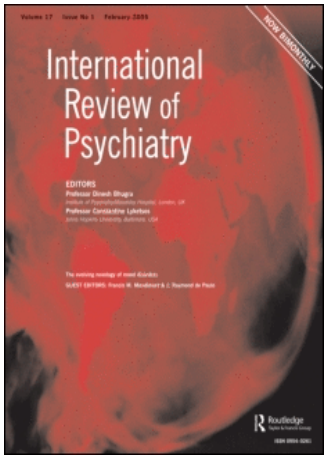

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Shifts in the philosophical foundations of psychiatry since Jaspers: implications for psychopathology and psychotherapy

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Summary
Jaspers' AllgemeinePsychopathologie, *the* General Psychopathology, *published in 1923, had a profound influence on the development of psychiatry. Central to it was the attempt to give the new psychiatry a philosophical foundation, the key element in which was the dichotomy between meaningful and causal connections. This dichotomy was superimposed on the earlier mind–body distinction, and both converged on the conclusion that mind and meaning were problematic from the point of view of science. The inevitable splits came to a head in the 1960's, with attacks on the one side by the other: medical psychiatry was attacked for systematically stripping madness of its meaning and hence dehumanising it, while psychoanalysis, the champion of meaning, was rounded upon for being unscientific. At the same time however there was emerging a new paradigm that effectively deconstructed the problematic, namely, the cognitive or information-processing paradigm. This paradigm has made it possible to construct a unified bio-psycho-social science of psychopathology. In psychotherapy, the shift has been away from the view that meaning is non-causal, a matter only of existential significance or of hermeneutic interpretation, towards the working assumption that it is crucially involved in aetiology, as in the new cognitive behaviour therapy paradigm.*

Jaspers on meaning and causality

Jaspers' *AllgemeinePsychopathologie*, the *General Psychopathology*, published in 1923, has had a profound influence on the development of modern psychiatry. Central to the work was the attempt to give the new psychiatry a philosophical foundation, the key element in which was the distinction between *meaningful* and *causal* connections, and the related distinction between *understanding* and *explaining*.

Thus Jaspers (1923, p. 301):

> '(1) We immerse ourselves into the psychological situation and *understand genetically by empathy* how one psychic event emerges from another. (2) We find by repeated experience that a number of phenomena are regularly linked together, and on this basis *we explain causally*.'

Roughly speaking meaningful connections are those familiar between folk psychological states such as experiences, beliefs, emotions, desires, and reasons for action, while causal connections are familiar in the natural sciences, involving associations between—typically material—events. On this see also Jaspers (1923, pp. 302–303):

> 'In the natural sciences we find causal connections *only* but in psychology [we find] a quite different sort of connection. Psychic events 'emerge' out of each other in a way, which we understand. Attacked people become angry and spring to the defence, cheated persons grow suspicious. . . . Thus we understand psychic reactions to experience, . . . the development of passion, the growth of an error, the content of delusion and dream, . . . how the patient sees himself and how this mode of self-understanding becomes a factor in his psychic development.'

The separation of meaning from causality hangs together with three other major directions in Jaspers work: phenomenology, and particular views of psychotherapy and of psychopathology. If mental states are not causal the main task in psychiatry in relation to them will be the phenomenological one of accurate and fine description, and the task of psychotherapy will be the understanding of existential significance. The causal science, by contrast, the science of psychopathology, will concern itself with the brain and brain–behaviour relationships. Compare this with: if mental states are causal, the main task in psychiatry and psychotherapy alike will be characterization of their causal–functional relationships with one another and with brain states, with a view to intervention and change as appropriate by either psychotherapy or physical therapies or both. The story of twentieth century psychiatry includes,

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roughly, the transition from the first of these paradigms to the second.

Jaspers' elucidation of the distinction between meaning and causality and the related distinction between understanding and explaining had enormous implications for the development of psychiatry, and it provided foundations for the teaching of psychiatry in Germany and the UK for many decades. Jaspers did not invent the distinctions however; he inherited them from elsewhere in German scientific activity, seeing their profound implications for psychiatry. The distinctions in question were worked out in Germany in the closing decades of the nineteenth century in the new *Geisteswissenschaften*, a term difficult to translate into English but which may be rendered as *cultural sciences* and which included history, sociology and anthropology. When these subjects were being established as empirical sciences a large problem was encountered, namely, that the phenomena under study, human activities and the meaning that pervades them, did not readily lend themselves to the methodological assumptions of the natural sciences. The problem may be brought mainly under three related headings. First, natural science deals with repeatable phenomena, but historical events and cultural practices are singular, or even unique. Second, natural science aims at general causal laws in its explanations, while history and social science seek to understand human activities. Third, while the methods of observation in the natural sciences are objective, and the results are meant to be the same for all, understanding draws on subjective empathic abilities that vary from person to person, or from culture to culture, hence raising the question of objectivity and validity. Jaspers was the first to grasp the relevance of the new problematic to psychiatry, and perhaps the last to be able to hold on, even-handedly, to both epistemologies. Jaspers emphasized the importance of *both* the science of psychopathology *and* the indispensable need for understand meaning by empathy. However, he had no coherent account of how these two methodologies could together be coherent and valid.

The position was further complicated by the fact that the meaning/causality dichotomy was superimposed upon a much older and equally problematic distinction, namely Cartesian dualism, the dichotomy between matter and mind created with the mechanization of the world-picture in the seventeenth century. While Cartesian dualism was surpassed in Kantian philosophy at the beginning of the nineteenth century, it survived in other contexts, particularly positivist science, and it was crucial to the formation of the new psychological science (also) during the closing decades of the nineteenth century. Dualism implied that psychology should study mental states, known by introspection by the subject and otherwise by verbal report. This introspectionism had a short life however, two main problems being the oddity of private data, and its incompatibility with the study of non-linguistic animals or prelinguistic human beings. This led to the development of the only other alternative defined in the Cartesian thought-space: behaviourism, based on the notion of stimulus–response linkage, a not-so-distant offspring of the Cartesian quasi-mechanical reflex arc.

The two dichotomies, mind-matter, and meaning-causality, were hardly directly related, in fact they belonged to distinct philosophies, but the second was superimposed on the first, and both converged on the conclusion that mind and what was essential to it, meaning, was problematic from the point of view of science and scientific methodology. This was the philosophical background—composed of irreconcilable opposites—to the development of the two new sciences of psychology and psychiatry.

The crises in the 1960s and the new cognitive paradigm

In the following decades these conflicts were dealt with in a primitive though effective way, namely splitting: causality as opposed to meaning, explanation as opposed to understanding, behavioural science as opposed to hermeneutic non-science. These divisions became violent in the 1960's, with attacks on the one side by the other. These attacks were highly charged and highly symmetrical. Mainstream psychiatry was attacked by Foucault, Laing and Szasz among others for systematically stripping madness of its meaning and hence dehumanising it. Psychoanalysis, the champion of meaning, was rounded upon for being unscientific. The whole development had an inevitability that Hegel would have admired. At the same time as the opposites were reaching a destructive climax there was emerging a new paradigm that effectively combined elements of the old in a new synthesis that was also quite different from either.

This was the so-called *cognitive* or *information-processing* paradigm that emerged during the 1960's and which is still being developed and expanded. Central to this new paradigm is the idea that information-carrying, semantic cognitive states and processes regulate activity, and that these states and processes are encoded in the brain. These central proposals apparently collapse the two previous dichotomies sketched above, because, first, semantic states now have a causal role in the regulation of behaviour, and second, in this paradigm the brain is a system for information-processing and cognition, and thus—using the original scholastic terminology—the brain as *res extensa* (spatial material substance), is also *res cogitans* (cognitive substance).

As in all paradigm-shifts, much work has to be done over long periods—in the order of a century or so—not only in empirical investigations of questions framed in the new paradigm, but also in clarifying its

concepts, among themselves and in relation to the terms of the old paradigms. In the present case these conceptual issues include variations on themes such as: In what sense are cognitive states brain states? Can cognition be characterised syntactically (computationally)? How can brain states have semantics? What does 'encode' mean? Is 'information' the same as 'meaning'? What is the relation between cognitive psychology and folk psychology? How does emotion fit into the paradigm? And consciousness? These complex issues are being extensively worked on in contemporary philosophy and psychological theory (discussed in relation to psychiatry in Bolton & Hill, 2004). The present paper focuses on the implications of the new paradigm in two specific areas: the *science of psychopathology*, and *psychotherapy*.

Implications of the cognitive paradigm for psychopathology

The divisions between mind and body and between meaning and causality made for a broken up science of psychopathology, barely attached to experience and meaning. In the underlying basic sciences, it was often asserted or wished that there should be a unified bio-psycho-social science, but the dichotomies as considered above have hardly made this possible. The incommensurability between biology, psychology and social science has been more in evidence than their cooperative harmony. The new paradigm however holds out more promise here.

First, it provides terms which link biology and psychology. Crucially, information-processing models of course pervade not only psychology, but also biology, famously right down to the level of genes. This apparently has a major impact on what has come to be known as Brentano's thesis, that '*intentionality' is the defining characteristic of mind*. 'Intentionality' is a technical term, deriving originally from scholastic philosophy, which pervades current theorizing. To say that a state is intentional is to say: (1) that it is essentially directed to (is about) an object, and (2) that this 'intentional object' may not exist. Mental states such as believing, or striving, are paradigm intentional states. However, with the application of information-processing models in biology as well as in psychology, it is arguable that intentionality in its standard definition is actually the mark not of *psyche* but of *bios* (Bolton & Hill, 2004). Because biological processes have intentionality, biology is not reducible to physics and chemistry. However, the relation between them is comprehensible within this framework. In particular, although biological principles are not reducible to laws of physics and chemistry, they never violate those laws, and indeed they generally exploit physico-chemical properties for the purposes of information processing. There are many elegant examples of this, starting with the so-called translation of the DNA genetic code into proteins.

If intentionality whose standard definition is the mark of *bios* generally, not of *psyche* uniquely, then we need clarification of what has to be added to biological intentionality to produce mind. Possibly crucial here, using the same terms that are now grounded in biology, is *second-order intentionality*, that is, the capacity to have intentional states that represent intentional states. This meta-representational capacity typically involves language, is central to what has come to be called the 'theory of mind'; it is involved in giving reasons for actions, and hence to concepts of autonomy and responsibility, and (self-) consciousness.

In the new paradigm however we need not envisage a radical and probably incomprehensible break between biological and psychological processes, as was the case in dualism. Rather, as is familiar in the science, the principles here are fundamentally *developmental*. The crucial matter of interest is the regulation of activity by intentional processes and the nature of their content. Intentionality runs through the whole, from the inherited information in genes, to sensory-motor activity, to the later development of second-order intentional processes, the content of which includes the acquired cultural meanings that we use to interpret the world, each other, and to plan individual and cooperative action.

These considerations point to a practically seamless development that can incorporate biology—grounded in but distinct in specified ways from physics and chemistry—psychology, and cultural meanings. There is a kind of 'unity of science' here, but not one achieved by reduction, not one in which one science—physics—is 'fundamental', or queen of them all, but one achieved by integration set in a developmental framework.

This kind of integration of the sciences of the variety of aspects of being human has a great advantage for psychopathology, the science of mental disorder. Models of psychopathology can now incorporate causes of different kinds, without prejudice that one or another kind must be dominant or exclusive. Models of schizophrenia, for example, can now incorporate many different kinds of risk factor, from genes to cognitive vulnerability to social exclusion, in the one conceptual space, in the one MANOVA. Models of dementia can now incorporate not only neural degeneration and its immediate impacts on psychological functioning, but also the attempts of the patient to make sense of these effects and to come to terms with them. Models of post traumatic stress disorder, the paradigm mental disorder that has a meaningful cause, can now explore the effects of atypical neural storage of the trauma memory in maintaining the core re-experiencing, as well as for example the second-order appraisals of the original stress response.

Explanations in the twenty-first century can be truly 'holistic', without giving up the science; or rather, to pursue the science, they will be increasingly holistic.

Another though connected implication of the new paradigm for models of psychopathology is that we have to envisage two general kinds of causal pathway and complex interactions between them. In the 'normal' case biopsychological and social activities are regulated by information and meaning—they run according to rules. However there are also 'abnormal' cases, where there are breakdowns of functional activity. In psychological breakdown it has always been tempting to suppose that explanations or understanding in terms of meaning has come to an end, because meaning has by definition run out. This line of thought has been one foundation of the medical model in psychiatry, which would posit biological disease processes or lesions of some kind. It has also been clear, however, at least since Freud and Watson, that apparently pointless behaviour can be explained not only in terms of the medical model in this sense, but also in terms of the inappropriate intrusion by meaningful processes—meaning is disrupted not by physical lesion, but by *more meaning*. These are the psychological explanations. However, previously the 'medical' and the 'psychological' have been competing general explanations, and this is entirely *not* the case in the new paradigm. Both kinds of factor may be playing a part in any particular kind or case of disorder. However, the psychological will probably always be playing a part, whether or not as primary cause, at least in terms of strategy for overcoming some psychological disadvantage, the primary cause of which may be 'physical', in the sense of not being regulated by information. Just as systems for defence permeate biological systems and physical illness, so also there is likely to be much method in what we call 'mental disorder'.

Implications of the cognitive paradigm for psychotherapy

The cognitive revolution in the brain and behavioural sciences also has implications for psychotherapy. At the beginning of the paper it was remarked that if mental states are not causal then the task of psychotherapy will be to dwell on their meaning, their existential or other significance for the person—but this will be have nothing to do with the causation of behaviour. This is a problematic basis for the practice of therapy, which seems to offer to make a difference. On the other hand it may be said that to understand meaning, to construct a meaningful narrative in the therapeutic relationship, may itself create possibilities of change. However, insofar that the person's understanding—or construction—of meaning, in relation to their life, or to their illness, does or can make a difference in practice, the implication seems to be that meaningful mental states, in this case self-understanding, can after all have a causal role.

It is helpful to consider the position of psychoanalysis. That other pioneer in psychiatry, Freud, less of a phenomenologist and more of a scientist than Jaspers, came across the problem of meaning and causality in another way, and indeed pointed way ahead to a solution. Freud saw that some apparently senseless mental states and behaviour could be understood as meaningful, and that intervention in the meaningful processes could effect change, i.e., would be causal. Freud the neurologist recognised that if this were so, then the mental, meaningful processes would somehow have to be identical with, realised in, brain processes. But how this would be so, what the architecture and functional characteristics of the brain would have to be like for it to be so, were questions that Freud recognised could not be answered in the then present state of cognitive neuroscience, and he left his 'Project' unfinished (Freud, 1950/1895; see also Kitcher, 1992). Psychoanalysis then continued in this ambiguous space, championing meaning in the explanation of behaviour, normal and otherwise, while at the same time being necessarily isolated from the not yet cognitive brain and behavioural sciences, up to the crises around the middle of the last century. As noted earlier, complementary to the anti-psychiatry critiques were the attacks on psychoanalysis for being unscientific. Problems identified included apparent lack of objectivity of data, the non-empirical character of its hypotheses (alleged unfalsifiability), and the questionable assumption that meanings are causes (Popper, 1963, chapter 1; Clare, 1967). This pressure contributed to the development of the hermeneutic readings of psychoanalytic theory popular in the 1970s, which accepted, more or less reluctantly, the demarcation between understanding and causal, or more generally, scientific, explanation (for critical commentary see Grünbaum, 1986). It is fair to say that these hermeneutic readings of psychoanalytic theory have not received general agreement, partly because there are at least equally plausible 'scientific-causal' interpretations, which also work better as a theory of therapeutic change.

In any case, however, as indicated earlier, the mid-century crises in medical psychiatry and psychoanalysis were associated with the appearance of the new cognitive paradigm, and this inevitably had implications for psychotherapy as elsewhere. The implications for psychotherapy are visible most clearly in the development of the new *cognitive behaviour therapies* from the 1960s onward. Now usually known in the singular, cognitive behaviour therapy, or CBT, has at the core of its theory the working assumption that cognitive states are involved in the regulation of behaviour and affect. It has no trouble with the other main component of the general paradigm, that cognitive states are realised in

the brain, and increasingly cognitive therapy research, or research into the models underpinning the therapy, includes study of brain architecture and function using new imaging technologies. It also has increasingly emphasised the crucial importance of second-order intentional states, involving interpretation and evaluation of mental states. Generally, and this is a crucial sign of difference compared with previous psychotherapies and psychoanalysis in particular, CBT has been from the start closely linked to scientific methodology, including in relation to the evaluation of therapeutic effectiveness. Outcome studies have by now shown that CBT is effective for many of those treated for a wide variety of conditions, and the current evidence-base for CBT far outstrips that of any psychotherapeutic approach.

This has constituted a profound revolution in psychotherapy. The point was certainly not just that a new orientation arrived on the scene—we had many already, though by all means many or most were offspring of psychoanalytic theory—nor of course just that it was believed to work—but that a psychotherapeutic method *has been shown* to work (to a significant extent, and often as well or better than pharmacotherapy). This demonstration has only been possible in the context of the psychotherapy having consistent scientific methodology. Psychoanalysis, by contrast, had to champion explanations of behaviour in terms of meaningful, mental states before the sciences recognized any such things, and had therefore to maintain this valid and important view (despite and not with the help of the science)—the relationship between psychoanalysis and the science of the time never did have an harmonious basis.

On the other hand it is implicit in the above considerations that the shift from psychoanalysis to CBT (both of which, it should be said, have varieties) is not best understood just as a shift in psychological theory or data—it includes elements of change at these levels but it also involves higher level meta-theoretical changes. This point can be brought out by considering the broad working assumption of CBT cited above, that cognitive states are involved in the regulation of behaviour and affect. What school of psychotherapy could not subscribe to that? A crucial contrast is not so much between types of psychotherapy as between views on the philosophical matter of whether meaningful mental states are or are not causal. This is to say, the working assumption of cognitive psychology and psychotherapy stands opposed basically to hermeneutic psychology and interpretations of psychotherapy (see for example, Widdershoven, 1999). Another way of making this point is to say, somewhat paradoxically, that the general working assumption of CBT as characterised, is too vague to be a theory, and hardly discriminates CBT from other approaches. In practice CBT models take on specific content in application to the conditions of interest, typically though not always traditional diagnostic conditions, such as anxiety disorders of various kinds, personality disorders, schizophrenia, depression. The models typically include specification of the kinds of belief or appraisals that regulate behaviour and mental life itself, and details of the interactions between them, with implications for what has to change if the problem is to change. Cognitive behaviour therapy models are in this sense dedicated systems rather than general purpose, dedicated to solving particular problems of 'psychopathology', and without much generalizations about for example, personality, development, or indeed psychological functioning, individual or family. The contrast here is with psychoanalytic theory, or family systems theory, which *do* begin from general theories of functioning, and apply these to presenting problems.

To this meta-theoretical difference has to be added the other already mentioned—that CBT in contrast to psychoanalysis has a fundamental and harmonious linkage with science and scientific method. These two points are directly linked: CBT models do not include general theories of functioning because the methodology is to wait for the science to deliver the findings for a particular kind of case. This is to say, for any particular condition such as schizophrenia, or obsessive–compulsive disorder, that there is no *a priori* assumption that neurological or say family factors play a role—it all depends what turns up from the studies. There is indeed no *a priori* assumption that cognitions 'must' be playing a role. Models of the disorder and basic science findings and therapeutic lack of success may lead to the assumption that cognitions play a limited or no role (perhaps for example in autistic behaviour, or in attention deficit-hyperactivity disorder [ADHD]). This has the implication that CBT is best regarded as based in an 'open' theory—the general cognitive model allows, providing there is some link to scientific theory & method, practically anything to be assimilated and accommodated (including what may have been long recognised in other psychotherapies). The CBT methodology is in this way highly pragmatic—if an idea works, if it explains any otherwise residual variance, then include it—and this helps to explain the power of the new paradigm.

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