Eidos volume 4 no. 2 (2020)
A JOURNAL FOR PHILOSOPHY OF CULTURE

DOI:10.14394/eidos.jpc.2020.0022

Zofia Rosińska
Institute of Philosophy
University of Warsaw, Poland

The Status of Experts in Psychiatry

Where should we look for an answer to the question whether a psychiatrist is an expert? In analyses of the concept of "expert"? In sociological studies? Or perhaps in opinions formulated by psychiatrists themselves?

The subject is not as simple as it might first seem and the answer cannot be obvious. Certainly, psychiatrists are considered to be experts when they are called in by the court to act as expert witnesses. They are also deemed experts when they make a diagnosis, prescribe medication, or write out a sick note – similarly to other doctors. We typically trust that, just like other healthcare professionals, they will help us to recover or at least that they can alleviate our suffering.

Are psychiatrists experts in every situation? Do they sometimes cease to function as experts? Why is it that no one claims that specialists in homeopathy or traditional healers are experts? Why would we not argue that Fyodor Dostoevsky was an expert, even though he could fathom the depths of the human soul? Finally, why do we not regard clerics as experts? What are then the exact conditions one has to meet in order to be considered an expert?

As a branch of medicine, psychiatry operates on the basis of widely recognized models that inform every particular decision in this field. These models convey the consensus reached among renowned specialists in scientific circles, and constitute the foundation for justifying diagnoses and suggesting a possible course of therapy. Substantiating assessments consists primarily in correlating the observed symptoms with those described in the model.

Doctors are certainly incapable of reinventing psychiatry or psychology from scratch as part of their everyday practice. Still, they have some leeway in terms of how they select their sources of knowledge, how they assess their credibility, and how they match these accounts with the problems they confront. There is no guarantee that the final diagnosis will be free from errors and simplifications, and that it could be applied in all cases encountered in individual practice. No assessment can ever become a "gold standard" that works as

a "one-size-fits-all" solution. The example of revising subsequent editions of the American *Diagnostic and Statistical Manual of Mental Disorders* (DSM) indicates the necessity to constantly adapt the said models to new findings in research. Moreover, this also demonstrates the impact of changes in the moral sensibility of psychiatrists and psychologists, and in the ideological principles of intersubjectivity established in these circles. We have to bear in mind that humanity could not thrive without culture.

After all, those who work in the field of psychiatry live in a society that exists among many other societies. For this reason, they cannot free themselves from social influences, both the kind that they are aware of and the kind that they are not. Moreover, they carry their own burden of individual life stories, acquired values, as well as prejudices and experiences. This complex tangle of current and historical influences, which can be both external and deeply personal, makes it impossible to precisely indicate what increases the credibility of expert opinions and what diminishes it.

Are the conditions one needs to meet in order to become an expert in psychiatry the same as in other areas of medicine? Is it not the case that we should adopt a different concept of being an expert when speaking about psychiatrists? Should we not seek this concept in the field; demarcated on the one hand by experts and on the other by dilettantes? Who is an expert and who is a dilettante?

The term "dilettante" has both negative and positive overtones. The difference between them primarily depends on the emotional attitude assumed by the one who uses this word. In the former case, a dilettante would be an inept person, while in the latter, an enthusiast – or someone who has broad horizons.

Among the many ways in which it is possible to define the term "expert" we can distinguish two categories. In the first, it describes someone who has been appointed in order to express their opinion, while in the second it denotes a person who has vast knowledge in a specific discipline. Certainly, the two categories are not mutually exclusive. The division only regards the role one has been assigned in a given situation.

Dictionaries do not exhaust the many meanings carried by this term. New experiences as well as reflections that follow them often force us to reconsider these definitions, revealing dimensions hitherto unrepresented in lexicography. One example of a radical change in the approach toward psychiatric practice is the revolutionary proposition formulated by Antoni Kępiński.

In his study of the fundamental issues in contemporary psychiatry, Kępiński argues that,

> psychiatrists differ from other specialists in medicine by virtue of the fact that they are not specialists. They are rather the antithesis of specialists insofar as they have to possess some knowledge in many fields, which naturally means that they really cannot reach in-depth understanding in any of them. When they examine patients, psychiatrists have to move between three large domains: biological, sociological, and psychological. This necessarily makes psychiatrists dilettantes. As a result, they develop major complexes, which they counterbalance with the ability to come into direct contact with the patient. If one has the time and desire to devote more attention to the patient, listening attentively, these contacts can be a source of rich life experiences whose proper ordering greatly deepens one's knowledge about humanity.[1]

We sometimes forget that contacts with patients, as described in Kępiński's account, in fact, deepen our knowledge about humanity. It is as if we were unwilling to accept that the *varius* – the different one, or "the other" – is just one of the many possibilities of realizing humanity, while a certain "longing for psychosis" (or for other-

1) Antoni Kępiński, *Podstawowe zagadnienia współczesnej psychiatrii* (Kraków: Wydawnictwo Literackie, 2003), 30.

ness) is an inherent part of human subjectivity and lies dormant in everybody. The philosophical expression of this longing is metaphysics.

Still, our dilettantes have to make decisions regarding diagnosis and treatment. Do existing models always help them with this? Or should they strive to change these models on the basis of their own experiences and understanding? This is the path indicated by Kępiński, who suggests the following three changes.

First, Kępiński proposes to change the criteria of normality by turning to probability. He understands normal behavior to be the kind that is the most probable in a given situation, and regards abnormal behavior to be the least probable in the same context. "Normality," he would argue, "does not equal being mentally healthy, while abnormality does not mean one is mentally ill."[2]

Second, Kępiński claims that the role of the patient should change from passive to active. As he writes, "the psychiatrist affects the patient, while the patient affects the psychiatrist."[3] "The therapeutic process," he continues, "can be effective only when it originates in the suffering subject." For this reason, "wherever one still has to pay for psychotherapy by the hour, the receipt should be really issued by both parties."

Third, Kępiński defines the model of the therapeutic relation as a *meta-relation* in which two things need to happen.

First, the psychiatrist has to create within him- or herself a third party, or an ideal observer, who would be capable of tracking not only the patient's reactions, but also one's own. This would facilitate relinquishing power and control over patients, making it easier to overcome their resistance and aggression.

Second, the patient, by cooperating with the psychiatrist, ought to create within him- or herself an ideal observer as well, which could help them to distance themselves from the issue at hand and improve self-control. This would also facilitate becoming partially responsible for the therapeutic process.

Much would have to change in how psychiatrists are educated if these ideas were to be popularized and broadly adopted in therapeutic practice.

2) Ibid., 4.

3) Ibid., 24.