

# Maladjustment

Shiman LUO

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## Abstract

In this paper, the author highlights one of the many ways in which mental illness interacts with structural injustice.

## 1 Introduction

Post Traumatic Stress Disorder (PTSD) is defined by the DSM-V as comprising four clusters of symptoms:

1. Intrusive/recurrent memories of trauma
2. Avoidance of trauma-related stimuli
3. Negative changes and/or numbing of mood and/or cognition pertaining to the trauma
4. Changes in reactivity and arousal

(Reasonable) PTSDers have obtained distinct background *knowledge* and expectations after the trauma: e.g., what kinds of situations are dangerous, when to be on alert, etc. Their warranted emotional responses are warranted by inductive learning that tracks evidence about their social and personal environments.

The overall thesis is that there are warranted and unwarranted emotional responses to traumatic experience (not objective trauma). The motive is to direct our attention to the external objects that our directed emotional states are responsive to and to expose the relationship between agents' internal mental states and their oppression, thereby identifying problems of structural injustice, e.g., war, rape, domestic violence, abusive relationships, etc.

The author is targeting a social rather than a moral problem. A project in terms of social norms rather than in (individual) moral psychology. The author assumes a distinction between:

pro-**desirability** (in its ordinary sense) norms: being in mental states that are desirable for us, that we want to have; emphasizes an agent's internal states, self-made individuals, individual agency

pro-**warrant** norms: being in mental states<sup>1</sup> that are warranted by the circumstances (which needn't correctly track reality) they are responsive to, depending on the agent's understanding of the external world; emphasizes the importance of the external objects of our mental states

Notice that the notions of warrant and desirability may be more entwined in the actual world. The author says that since there might be alternative pro-desirability norms based on, say, communitarian ideology, what is wrong is the hyper-individualist ideology (or current pro-desirability norms), not pro-desirability norms themselves.

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<sup>1</sup>Following some philosophers, the authors claims that physical states cannot be warranted or unwarranted.

## 2 Background

The author focuses on directed emotional states, which include states such as being depressed in a way that is vaguely directed at worldly injustice or one's own circumstances broadly understood. For instance, consider two mild depressives: one working a minimum wage job, living in an unpleasant environment, seeing no way to improve their circumstances, while the other having a seemingly meaningful, fulfilling, excellent, comfortable life, unable to identify possible triggers for themselves.

Directed emotional states may be (un)desirable, (un)warranted, and negatively/positively-valenced.

The author takes warrant for directed emotional states as playing a similar to what justification plays for beliefs. The author does not take warrant in this sense to be truth-tracking.

The author takes the facts about what responses are (un)warranted to be objective. For instance, reacting with callous humor to becoming aware of a horrific death is objectively unwarranted. It is the agent's circumstances that help determine whether their directed emotional states are warranted.

The author does not choose to focus on beliefs or belief-like states and justification. Because many people (whether philosophers or mental health professionals) have focused on belief while few have focused on emotions. Another reason is that warranted emotions often seem to be more undesirable for us than justified beliefs are (recall that in current theories, desirability is almost everything).

The only metaphysical assumption that the author makes is that our folk-psychiatric and professional-psychiatric concepts are at least partly socially constructed.

## 3 A Starting Case

Two figures:

**Dominique:** traumatic experience of long-term, seemingly inescapable systematic violence and death threats (p.853) long ago.

**Chip:** traumatic experience that large trust fund is down to under half of what it was.

Diagnosis: Dominique's (delayed) emotional responses to her trauma is warranted, while Chip's is not.

First, Dominique's trauma is severe (p.854). Plus, this delay may have been self-imposed, and Dominique had experienced no period of adjustment (see the analogy with delayed, yet justified beliefs). Finally, Dominique needs to reconceptualize and re-experience the trauma.

Reasons of the right kind (i.e., the trauma) don't expire, although reasons of the wrong kind (i.e., undesirability) do. Some warranted states may be neither desirable nor morally correct.

By contrast, Chip's trauma seems to be a minor interpersonal or personal harm that is not a part of a social-structural problem, like the loss of one of one's fingernail clippings from their body.<sup>2</sup>

What if they are treated on a par (in psychiatric care), i.e., as equally reasonable or equally unreasonable? Either way, Dominique would suspect her (in fact warranted) emotional states, insofar as she firmly believes that Chip is extremely unreasonable. Her judgments and emotions regarding her own trauma would be undermined by (arguably) both testimonial and hermeneutical injustice. She would become self-gaslighting due to the negative impact of the diagnosis on her metaepistemic attitude towards her own mental states. That will not help with her discovery.

A real-life case: in addition to having to deal with the trauma of being raped, Chanel Miller additionally suffered serious psychological harm from having her resultant trauma thought of, treated, and addressed as equivalent to (even in many cases less real or severe than) the "trauma" of her rapist, Brock Turner, who had to undergo a trial, go to jail for a few months, and miss some swim meets.

## 4 Circumstances matter

The author appeals to Paul's (2019) discussions on imposter syndrome in terms of belief and justification to reinforce the importance of identifying and critically evaluating external object to which we respond, e.g., the (arguably unjust) system of rewards and punishments in academe which triggers imposter syndrome.

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<sup>2</sup>What if the trauma is due to some event like the 2008 financial crisis?

Too much focus on the individual patient makes us unsee the intrinsic wrong of war, rape, domestic violence, etc. in a systematic way.<sup>3</sup>

## 5 Conclusion

The author calls for a better balance between pro-desirability and pro-warrant norms. The author argues against the ideology of robust individualism in psychiatry. The author invites us to reshape our psychosocial norms to focus more attention on the social world, and less attention on the agent-as-individual.

At the pragmatic level, the author acknowledges that unwarranted PTSD symptoms are still diagnosable and deserve mental health treatment. The author offers a concrete recommendation for mental healthcare providers at the *therapeutic* level, which is to recognize and mark the distinction between warranted and unwarranted emotions. The author also recommends distinguishing *diagnostically* between (partly) warranted and unwarranted PTSD.

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<sup>3</sup>Valued systemacity.