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**Opinion article**

## Clinical psychology: what type of science?

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To identify the main task of clinical psychology, we cannot neglect that it studies the whole existence of the individual (Bosinelli, 1982; Cargnello, 1980; Codispoti, 2000; Minkowski, 2015). Starting from the term existence (from the Latin *existere*, whose prefix indicates a meaning related to going out, to coming forth; see Georges & Calonghi, 1915), we understand that clinical psychology examines the open and unstable nature (Dazzi et al., 2006; Ehrenberg, 1999; Gallese, 2000; Marzillier & Hall, 1999; Nietzsche, 2011) of patients. This means that the space of psychological inquiry, which cannot be limited to the determinations of causal relationships – through which knowledge is typically acquired in the natural sciences – (Cartesio, 1999; Frisone et al., 2020) – requires a broader framework.

The original human openness gives everyone the proper way of being in the world (Binswanger & Filippini, 2001; Binswanger, 1971; Heidegger, 2005; Nédoncelle, 1974), and clinical psychology needs to adopt a method that allows it to explore a different, unique and unrepeatable patient each time (Elkana & Gargani, 1999; Fava et al., 2004; Swain, 1983).

Therefore, it is vital to explain the main differences between the explanatory and the comprehensive methods to clarify the relationship between science and clinical psychology.

Through the study and practice of the explanatory method, we realize that all the knowledge proposed by the natural sciences follows a path that contemplates obtaining effects as a result of a cause (Frisone et al., 2021; Sicari et al., 2021). The way of the comprehensive method, on the other hand, is quite different, and for this reason, it allows us to grasp a heterogeneous cognitive material. In this case, understanding reveals what the explanation is obliged to leave aside, i.e., the subjective intentionality through which each patient expresses himself, which, far from remaining anchored in cause-effect relations, starts from assumptions of a hermeneutic nature (De Lorenzo & Chiurazzi, 2008; Ferraris, 1988, 2011; Hillman, 1984; Musatti, 1952; Tomba & Fava, 2006).

This distinction, perhaps first proposed by the psychopathologist and philosopher Jaspers (1964), clarifies that not everything that is part of the therapeutic encounter can be reduced to an explanatory logic (Eco, 1995; Gadamer, 1956, 1960, 1971).

When the goal is treatment, it is necessary to use additional means that allow the outcome of the clinical path not to be reduced to a search for causes aimed at highlighting a possible state of malaise. For example, when confronted with a patient who has experienced a traumatic situation, the purpose of clinical psychology is not so much to seek out the causes that contributed to living the experience in that way, but rather to gradually increase the possibility that the patient begins to elaborate a different sense concerning that same experience (Blumenberg, 1984; Cremerius, 1971; Grice, 1957; Stanghellini & Mancini, 2018). That requires clinical tools that do not focus on the explanation but attempt to intercept the *world* of the patient in which, at the present state, he lives the past events (von Gebattel, 1954; Woolgar, 1996; Zahavi, 1999; Zutt, 2017).

To truly grasp how the patient lives his experiences – therefore the subjective structuring of meaning that cannot be reduced to a simple causal explanation (Thompson, 2007; van den Berg et al., 2015; Varela et al., 2016; Weber, 2014) – a method that makes understanding its essential prerogative should be used.

The comprehensive approach requires both the ability to identify and the dedication to proceed through a rigorous criterion that highlights the way the patient *gives himself to the world* (Binswanger, 1973; Sheets-Johnstone, 1999; Stanghellini & Rossi Monti, 2009; Tatossian, 1979).

To be able to grasp the actual difference between the explanatory and comprehensive method, it is helpful to reflect on what can happen when it is, for example, confronted with situations of child abuse (Finkelhor & Korbin, 1988; Settineri et al., 2019; Stern, 1988, 2004): in this circumstance, what often happens in the therapeutic encounter brings to light that, during the

childhood, the abused person was unable to attribute a precise meaning to the lived experience (Del Pistoia, 2008; Dilthey, 1985, 1986; Di Petta, 2006). Eventually, this non-attribution of meaning collapses when the person, in adulthood, understands what happened, and the event gets connected to the meaning of abuse (McDonald, 2007). Thus, based on the attribution of meaning to a past event, paths of psychic suffering can begin.

This small example can illustrate the fact that in terms of treatment, what matters is to highlight the meaningful connections of the patient's experiences: how important are past events to him today? And if we do not begin a new narrative to them, what weight will they continue to have in his tomorrow's choices?

It is crucial from a therapeutic perspective to ask these questions, such that, having succeeded in assuming a new position on his own experience, a patient may even decide to use that experience as an opportunity to get in touch with the suffering of others who lived similar situations.

Different from explanatory cause-effect connections, the comprehensive method reveals that not only does the past affect the present, but also the present, through a hermeneutic circle, can retroact on the past and, through a new narration, offer the future an opportunity to give a new meaning to that same event. Thus, for a therapeutic path to acquire effective curative value, it is necessary to imagine the world of psychology as a comprehensive environment, through which a rapprochement takes place between people who start from radically different assumptions and experiences. The meaning that a patient and a therapist assign to the same event is very distant, and the initial task of the therapeutic path is to begin a gradual recognition of this diversity.

Understanding, far from falling into the scientific-natural method, requires being recognized for what it is, that is, the typical conduct of the human sciences.

Compared to the causal explanation, comprehensive clinical psychology does not focus, for example, on the psychophysiological effects underlying life events but on how the patient's way of being in the world changes.

However, the world of understanding presents many risks (Jaspers, 1964). First of all, it is necessary to avoid giving understanding the same value as explanation. Causal explanation differs from comprehensive psychology, and if there is not the proper competence to protect from the risk of confusion between the two fields, the damage can become enormous. Often, it is desired to understand everything and make use of the understanding without having

recognized its limits, and it is tried to give meaning to any experience described by the patient only because it is assumed that the meaning that he gives to his own experience is of the all analogous to the own. However, this kind of psychological prejudice could lead to a complete misunderstanding of the patient's experience.

What can help psychology navigate in the complex world that oscillates between the criteria of explanation and those of understanding is given by some factors:

- first of all, it is necessary to give priority to the meanings (Frisone, 2021a, 2021b) that the patient recognizes as their own when reading his experiences;
- Moreover, what can shed light on understanding is given by the possibility of seeing through the psychopathological world (Binswanger, 1973; Stanghellini & Mancini, 2018) in which the patient lives.

To achieve both goals, psychologists have to face many challenges. These include maintaining a high level of affective participation in the encounter with the patient, aiming to gain knowledge about his lived experiences that must also be gained through feelings (Jaspers, 1964). The need to use empathic resources to recognize the patient's world has nothing to do with the possibility of objectification typical of the scientific-natural method. Here it is quite the opposite. The psychologist is required, with all his subjectivity, to comprehend the world in which the other lives. However, the psychologist must at the same time acquire the ability to recognize the difference between himself and the patient: as far as one can empathize, one must still be aware of the distance between one's own world and that of the other. Identifying with the patient's experience helps the psychologist to understand the underlying psychological distress, but this is not enough for at least two reasons:

- 1) Self-identification can only take on a positive value when it is aware that it represents only the first of a long series of steps the therapeutic path requires. As noted earlier, a person attaches a particular meaning to each event. This means that the same event can be different for two people or the same person in different times and different situations.
- 2) Immersing in the world of the other without acquiring first the ability to maintain an appropriate distance can cause the psychologist serious health risks. In this regard, long-term involvement in professional situations with difficult emotional management can lead to not only the onset of phenomena such as burnout but also compassion fatigue can be experienced, i.e., an acute and sudden phenomenon associated with therapeutic

experiences that can be particularly difficult to deal with (Figley, 1995; Frisone, 2019; Potter et al., 2010; Selye, 1956).

In conclusion, the fact that psychological understanding requires the self-identification ability indicates the extent to which clinical psychology, rather than adopting the classical connotations of natural science, reveals its peculiarity in the artistic dimension it has retained among the human sciences.

Clinical work does not resemble that of an impartial scientist concerning the laws he explores but requires the total involvement of the professional, who must first take an interest in the person in front of him because when there is the passion for exploring the other's world, it becomes possible to begin an effective path of knowledge, aimed at protecting the patient's mental health, even before the research optimization (AIRyalat et al., 2019; Bernacki et al., 2016).

#### **Conflict of Interest Statement**

The author declare that the research was conducted in the absence of any potential conflict of interest.

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