

# The Turmoil Within — A Clinician Reviews *Maladapting Minds: Philosophy, Psychiatry, and Evolutionary Theory*

Edited by **Pieter. R. Adriaens** and  
**Andreas de Block**, Foreword by  
**Geoffrey Miller**

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Psychiatry, vastly complex in theory, is deceptively simple in practice. A handful of drugs are dispensed to patients in an effort to combat anxiety, depression, obsessiveness, schizophrenia, avoidance, alcoholism, etc. Then these patients see someone like me, a clinical psychologist, and they often want off of the meds.

Evolutionary psychology and psychiatry portends a grand unifying treatment theory, a consilience, an underpinning tethering all the unmoored theories in psychiatry today. But you wouldn't know from the collection in this book.

In a thoughtful foreword to this book (itself worth the price of admission), evolutionary psychologist Geoffrey Miller offers a modest appraisal of the field examined herein: "Psychiatry is a mess. Nobody seems to know how to distinguish normal behavior from mental disorders, or how to treat mental disorders" (p. vi). He's being kind. Psychiatry risks iatrogenic complications.

That's not to say there aren't dedicated practitioners constantly looking for effective

and salutary methods. Miller notes that the splintering of the field of psychiatry into a hodgepodge is an unfortunate side effect of several known factors, including staid medical curricula, Big Pharma, health insurance peculiarities and the atheoretical nature of the DSM (this last issue addressed by Jerome Wakefield in Chapter 5).

Evolutionary psychology literature continues apace, producing prodigious advances understanding the physiology and behaviors related to mating, from ovulation to showing cleavage for women and risky display for men. Depression might be a "protected polymorphism" in the words of John Price (who has a lucid chapter in this volume, Chapter 10). So far, however, research has been more descriptive than prescriptive.

What many clinicians are looking for is more than a cohesive theory or personality, but of personality change. That is, we want effective methods of treatment even if we do not fully understand their precise mechanism.

In my clinical experience, most human disturbance is evolutionarily salient and that understanding the purposes for which emotions might have evolved serves as a compass for treatment. For example, the typical cognitive behavioral approach seeks to identify cognitive "distortions" as well as emotional and behavioral disturbances. These distortions can be the source of myriad emotional pains and unnecessary loss. Worrying too much about approval or discounting the future too steeply have evolutionary roots, as do status concerns, overeating, passivity and laziness, compulsivity, infidelity, unintended procreation; explanations understandable to almost anyone.

Thus, I'll be looking for applicable nuggets from a philosophy book. Call me optimistic. But first to the cautionary chapters.

## Critics of Evolutionary Theorizing

The book starts off with a collection of critics of evolutionary psychiatry that could be called the "Straw Man Section." I do not recognize the evolutionary thinking in this section. In a chapter on phobias we are admonished to assume an evolutionary origin to fears and phobias because we can also develop fears of syringes and guns. But one could have a fear of, say, getting skin punctured, which is adaptive. Developing a phobia of cars after an accident disproves an evolutionary angle? One could make the case that we can visualize and avoid bodily harm whatever the offending instrument.

Another chapter by Aronsson (Chapter 2) argues that evolutionary considerations are untenable with respect to sexual preferences because of our flexibility: "...an explanation of human sexual preferences, sexual imprinting is a viable alternative to prevailing evolutionary theories which assume that preferences are genetically determined" (p. 84). Maybe we disagree on the definition of "determined," but this seems a confusion of obligate traits (such as eye color) and facultative traits (such as our immune system which evolved to be responsive to conditions).

Another critical chapter by Geertz and Brune (Chapter 4) underscores the importance of ethological questions, namely, the proximate mechanisms that could usefully inform ultimate questions. The thesis is that depression cannot be an adaptation since performance is hindered, not helped, by it. Clinically, this makes some sense, although the depressed person might have more realistic appraisal for corrective behavior, and when among kin elicit help and support even if not performing up to snuff. The argument is partially addressed by Nettle's chapter (Chapter 7) differentiating depression as functional or dysfunctional and the criteria he proposes. It seems that the philosophical gripe shared by these chapters

hinges on definitions of "determine" and "function." These chapters lead to conceptions for mental disorders.

## Evolutionary Concepts, Mental Disorders and Psychopathology

When clients are baffled by their seeming irrationality or persistent emotional disturbances, understanding the evolutionary underpinnings can contextualize modern practical problems.

Wakefield (Chapter 5) addresses concerns about harmful dysfunction from a philosophical perspective, citing Aristotle and Lucretius for good measure. The level of analysis is about function, even when we are unaware of the mechanisms, as he notes, "Hippocrates got it almost invariably right...when he labeled a condition a disorder, even though we share almost nothing in the way of common scientific knowledge about the underlying mechanisms" (p. 150).

Nesse and Jackson (Chapter 6) continue the medical analogy in a section entitled "Diagnosis and its Discontents" where they assert, "Emotions arise not from events; they arise from an individual's motivational structure, that is, from the interaction of the an objective external situation with an individuals' goals, strategies, and subjective assessments of ability to reach these goals and strategies" (p. 175). This assessment maps with my clinical experiences springing from questions such as Why do emotions exist at all? What are they designed to accomplish and under what circumstances?

Nettle (Chapter 7) argues that evolutionary thinking cannot guide us in discriminating between low mood and depression but that once a patient registers subjective distress (whatever we call it), evolutionary considerations can help in understanding depression generally. Severity of the impairment may determine treatment needs in a patient's subjective report. This is red meat

for a clinician even if Nettle might quibble with its utility.

John Price, a pioneer in evolutionary considerations in emotion pays tribute to another pioneer in the analysis of the “semantic environment” for emotions, Gregory Bateson (Chapter 10). It’s a digestible summary of the power of relationships and the powers that can define and influence individuals.

Roe and Murphy (Chapter 8) address the harmful dysfunction model and challenge it, citing Claude Bernard: “...major systems in the human body seeks to maintain stable internal homeostatic states...to keep the internal environment stable” (p. 227). Maybe evolutionary explanations of function are too fraught with complications to accurately assess what is going on? Which gets me back to my passion. We may require a lot more investigation into the complex nature of the human condition, and perhaps evolutionary theorizing has a long way to go philosophically and empirically. Still, one can still maintain that as an evolutionary model of human emotions and behaviors develops, we have enough understanding to employ an evolutionary model of emotional and behavioral improvement.

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