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# Commentary on “The Epistemic Harms of Empathy in Phenomenological Psychopathology” by Lucienne Spencer and Matthew Broome

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**Abstract:** This paper presents a critical commentary on the article “The Epistemic Harms of Empathy in Phenomenological Psychopathology” by Lucienne Spencer and Matthew Broome (2023). The authors committed the “fallacy of ambiguous or vague definition” by incorrectly interpreting Karl Jaspers’ conceptualizations, resulting in difficulties following logical arguments and arriving at reasonable conclusions. To overcome this fallacy, the commentary provides conceptual clarifications regarding Jaspers’ empathic understanding (*emfühlendes Verstehen*), which was conceived as the foundational concept of his project to develop a phenomenologically oriented psychopathology. Jaspers initially introduced this concept in the article “*Die phänomenologische Forschungsrichtung in der Psychopathologie*” [The Phenomenological Research Direction in Psychopathology], published in 1912, and extended in his *magnum opus* “*Allgemeine Psychopathologie*” [General Psychopathology], published in 1913.

**Keywords:** applied phenomenology, psychopathology, empathic understanding, epistemic justice, virtuous listening

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# Comentario sobre “Los Daños Epistémicos de la Empatía en la Psicopatología Fenomenológica” de Lucienne Spencer y Matthew Broome

**Resumen:** Se presenta un comentario crítico al artículo “Los Daños Epistémicos de la Empatía en la Psicopatología Fenomenológica” de Lucienne Spencer y Matthew Broome (2023). Los autores cometieron la “falacia de la definición ambigua o vaga” al interpretar incorrectamente las conceptualizaciones de Karl Jaspers, lo que resultó en dificultades para seguir argumentos lógicos y llegar a conclusiones razonables. Para superar esta falacia, el comentario proporciona aclaraciones conceptuales sobre la comprensión empática de Jaspers (*einfühlendes Verstehen*), concebida como el concepto fundamental de su proyecto para desarrollar una psicopatología de orientación fenomenológica. Este concepto fue introducido inicialmente por Jaspers en el artículo “*Die phänomenologische Forschungsrichtung in der Psychopathologie*” [La Dirección de Investigación Fenomenológica en Psicopatología], publicado en 1912, y ampliado en su obra maestra “*Allgemeine Psychopathologie*” [Psicopatología general], publicada en 1913.

**Palabras clave:** fenomenología aplicada, psicopatología, comprensión empática, justicia epistémica, escucha virtuosa

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## Introduction

In the following lines, a critical commentary on the article “The Epistemic Harms of Empathy in Phenomenological Psychopathology” by [Lucienne Spencer and Matthew Broome \(2023\)](#) is presented. The article’s authors reject the pursuit of a renewed version of Karl Jaspers’ “empathic understanding” because, according to their knowledge, this concept seems fundamentally epistemically flawed. Through their article, the authors figure out arguments accusing that empathic understanding risks (1) error, leading to misdiagnosis, mistreatment, and an overall misunderstanding of the experience at hand, (2) a unique form of epistemic harm that they call “epistemic co-opting” and (3) epistemic objectification. To conclude, the authors propose that the concept of empathic understanding should be eliminated in the direction of a so-called project “Renewing Phenomenological Psychopathology”. However, the authors committed the “fallacy of ambiguous or vague definition” due to an incorrect rendering of Jaspers’ concept, making it difficult to follow logical arguments and reach reasonable conclusions. To overcome this fallacy, the commentary presents conceptual clarifications on Jaspers’ empathic understanding (*einfühlendes Verstehen*), conceived as the founding notion of his project to develop a phenomenologically oriented psychopathology, which was introduced in the article “*Die phänomenologische Forschungsrichtung in der Psychopathologie*” [The phenomenological research direction in psychopathology] published in 1912 and extended in his *magnum opus* “*Allgemeine Psychopathologie*” [General Psychopathology] published in 1913. The authors also committed the “ad hominem fallacy” since they criticize Stanghellini’s and Ratcliffe’s notions of empathy without providing substantial arguments about their conceptualizations, thus missing information necessary to address these critiques in the commentary. In addition, a serious investigation of Jaspers’ work must not only contemplate the English versions (as the authors did), where translation errors are not rare to find; to achieve rigorous conceptual precisions, it is mandatory to review the original German versions, too.

This commentary is linked to the 3-year research project entitled “Phenomenology of Empathy: The Constitution of Thou- and We-relationships and their Pathologies” funded by the Chilean National Agency for Research and Development ANID. The project involved interdisciplinary collaboration between philosophers, psychiatrists, and psychologists with a phenomenological philosophical background. The main project objective was to provide a phenomenological framework for conceptualizing empathy and its disturbances, delineating a more precise definition for clinical practice and empirical research. The development of the project was grounded in the Husserlian tradition and incorporated classical descriptions of the phenomenology of empathy, particularly from [Edmund Husserl \(1952; 1959\)](#), [Edith Stein \(1917\)](#), and [Karl Jaspers \(1912; 1913\)](#). Besides [Stanghellini \(Stanghellini & Rosfort, 2013\)](#) and [Ratcliffe \(2012; 2017\)](#), these classic philosophical analyses on empathy are still influencing

contemporary phenomenological approaches on the topic (Breyer, 2013, 2019, 2020; Breyer & Hussain, 2014; Jardine, 2014, 2015, 2017; Schneegg & Breyer, 2022; Zahavi, 2001, 2007, 2010, 2014a, 2014b).

Within the tradition of European phenomenology, there is general agreement that, in its minimal definition, empathy is a mode of intentionality that makes it possible to access the "foreign" experience of another person, with the awareness of the other's subjectivity as being different from one's own (Zahavi, 2015). There is also agreement regarding a distinction between two forms of empathy: basic and extended empathy. Basic empathy enables direct access to the experience of others via perception of their non-verbal bodily expressions, including body movements, gestures, and facial expressions. Extended empathy transcends apparent perceived phenomena to understand another person's worldview, existential meanings, and experience of vulnerability (Irrarrázaval, 2020; Irrarrázaval & Kalawski, 2022). These conceptualizations point towards promoting a psychological empathic approach to mental illnesses, introducing ethical considerations within the clinical practice by highlighting the implications of a phenomenological approach to mental health: first, non-discrimination and de-stigmatization for patients; second, open-mindedness regarding psychotherapeutic recovery (Irrarrázaval, 2022).

### (i) Jaspers' notion of empathic understanding

Spencer and Broome's statement, "Jaspers observes that one manner in which the 'psychic life' could be interpreted is through a genetic understanding" (2023, p. 5), as well as their reading of Jaspers' empathic understanding as "transferring one-self into the other individual's psyche" (p. 7), contain conceptual imprecisions that invalidate their arguments throughout the article, leading to a conclusion that points in the wrong direction.

Regarding the former quotation, Jaspers does not define empathy as a means of "interpretation" in terms of theory-theory (Baron-Cohen et al., 1986) or simulation theory (Goldman, 2006), which both put their focus on the *representation* of another person's experience. In contrast, Jaspers (1912) argues that phenomenology is based on what *presents* itself in the patient's experience and not on what is theoretically constructed as the basis of the psyche: "Whoever does not have eyes to see cannot practice histology; whoever is reluctant or does not have the talent for *visualizing* (*vergegenwärtigen*) the psyche and see it alive cannot understand phenomenology" (p. 397). Such visualization of the psyche is not sensory but rather empathic. Jaspers makes it clear that anything that does not really present itself to the patient's consciousness should be outside of consideration, thus cautioning clinicians always to ask themselves: Does the patient really experience this? Accordingly, the German term

*Vergegenwärtigung* would be preferably translated as “presentification” or “visualization” (of the *presented* experience). However, in the English version, it is translated as “representation” (Jaspers, 1968), which in German would instead be *Repräsentation*, leading to a meaning opposite to Jaspers’.

Concerning the latter quotation, Jaspers (1912; 1948) does not emphasize empathy in the context of imagining oneself in another person’s position through a simulated “as if” scenario projected onto the other. Instead, he considers the importance of understanding another person by genuinely contemplating their actual experience rather than relying on one’s perspective. In the German version, Jaspers (1912) uses the expression “*Hineinversetzen in die Seele des anderen*”, which was translated into English as “Transferring oneself into the other individual’s psyche” (Jaspers, 1968, p. 1314). However, the German term *Hineinversetzen* is composed of two parts: *Hinein* and *versetzen*. *Hinein* preposition translates to “into” or “in” in English, which indicates a direction or movement “toward the inside” or “into something”. *Versetzen* verb means “to put” or “to place”. So, this phrase conveys the idea of entering another’s person emotional and psychological experience, seeking to understand their deepest thoughts and feelings. In a more fluid sense, this phrase would be more precisely translated as “to empathize with the soul of the other” or “to understand the innermost feelings of the other” from their own perspective.

## (ii) Self-other distinction and us-them division

Spencer and Broome (2023) affirm: “There is a danger of perpetuating an ‘us and them’ dynamic in mental health literature between the clinician and the patient, as though the clinician were an abstract being, devoid of illness experiences” (p. 6). However, the authors seem to confuse the notion “us-them division” with the notion “self-other distinction” since the former does not apply to the interaction between the clinician and the patient, but rather to a social dimension, e.g., group formation. Indeed, it is rather necessary to perpetuate the self-other distinction between the clinician and the patient. The danger of losing the self-other distinction is that the patient’s unique experience may become eclipsed by the clinician’s perspective, ultimately impeding understanding of how the patient truly makes sense of their own experience (Irarrázaval, 2022).

Instead, the notion of us-them division has been applied to the analysis of social identity processes that determine the recognition of ingroup towards outgroup members, where disturbances in empathic communication may lead to stigmatization, discrimination, and social exclusion. Concerning group identity, it has been described as “dissociation of empathy” cases in which persons do not identify out-group members as analogous persons, so they approach them as the third

person plural *they*; in contrast, members of their group are approached as *we* (Fuchs, 2019). Accordingly, the us-them division may occur between ingroup members with the category *clinicians* and outgroup members with the category *patients*, when the latter are classified according to stereotypical categories (e.g., diagnosis) rather than approached as unique persons.

### (iii) Experiencing mental illness and clinical training in psychiatry

Spencer and Broome (2023) claim that experiencing mental illness is the cause for pursuing a career in psychiatry and then contradict themselves by pointing out:

In cases where the clinician has had a lived experience of the condition in question, this step of empathic understanding would not be necessary, as they would already have the experiential knowledge required. Clinicians who need to exercise empathic understanding are those without the requisite lived experience (Spencer & Broome, 2023, p. 6).

Then, following the authors' logic, clinicians who have experienced mental illness would not need to pursue a career in psychiatry but rather be sort of self-taught or autodidact psychiatrists. Conversely, clinicians, in general, would agree that experiencing mental illness is not necessarily the cause for pursuing a career in psychiatry and that they do require clinical training in empathic understanding, independently of whether they have experienced mental illness themselves or not. Furthermore, most phenomenological clinicians would agree that experiencing schizophrenia would not necessarily be the cause for pursuing a career in psychiatry and that, in such cases, clinical training in empathic understanding would certainly be required.

### (iv) Experiencing the other's similar situation and empathic understanding

Spencer and Broome (2023) point out: "It is important to note that the psychiatrist may in fact have experienced, or may be experiencing, the same 'psychic situation' as the patient" (p. 6). However, this points out the authors' misconception of Jaspers' notion of empathic understanding, which is consistent with a phenomenological definition of empathy. From a phenomenological approach, to be empathic towards another person does not require to have experienced or be experiencing the other's same situation since empathy is not thinking, imagining, or imitating the other person's experience. Ultimately, empathy allows an understanding of the patient's worldview and existential meanings (Irrarázaval, 2020a). Moreover, Jaspers (1912) states that phenomenological

research aims to gain an empathic understanding of how psychopathological phenomena are experienced by the patient, even in the absence of the clinician's similar personal experiences, when apparently peculiar anomalous phenomena escape familiar patterns and normality. In addition, empathic understanding is not implicit knowledge, as the authors suggest, but rather an explicit one, because Jaspers (1912) proposes the development of a subjective psychopathology at the scientific research level, which can provide communicable, verifiable, and debatable knowledge. On an implicit level, there is basic empathy, which is the constitutional level of intersubjectivity (Irarrázaval & Kalawski, 2022).

### (v) Empathy as a distinct mode of intentionality

Spencer and Broome (2023) state: “Much like Jaspers, Husserl compares empathy to a form of perception” (p. 7). Again, the authors' statement is inaccurate because, for Husserl (1952), empathy is a distinctive modality of intentionality, which differs from other modalities such as fantasy and memory, including perception:

Human beings as members of the external world are originally given insofar as they are apprehended as units of corporeal bodies and souls: I experience in primal presence the bodies which are externally standing over against me, just like other things, and in “appresence” the interiority of their psychic lives (Husserl, 1952, p. 163).

For Jaspers (1948), psychic phenomena that are not directly perceived can only be psychologically understood using empathy, thus stating that there are two different modes of understanding: the “static” and the “genetic”. The static mode involves the understanding of psychic states or qualities through the other person's manifestations directly presented to us, including body movements, gestures, and facial expressions, as well as personal materials such as works of art and writings, namely objective psychopathology. However, this static mode of understanding is not a psychological understanding as such. The other person's expressions can be understood as manifestations of the psyche. However, any understanding we have of them does not necessarily imply that we have gained an understanding of the psyche itself. For its part, the “genetic” mode is that of empathy: the psychological understanding of “meaningful connections” (*verständliche Zusammenhänge*) of how one mental phenomenon emerges from another mental phenomenon, namely subjective psychopathology. For instance, how certain thoughts can arise from moods, wishes, or fears. While Jaspers' static mode of understanding corresponds to a basic form of empathy, his genetic or proper psychological mode of understanding corresponds to an extended form of empathy.

## (vi) Empathic understanding as indirect and complementary

Spencer and Broome (2023) show another conceptual inaccuracy when they affirm:

So too, Jaspers' empathic understanding allows for the "immediate grasp of expressive phenomena." In this sense, we can interpret Jaspers' empathic understanding as quasi-direct, thus retaining a distinction between I and Other. This would explain Jaspers' ostensibly paradoxical description of empathic understanding as simultaneously direct and indirect (Spencer & Broome, 2023, p. 7).

According to Jaspers (1948), static or objective psychopathology refers to the *direct* understanding of expressive phenomena; that is, the phenomenological visualization (*Vergegenwärtigung*) of the patient's lived experience through their self-descriptions. Genetic or subjective psychopathology refers to the *indirect* psychological understanding of mental life, that is, the empathic understanding of the patient's mental state through unfolding their inner meaningful connections. So, Jaspers differentiates between a direct understanding of expressive phenomena and an indirect empathic understanding of mental meaningful connections. Therefore, there is no paradox in describing empathic understanding as indirect, which is not exclusive but rather complementary to the direct understanding of expressive phenomena.

## (vii) Causal explanation versus empathic understanding

Spencer and Broome (2023) claim: "For the 'ununderstandable' Jaspers suggests we turn to 'explanation' or Erklären as he believes that primary delusions can only be understood through naturalistic causal explanation rather than understanding them as meaningfully motivated by various circumstances" (p. 8). In contrast to the authors' claim, Jaspers (1948) affirms that primary delusions can be *causally explained from a naturalistic approach*, constituting the limit or inflection point for the understandable. Consequently, he distinguishes between two different approaches to psychic life: the natural-scientific approach of providing a "causal explanation" (*Erklären*) of objective data (on neurobiological processes) from "without" and the "understanding" (*Verstehen*) of subjectively lived phenomena from "within."

Jaspers (1948) acknowledges that the question of what "the delusion" is (*Der Wahn*) corresponds to an essential question in psychopathology, although its simple definition as "an idea that is wrong" (*verkehrte Vorstellung*) and incorrigibly held is not only external but also incorrectly answered. He states that delusion is a "fundamental phenomenon" (*Urphänomen*) and emphasizes that the *experience* within which delusion takes place is the experience and thinking of reality:

Methodologically speaking, delusions can be addressed from multiple perspectives, for instance, phenomenologically as a lived experience, from the standpoint of a psychological performance as a thought disorder, from the view of organizational psychology as a mental product, from the meaningful connections of empathic understanding as motivated dynamic phenomena, and in the framework of a nosological-biographical study as a break in the context of a normal life cycle or the continuity of a personal development (Jaspers, 1948, p. 82).

Jaspers (1948) distinguishes between “primary” (*primäre*) and “secondary” symptoms (*sekundäre Symptome*). Primary symptoms are direct manifestations of the underlying psychological or biological process that characterizes a specific mental disorder. At the same time, secondary symptoms arise due to primary symptoms and the person’s response to them. In this sense, delusional experiences in schizophrenia are primary (*primäre Wahnerlebnisse*) and social withdrawal secondary.

It is important to note that *Ur-* is a German prefix meaning “primeval” (seldom also “primitive”) or even simply “original”. In contrast, the term *primäre* means actually “primary,” although both *Urphänomen* (fundamental phenomenon) and *primäre* (primary) were translated in the English version as “primary” (Jaspers, 1997), leading to confusion. The fundamental phenomenon (*Urphänomen*) emphasizes the personal, subjective, and existential experience of mental illness from the patient’s perspective; primary symptoms (*primäre Symptome*), instead, focus on observable clinical symptoms that arise from that fundamental experience. Jaspers (1948) highlights the importance of both aspects to have a more comprehensive phenomenological psychopathological approach to schizophrenia.

It is also important to note that in German, there is a distinction between *Wahn*, meaning “delusion,” and *primäre Wahnerlebnisse*, meaning “primary delusional experiences”. However, *primäre Wahnerlebnisse* was translated simply as “primary delusion” (Jaspers, 1997), confusing “delusion” as a fundamental phenomenon (*Urphänomen*) with “delusional experiences” such as delusional ideas as primary symptoms (*primäre Symptome*). Jaspers’ approach to understanding schizophrenia focuses on the fundamental experiential self-disorder as well as the primary and secondary symptomatic manifestations (e.g., delusional ideas, hallucinations, social withdrawal, etc.) without reducing them to simple causal explanations.

Although, in schizophrenia, delusional ideas (*Wahnerlebnisse*) are characterized by their ununderstandability, this does not imply they should be conceived as an irreversible primary symptom or inadequate for empathic understanding. Jaspers (1912) points out that in psychopathology, we encounter mental phenomena that occur under conditions apparently not psychologically understandable; for him, these psychopathological phenomena are precisely the object of phenomenological

research aimed at achieving an empathic understanding of how they really manifest themselves. In fact, he wonders how far our empathic understanding could go, even without the basis of our own conscious experiences in a similar direction, and it seems to him that this cannot be definitively answered, leaving an open possibility.

### **(viii) The ununderstandable in empirical and philosophical psychology**

Jaspers (1948) considers that the “ununderstandable” (*Das Unverständliche*) lies either in the extra-conscious, biological-based mechanisms explained and researched causally. Alternatively, the ununderstandable lies in the existence (*der Existenz*) as a “limit situation” understood as possibilities of existence revealed through self-illumination and self-knowledge. From the side of existence, the ununderstandable is freedom (see p. 256 and p. 258). Thus, Jaspers’ limit situation concept may be conceived in an *empirical psychological* sense as an ununderstandable aspect of experience, but also in a *philosophical psychological* sense as a possibility to expand the person’s worldview towards a new horizon (Irarrázaval, 2020a).

Besides, the notion of schizophrenia as merely a biological disease should be situated in the early 20th century. It is precisely this dogmatic approach to schizophrenia as a disease of a chronic condition of ununderstandability that has (and still does) hindered empathic approaches to it. In fact, Jaspers’ (1948) philosophical psychological approach of the “psyche” (the Greek term for soul or breath of life) transcends the modern reductive epiphenomenalism of the naturalized approach of biomedical psychiatry. Even more, the realization of this reductionist limitation is what inspired Jaspers’ project on the development of a subjective phenomenological psychopathology, providing a magnificent, unsurpassed contribution.

In over 100 years, phenomenological psychiatry and psychology have developed a comprehensive scientific non-reductionist approach to mental illnesses (Fuchs, 2017), with a more recent focus on theoretical and empirical investigations on pre-reflexive self-awareness and the experience of vulnerability in schizophrenia (see Irarrázaval, 2020b; 2022). Currently, despite the use of extremely sophisticated technologies, there is insufficient scientific evidence to support a causal biological explanation for schizophrenia. Scientific evidence indicates that schizophrenia should now be considered a polygenic, etiologically diverse, and multicausal mental illness (Häfner, 2014). Nowadays, scientific evidence supports empathic understanding approaches to schizophrenia in the direction of renewed research in phenomenological psychopathology, thus moving forward by bridging new scientific knowledge in consistency with its tradition.

## (ix) First- and second-person perspectives

Spencer and Broome (2023) affirm: “In attempting to assume the first-person perspective of the patient, the clinician is likely to misrepresent the condition. Consequently, empathic understanding is highly vulnerable to error and hinders knowledge acquisition” (p. 12). However, within phenomenology, it has been widely argued that the clinician positions himself in a second-person perspective (León et al., 2022), following Jaspers’ empathic understanding, precisely to highlight that the first-person perspective is that of the patient’s lived experience and not that of the clinician’s. Thus, Fricker’s concept of “epistemic injustice” does not apply to Jaspers’ empathic understanding, as the authors accuse, since it rather points to the opposite: epistemic justice. Situated in a second-person perspective, phenomenological clinicians do not claim to have the same knowledge of the patients’ lived experience; therefore, contrary to what the authors argue, it does not co-opt the patients’ “epistemic privilege”. By considering the patient’s first-person experience self-descriptions, their epistemic privilege is respected. In addition, the concepts “epistemic privilege” and “epistemic objectivation” would be more applicable to the stigmatization and objectification of standardized psychiatric diagnoses and not to an empathic psychological approach to the patient’s experience, at least not in terms of a proper phenomenological psychopathological conceptual framework.

Furthermore, within a phenomenologically oriented psychotherapy, the psychotherapist would precisely aim at what Fricker calls “virtuous listening” and what the authors suggest about “co-production.” Evidently, Fricker’s concepts of epistemic injustice and virtuous listening are highly relevant to clinical practice and have already been incorporated into phenomenological clinical analysis (Ritunnano, 2022). It would certainly be interesting to continue deepening this line of research. Nevertheless, pursuing the replacement of empathic understanding does not seem necessary, which the authors have unsuccessfully attempted to promote.

## (x) Phenomenology in philosophy, psychiatry, and psychology

Finally, it seems important to distinguish between phenomenologically oriented philosophy, psychopathology, and psychotherapy, which differ in terms of their means and ends. In philosophy, the phenomenological method serves to reflect on fundamental ontological questions concerning our subjective and active participation in the constitution of the world (Zahavi, 2019). On the other hand, in phenomenological psychopathology and psychotherapy, where the conceptualizations of philosophical phenomenology are applied, the methods serve to achieve more precise, complete, and differential diagnoses (psychopathology), to improve psychological treatment (psychotherapy) and the well-being of patients (Irarrázaval, 2020b).

Jaspers (1912) attempts to develop a categorization of mental phenomena and their disturbances, leading to a psychological understanding of the functioning of psychic

life. In this sense, he proposes the development of subjective psychopathology, where empathic understanding is fundamental: "Empathic understanding (*emfühlende Verstehen*) is the intrinsic psychological understanding (*psychologische Verstehen*) of the psychic itself" (Jaspers, 1948, p. 255). From this approach, empathy's function as revealing another person's subjective experience is a methodical instrument of self-knowledge. Through empathy, we come to know other people by engaging with their descriptions of self-experience, much like how we know ourselves through self-observation. Jaspers (1912) proposes an unprejudiced empathic understanding of the psychic life as presented in the patient's self-experience, promoting what he terms the "open-minded" phenomenological attitude. Concluding his 1912 article, he expresses the aspiration that applying phenomenology in this manner will not only validate but also enrich our understanding of the genuine experiences of psychiatric patients.

## Conclusion

Jaspers' notion of empathic understanding is not only foundational in phenomenological psychopathology but also core in psychotherapy of this orientation. Thus, eliminating the concept of empathic understanding, as Spencer and Broome (2023) propose, would be as misleading as trying to eliminate the concept of empathy in Husserl's phenomenology, where it is central in the constitution not only of intersubjectivity but also of natural sciences' objectivity. Alternatively, to give an example from another theoretical framework, it would be just as unreasonable as trying to eliminate Freud's notion of the unconscious in psychoanalysis.

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