



Meaning and Diagnosis Are Mental Illnesses Genuinely Mental?

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Abstract: In this essay, I argue that the meaningful connections Karl Jaspers identifies in his *General Psychopathology* remain relevant to contemporary psychiatric practice. Though still in its infant stage, the ability to diagnose certain mental illnesses entirely through technological means raises the question of whether clinical evaluations and Jaspersian meaningful connections will continue to have a role in psychiatry. In what follows, I claim that the attempt to think what is traditionally called mental illness or madness entirely in terms of neuro-bio-chemical arrangements is grounded on a prior commitment to psychologism—the identification of universal and contingent laws of thought with contingent structures—a theory Husserl, in his *Logical Investigations*, problematizes. To escape the problems associated with psychologism, Husserl proposes that we distinguish between apodictic and contingent structures of experience, that is, between the universal features of all minds and the contingent ways minds manifest themselves. On this model, the mind can be correlated not with contingent but with apodictic structures, such as the ability to carry out meaning-conferring acts, common to the normal and abnormal alike. Therefore, because meaning production is common to all minds and is not a contingent feature, improved technology, and its investigation of contingent physical structures, will not render the search for Jaspersian meaningful connections redundant.

Keywords: Husserl, Edmund; Jaspers, Karl; *General Psychopathology*; intentionality; phenomenology.

Researchers at King's College, London have recently demonstrated that fMRI scans can be profitably used to distinguish subjects with bipolar disorder from controls with a success rate of around seventy percent. On their account, "our results demonstrate that GPC-based neuroanatomical pattern recognition techniques may prove clinically useful in improving the timely diagnosis of BD, which currently relies entirely on clinical symptoms."¹ Conceivably, with the ongoing

development of technology and a better understanding of the brain patterns associated with bipolar disorder, a time might arise when fMRI or similar scans will function as diagnostic tools for mental disturbances. Just as, for example, an x-ray machine today can highlight the location of a fracture, a brain scan might someday unequivocally show a patient to have schizophrenia, a personality disorder, or any other number of other

¹ Vanessa Rocha-Rego, Jigar Jogia, Andre F. Marquand, Janaina Mourao-Miranda, Andy Simmons, Sophia Frangou, "Examination of the Predictive Value of

Structural Magnetic Resonance Scans in Bipolar Disorder: A Pattern Classification Approach," *Psychological Medicine* 44/3 (February 2014), 519-532, here p. 529.

mental disturbances. Through these methods, then, madness can be relocated from the realm of personality and character (being invisible and largely inferred from behavior) to the realm of the physical (accessible through observation). The role of the psychiatrist as someone capable of making behaviorally grounded diagnoses is potentially, in the extreme case, at risk if routine scanning becomes mandatory.²

I argue, however, that brain scans, taken in isolation, along with other purely neuro-bio-chemical data, are only significant insofar as we relate them to (1) the Jaspersian meaningful connections a doctor finds and (2) the Husserlian meaning conferring acts of the patient. Further, because the Husserlian apodictic structures of experience—intentionality, the adumbrations of perceptions, the always contingent character of the world, and so on—operate even in cases of madness and mental illness, I suggest that brain scans are not identifying mental disturbances but, rather, like behavioral expressions, disturbances in the way the mind manifests itself.

Jaspersian Meaningful Connections

In a 1959 article, Karl Jaspers claims that the physician should be more than a technician. She should have an intimate knowledge and awareness of her patient through "the observation of the body, of excitations, of behavior [and] the significance [of] the environment."³ The collective and impersonal physician has no time or interest in providing this kind of attention. Inner experiences, for her, are subordinate to somatic processes. The first kind of physician is distinct from the second insofar as she endorses *verstehende Psychologie* or a psychology of meaningful connections whereby she will try to understand, as far as possible, the patient from the patient's own situation and perspective. In doing this, the doctor will necessarily try to unravel various meaningful connections through open-ended

² Kate Kelland, "Screening Children for Mental Illness: Experts Call for Early Testing," *Huffington Post*, http://www.huffingtonpost.com/2012/11/28/screening-children-for-mental-illness_n_2207095.html, 28 January 2013. [Last accessed 1 December 2015]

³ Karl Jaspers, "The Physician in the Technological Age," transl. Arthur Grugan, *Theoretical Medicine* 10/3 (September 1989), 251-267, here pp. 256-7. [Henceforth cited as *PTA*]

conversation (*PTA* 259).

Earlier in 1912, Jaspers cautions us that *verstehende Psychologie*, as an empathic approach, remains distinct from phenomenology as the mere articulation of inner experiences without a corresponding attempt to meaningfully or causally understand these same experiences. Empathic understanding names the way a physician can use the results gathered from phenomenological research to comport herself towards the experiences of her patient—as someone who is, first of all, trying to understand what the patient is experiencing from the patient's own perspective and not strictly through some applied schema. While phenomenological description, on Jaspers' account, is largely static, meaningful connections arise out of relations that are unique to a patient's lived experience. Phenomenological observation, in other words, provides the background against which physicians can establish meaningful connections such that verbal and expressive communication between physician and patient is central to both phenomenological observation and the discovery of meaningful connections.⁴ Jaspers writes:

The meaningful connections between autumn weather and suicide is in no way confirmed by the suicide curve which is highest in spring but that does not mean that this meaningful connexion is wrong. A particular real event can be the occasion which helps us to fully grasp a meaningful connexion, but the frequency of that event does not add anything to the evidence which we have thus gained. To find such frequencies serves entirely different purposes.⁵

⁴ In the new foreword to the 1997 edition, Paul McHugh states that "[t]he phenomenological method hinges on the human capacity for self-expression—a means of communicating one's experiences to another. This capacity makes it possible for patients to describe the contents of their minds and for psychiatrists listening to these descriptions to enter the mental life of such patients. Through this process psychiatrists can empathically penetrate (almost co-experience) their patients' thoughts, perceptions, and feelings and note the similarities and differences among the 'phenomena' they find." "Foreword to the 1997 Edition," in Karl Jaspers, *General Psychopathology*, Vol. 1, transl. J. Hoening and Marian W. Hamilton, Baltimore, MD: Johns Hopkins University Press 1997, p. vii.

⁵ Karl Jaspers, "Causal and 'Meaningful' Connexions between Life History and Psychosis," transl. J. Hoening, in *Themes and Variations in European Psychiatry*,

In the same 1912 article, Jaspers makes a further distinction between two kinds of meaning. While communicating with her patient, the psychiatrist must acknowledge that the rational meaning of an utterance is distinct from its intentional meaning. Whereas the rational meaning of a statement can be analyzed without any reference to psychological processes, the intentional or inner meaning can only be arrived at through empathy.⁶ The former names a semantic approach while the latter is largely foundational.⁷ A statement that is ill-formed or even non-sensible semantically might harbor deep intentional meaning:

Where the speech apparatus is normal, speech apart from its content is psychic expression: as, for instance, shrieking, shouting, whispering in every possible nuance of tone, as we can observe in any disturbed ward; or it may be in the form of monotonous, expressionless speech or speech heightened in tone and lively. It may show itself in the rhythm, in nonsensical emphases, in normal syntax or in syntax that cuts across sense, or in the general manner, such as the imitation of infantile speech.⁸

In cases where the semantic meaning is nonsensical, as well as in all cases where semantic meaning still remains intact, Jaspers urges physicians to try to gather the intentional meaning:

Rational understanding always only enables us to say that a certain rational complex, something which can be understood without any psychology whatever, was the content of the mind; empathic understanding, on the other hand, leads us into the psychic connections themselves. [CMC 83]

eds. Steven R. Hirsch and Michael Shepherd, Charlottesville, VA: University Press of Virginia 1974, p. 85. [Henceforth cited as CMC]

⁶ The question of the definition of empathy is debatable. For example in Theodore Lipps and Edmund Husserl, empathy does not denote "seeing the world through the eyes of another." It rather meant understanding what the other is feeling without strictly sharing these feelings.

⁷ This distinction derives from David Lewis, "General Semantics," *Synthese* 22/1-2 (December 1970), 18-67, here p. 19.

⁸ Karl Jaspers, *General Psychopathology*, Vol. 1, transl. J. Hoenig and Marian W. Hamilton, Baltimore, MD: Johns Hopkins University Press 1997, pp. 288-9.

It is through the intentional as well as semantic meanings expressed in audible and physical communication that the physician comes to learn about the patient's inner experiences that the patient is suffering, what kind of suffering, and possible clues about the genesis and development of this suffering.

Husserlian Meaning Conferring Acts

Though separate, a static phenomenology of inner experiences, as we have seen, can lead physicians to grasp meaningful connections. And so, while Jaspers is right to argue that, on the side of the physician, the early Husserl is, largely, not interested in trying to understand or empathize with the experiences of her patient, Husserl is, in his *Logical Investigations*, very much interested in the production of meaning and, more specifically, with, on the side of the patient, how so-called foundational or intentional meaning becomes semantic, rational, or propositional. Further, his account of meaning is informed by his desire to take the mentally disturbed into consideration.

This is initially evident in his early critique of psychologism—the view that logical laws are reducible to psychological processes. Throughout his "Prolegomena to Pure Logic," Husserl criticizes psychologism for its inability to successfully account for the universal character of logical laws. Psychologism, he claims, is incoherent insofar as it takes as normative something that arises through the study of numerous psychological processes. Logical laws—the laws used to derive necessarily true conclusions from sets of true premises—are normative, advocates of psychologism claim, insofar as it is not the case that all human beings always reason according to these laws. We teach logical laws because we do not always reason according to them; they guide how we ought to think even as they fail to describe the ways we always think. However, even if such laws are normative (Husserl believes them to be ideal), they cannot be gathered from observations of contingent and natural processes. Husserl writes: "It is quite repugnant...to deduce propositions rooted in the essential constituents of all theory...from the contingent content of some special science, and a factual science at that."⁹ Following David Hume, even granting that logical laws can be normative, we cannot

⁹ Edmund Husserl, *Logical Investigations*, Vols. 1 and 2, transl. J. N. Findlay, New York: Routledge 2001, p. 107. [Henceforth cited as *LI1* and *LI2*]

derive normative laws from normal psychological acts, an "ought" from an "is."

In this normative account of logical laws, the mad or mentally ill individual provides an exception insofar as she often views the world differently. Husserl himself confronts this problem in his critique of psychologism and argues that however we characterize logical laws, these laws must also apply to the mad person as well as the genius, both of whom are abnormal: "Perhaps genius and madness are...allied, perhaps there are also lunatic rejecters of the laws of thought: these will certainly also have to count as men" (*LI1* 93). In another place, Husserl challenges the idea that we have a clear notion of what a normal human beings is in order to derive, from that human being, what constitutes normal thought and, thereby, following psychologism, the foundations of logical laws:

Has the occurrence of contradictions, even quite obvious ones, been scientifically investigated in the case of the insane? What happens in hypnotic states, in delirium tremens etc.?...Possibly the empiricist will escape these objections by suitably qualifying his law, e.g. by saying that it only applies to normal individuals of the genus homo, having a normal mental constitution. It is sufficient to raise the insidious question of the exact definition of the concepts "normal individual," and "normal mental constitution" to see how imprecise and complex the content of the law, now stated, has become. [*LI1* 58]

The mad or mentally ill individual, being someone who lives in the world according to different psychological processes, might be exempt, on a psychologist theory, from the authority of logical laws. Or, she might be inappropriately bound—through societal pressure or force—to act and think in ways that have no real binding.

Later, Husserl criticizes psychologism for trying to base logical laws in the psychological processes of either individual thinking human beings or in the way that a certain species—*homo sapiens*, perhaps—thinks, in the way individuals or a species take judgments to be inwardly evident. In other words, logical laws are grounded on inner evidence whereby "[t]he term 'inner evidence' stands...for a peculiar mental character, well-known to everyone through his inner experience, a peculiar feeling which guarantees the truth of the judgement to which it attaches" (*LI1* 115). This inward evidence can either be an individual's own feeling or the inward evidence reached through societal agreement

and custom.¹⁰ Both cases, Husserl argues, are highly problematic and end up relativizing logical laws. If we relocate the authority of logical laws to inward evidence, the absolute character of logical laws, as ideal laws governing all possible judgments, falls apart. If one person argues according to certain logical laws, another can object, not with an argument following the same laws, but by simply saying that she is not convinced of the inward evidence of the logical laws being used. Similar things can be said about grounding logical laws in social customs or habits.

Either way, the mentally ill are outliers insofar as their forms of thinking must already be excluded from what counts as logical: we must already have an idea of what we want to find in psychological processes—the law of non-contradiction for example—in order to exclude the mentally ill from the sample. As outliers, then, the thoughts of geniuses and the mentally ill can offer us examples of individuals whose thoughts are not normally logical.

Against psychologistic theories of logic, then, Husserl himself tries to develop in *LI* an account of the ideal character of logical laws. Broadly stated, psychologists hold that the laws of logic are contingent, based on particulars, and known by sense experience. Husserl holds, by contrast, that logical laws are necessary, *a priori*, non-empirical, and governed by strictly universal laws (cf. *HA* 30).

In his fifth investigation, Husserl famously takes intentionality to be one defining feature of thought, the central aspect that distinguishes it from non-thought:

We take intentional relation...to be the essential feature of "psychical phenomena" or "acts"...seeing in Brentano's definition of them as "phenomena intentionally contained objects in themselves" a circumscription of essence, whose "reality"...is of course ensured by examples. [*LI2* 96-7]

In addition to intentionality he also describes the correlation that obtains between intentional thought and object thought: within any intentional act there lies a distinction between content and object. The content is divided into quality and matter whereby the matter (*Sinn*) carries the meaning while the object side of the

¹⁰ Robert Hanna, "Husserl's Arguments against Logical Psychologism," in *Edmund Husserl: Logische Untersuchungen*, eds. Verena Mayer and Christopher Erhard, Berlin: Akademie Verlag 2008, pp. 27-42, here p. 33. [Henceforth cited as *HA*]

intention can either be empty or fulfilled, unrealized or realized. Any intention, moreover, is always directed toward a single object that, when intuited, can fulfill the intention. If, for example, I utter "cat" without imagining or perceiving a cat, the object of my intention is empty. If, however, I see or imagine a cat, the object of my intention is realized while the intention itself is fulfilled. Regardless of whether I see or imagine a cat, my intention has meaning and is directed toward an object; that is, the original meaningfulness of an intentional act is on the side of the intention as opposed to the intuition and object.¹¹ Thus, meaning originates, for Husserl, not in any external object, such as a brain scan—an intuition, imagined or perceived—but in the original and agential intention to produce meaning—the patient's own expressions and utterances: "an expression only refers to an objective correlate *because* it means something, it can be rightly said to signify or name the object *through* its meaning" (LI1 198). Soon after, Husserl states that the "relation to an actually given objective correlate [an intuition] which fulfills the meaning-intention, is not essential to an expression" (LI1 199). The meaning of an utterance or an expression is not dependent on the statement's semantic meaning. A patient might mean something even if her clanging and disordered speech renders the semantic meanings of her utterances incoherent. The psychiatrist, then, who is interested in meaningful connections, will attempt to approach phenomenologically the inner experiences to discern a patient's intentional or inner meaning. When the psychiatrist fails to understand the patient's expressions or speech, following Jaspers, the patient's meanings are not understandable. And yet, on Husserl's account of meaning-conferring acts, patients that cannot be understood are nevertheless attempting to communicate through their expressions and locutions.

Eidetic and Empirical Phenomenology

While Jaspers' phenomenology is largely empirical and interested in the contingent experiences of patients, Husserl from his *Logical Investigations* onward, tries to develop an eidetic phenomenology or a phenomenology that searches for the necessary or apodictic structures of experience that are common to both the sane and the

mad. For Husserl, the intentional character of thought, the adumbrations of perceptions, and the always elusive character of the world are all examples of structures that apodictically or indubitably present themselves to an eidetic phenomenologist in search of universal structures of experience. When the mind is identified with such apodictic structures, then mental illnesses are no longer failures of the mind; rather, mental illness is made possible because of the mind, that is, because of the very universal structures that are common to the abnormal and the normal alike. Psychosis, sociopathy, and neurosis all require the intentionality of thought and adumbrations of perception in order to be possible. Insofar as we accept these apodictic structures as characterizing an admittedly thin account of the mind, it is questionable as to whether mental illnesses are failures of the mind or failures of how the mind presents itself.

If we bring Husserl's apodictic structures of the mind together with Jaspers' phenomenological psychopathology and *verstehende Psychologie*, we can see that the various failures of certain aspects of the brain that provide evidence of bipolar disorder or schizophrenia are made possible only because of an already operative meaning conferring mind.¹² Even if it is impossible to understand the expressions, utterances, or conduct of someone who is mentally ill, mental illness is only possible when thought against the background of an intentional and adumbrating mind. Thus, mental illness, I argue, is not an illness of the mind.

Conclusion

We can now return to the initial question of whether technology might render clinical or phenomenological psychology redundant. As we have seen, both Husserl and Jaspers offer the insight that whether or not a patient is sick, insofar as she can think, she means. No amount of technology will be able to interpret and understand brain scans without referring to the patient's meaningful expressions, whether or not these expressions can be immediately understood. For Jaspers, these are the meaningful connections a psychiatrist must make, and for Husserl it is the meaning-conferring acts that render a patient's speech meaningful. Thus, by linking

¹¹ Martin Schwab, "The Rejection of Origin: Derrida's Interpretation of Husserl," *Topoi* 5/2 (September 1986), 163-175, here p. 167.

¹² For example, Michael J. Berridge, "Dysregulation of Neural Calcium Signaling in Alzheimer Disease, Bipolar Disorder, and Schizophrenia," *Prion* 7/1 (Jan-Feb 2013), 2-13.

the mental not with observable neuronal patterns but with the Husserlian apodictic structures that make experience and meaning possible, we can see that what we commonly call mental illnesses are not failures of the

structures of experience or of the mind. The abnormal patterns that brain scans identify do not refer us to failures of intentionality but to the conditions through which intentionality and inner meaning are presented.