

Summary

A Comparison between Kraepelin's Diagnostic Model and Lacan's Structural Approach in Mental Situation: From Positioning to Research/Application

Sinem Baltacı

Eskişehir Osmangazi University

A variety of factors determines the actions upon the “object” of a research or an application. How does one explain concepts, cases, and the manners with which applications come into existence? Along with this question, ever since ancient times, studies on “being” have created a variety of approaches by different philosophers. The studies attempting to explain “being” through the existence and non-existence of a thing forms the field of *ontology*. The ontological structure that determines how a being will be approached also determines the subsequent information gathering processes of a being. The ontological stance brings with it the subsequent epistemology, methodology, and method that present how information about that being will be approached (Carter & Little, 2016; Kuş, 2003).

Epistemology (theory of knowledge) is a branch of philosophy that deals with the nature, scope, and source of knowledge (Schwandt, 2007, pp. 87-88). *Methodology*, on the other hand, is about the identification, explanation, and confirmation of the methods of a work or application (Schwandt, 2007, pp. 18). The *methods* connected to the methodology are themselves the procedures set forth as a result of all the positioning of the study (Sheperis, Young, & Daniels, 2009).

The study of the path a method takes as it is positioned will be a study of its setup. “How did this method and application come to existence and to explain what?” In this text, “mental states” will be handled as a matter of the fact and its setup will be studied with the mentioned method. After including its ontological positioning in historical discourse, the ontological, epistemological, methodological, and methodical stances of the two mainstream Kraepelin's and Lacan's approaches will be studied. Finally, clinical applications that are motivated by these approaches will be evaluated.

Ontological Positioning of Mental Conditions – with the Historical Development

Opinions on the existence or non-existence of mental conditions and psychopathologies have been studied in various ways over the years. When looking at the historical process, *supernatural approaches* such as exorcism were shown as dominant in the explanations of mental conditions during the period before the Age of Enlightenment, while there was a shift towards the *moral model* involving the thought that criminal behaviours were perpetrated on purpose and that the perpetrator needed to be punished (Davison & Neale, 2004; Siegler & Osmond, 1974). In the 19th century, with the pioneering of Emil Kraepelin's *diagnostic model* that mental conditions, just like natural sciences, could be observed and measured, came into existence (Berrios & Hauser, 1988). On the other hand, later, thinkers like Heidegger, Lévi-Strauss, Barthes, and Foucault argued that the individual was a part of reality and that the individual and knowledge were inseparable when it came to exhibiting knowledge. *Relativist, structuralist, and constructivist approaches* were brought forward based on the ideas that knowledge could only be constructed through the existence of the perceiver (Dosse, 1997; Gearing, 2004; Giorgi, 2012). Influenced by these ideas, Jacques Lacan, with his appeal named “the return to Freud movement”, handled mental conditions in clinical studies with the structural clinical approach that was different from the Kraepelin's model.

Today, it can be seen that Diagnostic and Structural approaches are two main model in clinical psychology. For this reason, within the scope of this text, ontological, epistemological, methodological, and methodical positioning of these two trends on identifying and explaining mental conditions, will be studied.

Address for Correspondence: Res. Asst. Sinem Baltacı, Eskişehir Osmangazi University, Faculty of Science and Letters, Department of Psychology, Eskişehir.

E-mail: sinembaltaci7@gmail.com

Kraepelin's Model and its Positioning

According to Kraepelin, mental conditions can be observed and measured just like natural sciences (Berrios & Hauser, 1988). This approach was an important movement that brought mental conditions into the area of positive sciences. As a result of Kraepelin's work on identifying and classifying mental conditions, formed the first model that was used to diagnose and classify symptoms that individuals displayed in the clinic by looking at specific frequencies, similarities, and differences (Berrios, Luque, & Villagran, 2003).

When we evaluate the ontological positioning of Kraepelin's studies on mental conditions, we can say that he approaches being with *realism*. According to him, a mental condition's existence is there objectively. The epistemology of this ontological stance, which is a form of explaining knowledge, brings with it *positivism* (Balnaves & Caputi, 2001; Kuş, 2003). Positivist epistemology brings with it an *objective* methodology that is based on observability, measurability, and testability (Lutz and Knox, 2014). Methods that belong to objectivist methodological stance include approaches such as standardized measurements and controlled experiments (Balnaves & Caputi, 2001; Lutz and Knox, 2014) because observation and experimentation is seen as the only source of certain and definite empirical knowledge (Kuş, 2003).

Lacanian Approach and its Positioning

During the middle of the 20th century, the approaches of relativism, structuralism, and constructivism, which were brought about by the idea that the world and subjectivity were intertwined and inseparable, were influencing the opinions of Lacan, who was working in the clinical area based on Freud's work (Lacan, 1964/1998). Lacan's work on the unconscious was brought forward through the influence of Saussure's linguistic works, Levi-Strauss' structuralist approach, and Roman Jakobson's concepts of metaphor and metonymy within language (Homer, 2016, pp. 51-68), because Lacan found it important to study with mental conditions based on the Subject's distinctive ontological positioning. For this reason, he proposed the Structural Clinical Model that was different from the diagnosis and classification system that was motivated by Kraepelin's approach (Fink, 1997; Lacan, 1962/2014).

According to Lacan, the Other can be found in the formation of the Subject; and Subject is formed around the gap through the Other (Lacan, 1961/2010). Lacan defines this formation as the spider web that forms the Subject's *distinctive* world of interpretation: *signifying chain* (Evans, 1996, p. 190). Lacan changes Saussure's structural term "sign" as the "signifier", because, according to him, language is not static. On the contrary, a sign

is mark of another sign and thus a web of signifiers that lead to a structure evolves (Dor, 1998).

When we evaluate the ontological positioning of Lacan's basic studies about mental conditions, we can say that he approaches a mental condition with *relativism* rather than the realism. What is being or real can't be known (or is not known) and can't be identified; only through the Other can it be constructed. Moving from this ontological standpoint, it can be seen that he includes constructivism, which, rather than having positivism in its epistemology, is based on the idea that knowledge is not independent from the researcher, environment, and circumstances; on the contrary, that it lies within the structure and is constructed with the researcher (Arkonaç, 2014; Burr, 2012; Dosse, 1997; Gearing, 2004, Giorgi, 1985; 2012). He also includes structuralism, with approaches developed from the studies of Saussure, Jakobson, and Levi-Strauss). A study conducted with the methodologies of these approaches can be comprised of qualitative methodologies that include the researcher (Arkonaç, 2012). The methods of these methodologies can include recording, report, or interview evaluations that include subjectivity (Gearing, 2004; Sheperis, Young, & Daniels, 2009; Smith, 1996).

Clinical Applications Influenced by the View of Kraepelin and Lacanian Approaches

Just like researches, clinical applications are also formed through the influence of approaches that handle mental conditions. The basic difference of a clinical application motivated by Lacanian structural approach from the Kraepelin's Diagnostic approach is that rather than evaluating symptoms as signs with fixed meanings, it is taken into consideration as signifiers (Verhaeghe, 2004). As signifiers, symptoms are not connected to a fixed interpretation/diagnosis like diagnostic approach (Evans, 1996). Instead, it is claimed that it gains meaning through the individual's distinct chain of meaning. The symptoms are evaluated in the Subject's own world of interpretation/meaning as a signifier that can be taken into consideration within the Subject's relationship with the Other, and it is proposed that this symptomatic behaviour can neither be linked to a fixed meaning nor can it be taken within the diagnosis (Fink, 1996; Lacan, 1962/2014). Instead of pulling it out of a chain of signifiers and equating it to a fixed structure, a signifier is taken as a chronic, fluid condition. Based on this approach, every individual's discourse, symptoms, and world of meaning are their own. The discourse that comes with the structure must be taken as distinctive to the Subject. The aim of Lacanian clinical application is based on the analysis of meaning by the Subject itself within the structure that it exists instead of relieving the symp-

tom (Romanowicz & Moncayo, 2014). Thus, a symptom may decrease within the analysis. However, a goal such as decreasing symptoms is not defined mainly. In relation to this epistemological stance, Lacan used different methods in his psychoanalytical studies (see, Fink, 2017; Lacan 1975/1991). This approach points to qualitative views that focuses on subjectivity rather than objectivity (Parker, 2005).

Conclusion

With all of these historical and current evaluations, it can be seen that the way with which a matter of the fact handled was defined by the approach that explains it. Historical discourse, the discourse of the time put in, and a moment that belongs to the Subject are seen as the *three basic factors* that determine the presentation and handling of a case/approach. It is important to know (analyse in advance) that any psychological act conducted today has with it the aforementioned positioning in the moment that it takes place (moment of application). Thus, it will be of great value that the Subject as a clinician, who engages in an act of psychological study, analyse his/her own positioning.