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, part of the empirical knowledge is derived directly from *sensuous impressions* (➟ Discussion 1). Other empirical knowledge in medicine is 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 proven 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 received through sensuous impressions **and** reasoning (reflection upon these impressions). Moreover, 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 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…" (➟ *Kant* quotation)

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 because they are based on *ideal objects* which do not relate directly to a physical object *(object in an absolute sense)*. The latter also applies to psychiatric diagnostic concepts; these are based on psychological ideas, also *ideal objects* which do not relate directly to a physical object.

Empiricism in medicine and in psychiatry

Simple ideas come directly from sensuous impressions. (➟ Discussion 1)

Some *complex ideas* do **not** develop directly, but indirectly, through sensuous impressions. (➟ Discussion 2)

Some *complex ideas* do **not** develop directly through sensuous impressions, but through *sensuous impressions* **and** reasoning, through reflection on sensuous impressions. (➟ Discussion 3 and Discussion 4)

If a hypothetic idea assumed in a diagnostic process can be proven right or wrong on a physical basis, this becomes objective knowledge. (➟ Discussion 2)

If a hypothetic idea assumed in a diagnostic process cannot be proven right or wrong on a physical basis, this is subjective knowledge. Such an idea is a *regulative idea* and, at the same time, a *mere idea*[1]. (➟ Discussion 3 and Discussion 4)

Empirical knowledge based on ***objects in an absolute sense*** leads to **objective** knowledge[1].

Empirical knowledge based on ***ideal objects*** leads to **subjective** knowledge[1].

Consequences

Keypoints:

- Empiricism in psychiatry, psychology and psychotherapy is dependent not only upon sensuous impressions but also on reasoning, on reflecting upon the sensuous impressions. (➟ Discussion 5)
- Empiricism in psychiatry leads to *mere ideas* which are not possible to prove on a physical basis. (➟ Discussion 4)
- Empiricism in psychiatry, psychology and psychotherapy depends upon which ideas are projected onto the sensuous impressions. (➟ Discussion 5)
- Empiricism in psychiatry, psychology and psychotherapy leads to subjective knowledge, and subjective knowledge is dependent upon agreements which decide classification category boundaries. It is dogmatic knowledge (gr. dogma = opinion). (➟ Discussion 6)
- Empiricism in psychiatry and psychotherapy depends on a school of thought. (➟ Discussion 6)
- Empiricism in objective medicine, the part of medicine which is based on *objects in an absolute sense*, is not dependent upon any ideology but is knowledge determined by its very nature. (➟ Discussion 1 and ➟ Discussion 2)
- Empiricism in symptom-based medicine, the part of medicine which is based on *ideal objects*, is subjective knowledge and, as such, is dependent upon an agreement that decides classification category boundaries, as is empirical knowledge in psychiatry.

Conclusion

Empiricism in psychiatry and empiricism in medicine both begin with sensuous impressions. However, a fundamental difference exists between empiricism in psychiatry and empiricism in objective medicine. Empiricism in psychiatry and empiricism in symptom-based medicine leads to *mere ideas*, which is subjective knowledge. On the other hand, empiricism in medicine based on *objects in an absolute sense* (physical objects) leads to objective knowledge. Consequences of this fundamental difference in knowledge need to be acknowledged and taken into consideration in practice and science.

Discussion

Discussion 1: In medicine, there are physical signs which lead to *simple ideas*; recognition occurs directly through sensuous impression. For example, an open bone fracture is seen (recognized) 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 more *complex ideas* which do **not directly** correspond to *sensuous impressions*. For example, when diagnosing myocardial infarction, the diagnosis is initially an idea which cannot be recognized directly through sensuous impression. Nevertheless, it is possible to prove this idea on a physical basis when specific deviations are revealed in an electrocardiographic examination and elevated levels of specific enzymes in a blood sample.[1]

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, fibromyalgia is diagnosed when characteristic symptoms are present, however, the individual symptoms and consequently the diagnosis fibromyalgia cannot be proven on a physical basis. Immanuel Kant calls ideas such as symptoms, phenomena, and symptom/phenomena-based diagnoses *mere ideas*.[1]

Discussion 4: In psychiatry, for example, schizophrenia is diagnosed when a certain complex of psychological symptoms (psychopathological phenomena) is present. Several characteristic psychopathological phenomena (gr. phenomenon = that which appears) constitute this complex of psychological symptoms. However, the phenomena and also the diagnosis schizophrenia cannot be proven on a physical basis, only in our mind by carefully weighing individual phenomena in thought, pondering their presence, and checking whether they match the classification category 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 in the mind. Immanuel Kant calls a mental concept a *mere schema* or a *mere idea*[1]. In contrast, a suspected myocardial infarction, initially also an idea, is not a *mere idea*, because this idea can be confirmed or proven to be wrong on a physical basis. (➟ Discussion 2)

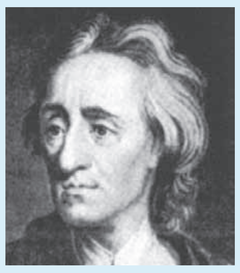
Discussion 5: Empiricism in psychiatry, psychology and psychotherapy is not only dependent upon sensuous impressions but is also dependent upon ideas being projected onto these sensuous impressions.
For example, the mental disorder called schizophrenia can be recognized and diagnosed in an examination/ investigation only if a classification category definition of schizophrenia is known by the investigator, and only by pondering on this and projecting this idea onto the sensuous impressions. Consequently, results vary depending on which definition of ideas is projected onto the sensuous impressions.
(➟ Discussion 4 and ➟ Discussion 6)

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 differ.[2] In psychotherapy, circumstances are viewed and, thus, evaluated differently according to whichever theory is applied.

[1] see Poster 2* for further information
[2] see Poster 3* for further information

Quotations

John Locke (1632-1704)



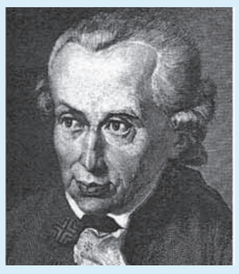
"Let us then suppose the Mind to be, as we say, white Paper, void of all Characters, without any *Ideas*; How comes it to be furnished? Whence comes it by that vast store, which the busy and boundless Fancy of Man has painted on it, with an almost endless variety? Whence has it all the materials of Reason and Knowledge? To this I answer, in one word, From *Experience*: In that, all our Knowledge is founded; and from that it ultimately derives it self. Our Observation employ'd either about *external, sensible Objects; or about the internal Operations of our Minds, perceived and reflected on by our selves, is that, which supplies our Understandings with all the materials of thinking*. These are the two Fountains of Knowledge, from whence all the *Ideas* we have, or can naturally have, do spring."[1]

David Hume (1711-1776)

"All the perceptions of the human mind resolve themselves into two distinct kinds, which I shall call IMPRESSIONS and IDEAS. The difference betwixt these consists in the degree of force and liveliness with which they strike upon the mind, and make their way into our thought or consciousness. Those perceptions, which enter with most force and violence, we may name *impressions*; and under this name I comprehend all our sensations, passions and emotions, as they make their first appearance in the soul. By *ideas* I mean the faint images of these in thinking and reasoning..."[2]

"…Ideas and impressions appear always to correspond to each other. This circumstance seems to me remarkable, and engages my attention for a moment.
Upon a more accurate survey I find I have been carried away too far by the first appearance, and that I must make use of the distinction of perceptions into *simple* and *complex*, to limit this general decision, *that all our ideas and impressions are resembling*. I observe, that many of our complex ideas never had impressions, that corresponded to them, and that many of our complex impressions never are exactly copied in ideas."[2]

Immanuel Kant (1724-1804)



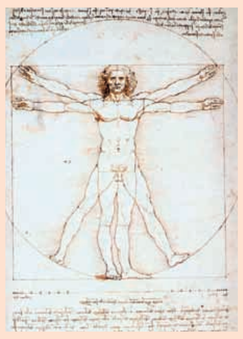
"Thus all human cognition begins with perceptions, proceeds from thence to terms, and ends with ideas. …"[3]

"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."[4]

[1] John Locke, *An Essay concerning Human Understanding*, Book II, Chapter I *Of Ideas in general and their Original*, § 2, Oxford World's Classics, 2008, page 54
[2] David Hume, *A Treatise of Human Nature*, Book I, Part I, Section I *Of the Origin of our Ideas*, Dover Philosophical Classics, 2003, pages 1-2
[3] Immanuel Kant, *Critique of Pure Reason*, Dover Philosophical Classics, 2003, page 393, modified version by O. Maeser and A. M. Simma of this J. M. D. Meiklejohn translation
[4] Immanuel Kant, *Critique of Pure Reason*, Dover Philosophical Classics, 2003, pages 375-376. Unabridged republication of J. M. D. Meiklejohn's translation as published in 1900 by the Colonial Press, London and New York

A brief history of empiricism in medicine and in psychiatry

The term *empirical* 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 (Dogmatic school of medicine), preferring instead to rely on the observation of *phenomena* as perceived in experience.



In mediaeval times, thinking was mainly guided by preformed concepts and ideas. It was only towards the end of the Middle Ages that a more critical approach began to develop. Leonardo da Vinci (1452-1519), not only a famous painter and inventor, was a scientist and diversely talented person also known for his studies on the human anatomy. Galileo Galilei developed the *occhiolino* or *little eye* (1609), precursor of the microscope built by Robert Hooke (1635-1703) which he used for observations published in his book Micrographia, thus inspiring a wide interest in the new science of microscopy and coining the biological term *cell*. The invention of the microscope enabled Marcellus Malpighi (1628-1694) to see capillaries and discover the link between arteries and veins that had eluded William Harvey (1578-1657), so proving Harvey's theory of circulation. In this way, empiricism was established in medicine step by step.

Psychiatry in Europe was not established as a discipline until mental deviations were recognized as mental illness, and thus as a health problem. The legend around Philippe Pinel (1745-1826) celebrates him as liberator of the insane from their chains, and Johann Christian Reil (1759-1813) first coined the term "Psychiaterie" in 1808, which soon became "Psychiatrie", or, in English, psychiatry. It was Wilhelm Griesinger (1817-1886) who became aware of the fact that it was not possible to diagnose mental disorders on an *anatomical basis* but only on a *functional*, namely a *psychological*, basis[1].

In philosophy, **John Locke** (1632-1704) had formulated the doctrine of **empiricism** (➟ *Locke* quotation).

David Hume (1711-1776) was a Scottish empiricist whose work *A Treatise of Human Nature* reveals the philosophical influence of John Locke and George Berkeley. Hume endeavoured to improve on the work of his predecessors, attempting greater precision (➟ *Hume* quotation).

Immanuel Kant (1724-1804) followed on from David Hume; he concerned himself in particular with knowledge that was impossible to prove on a physical basis. In his treatise *Critique of Pure Reason*, he showed that certain ideas, called *complex ideas* by John Locke and David Hume, are *transcendental ideas*. Furthermore, he demonstrated that such ideas are *mere ideas*; it is not possible to confirm them or prove them wrong on a physical basis ("am Probierstein der Erfahrung"). Psychological and psychopathological ideas are *mere ideas*.

Psychiatric knowledge, therefore, is based on phenomena which are *mere ideas*. This is the fundamental difference between empiricism in psychiatry and empiricism in objective medicine (that part of medicine which is objective knowledge), a situation which needs to be taken into consideration both in practice and in the sciences of psychiatry, psychology and psychotherapy.

[1] see Poster 2* for Griesinger quotation

* Posters published in this series

Poster 1: DIE ANWENDUNG DER "KRITIK DER REINEN VERNUNFT" VON IMMANUEL KANT AUF DAS PSYCHIATRISCHE DIAGNOSTIZIEREN published and presented in German DGPPN-Kongress 2009, November 25 – 28, 2009, Berlin, Germany

Poster 2: DIAGNOSIS IN MEDICINE AND IN PSYCHIATRY - THE DIFFERENCE - IN THE LIGHT OF IMMANUEL KANT'S PHILOSOPHY
18th European Congress of Psychiatry, February 27 – March 2, 2010, Munich, Germany (1st edition Feb. 2010); 2nd edition June 2010

Poster 3: PROBABILITY IN MEDICINE AND IN PSYCHIATRY – IN THE LIGHT OF IMMANUEL KANT'S PHILOSOPHY
18th European Congress of Psychiatry, February 27 – March 2, 2010, Munich, Germany

Poster 4: EMPIRICISM IN PSYCHIATRY VERSUS EMPIRICISM IN MEDICINE - IN THE LIGHT OF THE PHILOSOPHIES OF JOHN LOCKE, DAVID HUME AND IMMANUEL KANT
International Congress of the Royal College of Psychiatrists, 21 - 24 June 2010, Edinburgh, UK

Poster 5: CLASSIFICATION IN PSYCHIATRY – APPROPRIATE USE OF THE DSM-IV AND ICD-10 CATEGORIES TO AVOID CONFLICTS AND CONTRADICTIONS IN PRACTICE AND SCIENCE
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