

What a Theory of Mental Health Should Be but Cannot Be

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Introduction

IN the debate over the relevance and success of current mental health theory (and practice), Christopher Boorse argues, in his paper "What a Theory of Mental Health Should Be," that mental health should be modeled on the paradigm of physiological medicine. Indeed, his ambitious project promises a revolution in mental health, one similar to that of physiological medicine following the development of the germ theory. However, can Boorse's recommendations for a new theory of mental health hold up? In fact, the very Davidsonian principles on which Boorse grounds his project, those of mental causation and mental autonomy, also render such a theory impossible.

In this essay, I will first explain Boorse's proposal for a new theory of mental health. Second, I will show how Davidson's principle of the anomalism of the mental, which follows from the same premises that Boorse explicitly accepts, essentially eliminates the efficacy of his project for mental health. Third, I will address one criticism of Davidson's argument which, if correct, would refute my critique of Boorse.

Boorse's Project for Mental Health

Boorse's proposal for a new theory of mental health stems from a debate among mental health theorists. While some theorists advocate

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abandoning the very idea of mental “health,” others, who are not so inclined, nevertheless disagree greatly about the definition and goals of mental health care (29).¹ The root of the problem, Boorse notes, arises from basing mental health only partially on the paradigm of physiological health and medicine (29). From physiological medicine, mental health has borrowed the notion of health as well as other important assumptions (29–30). However, mental health theory has not accepted all the implications of physiological theory. Specifically, it has failed to adopt a strict notion of causal agents as both the cause of, and means of treatment for, a mental disease.

There are two directions, then, that can be taken in response to the current problems. On the one hand, we could completely abandon the physiological vocabulary and reestablish our understanding of mental health on some other model (30). Or we could maintain our use of the physiological model, but accept all its features and implications. Boorse argues for the latter option.

Building his theory of mental health on the physiological model, Boorse clarifies exactly what that model is. One crucial notion is that of health itself. Boorse defines a healthy organism as one that is not diseased. Then, he defines disease as a “type of internal state of the organism” which “interferes with the performance of some natural function” and is not “in the nature of the species” (30). This notion of disease, he stresses, is value free.²

¹I consider the problems of mental health care to be a given. Boorse notes: “In most respects, our institutions of mental health are recent offshoots from physiological medicine, and their nature and future are under continual controversy. . . . It seems an open question whether current applications of the health vocabulary to mental conditions have any justification at all” (“On the Distinction” 50). Also, he recognizes the views of some, such as Szasz, who consider the idea of mental illness as “scientifically worthless and socially harmful” (Boorse, “What a Theory” 29).

²As Boorse notes in another paper, this notion of disease as something that interferes with natural functions is very Platonic (“On the Distinction” 58); that is, it is Platonic in that it defines a thing’s goodness or wellness by how well it functions. This same notion of a thing’s excellence (virtue or *aretê*) being how well it performs its function is also developed significantly by Aristotle.

Disease, however, must be distinguished from illness. A disease is an illness "only if it is serious enough to be incapacitating" and is thus "undesirable for its bearer, . . . a title to special treatment, . . . and a valid excuse for normally criticizable behavior" (30–31).³ Boorse notes that he will focus on a theory of mental disease (not illness).

Based on this paradigm of health and disease, Boorse argues that mental health, theoretically speaking, does not differ from physical health (31). That is, disease occurs in the mind in the same cause-effect manner that it exhibits in the body. To support this claim, two conditions must be satisfied. One, there must be mental causation. Although philosophers disagree on this issue, Boorse appeals to Davidson and his arguments in favor of mental causation.⁴ Two, mental functions must be uniform across the species. Boorse appeals to Chomsky and Piaget for this point (31).

³It will be difficult to be objective with the notion of illness, especially in mental health. In fact, in his paper "On the Distinction between Disease and Illness," Boorse states that the application of this distinction to mental illness is problematic. These difficulties contribute to the problems of current mental health paradigms which I shall mention later (paradigms that Boorse himself criticizes in advancing his project for a new theory). Boorse does mention, however, that his new theory of mental health is specifically concerned with the concept of disease, not illness. For example, most people experience a regular amount of tooth decay. This is certainly a disease, and a causal agent can be identified. However, as regular brushing prevents serious incapacitation, or "normally criticizable behavior," we would not want to label it an illness. When a disease should be considered an illness is, it appears, another issue, for societal discretion. But Boorse need not at this time worry about which diseases should be considered illnesses, just that disease in the mental realm can exhibit the same features as disease in the physical realm (specifically causality).

⁴Boorse appeals to Davidson's influential paper "Actions, Reasons and Causes" (1963). The notion of causation Davidson defends here later becomes one of the three principles he tries to reconcile in "Mental Events" (1970), an essay to which both Boorse and I shall refer. And it is significant to note that Davidson's argument that mental causation does not contradict the anomalism of the mental, as elaborated in "Mental Events," is indicated, though not fully developed, in "Actions, Reasons and Causes" (see 15–16).

Critics of Boorse's project argue that it involves a sort of Cartesian dualism, which, consequently, would result in positing "disease entities within this immaterial soul" (32).⁵ The criticism essentially states that if there is no dualism, then the "mind" is entirely physical, and there is no need for a mental health apart from physiological health (32). But, if there is a dualism, even of beliefs and desires as opposed to the brain and body, hence justifying a distinct mental theory, then we are left with all the problems of traditional Cartesian dualism. Boorse responds to this accusation by another appeal to Davidson. If every mental event is a physical event then we can assume that every mental state (such as a mental disease) is a physical state (33). But, following Davidson, mental states are "dated conditions of specific persons, rather than universals, i.e. types of conditions" (33). As such, type-to-type statements are not valid. That is, a mental phenomenon will not always have the same corresponding physical phenomenon. He states: "There is no guarantee that a mentalistically defined disease-type will coincide with any physiologically defined disease-type" (33). Essentially, he is asserting Davidson's principle of anomalous monism (which I shall address below).

Because the mental withstands reduction to the physical, a disease must be classified not according to some corresponding physical state, but on the basis of "feelings, beliefs, and experiences" (34).⁶ Hence,

⁵Boorse actually states the criticism in terms of two objections. The first is that it results in Cartesian dualism. The second is that it posits "disease entities within this immaterial soul" instead of determining disease based on rule following, social factors, and so forth. The first part of the second objection is really only a consequence of accepting the first objection. And the second part of the second objection is not really an objection, but rather an affirmation of the status quo, which Boorse shall argue against later. Hence, it seems that there is only one real objection here, that of Cartesian dualism.

⁶This may sound as though Boorse is denying physically induced mental disease. I do not think he is. He would certainly recognize physical problems which cause mental disease. But then, I think he would argue that that would be an issue of physiology, and such diseases should not be defined as mental in the first place. His concern is with strictly mental disease. Although there has been great progress in the treatment of some mental disease with physiological remedies (for example, drugs), this progress by no means guarantees that all can be so treated, nor does it imply strict reduction.

Boorse determines that the problem of dualism has been resolved. According to Davidson's argument, every mental act is physical; thus, there is no dualism. However, because the causal chain of (mentalist) explanation cannot be reduced to physical causes, an autonomous science of mental health is justified.

Given that an independent field of mental health is justified, Boorse then examines and rejects current theories of mental health. One such theory bases a person's mental health on his or her fulfilling a set of (arbitrarily chosen) personality traits. A second theory abstracts conditions for mental disease from a set of already agreed upon instances of disease (36). A third favors examining behavior based on predetermined criteria of normal behavior. This also leads to a related method of using the norms of the social or cultural system as a standard (38). The various problems of each method are obvious, and Boorse carefully examines and rejects each one. They all share one noteworthy feature. Each theory defines and treats mental disease symptomatically rather than causally. This practice constitutes a rejection of a significant aspect of the physiological model. Thus mental health theory (and practice) remains in a state similar to that of physiological medicine before the development of the germ theory.

Boorse notes that the poor progress in mental health theory and practice is best explained by its reliance on early physiological medicine (which lacked the causal germ theory). Even as physiological medicine matured, its lack of an explicit theory made the model of disease causation less available to mental health theory (41). However, by having shown that the mental is both autonomous and causal, Boorse hopes to have shown that mental health is capable of fully adopting the physiological paradigm. Only the determination of a correct theory of mind, itself a formidable task, remains. Boorse recommends psychoanalytic theory (though not psychoanalytic practice) as the best model of mind that we have (42-43).

Davidson's Principle of the Anomalism of the Mental

Boorse's project, though obviously desirable, cannot be maintained in light of the very Davidsonian principles from which he draws support. He appeals to Davidson for two key points: establishing mental causation, and overcoming the charge of Cartesian dualism (thus

establishing the independence of the mental). By establishing these two principles, he can argue that certain mental states cause mental disease. Then, by discovering these “bad” mental states (as with discovering a germ, or a bad gene in physiological medicine), one would have identified the causal agent of the mental disease. Knowing the causal agent, one could attempt a “cure.” The implications of Boorse’s appeals to Davidson, however, effectively render his project impossible.

In Davidson’s influential paper “Mental Events,” he explains his position which makes compatible three otherwise seemingly contradictory propositions. These propositions are as follows. First, mental events interact with physical events (the principle of causal interaction). Second, events are related causally under strict deterministic laws (the principle of the nomological character of causality). Third, there are no strict deterministic laws on the basis of which mental events can be predicted and explained (the principle of the anomalism of the mental) (208). The three principles appear contradictory, then, because if mental events are causal, and all causation is related by a law, then there are mental laws. Principle three explicitly rejects this.

Davidson’s argument which allows these propositions to obtain without contradiction is a version of the identity theory he names “anomalous monism.” Davidson agrees with materialists that all mental events are, ontologically, physical events (hence “monism”). However, he disagrees that mental events can be correlated with their physical counterparts on a type-to-type basis (hence “anomalous”). Brian McLaughlin explains this by saying that “such mental-physical token identities do not imply mental-physical type-type identities since event tokens can fall under many types” (335).⁷ Hence, no physical predicate can be coextensive with a mental predicate. Although *descriptions* of events instantiate a law, the same is not true of singular statements of causal events (215).

Given anomalous monism, the anomalism of the mental does not contradict the other two principles. Because the mental is too complex to be reduced to the physical, it is also too complex (for a variety of

⁷Brian McLaughlin’s essay “Anomalous Monism and the Irreducibility of the Mental” is very helpful as an aid to better understanding Davidson’s paper “Mental Events” and his position regarding anomalous monism.

reasons) to be reduced to laws. Regarding this latter principle, Davidson states, "There may be true general statements relating the mental and the physical, statements that have the logical form of a law; but they are not *lawlike* (in a strong sense . . .)" (216). He thus distinguishes between what he calls homonomic laws and heteronomic laws. Homonomic laws are generalizations which give us reason to believe that the generalization could be improved upon with further conditions added. Heteronomic laws, however, are generalizations which give us reason to believe there is a precise law at work, but such a law could only be specified in a different vocabulary (219). Davidson limits psychology (and the social sciences or any science dealing with propositional attitudes) to heteronomic laws.

Before returning to Boorse, I shall examine some of the arguments in Davidson's influential paper "Psychology as Philosophy," in which he elaborates and defends more fully the implications of anomalous monism. Intentional behavior cannot be explained or predicted in the same manner as other phenomena because of the holistic nature of the mental (230). Davidson states: "When we attribute a belief, desire, goal, intention or meaning to an agent, we necessarily operate within a system of concepts in part determined by the structure of the beliefs and desires of the agent himself" (230). Thus, the more we wish to increase the accuracy (lawlikeness) of a theory of behavior, the more we must bring into account a person's beliefs, motives, desires, and so forth. But in doing this, we necessarily impose conditions of coherence and rationality in order to understand the person in the first place. Because we must to a degree arbitrarily impose ever increasing conditions of coherence and rationality, we forfeit the increased accuracy we seek.

Davidson argues that we can never give necessary and sufficient conditions to explain intentional actions using only belief, desire, and cause (232). Because we can never (granted the holistic nature of the mental) give an account of how decisions are reached in light of conflicting evidence, beliefs, desires (and all other sorts of intentional attitudes and behavior), we cannot make psychological laws (232). Explanation by reason is useful. It allows us to single out a cause which explains behavior. However, it also limits the formation of any strict laws. Hence Davidson concludes: "The limit placed on the social sciences is set not by nature, but by us when we decide to view men

as rational agents with goals and purposes, and as subject to moral evaluation" (239).⁸

Returning to Boorse, how do Davidson's arguments frustrate the former's project? Davidson is concerned with the sciences and the social sciences. Boorse's discussion is concerned with physiological medicine and mental medicine. However, physiology draws upon features of the sciences, most notably in this discussion, the notion of causation. A theory of mental health, based on physiology, as Boorse advocates, then, would have to have this same notion of causality. Boorse does not object to this, but hinges his theory on it. But, following Davidson, causation in the mental cannot be generalized into strict laws. Because Boorse appeals to Davidson for his notions of mental causation and mental autonomy, he can hardly reject this conclusion lightly.

Because there cannot be strict laws, Boorse's project is doomed. It is impossible, in his envisioned autonomous and causal mental realm, to say that mental state x will cause mental disease y . Unfortunately, without such laws, treatment and identification of a mental disease based on its cause, based on the causal physiological model, is impossible. For example, we know what reaction various bacteria will cause in a human. Hence, once symptoms are linked with the bacteria, or the specific bacteria is in some way identified, treatment can begin.⁹ In contrast, we

⁸I do not wish to simplify Davidson's arguments. There are more arguments at work here, but I am able to review only some of them.

⁹One might argue that often we do not know the effect a "germ" will have on the body; it may react differently in different people. This is not, however, a problem with Davidson's argument as applied to this situation. The argument merely holds that generalizations of the physical realm can be further specified, while those generalizations of the mental/intentional realm cannot be further specified, or at least they will reach an a priori limit. Thus, though in many cases we operate with "laws" in physiology which are merely generalizations, there is at least reason to believe that these laws can be made more specific. Professor K. Codell Carter has also brought to my attention the fact that bacteria, as in this example, are only necessary causes of disease, but not sufficient. In light of this my example is to a degree inaccurate. Nevertheless, in the treatment of a disease it is the case that one would want to eliminate a necessary cause, though there be other conditions which must obtain. Thus the example still illustrates the essential point of treating disease from a causal standpoint.

cannot say (at least not in the way physiology does) how a person will react to belief *x* or desire *y* and so forth. It seems impossible to link symptoms of mental disease to certain mental states since there are no laws governing mental states. That is, different people often react differently to the same belief or desire. Of course, if we could understand all the beliefs, desires, and other intentional attitudes influencing a person, then perhaps we could predict and explain behavior (in a lawlike fashion). But it is the very impossibility of the former that creates the problem in the first place. Although the examples I have offered are simple, I think a more complicated example (given that the argument rests on the holism of the mental) would serve only to prove the point more cogently.¹⁰

Criticism of the Anomalism of the Mental

Using the notion of *ceteris paribus* ("all things being equal or constant"), Robert Klee argues that if the anomalism of the mental holds, then not only are there no psychological laws, but also no physical laws. Since there clearly are physical laws, he asserts, then Davidson's anomalism of the mental cannot be correct. Klee restates Davidson's argument according to his own terminology and I think it is essentially compatible with Davidson's (393–94). Though he makes minor criticisms in laying out his argument, I will address only his main criticism via *ceteris paribus*.

Klee notes that Davidson's argument against psychological laws follows from the holistic nature of the mental and the subsequent need to maximize rationality (396). Davidson's position, Klee argues, assumes that there is a categorical difference in the operation of *ceteris paribus* clauses in the physical domain and the need to maximize rationality in the mental (intentional) realm (392). Klee translates *ceteris paribus* as "all things being equal" and cites Lakatos for support that *ceteris paribus*

¹⁰Davidson does note briefly, in his replies to "Psychology as Philosophy," that he does not intend an attack on psychology, though his position may so appear. However, as Alexander Rosenberg points out in his essay "Davidson's Unintended Attack on Psychology," intended or not, Davidson's position severely limits the claims psychology can make.

is more the rule than the exception in scientific inference (397). Klee states that

ceteris paribus clauses thus allow one to fix background states and conditions so as to rule out theoretically irrelevant factors: factors which either lack a sufficiently direct *causal* connection to the foreground state, or else have a direct causal connection to the foreground state but one which is of no theoretical interest to us. (397–98)

Then Klee asks, “Is not maximizing rationality in the organism’s behavior basically a means of minimizing interference by theoretically irrelevant causal factors in the total behavior of the organism?” (398). Thus, Klee argues that maximizing rationality and minimizing irrelevant interference are the same, that there is no categorical difference between the two.

Klee uses the following “classical experiment” as a case example. Biochemical secretions known as interferons have the ability to kill viruses (398). We attribute to these interferons, he notes, lawlike capacity.¹¹ Mice which have been injected with an interferon suppressant die from several hundred times less viruses than are normally needed to kill mice not injected with the interferon suppressant. Klee notes that this is a clear case of *ceteris paribus* at work because other things must be assumed as being “inactive or irrelevant in causing the observed capacity to kill viruses” (399).¹² In other words, if the drug that inactivates the

¹¹It is not clear that one would want to call the causal relations in physiology “laws,” or “lawlike” as Klee does. In fact, the laws that Davidson is concerned with in “Mental Events” seem to be only the laws of physics—strict quantitative laws (see McLaughlin 342–48). This may thus constitute a first objection to Klee’s use of this example. But, as Klee wants to talk about “laws” in physiology, and relate this to Davidson’s laws, I will go ahead, assuming that the more formal and quantitative laws of Davidson have some connection to the “laws” of Klee.

¹²The nature of *ceteris paribus* laws is itself an issue of debate. Klee recognizes this. Thus, although I do realize that *ceteris paribus* could be formulated differently, I am using Klee’s definitions here.

interferons also causes a deadly allergic reaction in the mice, then this would already make them more susceptible to the virus in the first place. Or, as Klee notes, it must be assumed that the capacity of interferons to kill viruses does not turn on and off (399). Otherwise, it may simply be that the interferons belonging to the group injected with the supposed suppressant had simply shut off at that time. Klee concludes:

Just as the attribution of a psychological state is tremendously sensitive to a plethora of background beliefs and desires, so the attribution of an immunological state is tremendously sensitive to a plethora of background states involving millions of other effector cells, soluble molecular factors, and genetically controlled regulatory mechanisms. (400)

Interestingly, Klee's argument relates especially to this discussion inasmuch as he applies *ceteris paribus* to an issue in physiology. We might say, to restate and apply his argument, that if we cannot make laws of mental causation for mental disease, then we cannot make laws of physical causation for physiological disease. But, since we do attribute physiological disease to specific causes (germs, bad genes, and so forth) we must be capable of fixing psychological laws. His argument follows, at this level, and as he states, from a simple *modus tollens* (402), and would serve to eliminate my argument (from Davidson) against Boorse's project.

Klee's argument, however, presents at least two problems: a degree of circularity, and a misunderstanding of Davidson. I shall first address his circularity. First of all, he argues that *ceteris paribus* (hereafter *CP*) is the equivalent of Davidson's thesis of the holism of the mental and the ensuing necessity to maximize rationality. Already this seems to be an oversimplification of Davidson's position, and one that I do not think follows. However, in order to continue with Klee's argument I will allow it; that is, I will allow *CP* to be equated to maximizing rationality (in the mental realm) and thus to be the feature that prevents psychological laws.

Klee thus makes the following assertions:

(1) if x (for example, a belief that causes an action) belongs to the intentional realm, then x relies on *CP* for prediction and explanation.

- (2) If x (for example, a physical phenomenon) belongs to the physical realm, then x relies on *CP* for prediction and explanation.
- (3) If x belongs to the intentional realm and x relies on *CP*, then we can make no strict laws predicting and explaining x .
- (4) If x belongs to the physical realm and x relies on *CP*, then we can make no laws predicting and explaining x .
- (5) x can belong to the physical realm, rely on *CP*, and we can make strict laws predicting and explaining x .

What I have stated above is Klee's argument (see 401–02 for his layout of it). Obviously, there are some unstated assumptions. But consider first the justifications for each. (1) is justified by Davidson's thesis about the holism of the mental and the necessity of *CP* (= maximizing rationality) in explaining and predicting intentional events. (2) follows from Klee's appeal to Lakatos. (3) follows from Davidson's principle of the anomalism of the mental. (4) is what Klee wants to argue is implied by (3). (5), which appears obviously correct to Klee, rejects both (4) and, according to Klee, (3). However, how is it that one can move from (3) to (4), and then reject (3) based on (5)? This can be done only with the addition of this premise:

- (I1) *CP*'s function and effect in the intentional realm = *CP*'s function and effect in the physical realm.

It is this claim that I shall dispute in my second criticism of Klee. And this claim seems to imply, or assume, a second identity, that is:

- (I2) the function and effect of features in the intentional realm = the function and effect of features in the physical realm.

The second identity is more doubtful, and implies further that the two realms are the same. But the first assumption (I1) at least completes the argument that Klee makes above, that is, it allows the inference from (3) to (4). The problem with circularity enters in (5). The circularity is quite simple: the question at issue is the nature of laws in both the intentional and physical realms. For Klee to make his appeal, as he does in (5), that there are laws in the physical realm begs the question. He has already insisted that the generalizations or "laws" formed by *CP* in the mental (intentional) in no way differ from the "generalizations" or laws formed in the physical. If this is so, then why should one accept Klee's presumption that, because they are called "laws" in the physical, they should be called laws in the intentional? Why not instead move in the opposite direction and conclude that since we know that the

mental only has generalizations and that the mental equates to the physical, then the physical has only generalizations? I am not arguing, and I do not think Davidson is arguing (or would argue), that such a move should be made. But by equating the two realms and then appealing to an intuitive notion of laws in the physical, when the nature of those laws is just what is at issue, Klee gives no reason for concluding as he does. And thus as he draws the conclusion, he begs the question.¹³

Klee's equating the effect of *CP* in the physical with the effect of *CP* in the intentional (I1) brings about the next criticism. Though scientific inference, as with intentional speech and behavior, may have a host of background stuff, the nature of this background is different. Klee states, as I have noted earlier, that *ceteris paribus* "clauses fix background initial conditions in order to rule out theoretically *irrelevant* causal factor" (401, italics added).¹⁴ Though this may be the solution in scientific inference, at least as Klee has argued, it is the very problem in intentional interpretation. When we fix conditions, we rule out causal factors that are relevant! Davidson's very point (which Klee seems to miss) is that although the physical can rule out background factors as

¹³Davidson starts and concludes "Mental Events" by quoting lengthily from Kant's *Groundwork*. He quotes Kant as stating that because there must be freedom on the one hand, and determinism in the physical world on the other, we must somehow reconcile the two, but without reducing one to the other. This is essentially Davidson's project, to keep the mental and the physical vocabularies separate. As such, Davidson will allow laws in the physical realm, but not in the mental. And, as Davidson describes the mental, it generates only generalizations. Thus, when Klee argues that the physical operates just as the mental, then one is first of all inclined to think that this implies that there are no laws in the physical, only generalizations. Yet Klee wants to go in the other direction. But to go the other direction he must assume a strict notion of laws in the physical, and it is far from clear, as he has argued, that there are such laws when he has stated that *ceteris paribus* indeterminacy is the rule in the physical realm. Thus, his appeal to the physical laws that "we all know *really* exist" not only begs the question, but is unjustified next to the freedom of the mental realm that "we all know *really* exists." This is not a problem for Davidson, or Kant, since they keep the two vocabularies separate.

¹⁴See footnote 12.

irrelevant, the intentional cannot because the background factors are necessarily relevant. This is the whole point of Davidson's thesis as to the holism of the mental: beliefs, desires, and so forth are holistically related, and so they cannot be counted as irrelevant, or noninterfering. Klee is right, in a sense, that imposing rationality on a person in order to interpret speech and behavior is somewhat like *CP*. But whereas *CP*, in scientific inference, truly can rule out factors which are irrelevant, at least according to Klee, imposing rationality must overlook factors which are potentially very relevant. Thus a limit is placed on the formation of psychological laws. Thus Klee's criticism fails.

Emphasizing the same point, in his essay "Paradoxes of Irrationality" Davidson notes that only by imposing coherence and rationality can we understand another's beliefs, desires, and other propositional attitudes (302). However, Davidson notes, people often act irrationally. Although imposing inconsistency leads to unintelligibility, we must allow enough inconsistency in order to explain irrational behavior (303). In contrast to "all things being equal," imposing rationality is, as Davidson notes, "a matter of degree" (303). Davidson states:

The underlying paradox of irrationality is this: if we explain it too well, we turn it into a concealed form of rationality; while, if we assign it incoherence too glibly, we merely compromise our ability to diagnose irrationality by withdrawing the background of rationality needed to justify any diagnosis at all. (303)

The example of irrationality demonstrates the difficulty of interpreting intentional behavior, and the ensuing impossibility of strict psychological laws. Hence, the imposing of rationality for the interpretation of speech and behavior, contrary to what Klee believes, is not simply a form of *ceteris paribus*.

Conclusion

In conclusion, I have argued that Boorse's project, which draws on Davidsonian principles for crucial support, is also limited by the implications of those very principles. The holism of the mental, as I have argued against Klee, is sufficiently different from the physical (at least as Klee describes it) such that it inhibits the establishment of strict laws.

Although Boorse's project cannot achieve its aim of modeling mental health after physiology, such a direction (for mental health) may nevertheless be more effective than the current models of mental health (which he rejects). Thus in some respects, his project still seems like a promising direction to take mental health theory, though our expectations for such a project, as now constituted, must be severely limited. In other respects, the requirement of rationality, in order to explain behavior, seems difficult to reconcile with the depth of mental illness and irrationality that mental health care often seems to encounter.

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