



Psychopathology at the Crossroads of Freedom and Responsibility

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Abstract: This essay examines the role of psychopathology as a method for preserving the existential freedom of individuals with mental illness while enabling clinicians to protect patient vulnerability responsibly. Drawing on Karl Jaspers' concepts of the encompassing, existential freedom, responsibility, and metaphysical guilt, the paper argues that psychopathology provides an indispensable philosophical and clinical framework for understanding the patient's lived experience beyond diagnostic categories. Through phenomenological and dialectical analysis, psychopathology offers a way to integrate descriptive detail, existential meaning, and the therapeutic relationship into a coherent whole. It situates clinical decision-making within an intersubjective, ethically grounded process that acknowledges both the patient's autonomy and the clinician's responsibility. The essay ultimately proposes that the dialectical interplay between the psychiatrists' understanding of the vulnerability of their patients and their responsibility to protect patients and communities must rely upon a guiding framework that considers the individual's freedom of becoming.

Keywords: Jaspers, Karl; phenomenology; encompassing; existential psychiatry; mental health; vulnerability; metaphysical guilt; ethical decision-making.

Introduction

In today's society, where threats to personal autonomy are increasingly pervasive, the relationship between one's freedom and responsibility has become a central concern. From an existential perspective, one's capacity to create meaning through one's choices is inseparable from personal responsibility for one's actions. Karl Jaspers' concept of the encompassing offers a foundational philosophical lens for articulating this relation. He explains:

The great poles of our being, which encounter one another in every mode of the Encompassing, are thus reason and Existenz. They are inseparable.

Each disappears with the disappearance of the other. Reason should not surrender to Existenz to produce an isolating defiance which resists communication in despair. Existenz should not surrender to reason in favor of a transparency which is substituted for substantial reality.¹

The human being exists in a dynamic movement between immanence and transcendence—a movement that constitutes existential freedom. The oscillation between immanence and the transcendent depths

¹ Karl Jaspers, *Reason and Existenz. Five Lectures by Karl Jaspers*, transl. William Earle, New York, NY: The Noonday Press 1955, p. 67.

revealed in exalted moments exposes the ambiguity of human becoming. Jaspers writes in this context:

although as finite temporal existence we remain veiled, and must uneasily make do from moment to moment with preliminaries, yet there is within us a hidden depth that we can feel in exalted moments, something that permeates all modes of the encompassing and that becomes certain for us precisely through them.²

This freedom, however, is not unrestricted autonomy; it is always situated within relational, ethical, and societal contexts that call for responsibility. Responsibility enriches the process by situating selfhood within an encompassing ethical and relational field. It is not the mere absence of constraint but also the capacity for ongoing self-creation within this dialectic, and it develops itself in a process that is a struggle of possible contradictions.

When applied to psychiatry, these concepts suggest that clinicians must respect the unlimited potential of *Existenz* while simultaneously protecting a patient's vulnerability inherent in mental illness. Psychopathology—understood not merely as a set of clinical techniques but as an interpretive and philosophical mode of thinking—provides a means of maintaining this balance. By integrating descriptive precision, phenomenological depth, and existential reflection, psychopathology allows clinicians to understand lived experience without reducing it to diagnostic abstraction.

In mental healthcare, ethical tensions arise when clinicians are tasked with protecting vulnerable individuals—particularly patients whose decision-making capacity is impaired—while respecting their self-determination. Standard diagnostic and procedural frameworks often fail to address the existential depths of mental suffering, reducing complex human experiences to operational categories. New frameworks are required that acknowledge both the clinician's duty to protect the patient and the patient's inherent freedom.

My central aim here is to show that psychopathology offers a framework for preserving the unlimited freedom of individuals with mental illness while simultaneously guiding clinicians in their responsibility to protect both the patient and societal well-being. It cannot be overstated that the

dialectical interplay between nurturing possible becoming of a human being and responsibility (as an orientation toward present and future consequences) is essential for preserving the patient's freedom while guiding the clinician's protective role. It demonstrates how freedom and vulnerability coexist and how clinical practice can honor both. In doing so, this essay contributes to a more humane, reflective, and ethically grounded psychiatry. Through this lens, psychopathology becomes a method for acknowledging the ambiguous, unfolding nature of human existence and for structuring psychiatric practice around both philosophical insight and clinical rigor.

Philosophical Foundations

I argue that when examining individuals with mental vulnerability, ethical and moral considerations must be approached from an existential perspective. Jaspers' concept of the encompassing is central to this endeavor. He describes the encompassing as

the source from which all new horizons emerge, without itself ever being visible even as a horizon. [E 18]

It is a mode of being that keeps one open to possibility and "draws us into the unlimited" (E 17). The encompassing preserves what Jaspers calls "freedom against knowability" (E 23), thereby grounding human experience in a continuous tension between immanent experience and transcendence. Everything can be experienced in time and known timelessly in a constant balance between immanent experiences that transcend one another. Through this dynamic, transcendence becomes constitutive of freedom, even as individuals remain embedded in concrete circumstances.

Freedom, Responsibility, and the Encompassing

As *Existenz* relies on the encompassing as a mode of being that keeps human existence open to possibility and resists objectification, existential freedom cannot be transformed into an object of knowledge without collapsing its meaning. Responsibility emerges precisely at this boundary, returning freedom from transcendence into the concrete world of ethical action. Each individual remains co-responsible for the social and institutional realities to which one belongs.

² Karl Jaspers, *Philosophy of Existence*, Philadelphia, PA: University of Pennsylvania Press 1971, pp. 27–8. [Henceforth cited as E]

This ethical interdependence finds expression in Jaspers' notion of metaphysical guilt, which articulates responsibility beyond intention or causality. Responsibility, in this sense, emerges from participation in a shared human world. This view resonates with Paul Ricoeur's understanding of the self as narratively constituted and continuously reinterpreted. For both thinkers, the self is not a fixed essence but a being whose truth unfolds in its coming-to-be. Jaspers emphasizes the importance of the consequences of actions in the world, even if the agent did not foresee them. Emmanuel Levinas radicalizes this position by situating responsibility prior to freedom itself, grounding ethics in the encounter with the other. While Levinas emphasizes asymmetrical responsibility, Jaspers maintains a dialectical structure in which freedom and responsibility mutually constitute one another.

Wolfgang Blankenburg extends Jaspers' existential framework into psychopathology, arguing that mental disorders should be understood as meaningful variations of human existence rather than mere deviations from normativity. The patient's world, which a clinician tries to understand, is grounded in the very ambiguities of existence. Exploring the patient's first-person perspective allows clinicians to grasp the mixture of healthy and pathological elements inherent to human existence, elements that contain potential for both illness and healing.³ This perspective provides the bridge to the central argument of this essay, supporting an approach that preserves the patient's existential freedom while allowing clinicians to assume responsibility for protection and care.

Psychopathology as a Clinical-Philosophical Method

The question of how freedom and responsibility are shaped through psychiatric practice is critical today, especially since mental health diagnoses move toward dimensional models and treatment interventions become increasingly normalized. Reducing a person's existential trajectory to a diagnostic category requires indispensably careful attention to the complexity of human life. The boundary between healthy

and pathological mental states is neither fixed nor absolute; instead, it is continually negotiated in clinical, legal, and philosophical discourse. Psychopathology provides essential epistemological guidance in navigating these uncertainties and occupies a mediating position between philosophy and clinical practice.

Why Philosophy Matters in Psychiatry

Psychopathology opens psychiatry to philosophy by recognizing the limits of scientific knowledge and by acknowledging that the meaning of Being ought to be approached philosophically. Despite its foundational role, psychopathology remains closer to the philosophy of psychiatry than to routine clinical practice. Although definitions vary and epistemological distinctions are often blurred, its task is to investigate the phenomenology of inner experiences, while remaining attentive to lived participation. It functions as a mode of thinking that clarifies, systematizes, and contextualizes clinical phenomena, thereby revealing their existential significance. It aims to integrate fragmented elements of a person's existence into a coherent whole, enriching scientific approaches with existential dimensions that cannot be captured empirically. Jaspers elaborates on the methods of phenomenological analysis as follows:

The methods by which we carry out a phenomenological analysis and determine what patients really experience are of three kinds: (1) one immerses oneself, so to speak, in their gestures, behaviour, expressive movements; (2) exploration, by direct questioning of the patients and by means of accounts which they themselves, under our guidance, give of their own experiences; (3) written self-descriptions seldom really good, but then all the more valuable; they can, in fact, be made use of even if one has not known the writer personally. In all these instances we are pursuing phenomenology in so far as we are orientated towards subjective psychic experience and not towards objective manifestations, which in this context are only stages in our journey – the means, not the object, of our investigation...When, using these methods, we try to come closer to the patient's psychic life, our first impression is of an unsurveyable chaos of constantly changing phenomena.⁴

³ Wolfgang Blankenburg, "Phenomenology and Psychopathology," *Journal of Phenomenological Psychology* 11/2 (January 1980), 50-78.

⁴ Karl Jaspers, "The Phenomenological Approach in Psychopathology," transl. James N. Curran, *British Journal of Psychiatry* 114/516 (November 1968), 1313-1323.

Jaspers introduced phenomenological rigor to psychopathology, an approach that prevents diagnostic categories from hardening into reified explanations and preserves openness to existential meaning. He writes,

The all-embracing factor will be a mental search...There is no system of elements and functions to be applied generally in psychopathological analysis (as one might apply knowledge of atoms and the laws of chemical combination); we must simply be satisfied with a number of different methods of approach.⁵

Descriptive and Structural Psychopathology

Blankenburg has expanded the discussion on the relation between phenomenology and psychopathology. He argues that descriptive psychopathology, while indispensable, is insufficient on its own. It captures only what is immediately given, not what precedes or follows it. Structural psychopathology, informed by constitutive phenomenology, bridges this gap by seeking the underlying meaning of experience without premature interpretation. Whereas descriptive phenomenology offers a static registration of phenomena, constitutive and structural phenomenology open up a field of possibilities—treating the patient as a Being in becoming rather than as a fixed entity.

By embracing this in-depth approach, psychopathology helps clinicians remain attuned to the ambiguities and potentials of human existence. The humbleness of accepting the unknown and respecting its significance moves psychiatric authority toward shared understanding rather than unilateral judgment. Clinical decisions must arise from recognizing the patient's experience as co-constructed through dialogue. This mode of proceeding requires empathy, interpretive sensitivity, and willingness to suspend preconceived categories in favor of a dynamically unfolding understanding.

Modern psychiatry is well served by balancing clinicians' need to understand the patient's existential context with their responsibility to provide humane, evidence-informed treatment. Empathy risks drawing on projection; thus, clinicians must remain

vigilant about their own assumptions. Protecting vulnerable individuals requires guiding treatment without falling prey to epistemic paternalism. In summary, whereas clinical guidelines and algorithms fail to capture existential variability, clinicians must seek reliable meanings of mental suffering and accept the patient's experiences while ensuring safety for both patient and community.

Psychiatric Responsibility

In my view, the task of psychopathology is to understand abnormal experiences from the patient's perspective. In doing so, it supports shared decision-making while acknowledging asymmetries in knowledge and vulnerability. Modern medicine increasingly frames treatment decisions as shared enterprises, yet this ideal is strained when insight is impaired or when scientific uncertainty limits the reliability of standard recommendations. Phenomenological psychopathology helps clinicians navigate these tensions while minimizing epistemic and hermeneutical injustice. This intersubjective process helps prevent epistemic injustice by recognizing both patients' experiences and clinical responsibilities. Patients possess privileged knowledge of their lived experience but limited knowledge of treatment consequences; for clinicians, the inverse holds. A just therapeutic process requires mutual recognition of expertise, and psychopathology facilitates this by helping clinicians access the structure and meaning of the patient's experience. Consequently, this reduces paternalism and strengthens trust. In this context, intersubjectivity serves as the foundation for shared reasoning and collaborative decision-making.

Competence, Dangerousness, and the Ethical Use of Coercion from a Psychopathological Perspective

When shared understanding breaks down, society's duty to protect vulnerable individuals must be reconciled with the rights of those with mental disorders, despite the epistemic limitations of psychiatric diagnosis. Coercive interventions may sometimes be necessary, yet these must remain grounded in humanistic values. Power imbalances in mental healthcare risk turning treatment pressure into coercion. I endorse the idea that reframing the therapeutic relationship as fundamentally

⁵ Karl Jaspers, *General Psychopathology*, transl. J. Hoening and Marian W. Hamilton, Chicago, IL: University of Chicago Press 1963, pp. 41-2.

restorative—explicitly grounded in trust—can mitigate these risks. Psychopathology deepens therapeutic interaction and helps prevent persuasive interventions from becoming coercive. Yet certain tensions remain unavoidable, especially when patients lack decision-making capacity and trust cannot be built. In such moments, the clinician's responsibility is to protect vulnerability without extinguishing the patient's existential freedom. When coercive interventions become unavoidable, psychopathology, in my understanding, provides ethical orientation by grounding decisions in trust, dialogue, and respect for existential freedom. Responsibility, here, is not merely risk management but a commitment to protecting vulnerability without losing sight of the patient's capacity for becoming.

Conclusion

I have argued that psychopathology is uniquely suited to preserving the existential freedom of individuals with mental illness. Unlike purely biomedical or purely social models, psychopathology integrates descriptive, phenomenological, and existential dimensions. It offers a framework for clinical responsibility that respects both the ambiguity and potential of human existence.

The dialectic of freedom and responsibility provides philosophical grounding for clinical ethics. Freedom acknowledges suffering, error, and harm—while responsibility orients the treatment process toward possibilities of healing, protection, and self-transformation. Psychopathology enables clinicians to understand patients as beings in the process of becoming rather than objects of intervention. When understood as a philosophical and clinical method, psychopathology provides a structure that integrates existential freedom with the ethical responsibilities of psychiatric care. By embracing the dialectic of guilt and responsibility, clinicians can protect patients' vulnerability without reducing freedom to mere compliance or safety alone. Psychopathology thus becomes a means of establishing a shared epistemological stance between patient and clinician, thereby supporting the therapeutic alliance and protecting against epistemic injustice.

Psychopathology can offer a uniquely integrative framework for psychiatric ethics. By holding freedom and responsibility in dialectical tension, clinicians can protect vulnerable individuals while respecting existential openness. Understood as both a philosophical and a clinical method, psychopathology can be well-positioned to enable humane, trustworthy, and ethically grounded psychiatric practice.