

## Why Philosophy is So Important to Psychiatrists According to Karl Jaspers

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The relationship between medicine and philosophy is not new. Hippocrates did not regard medicine as separate from philosophy, *iatros philosophos isotheos* [1]. This view would continue to prevail until the development of experimental medicine, positivism, and psychiatry as a medical speciality, recognized in the middle of the 19<sup>th</sup> century. It is from this perspective of a unity between medicine and philosophy, and henceforth between psychiatry and philosophy, that we approach the thought of Karl Jaspers (1883-1969).

When the fourth edition of his book *General Psychopathology* was published, Jaspers added a sixth part that approached questions from a philosophical perspective, according to their general relevance. He noted that this section did not add anything new to our knowledge of psychopathology, in other words, that his treatise did not contribute to further knowledge of the sick man in its totality, because any scientific knowledge is naturally fragmented [2]. Nevertheless, at the limits of scientific knowledge, there emerged a consciousness of being that was accessible through philosophical thought.

The first goal of our text is to grasp what philosophy can bring to psychiatry. The second goal consists of exploring the thought of Karl Jaspers to determine whether we can think of ethics as other than a prescription of expected behaviour and the imposition of a normative framework on psychiatry, even though Jaspers did not specifically write about medical ethics, despite the persistence of his interest in questions about medical relationships. The third goal consists in questioning the relevance of teaching philosophy to future psychiatrists. We shall conclude with the idea that philosophy is essential to psychiatry because existential questions permeate the human existence throughout one's life, including in moments of crisis. And it is these questions, when illuminated, that will give psychiatry a human side and enable human beings to make better existential choices.

We shall limit ourselves to the last pages of *General Psychopathology* and on four papers, all written between 1948 and 1958, *The Idea of the Physician, Doctor and Patient*, *The Physician in the Technological Age*, and *On Studying Philosophy*. In the interest of greater simplicity, the term "psychiatrist" includes psychologist, doctor, psychotherapist, and any other health care professional.

### What a human being is

This concern of subjective experience was inspired by phenomenology. Before writing *General Psychopathology*, Jaspers was already considering this issue. In his article *The Phenomenological Research Direction in Psychopathology*, published in 1912, he shows the relevance of phenomenology in describing the human mind to gain better understanding of subjective experiences. The idea of phenomenology is to perceive experiences or objects of thought without a theoretical lens, premise, or a conceptual framework. It is to practise what Husserl calls a "back to things themselves".

One of the main goals of *General Psychopathology*, in its first edition in 1913, was to give a kind of value to subjective symptoms. A good scientific investigation on mental illness must take into account the subjective symptoms from the perspective of the patient. Even if it is difficult or impossible to have direct access to these subjective experiences, the psychiatrist can relate to the other person through empathizing from the expressions and the words of the patient. But empathizing gives us access only to a limited sphere. A hidden part always remains.

Jaspers warns us against the idea that we could draw a complete map of the human being, because the human being remains a question, an enigma that stays at the margin of any knowledge [2]. Inspired by Kant, Jaspers reminds us that it is not possible to understand a human being in its totality. As Jaspers said: "Man as a whole is not there for us to know. His existence is differentiated from that of any object" [2]. He adds that this totality of the human being is only an idea without object [2]. Consequently, it is not a question of knowing the human being in his entirety, but to consider him, which means to elucidate his existence or bring his existence to light. Jaspers repeats it often, it is not knowledge that we need for understanding the human being, but an illumination, mainly when the person is dealing with illness, suffering, and the possibility of dying, which are "boundary situations".

If, at the beginning of his existence, a human being views life as a unity, illness will fragment that unity and the continuity of this life becomes broken. Hence, people dealing with illness are confronted with having to make life choices and, consequently, to questioning existence itself. The experience of illness disrupts and shakes up one's understanding of existence to the point that often the person no longer comprehends what is happening to his life. His life is not as it used to be. In brief, the path of one's ordinary life and the meaning of existence are not obvious anymore. As has been pointed out by Jaspers, life for the patient stands still with no sense of a future. "He is no longer at home anywhere, not in togetherness and not in himself. He experiences the destruction of his historical existence itself as the annihilation of the meaning of his life, as the end of his world" [2]. We are witnessing a rupture in being. Existence, through the illness, the suffering and the possibility of death, appears overnight to be a mystery that needs to be illuminated and that leads to philosophical reflection.

### What philosophy is to Jaspers

To Jaspers, psychiatry as a science without input from philosophy is sterile [2]. In *General Psychopathology*, he presents six reasons that legitimize the inclusion of philosophy: Firstly, science and philosophy risk fusing if the psychiatrist is not aware of his own philosophical assumptions, i.e. his conceptions of existence, the human being, illness, health, and psychiatry. Secondly, psychopathology cannot be reduced to a single method, therefore, the value of philosophy must be acknowledged because philosophy can discern the various modes of knowledge, the meaning and the validity of our proposals, and the criteria for our tests. In another text, *The Idea of the Physician*, Jaspers states that tests and treatments, if not encompassed by a unifying thought, lose their value because they do not consider the human being in his entirety. Thirdly, the organization of our knowledge in a coherent totality depends on philosophy. While philosophy consists in thinking of things in their unity, it also prevents us from viewing this unity as an absolute, because any conversion becomes a perversion. Fourthly, it is only when a psychiatrist clearly understands the relationship between psychological understanding and the clarification of existence that a scientific psychopathology can be determined. Fifthly, the interpretation of the life of a human being as fate is a "medium for metaphysical interpretation" [2]. Philosophy enables the detection of traces of existence and the reading of the "coded messages of transcendence" [2]. Sixthly and finally, the internal attitude of the psychiatrist depends on his self-illumination, the clarity of his desire to communicate [2]. All these reasons are sufficient to demonstrate that the exclusion of philosophy would be a disaster for psychiatry.

Philosophy creates a space that enables any kind of knowledge. "Within this space knowledge finds its measure and its limitations as well as a ground..." [2]. Philosophy enables the psychiatrist to protect himself from any attempt to convert his knowledge into an absolute, and from contenting himself with a single method. It provides legitimacy for a search for meaning "in the face of biologism, mechanism and technics" [2]. Philosophy enables the psychiatrist not to confuse science and philosophy by ignoring the latter and by refraining from reifying his knowledge, and consequently also enables psychiatrists to not confuse their role with that of a saviour. The most important thing is that philosophy is connected to human life [2] at its most transcendental level, the so-called human condition that "finds its expression in philosophy" [2]. This implies that to be interested in the human being is to have an interest in philosophy, which, from its perspective, opens the door to this human condition. When a psychiatrist is facing the riddle of human existence, and insoluble and difficult practical problems, philosophy enters the picture, whether he wants it to or not. To have an open mind to these problems, like astonishment to Plato and Aristotle, is the source of philosophy. In doing so, any assumption that we can know and calculate everything, if it is not questioned, shows a lack of scientific critique [2].

The task for the psychiatrist, through philosophy, is not to propose a diagnosis and a treatment, but to attend to the human being on his path in life in the context of his existence, i.e. his soul. Philosophy, because of the quality of presence that it requires from the psychiatrist, enables this process of carrying out the duty of humanity.

On the other hand, the psychiatrist should not commit the frequent error which we find among scientists when they convert philosophical thought into supposedly objective knowledge [2]. Another mistake is to psychologize what appears at an existential or a transcendental level. To make existence or transcendence an object which we could know is another error of thought. We cannot know what is existence or transcendence: we can only illuminate it. All we can do is to reflect this existence or this transcendence with our thought, i.e. show it. This means that it is an error to make science a world view instead of regarding it as a simple tool.

It is the same with ideas. It is ideas or philosophy that enable the human being to transcend, to open oneself to being. However, this does not mean that these ideas exist themselves. That is why these same ideas must be destroyed. For this reason, “to treat illuminating ideas as objective knowledge is a fundamental distortion of philosophy with a pseudo-science” [2]. Ideas are only means that take us forward on the path of life. So, philosophy does not consist of acquiring a doctrine, a system of thought, but of tracing a path in life toward freedom, and the truth of oneself.

### To cultivate the freedom of other

There is risk in any psychotherapy. In psychotherapy, the psychiatrist can focus on what is validated by science, but he can also turn to the freedom of the human being. That is why Jaspers developed this beautiful formula: “Life I can treat, but to freedom I can only appeal” [2]. That is important because, if a person goes to consult in psychotherapy, it is because of a loss of freedom [2]. It ensues that strictly medical psychotherapy would not address the essential: freedom. For that reason, Jaspers refers to Gebattel who warns against a life divested of anxiety. A life without anxiety risks the impoverishment of existence, i.e. a loss of profound freedom [2]. We are very aware that psychotherapy cannot replace existence. It is existence itself that favours freedom and takes care of the human being. That is why the psychotherapist “has to be a philosopher” [2] because the art of psychotherapy cannot be reduced to a set of rules. We can never accurately anticipate how existence might manifest itself.

There is something about the human being that we do not know, but that we recognize in our communications with others [2]. And that is the freedom that we have access to only indirectly, and which demands to be illuminated by philosophy [2] because freedom is not an object of scientific research, for methodical reasons. Jaspers adopts the antinomy of Kant between nature and freedom. Jaspers insists on this point: science cannot supply us with the knowledge of freedom, only of precise empirical facts. For example, does the patient know what he is doing, what is forbidden [2]? The distinction between freedom and not freedom is of a strictly practical nature and does not illuminate us on the nature of freedom itself.

The human being is an open field of possibilities. His life is not predestined. Rather, his life is subject to multiple transformations. He is an incomplete being. In any actualization, he must face other possibilities. Contrary to animals, which live according to their instincts, the human being is a being of uncertainty. He is not predestined for an absolute form of life. He is thus at the mercy of free will.

This means that the human being is always in transcendence mode. He is always more than what he knows of himself. He is a being of finitude. Strangely, it is this finitude that creates transcendence, which means that he is never satisfied with his realizations. The consciousness of his finitude is transformed into an opening to infinity, to being itself, to the Other [2]. Thus, a human being can never see himself as a whole, in tandem with the world, with his actions, with his thoughts [2].

The human being is a “sick man” because of his incompleteness. What leads the human being to freedom and to creativity is the same thing which characterizes his imperfection [2]. Because the human being has the potential for risk of failure, the anthropology of Jaspers is one of vulnerability. All this leads to a psychotherapeutic approach, contrary to a medical treatment, which addresses one’s entire existence [2]. We are never finished with our existence. We always have to start over.

### The ethics of care

Jaspers' thoughts invite us to think of ethics from a different perspective. It is not a question so much of knowledge of what is right and to act accordingly, but to accompany others on their path in life. First of all, ethics involves one's link with, communications with, and understanding of others through empathy. Secondly, the physician-philosopher favours ethics based on freedom. Positively, this involves intervening with others to cultivate their freedom, and negatively, it objects to any reductionism and any imposition.

To the psychiatrist, each patient is a rational being with whom he communicates, never treating others as an object, but as having the potential to understand his fate, his existence. The essence of the medical relationship is the existential communication "which goes far beyond any therapy" and any method planned [2]. A medical relationship is an encounter of two beings facing existence. The psychiatrist and the patient are two friends on the path of existence, so that the psychiatrist is not a pure technician nor a person who exercises sovereign authority [2].

To Jaspers, a human being is a being of communication. Not in the sense that he communicates to express thoughts, but in the sense that communication constitutes his existence, his identity, and his humanity. "Every new human being begins in communication" [3]. In another text published in 1932, he noted that: "It is only in communication that I come to myself" [4].

According to Jaspers, communication with the patient, empathy, and ethics are not beyond the realm of psychiatry, but are an integral part of it, essential for the development of a more human and more effective psychiatry practice. So, it is no longer possible to oppose humanity and efficiency, care, and cure. Philosophy becomes a manner of performing psychiatry. It becomes a reminder of the ideal: an attentive listening to the patients in their attempt to make sense of their subjective experience. That involves a particular attention to details, to *curiosa*. It is advisable that the physician give the other person an opportunity to speak about himself, so that he can describe what he is experiencing. It is a question of focusing the relationship on the life of the patient (not the patient, but his life and the meaning which he gives to it).

All this communication and dialogue require the skill to keep a conversation going, as well as the ability to be attentive to multivocality, creativity, and contradiction. The reason is that truth is not an entity observable from the outside but an attribute determined from a dialogical process.

### Applied ethics

Existential philosophy, as Jaspers understands it, is an ethos for humanity. "The physician never forgets the dignity of the patient who makes his own decisions, nor the intrinsic worth of every single human being" [5]. Jaspers stated in 1953. He is inspired by the rule of the English physician Sydenham who, in the 17th century, asserted: "I have never treated anyone otherwise than I would wish to be treated, were I to contract the same disease" [5]. The difficulty ensuing from this it is that we cannot plan humanism.

Jaspers adopts his own rule: "to proceed on the principle of doing as little as possible, and of limiting treatment to rationality based means" [5]. This rule enables the psychiatrist to position himself between his ignorance and the tendency to try to cure everything by viewing himself as a saviour. Finally, the psychiatrist is more like a person who accompanies the patient on his path through life. As Jaspers said: "The supreme success he can have now and then is to achieve a companionship of fate with the sick – reason with reason, man with man – in the incalculable borderline cases where physician and patient make friends" [5]. The psychiatrist can exercise "a legitimate healing force without his having to be a magician or saviour, without the power of suggestion, without any other delusion" [5]. The presence of the psychiatrist, if invested with spiritual force, is sufficient to release among the sick a desire to live. That is why dialogue between the psychiatrist and his patient is essential. Unfortunately, psychotherapy is now a method instead of a dialogue [5]. Through dialogue, the psychiatrist establishes an intimacy which turns out to be the most human experience that a human being can have and that protects him from outside interventions, the State, and society [6]. If there is an ethical issue, it has to be the concern to ensure that all the conditions are present to provide a quality presence for an effective dialogue on existence.

There is another rule. It is important that the psychotherapist recognize that all psychotherapy has its own risks [2] those of regarding psychotherapy as a religion, metaphysics, or a framework to satisfy his personal desires. Therein lies the necessity of having institutional rules to frame the practice.

Jaspers recognized that the psychiatrist always has a psychological and moral influence. What is important is that he not use this influence to satisfy his personal needs [2]. This requires that the psychotherapist know himself.

Finally, another imperative consists of recognizing that a psychotherapist can be effective only with a distinct group of people. "A psychotherapist for everyone is an impossibility" [2], even if it is his duty to help all those who ask for it.

### The teaching of philosophy

Philosophy is an integral part of psychiatry. Because it is conducive to more effective psychiatry, that is humanist psychiatry, must its teaching be imposed on everyone? Jaspers pondered the value of teaching philosophy. His answer seems ambiguous based on what we understand by philosophy. He noticed, on the one hand, that philosophy is distinct from reality [5], and, in turn, is isolated in its own sphere neglecting its source in real life. On the other hand, if we understand philosophy as an attitude which takes existence seriously and which understands the issues which arise from existence, it is far from being superfluous; it becomes a "path of joint inquiry, which calls for discussion, questioning, and diversity" [5].

For that reason, Jaspers believed in the teaching of philosophy, because far from being a preparation for specialized studies, it constitutes an integral part, even though regretfully "in the sciences themselves philosophy has been more and more eclipsed by specialized research technology" [5]. Therefore, Jaspers did not believe that it was desirable to impose the teaching of philosophy, because as soon as it were forced, philosophy would no longer exist [5]. Instead of teaching philosophy as an autonomous corpus, it was rather advisable to put philosophers in touch with contemporary reality, philosophy in touch with psychiatry, on a voluntary basis. But Jaspers had some doubts. Students become so absorbed with their material and examinations that any in-depth reflection is non-existent [5].

### The ideal psychiatrist

Who would then dare to say what a psychiatrist must be? Certainly, the philosopher seeking the ideal. It is legitimate to say that an authentic psychiatrist, one who always has the ideal of a psychiatrist in mind thanks to philosophy, has a gift as if he were brought into the world to practise his profession. The psychiatrist, in dealing with the sick, has to face existence, which is of philosophic nature. And by the way, he is coping with his own ignorance. This ignorance is a blessing, because facing existence protects the psychiatrist from an abuse of power and from all the certitudes about what is good. It is fitting for psychiatrists to recall Socrates' belief that a philosopher is someone who knows that he does not know. Because he knows that truth is not static, but a movement, a never-ending quest. That is why the psychiatrist as the philosopher strives to cultivate an opening, profound listening to what existence is trying to tell us. In this way, philosophy gives depth to the human aspect and reduces the risks of despair.

Philosophy is crucial, because it is not a question of handling neurotic symptoms, but of illuminating existence to answer the need of every human being to become oneself [2]. That is why the psychiatrist is not a detached subject who treats others as objects that can be handled. Interaction becomes, for the patient, an opportunity to discuss the realization of oneself. What matters is not to maintain the particular content of one's thoughts, but to ponder these thoughts to see what lies beyond.

In the first years of his career, Jaspers regarded phenomenology as a tool to take into account subjective experience. In *General Psychopathology*, he returns to philosophy as a tool to read or decipher expressions and words associated with a subjective experience. To achieve this, the psychiatrist must consider many points of view. This implies transcending any scientific approach to make other approaches relevant. This means that a good psychiatrist is a person of great culture. Because without philosophy, poetry, music, and art, there is no access to subjective experience and no place for subjective psychology.

### Conclusion

We have seen that there is no question of imposing a normative framework on psychiatry, but of unveiling what psychiatrists already do and from which perspective they think. The same is true of a patient in psychotherapy: it is a question of illuminating his existence. There is a symmetry between philosophy, ethics, and communication. Each, in its own way, tries to piece together, to understand, and to incorporate. Each is motivated by the concept of unification. In this case, we can say that they are the art of putting together and articulating various perspectives. Each one, in its own way, is an expression of the definition of rationality: a putting together. That is why rationality does not originate from the interior of the person, but from communication. To be rational is to dialogue. It is pairing a logos with another logos, so that it is through communication that the human being evolves psychologically. Therefore, it is in psychopathological situations that we witness a breaking of dialogue. In brief, through the various methods that we find in psychiatry, philosophy fosters communication and dialogue between the psychiatrist and the patient, and focuses the psychiatrist and the patient on existence.

Although the characteristic of boundary situations which open us to existence is the collapse of any system of thought, it would be contradictory to say that philosophy, in turn, presents a system of thought that stands the test of time and that would claim to comprehend human existence in its entirety.

Therefore, ethics in terms of mental health means learning to adopt openness to and approximation of what we do not entirely understand. It is to explore the inner gap in man's nature that sets the human being in a dialectical movement with himself, enabling him to escape any kind of absolute. And it is philosophy that enables this questioning to be illuminated. We can conclude that these questions give psychiatry its dignity. Thus, psychiatry will not be a practice of coercion but will aim to liberate people from general categories that ignore the subjective experience. Then, psychiatry shall become philosophy in concrete terms [6].

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