The missing link between philosophy and psychopathology

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Abstract

Introduction. The uncertainty regarding the scientific status of psychiatry arises from psychiatry’s involvement with some unsolved problems, or put in another way, from its enmeshment in certain points of transition of contemporary science. There is, in primis, the unsolved problem of the relationship between the mind and the body and, moreover, the intricate relationship of connection/disjunction among biology, social science, anthropology, philosophy, etc. To speak about what psychopathology can expect from philosophy is, above all, to immerse oneself in a debate about the conditions of possibility of psychiatry as a science. This debate is especially concerned with the models of knowledge that have, until now, been proposed to psychiatry. Those models oscillate between the Dilthey’s paradigms of the “Science of Nature” and the “Science of Spirit”.

Methods. It is certain that psychopathology, as already indicated by Jaspers, is a discipline which is among the most involved regarding the use of the two different cognitive strategies. The first strategy concerns the concept of “explanation” and its rigid approach to the objective and ultimate cause of the phenomenon. The second strategy is the “comprehensive” approach. This model, which the hermeneutic thought defines “interpretative”, theorizes the provisional character, the subjectiveness and the finiteness of every cognitive project.

Results. The interest of the authors is orientated towards the hermeneutic side (comprehensive-interpretative) of psychiatry, that which deals with the specificity of every clinical history, with the continuity of sense, and with intrinsic narrative intelligibility of every human event, psychopathological or not.

Discussion. This approach to psychopathology is based on the statement: “a clinical history is a text which must be interpreted”. From this perspective, every clinical history should be perceived as a text to decipher but, above all, as a “text” to listen to, in the persevering expectation that it could disclose its particular “project of world”.

When speaking about psychiatry, we always face a problem which dominates all the others: the unsolved problem of the relationship between typicalness and singularity of subjective events. B.B. Mandelbrot, theorist of “fractals”, sums this dilemma up clearly. He suggests that the innumerable variety of the configurations of Nature is a challenge to investigate the morphology of that which is “irregular” in order to discover in it, as far as possible, a rule. Clin Ter 2018; 169(3):e135-139. doi: 10.7417/CT.2018.2068

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Introduction

DSM within psychiatric practise and thinking

The Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, currently in its fifth edition and considered the reference for the characterization and diagnosis of mental disorders, has undergone various developments since its inception in the mid-twentieth century. Time after time, major modifications in the definition, characterization, and classification of mental disorders throughout successive editions of the DSM, in light of shifting trends in the conceptualization of psychopathology within evolving schools of thought in psychiatry, and in the context of progress in behavioral and psychopharmacological therapeutics over time. There are problematic issues in psychiatry, arguably reflecting the large-scale adoption of the DSM, may be linked to difficulties in formulating a standardized nosology of psychopathology. In this light, we highlight 1) issues relating to attempts to align the DSM with the medical model, with regard to increasing specificity in the characterization of discrete mental disease entities 2) controversies surrounding the medicalization of cognition, emotion, and behavior, and the interpretation of subjective variables as ‘normal’ or ‘abnormal’ in the context of society and culture; and 3) what constitutes treatment, enablement, or enhancement - and what metrics, guidelines, and policies may need to be established to clarify such criteria (1).

The boundary between mentally well and mentally ill people is fluid because normal people can become ill if exposed to sufficiently severe trauma, mental illness is conceived along a continuum of severity from neurosis through borderline conditions to psychosis, an untoward mixture of noxious environment and psychic conflict causes mental illness, the mechanisms by which mental, illness emerges in an individual are psychologically mediated. This represents a limit of categorical psychiatric diagnoses (2).

Hermeneutics is based on the idea that the meaning of any particular experience can only be grasped through an understanding of the context (including the temporal context) in which a person lives and through which that parti-
cultural experience has significance. It is a dialectical process whereby we move towards an understanding of the whole picture by understanding the parts. However, we cannot fully understand the parts without understanding the whole (the hermeneutical turning point). Consequently, hermeneutics is particularly relevant to the work of the psychiatrist. (3,4)

Psychopathology: between the “Science of Nature” and the “Science of Spirit”

“The method of complexity asks us to think without ever closing the concept, without ever breaking the closed spheres, to re-establish the articulations between that which is disjointed” E. Morin (5)

To contemplate the supposed scientific or philosophic status of psychiatric thought is, above all, to immerse oneself deeply in a debate about the conditions of possibility of psychiatry as a science. This debate is especially concerned with the models of knowledge that have, until now, been proposed to psychiatry. These models oscillate between the Dilthey’s paradigms (6) of the “Science of Nature” and the “Science of Spirit” or, translated into more modern terminology, they are between hard science and soft science.

The specific problem – that referred to by the title of this section – is made clear by a consideration of the following quotation from “Newtonian Studies” by Koyré (7, p.23):

“I have been saying that modern science broke down the barriers that separated the heavens and the earth, and that it united and unified the universe. And that is true. But, as I have said, too, it did by substituting for our world of quality and sense perception, the world in which we live, and love, and die, another world - the world of quantity, of reified geometry, a world in which, though there is place for everything, there is no place for man. Thus the world of science – the real world – became estranged and utterly divorced from the world of life, which science has been unable to explain”

These words take us back to the question of two dichotomic models of knowledge originally proposed by Dilthey, and then repeated by Jaspers (8): the “explanation” (Erklären) and the “understanding” (Verstehen). The former refers to the area of natural science, and includes physics, mathematics, and biological science, to name a few. The latter has to do with the human sciences, such as history, psychology, sociology, anthropology, and philosophy, among others.

It is certain that psychopathology, as already indicated by Jaspers, is a discipline which is among the most involved regarding the use of the two different cognitive strategy: the former employs the rigidly neutral approach to the research of the objective and ultimate causes of phenomena. This model concerns the concept of “explanation”. The latter employs the “comprehensive” approach which the hermeneutic thought, in the long run, will define “interpretative”. This model theorizes the historicity, the provisional character, the subjectiveness and finiteness of every cognitive project.

The uncertainty surrounding the scientific status of psychiatry arises from psychiatry’s involvement with some unsolved problems, or put in another way, from its enmeshment in certain points of transition of contemporary science. There is, in primis, the unsolved problem of the relationship between the mind and the body and, moreover, the intricate relationship of connection/disjunction among biology, social science, anthropology, and philosophy, etc. These problematic aspects define different levels of complexity, or perspectives on different levels of complexity.

Discussion

A possible itinerary for psychopathology

The theme of “complexity” of scientific “object” has been summarized in the concept of “challenge of complexity” by E. Morin (1). This concept represents a constant challenge to find the more global and the least mutilating possible meaning in front of multiform observable segments of the world. This concept does not belong to a particular theory or to a particular discipline, but is, rather, a general discourse regarding all of science.

The notion of complexity, in this sense, is not the answer to a problem, but is instead “the re-awakening towards a problem: the eruption of an irreducible uncertainty in our knowledge, and the fall of myths of completeness, exhaustiveness, omniscience which, for centuries, like comets, indicated the road of modern science” (9, p.7).

But the positive aspects of the complexity are equally important. These include the growth of a “multidimensional thought” (5), which can be described as the awareness that various disciplinary categories are but the many aspects of the same reality. These aspects must be distinct but, above all, must be rendered as communicating.

In the face of the perpetual temptation to enclose the world in a pre-established structure, E. Morin, great expert of epistemological problems, suggests a new approach to knowledge which he calls the “method of complexity”.

“The method of complexity – as E. Morin clarifies – asks us to think without ever closing the concepts, without ever breaking the closed spheres, in order to re-establish the articulations between that which is disjointed, forcing ourselves to understand the multidimensionality” (5, p 59).

Unlike the traditional model of scientific knowledge – a neutral and omnipotent model of thought which claims to represent reality as it is – Morin suggests a new profile of knowledge. His model is aware of its own limitedness and its temporariness and this new attitude facilitates the discovery of new possibilities and new ways of reading the world.

Psychopathology ought to be located today in the domain of complex science including its specific “challenge of complexity”. Psychopathology is in need of exactness that which E. Morin calls “multidimensional thought” which is an interdisciplinary, methodological attitude, or rather, a trans-disciplinary attitude.

Within this “complex” perspective, the hermeneutic approach (comprehensive-interpretative) – that initially suggested to psychiatry by Jaspers (8) – is the only one able to give again freshness and specific originality to psycho-
pathology, after many years of extreme poverty in which the phenomenological approach seemed to have exhausted its task.

At this point, it is important to note that between hermeneutic and phenomenological approaches there is not discontinuity of horizons. In fact, phenomenological philosophy, as a descriptive doctrine of the phenomena of consciousness – phenomena consisting of events sui generis that are “experiences of meanings” – is unavoidable inserted in a hermeneutic horizon (10). “Consciousness”, according to phenomenology, is steeped with meanings and interprets incessantly, because of its vision of the world, all of the things it encounters. Thus as for hermeneutic thought also for phenomenology to know is to interpret.

Our interest is orientated towards the hermeneutic side of psychiatry, which deals with the individual specificity of every clinical history, with the continuity of sense, and with the intrinsic narrative intelligibility of every event, psychopathological or not.

This area of research belongs to a vast hermeneutic horizon and represents a point of intersection of the various points of view of the many other hermeneutic approaches. In such a complex context, psychopathology becomes a meeting area open to other, sometimes very different, methodological perspectives. Those perspectives should be open to narratological analysis as sequential analysis of a text and of its internal coherence, to psychoanalysis as symbolic re-reading and re-narration of a life, as well as to anthropology and phenomenology as an uninterrupted interrogation regarding variety, sense and project of possible imaginary worlds of human being.

The approach to psychopathology that we have outlined, up until now, is based upon the statement: “a clinical history is a text which must be interpreted”.

Ricoeur (11) proposes the hypothesis that all multiple narrative modes and genres have a functional unity – represented by their temporal character – in common. “All that is narrated happens in the course of time, occupies time, develops itself inside time; and all that which takes place in the time can be narrated” (11, p. 12). Another equally important feature of the concept of “text” is its unity and continuity of sense, correlated with its position of “object” which must be interpreted.

With regard to this “minimal narratologic unity”, Barthès (12) speaks of “space of sense”. “A text can consist of either few words or a group of phrases: what is important is to create a “space”, a “viewpoint”, from which could be possible to see the completed evolvement of a sense” (12, p. 7). However, we must bear in mind that it is only through the concept of “interpretation” that the concept of “text” (as one of “narrative unity”) represents the central axis of hermeneutic thought. From this perspective we identify useful analogies between this definition of “text” and the concept of “narrative unity” used by recent psychoanalytical schools (13, 14).

Ricoeur writes: “The texts speak of possible worlds and possible ways to orientate oneself in these worlds” (15, p. 306). “The task of hermeneutics is to give back to the “text” the capacity to project oneself outwards, in the representation of a world in which I could live” (11, p. 31). “Reading a clinical history as a “text” means, analogously, the reconstruction of its narrative intelligibility in order to recompose the clinical history in a readable and coherent sequence of initiatives, purposes, circumstances, interactions and results, intentional or not. It is the act of gathering together, of composing and orientating, according to a sense, those ingredients of human action which, in ordinary experience, appear heterogeneous, discordant and casual. So the events become transformed in history and, correlatively, a certain story is drawn out from events” (16, p. 25).

Hermeneutic thought finds in H. G. Gadamer (17) the most illustrious supporter of this unending dialogue between interpreter and the text that is to be interpreted. According to Gadamer every subject which thinks about an object – that interprets, we can say, a “text” – transforms itself and thereby necessarily transforms the object.

Hermeneutic thinking thus emphasizes that many readings of a “text” are possible because every text is a font of inexhaustible sense, and, therefore, of narrative intelligibility. This is valid for every event or sequence of human events and, so far, it is also valid for every psychopathological event.

With regard to “understanding” (Verstehen), Heidegger (18), in Sein und Zeit, states that which we understand first in a discourse is not another person but rather a project, an outline of a way of “Being in the World”. On the same register we find the assertion of Ricoeur: “The destination of the discourse is to project a world” (11, p. 183).

From this perspective, every clinical history should be perceived as a “text” to decipher, to be interpreted according to a multidimensional reading, but, above all, as a “text” to listen to, in the persevering expectation that it could disclose its particular “project of world”.

One must bet on the intrinsic intelligibility of that “text”, even if it appears private and indecipherable. Here the efforts of the psychiatrist can be compared to the vision of the hermeneutic philosopher. The latter is competent in compelling to speak all those coherences and incoherencies of the “text”, which are the points of germination of meanings. It is only starting from here that the reading of a hypothetical “project of world” becomes possible. Exemplary, from this point of view, are the clinical histories that we read in Drei Formen Missglückten Daseins (“Three Forms of Failed Existence”) by L. Binswanger (19).

With all this said, psychopathology reveals itself for what it really represents since its Jaspers’s foundation: it is a discipline called to interrogate itself about the variety, sense and projectuality of possible anthropological worlds, with the intention of recomposing them in a narration which allows us, in some way, to be able to know them and to live in them.

Moving in this direction, psychiatry will be able to surpass merely descriptive date with the intent to open itself to genesis, to deep historical continuity, in brief, to the “narrative course” of the clinical phenomenon.

To deal with psychopathological events means, however, to look for the continuity in the discontinuity of clinical histories. It means reading this apparent discontinuity from the perspective of a “narrative continuity”. This approach opens psychopathology up to the comprehension of life experiences, events and stories which, at first glance, give the impression of chaotic fragments.
An authentic phenomenological psychiatry intends to retrace the “style”, the leit motiv which gives an unrepeatable specificity to each existence and testifies the internal coherence beyond any impressionistic, punctiform evaluation» (20, p. 115).

The dilemma of Mandelbrot

V. Nabokov (21) captures with these words the essential “problem of narrating”, a problem so meaningful for a narrator and so unduly underestimated by the psychiatrist:

“I should like to point out – writes Nabokov – that this book (The Prismatic Bezel) can be enjoyed thoroughly once it is understood that the heroes of the book are what can be loosely called ‘methods of composition’. It is as if a painter said: look, here I’m going to show you not the painting of a landscape, but the painting of different ways of painting a certain landscape, and I trust their harmonious fusion will disclose the landscape as I intend you to see it» (21, p. 79).

The author with these words reveals himself to be extremely sensitive to the complexity and to the unreachable facets of a story, even if he is, at the same time, searching for a supreme paradigmatic synthesis (suggested by the concept of “harmonious fusion”). By this we intend to suggest the central task of an authentic phenomenological psychiatry.

In fact, we are asking for a psychiatry that repeats the passionate research which erupts from the monumental work of Jaspers, and from the unforgettable profiles of Binswanger’s “failed existences”.

To apply these requisites to psychiatry would mean to make every clinical history an “exemplary story”, a paradigmatic model and, at the same time, to preserve the singularity, the specificity and the uniqueness which belong to every personal story, pathological or not.

Tatossian (22) points out this same problem, emphasizing the necessity of a hermeneutic and narratological evolution of psychiatry. “The general evolution of phenomenological psychiatry – he writes – involves the necessity of a margin of difference: the shifting of importance from descriptive phenomenology to genetic phenomenology (…) The final aim is not to describe the World and the Others “as they are”, but to reveal their forming process. Consequently, we should prefer the term genesis, and genetic phenomenology” (22, p. 9).

When speaking about phenomenological psychopathology, we always face a problem which inevitably dominates all the others: the unsolved but unavoidable relationship between typicalness and singularity of those internal subjective events which we define as psychopathological events. While the typicalness is always searching for regularity, the singularity evades any attempt of homologation and submission to the rule.

The problem can appear insoluble and the mediation between the two different methodological paradigms could be perhaps impossible. But let us, at least, try to sum up the problem as suggested by B. B. Mandelbrot (23), mathematician and theorist of “Fractals”. He challenges Euclidean postulates of geometry in order to discover in all the “objects” which appear “irregular”, “amorphous”, “formless” (like clouds, human feelings and many other things), as far as possible, a rule. Mandelbrot defines his paradoxical inquiry as “the investigation of the morphology of the ‘amorphous’” (23, p. 1).

Conclusion

In a context of modern times, psychiatrists cannot forget hermeneutical approach to patients, focusing on the meaning of symptoms linked to the specific patients’ life events, having the possibility to consider psychological symptoms in the light of problems related to patients’ life. [24,25].

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