**Bridging Epidemiology and the Philosophy of Psychiatry: Toward an Empirical Epistemology of Harmful Dysfunction**

Psychiatric epidemiology has traditionally focused on the distribution, determinants, and outcomes of mental disorders at the population level, whereas the philosophy of psychiatry examines the conceptual, epistemological, and ethical foundations of psychiatric knowledge. Despite their complementary objectives, these disciplines have remained largely disconnected. This paper argues that a closer integration between epidemiology and the philosophy of psychiatry can strengthen both the scientific validity and societal relevance of mental health research. Epidemiological methods rely on assumptions regarding disease classification, causal inference, measurement validity, and diagnostic reliability—issues that are fundamentally philosophical. Conversely, philosophical debates concerning the nature of mental disorders, diagnostic realism versus constructivism, and epistemic injustice can benefit from empirical evidence generated through population-based studies. A particularly fruitful point of convergence is Jerome Wakefield's influential Harmful Dysfunction analysis of mental disorder, which conceptualizes disorder as the conjunction of an objectively identifiable dysfunction of an evolved psychological mechanism and the socially evaluated experience of harm. While the dysfunction component is rooted in evolutionary biology and theoretical psychiatry, epidemiology provides the empirical framework necessary to examine whether putative dysfunctions consistently predict adverse outcomes, impairment, and diminished well-being across populations. Population studies therefore offer a means of testing whether proposed diagnostic categories correspond to clinically meaningful conditions rather than reflecting transient social norms or diagnostic inflation. Beyond informing psychiatric nosology, epidemiology plays a central role in identifying the causal architecture of mental disorders. Through longitudinal cohorts, natural experiments, causal inference methods, and population-based observational studies, psychiatric epidemiology quantifies the contribution of genetic, developmental, environmental, psychosocial, and cultural determinants to mental illness. Such evidence allows philosophical accounts of psychiatric disorder to move beyond conceptual analysis toward empirically informed explanations of why disorders emerge, persist, and vary across populations. Epidemiological evidence has demonstrated that social determinants—including poverty, unemployment, social isolation, discrimination, childhood adversity, and neighborhood characteristics—are not merely contextual factors but fundamental contributors to psychiatric morbidity. Consequently, philosophy of psychiatry must increasingly accommodate multilevel causal explanations that integrate biological dysfunction with environmental and social mechanisms. Importantly, psychiatric epidemiology has also expanded beyond the investigation of pathology to examine positive dimensions of mental functioning that have long occupied philosophical inquiry. Large prospective cohort studies increasingly demonstrate that meaning in life, purpose, spirituality, social connectedness, and existential well-being are associated with lower rates of depression, improved resilience, reduced mortality, and greater longevity. To illustrate the explanatory potential of this approach, the presentation will include an example of a mediation analysis examining the relationship between religiosity and all-cause mortality in older adults from PolSenior2 study, in which depression and dementia are evaluated as potential mediating mechanisms. This example demonstrates how modern epidemiological methods can move beyond identifying associations to disentangling causal pathways, thereby linking philosophical concepts such as meaning, spirituality, and human flourishing with empirically testable models of mental health and survival.