Zofia Rosińska,
Institute of Philosophy
University of Warsaw

Recognition and Diagnosis from the Perspective of an Anthropological Philosophy of Culture

Abstract:

The aim of my article is to analyze the concepts and phenomena of diagnosis and recognition, often considered to be semantically identical. While in psychiatric practice such an identity does not necessarily have adverse effects, in the anthropological and cultural domains identification of diagnosis and recognition may cause stigmatization, or other undesirable consequences. The article attempts to justify this thesis.

Keywords:

recognition, diagnosis, psychiatry, anthropology, Kołakowski, Kępiński, Dąbrowski

This paper consists of three parts. In the first one I shall present the main theses of philosophy of culture according to the Polish philosopher, Leszek Kołakowski. Then I shall adopt this perspective to consider the phenomena and categories of "recognition" and "diagnosis."

In the second part I will discuss selected historical perspectives on recognition understood as a phenomenon and a category. The aim of this section is to draw attention to the fact that the phenomenon of recognition is found in European culture's oldest sources. The category of recognition became the object of study already in Plato's times, whereas in medicine it was strictly connected with diagnosing.

In the third part I shall illustrate the problem with observations made by 20th-century psychiatrists, who were one of the first to underline the importance of recognition in contacts between psychiatrists and patients. Those quotations constitute an example of a conscious need to expand and deepen the category of diagnosis, so

that it would incorporate elements of recognition related to a social and personal approach to patients. Despite common associations with the anti-psychiatric movement and Foucault's doctrine, this intellectual current sets itself other goals and remains within the sphere of therapeutic efforts.

In the preface to his 2004 book titled *The Course of Recognition* Paul Ricoeur wrote that there is no theory of recognition[1]. Six years later we saw the publishing of *The Philosophy of Recognition*, a book containing a dozen or so articles devoted to recognition. In the introduction we read that "[t]he theory of recognition is now a well-established and mature research paradigm in philosophy."[2] This publication presents approaches to recognition adopted within critical theory and Hegel-inspired socio-political philosophy. "The theory of recognition," the introduction continues, "has now come into its own as a scholarly framework, to a large part due to the integrative accomplishments of Axel Honneth's theory."[3]

As Ricoeur has shown by analyzing all types of dictionaries, however, the category of "recognition" has more meanings than Hegel's *Anerkennung*, to which the above authors refer, although there can be no doubt that "a struggle for recognition" has become today not only an important cultural experience, but also a dominant subject in social and political philosophy.

In this paper I would like to draw attention to recognition understood not as "a struggle for recognition," but as identification – "to recognize" somebody or something would thus mean "to identify that person or thing."

Dictionaries of French, English, German and Polish provide the following definitions of "recognition": identification, confirmation, appreciation, acknowledgment and respect. Ricoeur adds to this list the recognition of "the debt of gratitude" and "the obligation to the other."[4] Polish dictionaries also underscore that recognition [*rozpoznanie*] is connected with emotion and joy. It would not be possible to analyze all of its meanings; nor is it necessary at this moment. Thus, I shall focus on the understanding of "recognition" as identification. I choose this meaning because it is the closest one to diagnosis. Ultimately, "to diagnose" means "to identify the illness."

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Leszek Kołakowski distinguished two cores, or types of energy in culture: the core of technology and the core of mythology. He explains that "[t]he labor of the analytical mind which produces science is the organ in human culture which tames the physical environment. Science is the extension of civilization's technological core. […] Metaphysical questions and beliefs are technologically barren […] they are an extension of the metaphysical core. […] [They] attempt to reveal an unconditioned reality, thanks to which the conditional reality becomes intelligible."[5]

Analogously to the above two cores of culture there are two elements structurally present within every individual: the desire or need (used interchangeably) for meaning, stability and value (counterpart to the mythological core), and thinking based on analysis and reason, accompanied by due care for technical efficiency (counterpart to the technological core).

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1) Paul Ricoeur, *The Course of Recognition*, trans. David Pellauer (Cambridge: Harvard University Press, 2005), ix.

2) Hans-Christoph Schmidt am Busch and Chrisopher F. Zurn, eds. *The Philosophy of Recognition. Historical and Contemporary Perspectives*, (Plymouth: Lexington Books, 2010), 1.

3) Ibid., 4.

4) Paul Ricoeur, *The Course of Recognition*.

5) Leszek Kołakowski, *The Presence of Myth*, trans. Adam Czerniawski (Chicago: University of Chicago Press, 2001), 1.

Kołakowski argues that both cores have imperialistic tendencies as each strives to encompass the whole of culture. The question regarding the manner in which this "appropriation" occurs demands a separate analysis.[6] However, culture is alive only when both cores are active and neither of them dominates, i.e. when they keep each other in check. Any synthesis would be deadly for culture, but so would be the abandoning of the will to perform that synthesis. The instability and brittleness of our culture and, as a consequence, of our subjectivity is the ground for creative existence. According to Kołakowski, philosophy cannot subscribe to any of the two cores. When the technological core becomes dominant and the mythological one slumbers, it is the task of philosophy to s e n s i t i z e us to the meaning of those actions that transcend scientific thinking, which attempts to indicate the possibility of interpreting the world as a conditioned one. In other words, philosophy can contribute to waking the dormant element of individual existence.

I am fully aware that Kołakowski's project of philosophy of culture is not the only possible one. Its application has the character of recognition rather than diagnosis, which means that it is being discussed, criticized, approved, rejected or partially approved.

I would like to implement this project to reflect on psychiatry and psychology. I assume that both of these disciplines are rooted in culture, and that processes in culture i n f l u e n c e, b u t d o n o t d e t e r m i n e those in particular sphere of culture.

The categories that allow me to employ Kołakowski's thought are "recognition" and "diagnosis."

The main questions that allow to organize thoughts on diagnosis and recognition are "How?" and "What?" Answering the former always indirectly entails answering the latter. Moreover, answering the latter entails, though not always explicitly, answering the former. The difference between them lies in the insistence of accents in particular answers. The characteristic of the phenomenon of recognition underscores the answer to the question "What?" and reflection on diagnosis reveals the domination of the answer to the question "How?" Asking the latter question means inquiring about the ways of identifying: m e t h o d s of cognition, c r i t e r i a of the decisions taken, and p r o o f s justifying them. By asking "What?" we ask about the object of identification, its identity. The question "What?" p r e v a i l s in the mythological current, while "How?" – in the technological one.

Both in everyday language and in medical literature those two terms are used interchangeably. My intention is to question this identity, and to show that diagnosis and recognition are separate phenomena that most commonly coexist in the field of medicine as well as define and support each other.[7] However, they do often split in the social dimension. D i a g n o s i s s t i g m a t i z e s, s e p a r a t e s a n d h o m o g e n i z e s, w h i l e r e c o g n i t i o n i n d i v i d u a l i z e s, g r a n t s s u b j e c t i v i t y a n d o f f e r s i n c l u s i o n. This is especially clear in cases of psychical disability, but can also be observed in physiological ones, for example that of cancer. People suffering from psychosis are not only perceived as different – therefore separated from the rest of the community they used to belong to – but also shape their sensibility and behavior as others, in a way defined by the diagnosis. As others they also connect with those who experience the world in a similar way. To a certain extent, diagnosis does construct a new identity. "I" am not anymore young, talented, promising. "I" am now a drug addict or a schizophrenic.

Recognition differs from diagnosis in that it would acknowledge the uniqueness of the patient, seeking meaning in particular symptoms by rendering them relative to the patient's biography. A broadly understood

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6) Among the examples provided by Kołakowski there are "proofs" that have been introduced into metaphysics, i.e. attempts to turn myth into cognition, just like science. He considers all of them to be caricatural attempts at rationalization.

7) "Diagnosis" is defined in Polish as the identification of illness; *diagnostikos* as the person capable of identifying, and *diagnosis* as the act of distinguishing.

life history of the patient, including his or her relations with others, would constitute a context actively used in the process of making sense of the symptom. After all, we always deal with an individual being that has a history and a biography; that being cannot be reduced to its symptoms, because they have different meanings in the case of different people. Recognition attempts to retain my identity, biography and individual experience. It includes me in my past and my past relations, helping to discern, understand and respect them. In this sense, it makes me a subject.

With regard to "recognition" understood as identification, I would ascribe it to the mythological core, whereas "diagnosis" would belong with the technological one. We recognize something we already know; recognizing provides continuation, causing something familiar to last, i.e. continuing a tradition. "Diagnosis" involves using rational and consensual criteria for characterizing and qualifying a given phenomenon.

Empirical methods employed in medicine do not give us insight into the essence of illness, however it may be understood. Medical doctors rely on statistical relations between symptoms or their sets, grouped into "medical conditions," and the changes that occur within those symptoms after implementing specific therapeutic solutions, or sometimes simply after some time had passed. The choice of metaphysics behind the phenomena related to the accessible empirical material is a decision physicians make outside the empirical sphere of clinical practice. Criteria used to define an illness for statistical purposes provide important ground for their classification, but their diagnosis-related value does not suffice to undertake therapeutic action. The work of clinicians demands that they not only define the disorder, but also assess its stage of development as well as the severity of its course and the effectiveness of past treatment, if any had been applied. Many elements of the decision-making process in this area go beyond diagnosis and therapeutic recommendations, entering the territory of personal experience, intuition and other abilities that are difficult to define. In other words, what we see at work here is recognition, which is nevertheless not always called like that, and often becomes ignored.

We could say that in the social dimension there exists a tension between diagnosis and recognition, maybe even a struggle similar to the one between the mythological and technological cores. And although science constitutes – as Gadamer writes – the alpha and omega of our civilization, we refuse to accept the imperialistic tendencies displayed by the technological current that bases on it (science itself being technology). We want to wake the dormant layers of the human psyche. We wish to appreciate the importance of subjective experience, of new questions and solutions, from which we can learn more than from scientific research.

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The phenomenon of recognizing as well as the category of "recognition" are much broader and have a longer tradition than the category and phenomenon of "diagnosis." Still, as I have already mentioned, they are interlocked, influencing each other and sometimes being in conflict, just like Kołakowski's two cores of culture.

The Greek word *diagnosis* meant to discern and to recognize. Thus, at their source, "to diagnose" and "to recognize" denoted in medicine the same kind of action. Distinguishing or isolating diagnosis from recognition occurred in European culture gradually. The technological core distinguished itself from the mythological one likewise in a gradual manner. The question of this splitting and ensuing autonomization of the technological core (diagnosis) demand a separate analysis.[8]

The Bible and *The Odyssey* describe two ways of recognizing: direct and indirect. The former is related to the senses, whereas the latter to signs and symbols. Direct recognition is exemplified by the dog Argos, who

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8) See: Jürgen Habermas, *Theorie des kommunikativen Handelns*, (Frankfurt am Main: Suhrkamp, 1987), Band I.

identifies Ulysses. "As soon as he saw Ulysses standing there, he dropped his ears and wagged his tail, but he could not get close up to his master. When Ulysses saw the dog on the other side of the yard, [he] dashed a tear from his eyes."[9]

Indirect recognition is exemplified by the old woman who identified Ulysses by his old scar. "And indeed as soon as she began washing her master, she at once knew the scar as one that had been given him by a wild boar. […] 'My dear child, I am sure you must be Ulysses himself, only I did not know you till I had actually touched and handled you'."[10] Finally, Penelope recognized Odysseus on the basis of his account of making the bed. "Now, however, that you have convinced me by showing that you know all about our bed (which no human being has ever seen but you and I and a single maid servant, the daughter of Actor, who was given me by my father on my marriage, and who keeps the doors of our room) hard of belief though I have been I can mistrust no longer."[11]

Aristotle and Plato initiated reflection on recognition and established its two paradigms, which are also present in culture: the aletheic one and the epistemological one. The former is related to revealing and identifying the essence of the recognized phenomenon. As Plato writes in *The Seventh Letter*, the soul wants to know not the quality but the essence. The model description is that of searching for essence by learning through what is already familiar. "In one word, the man who has no natural kinship with this matter cannot be made akin to it by quickness of learning or memory."[12] Here, cognition is recognition. The aletheic paradigm of recognition is found, among other places, in the thought of St. Augustine, various mystics, Husserl and Gadamer.

Aristotle turns the category of "recognition" into an autonomous object of study. By recognizing we do not reveal the essence of a phenomenon. We recognize w h a t has been made by man and h o w. Aristotle's reflection on recognition could be classified as belonging to the epistemological paradigm.

According to Aristotle, we deal with recognition in the case of aesthetic reception. This in turn is related to the category of mimesis. Art imitates and the audience is supposed to guess what is being imitated. Recognition of aesthetic mimesis is a source of joy.

The phenomenon of recognition is analyzed in-depth in *Poetics*, where Aristotle discusses Greek tragedy, especially its composition and reception. For both of these aspects recognition is of central importance. Recognition occurs within the plot when the protagonist recognizes him- or herself, others or some circumstances; moreover, it is experienced by the audience, which recognizes the story, the tragedy's essence and itself, its own condition. "Recognition, as the name indicates," Aristotle claims, "is a change from ignorance to knowledge, producing love or hate between the persons destined by the poet for good or bad fortune."[13] Later on, Aristotle specifies that "recognition should be on both sides"[14] and, in Part XVI, he distinguishes, among others variants, types of recognition that occur: (i) through outward signs, (ii) through memory, which is connected with the revelation of feelings, and (iii) through syllogistic reasoning.

Hippocrates did not reflect philosophically on recognition. However, effects of his work can be called effects of recognizing. He was *diagnostikos* – the one who can recognize. According to him, illness is a consequence of the environment's effect, though it also depends on the individual features of the sick person. Hippocrates did not attempt to classify disorders basing on groups of symptoms, but rather demanded

9) Homer, *The Odyssey*, trans. Samuel Butler, Book XVII. Online: http://classics.mit.edu/Homer/odyssey.html.

10) Ibid., Book XIX.

11) Ibid., Book XXIII.

12) Plato, *The Seventh Letter*, trans. John Harward. Online: http://classics.mit.edu/Plato/seventh_letter.html.

13) Aristotle, *Poetics*, trans. Samuel Henry Butcher, Part XI. Online: http://classics.mit.edu/Aristotle/poetics.html.

14) Ibid.

making assessments based on individual cases. Shortage of diagnostic tools and therapeutic solutions reduced Hippocrates's medicine almost entirely to observing patients. The approach to illness as an individual state of the patient dominated in subsequent centuries, despite the expansion of medical knowledge by introducing descriptions of various symptoms and new methods in diagnosis and therapy. He is associated with the belief that "*ars medica tota in observatione.*"

For Hippocrates, observation had the character of recognition and was connected with a system of values. An "axiological wand" facilitated distinguishing and choosing. Let us recall his oath: "I will reverence my master who taught me the art. Equally with my parents, will I allow him things necessary for his support, and will consider his sons as brothers. I will teach them my art without reward or agreement; and I will impart all my acquirement, instructions, and whatever I know, to my master's children, as to my own; and likewise to all my pupils, who shall bind and tie themselves by a professional oath, but to none else. […] Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so. Moreover, I will give no sort of medicine to any pregnant woman, with a view to destroy the child. Further, I will comport myself and use my knowledge in a godly manner."[15]

In reference to Aristotle's *Poetics* Gadamer answers the question "What?" rather than "How?" Through mimesis – he argues – we recognize the hidden meaning, reaching the original model and actualizing it through our reception.[16]

Meaning – as the answer to the question "What?" – moves the category of recognition from the area of epistemology to that of hermeneutics. Consequently, there emerge such categories as "understanding the meaning" and "interpretation."

Still, Gadamer's definition of r e c o g n i t i o n a s m a k i n g s o m e t h i n g f a m i l i a r i s d e b a t a b l e. "All recognition represents the experience of growing familiarity, and all our experiences of the world are ultimately ways in which we develop familiarity with that world."[17] Another category that calls for a discussion is the central concept of Gadamer's thought – interpretation. Is it like recognition and the process of recognizing, or rather like expression? Gadamer also employs the category of "recognition" to specify the function of philosophy. For example, he has made the following remark: "That Heidegger recognized this character of Western thinking that comes from afar, determines his actual meaning for the historical self-consciousness of the present."[18] Finally, in Gadamer's philosophy the category of "recognition" is closely connected with the category of "question." Questions indicate the direction of meaning. Being aware of questioning already constitutes recognition. However, Gadamer seems to be pessimistic insofar as he claims that "nobody can accurately recognize what really is"; moreover, he asks: "Does this also mean that we recognize a cause in history, and can use this recognition to aptly outline future actions? Or can we discern in history only those regularities whose general and formal character precludes their practical application?"[19]

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15) *Hippocratic Oath*. Online: https://en.wikipedia.org/wiki/Hippocratic_Oath.

16) Hans-Georg Gadamer, *Truth and Method*, trans. Joel Weinsheimer and Donald.G. Marshall (London & New York: Continnum, 2006), 112–113.

17) Hans-Georg Gadamer, "Art and Imitation," in: *The Relevance of the Beautiful and Other Essays*, trans. & ed. Robert Bernasconi (Cambridge: Cambridge University Press, 1998), 100.

18) Hans-Georg Gadamer, "What is Truth," ed & trans. Brice R. Wachterhauser, in *Hermeneutics and Truth*, (Evanston: Northwestern University Press 1994), 38.

19) Hans-Georg Gadamer, "Przyczynowość w dziajach?" ["Kausalität in der Geschichte?"], trans. Małgorzata Łukasiewicz, in: idem, *Rozum, słowo, dzieje*, ed. Krzysztof Michalski (Warszawa: Państwowy Instytut Wydawniczy, 1979), 88 [forthcoming in English in: idem, *Hermeneutics between History and Philosophy. The Selected Writings of Hans-Georg Gadamer: Volume I*, ed. & trans. Pol Vandevelde & Arun Iyer, (London: Bloomsbury Academic)].

Kant attributed significance to recognition in philosophical reflection. Whereas in the aletheic-hermeneutic model p r i o r   e x p e r i e n c e   i s   t h e   c o n d i t i o n   o f   r e c o g n i t i o n (an experience, either forgotten or remote in time, is restored to consciousness through recognition), i.e. it is the question "What?" that dominates, in Kant's philosophy i t   i s   r e c o g n i t i o n   t h a t   s e r v e s   a s   t h e   c o n d i t i o n   o f   e x p e r i e n c e – without recognition experience would be impossible. According to Kant, recognition is the ability to judge whether a certain law applies to something or not. Recognition embraces concepts that facilitate the unity of experience and guarantee the subjective importance of empirical cognition, ensuring that the chaos of sensory data is synthesized. In Kant's reflection on recognition i t   i s   t h e   q u e s t i o n   o f   " H o w ? "   t h a t   p r e v a i l s . This "How?" does not ask about the manner in which the subject recognizes, but refers to the way in which the s t r u c t u r e of the recognition process functions. Kant asks how recognition is possible and how it occurs. It as if he returned to ancient *diagnosis*, analyzing the recognizing person's state of mind. The structure of recognizing contains three active elements: the senses, intellect and imagination. However, let us repeat: in order for the sensory data to become cognition and experience – not just a shimmering mosaic – intellect and concepts are necessary (in this case – consciousness). Consciousness is what unifies a multitude of sensations into a single representation. Consciousness may be weak, but it is essential – without it no concepts are possible, and without concepts it would be impossible to recognize any objects. Concepts without empirical content are empty, just like the empirical sphere is blind without concepts, Kant tells us.

We are able to recognize objects only after creating a synthetic unity from the multiplicity of sensory data. Imagination plays a substantial role in this for it produces a sensory schema, i.e. it mediates between concept and sensory impression, defining the scope of sensory impressions to which a given concept can be applied. Recognition or diagnosis means passing judgment, it is judgment itself. Kant distinguishes two types of judgments: determining and reflective. The former consists in adopting a particular concept to sensory data, whereas the latter consists in seeking a concept to be applied to sensory data. Neither of the two types of judgment have an apodictic character. They are related to the sensory sphere and are probable, i.e. they entail risk of error. The power to recognize is the power to make judgments. The model of recognizing described by Kant involves a dynamic relation between reflective and determining judgment. It is, as it were, a model of diagnosis described ex post, or a model in which recognizing and diagnosing supplement each other. Kant argues that the capacity to recognize is a special talent: "[f]or although education may furnish, and, as it were, engraft upon a limited understanding rules borrowed from other minds, yet the power of employing these rules correctly must belong to the pupil himself and no rule which we can prescribe to him with this purpose is, in the absence or deficiency of this gift of nature, secure from misuse. A physician therefore, a judge or a statesman, may have in his head many admirable pathological, juridical, or political rules, in a degree that may enable him to be a profound teacher in his particular science, and yet in the application of these rules he may very possibly blunder – either because he is wanting in natural judgment (though not in understanding) and, whilst he can comprehend the general *in abstracto*, cannot distinguish whether a particular case *in concreto* ought to rank under the former; or because his faculty of judgment has not been sufficiently exercised by examples and real practice. Indeed, the grand and only use of examples, is to sharpen the judgment."[20]

Deleuze writes that we have a tendency to see diagnostics as an example of determining judgment because the concept used to form that judgment is assumed to be given. However, in relation to a particular case that very concept is not given; moreover, it is highly problematic or completely vague. In reality, diagnostics is an example of reflective judgment since it takes into account manifestations, symptoms and the patient's complaints.

20) Immanuel Kant, *Critique of Pure Reason*, trans. Paul Guyer and Allen W. Wood (Cambridge: Cambridge University Press 2000), 268–269.

Entering into his or her life, we seek an adequate term or concept through an a priori sensory schema in order to judge, classify and finally diagnose. "If we look to medicine for an example of determining judgment," Deleuze argues, "we must turn to therapeutic decision: there the concept is effectively given in relation to an individual case, but what is difficult is its application (counter-indications in the patient, etc.)."[21] The question about ways of recognizing remains an open one. Perception, memory, syllogistic reasoning are described as important powers of recognizing, while experience – as a transcendental condition of recognizing when it occurs through symbols that we share by participating in the same culture.

Stefan Morawski, who was neither hermeneutically nor phenomenologically inclined, made a method-ologically important distinction between primary hermeneutics, which would consist of life experiences and the knowledge contained in them (*doxa*), and secondary hermeneutics, which would base on these experiences in recognizing disorders or crises, and subjecting them to interpretation. In other words, *doxa*, or existential experience, would enable or disable recognition. Empedocles claimed that "we recognize things through those that are alike," while Plato argued that it is "natural kinship" that makes "understanding shine forth."[22] The situation becomes more complex, however, when we move from existential and cultural experiences to mental disorders. How would it be possible to build natural kinship in such cases? What concept of man would have to be adopted for that "natural kinship" to become possible in such context?

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The conviction that natural kinship makes us see and understand, i.e. that it facilitates recognition, lies unex-pressed at the root of reflections expressed by two Polish psychiatrists: Antoni Kępiński and Kazimierz Dąbrowski, remarkable doctors. Kępiński wrote that "direct impression has a fundamental significance in psychiatry. It is the foundation on which further biological, psychological and sociological constructions are erected. The so-called *Strassendiagnose* is sometimes more accurate than diagnoses arrived at after frequently laborious research […]. The field of vision expands only after a longer period of contact with the patient as moods swing and new horizons unveil."[23] Let us add, however, that if *Strassendiagnose* is to be cognitively valuable, it must be backed with knowledge and experience.

According to Kępiński, the psychiatrist enters the patient's world of experiences – a world where different proportions and perspectives prevail: "nothing is stale there as everything oscillates between often radical values; however, there is some kind of a mainstream there, a certain logic – despite the seeming chaos, it is not a chaotic world."[24] To enter the world experienced by the patient would constitute – to use Morawski's term – primary hermeneutics, leading to the discovery of a certain *doxa*, or existential experience. The intimate world of the patient would thus become the doctor's world. In order to move to the stage of secondary hermeneutics – i.e. to interpreting and recognizing this world, not just co-experiencing it – it is necessary for an internal rupture to occur. Kępiński presents a project of internal rupture. He creates the category of an "ideal observer." The model psychiatrist "creates within him- or herself an observer who records, from a distance, both his or her own emotional reactions and those of the patient."[25] This demands self-knowledge and self-restraint. It means that psychiatric training cannot stop at the stage of professional education and has to involve the training of

21) Gilles Deleuze, *Kant's Critical Philosophy*, trans. Hugh Tomlinson and Barbara Habberjam (London Athlone Press, 1984), 60.

22) Plato, *The Seventh Letter*.

23) Antoni Kępiński, *Poznanie chorego*, (Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1978), 66.

24) Ibid., 71.

25) Ibid., 45.

character. Nevertheless, treating patients – i.e. leading them into a shared world of interpersonal relations – also demands their cooperation. The patient cannot be just an object – he or she has to become a participant in examination and therapy. Kępiński also introduces the category of an "ideal patient." Contrary to an ideal doctor or observer, an ideal patient is the object of observation for patient and doctor. Both of them become the ones who examine. Together they attempt to understand the patient, joining forces in order to introduce him or her into the world of interpersonal culture.

Kępiński's propositions offer an intriguing model, but also admittedly one that is difficult to implement, especially from the perspective of the patient. After all, patients are rarely properly prepared in terms of professional training.

Kępiński's description of recognizing the patient's situation could be likened to literary descriptions. For example, Dostoevsky's novel *The Idiot* may be read as a 700-page-long account of recognition, or self-recognition through others.

Dąbrowski also draws attention to this. He holds that a versatile person who has good knowledge of human nature, as well as of its symptoms and processes, is a far better diagnostician, even if he or she is not a professional doctor, than a vast majority of psychiatrists and psychologists "for whom the several years of studies based on a university program do not provide even a partially adequate key to the complex, individual, multi-dimensional and many-levelled symptoms and syndromes."[26] In this way, Dąbrowski underlines the significance of the kind of description that outlines an individual diagnosis as well as takes into account the sources and course of the disease. The central category in Dąbrowski's theory is the "development" of personality. This perspective allows us to understand and interpret symptoms. He believes that mental disorders classified as mental illnesses in fact are not illnesses, but signals informing about the weakening of the individual's potential to develop. This stage is often one of positive disintegration, meaning that it leads to the next stage – that of positive integration. Dąbrowski does not treat all diseases as developmental disorders. He applies the criterion of organic origin, which allows making the recognizing or diagnosing decision. Psychic disorders without an identified organic origin would be interpreted from the perspective of the individual's spiritual and moral development.

Voices arising from various types of existential experiences support the reflections of Kępiński and Dąbrowski. They demand that patients be treated as unique beings, or persons, and that diagnosis be connected with recognition, not just based on symptoms.

Maciej Kozłowski, a psychiatrist who has had personal experiences with heroin, emphasizes the significance of recognition in therapy. "The very fact of taking heroin," he writes, "does not suffice to formulate a diagnosis and refer someone to a rehabilitation centre, while rash labelling may do more harm than good […]. I have always underlined the need to use personal intuition and intimate knowledge of a drug-addict's psyche. It is untrue that everyone who takes drugs is the same. The symptom (taking drugs) should not be used to homogenize people and de-individualize them, depriving them of their uniqueness and subjectivity."[27] Although I agree with Kozłowski, it has to be noted that the meaning of symptoms is not only bound to an individual. In psychiatry, symptom is not only a physical manifestation, but also an activity through which the addicted person realizes his or her needs. The very activity already homogenizes since individuality and subjectivity are blurred in it.

Anselm Grün, a monk, made the following remark on the basis of his experience with spiritual guidance: "[a] spiritual guide has to be able to sense what is good for the other person. He must bear responsibility

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26) Kazimierz Dąbrowski, *Dwie diagnozy* (Warszawa: Polskie Towarzystwo Higieny Psychicznej, 1974), 1.
27) Maciej Kozłowski, *Moja heroina. Świadectwo psychiatry*, (Kraków: Znak, 2004), 58.

for demanding too much or upsetting his brother. The gift of insight demands that he empathizes with him and understands him by taking into consideration his inclinations and predispositions, his life history and wounds. He must advise the brother what, in his situation, may lead him upwards."[28] I recall here the experience of spiritual guidance because it is also connected with recognizing understood in a way similar to that of Kępiński and Dąbrowski, i.e. as familiarizing oneself with the entirety of the patient's life experience, including that person's subjective, individual dimension.

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When applying the concept of the philosophy of culture outlined above to the terms "diagnosis" and "recognition" used in psychiatry and psychotherapy, attention should be paid to the complexity of the relationship between these terms. "Diagnosis" as a technological term remains to a certain extent in conflict with the personalizing term: "recognition," which at its base should be free from stigmatization. However, these concepts should not be treated as completely antagonistic. Recognition should have its anchoring in the ordered criteria of diagnosis, but it requires taking into account the patient's existential experience. Here is the place for an element of empathy and sensitivity which is a prerequisite for destigmatization. In short, it boils down to avoiding the terms that we know from cultural experience will stigmatize.

An important condition for obtaining the desired therapeutic effect is the acceptance of this broadly understood recognition by the patient. This creates the prospect of better cooperation between the doctor or therapist and the patient at the stage of therapeutic activity.

The validity of this approach also applies to situations in which the treatment involves the use of pharmacological agents. The patient's acceptance of the recognition may facilitate the acceptance of chemotherapy, understanding the existence of side effects and achieving discipline in taking medications. Proper understanding and wording of the recognition made in cooperation with the patient is an important element in gaining his trust and building the foundations of hope for therapeutic success.

One question still remains open. It is a question about the possibility of self-identification, or in other words, a question about the limits of self-recognition.

translated by Grzegorz Czemiel

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28) Anselm Grün, OSB (Benedictine from Munsterschwarz), *Droga pustyni* (Kraków, Tyniec, 2001), 46 [*A Path Through the Desert*, Saint Paul Publications 2003].

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