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Whose Disorder?: A Constructive MacIntyrean Critique of Psychiatric Nosology

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The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) has for decades been a locus of dispute between ardent defenders of its scientific validity and vociferous critics who charge that it covertly cloaks disputed moral and political judgments in scientific language. This essay explores Alasdair MacIntyre's tripartite typology of moral reasoning—"encyclopedia," "genealogy," and "tradition"—as an analytic lens for appreciation and critique of these debates. The DSM opens itself to corrosive neo-Nietzschean "genealogical" critique, such an analysis holds, only insofar as it is interpreted as a presumptively objective and context-independent encyclopedia free of the contingencies of its originating communities. A MacIntyrean tradition-constituted understanding of the DSM, on the other hand, helpfully allows psychiatric nosology to be understood both as "scientific" and, simultaneously, as inextricable from the political and moral interests—and therefore the moral successes and moral failures—of the psychiatric guild from which it arises.

Keywords: *Alasdair MacIntyre, Diagnostic and Statistical Manual of Mental Disorders, psychiatric diagnostic classification*

I. INTRODUCTION

American psychiatry over the last half-century has witnessed a persistent dialectical interchange between those who speak on behalf of the profession, on one hand, and critics who seek to challenge the basic structures of psychiatric practice, on the other. The first generation of these critics, such as Laing (1966), Szasz (1974), and Foucault (1988), though personally disconnected from one another and widely divergent in mode of argumentation

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and political/philosophical context, were collectively understood as proponents of an "antipsychiatry" movement. The history of this "movement" is well-documented by others (Crossley, 2006); the common thread of these thinkers, despite their considerable diversity, was (and, for Szasz, still is) a Nietzschean suspicion that the medical/healing vocabulary of psychiatric practitioners serves as a front for the acquisition and maintenance of power over the "mad" or "mentally ill" either by psychiatry or by a culture that uses psychiatry for particular ends. Foucault, for example, arguably the most elegant of these antipsychiatry critics, argues that modern culture "confines insanity within mental illness" and relates to those designated as "mentally ill" only through the oppressive "abstract universality of disease" (Foucault, 1988, x, xii). For Foucault, modern psychiatry perpetuates the confinement and exclusion of those who are "mad"/deviant; because this confinement is cloaked in therapeutic language, it is less visible and therefore all the more insidious.

The American psychiatric guild has only rarely directly engaged the central claims of the antipsychiatry thinkers, preferring (successfully) to ignore them and/or render them marginal and increasingly irrelevant to professional conversations. Indirectly, however, the persistent criticisms by the antipsychiatrists of the regnant systems of psychiatric diagnosis influenced the paradigm shift in psychiatric nosology manifested by the descriptive criteria sets of the Third Edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* in 1980. Since that time, as has been noted (Wakefield and First, 2003), foundational critics of psychiatry have been less influential and less visible. They have not, however, disappeared. Foundational critics of psychiatry have arisen both inside (Breggin, 2000) and outside (Jerome Wakefield, Herb Kutchins, Stuart Kirk, Carl Elliott) the psychiatric profession; although these contemporary critics often cannot be lumped with the early antipsychiatrists, they share the early critics' concern that psychiatry, and particularly psychiatric diagnosis, is vulnerable to becoming a front for powerful cultural forces (e.g., the pharmaceutical industry) seeking to acquire wealth and power at the expense of the "mentally ill."

The response of the psychiatric guild to these newer critics has been mixed. Some respectful and mainstream critics, such as Wakefield, have been actively engaged in the *DSM5* revision process; others, such as Elliott and Breggin, have been largely ignored. But to any who would charge that the *DSM* is an inherently political document that cloaks will to power in a therapeutic garment, the response of the guild is clear: the *DSM* is a *scientific* document that, having solved the problem of diagnostic *reliability* in *DSM-III*, will achieve progressive *validity* in *DSM5* and subsequent editions (Regier et al., 2009). The arguments of Fulford (1989), Sadler (2005), and others that no nomenclature can be morally neutral and apolitical have not, as of now, been acknowledged or reflected in any of the official statements of the key architects of *DSM5*.

My intent in this paper is neither to detail the various foundational criticisms of psychiatry nor to recapitulate the arguments of Sadler and others regarding the necessity for psychiatric nosology to be transparent about its foundational commitments, but rather to offer Alasdair MacIntyre's tripartite typology of moral reasoning, most clearly set forth in *Three Rival Versions of Moral Enquiry*, as a tool for the conceptual analysis of modern psychiatric nosology (MacIntyre, 1990). Central texts of the DSM project, including those of the *DSM* itself, I will argue, display many characteristics of MacIntyre's *encyclopedia*. Insofar as they do, however, they open themselves perpetually to the critique of neo-Nietzschean *genealogy*, a type nicely exemplified in the foundational criticisms of the "antipsychiatrists" and their ideological heirs. But MacIntyre offers a third logical type, that of *tradition*, in order to defend the rationality of moral reasoning against genealogical critique. MacIntyre's typology provides an analytic model for understanding contemporary debate about the DSM project that is parsimonious, which accurately accounts for both the strengths and weaknesses of the DSM project, and, importantly, which does not depend for its coherence on the existence and recognition of things called "values" that are somehow to be distinguished from "facts," a binary distinction that unnecessarily complicates the related work of Fulford (1989) and, to a lesser extent, Sadler (2005).

In this paper, I will refer to the various editions of the *DSM* as "the *DSM*" and those responsible for constructing them as "*DSM* architects." By "the DSM project," I refer to the contemporary effort to classify psychiatric disorders of which the various editions of the *DSM* are the principal expression; the DSM project therefore includes not only the text of the *DSM* and its architects but also to the way in which the text is received and interpreted by clinicians, patients, and the lay public.

II. ENCYCLOPEDIC SELF-CONCEPTIONS WITHIN THE DSM PROJECT

MacIntyre begins his typology of moral enquiry, initially delivered as a set of Gifford Lectures at the University of Edinburgh in 1988, with a paradigmatic account of the Ninth Edition of the *Encyclopaedia Britannica*, which MacIntyre describes as the "canonical expression" of the philosophical/scientific culture of late-nineteenth century Edinburgh (MacIntyre, 1990, 18). The editors of the Ninth Edition, in MacIntyre's narration, understood themselves to be continuing the massive project, begun a century earlier in *L'Encyclopedie* of Diderot, of the progressive accumulation and systematic exposition of all knowledge. Such a project presumes a unitary and positivistic account of scientific inquiry, applicable to all subject matter, consisting of four essential elements. First, there are data, "facts," which are open to examination. Second, methodical analysis of the facts gives rise to "unifying synthetic conceptions" that so order the facts as to show them to be exemplifying more

general laws (MacIntyre, 1990, 20). Third, uniform methods are used to achieve these unifying synthetic conceptions. Fourth, there is the assumption that systematic application of these methods to facts will result in continuous progress in supplying increasingly comprehensive unifying conceptions and "fundamental laws" (MacIntyre, 1990, 20). The culture that produced and sustained the Ninth Edition, according to MacIntyre, shared the assumption that all educated persons would assent to a single conception of rationality and understood themselves as producing a progressively comprehensive account of the way things actually are in the universe.

To what extent does the DSM project resemble MacIntyre's type of "encyclopedia" and its paradigm, the Ninth Edition of the *Encyclopaedia Britannica?* There are, to be sure, important differences. The *DSM* is a considerably less expansive document than the Ninth Edition, dealing only with questions of psychiatric nosology and not (directly) with questions of metaphysics or other nonpsychiatric disciplines. Beginning with *DSM-III,* the *DSM* takes care, ostensively at least, to be "generally atheoretical with regard to etiology" (American Psychiatric Association, 1980, 7), prescinding from any general theory of psychopathology or of human functioning. Furthermore, unlike the Ninth Edition, the *DSM* represents itself as a *pragmatically oriented* manual conducive to use by clinicians of various, and perhaps incommensurable, theoretical orientations (American Psychiatric Association, 2000); it does not *ostensively* purport to collapse the differences between rival theoretical schools.

But these qualifications notwithstanding, there are important similarities of the *DSM* to MacIntyre's encyclopedia that are useful for understanding contemporary criticisms of the DSM. In *DSM-IV-TR*, these similarities are perhaps most clearly displayed, appropriately, in the introductory description of the process by which *DSM-III-TR* was revised into *DSM-IV*. *DSM-III*, the document states, "represented a major advance in the diagnosis of mental disorders and greatly facilitated empirical research" that have, recursively, enabled the accumulation of "data sets" for most of the diagnostic categories (American Psychiatric Association, 2000). The *DSM-IV* revision process was therefore constituted by a "three-stage empirical process." First, workgroup members conducted "systematic and comprehensive reviews" of the relevant empirical literature on each diagnosis, with the goal of attaining "comprehensive and unbiased information" upon which to make revision decisions. Second, when these literature reviews were insufficiently conclusive, the groups conducted reanalysis of previously collected data from population-based epidemiological studies. Third, the task force sponsored field trials to test the reliability and generalizability of the *DSM-IV* diagnostic categories. Nomenclature changes, while related in part to prior tradition, were to be grounded in available empirical evidence. The goal, never quite stated but clear enough, is a progressive reliability, followed by progressive validity, in psychiatric diagnostic classification.

This methodology, all consistent with a MacIntyrean "encyclopedic" self-understanding, is made even more explicit and clear in the publications to date of the central planners of *DSM5*, to be published in 2013 or later. Regier et al. (2009), reflecting on the methodological innovations of *DSM-III*, celebrate the "remarkable advances in research and clinical practice" facilitated by increasingly reliable diagnostic criteria. They lament, however, the lack of "clear separation" of many of the *DSM-IV* syndromes exposed by recent large clinical trials (Howland et al., 2009) and the increasing prevalence of not otherwise specified diagnoses for patients who do not quite fit into the various *DSM-IV* criteria sets. How, they ask, "are we to update our classification to recognize the most prominent syndromes that are *actually present in nature*, rather than in the *heuristic and anachronistic pure types of previous scientific eras*" (Regier et al., 2009, 646)? The answer is, as with *DSM-IV*, to engage in a multiyear program of scientific conferences and extensive literature reviews, with the ultimate goal of achieving an etiological, rather than a syndromal, nosology:

> Mental disorder syndromes will eventually be redefined to reflect more useful diagnostic categories ("to carve nature at its joints") as well as dimensional discontinuities between disorders and clear thresholds between pathology and normality. However, our immediate task is to set a framework for an evolution of our diagnostic system that can advance our clinical practice and facilitate ongoing testing of the diagnostic criteria that are intended to be scientific hypotheses, rather than inerrant Biblical scripture (Regier et al., 2009, 649).

The encyclopedic shape of this logic should be clear. Epidemiologic data, gained largely from population-based surveys and focused field trials, provide the basis for unifying synthetic conceptions (the diagnostic categories) of the data, with clear methods defined for deriving the unifying conceptions from the data. Although it is understood that these conceptions are empirically tentative and therefore not final ("scientific hypotheses"), they are understood as place holders on a nosological project that will eventually describe, or uncover, the very structure of nature (a nosology that achieves the Platonic goal of "carving nature at its joints"). Such, MacIntyre narrates, was the essential philosophical mindset of nineteenth-century readers of the Ninth Edition of the *Encyclopaedia Britannica*.

III. ENCYCLOPEDIA SUBVERTED: THE *DSM* AND ITS GENEALOGISTS

The epistemological confidence exhibited in the Ninth Edition was, in MacIntyre's narration, permanently disrupted by Friedrich Nietzsche and his ideological heirs. Nietzsche's *Genealogy of Morals*, originally published in 1887, concurrent with the Ninth Edition (1875–89), provided "not only an argument in favor of, but a paradigm for, the construction of a type of subversive narrative designed to undermine the central assumptions of the

Encyclopedia," primarily by attempting to "discredit the whole notion of a canon" (MacIntyre, 1990, 25). This mode of "genealogy," which is the second of MacIntyre's three types of moral inquiry, is characterized by any combination of four interrelated critiques (I focus here on MacIntyre's typological description of genealogy rather than on Nietzsche's specific arguments or on MacIntyre's detailed explication of Nietzsche). First, the genealogist issues *psychogenetic* critiques, arguing that "what is taken to be fixed and binding about truth . . . is an unrecognized motivation serving an unacknowledged purpose" such as, for Nietzsche, the will to power (MacIntyre, 1990, 35). Second, the genealogist issues *epistemological* critiques, arguing that unqualified or absolute truth claims blind inquirers to the perspectival nature of knowledge and therefore sustain the illusion of a metaphysically coherent world. (Nietzsche's particular contestable arguments to this effect, MacIntyre contends, are less relevant than his destabilizing introduction into philosophy of the inquiring self that both abstracts from the world and yet that can only inhabit a particular perspective, MacIntyre, 1990, 38.) Third, the genealogist issues *historical* critique, attempting "to write the history of those social and psychological formations in which the will to power is distorted into and concealed by the will to truth" (MacIntyre, 1990, 39). Fourth, the genealogist (starting with Nietzsche, but progressively among Nietzsche's twentieth-century followers) issues *literary* critique by rejecting the literary/argumentative form, the discursive academic treatise, which makes the encyclopedia possible.

MacIntyre argues that the genealogical project, however historically successful, is not ultimately sustainable because it corrodes not only the possibility of the accumulation and transmission of rationally ordered knowledge but also the possibility of the ordering self: "make of the genealogist's self nothing but what genealogy makes of it, and that self is dissolved to the point at which there is no longer a continuous genealogical project" (MacIntyre, 1990, 54). My purpose here, however, is not to recapitulate or to critique MacIntyre's argument, but to look for areas of continuity between MacIntyre's genealogical type and the modern psychiatric critics of the DSM project. To what extent do modern *DSM* critics carry on the genealogical project?

The first generation of antipsychiatrists, particularly Foucault and (with much less nuanced argument) Szasz, clearly pose genealogical challenges to the contemporary psychiatry of their day, each (in very disparate ways) asserting that psychiatry serves as a veiled front for the will to power of modern bourgeois culture (Foucault) or the "therapeutic state" (Szasz, 2001). But as has been noted (Wakefield and First, 2003; Oliver, 2006), these foundational criticisms of psychiatry *per se* have been less publicly visible in recent decades. Wakefield and First attribute this muting of the antipsychiatry movement in part to the methodological advances of *DSM-III*:

With the publication of *DSM-III* in 1980, many of the antipsychiatrists' criticisms were squarely and systematically addressed by the psychiatric community. The inclusion in *DSM-III* of a definition of "mental disorder" which excluded social deviance and personal/social problems, the removal to an appendix of common nondisorder conditions which might warrant psychiatric treatment, and the inclusion of ostensively theory-neutral diagnostic categories, together with advances in neurobiology and pharmacology, have "pretty much put the psychiatry critiques to rest" (Wakefield and First, 2003, 29)

Whether Wakefield (who has served both as trenchant critic of and constructive collaborator to the DSM project; Horwitz and Wakefield, 2007) and First are correct in their argument that the methodological changes of *DSM-III* converted and satisfied many who would previously have been persuaded by the antipsychiatry critiques, or whether (as a genealogist might argue) this silencing occurred in a more overtly political context (e.g., the systematic silencing of "social psychiatrists" in the 1970s; Blazer, 2005) is beyond the scope of this paper to examine. However, as Wakefield and First acknowledge, foundational criticisms of the DSM project continue to proliferate both among mental health practitioners and among the lay public. Foundational critique of the DSM project in the post-*DSM-III* era has been less frequently the domain of avowed enemies of institutional psychiatry—though these, including Szasz, still exist—than the domain of clinical (and often psychiatric) "insiders" who view foundational criticism of the DSM project as a way to save psychiatry from itself. The specific backgrounds, driving agendas, and methodological approaches of these contemporary critics are highly variable. Paula Caplan, writing a semi-autobiographical account of her conflict-filled experience as a consultant to a *DSM-IV* planning committee, argues that the male-dominated *DSM-IV* Task Force was dismissive of and tone deaf to the particular ways in which certain proposed diagnostic categories pathologized the experience of women (Caplan, 1995). Peter Breggin critiques the *DSM* in the service of his larger campaign against psychiatric medication, arguing, for example, that "the attention deficit/hyperactivity disorder diagnosis [in *DSM-IV*] was developed specifically for the purpose of justifying the use of drugs to subdue the behaviors of children in the classroom" (Breggin, 2000). Philosopher Carl Elliott (2003) describes the relationship between the emergence of new nosological categories (e.g., social phobia) and the way that these categories are themselves aggressively marketed by pharmaceutical companies eager to sell medications to treat these newly described conditions. Kutchins and Kirk (1992) and Kirk and Kutchins (1997), in a more careful and sustained critique of the DSM project, charge that the DSM project inappropriately pathologizes everyday behavior, pathologizes and therefore further disempowers those who are already powerless and/or socially disfranchised, and (as they argue in an extended critical narrative of the declassification of homosexuality in *DSM-II*) blinds itself to the important ways in which the "science" of psychiatric nosology is driven by political advocacy of various kinds.

The genealogical threads in these methodologically diverse and heterogeneous criticisms are clear upon close observation. Central to them all is the assertion, explicit or implicit, that the DSM project cloaks the will to power in therapeutic veil. Different critics propose different accounts of *whose* power is being enhanced, whether that of men in a patriarchal culture (Caplan), the DSM Task Force (Caplan), the American Psychiatric Association and/or American psychiatrists (Breggin, Kutchins/Kirk), and/or the pharmaceutical industry (Breggin, Elliott). But *that* the *DSM* cloaks will to power, in some form, is common to all of the contemporary foundational critiques.

The typical response of the leaders of the DSM project to these foundational critics has been to ignore them or, failing that, to attempt to discredit them and/or to reassert the "scientific" nature of the *DSM*. Rounsaville et al. (2002, 3), grudgingly acknowledging that a definition of "mental disorder" should be included in *DSM5* "if for no other reason, . . . because of rising public concern about what is sometimes seen as the progressive medicalization of all problem behaviors and relationships" and that, furthermore, conceptual disagreement about what constitutes disorder "will not be resolved on the basis of empirical data," nevertheless propose further *empirical survey research* to better understand how clinicians and others understand and use concepts of disease or disorder, leaving unanswered the very basic question about how nonempirical conceptual disputes will be resolved. Indeed, the overwhelming response of the principal architects of the DSM project in response to Kutchins and Kirk, Caplan, Breggin, Elliott, and other foundational *DSM* critics has been one of silence.

In MacIntyre's historical-philosophical narration, the encyclopedic mode of scholarship displayed in the Ninth Edition of the *Encyclopaedia Britannica* did not implode overnight in response to genealogical critique. Indeed, MacIntyre states, it is very much still with us, structuring many of the implicit assumptions of the contemporary liberal university (MacIntyre, 1990, 170–1). But MacIntyre (1990, 190) argues that by exposing the "pretension involved in the unwitting elevation of the culturally and morally particular to the status of what is rationally universal" and by highlighting the structural continuities of the encyclopedic project (in his argument, of late-Victorian conceptions of morality) with its "unenlightened, uncivilized predecessors," the genealogical critic issues the encyclopedia a set of unanswerable challenges. There is no way to *prove* the validity of the genealogical arguments; to attempt to do so would be to domesticate genealogy into yet another modern philosophy. But genealogy rejects this confinement; the criterion of evaluation of genealogy's success is therefore a negative one, namely the *lack* of convincing response by encyclopedia to genealogy's critique, and the progressive *loss of confidence* in encyclopedia as a result. For MacIntyre, the history of twentieth-century philosophy displays exactly this sort of lost confidence in encyclopedia. Whether the encyclopedic aspects of the DSM project will suffer an analogous lost confidence is a matter for history to judge. The ongoing

proliferation of genealogical critics, however, together with the retrenchment and widespread silence of the *DSM*'s architects in the face of criticism, supports, even if it does not prove, MacIntyre's central claims.

IV. TRADITION-CONSTITUTED INQUIRY AS ALTERNATIVE TO ENCYCLOPEDIA

MacIntyre, however, is no nihilist, and his central project in *Three Rival Versions of Moral Enquiry*, together with his earlier *Whose Justice? Which Rationality?* (MacIntyre, 1988), is to propose a mode of moral (and scientific) reasoning capable of withstanding genealogical critique. "Tradition" is, for MacIntyre, a mode of rational inquiry that understands itself as a project of particular historically rooted communities, "an historically extended, socially embodied argument" (MacIntyre, 1984, 222); it therefore fully acknowledges that it is dependent on these communities for its ongoing flourishing and, correlatively, exists in the theoretical service of these communities. The paradigmatic instance of this kind of traditioned rationality is, in MacIntyre's work, the Aristotelian-Thomist philosophical tradition, but MacIntyre never limits the kind of "communities" capable of tradition-constituted inquiry to those that are explicitly religious or philosophical. Typically, he argues, tradition-constituted enquiry will emerge in three stages. In the first stage, a particular community confers authority on "certain texts and certain voices" that are initially deferred to unquestioningly (MacIntyre, 1988, 354). Eventually, however, in a second stage, these authoritative texts and voices are put to the question, either by internal dissension or external conflict, and various inadequacies are publicly exposed. These inadequacies are recognized as potentially lethal to the ongoing flourishing of the community; either they must be countered and transcended or the community will be unable to go on. In a well-functioning tradition, they lead to a crucial third stage, in which the previously settled truths of the community are reformulated and reevaluated, leading to "new formulations and evaluations designed to remedy inadequacies and overcome limitations" (MacIntyre, 1988, 355). These reformulations are not, for MacIntyre, judgments that correspond to "facts"; they are, in good Thomist fashion, judgments that adequate the communal mind to the community's world as the community apprehends it. In this process—that might occur, in various ways, any number of times in the historically extended life of a tradition—three important developments take place. First, *institutions* of various kinds are formed to regulate the tradition's methods of inquiry and to provide space for internal dissent and debate about the goods internal to the tradition. Second, nurtured by these institutions, the community comes to recognize particular *intellectual and moral virtues*, or excellences, which serve to internally sustain the tradition. Third, discursive *theories* of various sorts emerge in the tradition's self-narration.

MacIntyre is eager to defend this account of tradition-constituted rationality against the charges of relativism, understood as the "denial that rational debate between and rational choice among rival traditions is possible," and perspectivism, understood as the denial that one can make truth claims from within any one tradition (MacIntyre, 1988, 352). In addition to arguing that the relativist has no epistemologically neutral place from which to stand, given the suppositions of relativism, in order to make a relativist critique, MacIntyre argues that relativism is rendered demonstrably false by historical examples in which rival and competing epistemological traditions have, in fact, put each other to the question and, if successful, have been put in "epistemological crisis" (MacIntyre, 1988, 361). The epistemological crisis, which corresponds to the second step of MacIntyre's threefold account of how traditions develop, forces the tradition in crisis to formulate a "radically new and conceptually enriched scheme" that (a) furnishes a solution to the heretofore intractable problems, (b) *explains* why the tradition was vulnerable to the crisis, and (c) demonstrates *continuity* of the new conceptual scheme with the prior shared beliefs and thought-patterns of the tradition (MacIntyre, 1988, 362). The relativist challenge, then, holds only if a tradition is so culturally isolated or conceptually underdeveloped that it cannot be put to the question by another tradition.

MacIntyre readily admits, in discussing the perspectivist challenge, that tradition-constituted inquiry lacks either Cartesian or Hegelian epistemological certainty, but he argues that these are themselves philosophical fictions and strongly rejects the implication that tradition-constituted truth claims are invalid. Tradition-constituted inquiry understands its truth claims to be *provisional*, always open to future refutation and reframing—but truth claims nonetheless. MacIntyre's account of rational justification of truth claims is a pragmatic one: the first principles and subordinate truths of a tradition are vindicated dialectically and historically, justified "insofar as in the history of this tradition they have, by surviving the process of dialectical questioning, vindicated themselves as superior to their historical predecessors" (MacIntyre, 1988, 360). Having derived truth claims in this way, traditions are then free to regard them confidently as the best-available descriptions of the way things are in the world—they are therefore genuinely claims of *truth*—but this confidence is always tempered with the awareness that a tradition's truth claims, like the tradition itself, are ineradicably local and that some future unanticipated challenge could always expose them as inadequate.

Tradition-constituted inquiry, for MacIntyre, is more resistant than the encyclopedic model to genealogical deconstruction. First, unlike the encyclopedist, the adherent of tradition is open and forthright about the historical nature of moral reasoning; rather than defensively barricading or rejecting the past, the adherent of tradition invites the genealogist in to look around, to explore it, and to discuss it. Historicist critiques, therefore, while still possible, can be treated as *internal* self-correcting movements in the tradition

rather than as external threats. Second, the adherent of tradition can point out to the genealogist that knowledge, even knowledge of "real" things, is not neutral; it presupposes "prior commitment" to moral formation in a tradition (MacIntyre, 1990, 60). The orientation to particular perceived goods that some moral theories reify as values is therefore intrinsic to a tradition's history and epistemological structure; MacIntyre can therefore account for the presence of these "values" without requiring a rigid philosophical distinction of "values" from "facts" (the latter, he famously writes, are a "seventeenth-century invention"; MacIntyre, 1988, 357) and without acceding to any emotivist conception that values are merely preferences for one thing over another. Third, as argued above, the adherent of tradition, unlike the genealogist, can account for the existence of a coherent self over time.

V. WHAT WOULD A TRADITION-CONSTITUTED ACCOUNT OF THE DSM PROJECT LOOK LIKE?

MacIntyre's typological account of tradition is both descriptive and prescriptive: descriptive, in that he describes particular philosophical movements that *have* functioned in a tradition-bound way (paradigmatically, as above, the Aristotelian philosophical tradition as modified by St. Thomas Aquinas and other medieval thinkers and as carried on in modern Thomism); prescriptive, in that in his judgment *only* tradition will prove resistant to the corrosive critique of genealogy. MacIntyre rarely addresses psychiatry directly in his work; when he does, it is generally to attempt to highlight (in, ironically, a genealogical mode) the way in which late-modern bourgeois culture uses the "therapist" (understood as an ideal type) to "[transform] neurotic symptoms into directed energy" that enriches capitalistic production (MacIntyre, 1984, 31), or to argue (contestably) for the ineradicably social and interpersonal nature of certain forms of psychopathology (MacIntyre, 1984, 210). He never directly engages the *DSM* or modern psychiatric nosology. We are left free, then, to apply MacIntyre's typology of moral enquiry in *Three Rival Versions* to the DSM project and to ask: what would the DSM project look like if it understood itself as tradition-constituted (and tradition-constitutive) fully and without qualification, without any encyclopedic pretension? How would a tradition-constituted psychiatric nosology describe itself?

On one level, it is remarkable how little would need to change, either in the text of the *DSM* or in its essential functional utility. The *DSM* could still rightfully be understood as primarily a "helpful guide to clinical practice" with the additional goals of facilitating research and improving communication among clinicians and researchers (American Psychiatric Association, 2000). It could still be used by—and useful to—clinicians and researchers of various theoretical persuasions (psychodynamic, cognitive/behavioral,

biological, and so on) across a variety of clinical settings. It could still be understood as a monumental synthesis of available research that is responsive to the latest empirical psychiatric research and also—as is already explicitly stated in the *DSM*—responsive to the continuation of the ongoing diagnostic tradition of which it is an installment. It could still do everything possible, using the latest cross-cultural epidemiological data, to describe both "culture-bound" mental disorders such as *ataques de nervios* from mental disorders such as schizophrenia that have approximately the same prevalence in every known culture and are therefore thought to be less bound to culture-specific environmental or genetic determinants. It could even be understood, as it already is, as part of an ongoing effort to "carve nature at its joints" in describing naturally existent mental disorders *if*, when this is claimed, it is also understood that absolute or unconditioned knowledge of such things is not possible, that any diagnostic classification is rationally (and scientifically) justified only insofar as it is able to withstand "as many questions and as many objections of the greatest strength possible" (MacIntyre, 1988, 358) and that no diagnostic classification can escape the historical and epistemological contingencies of its founding and originating community.

The qualifications associated with this last claim are, of course, very large "ifs," and begin to point out the essential ways that a tradition-bound understanding of psychiatric nosology, and in particular of the DSM project, differs from an encyclopedic one. The most foundational difference is that in a tradition-constituted account, no text or form of argument can be dissociated, even in principle, from the concrete community (or communities) that *produced* it and that continues to *use* it for the political structuring of its communal life. A tradition-constituted account would therefore argue that it is no accident that the *DSM* is produced by the American Psychiatric Association, rejecting the view that the same document could just as easily, given slightly different historical contingencies, have been produced by a federal agency, or by the World Health Organization (that publishes the closely related *International Statistical Classification of Diseases and Related Health Problems*), or by a professional organization in a different mental health discipline such as clinical psychology. In a tradition-constituted view, the *DSM* is unintelligible apart from the APA and it must therefore fully own that patrimony (the gender-exclusivity of that term is noted). It was and is produced *by* psychiatrists (in limited collaboration with other nonpsychiatric professionals and patient-advocacy groups) *for* the advancement of psychiatric practice and research. It is, as such, a powerfully useful and helpful document, increasingly reliable in its formulation and "valid" in its stated aims. But its dependence on this originating community leaves it fully open to the contingencies, and the moral failures, of that community as well. What *matters* to psychiatrists, after all, fully permeates every aspect of the document's construction and use, from the way that conceptual questions are framed, to the way that field trials and epidemiologic surveys are constructed and

conducted, to the way that work groups are assembled, to the way that diagnostic criteria are written, to the way that these criteria sets are included or excluded in the final classification, to the way that the document is marketed both to clinicians and to the lay public, and to the way that it is read by patients and clinicians alike. If the originating community of the document were to demonstrate what in retrospect is understood as a collective moral lapse—if, for example, commercial pharmaceutical interests were inappropriately to dominate the psychiatric research enterprise and psychiatric clinical practice—then it would be no surprise (indeed, it would be fully expected) for that lapse to be somehow embodied in the *DSM*. In this, a MacIntyrean approach would largely cohere with the prior work of Fulford (1989, 2004) and Sadler (2005) that values cannot be separated from psychiatric nosology and clinical practice. But these approaches, in a MacIntyrean context, are not radical enough in that they both presume and use (though not without question) the modern distinction between fact and value, a distinction which, for MacIntyre, lies at the root of the encyclopedist project (MacIntyre, 1984). Paradoxically, that is, an approach that argues for the ubiquity of values in psychiatric practice nevertheless makes possible the chimerical pursuit of a nosology that is value-free. But MacIntyre's Aristotelian functionalism renders this distinction superfluous, and therefore provides an even more resilient refutation of an encyclopedist account of nosology.

A tradition-constituted account of the *DSM* would continue to uphold it as a "scientific" document, but it would be understood as scientific in a way fundamentally different from an encyclopedic account of "science." In an encyclopedic frame, to charge that the *DSM* is a fundamentally *political* document, as most of its contemporary foundational critics do, is to challenge its status as a work of science, which is not itself understood as a political enterprise. Because this is tantamount to threatening its overall legitimacy, such charges tend to be met either with silence or, failing that, with defensive efforts to highlight the *DSM's* empirical ground. But from the tradition-constituted view, such retrenchment displays a deep misunderstanding not only of the *DSM* but also of science in general, and particularly of complex human sciences such as psychology and psychiatry. For the adherent of tradition, *all* science is fundamentally political, in that it cannot ultimately be extracted from the political needs and contingencies of its originating and sustaining *polis*. Charges that the *DSM* is somehow "political" therefore do not, for the adherent of tradition, challenge in any way its "scientific status"; they only state the obvious. Foundational criticisms of the *DSM* can therefore be understood as *internal*, not external, challenges, and therefore treated as such. Charges such as those of Caplan (1995), for example, that the (now-defunct) diagnostic constructs of "masochistic personality disorder" and "self-defeating personality disorder" were biased against the experiences of women, should prompt, for a tradition-constituted *DSM*

project, a good deal of nondefensive soul searching. How *might* the dominance of men among late-twentieth-century psychiatric theorists and practitioners, it might be asked, have influenced the development of American psychiatric nosology? How might long-standing cultural tendencies to ascribe responsibility to female victims of sexual violence, particularly repeated violence, have influenced this trajectory? There are no objective or politically neutral ways to frame these questions—even my own choice of words here expresses on some level the formative clinical and moral communities of which I am a part. But they are *both* empirical *and* political questions, not one or the other. Furthermore, in a tradition-constituted account, they are fundamental questions, not of the scientific *status* of the *DSM*, but of its scientific validity: if what matters to a community necessarily affects its analytic view, then distortions in or abuses of what matters to the community would be expected to result in distorted (and therefore invalid) scientific judgments (though with the understanding that there is no account of "validity" which is not perspectival and tradition-dependent). Seen in this light, the messy and even violent political struggle that resulted in the removal of homosexuality *per se* from *DSM-II* in 1973/1974 should not be understood, as partisans on both sides of the issue have alternately claimed, as a "triumph of politics over science" (Spitzer, 1981). It might, as Bayer (1987) and others have argued, be regarded as a time when American psychiatry was taught the hard lesson, against its encyclopedic instincts, that psychiatric diagnosis is inescapably political and that it might as well own up to that ineliminable fact.

A tradition-constituted understanding of the DSM project would entail an epistemological humility that is generally compatible with the text of the *DSM* itself but which is quite foreign to the way that the text is promoted and received both by clinicians and by laypersons. In a tradition-constituted account the *DSM* is *not*, emphatically, a timeless or culture-free account of disorders that exist in some sort of metaphysically abstracted reality. Such presumption to an "absolute view" of psychopathology, even one which is known now only in part, is an essentialist myth. The *DSM* is, rather, from cover to cover a *pragmatic* manual of clinical practice, bound to a particular time and cultural context, and exists as the expression of a particular community's way of "going on" in research and patient care (Wittgenstein, 2001 §179a). Every aspect of it, from its mode of organization to its definition of "mental disorder" to its relation to empirical research to its specific diagnostic criteria, is fully implicated in time and culture and cannot be understood apart from it.

Two implications follow from this. First, it is a very dangerous enterprise to attempt diagnosis across temporal or cultural divides, for instance by asking if the young women whom the early Freud treated or shell-shocked World War I veterans "actually" suffered from posttraumatic stress disorder. If one were to claim this, one says no more—and no less—than that "we," in our current cultural and temporal context, can narrate the experience of others more adequately than those of their own time and place. It does

not mean that our formulation is any less culturally conditioned; for MacIntyre, the limitations of a tradition's formulations are known only in retrospect, having been judged inadequate in the light of newly posed questions—but no tradition's truth claims are exempt *in theory* from this sort of disqualification.

The second implication, which I will call the *requirement of moral transparency*, follows from this, and it is here, perhaps most of all, where the DSM project falls short of MacIntyre's requirement for tradition-constituted inquiry. As discussed above, because a tradition-constituted *DSM* would acknowledge that it is a pragmatic political-scientific guide to the ongoing practice of a particular therapeutic community, and because it would acknowledge that what matters to that community will find inevitable expression in the content of the manual, it therefore would find no use for any rigid separation of facts and values, as if one could be derived, and known, apart from the other. Because of this, it would recognize that the *DSM* is an essentially and ineradicably *moral* document in that it is permeated by these structuring and sustaining communal "matterings." (The eschewal of "theory" in *DSM-III* and beyond was an essentially pragmatic move to broaden the political accessibility and appeal of the *DSM* and to prompt more coherent research programs. It did not entail, nor is it compatible with, "value-neutrality".) If this is the case, though—if the content of the document cannot be coherently understood apart from *what matters* to its originating community—then what matters to the originating community, insofar as the community itself understands this, should be clearly presented within, or at least alongside, the text, for the benefit of prospective readers and interpreters. The DSM project, like any other community, should be open to and transparent about its formative moral sources (Taylor, 1989, 92).

There are two principal obstacles to this moral transparency. First, it almost goes without saying that a broad-based, "atheoretical," minimalist diagnostic taxonomy like the *DSM*—itself designed to hold together adherents of rival clinical viewpoints—is both created and used by clinicians and laypersons who differ in many ways. Beneath the enforced unity of the *DSM*, in other words, seethes a cauldron of moral disagreement. In one sort of MacIntyrean view, this is damning of the *DSM*, exposing its encyclopedic pretensions and the moral fragmentation of the culture which uses it. But this is not the only possible MacIntyrean interpretation. An analysis of the *DSM* from the perspective of tradition-constituted inquiry would rather ask why, if the *DSM* only masks the moral fragmentation of its users, it retains its social and political power. Surely, one might reasonably say, there are some common aims of those who produce and/or use the *DSM* that account for its ongoing influence; what are they? A shared clinical vision? A desire for standardized payment for services rendered? Commitment to a common research project? Insofar as these shared "matterings" are appreciated, they should be transparently named.

This leads to the second obstacle to the moral transparency of the *DSM*, namely, that often humans do not know why we do what we do; what matters to us may not be what we think matters to us, or even what we want to matter to us. Anyone with even a grudging appreciation of psychotherapy, almost regardless of particular theoretical mode, can readily attest to this; and psychoanalysis here provides a helpful metaphor. The whole point of psychoanalysis is, in Freud's classic expression, to "make the unconscious conscious" (Freud, 1938); to allow the analysand, through habituation in reflective practice, to become more aware of previously unowned and unexperienced "mattering." The process of analysis allows the self that was previously opaque to itself to be better integrated into its world and therefore more resilient to ongoing challenges. Traditions of discourse, one could plausibly argue from a MacIntyrean view, ought to function in much the same way, constantly examining their own presuppositions *and biases* in order to become less opaque to themselves and therefore more resilient against external and internal challenge. In this way, they become less susceptible to genealogical critique, which is ultimately effective *only* against communities and traditions which either refuse to be morally transparent or which lack awareness of their own moral sources.

The practical implication of this is that a DSM project that self-consciously understood itself as tradition-constituted would react to foundational criticism not defensively, as if its existence were threatened, but receptively, as an opportunity to develop more integrative self-awareness and moral transparency. It would also be constantly self-monitoring for previously unacknowledged areas of "mattering" that might influence its clinical judgment. It would nondefensively want to know, for example, how research funded by drug companies is influencing the development of new or refined diagnostic categories in *DSM5* (e.g., by providing the needed "evidence base" for the empirical justification of the category). It would want fully to understand the effect on *DSM's* content when, as Sadler (2005) and others have pointed out, the organization which is its theoretical arbiter and scientific shepherd (the American Psychiatric Association) is financially dependent on it for publication revenue. And if, in doing so, it concludes that these material conflicts affect its judgments about mental disorders, it would be transparent about this, and it would change.

VI. TRADITION-CONSTITUTED INQUIRY IN PRACTICE: LESSONS FOR THE *DSM* FROM THE NEWER PSYCHOTHERAPIES

I have argued that if the DSM project is to be spared, over the long term, from genealogical corrosion, it ought to understand itself as tradition-constituted rather than encyclopedic inquiry. This would, in many ways, change the *DSM* very little, but it would also require acknowledgement

that psychiatric diagnosis is a political *as well as* a scientific enterprise and that the diagnostic judgments of the DSM project are therefore tied to the particular community (or communities) that originates and sustains it. Recognition of this would require a further commitment to moral transparency and to the self-reflective habits that make communal self-knowledge, and therefore transparency, possible.

This may seem a tall order, an unrealistic and idealistic expectation for the DSM project. Indeed, it may be, and if so, MacIntyre would predict that the DSM project will eventually die the slow death of any encyclopedia, as foundational genealogical critics progressively erode the confidence placed in the *DSM* by those who use and sustain it. But in closing, it may be of some interest to note that there exist concrete contemporary therapeutic communities that in many respects embody—almost certainly unwittingly—MacIntyre's model of tradition-constituted inquiry. These communities share neither the universalistic pretensions of the DSM project nor the burden of providing theoretical unity to the mental health professions; they flourish, rather, within the vibrantly pluralistic world of the contemporary psychotherapies. For example, "third-generation" cognitive-behavioral therapies such as dialectical behavior therapy (DBT; Linehan, 1993), acceptance and commitment therapy (Hayes, Strosahl, and Wilson, 2003), and emotion-focused therapy (Greenberg, 2002) have each developed limited theory-specific diagnostic classification that supplements the diagnostic criteria of the *DSM*. Although their size and scope likely fall short of what MacIntyre would recognize as tradition—we might call them "subtraditions" to distinguish them from MacIntyre's typical examples—they nicely exemplify MacIntyre's description of how fledgling traditions act. They each emerge from a particular therapeutic community with particular needs (e.g., psychotherapists needing better treatments of individuals with recurrent and habitual self-harming behavior in the case of DBT) and are often explicitly referential of their moral sources (Linehan, e.g., makes clear her indebtedness to Zen practice for the conceptual development of DBT). They preserve important roles for indispensable *teachers* (generally the founders of the movements) and *texts* such as books, journals, and other publications. They each have developed modest *institutions* (training conferences, Web sites, professional organizations) for the fostering and preservation of particular *virtues* that arise out of the practical-theoretical orientation of the subtradition. These institutions, together with the teachers and texts of the tradition, provide *fora for theory-laden debate* about the goods internal to the tradition. The existence of these subtraditions within contemporary psychiatry and psychology is, from a MacIntyrean perspective, interesting and encouraging. For these therapeutic sub-traditions, however, the question remains: will they own their tradition-constituted identity, or will they, like many of their therapeutic predecessors and contemporaries, inhabit an encyclopedic mode in the effort to justify themselves as scientific?

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