was not just a tool of social control, but rather that the concept was objective and scientific. The legitimacy that psychiatry was and still is granted seemed to rest, at least in part, on the fact

that it medicalizes and treats conditions or experiences that are really diseases or really disorders in the same way that medicine treats cancer or AIDS, for example. So, psychiatry had to treat real mental illnesses, objective mental illnesses to be part of medicine and to be part of science.

In the face of these tensions, psychiatry has offered an official and formal definition in the DSM that states that mental disorder must not be the result of a disagreement between the individual and society, but rather a condition that causes suffering or disability or that has an impact on functioning, and it must be the result of an internal underlying dysfunction. This definition has remained more or less the same throughout the years, including in the DSM-5, the recent edition of the DSM, but this definition was an attempt by psychiatry to counter the previous accusations regarding its non-scientific status.

So, one of the problems is that the DSM, even if it states what the mental disorder is, so the problem is the DSM does not say what a dysfunction is, it simply postulates or claims that a mental disorder should be explicable by the presence of a dysfunction be it psychological, neurobiological, etcetera, and here dysfunction, the definition, represents what would be scientific or objective in the definition of mental disorder. But we do not know what it means, what the concept of dysfunction means, so that's the problem for the DSM definition. But this notion has interested philosophers of medicine and psychiatry, and there have been several approaches that have tried to defend that the concept of mental disorder could be defined in an objective and scientific way by involving the notion of dysfunction.

Some approaches have tried to define the concept of mental disorder in a scientific and objective way by showing that the notion of dysfunction was scientific and objective. These approaches in the philosophy of psychiatry are called naturalistic or objectivist approaches. So, I will not go into all the details of this debate, which is a complex one about the notion of dysfunction and the debate has been going on for 40 years now, but I let me just say that these approaches are judged by many to be unsatisfactory for thinking about the concept of mental disorder, either because in fact the concept of dysfunction remains influenced by values, which the approach was trying to avoid, or because the theory of dysfunction that it entails seems too abstract or not applicable to psychiatry in practice, so that means we could not use this theory to determine, for instance, whether or not major depression is a mental disorder. So, there was a problem with the applicability of the theory.

So, to make it very short, the objectivist approach so far fails to define the concept of mental disorder with the notion of dysfunction. But now with the notion of dysfunction in the DSM is what represents the scientific or objective element of the definition. So, there's a problem with the definition as it stands, since the notion of dysfunction does not do the job it was intended to do, that is, to ensure the scientific character of the concept of mental disorder. So, we have a definition, but the notion of dysfunction is not satisfying. So, what do we do?

There's another approach in the literature called the constructivist or normativist, and this approach assumes that the concept of mental disorder is a concept whose meaning is a matter of human values, and the fact that it's influenced by values is not a problem. So, it's an approach that does not refer to the notion of dysfunction in itself and that insists on the

prejudicial nature of the experience of mental illness, so the suffering it might entail, and the potential of psychiatry to alleviate this distress. So, for instance, Rachel Cooper is one of the best-known advocates of this approach. This approach has various advantages and disadvantages, but one disadvantage that I'm interested in is that it does not address the original problem of psychiatry. So, that is to ground or to explain the scientific status of psychiatry despite the fact that one of its central concepts is influenced by values.

So, in other words it's perfectly possible that the concept of mental disorder reflects human values and that it's not discovered in nature, so we cannot look at nature or look at empirical fact and say that major depression is a disorder. So, it's the projection of our values, about what we value or disvalue for behavior or traits, and to put it clearly, I think that the concept of mental disorder reflects our values. I think it's a forgotten task of the normativist approach that has not tried to demonstrate that the influence of values is not a problem for psychiatry. So, this is what was questioned in the first place because the concept of mental disorder was a reflection of social norms, psychiatry could be said to be an instrument of social control and not a science. So, that was the basic problem at the beginning of this debate. So, I think the normativist position does not address this issue, and in that sense it's not a satisfactory position at this point.

And so, my objective in the paper was to demonstrate that it's possible to think that the concept of mental disorder and the notion of dysfunction are indeed a reflection of our social and cultural norms, but that in spite of this influence of social and cultural values, psychiatry can still claim to be a science with certain modifications to its current practices.

So, recognizing the influence of social and cultural values in science does not mean that this science ceases to be objective. So, that's the main claim I'm trying to make in the paper. And so, the notion of dysfunction could reflect social and cultural values, and therefore be value-laden, but also it could be objective. So, that it is not the dichotomy that can go together. So, just to be clear I don't think that these concepts in the DSM and in North American psychiatry are objective right now, but what I think there's a possibility for these concepts to be both value-laden and objective if the procedures through which psychiatry defines its concept be amended.

**Mary Alice Yeskey**

So really, it's the crux of it, and the crux of your argument is that there's been this decades-long debate and you're saying it's both, and here's how. Sort of the path forward for that, which is, I mean, that's, you know, that's really outside of the box thinking. One of the things I think that a lot of people are, and I don't know, maybe I'm speaking too broadly, but I think one of the things that's most exciting about research is research that takes a step back, and says, you know, everyone's trying to put things in box A or box B but maybe there's no box and it's somewhere in the middle.

**Anne-Marie Gagné-Julien**

Yeah, well that was an observation of this paper and ultimately of my PhD was to overcome the traditional dichotomy, and I wanted to do that because I felt that both approaches that are in

opposition had very good points. To think about how we could accommodate those very good intuitions in both approaches, and I've tried to do this. I'm not sure if I have succeeded, but at least I have.

Mary Alice Yeskey

I think you have, considering (laughs). The guidelines for the award state that the winning research must demonstrate potential relevance to psychiatric theory, research, or clinical practice. Can you tell us a bit what practical or theoretical relevance your research can provide practitioners or scholars?

Anne-Marie Gagné-Julien

Yeah, well it's not always easy to grasp what makes a work theoretically or practically relevant, but what I can say is that the issue of the definition of mental disorder in the DSM is a complex and long-standing one, and that the complexity of the issue is recognized both by critics of the DSM but also by the designers of the DSM. So, I think this is acknowledged, that the issue of the definition of mental disorder is an important and pressing one.

What I'm trying to do is to offer a theoretical solution to a long-standing debate that has troubled psychiatry, the debate over the definition of mental disorder and its scientific status. So in a way, I am trying to provide a solution so that psychiatry can have a concept of mental disorder that is both influenced by values and also scientifically objective. And so, I think at the moment psychiatry only has a concept of mental disorder that is influenced by values but I don't think it has a concept of mental disorder that is objective, so I'm trying to provide a solution for psychiatry to have both.

So that would be, like, a theoretical implication of my research. But I think that if we take the claim I am arguing in the paper seriously, there would also be practical implications. So, in the paper I present an argument for a more inclusive decision-making process about the definition of mental disorder in the DSM. So, I'm arguing that a dialogue should take place involving several stakeholders, mainly those directly affected by the definition of mental disorder. So, obviously psychiatrists, but also patients, users, or what we call survivors, ex-patients. So, I'm arguing for a more inclusive dialogue about the definition of mental disorder, and if this dialogue would be implemented, it would really change the way decisions are made when the DSM is revised. So, in this sense I am also advocating for a change in the structures and processes of the DSM revisions. So, I guess this is also a potential practical implication if it would be implemented.

Mary Alice Yeskey

No, I totally agree, and it's also, you know, I'm just thinking about the DSM in general and how I don't think with a lot of folks that would be necessarily as familiar with it would understand that the healthcare and legal sort of trickle-down implications when things change, you know. The example everyone always gives is that homosexuality used to be listed in the DSM as a disorder, and then through research, and understanding, and science, and all of the work

similar to what you're doing, that definition changed and those social changes really can be reflected in the DSM definitions. So, it's not just a dusty old book somewhere that doesn't actually have implications on people's real lives, so that's really exciting, and I'm really impressed with your work.

Anne-Marie Gagné-Julien

Thank you.

Mary Alice Yeskey

My last question is, now that your dissertation is done, and your award is won, what is next for you? What are you researching now? Are there any books or papers coming up for you that you'd like to tell us about?

Anne-Marie Gagné-Julien

Yeah, so I'm currently a postdoctoral fellow at the Biomedical Ethics Unit at McGill University but also, I'm at the ENS in Paris, and so my postdoctoral research project aims to explore the literature about democratization in science that we see in other fields of science and how this work could be applied to the particular context of North American psychiatry and the DSM revision process. So, I guess a way to frame it would be that I would like to argue for a democratic framework for North American psychiatry. And so, in my dissertation, I was interested more specifically in the definition of the concept of mental disorder but in my postdoctoral project, I am also attempting to extend these reflections on many aspects of the DSM revision process, not only the concept of mental disorders. So, that's my main project, which is my post-doctoral project.

But, as I said at the beginning of the interview, I am also exploring the ethical and political implications of the influence of values on the concepts in biomedical psychiatry, and I'm trying to think about how to import more common tools in ethical and political philosophy to some issues that have generally been addressed by traditional philosophy of science approach. One area of ethics that particularly interests me is what is called epistemic injustices, so that's injustices that concern the production, acquisition, and transmission of knowledge. So, how can we think ethically about knowledge, not only empirically about knowledge.

So, in this vein, I have published a paper on the issue of assessing cases of overmedicalization. So, what it means is we can ask the question of when and how can we say that the medicalization of a condition or of an experience is a case of over-medicalization, so it's a case of illegitimate medicalization. So, how can we determine that we have a wrongful case of medicalization? So, I'm arguing in this paper that the framework of epistemic injustices, so injustice related to knowledge, can help expand previous account that I've tried to distinguish between medicalization, the main process of understanding a condition in medical terms, and wrongful medicalization, so non-legitimate application of the biomedical model to conditions. In this paper, I use the particular case of the highly contested case of premenstrual dysphoric disorder in the DSM-5, and I'm trying to show how it could be useful to use the framework of

epistemic injustice to understand this case in particular, but also how epistemic injustices, this framework, can shed light on the importance of consultation of medicalized people when deciding whether to medicalize a condition or not.

So, that's another project I have, and I guess the last one is related, but I'm more and more interested in the issue of activism within and outside of psychiatry. So, the fact that individuals or groups with explicit political positions participate in the production of psychiatric knowledge or participate in the creation of alternative resources to psychiatry. So, I'm currently working on a paper about the epistemic injustices that specifically affect the Mad community and the emerging field of Mad Studies, and I'm also working on another paper about the legitimate place of activism in North American psychiatry. Yeah, so that's a lot of work in progress.

**Mary Alice Yeskey**

That all sounds so interesting, and it's also, I don't know, and I'm not trying to be prejudicial against any specific area of study, but all of this work is just sort of, so immediately relevant, and so immediately applicable, and so it's really shaking up my perception. If you said philosophy and psychiatry, I'd be like, oh, okay, well, you're studying a lot of things from the past, or I don't know, sort of theoretical things, but this is also sort of tangibly relevant to people's lives. That's really exciting work. I'm excited to see where you go with that.

**Anne-Marie Gagné-Julien**

Yeah, yeah, me too, and I hope it can have impact in any ways on psychiatry and about the struggle for social justice in psychiatry. I hope that my work will at least participate in this.

**Mary Alice Yeskey**

That's so exciting. Well, congratulations again on the award, and thank you so much for taking the time to talk with us. I wish you the best of luck with the rest of your research.

**Anne-Marie Gagné-Julien**

Thanks a lot.