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Chapter 10
Jaspers on Feelings and Affective States

Giovanni Stanghellini and René Rosfort

10.1 Introduction: Psychopathology, or the Enlightenment in Psychiatry

What is psychopathology? A rather sketchy, but not incorrect, answer is that psychopathology is a logos for pathos, i.e. a discourse about what troubles a person. Psychopathology provides a language to assess and make sense of the phenomena that express the vulnerability of the human person. Among the disturbing experiences that affect a person, emotions play a major role.

According to Jaspers, the founder of this discipline, psychopathology has two major aims. First, it offers 'clarification, order, formation' (GP, p. 33/38),[1] i.e. concrete descriptions, a suitable terminology, and systematic groupings that allow us to bring order into the chaos of disturbing mental phenomena as recounted by the patient and observed in her or his behaviour. Second, it aims at 'a psychopathological education' (GP, p. 44/50), i.e. endowing clinicians with a valid and reliable philosophical background, that is providing a philosophically sound methodology.

[1] We use the English translation of *Allgemeine Psychopathologie* (1997). With the aim of facilitating the process for readers who work with, or simply want to consult, the German original, we also refer to the pagination of the 7th edition of this work (1959). So in our references to Jaspers' text, the first page number refers to the English translation, whereas the number after the slanted stroke refers to the German original. When we disagree with the English translation, we have tacitly modified the text. The cross-reference will allow the critical reader to judge if our alternative is acceptable or not. To avoid ambiguity, we have chosen to include the German originals of central words and concepts in brackets in the text and in square brackets in direct quotations.

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Was Jaspers right about the relevance of psychopathology for psychiatry? We are convinced that he was. Since this is not the place to flesh out an argument for that conviction, we will merely list a number of reasons why we agree with Jaspers that psychopathology is an indispensable tool for any psychiatrist:

1. Psychiatry is a heterogeneous discipline. Its adepts approach the 'object' of their discipline from many different angles, as for instance neuroscience, depth psychology, sociology, and philosophy, each of which has its own language, methodology, and practice. Psychiatrists therefore need a common ground and a joint language. To Jaspers, disturbing mental phenomena are the main facts for psychiatry, and psychopathology—whose main focus is on abnormal experiences—is the shared language that allows clinicians with different theoretical backgrounds to understand each other when dealing with mental disorders.
2. Psychiatry addresses abnormal human subjectivity. Psychopathology attempts to define what is abnormal (rather than taking for granted commonsense views) as well as to grasp what is human in apparently non-human (e.g. irrational or nonsensical) phenomena.
3. Psychiatry aims at establishing rigorous diagnoses. Psychopathology is still highly useful in a field where the major disorders cannot be neuroscientifically defined as disease entities, but are exclusively syndromes that can be defined according to characterising symptoms such as, notably, abnormal subjective experiences.
4. Psychiatry is about understanding disturbed human experience, rather than simply diagnosing and classifying it. Psychopathology functions as a bridge between human sciences and clinical sciences, thus providing the basic tools to make sense of mental suffering.
5. Psychiatry is about caring for troubled human existence, rather than judging, marginalising, punishing, or stigmatising it. Psychopathology connects understanding with caring, and endeavours to establish an epistemological as well as ethical framework for this.
6. Psychiatry looks for a way to connect, or at least think together, first-person subjective experience with impersonal brain functioning. As Jaspers saw with admirable clarity, psychopathology is about bridging understanding (*Verstehen*) and explaining (*Erklären*) in research as well as in clinical settings.

A century or so after the birth of psychopathology, we can agree that 'psychopathology is the fundamental professional skill of the psychiatrist' (Oyebode 2008, p. 3). However, if we still need psychopathology, which psychopathology do we need? (Gross and Huber 1993). We think that there are three kinds of psychopathology, or better, three levels of psychopathological inquiry (Stanghellini 2009):

1. *Descriptive psychopathology*: The aim of this level is to systematically order, define, differentiate, and describe specific mental phenomena. These phenomena are thereby rendered accessible and can be described in specific terms. By grouping related phenomena on a purely phenomenological basis, the aim is to avoid any pre-established conceptual scheme or explicit theory about what these phenomena are. This is, of course, an ideal that demands a constant suspen-

sion of our ‘natural’ attitudes and pre-conceptions in order to let the phenomena themselves come to expression and, so to say, speak for themselves.

2. *Clinical psychopathology*: This is a pragmatic tool for connecting relevant symptoms and diagnostic categories with each other, and thus for restricting the scope of the clinical investigation to those symptoms that are useful to establish a reliable diagnosis. As Kurt Schneider (1967) defined it, it is an instrument for ‘pragmatic diagnostic use’, or the driving belt between the level of symptoms and that of nosographic syndromes (Rossi Monti and Stanghellini 1996).
3. *Structural psychopathology*: This must be considered the most ambitious level of psychopathology, namely that of reconstructing the overall meaningful structure of a syndrome. As Georges Lantéri-Laura puts it, ‘instead of the trivialities of semiotics, one puts it [psychopathology] at a level of global understanding […] at a level of synthetic knowledge’ (1985, p. 604). It endeavours to attain to a global level of intelligibility, assuming that the manifold of phenomena of a given mental disorder is a meaningful whole and not just a collection of symptoms.

In the case of emotions, we do need a precise description of emotional experiences, including a sharp and comprehensive characterisation of feelings (such as anger, dysphoria, sadness, shame, jealousy, etc.). We also need to connect given psychopathological syndromes with more or less definite types of emotional experience to enrich our system of classification of mental disorders. Finally, we need an in-depth understanding of the life-worlds that different emotions bring about, and of the meaningful connections between feelings and cognition, perception, action, and values in each of these life-worlds.

10.2 Jaspers’ Ambivalent Attitude to Emotional Experience

To Jaspers, emotional experience[2] is probably the fundamental topic in psychopathology. This can be argued by reading, for instance, his pages on the early stages of acute schizophrenia and delusional mood (*Wahnstimmung*)—an uncanny atmosphere of unattached feelings. In these pages, an alteration of mood (*Stimmung*) is at the origin of a deep metamorphosis of world experience:

> The environment is somehow different—not to a gross degree—perception is unaltered in itself but there is some change which envelops everything with subtle, pervasive and strangely uncertain light. A living-room which formerly was felt as neutral or friendly now becomes dominated by some indefinable atmosphere [*einer undefinierbaren Stimmung*]. (GP, p. 98/82)

[2] While in contemporary Anglophone philosophy there exists a significant conceptual difference between the term ‘emotion’ (intentionally—at times even cognitively—structured feelings with a more or less explicit propositional content) and the term ‘feeling’ (primarily referring to the perception of bodily changes), throughout this article we shall use the two words interchangeably as the translation of the German word ‘*Gefühl*’. As we shall see in the fifth section, we believe that there is a point to Jaspers’ rather vague conceptual terminology for human emotional experience.

The following stages of schizophrenia, including perplexity (*Ratlosigkeit*) and the formation of delusions, are traced back by Jaspers to these uncanny experiences brought about by a change in the mood (*Stimmung*) of the person. Further, in the chapter dealing with the patient's attitude to his illness, he explains how these ineffable feelings of change amount to a pre-reflective awareness that something is not right:

> At the beginning of a mental illness some persons undergo an uncanny feeling of change [*unheimliches Gefühl der Veränderung*] (as if they had been bewitched, enchanted, or there may be an increase in sexuality, etc.). All this adds to the awareness [*Bewusstsein*] of impending madness. It is difficult to say what this awareness really is. It is the outcome of innumerous individual feelings, not a mere judgment [*Urteil*] but something actually experienced [*wirklich erlebt*]. (GP, p. 415/345)

Subtle changes in our pre-reflective embodied engagement with the world, a change in existential feelings (Ratcliffe 2008), an uncanny emotional atmosphere, rather than explicit reflective disturbances, are what mark the beginning of psychosis.

Also, for Jaspers, feelings are fundamental to a person's well-being and self-understanding. For some persons, it is through a change in feeling and mood that they become aware of their own self; for instance, a basic emotional experience such as suffering (*Leiden*) is a central component in the various limit-situations. The awareness that something is wrong or simply not as it should be disturbs the person, although he or she may not be able to say what is actually going on. In fact, it is precisely the elusive character of these objectless and cognitively impenetrable feelings (Goldie 2000, pp. 100–111) that is disturbing. Jaspers argues that persons undergoing such experiences often feel an 'almost inescapable need [*Drang*] to give some content to such feelings' (GP, p. 113/95), and goes on to provide a detailed description of how this emotional need can result in a cognitive enactment out of such objectless, but highly comprehensive feelings:

> These new and unfamiliar feelings press for some understanding on the part of the person who experiences them. Countless possibilities are contained in them which can be realised only when intuition, imagination, form [*Gestalten*] and thought [*Denken*] have created a coherent world. There is therefore always a path which leads from these immense feelings of happiness to recognition [*Erkennen*]. The experience of blissful feelings starts with a conscious clarity [*Klarsehens*] without there being no real content to present. The patients delightedly believe that they have grasped the profoundest of meanings. Concepts like timelessness, world, god and death become enormous revelations which when the state have subsided cannot be reproduced or described in any way—they were after all nothing but feelings. (GP, pp. 115/95–97)

Notwithstanding the central place of feelings in Jaspers' clinical and existential analyses, he does not provide a systematic and coherent theory of human emotions—neither in the GP nor in the minor psychopathological writings, not in *Psychologie der Weltanschauungen* or in his philosophical works. While he works hard, in the GP, to describe and categorise various feelings and affective states, to account for which categories of abnormal affective states are related to which nosographic symptoms, and to attempt to make sense of the connection between emotions and extra-conscious mechanisms, these efforts remain scattered in several places and amount to a fragmentary picture of human emotional experience. The reader can—so to speak—see the single trees but is not provided with a panoramic

view of the whole forest. While he appears to be wary of extensive analysis of individual feelings and affective states, arguing that such an approach would most of the time 'only end in a vast array of trivialities' (GP, p. 108/91), he is outright dismissive of the possibility that feelings might teach us something about the cause and origin of mental disorders:

> Attempts have been made to let almost all abnormal phenomena derive from *feelings* [*aus Gefühle abgeleitet*]. If we use the term 'feeling' to denote everything for which common usage permits us to use the word, there is always some truth in this, but then it comes to very little if we go on to derive delusions, for instance, from feelings. Delusions of senselessness, sinfulness, and impoverishment were supposed to arise from a depressive affect in a rationally understandable way [*rational verständlich*], and it was generally supposed that the depressed patient concluded that there must be something which made him so miserable. People also wanted to explain delusions of persecution by the affect of distrust, delusions of grandeur by euphoric mood [*Stimmung*], but they did not realise that, though one may understand ordinary mistakes and over-valued ideas in this way, one can never do this with delusions [*Wahnideen*]. Furthermore, frightening hallucinations in sleep during fever or psychosis have been attributed to some kind of conditioned anxiety, and so on. We can, it is true, find meaningful connections [*verständliche Zusammenhänge*], and they can teach us something about the relationship of delusional content and previous experiences but nothing at all of how delusions, false perceptions, etc. could have come about in the first place. (GP, pp. 408–409/340)

So though feelings are central to the manifestation and subsequent development of a mental disorder, they are of no help whatsoever when it comes to understanding why or how a person suffers from such a disorder. In other words, Jaspers' attitude towards the role that emotions play in mental disorder appears to be rather ambivalent.

Now, we believe that explaining this ambivalence is imperative not only for understanding the role emotions play in Jaspers' psychopathology. It is also a necessary part of an argument for the relevance of Jaspers' psychopathology in contemporary psychiatry and clinical practice. But before venturing an explanation, we first need to take a careful look at what Jaspers actually has to say about emotions and affective states in the GP.

10.3 Feelings and Affective States in GP: An Overview

Jaspers' main description and analysis of emotions and emotional experience is limited to two paragraphs in GP, which add up to less than twenty pages. The first is found in Section One, § 5 (pp. 108–117/90–97), in the first chapter of Part One where Jaspers describes the phenomenology of individual features of our mental life. The section is entitled 'Feelings and Affective States' and is divided into a 'Psychological preface' and a 'Classification of abnormal affective states'. The second place is in Section One, (a)-(b) (pp. 367–372/305–310), in the second chapter of Part Two where Jaspers deals with meaningful connections in our mental life in view of extra-conscious mechanisms. This section is entitled 'Normal Mechanisms' and of particular relevance here are the first two subdivisions 'Experiential reactions' and 'After-effects of previous experiences'.

10.3.1 Previous Classification of Feelings

Jaspers introduces his treatment of feelings (*Gefühle*) and affective states (*Gemütszustände*) with a psychological prelude. Here he laments the state of emotion research at the time, which is lacking in clarity compared to research into sensation, perception, ideas, and even research concerning instinctual drive and act of will. In fact, he claims that both the word and the concept of 'feeling' remains highly confusing and appears to refer 'to everything for which we can find no other name'. At the same time, though, he is, as we have seen, sceptical of the trivialities brought about by scrupulous description and analysis of individual feelings, so instead he sets out to provide a synthesis of previous classifications of feelings. This amounts to the following catalogue:

1. *From a Purely Phenomenological Perspective*: We have three basic ways of distinguishing feelings: (a) feelings that are an aspect of conscious personality (*Persönlichkeitsbewusstsein*) and thus defining the self (*Ichbestimmtheit*) are distinguished from feelings that lend colour to object-awareness (*Gegenstandsbewusstsein*); (b) distinction by means of opposition, e.g. pleasure and displeasure, tension and relaxation, excitement and calm; (c) feelings without an object (*gegenstandslos*), i.e. how I feel in a given situation (*Zustandsgefühle eines Sichbefindens*), are opposed to those directed upon some object.
2. *According to Objects*: Feelings of fantasy (*Phantasiegefühle*), directed upon suppositions, are opposed to serious feelings (*Ernstgefühle*) directed upon actual objects. Also, feelings of value (*Wertgefühle*) that are either directed at the feeling person herself or at something extraneous, and can be distinguished as being either affirmative or negative (pride or humbleness, love or hate).
3. *According to Source*: This classification is made according to the different layers of our mental life (*Seelenleben*). Here we find four types of feelings (Scheler 1966): (a) localised feeling sensations, (b) vital feelings involving the whole body, (c) psychic feelings (e.g. sadness, joy), and (d) spiritual feelings (e.g. a state of grace).
4. *According to Significance*: The significance of a feeling with regard to life (*Leben*) or to the purposes of life (*Lebenszwecke*), i.e. feelings of joy can count as the expression of the promotion of a purpose in life, whereas feelings of distaste can count as expressing a hindrance.
5. *Particular Feelings vs. All-Inclusive Feelings*: Particular feelings (*partikulare Gefühle*) are those directed on specific objects or partial aspects of the whole, whereas in all-inclusive feelings (*Totalgefühle*), the separate elements are fused into comprehensive affective states (*Gefühlszustände*), e.g. irritable, 'feeling of being alive', etc.
6. *According to Intensity and Duration*: Here Jaspers follows what he calls 'the old and practical' division: (a) feelings (*Gefühle*) are the unique and original commotions of the psyche; (b) affects (*Affekte*) are momentary and complex emotional processes of great intensity with conspicuous bodily accompaniments and sequels; and (c) moods (*Stimmungen*) characterise the state of mind (*Zumu-*

tesein) or inner disposition (*innere Verfassung*) of a person; a mood is a result of prolonged feelings and colour the whole mental life while it lasts.

7. *Feelings vs. Sensations*: Feelings (*Gefühle*) are states of the self (*Zustände des Ich*) whereas sensations (*Empfindungen*) are elements in the perception of the environment and of one's own body (e.g. colour, tonal pitch, temperature). The latter is, furthermore, distinguished according to whether the sensations are object-directed (*gegenständlich*) or merely express the state of the body (*leibzuständlich*). In between those extremes, we find sensations that are both object-directed and bodily expressions, i.e. feeling-sensations (*Gefühlsempfindungen*) in which feelings, affects, and drives constitute a whole as is the case with, for example, hunger, thirst, fatigue, sexual excitation.

10.3.2 Classification of Abnormal Affective States

After this cataloguing of previous classifications of feelings and affective states (leaving the reader rather dissatisfied if not confused), Jaspers goes on to provide a tentative categorisation of abnormal affective states. He starts out by making a fundamental distinction between two kinds: (a) the genetically understandable affective states (*genetisch verständliche Gemütszustände*), i.e. the abnormally exaggerated and particularly coloured affective states that can nevertheless be understood in view of some previous experiences or situations; and (b) the endogenous affective states that spring from something irreducible in the soul (*etwas seelisch Letztes*), i.e. affective states that escape our understanding and can be explained only in terms of extra-conscious causes (*ausserbewusste Ursachen*). He notices that language has enabled us to name many of these all-embracing abnormal affective states (*abnorme Gesamtzuständlichkeiten des Gefühls*) such as grief, melancholy, cheerfulness, and he concedes that certain typical states can indeed be recognised, for instance, the gloomy mood of depression or the silly, awkward blandness of hebephrenia. Once again, however, instead of examining the nature and phenomenological character of this emotional tonality, he chooses merely to examine the most particular and noteworthy 'out of the host of trivial affective states' (GP, p. 110/92). What is most characteristic of this part, though, is his attempt to connect each category of abnormal feeling with nosographic syndromes:

8. *Changes in Bodily Feelings*: Bodily feelings (*Leibgefühle*) are closely related to physical symptoms. They constitute a foundation for our entire feeling-state (*des gesamten Gefühlszustandes*), and often undergo a significant change in psychosis and personality disorders. We have, however, only slight knowledge of these vital and organic feelings (*Vital- und Organgefühle*) due to the fact that it is difficult to empathise (*kaum innerlich nachzufühlen*) with pathological changes in bodily feelings. He notes, without commenting further, that Kurt Schneider considers changes in vital feelings, located primarily in the limbs, chest, forehead and stomach, as the core of cyclothymic depression.

9. *Changes in Feelings of Capacity:* A feeling of insufficiency (*Gefühl der Insuffizienz*), e.g. being useless, incompetent, incapable of action, unable to think, remember, understand, and make a decision, are characteristic of depression, partly as primary phenomena and partly as feelings of actual insufficiency.
10. *Apathy*: We find the total absence of feelings (*Fehlen der Gefühle*) in acute psychoses where the person is utterly incapable of taking an interest in what goes on around him. He appears to be 'dead with wakeful eyes' and completely indifferent as to what befalls him. Accordingly, there is no incentive to action (aboulia), and the life of the person (*Seelenleben*) is entirely governed by what Jaspers calls object-consciousness (*Gegenstandsbewusstsein*), i.e. making sense of the world only in terms of rational understanding (*Verstand*). Due to the paralysing character of this feeling-state, the patient will die if he is not fed and cared for.
11. *The Feeling of Having Lost Feeling*: The feeling of having lost feeling (*Gefühl der Gefühllosigkeit*) is the odd experience of not having any feeling at all, which we find in psychopaths, depressives, and in the initial stages of all pathological processes. It differs from apathy by being a painful feeling of non-feeling (*Fühlen eines Nichfühlen*), a subjectively felt emptiness of feeling (*subjektiv empfundene Gefühlsleere*). And although the afflicted persons are convinced of not feeling anything, this non-feeling is characterised by an anxiety that becomes manifest in bodily symptoms.
12. *Change in the Feeling-Tone of Perception*: The change in the feeling tone of perception (*Gefühlsauffassung*) is particularly complex in acute psychosis. Here we find an increase of feeling towards normal objects as well as alterations of the character of feeling (*Gefühlscharakter*) resulting in abnormal feeling-sensations (*sinnliche Gefühle*). Things take on a life of their own in the sense that one can speak of 'a physiognomy of things' (*Physiognomie der Dinge*) expressing their psychic essence, e.g. cold and strange, clear and full of meaning, solemn and wonderful, divine and far removed, ghastly and spookish. Besides these feelings that are primarily object-directed, we can also find painful changes in empathic feelings (*Einfühlen in andere Menschen*) which can lead to either an abnormally strong empathy or the opposite where people appear as automata or soulless machines.
13. *Objectless Feelings*: Experiences that cannot be understood in terms of their development (*genetisch unverständlichen Erlebens*) manifest themselves in objectless feelings (*gegenstandslose Gefühle*). These feelings are free-floating, and '[i]f they are to become meaningful to the subject, these feelings must first search for an object or try to create one'. Anxiety (in depression) is one of these objectless feelings. Jaspers distinguishes two basic kinds of anxiety: (a) a specific feeling-sensation of the heart that manifests itself vitally, affecting one's body or parts of it; and (b) a basic state of the soul (*Seelenzustand*) that involves our being human (*Dasein*). Anxiety in general is closely related to bodily sensations such as feelings of pressure, suffocation, and tightness, comes in many shapes and degrees of intensity, and may result in slight, anxious tension as well as ruthless acts against oneself and others. However, Jaspers concludes that 'it is not possible to understand the existential anxiety any further

in a phenomenological perspective. It is the source of our existence (*Existenz*) and a fundamental feature of our being human (*Dasein*) as it manifests itself in limit-situations (*Grenzsituationen*)' (GP, p. 113/95). Anxiety often involves a lively feeling of restlessness (*Gefühl der Unruhe*) that can, however, also come about without anxiety. In psychosis, this feeling of restlessness is heightened to a tension and a pressure that is often experienced by the person as an unbearable massive weight of impressions. Jaspers also describes abnormal feelings of happiness (*abnorme Glücksgefühle*) as a multifarious objectless feeling-state, ranging from purely sensuous feelings of pleasure (*Lustgefühle*) to religious-mystical ecstasies of which the latter can be found primarily in schizophrenic persons.

14. *The Growth of Worlds from Objectless Feelings*: We have already mentioned this peculiar aspect of objectless feelings, namely, that they create an 'almost inescapable need to give some content to such feelings'. Here Jaspers explains that, for example, feelings of happiness often involve feelings of clarity, experiences of God (*Gotterleben*), and feelings of absolution (*Begnadungsgefühle*), which quickly drives the patient from the world of feeling into the concrete world of delusion, e.g. feeling holy, a child of God, the Messiah, a prophet, or Maria. These affective states are not only found in beginning schizophrenia, but also in epileptics or as a result of poisoning, and can also be found occasionally in healthy persons, for instance, in ecstatic mystics.

10.3.3 Extra-conscious Mechanisms

The concept of extra-conscious mechanism (*ausserbewusster Mechanismus*) is particularly interesting, since such mechanisms 'are the understructure of our mental life (*Unterbau des Seelischen*)' without which 'the meaningful connections (*verständliche Zusammenhänge*) could never be realised', and as such they function 'as an extra-conscious precondition of mental phenomena and of their effects on bodily function' (GP, p. 364/303). As of yet, Jaspers notes, there has been no successful description of these mechanisms in more exact bodily or biological terms. In fact, the mechanisms 'are not accessible to investigation', and we can only know about them indirectly—grasp 'a glimmer of meaning' (*einen Schimmer des Verständlichen*)—through the effect of their meaningful connections in our mental life. They remain purely psychological and theoretical concepts helping us to bring some order into mental phenomena that can be captured by neither a purely somatic nor an intellectualistic approach. One of the best guides to those hidden mechanisms, according to Jaspers, is still Nietzsche's analyses of their effects. Any attempt to go beyond this modest conception of the extra-conscious mechanisms still remains unverifiable speculation—as is the case with the Freudian theory of our unconscious life, even though such theories may sometimes bring about 'surprising insights'.

In order to avoid speculations of this kind or drown in the 'infinite world of human experiences', Jaspers deliberately confines his descriptions to how the extra-conscious mechanisms affect the 'different ways in which meaningful connections

come about in actuality'. He proceeds to describe how normal mechanisms are at work in reactions to experience, after-effects of previous experiences, dreams, suggestion, and hypnoses (GP, pp. 367–381/305–317), and how abnormal mechanisms influence pathological experiential reactions, abnormal after-effects of previous experiences, abnormal dreams, hysteria, and psychosis (GP, pp. 381–413/317–344).

Of these detailed descriptions, the first two are those most germane to Jaspers' understanding of emotions:

1. *Reactions to Experience (Erlebnisreaktionen)*: Out of the endless variety of human experiences, Jaspers picks out the fundamental experiences (*Urerlebnisse*) that every human being undergoes through time, namely, experiences that momentarily shake or agitate a person and afterwards contribute to form his or her being (*Wesen*). He distinguishes between two basic forms of fundamental experiences:

   a. Violent emotional shocks (*heftigste Gemütserschütterungen*) caused by sudden experiences. These include feelings of terror, horror, and rage and are often the result of life-threatening situations such as a sexual assault, an earthquake, or death.
   b. Deep emotional changes (*tiefe Gemütsveränderungen*) growing slowly out of a persisting destiny (*Schicksal*). These prolonged emotional states may develop out of the vanishing of hope with increasing age, lack of positive experiences, lifelong captivity, the crumbling of self-deceptions, etc.

The violent emotional shocks bring a person into an emotional state and provoke experiences that appear abnormal when compared with humdrum everyday life. Such experiences can be considered normal so long as they can be controlled, do not have obscurely disturbing consequences, and remain within the range of what most people experience. These pliable criteria of normality are important to be aware of, for—as Jaspers writes—'human beings have an extraordinary capacity for extreme endurance'. The deep emotional changes, on the other hand, are normally connected with sexuality, erotic life, anxiety about one's life and health, money problems and material welfare, professional and social life, and not least with politics and religion. Understanding the deep emotional changes requires a different approach from the one used when dealing with violent emotional shocks. With regard to the latter, the extraordinarily intense character of the situation is normally the explicit cause of the emotional reaction, i.e. the reaction depends more on the situation and less on the individual person. Deep emotional changes are different because, to uncover meaningful connections in these more subdued and inarticulate feeling-states, 'we must apply ourselves to the particular content of each individual case' (GP, p. 367/305).

2. *After-Effects of Previous Experiences:* Here Jaspers starts with the apparently obvious observation that '[e]verything we experience and do leaves traces and slowly changes our disposition [*Veranlagung*]', and that a reversal of past experiences and actions is impossible. To emphasise that this is not a trivial observation, he enigmatically claims that '[i]n this lies the personal responsibility [*das persönlich Verantwotliche*] involved in every single experience'. He individuates

five kinds of paradigmatic after-effects of previous experiences [*Nachwirkung früherer Erlebnisse*]: memory traces, practice, mechanisation, habits, and the effects of complexes. And since he has already dealt with the first three earlier (Part One, Chap. 2, 'Objective Performances of Mental Life'), in this section he concentrates on the last two:

a. Habits (*Gewohnheiten*) dominate our life to a degree that we are rarely aware of. They are, according to Jaspers, '[o]ur second nature [*zweite Natur*]'; they render many aspects of our life unremarkable or unnoticed, for better or for worse; and 'the spontaneity of our psyche' retires in front of this monotonous work of our habits. They derive from repeated experiences and have a lasting effect on emotional responses.
b. The effects of complexes (*Komplexwirkungen*) are certain dispositions formed by the '[a]fter-effect of previous emotionally toned [*affektbetonter*] experiences, particularly unpleasantly-toned [*unlustbetonter*] ones', and complexes are 'supposed to characterise a particular, irrational after-effect arising from some experience in the past'. He describes four typical after-effects involved in complexes:

    1. Affects—like habits—can be fully roused again through association as soon as one element of the original reappears;
    2. Affects can displace themselves so that objects experienced together with unpleasant experiences may appropriate their particular feeling (*Gefühlscharakter*). This displacement accounts, among other things, for the countless subjective values that people without any apparent reason ascribe to particular objects.
    3. Unpleasant experiences are dealt with (*verarbeiten*)—in one way or the other. Either we freely vent our emotional reactions to them (*Abreagieren*) or we deal with them intellectually (*intellektuell verarbeitet*).
    4. Unpleasant experiences that are simply repressed or blocked out without any such intellectual processing tend to show exceptionally strong after-effects—although repression can also take place without any effect, particularly in 'indifferent and dull individuals'. The description of these extra-conscious mechanisms may immediately appear to be very similar to what psychoanalysis defines as defence mechanisms, but as we saw earlier, Jaspers prefers Nietzsche to Freud and his followers when it comes to the obscure forces at work in the human mind. One thing is certain, though: Jaspers does not underestimate the sway that such complexes hold over a person. In fact, he claims that '[c]omplexes have the tendency to dominate the person [*Mensch*] to such an extent that the person no longer has complexes, but the complexes have him' (GP, pp. 371–372/309).

10.4 Jaspers' Asymptotic Understanding of Emotional Experience

Without any doubt, Jaspers' psychopathology of emotional experience has many strong points which make it a valuable basis for further analyses and conceptualisations. He has made us aware that emotions are central to understanding mental disorders. His argument for the crucial importance of suffering in mental illness shows that in order to understand mental disorders, we need to describe and understand, when possible, the subjective character and development of emotional experience, how emotions are connected with nosographic syndromes, and finally the person's attitude (*Stellungnahme*) to his or her emotional experience. In this sense, Jaspers admirably laid the foundation for psycho-patho-logy as a discourse (*logos*) that endeavours to articulate the emotional suffering (*pathos*) that troubles the human mind (*psyche*).

Although his analysis of emotions is kaleidoscopic and remains incomplete, Jaspers manages to show that the phenomenological perspective of descriptive psychopathology and the pragmatic perspective of clinical psychopathology cannot stand alone. They need to be supported by a more comprehensive, structural view of human nature if the clinician is not to fall prey to unwarranted prejudices or intellectual short-cuts, i.e. either 'the brain mythologies' (*Hirnmythologien*) or the speculative 'anti-reason' (*Widervernunft*) of psychoanalysis (GP, p. 18/16; Jaspers 1950, pp. 17–24, 1951, pp. 221–230). This is the philosophical ambition behind the GP, already present in the first edition but becoming more and more explicit as Jaspers' philosophy develops (Kirkbright 2008). We return to this structural level of his approach in a moment, but first we will evidence Jaspers' achievement in regard to the descriptive and the clinical levels psychopathology defined in the beginning.

Jaspers' insistence on phenomenology is basically an attempt to make a discourse about feelings, i.e. *not to treat them as cognitive phenomena per se*, but rather to use cognition to finely describe, rigorously define, and classify them systematically. This is of indisputable value to descriptive psychopathology, since there is always the risk of over-intellectualising when it comes to emotions (Goldie 2000, p. 41), that is to say, reading emotional experience as a result of cognitive problems rather than as a disturbance in our pre-reflective engagement with the world, other people, and ourselves. This emphasis on the significance of the emotional dimension of mental illness is one of Jaspers' most important contributions to contemporary descriptive psychopathology. And while we have come a long way since the GP, there is still much work to be done when it comes to describing, defining, and classifying the various aspects of emotional experience. It remains an open question to what extent we may speak of a dividing line between the cognitive and the affective aspect of human experience. It is certain, though, that if it is there, it is a highly blurred and unstable line that requires a constant phenomenological effort to distinguish the various feelings, emotions, and moods that are at work in human experience (e.g. Strasser 1956; Schmitz 1992; Fuchs 2000).

Jaspers not only provides an outline of how to proceed along these descriptive lines; his analyses are also of clinical value, since they attempt to bridge between descriptive and clinical psychopathology by coupling various abnormal feelings (e.g. abnormal vital feelings) with nosographical syndromes (e.g. major depression). His pages on *Wahnstimmung* (GP, pp. 98–104/82–87), for instance, are still a classic and unsurpassed *topos* in phenomenological psychopathology. A particularly important is the demonstration that the afflicted person's experience of suffering (*Leiden*) is the core of our understanding of mental illness. In this way, Jaspers succeeded in showing that emotional experience cannot be considered merely as a more or less accidental by-product of neurological or rational disturbances.

These descriptive and clinical achievements notwithstanding, Jaspers' treatment of emotions is not satisfactory. What we seem to lack is a development of the structural level of a psychopathology of emotional experience. Jaspers does not provide us with a comprehensive theory of emotion that can help us understand not just the descriptive or clinical aspect of human emotional experience, but more generally the role emotions play in overall meaningful structure of pathological syndrome. However, without connecting the dots, so to speak, he does provide us with interesting 'hints' in that direction.

One of these 'hints' is the outline of how to connect objectless feelings with the growth of 'private worlds', which marked an important advance in our understanding of mental suffering that is still highly relevant today. Narratives of existential suffering and pathology serve as evidence of the need to have the person pinpoint her disturbing feelings of strangeness, non-familiarity, and alienation. The interplay between these unattached, free-floating feelings and the patient who takes her stance in front of them is the cornerstone of the *dialectic model* in psychopathology (Stanghellini 1997a, b; Stanghellini and Rosfort, in press; Stanghellini et al., forthcoming); i.e. the growing of 'private worlds' out of non-intentional feelings is at the heart of the dialectical understanding of delusions and other fundamental psychopathological phenomena.

Another of these hints is Jaspers' rather sketchy attempt to connect extra-conscious mechanisms with conscious feelings and cognitions, especially in the part on normal mechanisms. The intimate connection between the involuntary source of emotions and the way they structure the person's field of experience and life-world is at the heart of contemporary research on emotions (e.g. Stocker 1996; Pugmire 1998; Goldie 2000; Solomon 2007; de Sousa 2011), and is linked with the theme of the limits of human understanding. Jaspers' psychopathology is an *asymptotic kind of knowledge* that tries to push understanding to its extreme limits without ignoring its limitations. Articulating emotions contributes to make intelligible what is cognitively impenetrable, or unintelligible in terms of rationality.

When these two hints are held together, they bring out the mind-numbingly complex interplay of necessity (fate) and moral accountability that lies at the heart of any pathology of the mind—as well as of any psychotherapy. To what extent can a person be held responsible for his own recovery? What is the relation between freedom and nature in mental suffering? Can we find a sparkle of freedom in the obscure regions of mental suffering, and if we can, how do we help the patient to

deal with the accompanying responsibility to articulate, make sense of, and eventually cope with that which troubles his fragile and vulnerable sense of being a person? This last aspect of Jaspers' structural outline of the role emotions play in psychopathology discloses, we would argue, the reason for his reluctance to formulate a theory of emotions. The question of responsibility is fundamental to psychotherapy, because the way in which a clinician answers this question in the form of her approach to care and therapy (drug prescription, explanatory models, diagnostic criteria, etc.) reveals her—more or less articulate—philosophical understanding of human nature. The therapeutic engagement, in other words, reveals how descriptive and clinical psychopathology cannot avoid—in the therapeutic procedure—employing a basic structural view on mental illness that depends on some conception of what it means to be a human person.

When it comes to understanding human nature and personal responsibility, emotions are perhaps the most notoriously obscure of our mental phenomena, and we believe that Jaspers' philosophical awareness of this obscurity is the reason for his ambivalence towards human emotions. As mentioned earlier, emotional experience remains at the heart of his thinking, but not even his explicit philosophical writings provide us with a theory of emotions. We do not believe that this is simply the result of a careless neglect on Jaspers' part. On the contrary, the unwillingness to construct an overall theory of emotion is part and parcel of the peculiar combination of philosophy and science that informs and shapes his thinking about human nature—in psychopathology as well as philosophy. Jaspers operates with what has been called an 'empiric-methodological Cartesianism' (Wiehl 2008, p. 15; see also Wiehl 2007) characterised by a strict distinction between scientific explanation (*Erklären*) and philosophical understanding (*Verstehen*). Without going into the long and complex debate about this methodological dualism in Jaspers thinking, we will simply note that while Jaspers acknowledges and respects the inescapable explanatory significance of the biological aspect of human nature, he nevertheless works with a philosophical conviction that the freedom and responsibility of every single human person is inexorable and plays a fundamental role in mental suffering (remember the enigmatic statement about personal responsibility above).

In the next section, we will explain how this 'anthropological dualism' (Wiehl 2008) makes a philosophical understanding of human nature impossible. This, in turn, will enable us to make sense of his ambivalent stance towards human emotions.

10.5 Human Nature and Emotional Experience

In Part Six, written for the fourth edition in 1946, Jaspers famously argues that we are faced with the obligation (*Forderung*) to integrate our knowledge of human nature with our psychopathological, because science demands a systematic and holistic approach (GP, pp. 748–750/625–626). The problem is, however, that this is not possible in a scientifically satisfactory way, since 'in the end being human [*Menschsein*] itself remains an open question, and so too does our knowledge of it' (GP, p. 749/626).

Jaspers was well aware that this refusal to provide a comprehensive theory might give rise to objections to his work, among which the most obvious would be that '[t]his psychopathology does not give any concretely united [*gegenständlich geschlossenes*] picture of the whole; everything is dismembered or else stands rigidly parallel. The multiplicity of the material and of the different approaches is confusing. No picture of the sick human being [*Menschseins*] emerges' (GP, p. 747/624). Jaspers explains the reasons for his approach as follows: (a) what counts is whether the differentiations between phenomena are sufficiently clear; (b) the non-systematic structure is motivated by a conscious rejection of succumbing to any one approach; and (c) he intends to oppose all dogmatic theories of being (*Seinsdogmatik*). In other words, we should not look for a systematic design of human emotional experience 'showing how everything we know has its place somewhere within this construct or as part of it' (GP, p. 748/625). Rather, what we need to organise, writes Jaspers, is '*the way we gain such knowledge*' (GP, p. 748/625). Jaspers adopts an eloquent metaphor: 'A synthesis is not like an outline [*Entwurf*] of a continent but more like an outline of possible ways to explore it' (GP, p. 749/626). What we need is a *method* rather than an 'ontological theory of human life' (GP, p. 749/626). Jaspers has epistemological as well as ethical reasons for his scepticism of strong metaphysical claims about emotions, and about human nature in general.[3] Since we can know human nature 'only through ourselves—that is only through our contact [*Umgang*] with human beings' (GP, p. 748/625), we cannot aspire to arrive at an utopian epistemological 'view from nowhere' from which we are able to construct a scientifically warranted theory of human nature. The best we can hope for is a critical awareness of ourselves and of the methods we adopt to establish this human contact is quintessential. And from an ethical perspective, whenever we generalise single observations trying to establish a general theory, we renounce on the individual expressions of freedom that we experience through the contact with each single person.

The question of responsibility remains the crux of any attempt to explain and understand what emotions really are, how they influence our thought and actions, and eventually how we should cope with our emotions—in health as well as in illness. This inescapable connection between emotions and responsibility means that any explanation of emotions always involves a basic understanding of human nature—even if this understanding is not clearly formulated. This can be illustrated if, for a moment, we turn to a fundamental debate in contemporary philosophy of emotions. This debate concerns what emotions really are, and it is conducted from the perspectives of two incompatible types of explanations. On the one hand, we find the so-called feeling theories (e.g. Prinz 2004; Damasio 2003) that argue for an explanation of human emotions in terms of core evolutionary themes (e.g. survival and reproduction) and physiological changes in our body. On the other, we have the so-called cognitive theories (e.g. Solomon 2007; Nussbaum 2001) arguing for an explanation in term of intentional structures and cognitive operations in the light of ethical and societal norms. The principal difference between the two approaches

[3] For a historically careful and admirably clear philosophical treatment of Jaspers' critical stance towards the philosophical anthropologies of his day, see Lehnert (2006).

is that the cognitive theories opt for a view of emotions as constituted primarily by personal factors, while the feeling theories advocate a picture of human emotions as primarily informed and shaped by cross-species, evolutionary themes and anonymous biological values. These two kinds of explanations of human emotions entail two fundamentally different pictures of what it means to be human. The cognitive theories present us with a conception of human nature as being primarily a person whose existence is informed and orientated primarily by rational strategies and ethical standards, while the feeling theories insist that a human being is simply a biological organism functioning on a par with every other living organism in nature that knows nothing of rationality or ethical ideals.

The gist of what it means to be human in the cognitive theories is expressed with unabashed vigour by the late Robert Solomon:

> [T]ypically, our emotions are both unplanned and more or less dictated by circumstances and it would make little sense to insist that we are responsible or ought to take responsibility for our emotional responses. But even so, there is a self-fulfilling prophecy involved here that cannot be easily denied […] When we look into our emotional life with the idea that we are or might be responsible and ask ourselves those probing questions, "what am I doing this for?" "What am I getting out of this?" we often see aspects of our strategic behavior that would otherwise escape us. By contrast, if we look into our emotional life with the idea that our emotions are forces beyond our control that happen to us, we are prone to make excuses for ourselves and resign ourselves to bad and destructive behavior that otherwise might be controlled. (Solomon 2007, p. 199)

This picture of a human being as a person ultimately responsible for his or her emotions is countered by Jesse Prinz, who argues for a biological understanding of human nature. Prinz does not deny that human beings are moral creatures, nor does he reject the inherent relation between emotions and moral values. In fact, he goes further than most cognitive theorists of emotions would be prepared to go by arguing bluntly that 'moral values are emotional values' (Prinz 2012, p. 329). On Prinz' account, however, emotions are not constituted by our cognitive engagement with the world, but by pre-reflective somatic signals in the physiological landscape of the body; or to put it differently, for Prinz, 'somatic signals are both necessary and sufficient for emotions' (Prinz 2007, p. 60). Emotions have their own impersonal life, and just as each person has her individual bodily constitution, shaped by core evolutionary themes and more proximate cultural factors, so her basic emotional constitution is developed in ways that are out of her control. A person may simply have what Prinz calls 'a calibration file for amusement that contains representations of others' misfortune'. The automatic function of such an emotional calibration leads him to conclude that emotional experience and emotional responses cannot be assessed or evaluated by the obfuscated ideas of personal responsibility, let alone by ethical standards:

> It is not wrong to feel amusement when one encounters something that matches the contents of your amusement file. Nor is it right. Once a calibration file has been set up, we cannot help but react to its contents. This is one source of emotional passivity. The response to items in our calibration files is automatic, and falls outside the jurisdiction or normative assessment […] There is a sense in which the most heinous passion is as innocent as seeing an afterimage. (Prinz 2004, p. 240)

Our intention with this brief excursion into a contemporary debate in philosophy of emotion is to show that explaining human emotions involves a conception of what human nature is that, as we have seen, Jaspers believes lies beyond the scope of human understanding.

10.6 Conclusion: Responsibility and Personal Suffering

As we have already seen, Jaspers is sceptical of attempts to arrive at a comprehensive theory of human nature. In fact, a central pillar in his philosophy is exactly that an individual human being can never be explained by a general theory. The individual is a unique person who thinks, feels, and behaves in ways that escape our attempts to understand that individual through a theoretical approach. We may explain the particular aspects of an individual person, but we may never fool ourselves into believing that such explanations can lead us to an understanding of that person:

> *The human being as a whole never* becomes *an object of understanding* [*Erkenntnis*]. Being human [*Menschsein*] cannot be systematised. Whatever the complex unity in which we think we have caught a human being, he himself has always escaped us. All knowledge of the individual has its own particular aspect; it always demonstrates *one* reality but not the reality of human nature. It is knowledge in suspense and not final. (GP, p. 767/641)

What is at work here is Jaspers' notorious 'theorem of incomprehensibility' (Baeyer 1979) that Wolfgang Blankenburg has elegantly explained in the following way: 'Where understanding ends, nature begins—be that in physiological form (e.g. fatigue or sleep) or in pathological processes (i.e. in form of an illness that destroys the life of the mind [*Seelenleben*]. In short: Where understanding ends, we have to explain' (Blankenburg 1986, p. 143).

Jaspers approaches human nature with what has been called a 'methodological particularism' (Rinofner-Kreidl 2008). This approach, he believes, is particularly warranted in psychopathology, where the suffering person risks becoming a mere 'object for medical interference [*Objekt ärztlicher Einwirkung*] in the sense that all behaviour [*Tun*] is considered a means to an end', that is to say, in our capacity of trained clinicians and psychotherapists we are always in risk of neglecting the experience of the patient, in particular if we treat the person 'according to certain fundamental opinions about human beings (that normally remain obscure), according to conventional rules and common ideas about what is desirable, what is useful, and about human happiness' (Jaspers 1956, p. 125). By turning the suffering person into an object for medical explanation, we have already implicitly decided upon the extent to which that person can be held responsible for his or her suffering. We thereby explain away the autonomy of suffering and occlude the fragile dialectics of rationality and biology at the heart of mental disorders. The person's responsibility for his or her illness is always an open question that cannot be understood, but can only be approached in a careful exchange with the patient. We must, in other words, respect that human suffering is ultimately incomprehensible due to the obscure complexity of biology and rationality in human nature, while constantly trying to

improve our understanding and explanation of what it means to suffer. In this way, the 'theorem of incomprehensibility' can be understood as Jaspers' attempt to safeguard the autonomy of the suffering person, without neglecting that a person's sense of responsibility becomes severely disrupted in mental disorders.

Where does this leave us with regard to Jaspers' ambivalence concerning emotions and emotional experience in the GP? Now, as we have seen, there are few aspects of human experience and behaviour that warrant the 'theorem of incomprehensibility' as evidently as that of feelings and affective states.

First, explaining emotional experience in terms of a theory of emotions entails an understanding—be that articulated or not—of human nature. Jaspers thinks that such an understanding is impossible. To understand a person in the light of a theory would imply objectifying human complexity and sacrificing the individual person to our own norm of what a person is supposed to be or should be. What we need, according to Jaspers, is not an all-encompassing theory, but much more modestly a palette with different shades of colour that may allow the clinician to recognise the kind, the tonality, and the intensity of emotional experience at play in the single individual.

Second, emotions are the most embodied of our mental phenomena. We must acknowledge that it is close to impossible when it comes to emotional experience to disentangle what is purely biological (thus un-understandable) from what is affected by our intentional and cognitive capacities.

Third, emotional experience is intimately subjective. Feelings may be irrational, stupid, alienating, or inappropriate, but still they are part of who we are. They are inescapable part of our character and thus that which makes us the unique individual that we are. Also, feelings are closely related to personal values and societal norms. All this makes them particularly difficult to handle from the perspective of an objective approach.

Fourth, the question of responsibility becomes explicit with regard to emotional experience. Formulating a theory of emotions would necessarily mean taking a stance with regard to the extent to which a suffering person can be said to be responsible for her emotions. The question of the responsibility of the person in front of her emotions must remain open. No general theory can help us understand the concrete individual existence of a human person, i.e. what 'the real, living existence of a human being' (Jaspers 1956, p. 19). Nobody can choose her emotions, nonetheless, at least in some cases, we can decide whether to act accordingly to an emotion or not. The possibility (or impossibility) to decide depends on the proportion between the quality and the intensity of an emotion and the person's capacity to cope with it and make sense of it. This proportion, or disproportion, depends on many *personal* factors that escape an impersonal theory and conceptualisation, as for instance life-history, cultural and intellectual individual resources, personal values, present situation, societal constraints, etc.

Fifth, and most important, understanding the other person's troubled emotional experience is not just an epistemological problem that can be solved relying on a general theory that does the job for us. Making sense of the other person's suffering is an *ethical* problem that necessarily implies feeling and being responsible for the way *I* as a clinician understand it.

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