

Opinion

for the PhD thesis THE PHILOSOPHICAL UNDERSTANDING OF PSYCHIATRIC DISORDERS IN LIGHT OF HANS-GEORG GADAMER'S HERMENEUTICS NOTION OF MENTAL HEALTH by Edmond M. Charley from assoc. prof. Ina Dimitrova, University of Plovdiv "Paisii Hilendarski"

The dissertation consists of 210 computer pages, organized in four chapters, the last of which is a conclusion, and an extensive bibliography.

In "General Psychopathology", Karl Jaspers distinguishes between "explanation," the task of the natural sciences, and "understanding," the task of the human sciences, and more specifically of phenomenology (he is, of course, only one representative in the long German tradition that defends and follows this distinction, but he is the one who applies it to the field of mental health). The analysis that is offered in this dissertation situates its efforts firmly on the side of "understanding". As the author points out at the beginning (p. 11-12), the study focuses on the hermeneutic tradition, which is "founded on the idea that meanings of specific experiences may solely be grasped by understanding the context in which individuals live and through which those given experiences are significant". Relying on this, „psychiatrists should embrace a hermeneutic approach ... [and] try to understand their patients' struggles in much the same way as they try to comprehend great artworks" (p. 12).

Briefly reconstructed, the argumentation that is developed in the analysis, consists of the following three general steps: 1. It points out that mental disorders are an increasingly severe burden on a global scale, and no approach up to date has brought us indisputable benefits and successes without also causing serious harm; 2. Biological models dominate psychiatry, and recently great attention and resources are being invested in neuroscience research and evidence-based medicine - but these cannot help us if we seek to understand the meaning of the psychiatric distress in each individual situation; 3. Therefore, philosophy, and in particular Gadamer's hermeneutics, can help us since it "focuses on the need for a closer assessment of people within a specific context to understand their inner selves" (p. 13).

What are the more specific recommendations for working with patients, given that psychiatrists follow the hermeneutic approach and its four key concepts, that are well introduced in the study? First, as already stated, insofar as the concept of hermeneutics is based on the idea that the meaning of any particular experience becomes accessible through familiarity with the context, "practitioners must go deep into the client's environment in order to develop knowledge of their mental health challenges" (p. 26-27). This environment includes personal life circumstances, past experiences, economic crises, social and cultural pressures, poor social relationships, and other environmental stressors (p. 54); social isolation, trauma, or cultural influences (p.170). In other words, we have a strong reassertion of the importance of the environment (pp. 31-32).

Secondly, hermeneutics motivates making dialogue a key tool - it should help us "assess a patients' inner feelings and mental state" (pp. 27-28) in order to build " a close connection and dialogue with them" (p. 34). Here the important point is made that the dialogue highlights the need for patients to be as closely involved as possible in the whole process of decision-making. This issue of participation as a long-standing

battle in the field of service users' and survivors' activism, is very clearly addressed in the introduction of the dissertation.

The result of such an approach, which is also identified as a main statement of the dissertation (p. 32), is that "incorporating Gadamer's hermeneutics into psychiatric practice improves patient satisfaction and therapeutic outcomes by promoting a better understanding and empathy between psychiatrists and patients, ultimately leading to more successful diagnosis and treatment". Through this method, psychiatrists will increase their reflexivity and be able "to critically examine their preconceptions, biases, and assumptions that could affect their therapeutic judgment and practice. Clinicians can improve their ability to understand patients on an empathic level, engage in ethical discourse, and form a therapeutic partnership (p. 171).

Accordingly, four Gadamer's core concepts are discussed, and the idea is that by using them this approach will successfully make the promised steps forward in diagnosis and therapy. This thesis, however, remains for me insufficiently supported by evidence and very often appears in the text in the future tense - as something we can hope for. And this is the first comment that I would like to make - the text needs more concrete evidence and an attempt to answer the question how we could operationalize Gadamer's concepts, how we translate them into specific techniques of diagnosis and therapy.

This leads to at least two more questions:

1. Is this approach equally applicable to all psychiatric diagnoses? In the dissertation there's a little bit more attention paid to depression, but how do we apply it in other cases? For example, in cases in which *dialogue*, at least in its usual form, is unattainable because of the specificities of the condition - for example, in psychoses? As is well known, this is a central problem, for example, for psychoanalysis as a "talking cure". And how is a person without a psychotic experience able to *understand* the reality of a psychotic episode?

2. How and why the above elements of the hermeneutic approach - dialogue, therapeutic alliance, looking into the patient's social and life context, and situating the patient's personal story within the larger story - differ from the many other approaches to mental health that give similar advice - social approaches to psychiatry where appears the highly significant idea of a "therapeutic community", narrative psychiatry, dynamic approaches that are specifically interested in family history and context, Carl Rogers' humanistic therapy, contemporary approaches that focus on first-person accounts of the psychiatricized people themselves and emphasize various forms of self-help, etc.?

My final question is more general: namely, is it possible and how can we convince conventional psychiatrists that hermeneutics is applicable and would enrich their own practices? There are strong statements along these lines in the text - for example on p. 81: "Philosophy has explosive powers, and the world can achieve critical insights" or on p. 82. "These philosophical stances are essential as they will help identify the gaps in understanding and treatment that exist in the current field of psychiatry." Psychiatry is a medical specialty, and members of the field generally strongly insist on this identity of psychiatry because otherwise they will become an easy target of the traditional critiques of the power of psychiatry. In this sense, its representatives are not always eager to allow "philosophical intrusions" such

as those recommended by the dissertation. This is evident, for example, from the usual treatment of anti-psychiatry - it is often demonized by many psychiatrists precisely because it steps away from the “medical” and goes closer, even too close, to the “philosophical”.

The dissertation undoubtedly has a number of merits. I fully share the conviction that philosophy provides an opportunity to broaden the psychiatric horizon and “allows open-minded approaches, contributing to developing novel approaches in the mental health field” (p. 128), and I believe that working to promote such understanding is crucial. In this respect the thesis undoubtedly is a contribution. It surveys a substantial body of literature and demonstrates a very good knowledge of both fields - philosophy and psychiatry, as well as of their actual and possible intersections and vistas for enrichment. Therefore, without hesitation I recommend giving the educational and scientific degree “doctor of philosophy” to Edmond Charley.

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