

'Theory of incomprehensibility' – the social and biological determinants of mental disorders

Andrzej Kapusta

Faculty of Philosophy and Sociology at the Marie Curie-Skłodowska University in Lublin, Poland

Kapusta A. 'Theory of incomprehensibility'- the social and biological determinants of mental disorders. *Ann Agric Environ Med.* 2013; 20(4): 832–837.

Abstract

Karl Jaspers' theory on the incomprehensibility of psychotic disorders has become the reference point for many critical studies in the field of contemporary psychopathology. According to Jaspers, it is impossible to understand any of the serious mental disorders often referred to as 'psychosis' because of their unreasonableness, a truth that is revealed when one attempts to empathize with the mental states of patients afflicted with a particular mental disorder. These elements are psychologically inaccessible and closed to any form of empathy.

The theory of incomprehensibility is the starting point for many contemporary discussions on the nature of mental illness. It refers to the pathogenic causes of mental disorder and, at the same time, leads to the marginalization of 'pathoplastic' – personal, family related and environmental factors responsible for mental distress.

The presented article criticizes the theory of incomprehensibility in light of the contemporary discussion within the (new) philosophy of psychiatry about the role and function of psychiatry and psychopathology. Many authors criticize the theory of incomprehensibility, particularly its implications for understanding and explaining mental disorders. The views presented in the article – post-psychiatry, the psychiatry of common sense, the socio-cultural approach and engaged epistemology/embodied cognition – aim to reveal the broader dimensions of human pathological experience. Particularly appreciated by the author, engaged epistemology and embodied cognition aim to connect social and experiential points of view with the more scientific neuropsychiatric research, and refer to the hidden levels of our experience while always placing such elements in the social context, as well as describing human pathological symptoms against this social background.

The basic aim of the presented paper is to stress the need for a review of dogmatic assumptions on the nature of mental illness, and to discuss the possibility of explaining the mental and neurobiological aspects of psychopathology within the social and experiential context.

Key words

cultural social factors, mental disorder, phenomenological hermeneutics, philosophy of psychiatry

INTRODUCTION AND OBJECTIVES

The reference point for many critical studies of contemporary psychopathology is the theory on incomprehensibility of psychotic disorders proclaimed by Karl Jaspers in his early work *General Psychopathology*¹[1]. According to Jaspers, it is impossible to understand any of the serious mental disorders often referred to as 'psychosis' [2] because of their unreasonableness, a truth that is revealed when one attempts to empathize with the mental states of patients afflicted by a particular mental disorder. These elements are psychologically inaccessible and closed to any form of empathy. An example which illustrates this situation for the Heidelberg psychiatrist and philosopher is the experience of 'passivity phenomena'. In such cases, patients lack a sense of agency with regards to thought and action: they do not feel free, are under the influence of external forces and are not in control of their own actions, thoughts and emotions. When

the 'influence' is very strong, they feel like puppets and tend to convert this type of experience into a system of delusions. Although the patient may describe their own experiences in a lively and convincing way, it is not possible to empathize with such an experience.

The theory of incomprehensibility has become the starting point for many contemporary discussions on the nature of mental illness. It refers to the pathogenic causes of mental disorder and at the same time leads to the marginalization of 'pathoplastic' – personal, family related and environmental factors responsible for mental distress. Jaspers criticizes the Kretschmerian approach [3] due to the fact that it describes a paranoia as being a mixture of 'nature, environment and experience', combining them with heredity and exhaustion. According to Jaspers, a distinctive feature of psychosis is basically the inability to understand it as something which is totally beyond the explanatory methods of social science.

The article criticizes the theory of incomprehensibility in light of the contemporary discussion now taking place within the (new) philosophy of psychiatry [4, 5] about the role and the function of psychopathology. Many authors criticize the theory of incomprehensibility, and particularly its implications for understanding and explaining mental disorders. The basic aim of the presented paper is to stress the need for a review of dogmatic assumptions on the nature of mental illness, and to emphasize how an ability to explain

1. This year is the centenary of the first edition of Jaspers' *Allgemeine Psychopathologie*.

Address for correspondence: Andrzej Kapusta, Faculty of Philosophy and Sociology at the Marie Curie-Skłodowska University in Lublin, Curie Skłodowska 4, 20-031 Lublin, Poland
e-mail: andrzej.kapusta@umcs.pl

Received: 19 May 2012; accepted: 25 January 2013

mental and neurobiological aspects beyond the social and environmental context is still lacking.

Current state of knowledge. Most modern disputes and critiques of Jaspers' approach to mental illness have emphasized his narrow conception of 'understanding', seen as a form of empathy [6, 7]. On the one hand, it is part of the tradition of phenomenological-hermeneutic study of the patients' experience from 'the inside', focusing on how they experience their world of illness. On the other, this perspective appears to be somewhat dogmatic, unless the sources of the disease are located only in the individual person – the patient's mind or brain [8, 9]. We encounter a particular consequence of Jaspers' thesis through his attempts to explain how to read the content of the experience of psychopathology, such as delusions, and their fundamental incomprehensibility. If meaningful mental events are linked together, or they arise from other mental events (in other words, they are involved in the dynamics of mental life), then psychotic content should be essentially incomprehensible: there is no content at all, delusions are a kind of noise and bustle, or – as G. Berrios claims – 'empty speech acts' [10].

It seems possible to analyse the fixed subjective phenomena from a scientific perspective, if we assume that a close link exists between the phenomenological structure of experience or a particular type of pathological behaviour and the stable mechanisms of brain pathology. In such cases, we assume that the social context of action, a patient's personality, and his family relationships, are secondary factors in the dynamics of the pathological process. Critics of the biological approach to psychiatry indicate the importance of placing emphasis on the context of events and the patient's environment, which have a huge impact on the dynamic and characteristics of mental disorders. Social constructionists claim that the stability of mental symptoms are enabled by a stable niche environment and the presence of certain socio-psychological vectors [11].

Although Jaspers formulated his thesis at the beginning of the twentieth century (1913), it has become binding for an entire era of psychiatry. Therefore many contemporary philosophers of psychiatry refer to Jaspers, and, by criticizing the theory of incomprehensibility, have tried to develop a better model for explaining mental illness, one which takes into account social and environmental aspects of the disorder. This paper presents the following examples of such a critique: post-psychiatry, common sense psychiatry, socio-hermeneutical psychiatry and engaged epistemology (embodied mind approach).

Post-psychiatry. Post-psychiatry is a result of the evolution of radical tendencies in anti-psychiatry and critical psychiatry [12, 13]. It aims to propose a model of psychiatry that takes into account, in addition to the institutional and biomedical therapies, psycho-social aspects of the disorder, non-institutional treatment systems, and the role and power of the service user movement, or therapeutic community [14]. Bracken and Thomas, in contrast to the radical anti-psychiatry movement, represent an attempt to develop a positive model of mental illness. The authors of *Postpsychiatry* [7] undermine the Jaspersian separation of phenomenology and hermeneutics in making a clear distinction between the form of psychiatric symptoms and their content. They criticize the classical and narrow phenomenological approach

as being a method which only deals with the 'form' of mental manifestations, while ignoring the context and variety of human pathological experiences. Jaspers' phenomenology reveals, according to Bracken and Thomas, his picture of the mind, which resembles a Cartesian model of an isolated and disengaged entity: 'something that can be described independently from the world around him' [7]. The scientific purpose of such an approach is to define and analyze the patient's feelings and thoughts in isolation from his or her participation in a living reality.

Phenomenology, as it has been proposed by the post-psychiatrists (largely inspired by Martin Heidegger's thinking, and in the area of psychiatry associated with the Swiss psychiatrist Medard Boss), reveals how human psychopathology is always woven into social and cultural reality – how it relates to the particular environment and the person's day-to-day life circumstances. Post-psychiatry does not reject the causal explanations and scientific predictions which are related to an individual patient's behaviour, but simultaneously assumes that the scientific request for a causal explanation must always be preceded by a search for meanings and social values. When such an interpretation seems ineffective and useless we turn towards a search for the neurobiological determinants of mental disorders. Finding new biological therapies also contributes back to our perception and classification of psychiatric disorders, while changing our diagnostic and therapeutic strategies. Psychiatry (to a greater extent than other areas of medicine) needs to grapple with issues that are related to the context of a patient's distress. The diagnosis also turns out to be something other than the definition of symptoms from the perspective of a distanced expertise, where definitions and demarcation are described in isolation from a meaningful context and social environment. Diagnosis is a process undertaken in dialogue with the patient and his family. Their own descriptions of the situation can help to expose another perspective.

The psychopathology of common sense. The psychopathology of common sense was introduced into psychiatry by Wolfgang Blankenburg and Giovanni Stanghellini [6]. They treat mental disorders as an obvious loss of common sense, which is defined as follows:

- 1) a close relationship between human cognition and social practice;
- 2) a number of obvious and hard to reject the assumptions made by the community;
- 3) a social and inter-subjective dimension of objective knowledge.

To be in line with common sense, one must have a healthy, balanced, appropriate sensitivity towards practical current matters. Psychiatric disorders are regarded as a loss of common sense, a failure to respect social rules and forms of expression. It is manifested in the existence of alien forms of bodily experience, self-disturbance, and the difficulties in following the axioms of practical life. Of course, proponents of this approach are aware of the specificity of various types of mental disorders (schizophrenia, depression, mania, personality disorders), and the necessity for a temporary collapse of ordinary thinking during the normal development of an individual (a necessary dialectical balance between individualism and obedience to social rules).

Giovanni Stanghellini [6] offers a critique of the Jaspersian empathic approach to understanding the idea of the substantial, empathetic incomprehensibility of psychosis (particularly schizophrenia, and schizophrenic delusions). The un-understandability thesis reveals, according to Stanghellini, an attempt to distance oneself from madness. However, according to him, this is an impossible task to perform, a kind of desire to control and suppress the mysteries of our own consciousness. According to Stanghellini [6], the inability to understand psychotic symptoms comes from an attempt to distance ourselves from something that is part of our own consciousness, and a desire to control our consciousness by repressing any alien aspects of our psyche. Such thinking, according to him, is reflected in biomedical models which treat psychosis as an epiphenomenon of biological-pathological functions. Jaspers' axiom of the incomprehensibility of schizophrenia downplays the role played by the context of a patient's life history [6]. Stanghellini claims that schizophrenic symptoms are manifestations of a crisis in 'common sense', where common sense can be defined as both a body of socially transmitted knowledge and an 'affective-conative' capacity for attunement with others. Stanghellini accuses Jaspers of not including in his perspective the broader context of the patient's distress. The German psychiatrist and philosopher postulated illegitimately the existence of a sharp boundary between the schizophrenic process and psychological and social dynamics. The psychopathology of common sense contends that there are no radical transitions between states that are not truly pathological (neurosis, personality disorder, some forms of depression) and psychosis.

Another objection to Jaspers' empathic understanding is of a more indirect nature. It concerns the consequences of accepting the idea of descriptive psychopathology (Kurt Schneider and the DSM-III and DSM-IV), and a belief in the possibility of the technological and criteriological classification of psychotic disorders and other forms of human distress. The primary objective of psychopathological systems was to build a nosography – diagnostic classification of signs and symptoms – transforming psychiatry into a science based on the symptoms of mental disorder. The fact that Stanghellini's criticism does not question the sense of a clear classification of symptoms only shows the pitfalls of such a project – bringing psychiatry only to the 'gardener of madness', granting the diagnostic role of psychopathology, detachment of the disease (the patient) from the context and environment.

Stanghellini recognizes the constraints of such a technical approach to human problems, and highlights the inability to distance oneself from their own theoretical assumptions and social involvement. The psychopathology of common sense is also evidence of the diversity within the phenomenological movement and attitudes towards research. Stanghellini and Blankenburg are therefore quite critical of the 'egological' and scientific-descriptive version of phenomenology outlined by Jaspers, and show their preference for the social phenomenology developed by Alfred Schutz, who emphasized the intersubjective perspective of human cognition. 'Common sense' as a term has the role of embracing wholly different social, cultural, emotional, cognitive, and corporal aspects of human activity. Stanghellini perceives the complementarity between psychosocial and affective-biological processes, as if one could develop a comprehensive research programme

that combines both the neurobiological and the affective with the social and conscious dimensions of the mind. The Italian psychiatrist focuses on the social and experiential dimensions of disorders, seeing phenomenology not only as a descriptive but also an explanatory form of enquiry (searching for the primary and secondary moments of human pathological experience) [15].

Socio-hermeneutical psychiatry. The socio-cultural dimensions of mental problems have become the subject of research in cultural psychiatry. An inspiration for many scholars have been Michel Foucault's [16] studies on the cultural and historical formation of the experience of madness – seeing it as the result of overlapping diverse social and administrative, religious, artistic, political, or economic practices. This perspective closely connects reflection on the nature of mental illness with consideration for the theoretical status and the implicit assumptions of modern psychiatric practice. Stanghellini also recognizes the paradigmatic change in the notion of madness under the influence of distinct therapeutic practices and alterations in social sensitivity. From such a perspective, Western psychiatry confronts its methodological assumptions and accepted forms of therapy with a variety of other cultures, as well as with problematic moments in its own history. Mental disorder has been described as a group of different strategies for coping with social alienation and unusual and unexplained bodily and affective experiences. Louis A. Sass [17] goes beyond the purely clinical position [18] to present persons with schizophrenia as a reflection of society and its bizarre and alienating aspects. He is trying to challenge the traditional Western model of schizophrenia (psychosis) based on two elementary assumptions: the idea of deficiency and regression. Mental deficit was traditionally explained as being an inability of logical inference, a loss of introspection, linguistic or cognitive impairment. To a large extent, modern psychiatry, influenced by Kraepelin's view, has created a model of disability, according to which schizophrenia is a progressive form of mental deterioration caused by the degeneration of the brain.

Louis Sass [17] agrees with Jaspers that schizophrenia is characterized by a variety of symptoms, with such common features as bizarreness, alienation, obscurity, withdrawal and a lack of empathy. However, Sass tries to rescue schizophrenia for the sake of human understanding. To achieve this, he compares it to the strange and alienated world of modernism – a style in literature, art, music, philosophy, which is characterized by a rebellion against tradition, authority and conventions, as well as a continual search for permanent innovation. A schizophrenic reflects society in a kind of negative or distorted picture [17]. According to Robert Barrett [19], this combination of madness with the tradition of modernism may have contributed to the perception of schizophrenics as being very strange – more alien than it may seem at first glance. Therefore, Barrett still agrees that reconstructing the relationship between mental disorder and culture may reveal how culture plays a role in the very structure of psychotic experience.

Engaged epistemology and the embodied mind. Richard G.T. Gipps and Bill K. W. Fulford [20] introduced into the philosophy of psychiatry the concept of 'engaged epistemology', which corresponds both to Martin Heidegger's

phenomenology and Maurice Merleau-Ponty's embodied cognition. In such a view, depression is not an internal state, but a sort of world-oriented experience [21]. This phenomenological approach refers to a patient's day-to-day experience and reveals the fundamental and pre-reflexive elements of our experience, thus suggesting what might go wrong in the form of psychopathology. The embodied approach invokes a pre-cognitive engagement with the world and its hidden embodied comprehension. Basically, we are dealing with bodily experience, expectations, reactions, and tacit attunement to other people and situations. Bodily feelings relate to a broad affection, allowing us to achieve common understanding, as well as recognize the meaning of social situations and activities. Everyday familiar experience consists of, in addition to deep corporal sensations, social expectations and contextual behaviours. Emotional reactions are accompanied by a sense of social engagement, which, as a result, makes participation in previous similar situations and interactions possible. Therefore, engaged epistemology refers to the phenomenological view, which, similar to Bracken and Thomas' post-psychiatry, follows Heidegger and Merleau-Ponty's perspective. The real advantage of the embodied approach over the more traditional and philosophical attitude is that such a perspective, in addition, can inform cognitive science [22].

The embodied approach does not question the possibility of scientific (biological, psychological and social) explanations, but rather locates the causal mechanisms in place and assigns them an appropriate role. While the biomedical model concentrates on the consequences of elementary biological dysfunctions, the phenomenological approach assumes that the defect in the biological mechanisms only makes sense if it is seen in the context of a typical human environment and conscious experience. Only this type of perspective fully implements the practical attitude of psychiatry as a discipline aimed at helping the patient and fully disclosing the social and contextual reality of an illness.

Thomas Fuchs (who adheres to the above perspective) [23] refers to the embodiment and 'simulation function of the living body', while trying to describe different dimensions of psychopathology in a systematic way. Although he also explores radical feelings of unfamiliarity and disintegration of the 'intentional arc' – breaking down implicit perception, automatic action, affecting a loss of self-control – he also develops a more systemic and holistic view of psychosis. From this perspective, the mind and body – the world of the environment – overlap each other in a complementary relationship. The author attempts to reconcile the top-down attitude – where a subjective experience, or some social event or psychotherapeutic intervention are converted into neurobiological processes – with the bottom-up perspective – such as the impact of neuroleptics on a patient's experience. The brain is in this sense a kind of 'mediating organ' which regulates and transforms interaction between the body and its environment, and is in turn shaped and structured by them.

Despite his efforts to adopt an integrative approach, Fuch's language is premised on dualistic oppositions between the conscious mind and the causal brain. It finds expression in the form of alternate descriptions of the nature of psychiatric disorders – on the one hand, in terms of mental, conscious experiences; on the other, by recourse to the mechanisms of the brain. Once again, it appears to be difficult to reconcile

the neurobiological and sub-personal perspective with the mental and personal one. Fuchs, like Stanghellini, tries to find a comprehensive language common to very different phenomena in order to overcome simple binary theoretical oppositions. This kind of dualistic thinking was earlier outlined by Karl Jaspers, who in *General Psychopathology* classified, for educational purposes, different research methods in psychiatry. He schematically created the following oppositions: 'explanation' and 'understanding', 'internal' and 'external', 'mental' and 'biological', 'health' and 'illness'. Contemporary researchers have tried to solve a problem that was placed ambiguously by Jaspers, and have looked for opportunities to reduce the experiential aspects down to the neurobiological, or else reconcile them both with each other. It sometimes takes the form of discussion about the possibility of naturalising phenomenology [24]. According to the researchers working on such issues we can distinguish three main perspectives:

Strong naturalism – the possibility of naturalising phenomenology, and finally reducing the experiential dimension to a neurobiological one; a reinterpretation of conscious phenomena as the epiphenomena of more basic brain processes.

Anti-naturalism – the independence of the mental dimension from the biological one, and a fundamental lack of possibility in reducing conscious phenomena to neurobiological mechanisms.

'Weak' naturalism – phenomenological and neurological levels are correlated, but not in an isomorphic way. There is a mutual interdependence between phenomenology and the neuro-cognitive sciences – they mutually constrain, enlighten, and enrich one another.

Phenomenology as a way of inquiry does not accept the naturalistic attitude as a form of privileged access to the world, embracing all basic aspects of reality. It also cannot be assessed merely with respect to its contribution to scientific explanation. According to Merleau-Ponty, only perceptual experience may constitute an appropriate context for scientific research. This does not mean, however, that phenomenology (or hermeneutics) must, by definition, be against scientific explanations. Many researchers believe that these represent an opportunity to reconcile the phenomenological perspective with a neuro-cognitive scientific one. The phenomenological method can provide reliable in-depth descriptions of the various aspects of experience (including the pathological). It may supply a broader *explanans* for the cognitive sciences and contribute to a better definition of the phenomenal objects to be tested.

Varela and Gallagher [25] argue that cooperation between phenomenology and science may contribute to their mutual reinterpretation. Both theoretical attitudes address different but complementary questions. Examples of such studies are experiments on the mirror-neuron system, the discovery of which demonstrates for us the possibility of linking together phenomenological descriptions of intersubjective experience with a number of neurophysiological functions [26]. The scientific use of phenomenology does not have to be associated with the explicit acceptance of scientific and positivistic assumptions on the structure of the natural world. Gallagher and Varela [25] found the optimal formula for reconciling phenomenology and cognitive science; they talk about their 'mutual enlightenment'. Neuro-cognitive science, therefore, has been motivated to make

more subtle and detailed phenomenological descriptions (e.g. the experience of time, one's own sense of self). More precise and focused phenomenological analysis aims to contribute to the redefinition of empirical research programmes. Learning from this kind of cooperation may include drawing attention to, and revealing philosophical assumptions, made by the empirical sciences (especially psychology, neuroscience, and cognitive science). In turn, empirical study, in presenting specific findings from the field of neuroscience and developmental psychology, can demand that theoretical and philosophical analysis should take such new discoveries into account. Deviating phenomena may also test and challenge our theoretical assumptions about consciousness and personal identity, etc., and correct some previous phenomenological descriptions and explanations in the process.

Theoretical reflection on consciousness, the mind, identity, and inter-subjectivity may contribute to increasing knowledge on psychiatric disorders. Psychopathology can be equipped with a conceptual framework for describing experience and enable the psychiatrist to address many questions with a better understanding of such concepts as the mind, the self, and causality. Psychiatrists, in their diagnostic and clinical work with such mental symptoms and disorders as delusions, identity disorders, autism, and personality disorder, cannot rely on the naive, tacit understanding of such concepts. Karl Jaspers, as one of the first researchers, introduced such theoretical perspectives into psychiatry, but some of his assumptions are in need of re-examination and further development. The embodied approach enters into a critical dialogue with the cognitive and behavioural sciences. Engaged epistemology concentrates on descriptions and phenomenological explanations of experiential categories which are radically changed in different psychopathological conditions. Even biological and neuro-hormonal processes are perceived from the perspective of meanings and possibilities of understanding the world, therefore implying a form of quantitative methodological research and interpreting mental afflictions.

CONCLUSIONS

The presented critique of Jaspers' theory of incomprehensibility is not merely a denial of his negative position towards understanding psychosis which hopes to make sense of mental disorders. Most of his opponents do not try to implement interpretive practices that will allow us to reveal the seemingly meaningless content of psychosis. The thesis about the impossibility of understanding mental illness is essentially right; the problem lies in quickly reducing a conscious level of experience to a number of biological or psychological mechanisms. In order to gain a better understanding of mental health impairment we should relate it to a background sense of belonging to a common (shared) world, which plays a constitutive role in our perception and cognition, while paying respect to the radical failure in our personal experience.

The question of understanding psychosis discloses diverse aspects of human experience and a possible change in our phenomenal and social background – a change in self-experience and our relationship with the world. In his research strategy, Jaspers rightly starts from the world of

sense, but through his phenomenology suggests the possibility of establishing a sharp boundary between the experience of a pathologically meaningless process and psychological and social dynamics. The presented critiques appreciate the social and contextual aspects of mental disorder and the social entanglement of psychiatry. The views presented in this article – post-psychiatry, the psychiatry of common sense, a socio-cultural approach and engaged epistemology – aimed to reveal the broader dimensions of human pathological experience. Engaged epistemology refers to the hidden levels of our experience, while always placing such elements within a social context in an attempt to describe human pathological symptoms against this social background.

In the contemporary philosophy of psychiatry, contrary to Jaspers' theory of incomprehensibility, there are a variety of strategies for expanding the limits of understanding madness. Discussions relate to the possibility of understanding delusions, identity disorders, and difficulties in communicating with patients. Disclosing the structure of the background (broadly defined experience) not only gives us the possibility to unveil hidden components of such an experience, but also presents the dynamics and the structure of pathological symptoms. The concept of 'embodiment' which has appeared in some phenomenological reflections (M. Merleau-Ponty, S. Gallagher) also relates to the dynamics of interactive cognitive systems and the idea of an individual in a world of hidden patterns and bodily habits. At the same time, engaged epistemology provides the opportunity for a contextual and hermeneutic understanding, while still relating to the basic experiences of our body.

Jaspers's narrow model of empathic understanding, criticized by the new philosophy of psychiatry, might be overcome with a deeper analysis of human interaction and a reconstruction of inter-subjective experience. Such a view may be fruitfully supported by engaged epistemology and an embodied mental perspective. However, even such work on 'basic empathy' [27] cannot help us explain, predict, and interpret some important dimensions of a patient's social and cultural behaviour. The concept of empathy is not central to understanding other people, and for its broader explanation we need to take larger cultural and social background conditions into account.

Interpreting one another's experience in a wider, embodied and socio-cultural perspective may help us recognize important dimensions of the psychotic world, as well as particular problems in psychopathology. Such a phenomenological perspective may not only directly contribute to improving the quality of a patients' life, but also to critical reflection on the hidden theoretical assumptions about clinical practice and methods of scientific research. The difficulty of reconciling the language of neurobiology with the language of subjective experience has led us to take the position proposed by Varela and Gallagher: that phenomenology and the cognitive sciences should not be regarded as opposite disciplines, but rather as compatible and mutually constraining. Mutual cooperation between different perspectives gives them autonomy and specificity, carries a critique of the biomedical reductionist model of disease and treatment, and provides a chance to overcome the technological approach to psychiatric disorders. It also carries the difficulty of isolating a specific environmental approach from the overall morbid experience, plus the need for an appropriate interpretation of the neurobiological and

psychopharmacological findings. The discussed approaches focus on the experiential and social aspects of illness, while revealing limits in the possibility of resolving human problems in a technological way.

Jaspers' thesis, criticized by many contemporary philosophers of psychiatry, not only duplicates the popular and widely accepted view in modern psychiatry on the understandability of psychosis and the essential distinction between mental and biological processes (disease process). Jaspers, in his broader methodological and philosophical reflections [1], proclaimed the idea of methodological pluralism, which allowed for the independence of different research methods and provided awareness about the constraints on each of them. In addition, Jaspers emphasized the limitations of any research strategy to achieving an overall understanding of a mentally ill person, as well as human existence in general. Jaspers applied not only empathic static description and genetic hermeneutical interpretation to the analysis of mental illness, but also interpretive ideal-type theories [28].

REFERENCES

- Jaspers K. *General Psychopathology*. transl. J. Hoenig, M. W. Hamilton, University of Chicago Press, 1913/1963.
- Shorter E. *A Historical Dictionary of Psychiatry*. Oxford: Oxford University Press, 2005.
- Jaspers K. Ernst Kretschmer, *Der sensitive Beziehungswahn. Ein Beitrag zur Paranoiafrage. Zeitschrift für die gesamte Neurologie und Psychiatrie und zur psychiatrischen Charakterlehre*. Berlin, 1918; 29: 123–124.
- Denys D. How new is the new philosophy of psychiatry?, *Philos Ethics Humanit Med*. 2007; 20: 2–22
- Fulford K.W.M. et al. *Nature and Narrative. An Introduction to the New Philosophy of Psychiatry*. Oxford University Press, 2003.
- Stanghellini G. *Psychopathology of Common Sense*. *Philos Psychiatr Psychol*. 2001; 8(2–3): 201–218.
- Bracken P, Thomas P. *Postpsychiatry*. Oxford University Press, 2005.
- Sak J. Rozważania dotyczące pojęcia choroby we współczesnej filozofii medycyny. Przyczynek do astheneologicznej koncepcji choroby. [Considerations on the notion of disease in the contemporary philosophy of medicine. An introduction to the astheneological concept of disease.] *Zagadnienia Naukoznawstwa [Problems of the Science of Science]*. 2008; 3–4 (177–178): 239–268 (in Polish).
- Barański J, Piątkowski W. (edit.). *Zdrowie i choroba. Wybrane problemy socjologii medycyny*. [Health and disease. Elements of sociology of medicine]. Wrocławskie Wydawnictwo Oświatowe, Wrocław, 2002 (in Polish).
- Berrios G E. Delusions as 'Wrong Beliefs'. *A Conceptual History*. *BJPsych*. 1991; 159 (suppl. 14): 6–13.
- Hacking I. *The Social Construction of What?* Harvard University Press, 1999.
- Szasz T. The Myth of Mental Illness. *American Psychologist* 1960; 15: 113–118.
- Ingleby D. (ed.), *Critical Psychiatry*, Harmondsworth: Penguin Books, 1981.
- Lewis B. *Moving Beyond Prozac, DSM, and the New Psychiatry: The Birth of Postpsychiatry*. Ann Arbor, University of Michigan Press 2006.
- Chung MC, Fulford KWM, Graham G. (eds), *Reconceiving Schizophrenia*, Oxford: Oxford University Press 2007.
- Foucault M. *History of Madness*, editor, transl. J. Khalfa, editor, transl. & J. Murphy, Routledge 2006.
- Sass LA. *Madness and Modernism. Insanity in the Light of Modern Art, Literature and Thought*. Harvard University Press 1994.
- Potter NN. *Moral Tourists and World Travelers. Some Epistemological Issues in Understanding Patients' Worlds*. *Philos Psychiatr Psychol*. 2003; 10: 209–224.
- Barrett RJ. The 'schizophrenic' and the Liminal Persona in Modern Society (Review Essay). *Cult Med Psychiatr*. 1998; 22: 465–494.
- Gipps RG, Fulford KWM. Understanding the Clinical Concept of Delusion. From an Estranged to an Engaged Epistemology. *Int Rev Psychiatry*. 2004; 16: 225–35.
- Matthews E. *Body-Subjects and Disordered Mind. Treating the 'Whole' Person in Psychiatry*. Oxford: Oxford University Press, 2007.
- Wrathall M, Malpas J. (eds), *Heidegger, Coping and Cognitive Science. Essays in Honor of Hubert L. Dreyfus*, vol. 2, Cambridge, MA: MIT Press, 2000.
- Fuchs T. Corporealized and Disembodied Minds. A Phenomenological View of the Body in Melancholia and Schizophrenia. *Philosophy Psychiatry Psychology* 2005; 12(2): 95–107.
- Zahavi D. *Naturalized Phenomenology*, [in:] Gallagher S, Schmicking D. (eds.), *Handbook of Phenomenology and Cognitive Science*, Dordrecht [et al.]: Springer, 2010: 2–19.
- Gallagher S, Varela F. Redrawing the Map and Resetting the Time. *Phenomenology and the Cognitive Sciences*, [in:] Crowell S, Embree L, Julian SJ. (eds), *The Reach of Reflection. The Future of Phenomenology*, ElectronPress (electronic publication), 2001.
- Gallagher S. *How the Body Shapes the Mind*, Oxford: Oxford University Press, 2005.
- Steuber KR. *Rediscovering Empathy. Agency, Folk Psychology and the Human Sciences*, Cambridge, MIT Press 2006.
- Ghaemi NS. *Nosologomania. DSM & Karl Jaspers' Critique of Kraepelin*, *Philos Ethics Humanit Med*. 2009; 4: 10.