

QUESTIONS/COMMENTS ON HOW TO UNDERSTAND JASPERS
(12-5-05)

Michele asks about self-consciousness and other-consciousness, and how conscience is related to consciousness.

QC 1. Michele, my daughter, e-mailed me after reading this Web Page and said: "I don't feel like I grasped it yet. Does it have to do with the realization that you are and not someone else? Or does it have to do with the realization that we have a conscience, not just conscious?"

REPLY (R)

R1. It has much to do with being at oneness with consciousness simultaneously with others, and no less with our personal various self-images. Conscientiousness (conscience) has priority over more outstanding states of vivid consciousness. We inherit conscience in a different way than we inherit consciousness. Humankind can wholly lose good conscience. In one generation bad conscience can dominate such as children abused become abusers in the absence of intervention.

R2. This Web Page is a forewarning. If you hear someone say that existentialism is dead, be alert to the rest of the syllogism. The premise "existentialism is dead" will have a specific referent. As Karl Jaspers increases in popularity, the minor premise will be Karl Jaspers was an existentialist. Included in the inference, the mental processing, is that Jaspers can be considered outdated. So, it's important to distinguish between being existential rather than given to or consumed by existentialism. "Existentialism" was a term used more by fatalistic situational existentialistic thinkers. Kierkegaard uses the word "existenz" in the biblical sense that if one is to act as a follower of Jesus one would be willing to sacrifice oneself too. Unless the difference between existenz and existentialism is historically understood, it could result in extinguishing the value of meaningful personages. Here existentialism can be used as a reaction harmful to Jaspers, Kierkegaard, and the biblical faith.

R3. Existential psychology can involve, in part, awareness of having moved from consciousness to the more vivid awareness of being a self, distinct from other selves. The self-image might be inferior or superior in some relative sense.

R4. My first involvement with the word “existentialism” was with the book *From the Death Camp to Existentialism* by Viktor Frankl. I read it while a student at Lincoln Christian Seminary. It represents to me existential thinking at the edge just before theistic thinking, but it is not the existence of Kierkegaard or Jaspers.

R5. On this Web Page an honest attempt is made to recall the existential moments wherein, around which, individualistic awareness stood out. In that sense it is personal, individualistic and empirical. Empirical in the sense that it includes the use of the five senses and more. It's universal in that others too can identify with the recollections as being like theirs. Not all will. Not all can. And it means nothing regarding being judgmental toward those who don't recollect early events. Remembering early events may be incriminating, or at least implicative, to the degree that it might point toward an abnormally sheltered life compared to one of hard-knocks. Where there is a conscience coexisting there are memories recallable but not discreetly sharable except maybe with the “thou”.

R6. So, yes, recalling moments when and how one became a self distinct from others for the moment or situation, can be thought of as existential. But that thinking's ultimate origin is immeasurable, timeless and space-less in origin. Existential psychology knows no origin and is found in earliest recorded history. And it involves the self one is remembered and the self one can *image* becoming. Selfhood's awareness is usually associated with discomfort though it might be posterior (after) and prior to comfort.

R7. Guilt (one end of the conscience spectrum) can be a major discomfort contributing to consciousness, and consciousness is qualified or modified then by conscience. Remembering the role guilt or conscience played in events intense enough for easy recall is important for it reflects empirically and intellectually against the trend toward an emphasis on radical constructivism. H. Muller on his website “Karl Jaspers Forum” tries to associate his “zero derivation” of consciousness and conscience with the constructivist movement. Muller is admittedly atheistic and professes a subjectivism that rejects the idea of objective standards as inherited learned values. He ends up tossing out conscience-constants with conscience aberrations. He assumes that if one pre-established axiom has had bad consequences on conscious honesty, then that's true of all axioms handed to consciousness. Being alert through recollections of conscience and guilt processes creates individualistic autonomous responses and reactions to

outside arbitrated control by forces that intervene and interfere with normal environment conducive to individual creativity. But where Mr. Muller is concerned, his early life environment was such (war years, community) might help understand what might appear abnormal.

R8. Conscience and consciousness distinctions are important for it involves an event when and where we compared one more casual normal and comfortable self with a more outstanding self needing help. I remember the pain you once experienced as a toddler. I don't know if you remember. And I remember when you philosophized about others, and it took the form of "That other person probably feels as insufficient as do I."

R9. Other than the sewing machine incident showing how conscience was stimulated, there is an earlier memory that is more descriptive of the process. But, I'll not use more space for that unless requested or as the need might present itself.

Richard comments and asks about psychology, psychiatry, and psychopathology differences.

QC. Richard my son comments and asks a question: After reading this Web Page he recalls an incident in which a pistol discharged while holstered and a 45 caliber ball entered above the calf and traveled inside the full length of his lower leg and lodged in the ankle. That incident needs a separate web page to due justice to it and involves comparing that pain with incomparable headaches he has had since early childhood. He has his own Web Site and perhaps that can be detailed there, if not later on my Web Site. It has existential and *existenz* significance. The situation also demonstrated the difficulties with centralized control and total planning by health care agencies including the State University's participation in the empowerment of local autocratic interests.

R1. His question is: What is the difference between psychology, psychiatry, and psychopathology. Jaspers addresses these differences and similarities in the "Introduction" to his **General Psychopathology** (English Trans. 1963). In the last part of the work he expresses concern over those who attempt to practice psychotherapy without the benefit of medical knowledge and experience. Later, Jaspers lifts a section out of the main work for a small book *The Nature of Psychotherapy* (Phoenix Books, Uni. Chic. Press, 1965). In the preface he states: "At the present time we find psychotherapists, who

have no medical training, as well as medical psychotherapists, whose medical training is rarely brought to bear on their work.” His reference here, in my opinion, is directed at Freudian psychoanalysis about which Jaspers says it “produces its quota of conspicuous failures, symptomatic deterioration and painful suffering...” (p. 29) Jaspers says that such psychotherapy-deceptions can be avoided “by our getting a grasp on the great traditional truths.” This might not mean much to you now but perhaps later it can be recalled for further digestion.

R2. The way I speak to the difference is that psychology has to do with ideas and forms of thinking, and is best practiced with medical training, and psychiatry requires medical training and the informed use of medications including psychology. Psychopathology has to do with mental diseases that range from those needing clinical care and can include institutionalization after and/or before. The closer a psychological aberration moves toward the need for court intervention and consequential clinical and institutional care, the nearer to empirical (five senses) science one gets. We can categorize according to sight, hearing, etc. One can see the empirical accountability necessitated when the threshold is crossed between what is psychological and pathological. The court has to have actual facts to order confinement, and generally a clinic or institution also needs empirical (five sense) data especially if they rely on insurance funding. There are of course private institutions where one’s affluence may or may not be accountable to conventional (convenient definitions for professional communication) disease concepts. It’s significant that psychology and psychopathology end in logos and points toward corporeal handling of data for some particular designed purpose, whereas psychiatry depends more on the patient’s ability at self-healing generally including medical assistance.

R3. Regarding psychopathology and psychology, Jaspers says, “there is no sharp division and many mutual problems are tackled by psychologists and psychopathologists” and then speaks of borderline and transitional states of morbidity. Morbidity refers to the obviousness, i.e., seriousness of the disease.

R4. But, in general, “psychology studies what has been called normal psychic life” and “academic psychology seems to be too preoccupied with those primary processes that are affected by neurological disorders and organic lesions but rarely suffer any disturbance in psychic illnesses proper”.

R5. The most interesting statement he makes is that in his book he states that the work (his book) does not insist on “any precise definition of mental illness, and our selection of material will be seen to follow conventional lines”. The fluctuating lines of demarcation are further influenced by “aesthetic, ethical or historical interests, but can still examine it [complex psychic reality] psychopathologically”. That is the reason Jaspers can point out that in one generation a morbid entity might be institutionalized but in another followed like a pied piper.

R6. As regards your confrontation with the pistol, all of the above was involved to some degree including your father’s major concern after seeing that the bullet missed an artery, and seeing the bullet’s bulge just above the ankle. My concerns and efforts at avoiding the local facility passing for a hospital bordered on the pathological and involved a philosophical principle.