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VALUABLE HARMFUL DYSFUNCTIONS

VIRGINIA BALLESTEROS
University of Valencia
España
virginia.ballesteros@uv.es
https://orcid.org/0000-0002-8076-6588

ANA L. BATALLA
University of Valencia
España
ana.l.batalla@gmail.com
https://orcid.org/0009-0007-7430-6618

SUMMARY: This paper addresses the Harmful Dysfunction Analysis of mental disorder. We argue that some mental conditions meet both of its criteria —the dysfunction criterion and the harm criterion— and yet should not count as mental disorders because of their value. We contend that the harm criterion, by taking harm as a proxy for disvalue, is an inadequate normative criterion in these cases. Therefore, further ethical considerations should be included as a normative criterion. To illustrate our view, we draw on the experience and reflections of Jean Améry, a philosopher and Holocaust survivor who resisted the diagnosis of KZ-Syndrom.

KEY WORDS: mental disorder, harm criterion, Jean Améry, resentment, morality

RESUMEN: Abordamos el Análisis de la Disfunción Perjudicial para el trastorno mental. Argumentamos que algunas condiciones mentales cumplen sus dos criterios —criterio de la disfunción y criterio del perjuicio— y, no obstante, no deberían contar como trastornos mentales por su valor. Defendemos que el criterio del perjuicio, al tomar el perjuicio como *proxy* para la carencia de valor, no resulta un criterio normativo adecuado en estos casos. Por tanto, consideraciones éticas adicionales deberían incorporarse como criterio normativo. Para ilustrar nuestra tesis, acudimos a la experiencia y reflexiones de Jean Améry, filósofo y superviviente del Holocausto, quien rehusó ser diagnosticado de KZ-Syndrom.

PALABRAS CLAVE: trastorno mental, criterio del perjuicio, Jean Améry, resentimiento, moralidad

The Harmful Dysfunction Analysis (HDA) of mental disorder was introduced by Jerome Wakefield in 1992. Since then, the HDA has gained widespread popularity and motivated a considerable amount of literature (for a recent compendium, see Faucher and Forest 2021). In brief, according to the HDA, a mental disorder consists of (1) a

dysfunction —an internal failure of a mechanism to perform its evolutionary function— that (2) directly impinges harmfully on the individual, as defined by social values. The vast majority of the literature motivated by the HDA concerns its first component, the dysfunction criterion. However, interest in its second component, the harm criterion, has grown in recent years (e.g., Cooper 2021; De Block and Sholl 2021; Levy 2013; Powell and Scarffe 2019; Wakefield 2013; 2021; Wakefield et al. 2020; Wakefield and Conrad 2019). It is to this second component, the harm criterion, that we devote this paper. More specifically, we argue that some mental conditions meet both criteria for mental disorder as defined by the HDA, and yet should not count as mental disorders on moral grounds. We contend that the harm criterion, by taking harm as a proxy for disvalue, fails to account for the moral value that some harmful dysfunctions nevertheless have in certain socio-historical contexts.

To illustrate our view, we draw on the experiences and reflections of the philosopher and Holocaust survivor Jean Améry. There are two main reasons for drawing on Améry's views: first, we believe it helps to convey in more detail what a harmful dysfunction that has moral value might look like; and second, by virtue of being a victim, Améry is in a singular epistemic position to understand the nature of harm and the need for social justice. Améry survived Auschwitz, and although he suffered throughout his life because of it, he resisted being categorized as suffering from KZ-Syndrom —Concentration Camp Syndrome, in German—, the psychiatric diagnosis usually given to Holocaust survivors. KZ-Syndrom encompassed a series of psychiatric symptoms, such as memory impairment; dysphoria; emotional instability; impaired sleep; feelings of inadequacy; loss of initiative; and nervousness, restlessness, or irritability (Eitinger 1961). KZ-Syndrom can be regarded as a complex form of Post-Traumatic Stress Disorder, involving an intricate symptom picture and personality changes, like deformations of relatedness and identity (Herman 1992). Against this medical view, Améry (1966/1980b) argued that his alleged deformation —his clinical picture— was actually a human expression of a higher order, both morally and historically, than straight health. However, it did not escape Améry that his condition, his clinging to the past and refusal to move forward, was somehow *disordered*, i.e., contrary to the natural order and process of healing. But he claimed that given the postwar context, his refusal to comply with the natural order represented actually a moral stance, in opposition to medical views that he considered anti-moral. Where

doctors saw illness, he saw legitimate *resentment*, confronting the pathologization of his suffering.

We argue that Améry's defense of the higher moral order of his alleged "clinical picture" poses a challenge to the HDA's harm criterion. For it raises the possibility that there may be harm stemming from a dysfunction that nonetheless has moral value, and thus calls into question whether it should count as a mental disorder, as it follows from the HDA's criteria. If our discussion of Améry's case as an illustrative example proves convincing, it would follow that the HDA's harm criterion should be revised. For by taking harm as a proxy for disvalue, it fails to account for conditions such as those of Améry and other victims in need of reparation and social justice.

In the following section, we examine Wakefield's Harmful Dysfunction Analysis, focusing on its application to Post-Traumatic Stress Disorder and on recent remarks about the harm criterion. We then turn to Améry's resistance to being categorized as suffering from KZ-Syndrom, as it obscures the moral significance of his ailments and his refusal to forgive and forget. Next, the following two sections are respectively devoted to examining Améry's case *vis-à-vis* the dysfunction and harm criterion. These two sections help us to depict a condition that could meet both the dysfunction and harm criteria and still be of moral value —for which reason it should not be considered a mental disorder. Finally, we briefly explore some amendments that could be made to the normative criteria of a hybrid definition of mental disorder such as the HDA, revisiting the notion of human flourishing, or meaningful life. We then conclude by recapitulating the ideas presented in the paper and reflecting on what it means for human beings to have the right to resist the natural and social order.

1. *The Harmful Dysfunction Analysis*

In hybrid accounts of mental disorder, such as Wakefield's Harmful Dysfunction Analysis, mental disorders involve both an objective departure from natural normal functioning —the natural, descriptive, value-free criterion— and a negative evaluation —the normative, value-laden criterion. In short, in these views, mental disorders are mental conditions that are somehow naturally abnormal and somehow socially disvalued. As Dominic Murphy put it, hybrid accounts of mental disorder involve two projects:

> The first project is what determines that someone has a frontal lobe lesion, a depressive cognition, a genetic susceptibility to anxiety or

> a serotonin imbalance. The second project asks if human beings can flourish if they have such physical or psychological abnormalities. (2006, p. 19)

To articulate the "first project" —in Murphy's terminology— of his definition of mental disorder, Wakefield draws on an evolutionary account of natural function. According to Wakefield, a natural function is "an effect that is part of the evolutionary explanation of the existence and structure of the mental mechanism" (1992, p. 385). Thus, a dysfunction occurs when a given mechanism cannot perform its natural function due to an internal failure. To articulate the "second project", Wakefield chooses to assess the presence of harm, which *prima facie* seems more encompassing than appealing to an interference with human flourishing, as claimed by Murphy. One thing to keep in mind is that, as Wakefield himself notes, he "intended 'harmful' to be construed broadly 'to include all negative conditions' and anything 'negatively valued' or 'judged negative by sociocultural standards' " (Wakefield and Conrad 2019, p. 595). This is how Wakefield put it when he introduced the Harmful Dysfunction Analysis, in 1992:

> disorder lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person's internal mechanisms to perform their functions as designed by nature impinges harmfully on the person's well-being as defined by social values and meanings. (p. 373)

The key to Wakefield's analysis is that its two criteria complement and constrain each other: the natural criterion —asking for the presence of a dysfunction— aims to prevent the undue pathologization of mental conditions merely because they are disvalued, while the harm criterion aims to prevent the classification of every single departure from the natural order as a mental disorder. Indeed, the HDA has been employed to criticize and attempt to contain the diagnostic expansion that has taken place since the introduction of the DSM–III in 1980 (Horwitz and Wakefield 2007; Wakefield and Horwitz 2010; 2016). Interestingly, Wakefield and Horwitz (2010) have commented on the expansion of Post-Traumatic Stress Disorder (PTSD) —which is particularly relevant to our paper because PTSD is arguably the current diagnosis that most closely resembles KZ-Syndrom, the psychiatric diagnosis usually given to Holocaust survivors.

Wakefield and Horwitz focus on distinguishing between natural, adaptive responses to trauma and pathological responses when diagnosing PTSD. Traumatic experiences call into question core assumptions, such as "belief in personal safety, expectation of continued existence and denial of mortality, [or] a just world" (2010, p. 36). Experiencing a traumatic event challenges our basic sense of values and the reality we take for granted —that is why it "can trigger lengthy and highly painful psychological processes" (p. 36). The problem with the DSM's diagnostic criteria for PTSD, according to them, is that certain "symptoms" following trauma exposure are taken to be intrinsically pathological. Such symptoms include

> intrusive memories and upsetting dreams about the traumatic event, feeling upset about reminders of the event, re-experiencing the event, unpleasant somatic sensations and heightened arousal, irritability, difficulty concentrating, sleep difficulties, and awareness of danger when reminded of the event. (p. 36)

Wakefield and Horwitz, on the contrary, contend that such feelings, behaviors, and impaired abilities are not intrinsically pathological, since they may be the result of an adaptive response to trauma exposure. Moreover, such symptoms are not specific to responses to trauma; they can also occur in response to non-traumatic stressors. In conclusion, "PTSD symptoms often constitute a common way that people respond to a broad range of challenging new meanings" (p. 37).

Wakefield and Horwitz (2010) make several other arguments against the expansion of PTSD diagnoses, but we will not address them because they are not central to our discussion. What is relevant for our purposes is that they urge us to understand that the experience of prolonged and severe psychological and even existential distress is not necessarily a pathological response to trauma exposure. However, it is crucial to note that Wakefield and Horwitz also state that even if it takes a long time, the individual is expected to eventually generate a revised meaning system, return to homeostasis, and live with their new circumstances. However long it may take after the trauma, the time for recovery must come. This is something to keep in mind, as we will come back to it later.

Furthermore, for our purposes, it is also relevant to note what Wakefield and Horwitz do not say in this paper: they only try to limit diagnostic expansion through the "first project", that is, by denying the presence of dysfunction simply because there is pronounced and

prolonged psychological distress, but they do not bring into play the second criterion, that which involves an ethical evaluation of the individual's condition. Actually, this is hardly surprising. As we have noted, since Wakefield proposed the HDA, a vast amount of literature has been produced dwelling on this first project, both criticizing and defending it (Faucher and Forest 2021). The literature dealing with the second project —that is, with the harm criterion— is considerably less extensive. In recent years, however, several authors, as well as Wakefield himself, have addressed it (e.g., Cooper 2021; De Block and Sholl 2021; Levy 2013; Powell and Scarffe 2019; Wakefield 2013; 2021; Wakefield et al. 2020; Wakefield and Conrad 2019).

One of the main points of contention about the harm criterion concerns the reference to "social values" in Wakefield's original formulation of the HDA. Let us recall that we are dealing with a mental disorder when a dysfunction "impinges harmfully on the person's well-being *as defined by social values and meanings*" (Wakefield 1992, p. 373; our italics). According to Wakefield, such wording led readers to understand that he was claiming that "actual social attitudes, opinions, and judgments at a given time are final arbiters of harm for medical purposes" (2021, p. 554). In Wakefield's view, this would be "absurd". In stating the harm criterion, he did not mean to refer to "initial superficial subjective reactions but [to] value claims that have been subjected to a dialectic that goes deeper than immediate reactions or consensus" (p. 555). Wakefield pointed to social values not because he embraces moral relativism, but because he does not believe —at least not at this point— that seeking the realm of "culture-trascendent moral values" is a viable route (pp. 555–556).

Given the role of the HDA in limiting what conditions should count as mental disorders, the harm criterion cannot take a relativistic stance. Whether a condition is harmful does not depend on how the diagnosed or the diagnosing individuals feel about it, but on "more 'objective' standards determined by the culture's value system" (Wakefield and Conrad 2019, p. 594). Moreover, only harm that is the *direct* or *intrinsic* result of the dysfunction qualifies as harm in the HDA (p. 594). Admittedly, this is "a vague notion itself requiring further analysis" (p. 595). A paradigmatic example to illustrate at least the spirit of this requirement is the case of the depathologization of homosexuality: even if we were to determine the presence of a dysfunction and establish that homosexual individuals experience a variety of harms associated with their sexual orientation, the fact that harm is not intrinsic to the dysfunction itself, but stems from society's attitudes and prejudices, leads us to conclude

that homosexuality is not a mental disorder. Conversely, an example of the opposite might be brain trauma-induced aphasia, which is a disorder because there is a dysfunction that results in a direct or intrinsic harm. Even if the harm is socially mediated, as is the ability to communicate, it counts as harm according to the HDA: social harm is still harm. Henceforth, aphasia qualifies as a disorder.

Considering the original formulation of the HDA and the comments of Wakefield et al. on the harm criterion, we have that mental disorders are mental dysfunctions that directly or intrinsically harm an individual, as defined by the standards determined by the culture's value system. In what follows, we examine the possibility that there may be a mental condition that satisfies both the dysfunction and the harm criterion and yet should not count as a mental disorder on moral grounds. In order to make our point, we will draw not on a hypothetical example, but on the experience and reflections of the philosopher and Holocaust survivor Jean Améry. Building on his testimony for our purposes requires a certain amount of exegetical work. But while we try to be as faithful as possible to his testimony, the main reason why we draw on Améry's case is that we find it an excellent starting point for gaining insight into what a harmful dysfunction that nonetheless has moral value might look like, and why it should therefore not be considered a mental disorder.

Let us begin to examine Améry's case by addressing his resistance to the diagnosis of KZ-Syndrom on moral grounds.

2. *Resentment and KZ-Syndrom*

Surviving concentration camps engendered a strict moral consciousness in Améry. After his experience of deportation, internment, torture, and vast suffering, he developed both a strong sensitivity and a philosophical critique. He denied all possibility of understanding this experience as formative in any way: the process of destruction of the individual that took place in the concentration camps could only be regarded as a wound that the mere passage of time cannot heal. To understand and explain himself, Améry wrote an essay, "Ressentiments", contained in the book *Jenseits von Schuld und Sühne* (*Beyond Guilt and Atonement*, translated to English as *At the Mind's Limits*). The book was originally published in 1966, in a context where Germans were unable to grieve for what they had done, since the so-called "economic miracle" was drawing all the attention.

Right after the end of the Second World War —Améry explains— there was much talk about the collective guilt of the Germans

—which made him feel in tune with society— but, as time passed by and Germany recovered its economic and industrial power, public opinion moved on to forgiveness, urging victims to overcome the past and look to the future together. The role of the German people in the Nazi genocide began to be reconsidered, both by the Germans themselves and by international public opinion: now, Germans understood themselves and were portrayed as victims, and those who still remembered Nazi crimes and talked about collective guilt were often accused of being resentful and unhealthily attached to the past. Such an accusation only worsened the resentment of victims like Améry, who could not and would not overcome it: they had to live with it and they felt urged to explain it to those against whom it was directed.

This situation led Améry to defend the need for resentment, and to vindicate its moral superiority in such a historical context. Améry claimed that he kept his resentment out of self-respect, for the benefit of the German people, and for his personal health. He argued that as long as it is easy for former executioners to look to the future, his resentment will be necessary since he aims to force them to face the moral truth of their crimes: "my resentments are there in order that the crime become a moral reality for the criminal, in order that he be swept into the truth of his atrocity" (1966/1980b, p. 70). No matter how long ago, the executioners must be held accountable for their actions. The chasm that opened up during the Nazi era is of a moral nature —that is why it must be kept open until it is reflexively addressed, and this can only be achieved if the victims are allowed to retain their resentment, leading executioners to develop an attitude of mistrust toward themselves, questioning and condemning their own actions.

Améry always speaks from his point of view as a victim, and he tries to analyze the reasons for and the nature of his resentment. He acknowledges the fact that resentment is socially regarded as a taint and psychologically treated as an illness. However, he assumes that it is part of his identity —the result of his personal and historical development— and therefore he wants to legitimize it as a part of his condition as a victim. He refuses to forget or forgive the past evil, and to overcome the suffering and death of the victims of the Nazi concentration and extermination camps. However, he seems to concede that his refusal is, somehow, unnatural or disordered:

> Resentment blocks the exit to the genuine human dimension, the future. I know that the time sense of the person trapped in resentment

> is twisted around, disordered, if you wish, for it desires two impossible things: regression into the past and nullification of what happened. (1966/1980b, p. 68)

Clinging to resentment is somehow unnatural, in Améry's view, because it prevents the natural process of healing through time. However, this can only be regarded as problematic if one approaches it from a biological or social perspective. If we look at it from a moral perspective, Améry argues, it becomes apparent that fostering resentment and resisting healing through time —and, of course, through psychiatric treatment— is the right thing to do. In a sense, a moral response can only emerge when the natural order is contested. Morality calls for the suspension of time: time should not be invoked as a means of forcing victims to forgive and forget.

> Whoever lazily and cheaply forgives, subjugates himself to the social and biological time sense which is also called the "natural" one. Natural consciousness of time is rooted in the physiological process of wound-healing, and became part of the social conception of reality. But precisely for this reason it is not only extramoral, but also antimoral in character. Man has the right and the privilege to declare himself to be in disagreement with every natural occurrence, including the biological healing that time brings about. (1966/1980b, p. 72)

While acknowledging the disordered nature of his resentment —in that he has lost the human ability to look to the future and to heal, being left instead with a distorted relationship to time—, he fiercely criticizes modern psychology's account because, in his view, it can only conceive of resentment as a disturbing conflict, ignoring its moral implications. The medical view of his condition entails an unacceptable reduction of the process that has shaped his identity as a result of his lived experience. Améry maintains that what psychology regards as a deformed identity actually belongs to a superior moral and historical order than straight health. However, the clinical picture of nervous disturbance and hostile withdrawal drawn by psychology and psychiatry does not allow for an understanding of the profound moral dimension of the survivors' resentment and the moral demands of their historical context. He thus rejects the attempt of psychology and psychiatry to present the clinical picture of the survivors from an objective point of view. He denounces that this alleged objectivity actually masks a moral judgment, since complying with the natural order according to which time heals wounds is a particular moral

stance that ends up telling victims how to behave. Thus, while Améry admits that his condition is somehow "disordered", he can never agree that it is an *illness*. Illnesses lack moral value, whereas his condition represents a morally higher response. In making this distinction, Améry seems to anticipate what becomes explicit in hybrid definitions of mental disorder, i.e., that mental disorders consist not only of an objective departure from the natural order, but that moral values play an irreducible role. Thus, whereas Améry distinguished between *disorder* and *illness*, hybrid accounts of mental disorder, such as the HDA, distinguish between *dysfunction* and *disorder*.

Now, in order to appreciate the relevance of Améry's case for our critique of the HDA, we need to take a closer look at what he himself considers "disordered". The point that we will make in the next section is that, if we go through Améry's writings, we will find some pieces of evidence consistent with the idea that he might have a dysfunction. We insist, however, that what matters for our purposes is not the ultimate exegesis or psychological assessment of Améry's condition, but a plausible view of what a harmful dysfunction that nonetheless has moral value might look like.

3. *Améry* vis-à-vis *the Dysfunction Criterion*

As we have explained above, while Améry resists reductionist psychological readings of his suffering, he seems to admit that his relationship to time can be said to be "disordered". How are we to understand this? Roy Ben Shai's interpretation of Améry's "time disorder" is illuminating:

> What, then, is meant by 'disordered'? The German term used by Améry is '*verrückt*', which he divides with the use of a hyphen (*ver-rückt*). *Verrückt* means, most simply, crazy or mad. More literally, however, when the word is thus separated into its components, it means something like 'turned behind' (i.e., around the back, or around the backside), or 'twisted'. Indeed, in a number of languages some variant of the term 'twisted' is used to connote madness. (2010, p. 76)

Améry also manifests that when he reads psychology's description of his condition, he cannot help but recall his own experience of torture: "It is said that we are 'warped'. That causes me to recall fleetingly the way my arms were twisted high behind my back when they tortured me" (1966/1980b, p. 68). This explains his use of the hyphen in writing *ver-rückt*: his sense of time is now twisted, as were

his arms when he was tortured. The "dis-ordered" state in which he finds himself cannot be explained without taking into account what happened to him more than twenty years earlier.

In another essay contained in *At the Mind's Limits*, entitled "Torture", Améry crudely describes what it was like to be tortured. He recalls his longing for it to end —whether by being killed or rendered unconscious by a well-aimed blow to the head— even if it meant lying and accusing himself of political crimes he had not committed. Then he writes: "Finally, I actually did become unconscious [...] It was over for a while. It still is not over. Twenty-two years later I am still dangling over the ground by dislocated arms, panting, and accusing myself" (1966/1980c, p. 36). The statement that "it still is not over", along with statements such as "Whoever was tortured, stays tortured. Torture is ineradicably burned into him, even when no clinically objective traces can be detected" (p. 34), give us an impression of the kind of torment that Améry continued to experience twenty-two years later and of what it means to live with a "*verrückt*" time sense.

In addition to this, Améry also acknowledges that he has permanently lost his *trust in the world*.

> Twenty years have passed since the Holocaust. Glorious years for such as us. [...] I don't trust this peace. Declarations of human rights, democratic constitutions, the free world and the free press, nothing can again lull me into the slumber of security from which I awoke in 1935. As a Jew I go through life like a sick man with one of those ailments that cause no great hardships but are certain to end fatally. He didn't always suffer from that sickness (1966/1980a, p. 95).

The notion of trust in the world is certainly complex and we will not go into it in depth.[1] As Améry himself notes, trust in the world "includes all sorts of things" —such as believing in causality or inductive inference—, but the most relevant thing for him and for our purposes is what might be regarded as a sense of ultimate safety: "the certainty that by reason of written or unwritten social contracts the other person will spare me —more precisely stated, that he will respect my physical, and with it also my metaphysical, being" (1966/1980c, p. 28). To trust in the world is not only to trust that others will not harm me, but also to trust that if they do, someone

[1] For a thorough analysis of trust in the world and its defense as a rational response, see Josep Corbí's (2012) book chapter. For an analysis of the trust in the world in relation to Améry's time disorder, see Roy Ben Shai's (2010) article.

will come to my aid: even during military combat, Red Cross ambulances reach the wounded. But Améry can no longer trust people or institutions.

Similar to his views on the naturalness of time sense, Améry maintains that trust in the world is rooted in our physiology as a basic element of our psyche: "The expectation of help is as much a constitutional psychic element as is the struggle for existence" (1966/1980c, p. 28). Therefore, Améry's permanent loss of trust in the world, while explainable and understandable in light of the atrocities he has endured, has also resulted in an irrevocable deprivation of a fundamental component of the human, and even animal, psyche.

The fact that Améry was still clinging to the past, unable to look to the future —or the present, for that matter— and unable to regain his trust in the world after more than twenty years seems a plausible indication of the presence of dysfunction as required by the HDA's first criterion.[2] In this regard, it is worth recalling what we mentioned above: Wakefield and Horwitz (2010) assert that non-dysfunctional responses to trauma eventually come to a resolution —the individual eventually revises their system of meanings and adapts to the new circumstances of their life. The disturbed sense of time and the permanent loss of trust in the world attest to the fact that Améry could not do so. Moreover, he refused to do so.

> I must encapsulate my resentments. I can still believe in their moral value and their historical validity. Still, but how much longer? The very fact that I must ask myself such a question demonstrates the immensity and monstrosity of the natural time sense. (1966/1980b, p. 81)

Could Améry have subscribed to the idea that his *verrückt* time sense was dysfunctional? Of course, he did not speak of natural functions or evolutionary design. But the fact that he acknowledged the existence of a "biological" or "natural" sense of time —by which he could no longer live— brings him close to accepting that he might meet a natural criterion for a mental diagnosis. Yet this would only get us

[2] Most likely, Améry suffered all his life, which he decided to end by committing suicide in 1978. It is possible that this fact could be relevant to the question at hand, but we have decided to leave Améry's suicide out of consideration, since the author himself —at least as far as we know— does not directly link his experiences in the camps to this decision. It is worth noting, however, that Améry wrote an essay, *On Suicide: A Discourse on Voluntary Death* (1976/1999), which contains a strong defense of suicide on moral grounds, defending it against the scientific (sociological, psychological) readings of his time.

halfway there. For human beings can "be in disagreement with every natural occurrence, including the biological healing that time brings about" (1966/1980c, p. 72). Thus, whereas a morally blind psychiatry can only see an illness that has to be treated to help victims recover —since fostering resentment is not good for victims nor for society— , Améry sees a morally superior response to an unjust historical context: clinging to one's resentment can be understood as a form of moral protest. He has lost the natural ability to look to the future, he is anchored in the past, *but* that is how it must be in order to achieve a true reconciliation. For a meaningful reconciliation can only be possible by letting the victims hold on to their resentment and by forcing the executioners to develop an attitude of mistrust toward themselves, questioning and condemning their own actions.

Améry does not dispute the objective fact that his experience in Auschwitz has left him with a permanent mark, an open wound. Rather, he challenges the social and medical treatment of his "symptoms", highlighting that the question of how to categorize and treat his condition can only be answered from a moral stance since it involves notions such as justice, restoration, or the good life. Hiding behind the objectivity of the natural world is therefore not *extra-moral* but *anti-moral*, since it already involves the decision to let time heal and to urge victims to forgive and forget, which Améry considers morally wrong.

We could thus interpret Améry's *ver-rückt* sense of time and permanent loss of trust in the world as pointing to a dysfunctional physiological dimension of his suffering that nevertheless has great moral value. Admittedly, despite its plausibility, we can only speculate about whether Améry actually had a dysfunction as defined by the HDA's dysfunction criterion. However, solving this question is not a necessary condition for his case to be relevant to the HDA. Regardless of whether Améry had a dysfunction, his experience helps us imagine what a dysfunction that still had moral value in certain socio-historical contexts might look like. The question now is: can the HDA accommodate cases like this? *Prima facie*, it would seem that the HDA could accommodate the claim that a certain dysfunction nevertheless has moral value. After all, the second component of Wakefield's definition of mental disorder, the harm criterion, is intended to prevent any departure from the natural order from automatically being classified as a mental disorder. However, as we argue in the next section, Wakefield's formulation of the harm criterion, along with his recent remarks about it, renders the verdict that Améry —or anyone in a similar situation, for that matter— would

have a mental disorder. Regardless of whether we find value in a mental condition such as the one we have described, the fact that harm results from it leads us to the conclusion that it should count as a mental disorder.

4. *Améry* vis-à-vis *the Harm Criterion*

It is not difficult to see the harm that stems from Améry's mental condition. His permanent loss of trust in the world, his inability to revise his "meaning system" and to live with the "changed circumstances" has adverse personal and social consequences:

> Without trust in the world I face my surroundings as a Jew who is alien and alone, and all that I can manage is to get along within my foreignness. I must accept being foreign as an essential element of my personality, insist upon it as if upon an inalienable possession. Still and each day anew I find myself alone. (1966/1980a, p. 95)

Living in society, having a sense of belonging, being able to form meaningful human bonds, and so on are all reasonably valued. Certainly, Améry, as well as the value system of his and other cultures, view them as such. Moreover, the same could be said of his inability to look to the future. Améry himself, who considers future to be the "genuine human dimension", analyzes its value in "Resentments" and concludes that "[f]uture is obviously a value concept. What will be tomorrow is more valuable than what was yesterday. That is how the natural feeling for time will have it" (1966/1980b, p. 76). Human beings and human communities project themselves in time. We find it valuable not only to be able to be in the present and enjoy it, but also to be able to make plans for the future and look forward to it. By being stuck in the past, Améry can do neither.

Furthermore, recall that the HDA's harm criterion establishes an additional requirement for assessing harm. We must determine whether it is *intrinsic* to, or *stems directly* from, the dysfunction. As we saw above, this is what prevents homosexuality from being a disorder, even if we accept the existence of a dysfunction and acknowledge that there may be harm associated with homosexual orientation. And what makes aphasia a disorder, even if the harm is social, such as the inability to communicate. This aspect of the harm criterion has gained momentum, as the nature of harm has recently been discussed by neurodiversity and disability rights advocates. For example, it has been argued that much of the harm experienced

by autistic people stems from social attitudes and practices, not from autism itself (Chapman 2019). If society were not prejudiced and created safe spaces for neurodiverse people, the harm associated with the impairments inherent to autism would not be significant. Therefore, according to the HDA, autism should not count as a disorder. It is interesting to examine Wakefield's reply to such claims.

When it comes to assessing the social mediation of the harm experienced by neurodiverse people, "is it more like the indirect social harm from homosexuality or the direct social harm from aphasia?" (Wakefield et al. 2020, p. 515). On the one hand, Wakefield argues that some of the characteristic traits of autism —such as the inability to understand what others might be thinking or feeling without explicit instruction, or the limitations in empathic and emotional understanding— are biological dysfunctions that impinge harmfully on social interactions. In this respect, the harms of autism would be akin to those of aphasia: social harm is still harm. On the other hand, Wakefield acknowledges that the extent of these social harms depends more on social attitudes and practices than on disorders like aphasia. Thus, "[t]o the extent that accommodation at a relatively low social cost can substantially reduce these harms, we may attribute them to an *unreasonable* failure to accommodate" (p. 515; our italics). This quote suggests that the *reasonableness* of the accommodation is a key element in assessing whether social harm meets the harm criterion. In making such an assessment, one should take into account its cost in strictly financial terms, the extent to which it requires others to suppress or modify responses that are as hardwired as the behaviors that elicit them, and the extent to which it would pose a threat to core values or cherished practices. Considering all of these factors, Wakefield concludes that "it would hardly be reasonable to modify our social practices to the extent that autism had a negligible impact on social interaction, for example, by relying as little as possible on context, spontaneity, emotional cues, and conversational implicature" (p. 515).[3]

[3] This argument, incidentally, suggests that although Jerome Wakefield accuses Neil Levy (2013) of confusing "whether a condition is a disorder or not and whether treatment of the condition should be aimed at the person or the environment" (Wakefield 2013, p. 1), when he assesses the nature of harm, he does so with an eye towards deciding on which part is reasonable to intervene in. If it is not reasonable to intervene in society to alleviate a harm brought about by a dysfunction, then we will classify something as a mental disorder, since it is reasonable that the individual should be the one to adapt to society in order to avoid or mitigate harm, not the

Now, back to our case: even if we assume that Améry's harm could be significantly mitigated by changing social attitudes and practices, to what extent is it reasonable to demand it from society? Demanding justice or reparation is reasonable in one sense, as crimes must be prosecuted, criminals must be brought to justice, and victims must have their right to reparation honored. However, Améry seems to be asking for something more than that, for society as a whole to cling to the past until the executioners face the moral truth of their crimes, just as he does. Améry calls for "time suspension". He acknowledges that this is hardly feasible. He is also aware that this goes against the natural and social order, but it is nonetheless a moral demand. How can we truly reconcile, forgive and forget if the executioners have not faced the moral truth of their crimes? And yet, would it be fair to ask that society be anchored in the past? After all, it seems that looking to the future is a valuable human ability, and resentment "nails every one of us onto the cross of his ruined past" (1966/1980b, p. 68). However, does this make it reasonable to ask Améry to stop looking to the past? We suggest it does not. It is not reasonable to ask society to stop looking to the future, nor is it reasonable to ask Améry to stop looking to the past.

Thus, according to the HDA and Wakefield's remarks, Améry or any other person in a similar circumstance would meet the harm criterion and consequently be categorized as having a mental disorder. Wakefield's Harmful Dysfunction Analysis would not resist the pathologization of a "condition that morally as well as historically is of a higher order than that of healthy straightness" (Améry 1966/1980b, p. 68). From here, we have several options. The first option is to ascribe a mental disorder to Améry and ignore his moral claims altogether. One could agree with the HDA's verdict and reject the claim that there is no moral value in such a harmful dysfunction. In our view, however, this is not an option. Améry makes a compelling case for the right not to conform to the natural and social order, even if doing so means fostering a dysfunction and remaining harmed. In socio-historical contexts such as the one described here, this may be the right thing to do. This leads us to a second option: to accept that Améry has a mental disorder, and to argue that this does not mean that he should do anything to stop having a mental disorder, i.e., that there is no need for him to seek treatment, since having a disorder and needing psychiatric treatment are two differ-

other way around. This suggests a close relationship between classifying a condition as a mental disorder and deciding where to target treatment.

ent things, and it is up to the disordered person to decide whether to seek psychiatric treatment. Furthermore, it could be argued that acknowledging that he has a mental disorder caused by exposure to trauma is actually a way of honoring his suffering. Indeed, psychiatric diagnosis has historically been a powerful tool for acknowledging the suffering of victims.

Let us make a brief digression here. For it is worth mentioning the 1963 book by Helmut Paul and Hans-Joachim Herberg, *Delayed Psychic Effects After Political Persecution*, which has come to be regarded as a milestone in the awareness of the psychological effects of the Nazi terror. Paul and Herberg's book argued that such an experience can produce lasting psychological symptoms in victims —and this was a controversial thesis. Some German psychiatrists were particularly reluctant to accept this, preferring to attribute the survivors' mental symptoms to their allegedly weak constitution, or arguing that only physical causes could lead to such permanent damage, e.g., a blow to the head could lead to permanent damage, whereas extreme humiliation could not. Paul and Herberg's book was so controversial that its contents, as well as the authors' qualifications, were publicly discredited and accused of having mixed knowledge and values (Söhner and Baader 2018).

This is an interesting state of affairs, considering that Améry himself also criticized the book for the opposite reason: in his view, Paul and Herberg's book was *too objective*. How are we to understand this? We suggest that, despite their good intentions, Paul and Herberg's book ended up pathologizing the mental suffering of the survivors by attributing a mental disorder to them. The point of our brief digression is that shedding light on a mental condition is not the same as classifying it as a mental disorder. We classify a mental condition as a disorder when it departs from the natural order and is devoid of value. A diagnosis of mental disorder forecloses the possibility that there is any moral value. This is not only Améry's view, but we can see that Wakefield himself shares it when he states that his harm criterion is meant " 'to include all negative conditions' and anything 'negatively valued' " (Wakefield and Conrad 2019, p. 595). As we noted earlier, Wakefield takes harm as a proxy for disvalue: the harm criterion is Wakefield's way of capturing the widespread and manifest view that mental disorders are disvalued conditions. Moreover, the fact that mental disorders are manifestly disvalued conditions is reflected in the very debate over the definition of mental disorder: broadly speaking, the whole debate could be read

as a discussion over whether those conditions called "mental disorders" are actually *something more* (as hybrid accounts would argue) or *something different* (as purely naturalistic accounts would argue) than disvalued conditions. Therefore, even if a psychiatric diagnosis does not necessarily entail the need for treatment, the labeling that comes with it prevents the recognition of the moral rightfulness of those who are diagnosed. Thus, it does not seem a viable option to accept that Améry —or anyone else in a similar situation, we insist— had a mental disorder and to try to accommodate the moral demands by simply arguing that a diagnosis does not imply the need for psychiatric treatment. Our conclusion is that we need a normative criterion in a hybrid definition of mental disorder that is sensitive to this kind of moral demands: the HDA's harm criterion is insufficient or inadequate to be sensitive to the possibility that there can be harm stemming from a dysfunction and still be of moral value —which is a reason not to count as a mental disorder. By taking harm as a proxy for disvalue, the HDA's harm criterion is not up to the task.

In the following section, we briefly explore some approaches to developing a normative criterion that might be sensitive to the moral claims raised here.

5. *Beyond Harm: A Meaningful Life*

If our examination of Améry's case as an illustrative example of the possibility of harmful dysfunctions having moral value is compelling, then we must conclude that the harm criterion is insufficient or inappropriate to account for the moral demands to which the concept of mental disorder should be sensitive. It follows that the normative criterion of a hybrid definition of mental disorder, such as Wakefield's, cannot be limited to an analysis of the presence and nature of harm —it should incorporate reflections on the moral value of certain mental conditions, taking into account the personal, social, and historical context.

Recall that, as Murphy (2006) puts it, hybrid accounts of mental disorder involve two projects: that of determining the presence of a physical or psychological abnormality, and that of assessing whether people can flourish with it. Wakefield, however, does not frame the moral constraints of the HDA in terms of "human flourishing". He attempts to capture the moral aspects of the concept of mental disorder by assessing harm, as we have seen. In our view, however, resorting to the notion of human flourishing is an approach worth exploring. While admittedly not without controversy, the idea of flour-

ishing, or living a meaningful life, is being re-examined by the neurodiversity movement in an attempt to free it from essentialist assumptions. The notion of human flourishing could play a role in the normative criterion, as long as we "radically broaden our conceptions of the good human life" (Chapman and Carel 2022, p. 615).[4] The main lesson we draw from the neurodiversity movement is that there is no single way to flourish or live meaningfully: people live in different contexts and possess diverse capacities, and therefore different ways to flourish or live meaningfully. This is why attending to the personal, social, and historical context becomes a requirement for revisiting the notion of human flourishing without falling into essentialism.

In addition to the neurodiversity movement, the notion of human flourishing has recently been brought into play by Russell Powell and Eric Scarffe. In their analysis of the concept of disease, Powell and Scarffe claim that "a biomedical state is a disease only if it implicates a biological dysfunction that is, or would be, properly disvalued" (2019, p. 582).[5] In other words, a biological dysfunction should be considered a disease only if we have a rational moral justification for its disvalue. Powell and Scarffe present their approach as a "thickly normative hybrid view" that "should be attractive to anyone who thinks that moral justification is a reason-giving process" (p. 583). Among the reasons that might be given for properly (dis)valuing a dysfunction are considerations of individual flourishing. Despite their reference to thick normativity, Powell and Scarffe's view need not be committed to a strong moral realism, nor to an essentialist stance on what individual flourishing means. In their proposal, there is room for value pluralism —the ultimate goal being "to enable patients to make informed, autonomous decisions about their health and course of treatment in a way that is consistent with their own values" (p. 583).

Interestingly, Powell and Scarffe have also addressed PTSD through the lens of their account of disease as a properly disvalued biological dysfunction. We will leave aside the biological underpinnings of PTSD —which are clearly beyond the scope of this paper— and focus on their reflections on its interference with individual well-being or flourishing. They take PTSD as a paradigmatic example of

[4] Neurodiversity advocates have also argued against the HDA's dysfunction criterion, but it is beyond the scope of this paper to address these claims. We will therefore focus only on those claims that are particularly relevant to our argument.

[5] Although Powell and Scarffe address the concept of "disease", their views can be applied to the concept of mental disorder.

a condition that should be regarded as a disease because of its impact on the individual.

> Although there are some morally contested cases in the category of mental illness, many psychiatric disorders caused by biologically defined dysfunctions will have psychological and social consequences that are clearly disvaluable on any plausible account of human well-being or flourishing. For instance, people who suffer from PTSD tend to experience intrusive memories of traumatic events, insomnia, nightmares, hypervigilance and hypersensitivity to ambient stimuli, protracted episodes of emotional dissociation and social detachment, emotional numbing and an inability to form stable attachments and to sustain intimate relationships. [. . .] The long hand of trauma can also have significant deleterious impacts on physical health over the course of a lifetime, both directly through chronic stress response and indirectly by precipitating unhealthy behaviours. These are all significant impediments to the exercise of individual autonomy and the ability to flourish in our contemporary social world. (Powell and Scarffe 2019, p. 583)

We agree that in many cases PTSD should be considered a medical condition because of its impact on the individual's well-being and flourishing. However, if Powell and Scarffe's analysis is indeed based on a rational moral justification process of giving reasons, then the analysis of Améry or any other victim in similar circumstances should be sensitive to the moral claims presented here and to the moral values held by the individual in question —especially when they are in a singular epistemic position to assess harm, social justice, and their own potential for flourishing or living a meaningful life. Lived experience must play a role in such an assessment. Therefore, although PTSD is generally contrary to human flourishing, in situations such as Améry's, we would be doing an injustice if we did not notice that "contrary to what some therapeutic approaches appear to assume, the most meaningful life he could live is necessarily disfigured or misshaped" (Corbí 2012, p. 60). Freeing the notion of meaningful life or human flourishing from essentialist assumptions implies that we cannot evaluate what a valuable life means without taking into account the individual's possibilities, according to each individual's abilities and lived experience. From this perspective, the most meaningful life for Améry is precisely the one in which he can harbor his *resentment*. In cases like Améry's, therefore, we should not diagnose a mental disorder.

Finally, we have to point out that it does not follow from what we have argued in this paper that the presence and nature of harm should be irrelevant to the normative criterion of a hybrid definition of mental disorder such as Wakefield's. Our point is that in some cases the assessment of harm is not sufficient or appropriate. The normative criterion of a hybrid account must be sensitive to various moral aspects that are relevant to the assessment of mental disorder. Harm is one of them, but so is human flourishing, from a non-essentialist standpoint that takes into account personal, social, and historical particularities.

6. *Conclusions*

We have drawn on the experience and reflections of the philosopher and Holocaust survivor Jean Améry to illustrate the view that some mental conditions satisfy both criteria of the Harmful Dysfunction Analysis, but should not count as mental disorders on moral grounds. We have focused on Améry's case because we believe it helps to illustrate the moral and social significance of mental disorder ascriptions. From Améry's case, we can think of similar socio-historical contexts that demand a moral response to the need for reparation and social justice —contexts in which a diagnosis of mental disorder may not be an appropriate moral response.

Although we have tried to be as faithful as possible to Améry's testimony, we must admit that there are limitations to our analysis, especially in assessing the presence of a dysfunction. However, this point is not crucial to our critique of the HDA, since it is nevertheless plausible to conceive of a mental condition that is dysfunctional and harmful, as the HDA requires, and yet has moral value in a certain socio-historical context —and therefore should not count as a mental disorder on moral grounds. We have concluded that the harm criterion, as formulated by the HDA and taking into consideration the recent remarks of Wakefield et al., is insufficient or inappropriate in some cases because it does not take into account the possibility that despite the existence of harm resulting directly or inherently from a dysfunction, it is not without moral value.

Finally, we have suggested revisiting the notion of human flourishing as a component of the normative criterion of a hybrid definition of mental disorder such as Wakefield's. Although assessing the presence and nature of harm may be one aspect of a normative criterion for mental disorder, it seems necessary to conduct a moral evaluation that takes into account other aspects. We have suggested

that one of these is the individual's capacity to flourish or live a meaningful life, given the personal, social, and historical context. For human beings have the moral right to resist the natural and social order, even when it harms them —and in some circumstances it is more valuable to remain dysfunctional and harmed than to seek straight "health". This is undoubtedly a controversial and delicate issue; we should not lose sight of the fact that what is ultimately at stake here is how we should behave toward victims. We need to consider the unsettling possibility that what is best for their organic and social functioning may not be best for their morality. Psychiatric treatment is not only about restoring a given natural order but also involves a moral stance —and while we do *not* advocate that there is a moral duty to refuse treatment or natural healing that can be demanded of any victim, we cannot fail to recognize that deciding how to deal with their suffering can be a tragic burden that falls on their shoulders.[6]

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