

The Cartesian Set Theory: A Unifying Theory for Mental Disorders

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Abstract

In this essay I want to propose a relative new theory about conscious states, human experience and its application in the study of mental disorders in the broader sense. I will call this theory, which has some similarities with the most famous Cartesian Theatre metaphor by Daniel Dennet, The Cartesian Set Theory. My Cartesian Set Theory try to reveal with the help of some analogies the entire field of human experience and, I retain obvious, the conscious one. Contextually, I will try to explain how the phenomenological inquiry overlap the biological studies about the brain functioning in psychiatric disorders. Immediately after, I will show how The Cartesian Set Theory can give a unifying vision of mental disorder, boundaries experience, and to predict new disorders.

Key Words: phenomenology, transcendentalism, psychoanalysis, neurosciences, mental disorders

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DOI: 10.5281/zenodo.10200411

Introduction

In this essay I want to propose a relative new theory about conscious states, human experience and its application in the study of mental disorders. I will call this theory, which has some similarities with the most famous Cartesian Theatre metaphor used by Daniel Dennet (1991), The Cartesian Set Theory. My Cartesian Set Theory try to reveal with the help of some analogies the entire field of human experience and, I retain obvious, the conscious one. Contextually, I will try to explain how the phenomenological inquiry overlap the biological studies about the brain functioning in psychiatric disorders. Immediately after, I will show how The Cartesian Set Theory can give a unifying vision of mental disorder, boundaries experience due to drug use and to predict new disorders.

Although the tone of metaphor and analogy are not completely abandoned, the idea at the basis of The Cartesian Set Theory should be clear enough and I will try to show it as clearly as possible with

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some core example. The biological knowledge at the basis of this article will be the most established knowledge that, albeit with some understanding of the subject, one can find in the most solid and up-to-date manuals of neuroscience. I will discuss mental disorder and their basis, psychosocial and biological, without re-discuss them from the beginning and from their birth. I will stick to dealing with correct definitions without changing them and taking them for true. The conclusion of my inquiry will be that, with The Cartesian Set Theory, not only the disorder definitions result correct, but that there is an explanatory theory for these definitions and some prediction to confirm.

Discussion

Our Cartesian Set Theory is the theory according to which the human experience is like a movie where we take our part as an actor. As in every movie, the experience is not only composed by an intentional actor like an ego but by experiences that our mind represents like perception, knowledge of other, and so on. Thanks to these experiences, we can take our part as an actor inner the film. Every interpretation of every actor is from his own perspective and closed to other and the entire movies can go head only because we know something about the recital and the other actors.

The movie has not a movie maker but every one, every actor, is sometimes the moviemaker if it is his turn to decide what every actor has to do on the set, their shareable personal set. Again, every human experience is closed to the other. It is as everyone has a proper camera and every singular experience is a collection of scenes of the whole movie. Scenes proper of every actor but not necessarily of every actor as having an ego. The represented actors, are not the colleagues in itself, so the rest of the set.

The psychiatry, from a biological point of view, argues that the major causes of disorders are due to something that goes wrong with the neural transmission and in particular with one or the other of some neurotransmitter. The point is that a neurotransmitter has not a particular action to classes of neurons but over a widespread of networks of neurons across specific functional areas. What I mean is that the work of a neurotransmitter could have effects all over the brain.

The most important step to understand what I mean is the understanding of both the character of the psychiatric disorders and the deconstruction of the mainstream philosophical thought about conscious experience. The first will give the framework about mental illness both biologically and psychologically. The second will translate the human experience from those who suffers of these disorders.

As it is well known, the anxiety disorder is characterized by four functional state: avoidant behaviour, arousal, activation of the synaptic division of the central nervous system, release of cortisol by the adrenal glands (Bear, 2016). The anxiety born with the release of the CRH by of the parvocellular secretory neurons of the hypothalamus and ruled thanks the activity of amygdala and hippocampus. The hypothalamus is involved directly or indirectly with a lot of somatic area and consequent bodily reactions. The anxiety disorder is thought to be the result of the dysfunctional transformation of sensitive stimuli in behavioral reaction.

Regarding affective disorders and schizophrenia, the first is largely supposed to be a problem of serotonergic and noradrenergic systems while the second of the dopaminergic system. These systems involve almost entirely the brain. In particular, the serotonergic and noradrenergic system involve thalamus, neocortex, hypothalamus, cerebellum, spinal cord and they differ for a lot of others brain areas. Instead, the noradrenergic system “affects” the frontal lobe, the striated, the substantia nigra, and the ventral tegmental area (Bear, 2016). If we sum the areas directly involved with that involved indirectly we can say that affective disorders and schizophrenia affects the whole brain.

From a phenomenological perspective, this means that the functioning of neurotransmitter causes effects in the entire phenomenology of the human experience over and above what we everyday think about our personal experience. Despite the line of thought that we embrace about the affective experience, for example, she is something that pervades our entire human experience and not only what we qualify as ours.

Our conscious experiences are modified in a way that produce necessarily a more or less strong variation in the human experience. Why do I qualify the experience as human and not simply as personal? Because I think that the personal experience studied by philosophers as Husserl is only a part of the entire human conscious experience that not always has the mark of intentionality (Husserl, 1960/1970). The dysfunctional experience is an experience of dysfunctional thoughts, perception and so on that produces a detachment between these human experiences and the feedback we receive, as humans, in our Cartesian Set.

If this view is correct, poorer are the feedbacks the easier it will be to create a Cartesian Set where receive the few feedbacks or exclude them as wrong. If we exclude feedback as wrong we have an affective disorder, when we harmonize them with our Cartesian Set we have schizophrenia, when we think that we should have a punishment for our behavior we have anxiety. What I call Cartesian Set is the entire human experience because it has the character of the human believes. The problem in fact is not if our experience is detached form “reality”, but how much is detached from “it”.

The relationship between a detached Cartesian Set and a normal Cartesian Set is the difference between someone that has his part in the drama from his point of view and know his part and an actor who cannot find their own part for the fear to be hurts once again and remain alone. In this sense, the psychoanalytic view is correct (Freud, 1940) but what we do not know is that the unconscious is the entire drama in itself. Before to explain what consists the unconscious in its particulars, it is now better understandable why an alteration of neurotransmitters all over the brain can make easier the creation of a detached Cartesian Set that varies from the “normal” one.

From a Cartesian point of view, every conscious experience is what it is in the sense that, if once have them, it is not deniable that once had them (Descartes, 1984 [1641]). While in the drama there are something that is shared by actors and made the objectivity accessible, when once Cartesian Set his detached, everything is possible and each belief carries the weight of another. The experience of the mental illness is a hard closed experience and the best that once can do as the first step is believe patients and travel it to the facts.

I have said that the unconscious is The Cartesian Set. How is the Cartesian Set composed? We might think that the intentionality is the key to understand how a person is oriented to in a Cartesian Set but this is not what I mean. In my Cartesian Set enters every conscious experience and it is easy to understand and show that there are a lot of conscious experience that are not of the intentional kind. For example, the experience of “to be in the bed” is different from mine “experience of being in the bed” and so on for an amount of everyday experiences.

If the neurotransmitters disorders involve the whole brain, then is easy to understand that the unintentional conscious state are a part of what has some changes in the once experience. These changes does not involve the intentional relation. These changes give the results of a change in the architecture of the human experience. In fact, unintentional states are states like “the books on my desk”, “a red apple”, that can be not intentional state but perceptive state that varies continuously during the day as the personal perspective of an actor during the drama, the everyday life.

The actor status became an ineffable status when the key point is the will or the compulsion to remain, when conscious, in his own Cartesian Set. In this sense, the biological hypothesis fits with the description of human experience just exposed. The Cartesian detachment and the bad functioning of neurotransmitters systems hypothesis overlap.

From a theoretical point of view, there is now a problem to face. Can do the simply change in neurotransmission, caused by drugs, drive the detached actor to its own place in the drama? As the Western thought from the 1950s to today the best choice seems to be that of

help the actor to find its place. This is the first part of the work. The second is to found a new feeling with the other in the life, our drama.

Once again, the combination of drug use and psychotherapy used to treat mental disorders overlap with what emerged for our discussion. Now, there is a question. Is there something new that our theoretical framework can explain? The Cartesian Set model has the power, with the most known alteration and emotion, to explain the whole spectrum of mental disease. The key point is what we have called the “detachment experience”. In our case there is not a reality from which once is detached. The reality itself is detached from the other one, the other actors in the drama.

There are some notable consequences of my theory. One is that the psychosocial explanation and the biological explanation are not mutually exclusive. From the psychosocial side, the problem for a low degree of detachment is that to find someone that drive those with mental disorders to a place in what we have called the drama, the life among The Cartesian Sets. What changes in higher degree of detachment is the difficulty to find a place in the drama for the detached actor, in these cases there is obviously a certain danger to force him to something.

What seems to be something that the psychosocial explanation cannot explain is simply something like a borderline case. A case that show the difficulty of the actor to be drive in the drama because completely detached from the rest of the company. Another point is the error cognition that makes the actor well fitted for its part only and only if he does not some subjective error. However, we can reduce this point as we have seen to the theme of the hurts of life.

When the interaction is near to zero, the problem is that the detached set takes its place and once Cartesian Set becomes the drama in itself though the person seems to be functional. We all know how this perspective fits with the environmental causes of mental disease like big changes in life and so on. In this sense biological and psychosocial explanation of mental disorder overlap. The first is the mirror of the second.

What is the gain to embrace this theory? One is the provable existence of stimuli in our own Cartesian Set that produce a positive reaction. This is not a behavioral perspective but is a way to drive the actor on the set and put it under the spotlight. This may be a way to escape the subject from his isolation. The light put over positive experience is personal and its importance is the key of the major or minor results with a particular treatment. Moreover, when a set of beliefs is difficult to undermine, a change in behavior by an involved actor can produce none or negative consequences.

A transversal solution from a functional point of view seems to be in the plastic properties of the brain. Neural plasticity for this theory is the next step over every kind of mental disease. This because

If the Cartesian Set model is correct an increased brain plasticity can facilitate an increased chance to show new affective reaction, mental strategy and behavioral accommodation to exit form his own Cartesian Set together with psychological strategy.

Mine Cartesian Set Theory differs from Dennet's Cartesian Theater Theory because the theory needs no one to be the spectator of the drama, an ego in this sense and it applies to personality disease. There is a sense of "talking with my parents" that is a conscious experience but an egoless and not intentional experience, simply a conscious scene of the film. As shown above, there is a sense of the Set Theory according to which what really subsists is the drama from once perspective without entailment with his particular content.

What is the personal mind in this context? It is a mind trying to think outside the scene and complete the drama. The derivable disorders of personality (APA, 2016) are disorders that seems to show, at a various degree of independence, the will of the subject to be the movie director. The disorder in terms of Cartesian Set Theory is the disorder of a mind that think outside his role and from its perspective as a camera that is put ever in the same position. The paranoid on his back, where we cannot directly know what happens. The narcissist in front of himself where we cannot know how we appear. The schizoid on his thoughts where are the other or the facts to tell if they are true, and so on. In these cases, the detachment is almost complete because the mind fill useful with imagination what we cannot experience.

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Again, the problem is that the drama is a drama without a movie director and every actor is actor and director that use his sense and his mind as a camera when is the turn to do something in a general off-the-cuff performance. A personality disorder is the disorder that makes the subject immovable from its role, lost the ability to act together.

Finally, the explanatory power of Cartesian Set Theory is particular brilliant if we think to the experiences reported by illegal drugs users. Their hallucinatory experiences and so on are the best symptom that the Cartesian Set Theory is a good theory to represent the human experience not only in normal cases. Also in cases that show the representative powers of the brain as alien from the common experience. These borderline experiences show how our minds have to be the power to represent any experience in a transcendental sense, despite one or the other particular experiences.

If what we say is true, the next generation of disorders mediated by the use of technology will be focused on speech disorders. The content of social experience are informational and memetic experiences as the content of our thoughts and of verbal utterances, given a syntax and a semantic. If we think about the agency on internet and social media, the functioning is the functioning of our mind. We write something on the board and consequently the content

arise. As well, to think is mediate the voluntary speech that arise mental content like memories and so on.

Conclusion

With this essay, I have proposed a theory that unify mental disorders and gives some prediction to future disorders to be confirmed and explored. I have shown that my theory and the explanation of biological mechanism overlap disorder by disorder. The theory foresees basic acquisition of psychiatry from the point of view of the care given. The strength of the joint action of drug therapy and psychotherapy and the difficulty of finding a suitable therapy for everyone. The Cartesian Set Theory treats the conscious experience in a way that have a lot of similarity with phenomenology, transcendentalism and so on and gives reason to psychoanalysis. Nonetheless, it brings elements of novelty that in my opinion gives it an explanatory power without precedents and, for these reasons, it should be evaluated and welcomed.

Data availability

None declared.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Conflict of interest statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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