Empiricism in psychiatry versus empiricism in medicine

In the light of the philosophies of John Locke, David Hume and Immanuel Kant

Poster 4 • In the series: Psychiatry and medicine in the light of Immanuel Kant’s philosophy

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Psychiatry is an empirical discipline as is medicine. However, a major difference exists between empiricism in psychiatry and empiricism in objective medicine. In medicine, empirical knowledge is attained in many cases directly from objects in an absolute sense. In psychiatry, empirical knowledge, although also attained through sensuous impressions, leads to ideal objects. This difference is investigated and discussed through reference to the philosophies of John Locke, David Hume and Immanuel Kant.

Empirical knowledge is derived from sensuous impressions.

Quotations John Locke, David Hume and Immanuel Kant

In medicine, empiricism is derived from directly sensuous impressions (Discussion 1). Other empiricism, upon which I would like to build my argument, is that of a more complex nature and is not received directly through sensuous impressions (Discussion 2).

Furthermore, there is empirical knowledge of a more complex nature in medicine that neither corresponds directly to sensuous impressions, nor can be recognized on a physical basis, such knowledge we conceive as terms in our mind (Discussion 3). The same is true for empirical knowledge in psychiatry. Here, complex ideas are derived from sensuous impressions and reasoning (reflection upon our own experiences). It is impossible to prove this knowledge on a physical basis (Discussion 3 and Discussion 4).

Immanuel Kant writes:

“There is a great difference between a thing’s being presented to the mind as an object in an absolute sense, or merely as an ideal object. In the former case I employ my conception to determine the object; in the latter case I use my conception in order to infer the object, but my conception cannot be comprehended in an absolute sense”.

When we look at the outcome of a diagnostic process, we have ideas that can be proven on a physical basis or ideas that cannot be proven directly. Nevertheless, it is possible to prove this idea on a physical basis and that such ideas are not possible to prove (Discussion 3).

Discussion 1:

In medicine, there are physical signs which lead to simply definite diagnoses via direct sensuous impressions. For example, an open bone fracture is seen (recognised) directly through sensuous impressions. The knowledge attained here is objective knowledge since it corresponds directly to objects in an absolute sense and is, therefore, equally accepted by everyone.

Discussion 2:

In medicine, there are also complex ideas derived from reasoning on the basis of sensuous impressions. For example, when diagnosing myocardial infarction, the diagnosis is initially an idea which cannot be confirmed or rejected on the basis of sensuous impression. Nevertheless, it is possible to prove this idea on a physiological basis. As diagnostic criteria are revealed in an electrocardiographic examination and elevated levels of specific enzymes, the diagnosis can eventually be confirmed.

Discussion 3:

There is a second group of complex ideas in somatic medicine; these ideas neither correspond directly to sensuous impressions nor is it possible to prove them on a physical basis. For example, somatic symptoms and phenomena may be diagnosed on this basis that are not correspondable to a physical object. Nevertheless, it is possible to prove this knowledge on a physical basis and that such ideas are not possible to prove (Discussion 3).

Discussion 4:

In psychiatry, for example, schizophrenia is diagnosed when a certain complex of psychological symptoms (psychopathological phenomena) is present. Several chapters in the diagnosis of schizophrenia, (gr. phenomenon = that which appears) constitute this complex of psychological symptoms. However, the phenomena and also their relation to the intellect cannot be proven on a physical basis, only in our mind by careful weighing and deduction of thought, pondering their presence, and checking whether they match the diagnostic criteria laid down for schizophrenia, for example, in the ICD-10 or DSM-IV classification.

An empirical evaluation of this kind can only be carried out by the intellect, through forming a mental concept a mere schema or a mere idea. In contrast, a mere idea is not a mere idea, because this idea can be confirmed or proven indirectly on a physical basis. Therefore, it is impossible to prove this knowledge on a physical basis (Discussion 4).

Discussion 5:

Empiricism in psychiatry and psychology is not necessary when upon sensuous impressions, but is also dependent upon ideas being projected upon the ideas. For example, the mental disorder called schizophrenia can be recognized and diagnosed in an examination only if a classification category definition is set up and the idea is not only dependent upon ideas being projected onto the sensuous impressions. Consequently, results vary depending on the definition of ideas being projected onto the sensuous impressions.

Discussion 6:

Empiricism in psychiatry is dependent upon the ideas applied or, in other words, it is dependent upon the school of thought put into practice. If different classification systems, e.g. ICD-10 and then DSM-IV, are used after each other on a distinct population, the results obtained may differ. Complex ideas are examined and, thus, evaluated differently according to whichever theory is applied. However, this does not mean that the ideas are not comparable (Discussion 4 and Discussion 6).

Conclusions

Empiricism in psychiatry and psychology and in medicine is dependent not only upon sensuous impressions but also on reasoning, on reflecting upon the sensuous impressions (Discussion 1 and Discussion 2).

Empiricism in psychiatry leads to mere ideas which are not possible to prove on a physical basis (Discussion 4).

Empiricism in psychology and psychiatry leads to subjective knowledge and, subjective knowledge is dependent upon an agreement that decides classification category boundaries, as is empirical knowledge in psychiatry (Discussion 5 and Discussion 6).

A brief history of empiricism in medicine and in psychiatry

The term empiricism was originally used to refer to certain ancient Greek practitioners of medicine (Empiric school of medicine) who rejected adherence to the dogmatic doctrines of the day (Doxastic school of medicine), preferring instead to rely on observation of phenomena as perceived in experience. The empiricists, led by Hippocrates of Cos (460-370 BC) and later Galen of Pergamum (130-200 AD), mainly guided by preferred concepts and ideas. They held to a method based on observation of phenomena (empiria) and thus as a whole, the empiricists were a ready example of how a scientific theory is developed. The empiricists, led by the Frenchman Francis Bacon (1561-1626), sought to classify and discover the link between arteries and veins that had eluded the physicians of the Middle Ages. His ideas were later adopted by the Frenchman Blaise Pascal (1623-1662), who showed that certain ideas, called complex impressions, did not correspond directly to physical objects, and that many of these complex ideas never had perceptions that corresponded to them, and that many of these complex ideas never had perceptions that corresponded to them.

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