MEDICAL DIAGNOSES AND PSYCHIATRIC DIAGNOSES

THE DIFFERENCE AND THE ENSUING CONSEQUENCES IN THE LIGHT OF IMMANUEL KANT'S PHILOSOPHY

Poster 2 ● in the series* ● Psychiatry and medicine in the light of Immanuel Kant's philosophy

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There is a fundamental difference between objective medical diagnoses and psychiatric and symptom-based medical diagnoses. Objective medical diagnoses are based on objective data whereas psychiatric diagnoses and symptom-based medical diagnoses are based on subjective data. Objective medical diagnoses are based on objective signs and appropriate objective data from various diagnostic procedures. Psychiatric diagnoses are based on psychological symptoms, some of which are called psychopathological phenomena. Objective signs and objective data from diagnostic procedures refer to *objects in an absolute sense,* whereas symptoms in general and phenomena are *ideal objects* which do not correspond directly to *objects in an absolute sense.* This is the basic difference between objective medical diagnoses on the one hand and psychiatric diagnoses and symptom-based medical diagnoses on the other. This knowledge difference and its ensuing consequences are demonstrated and discussed referring to Immanuel Kant's philosophy.

The basic principles of psychiatric and medical knowledge

All recognition is based on the comparison of data.

A medical diagnosis is based on symptoms, signs, and the results of various diagnostic procedures. These are then compared to medical diagnostic criteria and in this way a medical diagnosis is determined.

A mental disorder is diagnosed on the basis of abnormal psychological symptoms, some of which are called psychopathological phenomena, and these are compared with diagnostic categories to determine if diagnostic criteria are met. At the present time, the categories of the ICD-10 or DSM-IV classifications are in use.

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**..." (➞ *Kant* quotation 7)

In the case of an **object in an absolute sense** "I employ my conceptions to determine the object…" (➞ *Kant* quotation 7)

In the case of an **ideal object** *there is* "nothing 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." (➞ *Kant* quotation 7)

All **psychological** and **psychopathological** ideas are *mental schemes*, within which other objects can be conceived, e.g. the term depressive is coined when certain phenomena are conceived under this term. (➞ *Kant* quotation 7)
Psychological ideas, psychopathological phenomena and symptoms are mental schemes; schemes of terms in the mind which do not correspond directly to *objects in an absolute sense*. Therefore, we cannot prove them on a physical basis, only carefully weigh them in our mind and *ponder* the presence of a phenomenon (symptom).
On the other hand, we can determine *objects in an absolute sense* objectively and, therefore, many medical diagnoses can be determined on an objective basis. (➞ *Kant* quotation 9)
This constitutes the fundamental **difference** between **objective medical diagnoses** and **psychiatric diagnoses.**

Consequences of this basic knowledge difference

- **Psychiatric diagnoses** are **subjective knowledge** and it is impossible to prove these ideas on an objective level. (➞ *Kant* quotation 9) (➞ Discussion 1)
  The same applies to symptom-based medical diagnoses. Such knowledge is only subjective knowledge. (➞ Discussion 2)
  Objective medical diagnoses are objective knowledge because it is possible to prove these ideas on an objective level. (➞ Discussion 3)

- **Psychiatric diagnoses** and **symptom-based** medical diagnoses are ***projected units*** (➞ *Kant* quotation 8), which have been assumed to exist hypothetically. (➞ Discussion 4) On a physical basis, however, it is impossible to prove if such a diagnosis applies or not. In contrast, objective medical diagnoses are concepts which it is possible to prove on a physical basis. (➞ *Kant* quotation 9) (➞ Discussion 3)

- **Psychiatric diagnoses** and **symptom-based** medical diagnoses are ***mere ideas.*** (➞ *Kant* quotation 4 and *Kant* quotation 8)
  In contrast, objective medical diagnoses are not mere ideas but ideas which it is possible to prove on a physical basis. (➞ Discussion 3)
  Psychiatric and symptom-based medical diagnoses cannot be verified or proven wrong on an objective level. (➞ *Kant* quotation 9) (➞ Discussion 1 and Discussion 2)

- **Psychiatric diagnoses** and symptom-based medical diagnoses are ***regulative terms.*** (➞ *Kant* quotation 4) (➞ Discussion 5)

- **Psychiatric categories** and symptom-based medical diagnoses have to be defined by an **agreement**. (➞ Discussion 6)

- **Psychiatric diagnoses** are **relative** knowledge in a **double sense.** They are relative knowledge in relation to the idea (category / theory) applied, i.e. if the case matches the category chosen for use. (➞ Discussion 1) And, relative in the sense that knowledge changes if the definition of the category in use is modified. (➞ Discussion 7)

- In **psychiatric science,** phenomena and phenomena-based diagnoses are counted and calculated by statistical methods. This leads to a ***mere appearance*** (➞ *Kant* quotation 9b) within a classification, in comparison to another mere appearance when a different classification is applied. (➞ Discussion 7)
  Therefore, probability in psychiatry is *philosophical probability* ("philosophische Wahrscheinlichkeit") whereas probability in objective medicine is *mathematical probability* ("mathematische Wahrscheinlichkeit"). (➞ *Kant* quotation 9b) The difference between philosophical probability and *mathematical probability* and the ensuing consequences are demonstrated and discussed in more detail on poster 3 in this series PROBABILITY IN MEDICINE AND IN PSYCHIATRY – IN THE LIGHT OF IMMANUEL KANT´S PHILOSOPHY. (➞ Poster 3)*

  It is the basis of knowledge that leads to such diagnostic problems in psychiatry, problems that in medicine are only known in symptom-based diagnoses. (➞ Discussion 8)

Wilhelm Griesinger was aware of the basis and relativity of psychiatric knowledge when he created the first psychiatric nosology. (➞ *Griesinger* quotation) (➞ Discussion 9)

Conclusion

There is a fundamental difference between objective medical diagnoses and psychiatric and symptom-based medical diagnoses. Objective medical knowledge is certain knowledge. Psychiatric knowledge and symptom-based medical knowledge are relative knowledge within a classification (ideology). This should be acknowledged in practice and science. If psychiatric knowledge is regarded as being absolute knowledge – in Kant's terminology one would say: if these ideas are used in a *constitutive* way instead of a *regulative* way (➞ *Kant* quotation 4 and *Kant* quotation 5) – this leads to endless quarrels and contradictions. (➞ *Kant* quotation 3) Therefore, psychiatrists should be aware of the basis of their knowledge and use it appropriately.

Discussion

Discussion 1: The diagnosis of a mental disorder is reached by assessing in one's mind firstly, if characteristic psychological symptoms (phenomena) are present or not and secondly, whether the criteria of a classification, e.g. ICD-10 or DSM-IV, are fulfilled. Since this can be done on a mental level only and objective data to ascertain a diagnosis are not available, diagnostic problems result. With untypical clinical pictures in particular, it is not clear which diagnosis applies. This has been demonstrated by David Rosenhan, for example, in his experiment in 1973.

Discussion 2: Tension-type headache, fibromyalgia, and chronic fatigue syndrome are examples of symptom-based medical diagnoses that cannot be proven on a physical basis. Such a diagnosis is reached in the same way as a psychiatric diagnosis, by assessing the symptoms in one's mind and then pondering on the diagnostic criteria. It is, however, impossible to attain proof on a physical level. This is why diagnostic problems arise with symptom-based diagnoses in medicine just as they do in psychiatry.

Discussion 3: In the case of a suspected, objective medical diagnosis like myocardial infarction or pneumonia in internal medicine or meningitis in neurology… etc., these are ideas that can be proven on a physical basis through comparing objective findings, ascertained in electrocardiographic examinations, X-rays, laboratory tests… etc., with diagnostic criteria for the suspected diagnosis. Here, the assumption can be verified or proven to be wrong on an objective level. (➞ *Kant* quotation 9)

Discussion 4: Eugen Bleuler, for example, assumed on the basis of his clinical experience and by teleological reasoning that a mental disorder he called schizophrenia exists. This hypothetical concept proved to be useful (➞ *Kant* quotation 2), even more useful than the former concept dementia praecox which had been introduced into psychiatry by Emil Kraepelin and was then replaced by the concept of schizophrenia. Of particular interest is the fact that both diagnostic concepts had been created by pure reasoning on the basis of clinical experience, completely independent of any knowledge about the aetiology. In the same way that psychiatric diagnoses have been conceptualised on the basis of clinical experience and by mere reasoning, symptom-based concepts in medicine such as tension-type headache or migraine in neurology and fibromyalgia in rheumatology, have also been conceptualised initially without knowledge about the aetiology, it was only later that various aetiological theories arose.

Discussion 5: In the ICD-10 classification, for example, the definition of the categories regulates their interdependence. Similarly, symptom-based medical diagnoses are defined and regulated in their relationship to each other through their definitions, e.g. tension headache to migraine, fibromyalgia to other symptom-defined units in rheumatology, etc. In objective medicine conversely each objective medical diagnosis stands for itself, independent of neighbouring diagnoses. There can be two objective medical diagnoses at the same time, each one determined objectively on the basis of its characteristic objective parameters and each one independent of any other medical diagnosis.

Discussion 6: Psychiatric and symptom-based medical diagnoses are defined by *ideal objects* (➞ *Kant* quotation 7) which are mere ideas. It is, therefore, necessary to define these categories on an ideal level by agreement. In other words, a dogmatic definition [from Gk. dogma (gen. *dogmatos*) "opinion, tenet," lit. "that which one thinks is true"] is afforded as reflected, for example, in the DSM-IV and ICD-10 classification categories. In medicine, symptom-based diagnoses e.g. fibromyalgia, tension-type headache etc. are defined by agreement. In contrast, objective medical diagnoses are not defined by agreement but by objective parameters discovered on a physical level.

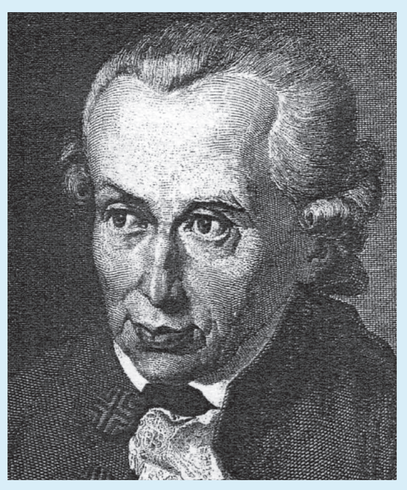
Discussion 7: If different classifications are applied in the study of a certain population different results are attained. It becomes obvious thereby that scientific study results depend upon the definitions of the classification used. In other words, the results of scientific studies in psychiatry depend upon the ideology applied. Therefore, scientific studies carried out using statistical methods lead to a *mere appearance* (➞ *Kant* quotation 9b) within the classification (ideology) employed. This is discussed in more detail on poster 3 in this series PROBABILITY IN MEDICINE AND IN PSYCHIATRY – IN THE LIGHT OF IMMANUEL KANT'S PHILOSOPHY, presented at this congress. (➞ Poster 3)*

Discussion 8: Due to the fact that psychiatric and symptom-based medical diagnoses are both based on ideal objects (➞ *Kant* quotation 7) diagnostic problems arise (➞ Discussion 1 and Discussion 2) in practice and problems arise in science. (➞ Discussion 7) This is discussed in more depth on poster 3 in this series. (➞ Poster 3)*

Discussion 9: It was Wilhelm Griesinger (b.1817 d.1868) who became aware of the fact that psychiatric diagnoses (categories) cannot be determined on an *anatomical* basis and that only a psychological definition of them is possible. (➞ Griesinger quotation)
Moreover, he created the first systematic psychiatric classification (nosology) on a psychological basis by defining three "Hauptgruppen" (categories) within which all kinds of mental abnormalities could be conceived of. This classification was further developed and differentiated by his followers. As we know, the classification established by Emil Kraepelin (b.1856 d.1926) became the precursor of the DSM classification and the following psychiatric ICD classification.
Wilhelm Griesinger points out that *"while it is now the task for clinical teaching to emphasize and analyse the diversity of mental disorders in actual cases of illness, it is nosology's task to suffice with a listing of a few main categories* ("Hauptgruppen") *… the varieties and boundaries between the individual forms need to be given good consideration…"* These statements (➞ Griesinger quotation) underline the fact that he was aware of the relativity of psychiatric knowledge. Griesinger's emphasis on the relative use of these concepts shows he used the ideas in a *regulative* way. (➞ *Kant* quotation 3)

Kant quotations**

In his treatise *Critique of Pure Reason* the philosopher Immanuel Kant was concerned with human knowledge that cannot be proven on a physical basis.



Immanuel Kant
1724 - 1804

Kant* quotation 2: *highest faculty of cognition
"Thus all human cognition begins with **perceptions**, proceeds from thence to **terms**, and ends with **ideas**. Although it possesses in relation to all three elements, a priori sources of cognition, which seemed to transcend the limits of all experience, a thorough-going criticism demonstrates, that speculative reason can never, by the aid of these elements, pass the bounds of possible experience, and that the proper destination of this **highest faculty of cognition** is to employ **all methods**, and all the **principles of these methods**, for the purpose of penetrating into the innermost secrets of nature, by the aid of the principles of unity among all of which the **aim** is the highest, while it ought not to attempt to soar above the sphere of experience, beyond which there lies nought for us but the void inane." [1] (page 393)

Kant* quotation 3: *boundaries of knowledge
"Thus, pure reason, which at first seemed to promise us nothing less than the extension of our cognition beyond the limits of experience, is found, when thoroughly examined, to contain nothing but **regulative principles**, the virtue and function of which is to introduce into our cognition a higher degree of unity than the understanding could of itself. These principles by placing the goal of all our struggles at so great a distance, realize for us the most thorough connection between the different parts of our cognition, and the highest degree of **systematic unity**. But, on the other hand, if misunderstood and employed as **constitutive principles** of transcendent cognition, they become the parents of illusions and contradictions, while pretending to introduce us to new regions of knowledge." [2] (page 393)

Kant* quotation 4: *psychological idea
"Nothing but good 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**; that is, if we regard it as valid merely in relation to the employment of reason, in the sphere of the phenomena of the soul. Under the guidance of this idea, or principle, no empirical laws of corporeal phenomena are called in to explain that which is a phenomenon of the internal sense alone; no windy hypotheses of the generation, annihilation, and palingenesis of souls are admitted. Thus the consideration of this object of the internal sense is kept pure, and unmixed with heterogeneous elements; while the investigation of reason aims at reducing all the grounds of explanation employed in this sphere of knowledge to a single principle. All this is best effected, nay, cannot be effected otherwise than by means of such a schema, which requires us to regard this ideal thing as an actual existence. The psychological idea is therefore meaningless and inapplicable, except as the schema of a **regulative term**." [1] (page 383)

Kant* quotation 5: *hypothetical exercise of reason
"The hypothetical exercise of reason by the aid of ideas employed as **problematical conceptions** is properly not **constitutive**. That is to say, if we consider the subject strictly, the truth of the rule, which has been employed as an hypothesis, does not flow from the use that is made of it by reason. For how can we know all the possible cases that may arise? – some of which may, however, prove exceptions to the universality of the rule. This employment of reason is merely **regulative** and its sole aim is the introduction of unity into the aggregate of our particular cognitions, and thereby the approximating of the rule to universality.
The object of the hypothetical employment of reason is therefore the systematic unity of cognitions; and this unity is the criterion of the truth of a rule. On the other hand, this systematic unity – as a mere idea – is in fact merely a unity projected, not to be regarded as given, but only in the light of a problem – a problem which serves, however, as a principle for the various and particular exercise of the understanding in experience, directs it with regard to those cases which are not presented to our observation, and introduces harmony and consistency into all its operations. All that we can be certain of from the above considerations is, that this systematic unity is a logical principle, whose aim is to assist the understanding, where it cannot of itself attain to rules, by means of ideas, to bring all these various rules under one principle, and thus to insure the most complete consistency and connection that can be attained." [2] (pages 362-363)

Kant* quotation 7: *real object – versus – ideal object
"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." [2] (pages 375 - 376)

Kant* quotation 8: *mere idea – a schema
"But reason cannot cogitate this **systematic unity**, without at the same time cogitating an **object** of the idea – an object that cannot be presented in any experience, which contains no concrete example of a complete systematic unity. This being *(ens rationis raciocinatae)* is therefore a **mere idea**, and is not assumed to be a thing which is real absolutely and in itself. On the contrary, it forms merely the problematical foundation of the connection which the mind introduces among the phenomena of the sensuous world. We look upon this connection, in the light of the above-mentioned idea, as if it drew its origin from the supposed being which corresponds to the idea. And yet all we aim at is the possession of this idea as a secure foundation for the systematic unity of experience – a unity indispensable to reason, advantageous to the understanding, and promotive of the interests of empirical cognition. We mistake the true meaning of this idea, when we regard it as an announcement, or even as a hypothetical declaration of the existence of a real thing..." [2] (pages 381-382)

Kant* quotation 9: *opinion, belief, knowledge
"The holding of a thing to be true, is a phenomenon in our understanding which may rest on objective grounds, but requires, also, subjective causes in the mind of the person judging. If a judgement is valid for every rational being, then its ground is objectively sufficient, and it is termed **conviction**. If, on the other hand, it has its ground in the particular character of the subject, it is termed a **persuasion**.
Persuasion is a mere illusion, the ground of the judgement, which lies solely in the subject, being regarded as objective. Hence a judgement of this kind has only private validity – is only valid for the individual who judges, and the holding of a thing to be true in this way cannot be communicated. But **truth** depends upon **agreement with the object**, and consequently the judgements of all understandings, if true, must be in agreement with each other *(consentientia uni tertio consentiunt inter se)*." …"Holding for true, or the subjective validity of a judgement in relation to conviction (which is, at the same time, objectively valid), has the three following degrees: **Opinion, Belief, and Knowledge**. Opinion is a consciously insufficient judgement, subjectively as well as objectively. Belief is subjectively sufficient, but is recognized as being objectively insufficient. Knowledge is both subjectively and objectively sufficient. Subjective sufficiency is termed conviction (for myself); objective sufficiency is termed certainty (for all)." [2] (pages 460-461)

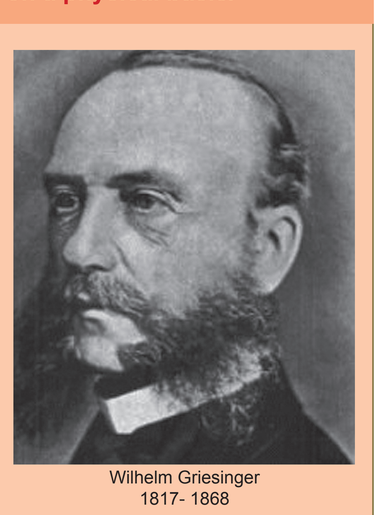
Kant* quotation 9b: *probability – versus – mere appearance
"In probability there always has to be an appraisal measure. This measure is certainty … such a measure does not exist with mere appearance; in this case I do not compare insufficient knowledge (grounds) with sufficient knowledge, but only with knowledge which is to the contrary …therefore the philosopher has to be content with mere appearance, a subjective and practically adequate knowledge …about mathematical probability in contrast, one can only really say that it is more than half of the truth." [3] (pages 512-513)

[1] modified J. M. D. Meiklejohn translation (➞ www.psychiater-psychotherapie.com)
[2] translation J. M. D. Meiklejohn
Immanuel Kant, Critique of Pure Reason, Dover Philosophical Classics, 2003, unabridged republication of J. M. D. Meiklejohn´s translation as published in 1900 by the Colonial Press, London and New York
[3] translation O. Maeser / A. M. Simma
from: Band VI, Gesammelte Werke, Immanuel Kant: "Schriften zur Metaphysik und Logik 2" (Logik- Einleitung), WAHRSCHEINLICHKEIT – ERKLÄRUNG DES WAHRSCHEINLICHEN - … suhrkamp Taschenbuchausgabe, herausgegeben von Wilhelm Weischedel, 1. Auflage 1974, ISBN 3-538-27653-7

**Original German quotations ➞ Poster 1
Further Kant quotations at www.psychiater-psychotherapie.com

Griesinger quotation

Wilhelm Griesinger, psychiatrist and neurologist, was confronted with the fact that mental disorders could not be diagnosed on a physical basis.



Wilhelm Griesinger
1817- 1868

"A classification of psychiatric diseases according to anatomical deviations in the brain is impossible at the present time, but, just as the whole class of insanities is only symptomatological, it follows that only different symptom complexes, i.e. different models of insanity, can be presented initially as its various forms.
Instead of using the anatomical principle of classification, we have to adhere to the functional, physiological and, since the disturbances of imagination and will are the main and most noticeable ones, this classification will be psychological.
Mental illness, therefore, is to be classified according to the type of psychological anomaly. While it is now, however, the task for clinical teaching to emphasize and analyse the diversity of mental disorders in actual cases of illness, it is nosology's task to suffice with a listing of a few main categories ("Hauptgruppen") for mental disorders; with a few basic psychological abnormal conditions determined by the same characteristic signs presenting themselves in a great number of cases and, therefore, to which all variations of individual illnesses can be traced back.
It is mainly here that we have to describe these basic conditions and their outward appearance and, admittedly, the varieties and boundaries between the individual forms need to be given good consideration; this is, however, something which can never be done in exhaustive detail. ..." [4] (page 211)

[4] translation O. Maeser / A. M. Simma
from: Wilhelm Griesinger: "Pathologie und Therapie der Psychischen Krankheiten", 2. Aufl., Berlin 1867, Nachdruck des Verlages E. J. Bonset, Amsterdam 1967

Original German quotation ➞ Poster 1

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
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18th European Congress of Psychiatry, Munich, February 27 – March 2, 2010

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

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