

Causation and Mechanism

Brendan Clarke STS Work in Progress Seminar 26th February 2009



- Machamer, Darden and Craver, 2000
- Glennan, 2002
- Bechtel and Abrahamsen, 2005
- Woodward, 2002



- Machamer, Darden and Craver, 2000
 - "Mechanisms are entities and activities organized such that they are productive of regular changes from start or set-up to finish or termination conditions"
- Glennan, 2002
- Bechtel and Abrahamsen, 2005
- Woodward, 2002



- Machamer, Darden and Craver, 2000
- Glennan, 2002
 - "...a mechanism for a behaviour is a complex system that produces that behaviour by the interaction of a number of parts, where the interactions between parts can be characterized by direct, invariant, change-relating generalization."
- Bechtel and Abrahamsen, 2005
- Woodward, 2002



- Machamer, Darden and Craver, 2000
- Glennan, 2002
- Bechtel and Abrahamsen, 2005
 - "A mechanism is a structure performing a function in virtue of its component parts, component operations, and their organization. The orchestrated functioning of the mechanism is responsible for one or more phenomena."
- Woodward, 2002



- Machamer, Darden and Craver, 2000
- Glennan, 2002
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- Woodward, 2002
 - "...a necessary condition for a representation to be an acceptable model of a mechanism is that the representation (i) describe an organized or structured set of parts or components, where (ii) the behaviour of each component is described by a generalization that is invariant under intervention, and where (iii) the generalizations governing each component are also independently changeable, and where (iv) the representation allows us to see how, in virtue of (i), (ii) and (iii), the overall output of the mechanism will vary under manipulation of the input to each component and changes in the components themselves."



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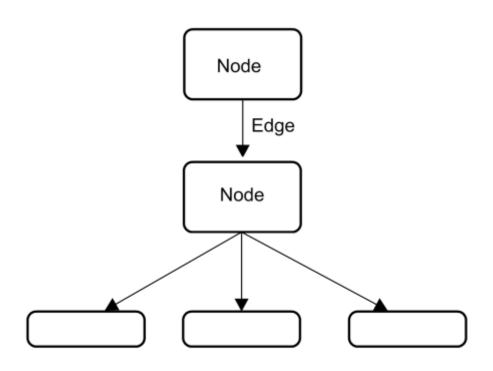


- Machamer, Darden and Craver, 2000
- Glennan, 2002
- Bechtel and Abrahamsen, 2005
- Woodward, 2002
- All 'bottom-up' accounts



What is a mechanism?

- Nodes are the entities
- Edges are the causal activities of their nodes
- Nodes and edges are interlevel
- Nodes and edges are organized together in some way to do something





Problem list...

- 1. Medical vs philosophical mechanism
- 2. Complexity and mechanism
- 3. Construction of mechanism
- 4. Case variability, type vs token causation and mechanism
- 5. Causal evidence and mechanism



Problem list redux...

- Medical and philosophical conceptions of mechanism differ
- This difference is predicated on issues of complexity
- 3 specific manifestations
 - 1. Integration of other forms of causal evidence with mechanism
 - 2. Case variability, type vs token causation and mechanism
 - 3. Construction of mechanism



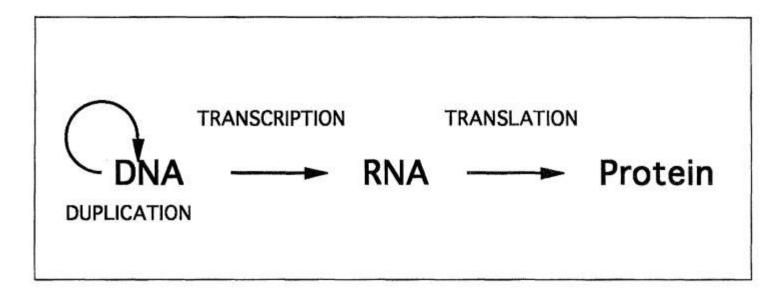


Figure 3. Watson's central dogma diagram (redrawn, based on Watson 1965).

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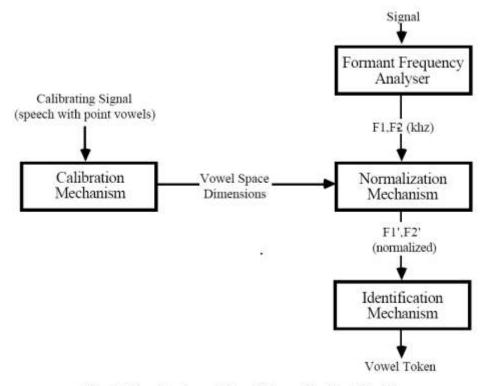
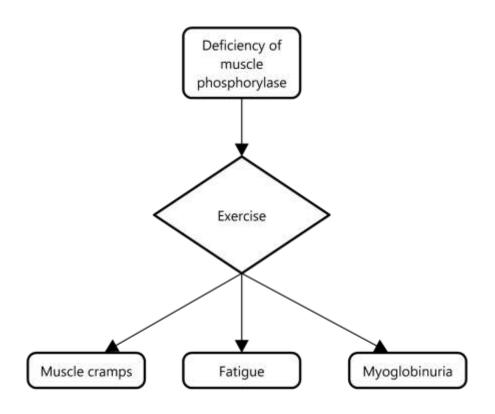


Fig. 3: The Gerstman Vowel Normalization Model

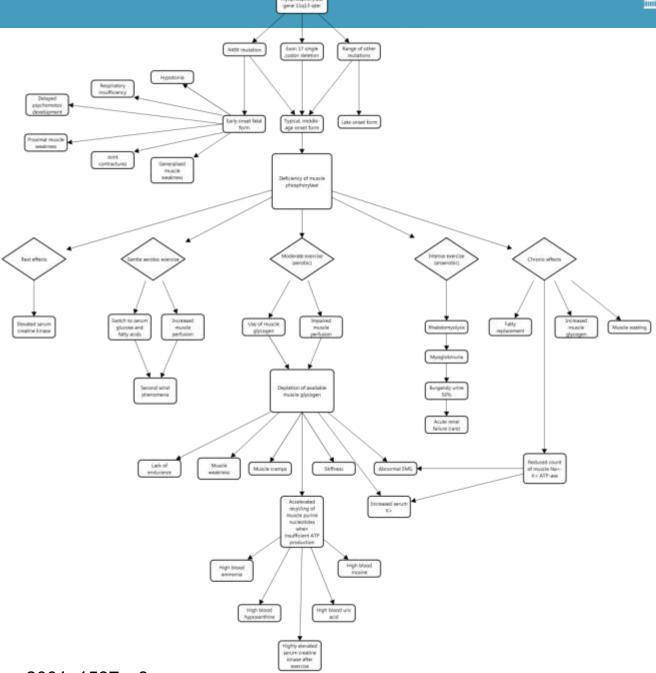
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Derived from Chen, 2001: 1522



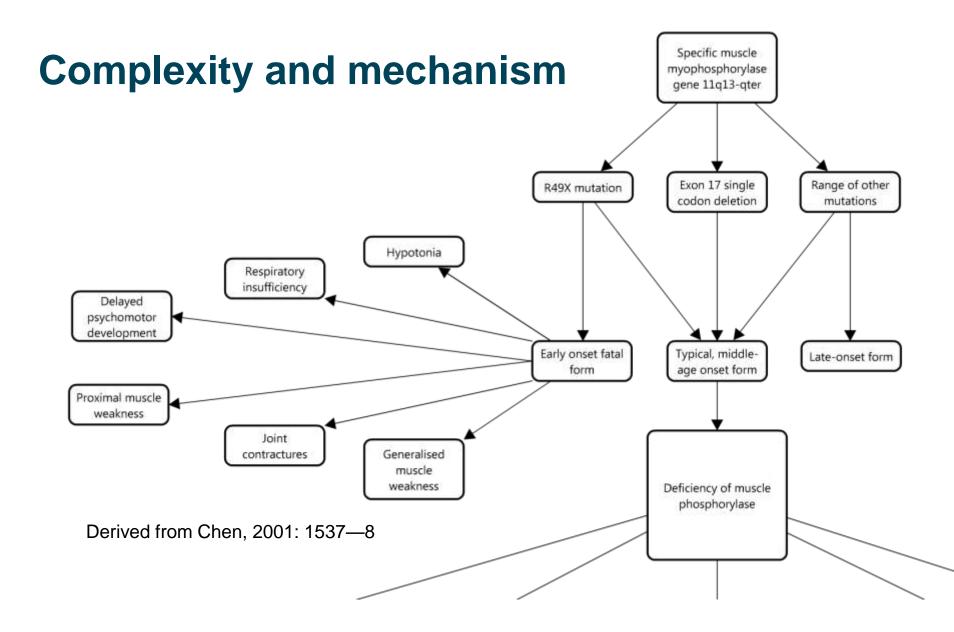


Specific resister.

myophosphorylase

Derived from Chen, 2001: 1537—8







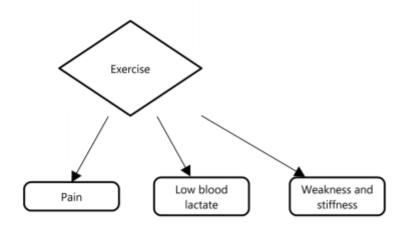
Intense exercise (anaerobic) Rhabdomyolysis Myoglobinuria Burgandy urine 50% Acute renal failure (rare)

Derived from Chen, 2001: 1537—8



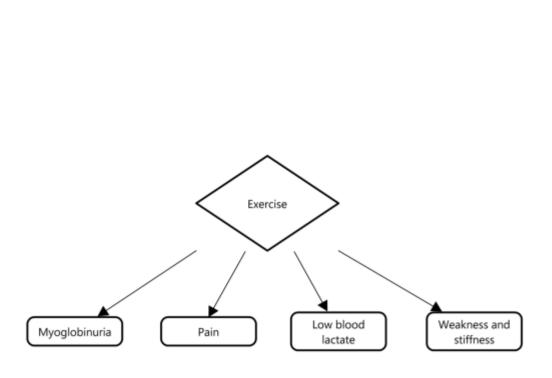
- "Strength" measures should
 - Differentiate between elective and obligate gappiness
 - Degree of evidential support
 - Allow the inclusion of probabilistic edges



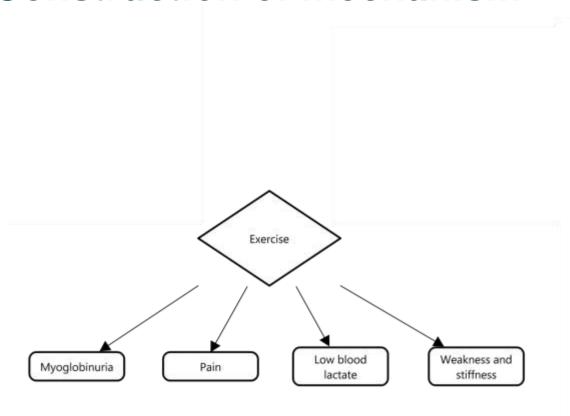


Derived from McArdle, 1951



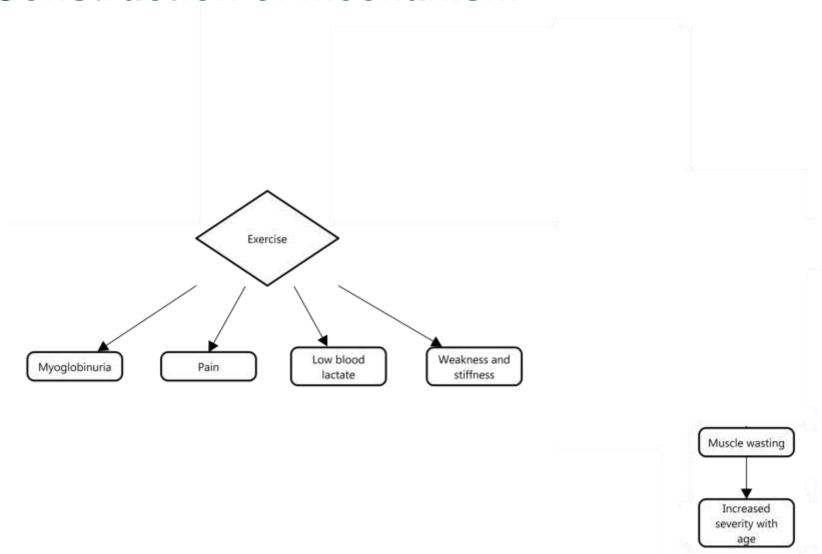




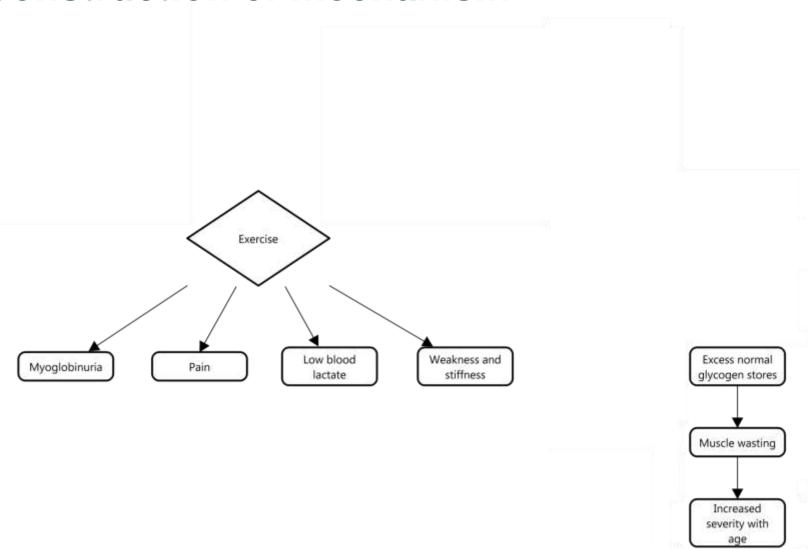


Increased severity with age

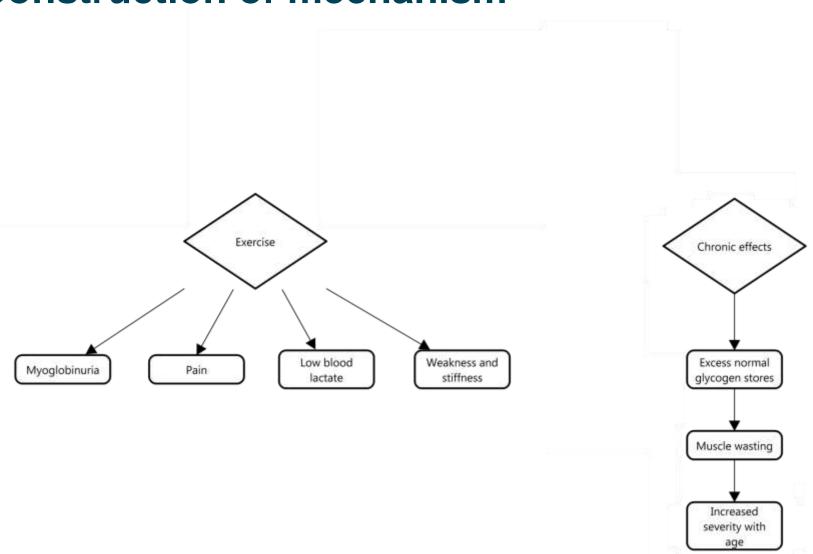




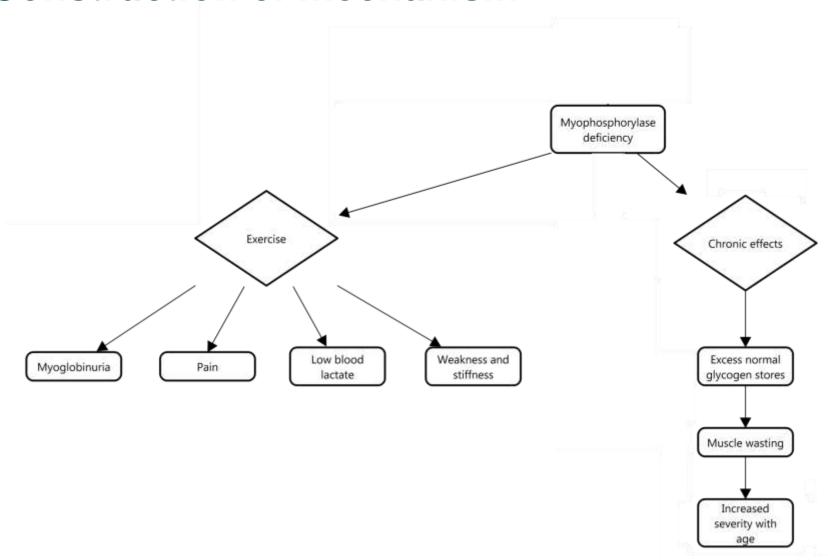




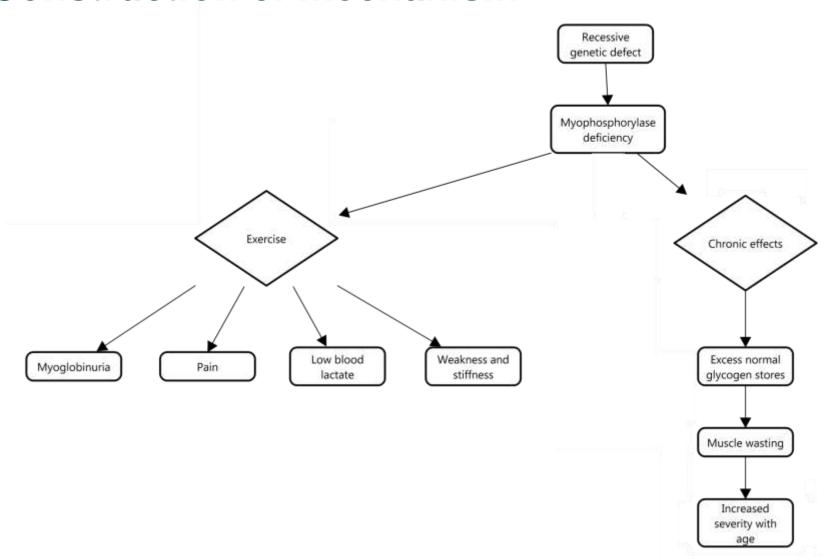




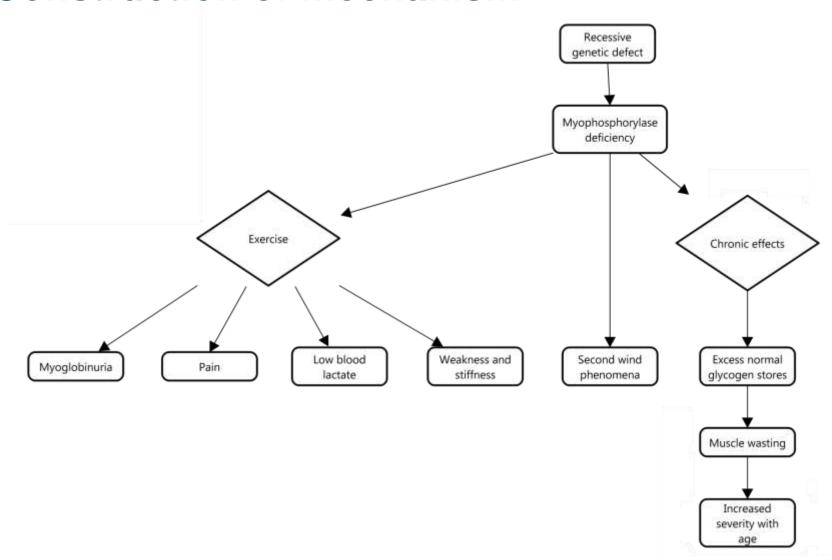




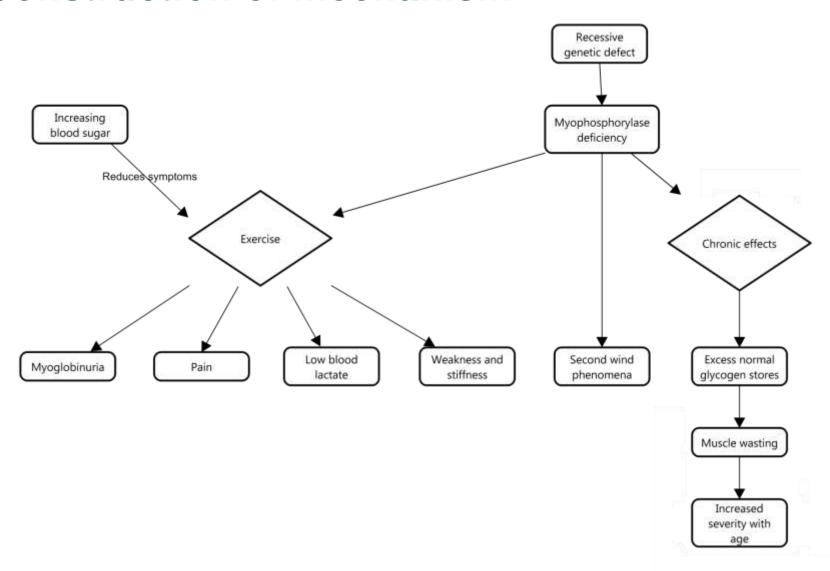












Conclusions

- Philosophical mechanisms do not capture the richness and complexity of medical mechanisms
- I'd suggest that a degree of extension, along the following lines, is required
 - 1. Ability to encompass probabilistic information
 - 2. To indicate the 'strength' of causal edges
 - 3. Ability to describe and explain type/token causal problems
 - 4. To represent and differentiate causal background conditions
- But I'm wary of:
 - 1. Increasing conceptual complexity unnecessarily
 - 2. Duplicating other forms of network representations Bayesian networks, for instance



Mechanism bibliography

- Bechtel, W. and Abrahamsen, A. 2005. "Explanation: A Mechanist Alternative," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences.* **36**(2): 421—41.
- Glennan, S., 2000. "A Model of Models," Unpublished Manuscript. Available at http://philsci-archive.pitt.edu/archive/00001134/
- Glennan, S. 2002. "Rethinking Mechanistic Explanation," Philosophy of Science. 69(S3): 342—53.
- Machamer, P., Darden, L. and Craver, C.F. 2000. "Thinking about Mechanisms," *Philosophy of Science*. 67(1): 1—25.
- Russo, F. and Williamson, J. 2007. "Interpreting Causality in the Health Sciences,"
 International Studies in the Philosophy of Science. 21(2): 157—70.
- Woodward, J. 2002. "What is a Mechanism? A Counterfactual Account," *Philosophy of Science*. **69**(S3): S366—77.

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McArdle bibliography

- Chen, Y., 2001. Glycogen Storage Disease. In Scriver CR, et al., eds. 2001. The
 Metabolic and Molecular Basis of Inherited Disease. New York: McGraw-Hill, pp. 1521—
 51.
- Larner, J. and Villar-Palasi, C. 1959. "Enzymes in a Glycogen Storage Myopathy," PNAS. 45(8): 1234—5.
- McArdle, B. 1951. "Myopathy Due to a Defect in Muscle Glycogen Breakdown," *Clinical Science*. **10**: 13—33.
- Mommaerts, W.F. et al. 1959. "A Functional Disorder of Muscle Associated with the Absence of Phosphorylase," PNAS. 45(6): 791—7.
- Pearson, C., Rimer, D. and Mommaerts, W. 1961. "A Metabolic Myopathy Due to Absence of Muscle Phosphorylase," *The American Journal of Medicine.* **30**: 502—17.
- Schmid, R., Robbins, P. and Traut, R. 1959. "Glycogen Synthesis in Muscle Lacking Phosphorylase," PNAS. 45(8): 1236—40.
- Schmid, R. and Hammaker, L. 1961. "Hereditary Absence of Muscle Phosphorylase (McArdle's Syndrome)," *NEJM.* **264**: 223—5.
- Schmid, R. and Mahler, R. 1959. "Chronic Progressive Myopathy with Myoglobinuria: Demonstration of a Glycogenolytic Defect in the Muscle," *The Journal of Clinical Investigation.* **38**: 2044—58.