

## C. GABBANI, *EPISTEMOLOGY AND CLINIC*

### INTRODUCTION

This volume brings together three essays each of which addresses a particular aspect that is epistemologically relevant to clinical knowledge (understood in the broadest sense of the word): the functions and the significance of research on case studies in medicine; the nature and role of classificatory systems in psychiatry; the epistemic status and different types of dynamic psychologies.

Apart from referring to the clinical context, these essays share a certain approach and outlook, which is probably not one commonly found in philosophy of medicine and of psychology. Indeed, my philosophical research focuses on the relationship between the so-called “*manifest image*” and the so-called “*scientific image of man*”.<sup>1</sup> This means, *inter alia*, reflecting, first, on the fate of the person within the context of the natural sciences, and, then, on the vicissitudes of the natural sciences (and the practices based on them) as they have to deal with the human being and related phenomena.<sup>2</sup>

This volume thus offers a selection of essays that seek to reveal certain specific aspects of clinical knowledge with regard to both its particular operative finality (knowledge geared to the treatment) and the highly complex, diversified nature of its subject-matter. We will thus explore in what ways the specific phenomena and finality of clinical knowledge impact on its overall structure and how finally this clinical knowledge can be distinguished from the various experimental natural sciences from which it derives its own repertory of basic knowledge.

Thus, a question that crops up again and again throughout this book is: how is the epistemological and methodological status of the different clinical disciplines (from general medicine to psychiatry and psychoanalysis) influenced and marked by the fact that they have to deal, intrinsically, with phenomena such as *individual pathological conditions*, or with a specific and special subset of them, namely *psychopathological conditions*.

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<sup>1</sup> Cf. W. Sellars, *Philosophy and the scientific image of man*, in: Id., *Science, Perception and Reality*, Routledge, London 1963, pp. 1-40 (Ridgeview, Atascadero 1991).

<sup>2</sup> Cf. for instance: C. Gabbani (ed.), *Between Two Images. The Manifest and Scientific Conceptions of the Human Being, 50 Years on*, “Humana Mente. Journal of Philosophical Studies”, 21 (2012); Id., *The Causal Closure of What? An Epistemological Critique of the Principle of Causal Closure*, “Philosophical Inquires”, I (2013), pp. 145-174.

The analysis proceeds from the conviction that ordinary medicine based on scientific experimentation and the underlying naturalistic knowledge, represents a paradigm of rationality and uncontested efficacy, its value being such that the most promising epistemological discourses must, by necessity, relate to it and contribute to its advancement. This does not rule out that, on various scales and levels, the different sciences address problems and adopt conceptual and methodological frameworks that are informed by highly effective specificity and diversity. It therefore also stands to reason that to know and effectively address pathological phenomena may also require recourse of various *non-naturalized* conceptual frameworks and methodological approaches. This recourse implies the co-existence and integration of a scientific/naturalist, analytical and sub-personal perspective, with what has been defined as a mentalist, synthetic and personal-level perspective, and this is certainly a recurring theme throughout the entire book. The tension between these different levels of approach is seen here not as an unfortunate hurdle, but rather as an intrinsic, essential feature of clinical knowledge which results in an epistemic space that is indeed characteristic of these disciplines. This framework is, in particular, intrinsic to psychiatry and to dynamic psychology.<sup>3</sup>

A second theme that runs throughout the entire book is that relating to the dialectic found in a clinical setting between individual conditions/single cases and supra-individual knowledge/general models to which recourse is taken. Even in this case we are probably facing a tension that is intrinsic to clinical knowledge in general. And, even here we should find a way to *inhabit* the tension - that is to say, to consciously accept and employ it - rather than to overcome it. Indeed it is *in primis* everyday clinical practice that is constantly called upon to proceed in this way. It is not always clear whether it succeeds in doing so, but it is even less clear that we always grasp the meaning and consequences that this tension between singularity and generality can have on the nature of any science of the pathological in *all* its dimensions (and not only on its practical side). At the same time, it is really the most advanced medicine that, proceeding from the acquisition of *general* knowledge, *can* then also strive to grasp and address in better way (at least to some extent) the distinctive individuality and uniqueness of each *single* clinical case. But also an

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<sup>3</sup> From this point of view, one could also take recourse to very general expression used by Martin Davies when he speaks of the "interaction without reduction" between levels (*Interaction without Reduction: the Relationship between Personal and Sub-personal Levels of Description*, "Mind & Society" I (2000), n. 2, pp. 87-105).

attempt to come closer to this ideal requires a stronger and more explicit awareness of this tension between the singularity of phenomena and the generality of models in clinical knowledge. Based on this awareness, one can then try to integrate in research and therapy the theoretical and practical tools of a general nature with practices of *individualization* and also of *personalization*. We should keep in mind that this has to do with practices that presuppose all scientific-experimental progress (and thus complete, without negating, the scientific underpinnings of medicine), but at the same time they allow for and even require the use of non-naturalistic concepts, methods and knowledge, together with the naturalized ones.

These three essays address the different topics they deal with in a largely preliminary way. The author's intention is less to corroborate the outlook they propose than to draw attention to groups of issues and themes that tend to be neglected or minimized when they are not addressed specifically. Since these essays are not (and not intended to be) a systematic introduction to the philosophy of medicine but rather a selection informed by epistemological interests, they do not exhaustively address the subjects in question, nor do they deal with institutional questions, such as those relating to the methodologies of samples and medical statistics, or the historical development of psychiatric nosography, or the general practice of Freudian or Jungian psychoanalysis. On all those matters it is already possible to find largely reliable introductions and it would not have been possible to add anything relevant here. I hope these omissions do not impinge upon the intelligibility nor the validity of the content of this volume.

Let us now take a closer look at the content of the three essays.

- The first (*Epistemology and clinical cases*) addresses the question of the role of the single clinical case in medicine. Medicine is indeed a knowledge that unlike a large part of scientific/experimental knowledge grants attention and a sort of literary genre (the case report) to the presentation of individual clinical cases. Why this? What significance and what cognitive and operative role does the report of a single case have? What dynamic can trigger its valorization in the construction of a medical knowledge of super-individual importance? And what does all of this reveal about the *status* of clinical knowledge, of their necessary levels of analysis and of its intrinsic tension between singularities and generalizations?

- The second essay (*Epistemology and psychiatric classifications*) focuses on epistemological problems arising from psychiatric classifications. Indeed, psychiatry is a knowledge in which the highest degree of epistemological problems emerge from constructing a systematic, scientific knowledge, which is also adequate for dealing with the pathological conditions that relate directly to the most distinctive and valuable aspects of the human condition: i.e., our psychic life, our behavior, our relations with others and with ourselves. In this sense, the debates that have always accompanied the adoption and use of DSM, in every new edition, only allude to this difficulty. Throughout the discussions of several themes at the heart of the philosophical debate on psychiatry an attempt is made here to propose a general interpretation of the status, the nature and finality of psychiatric taxonomies, seen as *epistemic constructs of syntheses, influential and not entirely naturalistic that orient the knowledge and the treatment of the psychopathological states of an individual*.
- The third essay (*Epistemology and dynamic psychologies*) explores the question of the scientific status of psychoanalysis or, better, of dynamic *psychologies*. It is a controversial subject and one that has always been at the center of heated debates in the philosophy of science. Here, too, an attempt is made to rethink the actual approach to what is really at stake here. Letting oneself be guided by the uniqueness of phenomena and the finality that are intrinsic to psychoanalysis to show the inadequacy of an approach that judges dynamic psychologies as if it were all one unitary entity, while what one could rightly say about the Freudian perspective would not necessarily hold, say, for Jung, or Adler or Bion. And it would probably be similarly erroneous to assume that the adequacy, validity and utility of psychoanalysis depends on conforming entirely to the standards taken up mechanically by other forms of knowledge dealing with objects and a finality that are markedly different. By contrast, we will explore the hypothesis that there is a kind of legitimate internal pluralism that has informed both theory and practice in dynamic psychology since the very beginning. And we will also see how the presence of 'mentalist', non naturalised, categories play a crucial role in psychoanalysis: a role that might, among other things, contribute to distinguishing this discipline from the natural sciences, situating it on a different level of analysis of mental processes.