

# A Tripartite Conceptual Model of Mental Disorder: Normative, Harmful, and Epistemic Criteria in the Japanese Context

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Received: Dec2025

Revised: January 2026

Published: March 2026

## ABSTRACT

The concept of mental disorder remains one of the most philosophically complex and clinically significant constructs in psychiatry. Although international classification systems such as ICD-11 and DSM-5-TR provide operational definitions, fundamental conceptual ambiguities persist regarding the distinction between pathology, cultural variation, and socially deviant behavior. In Japan, where psychiatric practice primarily follows the ICD system and cultural context plays a central role in shaping normative expectations, definitional clarity is particularly important. This article develops a strengthened conceptual framework grounded in three interdependent criteria: culturally contextualized deviation, harmfulness, and epistemic incomprehensibility requiring professional explanatory systems. Through theoretical analysis and integration of philosophy of psychiatry, cultural psychology, and Japanese sociocultural considerations, the study proposes a refined descriptive definition of mental disorder. The model clarifies the boundary between pathology and rationally intelligible misconduct while maintaining compatibility with contemporary psychiatric practice.

**Keywords:** mental disorder, ICD-11, Japanese psychiatry, cultural normativity, epistemic criteria, philosophy of psychiatry

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## INTRODUCTION

The definition of mental disorder constitutes a foundational issue in psychiatry and clinical psychology. Despite decades of diagnostic standardization, conceptual ambiguity persists. As Foucault (1988) demonstrated, definitions of madness shift alongside broader cultural and institutional transformations, suggesting that psychiatric classification cannot be understood independently of its normative and historical context.

At the same time, contemporary diagnostic systems seek to provide operational clarity. The *International Classification of Diseases (ICD-11; World Health Organization [WHO], 2019)* defines mental disorders as clinically recognizable disturbances in cognition, emotional regulation, or behavior associated with distress or impairment. Similarly, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR; American Psychiatric Association [APA], 2022)*

emphasizes clinically significant disturbance reflecting dysfunction.

Nevertheless, philosophical and theoretical concerns remain unresolved. Szasz (1960) famously questioned whether mental illness represents a genuine medical entity or a socially constructed label applied to problematic behavior. In response to such critiques, Wakefield (1992) proposed the “harmful dysfunction” model, arguing that mental disorder requires both biological dysfunction and social harm. More recently, Kendler (2016) emphasized the multi-level and integrative nature of psychiatric disorders, highlighting the interplay between biological, psychological, and social processes. Cultural psychiatry further stresses that judgments of abnormality are grounded in shared normative frameworks (Sue et al., 2019).

Despite these important contributions, three persistent conceptual questions remain. First, how can mental disorder

be distinguished from statistically rare but harmless traits? Second, how can it be differentiated from socially rule-violating behavior such as criminal conduct, which may be harmful yet rationally intelligible? Third, how should cultural context influence diagnostic judgment without collapsing into relativism?

These questions are especially relevant in Japan, where psychiatric practice is primarily ICD-oriented and where culturally shaped syndromes such as *taijin kyofusho* illustrate the interplay between social norms and psychological experience.

Moreover, Japanese social structure places high value on relational harmony (*wa*, a cultural ideal emphasizing social cohesion and avoidance of interpersonal conflict) and role-based expectations, potentially influencing interpretations of deviation. Doi's (1973) analysis of *amae* further underscores the importance of culturally embedded relational expectations in shaping emotional life.

The aim of the present study is to provide a conceptually strengthened and culturally grounded account of mental disorder by integrating normative, harmful, and epistemic dimensions into a unified descriptive framework. By clarifying the boundary between pathology, culturally tolerated difference, and rationally intelligible misconduct, this analysis seeks to contribute to both Japanese psychiatric discourse and broader international debates in the philosophy of psychiatry.

## LITERATURE REVIEW AND THEORETICAL BACKGROUND

Philosophical debates concerning mental disorder reveal deep conceptual tensions. Szasz (1960) argued that mental illness functions as a metaphor rather than a genuine medical entity, suggesting that psychiatric diagnosis reflects social control. In contrast, biological psychiatry emphasizes neurobiological dysfunction as the core of disorder.

Wakefield (1992) attempted to reconcile these positions through the "harmful dysfunction" model, defining disorder as the conjunction of biological dysfunction and social harm. Kendler (2016) later emphasized that psychiatric disorders are multi-level phenomena involving biological, psychological, and social factors.

Foucault (1988) highlighted the historical variability of definitions of madness, demonstrating that psychiatric categories evolve alongside cultural and institutional transformations. Cultural psychiatry similarly emphasizes the role of normative frameworks in defining abnormality (Sue et al., 2019).

In Japan, Doi's (1973) concept of *amae* illustrates culturally specific relational expectations that shape emotional life. Conditions such as *taijin kyofusho* further demonstrate that anxiety disorders may manifest differently within Japanese interpersonal norms.

Despite these contributions, existing models often rely primarily on dysfunction and harm while insufficiently addressing the epistemic structure of explanation. This gap motivates the present analysis.

## CONCEPTUAL ANALYSIS

### *Deviation and Cultural Normativity*

All psychiatric classification presupposes a normative background. To label a psychological or behavioral state as disordered necessarily involves comparison to expectations regarding what is typical, appropriate, or developmentally suitable within a given society.

Without such normative reference points, the concept of disorder would lose coherence. Deviation, therefore, is not merely statistical but evaluative.

In Japan, normative expectations are deeply embedded in relational structures. Social life is strongly influenced by ideals of harmony (*wa*), role-based responsibility, sensitivity to interpersonal evaluation, and implicit coordination within groups. Individuals are expected to regulate their emotional expressions in ways that preserve social equilibrium.

Thus, judgments of psychological deviation may carry relational implications beyond individual functioning. However, deviation alone cannot define mental disorder. Statistical rarity does not entail pathology. For example, exceptional intellectual ability, artistic originality, or unconventional vocational trajectories may diverge from majority patterns without being considered disordered. Similarly, personality traits such as introversion or independent thinking may be atypical but not pathological. Therefore, deviation must be interpreted within culturally grounded developmental expectations.

A behavior is potentially pathological not simply because it differs from the majority, but because it violates expectations that are widely regarded as necessary for minimal functioning or participation within a cultural context. This distinction prevents over-pathologization while preserving diagnostic meaningfulness.

In the Japanese setting, this is particularly important because strong social norms could otherwise risk conflating nonconformity with pathology. A rigorous conceptual framework must therefore separate culturally tolerated individuality from clinically significant disruption.

### *Harmfulness*

Harmfulness is widely recognized as a central criterion of mental disorder, particularly in Wakefield's (1992) harmful dysfunction model. A psychological or behavioral condition must produce harm either to the individual or to relational and social functioning in order to warrant clinical concern. Harm may manifest in several forms: sustained psychological suffering, diminished capacity for occupational or educational participation, erosion of interpersonal relationships, or self-destructive behavior.

Within Japanese society, harm frequently has relational dimensions. Because identity is often experienced in relation to family, workplace, and community roles, severe psychiatric disturbance may disrupt not only the individual's internal experience but also collective functioning. For example, prolonged social withdrawal, severe mood disturbance, or anxiety interfering with interpersonal participation may

generate relational consequences extending beyond the individual. However, harmfulness alone cannot suffice as a defining criterion. Many forms of conduct that are socially or legally condemned are harmful yet not psychiatric in nature. Criminal acts such as theft or intentional aggression may produce clear harm but remain intelligible within ordinary motivational frameworks. The actor's reasoning however morally flawed can be reconstructed in terms of desire, gain, anger, or retaliation. Thus, harmfulness must be supplemented by an additional conceptual element capable of distinguishing pathological states from rationally intelligible misconduct. Without this distinction, psychiatric classification risks conflating moral deviation with medical disorder.

### **Epistemic Incomprehensibility**

The decisive boundary between mental disorder and socially rule-violating behavior lies in the structure of explanation. Social misconduct, even when harmful, is generally intelligible within shared rational frameworks. It may be morally wrong, but it remains understandable in terms of recognizable motives.

Mental disorder, by contrast, involves forms of deviation that resist coherent explanation within ordinary reasoning structures. The link between belief, intention, and action becomes disrupted. In severe delusional states, for example, beliefs may be maintained despite overwhelming counterevidence. In compulsive disorders, repetitive behaviors may lack proportionate rational justification relative to their intended outcomes. In profound affective disturbances, emotional responses may appear disconnected from situational context.

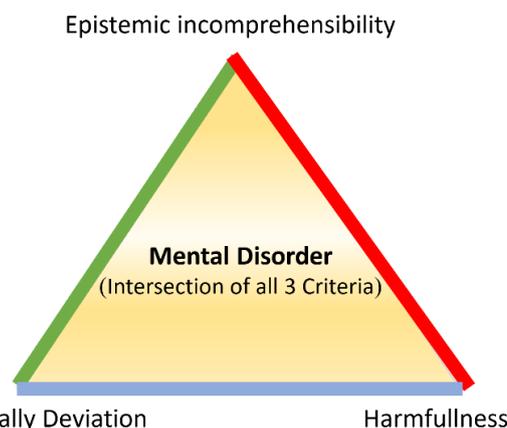
In such cases, explanation requires recourse to professional clinical frameworks neurobiological, psychological, or psychiatric models. The behavior cannot be sufficiently understood through everyday reasoning alone. This epistemic incomprehensibility does not imply that the individual lacks reasons in a subjective sense. Rather, it indicates that those reasons fail to achieve rational coherence within shared interpretive systems.

The breakdown occurs in the intelligibility of the connection between cognition, intention, and action. Within Japanese cultural context, where mutual understanding and implicit social reasoning are highly valued, such disruption of intelligibility may be particularly salient. The inability to integrate one's behavior within shared rational frameworks signals the presence of disorder beyond mere nonconformity.

## **RESULTS**

The conceptual analysis conducted in this study yields four central findings as: **First**, deviation from culturally grounded norms is a necessary but insufficient condition for identifying mental disorder. Statistical rarity alone cannot justify classification. **Second**, harmfulness is required to distinguish pathology from harmless individual difference. However, harm cannot independently differentiate psychiatric disorder from criminal or morally blameworthy behavior. **Third**, epistemic incomprehensibility within shared rational

frameworks provides a decisive boundary criterion. Disorder is characterized by disruption in the rational coherence linking belief, intention, and action. **Fourth**, cultural context establishes the normative baseline against which deviation and harm are evaluated. In Japan, relational norms and historically recognized cultural syndromes underscore the importance of culturally embedded interpretation.



**Figure 1.** Tripartite Necessary Conditions Model of Mental Disorder

Mental disorder exists only at the intersection of three jointly necessary criteria: (1) culturally contextualized deviation; (2) demonstrable harm; and (3) epistemic incomprehensibility (failure of ordinary intelligibility requiring clinical explanation). No subset suffices: deviation without harm mistakes individuality for illness; harm without epistemic disruption mistakes misconduct for psychopathology; epistemic incomprehensibility without culturally grounded deviation mistakes unfamiliarity for disorder.

These findings support a tripartite conceptual model integrating deviation, harm, and epistemic incomprehensibility as jointly necessary components of mental disorder.

As illustrated in Figure 1, mental disorder emerges at the intersection of the three criteria rather than along any single dimension. The model visually emphasizes that deviation without harm does not constitute pathology, harm without epistemic disruption may reflect criminal or immoral conduct rather than psychiatric disorder, and epistemic incomprehensibility without culturally grounded deviation fails to meet diagnostic thresholds. This structural representation clarifies the logical necessity of integrating normative, harmful, and epistemic components within a unified framework.

## **DISCUSSION**

The proposed framework advances psychiatric theory in several important respects. First, it avoids biological reductionism. While recognizing the importance of neurobiological dysfunction, it does not equate disorder solely with brain pathology. Mental disorder cannot be fully captured

by biological abnormality alone. Second, it avoids radical social constructivism. Although cultural context shapes classification, the framework preserves the legitimacy of psychiatric disorder as a clinically meaningful category grounded in harm and epistemic disruption. Third, it introduces epistemic analysis as a boundary criterion. By focusing on rational coherence and intelligibility, the framework clarifies the distinction between pathology and morally culpable behavior.

This contributes to conceptual precision within philosophy of psychiatry. Within Japanese cultural context, relational expectations intensify the need for careful normative evaluation. However, compatible with international diagnostic systems such as ICD-11 (World Health Organization, 2019) and DSM-5-TR (American Psychiatric Association, 2022).

It therefore offers a bridge between culturally grounded psychiatry and global theoretical discourse. The model demonstrates that mental disorder involves not merely deviation or suffering, but a breakdown in the shared structures

of rational understanding that enable social and personal coherence.

## CONCLUSION AND REFINED DEFINITION

Mental disorder is a culturally contextualized psychological or behavioral condition that deviates from the majority at a comparable developmental stage, produces harm to the individual or to relational and social functioning, and cannot be adequately explained within shared rational frameworks without recourse to physiological, medical, or psychological explanatory systems, and that reaches a degree of severity warranting clinical concern.

This definition integrates normative grounding, harmful impact, and epistemic structure into a coherent conceptual model. It respects cultural specificity while maintaining theoretical rigor, and it clarifies the boundary between pathology, harmless difference, and intentional misconduct within both Japanese psychiatric practice and international conceptual discourse.

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