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*Values and Psychiatric Diagnosis*

John Sadler

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Claire Pouncey

Philosophy of psychiatry has been developing as an interdisciplinary field of study for over a decade, thanks in large part to John Sadler. Sadler co-founded the Association for the Advancement of Philosophy in Psychiatry, and co-edits that organization's journal, *Philosophy, Psychiatry, and Psychology*. He has written numerous articles about the role of values in shaping psychiatric classification. Whereas the influence of values is often viewed as a source of embarrassment to psychiatry, Sadler has argued consistently that psychiatry cannot disregard its nonempirical influences. Now, in his book *Values and Psychiatric Diagnosis*, Sadler develops his views further, making explicit the values that influence psychiatric knowledge and practice, calling attention to the many ways values shape psychiatric classification and diagnosis, and explaining how values enrich psychiatry rather than undermine it.

Sadler's focus is psychiatric classification, primarily the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). His primary project is to identify the values in play in the DSM, and to provide a framework for understanding what those values are, how they interact, and how they have been prioritized in the DSM products and discussions about it. His secondary project is to suggest ways that those priorities can be recalculated to improve future nosologies.

These projects require Sadler to traverse the intellectual territories of both psychiatry and philosophy. As he acknowledges, interdisciplinary footing can be tricky, but Sadler maneuvers both terrains adeptly. Sadler brings to his discussion the analytic acumen of a clinician, successfully

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diagnosing many of the ills that have plagued psychiatry in the last 50 years. His perspective, however, is that of a philosopher with an eye trained on the conceptual rather than the practical elements of psychiatry. The question he poses for himself is how to make sense of and address the confusions of a medical subspecialty that as yet has no laboratory test, biopsy, or imaging study to confirm its fundamental ontology. This inchoate focus generates a great deal of controversy from a variety of academic disciplines, from psychology to gender studies, and Sadler respectfully, systematically, and authoritatively considers each of the major criticisms and assigns it a place in the values landscape.

The first third of the book sets out the terms of Sadler's debate. He is deliberately permissive in his definition of "value", allowing that values are any action-directing concepts – goals, purposes, principles, guidelines, rules of thumb etc. – that lend themselves to qualitative rather than quantitative measure. For Sadler, syntactically, values can be both objects (e.g., "the good") and predicates (e.g., "good psychiatric care"). Semantically, evaluational statements can represent underlying commitments, logical entailments, or material consequences. Sadler presents a typology of the values that guide the metaphysics, epistemology, and methodology behind psychiatric classifications: aesthetic, epistemic, ethical, ontological, and pragmatic. He scrutinizes the concept of classification, questioning what characteristics make a "good" scientific classification, and what values such standards reflect. The author goes on to identify and analyze the values reflected in the purported goals of the DSM.

The second part of Sadler's discussion addresses the many existing challenges to the DSM promulgated by various disciplines. Sadler interprets each as a conflict about values. Chapter 4 questions whether the DSM serves psychiatrists more than the patients they treat. It discusses the interests of patients, professions, and guilds, and identifies real and apparent conflicts among them. The chapter argues that the *marketing* of the DSM (rather than the classification itself) suggests that its publisher is more interested in labeling patients or turning a profit than in pursuing more clinically and scientifically noble ends.

Chapter 5 addresses the ontological question of what it is to be a mental disorder. It argues that, in contrast to much of the existing literature, what is central to nosology is not the formal definition of "mental disorder", but rather our deeply held convictions about the *nature* of mental disorders. The chapter identifies and explains six "ontological values" of the DSM: empiricism, hyponarrativity, individualism, naturalism, pragmatism, and traditionalism. It reviews challenges to these assumptions from several disparate schools of thought, reinterpreting each criticism as an objection to one of the DSM's values assumptions.

Chapter 6 tackles the thorny subject of the influence of values with regard to DSM judgments about sex, gender, and their allegedly disordered states. It

interprets some of the most vituperative criticisms of the DSM as questions about the proper relationship between moral and nonmoral values. Arguing that “Moral evaluations in a category... are problematic only if the identity and validity of the concept is semantically and empirically dependent on them”, the chapter proposes two tests to determine whether a proposed mental disorder is merely a conflict between individual and societal preferences. It argues that the goal of psychiatric nosology is not to medicalize immoral behaviors, but to articulate a shared vision of the social good against which moral failures are identified and measured.

Chapter 7 addresses cultural relativism, or more specifically, how the various values that shape psychiatric nosology permit or prevent the application of a given diagnosis across culturally specific instances. It critically reviews some of the work in psychiatric anthropology, and uses that approach to identify ten value assumptions that are local to Western psychiatry. The chapter calls for increased awareness of the value-based nosological assumptions that do not generalize across cultures, and recommends ongoing efforts to develop standards for cross-cultural validation.

Chapter 8 explores the tensions that arise when the traditional values that have shaped psychiatric nosology are challenged by the incompatible values introduced by psychiatric genetics. The chapter characterizes and explores a conflict not between psychiatry’s values and those of outside critics, but between two different approaches internal to psychiatry, a re-prioritization of ontological and epistemic values that are not in contention, but which are weighted differently by different psychiatric subcommunities.

Chapter 9 takes yet another turn, using continental philosophy to introduce and contrast “poietic” and “technological” modes of being, ways of understanding how our basic commitments and viewpoints direct how we relate to and behave in the world. In viewing psychiatrist-patient relationships as ones between diagnosticians and instances of illness, we lose an important interpersonal, moral aspect of medical care. We restore this moral aspect by refusing to make diagnosis the ultimate clinical concern, and remembering that diagnosis is merely instrumental in serving the overall goal of helping ill persons. The chapter reminds us that a classification is not a textbook for good care, and that “Learning to diagnose mental disorders by reading about them in the DSM is similar to learning to dance by reading a book about Martha Graham.”

Chapter 10 argues that politics, being value laden, are necessarily part of psychiatric classification, and indeed, science in general. In response to DSM critics who argue that the DSM is faulty or biased because of the politics that influence it, the chapter analyzes the notion of politics itself. It distinguishes laudable from corrupt aspects of politics, and identifies the aims of the American Psychiatric Association as a political organization. It argues that political values are intrinsic to psychiatric classification, but that the DSM process as it now exists

fails to fully allow for the value of epistemic freedom. DSM's shortcoming is this particular failure, and not the influence of politics per se.

Chapter 11 constitutes the third part of Sadler's project. Here, he makes two moves. First, Sadler changes his focus from classification to diagnosis, arguing that although a classification names diagnostic concepts, the *practice* of diagnosis reaches far beyond what a nomenclature or taxonomy can possibly provide. He argues that in order to enrich the practice of psychiatric diagnosis, which is informed both by scientific knowledge and by established practice principles, we need to experiment with thoughtful alternatives to the existing psychiatric classifications. To this end, the chapter introduces a schema for understanding how the values discussed in the preceding chapters influence psychiatric nosology, and analyzes the priority those values are assigned and the prominence they are given. Sadler shows how alternative classifications might be developed by reassigning either the priority or the prominence of each of the values he considers in the body of the book. In the end, Sadler emphasizes that values engage with and are intrinsic to science, rather than standing in opposition to it. He argues eloquently that the more conspicuous we can make our values, the better position we will be in to develop psychiatry in ways that suit our myriad clinical, scientific, and social purposes.

Sadler comprehensively discusses heated and technical topics in a voice that is conversational and easy to read. Still, he will have his critics. Despite the title, the book's focus is classification rather than diagnosis, and Sadler does not specify in detail what the relationship between diagnosis and classification is. Further, Sadler's main argument relies heavily on various notions of validity, which Sadler neither challenges nor explicates in terms of the values of psychiatry. Philosophers are likely to feel frustrated by the terse treatment given to value theory generally; psychiatrists and nosologists may find themselves looking for more explicit practical direction than Sadler provides.

However, as Sadler states, his primary aim is to stimulate further discussion and development of ideas. He offers an invitation to debate rather than a final solution to the problem. This goal he accomplishes admirably. *Values and Psychiatric Diagnosis* is an important contribution to both psychiatry and the philosophy of psychiatry. For psychiatry, Sadler persuasively demonstrates that values appropriately and necessarily shape both psychiatric science and practice. Rather than undermining our science, values deserve explicit and deliberative attention. For philosophy, Sadler tackles value theory and epistemology at their intersection, generating a theory of social knowledge that addresses psychiatry's extradisciplinary critics and contributes importantly to social epistemology. In sum, this book will provide stimulating reading for academicians and clinicians alike, and it cannot be ignored by the authors of future psychiatric classifications.

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