



The Misunderstanding of Understanding (*Verstehen*)

Karl Jaspers, Wilhelm Dilthey, and Psychiatry

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Abstract: Karl Jaspers borrowed the concept of *verstehen* from Wilhelm Dilthey, an influence that was first explained by the Basque psychiatrist Luis Martín-Santos in the 1950s. Yet, apart from Martín-Santos' work, their relationship in psychiatry mostly has been ignored. Recent scholarship has revealed that Jaspers did not have full access to Dilthey's unpublished writings, and his usage of Dilthey's concept of *Verstehen* was somewhat incorrect, which would prove to be misleading in later psychiatric debates on psychopathology, especially the ones to do with delusions and the concept of depression. *Verstehen* is not a contrast to *Erklären*, in the sense of being absolute opposites, which is the typical view held regarding Jaspers, but it rather depicts two extremes of a single spectrum of knowledge. In all of its manifestations knowledge involves both causal, objective explanation, and subjective, holistic interpretations. The misunderstanding of the idea of *Verstehen* impacted debates leading up to the creation of the concept of "major depressive disorder" (MDD) in the *DSM-III* in 1980. In contrast to the conventional wisdom of biopsychosocial eclecticism, psychiatry can be structured according to a basic distinction between disease and non-disease, derived from a more accurate understanding of the construct of *Verstehen*.

Keywords: Dilthey, Wilhelm; Jaspers, Karl; Martín-Santos, Luis; *verstehen*; *erklären*; meaning; understanding; explanation; causation; *Diagnostic and Statistical Manual of Mental Disorders (DSM)*; psychopathology.

What is *Verstehen*?

Karl Jaspers borrowed the concept of *verstehen* from Wilhelm Dilthey. Two questions need to be asked: What did Dilthey mean by it, and what did Jaspers think Dilthey meant by it?

Jaspers did not have full access to Dilthey's unpublished writings, which are currently still in the process of being published. Thus, what Jaspers thought Dilthey meant by *verstehen* corresponds to the publications Jaspers had access to, but from the standpoint of intellectual history his usage is not

technically correct. Apart from Basque psychiatrist Luis Martín-Santos' groundbreaking doctoral thesis of the 1950s era,¹ the importance of Dilthey as a central intellectual resource for Jaspers has been underappreciated in psychiatry. This essay can be seen as an extension of the work of Martín-Santos.

The role of Max Weber, Jaspers' direct mentor, as an intermediary should also be acknowledged. It has been suggested that Weber's concept of ideal type

¹ Luis Martín-Santos, *Dilthey, Jaspers y la comprensión del enfermo mental*, Madrid, SP: Editorial Paz Montalvo, 1955.

(*Idealtypus*) was his variation of Dilthey's *verstehen*.² Jaspers tried to make a similar application to the science of mental illnesses.

Misconceptions regarding *Verstehen*

Verstehen is not empathy. Empathy is a way of getting at *verstehen* but it is not identical to *verstehen*. Michael Ermarth points out that *verstehen* includes the notion of *besser verstehen*, that is, a better understanding of what has indeed happened than the historical or psychological actor might realize.³ Thus historians might know better than Richard the Lion-Hearted knew some larger processes that influenced his role in the Crusades. Similarly, psychiatrists may understand something in greater detail than a patient may understand – whether as consequence of a severe disease like schizophrenia, or in an early stage of psychotherapy – regarding what drives a patient's behavior or attitudes. This is not equivalent to feeling what the patient feels, or seeing things from the patient's point of view. Instead, it is understanding in a coherent and holistic way, putting together many factors into an overall hypothesis.

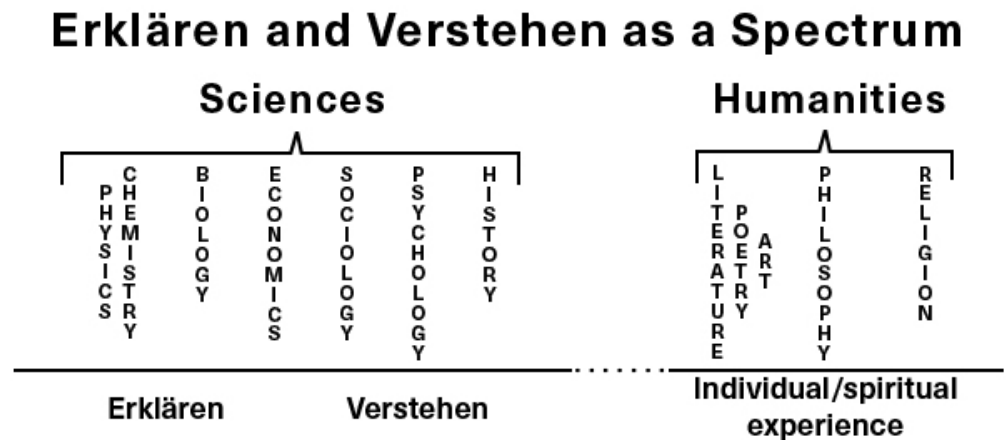
This holistic understanding can be applied to multiple individuals in similar circumstances, and thus it is not purely idiographic. For instance, if correct, Sigmund Freud's oedipal complex hypothesis would apply to many, if not all, five-year-old male children that are born to heterosexual parents.

***Verstehen* as Science**

A common misconception regarding these two concepts is that science adheres to *erklären* while

the humanities focus on *verstehen*. In fact, science involves both *erklären* and *verstehen*, and I argue that the humanities are positioned outside that spectrum, namely, beyond where *Verstehen* ends.

The image below enables one to visualize the range of *Verstehen* in the context of various academic disciplines within the sciences and the humanities. As I explain below, science includes the natural and social sciences, while the humanities include forms of individual experience that Jaspers did not count as being a type of knowledge *per se*. In this context, religion can be seen as being at the far end of the humanities and falling into its own realm of definition.



Jaspers' understanding of *Verstehen*, and its role in relation to science, is not the same one as the one found in Dilthey. This is not to say that one thinker is right and the other one is wrong, however, I do think that Dilthey's original unpublished full theory is more meaningful than many of the later simplistic characterizations of it, in which *Verstehen* is identified as being unscientific or belonging to the humanities. Recent scholarship on Dilthey, such as the work of Rudolf Makkreel,⁴ can help to better understand the concept of *Verstehen* in order to be equipped to examine how Jaspers' partial understanding of the concept led him in his *General Psychopathology* to make clinical claims that are misapplications of Dilthey's use of *Verstehen*.

² Massimiliano Aragona, "The Influence of Max Weber on the Concept of Empathic Understanding (*Verstehen*) in the Psychopathology of Karl Jaspers," *History of Psychiatry* 30/3 (September 2019), 283-299.

³ Michael Ermarth, *Wilhelm Dilthey: The Critique of Historical Reason*, Chicago, IL: University of Chicago Press 1981, p. 276. [Henceforth cited as *CHR*]

⁴ Rudolf A. Makkreel, *Dilthey: Philosopher of the Human Studies*, Princeton, NJ: Princeton University Press, 1992.

The Science of Psychology

In Dilthey's thinking, the main rationale for the concept of *verstehen* was as a part of the concept of science. In my reading, science consists of *erklären* plus *verstehen*, that is, not just one aspect (*erklären*) being opposed to the other one, non-science (or *verstehen* in the humanities). Dilthey famously distinguished the natural sciences (*Naturwissenschaften*) from the human sciences (*Geisteswissenschaften*). *Geist* can be translated as "spirit" or "mind," so the direct translation would be spiritual sciences or mental sciences, which would make less sense in English. *Wissenschaft* can be translated as "knowledge," so a literal translation would be natural knowledge and spiritual or mental knowledge. These terms are not accurate in English but they provide the nuances needed to appreciate that the term "humanities" does not capture the concept of *Geisteswissenschaften*. Ermarth argues that Dilthey was well-aware of these variations of meaning of *Geisteswissenschaften*, that are interpretable variously as sciences of "the subject," "real experience", and "culture" (CHR 277). He had grasped that *Geisteswissenschaften* encompasses all these aspects and more beyond them. Dilthey appears in the end to uphold the view that *Geisteswissenschaften* reflected "objective mind," by which he meant "the 'atmosphere' of meanings in which we live" (CHR 278). Comparable to water surrounding fish, an atmosphere is being taken for granted. *Verstehen* links into this atmosphere and is based on a community of individuals and a common human nature, and generalizes knowledge regarding humanity in the fields of history and psychology and the like. Dilthey's conception here clearly is about some kind of knowledge, or science broadly conceived, and the humanities in the English language tend to be understood as non-sciences. For Dilthey, the distinction may be understood best as between the natural sciences and, given its English connotation, the social sciences (such as psychology, history, sociology, political science)—yet not the humanities (such as literature, poetry, philosophy proper, religion). Dilthey himself applied the concept of *Geisteswissenschaften* mostly to psychology and history.

The idea here is that the humanities proper reflect aspects of humanity that are not conceived as knowledge in any traditional sense of quantification, generalization, or teaching. They are individual

(idiographic) and spiritual (non-natural). Whether a poem is excellent is not a matter of general knowledge; whether my spirit can communicate with a cosmic consciousness is not a matter of knowledge. Proponents of poetry and mysticism typically do not claim otherwise.

Hence, *Verstehen* is not a meaningful concept regarding the truths of poetry or faith; rather, its relevance applies with regard to knowledge gained within the social sciences, alongside the more cognitive aspects of the natural sciences. I find this latter point to be important. The role of *Verstehen* in the natural sciences is important, for example, in relation to hypothesis generation. Hypotheses are not matters of fact or causation; they are *sui generis* (or, using Charles Peirce's terminology, abductions or retroductions).⁵ In the natural sciences, such hypotheses may be tested inductively, but their creation is not itself inductive. This function of *Verstehen* is central in the natural sciences, and is an example of how *erklären* and *verstehen* are not simple synonyms for contrasting the natural sciences with the social sciences or humanities.

All science involves some combination of the use of the methods of *Erklären* and *Verstehen*. The more complex the natural science (such as physics or chemistry), the more *Erklären* is needed and the less *Verstehen* occurs. The opposite situation is present in the human sciences (such as psychology or history): the more *Verstehen* is executed the less *Erklären* occurs. In the humanities proper, neither *Erklären* nor *Verstehen* are used as methods for attaining knowledge. Jaspers would hold the position that in the humanities, one speaks only from personal experience which is valid only for that specific individual, and one speaks in the light of faith. Leonard Ehrlich describes in great details what it means for Jaspers that philosophy proper is an act of faith;⁶ it is the type of orientation one has regarding existence once all knowledge of the sciences (both natural and human/social) have been exhausted.

In my view, the limits of *Verstehen* (and *Erklären*) define the end of the sciences and the beginning of philosophy and the humanities (as well as religious

⁵ Harry G. Frankfurt, "Peirce's Notion of Abduction," *The Journal of Philosophy* 55/14 (July 1958), 593-597.

⁶ Leonard H. Ehrlich, *Karl Jaspers: Philosophy as Faith*, Amherst, MA: University of Massachusetts Press, 1975.

faith). At those limits, Jaspers' philosophy of *Existenz* commences, and in that sense, the existentialist philosophy itself begins where the sciences end. *Verstehen* is not part of existentialism; rather it delimits where existentialism starts and science (which includes *Verstehen*) ends.

Applied to psychiatry, *Verstehen* is not about empathy and the uniqueness of the individual or a non-scientific aspect regarding practice. As I have argued elsewhere, *Verstehen* is part of scientific psychiatry, namely in the understanding component of both personal empathy and holistic interpretation with respect to a patient's psychological states and behavior.⁷ Such *Verstehen*-rich psychiatry could include psychoanalytic concepts, cognitive-behavioral views, and other hypotheses. However, what is unique to the individual, what is special about each person as a human being, and what represents one's spiritual nature – all these aspects of humanity exist outside of *Verstehen*, and are only pointed to by *Verstehen* as possibilities that are beyond *Verstehen*.

Misapplication of the Concept *Verstehen*

The most classic misapplication of *Verstehen* is Jaspers' definition of delusions, which is central to his psychiatric nosology, differentiating the two major classes of psychosis and neurosis, with the two parts of *General Psychopathology* applying *Erklären* to psychosis and *Verstehen* to neurosis.⁸ Jaspers held that if a therapist, by way of extensive empathy, could logically follow a patient's thinking, then the patient's thought is not a delusion. I have argued elsewhere that this distinction only would work for bizarre delusions (for example, Martians invading my intestines).⁹ There are many non-bizarre delusions which are not illogical or irrational or un-understandable (for example, the immovable conviction that the FBI is out to get me).

⁷ S. Nassir Ghaemi, *The Rise and Fall of the Biopsychosocial Model: Reconciling Art and Science in Psychiatry*, Baltimore, MD: Johns Hopkins University Press 2010, pp. 167-83.

⁸ Karl Jaspers, *General Psychopathology*, transl. J. Hoenig and Marian W. Hamilton, Chicago, IL: University of Chicago Press 1963, pp. 302-552.

⁹ S. Nassir Ghaemi, "No one is Psychotic in my Presence," *Philosophy, Psychiatry, & Psychology* 15/4 (December 2008), 315-319. [Henceforth cited as *NPP*]

The effect of Jaspers' concept of understandability as being a central criterion for diagnosis has had long-standing effects in psychiatric nosology. Much of this impact is indirect, occurring long after the *General Psychopathology* had been published and after Jaspers' direct involvement in psychiatry.

One such impact was the mid-twentieth century debate regarding endogenous versus exogenous psychiatric illness. Using depression as a central topic, the distinction between endogenous versus exogenous mental illness was supposed to be based on biological causation versus environmental causation. The determination of whether a depressive episode was exogenous or not was based on the ascertainment of the occurrence of a precipitating life event before the episode. The determination of precipitation never was clearly defined, but in practice, it tended to mean something along the lines of Jaspers' understandability criterion. If, for instance, someone got divorced, and then got depressed, the depression was viewed as exogenous, for it was understandable that divorce might cause depression. What was left unsaid was that half of the population gets divorced, but only about one-tenth of it gets into a depressive state. A study published in the *American Journal of Psychiatry* shows that precipitating life events can be shown to occur before 90% of depressive episodes,¹⁰ but 90% of those who have precipitating life events do not experience depressive episodes.

In debates in the United Kingdom and the United States in the mid-twentieth century, psychiatrists observed that life events occurred before depressive episodes in persons who seemed to show features of endogenous depression, such as melancholic features and depressive family heredity. Hence, the distinction between endogenous versus exogenous depression was put into doubt.

This apparent contradiction regarding the endogenous versus exogenous distinction was an important factor in the direction of the broad major depressive disorder (MDD) definition that became codified in the 1980s in *DSM-III*. Life events did not matter; they might happen or they might not. Biological versus environmental depression was seen as an irrelevant distinction. All that mattered

¹⁰ Kenneth S. Kendler, Laura M. Karkowski, and Carol A. Prescott, "Causal Relationship Between Stressful Life Events and the Onset of Major Depression," *American Journal of Psychiatry* 156/6 (June 1999), 837-841.

were the symptoms, irrespective of causation (*NPP* 315-9).

This last conclusion contradicts Jaspers' view; he held that causation mattered, but he based that view on the distinction between *erklären* and *verstehen*, which he translated roughly into biological versus environmental causes, or un-understandable versus understandable factors. The whole concept of causation was discarded by *DSM-III* and has remained rejected by contemporary psychiatric practice as well.

A factor in the misapplication of the concept of *Verstehen* by Jaspers, and its later use in psychiatry, had to do with the fact that psychiatry in Jaspers' era saw conditions like manic-depressive illness as psychotic conditions. Emil Kraepelin called it "manic-depressive insanity," for these patients were not just ill; they were delusional. Almost all patients who entered the sanatoria of the time were diagnosed with psychotic states. Kraepelin's distinction between *dementia praecox* (later reconceptualized as schizophrenia) and manic-depressive insanity involved two psychotic disease processes.¹¹ Currently accepted practice posits that schizophrenia by definition entails psychosis, yet, manic-depressive illness (later reconceptualized as unipolar depression plus bipolar illness) does not. In fact, most patients with manic-depressive illness (MDI) are not psychotic.

Following Kraepelin, Jaspers accepted that both *dementia praecox* and manic-depressive illness are disease processes. His use of *Verstehen* in order to distinguish psychosis from neurosis, which was synonymous for him with distinguishing disease processes from "problems of living" as he put it, is no longer accepted.

In later years, as it became clear that many patients with depressive and bipolar illness (previously termed manic-depressive illness) did not experience psychotic states most of the time, the distinction between psychosis and neurosis no longer corresponded with the distinction between disease and non-disease. My view is that Jaspers' criterion of *Verstehen* was misleading in making that distinction, primarily because of how Jaspers and his contemporaries understood psychiatric diseases such as manic-depressive illness.

Looking back a century later, with better documented knowledge regarding the concept of *Verstehen* as developed by Dilthey and with improved scientific knowledge regarding the nature of manic-depressive illness, we are in a better position to apply the concept of *Verstehen* to psychiatry.

The work of a more suitable conceptual approach to psychiatry, in the spirit of Jaspers, would be to continue to uphold his central claim that there is a distinction to be made in psychiatry between diseases and problems of living. Diseases are not defined by *Erklären* alone, for they also include aspects of *Verstehen* both in the discovery process (hypothesis generation) and in relation to pathogenesis (psychological and social consequences of diseases). Problems of living are not defined by *Verstehen* (empathic understanding) alone but by other factors including non-biological etiology. There are diseases in psychiatry, such as schizophrenia and manic-depressive illness, which are almost completely genetic and biological in cause, and mostly biological in pathogenesis and even in treatment. There are non-diseases in psychiatry, such as post-traumatic stress disorder, defined as requiring a psychological trauma for its causation, with mostly psychological pathogenesis; biological treatments also are mostly ineffective. There are many in-between cases and many cases of unclear etiology and cause, yet the ideal type is legitimate nonetheless: psychiatrists can, in principle, distinguish disease and nondisease in psychiatry,¹² and one should do so whenever science allows one to do so, as in the cases of some of the diagnoses that are listed here. Similarly, there are problems of living, such as divorce-related anxiety and mourning-related depressive states.

These diagnoses can be differentiated with conceptual clarity and scientific evidence, as Jaspers claimed; the caveat is just that the demarcations and criteria are not identical with the ones he had proposed. Nonetheless, the general conceptual project is legitimate, and would contradict the entire conceptual basis of psychiatry for the past fifty years and for twenty-first-century psychiatry so far which, as I have argued elsewhere, encompasses an eclectic attachment to multifactorial etiology, the biopsychosocial approach of combining whichever

¹¹ Stephan Heckers and Kenneth S. Kendler, "The Evolution of Kraepelin's Nosological Principles," *World Psychiatry* 19/3 (15 September 2020), 381-388.

¹² S. Nassir Ghaemi, *On Depression: Drugs, Diagnosis, and Despair in the Modern World*, Baltimore, MD: Johns Hopkins Press 2013, p. 14.

levels of explanations one wishes, and the *DSM-III/IV/5* approach to diagnosis where hundreds of so-called disorders are defined pragmatically without any clarity as to cause or any distinctions between them on ontological grounds.¹³

I have previously advanced the thesis that contemporary psychiatry is eclectic, anarchic, and incoherent.¹⁴ Jaspers' attempt to organize and structure it has been rejected, and when

acknowledged at all, it has been criticized by some as being false on empirical or conceptual grounds. Any attempt to structure psychiatry, beyond offering a vague biopsychosocial slogan, has been rejected. Yet, psychiatry can be structured based on the basic distinction between disease and non-disease, and many of Jaspers' insights are helpful, if based on a better understanding of concepts such as *Erklären* and *Verstehen*.

¹³ S. Nassir Ghaemi, "The 'Pragmatic' Secret of DSM Revisions" *Australian & New Zealand Journal of Psychiatry* 48/2 (February 2014), 196-197.

¹⁴ S. Nassir Ghaemi, "The Rise and Fall of the Biopsychosocial Model," *The British Journal of Psychiatry* 195/1 (July 2009), 3-4.