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**ANTONI KĘPIŃSKI'S PHILOSOPHY OF MEDICINE
AN ALTERNATIVE READING**

Abstract

Antoni Kępiński remains an often read and quoted author even 40 years after his premature death. Usually he is read in the context of his times and his connections with contemporary philosophy. This paper aims to show other aspects of his reflections on psychiatry. His views on the position of psychiatry within medicine, its methods, psychophysical problems, and other issues are compared with current knowledge and current thought paradigms. The goal is to show that while Kępiński was obviously functioning within a different scientific and philosophical paradigm many of his ideas and reflections can still be found within current debates. The important conclusion is to not hold on to the views that Kępiński held himself because he did not know as much as we do, but to see the importance of the debates that he foresaw even then and possibly learn something from his extensive clinical experience.

Keywords:

Philosophy of psychiatry, philosophy of medicine, Antoni Kępiński

INTRODUCTORY REMARKS

This paper is not the paper I set out to write. My original idea was to use my reading of Antoni Kępiński's works as an additional validation of some theses in my own research. However, while reading Kępiński and preparing this paper I have decided it would be too far-fetched and at the same time it would have little value for English-speaking readers wanting to learn about Kępiński. So I would like to offer something else instead.

Within the very small body of publications (available so far) in English on Kępiński one can find several kinds of works. First are technical psychiatric publications like Andrzej Kokoszka's attempts to develop further some aspects

of Kępiński's theory of informational metabolism¹ and his psychotherapeutic methods.² Then there are more general writings on the life and role of a psychiatrist³ which tellingly have been published in a psychoanalytical journal. There is also the Paweł Łuków's chapter on the ethical dimension of Kępiński's psychiatry in the conference book from 2014, as well as a biographical paper by Willer, Schochow & Steger, and German translations of excerpts from Kępiński's works in the same volume.⁴ A general outline of Kępiński's ideas has been made accessible to the English speaking public by Andrzej Kapusta in his 2007 paper.⁵ If we look into Polish language literature everything that has been written outside medical writings on Kępiński's work is written in personalist, phenomenological or similar "continental" traditions, and tries to develop and interpret his thoughts and ideas in the spirit of what was the predominant way of thinking in his time and place. One can summon a multitude of such examples and in fact every recent reprint of Kępiński's books offers a long list of such publications as an addendum. I shall mention here only one such work as an example – Elżbieta Stawnicka in her book *Antoni Kępiński's philosophy of man*,⁶ unpacks Kępiński's philosophical reflections by quoting extensively from the whole body of his works and reads those quotes through classics of psychoanalytical writing such as Freud and Jung, as well as theologians and

¹ Andrzej Kokoszka, "Information metabolism as a model of human experiences," *The International Journal of Neuroscience* 97, 3–4 (1999); Andrzej Kokoszka, Andrzej Bielecki and Paweł Holas, "Mental organization according to the metabolism of information model and its mathematical description," *The International Journal of Neuroscience* 107, 3–4 (2001).

² Agnieszka Sym, Katarzyna Wiraszka Lewandowska and Andrzej Kokoszka, "Corrective Experience of Values and Existential Fulfillment in a course of short-term psychodynamic group psychotherapy," *Existenzanalyse* 23, 1 (2006).

³ Antoni Kępiński, "Sorrows and Joys of the Psychotherapist," *Journal of the American Academy of Psychoanalysis* 9, 3 (1981); Jacek Bomba, "Heritage of Antoni Kępiński," *Archives of Psychiatry and Psychotherapy* 9, 1–2 (2007).

⁴ Paweł Łuków, "Ethical foundation of Antoni Kępiński's psychiatry," in *Ethik in der Psychiatrie und Psychotherapie*, herausgegeben von Florian Steger, Jan C. Joerden und Andrzej M. Kaniowski, (Frankfurt a.M.: Peter Lang, 2015); Manuel Willer, Maximilian Schochow und Florian Steger, "Antoni Kępiński (1918–1972) – Eine Skizze zu Biographie und Werk des polnischen Psychiaters, Psychologen und Philosophen," in *Ethik in der Psychiatrie und Psychotherapie*, herausgegeben von Florian Steger, Jan C. Joerden und Andrzej M. Kaniowski, (Frankfurt a.M.: Peter Lang, 2015); Antoni Kępiński, "Das sogenannte KZ-Syndrom. Versuch einer Synthese," in *Ethik in der Psychiatrie und Psychotherapie*, herausgegeben von Florian Steger, Jan C. Joerden und Andrzej M. Kaniowski, (Frankfurt a.M.: Peter Lang, 2015); Antoni Kępiński, "Der Begriff der Psychopathie und das Wertesystem," in *Ethik in der Psychiatrie und Psychotherapie*, herausgegeben von Florian Steger, Jan C. Joerden und Andrzej M. Kaniowski, (Frankfurt a.M.: Peter Lang, 2015).

⁵ Andrzej Kapusta, "Life circle, time and the self in Antoni Kępiński's conception of information metabolism," *Filosofija, Sociologija* 1 (2007).

⁶ Elżbieta Stawnicka, *Filozofia człowieka Antoniego Kępińskiego* (Zielona Góra: Wydawnictwo Wyższej Szkoły Pedagogicznej im. Tadeusza Kotarbińskiego, 1999).

philosophers such as Levinas, Ricoeur and Tischner. While this is very interesting for historians of modern continental philosophy or Polish intellectual life, and possibly may provide profound insights into the human condition, I would like to offer a radically different perspective that may well be new. I would like to read Kępiński as he relates to philosophy of medicine and psychiatry (more on the relation between the two towards the end of this paper) that investigates psychiatry-as-practice and psychiatry-as-science with more focus on current topics in philosophy of medicine such as evidence, nosology and the role of values in the two. I would also like to keep the connection to the medical practice without straying into technicalities of medicine itself. It would seem to me that such a reading might be much more interesting for practitioners and medical ethicists looking to gain from Kępiński's insights.

Everyone who is interested in biomedical science has noticed the rapid pace of progress and enormous output of scientific literature that is hard to keep up with. The rate of growth of the literature is such that whole meta-research is being called for on how to let practitioners keep up.⁷ Typically a paper that is 5–7 years old is treated as outdated and even major textbooks are being rewritten every few years to incorporate new knowledge. This process even affected medical ethics in which the most influential book is into its 7th edition since 1977 when the 1st edition was published.⁸ In this fast paced world of medical literature, books written by Antoni Kępiński, and published by his students after his passing away, have been read for nearly 40 years and received multiple editions, revisions and much attention in Poland. The question I would like to answer in this paper is if those are only popular readings now – as they have been published by literary publishers – or do they still hold academic value for practitioners and theorists of medicine after so much time has passed.

HISTORICAL PERSPECTIVE

In order to look properly at the main body of Kępiński's work we need to establish at what the stage of development of medical science was in the field of psychiatry when he was practicing, what were the standards, knowledge and possibilities of the time and place, as well as what has changed since then. This

⁷ Eloise Clark, "From outdated to updated, keeping clinical guidelines valid," *International Journal for Quality in Health Care* 18, 3 (2006); Brian S. Alper et al., "How much effort is needed to keep up with the literature relevant for primary care?," *Journal of the Medical Library Association: JMLA* 92, 4 (2004); Sackett claims in his seminal 1996 paper that it requires 19 hours per week to keep up with literature just on general medicine: David L. Sackett et al., "Evidence based medicine: what it is and what it isn't," *British Medical Journal* 312, 7023 (1996).

⁸ Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press, 2012).

will be needed to show what parts of his clinical experience, that he has written down in his books, are still relevant, which ones are possibly outdated and – what I find most interesting – which parts were precognizant of future developments in the field. In December 2014, the journal *History of Psychiatry* published a paper containing a list of the 10 biggest developments in psychiatry after WWII based on practitioners' reports.⁹ Some of those started happening when Kępiński was still active, but he would not live to see the results and some of those developments he never saw, as the spread of the new ideas behind the iron curtain was significantly delayed.¹⁰ Let us briefly review only those of the changes mentioned in that paper that are significant here:

Two waves of the psychopharmacological revolution

Nothing changed psychiatric practice more than the availability of the arsenal of biological treatments. Among them psychopharmaceuticals are preeminent. In *Psychopathology of neurosis*,¹¹ Kępiński reviews the medications available to him at the time, mentioning: neuroleptics, ataractics (e.g. diazepam) and thymoleptics (among those MAO inhibitors). He also mentions substances such as LSD as used by other psychiatrists, but he did not believe in their therapeutic value. However, he did not live to see the revolution of the 1970s and 1980s caused by the invention of SSRI's and atypical antipsychotics as well as other groups of medication, and the new inventive ways of administration. So he did not see the profound changes it brought to psychiatric practise. He did, however, observe two things that are relevant here: 1. The dangers of the overreliance on medication where adjustment of attitudes and effort is required from the patient and 2. The dangers of addiction on both a personal and social level. Regardless of the reservations, he firmly opted for a combination of therapeutic methods based on efficacy,¹² calling his method of choice “clinical” and a middle way between pure biological or psychotherapeutic approaches.

Deinstitutionalisation

Kępiński's psychiatry was mostly bound to his teaching hospital in Cracow. He was famous for his close relationships with his patients, for whom he “found time in the clinic, at home, and even on the street”.¹³ He was looking for ways of introducing group therapy and the participation of patients' friends and family,

⁹ Mark S. Micale, “The ten most important changes in psychiatry since World War II,” *History of Psychiatry* 25, 4 (2014).

¹⁰ We know exactly when Kępiński wrote his books. Most of them were prepared for publication in autumn of 1971 and early spring of 1972 during final months of his fatal illness while others that he wrote earlier were revised. See introduction to: Antoni Kępiński, *Lęk* (Warszawa: Państwowy Zakład Wydawniczy Wydawnictw Lekarskich, 1987).

¹¹ Antoni Kępiński, *Psychopatologia nerwic* (Kraków: Wydawnictwo Literackie, 2002), 292–293.

¹² Kępiński, *Psychopatologia nerwic*, 294.

¹³ Kępiński, *Lęk*.

yet all of this he did in an environment of a large teaching hospital. He mentions the need of refuge for the patients (Polish “azył”),¹⁴ but he still imagines it within a psychiatric hospital. While the first deinstitutionalization efforts started during Kępiński's lifetime (just to give an example one can mention R.D. Laing's (1927–1989) experiments of the 1960s) the whole movement to community care did not happen in the most developed countries until the 1980s, and one can say that Polish psychiatry still waits for a large push that way.

Decline of psychoanalysis

As mentioned earlier, Kępiński's writings predate the availability of a large portion of currently available medications as well as many newer psychotherapeutic methods like cognitive-behavioural therapy (CBT) and other evidence-based psychotherapies, yet he was somewhat sceptical about the psychoanalysis of his times and treated it only as a first step in a direction of the development of a new “energetic” theory of the mind.¹⁵ He was deeply affected by Freudian language and theories, but he didn't treat those terminologies and notions as the names of some real substantial entities, but rather as a manner of speech.

Increasing role of psychiatric nosologies

Antoni Kępiński has put much thought into the classification and labelling used in his profession. He wrote on this topic in his specialized books on particular types of disorders, as well as in the short introductory volume titled *Main Problems in Current Psychiatry*.¹⁶ What we can read there could well be a comment in current debates on the next iteration of the DSM. The classifications are not to be treated as basic categories of thinking for practitioners, but rather as assistance, ways of communicating and attempts at research of psychiatric disorders. What is staggering for modern readers is that even back then he expresses an expectation of finding a biological basis of at least some disorders as the neurosciences progress,¹⁷ and, as a result, to arrive at a proper classification as in somatic medicine. He writes that such psychiatric medicine would be like treating stomach ulcers.

Proliferation of psychiatric diagnoses

A large body of Kępiński's work was based on experiences of extreme trauma such as the famous KZ-syndrome in concentration camp survivors. He was then well aware of how external conditions are able to influence psychopathology.

¹⁴ Kępiński, *Psychopatologia nerwic*.

¹⁵ Antoni Kępiński, *Rytm życia* (Kraków: Wydawnictwo Literackie, 2001), 266–274.

¹⁶ Antoni Kępiński, *Podstawowe zagadnienia współczesnej psychiatrii* (Kraków: Wydawnictwo Literackie, 2003).

¹⁷ Kępiński, *Rytm życia*, 265.

He also observed how the disconnection from values and changes in society can have a similar impact. His repeated calls for a reconnection to values were matched with his moderate optimism about the future. In his futurological essay *An attempt of psychiatric diagnosis*¹⁸ he writes that although the future would bring even more pressure on the human psyche that is essentially unchanged from ancient times and unsuited to the pressures, speed and *viscosity* (pol. “lepkość”) of modern life, we most probably will learn to moderate those processes on a biological level. Is that not just what we do when we treat disorders that are really a result of pressure to conform with social norms?¹⁹

There is one more historical topic that needs to be addressed, but was not mentioned by Micale’s interviewees; the topic of currently outdated biological therapies in psychiatry. Kępiński mentions sub-comatic insulin, insulin coma and electroconvulsive therapy (ECT), as well as exercise, water therapy and massage.²⁰ Kępiński’s description of ECT in *Melancholy* is especially disturbing for the current reader when he writes of such adverse events as fractured vertebrae and death as well as the intense fear of the patients. This is the ECT from the early years as depicted in *One Flew Over the Cuckoo's Nest*. He was perfectly aware that anaesthesia and muscle relaxants were options, but the medical view at the time was that it was less efficacious when administered that way.²¹ Kępiński did not live to see antipsychiatry with its condemnation of such practices. His view was that any therapy, however risky or safe, needs to have its risks balanced against the potential benefits and clinical presentation of a particular patient’s disorder. It will not be too much of a conjecture to say that he would embrace the modern incarnation of ECT while refusing other therapies their merits.

For the sake of completeness I should mention that Kępiński expressed deep scepticism about psychosurgery,²² but it is more on the grounds of poor outcomes and unknown mechanisms than any deep convictions. This modality did not get much traction in Poland anyway.

LESSONS LEARNED AND LESSONS TO BE LEARNED

We have reviewed extensively the major differences between the realities of Kępiński’s psychiatry and what is available to practitioners nowadays. So what has to be rejected and what can be saved as a source of inspiration for current discussion?

¹⁸ Ibidem, 147–189.

¹⁹ Medication in some orthodox religious groups with stringent moral codes would be a good example, e.g. Yair Ettinger, “Rabbi’s Little Helper,” *Haaretz Daily Newspaper* April 06, 2012.

²⁰ Antoni Kępiński, *Poznanie chorego* (Kraków: Wydawnictwo Literackie, 2002), 185; Kępiński, *Psychopatologia nerwic*, 294–295; Antoni Kępiński and Jacek Bomba, *Melancholia* (Kraków: Wydawnictwo Literackie, 2003).

²¹ Kępiński and Bomba, *Melancholia*, 255.

²² Ibidem, 259.

The most often mentioned theory of Kępiński, and the theoretical underpinning of all his writings is his – never finished – theory of informational metabolism. It is quite a heroic attempt at expressing mental phenomena in terms of biological phenomena and evolutionary explanations before the explosion of the neurosciences in the late 20th century. Kępiński wasn't a theorist, but rather a practitioner, yet he developed a framework in which his therapeutic concepts would function. The idea to express the mental in terms of biological laws, and explain various disorders in terms of disturbances of the realisation of those laws and principles in a way similar to somatic disease being a disturbance of biological functions of the organism was brilliant at the time. Still it must be said that we have much more developed models in cognitive neuroscience nowadays, with a better evidence base and more sophisticated means of describing the transition from the biological to the mental with multiple layers of explanation.²³ Nevertheless, if not for the relative academic isolation of Polish medicine at the time, and the language barrier, it seems that his theory could have been much more influential. Considering the relative success of Kępiński as a practitioner, this framework must have been adequate enough to provide a connection for various parts of his diagnostic and therapeutic arsenal.

It is worth noting at this point the philosophical significance of Kępiński's informational metabolism theory. He is a methodological naturalist like any modern scientist and rejects dualistic concepts.²⁴ This is not the usual type of phenomenological thinking, as for Kępiński all levels of perception and action are in the end realised in neurological mechanisms of the central nervous system.²⁵ This has far reaching consequences for philosophy of psychiatry. As mentioned before he did not accept the then-popular divide between biological and psychoanalytical psychiatry. That is why the human person is one organism and various treatments are just different routes of administration of stimuli, either mental or biological.²⁶ This is a very modern view of psychiatry that treats sick persons, not sick psyches. This holism is visible in Kępiński's emphasis on physical examinations, on using laboratory and imaging tests where appropriate, on training psychiatrists in general and internal medicine as well as neurology.²⁷

²³ For introduction to state-of-art in that field I would like to refer the reader to: Gualtiero Piccinini and Carl Craver, "Integrating psychology and neuroscience: functional analyses as mechanism sketches," *Synthese* 183 (2011); Worth Boone and Gualtiero Piccinini, "The cognitive neuroscience revolution," *Synthese*, 193, 5 (2016), accessed: February 24, 2016, doi:10.1007/s11229-015-0783-4. Comprehensive explanation of Kępiński's model (together with schemata) can be found in: Kokoszka, "Information metabolism".

²⁴ Kępiński, *Podstawowe zagadnienia*, 8.

²⁵ He even goes as far as to say that animal psychology is useful for understanding human behaviour, Kępiński, *Podstawowe zagadnienia*, 7.

²⁶ Kępiński, *Psychopatologia nerwic*, 251–252.

²⁷ Kępiński, *Poznanie chorego*, 180–184.

A VOICE IN THE MODERN DEBATES

As can be seen, even though he was a psychiatrist in the 1950s and 1960s – he did the majority of his clinical work then – Kępiński had an amount of healthy scepticism towards the methods of the time and would look to other tools and methods when available. Probably due to his extensive clinical experience he noticed many problems that would stay within the scope of interests of theorists of psychiatry and psychiatric ethics for years to come.

The obvious issue that is visible throughout his works is the lack of methods of investigation of psychic phenomena and their pathologies in an objective way. This is where his peculiar phenomenology comes into play, and I will not focus on that.²⁸ It needs to be mentioned, for the sake of accurateness, that he indeed doubted that methods – available in his times – were adequate for objective scientific (in the meaning of the word *science* as *natural science*) investigation of the efficacy of treatments and classification of psychopathologies. Science of understanding, instead of science of measurement, was required and clinical experience was more valid than results of early clinical trials. We must remember that not only was this years before the evidence-based medicine (EBM) movement, but also years before the main works of Archibald Cochrane, so it is not surprising that he did not possess the sophisticated experimental methodologies of today. Still even though he expressed such reservations in his theoretical books, in his own research on KZ-syndrome, Kępiński employed statistical methods.²⁹ This dual humanistic and scientific approach was probably a reason for his scepticism towards classical psychoanalysis and resulted in attempts at developing his own therapeutic methods.

Another issue, as already mentioned, that Kępiński saw very clearly, was the great promise of biological treatments, mostly psychopharmacology, in the treatment of psychiatric maladies. Not only did he appreciate the possibilities that medication brought into psychiatry but he also saw the great promise of future neuroscience and the development of new therapeutic agents. Still he noted the dilemma of change driven by personal effort as opposed to change driven by direct external influence on the brain. Pharmacology can only do so much if change in environment, or in the mental states of the patient is required. One can only wonder what would be his comment on the newest developments such as transcranial magnetic stimulation (TMC) and other direct manipulations on the brain, just as in Kępiński's work we still argue about the importance of authenticity in the treatment of mental and brain disorders. Even though I am here with Neil Levy³⁰ and I don't think that authenticity can be used anymore as

²⁸ For best presentation in the English language see: Kapusta, "Life circle, time and the self".

²⁹ Jolanta Walczewska et al., "Stiffness of large arteries and cardiovascular risk in patients with post-traumatic stress disorder," *European Heart Journal* 32, 6 (2011).

³⁰ Neil Levy, *Neuroethics. Challenges for the 21st Century* (Cambridge: Cambridge University Press, 2007).

serious argument, I have to acknowledge that these issues are far from settled in the literature, and one has to appreciate that Kępiński already saw the issue back then.

Current psychiatry talks much about *open dialogue*, about creating possibilities of safe semi-normal functioning even for very ill patients. This is something that Kępiński was very much a predecessor of. He realised the importance of real therapeutic relationships and cooperation as well as healthy environment. He did this before the devastating criticisms of anti-psychiatrists, before the patient empowerment movement and – what bioethicists will find most curious – before the bioethics revolution. This might not be obvious for someone not acquainted with the residual paternalism in current medical practice in Poland, but when Kępiński writes that “in no case one should lie to the patient”³¹ in a book posthumously published in 1978, but written in the early 1970s he is almost a revolutionary. He emphasised the same things that are still emphasised when educating the public: stigmatisation of the mentally ill, lack of evidence for particular dangers of this population, and the benefits of functioning within society for the patients, things Polish psychiatric care still largely struggles to achieve.

The second decade of the 21st century has seen constant debates over the new edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM 5th ed.) by the American Psychiatric Association, and everyone – including the general public – has heard about the problems in classifying disorders, and medicalising certain behaviours and ways of living.³² Kępiński was functioning in a completely different world, which in many ways would be alien to us now. It would be only in 1973 – after his death – when homosexuality would no longer be considered a psychiatric disorder. Still he wrote on the very same problems as debated now and with a very clear voice. According to Kępiński, the extant nosology of his time is nothing substantial and largely a matter of custom. He writes that the nosology he describes is “neither very useful in etiological research, nor in therapeutic endeavours.”³³ Psychiatric treatment – says Kępiński – is mostly based on the symptomatology present and not really predicated on existing formal diagnosis. However, as mentioned earlier, he expressed hopes for future science to classify the various disorders by – eventually identified – aetiologies. This is the hope that NIMH director Thomas Insel expressed in exactly the same form in a 2013 blogpost.

A lot is being said about the holistic nature of modern medicine. We now understand much better the incredible interdependence of various systems in the body and processes of the mind. This resulted in such ideas as the modular

³¹ Kępiński, *Poznanie chorego*, 136.

³² Just one example of a voice in these debates: Julia Bandini, “The Medicalization of Bereavement: (Ab)normal Grief in the DSM-5,” *Death Studies* 39, 6 (2015).

³³ Kępiński, *Podstawowe zagadnienia*, 65.

system of teaching in medical schools where basic sciences and pre-clinical subjects are bundled with clinical internships in relevant areas – all connected seamlessly. This is supposed, among other things, to bring back the age old rule of treating patients, not organs or systems. The same innovative practice was proposed by Kępiński in a chapter first published in 1962.³⁴

Current debates in philosophy of medicine are often centred on translation of medical science into medical practice and introduction of patient's values into the equation.³⁵ The textbook formulation is that today's medicine should be “the integration of best research evidence with clinical expertise and patient values.”³⁶ In Kępiński's works the evidence would be what he calls “scientific knowledge,” the clinical judgement would be “humanistic knowledge” and moral values would be integrated into his thinking on psychiatry on all levels.³⁷ When we read a recent paper on values-based practice (VBP) one can easily see how Kępiński could repeat the arguments of the author.³⁸ We cannot know how Kępiński would view what Mark Micale called *big science in psychiatry*,³⁹ but I am of the opinion that he would appreciate the possibilities and expanded scope of evidence while holding on to valuable human contact exactly as he presents his ideal of psychiatric treatment in his books.

PHILOSOPHY OF PSYCHIATRY AS PHILOSOPHY OF MEDICINE

I have promised the reader to discuss the relationship between psychiatry and medicine in general in Kępiński's works, the relation of his philosophy of medicine to philosophy of psychiatry. That is another area that I think is mostly underappreciated by his commentators and by philosophers of psychiatry writing about Kępiński. All the relevant facts have been already presented. Kępiński of course recognises the distinct nature of the two practices,⁴⁰ but at the same time he recognises the continuity and unity of the medical disciplines. Even if neurology is distinct from psychiatry with only small overlap, psychiatry still requires training in all medical disciplines and expert knowledge of various ailments of the

³⁴ Kępiński, *Rytm życia*, 287.

³⁵ On values in psychiatric practice: K. W. M. (Bill) Fulford, “Values-Based Practice: A New Partner to Evidence-Based Practice and A First for Psychiatry?,” *Mens Sana Monographs* 6, 1 (2008): 10.

³⁶ Sharon E. Straus et al., *Evidence-Based Medicine: How to Practice and Teach EBM*, (Edinburgh: Churchill Livingstone, 2005).

³⁷ See: Łuków, “Ethical foundation”.

³⁸ Sarah Wieten, ““What the patient wants”: an investigation of the methods of ascertaining patient values in evidence-based medicine and values-based practice,” *Journal of Evaluation in Clinical Practice*, October 30, 2015, accessed: February 24, 2016, doi:10.1111/jep.12471.

³⁹ Micale, “The ten most important changes”.

⁴⁰ Kępiński, *Podstawowe zagadnienia*, 7–8.

body as well as disorders of the mind.⁴¹ He also recognises that every medical doctor is a psychiatrist from time to time, when needed, as somatic diseases have psychiatric components as well.⁴² Physicians of other specialities as well as nurses might even teach psychiatrists something by their *improvised psychotherapy*. The continuity is also expressed in a continuity of values. Regardless of speciality, healers are supposed to alleviate suffering and they should use all the tools that are adequate to the task at hand and available to them. Kępiński is aware that all kinds of medicine have their limitations, and as a result, physicians can sometimes only offer their presence and attention as medicine. This is identical regardless of the nature of the malady the person suffers from, be it *psychic* or *somatic*. Kępiński treated the medical profession as an art and a calling. The psychiatric speciality would be for him an area accessible only for those who proved themselves as physicians and had appropriate mental predilections and maturity. He even went so far as to postulate that the speciality should only be open to doctors over 30 to ensure the latter virtue.⁴³ Kępiński's view of psychiatry as an integral and indispensable part of medicine is particularly appealing today, as the first biological markers for psychiatric disorders are being discovered such as genetic markers⁴⁴ or particular patterns in Magnetic Resonance Imaging (MRI),⁴⁵ while ever more sophisticated direct interventions to the brain and biochemistry of the central nervous system are being developed. The gap that existed between psychiatry and much of the rest of medicine for about 100 years is being rapidly filled and this is very much in line with Kępiński's idea of a medical doctor specialising in mental disorders.

SOURCE OF INTELLECTUAL INSPIRATION EVEN NOW

The reading provided here is atypical and one-sided in many respects. One cannot claim of course that Kępiński would find his way in current aforementioned debates. He was a person from a different time and different realities. His writings are products of psychoanalytical theory of early 20th century as much as meta-scientific insights presented here. Many of his treatment and diagnostic ideas are simply outdated,⁴⁶ some of his views are

⁴¹ Kępiński, *Poznanie chorego*, 179–183.

⁴² Kępiński, *Lęk*, 312–313.

⁴³ Kępiński, *Poznanie chorego*, 180.

⁴⁴ Schizophrenia Working Group of the Psychiatric Genomics Consortium, "Biological insights from 108 schizophrenia-associated genetic loci," *Nature* 511, 7510 (2014).

⁴⁵ Oliver Doehrmann et al., "Predicting Treatment Response in Social Anxiety Disorder From Functional Magnetic Resonance Imaging," *JAMA Psychiatry* 70, 1 (2013): 87.

⁴⁶ Most of the major anachronisms are pointed out in introductions and commentaries to his books by Professor Jacek Bomba and Professor Jerzy Aleksandrowicz.

dependent on his personal experiences, e.g. wartime and concentration camp experiences. There are many aspects of his work and ethical lessons to be learned that are described elsewhere. What this paper wishes to show is that there is no gap between Kepiński and the debates and problems we see in medicine and psychiatry today. Even when we discuss technical or current issues one can consult Kepiński's work, filtered through a knowledge of history to draw on his extensive clinical experience and humanist education. In my own research on decision-making in psychiatric ethics I find very inspiring Kepiński's calls for seeing the human in person on the one hand, but using multifactorial approaches to learn about the person. The important task of medical humanities is combining such work of past clinicians with the best current knowledge and looking for future directions and answers. Through such continued reapplication and reinterpretation, his work will remain current for years to come. One can only wonder how Polish and international psychiatric practice would look if such middle-ground approaches, combining *humanistic* and *scientific* knowledge were disseminated during Kepiński's lifetime.

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