ON THE CONCEPTUALIZATION OF MENTAL DISORDER

A Note On Psychiatry And The Nuclear
Arms Race

by Johan Galtung

Department of Politics
Princeton University
Princeton, New Jersey 08540

The purpose of this note is an effort to relate the way mental

disorder is conceptualized to the greatest threat facing humankind

today, the arms race in general, arms race in weapons of mass de-

struction in particular, and nuclear arms race even more particular-

ly (with the additional note that this arms race may soon be super-

seded by another arms race in offensive laser and particle beam

weapons). In order to carry out this very preliminary exercise I

shall use the following dimensions:

(1) Conceptualization of mental disorder
(2) Types of Self-Other relations
(3) Level of empathy
(4) Level of injury

In no sense claiming expertise in this field my reading has

sensitized me to two basic dimensions in the conceptualization of

mental disorder.

First, there is the idea of <u>social competence</u> for the "normal" person

and social incompetence for the "abnormal". Human interaction will tend to

break down in the second case. The mentally disordered person does

strange things, social situations are conceived of in an intolerably

idiosyncratic manner, and verbal and non-verbal action responses

are different from what is normally expected. People have certain

expectations of how others behave in human interaction, just as they

have expectations of what they expect others to expect from oneself. In

normal relations there is an element of empathy, of capability to understand

the position of Other in interaction with Self even if this is done

in the simplest of all manners, assuming Self to be in the position

of Other. Social incompetence is then, rightly or wrongly, seen in

terms of lack of ability to project, to have empathy with Other. One
expression of this would be to see Other as a thing, inanimate.

Then there is the second dimension: infliction of injury on
Other. The person is not only socially incompetent, but also becoming
dangerous. Of course, he can be one without being the other, lead-
ing to a familiar classification:

TABLE 1. A Fourfold Division of Break-Down

	does not inflict injury (not dangerous)	inflicts injury (dangerous)
socially competent (normal)	NORMAL	CRIMINAL
socially incompetent (abnormal)	MENTAL DISORDER soft intervention needed	MENTAL DISORDER hard intervention needed (institutionalization)

The way it is written up the basic idea conveyed would be that
the overriding dimension in the conceptualization of mental disorder
is social incompetence. Another way of expressing this social in-
competence is inability to distinguish not only between what is socially
right and socially wrong in the sense of being expected and not ex-
pected in interaction situations, but inability to distinguish between what
is good and what is bad. Or, rather: there may be ability to dis-
criminate, in the christian universe given unto man in a somewhat
special way (Genesis: 3, 1-6): by a serpent tempting the first woman,
who then in turn tempted the first man to eat from the Tree of
Conscience, giving knowledge of Good and Bad (according to the
serpent version: "God knows very well that the instant you eat it you

will become like him, for your eyes will be opened--you will be able to distinguish good from evil"!). The trouble is that not everybody might be able to act accordingly, even if thus enabled.

There are several ways of relating general concepts of social incompentence, lack of empathy, and lack of ability to distinguish between good and evil. Thus, the last two aspects can be related through empathy with what is good and bad to Other. This may or may not coincide with what the believer holds to be good and bad in the eyes of God, "bad" then being more or less synonymous with sin. To do the unexpected, then, even if not necessarily inflicting an injury, is also bad because it confuses Other, and may potentially, directly or indirectly, be dangerous like when people do not honor traffic rules, for instance in the simple form of traffic lights. On the other hand, to do bad things, including inflicting injury, does not necessarily imply social incompetence. It may also be a sign of comptence in another game, the game criminals play, resolving grievances, or helping themselves to something in ways they are not expected to do. Or, the "games" played in conflicts that have become fights, where injuries are being inflicted, in both directions. In that case empathy of Self with Other would not reduce the level of injury because Self might come to the conclusion that in the place of Other he might have done exactly the same. This is an important finding because it shows the limitations of that particular way of conceptualizing empathy, through ability to assume the position of Other.

If we now move to the second dimension, type of Self-Other re-
lation, the point of departure has already been given. Essentially
mental disorders are expressed in the relation between Self and
Other, with the limiting case that Other may be Self, in other words
in the relation between a person and him—or herself. But there are
many types of Other, and consequently many types of Self—Other
relations; and it does matter what type of relation one has in mind
when conceptualizing mental disorder.

Table 2 is an effort to provide us at least with a typology:

TABLE 2. A Typology of Other and Self-Other Relations

	Other	Relation
Self	Self	to Self
	Family, friends	Primary relations
Homosphere	Colleagues	Secondary relations
	Categories	Tertiary relations
Biosphere	Animals	to non-human,
	Plants	animate,
	Micro-organisms	nature
Other spheres	Lithosphere	to non-human,
	Hydrosphere	inanimate,
	Atmosphere	nature
	Cosmosphere	

At the first glance one might conclude that this is bringing in too
much; hopefully the comments will convince the reader that this broad
typology makes sense. Social competence is usually evaluated in
primary and secondary relations. The moment Other becomes a category,
meaning at a high social and/or geographical distance, like in out-group

relations to classes, and/or nations—in some cases also age, gender
and race groups—far away from the social position of Self things change. It
is   considered normal if empathy suffers a considerable drop from
primary to secondary relations, and from secondary to tertiary re-
lations--and still another drop to non-human animate, nature and then
an ultimate drop to non-human, inanimate, nature. The highest empathy
is then with oneself, according to this type of thinking; the lowest with "dirt."

Table 3 is an effort to clarify the relation between types of
Other and empathy, which should not necessarily be identified with
sympathy.

TABLE 3. Types of Other and Levels of Empathy
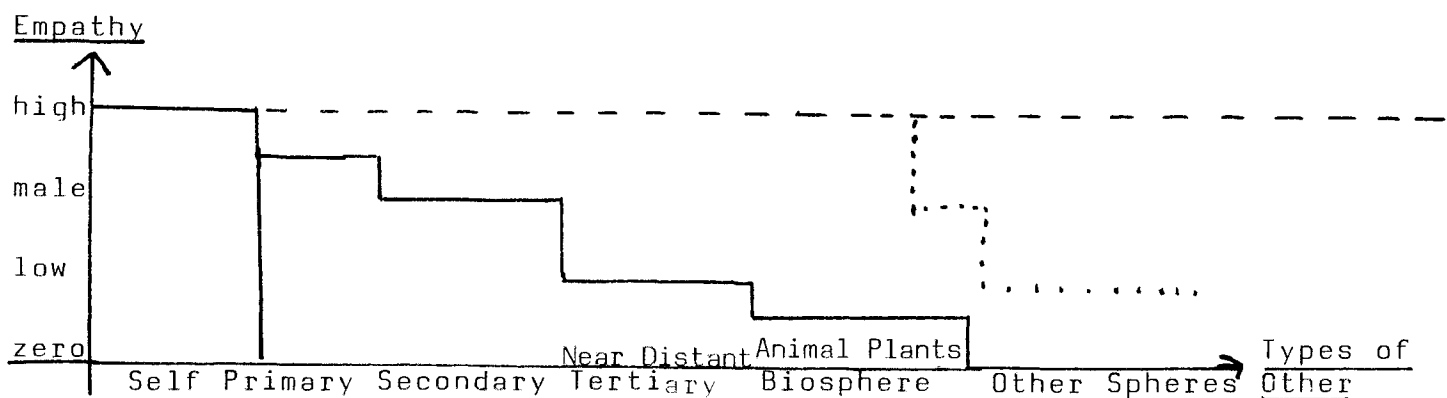
In the table the unbroken staircase curve represents the drops or
jumps downward as we proceed outward from Self, through primary, second-
ary and tertiary relations to the biosphere and other spheres (a
similar staircase might actually have been constructed within the bio-

sphere as there is probably more empathy with the animal "kingdom" than with the plant "kingdom", and micro-organisms are probably put together with the "mineral kingdom". Correspondingly, a staircase might be constructed for the animal kingdom, as one moves down the hierarchy. Not to mention for tertiary, as one moves from near to distant categories.

The basic point made in Table 3 is that this is not the only empathy curve that can be defined. Actually, the staircase empathy curve might be seen as a clear expression of Western cosmology: Self at the Center, including private property; and egocentrism bordering on egotism makes Self the point of highest empathy. Then comes love for family and friends, and some type of consideration for colleagues in secondary groups of all kinds (territorial and non-territorial, i.e. associations/ organizations). But class and nation, particularly distant nations, separate humankind and have serious impact on empathy level. And then comes a dim view of nature; the man-over-nature doctrine.

The horizontal broken line may be seen as an extreme version of the buddhist respect for the universe, the dotted alternative being more realistic, taking in the point that most buddhists are vegetarians and feel somewhat bad when eating plants (but not the fruits of plants, given by the plants to the rest of the universe), and still retain some identity with other spheres. Actually, the extreme lack of empathy would not be the Western staircase curve, b the vertical line indicating empathy with Self and nothing else. "Amoral individualism"; if the curve drops down from family, we have "amoral familism". Which brings us closer to the conceptualization of mental disorder: Inflicting injury on Other in spite of empathy, or at least in spite of the level of empathy assumed in the culture.

And that brings in the fourth dimension: the level of injury. I think injury has to be discussed both from the point of view of the object and the subject of the injury relation. The severity

of injury is important not only legally but also morally, and in the
conceptualization of mental disorder. It is difficult to see what
injury to non-human, inanimate nature would mean; is toxic pollution
of hydrosphere, atmosphere or littering of the cosmosphere injury to
these spheres, or only injury in the sense that it may indirectly in-
flict damage on biosphere and homosphere? For practical purposes the
second answer might be quite sufficient so it may not be necessary to
have a firm stand on this issue. And that makes the conceptualization
of injury easier, for systems, not only individuals, in homosphere
and biosphere are somehow self-realizing systems, both in the sense
of producing and in the sense of reproducing. Injury is injury to the
capacity to produce, and to the capacity to reproduce one's self and
the capacity to reproduce one's species through procreation. Ob-
viously injury to reproduction is even more severe than injury to
production capacity; but both of them may be seen as special types of
injury, or violence, as impediments to self-realization.

Then, there is the angle of the subject behind the injury, and
one effort to make a typology is given in Table 4:

TABLE 4. Types of Injury Relation

	immediate (non-mediated)	mediated (indirect)
intended, by commission	DIRECT VIOLENCE	concealment
unintended by omission	negligence	STRUCTURAL VIOLENCE

The basic and very classical distinction is whether the injury is
intended (by commission) or unintended (by omission)--the latter meaning
that   the wrong that has been done consists in not seeing to it
that the injury did not take place. And then there is the important
distinction between immediate or non-mediated injury, and indirect
or mediated injury. I shall then refer to the chain-or whatever
geometrical shape might offer an adequate description of the events- as a
structure, with the subject either lurking behind, pushing the
structure in front of him, in which case it is clearly intended, only
concealed; or the subject in question not intending any injury to
happen, the injury just takes place and the subject is negligent, not
preventing it from happening. Two clear cases, direct and structural
violence; with concealment and negligence in-between.

Let us now try to reap the harvest from these four efforts to
clarify four complicated dimensions.

First, it should be pointed out how special, how filtered
through all kinds of culturally defined distinctions and discrimina-
tions our standard conceptualization of mental disorder is. I take
it that mental disorder above all is registered in human relations,
and more particularly in relation to Self and in primary and in
secondary relations. What is considered normal in tertiary relations
and in the relation to biosphere and other spheres is considered
abnormal in relations to Self, and in primary and in secondary rela-
tions. The aloofness, coldness, lack of empathy, leaving alone lack of

sympathy, disconcern, displayed by a high caste Indian towards the
outcastes, by racist Southerners in the U.S. towards the blacks; by
any member of an in-group towards the out-group with which one's
own group is in basic conflict might serve as a base line for a
psychiatric diagnosis when/if displayed in relations to Self, or
in primary or secondary relations. In the first case one might
even talk about a split personality, assuming that deeper down the
person has a more direct and positive relation to his or her own
Self, an assumption that may not necessarily be warranted.

But this also runs the other way: a person in the same culture
showing a very high level of concern for inanimate nature, or for
animate but somehow "low" biota may also be considered mentally
disordered- compare the expression "eco-freak". Why bother, why be
so concerned? Jainist monks wearing masks in order not to
inhale and hence do injury to micro-organisms may be considered
exotic when operating at home, for instance in Gujarat, in India; but
crazy when their practices are taken over by westerners, or in the West. Such
practices might be seen as some type of social incompetence, by not
displaying correct behavior to Other, in this case meaning not
meeting with expectations that some human Other would have about Self's
interaction with non-human Others. And one such expectation, important in the
conceptualization of schizophrenia, would be non-permeability of Ego-boundaries, e.g.,
not confusing oneself with the tree outside the window.

However, as indicated in Table 5 below, relating the level of
empathy to level of injury, the interesting combination is not when
the injury is reported to be high even though the empathy level is

supposed   also to be high, or the considerably more innocent case
of   injuries reported to be low in spite of a supposedly low empathy
level. Nor the normal case protecting micro space: empathy high,
thereby keeping injury low.   The interesting case is the fourth cate-
gory in the table

TABLE 5.   Level of Empathy, Level of Injury

	injury seen as low	injury seen as high
empathy supposed to be high	NORMAL	ABNORMAL
empathy supposed to be low	ABNORMAL	?

In this case there is no empathy barrier. The empathy level is even
supposed to be low; and that might exclude any high level of sympathy so
that the gates of injury can be opened, violence can start flowing in
one   or more of the four types of Table 4.   The violence may even
take the form of loud or silent genocide/holocaust; it may be in-
tended or unintended, immediate or mediated.   It may take the form
of massive bombing during the Second World War, using firestorms and/
or nuclear explosions. It may take the form of quick extermination
in the KZ, or the slower one in the Gulag. It may take the form of
condoning the operation of structures leading to massive starvation
in the Third World.   However, regardless of the form there is one
common factor: even if the injury is massive it is unimpeded by any

empathy barrier since it works across social gaps where empathy is
supposed to suffer a considerable drop. Supposed, by whom? By what?
Answer: by some cultural assumptions, and the leading cultural
assumptions are, supposedly, the cultural assumptions of the leading
part of the world--the occident in general and the western part of the
occident in particular. With egotism and familism considered normal, altruism not
because boundaries to other nations become insufficiently clear, or to other classes/castes
(the latter more characteristic of Hinduism).

Second, these reflections may now lead to some ideas about the
conditions under which these enormities just referred to might be
seen as expressions of mental disorder. Let us first clear some
brush away by stating the obvious, so often repeated in the analysis
precisely of extreme cases of violence: the perpetrators are very
often, not necessarily always, "perfectly normal" people, meaning
people capable of having normal relations with themselves, affectionate
primary and secondary relations, even with selected species from the
biosphere, such as a pet dog, house flowers. In other words, with
standard conceptualization of mental disorder they go scot free; and yet they
become commanders of Auschwitz, execute genocidal bombing, etc.

But this might then serve as an indication that our standard
conceptualization is not good enough. It hinges entirely on a
christian/occidental assumption about the relations between types
of Other and levels of empathy, not on a buddhist/oriental concept-
ualization; admittedly idealized in Table 3. However, in a shrink-
ing world and, moreover, a pluralistic world are we to assume that
explicit or implicit assumptions of one particular culture is given
the upper hand, even to the point of defining anything so important

as what constitutes a mental disorder? In spite of the fact that it is only one of
many possible curves that could be drawn in Table 3; not necessarily starting at the same
level for Self, and not necessarily never ascending (e.g., the case of cows in Hinduism,
and national parks in the West).

Third, as a mental experiment, let us assume either or both of

the buddhist curves in Table 3 to be the leading   assumption about

level of empathy. It should be pointed out that this is more than

loving thy neighbor like thyself, and in two important directions:

(a) the concept of neighbor is extended far beyond primary and

secondary relations into terticery relations and from there to the

biosphere, at least to the animal kingdom, potentially to the rest

of the universe--everything is "thy neighbor". There is unity in the

universe. And, (b) empathy is not carried by the mental experiment

of placing Self where Other is, trying to understand how Other would

react from how one imagines one's own reaction to be--an important

thought experiment. Rather, Other is seen as an extension of Self,

as a unity-of-Self-and-Other, in a unified universe. Injury to Other

is injury to oneself, not only injury as it might have been experienced by Self

in the position of Other. Other permeates Ego; Ego permeates Other.

There is nothing particularly mystical in this: in christian/occidental culture

people are perfectly capable of experiencing injury to "thy neighbor" as if it were

injury to oneself, but provided the neighbor is close to oneself, for

instance one's own child. And this may be the basic reason why

mental disorder certificates are issued precisely in the "empathy

high, injury high" combination of Table 5: to torment, do violence

to, even kill one's own children is seen as much more indicative of

mental disorder because it is seen as tormenting one's own Self. Masochism
and suicide are indicative of mental disorder. So is sadism in primary and secondary

relations; but injury, killing beyond that level of proximity is considered "normal".
Why? To justify class and nation?

One may say that what is done in the buddhist culture is merely to extend Self to SELF, pervading the whole universe. Of course people raised in the occidental tradition may have their doubts as to whether consequent buddhists, in this particular sense, are really honest when they "feel" that injury to any person, any animal, any plant in the universe. But that may not be the issue. Obviously, we are dealing here with feelings that are transmitted psychologically rather than physiologically, there being no assumption of the neural nets of Other being materially connected to the neural nets of Self. Later generations may perhaps discover some new type of vital energy communicating injury through the universe, some people being more sensitive to the signals transmitted than others. We are not there yet, except for a strange feeling that some animals and some plants may be superior to human beings in this respect, having more of a basis for developing a moral universe than we have.

However that may be, I come to the following conclusion. Mental disorder can be seen as social incompetence linked to an empathy deficit, a level so low that it does not constitute sufficient barrier against inflicting injury to Other; regardless of who Other is. Any effort to draw a circle in the universe, for instance between secondary and tertiary relations, proclaiming that injury inflicted inside the circle is indicative of mental disorder whereas that inflicted out- side is not is doomed to be arbitrary. A civilization legitimizing that arbitrariness even to the point of making this vice into a virtue could itself be seen as a contributing factor to mental disorder, whether in the name of God (Luther, with his peasant war and Augustana 16) or democracy, or socialism, or whatever.

The assumption, then, is that it is normal and natural for any
sentient being to feel a part of the universe, not apart from the
universe. There can easily be agreement that the person inflicting
injury on himself, cutting off a finger, a hand, or excessive
flagellation in Self punishment is mentally deranged, at least
temporarily. But drawing the circle   mentioned just around the
individual would lead to amoral individualism meaning that anything
outside that circle is permitted, if not legally at least mentally.
To draw the circle just around one's own family would, corresponding-
ly lead to amoral familism which may not be much better. And our
present conceptualization on mental disorder stops not very far from
this point, accepting the steep jump mentioned.

So, why not push the circle outwards? The nation-state is an
effort to push the circle far enough to create not only empathy but
sympathy with everybody within the confines of the state, high enough
to limit injury of one part to the other, and more particularly of the
government to its citizens. There has been some success in that regard.

But that is not good enough as we live in a world where purely
material conditions of transportation and communication necessarily
will provide the basis for higher levels of empathy at the same time
as the production of weapons of mass destruction in general and
nuclear arms in particular provide the basis for higher levels of in-
jury. In other words, we are increasingly entering the condition
where mental disorder certificates might be issued against not only
those who engage in such acts of injury, but also prepare themselves
for doing so and threaten doing so. And under such conceptualizations the nuclear
arms race is not only crazy socially, but also mentally crazy.

In conclusion, consider a simple "model":

$$\sum_{1}^{n} E_i = K$$

the sum of human empathy over the types of Other is constant; we are all born with the same empathic capacity. However, the big dividers of humankind, age and gender, nation and class induce in us different distributions of empathy on the types (and the typology might be expanded, adding transcendental Others, such as God, or the Prophet, the Messenger). I have not explored age and gender, but the "process of civilization" may be described as a process of separation of human beings from nature; of nations and classes from each other by drawing national and social borders (e.g., by using geography for the former and color for the latter); of families from each other (separate houses, apartments); of individuals from ea h other (separate rooms)--the latter two referred to as privacy.

Not to maintain a distinction between Self and Non-self is adaptive at the lower levels of this process, then becomes mal-adaptive. The sharp drop in empathy from Self to Non-self becomes adaptive at home, but terribly maladaptive for the world as a whole. And what is maladaptive at home may become adaptive for the world as a whole--the horizontal line was quite adaptive.

However, imagine we adopted that adaptive line. Would that not
lead to intolerable suffering if we should really internalize all
the suffering all around the world, all spheres? Would not people
have to contract somehow, in line with the model? There are two
obvious possibilities, retaining a horizontal empathy curve:

(1) E low, i high, meaning empathy extended over the whole horizon,
but at a low level, like the person declaring himself in love with
all of humanity, but intellectually more than emotionally. Western
solution?

(2) E high, i low, meaning withdrawal from the world, e.g., in a
monastery, to a very local community, in principle deeply moved by
everything distant but protected by not knowing about it- by
participating in the local, not in the global village. Buddhist
solution, in the sangha?

Other possibilities, mixing these two, could be imagined. And
the model could be challenged, combining Western universalism with
Buddhist empathy--and not only for suffering (dukkha) but for bliss
(sukkha). But with that higher level of empathy would also come be-
havior that from the standpoint of the Western curves in Figure 3
would be characterized as abnormal. And at this point it could be
argued that some changes in the conceptualization of mental disorder
is a minor price to pay for a higher level of empathy with nature
and human beings in all parts of social space and world space-
as a badly needed barrier against suicide for the human race.