

## Chapter 2

# Hermeneutical and Dialectical Thinking in Psychiatry and the Contribution of Karl Jaspers

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### 2.1 Hermeneutics and Psychiatry

Hermeneutics has been conceived as a method oriented to the understanding and correct interpretation of texts. But according to Gadamer, the hermeneutic problem vastly exceeds the domain of the methodological, since “the understanding and interpretation of texts is not merely a concern of science, but obviously belongs to human experience of the world in general” (2006, p. XX). The founder of hermeneutics in the 19th century, Schleiermacher, states something similar: “the art of understanding is necessary for the interpretation of texts, but also in the interaction with persons” (cit. by Gadamer 1992, p. 293). In the same sense, Gadamer states: “What is to be understood is now not only the exact words and their objective meaning, but also the individuality of the speaker or author” (Gadamer 2006, p. 186). When trying to understand what tradition has meant in any of the fields of human experience, we cannot avoid going beyond the mere understanding of the text we have before us, since this will transmit to us, inevitably, certain viewpoints and/or certain truths. And how can we be sure of the legitimacy or truth value of what is understood? This is precisely the role of hermeneutics: *to constitute the experience of truth*, where natural science appears surpassed, as it occurs with history, art, law, etc. (i.e., in the social sciences). Now, Gadamer himself expresses in another context: ‘That art of understanding we call hermeneutics has to do with what is incomprehensible and with the process of grasping the unpredictable aspects of the psycho-spiritual functioning of the human being’. We ask: With hermeneutics so defined, is it possible to find the existence of a more characteristic field for its application than that

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of psychopathological phenomena? In what other field dealing with human beings are we going to find these two conditions more obviously united: that something is at the same time incomprehensible and unpredictable? Every experienced psychiatrist will be able to recognize how often psychopathological phenomena surpass the possibilities of natural sciences, e. g. by attempting to “explain” delusion with the energetic theory of psychoanalysis or through measurement of neurotransmitters.

Following Dilthey, Jaspers (1959/1997, p. 250 ff.) recognized early this particularity of the psychopathological world when he separated precisely what is explainable from what is understandable. With the method of explanation we approach clinical reality in the manner in which physicists study matter, and thus we calculate the size of cerebral ventricles, quantify intellectual capacity or measure the concentration of catabolites of neurotransmitters in urine, etc. With the method of understanding, on the other hand, we have access to phenomena that resist our own eagerness to quantify them, such as feelings and emotions, the experience of art in general, the world of interpersonal atmospheres, etc. Or one may say generally, here we are dealing with the whole world of meaning. How one psychic phenomenon arises from another is something very different from the linear causality of the physical world, and the method of understanding intends to do justice to that difference. To be able to understand the biographic sense of a given illness or to interpret a delusion within itself and not from supposed extraconscious causalities are two typical tasks where the psychiatrist has to employ the methods of understanding and hermeneutics in their purest forms. But a warning is in order that, namely, Jaspers’ understanding-explanation distinction is no longer fully valid if one looks at it from the perspective of the new paradigm of the natural sciences, also called the paradigm of “complexity.” The historical evolution of epistemology in the 20th century has drawn methods of explanation close to those of understanding (Hawking and Mlodinow 2010; Kuhn 2002).

This distinction between the understandable and the explainable has also been discussed by Wiggins and Schwartz (1988). These authors claim that it is very wide, it does not sufficiently clarify the different types of existing connections, and that it is valid only in some cases (i.e., what they call cases “of higher region”) (p. 21). There would be a lower level of connections, which corresponds to causal relationships, but also “an ‘intermediate region’, (where) meanings and causes interweave ... and become almost indistinguishable. The concepts of meaningfulness and causality fail to capture adequately what is essential to this teleological region” (p. 21). Besides, “Jaspers fails to tell us why this self-evidence should be found in meaningful connections and not in causal ones” (p. 18). In agreement with these authors, modern epistemology clarifies that unquestionable evidence exists only in spontaneous and naïve everyday life because in science all evidence must be submitted to critique (Bunge 1980). However, one has to recognize that Jaspers puts rather strict limits on the method of understanding, since for him not only the extraconscious elements would remain inaccessible to comprehension, but also existential freedom, and thus, personal decisions would stay outside the field of the understandable. On the other hand, however, he proposed with conviction that meaningful relations are self-evident in the general framework, but that in the particular cases we can only

affirm the reality or truth of a relation when objective data exist (Jaspers 1997, pp. 357 f.).

Now, what first interests us in this context is to clarify the relationship between understanding, in the sense of Jaspers, and hermeneutics. They certainly have much in common and in fact the two first “laws” of psychological understanding, according to Jaspers, have also been elaborated in detail by Hans-Georg Gadamer (2006). Jaspers’ first “law” says that every understanding is an interpretation, and hermeneutics has been defined for the past two centuries as the art and/or science of interpretation. The second law asserts that understanding occurs “in a hermeneutical circle,” and this corresponds almost exactly to Gadamer’s “rule of hermeneutics”: “The movement of understanding therefore roams so from the whole to the part and again to the whole. The task is to widen in concentric circles the understood unit of meaning ... The confluence of all details in the whole is the criterion for the rightness of understanding” (Gadamer 1992, p. 63). But we must remember that the movement of understanding works in this manner not only in hermeneutic sciences, but also in natural sciences. Nothing is an isolated “in itself”: “everything that *is* and *appears* is a local distinction with respect to the field *from where* it appears and *where* it appears” (Pelegrina 2006; to see Luhmann 1998).

In spite of the similitude of these two methods, there are also some differences. First, Jaspers limits his method to the world of meaningful connections of psychic life, particularly the one of psychiatric patients. Thus, he says: “We sink ourselves into the psychic situation (of our patient) and *understand genetically by empathy* how one psychic event emerges from another” (1997, p. 301). Second, the hermeneutical method is wider than Jaspers’, because it can be applied not only to the psychic (the subjectivity of the other), but also to texts and to the whole of reality. Thus, Gadamer postulates that the concept of understanding acquires an “almost religious tone” and that “to understand is to participate immediately in life, without any mediation through concepts” (2006, p. 208). Third, while the strict relation existing between hermeneutical and phenomenological method, in Husserl’s sense, appears unquestionable, Jaspers resisted taking the step from descriptive to eidetic phenomenology, although we find in many passages in his *General Psychopathology* statements clearly pointing toward this method. So, for example, when he says “sinking oneself into the particular case often teaches us—from the phenomenological point of view—what is general for a multiplicity of cases.” This general component, which is captured from the particular case, does not correspond to a mere generalization from determined empirical findings, but evidently to the perception of an *eidōs*. By contrast, however, Husserl’s call “to the things themselves,” or his statement that the method of free variation “allows us to extract the *eidōs* as something invariant starting from the diversity of manifestations,” show an extraordinary similitude with Gadamer’s claim regarding the hermeneutical method: “All correct interpretation must be on guard against arbitrary fancies and the limitations imposed by imperceptible habits of thought, and it must direct its gaze ‘on the things themselves’” (Gadamer 2006, p. 269). We will return later to the topic of the relations between phenomenology and hermeneutics.

Even during the first encounter with a psychiatric patient, one is already faced with the need to adopt a hermeneutic attitude. Let us consider Rümke's description of the "Praecox-Gefühl" (feeling of the schizophrenic), which he considers the central element in the diagnosis of this illness (Rümke 1958), and especially heed how it precisely matches the important concept of "prejudice" in Gadamer's thought, that is, "a judgement that is rendered before all the elements that determine a situation have been finally examined" (2006, p. 273). We described something similar with respect to depressive illness (Doerr-Zegers 1979, 1980). There also exists something like a "feeling of the melancholic," which becomes more intense the closer the condition becomes to stupor, the objective side of which is the phenomenon that we called "cadaverization" affecting the depressive body. The strict separation of *true* from *false* prejudgments is seen as one of the major tasks of hermeneutics in the interpretation of both art and history. In psychiatry, on the other hand, it will be an important task for the teacher to perform for his pupil, to teach him to grasp these atmospheric emanations coming from the patient and to distinguish true from false impressions while making the diagnosis.

This first encounter with the patient acquires particular importance in the field of psychoses. In these diseases the hermeneutical task must begin in that moment, apparently somewhat more superficially; this is the atmospheric emanation in the sense set forth by Tellenbach (1968). Gadamer himself was open to the possibility of incorporating the pre-verbal world to the hermeneutical task through the importance he attached to the concept of "taste" or rather of "good taste" (p. 32). For Gadamer "taste, in its essential nature, is not but a social phenomenon of the first order" (2006, p. 32). What is normally called "lack of contact," "flat affectivity," or "distance" in the schizophrenic patient is difficult to define, yet it corresponds to a pre-verbal originary phenomenon as accurate as taste. For Gadamer "good taste is always sure of its judgement" (2006, p. 32). In encounters with the schizophrenic patients, we lack a certain feeling of community, our emanations do not harmonize; they do not have the same tonal quality. Subsequent difficulty in verbal communication through language is almost always preceded by this failed pre-verbal communion.

In the case of depressive patients, it is not harmony that is missing but the sensation that the patient is not completely a subject in his own right. In him there is a lack of that particularity evident in interpersonal encounters by which one is not there for the other as a mere object (in the way of things), but rather as a subject (i.e., as person). The fundamental element in which the other appears directly to me as a subject is, according to Sartre (1966), the look of the other. That look, which, when it objectifies me, allows me to perceive the other as a subject and not as a thing, is weakened in the depressive patient. In a certain way, "it has sunk behind the eyes," as we described in previous papers (Doerr-Zegers 1979, 1980). To know how to correctly interpret the shades of the interpersonal encounter with mental patients in the pre-verbal stage is also a hermeneutical task of great importance for the development of a good doctor-patient relationship.

Still, where hermeneutics reaches its greatest importance for psychiatry is in the *verbal moment* of the relationship with the patient. Here, we will leave aside

the transcendental role of hermeneutics in psychotherapy in order to only refer to the diagnostic interview. Language is for Gadamer certainly not only the medium, but also the horizon of every hermeneutic experience: "Language is not just one of man's possessions in the world; rather, on it depends the fact that man has a *world* at all. The world as world exists for man as for no other creature that is in the world. But this world is verbal in nature" (2006, p. 440). On few occasions do we have the opportunity of proving this assertion of Gadamer with greater certainty than when we face a schizophrenic patient? Since the first descriptions of this disease, central importance was given to thought/language disturbances. The so-called loosening of associations by Bleuler (1911), classical incoherence (*Zerfahrenheit*), or neologisms have always been considered among the basic symptoms of schizophrenia. In a previous paper, we tried to demonstrate, within the multiplicity of forms that this disorder can adopt, that its most *substantive phenomenon is perhaps the loss of the "dialogical" character of the word*. And how does this alteration appear in the encounter with the patient? Perhaps the most characteristic feature is the sensation that the doctor has of understanding and of not understanding what the patient is saying at the same time. Let us omit the severe disturbances of language and focus our attention only on the loosening of associations. Here there are no failures in grammar nor in the structure of syntax; neither are there flagrantly abstruse contents, which in themselves confound communication. Nevertheless, we fail to understand what the patient wants to say. Gadamer himself provides the answer when he states: "Not only is the world world insofar as it comes into language, but language, too, has its real being only in the fact that the world is presented in it" (2006, p. 440).<sup>1</sup> In other words, if the world changes, language changes; if the perception of the world is altered, its expression will necessarily be altered. Now, in the failed dialogue with the schizophrenic patient the distance of his world from ours is manifested to us, but at the same time we perceive that the dialogue itself becomes schematic and difficult. What Gadamer underlines as the essentials of a conversation does not occur here: we cannot manage it as we wish; on the contrary, the conversation leads us in unexpected directions. "Thus a genuine conversation is never the one that we wanted to conduct. Rather, it is generally more correct to say that we fall into conversation, or even that we become involved in it" (2006, p. 385). Conversations with the schizophrenic patient occur, inversely, in an awkward way in that they are interrupted at every moment. Or, the investigator feels empty, without ideas, and has to make an effort to pose new questions and becomes more focused on simply avoiding the loss of the dialogue in an uncomfortable silence. In summary, what Gadamer described as the central element of a true conversation, of the hermeneutical dialogue, is missing here.

In the depressive patient the moment of verbal communication also has quite specific peculiarities. The most extreme form of this disturbance is certainly found

<sup>1</sup> In this context it is necessary to point out that in the framework of contemporaneous linguistics the idea prevails that linguistic meaning demands (as fundament) an extra-linguistic referent, i.e., embedded in a pre-linguistic ontology. Each being has its own features ("onto") and the differential, communicative correlation constitutes its "logos."

in depressive stupor. No reply comes from the patient; the other is absent. We are faced with something like a lifeless body. The process of “cadaverization” mentioned before is almost complete. In the moderate depressions of everyday practice the communicative disturbance is, naturally, much less severe. It maintains, however, that seal of lifelessness. Every psychiatrist will be able to remember that slow and somewhat forced nature which characterizes dialogues with the depressive patient. Unlike encounters with schizophrenic patients, there is nothing incomprehensible here. At no time are we perplexed, but rather we are annoyed by how slow he is and by the narrowing of his interests, which are limited to his own body or to the other classic themes of poverty and guilt. Even after the depressive episode has been resolved, communication is not very easy. These patients are too laconic to describe their improvement and, in turn, the doctor feels after the dialogue has begun that there is nothing else to talk about. A marked contrast is also observed between, on one hand, numerous complaints and the expression of suffering during the depressive state and, on the other hand, the near oblivion of the illness once the episode is past.

The same analysis can be done with respect to other psychopathological conditions, such as obsessive-compulsive disorder or hysteria. It seems fundamental to us that in each of these disorders a particular style of communication can be found the description and interpretation of which require the development of a hermeneutical attitude in psychiatry.

In summary, hermeneutics and psychiatry appear interrelated prior to all theory and any therapeutic process. In addition to its obvious importance in psychotherapy, hermeneutics plays a basic role in the moment of the first interview and of diagnosis, and also in the initial, wordless moment where the grasping of atmospheric emanations from the other as well as the creation of a concordant and consequently common atmosphere occurs.

## 2.2 Dialectics and Psychiatry

Dialectics dates back to the beginning of philosophic thinking, appearing in different forms in the two great pre-Socratic philosophers: Parmenides from Elea and Heraclitus from Ephesus. For Parmenides dialectics is a method which allows one to prove the falsehood of appearances that the senses give us and, in this way, to purify the thinking of irrationalities. For Heraclitus, on the contrary, dialectics represents the basic principle which structures and directs all that exists, since reality is ordered in polarities which need one another (see Verneaux 1977):

Should there be no injustice, even the name of justice would be ignored. (Fragment No. 23)  
 Good and evil are one. The physicians cut, burn and torture... making the patients a good that seems an evil. (Fragment No. 58)

Illness makes health agreeable, hunger makes satiety agreeable, fatigue makes rest agreeable. (Fragment No. 111)

Plato uses dialectics as a method to get to the truth through dialogue and by proving the contradictions inherent in nature as well as in thinking. In Hegel the concept of dialectics reaches its greatest universality: dialectics would be to a certain extent, identical with the perhaps more universal feature of reality, which is its “restlessness.” This concept is similar to that of “*energeia*” in Aristotle (1961). “*Energeia*” is present in daily life in the form of movement, but is also the motor of history and of all that exists in time. Both reality and knowledge would be one and the same process, but the truth of a process is only reached at the end since every cross section will show its internal contradiction: the contradiction between the bud and the blossom that refutes it will be resolved in the fruit; this is the so-called dialectic moment, when the synthesis overcomes the contradiction between the thesis and its denial, the antithesis.

We find dialectic thinking and/or dialectic interpretation of reality not only among philosophers. The religious historian Mircea Eliade (1967) demonstrated how dialectic thinking is at the foundation of every religion and particularly of the Asian ones. The Christian dogma itself of the “Incarnation of the Word” is a good example of what is radically sacred and what is radically profane. But the dialectic moment also appears frequently in works of great poets. Thus we read in Goethe’s *Book of Aphorisms*:

We and objects  
light and darkness,  
body and soul,  
spirit and matter,  
God and universe,  
idea and extension,  
what is ideal and what is real,  
sensuality and reason,  
phantasy and understanding,  
being and nostalgia. (Goethe 1966, p. 707)

Also, dialectic interpretation of reality is present today in all the natural sciences. It deals, however, with dialectics of contrary elements that constitute a unity, rather than with dialectics of contradictory elements that nullify themselves (see Jasinowski 1957). Ilya Prigogine (1996) asserts that a lack of “balance is the fundament of all stability.”

Karl Jaspers was the first to apply dialectic thinking to psychiatry. For Jaspers, “psychic life and its contents are polarized in opposites. It is through the opposites, however, that everything is once more re-connected. Image calls forth counter image, tendencies call forth counter-tendencies and feelings other feelings in contrast” (1997, p. 340). He distinguishes categorical, biological, psychological and intellectual opposites. These opposites manifest themselves in different ways:

1. They oscillate back and forth through time without consciousness actively causing the transitions, as inspiration changes into expiration, grief into cheerfulness, etc.
2. The opposites fight with each other, the one hurling itself against the other.
3. The self decides between the opposites, excluding one in favor of the other.



“The two latter modes lead to radically different dialectical movements: a synthesis of ‘this as well as that’, in the other a choice—‘either-or’” (p. 342). In the first form, a synthesis is produced between the opposites and a new movement arises, which opens the way to the whole. In the second, dialectics engages to the limits of the decision. Both forms carry a special risk for the psyche. Aiming at the whole, the psyche can lose the ground and “be enticed into pleasing generalities” (p. 242). On the other side, when the psyche endeavors to reach *the sure ground by deciding*, ergo sacrificing one of the opposites, it may become unnaturally and psychically impoverished.

Among Jaspers’ many contributions to dialectic perspective, the most interesting is perhaps his attempt to apply it to the understanding of opposites in psychopathology. With schizophrenic patients, for example, the phenomenon of a drastic emancipation of a tendency without its counter-tendency is posited (e.g., automatism in accord with commands, echolalia, or echopraxia). Likewise, there are examples of failures in the union of the opposites, as it is the case with ambivalence. The emancipation of the counter-tendency can also result, which occurs, for example, in negativism. In this framework, Wolfgang Blankenburg (1966) successfully interpreted delusion as the emancipation of a theme with respect to the whole of the psyche. When it comes to neuroses, phenomena are also reported that could be interpreted as a sort of dialectics. One example is exhibited by the inability to make decisions or to arrive at some objective; but the most characteristic is without a doubt, according to Jaspers, the permanent (dialectic) alternation between tension and relaxation suffered by the neurotic, an opposition which can reach even biological levels. Finally, Jaspers describes how opposites have been described in most studies of the character and personality of humans: introversion/extraversion, narcissism/object-cathexis, schizoid character/hyperthymic character, etc. Jaspers warns, however, about the risks of the absolute generalization of the opposites and reminds us that “the deeper we grasp the understandable meaning, the more we are pointed on into the non-understandable, extra-conscious ground of life and the non-understandable, historical absolute of Existence itself” (p. 345).

But it was Wolfgang Blankenburg (1962, 1965, 1974, 1981) who definitely introduced dialectic thinking into psychiatry. Blankenburg’s starting point is the hypothesis that certain positivity can be enclosed in what is *negative* (i.e., in the abnormality or illness). The question of the positivity of what is negative is found in many forms in daily life and also in the religious world, e. g. in Christianity: “the last will be the first”; “it is necessary to die in order to be resurrected”; etc. And thus Blankenburg (1965) underlines the positive aspects of schizophrenia, like the depth of the perception these patients have of the world, their nearness to genius, their metaphysical sense, their authenticity, etc. and later the positive aspects of hysteria, as, for example, the lack of rigidity, the easy adaptability, the capacity for entertaining, etc. of hysterical patients (Blankenburg 1974).

Following the line suggested by Blankenburg, we have tried to advance the dialectic perspective of the great psychopathological syndromes. As the initial model, we took the manic–depressive dyad in which the polar and dialectical character is evident: mania is the reverse of depression and vice versa. But at the same time,

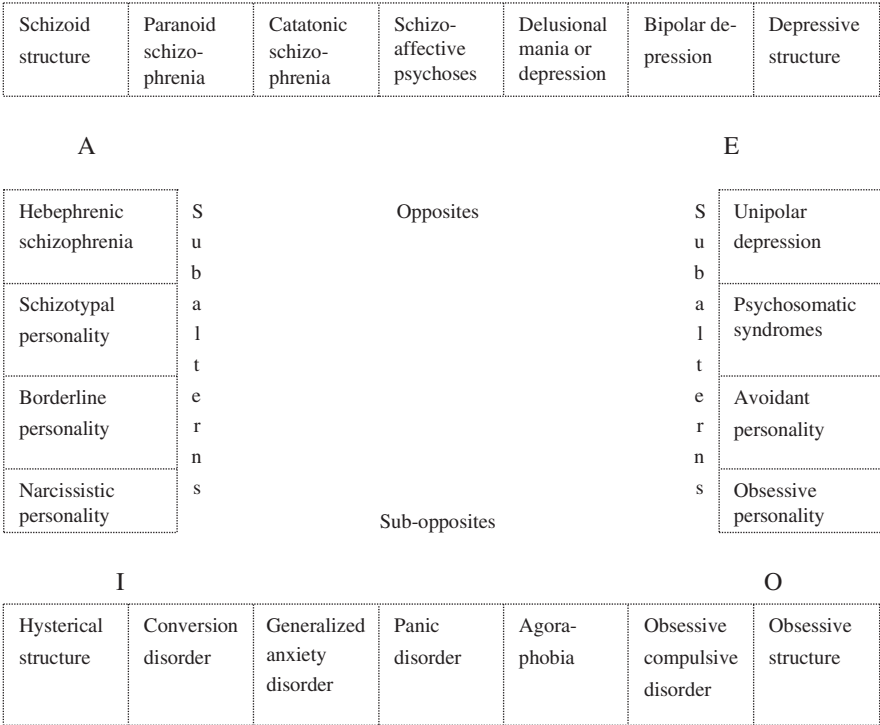


Disor- ganized schizo- phrenia	Paranoid schizo- phrenia	Catatonic schizo- phrenia	Schizo- affective psychoses	Delusional mania or depression	Bipolar depression	Unipolar depression
Histrionic personality disorder	Conversion disorder	General- ized anxiety disorder	Panic disorder (ancient phobic neurosis)	Agora- phobia	Obsessive- compulsive disorder	Obsessive personality

Fig. 2.1 Polar structuration of the psychotic and non-psychotic syndromes

each one needs the other emphatically so that in some way the one is contained in the other and vice versa. It is noteworthy how frequently we perceive infinite sorrow behind the joy and hyperactivity of the manic, and, inversely, how we perceive feelings of envy and aggressiveness behind the sorrow and inactivity of the depressive patient, which are almost impossible to intuit from solely considering his weakened and harmless appearance. Additionally, what draws one’s attention is the fact that situations triggering the two illnesses seem to be inclined to produce the opposite effect; they are marked by an inverse sign: what would result in joy for any normal person (a move to a better house, the happy marriage of a daughter, the birth of a child who is wanted, promotion at work, etc.) may trigger a depression, while those precipitating mania generally represent intolerable setbacks (e.g., the death of a very loved person, financial bankruptcy, the diagnosis of a serious or mortal illness, situations of great pressure, etc.). In other words, the manic develops his mania *against* depression, while the depressive patient develops his depression *against the* mania. What is manic can be seen as *what is positive* with respect to depression as a defense against that inability, that congealed anguish, that stopping of time. And conversely, what is depressing can be conceived as *what is positive* with respect to mania, as being saved from exhausting hyperactivity, from continuous disrespect for others or from an inability to maintain both thinking and behavior within rational and socially acceptable limits. We also observe a dialectic structure in the polarity established between the “not being able to” (*das Nicht-Können*) of the depressive phase and a total ability and availability in the manic phase.

But all the formerly-called endogenous conditions can also be seen as distributed between the depressive pole and the schizophrenic pole (Fig. 2.1). The extremes would be represented by unipolar depression and so-called disorganized schizophrenia. The schizo-affective psychoses would be equidistant from both poles. From these psychoses in the direction toward the schizophrenic pole, we observe the deployment of the rest of the forms of this illness: catatonic, paranoid and hebephrenic schizophrenia. In the other direction, we find cycloid psychoses, delusional manias, delusional depressions, bipolar forms and finally, unipolar depression. Janzarik (1959) suggested something similar in his description of “dynamic constellations



**Fig. 2.2** Fundamental psychopathological structures and their relation to common psychiatric syndromes (cf. Doerr-Zegers 1987)

in endogenous psychoses.” This conceptualization allows a greater fidelity to the clinical fact of the multiple transitions among the different psychopathologic syndromes and resolves the old dispute between the theory of the “unique psychosis” and the one postulating the existence of perfectly different nosological entities (Doerr-Zegers 1987). If we enforce this dialectic conceptualization and widen it to the previously called “neuroses” and to the severe personality disorders, we can order all psychopathological, non-organic syndromes in a rectangle very similar to the one Aristotle employed in the logic of judgment, with contrary, subcontrary, subaltern, and contradictory elements (Figs. 2.2 and 2.3).

Such a resolution deals with a strange case of isomorphism between the logical structure of judgment and the forms through which that psychopathological region of reality is disclosed to us. This scheme allows us to distinguish between contrary (schizophrenic and depressive, hysterical and obsessive) and contradictory (depressive and hysterical, schizophrenic and obsessive) structures. There are transitions between the contraries and not between the contradictions. Regarding the contradictions and excluding the character of hysteria and depression, I refer to the interesting works of Alfred Kraus (1977, 1987) and in reference to another dyad (i.e., schizophrenic versus obsessive structure), to an enlightening work carried out by Hermann Lang (1985).

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