Why psychiatrists shouldn't care about evolutionary psychiatry.

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Abstract

Most philosophical critiques of evolutionary psychiatry focus on the explanations that evolutionary psychiatrists have produced to account for the spread and/or persistence of particular mental disorders (Adriaens 2007; Faucher & Blanchette 2011). My critique is more fundamental. I argue that even if the proposed evolutionary explanations for depression, autism, and schizophrenia would be supported by all the available evidence, the value of evolutionary psychiatry for the rest of psychiatry would still be very limited. If true, my argument subverts the claims made by both evolutionary psychiatrists (Nesse 2008, Nesse & Jackson 2006) and philosophical proponents of evolutionary accounts of mental disorders (Murphy & Stich 2000). In their view, evolutionary psychiatry should be the foundation for psychiatric theory and practice. By scrutinizing and rebutting four arguments of Nesse and three arguments of Murphy and Stich in favour of their view, I will show that the assumed added value for psychiatry is either not an added value at all, or that the added value cannot be brought about by evolutionary psychiatry. References:

Adriaens, P. (2007). 'Evolutionary psychiatry and the schizophrenia paradox: a critique'. Biology & Philosophy 22: 513-528

Faucher, L. & Blanchette, I. (2011). Fearing new dangers: Phobias and the complexity of human emotions. In P. Adriaens & A. De Block (eds.). Maladapting Minds: Philosophy, Psychiatry and Evolutionary Theory. Oxford University Press, pp. 34-64.

Murphy, D. & Stich, S. (2000). Darwin in the Madhouse: Evolutionary Psychology and the Classification of Mental Disorders. In P. Carruthers & A. Chamberlain (eds.), Evolution and the Human Mind: Modularity, Language and Meta-Cognition. Cambridge: Cambridge University Press, pp. 62-92.

Nesse, R. . (2008). Evolution in medical education: The most basic science is missing. Lancet, 372, 21-27.

Nesse, R. & Jackson, E. (2006). Evolution: Psychiatric nosology's missing biological foundation. Clinical Neuropsychiatry 3: 121-131

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