



ORIGINAL ARTICLE

1913-2013: one hundred years of General Psychopathology

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2013 sees the centenary of Jaspers' foundation of psychopathology as a science in its own right. The general sense of the General Psychopathology and its specific contribution are discussed. In particular, the lecture focuses on three major contributions: the methodological import (Jaspers perspectivism), the importance to study subjective experiences scientifically (Jaspers' phenomenology), and the concept of understanding. Three psychiatrists with partly different theoretical background discuss with the members of the Roman Circle of Psychopathology questions like: the specific historical and theoretical features of early Twentieth Century culture, science and psychiatry in Germany; Jaspers' relationship with other great thinkers of his time (Freud, Husserl, Heidegger, Kretschmer); the reception of the General Psychopathology in different countries; and the importance and limitations of Jaspers' approach for nowadays psychopathology.

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E. Rosini One hundred years ago the “Allgemeine Psychopathologie” by Karl Jaspers (1913) was published and since then it has become a point of reference for psychiatrists all over the world. Today the post-modern *Zeitgeist* rejects the great cultural systems, like Marxism or Psychoanalysis, which influenced the last century, on account of their being global, rigid, non resilient, infallible and inadaptable to circumscribed operating contexts. In this respect Jaspers can be considered a topical scientist. He was a philosopher rather than a psychiatrist. Paying attention to “possibilities” rather than to “certainties”, he used different epistemological approaches in Psychopathology, except for the absolute rejection of Psychoanalysis and the theories of the Unconscious.

Jaspers' Psychopathology is a cultural point of view, open to different clinical methods and backgrounds of knowledge. It attempts to deal with both perspectives of “Dilthey's dichotomy” between the “Sciences of Nature” and the “Sciences of Spirit”. Jaspers believes in Husserl's Phenomenology in terms of the need to “return to the things themselves”, giving up any explanatory theories in order to reach a pure descrip-

tion of the phenomena. “Understanding” means the inner intuitive knowledge of the phenomena in which the Spirit reveals itself. “Explaining” means the knowledge from the outer perspective, looking for the causes and the objective relationships between things. Using an empirical approach and the intuitive “understanding” of the patient's personal experiences, Jaspers built up what he called the “Subjective Phenomenology”, a new clinical method.

This new way of understanding the patient consists of, more or less, “putting yourself in the patient's shoes”, throbbing with the patient's feelings, trying to objectify and criticize the pathological patient's experience. Jaspers thinks that the goal of psychopathology is the study of the abnormal, real, conscious psychic experience: what patients feel (“Erleben”) in different psychic dimensions, how these experiences appear and come out.

Jaspers claims that phenomenological knowledge is not based on scientific illations: theoretically deducing what the patient should experience is a mistake through which you will never get the true “vision” of the patient's experience itself; moreover, this is not Phenomenology.

Bearing in mind that the patient's experience is not a reasoning but a feeling: I can feel another person, who is related to me but is not me, who is experiencing a specific feeling. In this way, the object of knowledge is my feeling: an implicit knowledge, a kind of "always known" knowledge based on the use of the metaphorical meaning of language, which does not mean the rejection of other kinds of approaches in psychiatry. It is fundamental to contact, and to keep in contact with, the so called "You" in order to find a way to help the person in front of you, the "psychotic", who needs to tell and to rebuild his history and to narrate his biography, in a way which is very close to the psychoanalytic methodology.

At the end of the Nineteenth Century the crisis of Positivism brought about the achievement of Existentialism. By means of Husserl's and Dilthey's philosophy, "Life", as Jaspers said, entered the psychiatric exegesis, and the symptoms began to have a "meaning" arising from the patient's biography. Jaspers claims that a dialectic comparison between clinical "psychological understanding" and "causal explanation" are necessary. He is well aware of the risk of transforming the patient into an "object" when trying to study him.

Jaspers studied in Heidelberg, at the school of the ingenious Emil Kraepelin. Nissl was his "beloved teacher". He supported the Kraepelin revolution in nosography. (the sixth edition of the "Handbook of Psychiatry" was published by Kraepelin in 1899, and still continues to be a reference for today's nosography, as in the DSM) and in clinical research (the search of the "Disease Unity", i.e. of a coexistence of all the aspects of a disorder, performed exactly as medical clinicians do, even if in psychiatry some of them will never be known). It is a diagnostic construction close to what a "Structuralist" would do in different fields. Kraepelin was a pupil of Wundt, founder of the "Experimental Psychology", who was devoted to the study of the elementary psychic processes. Kraepelin tried to "comprehend" the patient's problems in a precise period of life in order to give them a "meaning" within the whole life span. In the same period of time other clinicians were studying the correlations among

mental symptoms, neurological signs, and the results of autopsy.

Jaspers firstly paid attention to the patient's biography as a way to look for the origin of the symptoms in relation to specific life events. The over-time patient clinical evolution and outcome observation is, more or less, what Kraepelin did studying the patient for years before giving a specific diagnosis.

At the beginning of the Twentieth Century there were two important schools of Psychiatry in Europe. The first was in Heidelberg, where the revolution in psychiatry grounded on the "conscious" approach began. Having Kraepelin as its reference model, this approach involved in teaching and research activities Kahlbaum, Hecker, Nissl, Ahlzeimer, and subsequently Schneider and Huber. The other school was at the Burghölzli Hospital in Zurich, led by Bleuler, who was helped by Jung, Abraham, Binswanger, Minkowski, Meyer and, subsequently, Rorschach and Piaget. Even though Bleuler believed in a biological origin of schizophrenia, he radically changed the conceptualization of psychopathology by importing the Freudian theories about the unconscious.

At Heidelberg, Jaspers maintained the psychopathology and nosography of Kraepelin, even though Jaspers paid more attention to the "feelings" and the "meanings" of the patient's human experience. Sometimes "feelings" are "understandable" because they belong to the "normal" and shared experience. Sometimes they are not "understandable" because they belong to the world of psychosis, a broken down and abnormal human experience: the world of alienation. This is an interesting and "honest" clinical point of view, but it was also a limitation of his approach. In some way, it was a sort of "prejudice" which did not allow Jaspers to become a reference for the subsequent evolution of the Existentialist European movement.

On the other hand, Jaspers shows an open-minded and modern approach to clinical epistemology, when he warns against the risks of philosophical, psychological and medical prejudices, to which I would add the social and political prejudices so common in the recent last decades. In this respect, Jaspers considered psychopathol-

ogy as an anthropological science, based on the patient's biography and on the historiography of the sequence of the patient's life events and inner experiences. All of them have a vital and precise "meaning". This is authentic Clinic, very far from those current approaches which are exclusively focused on operational, shared, valid, and reliable criteria to make diagnoses, thus excluding the possibility to "understand" the patient as a person.

Jaspers decisively rejected Psychoanalysis. He thought that the theory based on the unconscious used the "interpretation" as a way to "explain" the causes of psychic experience, without paying attention to the "understanding" of the "meaning" of this experience, as it emerges in reciprocal communication. Jaspers believed that the psychoanalytic explanation of the "causes" was a way of setting aside "freedom" and intervening, from a rational and deliberate point of view, in psychic events, as if the psychoanalyst knew everything about human beings. He conceived psychoanalysis as a kind of totalitarian system, confusing what is possible to know about human beings and what, for its nature, is not knowable, hence transforming human "freedom" from an attitude to an object.

However, although Jaspers seems very far from psychoanalysis, he has left a path, a *fil rouge* which has influenced the evolution of the psychoanalytic doctrine. "Empathy" as a field of research subsequently reappeared in the Heinz Kohut's theories based on the so called "Narcissistic libido". Jaspers stressed the importance and the scientific peculiarity of the "meeting" with the patient, as a way of understanding the patient's experience. Thus, a major question was: "What is happening when you are with the patient?" It is the same question that psychoanalysis also investigates, having started to study it when the "transference" and the "countertransference" arising in the relationship with the patient, ceased to be considered as a "noise" to become a fundamental part of the psychoanalytic relationship. These are only some of Jaspers' fertile discoveries.

M. Aragona. I will divide my talk in two parts. The first one will be organized around the question: "what is the main contribution of Karl Jas-

pers' General Psychopathology?", while in the second part I will discuss the characteristics of Jaspers' phenomenological approach in psychopathology.

1. In my opinion, the major contribution of Jaspers' General Psychopathology is surely methodological. Jaspers asserts clearly that if we have to avoid to be continuously displaced by the emergence of new and unstable fashions, we have to ground our psychopathological research on clear methodological reflections. On this regard there are three important consequences:

1a) Man cannot be fully known through a unique, overarching and dominant point of view. On the contrary, many points of view, many different approaches, many methods of inquiry are needed. Every method has its own domain of application and its own results. But every method should be aware of its own limitations, thus avoiding to illicitly transcend them. This is Jaspers' *methodological pluralism*, or *perspectivism*.

1b) We cannot avoid to carry with us our preconceptions when approaching the study of psychopathology. However, we must always try to enhance our insight on our preconceptions, thus transforming our *prejudices* (which operate tacitly, hence being at risk of introducing into the research unnoticed conflicting and contradictory assumptions) in *presuppositions*. The latter are the conscious methodological assumptions that guide and also constrain our empirical research.

1c) We must refuse all radical reductionisms, either neurobiological (that Jaspers, following Janet, calls "the mythologies of the brain") or psychological (the assumption that every psychopathological phenomenon can be understood psychologically). In Jaspers' view reductionism is not contradictory *per se*, but it is not satisfying because it excludes from the field of inquiry those features of the phenomena that do not fit into the model. However, many excluded features are relevant to psychopathology and thus a model that a priori leaves out them is not satisfying.

2) The second, great contribution of Jaspers' General Psychopathology is his phenomenology. The relationship between Jaspers' psychopathology and the philosophical phenomenology has been extensively debated. Very shortly, it

can be asserted that Jaspers' phenomenology differs from Husserl's one because: a) While Husserl's phenomenology applies to every object of knowledge (his examples being often concrete objects seen from different perspectives), Jaspers' phenomenology applies to a much more restricted domain, i.e. that of subjective symptoms (the lived experiences, or *Erlebnisse*); and b) Jaspers intends the phenomenological method as a rigorous form of descriptive psychology, rejecting Husserl's eidetic research (as far as I know, at the beginning Jaspers believed he was following Husserl's method; it is only later that he acknowledges the difference, but then he explicitly rejects eidetic phenomenology). Independently from its heterodox use of the term, I want to suggest three key positive contributions of Jaspers' phenomenology.

2a) First, the main function of Jaspers' phenomenology is to stress the importance of subjective experiences in psychopathological research. It should be stressed that in the same years many psychologists abandoned the study of mental phenomena to self-confine their research on the analysis of behaviours. On the contrary, Jaspers claims that subjective experiences are essential and must be studied scientifically. What he calls phenomenology is an empathic rigorous description of the subjective psychopathological phenomena. I think that subjective experiences are an essential part of the psychopathological inquiry, today as one century ago (Aragona, 2012). 2b) In order to be scientific, such an empathic assessment of the patient's subjective experiences must be grounded on what is effectively present in his/her communication. Accordingly, both neurobiological and psychoanalytic theories should be excluded from phenomenology. The neurobiological approaches (at least those of Jaspers' time) are responsible of a prejudice in that they pretend to deduce from putative neurobiological mechanisms the consequent mental phenomena; however, they fail because they postulate mental phenomena that the patients never report while they do not predict mental phenomena effectively complained by the patients. The psychoanalysis is responsible of a methodological mistake when mental phenomena are explained by means of a mythological

entity (the Unconscious) that cannot be studied scientifically. Indeed, only conscious phenomena are open to Jaspers' phenomenological study. 2c) Finally, one of the most important contributions of Jaspers' phenomenology is the very insightful and rigorous description of the empathic act that Jaspers calls (using Dilthey's term) the act of "understanding" (*Verstehen*). Jaspers calls *static* understanding the intuition of the other's psychic experience obtained "from within" (that is, by internal transposition (*Hineinversetzen*) and re-experiencing (*Nacherleben*) of the other's lived experience). When he goes from the appraisal of single phenomena to their relationship, then the concept of *genetic* understanding is introduced to consider the connections between such psychic events from the viewpoint of the motivational chain (meaningful connections). I showed elsewhere (Aragona, 2013) that Jaspers conceives understanding as a self-evident empathic intuition, and that this poses epistemological problems because it relies on an emotional ability to empathize which is idiosyncratic. Nevertheless, Jaspers' understanding probably remains the major column of the psychopathological reasoning and has demonstrated its usefulness over a century of clinical practice. In particular, the following two points are still fundamental: a) the acknowledgment of the limits of understanding, which are not fixed and depend on many reasons, including not only the intrinsic features of the studied phenomena but also many other characteristics related to the psychopathologist and the context; b) the reflection on the "right distance" emerging from the interplay between emotional involvement and detached description, which are both necessary and useful and not mutually exclusive.

I conclude on this with a direct quotation from Jaspers:

"The most vital part of the psychopathologist's knowledge is drawn from his *contact* with people. What he gains from this depends upon the particular way he gives himself and as therapist partakes in the events, whether he illuminates himself as well as his patients. The process is not only one of simple observation, like reading a measurement, but the exercise of a self-involving vision in which the psyche itself is glimpsed. [...] Every psychopathologist depends on his power to see and experience and on the range, receptivity and complexity of such power.

There is an immense difference between those who blunder about among the sick and those who take an unhesitating course in the light of their sensitive perceptions (Jaspers, 1946/1963, p.21-22).

F. Di Fabio: Jaspers tried to solve the difficult matter of arranging the psychopathology into a general theoretical frame. This represents a great innovative method in the history of psychiatry because in the previous period of time the theoretical conceptions funding and nourishing the approaches of different scientists were implicit and, in the majority, unaware. The *Allgemeine Psychopathologie* (Jaspers, 1913) is very important also today, a book that *must* be studied by all clinicians in training. The main features justifying this assertion are: its great epistemological effort; the awareness coming from the theoretical elements inside this work; the methodological rigour; and the fact that it is a *summa* of all the psychiatric know-how built during the previous century.

But, at the same time, the work feels the effects both of the particular historical period in which it was written and of the peculiar positioning of the author.

The philosophical fundaments of the young Jaspers come from Wilhelm Dilthey and Max Weber's thought, while the fundaments of Heidelberg's psychiatric clinic is usually positivistic and organicist; and from the latter come all the clinical knowledge of the author. Jaspers tries to combine opposite tendencies between "psychological" approaches – for example coming from the expansion of psychoanalysis – and the "neurobiological" approaches which were the key element of the psychiatric tradition in which Jaspers finds himself at Heidelberg. Jaspers puts the psychopathology exactly as a way to link sciences of nature and sciences of spirit, inspiring his theories on the philosopher Dilthey's thought. The connection between these worlds is represented by Jaspers' distinction between development and process, which severs the understandable phenomena from those that are un-understandable. The former is based on identification mechanisms (and consequently by interpretation) and emerges, in the "genetic" way, through the knowledge of the individual, of his history and of his personality. The latter

corresponds to the natural "disease entities" that Kraepelin tried (uselessly) to discover in the most serious psychic pathologies, above all in the dementia praecox/schizophrenia; the process assumes the presence of a processual element which cannot be derived psychologically, which interrupts an existential trajectory and produces a permanent psychic weakening (*Verblödung*).

In my opinion, Jaspers' main limit consists of tracing an insurmountable boundary between these two incompatible worlds. In his book the author tries more than once to find a possible mediation, a meeting point between the psychic and the organic. He makes often refined distinctions, for example between delusions proper (primary delusions) and delusion-like ideas, in this way trying to deal with the most controversial aspects of his theory, paying to his critics many compliments but criticizing them at the same time. In Jaspers' General Psychopathology the reader can often find controversial aspects about which the author remains ambiguous and does not solve many aspects. Nevertheless this is not the case for the distinction between development and process, which represents the key point of his thought about psychopathology, an insurmountable concept. The most important pupil of Jaspers as a psychopathologist, Kurt Schneider, will confirm this view, thus impeding any possible self-correction.

Jaspers' general theoretical structure is questioned by Freud's psychoanalytical theories. Idea such as unconscious conflict and defense mechanisms are very far from Jaspers' "method" from an epistemological point of view; moreover, because Freud himself considered psychoanalysis difficult to apply to the problems of psychosis, the two approaches (Jaspers' psychopathology and Freud's psychoanalysis) always remained very far from each other. On the contrary, it was Kretschmer's position that much disturbed Jaspers. In his view, Kretschmer was a clear example of the main weak points of a theory implying a necessary continuous progress between psychic and organic. In Kretschmer's (1918) sensitive delusion of reference the reader can find the passages through which, during key events, a particular constitution of the character can produce delusional reactions which can

turn into a chronic schizophrenic pathology. But the main attack against Jaspers' theory was contained in the work *Körperbau und Charakter* (1921); in this book Kretschmer describes a series of personality characteristics, that he defines "schizoidia", which are interrelated with the development of schizophrenia and largely present in psychotic patients' relatives. At the end of the discussion about the psychosis field, Kretschmer arrives at the conclusion that "psychologically speaking we cannot separate what is defined as a schizoid par excellence from a pre-psychotic, a psychotic, a post-psychotic, and a non-psychotic person. We can only obtain a correct idea of the whole while we see together all these confused aspects". During the thirties the propositions by Kretschmer became very popular in the anglo-saxon psychiatry thanks to authors like Sandor Rado, Paul Meehl, up to Hans Kohut and finally they merged into dimensional theories and theories about the continuum between norm and pathology.

The reasons why Jaspers' *understanding* is no more actual can be summarized in three points: 1) the presence in the population of wrong unmanageable certainties characterized by a high degree of subjective certainty but not meaningful from a clinical point of view; 2) the presence of analogous procedures of reasoning during the prodromal phase of those people who only later will show delusional certainties; 3) the fact that many "un-understandable" and "bizarre" delusions can be psychologically grasped after a deeper knowledge of the personal history and of the intrapsychic dynamics of the patient. Actually the distinction between process and development is no more a matter of discussion in psychiatry, and there are no more distinctions between delusions proper and delusion-like ideas in the different editions of the DSM.

Another less obvious limit is the absolute faith on the psychology of Mental Faculties, on which all Jaspers' phenomenological view and classification of psychopathological phenomena are founded. Even here Jaspers trusts the German academic tradition by Wundt and his pupil Kraepelin, using a working method already applied. The key concept is that all the phenomena having to do with the psychopathology should be derived

from an alteration of a single specific mental function (thought, perception, intelligence, etc.). The result is that, for example, the delusion is considered as a disturbance in thought content, and the hallucinations as disturbances of perception. This kind of approach leads inevitably to a reductionist point of view, i.e. that the delusion can be connected to some anomaly of logical processing. This would level human experience to single pre-constituted functional domains. Jaspers himself warned against this reduction process in his famous definition of delusion, in which he stated that it would be false to consider delusion simply as a "wrong idea maintained despite any attempt of correction", and that it is hopelessness to find a rapid solution with a unique definition without taking into account that delusions are really primary phenomena. In spite of this clear point of view he did not emancipate himself from the systematic positivist view of the Kraepelinian school, and persisted on the same path. In his work, he made a clear distinction between delusional perceptions, delusional intuitions and delusional awarenesses, following rigidly what the psychology of Mental Faculties imposed. This trend was continued by Schneider, with his first rank symptoms, and then by the operational criteria of the Catego and of the Research Diagnostic Criteria. The definition of psychopathological phenomena in the different editions of the DSM, even if less refined compared to Jaspers' ones, strictly follows his planning. In these definitions there are no doubts about the affinity between psychopathological phenomena and the disorders of peculiar psychic functions. Today the DSM-5 defines the delirium as a "false faith", thus completely neglecting "primary phenomena", which are totally concealed.

Concluding, the heritage coming from Jaspers is complex and controversial. It contains several outdated elements, as the concept of understanding and, in my opinion, the implicit reduction of psychopathological phenomena to dysfunctions of single psychic faculties. Moreover we are still questioning today about the opportunity of a clear preclusion of the phenomenological psychopathology to everything has to do with metapsychology. In spite of this Jaspers' *Allge-*

meine Psychopathologie is a unique instrument for the training of all those people who want to “understand” the basics of the psychopathological thought.

DISCUSSION

E. Rosini. I have an example of a contemporary debate that may show the importance of Jaspers’ epistemological stance. Some colleagues assert that the borderline personality disorder (BPD) is a sort of cyclothymia because the DSM criteria for BPD can be interpreted as mood disturbances. When you reply that in BPD there are no free intervals, they reply that free intervals are absent also in cyclothymic disorders. If you try to direct their attention to Kernberg’s construct of a borderline structure, they often reply that that structure is a normal way of functioning in the population. In short, there is total closeness to alternative points of view. I think that the most important thing in Jaspers is his openness to different hermeneutical stances. You can have your own ontological position, but openness to alternative perspectives is fundamental. I think this is the main legacy of Jaspers’ General Psychopathology.

G. Kotzalidis. I was impressed by the fact that from your talk emerged a picture of Jaspers as if he was critical against everyone. In his life, he has been often disregarded, sometimes despised. Heidegger, for example ... Can you say something about the relationship between Jaspers and Heidegger? Maybe the fact that Jaspers was critical against Kretschmer, the Daseinsanalysis and the psychodynamic approaches was due to personal motives. For example, if you do not admit that a projective identification exists, how can you understand the other person? It seems to me that this refusal can hardly be explained on purely theoretical grounds, as if there were personal reasons.

M. Aragona. In my opinion it is true that Jaspers is very critical, but he is also self-critical; I mean, his criticism is part of his philosophical stance and applies to every theory, independently from the person that formulates it. Concerning the critiques you mentioned, I think it must be understood a methodological point. In the 1910s Jaspers finds himself in the middle of a

neo-Kantian methodological debate arising from the encounter/dispute between positivism at one side, and romanticism and post-Hegelianism at the other side. In this context, the main arising idea is that of conscience; it is the fact that all we can study psychologically has to do with conscience, with the way mental phenomena present themselves in the consciousness field. From here, Brentano’s concept of *intentionality* and its development in Husserl. This is an important point for Jaspers’ psychopathology. Jaspers clearly asserts that psychopathology must confine its enquiry on conscious and pathological phenomena. It is for this reason that the Unconscious and all explanations based on transcendental phenomena were not admissible for him. In his perspective, in order to say something methodologically grounded it was necessary to maintain the analysis on the way conscious phenomena present themselves. It is on this point that the criticism regarding Freud is more clear. It is as if he reproaches Freud by saying: “You think you are understanding something passing in your patient’s mind; but you are not really understanding it, you are explaining it by using a hypothesized mechanism of unconscious forces”. This is the methodological point. The other one, more general, is that he was against any totalizing system. In his opinion the Freudian use of the personal psychoanalytic sessions to select those allowed to join the school was the way to ensure sectarianism and uncritical orthodoxy.

Regarding the criticism to Binswanger ... but Binswanger was not exactly the beloved fellow of Heidegger, because Heidegger was not very happy for Binswanger’s ontic use of his ontological concepts. Again, I think that the main critique concerning Binswanger was a methodological one. Something like: “You explain those things that you are not able to understand, and you explain them by means of the Daseinsanalyse. It can be done, but this is not understanding”.

Concerning Heidegger, they were friends, they respected each other, but due to their opposite position in the Nazi period their lives took different directions. They tried to talk each other after the war, there are letters on this, but they never returned to their previous friendship. In Jaspers’

opinion Heidegger never dealt in dept with his own guiltiness ... As you probably remember, Jaspers believed that all Germans were guilty, although with different forms of guilt, and that acknowledging their own guiltiness was the necessary preliminary step in order to go ahead with dignity and responsibility (Jaspers, 1947/2000).

E. Rosini. On the other side, Jaspers is very critical with Kretschmer, and this is because Kretschmer's method is problematic. For instance, in the sensitive delusion of reference ... it is not clear at all if it is a delusion proper, or if it a case of delusion-like ideas, and this was not acceptable in Jaspers' terms. Above all, in Kretschmer the diagnostic categories of the time were disrupted, there was such a confusion in the symptom's description and in its diagnostic organization that Jaspers could not do anything else than criticizing it.

T. Fagioli. In my opinion the General Psychopathology is very important also for psychotherapy. Indeed, it contributed to the birth of more integrated and pluralistic approaches and stressed the importance of a first-person involvement with the patient. This is surely a Jaspers' legacy. On the other side, what is lacking in the General Psychopathology is that, while he gave an existential description of the pathological existence, he did not present a reflection on man in non-existential terms. I mean, a reflection on the conditions of existence of man; for example, he should have largely describe the conditions on which base consciousness has had the possibility to arise rather than confining the reflection on consciousness on the description of the intentionality...

M. Aragona. I agree that many things are lacking in the General Psychopathology, but we should consider that Jaspers was very young when he wrote it, and that he found in the Kraepelinian system the basis on which he edified it. And the Kraepelinian system takes many things simply for granted: e.g., mental pathologies are disease entities, natural entities that are to be observed in their development with time, etc. So, a naturalistic approach that takes for granted many assumptions that are philosophically problematic. For example, the general psychopathology has to limit itself to the study of the *pathological*

mental phenomena. But what is normal and what is pathological? What is the consciousness and how does it emerge? It is clear that the young Jaspers does not pose such basic philosophical questions. In this sense, he is not particularly innovative, but despite this many significant innovations are present. For example, the introduction of the hermeneutical circle: he stresses that the structure of the General Psychopathology is not casual, it starts from single phenomena and progressively increases the level of complexity (the relationships between phenomena, the phenomena within the diagnostic whole, the diagnosis in the context of the entire personality, the individual in his familial, social and cultural context ...). But these levels are all part of a hermeneutical circle, they are in a circular relationship (the elements are seen as the part of a whole, and the whole is made of its parts).

F. Di Fabio. Obviously we have not discussed specific symptoms described by Jaspers. There is much to say on this and Jaspers significantly contributed on the debate on mental symptoms. But we had to confine ourselves on the general views.

T. Fagioli. In your opinion, why the General Psychopathology had more success in Italy than in other countries like the USA.

M. Aragona. Everybody saw in the General Psychopathology those things that he liked to see much. For example, Anglo-Saxon psychiatry has often read it as a descriptive and atheoretical psychopathology, and for this reason Jaspers (and his fellow Schneider) are credited as possible forerunners of the DSM-III. In France the General Psychopathology was extensively read, often quoted and often criticized. Above all, in France Jaspers' philosophy was very early imported and studied. His psychopathology was considered important, but there was a strong French psychopathological tradition whose ideas only in part were in line with Jaspers ideas. You know, German psychiatry largely imported French concepts in its psychiatric debate, but there were also many other French ideas (for example those on consciousness disturbances in psychotics) that remained alive in France but were not included in the Kraepelinian *Weltanschauung*. The success of Jaspers psychopathol-

ogy in Italy has many reasons. One is that there were many Italian psychiatrists that were speaking German, and so they have been able to study and appreciate Jaspers' ideas quite early. Moreover, the Italian academic psychiatry was deeply influenced by German psychiatry, largely before Jaspers ...

T. Fagioli. But there was also a more similar ontological approach, i.e. Jaspers' approach was more akin to the Italian sensibility which is by its nature intuitive and empathic.

E. Rosini. There is also another thing to say. Meyer, the founder of American psychiatry, was a man of the Burghölzli group, he was not a Kraepelin's fellow. Indeed, until the end of the second world war American psychiatry speaks the language of Bleuler. Only later we have Kraepelin's rediscovery.

L. Halfon.¹ The premise is that, while natural sciences start from the search of the causes of phenomena, the human sciences (which include Jaspers' psychopathology) mainly use the sensible intuition that makes it possible, in the relationship with the patient, empathy and understanding. The question is: What are the "philosophical" means that make the system of relationships plausible – and of objective/subjective references – taking place between subjects when they communicate? Is there a given moment when an individual who is communicating with another one realizes (consciously) that it is not possible to find a particular - and unique - resolution of this being open to the other one? And the impossibility to go beyond this rational stage of perplexity, which is present in the "Jaspersian definition" of communication itself - an act which is nevertheless necessary for human communication - How will these concepts influence the future development of the relationship between "oneself" and the - constantly - "other one"?

M. Aragona. From Jaspers' psychopathology perspective, the act understanding the other human being is emotional (not a mere rational inference), intuitive and self-evident. It is something that simply happens between human beings that, as human beings, meet each other. It seems that Jaspers conceives this act as something already at play, that has to be described in its features,

but does not ask how this happens, about the "processes" or "mechanisms" that make it happen. I think that a contribution in this direction comes from psychoanalysis, e.g. the tentative to differentiate projective identification and other mechanisms at play in this process. The psychoanalytic view is also epistemological problematic, but at least they pose the question.

Regarding the un-understandability, this topic is wide and complex, and often misinterpreted. First of all, the un-understandability does not depend only on the other (the patient, or the kind of phenomenon he presents), but also from the capability of the psychopathologist to understand, and also from the context constraining it (e.g., the kind of setting, the amount of time available to talk with the patient, the deepness of the human relationship). Accordingly, the psychopathologist who does not understand must ask himself what is at play in this un-understandability, how much this depends on his own difficulties. More generally, the theme of the understanding and of the necessity to solve the problem of the un-understandability has been articulated in Heideggerian terms by many phenomenological psychopathologists. In their view, even if the psychopathologists cannot understand intuitively the other person, they can nevertheless understand that the patient's phenomena are coherent with his "Way of Being". Recently Stanghellini (personal communication) talked about it as a form of "second order empathy", which would not be an emotional understanding but a rational form of reconstruction starting from the analysis of the patient's Dasein. I think such anthropo-phenomenological contributions are useful because they rightly show the intrinsic complexity of this topic. However, in my view they do not resolve Jaspers' problem, they simply by-pass it on the basis of Heidegger's rejection of the distinction between subject and object of knowledge. It is what Ricoeur was used to call "the short way". I am afraid that a purely philosophical resolution of the problem does not help psychopathologists in dealing with Jaspers' problem of the possibilities and failures of human beings understanding each other. To conclude, I think all this involves the general theme of the role of interpretation in human mutual understanding: i.e., the impor-

tance and necessity of a hermeneutical approach to psychopathology, which should not necessarily be confined to a single metaphysical theory.

1: Editor's note. This question was received via email.

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