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Comprehending the Whole Person:

On Expanding Jaspers' Notion of Empathy

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Abstract

In this chapter, we explain how Karl Jaspers' concept of empathy can be expanded by drawing upon the tradition of philosophical phenomenology. In the first section, we offer an account of Jaspers' concepts of empathy and incomprehensibility as he develops them in *General Psychopathology* and "The Phenomenological Approach in Psychopathology." In the second section, we survey the recent literature on overcoming Jaspers' notion of incomprehensibility and expanding his concept of empathy. In the third section, we outline the levels of investigation at which phenomenological inquiries into psychopathology may proceed. These levels of human existence are, in descending order of depth, (1) phenomenal experiences, (2) interpretive frameworks, (3) modes of existence, and (4) existentials. In the fourth and final section, we argue that to fully empathically comprehend patients with schizophrenia and other mental disorders, the possibility of alterations at all four levels of existence must be acknowledged.

Keywords: Phenomenology; Empathy; Existentials; Jaspers; Psychopathology

Introduction

In Karl Jaspers' early work, he develops two concepts that are central to his account of phenomenological psychiatry: empathy and incomprehensibility. Empathy, in contemporary psychiatric practice, is often conceived as a way of gaining trust or achieving rapport with a patient, helping them feel comfortable enough to divulge the

information needed to properly understand their illness. Jaspers, however, develops a more robust account of empathy in which the clinician feels-into or takes on the perspective of the patient to fully comprehend their illness. This empathic method is taken as a necessary foundation for psychiatric practice because psychiatrists are often confronted with patients who at first seem incomprehensible. Jaspers believed that many of these seemingly incomprehensible cases could in fact be comprehended if clinicians cultivated their ability to empathically understand, or feel into, the situation of the other. This empathic understanding does, however, have its limits (Stanghellini 2013b). Jaspers believed that some patients, including those in the midst of a psychotic episode, live in a world fundamentally different from our own, creating a chasm that cannot be bridged. The experiences of these patients were, according to Jaspers, forever incomprehensible.

While these boundaries of comprehensibility were accepted for some time, recent scholarship challenges these boundaries by incorporating Jaspers' phenomenological account into the larger project of phenomenology established by Edmund Husserl. In this chapter, we make a further contribution to the literature on this topic (Henriksen 2013; Oulis 2014; Rashed 2015; Ratcliffe 2013; Sass 2013; Schlimme, Wiggins, and Schwartz 2015; Stanghellini 2013a; Stanghellini 2013b; Stanghellini 2022; Stanghellini and Rosfort 2013b). Drawing upon a set of distinctions made by phenomenologists, we outline the various levels at which phenomenological investigations of mental disorders may proceed and argue that the proper development of “*second-order empathy*” (Stanghellini 2013a, 169) requires that all of these levels be addressed. These levels of human existence are, in descending order of depth, (1) phenomenal experiences, (2) interpretive frameworks, (3) modes of existence, and (4) existentials.¹ As we show, the distinctions amongst these levels are sometimes overlooked in the literature, resulting in confused notions of what it means to perform a phenomenological investigation of human existence and worldhood.

1 Jaspers on Empathy and Incomprehensibility

In his 1912 article, “The Phenomenological Approach in Psychopathology,” Jaspers introduces his concepts of empathy and incomprehensibility, taken up the following year in his publication of *General Psychopathology*. Jaspers understands empathy, or “feeling oneself into,” as a spontaneous, non-intellectual ability to take the other's perspective. It is not a capacity that we are necessarily trained in and it is not unique to the psychotherapeutic encounter. Rather, it is a typical way that human beings engage with and understand others. Jaspers believes that

¹ Some of these distinctions are also drawn in Fernandez (2017) and Fernandez and Køster (2019).

when we listen to the other describe her experiences, or even watch the other's behaviour, we cannot help but feel ourselves into her position, seeing the world, at least partially, from her perspective.

As Jaspers explains, when we are confronted with descriptions of the other's experience, whether these descriptions be normal or pathological, we attempt to actualize them through capacities that we refer to “as 'seeing', 'viewing', 'feeling oneself into', 'empathy', 'understanding' and so on” (Jaspers 1912/1968, 1317). This “meaningful empathic actualization” (Jaspers 1912/1968, 1317) is invoked by our immediate comprehension of the other's experiences and behaviour as irreducibly expressive. In other words, in our everyday perception of others, we are not initially confronted with material bodies that we then, through some process of inference, interpret as expressive or meaningful. Rather, we cannot help but perceive the other as expressive. And, according to Jaspers, through this immediate perception we are able to feel ourselves into the situation of the other.

This mode of understanding contrasts with objective accounts of the patient's illness. Describing this distinction, Jaspers states, “we shall keep the expression '*understanding*' (Verstehen) solely for the understanding of psychic events 'from within'. The expression will never be used for the appreciation of objective causal connections, which as we have said can only be seen 'from without'. For these we shall reserve the expression '*explanation*' (Erklären)” (Jaspers 1913/1997, 28). Empathy, then, is a mode of understanding (as opposed to explanation) that is used to gain access to the psychic life of the patient as experienced, or from his own perspective (Hoerl 2013).

Our empathic perception of the other's experiences, being fallible (more so than typical sensory perception), requires a certain training and honing to be used as an effective tool for the proper understanding and comprehension of those whose experiences differ markedly from our own. However, despite how well-developed our empathic abilities may be, the experiences of some people, including those with psychotic disorders, are taken by Jaspers to be in principle incomprehensible.

2 Recent Attempts at Overcoming Incomprehensibility

Despite Jaspers' claims regarding the incomprehensibility of some mental disorders, many philosophers and psychiatrists have argued that such cases can be comprehended if Jaspers' project is modified and expanded. This proposal has been taken up in various forms by Stanghellini (2013a; 2013b) and Rosfort (Stanghellini and Rosfort 2013b), Ratcliffe (2013), and Sass (2013), among others. These authors focus on how Jaspers' concept of empathy can be enhanced, and employ similar arguments to defend this position: They claim that Jaspers does not incorporate

a deep enough account of philosophical phenomenology into his project and, as a result, neglects certain possibilities for comprehension that would have otherwise been available to him.

Because Jaspers conceives of empathy, or empathic understanding, as a human capacity that is spontaneous, immediate, and non-intellectual, he does not believe it can be enhanced by infusing conceptual or theoretical constructs. Such an infusion, for Jaspers, would step outside the boundaries of phenomenologically oriented, empathic understanding, thereby becoming a form of theoretical explanation. This is not to say that conceptual and theoretical constructs have no place in psychiatry and psychopathology. The issue is that the use of such constructs places the clinician outside the realm of understanding. According to Jaspers, conceptual and theoretical ways of making sense of the other necessarily take place within the realm of scientific discourse, or explanation.

In contrast, critiques of Jaspers' stance argue that conceptual and theoretical constructs do have a place in a thoroughly phenomenological account of human existence. They argue that the kinds of accounts offered by phenomenologists such as Edmund Husserl, Martin Heidegger, and Maurice Merleau-Ponty, despite being embedded in a rich and complex theoretical framework, are still modes of understanding, rather than explanation.

One line of thinking aims to incorporate a theoretical framework into the psychiatrist's understanding of the lived experience of the patient by developing a kind of “second-order” empathy. To achieve second-order empathy (Stanghellini 2013a), we first acknowledge that the world inhabited by the other person is not like our own. Any forgetting of the difference between my world and that of the other will be an obstacle to understanding. Second, we need to acknowledge that the world of the other differs from our own because it constitutes itself through a *nomos*, or structural order, that differs from ours (Stanghellini and Rosfort 2013b). Achieving second-order empathy requires bracketing one's own pre-reflective understanding of the other's world, approximating the other as one would do while exploring an unknown territory. In approximating the other, one should try to grasp the form of subjectivity that organizes the way she experiences and acts in her world.

This kind of empathy goes beyond Jaspers' agenda because he is skeptical of any kind of “expert knowledge” that attempts to achieve an all-encompassing picture of the other. The case of the incomprehensibility of schizophrenic experience is an illustration of Jaspers' attitude towards knowledge in general. However, the reason for this has perhaps more an ethical than an epistemological character. For Jaspers, all knowledge must have an

asymptotic character, stepping back from the pretence of comprehending the other in their entirety. As he says, “The humility of an enduring question is indispensable” (Jaspers 1950, 68).

Ratcliffe develops a similar line of thinking by showing that one of Jaspers' examples of an incomprehensible psychic phenomenon, primary delusions, can be made comprehensible by appealing to accounts of the sense of reality developed by the classical phenomenologists. Jaspers, reflecting on the difficulty inherent in making sense of the experience of delusions, states,

Patients feel uncanny and that there is something suspicious afoot. Everything gets a *new meaning*. The environment is somehow different – not to a gross degree – perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light. A living-room which formerly was felt as neutral or friendly now becomes dominated by some indefinable atmosphere. Something seems in the air which the patient cannot account for, a distrustful, uncomfortable, uncanny tension invades him. (Jaspers 1913/1997, 98)

Despite carefully describing delusional experience, Jaspers believes that “we cannot really appreciate these quite alien modes of experience. They remain largely incomprehensible, unreal and beyond our understanding” (Jaspers 1913/1997, 98). While we are able to understand *that* there is a profound shift in the overall meaningfulness of the world and things within it, our inability to truly take this perspective, or situate ourselves in this way, entails that some important aspect of delusional experience will inevitably remain incomprehensible to our empathic understanding.

Ratcliffe further explains the difficulty associated with understanding such cases when he states,

Many anomalous experiences are claimed to involve changes in how we find ourselves in the world (and thus in the form of all experience and thought), rather than more superficial phenomenological changes that occur against a backdrop of belonging. It is this difference, I suggest, that accounts for why delusional atmosphere is both qualitatively different from and also more difficult to understand than more familiar kinds of experience. Outside of the phenomenological tradition, the relevant aspect of experience is seldom acknowledged, let alone characterized, and so alterations in its structure are both hard to comprehend and easy to misinterpret in terms of more specific perceptual or thought contents. (Ratcliffe 2013, 235)

While Jaspers never draws a hard line on where comprehension ends and incomprehensibility begins, it seems that as soon as we move outside the realm of perceptual and thought content, and are instead confronted with a shift in the pre-reflective background within which such content arises, we find ourselves stepping beyond the boundaries of comprehensibility.

However, Ratcliffe argues that many of these changes in the pre-reflective background of perception and thought are not as alien as Jaspers makes them out to be. He believes that we experience changes in the sense of

reality more often than Jaspers admits. Such changes, he claims, can be understood by appealing to different kinds of existential feelings (Ratcliffe 2008), or all-encompassing ways of finding ourselves in the world. If we accept this account, it seems that delusional experiences are different from typical experience in degree, rather than kind. As such, they may be in principle comprehensible, although we will still need to understand them by means of a more robust and theory-laden form of empathy, what Ratcliffe calls “radical empathy” (2012; 2013), and we refer to as “second-order empathy” (Stanghellini 2013a).

While these reconceptualizations of empathy overcome the limits of incomprehensibility and make advances over Jaspers' account, further distinctions need to be made amongst the levels at which these phenomenological investigations proceed. In the following section, we delineate amongst four levels of phenomenological investigation and argue that, to fully comprehend another's experience, all four levels need to be articulated.

3 The Levels of Phenomenological Inquiry

Phenomenological investigations of mental pathology have proceeded on several different levels. However, the distinctions amongst these levels often go unaddressed or unacknowledged, leading to confusion in the field and a lack of effective engagement and constructive criticism within the discipline of phenomenological psychopathology. Our intention here is to provide a framework that distinguishes among the different levels at which proper phenomenological investigations may be carried out.

The levels of inquiry are (1) phenomenal experiences, (2) interpretive frameworks, (3) modes of existence, and (4) existentials. The discussion of phenomenal experience relies largely on Jaspers' work on the topic, as this is the primary level at which his phenomenological investigations proceed. The distinctions among the other three levels are adapted from more philosophical contributions to phenomenology by figures such as Husserl, Heidegger, and Merleau-Ponty, as well as some of the classical phenomenological psychiatrists, such as Ludwig Binswanger.

3.1 Phenomenal Experiences

Investigations of phenomenal experiences address, for the most part, the explicit and conscious contents of perception, feeling, and thought. When applied to psychopathology, it is the investigation of what it is like, or what it feels like, to have depression, delusions, hallucinations, and so on (although, as Jaspers makes clear, phenomenology in this sense has trouble penetrating to the core of many of these cases). This phenomenal

exploration is the gathering of first-person descriptions of the lived experiences of the subjects in question. The result is a rich and detailed collection of the person's self-reports. Beginning with these first-person accounts, the psychiatrist can detect changes in the constitution of experience and action, revealing how it has deviated from a norm.

According to Jaspers, there are three ways to conduct this kind of investigation. First, the researcher or clinician can focus on the “gestures, behaviour, [and] expressive movements” (1912/1968, 1317) of the patient in question, attempting to completely immerse herself in the meaning expressed by the patient's bodily engagement with his world. Second, she can directly question the patient, asking him to describe his anomalous experiences. In such cases, guidance may be useful, or even required, on the part of the clinician to help the patient focus on the relevant features of his experience. Third, she can use written self-descriptions by the patient in question. While Jaspers admits that such descriptions are all too often inadequate, the cases in which they are clear, vivid, and penetrating offer the highest degree of empathic insight into the patient's world (Jaspers 1912/1968, 1317).

3.2 Interpretive Frameworks

The second level of investigation is the interpretive frameworks through which we make sense of things. Our interpretive frameworks are largely tacit or implicit. They are shaped through enculturation and historical background and, in turn, determine what things and events within the world mean for us. We might associate this level of investigation with the hermeneutic phenomenologists, such as Heidegger, Hans-Georg Gadamer, and Paul Ricœur. However, nearly all the classical phenomenologists paid at least some attention to how we interpret and make sense of the world. Husserl, in *The Crisis of European Sciences and Transcendental Phenomenology* (1954/1970), articulates how the lifeworld of Early Modern Europe shifted in a way that facilitated the scientific revolution. And Merleau-Ponty, in *Phenomenology of Perception* (1945/2012), explores the nature of human freedom by considering how political revolutions determine the range of social identities that we can choose, which invariably shape how we experience ourselves, others, and our world.

Phenomenologists use a variety of terms to refer to this level of investigation. The hermeneutic phenomenologists often refer to the study of “prejudices,” which Gadamer defines as the “biases of our openness to the world” (2008, 9). He says, “Prejudices are not necessarily unjustified and erroneous, so that they inevitably distort the truth. In fact, the historicity of our existence entails that prejudices, in the literal sense of the word,

constitute the initial directedness of our whole ability to experience” (2008, 9). The phenomenological notion of prejudice is therefore much broader than our everyday notion, which has largely negative connotations. According to the hermeneutic phenomenologists, it is impossible to have an unprejudiced experience. Whenever we experience something, we bring along the sedimented history of our culture, traditions, and past experiences, which shape the meaning of what we perceive.

The investigation of these kinds of interpretive frameworks has played a key role in the history of phenomenological psychopathology. Ludwig Binswanger is famous for his detailed case studies of the lives of individual patients, where he analyses their “world-design”—essentially, the tacit interpretive framework that shapes the meaning of particular events within the person’s lifeworld. Explaining the value of unpacking a world-design, he says, “the *what* of the respective world-design always furnishes information about the *how* of the being-in-the-world and the *how* of being oneself” (Binswanger 1946/1958, 195). In other words, by articulating a world-design, we make something that’s typically tacit explicit. We gain a better sense of the perspective from which another person experiences their world, understanding what particular objects, others, or events mean or signify for them. And, in so doing, we can start to make sense of what may, on the surface, seem like anomalous or incomprehensible behavior.

3.3 Modes of Existence

The third level of investigation is modes of existence. We always find ourselves in the world in some particular way, which has distinctive qualitative features. For example, while we always experience the world through some temporal flow, the particular mode of temporality may differ across different situations—perhaps shifting from anxiously anticipating an interview to idly whiling away the time at a bookshop. Each mode of existence, or being in the world, may be analyzed from a variety of perspectives: temporal, spatial, affective, embodied, and so on. To introduce the notion of modes, however, we’ll use Heidegger’s account of moods [*Stimmungen*] as our primary example. This doesn’t imply that modes have a special relationship with moods. Rather, Heidegger’s account of moods simply provides a fairly straightforward example of how we can distinguish particular modes of existence from what Heidegger calls “existentials,” which is the fourth and final level of phenomenological investigation.

For Heidegger, moods play a fundamental role in disclosing our world and our concrete situation. It is

through moods that we first find ourselves situated in a meaningful context. As he says, “having a mood brings Being to its ‘there’” (1927/1962, 173). Moods throw us into a situation, in the sense that neither the mood nor the situation disclosed through it is something we actively choose. Some moods force us to confront our life, revealing it as a weight or burden. We might find ourselves in a mode of existence in which particular aspects of our identity, such as being a father, or being a teacher, weigh heavy upon us, and call on us to maintain and uphold these aspects of our identity. In other modes of existence, we might be turned away from our concrete situation and, at least temporarily, feel unburdened by our circumstances and identity.

Moods, in this Heideggerian sense, are rarely reflected upon and rely on this unreflectiveness, or pre-reflectiveness, to perform their function. Rather than being explicitly aware of, or focused upon, changes in our own modes of existence, we typically experience these changes as shifts in how we have a world. For example, Ratcliffe describes the all-encompassing feelings of guilt (2010) and hopelessness (2011) that often occur in cases of major depression. Deep guilt and hopelessness differ from less severe forms by having no distinct object and being all-encompassing. They permeate every aspect of the depressed person’s life, fundamentally shaping the kinds of meaning that can manifest in her world. Such deep moods, or existential feelings, constitute a background sense of belonging to the world. However, as noted above, there are also cases where the kind of mood we find ourselves in is so different from those we typically experience that it may include a sense of not belonging, or even of unreality. Ratcliffe’s example of delusional atmosphere illustrates such a change, and it is likely that numerous mental disorders can be understood only by reflecting upon this level of human existence and worldhood.

While they may not use the term “modes” to characterize the subject matter of their study, many studies in phenomenological psychopathology operate at this level. Phenomenologists study how our modes of embodiment alter in depression and schizophrenia, how modes of intersubjectivity alter in anxiety disorders, and how modes of temporality alter in mania, among countless other topics. Many, if not all, mental disorders involve broad, overarching shifts in in our experience of self, others, and world that, when properly described and analyzed, help us better understand the experiences of those living with these conditions.

3.4 Existentials

The fourth level of investigation is the existential, or ontological. Phenomenologists use a variety of terms to refer to this level of philosophical inquiry, including “essential structures,” “invariant structures,” or “ontological

structures.” For our purposes, we follow Heidegger and refer simply to “existentials.” They are typically understood as the most foundational level of phenomenological inquiry, constituting the necessary and *a priori* structures of human existence—those structures that stand as the very condition of possibility for experience and existence. There’s no exhaustive list of existentials, and phenomenologists distinguish among and define them in various ways. But some of the existentials most discussed in the phenomenological literature include selfhood, affectivity, embodiment, temporality, spatiality, and empathy.

To explain what an existential is and clarify its relation to modes of existence, we continue with our focus on Heidegger’s account of mood and affect. While Heidegger studies a variety of moods, including fear, anxiety, and boredom, all of them are modes of what Heidegger calls *Befindlichkeit*, or situatedness (Guignon 2003). We may move through a variety of moods, and therefore a variety of modes of being attuned to and situated in the world—but all of these ways of being attuned are just modes of the general power of being situated at all.

Taken as essential or ontological structures, existentials are typically understood as constituting the necessary conditions for the possibility of human existence, consciousness, perception, and so on. Many phenomenologists therefore argue that existentials are unchanging and invariant. We might misidentify or misdescribe an existential, and therefore have to revise our account of it. But the existential itself does not change or alter. Considering this, we might assume that studies in phenomenological psychopathology are limited to the first three levels described above: phenomenal experience, interpretive frameworks, and modes of existence. In contrast with this orthodox view of existential structures, we believe structural changes are possible and can occur in a variety of cases, including neurological disorders, developmental disorders, and mental disorders.

Evidence for these kinds of changes is offered by Merleau-Ponty in *Phenomenology of Perception*. A large portion of this text is devoted to the examination and reinterpretation of the case of Schneider, a World War One veteran who suffered a fundamental shift in his perception and motility after being struck by a piece of shrapnel in his occipital lobe. The psychologist Adhemar Gelb and the neurologist Kurt Goldstein studied his condition extensively, providing psychological and neurological interpretations and explanations of Schneider’s behaviour and experience. Merleau-Ponty, unsatisfied with the conclusions of their study, reinterpreted Schneider’s case from a phenomenological perspective.

In this reinterpretation, Merleau-Ponty looked past Schneider’s particular experiences, his concrete

circumstances, and even his modes of being in the world. He sought to discover changes in the very form of Schneider's perception and motility to discover the essence of his disorder. Merleau-Ponty offers one of his clearest accounts of a change in the ontological structure of Schneider's existence and perception in his discussion of Schneider's spatiality. Schneider can perform concrete, habitual actions without issue. For example, he is employed as a wallet maker, and performs all the complex movements involved in this profession. However, if he is asked to perform an action as simple as pointing to his nose, he is unable even to begin the action. In contrast, the similar action of grasping his nose can be performed without issue (Merleau-Ponty 1945/2012, 105-115).

Merleau-Ponty concludes from this discrepancy that there must be at least two kinds of spatiality that classical psychology does not distinguish between. One is a concrete, habitual space that is immediately given to us in our current circumstance. The other is an abstract space that we can project around ourselves. This abstract space can be the space of a mathematical coordinate system, or the space of a fictional milieu. To perform an action that does not have its proper end in the situation at hand (such as when acting out the action of hammering), Schneider must make the fictional or abstract situation real for him. He cannot perform actions *as* fictions, or *as* abstractions. Merleau-Ponty concludes that Schneider has lost the power of projecting or conjuring up a fictional situation around himself (1945/2012, 115). And the loss of this basic structure of perception and motility is why Schneider is unable to perform abstract movements.

Further examples of changes in the existential structure of human existence and worldhood are found in schizophrenia, where the structure of selfhood may be compromised, or in major depression, where the structure of situatedness may undergo a wholesale levelling down, to the point that the depressed person is almost entirely unaffected by events in her world (Fernandez 2014a; 2014b). This doesn't necessarily mean that the existential is missing or entirely absent. In fact, in the case of schizophrenia, phenomenologists have argued that the disturbance of selfhood should not be construed as an absence of the minimal self (Henriksen, Parnas, & Zahavi 2019). Describing these kinds of deep or fundamental alterations can be remarkably difficult—and there's often ample opportunity for interpretive disagreements, which may only be resolved by obtaining further empirical data. Despite these challenges, if phenomenologists are not open to the possibility of deep structural alterations, phenomenological studies of mental disorders may result in artificially constrained accounts of the lifeworld of people living with these conditions. Only after the possibility of structural changes has been addressed can we

achieve a comprehensive understanding of the world of people living with such disorders (Fernandez 2014a; 2018; Stanghellini and Rossi 2014).

4 Comprehending the Whole Person

We hope that the above account of the levels of phenomenological inquiry provides a useful outline for future phenomenological investigations of psychopathology and for phenomenologically-oriented psychotherapeutic care (Stanghellini 2019; 2021). We believe that Jaspers was too quick to dismiss the possibility of a theoretically founded, phenomenological understanding of patients with severe mental disorders. As we have shown, phenomenology, when enriched by the philosophical accounts offered by Husserl, Heidegger, and Merleau-Ponty, provides us with the tools necessary for understanding patients at every level of their existence.

Psychiatry is about understanding disturbed human experience, rather than simply diagnosing and classifying it. Such a rich account of the world of the human subject should provide psychiatrists with the opportunity for empathically engaging with patients, allowing them to formulate both comprehensive and tailor-made understandings of each patient's way of being in the world. Focusing exclusively on the phenomena relevant to diagnosis often misses the rich and complex manifestations of the patients' experiences, the context of meaning in which they arise, the emotional tonality that situates the patient in her world, and the fundamental structures of subjectivity that constitute how a world can show up at all. The four-level approach described here is a prerequisite for phenomenologically comprehending our patients and the worlds they live in. By putting these basic, phenomenological tools to use in making sense of the lives of people living with mental disorders, we can work towards bridging the gap between understanding and care.

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