

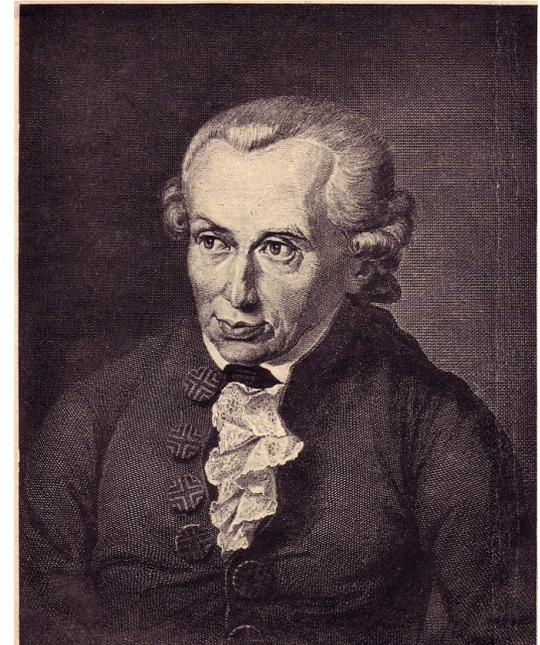
Critical Use of the Concept of Schizophrenia

2nd European Conference on Schizophrenia Research –
From Research to Practice 21-23 September 2009, Berlin

Schizophrenia in the Light of
Immanuel Kant`s
Critique of Pure Reason

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www.psychiater-psychotherapie.at



1724 - 1804

Immanuel Kant`s **Critique of Pure Reason** provides a philosophy for the basic principles of medical knowledge.

It shows the difference between **medical knowledge** and **psychiatric knowledge** and the ensuing consequences.

Part 1

- The difference between **medical diagnoses** and **psychiatric diagnoses** in the light of Immanuel Kant`s knowledge.

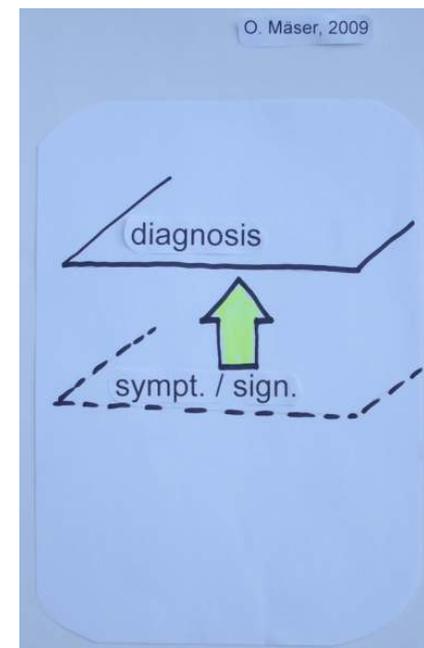
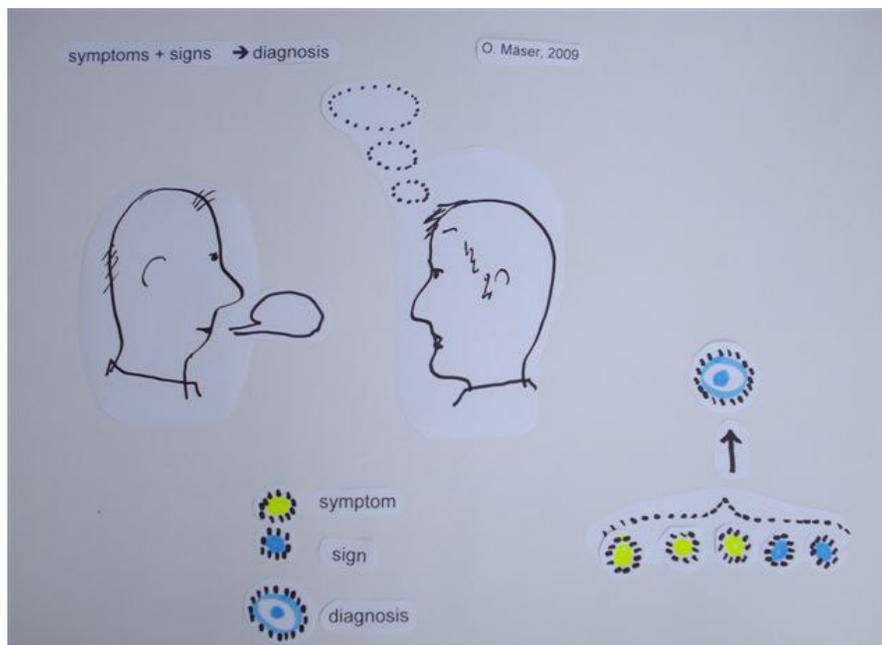
Part 2

- Ensuing **consequences** for
 - medical practice,
 - science and research, and
 - the revision of ICD-10 for ICD-11

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medical diagnosis -- introduction

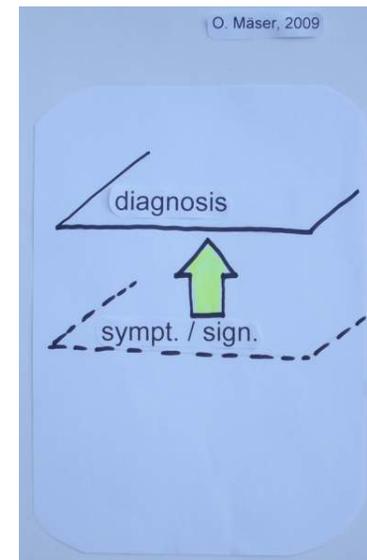
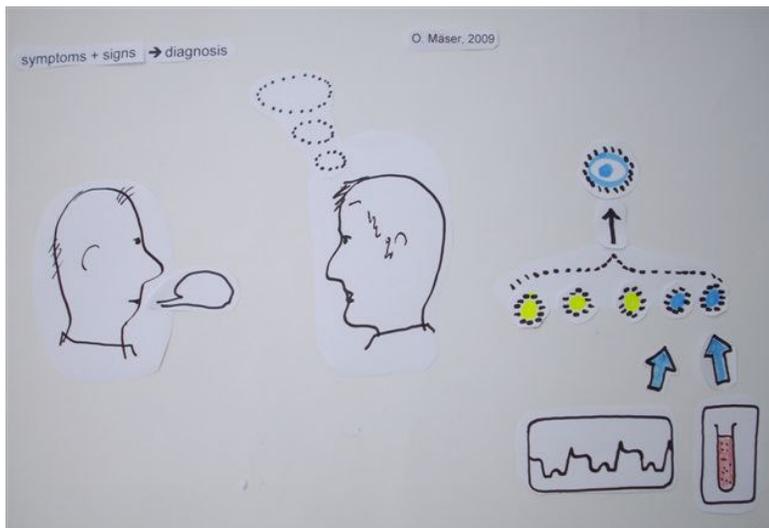
A medical diagnosis is based on **signs** and **symptoms**.



signs and symptoms -> determine a diagnosis

medical diagnosis

If characteristic **physical signs** can be found ->



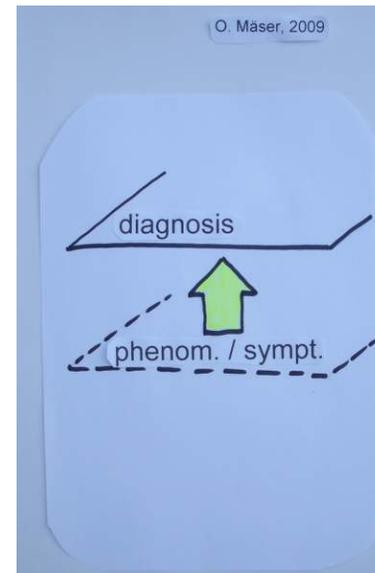
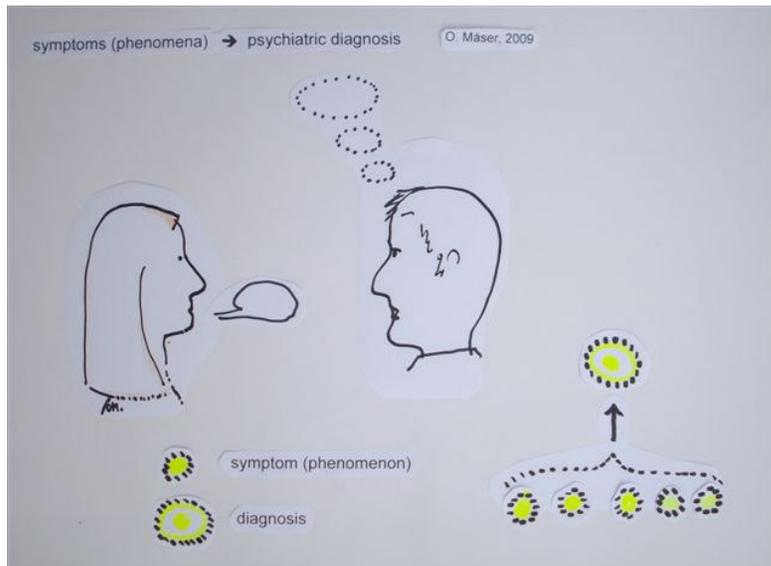
2 levels

-> the hypothesis can be proven on a **physical basis**

-> an objective diagnosis is possible.

mental disorder (psychiatric diagnosis)

A psychiatric diagnosis is based on **mental signs**.
Mental signs **cannot** be proven on a physical basis.



2 levels

-> Therefore, a psychiatric diagnosis **cannot** be proven on a physical basis.

some mental signs are called phenomena,
phenomenon gr. = that which appears – (in a person`s mind)

Since a psychiatric diagnosis depends on
mental signs / symptoms / phenomena

the crucial question is

How do we arrive at the characteristic
mental signs / symptoms / phenomena

... at the **terms** representing them?

Immanuel Kant provides us with the answer.

(see Kant quotations 1, 9 and 7)

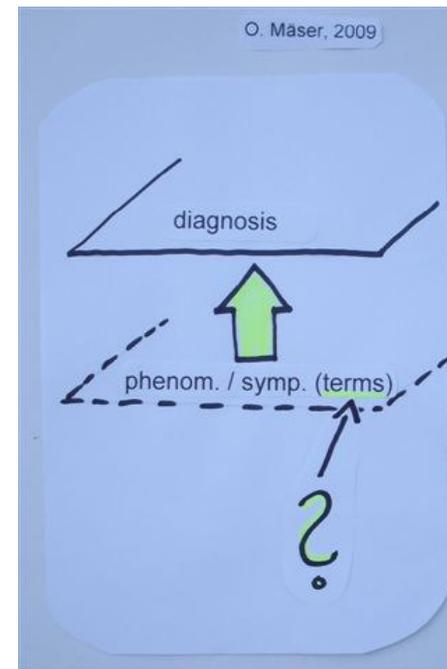
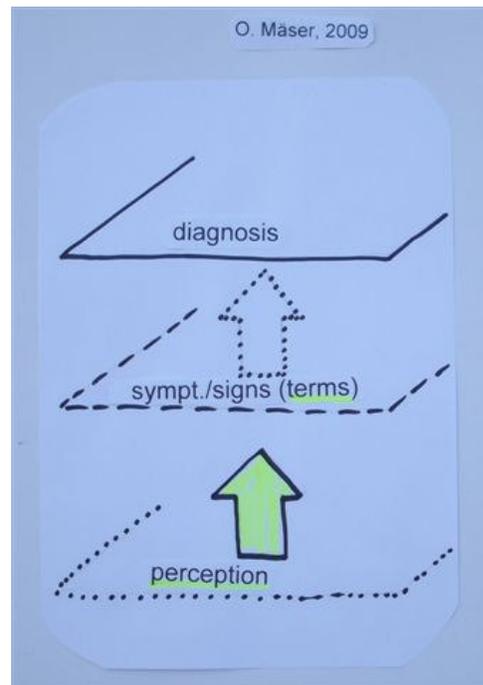
human cognition

Immanuel Kant writes

“Thus all human cognition begins with **perceptions**, proceeds from thence to **terms**, and ends with **ideas** ”

(Kant quotation 1)

....these **3 levels** are dealt with in the **Critique** ...



2 levels

objects of knowledge

Immanuel Kant distinguishes between **real (physical) objects** and objects that are **ideal objects** (objects in a person`s mind)

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 conceptions to determine the object; in the latter case nothing is present to the mind but a ***mere schema***, which does not relate directly to an object, not even in a hypothetical sense, but which is useful only for the purpose of representing other objects to the mind, in a mediate and indirect manner, by means of their relation to the idea in the intellect.”

(Kant quotation 7)

real (physical) object – versus – ideal object the differences

real (physical) object (= Gegenstand schlechthin)

- a bone fracture seen on an X-ray
- a tumour
- a histology picture on a slide

is a real object, we perceive it and can determine it

ideal object (object in a person`s mind) (= Gegenstand in der Idee)

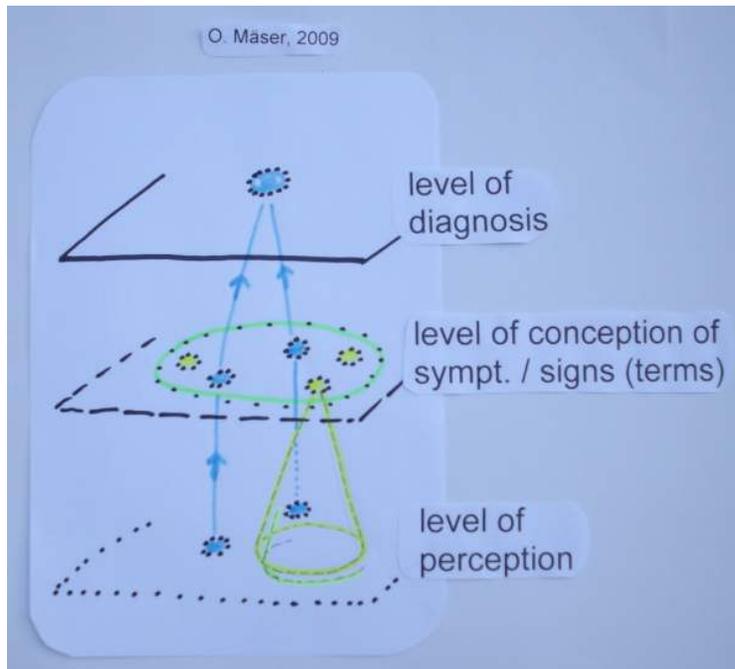
- a delusion
- a mood disturbance
- a depression

is an ideal object we conceive in our mind as a **mere idea** ... it appears in our consciousness as a **term** under which we conceive other objects in relation to this term ...(see Kant quotation 7)

So, both **real (physical) objects** and **ideal objects** appear as **terms** in our consciousness but, there is a great difference between these **objects** of our reasoning.

real (physical) objects – versus - ideal objects (objects in a person`s mind) in the light of Kant quotation 1

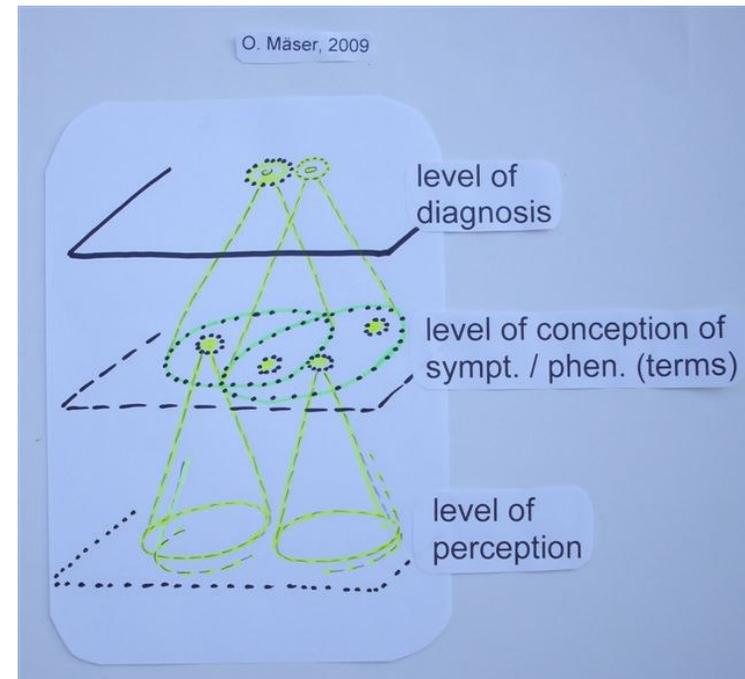
Diagnosis based on **real objects**



On the second level, **every** professional arrives at the **same terms** for the objective signs.

(see Kant quotation 9)

Diagnosis based on **ideal objects**



On the second level, **not every** professional arrives at the same terms for the symptoms and phenomena.

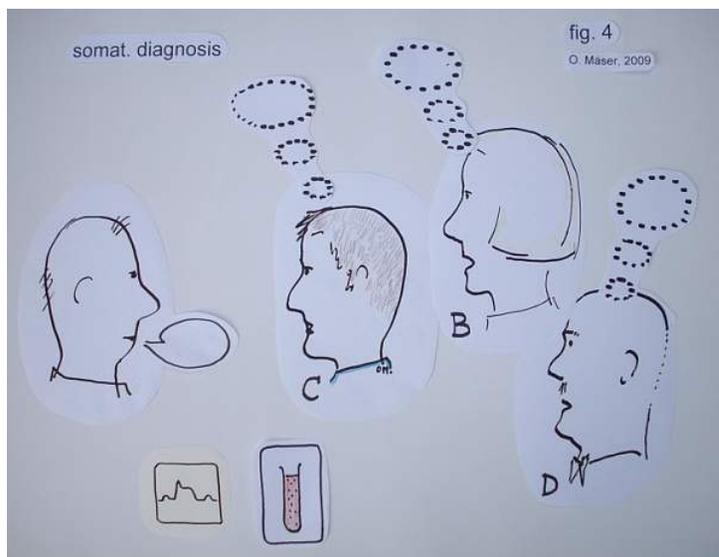
(see Kant quotation 9)

real objects – ideal objects

The difference between these **objects** is the
underlying cause
of all ensuing consequences

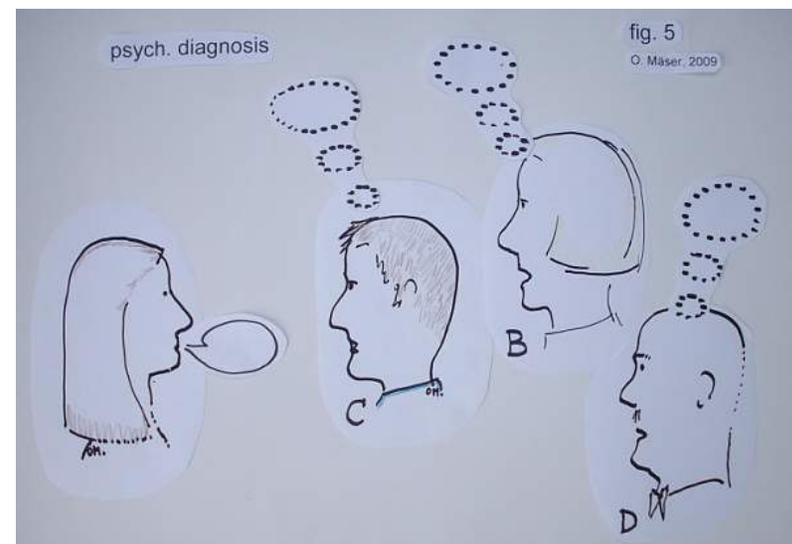
.... illustrated using the following example
medical diagnosis - versus - **psychiatric diagnosis**

medical diagnosis:
undefined diagnostic situation
unclear chest pain



hypothesis **can** be proven

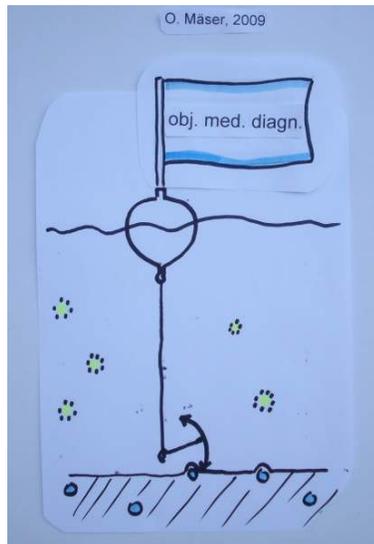
mental disorder:
undefined diagnostic situation
untypical mental disturbance



hypothesis **cannot** be proven

real (physical) objects – versus - ideal objects
(objects in a person`s mind) in the light of Kant quotation 1

objective medical diagnosis



anchored buoy
objective knowledge

psychiatric diagnosis
(symptom based diagnosis)



floating buoy
subjective knowledge

(see Kant quotations 1, 7 and 9)

Immanuel Kant on **psychological ideas**

“Nothing but good can result from a psychological idea of this kind, if we only take care not to consider it as more than a **mere idea**; ...”

(Kant quotation 4)

Critical use of the concept of schizophrenia ...

means to be aware of the facts that

- schizophrenia is a mental concept based on “*mere ideas*”, on characteristic *phenomena*, and is defined by an *agreement* determining its boundaries (*dogmatic definition*),
(see Kant quotation 10)
- schizophrenia is a mental concept (a “*psychological idea*”, a “*projected unit*”, a “*mere idea*”, a “*regulative term*”, a “*systematic unit*”) for the purpose of conceiving other objects in relation to this idea(see Kant quotations 4, 5, 7, 8 and Bleuler quotation)

Eugen Bleuler created this mental concept.

- We still diagnose schizophrenia referring to this concept, using the same principles,
..... by pondering in our mind whether the characteristic phenomena are present or not.



1857 - 1939

consequences – KEY POINTS 1

- Psychiatric knowledge is **subjective** knowledge.
(see Kant quotation 9)
- Psychiatric knowledge **appears** in the examining doctor`s mind.
(see Kant quotation 4)
- An **agreement** on category boundaries (*dogmatic definition*) is necessary.
(-> e.g. DSM and ICD) (*dogma gr. = that which sees the one*)
(see Kant quotations 10 and 9b)
- Psychiatric diagnoses are **relative** in the sense that a certain diagnosis applies, more or less, to the concept (category) and it is relative in the sense that the concept (category) is defined by an **agreement** (*dogmatic definition*).
(see Kant quotation 3a)
- Psychiatric diagnoses in more than one **dimension** (different “*regulative terms*”) can be applied...
...different synthesis of phenomena...
(->by pondering on what is the most relevant idea....)
(see Kant quotations 2 and 4)

consequences – KEY POINTS 2

- Schizophrenia **can be understood** as a disturbance at the level of the receptors ...
as a consequence of high vulnerability
... as a consequence of different causes
... as a consequence of different “*regulative principles*”.
(see Kant quotations 3 and 2)
- Only **symptomatic treatment** of schizophrenia is possible ...
(its cause is still not really known ...
compare *progressive paralysis* with *luetic encephalitis*)
- Psychiatric diagnoses are not as **rigid** or **definite** as objective medical diagnoses
(-> **flexibility** and **fluidity** in the use of the concept, for example, avoids
creating stigma)
(see Griesinger quotation and Kant quotation 3a)
- Psychiatric knowledge commands **less authority** than objective medical knowledge
(compare treatment of *progressive paralysis* with treatment of
luetic encephalitis,
-> research to determine objective criteria for schizophrenia continues)
(see Kant quotations 9 and 9b)

consequences – KEY POINTS 3

for psychiatric science:

- Diagnostic results depend on **agreement** on the definition of categories (e.g. by ICD and DSM).
- Evidence based studies provide information on **appearance** not *probability*.
(see Kant quotation 9b) (being aware of this difference avoids scientific sisyphus work)
- Scientific results based on different classifications (different *dogmatic definitions*) **cannot** be compared with each other. (see Kant quotation 9b)
- Evidence based knowledge in psychiatry has a **lower level of authority** than evidence based knowledge in objective medicine. (see Kant quotation 9b)

for the revision of ICD- 10 for ICD-11:

- The psychiatric classification is a **symptom** based classification.
(see Griesinger quotation)
- The definitions of the categories **aim** at the **best results** and do not correlate directly with *one biological cause*. (see Kant quotation 2)
- New categories can be introduced but one should be aware that an introduction of a new category, or a modification of a category, **influences** the whole classification and all results.

Critical Use of the Concept of Schizophrenia

final KEY POINT

Awareness of the basic principles of psychiatric knowledge leads to ...

-> its proper understanding,

-> its proper understanding leads to the right action;

the right action is critical action,

-> critical action is the best possible action, and

leads to the best results.

Uncritical action excludes possibilities.

(see Kant quotations 2 and 3)

Thank you for your interest



Feldkirch,
Austria

All quotations and more detailed information on the subject, as well as this power point presentation for free download as a PDF, are available at www.psychiater-psychotherapie.at (English edition: O. Mäser / A. M. Simma)

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