

PSYCHOPATHOLOGY AND ABSOLUTISMS: UNIVERSALISM, OBJECTIVISM AND FOUNDATIONALISM IN MENTAL HEALTH ¹

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ABSTRACT. The area of psychopathology –, that which contains the set of knowledge related to mental illness – is permeated by several controversies of theoretical, practical, ethical and methodological scope. The great diversity of explanatory models is one of the characteristics of psychopathology that contributes to the creation and maintenance of these existent controversies, while at the same time establishing challenges for the professional that is dedicated to this área of knowledge. In this article we defend the conception of the existence of absolutisms such as universalism, objectivism and foundationalism contribute to the difficulties of dialogue between professionals who are adept of the different explanatory models existing in psychopathology. Such difficulties undermine both scientific research and the treatment of patients themselves and, therefore, a better understanding of absolutisms is urgently needed in order to overcome them, which is the main objective of this article. As an alternative to absolutisms we defend both pluralism in all the areas referred above and dialogue in the sense proposed by Hans-Georg Gadamer. This favors the democratic existence of the diversity of explanatory models without incurring in dogmatisms that hinder or even impede interprofessional dialogue.

Keywords: Psychopathology; absolutism; pluralism.

PSICOPATOLOGIA E ABSOLUTISMOS: UNIVERSALISMO, OBJETIVISMO E FUNDACIONALISMO NA SAÚDE MENTAL

RESUMO. A área da psicopatologia –, aquela que contém o conjunto de conhecimentos referentes ao adoecimento mental – é permeada por diversas controvérsias de âmbito teórico, prático, ético e metodológico. A grande diversidade de modelos explicativos é uma das características da psicopatologia que contribuem para a criação e manutenção dessas controvérsias existentes, ao mesmo tempo em que estabelece desafios para o profissional dedicado a essa área do saber. Nesse artigo aborda-se a concepção de a existência de absolutismos tais como universalismo, objetivismo e fundacionalismo contribuir para as dificuldades de diálogo entre profissionais adeptos dos diferentes modelos explicativos existentes na psicopatologia. Tais dificuldades prejudicam tanto a pesquisa científica como o próprio tratamento de pacientes e, portanto, faz-se urgente um melhor entendimento dessas formas de absolutismo para que seja possível superá-las, sendo esse o principal objetivo desse artigo. Como alternativa aos absolutismos defende-se tanto o pluralismo em todos os âmbitos referidos anteriormente como o diálogo no sentido proposto por Hans-Georg Gadamer. Isso favorece a existência democrática da diversidade de

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modelos explicativos sem incorrer em dogmatismos que dificultem ou mesmo impeçam o diálogo interprofissional.

Palavras-chave: Psicopatologia; absolutismo; pluralismo.

PSICOPATOLOGÍA Y ABSOLUTISMOS: UNIVERSALISMO, OBJETIVISMO Y FUNDACIONALISMO EN LA SALUD MENTAL

RESUMEN. El área de la psicopatología –, aquella que contiene el conjunto de conocimientos referentes a la enfermedad mental – está impregnada por diversas controversias de ámbito teórico, práctico, ético y metodológico. La gran diversidad de modelos explicativos es una de las características de la psicopatología que contribuyen a la creación y mantenimiento de esas controversias existentes, al mismo tiempo que establece desafíos para el profesional que se dedica a esa área del saber. En este artículo abordamos la concepción de la existencia de absolutismos tales como universalismo, objetivismo y fundacionalismo contribuyeren a las dificultades de diálogo entre profesionales adeptos de los diferentes modelos explicativos existentes en la psicopatología. Tales dificultades dificultan tanto la investigación científica como el propio tratamiento de pacientes y, por lo tanto, se hace urgente un mejor entendimiento de los absolutismos para que sea posible superarlos, y es ese el principal objetivo de ese artículo. Como alternativa a los absolutismos defendemos tanto el pluralismo en todos los ámbitos mencionados anteriormente como el diálogo en el sentido propuesto por Hans-Georg Gadamer. Eso favorece la existencia democrática de la diversidad de modelos explicativos sin que se incurra en dogmatismos que dificultan o incluso impidan el diálogo interprofesional.

Palabras clave: Psicopatología; absolutismo; pluralismo.

Introduction

For empirical knowledge, like its sophisticated extension, science, is rational, not because it has a 'foundation' but because it is a self-correcting enterprise which can put 'any' claim in jeopardy, though not 'all' at once (Sellars, 1963, p. 170, emphasis added).

Psychopathology, a word derived from the Greek terms ψυχή (psyche), πάθος (pathos), and λόγος (logos), can be defined as “[...] the body of knowledge referring to the mental illness of the human being” (Dalgalarrodo, 2008, p. 27). Because it consists of a wide variety of propositions, psychopathology has the characteristic of being largely permeated by controversies of theoretical, practical, ethical, and methodological scope. According to Fulford (2015, p. 9) psychopathology “[...] in any new paradigm will find itself working within multiple and in some respects mutually inconsistent theoretical models and thus having to tackle research problems that are as much conceptual as empirical in nature”. The difficulty of dialogue between professionals adhering to different models becomes a central issue for psychopathology, as this affects both research and the treatment of patients, as stated by an editorial in *The Lancet Psychiatry* (Duel diagnosis, 2014), one of the most influential publications in the area.

Psychopathologists, contrary to what generally happens in medical specialties, are usually unable to use objective clinical examinations, derived from sophisticated

technologies, to define diagnoses and treatments. In psychopathology, in general, information about the individual's suffering is obtained both from the verbal report itself, whether from the patient himself or his family, and from clinical observations such as the examination of the mental state. The latter lacks strictly established criteria for the practical and theoretical definition of the psychological suffering itself.

Amidst so many problems in this field as one finds in psychopathology, there is an especially problematic issue, which refers to how professionals submitting to different explanatory models of mental illness deal with the question of the objectivity of knowledge. In other words: Considering the existence of so many different conceptions of the world and specifically of human nature in this area of knowledge - so that these conceptions are often incompatible and one usually not overlapping with the others - how can one be sure about the truth and the scientific credibility of the models used?

But what in fact is objectivity? According to Gaukroger (2012) it would naturally be expected that such a basic idea would have a normally accepted meaning and, thus, it would be enough to explain in order to avoid misunderstandings. But, of course, things are not so simple. The term 'objectivity' is quite complex, and Gaukroger (2012) defines five different meanings, which will be addressed below.

The first understanding of objectivity, and perhaps the most frequent, refers to an objective judgment of things as an act free from prejudice and bias. For the traditional scientific view, characteristic of the Enlightenment which claims that the scientific method (and this alone) would lead us to definitive truths, knowledge infused with prejudices and biases would not be truly objective knowledge and, therefore, would not be scientific. The second understanding of objectivity refers to a judgment free of presuppositions and values. According to Gaukroger (2012), the idea of prejudice and bias carries with the notion of distortion, which is not necessarily true for the idea of presuppositions and values. Traditional scientific thought could even recognize the validity of knowledge carrying the latter, as long as they are made explicit. However, the ideal would be to overcome them so as to have a more reliable (objective) knowledge.

The third conception of objectivity refers to the relationship between people and their own conceptions and theories. An objective procedure, in this sense, refers to the ability to decide between two conflicting conceptions or theories. Thus, while the first two notions of objectivity refer to a particular mental state (free of prejudices and/or presuppositions, for example) this third notion refers to the procedures of certain kinds that should be followed to give an objectivity of knowledge. It is, therefore, mainly a methodological issue regarding objectivity.

The fourth notion regarding the possibility of having an accurate representation of reality is defined as a positive view of objectivity, as it does not say what should be left out to achieve it, but rather how to direct judgments. This, therefore, is a normative characteristic of the concept of objectivity. Finally, the fifth notion of objectivity proposed by Gaukroger (2012) refers to the concept of something being objective if it is capable of leading to universally accepted conclusions. The motivation for this relates to the results obtained by the natural sciences, there being here usually a high level of agreement that seems to overcome scientists' own cultural differences. However, according to Gaukroger (2012), this last notion of objectivity is, at best, an indication of objectivity, but not a definition of objectivity in itself. Furthermore, the fact that something is shared and useful, even if it comes from the natural sciences, does not mean that it is true and definitive knowledge. The geocentric theory, for example, was accepted, shared, and considered useful for a long time, but it turned out to be an incorrect theory according to our present knowledge.

Thus, according to the definitions above one can see the difficulty in defining the term objectivity. In this sense the idea of producing knowledge free of prejudices, biases, assumptions, and values remains dominant in science in general. In psychopathology this is no different. The three forms of absolutism that will be addressed below (universalism, objectivism, and foundationalism) start from this conception of objectivity typical of the traditional scientific view derived from the Enlightenment. They also presuppose that knowledge discovered in this way represents a supposedly absolute truth.

Universalism and objectivism

Krausz (2010) states that it is possible to distinguish between foundationalism, objectivism, and universalism, so that accepting one of these concepts does not necessarily imply the acceptance of the others. However, as it will be shown below, in psychopathological theory and practice the three conceptions usually go together. We will develop the concepts of universalism and objectivism together in this subsection of the article, for they are better known, so that we do not need to discuss them now. Foundationalism, on the other hand, requires further study, as it does not usually appear so frequently in discussions of psychopathology. For this reason, it will be developed in the next subsection of the article. With regard to universalism, according to Krausz (2010, p. 25):

At the ontic level, universalists maintain that objects (cognitive, moral or aesthetic) exist for all people, at all times and in all cultures [...] At its epistemic level, universalism asserts that people at all times and in all cultures could agree on cognitive, moral or aesthetic claims.

This definition of universalism is self-evident and refers to the extrapolation from something particular to a universal level. The fifth sense of the term 'objectivity' referred to above has direct relation to universalism, mainly at an epistemic level, because, for universalism true knowledge is universal and independent of local culture. Objective knowledge is, therefore, universal knowledge. Thus, the concept of relativism (cultural, ontological, ethical, aesthetic, moral, etc.) is out of place here. This is precisely the main reason why universalism is considered a form of absolutism.

Scientific thinking often embraces universalism and in psychopathology this is no different. Although most authors consider that cultural differences influence treatment and mental symptoms, there is still a widespread universalism, for such differences are usually considered on a superficial level. What would really matter for psychopathological thought (brain connections, dopamine, archetypes, operating behavior, existential anguish, etc.) could be generalized to mankind. The cultural variations of each of these phenomena would not be so relevant for scientific understanding. The idea here is that, for example, schizophrenia occurs fundamentally the same way all over the world. The differences found in the manifestations of the disorder, that is, the specific/subjective aspects in each social context (such as the content of delusions and hallucinations) would be of little relevance for the understanding of mental disorders in general.

By and large both psychological theories and modern science seek universality. Carl Gustav Jung's analytical psychology, for example, proposes the existence of a collective unconscious, shared by all human beings. There would be, in this unconscious, equally shared symbols and archetypes. Ideas derived from evolutionary psychology, sometimes applied to the understanding of psychopathological phenomena, are also based on universal principles (such as natural selection and adaptation to the environment) applied to all human beings. Freudian psychoanalysis itself, which emphasizes the uniqueness and subjectivity

of each person, regards many of its concepts (such as the Oedipus complex) in a universal way. Thus, such theories that seek universality also tend to be objectivistic, another form of absolutism. This is most evident in the following quote from Chalmers (1993, p. 139):

The objectivistic view gives priority, in its analysis of knowledge, to the characteristics of the items or bodies of knowledge that individuals are confronted with, regardless of individual attitudes, beliefs or other subjective states. Speaking loosely, knowledge is treated as something external to the minds or brains of individuals rather than as something internal.

The above definition of objectivism makes direct reference to the first two concepts of objectivity mentioned previously, namely: that knowledge should be free of prejudices, biases, and that it should also be free of assumptions and values. According to this conception, subjectivity could not contaminate knowledge for the latter to be true and, therefore, absolute.

It is true that different approaches to psychotherapy tend to focus on and value the subjective states of individuals (such as desires, tastes, and interests) and build knowledge from that. However, there is usually also an articulated theory that fits these subjective states into previously constructed categories. It is curious to see that, despite this, many psychotherapists deny adopting previous theories and conceptions, choosing, instead, to believe that they are neutral and objective when making observations of the clinical reality. Since Freud's time, many have believed in the observation of reality as a foundation that would guarantee the objectivity of theoretical constructions.

One way to interpret this objectivistic belief held by psychotherapists is to understand that by believing it they simultaneously support the illusion of having a scientific self-identity along the traditional lines. According to Cushman (1995, p. 279) “[...] it is difficult for psychotherapists to examine their theories with an eye to the moral and political, because they do not like to think of their work in this way”. Furthermore, according to the same author, “[...] most therapists like to think that when they close the door, the ‘outside world’ is excluded” (Cushman, 1995, p. 280). These are clearly objectivistic and universal perspectives.

The following quote from Bernstein (1996, p. 8) further defines the concept of objectivism:

By objectivism, I mean the basic conviction that there is or must be some permanent, ahistorical matrix or framework to which we can ultimately appeal in determining the nature of rationality, knowledge, truth, reality, goodness, or rightness [...] Objectivism is closely related to foundationalism and the search for an Archimedean point.

The assumption of the existence of a permanent and a historical matrix or structure is precisely a strong indication of absolutism. This assumption seeks to establish a certain secure foundation to sustain knowledge. This, however, refers more specifically to foundationalism, which we will discuss in the next subsection, as well as the question of Archimedes' point.

In psychopathology the argument that the knowledge obtained is exclusively the result of objective experiments or even of objective observation of clinical reality is widely used. This, therefore, would function as the framework that could be used to determine the validity of a theory or method. The difficulty here is that many do not pay attention to the fact that this so-called clinical reality is already an interpretation of the world and human nature elaborated from previous concepts. According to Polkinghorne (2000, p. 472):

In order to be able to reflect on one's already functioning background interpretations (i.e. one's prejudgments or prejudices) and to be open to improved interpretations, it is necessary to be aware that one's pre-reflective understanding of the world is not simply a mirrored reflection of the world, but rather is an interpretation [...] Thus, inquiry occurs within the texture of one's background, not outside it.

The above quote exposes the perspective of Hans-Georg Gadamer's philosophical hermeneutics about prejudices: They are always present. According to Gadamer (1999), prejudices are not only not negative, but are necessary for the search for and development of knowledge. For the author, if there were no prejudices, there would be no possible intelligibility. As we can see, this view is quite different from modern science that always seeks objectivity.

There is always the possibility of reviewing prejudices - otherwise there could be no new knowledge - but there would always be a dialogical game between what someone was taught to see and the phenomenon that presents itself. Thus, new knowledge does not occur exclusively through the discovery of new evidence, as modern science would have it, but also through the very change in the way of seeing the world, that is, through the change in prejudices. In other words, unlike objectivism, the idea that knowledge is inseparable from individual minds is accepted here. According to Kirschner e Martin (2010, p. 22, emphasis added): "How we can gain indubitable access to realities 'through' our mental representations that are at the same time 'independent' of them?"

Western philosophy, especially after Nietzsche and Heidegger, is fraught with criticism of objectivism, but we would deviate too much from the article's purpose if we were to discuss it. The central idea here is to question the possibility that, as psychopathologists, we can manage to be neutral observers and, therefore, to describe a supposedly objective reality or even reality in itself. When thinking in a universal and objectivistic way, it is natural to exclude approaches and/or cultures that perceive and classify the world and the human beings in other ways, that is, that have different prejudices. Usually, in psychopathology, as well as in science in general, theories are accepted and used in a reified way, or saying otherwise, their abstract concepts, created socio-historically, are taken as reality itself. It is precisely from this point on that a deepening of the discussion of foundationalism becomes decisive.

Cartesian foundationalism

Give me but one firm spot on which to stand, and I will move the Earth (Archimedes apud Knowles, 2014, p. 123).

Together with universalism and objectivism, foundationalism is another form of absolutism commonly adopted by scientists and psychopathologists. One must be careful when using this term, as there are different classifications of foundationalism, both in terms of the conceptions of each author (e.g., Descartes and Aristotle), as well as in terms of degree of intensity (mild, moderate and strong). According to Hábl (2011, p. 4) "[...] to classify different types of foundationalism is not an easy task, for different authors employ not only different criteria of classification, but also different terminology". There are, therefore, different types of foundationalism, but only Cartesian foundationalism will be developed here. We chose this type of foundationalism because of its (still) strong influence on contemporary science. It is curious to note that Cartesian foundationalism arises from a

concern of a psychopathological nature, the so-called Cartesian anxiety. According to Bernstein (1996, p. 18, emphasis added) such an urge consists of the following:

With a chilling clarity Descartes leads us with an apparent and ineluctable necessity to a grand and seductive Either/Or. 'Either' there is some support for our being, a fixed foundation for our knowledge, 'or' we cannot escape the forces of darkness that envelop us with madness, with intellectual and moral chaos.

Descartes was certainly a philosopher who doubted everything, except the fact that he thought (and therefore existed) and the existence of God (Skirry, 2010). For someone so afflicted with the possibility that, for example, evil geniuses are constantly trying to deceive us or that we are always hallucinating, the need to find safe foundations for knowledge was imperative. According to Bernstein (1996, p. 16), "Descartes' *Meditations* is the *locus classicus* in modern philosophy for the metaphor of the 'foundation' and for the conviction that the philosopher's quest is to search for an Archimedean point upon which we can ground our knowledge". Descartes (1969, p. 144, emphasis added) states that:

I must, once and for all, make a serious effort to get rid of all the opinions I had previously admitted and start building a new 'foundation', if I want to establish some 'firm and permanent' structure for the sciences.

And still according to Descartes (1969, p. 149, emphasis added):

In order to lift the terrestrial globe from its place and transport it elsewhere, Archimedes required only that a point be 'fixed and immobile' [emphasis added]; likewise, I will have the right to conceive high expectations if I am happy enough to discover only one thing that is 'certain and undoubted'.

The search for the *punctum archimedis* indicates the attempt to establish a point at which the observer can safely deal with his research object. The words firm, permanent, fixed, immobile, certain and undoubted, taken from Descartes' previous quotations, clearly indicate the absolutism inherent in the search for knowledge attempted by the philosopher. The search for a foundation or for an ultimate principle that sustains others is the very definition of the foundationalist proposal. According to Audi (1999, p. 321) foundationalism in general can be defined as:

The view that knowledge and epistemic (knowledge-relevant) justification have a two-tier structure: Some instances of knowledge and justification are non-inferential, or foundational; and all other instances thereof are inferential, or non-foundational, in that they derive ultimately from foundational knowledge or justification.

Bernecker (2006) suggests the image of a pyramid with several steps to think about foundationalism. The bottom of this pyramid would consist of basic beliefs, this is, beliefs that would not need support from other beliefs, as they would be justifiable in themselves. The other steps, on the other hand, would be called inferential beliefs, that is, beliefs that would need the justification of other beliefs and, ultimately, they would turn to the base (or foundations) of the pyramid to obtain the support of knowledge. As Bernecker (2006) states, the image of the pyramid would be even more accurate if it were inverted, since basic beliefs would exist in a much smaller number than inferential beliefs.

Despite this common structure described by Audi (1999) and Bernecker (2006), it is possible to attribute different degrees of intensity among the forms of foundationalism, as we mentioned earlier. Cartesian foundationalism is considered to be of high intensity, being even called radical foundationalism. This foundationalism appears when "Descartes (1596–1650) identified the self with the *res cogitans* (thinking substance) and believed it to be the

basis for the belief in the existence of the external world” (Berrios & Marková, 2003, p. 11). According to Moser (1999), the idea of ‘I think, therefore I am’ points to *res cogitans* as a basic (non-inferential) belief that allows the structuring of the next steps of knowledge.

According to Audi (1999, p. 321) “[...]’such foundationalism, represented primarily by Descartes, requires that foundational beliefs be certain and able to guarantee the certainty of the non-foundational beliefs they support”. Thus, the striking feature of Cartesian foundationalism is that basic (or foundational) beliefs should never be questioned. This is different from foundationalisms that are considered mild or moderate, as these would allow the questioning of basic beliefs, unlike Descartes’ radical foundationalism. According to Berrios and Marková (2003, p. 11):

The legitimacy of this foundationalist claim, the nature of his dualism and the force of ‘I think, therefore I am’ (*cogito ergo sum*) as a logical entailment have since been subject to scrutiny. Whether out of conviction or convenience, eighteenth-century neuroscientists followed a naive ‘dualist’ interpretation of Cartesianism so that they could claim that knowledge gained on the *res extensa* (the brain) had no theological implications (in regards to the soul or *res cogitans*). The same interpretation of the Cartesian self (as an absolute knower) was built by nineteenth-century alienists into their own concepts of mental symptom and disease.

Even today there is a large number of psychopathologists who adopt this interpretation of Cartesian thought as a way of justifying knowledge. Our argument is the following: Although Descartes was a seventeenth-century philosopher, his ideas are still strongly present, whether regarding the relationship between mind and body, and the use of radical foundationalism. Philosophical ideas can remain influential for centuries, or even millennia (as in the case of some of Aristotle’s conceptions), without falling into disuse. The permanence of these ideas is usually even longer if the authors involved do not dwell on philosophical and metaphysical issues, and therefore, if they do not question their assumptions. According to Zachar (2014), we believe that we do not exaggerate when we state that few authors of psychopathology are concerned with explaining their perspectives regarding the truth, reality, and justification of knowledge.

The hegemonic model of psychopathology today, the biological/neuropsychiatric model, has at least two foundational beliefs, as stated by Berrios and Marková (2002). For adepts of this model, mental disorders would actually be brain disorders and, furthermore, only this model of psychopathology would possess the stamp of scientific truth. According to Berrios and Marková (2002), foundational beliefs cannot be proved, but they are still rarely confronted by those who adopt the biological model.

Freudian psychoanalysis can be understood as a theory that also has certain foundational beliefs. At one point Freud (1996, p. 26, emphasis added) stated that the theory of repression “[...] is the ‘cornerstone’ on which rests the entire structure of psychoanalysis”. Later in his work, Freud (1923 [1922]/1996) stated that the assumption that there are unconscious mental processes, the recognition of the theory of resistance and repression, the appreciation of the importance of sexuality and the Oedipus complex, are the main theme of psychoanalysis and the foundations of his theory. This cornerstone and these foundations proposed by Freud can be understood as true foundational beliefs that, therefore, cannot be proved, and, moreover, are rarely objects of critical scrutiny by the adherents of this explanatory model of psychopathology.

It is not a question of criticizing only biological psychiatry and Freudian psychoanalysis, but of pointing out the existence of absolutist aspects in highly relevant theories within psychopathology. If biological psychiatry is dominant today, psychoanalysis

was dominant until the 1970s in the USA, and in the Western World in general. The fact that we do not mention other models of psychopathology is mainly due to their large number, as mentioned at the beginning of this article. We cannot illustrate the presence of absolutisms in all explanatory models of psychopathology in this article, but we know that other models adopt similar positions. The criticism of these absolutist perspectives is justified by the fact that they hinder the dialogue between different theoretical models and this, as we pointed out earlier, is harmful both to research and to clinical treatment in the field of psychopathology.

Final considerations

Universalism, objectivism, and foundationalism can be called absolutisms, as Krausz (2010) does, because they are proposals that seek to establish definitive truths in terms of time and space. We believe that the possibility of dealing with alterity becomes very limited with the adoption of absolutisms. This happens because the specificities, whether cultural or theoretical, or even individual subjectivities, are neglected in the name of a supposed objectivity of knowledge.

The use of absolutist conceptions to defend an explanatory model can prevent valuing alternative propositions regarding psychological suffering. This makes it difficult or even impossible the dialogue between models. Kecmanović (2011, p. 221) states that, in psychopathology, “[...] professional communication is in a fair number of cases confined to practitioners of one and the same model”. In addition, according to this author:

As the advocates of each individual model do not take into account other possible perspectives on the same phenomena, they do not see, or more accurately, they cannot see the deficiency of their own vantage point. Thus, they make conceptual chasm between individual models ever wider (Kecmanović, 2011, p. 211).

Psychopathology has the characteristic of being an area of health and even the epistemological knowledge of this area is related to practical consequences. The reduction of suffering is what is at issue here. Since the different explanatory models do not necessarily exclude each other - they can, in fact, even be complementary - patients/clients are often treated by several professionals, usually adept at different explanatory models. In such a scenario, if these professionals are unable to dialogue, the treatment may be impaired. But how is it possible to optimize dialogue in psychopathology? Hans-Georg Gadamer's philosophical hermeneutics presents interesting propositions in this regard. According to Bernstein (1996, p. 128-129, emphasis added):

In opposition to Descartes' 'monological' notion of purely rational self-reflection by which we can achieve transparent self- knowledge, Gadamer tells us that it is only through the 'dialogical' encounter with what is at once alien to us, makes a claim upon us, and has an affinity with what we are that we can open ourselves to risking and testing our prejudices.

One of the most common pitfalls of the Enlightenment search for objectivity refers to the lack of perception, on the part of many researchers, that the defended conceptions are always possible interpretations of the world. This is very different from there being definitive and finished explanations, like bricks of a scientific building in which each researcher would only add new knowledge, rendering the building bigger and better structured. The belief that

we have achieved absolute knowledge about something inhibits the critical attitude, which is an anti-scientific attitude.

As we saw earlier, Gadamer considers that there are always prejudices in the comprehension of the world and of human beings. These prejudices must be continually reviewed if there is indeed a desire to develop deeper and more meaningful understandings. For the author, the best way to change prejudices is through dialogue. But certain requirements are necessary for this to happen, as stated by Vessey (2016, p. 418):

What is required for dialogue is the humility of accepting that we might not know what we believe, for it may turn out in talking it through with someone else, we find a better expression for what we think than we had before the dialogue. To acknowledge the otherness of the other, then, is to recognize that we have something to learn from another, not just in the sense of learning new information or confirming views we already hold, but in the sense of acquiring an understanding of our views, even, or especially, those we think we understand.

There is no right method (objective, universal, with unquestionable foundations) or even a protocol to be followed if we want to dialogue. The humility mentioned above, critical reflection, and a kind of sensitivity are required for there to be conditions for an authentic dialogue. This is, of course, very different from seeing the other as a potential enemy because he or she supports an alternative explanatory model of psychopathology, waging argumentative battles that will result in winners and losers. For Gadamer (1999), the truth emerges as the result of a dialogue that really considers alterity, that is, truth is not synonymous with knowledge provided with absolutist certificates.

As stated by Kecmanović (2011), there is sufficient evidence that warns us about the fact that there are biological, psychological, and sociocultural factors co-determining the origin and presentation of mental disorders. Therefore, it would be wiser for psychopathologists to support pluralism, instead of locking themselves in their ivory towers. The latter position can even provide an illusory intellectual security and can also usually avoid the wear and tear of frequent criticism of the foundations themselves, but at the same time they hinder the progress of the discipline and hinder the treatment of patients.

According to Rescher (2005, p. 79), pluralism is “[...] the doctrine that any substantial question admits of a variety of plausible but mutually conflicting responses”. Such is the case with psychological suffering. The defense of pluralism is justified mainly by ethical reasons, as both the researcher and the clinician are required to have a true disposition to alterity and dialogue. In other words: Pluralism here means sustaining and valuing the diversity that exists in psychopathology, without being dominated by absolutisms and imperialisms of any kind. It is, therefore, a proposal that is both descriptive (in the sense of affirming that psychopathology is plural), and prescriptive (in the sense of proposing to psychopathologists to support this plurality).

To anticipate probable criticisms, it is important to differentiate pluralism from two other conceptions. First, pluralism does not imply eclecticism, since the latter being defined as the “[...] use of concepts outside their proper conceptual schemes and theoretical systems, which changes their meanings” (Oliveira Filho, 1995, p. 263). Pluralism does not imply chaos, neither relativism in a pejorative sense, as we saw earlier when we discussed Cartesian anxiety. The pluralist proposal does not make less rigorous uses of concepts and theories. The idea that ‘anything goes’ is also not an option. Being pluralistic implies valuing a dialogical and democratic existence of different conceptual schemes, without minimizing or distorting their specificities.

According to Kecmanović (2011) psychiatrists and, we might add, psychopathologists in general, should not be completely committed to a specific model, believing that this is the most valid and useful way to treat patients. It is precisely to avoid this attitude that a critical view, dialogue, and pluralism are so necessary in the field of mental health.

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