

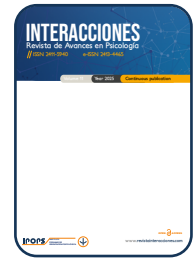
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## LETTER TO THE EDITOR

### The term “Mental” within Mental Health is not Dualist

Santiago Castiello<sup>1</sup>, Yancarlo Lizandro Ojeda Aguilar<sup>2</sup>, Darwin Gutierrez-Guevara<sup>3\*</sup>

<sup>1</sup> Wu Tsai Institute, Yale University, United States

<sup>2</sup> Universidad Autónoma de Aguascalientes, Mexico

<sup>3</sup> Asociación Peruana Contextual Conductual de Psicología, Peru.

\* Correspondencia: [dgutierrezguevara@gmail.com](mailto:dgutierrezguevara@gmail.com).

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Dear Editor,

In a well written piece published in *Interacciones*, Carpio et al. (2024) accused the concept of mental health as dualist. Based on a theoretical analysis, our aims are to address: (1) a philosophical issue with the accusations, and (2) comment on the impact in the research community of these accusations. In this letter we present a clearer and more valid view to a longstanding conflict in interbehaviourist psychology: Cartesian Dualism (CD) usually referred to as dualism. Carpio and colleagues (C&all) recapitulate a general critique to CD and used those arguments to flank the notion of Mental Health. In addition, they proposed an interesting approach to analyze affective disorders from an interbehaviourist framework, nevertheless they provide an alternative concept for affective behavioral change.

First, we agree with C&all with respect that the World Health Organization may not provide an exhaustive philosophical definition for the concept of ‘mental’ when defining mental health. Although perhaps their goal is not to provide exhaustive philosophical definitions but provide general definitions for a *common* understanding of health. Second, we also agree that CD is not the best fit for psychological science nor psychiatry (e.g., Miller et al., 2020). Third, we agree that a common use of the mind as “internal” is incompatible with CD (see more details in Burgos & Killeen, 2019). However, we could not see references pointing to any Mental Health scientist assuming CD and using the term “internal”.

Even if we agree with some arguments from C&all, we disagree with a core aspect in their work, a mistake also found elsewhere (e.g., Uttal, 2004; Kantor, 1978; Baum, 2011). The flaw in their critique of Mental Health starts with the assumption that “mental” implies CD. First, we define CD then we explain C&all’s error theoretical mistake. CD is comprised by two theses (Burgos, 2016): *i)* the ontological thesis of Substance Dualism (SD) the *res cogitans*—soul or mind— and *res extensa*—physical body— are substantially distinct (Rozemond, 1998); and the Causal Interaction Thesis (CIT) mind and body are causally related. CD is the sum of SD and CIT (Descartes, 1641/2013), *i.e.*, the mind and the body are fundamentally different substances (SD), and these substances hold a causal relation (CIT). However, apart from CD and from a logical point of view, these theses are independent, but also mutually exclusive. The dualistic aspect of CD is given by SD and not by CIT. CD was rejected since its early development by Pierre Gassendi (Voss, 1997) and Princess Elisabeth of Bohemia (Shapiro, 2007, see details in Burgos, 2016). The bases of the rejection were: if mind and body are different substances (SD), they cannot interact (~CIT). If they interact (CIT), they cannot be part of the same substance (~SD), therefore one cannot hold both SD and CIT. Generally, CIT is used to describe mentalism, which does not assume SD.

In their critique, C&all understand dualism as mind and body being *distinct* and *causally* linked (*i.e.*, CD), for example: “causal relationship is again postulated between events, processes, or mental events [...] and the physical alterations” (pp. 3). Howev-

er, postulating mental causation implies that the mind and body cannot be different substances, *i.e.*, CIT  $\rightarrow$   $\sim$ SD (CIT implies the negation of SD). As shown before —and as argued years ago by Pierre Gassendi and Princess Elisabeth of Bohemia— it is logically invalid to hold both SD and CIT as in the case of CD. Thus, C&all accusations that mind-body causation imply dualism cannot be held. In the same way, given that the concept of mental health implies mental causation (CIT, *i.e.*, mentalism), automatically that mental health implies the absence of dualism. Lastly, if psychiatrists would presume CD (*i.e.*, accepting SD and CIT), it would make no sense at all to prescribe medications, given that drugs only directly affect the body, and would have no chance on changing the mind. Mentalism, as the case of Mental Health via mental causation (CIT), is completely compatible with a monist form such as materialism (Burgos, 2022). Mentalism turns also to be a good solution to integrate neuroscience and psychology, and it turns out to be the philosophical bases for psychologists who win Nobel Prizes, such as Geoffrey Hinton (*e.g.*, Rumelhart, et al., 1986). But this is an issue beyond the scope of this letter.

A second and distinct argument is at the sociological level. C&all accuse researchers and professionals within the field of Mental Health of being dualists, which as we describe above: is wrong. We believe declaring that mentalism and dualism are no scientific enough does not help for the development of psychology in Latin America. Sustaining these types of accusations demeaning Mental Health is to consider that all psychologies should follow only one correct theory over all the others (*e.g.*, interbehaviorism), irrespective of their context and specific goals. Professional practice in Mental Health improves to the extent that it can produce research that improve clinical outcomes in patients, *e.g.*, psychoanalysis for long term depression (Fonagy, et al., 2015).

Accusing the WHO for not having an adequate philosophical definition of Mental Health, regardless of the circumstantial use of the term, is a categorical error (Ryle, 2009; López Valadez, 2015). Furthermore, attempts to apply scientific knowledge should be useful for the professional field, and no hindering its functions. Therefore, it is not ideal to proscribe terms without taking into account their meaning within a specific conceptual proposal, and their respective disciplinary or professional scope (Perez-Almonacid, 2018). For example, no one would think of proscribing the term “atom”, without considering Bohr’s atomic model, just because the atom can be divided; or the term “vaccine” without considering the immunization model, just because cattle are no longer used in its manufacture. In this sense, a conceptual proposal, intended for a professional field, is primarily evaluated based on its objectives described in how much it helps to resolve the professional criterion, for example: better explanations for pathologies or for medical procedures measurable in terms of their evidence.

In conclusion, we presented a clearer and more logically valid view supporting the absence of dualism in Mental Health. This view is based on first defining Cartesian Dualism then showing that its component theses (Substance Dualism and Causal Interaction thesis) are incompatible between them (Burgos, 2016). Lastly, explain why assuming mental causation (*i.e.*, mentalism)

is incompatible with dualism, thus the first does not imply the second (Burgos & Killeen, 2019). In addition, we argue that (wrongly) accusing Mental Health as mentalist or dualist does not help the development of clinical research. In order not to incur a categorical error, clinical research should be criticized in its own terms such as efficacy of the treatments or how well a condition is understood. Psychological science does not prescribe social problems, nor accept or discard them. It is societies, through their professional institutions, who delimit their social problems through their values. If we ban the term Mental Health, we would not be contributing with the professionals that use this term in their daily life to help people. As a community, we must analyze whether scientific strategies have yielded results in the field of Mental Health. But even more important is to move towards responsible clinical practices, respecting professional criteria based on evidence. For instance, following the evidence-based medicine movement (Sackett et al., 1996), which has already established a minimum criterion on which to build better contributions to the health field, and recently *Interacciones* has carried out a series of works in this area (Torres-Marruffo et al., 2024).

#### ORCID

Santiago Castiello De Obeso: <https://orcid.org/0000-0002-3672-1366>

Yancarlo Lizandro Ojeda Aguilar: <https://orcid.org/0000-0001-9956-8365>

Darwin Gutierrez-Guevara: <https://orcid.org/0000-0001-9358-8402>

#### AUTHORS’ CONTRIBUTION

Santiago Castiello De Obeso: Conceptualization, writing original draft, reviewing and editing.

Yancarlo Lizandro Ojeda Aguilar: Conceptualization, writing original draft, reviewing and editing.

Darwin Gutierrez-Guevara: Conceptualization, writing original draft, reviewing and editing.

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#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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#### REVIEW PROCESS

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#### DATA AVAILABILITY STATEMENT

Not applicable

## DECLARATION OF THE USE OF GENERATIVE ARTIFICIAL INTELLIGENCE

The authors declare that they have not made use of artificial intelligence-generated tools for the creation of the manuscript, nor technological assistants for the writing of the manuscript.

## DISCLAIMER

The authors are responsible for all statements made in this article.

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