Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis (Kant quotation 2) (Discussion 1). Symptoms in general, including psychopathological phenomena, appear as terms in the mind. Symptoms and phenomena are ideal objects which do not necessarily refer directly to objects in an absolute sense (Kant quotation 7).

Since psychiatric diagnostic categories are based on psychopathological phenomena which are ideal objects, category boundaries have to be agreed upon on an ideal level, as is reflected in the ICD-10 and DSM-IV classification systems. In contrast, objective medical diagnostic units are determined through objects in an absolute sense (Discussion 1). For symptom-based medical diagnoses this is not true, as for psychiatric diagnoses; the diagnostic units, e.g. tension headache and phobic anxiety, are defined on an ideal level.

The basic difference between an objective medical diagnosis, on the one hand, and a symptom-based medical diagnosis and a psychiatric diagnosis, on the other, Medical diagnoses based on objects in an absolute sense are objective knowledge whereas symptom-based medical diagnoses and psychiatric diagnoses are subjective knowledge (Kant quotation 9) (Discussion 1). Further details and discussions are presented on Poster 2*

### Discussion

#### Psychiatric diagnosis

**Classification in psychiatry**

- Psychiatric diagnosis is based on psychopathological phenomena which are ideal objects.
  - An objective diagnosis (Kant quotation 7) (Discussion 1).
  - Category boundaries in psychiatry need to be defined by an agreement on an ideal level. (Kant quotation 2).
  - Different definitions of a psychiatric category are possible. (Kant quotation 8).
  - Psychiatry is a category and has assumptions and exist hypothetically. (Kant quotation 9).
  - A psychiatric diagnosis is a projected unity. (Discussion 6).
  - A psychiatric category is a regulative term. (Discussion 6).
  - Psychiatry categories depend to a certain extent on each other. (Discussion 6).
  - Appropriate use of the DSM-IV and ICD-10 categories to avoid conflict and contradictions (Discussion 7).
  - Psychiatric knowledge is subjective knowledge and, at the same time, relative knowledge. (Discussion 8).
  - Psychiatrists’ awareness of the origin and relative nature of their knowledge is a prerequisite for its appropriate implementation. (Discussion 9).
  - Concepts of a psychological and psychopathological phenomena are valuable tools and greatly benefit from being used appropriately. (Kant quotation 4) (Discussion 10).

- If psychiatric ideas, concepts, and theories are misunderstood and considered as being absolute knowledge, endless quarrels and contradictions may occur. (Kant quotation 3) (Discussion 11).

### Conclusion

Psychiatrists need to be aware of the fact that their diagnostic categories are projected units which have been conceptualized on an ideal level and, as such, lead to relative knowledge, knowledge which refers to whichever ideas have been applied.

---

**Kant quotations:**

1. *Kant quotation 1:*
   
   Kant says: "Nothing but this can result from a psychological idea of this kind, if we only take proper care not to consider it as more than a mere idea..." (Discussion 9).

2. *Kant quotation 2:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

3. *Kant quotation 3:*
   
   "If psychiatric ideas, concepts, and theories are misunderstood and considered as being absolute knowledge, endless quarrels and contradictions may occur." (Discussion 11).

4. *Kant quotation 4:*
   
   "Appropriate use of the DSM-IV and ICD-10 categories to avoid conflict and contradictions..." (Discussion 7).

5. *Kant quotation 5:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

6. *Kant quotation 6:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

7. *Kant quotation 7:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

8. *Kant quotation 8:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

9. *Kant quotation 9:*
   
   "Psychiatric knowledge begins with sensuous impressions (perceptions), proceeds from there to conceptions of objects (ideas), and ends with the product of mental activity (ideas), e.g. with a psychiatric diagnosis..." (Discussion 1).

10. *Kant quotation 10:*
    
    "If psychiatric ideas, concepts, and theories are misunderstood and considered as being absolute knowledge, endless quarrels and contradictions may occur." (Discussion 11).