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Existence and Pluralism: The Rediscovery of Karl Jaspers

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Karl Jaspers, pluralism · Phenomenology, limit situations · Psychotherapy, scientific method

Abstract
Karl Jaspers has been recognized in psychiatry mostly for his influence on phenomenology and on certain aspects of psychopathology, such as our understanding of delusions. In this paper, I will highlight the need to rediscover Jaspers' work in terms of other important ideas that he can contribute to psychiatry, in particular the concepts of limit situations, transcendence and pluralism. Limit situations refer to the fact that human life is characterized by existential situations, or crises, which become opportunities for authentic existence. Transcendence refers to the notion that freedom is an important aspect of human existence and cannot be explained by purely scientific understanding or encompassed by any purely rationalistic system of thought. Pluralism is perhaps Jaspers' most original perspective, which has still failed to be adequately appreciated by the psychiatric profession. The idea here is that science means understanding the methods by which we obtain knowledge, along with the presuppositions and limits of those methods. Contemporary psychiatry has only a limited appreciation of Jaspers' work. In this paper, I attempt to describe these important concepts that can help us understand what we do in psychiatry, what we should be doing and why.

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With the advent of DSM-III in 1980, contemporary psychiatry aspired to be 'atheoretical'. While unquestionably an advance in reference to the dogmatisms of years passed, this desire to avoid theory has been more recently criticized for leaving psychiatry bereft of direction [1]. Psychiatry today has no guiding philosophy, and while scientific method and empiricism are justly avowed, the nature and limits of psychiatric methods have not been adequately explored.

Understanding the conceptual basis of what we do is different from subscribing to the dogmas of a philosophical system. Philosophizing, as Karl Jaspers used to call it, differs from belief in a philosophy and is central to any discipline. If we do not understand our conceptual assumptions, we will suffer from their distorting effects.

Jaspers made this argument almost a century ago, having in mind both the standard reverence for scientific orthodoxy of his day as well as the new Freudian schoolmen he saw on the horizon. 100 years later, I believe it is apt to revisit the conceptual bases of psychiatry, guided by Jaspers' philosophizing, and, in so doing, reintroduce Jaspers to our field [2]. No other psychiatrist or philosopher has thought about these matters as carefully and completely as he did.

Three Theses

Jaspers' work is wide-ranging and varied. Thus it is not easily possible to review his philosophy in general, and, given his distaste for generalism, he would probably not

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have welcomed it. I intend instead to abstract three theses from Jaspers, to uncover the roots of these theses in his psychiatric work and then to suggest their relevance for psychiatry:

- limit situations: human life is characterized by existential situations, or crises, which become opportunities for authentic existence;
- transcendence: freedom is an important aspect of human existence and cannot be explained by purely scientific understanding or encompassed by any purely rationalistic system of thought;
- pluralism: science means understanding the methods by which we obtain knowledge, along with the presuppositions and limits of those methods.

Thesis I: Existential Limit Situations

Jaspers himself suffered from a chronic illness, impairing his ability to function and leading to work in fields that are not physically demanding, philosophy and theoretical psychiatry. One can look at these 'limit situations' as opportunities one makes use of or that one wastes, Jaspers writes [3].

In these limit situations, one becomes acutely aware of the finiteness of one's own existence. As Jaspers wrote in *General Psychopathology* (GP):

> Man is not only finite but knows of his finiteness. He is not satisfied with himself as a finite creature. The clearer his knowledge and the deeper his experience, the more he gets to know finality and with this the radical deficiency in every mode of his being and doing. All other finite things as well – the embodiment of which we call the world – are not as such enough for him. Everything that is the world leaves him dissatisfied, no matter how deep his involvement and how absorbed may be his participation [4].

The extreme limit situation is death, something everyone faces. This concept of the importance and ubiquitousness of death as an existential fact may stem from his medical training, where death is a constant phenomenon, and one with which each doctor must come to terms. It may also originate in his own physical illness, a restrictive lung disease diagnosed in childhood. A recent biography [5] reveals that Jaspers was preoccupied with his own mortality at exactly that adolescent age when most children think they are immortal: his doctors had forecast that he would likely not live beyond the age of 30. In later years, after surviving beyond that age, Jaspers was nonetheless severely physically restricted, unable to travel to most conferences simply due to the physical labor of travel. In the Nazi era, he and his Jewish wife had made a suicide pact, such that if the Gestapo ever arrived at their door with orders to take her away to a concentration camp, they would both swallow fatal doses of pills kept in their house. Thus, Jaspers lived his philosophy; for him, death was a living reality from his childhood into his old age.

For a psychiatrist, this concept of 'limit situations' should be familiar. The Jasperian view of limit situations in life is similar to the psychotherapeutic ethos that psychological crises or life events are opportunities for 'growth'. In this view, events which are normally seen as negative or harmful are interpreted positively as mechanisms for psychological change or maturity.

One sometimes experiences the impact of this kind of limit situation after a patient makes a suicide attempt, if they survive. Often, the attempt itself will serve to heighten the awareness, on the part of both the patient and the doctor, of the high stakes at play, as well as the depth of the patient's despair.

Case vignette: James was a 55-year-old white male with severe chronic depression. His functioning had declined severely such that he was now only able to handle secretarial work, whereas previously he had been an investment banker. James had a love for medieval poetry, and in psychotherapy, he and I established a bond based on our literary interests. Medications for depression were only partially effective, and over years, James became more and more socially isolated. He seemed to engage in psychotherapy quite seriously and continuously, however. After a few years of some stagnation in terms of his symptoms, he made a serious overdose attempt. He wrote a note, in which he stated that he wanted to die not because he had enough of life, but because he could not have enough of life. He survived, and when he returned for treatment, I became more aware of how deeply he despaired of life and of how profoundly his inability to function had removed his ability to wish to live. Our therapy shifted from a symptom orientation (except as needed in the medication aspect of treatment) to an existence orientation, an attempt to connect and live with the extreme existential limits of his life.

In the modern world, we are occasionally shaken out of the everydayness of our daily existences through major political or social crises: the terror attacks of September 11, the bombings of London or Madrid, the tsunami in Sri Lanka, the famine in Niger or the recent hurricane devastation in New Orleans. Yet, many patients with mental illness walk around with internal crises of those magnitudes going on daily within their heads. The radical disorientation of one's connection with the world – an existential fact which most of us ignore – is often a very real presence in the mental life of persons with psychiatric conditions.

It is interesting that Jaspers' own prescription is theological: 'philosophic faith' [6]. A religious response to this existential reality of death and finitude is not surprising; Kierkegaard, the great founder of modern existentialism, came to a similar conclusion. But others, like Nietzsche (whom Jaspers admired) and later Sartre, drew secular conclusions. For Nietzsche, God was not an option, since he was dead, killed off by the Enlightenment. For Sartre, the Marxist project appeared to provide an alternative theology [7]. Our patients, too, will draw theistic and atheistic conclusions, just as the Stoics and the Epicureans fell on both sides of this divide (the Epicureans were irreligious: 'The gods are not to be feared; death cannot be felt; the good can be won; all that we dread can be conquered', said Epicurus [8]).

As psychiatrists, we need to share in our patients' recognition of the finitude of life, while not imposing our own personal approaches to coping with that finitude. Rather, we should explore our patients' reactions. This will mean entering into the often forbidden territory of religious belief and spirituality, of exploring our patients' spiritual yearnings and often encouraging such self-exploration. For others, it might mean helping patients seek to make sense of their limitations in nonreligious ways, including methods, like meditation [9], that might have religious roots but secular applications. Indeed, this latter approach, in the form of 'mindfulness-based cognitive therapy', has begun to show some promise in the prevention of recurrent depression [10].

Jaspers' religious orientation, originating in his recognition of existential finitude, is elaborated through his notion of transcendence.

Thesis II: Transcendence and Freedom

From the beginning, Jaspers' writings are suffused with the concept that transcendence is an essential part of human existence. At one level, 'transcendence' simply means that there is something unique in each individual; in psychiatric patients, however much Jaspers understood through clinical knowledge of illness or through the explanation of their genetic-environmental histories, he still felt unable to completely grasp any single person as a whole. Each person has some aspects to his/her personality, ideals, values and ways of thinking that are unique to him/her. Jaspers describes this uniqueness of individuals, which other existentialists later called Eigenwelt [11], as an essential aspect of human nature. Many would agree.

But is there something special here? Is Jaspers merely saying something very simple; that we are unique in some way? What is unique about each of us may be so limited that it has no bearing on larger matters. At some point in the future, may not psychiatric knowledge be able to know almost everything there is to know about almost everyone, ignoring the minimal uniqueness of each individual? This cannot be ruled out. But Jaspers had something more in mind. Take a disease like schizophrenia. Let us assume that in the future, we will identify the abnormalities in the brain, and the genetic/environmental etiologies for practically all cases of schizophrenia. We then would presumably be able to understand the illness schizophrenia with the same level of specificity that today we understand a disease like sickle cell anemia. Jaspers would argue that still something would be different. Each individual with schizophrenia would still have certain beliefs and desires that lay outside of what we could predict from our scientific understanding of the etiology and pathology of the disease. This would be the case (in my opinion) with the patient with sickle cell anemia, by the way, as well. But it is more important to emphasize that a part of the *person* with schizophrenia is separate from the *disease* itself, because the disease affects the mind, the same place where the person resides. Person A with schizophrenia believes in God and feels that he will be reunited with his grandparents in the afterlife. He thinks about this frequently and it is a source of great solace to him. Person B with schizophrenia would like to be a writer and wishes to tell children's stories which would make children laugh, partly because he had a sad childhood. These peculiarities to each individual set them apart, even if the specific causes for their disease bring them together.

Jaspers' view of transcendence meant more than this. He seemed to take a special religious view of it. He saw the uniqueness of each individual as the source of liberty, a world of personal freedom that deserved to be free from scientific (and political) incursions. He also seemed to think that this transcendent world linked to a higher being, to a divinity, who ultimately explained and understood everything beyond our human capacities. Thus, Jaspers' concept of transcendence led him to be a political liberal, a strong and constant foe of fascism, unlike his friend and philosophical colleague Martin Heidegger; and it led him to be a religious believer, but a tolerant one, again unlike Heidegger, the former Jesuit and later atheist [12].

Jaspers' views on transcendence, developed later in his *Philosophie* [13], are also presented briefly in the revised version of the GP:

> Nowhere is the individual entirely on his own. He is dependent on something else ... As his selfhood he does not create himself; he has to be given to himself from a source he does not know ... Man can create himself only by grasping at something else. He can know himself only by knowing and thinking about something else and he can trust himself only by trusting one thing else, Transcendence [4, p. 763].

As noted above, Jaspers' approach to recognizing the existential reality of man's limitation is to also recognize his link to something larger than himself, a transcendent reality. This link to something larger which encompasses his reality is the locus of human freedom. The fact that we are limited and incomplete is the source of the fact that we, as human beings, have multiple possibilities, and these possibilities define our freedom.

> Through the various modes of encompassing experience – each with unlimited possibilities – and through their multiplicity we come to understand the unrestricted openness of the human individual that at the same time is the mark of his permanent incompleteness [4, p. 761].

This freedom, based on incompleteness, is a reflection of his finitude and related to the reality of death.

> The way in which we meet a man at the moment of his death is revealing. The finality transforms our picture of him into a fixed and complete unity. During life everything had an 'up to now' quality; there was still possibility ... In the picture we form of the individual as he dies we come to feel two things: we feel the unfinished nature of things – particularly when there is early death ... and the lack of fulfillment; no life has realized all its possibilities [4, p. 673].

Thus finitude, transcendence, and freedom are linked. We are acutely aware of our many possibilities by the reality of their limitations in life. The radical existential limitation is death, but there are many other smaller deaths in life, other limitations which markedly impair our ability to live out our possibilities, to be free. Such is especially the case in mental illness, where Leston Havens refers to these existential limitations as the equivalent of 'psychological murder' [pers. commun., 2005].

Another implication of the existential reality of transcendence is to appreciate and honor a person's individuality and freedom. This is easier said than done, especially when certain therapies try to force the individual into the mold of a theory. Leston Havens' approach to psychotherapy can be seen as an attempt to radically appreciate human freedom:

> The psychiatry and psychoanalysis we inherit, so much of it a European hierarchical system in origin, asks us to accept developmental and epigenetic speculations before which the individual is supposed to be helpful, even grateful – all in the name of truth and health ... We must still ask: how is one generation's wisdom to be passed on without tyranny? How can freedom and authority, independence and institutions, coexist? ... Genuine human respect, giving others their freedom, the capacity to protect one's own freedom and self, all these are rare. Predation and slavery continue among us in the sense of psychological invasiveness and compliance. I believe that psychiatry has a great role to play in defining the conditions of human self-respect and freedom, as well as in helping individuals achieve this in their own lives [14].

Taking freedom seriously means truly respecting each individual human being. This is more than the medical humanism of politeness and good bedside manner. This approach is an existential psychotherapy that takes as its core concept the notion that the patient should be free, but that the patient is not free due to illness or circumstances or psychological blind spots or other constructs. Yet the goal, throughout treatment, would be to enhance the scope of the patient's freedom. In this way, we would avoid what has been so common in psychiatric practice – the enactment of the therapist's agenda in the patient's life.

Introducing the unpredictable and unique realm of transcendence would seem to hinder our scientific understanding of human beings, however. Does this mean that the fact of transcendence forever dooms psychiatry to being nonscientific? Some existentially oriented psychiatrists [15] have implied that the scientific enterprise in psychiatry is not worthwhile because of the uniqueness of individuals. Jaspers did not agree. Transcendence and science are not incompatible. Transcendence does not prevent researchers from proceeding reductionistically into biological investigations of human nature, or for that matter, pure psychological or social/cultural research – as long as one realizes the limits of these modes of empirical investigation, which takes us to Jaspers' view of scientific method.

Thesis III: Scientific Method – Pluralism

Jaspers' most important contribution to psychiatry may stem from this thesis, which is also derived from his clinical experience [3]:

Stagnation of scientific research and treatment was widely felt in German psychiatric hospitals ... In view of their own infinitesimal knowledge and skill, intelligent but intellectually sterile psychiatrists took refuge in skepticism and in the elegantly phrased hauteur of men of the world. In Nissl's (Jaspers' departmental chairman) hospital, too, therapy was unambitious. At bottom, we were therapeutically hopeless but kind ... All this I found when I came. Fascinated by each fact and method, I tried to absorb everything ... Often the same thing was said in other words, usually vague ones. Several schools had terminologies of their own. They seemed to be speaking different languages, and the divergencies extended to the jargon of each individual hospital ... At our regular staff meetings and demonstrations I sometimes felt we were constantly starting all over. One cause of this intellectual jumble seemed to me to lie in the nature of the case. For the subject matter of psychiatry was man, not just his body ... Our subject was also that of the Geisteswissenschaften. They had developed the same concepts, only far more subtly and distinctly. One day we were taking down utterances made in states of confusion or paranoid talk, and I told Nissl: 'We must learn from the philologists.' I started looking for what philosophy and psychology might have to offer us.

Jaspers was the first psychiatrist to clearly identify the need to be clear about one's methods. Given the fact of transcendence, multiple methods never exhaust the uniqueness of individuals; hence clarity about one's methods is essential. Though he never used the word 'pluralism', I will use it to characterize Jaspers' essential method, partly so as to contrast it with its opposite: the biopsychosocial model, which I believe is not pluralistic but rather eclectic in a negative way (see below).

Methodological pluralism consists of recognizing the strengths and limits of each method, and applying the ones that are best suited for specific circumstances (diseases, diagnoses, conditions). Jaspers makes these points eloquently in General Psychopathology (GP) [4] (all italics in the quoted text belong to Jaspers):

Reality is constantly seen through the spectacles of one theory or another. We have, therefore, to make a continual effort to *discount* the theoretical prejudices ever present in our minds and train ourselves to *pure appreciation of the facts*. We can only appreciate these latter in terms of category and method, and we have therefore to be fully aware of the presuppositions lying in every discovery according to the nature of its subject matter – 'theory lurks in every fact' (p. 17) ... The investigator, however, is more than a vessel into which knowledge can be poured. He is a living being and as such an indispensable instrument of his own research. The *presuppositions* without which his enquiry will remain sterile are contained within his own person. Clarification may free us from prejudice, but presuppositions are a necessary part of understanding. They appear as tentative ideas which we then take as experimental hypotheses ... Presuppositions provide guiding ideas, and form the mental life of those engaged in research; they need to be strengthened and cultivated and they should be acknowledged. They do not prove the correctness of an insight but are the source of any truth or relevance it attains. (p. 21)...*Prejudices (that are false)* are rigid, circumscribed presuppositions which are wrongly taken as absolutes ... *Presuppositions (that are true)* are rooted in the investigator himself and are the ground of his ability to see and understand. Once elucidated, they will be well and truly grasped (p. 21).

Jaspers emphasized that attention to methods was the key to progress in psychiatry [4]:

In psychiatric literature, there is much discussion of mere possibilities and a great deal of subjective and speculative comment that lacks the substance of authentic experience ... It is a pity to waste time on tortuous, meaningless argument or on imaginary models, however much they clamor for attention. If we are to apperceive essentials with certainty, our guide should be a clearly grasped methodology (p. 22). ... Every advance in factual knowledge means an advance in method (p. 23).

His most straightforward description of his methodological pluralism might be in the following description of his approach to GP [4]:

Conscious critique of methods in place of dogmatism: instead of forcing the subject-matter into a strait-jacket of systematic theory, I try to discriminate between the different research methods, points of view and various approaches, so as to bring them into clearer focus and show the diversity of psychopathological studies. No theory or viewpoint is ignored. I try to grasp each different view of the whole and give it place according to its significance and limitations ... (p. 41).

Classification according to methods: ... We obtain our facts only by using a particular method. Between fact and method no sharp line can be drawn. The one exists through the other. Therefore a classification *according to the method used* is also a *factual classification* of what is, as it is for us ... (p. 43).

Overlapping of chapters: ... In each chapter there is only one method that is paramount, and the reader's gaze is directed to all that it reveals ... but (each method) has some relation to other subject-matter which is duly comprehended by other methods ... (p. 47).

This pluralistic insight was lost on psychiatry until recently. The psychiatry of Jaspers' youth bore the strong stamp of Emil Kraepelin, the academic dean of German psychiatry. While prescient in his ability to observe and diagnose clinical syndromes, Kraepelin was pessimistic about the ability to cure those illnesses, particularly schizophrenia. After the Second World War, the American disciples of Sigmund Freud challenged this view and proposed that psychoanalytic psychotherapy could lead to clinical progress in the treatment of most psychiatric conditions, even schizophrenia. In the past two decades, the limits of this psychotherapeutic optimism have be-

come apparent, and mainstream psychiatry has returned to Kraepelin's view of schizophrenia, minus the pessimism regarding the ability to treat most other psychiatric conditions. Hence Kraepelinian nihilism was replaced by psychoanalytic optimism, which has in turn ceded way recently to a neo-kraepelinian agnosticism. This yo-yoing of ideologies has disturbed some psychiatrists, resulting in a recent rise in interest in Jaspers.

The Failures of the Biopsychosocial Model

The conceptual status quo in psychiatry today is the biopsychosocial model [2]. This model does not at all represent a pluralistic method, along the lines described by Jaspers above. Rather, as described by Havens [16], it represents an antitheoretical eclecticism, which has outlived its usefulness.

In the current biopsychosocial model, modern psychiatrists abjure all talk of theories and methods, thus denying them all. Or conversely, they take an 'anything goes' approach, whereby any theory can be justified. Unable to place the rise and decline of biological psychiatry and of psychoanalysis in context, some have given up altogether on the attempt to comprehensively understand human nature. Since unified dogmas fail, no doctrines are allowed. This is an explanatory nihilism as sterile as the earlier therapeutic nihilism that Jaspers found irksome. Hidden under the rubric of a 'biopsychosocial' approach to understanding human nature, this eclecticism takes no stands [17]. It does not pay attention to the methods of biological, psychological or social knowledge; it simply labels different theories under those concepts, appends them to each other, and does not attempt to weight their advantages or disadvantages critically. Therapeutically, it ends in the opposite of nihilism, a shooting from the hip of all types of treatments. Everyone gets medication and psychotherapy because everything is biological and psychosocial. But little work is done on specifying when and why medications work or do not work, when and why psychotherapy is effective or not, and when they might (or might not) work best together. Empirical research in psychiatry is beginning to ask these questions, but at the theoretical level, biopsychosocial eclecticism remains accepted doctrine, rather than the methodological pluralism proposed by Jaspers.

Such a critique may be seen as creation of a strawman out of the biopsychosocial model. Some might argue that Engel [18], in his formulation, did not have such an evolution in mind. Or others might support the utility of a variation of the biopsychosocial model in the understanding of some medical illnesses. Yet, none of these comments invalidate the reality of the degeneration of the biopsychosocial model, as it has been used in psychiatry in the past 2 decades.

A pluralistic solution can be found in Jaspers' work and in the work of those influenced by him. Leston Havens was among the first in academic psychiatry to seek a pluralistic renewal of psychiatric thinking. His book *Psychiatric Movements* [16] takes up the Jasperian theme of cutting through the clutter of dogmas by emphasizing the methods underlying theories rather than comparing innumerable theories. Havens, though not explicit in deriving his basic method from Jaspers, identified four basic schools of thought in psychiatry based on differing methods: the objective-descriptive approach to psychiatry, exemplified by Kraepelin and current advances in neuroscience and psychopharmacology; the existential approach, inaugurated by Jaspers himself and most directly advocated by Ludwig Binswanger; the psychoanalytic approach of Freud, and the social or interpersonal approach, led by Harry Stack Sullivan and others. A second theoretical work of note in modern psychiatry that bears a strong acknowledgedly Jasperian stamp is *The Perspectives of Psychiatry*, written by Johns Hopkins psychiatrists Paul McHugh and Philip Slavney [19]. In a recent foreword to a reissuing of GP, McHugh makes direct reference to his indebtedness to Jaspers' ideas [20]. McHugh and Slavney identify four perspectives in psychiatry: the life story method, the dimensional perspective, the concept of behaviors, and the disease approach. These also define different aspects of the existence of each psychiatric patient, based on their different methods, as Jaspers suggested. In my opinion, these two recent books by Havens [16] and by McHugh and Slavney [19] are superb theoretical works in current psychiatry and confirm the relevance of Jaspers' ideas.

The rediscovery of Karl Jaspers, I conclude, may help modern psychiatry drop its presumed ideological neutrality, which actually hides biopsychosocial eclecticism, and turn to principled methodological pluralism.

The Limitations of Karl Jaspers

The major contribution of Karl Jaspers to psychiatry in particular, I believe, is the concept of methodological pluralism. It is the key and core of Jaspers' work in GP. One could drop or change much of the details in that book, including his clinical concepts and his specific discussion of the two methods of psychiatry ('Erklären und Verstehen'), yet the concept of pluralism as essential to the science of psychiatry would still stand on its own.

The other contributions about recognizing the existential nature of human beings are also important, and underrecognized, and thus were highlighted in this paper. Yet, in psychiatry, Jaspers is better known for other aspects of his work.

To the extent that Jaspers has been known in psychiatry (as opposed to philosophy), he has been identified with the introduction of phenomenology, namely careful descriptive observation, as well as extensive attention to the subjective first-person experience of the patient in the identification of symptoms. This approach has led to certain clinical perspectives derived from Jaspers, such as the notion that delusions are primarily characterized by the inability of the psychiatrist to understand, or empathize, with them (the 'un-understandability' criterion). Another idea derived from a pupil of Jaspers, Kurt Schneider, was that schizophrenia could be definitively identified by the nature of auditory hallucinations and other subjective experiences (Schneiderian first-rank criteria). Both clinical views are likely wrong [21, 22], yet the limitations of these specific clinical perspectives do not invalidate the other concepts presented in this paper. Jasperian pluralism would argue that the excessive focus on patients' subjective experience among some Continental psychiatrists in the past was just as much an error as the current lack of attention to subjective experience in contemporary American psychiatry [23].

Jaspers also became known for his rejection of psychoanalytic orthodoxy, especially in the 1950s and 1960s. Yet, on the pluralistic thesis, psychoanalysis would have some utility in those areas where its methods are valid. Indeed, in the original 1913 edition of GP (before psychoanalysis became powerful and more dogmatic), Jaspers writes quite appreciatively of many aspects of Freud's work, while also recognizing its limits: 'Psychoanalysis has the merit of having intensified the observation of meaningful connections ... Psychoanalysis caused new and vigorous attention to be paid to the inner life-history of individuals' [4, pp. 360–361].

Another basic contribution identified with Jaspers is the distinction between causal explanation *(Erklären)* and meaningful understanding *(Verstehen)*, which Jaspers took from his mentor Max Weber [24]. While these were the two major methods that Jaspers thought applied to psychiatry, one could accept Jaspers' methodological pluralism without necessarily accepting the specific methods he described. As noted above, Havens, for instance, identifies four schools of psychiatry in a way that is different from Jaspers' two methods. It remains to be seen what specific methods best describe what we do in psychiatry. Yet it is notable that the work of modern authors like Havens and McHugh and Slavney overlaps a good deal with the two basic methods proposed by Jaspers.

Finally, a few words are in order regarding the proper appreciation of Jaspers. The two dogmas of psychiatry, biological reductionism and psychoanalytic orthodoxy, have their icons in Kraepelin and Freud, respectively. One can make a case, given the personal temperaments of both men, that they would not have disapproved of such adulation. Jaspers, on the other hand, should not be made into another idol, placed on the pedestal where Kraepelin and Freud had previously stood. Jaspers' own personality and his philosophy are radically opposed to such an outcome [5]. His philosophy is one of openness, incompleteness, limitations, transcendence, of 'being on the way', of becoming. His view of science and philosophy did not allow for closed formal systems of knowledge. Thus, it would be a disservice to Jaspers if, in the attempt to resuscitate his ideas, we deified him into an ideology.

Thus, the proper appreciation of Jaspers' contribution to psychiatry will require a realization that his work is not limited to those aspects of phenomenology for which he is most well known in psychiatry. Rather, I believe pluralism is his most important contribution to psychiatry.

Conclusions

Karl Jaspers' three theses are underappreciated aspects of who he was as a philosopher and psychiatrist. Jaspers' methodological pluralism, in particular, is his key contribution to psychiatric theory. His emphasis on the radical existential realities of limit situations and transcendence also provides key insights into existential psychotherapies, as well as into a better understanding of mental illness. Highlighting the unique combination in his thinking of scientific understanding and humanistic values, Jaspers' philosophical theses have the potential to impart scientific and humanistic strengths to the future evolution of psychiatry.

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