



The Meaning of Emphatic Experience Jaspers between Psychopathology and Ethics

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Abstract: Empathy is a concept with many meanings. We talk about empathic feeling or empathic understanding; but we talk also about empathic actualization (*Vergegenwärtigung*) of patients' mental experiences by clinical psychopathologists during the diagnostic interview. Jaspers addresses the challenge of understanding subjective symptoms which cannot be perceived by sense organs but require empathy and the ability to transferring oneself into the other individual's psyche. This is achieved through mainly indirect modes of access to patients' abnormal mental experiences by means of so-called external features without any guarantee of grasping the patient's mental state in an unprejudiced and direct way. The Jaspersian empathic understanding is mediated by two distinct processes: the first is direct and automatic, while the second is a process of feeling oneself into other's condition which has to be learned by systematic and rigorous training. The essay shows the relevance and the fruitfulness of the Jaspers' theoretical reflection on the problem of empathy and the theoretical and ethical potentials related to a proper distinction between empathetic layers.

Keywords: Jaspers, Karl; *General Psychopathology*; empathy; ethics; subjectivity.

When we speak of empathy we refer to the ability to understand what someone else is feeling. Very often we use the term in a positive sense, hoping, for example, that others would be more empathetic or deprecating those who seem little helpful and therefore little empathetic toward us. Starting from the writings of the young doctor Karl Jaspers on mental illness, I will bring out the meaning and significance that empathy acquires in the therapeutic relationship. To achieve this goal I investigate the theoretical references and the different conceptions of the concept of empathy present in Jaspers' use of the term. In Jaspers' early writings, a double definition of empathy emerges that allows to see empathy as a therapeutic tool (empathy related to pathology) as well as a failing or deficiency of the power to empathize (pathology related to empathy).

The objective of this essay is to define a stratified theory of empathy that can prove revealing of unexpected alliances between empathy and evil, and that can focus on the theoretical and ethical potentials related to a proper distinction between empathetic layers.

Part One

Jaspers and Empathy as the Physician's "Organ"

The goal of Jaspers' first writings is basically to show the relevance of subjective symptoms within the psychopathological area. The subjective symptom, which conveys the point of view of the patient on what she experiences, can and should be part of a scientific

investigation on mental illness and must, therefore, be the subject of a methodological reflection. In fact, if it is true that I do not have direct access to the other's mind and subjective experience (that is, if it is true, that I do not have a direct perception of it), it is also true that, starting from her bodily behavior, from her expressions and her words, I am capable to relate, to empathize with her feelings.

In a 1910 essay, Jaspers writes that empathy *Erlebnisse* constitute a real organ for the psychopathologist, just like the organs of sense he uses for the observation of physical phenomena.¹ Later in a 1912 essay, Jaspers starts from the comparison between empathy and perception mediated by the sense organs.² The subjective symptom is grasped, Jaspers writes, through a *Miterleben*, a kind of shared experience. Jaspers is fully aware of the fact that, in relying on the sense organs, the natural sciences like histology can repeat the observation and verify it much more simply, while empathy presents significant difficulties. However, he says, "certainty is achieved in principle the same way, through the comparison, repetition, verification of the experiences of empathy and presentifications.... Uncertainty dominates in both areas. That it is greater on the psychological side is not contestable. But this is only a difference of degree" (PFP 319).

Nonetheless, in this essay Jaspers emphasizes another aspect that, later on, he resumes in his *General Psychopathology*: "this identification, this emphatization occurs anyway, without requiring reflection" (PFP 316). In human relations, and therefore also in the relationship between the psychiatrist and his patient, each incorporates part of the experience of the other, part of his feeling. From this element, which is described as a fact, Jaspers emphasizes the need – in the case of a clinical relationship – to thematize this *datum*, so as to avoid the risk that it remains "an experience and not conscious knowledge" (PFP 316). The point is for the psychiatrist to have "a collection of conscious

experiences, experiences that he can compare clearly as they are not just vague impressions and 'feelings'; experiences that he can order, define, test" (PFP 316). Jaspers then tries to indicate what are the tools or the means by which to empathize with the experiences of the other:

- * Observe his gestures, posture, changes in complexion and eyes
- * Ask questions to hear the patient's point of view on his condition and
- * Let the patient resort to free self-descriptions about his disease

Note the difference between the means listed, which I will resume in Part Two. The first involves an emotional and immediate involvement, while the others have to do with the telling of the experience that becomes, from Jaspers' perspective, one of the key tools to empathize with the other.

In theoretical reflection on mental illness, Jaspers notes, it seems that this element of empathy—the ability of the doctor to grasp the patient's experience—is a merely subjective skill, an individual characteristic that is not required from all. Jaspers analyzes the risk of such an attitude, repeatedly and clearly expressing the need to conceive in scientific terms of the use of subjective symptoms in psychopathology. Jaspers seems to say: We somehow grasp the experience of the other even if, of course, we do not have direct perception of it. How can we try to give scientific validity to this knowledge? And in particular, how should we treat, as psychopathologists, such knowledge of the other?

To find an answer for these questions we need to look more closely at the object of our reflection: What is empathy? In PFP, Jaspers does not refer to much secondary literature on the topic. However, he quotes the important talk that Moritz Geiger gave in 1910 at the Fourth Congress of Experimental Psychology who delivered a kind of accurate and analytical overview.³ Geiger's text had already been appreciated by Edmund Husserl and was a great way to gain an insight on the various theories of the theme of empathy.⁴ This essay is

¹ Karl Jaspers, "Die Methoden der Intelligenzprüfung und der Begriff der Demenz. Kritisches Referat (1910)," in *Gesammelte Schriften zur Psychopathologie*, Berlin/Heidelberg: Springer 1963, pp. 142-190, here pp. 142-3.

² Karl Jaspers, "Die Phänomenologische Forschungsrichtung in der Psychopathologie (1912)," in *Gesammelte Schriften zur Psychopathologie*, Berlin/Heidelberg: Springer 1963, pp. 314-328. [Henceforth cited as PFP, all translations are by the author.]

³ Moritz Geiger, "Über das Wesen und Bedeutung der Einfühlung," *Bericht über den vierten Kongress für experimentelle Psychologie in Innsbruck vom 19. bis 22. April 1910*, Leipzig: Barth 1911, 29-73. [Henceforth cited as WBE, all translation by the author.]

⁴ Edmund Husserl, "Philosophie als strenge Wissenschaft," *Logos. Internationale Zeitschrift für*

essential to understand Jaspers' perspective.

Human and Non-Human

"The starting point of the theories of empathy was not...the problem of understanding other people, but the animation of the subhuman world" (*WBE* 58), writes Geiger. In 1872, the philosopher and historian Robert Vischer coins the term *Einfühlung* (empathy) in aesthetics to indicate the transposition of organic sensations to the aesthetic object itself: "We have the extraordinary ability to attribute and incorporate our own form in an objectual form."⁵ The disquiet of a stormy sky or the joyfulness of a Spring sunset are, first and foremost, qualities of the human being projected and, therefore, contained in the landscape that expresses — to an aesthetic consideration — precisely those qualities. But it is also through empathy that some objects, albeit inanimate, are animated and personified, like the trees of a forest that seem to reach out.⁶ In his view, it is empathy that has led to all the various mythical-religious personifications of plants and animals present in every culture. For Vischer, the body is called upon in its entirety on every perceptive occasion.

However, it was the philosopher and psychologist Theodor Lipps who gave fame and importance to the term.⁷ Lipps was also primarily interested in the empathic relationship with things, but the significance he attributed to "empathy" prompted him to devote his attention to interpersonal empathy as well, taking the concept of empathy outside the strictly aesthetic sphere. When I am faced with another subject I do not find a stationary and inanimate object; on the contrary,

Philosophie der Kultur 1/3 (1910-11), 289-341, here p. 322. [All translations by the author.]

⁵ Robert Vischer, "Über das optische Formgefühl. Ein Beitrag zur Ästhetik (1872)," in *Drei Schriften zum ästhetischen Formproblem*, Halle a.d. Saale: Max Niemeier Verlag 1927, pp. 1-44, here p. 22. [Henceforth cited as *OF*, all translations by the author.]

⁶ For example, "In the branches of that tree we nostalgically open our arms" (*OF* 23) or later, "The tree inclines and shakes his head as if it were an exhausted human being" (*OF* 32).

⁷ Theodor Lipps, *Leitfaden der Psychologie*, 3rd edition, Leipzig: Wilhelm Engelmann Verlag 1909, ch. XIII, 222-41; and Theodor Lipps, "Einfühlung und ästhetischer Genuss," *Die Zukunft* 54/January (1906), 100-114.

I am faced with the expression of spontaneity and sentimental liveliness. And then it happens that things go exactly the same way as they do with objects: in *Einfühlung*, the observer feels in an immediate way what the observed subject experiences. Lipps strongly emphasizes the instinctive and immediate character of the empathic relationship, explicitly rejecting an analogical conception of empathy: In the act of empathy I do not need to think and build an analogy in which I imagine how I would feel if I were in the other's place.

Lipps gives a well-known example: A viewer observes an acrobat performing a dangerous performance and literally experiences the acrobat's suspension; he reproduces within himself the same movements, he mimics the observed actions and, in this way, the viewer identifies completely with the acrobat, becoming "at one" with the performer and, at the same time, objectifies himself in the acrobat.⁸ According to Lipps, in true empathy there is no distinction between my own self and that of others. For example, I am at one with the acrobat and, observing his behavior, I innerly participate in his movements. Only by dismissing full empathy and reflecting on my own reality, I realize that we are separate.

The problem of Lipps' system can be clarified if — like Geiger — we refer to the distinction made by Stephan Witasek between a model considering the experiences of empathy as a principle of representation and a model considering them on the basis of actuality.⁹ The first model posits that, in empathizing the other's sadness, I represent such sadness; for those who support the actuality of the experience of empathy, the sadness of others is truly experienced by me as my own sadness. In the case of Lipps' acrobat, there is a clear example of actuality: I do not try to put myself in the place of the acrobat. On the contrary, watching him, I instinctively imitate his movements, and his experience, which is reflected in his movements, becomes my experience; his fear, dizziness, and emotion are my own. These are my own experiences that I tend to attribute — as in a mirror — to the acrobat.

Not coincidentally, after the discovery of mirror neurons, Lipps' theory of empathy has come back in the

⁸ Theodor Lipps, *Ästhetik. Psychologie des Schönen und der Kunst*, Vol. I, Hamburg: Voss 1903, p. 122.

⁹ Stephan Witasek, "Zur psychologischen Analyse der ästhetischen Einfühlung," *Zeitschrift für Psychologie und Physiologie der Sinnesorgane* 25 (1901), 10-11. [Witasek was a pupil of Alexius Meinong in Graz.]

spotlight. The équipes of researchers led by Giacomo Rizzolatti at the University of Parma have shown that when we observe someone perform an action some areas of the brain are activated—in particular, the same neurons that are activated in us when we do what we are observing ourselves.¹⁰ The experiments were conducted first on macaque monkeys, then on humans and the results are substantially similar. This is why these neurons are called "mirror." According to these researchers, the understanding of gestures is made possible by the reciprocity of my intentions and the actions of others, of my actions and the intentions readable in the conduct of others. It is as if the intention of the other lived my body or as if my intentions lived in theirs. The idea is that through a kind of mimesis—and in this sense we are not far from Lipps' acrobat—empathy can be explained from a scientific point of view.

Conversely, theoreticians of representation stress that the emotion of the other is not our emotion. Thinking of the feelings of empathy as a representation means stating that the feelings of the other are "only represented, not given in full and actual reality, inasmuch as I'm not angry myself when I see a man in anger" (*WBE* 34). Assuming that the feelings of empathy are representations leads, however, to a number of problems: if, in fact, the anger of the other stands before me as if it were an object completely foreign to me, just like a color that I see before me, then it does not make much sense to speak of empathy (*WBE* 35). Such a representation of the experience of the other does not involve our own emotional experience and, therefore, seems to be unrelated to the present attempt to describe empathetic experiences.

Empathy and Phenomenology

Jaspers tackles rather briefly the issue posed by Geiger's essay. The work on the phenomenological method in psychopathology must merely find a kind of implementation of knowledge deriving from empathetic experience and, above all, pose the problem of its validity. At least here, it is not relevant to investigate the genetic origin of these experiences: they are given and allow us to relate to each other. So, in Jaspers' work, the understanding of the theoretical status of the experience of empathy is hastily assigned

¹⁰ See for example, Giacomo Rizzolatti and Laila Craighero, "The Mirror Neuron System," *Annual Review of Neuroscience* 27 (2004), 169-92.

to a comparison: "whether we recall our own mental experiences of the past or those of other people is roughly the same" (*PPF* 319).

This way Jaspers seems to not accept the dichotomy of theories of actuality and theories of representation, as he refers to Husserl's perspective according to which empathy belongs to the large group of presentifications (*Vergegenwärtigungen*). Unlike perception, whose object is given to it in an originary way, all acts which require a becoming present to the consciousness of something (which is not given in the flesh) are presentifications: memories, fantasy, hopes, and empathetic acts.¹¹ These acts are present in my experience, but their object is not originary as it is not present in the flesh. The other's pain comes to be part of my experience but is not my pain. If we understand empathy as an experience in which the empathizer becomes at one with the empathized we would not be able to describe the intersubjective relation nor, therefore, the therapeutic relation between them.

A few years later, Edith Stein focused on the issue even more clearly. Lipps completely nullifies the difference between the other's experience and one's own.¹² On the contrary, Stein argues, "I am not 'at one' with the acrobat, I'm only 'close' to him, I do not really follow his motion, I *almost* do it. This does not only mean that I don't externally perform his movements, as Lipps himself underlines, but that even what internally corresponds to his movement in me – the experience of the 'I move' – is not something originary" (*PE* 16). It seems evident that, when we empathize with someone else's feelings or actions, we do not reproduce their gestures or motions nor do we identify of become at one with their psychic experience.¹³

¹¹ Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy. First Book: General Introduction To A Pure Phenomenology*, transl. Fred Kersten, Dordrecht: Kluwer Academy Publisher 1983, p. 79. [Henceforth cited as *IPP*]

¹² "Were this description correct, the distinction between foreign and our own experiences, as well as that between the foreign and our own 'I,' would actually be suspended." Edith Stein, "On the Problem of Empathy," in *The Collected Works of Edith Stein, Sister Teresa Benedicta of the Cross Discalced Carmelite, Vol. Three*, ed. and transl. Waltraud Stein, Dordrecht: Springer 1989, p. 16. [Henceforth cited as *PE*]

¹³ Husserl said that only my experiences are given in originary way, and I can only access them reflectively:

Following these theories we do not get to the other's experience but to "our an experience of my own that arouses in me the foreign gestures witnessed" (PE 22). Lipps' fundamental error was to mistake empathy (*Einfühlen*) and unipathy (*Einsfühlen*). The latter is an experience in which the self is able to dissolve in the other. The criticism made by phenomenologists to Lipps shows how, in the case of psychic contamination or even unipathetic fusion, the other's experience is no longer taken as extraneous but becomes our own: We are the ones living a certain emotion in which our own experience manifests itself and not someone else's.¹⁴ The criticism made to this conception is that empathy is thus reduced to a mechanism that makes us able to relate the other's feeling to our own without us recognizing an authentic otherness. The other's pain and joy are brought back to our own experience: to our pain and our joy. Imitation does not entail understanding the other,¹⁵ because if we ground the latter on an innate imitation mechanism, what we understand would only be our own experience and empathy would substantially amount to a projection of our experiences, not an understanding of the experiences of others.

The Problem of Validity

There is another reference that, although not mentioned in these pages, is essential to understand the problems leading Jaspers to articulate his reflection on empathetic experience. When Jaspers reflects on the possibility of

"Perception and perceived form essentially an unmediated unity." On the contrary the experience of the other manifests itself only in an indirect and not originary manner (see *IPP* 79).

¹⁴ Stein's example is very clear: "A child seeing another crying cries too" (PE 22). Other examples, according to Scheler, are: the masses who identify with the leader, losing the ability to decide for themselves, forms of worship in which the adept is identified with the god and "possessed" by him, etc. Max Scheler, *The Nature of Sympathy*, transl. Peter Heath, Hamden: Archon Books 1970, pp. 23-24. [Henceforth cited as *NS*]

¹⁵ Scheler emphasizes that we are able to understand situations of which we have no experience, suffice it to think of the case of those who understand the anguish of someone drowning without the need to experience a real death anxiety. Lipps' theory contradicts the phenomenal fact that, albeit understanding it, we do not really experience the other's feeling. See *NS* 11.

referring to empathy in the investigation of the subjective symptom, the question of the validity of empathetic knowledge arises as a priority. The most immediate theoretical reference to this topic is the methodological reflection of Max Weber, as Jaspers regularly attended the so-called Weber Kreis since 1909, a sort of intellectual circle held at Weber's house on Sunday afternoons.¹⁶ In his *Roscher and Knies*,¹⁷ Weber deals at length with the issue of the possibility of empathetic understanding. In particular, in the third part, which appeared in 1906, he points out that the subject assumes the empathetic experience of others experience "as an object" (RK 69). This is not merely an irrational experience, and Weber tends to emphasize that even in the strictly intellectual understanding of the other there are many empathetic moments. Moreover, if the goal of the investigation is knowledge, we have to select some elements of this empathetic understanding, in accordance with the purpose we have set ourselves.

In this sense Jaspers is raising the question of the validity of the subjective symptom in a Weberian perspective: we must not ask whether there is an empathetic relationship that characterizes human relations (as there is no doubt about it), but rather define its empirical validity. Weber writes,

the acquisition of knowledge is concerned, the role that falls to "intuition" is by its very nature—as was already shown above—the same in all areas of knowledge; there is only a variation—depending on the cognitive goal—in the degree to which we then, when we process [the material] intellectually, are able to, and wish to, attain precision of the concept in all respects. The logical structure of knowledge, however, only manifests itself when its empirical validity in the concrete case is problematical and therefore has to be demonstrated. [RK 71]

In his 1912 essay on the phenomenological nature of psychopathology, Jaspers resumes almost literally this point of Weber's reflection, referring to a difference of degree in the validity of psychopathological

¹⁶ Paul Honigsheim, "Der Max Weber-Kreis in Heidelberg," *Kölner Vierteljahrsschrift für Soziologie* 5/3 (1926), 270-287; and Karl Jaspers, *Heidelberger Erinnerungen*, Berlin: Springer, 1961.

¹⁷ Max Weber, "Roscher and Knies and the Logical Problems of Historical Economics," in Max Weber: *Collected Methodological Writings*, eds. Hans Henrik Bruun and Sam Whimster, Routledge: New York 2012, pp. 3-94. [Henceforth cited as *RK*]

knowledge compared to that of a natural science, such as histology. Weber problematizes the use of empathy in psychopathology, criticizing "empathetic psychoanalysis" (RK 71). The problem, he poignantly states, is that the validity of the results of an empathetic investigation of an ill psyche will be "quite uncertain" (RK 72) until we manage to link the empathetically reproduced psychic connection to the concepts gained through general psychiatric experience. This is the very task that Jaspers set himself in his phenomenological writings: to show that it is possible to resort to empathetic experience in a therapeutic relation, without undermining its validity. The question now is, how can this be achieved?

Part Two

Empathizing the Other's Experiences (Empathy related to Pathology)

According to Jaspers, three means allow us to relate to the other's experience and try to show in detail the characteristics of an empathic relationship. A physician wishing to access the patient's subjective symptom has to: (i) immerse himself (*Versenken*) in the patients' behavior, conduct, expressive gestures; (ii) ask questions that help patients explore themselves, listening to their own viewpoint on their condition; and (iii) through having the patient draw up written documentation, primarily in the form of biographic "self-description." These texts can be used even without personally knowing the author (PFP 320).

The first means entails an immediate relationship with the other and is related to what can be defined "emotional empathy": I feel the anger of the other, her pain or her joy. It is an immediate feeling that is poorly structured. In contrast, the other two means are connected to the patients' own narrative and the opportunity it offers to get into the other's experience, learning to put ourselves in her place. This is a different level of empathy, which involves the dimension of understanding. It is an empathic level that forces us to abandon immediacy and reflect on the feeling that accompanies the story—a feeling marked by the cognitive awareness of the separation between my experience and the patients', seeking words and concepts to capture the latter with his or her points of views.

In this perspective, the reflection on the therapeutic

practice can help solve the difficulties encountered in trying to define empathy, formulating a hypothesis based on four layers of stratification:

Fusional Empathy. Referring to Theodor Lipps and neuroscience we can recognize a first layer of empathy resulting in an immediate, irrational, and involuntary immersion into the other. This immediate feeling may result in moments of fusion in which the pain of the other's anger and fear become mine. This experience of fusion is much more common in children who do not yet have a structured self, but is a common experience for adults, too. The point is to learn paying attention to these experiences that we do not always recognize as the result of an empathic relationship and that, of course, do not offer any certainty about the experience of the other.

Emotional Empathy. By learning to recognize these immediate experiences, we can emerge from the fusional layer. In observing the other's actions and expressions we enter in relation with experiences that are given as non-originary. I often feel the other's pain without the latter becoming my own pain: I am sad, but because he is the one suffering; her anger worries me but I do not feel angry myself. In this empathic relationship I can focus my attention on the other as such, while as long as the experience is fusional I will focus on my pain, not hers.

Imaginative Empathy. The empathic relationship—as Jaspers clearly shows—also goes through the patient's narrative and, therefore, the words with which the other describes his experience. To relate to this story involves learning to get in the other's shoes. From a developmental perspective it is the phase in which the child plays taking on roles and pretending to be someone else, experiencing different views on things.¹⁸

Understanding Empathy. Finally, through narration we can try to understand the subjective point of view of the other. In particular, in the therapeutic relationship, through pathological narration the doctor acquires a new perspective on the patient's condition, understanding his or her experience, anger, pain, or feelings. It is also through the narrative that the patient can try to take the place of the person in front of him, trying to understand what the other feels and lives.

If we understand the empathetic relationship through this stratification, we can also shed new

¹⁸ For example, see Paul L. Harris, *The Work of Imagination*, Oxford: Blackwell, 2000.

light on a theme—that of the so-called "theorem of incomprehensibility"—that generated doubts in the reception of his *General Psychopathology*.¹⁹ Starting from Weber's point of view, according to which one must abandon immediacy to achieve scientific knowledge, Jaspers considers some forms of pathology as incomprehensible and admits that there is a limit to the attempt to establish understanding relationships, thus excluding certain diseases from any therapeutic relationship or leaving them exclusively to organicist explanations. However, Jaspers has never spoken of "non-empathizable" experiences but always of "non-understandable" ones, noting the difficulty or inability to bring that particular experience within classical cognitive categories.

Trying to outline a scientific method, Jaspers has not investigated enough the first layers of empathic relationship. While in therapeutic practice it is essential to acquire full knowledge of the differentiation of experience, it is also true that this differentiation goes by different routes, has different stages and also leads to different levels of awareness and understanding. Recognizing that the experience of the other may be our own experience, we can think of a relationship able to dwell longer in immediate feelings, freed from the anxiety of "getting out of it" to acquire the status of scientific methodology. Nonetheless, the ultimate goal has to be to establish a relationship that can be therapeutic.

Pathology Related to Empathy

Empathy, Jaspers writes in *GP*, can also fail. We can meet people whose illness can be described in relation to a difficulty to empathize. In the text he identifies three possible anomalies of empathy: first, its failure, after which everything seems dead. This relates to people who "are no longer conscious of the psychic life of others" (*GP* 64). Second, this failure of empathy consist "in an unpleasantly forceful empathy—the psychic life of others impinges with a fierce vividness on the defenseless victim" (*GP* 64), and finally, there is fantastic and "mistaken empathy" (*GP* 64), which includes psychic elements that are not real.

Once more, reflecting on pathology helps to

focus on one element: the possible failure of the empathic relationship. This failure is not the exclusive prerogative of the disease, on the contrary it is inscribed in the relationship itself. Jaspers refers to individuals who feel as if all is dead around them—that is, those who do not feel the psychic life of others. In his 1923 essay (*NS*), Scheler defined these subjects insensitive or melancholic. These are people who do not feel the experience of others,²⁰ who for some reason are unable to grasp the suffering of the other. In some cases it may be a pathological form: for example, writes Scheler, it "occurs frequently in patients (eg. in melancholy)" (*NS* 14). It is a sort of incapacity that is found in any self-absorbed individual immersed "in their own feelings, without being able to generally get an affective apprehension of other people's experience" (*NS* 14). In short, the insensitive person is nearly blind to the feelings of others. Moreover, Scheler shows us other cases in which empathy is a lens through which to understand some behaviors that create suffering in others, building a sort of phenomenology of cruelty: take the case of those persons who can be called "brutal" (*NS* 14). A brutish person is marked by his or her disregard of another person's experience, despite the fact that she apprehends it in her own feeling. In this case it is not a pathological form, a sort of disability that prevents one from feeling: the brutal person feels the pain of the other but does not care, thus refusing to take a sympathetic attitude.

At the peak of such phenomenology we find what Scheler calls the cruel man.²¹ The cruel man feels perfectly well the pain and suffering of others, especially if he inflicts it himself. "His joy lies in 'torturing' and in the agony of his victim. As he feels...the increasing pain or suffering of his victim, so his own primary pleasure and enjoyment at the other's pain also increases" (*NS* 14). Thus Scheler describes what today we would call a sadist: a subject who feels pleasure by making the other suffer. In this sense there is a clear difference—both on

²⁰ Actually, Scheler speaks of *nachfühlen* (empathize). Through the use of the prefix *nach*, which implies a coming after, Scheler underlines that our feeling here depends on a feeling that precedes it: the other's (*NS* 14).

²¹ Scheler's description of cruelty seems closer to the concept of sadism in which the sadist feels pleasure by inflicting pain to someone else. See Gilles Deleuze, *Masochism: Coldness and Cruelty*, New York: Zone Books, 1991.

¹⁹ Karl Jaspers, *General Psychopathology*, transl. J. Hoenig and Marian W. Hamilton, Baltimore, MD: Johns Hopkins University Press, 1997. [Henceforth cited as *GP*]

a phenomenal and on a conceptual level—between the ability to grasp or see the feelings of the other and the ability to share, care, or take on the feelings of the other. Knowing what the other feels can be a valuable means to inflict suffering upon him. Scheler urges us to recognize that such behaviors are not only a consequence of pathology: we have all used, and daily use, our ability to feel what the other feels to hurt him. In the same way, we often are indifferent to the other's experience or, overwhelmed by our own everyday life, we are not even aware of what the other feels.

What is left to clarify is whether the failure of empathy concerns all layers of empathy: fusional, emotional, identificational, and understanding. Sticking to the pathological dimension, there are studies that show the importance of making differences. It is safe to assume that some forms of childhood autism are linked to a difficulty in empathic relationships involving cognitive empathy (as in the last two types described above):²² a poor ability to understand what others do

²² See Simon Baron-Cohen, *Mindblindness: An Essay On Autism And Theory Of Mind*, Cambridge, MA: MIT Press 1997.

leads them to seek repetitive and mechanical activities, often developing skills in areas where it is possible to predict, calculate and control a reality that is essentially unpredictable, as it is incomprehensible. However, autistic children may have a very high level of fusional empathy,²³ which involves agitation and fear in the face of emotional reactions experienced as unpredictable in the social world.

In conclusion, feeling the experiences of the other does not mean understanding or sympathizing with the other. Returning to Jaspers' original question in this essay, What can we, as psychopathologists, do with the knowledge of the other?—I realize that it turns into another question, What can we, as human beings, do with the knowledge of the other? But in doing so, we have to move—exactly like Jaspers in his life—from psychopathology to ethics.

²³ See Adam Smith, "The Empathy Imbalance Hypothesis Of Autism: A Theoretical Approach To Cognitive And Emotional Empathy In Autistic Development," *The Psychological Record* 59/3 (2009), 489-510.