

# **In Between ‘In’ and ‘Of’: Unravelling the Subjectivity of Mental Disorders and Embracing Sociocultural Context**

This article examines the concept of mental disorders through an analysis of George Graham’s “In/Of Distinction” and its implications for understanding mental disorders. By expanding Graham's examples, used to argue against Thomas Szasz's 'The Myth of Mental Illness', and considering the role of expectations and interpretation, the idea that mental disorders are objective entities that require a physical brain to exist is challenged. Instead, it proposes that mental disorders are a result of the process of labelling behaviors that deviate from societal or individual expectations. Comparing psychiatric diagnosis to medical diagnosis, which relies on objectively measurable bodily processes, the article highlights the subjective nature of psychiatric diagnosis based solely on symptom clusters, emphasising how sociocultural context and expectations influence symptom interpretation and the assignment of mental disorder diagnoses. Additionally, the article explores the impact of context and cultural background on perception of emotions and behaviors through Cohen and Nisbett's study of Honor Culture in the USA. This article highlights the significance of Szasz's 'The Myth of Mental Illness' in modern understanding of mental disorders. It emphasizes the need for a concept of mental disorders that acknowledges the influence of sociocultural factors on the interpretation of diagnostic criteria and symptoms.

Keywords: philosophy; psychology; mental disorder; sociocultural context; diagnosis; subjectivity; George Graham; Thomas Szasz

## **Introduction**

The Argument from the ‘In/Of’ Distinction by George Graham (2013) holds prominence as a key counter to Thomas Szasz’s ideas from ‘*The Myth of Mental Illness*’ (1960). Szasz’s theory proposed a re-framing mental disorders as ‘problems with living’, acknowledging the extent of the influence sociocultural context and experiences have on our understanding and diagnoses of mental disorders.

This article aims provides a concise overview of Szasz's proposed re-understanding of mental disorders, followed by an introduction to Graham's Argument

from the 'In/Of Distinction as a critique. Furthermore, an examination of this distinction will be presented, ultimately demonstrating that it not only falls short of dismissing Szasz's ideas but also reinforces his key idea that our understanding and diagnoses of mental disorders are greatly influenced by the sociocultural context and experiences of both the individual seeking treatment and the diagnosing clinician.

### **The Myth of Mental Illness**

Szasz's 'The Myth of Mental Illness' was first published in 1960 and claims that modern psychiatry falls foul of an error in its understanding of mental disorders- namely, its claim that mental disorders are disorders at all.

Szasz is a naturalist in his view of 'disorders', meaning that our understanding of health and disease should focus on "objective natural categories" that are not value or interest-driven, meaning the focus of our understanding of disorders should be on "biological function and dysfunction" (Kingma, 2013, p. 364). Szasz's naturalistic view claim that disorders exist independently of social values and cultural norms leads him to claim that a disease or disorder requires a physical dysfunction, including any disorders we claim are in the mind. Consequently, he argues that mental illnesses cannot be classified as disorders as they often lack accompanying physical lesions (Szasz, 1960).

### ***Szasz's Argument as Presented by Kingma (2013)***

P1: (Naturalist Premise): What constitutes disorder is a dysfunction or lesion at a structural, cellular, or molecular level.

P2: (Empirical Premise): 'Mental disorders' are present without a physical lesion

C: Mental 'disorders' do not exist.

It is important to note that Szasz is not claiming that mental ill-health does not exist, only that mental 'disorders' cannot exist as true 'disorders' because they often occur

without a physical dysfunction and are significantly influenced by sociocultural context. Therefore, what we refer to as ‘mental disorders’ are actually ‘problems in living’, influenced by our sociocultural context and often occur without physical dysfunction.

George Graham disagrees with this view, arguing that there is no need to change our understanding or framing of mental disorders. Graham (2013) explains that mental disorders can be ‘based’, or ‘physically realized’ in the brain, but that this does not necessitate, as Szasz claims, that there is a malfunction of this brain. Therefore, a person with a mental disorder has an illness that is ‘based’ in the brain, but it does not mean that their brain is “damaged, diseased or disordered” (Graham, 2013, p. 515). In this way, Graham claims that mental disorders are based ‘in’ the brain but are not disorders ‘of’ the brain itself- this, he coins, the “in/of distinction” (Graham, 2013, p. 516).

### **Exploring Common ‘In/Of’ Distinctions**

Graham (2013) exemplifies the ‘In/Of’ Distinction, which is used as a cornerstone in his criticism of Szasz, using five examples that take place in an eventful motel.

The first example from Graham surrounds a clock and an individual who travels to a motel in a different time zone. The individual has set a manual alarm clock for the time zone in which they usually reside, Georgia. The individual has then traveled with the alarm clock to a motel in a different time zone, Texas. When the individual looks at their clock in Texas, the time displayed on the clock is wrong, as Graham explains, “the wrong time is registered in the clock” (Graham, 2013, p. 516). The clock is failing to show the correct time for Texas, but there is no physical error of the clock itself; it is still mechanically functioning perfectly fine and tracking seconds, minutes and hours accurately.

For Graham, this lack of physical malfunction means there is not an error ‘of’ the clock. An error ‘of’ the clock could occur if, during the journey from Georgia to

Texas, the clock's battery died, so that it was no longer accurately tracking seconds, minutes, and hours, and therefore was not showing the correct time for either Georgia or Texas. Similarly, if the mechanical workings of the clocks were damaged during the journey meaning they began to run more slowly, the clock would still be 'running', but it would not be accurately tracking time due to a physical malfunction 'of' the clock. In both of these examples, there is a clear physical problem which causes the clock's time display to be incorrect; these are examples of errors 'of' the clock.

In contrast, in Graham's example, the wrong information is being displayed to the user, meaning that there is an 'error', but it is not due to any physical malfunction of the clock, which is still accurately tracking seconds, minutes and hours. This cannot be an error 'of' the clock, due to there being no mechanical malfunction. Instead, Graham labels the error of the wrong time displaying on the clock as an error 'in' the clock.

Graham's second example concerns a doorbell at the motel. For Graham, the function of a doorbell is to alert the person inside the room that there is someone at the door. Typically, the doorbell fulfils this function; it "carries the information" in the form of a ring that someone is at the door (Graham, 2013, p. 516).

However, somehow at this motel, a squirrel has pressed the doorbell, which causes it to ring as if a person was at the door, and when the guest goes to the door, they will of course not find a person as expected. For Graham, in this case, the doorbell is "failing to do what it was designed or supposed to do"; it does not fulfil its function of notifying the guest that someone is at the door (Graham, 2013, p. 516).

Similarly to the alarm clock, the wiring and electrics in the doorbell are functioning perfectly, so there is no error 'of' the doorbell. However, there is an error 'in' the doorbell as the wrong information is contained within the its ring. An

error '*of*' the doorbell could be seen in a case where the mechanical workings of the doorbell mean that when a person pushes the button, no signal is transferred in order to produce a ring, because this is a mechanical error, Graham would label this as an error '*of*' the doorbell. However, one again in Graham's example, the motel doorbell has no mechanical malfunction, meaning there cannot be an error '*of*' the doorbell. However, because the doorbell has been made to ring by a squirrel, it does not alert the guest to a person outside of their door, something that Graham claims that it was "designed or supposed to do" (Graham, 2013, p. 516). There is still an error related to the doorbell, but it is one '*in*' the doorbell, rather than '*of*' the doorbell.

Both examples so far have been scenarios in which an object has not functioned in the way that the user would expect, without there being a malfunction '*of*' the objects themselves. For Graham, an object doesn't need to have an error '*of*' itself in order to have an error '*in*' itself, it is simply that without the physical substance of the object, there would be nothing to 'display' or 'present' the error '*in*'. Relating this back to his claim about brains and mental illness, for Graham, without the physical substance of the brain, there would be nothing for a mental disorder to appear '*in*', but as with the examples we have discussed so far, this does not necessitate that there is a physical error '*of*' the brain.

The next example from Graham is about a motel guest's laptop. The guest is using their laptop over the motel Wi-Fi to reserve a room in another motel at their next destination, San Diego. However, the software that is running on (or '*in*', for Graham) the hardware of the guest's laptop has a malfunction when processing the word 'Diego', as it instead processes it as 'Francisco', making it difficult for the guest to book make their next reservation. Graham points out that there is no malfunction of the laptop's hardware

here, just like the mechanics of the alarm clock and the wiring of the doorbell, its physical parts are functioning perfectly.

An error *'of'* the laptop would require its hardware to be malfunctioning. For example, if the guest spilled a drink on his laptop which caused several keys on the keyboard to become unresponsive, we could see there as being a physical error *'of'* the laptop, specifically *'of'* the keyboard. However, there is no physical malfunction *'of'* the laptop in Graham's example, it is the software that is running *'in'* or on the hardware contains which contains a glitch, which causes the 'error' of 'Diego' to be processed as 'Francisco'. There is not an error *'of'* the laptop, which is functioning fine, but an error *'in'* the laptop, due to the software it is running.

The penultimate example from Graham takes us away from the guest's motel room to its reception area where the guest finds a pregnant woman complaining of morning sickness. Sickness and nausea are both bodily conditions, however, Graham explains that because the woman is pregnant, we do not see her symptoms of morning sickness as an indicator of a "biologically unhealthy" or otherwise malfunctioning body (Graham, 2013, p. 516).

Morning sickness is a normal part of pregnancy and Graham explains that in most cases, where it is not extreme, it can be an indicator of normal and "healthy" adaptive bodily function to protect a foetus from some foods (Graham, 2013, p. 517). Rather than the mechanics, electronics, or hardware functioning perfectly in this example, we can see that (so long as we interpret morning sickness as a normal and healthy part of pregnancy) the woman's body is not suffering any kind of biological malfunction. However, she is still experiencing physical symptoms of sickness and nausea.

If a woman in the motel lobby was experiencing sickness and nausea but was not pregnant, we would likely think that she needs some form of medical help in order to relieve these symptoms which we often assume are the result of an illness, a malfunction (or error) *'of'* the body. However, because this lady is experiencing morning sickness, a normal part of pregnancy that does not represent a biological malfunction, for Graham, this exemplifies how symptoms are manifesting *'in'* the body without there being an error *'of'* the woman's body itself.

Graham's final example takes us out of the motel to a lake where the husband of the pregnant woman is rowing. The man stops for a break and places his oar straight down in the water and to his surprise, as he has never been rowing before, the oar appears bent. The man has never been taught about refraction and the optical illusions it can create, as our visual system does not automatically correct the effects of refraction. This illusion provides the man with misinformation about his oar, despite his visual system functionally perfectly.

In a scenario where a man is rowing but struggles to judge if his oars are adequately in the water due to a depth-perception problem with his eyesight that is not corrected by glasses, we would say that there is an error *'of'* the man's visual system; there is a biological malfunction or error with his visual system which causes him to be unable to perceive depth properly.

In contrast, Graham explains that in his example we would not see there as being an error *'of'* the man's visual system, because it is again functioning biologically perfectly. Rather we should see that there is a "failure to furnish" the man with the correct understanding of refraction, which instead demonstrates an error has occurred *'in'* the visual system (Graham, 2013, p. 517).

These five examples are used by Graham to demonstrate that there can be an error 'in' something, like the clock, the laptop, the doorbell, or the body, without there being an error 'of' these things, which are working without any physical dysfunction. In this way, Graham aims to disprove Szasz's claim that true *disorders* must have a physical base, meaning that mental *disorders* must be linked to a neurological defect. For Graham, these scenarios exemplify how there could be a mental disorder that is 'based' or 'physically realized' in the brain, without there being a biological malfunction of the brain itself, just like how there was no mechanical malfunction of the clock but there was still an error contained with 'in' it as it was showing the wrong time.

Despite the number of examples Graham provides to support his critique of Szasz, through an original critique it will become clear that these arguments from the 'If/Of' distinction not only fail to disprove Szasz's thoughts about mental disorders, but in fact support his assertion that our sociocultural contexts and experiences significantly impact them.

### **Critique of the 'In/Of' Distinction**

In the first two examples from Graham, concerning the alarm clock and the doorbell, we see scenarios in which objects have not functioned in the way that the user expected, without there being a malfunction 'of' the objects themselves. For Graham, these objects don't have errors 'of' themselves as they are functioning correctly; tracking the time and ringing when pressed. However, errors are still present in the time that the clock displays, and the information contained within the ring of the doorbell. This is because, without the physical substance of the object, there would be nothing to 'display' or 'present' the error 'in', without the clock, there would be nothing to display the wrong time and without the doorbell there would be nothing for a squirrel to press.



In terms of the mind-brain, without the physical substance of the brain, there would be nothing for a mental disorder to appear *'in'*, even if there is no error *'of'* the brain itself. However, an important factor is missing in these examples- the part that interpretation plays in our assignment of errors.

The phrase: “the wrong information is contained within the ring” seems to suggest that Graham believes that the ring of a doorbell *itself* contains the information that a person is at the door and therefore, when the doorbell rings, Graham *expects* a person to be at the door (Graham, 2013, p. 516). Similarly, thinking that the clock is displaying the ‘incorrect’ time, despite the clock still counting accurately, is only due to a combination of negligence by its user to not change the time, along with their expectation that the clock will always display the right time. In both of these scenarios, it seems that a small mistake (i.e., not changing the time on the clock and a squirrel activating a doorbell) along with the expectation that these objects will function in a certain way, leads to the conclusion that there is an error *'in'* them.

In the case of the alarm clock, Graham’s claim that there is an error *'in'* the clock relies on the agreement that there is no mechanical error *'of'* the clock and that the displaying of the wrong time by the clock is an error itself. However, it can be suggested that there is no error *"in"* or *"of"* the clock; instead, the observed error is deemed as such due to human expectations and the interpretation of the information displayed by the clock in light of these expectations. In this case, the error does not belong to the clock, it is neither *'in'* nor *'of'* the clock, rather the error belongs to the person that assigns it to the clock; they interpret that the clock is displaying erroneous information based on their expectations. In fact, a more patient person in this scenario could assign the error to themselves for not changing the clock to reflect the time zone they are in. For this person, the function of a clock is to accurately track seconds,

minutes and hours, something the clock is doing perfectly well, we simply expect the clock to show the correct time because we usually set it to the right time for it to carry on tracking. Therefore, the assignment of an 'error' to this clock can be seen as being dependant on our expectation of the clock, rather than because the clock has any inherent 'error' itself.

Similarly, with the doorbell, Graham states that the doorbell is "supposed to" notify the guest that a person is at the door (Graham, 2013, p. 516). However, it is only because we have the expectation that the ring of a doorbell means that there is a human at the door that we see an error. The bell is still functioning perfectly; it rings when it is pressed. It just so happens that it has been pressed by a squirrel, not a person. If we instead see the function of a doorbell as being 'to ring when pressed' then there is no error here. It is only when we expect the doorbell's ring to mean something very specific that we interpret there as being an error.

Errors being assigned to objects as determined by the user, rather than being an intrinsic property of the object, are also demonstrated in the following example.

Two friends have the same old doorbells outside of their house. One homeowner has an elderly mother who regularly visits. The mother is not very strong and sometimes struggles to press the old doorbell, meaning that the daughter isn't always notified when their mother is outside. Because of this, the homeowner decides to get a new doorbell, one which is more sensitive to being pressed, allowing it to notify them of when their mother visits. They are so pleased with their new doorbell that the homeowner recommends it to their friend in the neighbourhood, who also decides to purchase it.

Their friend installs their new doorbell in place of their old one, just to the side of their front door where some ivy grows up the brickwork. The friend is less than impressed with the new doorbell; when the ivy blows in the wind it causes the bell to

chime, even when there is no one at the door, a problem that they never had with their older, less sensitive doorbell.

Here, two people are using two identical doorbells, but only one assigns theirs an error. The assignment of an error to the old doorbell came from the homeowner with an elderly mother; they expected a doorbell to be able to sense weaker presses than it was able to.

The friend with the ivy however never had this issue, everyone they knew was strong enough to press the old doorbell sufficiently enough to make it chime when they were at the door, so it functioned as they expected- it rang whenever pressed by a person. This friend however was less than pleased with the more sensitive doorbell and assigned it an error, as it was sensitive enough to be pressed by their ivy when it was windy. In this case, the doorbell did not fulfil their expectation of only notifying them when people were at the door.

The errors '*in*' these objects seem to only be errors when we expect them to function in a certain way and then, due to a mistake, they do not. In fact, a more tolerant person perhaps would not see these examples as demonstrating any errors in objects at all, they may instead see the error as being contained within their own expectations. This leads to the question of whether, if there is no detectable error or malfunction '*of*' the objects themselves, and an error only arises because of our expectations about an object, are these errors '*in*' the objects as Graham proposes, or rather '*in*' our expectations which surround the objects?

Graham's third example, which involves the guest's laptop, raises a distinct question when looked at from a perspective which considers expectations. In the previous examples, we have seen objects mechanically working as intended, such as the clock accurately counting time and the doorbell ringing when pressed, but users'

expectations of these objects caused them to perceive an error *'in'* them in specific situations. In this example, however, there has *always* been an error in this software; it has never been able to process the word 'Diego' correctly, even before anyone expected it to. In contrast to the clock and the doorbell, the error on the laptop was an error before there was expectation about it, not as a result of expectation. In this case, a user's expectations do not create the error; they instead reveal the error that was already there.

This scenario highlights that Graham's errors *'in'* objects are simply acknowledgements of the 'thing' we are assigning an error to, without which there would be no error to perceive. In the case of the faulty motel booking software, there is an error *'in'* the software, presumably somewhere in the code a mistake has been made which causes it to process 'Diego' as 'Francisco'. Here the error is within the software, which just happens to run on the computer. Even before the software was running on a computer the error already existed. The computer just serves the medium which lets us visualize the error in the software. The computer hardware has no errors *'in'* or *'of'* itself. No matter which computer, tablet or phone the software was running on, the same error would still occur, reinforcing the idea that the error, in this case, is contained within the software and has nothing to do with an error *'in'* or *'of'* a computer. The computer only provides a means to visualize the error.

Rather than demonstrating that there is an error anywhere *'in'* or *'of'* the computer, structurally or physically, that the fact that the software would make the same mistake running on any laptop or operating system demonstrates that the error is contained wholly within the software, and that the computer is simply the system which lets us visualize this error. Therefore, recognizing that errors are extrinsically assigned to objects based on our expectations, rather than being an intrinsic property of them, we can see that Graham's errors *'in'* objects are simply an acknowledgement of the object

we are assigning an error to, an object without which we wouldn't interpret an error, despite the object itself containing no errors.

Graham's final two examples concern people, rather than objects, possibly bringing us closer to the mind-brain discussion at hand. In the case of the pregnant woman, we can see how our expectations play a part in how we view her symptoms. If we see someone experiencing nausea and sickness, we will assume they are ill, that there is an 'error' of their biological body, because we expect the majority of people that we interact with to be generally healthy.

However, knowing that the woman is pregnant changes our expectations. We may not 'expect' all pregnant women to experience morning sickness, but equally, we don't expect no pregnant women to experience morning sickness. Here, our expectations change because of the context of the situation. Generally, seeing a person experiencing sickness would result in us assuming that there is an error '*of*' their biology. However, when we see a pregnant woman experiencing sickness, we may feel sympathy for her, but we do not see there as being an 'error' '*of*' her biology because, for many, morning sickness is a natural part of pregnancy. This not only exemplifies once again how our expectations play a crucial part in our assignment of errors, but also how the context we have about a situation affects our expectations.

Finally, in the example of the man on a rowboat Graham claims that the error lies '*in*' the "failure" of the man's visual system to "furnish" his brain with the information required to recognize the effect of refraction on the oar (Graham, 2013, p. 517). However, this example once again links closely to how an individual's expectations and understanding of situations affects their assignment of the errors in them. In this example, the man did not understand that his oar was not really bent because he did not have the information to understand the concept of refraction. This

led to the 'error' of the man not being able to understand that the oar was straight. We then only assign an error to the man because we expect him to be able to understand refraction.

Human vision has evolved to deal with certain environmental contexts, but seeing things underwater is not one of them. Therefore, we need to compensate for the visual effects of water with interpretation, but we can only do this if we are aware that we need to and know how to do so.

If a man identical in every way to the first, apart from this one had knowledge of refraction, was in the exact same situation as the first man but because of his knowledge he did not mistakenly believe the oar was bent, we would not say that there was any 'error' anywhere here. How can we then assign an error '*in*' the first man's visual system and not in the second man's, despite their visual systems being identical? The only difference between the two men was the information available to them and their understanding of the situation they were in. Both men sensed the visual stimulus of the bent oar, both acknowledged that it appeared bent, but the second man understood that this was an illusion created by refraction. In no way did either man's visual system work differently, it was only their understanding of what was processed by their visual systems that differed.

Therefore, it is accurate to say that there is an error taking place '*in*' a visual system, but rather that we can perceive the first man's understanding of the bent oar as erroneous, only because we process more information about refraction than him. This is not to say that we require a complete understanding of refraction in order to interpret objects under the water more accurately, but only an awareness that the visuals we perceive of underwater objects are inaccurate.

People have been spearfishing for thousands of years, yet Snell's law of refraction was only developed in the early 1600s. People before this did not require a detailed explanation of refraction from Snell's law in order to adjust for it when fishing. Through trial and error, it could be understood that fish were not where they appeared to be in the water, and their aim would need to be adjusted in a particular way in relation to their visual perception in order to catch the fish.

It is not only humans who must compensate for refraction without understanding the physics behind it, birds who dive for fish must also have an 'awareness' that their visual perception of the position of fish in the water is inaccurate. Birds don't understand refraction in terms of the physics behind it, but we do know that they compensate for it because of the angle at which they dive for food (Katzir & Intrator, 1987). Much like humans, these birds' visual systems have not evolved to take into account refraction, but their behavior has adapted to compensate for it. Rather than diving straight down into the water when they see a fish, birds dive closer to a right angle as the effect of refraction at this point is much less, so the fish is physically much closer to where it appears visually.

In these cases, a full understanding of the physics of refraction is not needed in order to compensate for it, but previous experience of refraction is needed in order for behavior to be adapted accordingly. If one person has never experienced refraction before, and another has, they may have identical visual systems which process the information about an oar in the water identically, but it is then the reflection on previous experiences that would allow one to understand that the oar wasn't really bent, leaving the other confused by their visual perception. There is no error in either visual system; both have identical visual perceptions, but one person is able to supplement their visual perception with experience or knowledge. This does not mean that there is an

error *'in'* or *'of'* the other's visual system, only that they have not been able to reflect on previous experience or draw on knowledge to compensate for their visual system not correcting the effect of refraction. It is only because we expect people to have knowledge or experience of refraction that we may, like Graham, assign an error to those who do not have such knowledge or experience.

### **The Impact on Understanding Mental Disorders**

Expanding these examples and discussing the part that expectations and interpretation play within them can impact the conclusions Graham draws in order to argue against Szasz' concept of mental disorders. If it is the case that the errors Graham exemplifies are errors in our expectations, rather than *'in'* an object, are mental disorders then disorders *'in'* the brain (or another physical substance), or instead are they a product of third parties *'labelling'* behaviors or habits that do not fit with the expectations of the person themselves (in cases such as visual or auditory hallucinations), or the expectations of wider society (in cases such as phobias and addictions)?

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In the case of mental disorders, a person with such a disorder may have no *'errors'* *'in'* or *'of'* their brain. Rather, professionals assign disorders (*'errors'*) to



service users when they behave in a way that contradicts the clinician's usual expectations for that person.

An individual may see themselves as having a mental disorder, but this again does not constitute an error *'in'* or *'of'* their mind or brain. Instead, they have assigned this error to themselves based on their expectations of themselves. Just as in the case of the alarm clock when expectations were related to the surroundings (noting importantly that back in another time zone a completely identical clock would not have an error assigned to it at all), in the case of mental disorders in people, our expectations of someone will be based on the context that they are in as well as our own contexts, which will include biases, experience, cultural norms etc.

Medical diagnosis relies on health professionals recognising clusters of bodily problems that have been identified as valid indicators of a particular disease or disorder followed by physical testing to find the dysfunction causing the symptoms or objectively identifiable issues caused by the dysfunction.

To identify these clusters as reliable indicators of disease, researchers do not rely on symptoms alone, as symptoms such as pain or nausea and the extent of them are subjective to each patient, based on a sliding scale which is impacted by their previous experiences of such symptoms.

Instead, the importance of linking symptoms to bodily processes which can be more objectively identified and monitored, such as blood pressure or oxygen level, is encouraged by medical researchers (Johnstone & Boyle, 2018, p. 21).

From these objectively identifiable clusters, researchers work backwards to identify an underlying physical cause. These underlying causes are diagnosed by objectively measurable bodily processes and are then given names such as 'meningitis' or 'pneumonia'. For example, in the case of lung cancer diagnosis, a patient usually

presents with the following symptoms: persistent cough, re-occurring chest infections, persistent breathlessness and aches or pains when breathing (National Health Service, 2019).

A doctor of a service user who is presenting with these symptoms may suspect lung cancer, as these symptoms are common signs of the disease. However, before a diagnosis is made the doctor must make a referral for diagnostic tests. The tests for lung cancer usually include a chest x-ray as a preliminary test to understand if there is a mass in the lungs (National Health Service, 2019). Following this patient will receive a CT scan to determine if this mass may be cancerous and if it is determined that a mass may be cancerous a service user is then offered a form of biopsy to more definitively diagnose the type of cancer they have.

In contrast, the of majority diagnostic criteria for mental disorders in the DSM-5-TR are reliant on groups of symptoms alone. For example, experiences of ‘depressed mood’, ‘diminished interests’, ‘fatigue’, ‘feelings of worthlessness’ and ‘significant weight loss’ over a two-week period are diagnostic criteria for Major Depressive Disorder (American Psychiatric Association, 2022, pp. 184-185).

Unlike physical illnesses, no objectively identifiable causes of these symptoms are required for the diagnosis of mental disorders. Instead, the symptoms themselves, as well as the perceived severity of them, their impact on the service user’s daily life, and their longevity are used for a psychiatric diagnosis. Because of this, the diagnosis of a mental disorder requires professionals and service users to make subjective judgements about what someone, or they themselves, might be experiencing, such as ‘excessive anger’, ‘inflated self-esteem’ or ‘inappropriate guilt’ (American Psychiatric Association, 2022, pp. 74, 141-142).

Unlike blood pressure or oxygen levels which can be objectively monitored and used for medical diagnosis, these psychological symptoms are subjective for both patients and clinicians, as they will be affected by the individual's interpretation which is influenced by social and cultural expectations, such as how they have previously reacted and how others around them have reacted in similar scenarios.

In acknowledgement of this, the DSM-5-TR requires that symptoms “differ from relevant sociocultural norms” in order to be considered as mental disorders (American Psychiatric Association, 2022, p. 17). However, what is seen as excessive, inflated, inappropriate or ill-fitting with sociocultural norms depends greatly on the context of both the patient and clinician, just as the assignment of errors in

### ***Honor Culture and Sociocultural Context***

Graham's *'In/Of'* distinction examples were greatly dependent upon the person's context and viewpoint. An example of this is clearly demonstrated by Cohen and Nisbett's (1996) Honor Culture study.

Cohen and Nisbett's 1996 study of Honor Culture in the Southern states of the USA demonstrates how context and background can greatly affect how people express and perceive emotions, including those that are used as diagnostic criteria in the DSM-5-TR, such as anger and aggression. In their experiments, Cohen and Nisbett studied the behavior of 83 white male University of Michigan students, 42 from Northern states of the USA and 41 from Southern states, after they were exposed to an insult.

Experiment participants were asked to fill in a form and take it to a room down a narrow hallway. During their walk down the narrow hallway, a person using a filing cabinet would slam a draw shut, bump the participants' shoulders, and call them an “asshole” (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 948). The reactions of the

participants, including their facial expressions, body language and any verbal reactions, were recorded by two observers, acting as students in the corridor.

The study found that the two main reactions to the bump and the insult were anger and amusement, with a significant North-South divide. 85% of participants from Southern states reacted angrily to the bump and insult, compared to only 35% of students from Northern states (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 949).

Following this interaction, participants were asked to complete a 'scenario' task. They were told a story about a man and his fiancée at a party and asked how they would complete the scene. The situation posed to the participants was as follows: a man and his fiancée are attending a party, and the fiancée tells her partner that another man keeps making passes at her despite knowing that she is engaged, shortly after, the partner sees the man try to kiss his fiancée. Mirroring the divide seen in the 'bump and insult' task, 75% of participants from Southern states mentioned actual or threatened violence against the other man in their competition of the scenario, compared to only 41% of participants from Northern (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 949).

The study concluded that the probable cause of such a North-South divide in terms of violent and aggressive responses is due to a history of a "culture of honor" in Southern states (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946). Cohen and Nisbett explain that the historical economy of Southern states was based on herding, meaning that cattle being stolen or injured had major economic impacts on individuals. Law enforcement in the South was also described as being "inadequate, corrupt, or just too far away", encouraging individuals to take justice into their own hands (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946). It was therefore preferable for people in the Southern states at the time to have a reputation as being tough or able to defend themselves, even if this meant greeting trivial matters with violence. This is because

such aggressive reactions would serve as warnings to the community and discourage anyone from stealing or killing their herds. Nisbett and Cohen label this a culture of defending one's "honor" (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946).

Although life in Southern states is not as it was when the economy was driven by cattle farming, this culture of defending honor has continued to influence those living in Southern states.

As well as being shown in Nisbett and Cohen's study, this "emphasis on honor and protection" by people in Southern states also can be seen in homicide rates (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946).

Homicides committed by white males in Southern states outnumber those committed by the same group in Northern states, but only for homicides related to arguments or conflicts which may challenge a person's "honor", such as disagreements regarding relationships or social standing (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946). Homicides relating to other felonies unrelated to honor, such as burglary, had similar rates in both Northern and Southern states.

An earlier study by Nisbett and Cohen (1994) also showed that people from Southern states were more approving of certain types of violence compared to those in Northern states, specifically violence used for "self-protection, to respond to an insult, or to socialize children" (Cohen D., Nisbett, Bowdle, & Schwarz, 1996, p. 946). This study shows how people have evolved to have their behavior governed by their localities, and despite modern society possibly being at odds with the conditions in which these localized behaviors developed, they are still prominent in people from these communities today.

The claim that humans are an inherently 'cultural' species, in that we absorb the shared beliefs, customs, rules, norms and expectations of the people around us, and that

these cultures vary from community to community is an idea also supported by Boyd & Richerson (2005) and Henrich (2016). The adoption of a culture informs us of how to live and interact with the people around us, as well as identify members that are not a part of our immediate community. The Northern-Southern disparity demonstrated by Cohen and Nisbett's (1996) Honor Culture study is an example of cultural difference, a phenomenon which, by the standards of Boyd, Richerson and Henrich, is endemic because it is central to what and who humans are.

These ideas about culture are clear demonstrations of how our context can affect our own behaviors and our expectations of others' behavior. In this case, people from the Southern states of the USA are more accepting of aggression and also more likely to behave aggressively, based on the culture of their home state (Cohen D. , Nisbett, Bowdle, & Schwarz, 1996).

### ***Subjectivity and Diagnostic Criteria***

When looking at this in relation to the diagnostic criteria of the DSM-5-TR we can see how the context of both service users and clinicians can affect a diagnosis. The DSM-5-TR mentions aggression as a diagnostic marker for several disorders, along with related behaviors such as 'temper outbursts' or 'hostility' which must be perceived as 'out of proportion' or happening with 'little or no provocation' (American Psychiatric Association, 2022, pp. 69-70, 179-180, 315-316).

From Cohen & Nisbett's (1996) study it can be seen that the use of subjective qualifiers such as 'excessive' or 'with little provocation, as well as the symptoms of 'aggression', 'temper outbursts' or 'hostility' themselves can be judged differently based on an individual's context.

If a medical professional from a Northern state of the USA was to speak to a service user from a Southern state of the USA, they may interpret some of the service

user's behaviors as 'excessively aggressive' in a situation similar to the one that was created in Cohen & Nisbett's study, because participants from Northern states were less likely to approve of aggressive behavior in response to certain circumstances.

However, if this service user from a Southern state was being treated by a professional who was also from a Southern state, their behavior may not be seen as 'inappropriate' or 'excessive' in a situation similar to that in the Cohen & Nisbett study, which found that the majority of participants from Southern states displayed some form of aggression in response to being bumped into and briefly insulted and were also accepting of aggression in several scenarios (Cohen D. , Nisbett, Bowdle, & Schwarz, 1996, p. 948).

It is also plausible that a medical professional from a Southern State treating a service user from a Northern state could interpret the service user's behaviors in situations similar to those created by Cohen & Nisbett (1996) as symptomatic. The service user's lack of aggression in response to the insult could be perceived as exhibiting 'apathy', a 'lack of self-care' or 'emotional responses', whilst the 'amusement' that 65% of participants in the study showed after being bumped and insulted could also be interpreted as happening 'in the absence of an appropriate stimulus', all of which are diagnostic markers for several disorders in the DSM-5-TR (American Psychiatric Association, 2022, pp. 115, 117, 251, 296, 345, 735).

When using symptoms (e.g., anger, apathy, hostility) and qualifiers (excessive, lack-of, out-of-proportion) as diagnostic markers for mental disorders, rather than objective tests, the likes of which are used to diagnose physical illnesses, it can be seen that their subjectivity could lead them to be interpreted differently by professionals and service users depending on their own context and their understanding of the other's

context, leading to different diagnoses, be that perceiving different disorders or no disorder at all.

Unlike Graham's initial examples which, at worst, could lead to someone booking a motel in the wrong city or arriving to work an hour late, in the case of mental disorders, different expectations can lead to an incorrect or un-needed diagnosis of a mental health condition, which can carry many challenges including stigma, misinformation and unnecessary medical and therapeutic treatments.

Here it has been demonstrated, just as occurred when we expanded Graham's '*In/Of*' distinction examples, that depending on our viewpoint, context and understanding of others, we will interpret situations differently and therefore assign 'errors' (or disorders) to 'things' or people differently.

Graham used the '*In/Of*' Distinction to argue that there can be errors '*in*' something, but not '*of*' something, namely the brain. However, when we expand Graham's examples and compare the assignment of errors to objects with the assignment of mental disorders to people, we see that the use of the '*In/Of*' Distinction against Szasz does not sufficiently prove that there can be errors '*in*' something but not '*of*' something. Rather, Graham's '*In/Of*' distinction examples highlight the role that expectation and interpretation plays in our assignment of errors, suggesting that errors are not intrinsic properties '*of*' or '*in*' objects, but instead errors are determined and assigned to objects by people that interact with them. In the case of mental disorders, I argue that Graham's examples do not suggest that there can be errors '*in*' the brain but not '*of*' the brain, but instead, that mental disorders are assigned when people's behaviors defy their own, or our own, expectations.

## **Conclusion**

The exploration of George Graham's '*In/Of*' distinction and its application to mental



illness has shed light on the complex nature of understanding and diagnosing mental disorders. Although initially posited as a rebuttal to Szasz's understanding of mental illnesses, Graham's expanded examples have clearly highlighted the role of expectations, interpretation, and sociocultural context in attributing errors to objects, and disorders to individuals.

Szasz did not claim that mental disorders did not exist, only that they cannot be true disorders because many occur without a psychical dysfunction. Instead, Szasz posed that mental disorders should be called 'problems with living', acknowledging the part that context and society plays in them. Graham disagreed, using the 'In/Of' Distinction in an attempt to prove that disorders can occur 'in' the brain, without there being any physical dysfunction 'of' the brain. However, Graham's examples instead further support Szasz's claims.

Analysis of Graham's examples from the eventful motel demonstrates that errors can be seen as a result of misaligned expectations, rather than inherent flaws in objects themselves. Rather than being a dysfunction 'in' or 'of' the brain, Graham's examples demonstrate that mental disorders are highly influenced by sociocultural context, being products of labelling others' mis-aligned behaviors, based on our own expectations and interpretations of them.

The Honor Culture study re-enforces the extent to which sociocultural context impacts understanding and expectations of others. When paired with the subjective diagnostic criteria of the DSM-5-TR, it becomes clear that mental health diagnoses cannot be removed from the impact of sociocultural context, meaning mental health service users face the potential for incorrect or unnecessary diagnoses, which can result in stigma, misinformation, and unnecessary treatments.

This new challenge to Graham's critique of Szasz's understanding of mental disorders diagnosis emphasizes the importance of acknowledging the role of expectations, interpretation, and context in understanding mental disorders. Recognising the subjective nature of mental disorder diagnostic criteria and the potential for different interpretations is crucial in promoting improved diagnoses, reducing stigma, and providing appropriate support and treatment for mental health service users.

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