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## Validating Knowledge of Individuals with Mental Disorders: An Extension of Plantinga's Functionalist-Theory of Knowledge

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### **ABSTRACT**

Alvin Plantinga's Functionalist-Theory of Knowledge proposes three qualifications necessary to obtain and defend warranted belief or knowledge. The author of the present paper has applied Plantinga's qualifiers to address the validity of knowledge of individuals with varying mental disorders in attempt to dignify such states of knowledge for axiological development in the field. Specific cases of autism spectrum disorders have been provided to exemplify Plantinga's qualifiers, and multiple past theories and experimental sources have been implemented and applied to further support the proposed alternatives. The comprehensive purpose of the theory extension within the paper was to present a paradigm shift in society's view of individuals with mental diagnoses to look beyond cognitive atypical function instead as alternative function – disability to different ability.

### **KEYWORDS**

Justified True Belief, Knowledge, Cognitive, Function, Design Plan, Neurotypical, Disorder, Disability, Dysfunction, Autism

## INTRODUCTION

In Alvin Plantinga's book *Warrant and Proper Function* (Plantinga 1993), Plantinga proposes an alternative to Edmund Gettier's abandoned Justified True Belief Theory of Knowledge (Gettier 1963). Plantinga identifies his Functionalist-Theory of Knowledge as one that warrants knowledge based on the recognition of three criteria: the individual's cognitive faculties to be functioning properly, the individual working according to his or her design plan, and finally, the individual's knowledge having been obtained in an environment that aligns with his or her design plan (Plantinga 1993). Throughout the first chapter of his book, Plantinga acknowledges that one's knowledge does not have to be typical of a human being in order to be considered warranted. He demonstrates this point through examples of individuals who have extraordinary cognitive capacities in the way they are exceptionally gifted; however, it is my belief that individuals who have various mental diagnoses can also obtain warranted belief – or knowledge. It is my hope that the reader will generalize the concepts provided in this paper, understand how they exhibit the point of virtue, and apply the principle of warranted knowledge to the greater population of individuals with many varying mental capacities.

Before advancing further, I find it pertinent to mention two points to the reader. One, the human mind is fickle and subjective; therefore, a spectrum exists for all abilities. Consequently, many statements in this paper will have exceptions and qualifications, but the proposal and its qualifiers are for the general population of people with disabilities (including various cognitive impairments and developmental disorders). Two, I wish to qualify the language of "disorder" to instead reframe a mental diagnosis as a "different order." An individual with a diagnosis can be labelled as having a disability or a different ability, and I reside in the axiological camp of the latter. With a different ability comes a different worldview and a different set of skills. I do believe this is by matter of design. However, for matters of simplicity throughout this writing, I will continue this paper with the medical language of mental disorder – just be cautious of the word's intent.

In this case again, one does not have to be neurotypical or beyond to be considered as having knowledge. As long as the individual can claim Plantinga's three knowledge qualifiers, typical neurological faculty [and this is key] is not required to have warranted knowledge. Through interpretation and application

of Plantinga's Functionalist-Theory of Knowledge, individuals with mental disorders – though functioning differently from what is expected or normal for the neurotypical human being – qualify as having knowledge by the fulfillment of Plantinga's proposed conditions. This knowledge will be demonstrated through a variety of examples in recognizing and qualifying multiple types of knowledge and how they have been obtained.

### **APPLYING PLANTINGA'S THEORY OF WARRANT TO INDIVIDUALS WITH MENTAL DISORDERS**

In order to qualify the knowledge of individuals with mental disorders as having warranted knowledge per Plantinga's Functionalist-Theory of Knowledge, individuals with mental disorders must meet all three premises of warranted knowledge. Each qualifier of warranted knowledge will be addressed and applied to the population of individuals with mental disorders in the following.

#### Qualifier One: Proper Function

Plantinga's first warrant qualifier is the assumption that one with knowledge must have properly functioning faculties. I propose the cognitive faculties of individuals with mental disorders to be functioning properly and sufficiently for them to obtain various, multidisciplinary sorts of knowledge (much of which these individuals share with their neurotypical peers), despite initial appearances to the contrary. For instance, take the example of Temple Grandin: as a renowned animal behaviorist, animal rights advocate, a professor of animal science, and an author, Grandin – despite her diagnosis of autism – can be concluded to have proper function. Grandin's diagnosis of autism and cognitive functioning in correspondence resulted in a perspective type of knowledge neurotypical individuals did not have; consequently, Grandin was able to prompt reform in agriculture by viewing the system from a point of view neurotypical agents had not considered. Alan Snyder, a researcher in the field of psychology, believes the creativity and problem-solving skills accessed by savants (a diagnosis on the autism spectrum) are present but normally hidden from one's conscience (Goldstein 2015). Therefore, with this perspective of a brain affected by autism (but in many other cases with varying mental diagnoses, as well), the different mental order of an individual with autism just results in different functioning, not necessarily

dysfunction. The preceding example and explanation exhibits individuals with mental disorders to have knowledge in a warranted and unique manner.

Additionally, one of the defining symptoms of an autism spectrum disorder (ASD) diagnosis is the lack of an understanding or a difficulty presented within social situations. This social component is one of the easier-to-identify symptoms within a person who has autism and surfaces often in the deficit of one's emotional comprehension of others. However, many with ASD, including Temple Grandin, have configured and developed alternative routes to interact socially. Bruce Hood, an experimental psychologist, refers to this deficit of social understanding as "mental blindness" in his theory of the mind (Hood). Hood defines his concept of mental blindness as the process when one "can't understand that someone has a different perspective." In this way, while the blindness may result in one with a disability from seeing another's perspective, his different ability may yield compensation in another form. For example, as Hood identified present in Grandin, some individuals with ASD are still able to respond to the emotion of others based on explicit, deductive reasoning that concludes the resulting behaviors from an understanding and replication of similar past experiences. This mental blindness could be counteracted by a posteriori knowledge, which deduces probable causes through the examination of experience. While, to a neurotypical person, such a roundabout deductive process may be time-consuming or seem to require a more complex cognitive faculty, an inability to process does not typically conclude improper functioning – just a different way of functioning to arrive at congruent social information, i.e. "I can see that person is happy." Such a system proposed by Hood is merely an alternative option for the atypical mind. Proper function rests on more than social finesse.

In addition to combatting mental blindness, the somatic-marker hypothesis, as proposed by Naqvi, Shiv, and Bechara (2006) can be applied to cases of mental disability and yield to be fruitful. The somatic-marker hypothesis recognizes a feedback loop between the emotional regulating amygdala and the logic-centered pre-frontal cortex to complete personal decision-making tasks. Naqvi et al. describes the neurobiological theory to state "that such decisions are aided by emotions in the form of bodily states, that are elicited during the deliberation of future consequences and that mark different options for behavior as being advantageous or disadvantageous" (2006, 260). This overcoming of mental blindness and proper application of the somatic-marker hypothesis can be used to

display that people who have ASD or developmental diagnoses of the like can still function on a daily basis. These individuals just arrive at an end point differently from their neurotypical peers. This adapted operational system, however, does not deduce improper function – simply different routing. Dysfunction (different function) does not automatically yield reason to eliminate all knowledge of the relevant category. Therefore, use of the somatic-marker hypothesis does not conclude improper functioning and can support the first qualifier of warranted knowledge.

Furthermore, some other types of disorders are fundamentally cognitive (for example, Down's syndrome); however, much of a person's social interaction with others is a kind of interpersonal knowledge that isn't cognitively based but is instead experiential (Stump, 2010). In this way, through experiential knowledge, these individuals, too, can obtain areas of knowledge (i.e. reading the moods of others experientially). Experiential knowledge represents the opposite of mental blindness and can counteract arguments of dysfunction.

#### Qualifier Two: Design Plan

Second, individuals with mental disorders function according to their design plan (which also has to be reasonably reliable for leading the individual to true beliefs and will be addressed to come) – by means of the note at the beginning of this paper regarding different order and ability. Plantinga originally identified the design plan of humans in his work *Warrant and Proper Function* as a necessary notion for knowledge (1993). He portrays the design plan as a blueprint of proper function – the purpose or intent of the individual. Plantinga proposes the design plan to be “highly responsive to circumstances,” therefore attributing to the individuality of each person's plan (Plantinga 1993, 14-15). It should additionally be acknowledged that not all design plans are typical nor do design plans have a master plan they all attend to. Each design plan is individualized to the specific person and his or her grander purpose. Therefore, if a design plan does not include cognitive extraordinariness, or even typical skills, that does not mean the individual of that design plan is not functioning according to her plan. As each person has different abilities, various tradeoffs will exist within each plan.

In continuing with the recognition of individual design plans, the design plan must also be reliable, which has been implicitly covered already. People with disabilities possess better-than-typical design for some sorts of knowledge

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(as expressed in Temple Grandin, those with savant syndrome, or any person with a differing mental function that allows him to view the world in a new way). These individuals consequently have adequately reliable knowledge for certain compensatory routes to knowledge, as well, and their less-than-ideal design for other sorts of information may nevertheless allow for appropriate limited knowledge. In understanding a functioning limited knowledge set, the analogy could be to a person who is colorblind. The colorblind person whose vision is nonetheless good enough to give plenty of reliable visual information about one's surroundings and worldview is justified yet has nothing to do with color; this person's eyes are reliable but founded upon a different mechanism of obtaining the information. If the design plan is reliable, function can be derived through multiple routes; as long as the used routes are in accordance with one's specific design plan, he is justifiably functioning within his design plan properly.

### Qualifier Three: Environment Alignment

It has already been indicated how people with mental disorders function properly, and just as they acquire their knowledge here on earth in social or other situations, it is done as neurotypical people do with similar results. If the environment is right in one case, no reason exists to doubt that proper environment in another case.

## **CONCLUSION**

Individuals who have mental disorders are often looked down upon by society as not being able to obtain validated knowledge. However, it has just been stated that such individuals have warrant of knowledge based on Alvin Plantinga's Functionalist-Theory of Knowledge, for individuals with mental disorders have properly functioning cognitive faculties, work in accordance to their own design plans, and operate in environments that align with their design plans. Regardless of cognitive ability, though, the dignity of an individual should not be brought into question by another unworthy human, or so I would claim – having experiential knowledge of “disabled” persons from years of close interaction and relationships in my field of work. This however, is really the topic of another paper, so for now, I let it rest. Yet again, it is my hope to have the reader apply the concepts presented in this paper universally in regards to the knowledge of people with mental

disorders. Though one may obtain it differently, individuals with mental disorders can have warranted knowledge and belief, nonetheless.

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