CHAPTER 8

Karl Jaspers and General Psychopathology

Chapter contents

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In this chapter we turn from the broad history of psychopathology to one of its most important exponents in the twentieth century, Karl Jaspers. Jaspers set out his psychopathology in the first edition of his monumental *Allgemeine Psychopathologie* or *General Psychopathology*, published in 1913. We will be looking at a short passage from *Allgemeine Psychopathologie* towards the end of the chapter.

We will be focusing, however, on two papers that Jaspers published at about the same time as *Allgemeine Psychopathologie*; one (Jaspers, 1913a) on the importance of meanings as well as causes in psychopathology, an idea that Jaspers in turn derived from the 'Methodenstreit' (a nineteenth century debate in Germany on methods in the natural and human sciences), the other (Jaspers, 1912) on the distinctive role of phenomenology as a methodology for psychopathology. Taken together, these two papers will give us important insights into some of the key guiding ideas behind Jaspers' *Allgemeine Psychopathologie*. The topics with which the two papers deal will be taken up in more detail later, phenomenology in Chapters 9 and the *Methodenstreit* in Chapter 10.

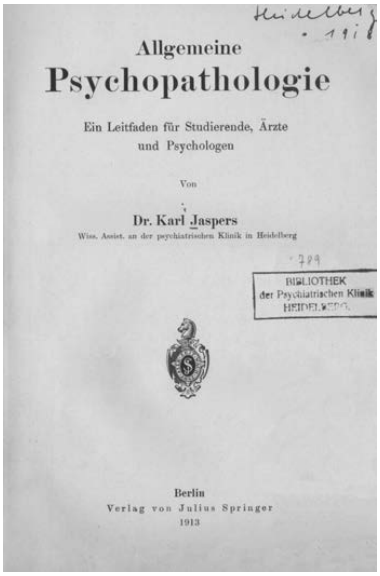
Allgemeine
Psychopathologie
Ein Leitfaden für Studierende, Ärzte und Psychologen
Von
Dr. Karl Jaspers
Berlin
Verlag von Julius Springer
1913

Fig. 8.1 'Jaspers' Allgemeine Psychopathologie, first edition, courtesy of Thomas Fuchs and the librarian, Psychiatry Department, Heidelberg University.

Active engagement not passive review

Psychopathology—how we describe and understand mental distress and disorder—is at the heart not only of clinical work and research in mental health but also of the conceptual issues at the intersection between practice and philosophy. Practitioners learn psychopathology as a 'received system'. But as we have seen, recent developments in mental health—including advances in the neurosciences, the move to community care, and the growing importance of the 'user's voice'—are forcing us to rethink how we conceptualize mental distress and disorder, and, hence, psychopathology. And it is these developments, too, which, as Fulford *et al*., (2003) argue, have inspired renewed interest in cross-disciplinary work between philosophers and those with practical experience of mental distress and disorder.

In exploring Jaspers' work and the history of ideas behind modern psychopathology, therefore, we will be actively engaged in a contemporary research programme rather than undertaking a merely historical review. Jaspers' work has many important lessons for us today. It is important to understand why our received system is as it is. But it is equally important to understand the problems, conceptual as well as empirical, with which Jaspers and others were struggling in a period, like our own, of dramatic advances in the neurosciences and of wide-ranging cultural change. In responding to these problems, Jaspers proposed a richer psychopathology than the system in wide use in psychiatry today: Jaspers, as we will see, hoped to create a twin-track psychopathology, incorporating meanings as well as causes, and based on phenomenological as well as empirical research methods. Our current system of descriptive psychopathology, however, outlined in Chapter 3, is the counterpart mainly of the 'causal' side of Jaspers' psychopathology. In arguing the need for meanings as well as causes in psychopathology, therefore, and for phenomenological as well as empirical methods, we can understand Jaspers as seeking to base psychopathology, in the terminology of Chapter 6, on a more complete view of the conceptual structure of the subject.

An unfinished agenda

There are many respects in which Jaspers' psychopathology, although indeed representing a more complete view than that provided by modern descriptive psychopathology, is very far from being the last word on the subject. We will be considering some of the inconsistencies and other respects in which Jaspers' psychopathology is incomplete in this and the next two chapters.

We should not, however, expect complete success in a venture of this kind. The problems with which Jaspers was struggling—the relationship between meanings and causes, the development of phenomenological and other methods for the study of subjectivity, and wider issues of the relationship between the natural and the human sciences—are among, or are closely related to, some of the deepest problems of philosophy. This is why there are such close and natural points of contact between philosophy and practice in this area. We will indeed be following up some of these points of contact in later parts of the book, in two chapters on reasons and causes, for example, one in Part III (the Philosophy of science) and one in Part V (the Philosophy of mind). But with problems as difficult as these, what we should expect is not complete success (no 'theory of everything'); rather, as we outlined in Chapter 6, we should hope for modest advances in understanding, partial insights with which we can move forward in a practically useful, but none the less provisional, way.

Modern descriptive pscychopathology, then, is perhaps best understood in its historical context in this way, as a modest advance in understanding, a partial insight to which Jaspers,

along with Kraepelin, Bleuler, and many others contributed, and with which in the twentieth century we have indeed been able to move forward in a practically useful way: the greatly improved reliability and transparency of current psychiatric terminology underpin late twentieth century developments in therapy (psychological as well as pharmacological) and in the neurosciences (as in brain imaging, behavioural genetics, and psychopharmacology).

The danger, though, is that we forget the provisional nature of our current psychopathology and come instead to believe that it is complete. This danger is the greater at the present time because of the evident successes of the new neurosciences. As in Jaspers' time, a vigorous biological psychiatry is ever at risk of becoming trapped in the ideological blind alley of 'biologism'. The danger, though, of believing that our current psychopathology is complete, if increased by our evident successes, is at the same time greatly reduced by our equally evident failures. That the antipsychiatry movement should have got so energetically underway in the 1960s, just as psychiatry was once again beginning to make real progress as a medical science, came as something of a shock and a disappointment to the psychiatrists of the time. And as we noted in Chapter 2, the antipsychiatry movement, far from diminishing in subsequent decades as advances in medical psychiatry have accelerated, has become increasingly absorbed into the mainstream: first, with the expansion of non-medical interventions (psychological and social), then with the move from institutional to community and home-based service provision, and now, at the start of the twenty-first century, with the growing importance of the 'user voice' in all aspects of mental health, including research.

There are no doubt many and complex historical factors behind the success of antipsychiatry, so construed. But a key factor has been resistance—in different ways and from different quarters—to a merely causal-scientific understanding of mental distress and disorder. However powerful the heuristic of current descriptive psychopathology has been, it has alienated, as we saw in Part I, many of those with whom as users and carers psychiatry is centrally concerned. Modern textbooks of psychiatry, we emphasized in Chapter 3, stress the importance of understanding the individual as well as their psychopathology. But judged by the continued criticisms from those on the receiving end, all too often we fail in this. A poor workman, as they say, blames his tools. Perhaps, then, we should just try harder with the existing tools of diagnostic assessment. But perhaps we need to change or at any rate add to the tool bag. Perhaps we need to add to the tools of descriptive psychopathology, powerful as these have been up to a point in working with the causal aspects of psychopathology, tools designed to be equally powerful in dealing with the 'meaningful' aspects of psychopathology.

A return to Jaspers' agenda

There is a *prima facie* case, then, for a return to Jaspers' agenda of developing a psychopathology that encompasses meanings as well as causes and draws on phenomenological as well as empirical methods. Jaspers, as we will describe later in this chapter, after his extraordinary output around 1912 and 1913, appears to have largely given up on psychopathology. True, he regularly revised *Allgemeine Psychopathologie*. But for much of his life he was better known outside Germany for his work in philosophy. We have assets that Jaspers lacked, however: we have new resources, derived from the neurosciences as well as from philosophy (both Continental and analytic), new allies, in the wide variety of new clinical disciplines on which service provision is increasingly based, a new internationalism in mental health, providing a richness of cultural and intellectual perspectives, and, a crucial difference this, a user movement that is in the process of becoming increasingly engaged, no longer in trench warfare against the establishment (important as this has been), but in the design and delivery of services and of research.

In returning to Jaspers' agenda, then, in actively re-engaging with the problems he faced, we do so with a realistic prospect of making further modest advances in understanding, advances which, in building on the successes of twentieth century psychopathology rather than condemning it for its failures, could help us to move forward in a practically useful way to meet the challenges of twenty-first century mental health.

Session 1 The clinical context of Jaspers' thought

We will begin, then, with the clinical context, with the problem faced by Jaspers, and indeed by anyone else concerned with mental distress and disorder (whether as philosopher, researcher, mental health professional, or as a user or carer), of how to order and understand its diverse manifestations.

Seven stories of psychopathology

We looked at current systems of classifying psychopathology in Chapter 3. In this session, we are going start by looking at 'the problem of psychopathology' as it is illustrated by the experiences of seven people with different kinds of distressing experiences.

EXERCISE 1 (25 minutes)

As you read through the following case histories, we will be asking you to think about specific questions in relation to each. These questions will add up to the general question of *how the experiences of the people concerned could be organized schematically*.

This is a question, partly about general organizing principles, partly about specific categories and subcategories. These are not sharply distinct, of course, but any classification involves both (classification will be covered in detail in Part III on the 'Philosophy of science and mental health practice'). We will be looking at Jaspers' answers to this question in this session, but,

as ever, it is important to *think about it for yourself* before going on.

Note: two of these case histories are based on notable cases from the past. The remainder are based on the experiences of real people (though with anonymized and amalgamated case histories to protect confidentiality).

Case 1

Ms HG aged 19, diagnosis: hebephrenic schizophrenia

HG shows very childish behaviour. She giggles endlessly to herself. She picks up simple objects and laughs hysterically. She tears innocent notices off the walls. When drinking, she dribbles down her chin and chest. She talks to the television. She is often incontinent, apparently without awareness or concern. She walks backwards down corridors. In the cafeteria she goes for 'seconds' and then returns to a different seat. The ward floor has a damaged tile now replaced with a tile of a completely different colour. She stands endlessly on this 'magic circle' talking to herself. She will give no account or explanation of her unusual behaviour. She does not interact with other patients or staff or with her family.

Questions to think about

- What do you make of HG's behaviour? Is it meaningful or meaningless? Does it serve any purpose and if so what purpose?
- HG is a Hindu Gujerati of very low social class and very limited education. In India she would be an Untouchable. Does her cultural background make any difference and if so what?

Case 2

Mr AM aged 52, diagnosis: post-traumatic stress disorder

AM had been a taxi driver, driving some 30 000 miles per year. In 25 years he had had neither an accident nor an endorsement. He was sitting in his son's car in his drive working on the wing under the dashboard. Another car failed to take the bend, hit a low wall, took off and landed on top of Mr AM's car. He was not physically injured but he developed a severe generalized anxiety state and a phobic avoidance of traffic situations.

He now cannot drive the 5 miles into the next village without severe anxiety. He dreams about road accidents, although usually not his own accident. He rehearses his own and other road accidents endlessly and painfully in his imagination. In response to any extraneous road noise or to road situations on TV he sees dreadful crashes. He finds these 'visions' very compelling and frightening. They are very real to him, in more than one sense modality, and he cannot banish them from his awareness even though he is well aware that they are not really happening. They occur in his 'inner vision' but, nevertheless, they torment him.

Questions to think about

- How would you describe his 'inner visions'?
- Are they perceptions and if not, then what?

Case 3

Mr ST aged 60, diagnosis: obsessive-compulsive disorder secondary to a depressive illness

ST has been depressed for some 6 months with low mood, fleeting suicidal thoughts, ideas of hopelessness and uselessness, poor appetite and sleep, and no energy.

He identifies strongly with the various people he sees when watching television or reading the newspaper. He thinks that he is John Major (the British Prime Minster at the time), that he is the Dunblane killer, that he is responsible for the genocide in Rwanda. He knows none of this is true but he finds the experience very compelling and distressing to the extent that he cannot bear to be in the same room as a television or newspaper in case he catches a glance of them. He knows the experience is 'crazy' but he cannot distance himself from it.

Questions to think about

- How would you describe his avoidance of television and newspapers?
- In what ways do his experiences differ from those of case 2, Mr AM?

Case 4

Ms BC, aged 32, diagnosis: paranoid schizophrenia

BC believes that she is under surveillance by a hi-tech bugging device. The bug is listening to her mundane, everyday conversation and relaying it to the group responsible. She hears her conversations being repeated at work and on public transport, which further convinces her of the surveillance. The surveillance is some sort of malign joke.

She spent £300 having her house 'swept' for bugs. Nothing was found. She concluded that this was because the bugs were actually next door, listening through the wall. She was refused access to carry out a 'sweep' next door. She concluded that the neighbours must be part of the plot. She could not interest the police in her difficulties so she took a course in detection, passed the examination and is now an accredited private detective. On one occasion, however, having smashed the window of her supposed persecutor, she was admitted to hospital under a section of the Mental Health Act, 1983. Within 3 weeks on medication the surveillance had completely disappeared.

Questions to think about

- One explanation for the disappearance of the surveillance was that BC had been ill and had been cured by the medication. Her own explanation for the disappearance of the surveillance, however, was that by getting her admitted to hospital, 'they' had made her appear 'mad', were now satisfied with their handiwork and had moved on to torment someone else! Is there any way of proving which is right?
- How would you describe the differences between BC's experiences and those of both case 2, Mr AM, and case 3, Mr ST?
- BC is a sophisticated Punjabi Muslim. Does her cultural background make any difference and if so what?

Case 5

Mr WE, aged 33, diagnosis: paranoid schizophrenia

WE asked his doctor: 'Do we have the technology to put thoughts into peoples' minds?' The doctor replied that we do not. WE said he agreed but that all the same 'they are doing it to me'. There were thoughts in his mind that he was convinced were not his own thoughts. He had great difficulty describing the nature of these alien thoughts. He gave two descriptions. First, the alien thought has a different 'feel' (he flipped his wrist). Second, the alien thought is like watching a dull, mundane and predictable B-movie on TV when suddenly a rhinoceros intrudes and you think 'What is that rhinoceros doing there?'

Questions to think about

- What difference would there have to be in the thoughts going through your own mind before you no longer recognized them as being your own thoughts and experienced them as someone else 'using your mind' for their thinking?
- How might *you* describe such alien thoughts if they happened to you?

Case 6

Ms FH, aged 60, diagnosis: schizoaffective disorder

FH was a recluse who only went out to collect rubbish, which she took to her priest for the church jumble sale. She lit her house by candles and would not allow the solidified wax to be moved because it had set into some meaningful pattern. She spent most of her time talking quietly to herself, but suddenly developed a manic episode in which she became elated and enthusiastic. She hardly slept and wrote the following passage. It is extracted from a piece of some 5000 words. She does not use punctuation! It is her spelling—the conceptual shifts and clang associations illustrate what in descriptive psychopathology is called 'flight of ideas'.

Read the passage with some rhythm:

> When it's night time in Italy it's Wednesday over here how does a frog sit down to have its why does a fly how does a moth sit down to have its tea I like a nice cup of tea for to start the day you see and after I have sent the breakfast in my idea of him hymn is either a fourth or a fifth cup of tea and when it's getting late almost anything can wait but by golly there'll be folly if they ever touch my tea we all came into the world with nothing and we can't kiss going out and about and if there's about a bit well let's all snap out of it there was the empties and there was the fulls as a fitch is a fish and a ditch is a dish glass like a cup and saucer well my mother said I never should play with gypsies in the wood irrespective of a cook shop and if I do the mass will say naughty girl to disobey but auntie went to Colwyn Bay and so did the rest of people just to see what it was like being an angel without wings rings things looked black at the other side of the great divide divine divinity call it what you will but I thought I had written at least three parts of universe simply because there was a magic carpet attached to it but a set of false teeth on Coney Island was more than a man can stand.

Questions to think about

- If you had come across this piece, not as a 'case' but in, say, an *avant garde* literary magazine, what would you have made of it?
- How many literary forms (e.g. alliteration) can you identify?

Case 7

Mr MG, aged 42, diagnosis: hebephrenic schizophrenia

MG lived in a squalid flat painted dark green. He had a long history of illicit drug use, mostly 'whiz' (amphetamine). He lived in total isolation from the world. In 8 months in hospital there was not a single visitor or enquiry for him. He says his parents are living on Mars.

The following is a transcript from his speech. He can go on in this vein indefinitely and he never repeats himself. The previous example from Ms FH was written, this example is spoken. Note that in Ms FH's case her shifts of topic, neologisms and so on, always remain linked up in some way (by rhyme, association, etc.), whereas in this extract meaningful links are to all appearances lost. The conceptual jumps illustrated in this passage are called 'knight's move' thinking, implying that within three or four conceptual 'moves' the patient's thinking can be anywhere, as with the knight on the chess board. As described in Chapter 3, this is a feature of 'schizophrenic thought disorder', characterized by loss or loosening of the normal associative links in our thinking.

> Just vocal vapour, like a vyrax landroidal sutra. Have they got a special group of people who take an engineering efficiency out of the responsibility of the professionals at the DHSS? My doctrines are very powerful in ball-point hand writing and the silence transmissions that I hear come from somebody somewhere suffering from psychosis. I've got a mental verbal auditory lock on my ears as if one is pressing my . . . Oh I don't know what you call it, my muscle back into normality with a gap in my teeth not, er, er, invokes, invokes diseases, corporalogy, hybrid takes, insects, and it makes you . . . somebody is manipulating me. I don't want you to deal with the fact that I don't know a Turkish drug addict when he sleeps in a box, you know . . . I am sure we can get from planet to planet by mesmeric Father Christmas' children and, if you like, the giant. Dr Johnson's a giant. I am like 'em. I'm a trichlorinectic pilot.

Questions to think about

- How does Mr MG's speech differ from Ms FH's writing?
- What can be made of his speech? What is he saying and why? Does it mean anything at all? (Notice the novel words or neologisms, e.g. 'vocal vapour . . . vyrax landroidal sutra . . . silence transmissions . . . mental verbal auditory lock . . . corporalogy . . . hybrid takes'.)

Jaspers' four key distinctions

Our responses to these stories

This (deliberately) diverse sample of case histories is at first glance bewildering. The cases are bewildering partly because they

are diverse. But they are also bewildering because they are in various ways unfamiliar: they are like, yet unlike, everyday experiences (*is* Ms FH's text poetry?); some are understandable, others not (or not obviously so—what *is* Mr MG's 'vocal vapour'?); some we can empathize with, others we cannot (what *would* it feel like to have, like Mr WE, a *first*-personal experience of *other* people's thoughts?).

Karl Jaspers' reaction to these cases

Karl Jaspers, to go straight to his answer to the general questions posed in Exercise 1 above, sought to make the experiences of mental distress and disorder less bewildering by structuring our thinking about it using a number of powerful organizing principles.

Jaspers' key distinctions were:

1. Meaningful and causal connections
2. Understanding and explanation
3. Objective and subjective phenomena
4. Form and content

Our response and Jaspers' reaction

Why and how did Jaspers come to adopt these particular organizing principles? To answer this question, we will want to get a picture of 'Jaspers the man'—of how he came to be a philosopher as well as a psychiatrist, and the main influences on his work. First, though, spend a few minutes thinking for yourself how you would apply these principles to our seven cases.

EXERCISE 2 (10 minutes)

Run briefly through the seven cases described above thinking how Jaspers' four key distinctions might help you to organize the diverse phenomena they illustrate.

Obviously, you will be relying here on your personal understanding of Jaspers' terms and this will vary according to your particular background and experience. We will be aiming to get a deeper understanding of how Jaspers himself used these terms, and hence broadly how they are still used in psychopathology, by the end of the chapter. But you will be helped in this if you try them out for yourself before going on.

Here are a few examples of how Jaspers' organizing principles, understood in a common sense way, could be applied to our case studies. You may have thought of others:

1. *Meaningful*: Ms BC (case 4) has her house swept for bugs because she thinks she is under surveillance. We may not agree with her as to the fact of the matter but we have no difficulty *understanding* why she does this, i.e. there is a *meaningful* connection between her behaviour and her beliefs.

   Causal: Mr MG's (case 7) complex and bewildering speech, by contrast, is not *meaningful* in that we have no idea what he is trying to tell us. We cannot use his speech to *understand* his inner mental state. We are therefore left trying to *explain* his speech in terms of underlying *causal* links alone. One might hypothesize, for example, that his history of heavy illicit drug use is a *cause*, or contributory *cause*, of his mental disorder.

2. *Understandable*: Mr AM's (case 2) avoidance of traffic situations is *understandable* given that the accident he was involved in was a traffic accident.

   Explainable: yet one also might say that there is no general causal *explanatory* link between traffic accidents and stress disorders, as not everyone who is involved in a traffic accident inevitably becomes mentally disturbed.

3. *Objective*: Ms HG's (case 1) childish, silly and in other ways unusual behaviour, and Ms BC's (case 4) elaborate delusional system, are *objective* in the sense that they are matters of observation (though of course, there are judgements involved in applying such terms as 'childish' and 'delusional').

   Subjective: what Ms HG (case 1) is experiencing, i.e. what it would be like to see the world through her eyes, is *subjective*.

4. *Form*: the *form* of all Mr ST's (case 3) thoughts is the same. They are compelling, known (by him) to be untrue, resisted, but unsuccessfully. Similarly, although Ms FH's (case 6) writing and Mr MG's (case 7) speech appear superficially similar, there is an important difference of *form* between them (Ms FH's retains while Mr MG's has lost apparent *meaningful* connections).

   Content: although identical in *form*, the *content* of Mr ST's thoughts differ. He is successively John Major, the Dunblane killer, and responsible for the Rwanda massacres. Note, however, that he does not really believe he is any of these. In this respect, the *form* of his (obsessive-compulsive) thought is different from that of delusions, which, as in Ms BC's (case 4) belief that she was being 'bugged', are firmly and fully believed to be true. In this respect, delusions are similar in *form* to experiences which in other respects are different in form: 'thought insertion', as in Mr WE's (case 5) experience of alien thoughts, although often classified with delusional beliefs, and sharing the same kind of psychotic 'loss of insight' (see Chapter 3), has the character of a direct experience.

The received and the obvious

All this may seem, at one level, fairly obvious. This is because it makes explicit many of the common sense ways we think about everyday experiences and behaviours. Psychopathology, then, grows out of 'folk-psychology', out of our everyday ways of describing human experience and behaviour. We drew on everyday experiences in Chapter 3 in learning about psychopathology.

Psychopathology, however, differs from everyday experiences and behaviours just in being, to a greater or lesser extent, and in one or more ways, *non*-everyday. A 'science' of psychopathology, then, while it may start from the common sense ways in which we understand everyday experiences and behaviours, must go beyond them if it is to be helpful to us, either clinically or as a basis for other sciences, not least the *neuro*sciences. One way in which it

might do this is to ask what principles a *science* of experience would be based on, and how it would compare with the explanatory power of the sciences of the material world, such as physics.

Jaspers and the problem of psychopathology

As we will see, it was precisely this question that was occupying philosophers, psychologists, and psychiatrists at the time Jaspers started work on his psychopathology. The *Methodenstreit* or *Methodological Controversy* was concerned precisely with the question of whether all sciences must model themselves on the natural sciences; and Edmund Husserl's phenomenology, published in his *Logical Investigations* (brought out in 1900—more on Husserl in Chapter 9), promised to be a new rigorous science of psychological experience. But this was also a time of great strides forward in knowledge of the brain and the *neuro*pathological bases of some mental disorders. Indeed, then as now, as we noted earlier, there were high hopes that *all* mental disorders would soon be explained in terms of brain diseases.

Jaspers, then, at this critical time in the development of his psychopathology, and hence for the subsequent evolution of psychopathology in psychiatry, was poised between the (then as now) 'official doctrine' of a biological psychiatry modelling itself on the natural sciences, and what he perceived as the need for a new paradigm if the scientific method itself was to be applied fruitfully to grasp the reality of each individual case and the content of mental life.

So how did Jaspers come to perceive the 'problem of psychopathology' in this way? How did he come to be standing over and against the official line in psychiatry? Why did this bright up-and-coming psychiatrist become a philosopher? Just who was Karl Jaspers?

Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. How uniform/diverse are the categories of experiences and behaviours that may be associated with mental distress and disorder?
2. What four key distinctions did Jaspers employ in attempting to categorize these experiences and behaviours?

Session 2 Karl Jaspers the man

Origins

Jaspers was born in 1883, the son of a banker and local councillor. He was chronically ill throughout his childhood and was thus unable to engage in boyish pursuits. He began studying law at university, found it too dry and switched to medicine. His illness was finally diagnosed while he was a medical student. He had bronchiectasis (a chronic cavitating lung infection) with secondary heart failure. In those pre-antibiotic days, the prognosis was death from pneumonia in his late twenties or early thirties at the latest. Jaspers none the less graduated as a doctor in 1908 and began working as an assistant in the department of psychiatry in the University of Heidelberg. In the same year, Kraepelin's influential *Textbook* (*Lehrbuch*) of psychiatry was in its 8th edition. Because of his illness, however, Jaspers did not have a 'proper' job. He did some research, wrote reports, and filled in for absent colleagues. He avoided much human contact: a common cold could be fatal. He continued like this throughout his life, being regarded, as a result, as somewhat distant and aloof.

In the event, he lived to be 86! But his relative isolation as a young man meant that he read widely, studying not only medicine but psychology and philosophy. As we will see, it was the depth of his philosophical understanding that equipped him to make his unique contributions to psychiatry.

Early influences

Jaspers and biological psychiatry

Jaspers' professor in the Heidelberg Department of Psychiatry was Franz Nissl. Nissl was a neurohistologist, who, as we noted in the last chapter, has an important place in the history of medicine as the discoverer of a dye that allowed the structure of nerve cells to be clearly seen for the first time. Using this technique, he had shown that the neurohistological changes in general paralysis were different to the changes described by his friend Alois Alzheimer in dementia. General paralysis was a degenerative dementia that had swept Europe after the wars of the late nineteenth century. It was shortly to prove to be a form of neurosyphylis. These were paradigm-shaking discoveries, therefore, and the young Jaspers was impressed with Nissl as a scientist. When it came to *clinical* work, though, Jaspers was considerably less impressed.

The action in psychiatry at the turn of the twentieth century in Germany had moved out of the large institutions into university clinics. There was considerable resentment among the institutional psychiatrists that their discipline had been taken over by academic neuroscientists whose knowledge of clinical psychiatry was scanty, and who they perceived as being under the spell of a crudely natural scientific model, epitomized by the German psychiatrist, Wilhelm Griesinger's, famous aphorism 'Mental illnesses are brain illnesses' ('Geisteskrankheiten sind Gehirnkrankheiten')—quoted by Jaspers (*Allgemeine Psychopathologie*, p. 382; *General Psychopathology*, p. 459). In fact, Griesinger's *Mental Pathology and Therapeutics* (1867, trans. 1882), argued that mental illness should be interpreted as a product of an individual's response to both biological and cultural factors. (As noted in chapter 7, the philosopher and German scholar, Katherine Arens has given a balanced treatment of Griesinger's contribution to scientific psychopathology in her 'Wilhelm Griesinger: psychiatry between philosophy and praxis', 1996; with a commentary by Aaron Mishara, 1996.)

At all events, researchers at the time, such as Griesinger, Alzheimer, Nissl, Carl Meynert, and Theodor Wernicke, were in hot

pursuit of the neuropathological changes by which they believed the major psychoses could be characterized. And, given their success with general paralysis, hopes were understandably very high. Jaspers shared these hopes. But he believed the paradigm had been pushed too far. 'These anatomical constructions' he wrote, as we noted earlier (in chapter 7), 'became quite fantastic (e.g. Meynert, Wernicke) and have rightly been called 'Brain Mythologies' (*Hirnmythologien*).' (*Allgemeine Psychopathologie*, p. 16; *General Psychopathology*, p. 18).

Jaspers and the 'Methodenstreit'

Jaspers' reservations about what he perceived as the excessively natural scientific approach to psychiatry were no mere whim of a relative outsider. They were driven by his understanding of the philosophical debates in psychology in the late nineteenth century, the so-called the *Methodenstreit*. As noted earlier, this was concerned with whether the human sciences (the *Geisteswissenschaften*) should try to emulate their far more successful cousins, the natural sciences (*Naturwissenschaften*), or whether they should go their own methodological way. The positivists—including such eminent figures as John Stuart Mill (in England), Auguste Comte, and Emile Durkheim (in France)—argued that the human sciences were no different from the natural sciences. Others argued that the human or cultural sciences were different from the natural sciences either in terms of the nature of their subject matter (ontology) or their methodology (epistemology) or both. The latter, in Germany, included Wilhelm Windelband, Heinrich Rickert, Wilhelm Dilthey, and crucially for Jaspers, the German philosopher and sociologist, Max Weber.

Jaspers meets Weber

Jaspers met Max Weber in 1909. He was invited to join Weber's elite intellectual circle, which met on Sunday afternoons, and he quickly became one of Weber's three key intellectual antagonists, one of Weber's 'real interlocutors, to whom Weber listened and with whom he had a genuine exchange of ideas' (Loewenstein, 1965, p. 95). For Jaspers, Weber was the 'Galileo of the human sciences' (quoted in Ehrlich *et al.*, 1986, p. 478).

Weber, as just noted, was one of those who believed that the human sciences involved a distinctive approach. However, his view of sociology, his own discipline, was that it was a hybrid subject, living partly within the natural and partly within the human sciences.

General psychopathology

Jaspers' position in the *Methodenstreit* was similar to that of Weber—he wanted to keep a foot in both camps. Jaspers regarded psychopathology very much as Weber regarded sociology—as having a peculiar position among the sciences in that it lives both within the natural sciences, pursuing abnormalities of brain functioning, and also within the human sciences, pursuing the experiences, aims, intentions, and subjective meanings of individual people. Of course, at a time when psychiatry was dominated by the 'brain mythologists', Jaspers' major aim was to bring psychiatry back within the ambit of the human sciences. He wanted to

Fig. 8.2 Max Weber

balance things up. In Weber's work, therefore, who in turn had drawn on the work of Dilthey, Windelband, and Rickert, he saw things falling into place, and much of Weber's social theory—interpretation/understanding, *Evidenz*, ideal types, etc.—was to find its way into his psychopathology. Sometime later he wrote:

> My article of 1912 and this present book (1913) were greeted as something radically new, although all I had done was to link psychiatric reality with the traditional humanities. Looking back now, it seems astonishing that these had been so forgotten and grown so alien to psychiatry. In this way within the confines of psychopathology there grew a methodical comprehension of something which had always been present, but which was fading out of existence and which appeared in striking reverse, 'through the looking glass' as it were, in Freud's psychoanalysis—a misunderstanding of itself. The way was clear for scientific consciousness to lay hold on human reality and on man's mental estate, his psychoses included, but there was an immediate need to differentiate the *various modes of understanding*, clarify them and embody them in all *the factual content* available to us.
>
> *Allgemeine Psychopathologie*, p. 251; *General Psychopathology*, p. 302 (emphases in original)

The period 1909–13 was a time of high output for Jaspers. He wrote papers on homesickness, hallucinations, pathological jealousy, phenomenology, and, as noted earlier, the need for both 'causal' (i.e. natural scientific) and 'meaningful' (i.e. human scientific) connections in psychic life. We will be looking at his seminal paper on the latter topic in a moment. But the culmination of this burst of output was that, in 1911, he was commissioned by the publisher, Springer, to write a textbook of psychopathology. It was thus that his *General Psychopathology* (*Allgemeine Psychopathologie*) appeared in its first edition in 1913.

Beyond the (psychiatric and philosophical) pale?

It was not well received! Jaspers' opposition (as it was perceived) to the biological psychiatry of his day did not win him many friends. Indeed, in 1913, Nissl was unable to find an academic post for Jaspers. He offered to set him up with Alzheimer or with Kraepelin but, for personal reasons, Jaspers wanted to stay in Heidelberg. He became Privatdozent (lecturer) in experimental psychology within the faculty of philosophy. His professor here was the neo-Kantian, Wilhelm Windelband. Windelband was famous for distinguishing the nomothetic (natural) sciences that seek general, causal laws, and the idiographic (human) sciences that seek valid, individual descriptions. Windelband died in 1915 and was replaced a year later by Heinrich Rickert.

Relations between Jaspers and Rickert were always bad and they deteriorated further when Weber died a few years later, on 14 June 1920, in the epidemic of encephalitis lethargica, which was sweeping the world after the First World War. On 17 July 1920, Jaspers gave a commemorative address to the student body of the University of Heidelberg. Jaspers claimed Weber as 'a philosopher . . . perhaps the only one in our time'. After this, Rickert rounded on Jaspers for the 'absurdity' of describing Weber as a 'philosopher'. Rickert also claimed Weber as his pupil and he denigrated Weber's likely future influence. Jaspers was outraged:

> Now the disaster had occurred. I became angry and went so far as to say: 'If you think that you and your philosophy will be known at all in the future, then it will only be because you appear as a footnote in one of Max Weber's works, an author to whom Weber has expressed his thanks for some logical insight'
>
> Jaspers (1957, p. 33.)

Jaspers notes: 'from then on Rickert was my enemy' (Jaspers, 1957, p. 33). This was certainly the case (although as we will see in Chapter 10, Jaspers was influenced by Rickert's philosophy through Weber). In 1921, when Jaspers applied for the second chair in philosophy in Heidelberg he was strenuously opposed by Rickert who advanced his own candidates. In the event, Jaspers was successful. Rickert was indeed Jaspers' 'enemy'. He was scathing about Jaspers' abilities. Jaspers was more charitable, never commenting either on Rickert's disabling agoraphobia or on his later involvement with the Third Reich.

After general psychopathology

The retreat to philosophy

The decade of the 1920s was a quiet period for Jaspers. He published little so that people came to believe that, having achieved his chair, he was resting. In fact, he was preparing his main philosophical work, *Philosophie* (*Philosophy*), published in 1932. The work was in three volumes and it followed Kant's critique of metaphysics very closely. Each of the three volumes took one of Kant's metaphysical topics—the world as a whole, the soul, and God—transformed them into Jaspers' terminology—world orientation, Existenz, and transcendence—and investigated the possibility of metaphysical thinking in the twentieth century.

The Heidegger connection

It was also around 1920 that Jaspers first became friendly with and began working with Martin Heidegger. Heidegger was preparing his most important work, *Being and Time* (*Sein und Zeit*) for its publication in 1927. Heidegger wrote a lengthy review of Jaspers' second book, *Psychologie der Weltanschauungen* (1919) (*The Psychology of World Views*). The review was found in Jaspers' papers after his death. He was to admit that he had never read it. In 1933, Heidegger became Rector of the University of Freiburg under the Third Reich. Jaspers was shocked by his friend's actions and he broke off contact with him. Heidegger's Rectorship was to be short-lived but he never renounced the Third Reich. (For further details, see Ott, 1993.)

Jaspers was removed from administrative functions in the University in 1934. In 1936, he published his *Nietzsche: Einführung in das Verständnis seines Philosophierens* (Jaspers, 1936). Nietzsche had been adopted by the Third Reich as their philosopher. The 'will to power' and the 'superman' had an obvious attractiveness for Hitler's own philosophy. Jaspers bravely showed that Nietzsche could not be used in this way. By 1938, he was forbidden to teach or do research. Unlike many intellectuals, Jaspers did not emigrate. During the Second World War he applied for leave to go to Switzerland. This was granted but his Jewish wife, Gertrud, must remain in Germany. Jaspers elected to stay with her. During the war years, Jaspers had set himself the task of revising his *General Psychopathology* for its fourth edition. The fourth edition was greatly expanded. It became not only a psychopathology of what it is to be human but also a philosophy of what it is to be human.

By 1942, Jaspers and his wife were in hiding with a suicide pact should either be taken. The Americans liberated Heidelberg on 1 April 1945. A few days later, he was handed a note to the effect that his and his wife's deportation to the camps was planned for 14 April. He escaped death by a whisker.

After the war, Jaspers was appointed to the American-led interim government. He was not happy there and his health remained precarious. He took an appointment in the University of Basle in Switzerland where he was to remain until his retirement. Jaspers' interests moved away from academic philosophy to a preoccupation with what he saw as the dangers of being overridden by communist totalitarianism or annihilated in a nuclear war. His writings began to reflect this dual danger. In 1968, still living in Basle, he suffered several strokes and he died in February 1969.

The philosophical basis of psychopathology

In the remainder of this chapter, we will look more closely at Jaspers' thinking by concentrating on the two broad influences on his work: the *Methodenstreit* and phenomenology, as reflected respectively in his two papers, 'Causal and "meaningful" connections between life history and psychosis in schizophrenia' (1913b) and 'The phenomenological approach in psychopathology' (1912). This will allow us to consider in more detail the four key distinctions, introduced above, which Jaspers used in the analysis of mental phenomena. Of these distinctions, Jaspers can be understood as taking the first two primarily from the *Methodenstreit*,

the third and fourth primarily from phenomenology. Thus, we have, very broadly, two pairs of distinctions underpinning his psychopathology. From the *Methodenstreit* we get:

1. Meaningful and causal
2. Understanding and explanation.

From phenomenology we get:

3. Objective and subjective
4. Form and content.

As already noted, we will be considering phenomenology in detail, particularly as introduced by Husserl, in Chapter 9, and the *Methodenstreit* in Chapter 10.

Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. When and where did Jaspers work?
2. What was the name of his most famous book? When was the first edition published? What is its significance for psychiatry today?
3. For what was Jaspers better known over much of his life?

Session 3 Causal and meaningful connections

We will look first of all at Jaspers' (1913b) paper 'Causal and "meaningful" connections between life history and psychosis in schizophrenia'. This paper sums up the core of Jaspers' beliefs about the nature of psychopathology in terms of two of the key distinctions we noted above, that between meaningful and causal, and that between explanation and understanding. Building on the one hand on his work with Max Weber on the *Methodenstreit*, and on the other on his recognition of the successes of the brain sciences of his day, Jaspers argues that psychopathology is both a biological natural science seeking general explanations of mental disorders in terms of their neuropathological causes, but also a human science seeking to 'understand' (*verstehen*) the individual patient's experiences.

EXERCISE 3 (75 minutes)

Read the long extract from:

Jaspers, K. ([1913b] 1974). Causal and 'meaningful' connections between life history and psychosis (Kausale und verständliche Zusammenhänge zwischen Schicksal und Psychose bei der Dementia praecox). Translated with an introduction and postscript by J. Hoenig. In *Themes and Variations in European Psychiatry* (ed. S.R. Hirsch and M. Shepherd). Bristol: Wright, pp. 80–93

Link with Reading 8.1

How does Jaspers characterize the key differences between understanding (*Verstehen*) and explanation (*Erklären*) in psychopathology. Make a list of the ways Jaspers contrasts them—do we ordinarily think of understanding and explanation as being so distinct? You may want to think about what we mean by 'explaining something' or 'understanding something'. Note too the way that the distinction between causal and meaningful connections mirrors the distinction between explanation and understanding. How would Jaspers apply these to our seven case-histories?

Note: this is just a first reading of Jaspers' paper aimed at introducing some of his key ideas. We will be returning to the details of these ideas and to the influence of the *Methodenstreit* on Jaspers in Chapter 10.

Causes/explanations; and meanings/understanding

Understanding and meaning in Jaspers' psychopathology

The distinction that Jaspers develops between causes/explanations on the one hand and meanings/understanding on the other hand, is complicated by his terminology and the difficulties of translation from the German. The word he uses for 'meaningful' is '*verständlich*', more literally translated as 'understandable'. The importance of this is that it ties his work into the 'understanding' or *Verstehen* tradition of the developing human sciences (*Geisteswissenschaften*), and, thus, into the methodological controversy or *Methodenstreit* of the late nineteenth and early twentieth century.

'Understanding' (*Verstehen*) for Jaspers is the route to other people's inner mental states. It underpins the ability to 'read' their motives and subjective meanings from their actions and speech. For Jaspers, 'understanding' acts both as a technical term grounding psychopathology as a human science and also a non-technical or lay term referring to the ability to read the everyday motives of the people around one.

We return to understanding later in this chapter, in Session 4, when we consider its relationship to empathy and to Jaspers' use of the distinction between objective and subjective symptoms.

Static understanding and genetic understanding

Jaspers goes on to distinguish two main categories of understanding: (1) our understanding of someone's mental states considered individually—this is his 'static understanding' (*statische Verstehen*), and (2) our understanding of how one state may follow on from another—this is his 'genetic understanding' (*genetische Verstehen*).

Thus, on p. 82 we find,

- *Static understanding*: 'we present vividly to ourselves separately and describe in detail psychic states experienced'
- *Genetic understanding*: 'we understand how psychic events can emerge out of other psychic material'.

EXERCISE 4

Now refer back to the case studies in Session 1 of this chapter.

1. Try applying Jaspers' distinction between 'static understanding' and 'genetic understanding' to them. Pick out at least one example of each.
2. Are there phenomena that defy understanding? In Jaspers' terms, are such phenomena 'un-understandable' or could they still be explained?

Static understanding and the 'un-understandable'

In case 3, Mr ST, his tormenting images of 'being John Major' or 'being the Dunblane killer' can be understood by extension from the more mundane experience of being unable to get a catchy tune or a worrying notion out of one's head. In both instances we know it is inappropriate, but it gets, as we say, 'stuck in our minds'. Similarly, in case 4, Ms BC, most people would 'understand' the feeling of being under surveillance, of being watched, recorded, and reported on. In both cases, then, the patient's experience is understandable as a more extreme version of everyday experiences.

With case 5, Mr WE, and the symptom of thought insertion, we come by contrast, to experiences that are qualitatively different from everyday experiences. The experience of thinking a thought while at the same time experiencing it as someone else's thought is well outside most people's experience. Such experiences thus provide one example of what Jaspers might mean for an experience to be 'un-understandable'. Try, again, to think what it would be like genuinely to take a thought passing before the mind's eye to be someone else's thought. While it may at first sight seem to be an unusual but comprehensible error, there is something close to self-contradiction about the very idea of *me* thinking someone *else*'s thoughts. (See also chapters 3 and 28 for further discussion and examples of thought insertion.)

Genetic understanding

In case 3, beginning from the experience of being under surveillance, Ms BC builds a complex and to some extent self-fulfilling delusional system, which explains both the events themselves and sets them in a wider context of meaningful relations. We understand the 'emergence of one psychic event from another' on the basis of grasping the ideas, which Ms BC has used as her starting assumptions, and include the belief that she is being watched. Thus the development of a complex and internally consistent delusional system can be predicated on the initial (subjective) experience of being watched. Once we have accepted the initial propositions upon which Ms BC's delusional beliefs are based, everything hangs together 'understandably'.

The demand for understanding carries with it a further demand for explanation in terms of how the phenomena themselves are caused. In some cases, the lack of a suitable way of understanding someone leaves only the demand for explanation.

Explanation

We can see this with some of our other case histories. In case 1, Ms HG's behaviour on the ward seems wholly strange. Or, in case 7, Mr MG's speech does not appear to mean anything. We cannot 'get our heads around' Ms HG's behaviour or what Mr MG is saying at all. It seems impossible to know what motive or meaning underpins them. Accordingly, Jaspers describes such phenomena as 'un-understandable' (*unverständlich*). They are not a topic for either static or genetic understanding and, because of this, we must try to 'explain' (*erklären*) them as if they were the meaningless subject matter of the natural sciences—that is, we try to construct a causal account of their production.

The contrast between the demand for understanding in the human sciences and the demand for causal explanation in the natural sciences is a central feature of the *Methodenstreit*. We will be returning to this in Chapter 10 and to related debates about reasons and causes in current philosophy of science in Part III and in the philosophy of mind and in Part V.

Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. By what philosophical debate in the nineteenth century was Jaspers particularly influenced?
2. Jaspers wrote two key papers in response to the challenge of the 'biological psychiatry' of his day. What were they about?
3. How are these two papers related to his *Allgemeine Psychopathologie*?

Session 4 Phenomenology

The second of Jaspers' papers that we are going to read from his period of high output, is his 'The phenomenological approach in psychopathology', published in 1912.

'The phenomenological approach in psychiatry' contains a detailed account of Jaspers' use of the distinction between objective and subjective as derived from phenomenology. As just noted, we will be returning to this in Chapter 9 when we consider Jaspers' phenomenological method in more detail. But for now we are concerned with the distinctions he introduces to psychopathology from phenomenology and how he uses these to set out the basic phenomenological structure of psychopathology. In the

next reading, we will be thinking particularly about the distinction between objective and subjective. We pick up on the final of Jaspers' four distinctions between form and content later, with a reading from *Allgemeine Psychopathologie*.

EXERCISE 5 (75 minutes)

Read the following paper:

Jaspers, K. (1968 [1912]). The phenomenological approach in psychopathology. *British Journal of Psychiatry*, 114: 1313–1323 (anonymous translation of 'Die Phänomenologische Forschungsrichtung in der Psychopathologie', 1912, *Zeitschrift fur die gesante Neurologie und Psychiatrie*, 9: 391–408)

Link with Reading 8.2

In this paper, Jaspers develops the third of the key distinctions noted earlier, between objective and subjective. As you read his paper, look carefully at how he draws this distinction, particularly on pp. 1313–1316. Is his use of the objective/subjective distinction identical with its contemporary use? What does he mean by 'phenomenology'? Also, (1) note any connections he draws with the other distinctions on which he relies, and (2) consider how you would apply his objective/subjective distinction to our seven case histories.

As with the first of Jaspers' two key papers, on causal and meaningful connections, we will be returning to this paper and to the influences on Jaspers from phenomenology in more detail later in this part, in this case in Chapter 9.

Objective and subjective

The distinction between objective and subjective is one of those everyday distinctions that has been much debated by philosophers. In Jaspers' work, objective symptoms include those that are publicly observable and often quantitatively measurable performances. The analogy with the observation and measurement of a machine drawn by Jaspers is clear:

> It is not the feeling of fatigue but 'objective fatigue' which is being investigated. All such concepts as fatiguability, the power of recovery, learning ability, practice, the effects of rest periods, etc., refer to performances that can be measured objectively, and it does not matter whether one is dealing here with a machine, a live but mindless organism, or a human being endowed with a mind. (p. 1314)

In this regard, then, Jaspers' use of the objective/subjective distinction is reminiscent of its contemporary use: in medicine we distinguish symptoms from signs according to whether we have to depend on reports by the patient of how they are feeling (symptoms) or can be observed (signs). But this is not exactly Jaspers' use of the distinction, for he also includes a very different sort of phenomenon under the term 'objective symptoms'. This is clear right from the start of the article on p. 1313. Look at this again, noting especially the passage we have now emphasized in the following extracts (in italics):

> Objective symptoms include all concrete events that can be perceived by the senses, e.g. reflexes, registerable movements, an individuals' physiognomy, his motor activity, verbal expression, written productions, actions and general conduct, etc.; all measurable performances, such as the patient's capacity to work, his ability to learn, the extent of his memory, and so forth, also belong here. *It is also usual to include under objective symptoms such features as delusional ideas, falsifications of memory, etc., in other words the rational contents of what the patient tells us. These, it is true, are not perceived by the senses, but only understood; nevertheless, this 'understanding' is achieved through rational thought, without the help of any empathy into the patient's psyche.*
>
> Objective symptoms can all be directly and convincingly demonstrated to anyone capable of sense-perception and logical thought;... (p. 1313, emphasis added)

The term 'objective' thus covers not only what we would now call behavioural variables, such as how long it takes somebody to say or write something, but also *what is being said*, or in Jaspers' words 'the rational contents of what the patient tells us'. The 'rational contents' of the patient's words is clearly not perceived by the senses in the same way as the physical marks of the words they might write on paper or the sound patterns of their voice.

Subjectivity, understanding, and empathy

It is at this point that we find a key connection with another of Jaspers' distinctions (see point 1 in Exercise 5). For it is clear that in some sense 'understanding' is required to grasp symptoms that are 'objective', i.e. in Jaspers' sense of having rational content. 'Understanding' in this sense is what we came across above in relation to the distinction between understanding and explanation. There is, however, another and different sense of 'understanding', as Jaspers uses the term, i.e. a sense of 'understanding' that requires 'empathy' with the *subjective* side of symptoms. We may think of this subjective side as *what it is like* to have a certain sort of experience. 'Empathy' is Jaspers' term for our grasp of this subjective side of mental states, or what Jaspers calls 'subjective symptoms'. Jaspers argues that these subjective symptoms

> ... cannot be perceived by the sense organs, but have to be grasped by transferring oneself, so to say, into the other individual's psyche; that is, by empathy. They can only become an inner reality for the observer by his participating in the other person's experiences, not by any intellectual effort. Subjective symptoms include all those emotions and inner processes, such as fear, sorrow, joy, which we feel we can grasp immediately from their physical concomitants. (p. 1313)

Empathy

Note the way in which Jaspers characterizes 'empathy', or an imaginative 'living along' with the patient's mental state, as an activity that is quite distinct from, and even seems not to require, 'logical thought'. Jaspers will use this idea to develop a stronger notion of 'understanding' than that found above in relation to

'objective symptoms'—these latter can be grasped by 'anyone capable of sense-perception and *logical thought*' (emphasis added).

At this stage it is worth asking yourself whether for Jaspers there is an inherent deficiency in 'logical thought', which means that we cannot use it to form a complete 'understanding' of the patient? Or is it that 'empathy' just offers us a distinctly different kind of insight into the patient's mind? Jaspers writes, for instance: '[The psychiatrist] can share the patient's experiences—always provided this happens spontaneously without his having to take thought over it' (p. 1315). This might strike you as an unusual conception of empathy. As we shall see later, Jaspers' notion of 'understanding' owes much to the work of Wilhelm Dilthey. Dilthey's philosophical approach is often characterized as 'life-philosophy', in that he regards (human) life as something that cannot be comprehended within traditional logical and rational ways of thinking.

Phenomenological seeing

We can now turn to how Jaspers characterizes 'phenomenology'. We will be looking at some of the different meanings of this term in Chapter 9, but in this paper Jaspers uses it in connection with his distinct notion of empathy. Jaspers argues that the psychiatrist, in his role as phenomenologist, must help others in the field to 'see' the subjective symptoms he describes.

> In the same way [as the histologist] the phenomenologist can indicate features and characteristics, and show how they can be distinguished and confusion avoided, all with a view to describing the qualitatively separate psychic data. But he must make sure that those to whom he addresses himself do not simply *think* along with him, but that they *see* along with him in contact and conversation with patients and through their own observations. This 'seeing' is not done through the senses, but through the understanding.' ('Dieses Sehen ist keines sinnliches, sondern ein verstehendes.'). (p. 1316, emphases in the original)

The notion of a phenomenological 'seeing', not mediated by the senses but by direct understanding, may not make much sense to you at this stage. Ordinarily, one tends to think of 'understanding' as a more advanced form of cognitive ability, compared with 'seeing'. It is important to remember, however, that Jaspers wishes to construct notions of understanding and empathy that are distinct from 'logical thought'. Jaspers is thus using the term 'seeing' in connection with 'understanding' in order to emphasize that the latter constitutes a mode of comprehension *distinct* from thinking. Again, this may strike you as strange; we ordinarily think of understanding as a *form of thought*. These ideas will become clearer when we look more closely at Husserl's notion of phenomenology in Chapter 9. Husserl uses the term 'seeing' similarly, in a broad sense, to include whatever we grasp and comprehend in an immediate way without the need for logical thought.

Form and content

The final key distinction we need to look at is 'form' and 'content'. In modern psychopathology (as in Chapter 3) we think of form and content as distinguishing types of symptom and their subject matter. Thus a *delusion* of guilt has the same content but a different form from an *obsession* of guilt. Conversely, a delusion of *impoverishment* (e.g. that one has been made bankrupt) has the same form but a different content from a delusion of *guilt*.

Multiple form and content distinctions

This version of the form–content distinction is generally attributed to Jaspers but it has a complex history. The terms 'form' and 'content' have been used—and are still used—in a multiplicity of different ways by different philosophers. In order to understand Jaspers' use of the terms, we therefore have to consider which philosophical sources Jaspers might have been drawing on. There is a continuing debate about precisely which philosophers had most influence on Jaspers. We return to this in Chapter 9, in particular to the extent of the influence of Edmund Husserl's phenomenology on Jaspers' phenomenological method. But one philosopher, at least, who is directly acknowledged by the later Jaspers, is Immanuel Kant. In Jaspers' work on Kant (1957), he writes: 'Kant is the nodal point in modern philosophy . . . Kant is absolutely indispensable. Without him there is no critical basis for philosophy' (1962, pp. 380–381).

In relation to Jaspers' early work, and *General Psychopathology* in particular, it is likely that he drew together, in a complex way, ideas and approaches taken from phenomenology, Weber, the Neo-Kantianism of Windelband and Rickert, the 'life-philosophy' of Dilthey, as well as from his own reading of Kant. But Kant, at least, is important to him, so we will look first at Kant's use of the form–content distinction.

Kant's form and content distinction

A distinction between form and content is central to Kant's theory of knowledge. This sought to draw together features of both empiricism and rationalism. The empiricists thought that knowledge was exclusively the product of incoming sensory experience; rationalists, however, pointed to types of knowledge, for example mathematics and geometry, whose results have a degree of certainty that does not seem consistent with the idea that they have a purely experiential basis. The rationalists thought that at least some beliefs and principles must be innate in our minds and not derived from sensory experience.

Kant attempted to reconcile these two approaches, seeking to do justice to the insights of both. Briefly, Kant argued that knowledge is a product of incoming sensory input as the *content* of what he calls 'intuition', which is also ordered or given *form* by necessary principles or concepts. This is captured in a famous slogan: 'Thoughts without content are empty, intuitions without concepts are blind' (Kant, [1781] 1929, A51/B75). Without an experiential input thought would fail to have meaning or substance. But without the structure provided by concepts the rational significance of thoughts would be missing. Indeed, the suggestion here is that experience itself, as well as subsequent judgement made because of it, is in some sense conceptualized.

Fig. 8.3 Kant

Kant distinguished three types of necessary and *a priori* (i.e. not derived from experience) principle:

- the Forms of Pure Intuition (principles relating to space and time—for example, the way there is a spatial point between any two other spatial points, or a temporal moment between any two other temporal moments);
- the Categories of Pure Understanding (relating to notions such as 'substance', 'property', 'causality'—for example, the way that our experience is of *objects* with *properties*);
- the Ideas of Pure Reason (relating to the coherence of experience and the systematicity of knowledge—for example, the way that we expect there to be order in and systematic relations between our observations of the world).

Together these can be thought of as the '*formal*' aspects of any and all knowledge and experience. For example, referring to the pure forms of intuition (formal principles of spatial and temporal order), Kant writes in the *Critique of Pure Reason* ([1781] 1929, A20 (first edition), B34 (second edition); parenthesis and emphases added):

> That in the appearance which corresponds to sensation I term its matter [i.e. *content*] but that which so determines the manifold of appearance that it allows of being ordered in certain relations, I term the *form* of the appearance. [. . .] While the matter of all appearance is given to us *a posteriori* only, its form must lie ready for the sensations *a priori* in the mind, and so must allow of being considered apart from all sensation.

Kant's theory of knowledge and experience is thus marked by the use of a contrast between form and content. Essentially he is arguing that certain very formal structures and forms of ordering are necessary aspects of all objective knowledge and experience. For example, the experience of a green door and a brown carpet are clearly different experiences—but they differ (in Kant's use of the term) only in 'content'. One can think of their 'formal' structure being the same: in each case we are concerned with a type of *object* and a type of *property* (Kant uses the terms 'substance' and 'accident'), and these are pure categories of the understanding.

Jaspers' form and content distinction

Kant's form–content distinction is difficult and abstract, and we will be returning to it later, in Chapter 9, on phenomenology. For now, though, we will pick this up from a section of *General Psychopathology* where Jaspers discusses it explicitly.

EXERCISE 6 (30 minutes)

Read the extract from:

Jaspers, K. ([1913a]1942). *General Psychopathology,* Vol. 1. (trans. by J. Hoenig and Marian W. Hamilton). Baltimore: Johns Hopkins University Press, pp. 58–59.

Link with Reading 8.3 here

- Do you think Jaspers is employing *Kant's* distinction between form and content?

In this section of *General Psychopathology*, Jaspers writes, for example, of 'hypochondriacal *contents*, whether provided by voices, compulsive ideas, overvalued ideas or delusional ideas . . .' (p. 59, emphasis added). Thus, the patient may hear a voice telling him *that he is ill* (auditory hallucination); he may have a persistent and intrusive thought *that he is ill* even though he resists the intrusion and knows it to be false (an obsessional idea); he may have had a long-standing preoccupation with bodily ill-health (an overvalued idea); he may have concluded *that he is ill* in the setting of the pessimism and despair of a severe depression (a secondary delusion or delusion-like idea); or he may have come to hold the belief that he is ill with great conviction and despite reassurance but *without relevant prior changes* in his mental state (a primary delusion). All these phenomena have the same 'content', hypochondriasis, but are present in consciousness in different 'forms'—auditory hallucination, obsessional idea, overvalued idea, delusion-like idea, primary delusion.

That a similar use of the form–content distinction is to be found in modern psychopathology is evident from the examples we gave earlier in this chapter from our seven case histories. Here are a few more: in case 2, Mr AM, the content is dreadful and fatal road accidents; the form is a pseudohallucination (See chapter 3, under 'Disorders of Perception'). In case 3, Mr ST, the content, at different times, is John Major, the Dunblane killer, the Rwanda

genocide; the form is a compulsive or obsessional thought. In case 4, Ms BC, the content is 'high-tech' surveillance; the form is a primary delusion, delusion-like ideas, and the development of an elaborate delusional system. In case 5, Mr WE, the content is thoughts in his mind that do not belong to him; the form is thought insertion, a variety of 'made' or passivity experience. In case 6, Ms FH, the content is clever assonance, alliteration and clang associations; the form is that of thought disorder—in this case flight of ideas. In case 7, Mr MG, the content is bizarre, unintelligible prose; the form is that of thought disorder—in this case knight's move thinking.

Useful and powerful as this version of the distinction between content and form in psychic experience is, however, and whatever debt Jaspers may or may not have had to Kant, it is not as such to be found in Kant's approach. We have come across Jaspers' notion of 'content' before—it is what Jaspers called 'rational content' above in discussing the notion of 'objective symptoms' in his phenomenology paper. Remember that Jaspers writing in that paper (p. 1313) claims that, 'It is also usual to include under objective symptoms such features as delusional ideas, falsifications of memory, etc., in other words the *rational contents* of what the patient tells us.' (Emphasis added.)

This version of the form–content distinction in Jaspers' work derives not from Kant but from Husserl's phenomenology. We will be returning to this in Chapter 9, on phenomenology, but we will take a first look at it here.

Husserl's form and content distinction

In the passage you have just read (in Exercise 6) it is clear that Jaspers is using a form–content distinction that is different from that found in Kant. We might call Kant's distinction the distinction between 'sensory content' and 'objective form'; for Kant, these work together so that our experience is an experience of a particular empirical object, for example, a green door. Taken together, however, sensory content and objective form can in turn become the 'content' of a further sort of form. This new form–content distinction would be concerned with the way that the form of our experience of something can itself vary, while that 'something' remains the same. For example, the 'content' of our experience may be 'the door is green', but the 'form' may be one of anger, pleasure, etc. I may be angry *that the door is green* or pleased *that the door is green*. Or more generally, as Jaspers writes: 'Perceptions, ideas, judgments, feelings, drives, self-awareness, are all forms of psychic phenomena; they denote the particular mode of existence in which content is presented to us' (pp. 58–59).

This version of the distinction between form and content is found in Husserl's *Logical Investigations* (again, we return to this work in Chapter 9). Jaspers is right to point out that the terms 'form' and 'content' are widely used in discussions of knowledge, but it is important to be able to distinguish different form–content distinctions! Husserl indeed introduces different terms for the different distinctions. In the above examples, Husserl would call the *anger* or *pleasure* the 'quality' of a psychic phenomenon, while what they have in common (*that the door is green*) he calls the 'matter'. It is the matter, in turn, that stands as 'form' in relation to the basic 'sense content' of a perceptual experience.

Reflection on the session and self-test questions

Write down your own reflections on the materials in this session drawing out any points that are particularly significant for you. Then write brief notes about the following:

1. What two distinctions does Jaspers derive from phenomenology in developing his psychopathology?
2. What conceptual distinction derived from Jaspers' work is particularly evident in modern descriptive psychopathology? What, in turn, are the philosophical origins of this distinction in Jaspers' work?

Conclusions: the seven stories and Jaspers' four key distinctions

The distinctions we have discussed in this chapter are subtle and have been the object of extensive philosophical debate. You should not be surprised, therefore, if you feel that they are difficult to grasp! Our aim in this chapter, as we have noted several times, is to give you an overview of how they fit into Jaspers' thought, and we will be covering them again in more detail in the next two chapters.

Before finishing, though, it will be worth returning once more to our starting point, to Jaspers' use of these distinctions to frame a psychopathology that is capable of structuring and ordering experiences as diverse as those illustrated by our original seven cases. Just how successful is this?

EXERCISE 7 (40 minutes)

As in Exercise 2 near the start of this chapter, run through the case histories given above with Jaspers' four key distinctions in mind. Look for other examples of how the four distinctions may be applied and ask yourself whether your understanding of these terms has been modified. Finally, how successful do you think Jaspers' distinctions are as a way of structuring psychopathology?

As before, there is room for disagreement over precisely how Jaspers' key distinctions should be applied in a given case, but here are a few examples.

1. *Meaningful*: Ms BC (case 4) takes a course as a private detective *because* she could not get the police to take an interest.

   Causal: one might think that Mr ST's insomnia and lack of energy (in case 3) have a neurophysiological *cause*.

2. *Understandable*: but Mr ST's avoidance of television and radio is *understandable* given his tendency to identify himself with the people he sees.

   Explainable: the onset of Ms FH's manic episodes (case 6) might be *explained* in terms of neurochemical changes in the brain.

3. *Objective*: Mr MG's (case 7) belief that his parents are living on Mars, is *objective* in Jaspers' sense.

   Subjective: What it *feels like* for Mr WE (case 5) when he is having an 'alien thought' is *subjective*.

4. *Form*: Mr AM (case 2) has numerous experiences that take the *form* of 'visions'.

   Content: the *content* of Mr AM's experiences, on the other hand, are always the same—they are about dreadful car crashes.

Sorting out psychopathology?

With selected examples such as these, Jaspers' distinctions do seem to provide order and structure. But if we press the distinctions a little harder things suddenly seem much less clear cut. Thus, *what* is the nature of Mr AM's visions of dreadful car crashes? *Why* does Mr ST get recurrent thoughts that he is John Major or the Dunblane killer? Can you understand these strange phenomena? What about Ms BC's novel explanation of the ending of the surveillance against her. It is very discrepant with our own explanation, but who is correct and how might we demonstrate the correct view? Again, where has Mr MG got the idea that people can put thoughts into his mind? As we asked before, what would a thought in your mind have to be like before you failed to recognize it as belonging to you? Or what of Ms FH's striking and poetic piece, full of alliteration, assonance, rhyme, rhythm, humour, and intriguing associations. Is she trying to tell us something. If so what? Finally, can you understand Mr MG's claim that he is 'a trichlorinectic pilot' and 'Dr Johnson a giant'. Is this purposeful, meaningful speech or just the speech centre running aberrantly, out of control?

The challenge of psychopathology today

We began this chapter with the 'challenge of psychopathology'—to describe, define, differentiate, conceptualize, and classify the diverse and sometimes very unusual phenomena of psychiatric disorder. Jaspers' psychopathology is widely acknowledged as the basis of modern descriptive psychopathology. As we have seen, it has substantial philosophical foundations, drawn from the philosophical currents of his day. In the next two chapters we look further at the two main influences on Jaspers' work, phenomenology and the *Methodenstreit*. Our aim in this will be to gain a deeper understanding of Jaspers' psychopathology and how it drew on the philosophy of the time. By identifying and clarifying the 'history of ideas' behind Jaspers' work in psychiatry's first biological phase, we will be better equipped to take up the challenge of psychopathology today, the challenge of developing a psychopathology that, continuing Jaspers' foundationed work at the start of the twentieth century in psychiatry's first biological phase, builds on the rich resources equally of modern philosophy and of the neurosciences in psychiatry's second biological phase.

Reading guide

Karl Jaspers

Jaspers' *Allgemeine Psychopathologie* has recently (1997) been retranslated and published in two volumes by the Johns Hopkins University Press, as Jaspers, K. (1997) General Psychopathology. Translated from the German by J. Henry and Marian W. Hamilton with a new foreword by Paul R. Mc Hugh. Baltimore and London: The John Hopkins University Press.

In addition to *Allgemeine Psychopathologie*, and papers respectively on phenomenology and on causes/meanings as discussed in this chapter (and in more detail, respectively, in Chapters 9 and 10) key works by Jaspers include:

- Jaspers, K. (1962) *Kant: Leben, Werk, Wirkung*; translated as *Kant*, Vol. II of *The Great Philosophers*, trans. by R. Mannheim.
- Jaspers, K. [1920]. *Max Weber*. (Reprinted in *Rechenschaft und Ausblick*, 1951.)
- Jaspers, K. [1932] *Philosophie*, trans. as *Philosophy* (trans. by E.B. Ashton, 1969).
- Ehrlich, E., Ehrlich, L., and Pepper, G.B. (1986) *Karl Jaspers: Basic Philosophical Writings*.
- Jaspers, K. [1912]. *Zeitschrift fur die Gesamte Neurologie und Psychiatrie* (*The Phenomenological Approach in Psychopathology*, published in translation, 1968, on the initiative of J.N. Curran).

Jaspers: secondary publications

The historical continuities and discontinuities between Jaspers' time and our own, between psychiatry's first and second biological phases, and between its corresponding first and second philosophical phases, are the subject of Fulford *et al.*'s (2003) *Past Improbable, Future Possible*.

Berrios (1992) provides a critical analysis of the relationship between phenomenology, psychopathology and Jaspers work. Other secondary publications specifically on Jaspers and his work, include: Hoenig (1965) 'Karl Jaspers and psychopathology'; Schlipp (1981) *The Philosophy of Karl Jaspers*; Shepherd (1990) *Karl Jaspers: general psychopathology, conceptual issues in psychological medicine*; Schmitt (1986) 'Karl Jaspers' influence on psychiatry'.

Two useful sources on the relationship between Jaspers and Weber are Dreijmanis (1989) *Karl Jaspers on Max Weber*, and

Loewenstein (1965) *Max Weber's Political Ideas in the Perspective of our Time*.

(See also Reading Guide Chapter 9).

Phenomenology and psychopathology today

Building on the foundational work of Eugene Minkowski (eg 1927 and 1968), and his mentor, Henry Bergson (eg 1927), and others, modern exemplars of the phenomenological tradition in psychiatry include such seminal figures as Henry Ey (eg 1954) in France, Kimura Bin (eg 1992) in Japan, and Wolfgang Blankenburg (eg 1971) in Germany. An early modern collection highlighting the links between phenomenology and neuroscience is Spitzer *et al.* (1993). Bracken (1999a) provides a succinct review and his *Trauma: Culture, Meaning and Philosophy* (Bracken, 2002) draws on Heideggerian phenomenology in an explanation of the experience of trauma. *Nature and Narrative* includes many exemplars of modern phenomenological work in psychopathology: Kraus (2003) on classification, Morris (2003) on body dysmorphophobia, Musalek (2003) on delusions, Widdershoven and Widdershoven-Heerding (2003) on dementia, and Heinimaa, 2003, on incomprehensibility. Also in this series, see Phillips, J. (2004), Chapter 12 in Radden, J. (ed.) (2004), on explanation and understanding, and Schwartz, M.A. and Wiggins, O.P. (2004), Chapter 24 in Radden, J. (ed.) (2004), on phenomenological and hermeneutic methods: also Stanghellini's (2004) study of the phenomenology of schizophrenia *Deanimated bodies and disembodied spirits*; and the forthcoming textbook by Parnas, Sass, Stanghellini, and Fuchs, *The Vulnerable Self: the clinical phenomenology of the schizophrenic and affective spectrum disorders*.

Another philosopher working within the phenomenological tradition, Maurice Merleau-Ponty (1908–61), who was influenced by both Husserl and Sartre, has inspired new work in the philosophy of psychiatry, on the concept of mental disorder (Matthews, 2003), and specific areas of psychopathology— see, for example, work by Philpott, drawing on his own experience of dyslexia, in his 1998a paper in *Philosophy, Psychiatry, & Psychology* on 'A phenomenology of dyslexia', with commentaries by Komesaroff and Wiltshire (1998), Rippon (1998), and Widdershoven (1998), and a response by Philpott (1998b). Pringuey and Kohl's (2001) edited collection is illustrative of modern French phenomenology.

Other examples of what Petitot, Varela, Pachoud, and Roy (2000) have called 'naturalized phenomenology', include: Varela, Thompson, and Rosch (1992), Gallagher and Cole (1995), and Gallagher (1996) on body schema; Davis (1997) on positive features of dyslexia; and Parnas and Zahavi (2000) on the self. A contrasting cognitive approach is illustrated by a special issue of *The Monist* (1999) edited by Joelle Proust.

In *Philosophy, Psychiatry, & Psychology*, the Swedish philosopher, Frederik Svenaeus (1999a) has explored the phenomenology of alexithymia, with commentaries by Bracken (1999b), Philpott (1999), Sturdee (1999), Nissim-Sabat (1999), and a response by Svenaeus, (1999b); the Dutch philosopher, Guy Widdershoven (1999a), has applied hermeneutic concepts to issues of meaning and causation in cognitive psychology, with commentaries by McMillan (1999), Phillips (1999) and Warner (1999), and a response (Widdershoven, 1999b); the Canadian psychiatrists Mona Gupta and L.R. Kay (2002a) have explored the impact of phenomenology on North American psychiatry, with commentaries by Morley (2002) and McMillan (2002), and a response (Gupta and Kay, 2002b); and the Italian philosopher and psychiatrist, Giovanni Stanghellini has described work on the phenomenology of schizophrenia (2001a) with a commentary by the North American philosopher and psychologist, Louis Sass (2001a).

Sass (2001b) has also edited a Special Issue of *Philosophy, Psychiatry, & Psychology* on three classic approaches to the phenomenology of schizophrenia (Issue 8(4): December 2001). This includes new translations with commentaries of works, respectively, by Eugene Minkowski (Minkowski and Targowla, 2001: commentaries by Urfer, 2001; Naudin and Azorin, 2001; Stanghellini, 2001b; Pachoud, 2001), by the German psychiatrist and phenomenologist, W. Blankenburg (2001; commentaries by Mishara, 2001; Fuchs, 2001; Wiggins *et al.*, 2001), and by the Japanese phenomenologist and psychiatrist, Kimura Bin (2001: with commentaries by Cutting, 2001; Zahavi, 2001; Phillips, 2001). Louis Sass and the Danish philosopher, Joseph Parnas provided an 'overview and future directions' (2001).

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