



NEW IDEAS

A contemporary approach to Jaspers' static understanding

ANGELIKI ZOUMPOULI

South London and Maudsley Foundation Trust, London (UK)

Karl Jaspers was the first major author who emphasized empathy as the proper method of the phenomenological approach to human psychopathology ("static understanding"). He divided mental symptoms into subjective and objective ones, stressing the crucial importance of the former. Subjective symptoms are mainly those expressing patients' emotions as well as those experienced by them and verbally communicated during the diagnostic interview. Whereas the expressive symptoms can be grasped immediately by clinicians, the understanding of the experienced ones is mediated by patients' verbal communications as re-experienced or actualized in clinicians' own consciousness. Thus, jaspersian empathic understanding is mediated by two distinct processes: the first is a direct and automatic one, whereas the second is an effortful process of "feeling oneself into other's condition" or of "immersing oneself in other people's self-description" which has to be learned by systematic and rigorous training. Both processes provide the core of what Jaspers called "static understanding". This paper aims to show that Jaspers' static understanding prefigures two main types of empathy emerging from contemporary scientific research in neuroscience and social psychology, namely "automatic emotional empathy" and "cognitive empathy".

Keywords: psychopathology, understanding, phenomenology, cognitive sciences, empathy

DIAL PHIL MENT NEURO SCI 2012; 5(2): 48-50

INTRODUCTION

Jaspers was the first major author who focused on empathy as the proper method of the phenomenological approach to human psychopathology and stressed its paramount importance for clinicians' understanding of their patients. In the following, I will try to explicate the main facets of his concept of static understanding and their contemporary vindication by robust research-findings of affective neuroscience. More precisely, I will try to show their remarkable similarities to two major contemporary concepts of empathy, namely those of automatic emotional and cognitive empathy.

JASPERS' STATIC UNDERSTANDING

According to Jaspers, static understanding consists in the un-prejudiced, explicit and accurate description of current mental patients' experiences and is clearly required before any attempt at their explanation. This type of understanding should be distinguished from the "genetic understanding" of patients' psychic events, i.e. the comprehension of their temporal unfolding according to their meaningful connections. Jaspers classifies mental symptoms into subjective and objective ones and focuses on the former. He distinguishes two main categories

of subjective symptoms, the expressive and the experienced ones. The subjective symptoms should be grasped by "transferring oneself into the other individual's psyche" via empathic understanding. But whereas the expressive symptoms can be grasped immediately by clinicians, understanding of the experienced ones is mediated by patients' verbal communications as re-experienced or actualized in clinicians' own consciousness. So, Jaspers seems to imply two types of static understanding in his overall account of empathy. More precisely, he specifies three sources of information and three methods for phenomenological analysis of patients' symptoms.

The first source consists in patient's expressive symptoms and should be assessed by "self-immersion" in patients' expressive symptoms. On this score, Jaspers states: "one immerses oneself, so to speak, in their gestures, behavior, expressive movements" (Jaspers, 1912/2006, p.11). The second source is patients' subjective accounts of their mental experiences. The relevant method of exploration consists in the questioning of patients. Finally, the third source is patients' written self-descriptions. The relevant

method of accessing this source of information is not clearly specified by Jaspers, but obviously it presupposes clinicians' reading of these written self-descriptions.

With respect to their receptivity to empathic understanding, Jaspers distinguishes three categories of patients' mental experiences. The first category includes those known to clinicians by their own experience, but "differ [from them] only in their mode of origin [...] e.g. falsifications of memory" (Jaspers, 1912/2006, p.11). The second category includes patients' mental experiences which are different quantitatively from clinicians' own experiences, but are the same in quality, e.g. pseudo-hallucinations. Finally, there are patients' mental phenomena which cannot be experienced by the clinicians, being qualitatively different from normal experiences. Whereas the first category of mental phenomena is accessible to clinicians via static understanding, the second category is not invariably accessible in this manner. Furthermore, the third category of symptoms remains invariably inaccessible to clinicians' empathic understanding.

TWO CONTEMPORARY CONCEPTS OF EMPATHY

Automatic emotional empathy

Automatic emotional empathy is the human capacity of coming to feel as another person feels. This process, mediated by mirror-neurons in human's pre-motor cortex, takes place automatically on observing someone else's affective expressions (Rizzolatti and Sinigaglia, 2006). More precisely, the observation of another person's emotional state through his/her facial expression triggers in the observer the firing of his/her mirror- neurons, which fire also whenever he/she exhibits the same facial expressions. Thus, the observer's core-brain systems carrying out emotional experiences are activated by mirror- neurons and she experiences the same emotions as the observed person.

This unconscious, direct, effortless process is not only a necessary human psychological capacity, but also a prerequisite for clinicians' elementary communication with their patients. Patients' facial expressions, gestures and movements of fear, sadness or joy can be automatically understood and felt by clinicians as such. However, a far more refined and educated type of understanding is required for a comprehen-

sive diagnostic assessment of mental patients' abnormal experiences.

Cognitive empathy

In contrast with the "automatic" emotional sharing described above, the term "cognitive empathy" refers to the intentional attempt to understand other people's mental states. Mental flexibility construed as the ability of imagining another's life-situation or adopting their perspective is the basic conscious component of cognitive empathy.

The capacity of "putting one-self in other's shoes" is enormously helpful for every-day communication among humans, diminishing egocentrism and reinforcing altruism, through the realization of one's similarities with others. However, it has recently been suggested that people tend -in part unconsciously- to project their own perspectives in others ("projection thesis", Nickerson, 2009). Thus, successful empathic understanding requires the additional capacity to control this tendency in order to adjust appropriately one's own perspective to the perspective of the others.

Mental flexibility is of paramount importance for clinicians' understanding of their mental patients. Indeed, the main mode of clinicians' access to patients' symptoms is through patients' verbal communications and clinicians' intentional effort to re-create them accurately in their own consciousness. In addition, mastering of clinical psychopathology is also clearly required in order to be able to identify accurately their experiential nature and severity.

Thus, mental flexibility of clinicians requires further refinement. Knowledge of general psychopathology and rigorous training in its concepts help refine mental flexibility. Furthermore, the arts and humanities, especially literature, can help clinicians enormously to improve their mental flexibility (e.g. Shapiro, 2007). Of special importance in this respect are patients' autobiographical accounts of their own psychopathological experiences (e.g. Jamison, 1996).

However, some mental patients' experiences, especially of a psychotic nature, such as e.g. experiences of passivity and of external control, cannot be captured and re-experienced by clinicians. Thus, even if necessary, mental flexibility is clearly not sufficient for the patients' experiences to be empathically understood.

DISCUSSION A CONTEMPORARY APPROACH TO JASPERS' STATIC UNDERSTANDING

Automatic emotional empathy

Jaspersian "immediate grasp of expressive phenomena" bears strong similarities to the automatic and direct process of understanding other people's current emotional state, that is, automatic emotional empathy. Patients' inner emotional processes can be grasped immediately by clinicians via their mirror neurons-system and understood as such.

Cognitive empathy

Mental flexibility, the main component of cognitive empathy which consists in the capacity to adopt other's point of view is similar to the second facet of Jaspers concept of static understanding, as imaginative self-immersion to patients' experiences through their verbal communications during the diagnostic interview. This "actualization" of patients' abnormal experiences in clinicians' own consciousness requires an effort to get rid of all theoretical pre-conceptions about their possible causation. Moreover, it requires also an intentional work to clearly distinguish between superficially similar experiences and describe them as accurately as possible. To this end, a rigorous training in clinical psychopathology is mandatory. Moreover, as in the case of cognitive empathy noted above, training in humanities and the arts helps also improve this facet of empathic understanding.

Jaspers has also included among the available information sources to clinicians patients' written self-descriptions. These written self-descriptions might also provide a valuable source of patients' inner experiences which psychiatrists would then actualize in their own consciousness and thus, achieve a more accurate understanding of them. This is also attested by contemporary findings stressing the importance of patients' autobiographies in clinicians' empathic (cognitive) training.

Overall, the three categories of mental phenomena delineated by Jaspers are differentially accessible to clinicians' empathic understanding and correlatively to their cognitive empathic capacity, however refined. Some mental phenomena are fully understandable because of their strong homogeneity and deep similarities to universal human experiences, other mental phe-

nomena are so only in part and still other transcends the bounds of understandability.

CONCLUSIONS

Jaspers's two modes or facets of phenomenological static understanding of mental patients' subjective symptoms can be seen as pre-figuring with astonishing clarity two major types of empathy distinguished by contemporary affective neuroscience. More precisely, as I have tried to show, one may establish a deep similarity between contemporary automatic emotional empathy and Jaspers's first mode of static empathic understanding. Furthermore, one can also establish some strong similarities between the main component of cognitive empathy, namely mental flexibility, and Jaspers's second facet of static empathic understanding. The refinement of clinicians' cognitive empathy via the humanities and arts can increase their empathic accuracy. As Jaspers stressed in his seminal paper, both types of empathy are necessary for an adequate understanding of patients' experiences, without however being sufficient, as attested by the empathic impenetrability of severe psychotic experiences.

Corresponding Author:

Angeliki Zoumpouli
Core Psychiatry trainee 1 in South London and
Maudsley Foundation Trust
23 Emu Road, Battersea, London SW8 3PS
Tel.: +44-07527412484
E-mail: angeliki.zoumpouli@kcl.ac.uk
AZoumpouli@uclan.ac.uk

Copyright © 2012 by Ass. Crossing Dialogues, Italy

REFERENCES

- Jaspers K. (1912) The phenomenological approach in psychopathology. In: Fulford B, Thornton T, Graham G. (Eds) Oxford textbook of Philosophy and Psychiatry. Oxford University Press, Oxford, 2006.
- Jamison KR. An unquiet mind: a memoir of moods and madness. Free Press, New York, 1996.
- Nickerson RS, Butler SF, Carlin M. Empathy and knowledge projection. In: Decety J, Ickes W. (Eds) The Social Neuroscience of Empathy. MIT Press, Cambridge, MA, 2009:43-53.
- Rizzolatti G, Sinigaglia C. Mirrors in the brain: how our minds share actions and emotions. Oxford University Press, Oxford, 2006.
- Shapiro J. Using literature and the arts to develop empathy in medical students. In: Farrow T, Woodruff P. Empathy in Mental Illness. Cambridge University Press, Cambridge and New York, 2007.