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Debate

"High Level of Understanding" in Karl Jaspers and the Therapeutic Perspective: Discussion to the Article「The Basic Problems of the Psychopathology: Consideration on the Concept of "Understanding" in Karl Jaspers」by Takeshi Utsumi

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Abstract

"General Psychopathology" by Karl Jaspers deserves to be reevaluated in modern psychiatry, both for the better understanding of the patient's condition and for the treatment of the patient. The "existential communication" that Jaspers describes proposes a psychotherapeutic process that stands on "Das Unverständliche" for the patient and the doctor.

"Existential communication", which goes beyond individual psychotherapeutic techniques, aims to make the patient and the doctor to become free subjects of high quality. "Existential communication" can also be useful in palliative medicine for patients with cancer who confront dying. For Jaspers, "understanding" (Verstehen) and "empathy" (Einfühlung) are not the same thing, while "understanding" is regarded as a phenomenological method specific to "General Psychopathology". Jaspers' foremost concern when dealing with "understanding" (Verstehen) is psychopathological phenomena that are beyond scope of the empathy. He consistently remained on the horizon of "understanding", working based on phenomenological methods to achieve a higher level of understanding. In "General Psychopathology", Jaspers aimed to create a frame of reference that positively accepts psychopathological conditions that we are

not able to comprehend through "understanding", to open up a higher horizon of "understanding", and to lead to evidence specific to psychopathology. The most significant aspect of "General Psychopathology" in terms of "static understanding" is the task of creating descriptive evidence for the pathological phenomenon of schizophrenia, which is marked by incomprehensible speech and behavior.

Keywords: Karl Jaspers, psychotherapy, understanding (Verstehen), empathy (Einfühlung), descriptive evidence

Introduction

Recently, I read an article by Utsumi¹⁷⁾ published in *Psychiatria et Neurologia Japonica*, in which he made a scathing criticism of the monumental work "General Psychopathology" and it made me really disappointed. Psychopathology in Germany, France, and Japan has developed in various ways based on the framework of issues pioneered and presented by Jaspers, and has continued to do so to this day. The author himself also learned a great deal from Karl Jaspers, and has recently re-read some of his works and published articles on them.¹²⁾ He has discussed the significance of "General Psychopathology" and the "Einführung in die Philosophie" trilogy several times from his own viewpoint of problems.⁹⁻¹³⁾

Mr. Utsumi, an up-and-coming commentator on psychopathology in Japan, commented on Jaspers' psychopathology: "I don't feel much sympathy for it. I just feel

uncomfortable."¹⁷⁾ (p.546) I cannot help but be surprised that he expressed his emotional impression of Jaspers' psychopathology. To borrow his phrase, the author cannot help but feel uncomfortable with the Utsumi article because he does not feel sympathy for it. The understanding is too one-dimensional, with little mention of the outstanding aspects of Jaspers' psychopathology. As the traditional journal has published a critique of "General Psychopathology" with a tone that discards it, its influence is marked, so I am writing this debate article, knowing that it will be a rehash of what I have written so far.

Since its first edition in 1913,¹⁾ "General Psychopathology" has been published in many editions, and was published up to its ninth edition (1973).³⁾ The first edition was 338 pages, and the ninth edition was 748 pages, more than twice as many as the first edition, and the book became

increasingly thicker.

In terms of content, especially after the fourth edition (1946), the book became considerably more advanced, incorporating the results of the deep philosophical insights of Jaspers' philosophical trilogy: *Philosophische I - Weltorientierung*,⁴⁾ *Philosophie II - Existenzerhellung*,⁵⁾ and *Philosophie III - Metaphysik* (1932).⁶⁾

It is often said that Jaspers switched over from psychiatry to philosophy after about five years of clinical experience, but the marked development of his "General Psychopathology" shows that he was consistently a psychopathologist even after becoming a professor of philosophy.¹¹⁾

The first edition of "General Psychopathology" is easy to read because of its compactness and focus on clinical aspects of psychiatry. However, it is difficult to understand, as the author seems to have ended up leaving some issues to be discussed in the future. The subsequent "General Psychopathology" (5th ed., Japanese translation, volume 1, middle, and volume 2)²⁾ is filled with philosophical speculation, and its contents are appropriate for psychopathology as a "rigorous science," requiring considerable effort to read through it all. The author himself has not read the book in its entirety, and there are many parts that he does not understand. In

this book, the author presents for the first time the normal human condition, including "existential consciousness" and "ego-consciousness," and attempts to shed light on the pathology of psychosis using his own phenomenological anthropology as an auxiliary line.

In Mr. Utsumi's article, the first and fifth editions with Japanese translations are cited, but the major differences between the two editions are not referred at all, and the discussion proceeds. According to the contents, the criticisms seem to be more in line with the first edition. Since the concept of "understanding" is discussed, it would make sense to include the development after the 4th edition, but for some reason this is not done. I would like to focus on a few issues to discuss them. I would like to compare the first with fifth editions, if necessary. When quoting from the Japanese translation, I will supplement the terminology of the original text as necessary. Some translations that seem inappropriate under the present review have been partially revised.

I. Therapeutic Perspective and the Other in Jaspers

In order to understand the final argument of the Utsumi article, I will quote from the concluding part of the latter half of the article.

"本稿で、私はヤスパースの了解概念を換骨奪胎しようと試みました。それには理由があります。というのも、ヤスパースは精神病理学を学ぶうえにおいて、大きな障壁となっていると私自身が感じているからです。…(中略)…ただ、より重要なことは、それが臨床において、経験の可能性を広げるものとしては機能していないのではないかということです。"(In this paper, I have attempted to re-conceive Jaspers' concept of understanding. There is a reason for this. I feel that it is a major barrier to the study of psychopathology. ... However, more importantly, I feel that it does not serve to expand the possibilities of experience in clinical practice.)¹⁷⁾ (p.552)

As far as the author can understand, the ultimate point of criticism seems to be directed at Jaspers' lack of an "empathic" perspective and the absence of an appropriate therapeutic viewpoint or perspective. Traditionally, psychopathology has been criticized for its generally philosophical discourse, discussing only the esoteric and lacking a therapeutic perspective. Kisker, a German psychopathologist, once said that "psychiatrists philosophize" out of a sense of developing human knowledge as they are called upon to understand their patients in their encounters (Begegnung).¹⁵⁾ These words apply first and foremost to Jaspers. A glance at a

series of his works reveals his awareness of the problem of deepening human knowledge suited to the patient and contributing to treatment.

The first edition of "General Psychopathology" focused on understanding pathological conditions and did not present a clear therapeutic viewpoint. However, the fourth and later editions of the book clearly present a therapeutic viewpoint, based on philosophical speculation.

In Jaspers' treatment theory, the concept of "resistance" should be pointed out in advance. In Chapter 1, "病的精神生活の主観的現象(現象学)" (Subjective Phenomena of Morbid Mental Life [Phenomenology]) of the fifth edition of "General Psychopathology," the concept of "resistance (Widerstand)" is first presented in the section of "実在性の意識と妄想" (Existential Consciousness and Delusion). This is an excellent point that was not made in the first edition, and has a broad scope, as it holds that from the standpoint of phenomenology, it is resistance (Widerstand) that imposes reality on things and events external to oneself. It is important in terms of understanding others above all, and shows the attitude of considering the other first and foremost as "resistance" to the self. The "other" in this case is undoubtedly the patient. Some parts are quoted below.

"現実的なもの (Wirklichkeit) は我々に抵抗を及ぼすものである" (The real [Wirklichkeit] is that which resists us.)
2) (vol.1, p.143, original p.79)

"抵抗とは、我々の身体の運動を阻止するものであり、努力と願望の直接現実を妨げるものすべてである。" (Resistance is everything that prevents the movement of our bodies, everything that hinders the direct reality of our efforts and desires.)²⁾ (supra p.143, original p.79)

"抵抗に抗して目的を遂げることや、抵抗に面して挫折することは、即ち現実の経験を意味する。" (To achieve one's goal against resistance or to be frustrated in the face of resistance implies a real experience.)²⁾ (supra p.143, original p.79)

These insights may be understood as follows.

The things that prevent our body from moving are surrounding things, such as stones and mountains, other people in general, and for the doctor, the patient is "resistance." It is certainly an important experience for the patient to be reminded that he or she cannot do what he or she wants in the face of these things and other people, and to know the reality of the external world. Such an experience of resistance (as the author calls it) should also lead to an awareness of one's own reality.

If we think about the growth of children, there are numerous setbacks,

such as crying when they hit their heads on a desk and feel pain, or crying when they beg their parents for something and the parents tell them that their desires are not being met. Through these setbacks, children learn about reality, and their sense of themselves as subjects may grow. Parents often become angry and tired when their children do not behave as they wish, and this is how they grow as mothers and fathers.

However, since the experience of resistance is discussed in the section "実在性の意識と妄想" (Existential Consciousness and Delusion) in "病的精神生活の主観的現象 (現象学)," (Subjective Phenomena of Morbid Mental Life [Phenomenology]) the main focus of the discussion is actually on the patient's primary delusional experience. In the face of the patient's confusing narratives and behavior, the doctor (Jaspers first of all) initially encounters an irresistible "resistance" that prevents him from understanding even if he wants to. The "resistance" consists of a high intensity of reality. At the same time, the doctor (Jaspers) is considered to generate a high intensity of "self-confidence." The author is not the only one who has this experience with patients in the acute phase of schizophrenia.

According to the idea of "resistance," that "what is real exerts resistance on

us," and "resistance is anything that prevents the movement of our bodies, anything that prevents the direct reality of our efforts and desires," Jaspers himself must have experienced "resistance" when he came into contact with the patients' stories and behavior, which he could not relate to and did not immediately understand." Although the author is still unable to understand the viewpoint of "empathy" which Mr. Utsumi advocated, it may not be misguided to approach the "resistance" in the sense of Jaspers, which emanates from the patients.

Utsumi denounces the existence of an "acrylic plate" between doctor and patient that inhibits treatment, and a "障壁 (barrier)" that is a serious obstacle "to learning psychopathology."¹⁷⁾ (p. 546, p. 552) Again, to say it without worrying about being misunderstood, "acrylic plates" and "barriers" are aspects derived from what Jaspers calls "resistance." If empathy and "empathy" are completely opposite in direction, I think it is important to confirm that there is an "experience of resistance" between oneself and others, which is a fundamental barrier, in the treatment taking place before that. Jaspers does not see the other in front of him as a being that he can easily understand. He may assume a relationship with an inner "resistance" that is fraught with tension. This view may be a helpful

event in the issue of "empathy."

In the last chapter of the fifth edition of his book, entitled: "人間存在の全体" (The Whole of Human Existence), Jaspers describes his own form of psychotherapy, "実存的交流" (existential interaction).

"医師对患者の関係の最終のものは実存的交流 (Die existentielle Kommunikation) であり, これはすべての治療を, 即ちすべての企画されたものや組織的に作られたものを凌駕する." (The finality of the doctor-patient relationship is the existential exchange, which surpasses all treatments, i.e., all planned or organized ones.)²⁾ (partially translated, author's additions in parentheses, lower volume p. 363, original p. 668)

"そのときには, すべての治療は, 可能な実存 (Exisistenz) に立って生きる理性的存在としての自己自身 (Selbst) から自己自身 (Selbst) への共同体によってとり入れられ, 且つ制限される." (All treatment is then taken up and limited by the community of the self to itself as a rational being living a possible existence.)²⁾ (partially translated by the author, author's additions in parentheses, vol. 2, p. 363, original p. 668)

"医師と患者は二人であり, それは運命をともにする伴侶である。医師は単なる技術者でも権威でもなくて, 実存に対する実存であり, 他者とともに移ろいやすい人間という存在であり, もはや究極の解決はない." (The doctor and patient are two persons, companions who share a common destiny. The doctor is not a mere

technician or authority, but an existence to an existence, a human being who, together with others, is malleable, and for whom there is no longer an ultimate solution.)²⁾ (vol.2, p.365, original p.668)

Those passages describe phases in which both the therapist and patient interact (Kommunikation) with each other in an encounter (Begegnung) as a single, irreplaceable entity. The term "実存" (existence) refers to the state of man as a free individual who is not reduced to a social status or role. Beyond individual psychotherapeutic techniques such as hypnotherapy, psychoanalytic therapy, and cognitive-behavioral therapy, the therapist and patient interact verbally and non-verbally as equal partners. It is believed that not only the patient but also the therapist has the potential to reach a higher state of being. In fact, the author, who has been practicing psychiatry for more than 46 years, has recently been having more and more intense moments of existential interaction not only with patients diagnosed with neurosis, but also with patients diagnosed with schizophrenia and other disorders. Reading this passage again this time, I literally felt the same way.

These intense encounters with patients are very meaningful because they point us in the direction of interviews that focus on the "indomitable spirit," free from illness,

not on illness. Existential interaction should be re-evaluated in psychiatric interviewing in today's cognitive science-dominated and over-medicalized medical field. Moreover, as the author himself has experienced, existential interaction is also required in the field of palliative care for cancer patients who are facing death. In this sense, existential interaction has the implication of broadening the horizon by "expanding the possibilities of experience" in clinical practice. Whether it is psychotherapy with certain explicit methods, such as cognitive-behavioral therapy or psychoanalytic therapy, or supportive psychotherapy that facilitates on-the-spot consultation, an existential encounter may be implicitly in operation as long as the patient and therapist are individuals.

The Utsumi article argues that Jaspers does not have a perspective on empathy, but I believe that a higher order of empathy is generated when the patient and therapist engage in existential interaction in a community.

Furthermore, the existential interaction advocated by Jaspers is backed up by his philosophy. In fact, when describing existential interaction, he states as follows, which indicates that his idea of "Das Transzendenz" (the transcendent) is the basis for the concept of existential interaction:

"実存は、人間において...もともとく超越なるもの(Das Transzendenz) >によって設えられたもので、実存はく超越なるもの >から授られるのだ..." (Existence is originally set up by Das Transzendenz in man, and existence is given by Das Transzendenz...) ²⁾ (partially translated by the author, p. 366, original p. 668)

"Das Transzendenz" is one of the key concepts in Jaspers' philosophy, and is difficult to understand. In a word, it is the "unintelligible" that is crucial to the human subject, and can be heard through the medium of a code (Chiffre) in which "divinity is manifested." In my opinion, we can think of it as a concept derived from the deconstruction of God in established religions.

In this way, we can see that in existential interaction, beyond or before the techniques of individual psychotherapy, a psychotherapeutic process is operating implicitly on the basis of the "unintelligible" for both the patient and doctor, generating each other into free agents of high quality.

The Utsumi article closes as follows by pointing out the existence of the "other as a frontier," which is characterized as "including the unintelligible."

"他方, frontier としての他者とは, 地平のようなものです。こちら側に包摂しようとする試みの向こう側に逃れます。そのため, つねに了解できないものを含むのですが, まさにそれゆえに他者として存在しています。同時にこの他者は, われわれに問いか

けてきます。地平の向こう側からやってくるのです。" (On the other hand, other as a frontier is like a horizon, escaping to the other side of the attempt to be included in this side. Therefore, it always contains the unintelligible, and it is precisely for this reason that it exists as the other. At the same time, this other asks us questions. It comes from beyond the horizon.) ¹⁷⁾ (p.552)

It is interesting to note that the "other as a frontier" is said to be "like a horizon that escapes beyond our attempts to include it, and thus always contains the unintelligible." The author has a personal impression that this argument may have something in common with Jaspers' idea of "Das Transzendenz" (the transcendent), which is unintelligible. What do you think?

II. The "Unintelligible" in Genetic Understanding

Now, I would like to discuss "Jaspers' concept of understanding," which is also the subtitle of Utsumi's article. I believe that the major problem lies in the oversimplification of the concept of understanding that forms the basis of the method of "General Psychopathology."

"ヤスパースの枠組みのなかでは、「了解」が限界に突きあたると「説明」に席を譲ることになります。ここから先は, 主に身体的なものの領域ということになります。" (Within the framework of Jaspers, when

"understanding" reaches its limits, it gives way to "explanation." From here on, it is primarily the domain of the physical.)¹⁷⁾ (p.547)

In the first edition, the argument was "存在する脳の病的過程の結果と解する" (interpreted as the result of pathological processes that exist in the brain)¹⁾ (p.181), and was certainly as simple as pointed out. In the 5th edition, however, a major addition was made.

In Part 1, Chapter 1, entitled: "病的精神生活 (Seelenleben) の主観的現象 (現象学)" (Subjective Phenomena of Morbid Mental Life [Phenomenology]), "static understanding" is the subject, followed by "genetic understanding" in Part 2, entitled: "精神生活の了解関連 (了解心理学)" (Understanding of Mental Life [comprehensive psychology]). This framework is basically the same, stating that when one pursues understanding and encounters the limit of the "unintelligible," "因果関連によって把握すべきである" (it should be grasped by causal association).²⁾ (vol. middle, p.10) So far, it is the same as in the first edition. In the fourth edition, however, a new viewpoint, "Das existentielle Verstehen" (existential understanding), was proposed with regard to unintelligible phenomena, as follows:

"他方においては、了解不能なもの (Das Unverständliche) は 了解可能なものの源泉 (Der Ursprung des Verstehbaren) とし

て了解しうる以上のものである。実存の無制約的なもの (Unbedingt) の中からこれを掴みとるならば、それは了解可能な生成するもの (verstehbar Werdende) として自己を開示する。" (On the other hand, the "unintelligible" [Das Unverständliche] is more than comprehensible as the source of comprehensible things [Der Ursprung des Verstehbaren]. If we grasp it out of the unconstrained [Unbedingt] nature of existence, it discloses itself as an intelligible generating thing [verstehbar Werdende]).²⁾ (Partially translated by the author, author's additions in parentheses and underlined, vol. middle, p. 10, original, p. 256)

This is a speculation at an extremely high level of abstraction. In short, it is a discussion of the horizon that leads to comprehension by raising the possibility of understanding events that would normally be considered unintelligible. The view that what is unintelligible is, in the extreme condition, a being that is generated as understandable (verstehbar Werdende), is a stance that sees the patient as an existential being that emerges. The idea that psychotic morbid experiences are understandable is regarded as a higher-order genetic understanding. In his "General Psychopathology," Jaspers introduces the results of his work "Strindberg und Van Gogh,"⁷⁾ and shows his attitude of recognizing the very

understandable generative existence (verstehbar Werdende) in the works of geniuses who fell into psychosis, such as Van Gogh and Helderlin. Such a higher genetic understanding could be applied to many individual cases of psychosis.

In his "General Psychopathology," Jaspers' aim was not to attribute the unintelligible to physical changes and be satisfied, but to create a compliant framework that accepts unintelligible psychopathological events in a positive manner, open up a broader horizon of understanding, and provide evidence that is unique to psychopathology. In this sense, Jaspers was the founder of psychopathology.

III. Static Understanding

In the Utsumi article, static understanding is described as follows:

"First of all, let us look at static understanding. According to Jaspers, it is '相手のなかに心を移し入れ, まざまざと描き出すこと' (to transfer one's mind into the other person and draw him or her out in a vivid manner). In this process, he claims to be applying the method of phenomenology, but what he is actually practicing is empathy (Einfühlung)."¹⁷⁾
(p.547)

Mr. Utsumi asserts that understanding in "static understanding" is equal to empathy, but

is this really the case?

As already mentioned, static understanding is a key concept in Part 1, "病的精神生活の主観的現象(現象学)" (The Subjective Phenomenon of Morbid Mental Life [Phenomenology]), in the fifth edition of "General Psychopathology." The first edition is no different, and the introduction outlines "understanding" as a "special way of approaching the pathological mental life (Seelenleben)" of the patient.

"精神生活の個々の側面がわれわれに見えてくるような特別なやり方でやっいてこう。" (Let us do it in such a special way that individual aspects of mental life become visible to us.)¹⁾ (p. 20, original p. 8)

Regarding this "special way," he states:

"精神病理学でわれわれの研究の基礎となるものは、(患者の)感覚的に知覚できる表情や行動と、(患者が)言葉でいいあらわしたものを通じて了解され(verständene), われわれの心に描き出される精神生活(uns zu vergegenwärtigende Seelenleben)である。" (The basis of our research in psychopathology includes the patient's facial expressions and actions, which can be perceived by our senses, and the mental life (uns zu vergegenwärtigende Seelenleben) that is understood (verständene) and depicted in our minds through what the patient expresses in words¹⁾ (author's additions

in parentheses, p. 24, original p. 12)

There is no term of empathy here, but it is simply understood (*verständlich*) and depicted (*vergegenwärtigen*) in our minds. It seems to me that the task of Jaspers is to comprehend the mental life of the patient (*Seelenleben*), which is beyond the reach of the psychological concept of empathy.

In the introduction to the fifth edition, the fundamentals of psychopathology are formulated as follows:

"心を学問的に捕捉する第一歩は、ある体験された現象を分離し、限定し、区別し、記述することであって、現象はこれによって明瞭に心に描き出され (*vergegenwärtigt*)、一定の表現によって規則正しく命名される。" (The first step in capturing the mind academically is to separate, limit, distinguish, and describe certain experienced phenomena. Then, the phenomena are clearly depicted (*vergegenwärtigt*) in the mind and regularly named according to certain expressions.)²⁾

(partially translated by the author, author's additions in parentheses, vol. 1, p. 38, original, p. 22)

"こうして我々は諸種の妄覚、強迫現象、人格意識や欲求などを記述する。" (Thus, we describe various kinds of delusions, obsessive phenomena, personality consciousness, and desires.)²⁾ (vol. 1, p. 38, original p. 22)

In short, in "separating, limiting, distinguishing, and describing experienced phenomena," pathological phenomena are "clearly depicted in the mind (*vergegenwärtigt*) and named in a regular manner with certain expressions. It seems to the author that through this process, Jaspers explores the possibility of a static understanding of pathological phenomena.

In the chapter entitled: "精神生活の主観的現象 (現象学)" (Subjective Phenomena of Morbid Mental Life [Phenomenology]) at the beginning of Part I, "精神生活の個々の事実" (Individual Facts of Mental Life) in the 5th edition, the concept of static understanding is discussed in detail, including psychotic experiences. One specific example is given.

The psychiatrist's initial contact with the primary delusional experiences characteristic of the acute phase of schizophrenia is honestly described as follows:

"「一次妄想体験を究めようとする」と「我々は自分が全然知らぬ体験様式は、明白に直観的に自分の心に思い描き出せない (*nicht anschaulich vergegenwärtigen*) ものだということに気づく。" (When we try to master the primary delusional experience, we find that the mode of experience, which we do not know at all, is not clearly intuitively conceivable in our own minds [*nicht anschaulich*])

vergegenwärtigen])."²⁾ (partially translated by the author, vol. 1, p. 148, original p. 83)

"把握できないもの、直観的にわからないもの、了解できないものの大きな残部はいつまでも残っている。それにも拘わらずこの試みは行われてきた。" (The great remnant of the ungraspable, the intuitively unknowable, the unintelligible, will always remain. Nonetheless, this attempt has been made.)²⁾ (vol. 1, p. 148, original p. 83)

A patient with delusional moods is cited as an example of a primary delusional experience.

"『何か起こっています。ぜひ教えてください。一体何が起きているのでしょうか』とザントベルクのみた一人の女の患者は夫に訴えた。一体何が起こりなどするのかと尋ねられて患者はこういった。『私にはわかりません、けれどもやっぱり何かが起こっています』" ("Something is happening. Please tell me what's going on. What in the world is going on?" A female patient in Zandberg complained to her husband. When asked what was going on, the patient replied: "I don't know, but something is surely going on.")²⁾ (vol. 1, p. 148-149, original p. 83)

This can be seen as a self-description of a particular quality of experience that approaches imminence. Jaspers continues his argument as follows:

"環界に新たな意味を見いだすというこの妄想的な現実性の体験の心理的意義を心に描き出そう (vergegenwärtigen). " (Let us draw in our minds the psychological significance of this delusional experience of reality in which we find new meanings in the Umwelt [vergegenwärtigen].)²⁾ (partially translated by the author, author's additions in parentheses, upper volume p. 150, original p. 83)

In this phase, "意味が無媒介に(自分に)押し付けられ迫ってくることを知る (Das unmittelbar sich aufzwingende Wissen von den Bedeutungen)" (knowing that meaning is imposed on (oneself) unmediated and is approaching (Das unmittelbar sich aufzwingende Wissen von den Bedeutungen)," is the primary delusional experience. This is thought to have made it possible to some extent to "心理的意義を心に描き出す (draw the psychological significance [vergegenwärtigen])" of primary delusional experiences in the mind. It can be said that the level of understanding was raised for the "large remnants of what could not be understood" that other psychiatrists had tried to understand until then. This understanding seems to have been made possible by Jaspers' specialized psychopathology and philosophical background.

The author's complement to this work is that the doctor (first of all, Jaspers)

was able to draw in his mind that "the patient does not know the meaning or content, but knows that the meaning itself is approaching him unmediated, as if it is being imposed on him. The attempt to "draw the psychological significance in the mind" can be seen as a process of drawing an unintelligible event in the mind.

Then, in light of the clinical situation in which we have just seen as a primary delusional experience, we should be able to distinguish, although Jaspers does not clearly state it, two stages in the work of understanding.

The first is (i) the "not intuitively depictable" stage, in which "one realizes that it is clearly not intuitively depictable to his or her mind. It should be an event that one cannot empathize with, but it is only stated that one cannot picture it in one's mind, and there is no mention of empathy. The next stage is (ii) in which one comes to the understanding that "knowing that meaning is imposed on (oneself) unmediated and is approaching, is a primary delusional experience. In the first stage, from the perspective of the layman or beginner, and in the second stage, from the perspective of the phenomenologist, it becomes possible to "picture in the mind" (vergegenwärtigen) the "unintelligible" at a higher abstract level from the phenomenological viewpoint, and this

can be called static understanding. This is higher-order static understanding. If we are talking about intuition, we can say that events that could not be simply intuited on an emotional level from the perspective of a layman or beginner at the first stage, can be intuited at a higher level from the perspective of a phenomenologist at the second stage through the knowledge of phenomenology. With this view, the author believes that the empathy described by Jaspers, and that described by Mr. Utsumi, can be interpreted as belonging to a simple intuition at the level of natural emotions.

In the first edition of "General Psychopathology," the author also gave an example of a primary delusional experience: "Something is happening. What the hell is going on?" and "I don't know what is happening, but something is surely happening," which is named "意味妄想 (Bedeutungswahn)" (delusion of meaning).¹⁾ (p.65,68, p.46, 48 in the original) However, this is not elaborated on from a higher perspective. Only in the fourth edition is there a higher static understanding of primary delusional experiences.

The term "意味体験" (semantic experience) is newly proposed as "一次妄想体験はすべて意味体験 (Erleben von Bedeutungen)である" (all primary delusional experiences are semantic

experiences [Erleben von Bedeutungen])²⁾ (vol. 1, p. 157, original p. 86), and primary delusional experiences are comprehensively regarded as "semantic experiences," and defined as: "動機なしに、精神生活 (Seelenleben) の関連のなかへ (内容不明な意味が) 侵入して、意味 (Bedeutung) が現れる" (Meaning [Bedeutung] appears without motive, as meaning of unknown content intrudes into mental life [Seelenleben] related.)²⁾ (author's additions in parentheses, p. 157 in vol. 1, p. 87 in the original) This is the first stage of delusional perception, an absolute experience that some kind of meaning is being directed toward oneself, although its content is unknown. This is a perfect higher-order static understanding of the primary delusional experience.

Jaspers does not use the expression "higher-order understanding" as just described in the context of static understanding. However, as long as the "心に描き出す (vergegenwärtigen)" processing (drawing out in the mind) of the "unintelligible" events such as the primary delusional experience has been done successfully, it should be possible to be taken as a higher-order static understanding. Many of the various phenomenological psychopathologies that have made marked progress in Germany and Japan aim at higher-order understanding of both static and genetic understandings, and this method has its origin in Jaspers.

Utsumi's view, in which: "he claims to be applying the method of phenomenology, but what he is actually practicing is 'empathy (Einfühlung)'"¹⁷⁾ (p. 547), does not distinguish between the first stage, understanding based on naive intuition in the layman's or beginner's view, and the second stage, higher-order understanding through phenomenological methods, as can be clearly seen in the example of the primary delusional experience. Therefore, it seems that the significance of higher-order understanding, such as the occurrence of an event in which one "knowing that meaning is imposed on (oneself) unmediated and is approaching," is not taken into consideration at all.

There is something sharp in the understanding of "knowing that meaning is imposed upon [oneself] unmediated and is approaching. The "unmediated" event that this expression refers to is a unique event that deserves to be understood in the double sense of "unmediated knowledge of this situation" in addition to "unintelligible meaning being imposed on the patient unmediatedly." This understanding of the occurrence of a peculiar event concerning "meaning" has certainly deepened the psychopathological understanding of primary delusional experiences. This is due in no small part

to the intellectual intuition of Jaspers.

In "General Psychopathology," two terms are used for understanding: "vergegenwärtigen (mental picture)" and "einfühlen (emotional involvement)."

However, "vergegenwärtigen (emotional involvement)" is overwhelmingly used.

In the introduction of the first edition, it is clearly stated that: "精神病理学者の志すところは、体験することとか感情移入すること(Einfühlen)とか洞察すること自体ではない" (the aim of the psychopathologist is not to experience, to empathize [Einfühlen], or to gain insight itself).¹⁾

(underlined by author, p.13, original p.1) It can be seen that in the first edition of the book, he has already set his sights on approaching events that he cannot empathize with.

Furthermore, he states: "精神的なもの (Seelisches)を見、その豊かさをそのまま心に描き出す (vergegenwärtigen) 能力と好みがあれば、精神病理学をやることはできない" (You cannot practice psychopathology unless you have the ability and taste to see the spiritual [Seelisches] and draw its richness in your mind [vergegenwärtigen] as it is.)

¹⁾ (underlined by author, author's additions in parentheses, p. 26, p. 12 in the original)

Thus, when Jaspers refers to understanding, his primary concern is not so much empathy as it is a daring attempt to "vergegenwärtigen" (draw in one's mind) psychopathological

phenomena that cannot be understood based on phenomenological methods.

For Jaspers, understanding and empathy are not the same, and we can see how he distinguishes "understanding," which is a method unique to phenomenology, from "empathy," which is positioned at the psychological level. "Understanding" may refer to the work of "drawing in the mind" by intuition based on the phenomenological method, with emphasis on psychotic experiences that cannot be intuited at the emotional level; in other words, those that prevent empathy.

Utsumi describes Jaspers' response to an unintelligible event as follows:

"さっぱりわからないこと[言っていることはわかるが、それがどのようなものか思い浮かべることができず、類推や比喻によってのみ理解され、その了解不能性から受ける衝撃によって気づかれること(させられ体験など)]" (Something that is completely unintelligible [something that one understands but cannot picture what it is like, is understood only by analogy or metaphor, and is realized by the shock of its unintelligibility (such as delusion of control)]).¹⁷⁾ (p.547)

This view is apparently not based on the text as written by Jaspers, but rather on a combination of fragmentary quotations by Utsumi. The author felt a

strong sense of discomfort with the statement introducing Jaspers' theory by saying that unintelligible pathological phenomena can be "類推や比喻によってのみ理解される (understood only by analogy or metaphor)"

The concluding section of the first edition of "General Psychopathology," Part 1, "病的精神生活の主観的現象(現象学)" (Subjective Phenomena of Pathological Mental Life [Phenomenology]), is entitled: "感情移入可能及び不能の精神生活(自然な精神生活と分裂性の精神生活)" (Empathic and Unempathic Mental Life [Natural and Schizoid Mental Life])," and it describes the delusion of control in those who suffer from schizophrenia, comparing and contrasting it with the phenomenon of obsession, and pointing out their marked qualitative differences. It is indeed stated there as follows:

(In delusion of control) "その性質が全体として変化した精神生活は負の意味でしか、また比較(Vergleich)によってしか想像できない" (a mental life whose entire nature has been changed can only be imagined in a negative sense and by comparison [Vergleich]).¹⁾ (partially translated by the author, author's additions in parentheses, p. 117, p. 90 in the original)

The phrase: "unintelligible psychopathological phenomena can only be imagined by comparison with compulsions, etc.," is from the first

edition of General Psychopathology. However, even in the first edition, the author was willing to approach the phenomena by the method of phenomenology.

As I have just discussed with regard to primary delusional experiences, the fifth edition attempts a higher-order of understanding that is different in quality from "analogy and metaphor." As for the experience of the delusion of control, the section on famous "ego-consciousness" is provided, which discusses the understanding of delusion of control as a transformation of the ego's "active consciousness" and "execution consciousness."²⁾ (p.185-199 in the upper volume, p.101-109 in the original)

Through this phenomenological understanding of ego-consciousness, we may be able to "picture in our minds" the delusion of control. In this way, we can say that a higher-order static understanding of the delusion of control has been achieved.

In the first edition, the last part of Part I, "病的精神生活の主観的現象" (Subjective Phenomena of Morbid Mental Life), was entitled: "感情移入可能及び不能の精神生活(自然な精神生活と分裂性の精神生活)" (Empathic and Unempathic Mental Life [Natural and Schizoid Mental Life]), but there is no such section in the fifth edition, and the attitude is no longer based on whether empathy is an important point.

If we are to comply with the 5th edition, the view that empathy = understanding must be modified. In the broad framework of the Japanese translation of the 5th edition, which is divided into three volumes, (i) the first volume, which deals with the description of psychopathological phenomena, focuses on higher-order static understanding, (ii) the middle volume, which deals with the general framework of pathological psychopathology, focuses on higher-order genetic understanding, and (iii) the last volume is devoted to a treatment theory based on the "whole of human existence," including philosophical understanding, and is very carefully organized. Rather than immediately reducing the "unintelligible" to a physical problem, Jaspers may have broadened the scope of understanding considerably and consistently remained on the horizon of understanding in his unflinching considerations.

Conclusion

In the Utsumi article, there is no mention of words Jaspers uses to emphasize static understanding, i.e., the technical terminology used to describe it. In terms of the types of mental disorders treated in "General Psychopathology," the greatest emphasis is placed on schizophrenia, which is considered to be unintelligible.

Jaspers' achievements in describing the delusion of meaning, pathological sense of presence,⁸⁾¹⁶⁾ and the delusion of control are significant. Going back to the introduction of the first edition, he simply states that psychopathology aims at: "概念において表現されうるもの (das in Begriffen Ausdrückbares), 伝えうるもの (das Mittelbare), 何かの関係があることがわかるもの" (what can be expressed in concepts [das in Begriffen Ausdrückbares], what can be communicated [das Mittelbare], and what can be seen to be related to something.)"¹⁾ (partially translated by the author, author's additions in parentheses, p. 14, original p. 1) The words "概念において表現されうるもの" (what can be expressed in concepts) and "伝えうるもの" (what can be communicated) clearly indicate that psychopathology must not remain a virtuoso art, but must move toward the establishment of an objectivity that allows others to comprehend psychopathological phenomena as accurately as possible in words, as emphasized in the introduction to the first edition.

The starting point is the task of describing pathological experiences "by naming them in a regular and consistent manner using certain expressions." Without fear of being misunderstood, the descriptions in psychopathology seem to have an aspect similar to the ancient practice of seeing

the constellations Cassiopeia and Orion in the star-filled sky, although only to a limited extent. In this way, we can accept delusions of meaning, pathological sense of presence, and delusions of control as descriptive evidence with a certain universal validity.

In the introduction to the fifth edition, the specific methods that form the basis of clinical psychiatry are clearly stated as follows:

"心的現象と状態を我々の心中に描き出し、それを限定し、常に不動な一つのものを意味する概念とすることが現象学の任務である。" (It is the task of phenomenology to picture mental phenomena and states in our minds, and to limit them to a concept that always signifies one immovable thing.)²⁾ (underlined by author, supra p. 38, original p. 22)

From the author's point of view, the task of phenomenology, which is "to limit them to a concept that always signifies one immovable thing," was to pursue a higher-order understanding that has a certain universal validity in terms of both static and genetic understandings from the problem of understanding. The author believes that the most significant aspect of "General Psychopathology" is that this is the work that began the process of developing descriptive evidence for the pathology of schizophrenia, which is characterized by unintelligible speech

and behavior.

Inexperienced physicians may feel bewildered, confused, and anxious when confronted with behaviors and actions that they "can't picture" and "have no idea what they are." It is not good for a physician's mental health to be unarmed when dealing with patients. In such situations, it is advisable for the physician to learn schizophrenic language.¹⁴⁾ I believe that Jaspers' static understanding is an essential introduction to schizophrenic language. It is not easy to empathize with a patient in the midst of psychotic experiences. It is necessary to have a certain amount of linguistic equipment beforehand.

Utsumi's comment that "感情移入とエンパシーは全く方向が違う" (empathy and 'empathy' are completely different)¹⁷⁾ (p.547) does not seem to make much sense, since the unsympathetic event is the subject that Jaspers is most interested in. "Empathy," as well as empathy, is psychological terminology. "General Psychopathology" attempted to approach the pathology of mental disorders by the method of phenomenology, departing from the psychological method. The Utsumi article is positioned as a "reinterpretation" of "General Psychopathology," but it seems to me that the grasp of psychopathological phenomena based on phenomenology

and existential philosophy, which is the essence of Jaspers' work, is somehow overly psychologized.

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