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KULTURA I WARTOŚCI
ISSN 2299-7806
NR 4 (8) /2013
ARTYKUŁY
s. 149–160

UNDERSTANDING IN PSYCHOPATHOLOGY AND ENGAGED EPISTEMOLOGY

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The article outlines the problem of understanding mental disorders and the proposed distinctions significant in terms of all research done in the context of the philosophy of psychiatry. Inspired by the phenomenological and hermeneutic approach, engaged epistemo-logy is presented as a tool which helps to reveal the significant aspects of mental illness and psychopathology. By revealing the embodiment and the deep relation between the body and the outside world, engaged epistemology allows for a description of the dimensions of psychotic experience, as well as a more in-depth analysis of particular psychopathologies (and the related disorders of identity, lack of sense of reality and problems in relations with others). Scientists studying the phenomenological tradition made efforts to reliably describe the subjective experience of patients, and to critically evaluate the scientific ability to study illnesses. The hermeneutical critique of psychiatry, in turn, resorts to revealing its socio-cultural background which determines the horizon for objective, scientific, clinical research.

Keywords: philosophy of psychiatry, phenomenology, psychopathology, mental illness, engaged epistemology

The significance of the question of "understanding" in psychiatry is evidenced by the multitude of comments made on the topic by psychiatrists, psychologists, therapists and philosophers[1]. The discussion is historically grounded and constitutes an important part of psychiatry's identity. Side references to the humanist, existential or human dimension of disorders are often made in the context of many discussions pertaining to the status of disorders, their psychiatric classification, or pharmacotherapy.

The below article outlines the problem of understanding mental disorders and the proposed distinctions significant in terms of all research done in the context of the philosophy of psychiatry. Inspired by the phenomenological and hermeneutic approach, engaged epistemology is presented as a tool which helps to reveal the significant aspects of mental illness and psychopathology.

Among contemporary authors directly preoccupied with matters related to understanding, one could mention Nancy Potter[2], who transcends the strictly clinical

[1] More in-depth analyses can be found in the book: A. Kapusta, *Szaleństwo i metoda: granice rozumienia w filozofii i psychiatrii*, Wyd. UMCS, Lublin 2010 (*Madness and method: The limits of understanding in philosophy and psychiatry*, in Polish).

[2] N. N. Potter, *Moral Tourists and World Travelers. Some Epistemological Issues in Under-*

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perspective and, in the scope of her "moral tourism", engages in a sort of a hermeneutical-cultural analysis and emphasises the moral dimension of the therapeutic relationship. Interesting analyses in this respect were also conducted by a Polish psychiatrist, Antoni Kępiński, who made distinguished between the naturalistic and humanist approach towards the patient[3]. He perceived natural sciences as a source of an approach whose objective is to minimise interference with the observed phenomena. Just as an observer has a "guarantee of immunity" and cannot influence the development of a phenomenon, the object of observation itself also must not influence the observer. The naturalistic approach would then correspond to such attributes as "measurability" (quantitative analyses) and "verifiability" (repeatability of research). Kępiński did not question the value of the empirical and experimental approach as such, but concluded that the objectivist model does not take us any closer to the actual knowledge of a human being – he perceived it merely as a repetitively reacting automaton. The psychiatrist emphasised the precariousness of a doctor's position, as he often does not know whether to call himself a scientist or a "somewhat mediocre artist". He observed: "[...] the psychiatrist stands at a junction, for he knows that when he employs naturalistic methods, he will lose that which is the most important and interesting in psychiatry – the world of another person's experiences, and besides, it will also wrong the patient by treating him as an object or an automaton. Whereas, should he try to observe and understand the subjective world of the patient, the doctor is bound to lose touch with the solid, scientific foundation of his work"[4].

ASPECTS OF UNDERSTANDING AND LEVELS OF PSYCHOPATHOLOGICAL ANALYSES

A review of contemporary literature in psychopathology and philosophy of psychiatry[5] allows a preliminary insight into those aspects of understanding that are of particular importance in psychiatry:

1. The understanding of disordered behaviour is related to the person, not the organism. A psychiatrist cannot limit himself to the treatment of only one organ, or the use of only one therapeutic technique[6]. Medicine is focused particularly on the biological human being, whereas for a psychiatrist it is necessary to relate to the social and cultural dimensions of the human condition.

standing Patients' Worlds, "Philosophy, Psychiatry & Psychology" 2003, Vol. 10, No. 3, pp. 209–224.

[3] A. Kępiński, *Poznanie chorego,* PZWL, Warszawa 1989, p. 12.

[4] *Ibid.*, p. 14.

[5] K. W. M. Fulford, T. Thornton, G. Graham, *Oxford Textbook of Philosophy and Psychiatry*, Oxford University Press, Oxford 2006; N. Ghaemi, *The Concepts of Psychiatry. A Pluralistic Approach to the Mind and Mental Illness*, The Johns Hopkins University Press, Baltimore 2004; *The Philosophy of Psychiatry*, ed. J. Radden, Oxford University Press, New York 2004.

[6] E. W. Straus, *Psychiatry and Philosophy*, [in:] *Psychiatry and Philosophy*, ed. M. Natanson, Springer-Verlag, New York 1969, pp. 1–84.

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The focus of psychiatry is therefore neither the brain, nor the body or the organism, but rather the integral and unique person in the context of individual existence, whose true nature is revealed through communication with others.

2. Interpretative methods are opposed to naturalistic methods, and in medicine – to the search for the cause of the disease. The empirical approach is based on searching for "external relationships". Correlations connect palpably distinct phenomena, such as the influence of a given chemical compound on behaviour. One could also find significant correlations between organic or brain-related factors on the one hand, and modes of behaviour and their incidence on the other. This is of particular importance in epidemiology where certain interrelations (e.g. between chronic stress and depression) are identified. Meanwhile, interrelations between mental events, such as offence and anger, loss and sadness, are of "internal character". The relation is not a random one and the above notions are logically intertwined and mutually implied[7].

Laing believes that scientific objectivism leads to depersonalisation and cannot reveal the patient's true personality. The author discussed two facets that determine the direction of actions to be taken: the gestalt of the person and organism. We could describe someone as a being entering into relationships with others and similar to ourselves, while at the same striving to comprehend the content of what they are saying. One could also study the processes occurring in the brain or the vocal folds of the patient, and thus reveal other aspects of reality. As observed by a British psychiatrist: "[...] Both are quite possible methodologically but one must be alert to the possible occasion for confusion"[8].

3. There is a difficulty in reconciling the perspectives of biology and humanism. Anton Mooij[9] emphasised that the development of psychology has been marked by a certain recurring pattern of fluctuation between the biological and the humanistic approach. Simultaneously, he observed that: "Attempts at integration of these rival points of view have been unsuccessful up till now, and will continue to be so. The reason for that is that these two points of view are mutually exclusive in principle. A description of reality in terms of significant relationships excludes a simultaneous description of reality in terms of events causing other events, because they are two logically different types of description"[10].

Could these two distinct perspectives really be harmonised and applied in a mutually complementary way?

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[7] A. Mooij A., *Towards an Anthropological Psychiatry*, "Theoretical Medicine" 2005, Vol. 16, No. 1, pp. 78–79.

[8] R. D. Laing, *The Divided Self: An Existential Study in Sanity and Madness*, Penguin, Harmondsworth 1960.

[9] A. Mooij, *Towards an Anthropological Psychiatry*, *op. cit.*, pp. 73–91.

[10] *Ibid.*, p. 77.

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The "understanding-based" approach in psychiatry reveals certain internal relations between thought and action, which would be impossible to determine with the use of simple algorithms and schematics. Such an approach will emphasise the exceptional and unique character of a given situation, the individual aspects of behaviour. This however will not prevent us from trying to generalise when faced with similar disorders and ailments, although such interrelations will never gain the status of a law or theory as such.

Research on mental disorders has revealed the existence of a number of levels of analysis, whose description may add some clarity to the issues discussed here.

a. The starting point for a psychiatric examination is always the subjective experience of the patient himself (so-called first-person approach). The examiner discovers and strives to unravel the desires, expectations and value systems of the person suffering from disorders. Any attempt to omit or negate this level of analysis would seem rather controversial.

It is just possible to have a thorough knowledge of what has been discovered about the hereditary or familial incidence of manic-depressive psychosis or schizophrenia, to have a facility in recognizing schizoid »ego distortion« and schizophrenic ego defects, plus the various »disorders« of thought, memory, perceptions, etc., to know, in fact, just about everything that can be known about the psychopathology of schizophrenia or of schizophrenia as a disease without being able to understand one single schizophrenic[11].

Among other mental symptoms[12], a particularly important role is attributed to the patient's subjective ailments. such as: deteriorating mood, inability to control one's behaviour, persecutive thoughts, obsessive suspiciousness, or depersonalisation. Such symptoms are not easily confirmed or objectivised. They tend to have a specific meaning for the patient as well as a particular, unique character. For a subjective ailment to be revealed, a change of experience is required, significant enough for the patient to actually perceive the change in their own mental state (e.g. recognise the fact that their condition influences their frame of mind and is of a depressive nature). The nature of a disorder is never stable, even from the patient's perspective, and can be subject to fairly dynamic change. In particular, the evolution may pertain to the content (as opposed to the form of e.g. pathological perception, feelings, etc.) and the perception of one's own condition. This is in turn is greatly dependent on the patient's prior experience, education, interpretative ability and cultural background.

b. A health expert (psychiatrist, psychologists, clinician) is not limited to the emphatic understanding of the patient's world, although he may appreciate the sub-

[11] R. D. Laing, *The Divided Self*..., p. 33.

[12] I. S. Markova, G. Berrios, *Epistemology of Mental Symptoms*, "Psychopathology" 2009, Vol. 42, pp. 343–349.

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jective dimension of a particular condition. The purpose of the scientific-diagnostic method is to transcend narration and reach a certain understanding with the patient. The symptoms of disorders and behaviour are determined by a clinician on the basis of more external criteria. The clinician will describe the particular behaviours and the nature of the patient's comments and, by applying a particular pattern, identify them as symptoms. However, it is only through a secondary analysis, based on the context of the patient's personality and environment, that said symptoms can be interpreted as pathological, i.e. grounds for a particular diagnosis[13].

Clinical treatment is aimed at achieving practical results such as relieving suffering, recognising the broader, social consequences of the patient's experience and pain, as well as his capability to regain control over his own life. The psychiatrist is concerned with factors which underline the patient's experience, which predispose, evoke or sustain the disorder. He resorts to the so-called third-person approach allowing him to search for the underlying causes of the disorder, pathological processes and mechanisms (non-mental). It is a critical-scientific (critical-epistemological) perspective that allows the clinician to reveal more than even the patient or his loved ones could have expected.

c. A researcher must also be aware of the limitations of his research methods. The same has been expressed by the critics of the contemporary paradigm of psychiatry, as well as in various warnings against the dangers of dogmatism when psychiatric knowledge seems to acquire an unchallengeable and objective character (the critical-epistemological or critical-paradigmatic approach). The classification of certain phenomena as pathological may depend on the influence of social, cultural and political factors. At times, said factors may have a greater impact on the nature of mental symptoms than actual pathological (internal) processes.

The critical approach in psychiatry relies on not duplicating the "paranoid climate" of the patients' experiences, i.e. losing the critical perspective over one's own beliefs[14]. When facing a patient, a psychiatrist must be aware of the hypothetical character of his diagnosis and remain open to alternative interpretations of the observed behaviour and disorders. Mental symptoms are by nature highly unstable, even when stemming from neurobiological causes. The shape of said symptoms depends on the significance attributed to them by the patient, the clinician's interpretation, as well as the mutual interaction between the two.

Indeed, psychiatry itself, as a domain of knowledge and practice, ought to be aware of its own assumptions and limitations. Such a critical approach can be found in the observations of Karl Jaspers, who strives to perceive a patient as a uni-

[13] *Ibid.*, pp. 343–349.

[14] J. E. Schlimme, *Paranoid Atmospheres. Psychiatric Knowledge and Delusional Realities,* "Philosophy, Ethics and Humanities in Medicine" 2009, Vol. 4 (14), online.

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que and never fully knowable individual, and a diagnosis – as an attempt to grasp only a certain aspect of the person. He is, at the same time, an advocate of methodological pluralism and being aware of the potential and limitations of each particular research method.

The question of truly understanding a mental disorder and the limitations of the scientific or biomedical approach to the same, is most often evoked by researchers representing so-called phenomenological-anthropological psychiatry[15], particularly those influenced by phenomenology, various types of psychoanalysis, and broadly understood hermeneutics. Elements of the above debate were revived in the 1960s with the emergence of the anti-psychiatric movement whose best known advocates included Ronald David Laing, Michel Foucault and Thomas Szasz. They attacked the methods of psychoanalysis and biological psychiatry, which prevailed at the time.

Contemporary theories striving to explain disorders draw heavily on cognitive sciences. Attempts to unravel the complex mechanisms of brain activity and research on neurocognitive models of psychical disorders have revitalised the discussion on the character of a patient's subjective experience. The question has also been posed of the possibility of cooperation between the scientific-cognitivistic approach and phenomenology in terms of the context of patient behaviour and the possibility of relating their disorders to socio-cultural rules and norms[16].

PSYCHIATRY AND ENGAGED EPISTEMOLOGY

There are three main groups of concerns of the philosophy of psychiatry: 1. establishing the proper model of scientificity; 2. determining the character of human understanding and communication; 3. accounting for the socio-cultural entanglement of psychiatry.

The attitude of understanding serves the function of capturing the very nature of psychopathology and developing a conceptual framework which will be able to more fully reconstruct patterns of thought and action, drawing on the example of mental disorders. The crucial elements in this respect include:

1. the necessity to strive towards "understanding" as an important aspect of scientific research, not only in the context of humanities but also psychiatry;

2. the need to develop a theory that will be able to relate the human organism

[15] According to Blankenburg, to describe psychiatry as "anthropological" is to state that disorders should not be analysed exclusively in the context of lack and deficiency, but also as a manifestation of human ability and potential (W. Blankenburg, *Anthropological and Ontoanalytical Aspects of Delusions*, "Journal of Phenomenological Psychology" 1980, No. 111, pp. 97–110).

[16] D. Bolton, J. Hill, *Mind, Meaning and Mental Disorder*, 2nd Edition, Oxford University Press, Oxford 2005; D. Bolton D. *What is Mental Disorder? An Essay in Philosophy, Science and Values*, Oxford University Press, Oxford 2008.

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with the human existence, particularly in terms of capturing the actual perception of oneself, the world and other people;

3. the ability to perceive mental illness as disorders in terms of unity and consistence of human behaviour, while simultaneously accounting for their biological aspect;

4. overcoming the simple thesis of the incomprehensibility of psychoses and the criterological approach to the description of symptoms, as well as accounting for the patient's individual experience; the concept should include the primary intuition of the "incomprehensibility" of insanity while at the same time offering opportunity to extend the limits of its understanding;

5. relying on a concept which is capable of critically approaching the existing psychiatric theories of mind and cognition, as well as of revealing a certain convergence and confirmation of the same in contemporary research (cognitivism);

6. distinguishing between particular levels of analysis: subjective (experimental), epistemic (cognitive) and epistemological (critical-paradigmatic).

The basic framework of a theory that would satisfy the above postulates can be found in the concept of the engaged epistemology. The term was first introduced to the philosophy of psychiatry by Richard G. T. Gipps and Bill Fulford[17], whose primary goal was to account for the living experience in the analysis of delusion, and to reveal the true character of our engagement in the world. More specifically, they aimed to demonstrate the usefulness of the above approach not only in terms of delusions, but also all sorts of personality and interpersonal disorders. Only a more in-depth depiction of human experience can allow us to grasp the vital elements of psychopathology. Engaged epistemology belongs to a wider phenolmenological and hermeneutic tradition; it leads to a number of philosophical consequences in terms of criticism of certain assumptions made within epistemology. As observed by Gipps and Fulford: "[...] it is in my experience itself that the world is first made intelligible to me"[18]. The same relates not only to perceptual but also bodily experiences and affect: "[...] affect is not some mere inner colouration of experience but rather a basic comprehending relation to other people"[19].

The project of engaged epistemology was not an independent discovery of the authors mentioned above, but rather a consequence of a broader phenomenological-existential tradition, represented by Merleau-Ponty, whose observations were in turn significantly influenced by Husserl's phenomenology or Heidegger's hermeneutics. Discussing the more general assumptions and consequences of the outlined analysis of delusions may reveal the philosophical foundations of psychiatry itself and the need for a theoretical consideration of the nature of human experience. Analy-

[17] R. G. T. Gipps, K. W. M. Fulford, *Understanding the Clinical Concept of Delusion. From an Estranged to an Engaged Epistemology*, "International Review of Psychiatry" 2004, No. 3.
[18] *Ibid.*, p. 230.
[19] *Ibid.*

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ses conducted by such contemporary researchers as Hubert Dreyfus or Charles Taylor[20], demonstrated just how radical the project of epistemology stemming from the works of Heidegger and Marleau-Ponty can actually be.

Gipps and Fulford believe that the distinction between primary and secondary delusions introduced by Jaspers is often misinterpreted due to adopting a different, isolated approach to cognition and failing to account for its engaged and existential perspective. From this perspective, experience is understood very broadly as the sphere of human existence which mediates one's relationship with oneself and the world. Meanwhile, experience is not limited to the perceptual contact with the world, to observation, but also involves active participation in the same. Thus, its meaning oscillates towards the framework of everyday life. We are therefore not talking about the narrowly understood sensory experience described by contemporary empiricism, but rather personal experiences that mediate individual relationships with the world and that which is being experienced, which is subject to expression and can be communicated to others[21].

PSYCHIATRY AND HERMENEUTICS

Our thoughts and feelings are rooted in our everyday ways of dealing with the world. Our initial pre-understanding, and our primary talents and abilities are not merely infrastructure, a carrier for the aware subject and the mind. The understanding of the background ("the background structure") is an indispensible condition of any reasonable activity. The engaged approach changes the entire theoretical perspective. In particular, it undermines all forms of epistemological foundationism – the search for the primary attitudes of our thinking and knowledge (which, like a house, is constructed on solid foundations). The rooting-in is inescapable, any reflective experience or element of conceptual thinking derives its sense from the locality and context of understanding. However, engaged epistemology emphasises the impossibility of fully articulating said background. Merleau-Ponty demonstrates the deep embodiment of our subjectivity, how our body-subject constitutes together with our environment the place where the direction of all our acts and activities is decided, in a process that we will never be able to fully grasp or objectivise. In his criticism and attempts to transcend the assumptions of classic epistemology, Charles Taylor writes:

Instead of searching for an impossible foundational justification of knowledge or hoping to achieve total reflexive clarity about the bases of our beliefs,

[20] Ch. Taylor, *Overcoming Epistemology*, [in:] Ch. Tylor, *Philosophical Arguments*, Harvard University Press, Cambridge MA 1995.
[21] P. Dupond, P., *Dictionnaire Merleau-Ponty*, Ellipses, Paris 2008.

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we would now conceive this self-understanding as awareness about the limits and conditions of our knowing, an awareness that would help us to overcome the illusions of disengagement and atomic individuality that are constantly being generated by a civilization founded on mobility and instrumental reason[22].

The above theoretical approach corresponds to the hermeneutic perspective. It is aimed not only at understanding human behaviour and its motives, at finding sense in seemingly incomprehensible actions, but also at critiquing the presumptions and prejudices present in our contemporary culture[23]. In psychiatry, the hermeneutic approach (understood as method) by principle uncovers traditions of hidden assumptions within scientific and psychiatric practice, something that constitutes its "background"– a network of undefined beliefs and practices that determines the horizon of understanding oneself and others alike. The critical potential of hermeneutics is particularly focused on biomedical perspectives, which do not appreciate the interpretative character of scientific and medical activity[24].

The engaged approach itself is not capable of ordering and interpreting all the aspects of the revealed peculiarity and diversity of psychiatric perspectives. The same is mainly due to the fact that it stems from a description of primary and source aspects of human understanding – the sense of self, the sense of reality and the basis of interpersonal relations. By revealing the embodiment and the deep relation between the body and the outside world, it allows for a description of the dimensions of psychotic experience, as well as a more in-depth analysis of particular psychopathologies (and the related disorders of identity, sense of reality and relations with others). The uncovering of hidden and never fully explicable knowledge is particularly evident in the context of psychopathology, which is why pathological cases provide such worthwhile objects for this sort of research. Engaged epistemology does not exclude a broader, hermeneutic perspective. Moreover, the hermeneutic approach also relates to a hidden background, a network of undefined beliefs and practices[25]. Aside from the elementary understanding of obviousness and the sense chiming in with the world, there is also the complex understanding of interpretative efforts in the context of vague and incomprehensible events.

MENTAL DISORDERS AND QUESTIONS OF UNDERSTANDING

[22] Ch. Taylor, *Overcoming Epistemology…*, *op. cit.*, p.14.

[23] See: H.-G. Gadamer, *Truth and Method*, 2nd rev. edition, trans. J. Weinsheimer and D. G. Marshall, Crossroad, New York 2004; A. Kapusta, *Szaleństwo i metoda...*, *op. cit.*

[24] See: J. Phillips, *Managed Care's Reconstruction of Human Existence. The Triumph of Technical Reason*, "Theoretical Medicine" 2002, Vol. 23, pp. 339–358.

[25] P. Dybel, *Granice rozumienia i interpretacji. O hermeneutyce Hansa-Georga Gadamera*, Universitas, Kraków 2004.

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In extreme cases, questions of understanding surface with twice the strength. From the perspective of the actor, understanding constitutes a form of surreptitious knowledge, the ability to perform particular tasks under particular circumstances, a form of "know-how" – a set of habits, hidden dispositions of either biological or social nature. All of the above is revealed in situations of crisis, uncertainty and confusion, when a heightened sense of loneliness puts in question the stability of things and interpersonal relations. Active understanding, making the effort of interpretation in the face of the incomprehensible and the alien, is something that fully comes to light in humanities and ethnology (cultural psychiatry).

The strength of social norms, behavioural patterns and forms of expression is evidenced in what Schütz calls the "*epoche* of neutrality"[26]. As opposed to the phenomenological *epoche*, it does not rely on suspending natural preconceptions about the world, but rather suspending the doubt of its existence and ways in which it manifests itself. A mental illness is a situation of very specific alienation, of losing the sense of familiarity of experience. A number of culturally imposed imperatives and patterns of expression are revealed. At the individual level, it is expressed through an altered experience of oneself, the world and relationships with others. The change seems so fundamental and deep that it results in a defect of the individuals most primary dispositions, a state of disembodiment. This in turn results in the loss of the primary connection with the world, an altered sense of reality and proper experience of oneself.

Many researchers have been inspired by Jaspers's concept of understanding psychoses[27]. Scientists studying the phenomenological tradition made efforts to reliably describe the subjective experience of patients, and to critically evaluate the scientific ability to study illnesses. The hermeneutical critique of psychiatry, in turn, resorts to revealing its socio-cultural background which determines the horizon for objectivised, scientific, clinical research.

From the phenomenological-hermeneutic perspective, it is not only pathological experience that challenges understanding. Limitations in this respect are also encountered in terms of scientific self-cognition and existential reflection. Both Jaspers and Merleau-Ponty begin with scientific research which seems indispensible in explaining disorders of human experience, while at the same time emphasising the limitations of the scientific method as such. It is not capable of accounting for the individuality and uniqueness of human existence.

[26] See: A. Schütz, *On Multiple Realities*, "In Philosophy and Phenomenological Research" 1945, Vol. 5, pp. 533–576.
[27] See: A. Kapusta, *Szaleństwo i metoda...*, *op. cit.*

Pobrane z czasopisma **http://kulturaiwartosci.journals.umcs.pl**
Data: 23/11/2026 19:39:44

BIBLIOGRAPHY

Blankenburg W., *Anthropological and Ontoanalytical Aspects of Delusions*, "Journal of Phenomenological Psychology" 1980, No. 111, pp. 97–110.

Bolton D., *What is Mental Disorder? An Essay in Philosophy, Science and Values*, Oxford University Press, Oxford 2008.

Bolton D., Hill J., *Mind, Meaning and Mental Disorder*, 2nd edition, Oxford University Press, Oxford 2005.

Dupond P., *Dictionnaire Merleau-Ponty*, Ellipses, Paris 2008.

Dybel P.,*Granice rozumienia i interpretacji. O hermeneutyce Hansa-Georga Gadamera*, Universitas, Kraków 2004.

Fulford K. W. M., Thornton T., Graham G., *Oxford Textbook of Philosophy and Psychiatry*, Oxford University Press, Oxford 2006.

Gadamer H.-G., *Truth and Method*, 2nd rev. edition, trans. J. Weinsheimer and D. G. Marshall, Crossroad, New York 2004.

Ghaemi N., *The Concepts of Psychiatry. A Pluralistic Approach to the Mind and Mental Illness*, The Johns Hopkins University Press, Baltimore 2004.

Gipps R. G. T., Fulford K. W. M., *Understanding the Clinical Concept of Delusion. From an Estranged to an Engaged Epistemology*, "International Review of Psychiatry" 2004, No. 3, pp. 225–235.

Kapusta A., *Szaleństwo i metoda. Granice rozumienia w filozofii i psychiatrii*, Wyd. UMCS, Lublin 2010 (*Madness and Method: The limit of understanding in Philosophy and Psychiatry*, in Polish).

Kępiński A., *Poznanie chorego,* PZWL, Warszawa 1989.

Laing R. D. *The Divided Self: An Existential Study in Sanity and Madness*, Penguin, Harmondsworth 1960.

Markova I. S., Berrios G., *Epistemology of Mental Symptoms*, "Psychopatho-logy" 2009, Vol. 42, pp. 343–349.

Mooij A.,*Towards an Anthropological Psychiatry*, "Theoretical Medicine", Vol. 16, No. 1, pp. 73–91.

Phillips J., *Managed Care's Reconstruction of Human Existence. The Triumph of Technical Reason*, "Theoretical Medicine" 2002, Vol. 23, pp. 339–358.

The Philosophy of Psychiatry, ed. J. Radden, Oxford University Press, New York 2004.

Potter N. N., *Moral Tourists and World Travelers. Some Epistemological Issues in Understanding Patients' Worlds*, "Philosophy, Psychiatry & Psychology" 2003, Vol. 10, No. 3, pp. 209–224.

Schlimme J. E., *Paranoid Atmospheres. Psychiatric Knowledge and Delusional Realities,* "Philosophy, Ethics and Humanities in Medicine" 2009, Vol. 4 (14), online.

Schütz A., *On Multiple Realities,* "In Philosophy and Phenomenological Research" 1945, Vol. 5, pp. 533–576.

Pobrane z czasopisma **http://kulturaiwartosci.journals.umcs.pl**
Data: 23/11/2026 19:39:44

Straus E. W., *Psychiatry and Philosophy*, [in:] *Psychiatry and Philosophy*, ed. M. Natanson, Springer-Verlag, New York 1969, pp. 1–84.

Taylor Ch., *Overcoming Epistemology*, [in:] Ch. Tylor, *Philosophical Arguments*, Harvard University Press, Cambridge MA, pp.1–19.

Streszczenie

Rozumienie w psychopatologii i epistemologii zaangażowania

Artykuł podejmuje problem rozumienia zaburzeń psychicznych oraz odwołuje się do szeregu dystynkcji czynionych w kontekście filozofii psychiatrii. Epistemologia zaangażowania inspirowana przez fenomenologiczne i hermeneutyczne podejścia stanowi narzędzie odkrywające znaczące aspekty choroby umysłu i psychopatologii. Poprzez ujawnienie ucieleśnienia oraz głębokich relacji między ciałem i światem zewnętrznym epistemologia zaangażowania pozwala opisać istotne wymiary psychotycznego doświadczenia oraz dokonać głębszych analiz poszczególnych psychopatologii (zaburzeń tożsamości, braku poczucia realności i problemów w relacji z innymi). Badanie tradycji fenomenologicznej wiąże się z wysiłkiem wiarygodnego opisu subiektywnych doświadczeń pacjentów i krytycznej oceny naukowych możliwości badań zaburzeń. Hermeneutyka krytyka psychiatrii ujawnia jej społeczno-kulturowe podstawy, które określają społeczno kulturowe tło dla zobiektywizowanych, naukowych badań klinicznych.

Słowa kluczowe: filozofia psychiatrii, fenomenologia, psychopatologia, choroba psychiczna, epistemologia zaangażowania

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