

On Adaptation in Mental Disorders & Somatic Disease: Why Defend a Pluralist View?

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Recently, Garson (2020) has argued, contra Wakefield's account of mental illness as harmful dysfunction (1989, 2002, 2006) that the HDA (harmful dysfunction account) fails "as a matter of conceptual analysis." (2020, 1), given its failure to capture diverse understandings and uses of the term. In contrast, Garson endorses a pluralist view: there is space for a variety of conceptions of mental illness, which may well be complimentary, and some of which involve such conditions counting as functions. I here interrogate both this "adaptationism" and "pluralism": What is it to be an "adaptationist" about mental disorders, and diseases more generally? And, what is it to be a pluralist about our concept of function in these contexts? Why might one resist pluralism as an option? In regard to the first aim, I identify (at least) three potential variants of what Garson calls the "functionalist" view of mental illness, and argue that these differences have rather significant implications, both with regard to upstream (basic science) questions about classification and explanation, and downstream (clinical, translational) contexts. Second, I argue that pluralism about the role(s) of function (or dysfunction) in disease is not problematic, and suggest a parallel context where we may not wish to presuppose a monist account: cancer.