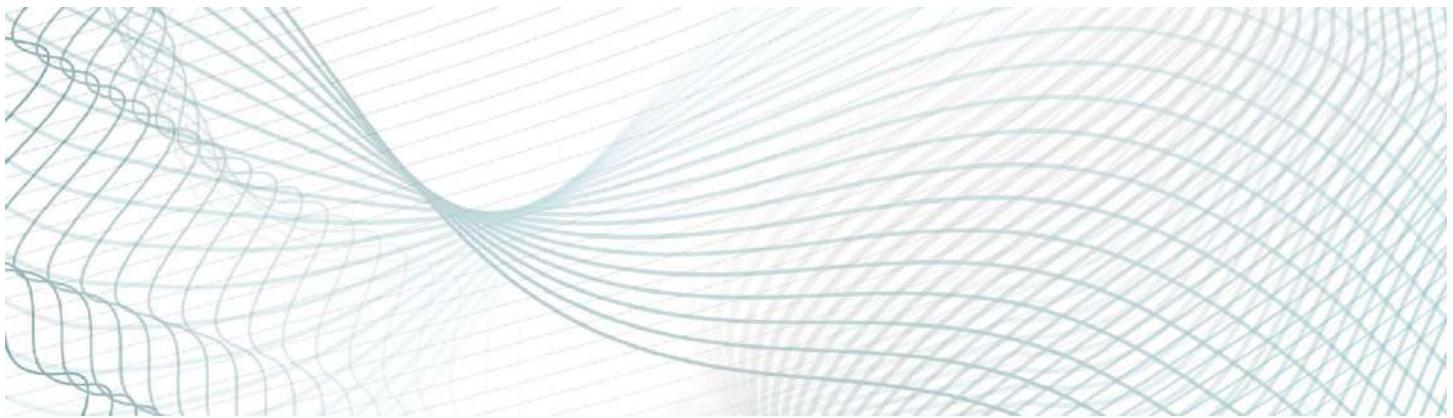


# **Critical Review of Olbert and Gala (2015): “Supervenience and Psychiatry: Are Mental Disorders Brain Disorders?”**

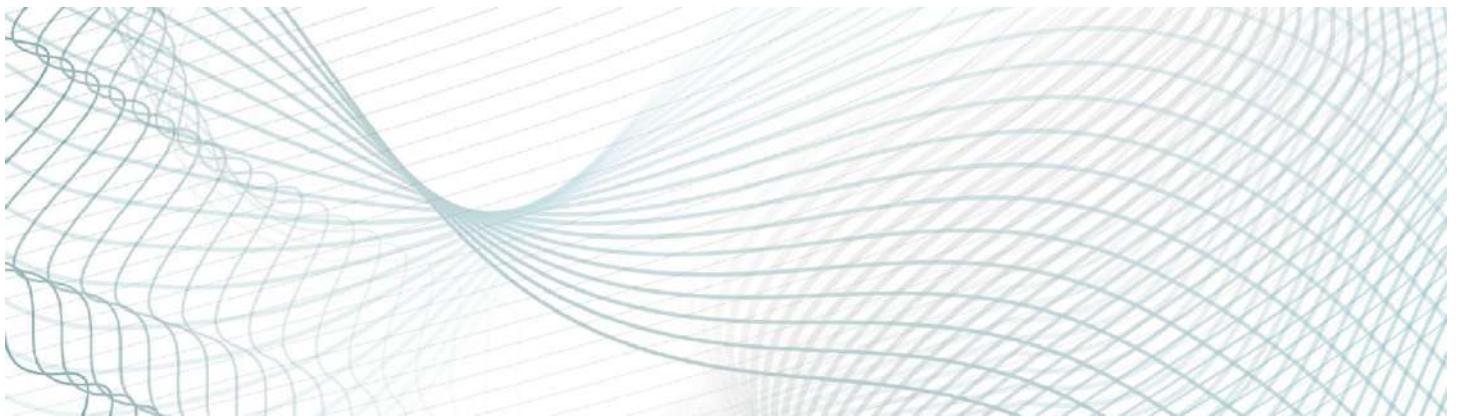
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# Introduction

Just like psychiatry is used synonymously with clinical neuroscience, mental disorders are also used interchangeably with brain disorders. The article titled "*Supervenience and Psychiatry: Are Mental Disorders Brain Disorders?*" by Olbert and Gala in 2015, uses supervenience to differentiate between brain disorders and mental disorders. The focal point of this debate remains in the fact that if mental disorders are brain disorders, then they can be treated without considering social or physical conditions that lie outside the brain. If all mental disorders are brain disorders, then all mental disorders must supervene upon brain disorders. This review aims to critically examine the above-mentioned research paper and analyse the distinction it attempts to make.

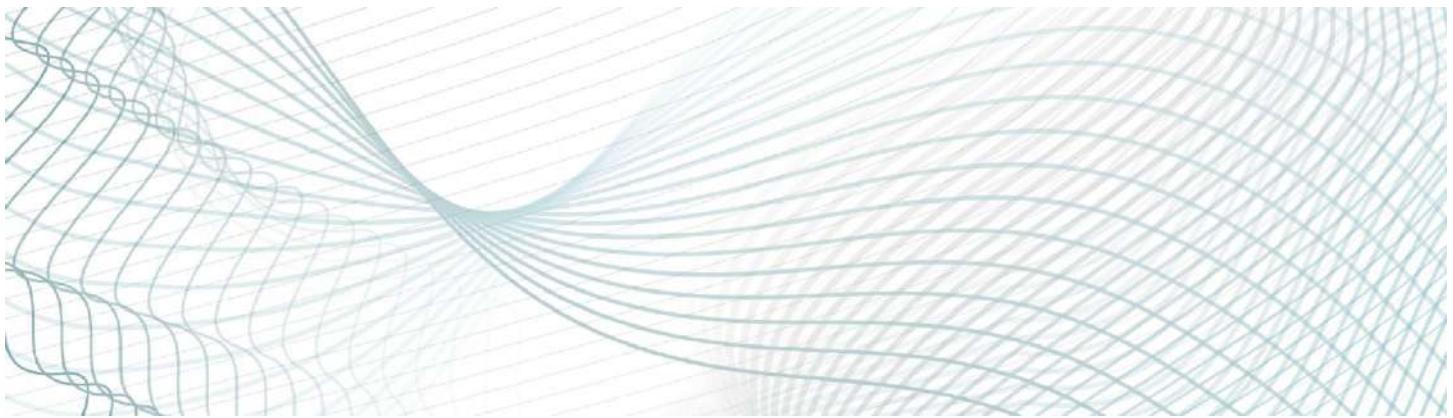


## Summary of the Paper

Olbert and Gala, in their paper, persuasively challenge the rebranding of psychiatry as clinical neuroscience, taking the view that “mental disorders are brain disorders” is an ontological hypothesis lacking empirical backing. The paper uses the concept of Supervenience, i.e., the idea that there can be no change in a mental disorder without a corresponding change in a brain disorder. This would mean that all mental disorders supervene ‘brain states’. However, most mental disorders failing this requirement are first-person psychological experiences and sociocultural relationships that cannot be reduced solely to internal neural functioning.

Olbert and Gala use diagnostic criteria from the DSM-5, such as those for specific phobias and personality disorders, as an example to substantiate their claim. They suggest that such conditions are often individuated based on contextual factors. Importantly, they suggest through an assessment of the ‘failure of the local supervenience’ that psychiatry deals with a fundamentally heterogeneous subject matter.

They conclude the paper with the view that there may be disorders that are ‘more’ biological than the others making, others are “robustly mental” requiring psychological and social frameworks rather than purely neuroscientific ones for a complete understanding. It is important to note that Olbert and Gala use various concepts in this paper, like Supervenience, Reductionism and Ontology (what something *is*).



## Background

For centuries, from Aristotle to Freud, there have been various concepts regarding the mind, where psychologists, psychiatrists and philosophers alike have debated not only the nature and 'the material' of the mind but also the methods to treat mental distress faced by individuals.

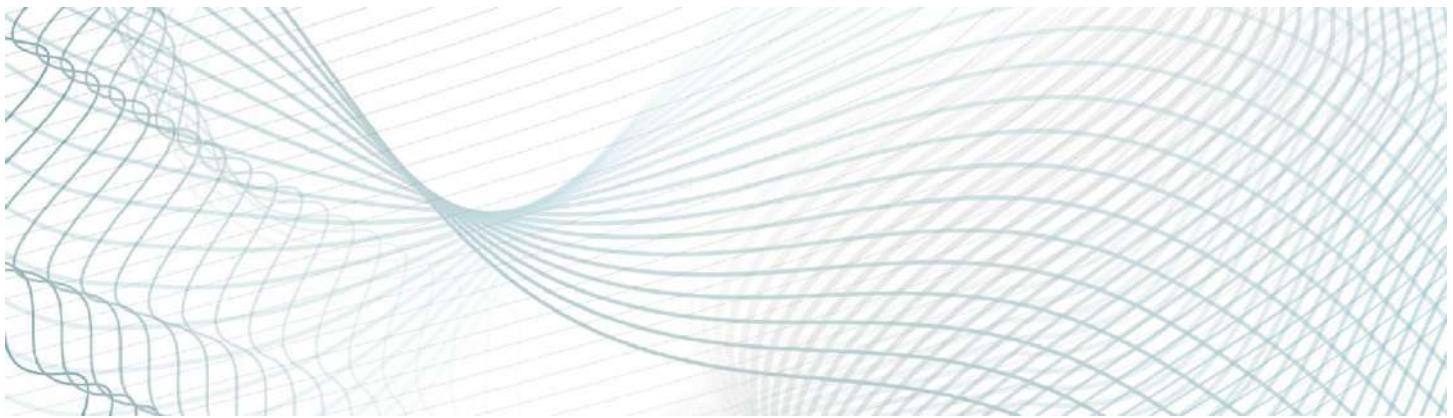
Infamously, René Descartes, also known as the founder of modern philosophy, proposed the mind-body dualism, bridging the gap between philosophy, psychology and early neuroscience.

(Philosophy, Dualism, 2025). The Cartesian Dualism puts forward the mind as a non-physical (*res cogitans*) reservoir of feelings and thoughts, whereas the physical body (*res extensa*) represents the brain and nervous system (Crane, 2025). Meanwhile, Emil Kraepelin viewed psychiatry as a discipline to focus on biological aspects of mental disorders, giving way to a neo-Kraepelin framework that prioritises brain circuits more than psychological constructs when dealing with mental disorders (Deacon, Clinical Psychology Review, 2013).

The authors of the paper suggest that such claims of mental disorders as being equivalent to brain disorders should *not* be considered as rhetorical marginalia, but rather as a threat to psychological research.

## What is Supervenience?

To understand what Supervenience is, it is essential to first understand what brain disorders and mental disorders are. Brain disorders can be defined as any condition marked by disruption of the normal functioning of the brain (APA Dictionary of Psychology, n.d.). Mental disorders can be defined



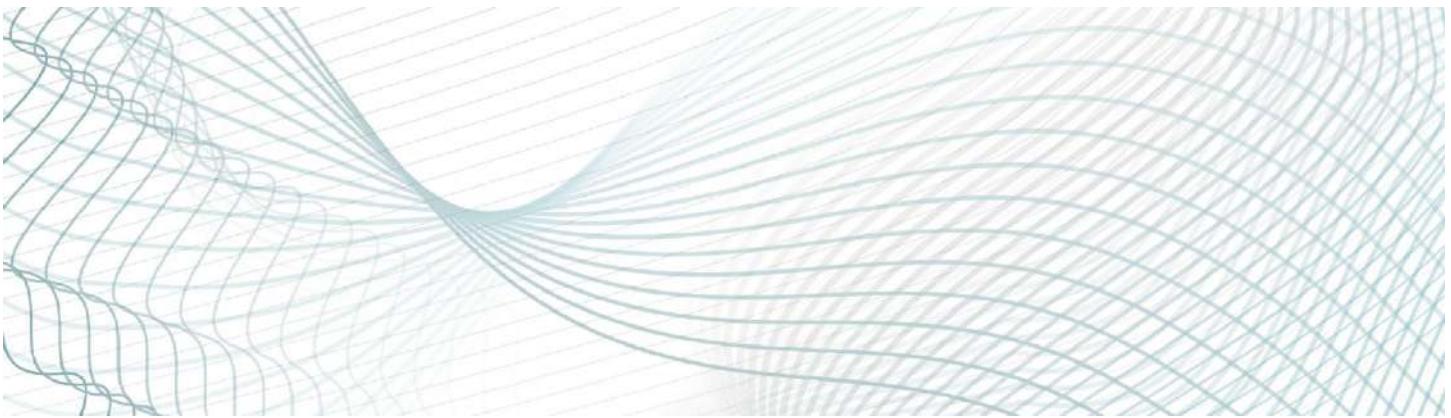
as any condition characterized by cognitive and emotional disturbances, abnormal behaviours, impaired functioning, or any combination of these. (APA Dictionary of Psychology, n.d.)

Therefore, Supervenience can be defined as the modal correlational notion, often offered as a comparatively metaphysically lightweight way of tracking dependence relations between entities or features at different levels of reality (Witmer, n.d.). In simpler terms, if a variable X supervenes upon variable Y, then there could be no difference in X without a difference in Y. The authors make use of the concept of supervenience to suggest that mental disorders are not brain disorders. Such a revelation can be done by proving a failed or weak supervenience between mental disorders and brain disorders.

For a clinical neuroscientist, supervenience would be able to prove that brain disorder constitutes the physical basis of mental disorders. However, the authors claim that if there is a weak supervenience between mental disorders and brain disorders, then it clearly differentiates the two. For example, an individual who has a brain disorder could have a corresponding mental disorder but can experience remission of that mental disorder without a change in the brain disorder.

## Thought experiments

The authors discussed various disorders, such as Specific phobia and Personality disorders, to judge the supervenience of mental disorders upon brain disorders and proved that failed or weak supervenience implies that not all mental disorders are brain disorders. The authors also suggest the importance of cultural and social contexts to understand mental disorders, claiming that there are certain symptoms which cannot be associated with the brain and must be understood in a different context. For instance, they use antisocial personality disorder as an example to show that its



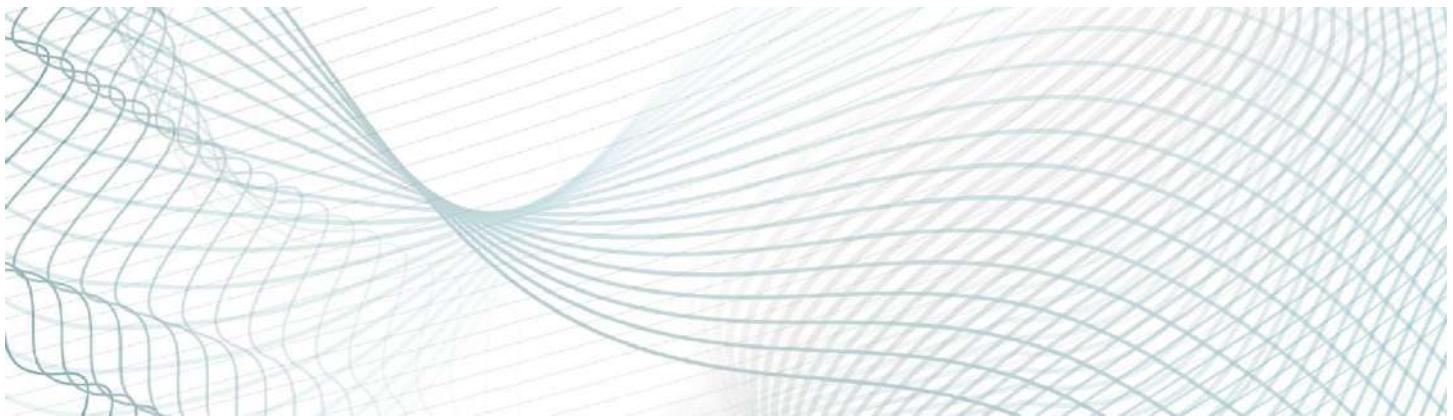
symptoms of disregarding and violating the rights of others (Fisher, 2024) are unconnected with the brain state.

## **Theoretical Foundations and Ontological Assumptions**

The debate echoes longstanding discussions in the philosophy of mind, particularly Cartesian dualism, which distinguishes between mental and physical substances. The movement Olbert and Gala criticize is based on the approach that presupposes a 'disease' model that prioritises physiological brain circuits over psychological constructs. Despite the conceptual tension inherent in this topic, the paper intelligently takes supervenience as the middle ground, alluding to a "non-reductive" view where mental states depend on the brain but are not identical to it. They probe deeper questions that go further than the classical philosophical debates reduced to soul versus brain, but throw light on a more important question for those in psychiatry to think about: how we define the boundaries of a human being's experience, making it a more clinically relevant question.

## **Limitations**

Although the paper provides a meaningful insight into the given research question, the arguments have certain drawbacks in the scenarios that are created. However, such limitations are listed in the research study itself. For instance, the basic assumption of the argument that two individuals have the same brain state is evidently impossible in real life. More comprehensive research must take



place, making use of a larger sample to clearly draw a line between mental disorders and brain disorders.

## Conclusion

Overall, Olbert and Gala's paper provides a compelling conceptual challenge to reductionist views in psychiatry. While the arguments may be limited by a lack of empirical support, it makes a valuable contribution by highlighting the psychological and sociocultural dimensions of mental disorders. Using supervenience to show the difference between the two is evident by the scenarios proposed by the authors, and it definitely poses a question for the future: giving priority to the brain, are we eroding the value of the human mind?



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