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Delusion: What Did Jaspers Really Say?

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> "Since time immemorial, delusion has been taken as the basic characteristic of madness. To be mad was to be deluded" (Jaspers, 1963, p. 93).

Thus does Jaspers open his account of *The Awareness of Reality and the Delusional Idea (Das Realitätsbewußtein und die Wahnideen)* (Jaspers, 1963, p. 93). This is similar to the overall title of this symposium, the clear implication being that Jaspers is absolutely central to any discussion of the nature of delusion. I begin with the nature of Jaspers' phenomenology.

Phenomenology as static understanding

Phenomenology is the study of subjective experience. It is one's empathic access or understanding (*Verstehen*) of the patient's experience. Understanding (*Verstehen*) is both a mundane term for the analysis of intentions, purposes and meanings in everyday social exchange and a technical term pointing to the Verstehen tradition in the human sciences (*Geisteswissenschaften*). One enters into the other person's experiences using the analogy of one's own experience. Jaspers distinguishes between static understanding (*statische Verstehen*) which "grasps particular psychic qualities and states as individually experienced" and genetic understanding (*genetische Verstehen*) which "grasps the emergence of one psychic event from another" (Jaspers, 1963, p. 307). Phenomenology is static understanding.

Phenomenology is one's recreation of the patient's experiences through "transferring into" (*Hineinversetzen*), "empathizing with" or literally "feeling into" (*Einfühlen*) or "living with" (*Miterleben*) the patient's experiences (Jaspers, 1968, p. 1313). In this way one arrives at an "actualization, representation or bringing to mind" (*Vergegenwärtigung*) of the patient's experience.

> "Phenomenology actualizes or represents the patient's inner subjective experiences (Die Phänomenologie vergegenwärtigt diese inneren subjektiven Erlebnisse der Kranken). . . . We can only make a representation (Vergegenwärtigung) of them through an act of empathy (Einfühlen) or understanding (Verstehen)" (Jaspers, 1963).

The concept of form and content

Following the theory of knowledge of the philosopher Immanuel Kant (1724–1804), Jaspers accepts that all experience or knowledge entails both an incoming sensation and an organising concept. The former is matter or content, the latter is form. The empiricists (Locke, Berkeley & Hume) emphasised incoming sensation exclusively; the rationalists (Descartes and Leibniz) emphasised the organising concept exclusively. Kant took a carefully considered middle course. All experience and knowledge entails the two stems of conceptual form and intuitive content. This will be crucial for Jaspers' concept of delusion. In Kant's words from his *Critique of Pure Reason* (1st edition 1781, 2nd edition 1787):

> "That in the appearance which corresponds to sensation I term its matter (or content) but that which so determines the manifold of appearance that it allows of being ordered in certain relations, I term the form of the appearance" (Kant, 1781, 1787).

This is the philosophical origin of the concept of form and content within Jaspers' psychopathology. The differing forms of psychopathological experience are the topic for phenomenology. In his early paper, *The Phenomenological Approach to Psychopathology* (1912, transl. 1968), Jaspers spells it out that "phenomenological definitions" relate to the "different forms of experience" (*Erlebnisformen*):

> "From its beginnings, psychiatry has had to concern itself with delimiting and naming these different forms of experience (Erlebnisformen); there could, of course, have been no advance at all without such phenomenological definitions" (Jaspers, 1968, p. 1319).

This is the crucial point that Jaspers is at pains to make – that phenomenology is primarily concerned with form and that content is largely irrelevant:

> "Phenomenology only makes known to us the different forms (Formen) in which all our experiences, all psychic reality, takes place; it does not teach us anything about the contents" (Jaspers, 1968, p. 1323).

Then, in *General Psychopathology*, Jaspers becomes more explicit about the concept of form. Form is the mode or the manner in which we experience content:

> "Perceptions, ideas, judgements, feelings, drives, self-awareness, are all forms of psychic phenomena; they denote the particular mode of existence (Daseinsweise) in which content is presented to us" (Jaspers, 1963, p. 58–59).

The same content can be presented in different forms. The two Kantian stems are thought of by

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Jaspers as subject and object. The subjective stem is the conceptual form imposed by the mind and the objective stem is the incoming content of intuition or sensation. As a content presenting in different forms, Jaspers gives the example of hypochondriasis:

> "In all psychic life there is subject and object. This objective element conceived in its widest sense we call psychic content and the mode (Art) in which the subject is presented with the object (be it a perception, a mental image or thought) we call the form. Thus, hypochondriacal contents, whether provided by voices, compulsive ideas, over-valued ideas or delusional ideas, remain identifiable as content" (Jaspers, 1963, p. 59).

The forms of belief

Jaspers distinguishes four forms of beliefs, i.e. four distinct modes or ways in which beliefs can be presented to consciousness. These are normal belief, overvalued idea, delusion-like idea and primary delusion. In the English literature, the delusion-like idea is usually known as the secondary delusion but Jaspers himself does not use this term. The English literature tends either to split these four forms into two pairs on the basis that normal belief and overvalued idea both occur in 'normal' psychic life while delusion-like idea and primary delusion always reflect an 'abnormal' mental state, or to split off the primary delusion on the grounds that the other three are understandable while the primary delusion is not. In the recent literature, both Cutting and Sims refer to the first distinction while only Sims notes the second (Cutting, 1985; Sims, 1988).

This first distinction emphasises whether the belief is delusional in nature or merely overvalued. Sims, in his book *Symptoms in the Mind*, appeals to Jaspers and gives the following criteria for delusion:

(a) They are held with unusual conviction
(b) They are not amenable to logic
(c) The absurdity or erroneousness of their content is manifest to other people. (Sims, 1988, p. 84)

Cutting, in his *The Psychology of Schizophrenia*, gives an almost identical definition, again with an appeal to Jaspers (Cutting, 1985, p. 314). These three features (extraordinary conviction and certainty, imperviousness or incorrigibility and impossible content) are the ones usually taken to distinguish delusion from other beliefs. Sims and Cutting are correct that Jaspers does say exactly that of delusions:

(a) They are held with an extraordinary conviction, with an incomparable subjective certainty
(b) There is an imperviousness to other experiences and to compelling counter-argument
(c) Their content is impossible (Jaspers, 1963, p. 95–96).

What Sims and Cutting miss is that Jaspers says that these are merely the 'external characteristics' (*äußere Merkmale*) of delusion. They are characteristic of delusion but they fail to account for the essential differences between delusion and other forms of belief. In fact, Jaspers dismisses these criteria in the first paragraph of his account:

> "To say simply that a delusion is a mistaken idea which is firmly held by the patient and which cannot be corrected gives only a superficial and incorrect answer to the problem" (Jaspers, 1963, p. 93).

It is easy to demonstrate the inadequacy of these criteria. Imagine John Major and Neil Kinnock in full flow at the despatch box of the House of Commons. Both hold views with an 'extraordinary conviction' and 'an incomparable subjective certainty'. Both show a very definite 'imperviousness to other experiences and to compelling counter-argument'. For each, the judgements of the other are 'false', and 'the content impossible'. Obviously, neither is deluded. Both are expounding views which are highly valued, or perhaps overvalued, but which fulfil the above 'external characteristics' of delusional belief. Sims' and Cutting's criteria must be deemed inadequate to distinguish delusions from other firmly held beliefs and the expression "held with delusion-like intensity" as an essential criterion for delusion is therefore a nonsense. Plenty of other beliefs besides delusions are "held with delusion-like intensity". Even the truth or falsehood of the content of a belief is inadequate to distinguish a delusion. Jaspers is quick to point out that the content of some delusions is true, e.g. in pathological jealousy, where the wife is having an affair but the patient is right for the wrong reasons and is therefore still deluded (Jaspers, 1963, p. 106).

With some awareness of the above problems, Sims adds the second distinction based on understanding (*Verstehen*). A delusion, unlike an overvalued idea, 'is not understandable' in terms of the patient's cultural and educational background although the secondary delusion (or delusion-like idea) is understandable with the addition of some other psychopathological event such as hallucination or abnormal mood (Sims, 1988, p. 85–86). The standard preoccupation remains whether any belief is delusional or merely overvalued.

Delusion-like or overvalued ideas

This standard view has difficulties with a wide variety of strange beliefs, some of which are examined below.

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Are they delusional or merely overvalued? On the above three 'external characteristics' plus understandability, they can certainly look very much like delusion-like ideas but the logical implication that this means a diagnosis of 'psychosis' is unacceptable and requires some very deft intellectual footwork to avoid.

Are not the disordered beliefs of body image in anorexia derived from (understandable in terms of) the fear of gaining weight and the preoccupation with food and, if so, why do we not consider them to be delusion-like rather than overvalued? Why do we not consider the catastrophe beliefs in severe obsessional states to be delusion-like? Catastrophe beliefs are closely linked to the underlying compulsions and such patients do often believe that a failure to carry out the ritual will result in some dreadful catastrophe.

Beck and his associates have described a range of abnormal cognitions consequent on depressive and anxiety states (Beck *et al*, 1979). We would regard many of these depressed patients as neurotic rather than psychotic depressives but nevertheless they have very compelling automatic thoughts and negative schemata of failure, hopelessness, and helplessness, clearly linked to (understandable in terms of) their mood disorders. This author recently had a patient with a chronic anxiety state who would practise relaxation exercises in front of his psychiatrist but who refused to practise them at home on the grounds that he may get so relaxed that his heart would stop. In the consulting room he was satisfied that the psychiatrist would restart the heart. (The idea that a psychiatrist could restart his heart may itself qualify as delusional!!) Can the beliefs of mis-caste gender in transsexualism be passed off glibly as overvalued – what personality trait makes the belief understandable? We accept Kretschmerian sensitive ideas of reference as delusion-like even though they are often based on (understandable in terms of) a sensitive or insecure personality and a key life event and therefore ought to be thought of as overvalued ideas.

Examples can also be found from outside psychopathology. Depersonalisation is the experience that the mind has become separated from the body but the experience is not accompanied by any belief in actual disembodiment. This is not, however, true of the phenomenologically identical out-of-body experience. 'New Age' thinkers do believe that the mind is out of the body. This leads to some tricky worries (see Lee Mitchell, 1981, who attempts to answer these worries). Given that the mind is the real 'me' temporarily incarnated in this body, how long is it safe for the mind to be outside the body without irreparable damage to the body? Can the mind be damaged as it passes through doors and walls without its protective body? Is it possible to go too far from the body and not be able to find the way back? Is there a possibility that some other mind will prefer my body to its own while 'I' am away thus preventing my re-entry? These possible beliefs derive understandably from the background of 'New Age' beliefs and the experience of depersonalisation. They must be a real worry to any 'New Ager'. Happily Lee Mitchell is able to be reassuring.

A further example can be found in pathological gambling. Although the experienced gambler knows that the casino game is rigged against him and that in the long term the house must win, he continues to believe in his own luck. Wagenaar (1988) found a web of illogical cognitions in compulsive gamblers. Many were magical in quality and some actually made it more likely that the gambler would lose. At blackjack, they believed that other players were influencing their fate. There is simply no way of knowing what the next card will be except to count the cards, a practice outlawed by casino rules. Some played two hands at once in a futile attempt to protect the second hand with the first. The seventh and final player tended to get the blame for losses. A card rejected by him will go to the dealer and may help the dealer to win. The seventh player has no way of knowing what that card will be but the other players believed he should.

At roulette, a game of chance entirely, players had a strong tendency to leave their chips on a winning number on the grounds that it was lucky. When they lost they tended to put their chips on numbers that have not yet won. Backing a number adjacent to, or arithmetically related to, the winner meant their luck was returning. Wagenaar points out that few numbers are not related either by proximity or by arithmetic so that the gambler can always 'delude' himself that his luck is rising and that a win is imminent. Some gamblers had an elaborate system, provoking the old telegram "System perfected, send more money". Many gamblers believed that chance and luck were not just abstract ideas but were causal forces which were open to manipulation. Roulette is the closest thing to random numbers outside a computer but many of Wagenaar's gamblers had developed beliefs which were magical in nature, defied the laws of mathematics and, in some cases, were actually helping them to lose. These magical beliefs are derived from (are understandable in terms of) the compulsion, the arousal and the excitement of pathological gambling.

It is not my intention to suggest that all, or perhaps even any, of these unusual beliefs are delusion-like. I have three aims. The first is to propose that ideas both inside and outside psychopathology have at

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least a *prima facie* case to be considered delusion-like (they fulfil the three 'external characteristics' and they are understandable in terms of unusual, if not psychopathological, experiences). The second aim is to suggest that an intellectual sleight of hand is often in operation in the distinction of overvalued and delusion-like. If we intend to make a 'psychotic' diagnosis, then the belief is delusion-like; if we intend to make a 'non-psychotic' diagnosis, then the belief is overvalued. The phenomenology is moulded to fit. The third aim is to suggest, with Jaspers, that, as both an overvalued idea and a delusion-like idea are understandable (the overvalued idea in terms of the personality and life experiences and the delusion-like idea in terms of the same plus some other psychopathological event) there is little to be gained by their distinction. Jaspers solves this problem neatly by shifting the whole emphasis. For him, the important distinction is not between overvalued idea and delusion-like idea but rather between delusion-like idea and primary delusion.

Jaspers' terminology has importance for his account. Only the primary delusion is a 'delusional idea proper' (*echte Wahnideen*) for him and the delusion-like idea *(wahnhafte Ideen*) is, as its name suggests, not a true delusion but merely delusion-like. Jaspers, therefore, makes no real distinction between the overvalued idea and the delusion-like idea. There are several occasions when he simply equates the two. For example in Jaspers (1963):

> "Exhaustion may help to develop a long-prepared delusion of reference (an over-valued idea)" (p. 466).
> "Melancholia . . . In this state the over-valued or compulsive depressive ideas become delusion-like" (p. 598).
> "Mood-states, wishes and drives give rise to delusion-like ideas (over-valued ideas) which arise in more or less understandable fashion from them" (p. 599).

The essential characteristics of delusion

Jaspers' solution to the problem of delusion is as follows:

> "If we want to get behind these mere external characteristics (äußerlichen Merkmale) of delusion into the psychological nature of delusion, we must distinguish the original experience (ursprünglichen *Erlebnissen*) from the *judgement* (*Urteilen*) based on it, i.e. the delusional contents as presented data from the fixed judgement which is then merely reproduced, disputed, dissimulated as occasion demands" (Jaspers, 1963, p. 96).

The essential criterion distinguishing the different forms of belief lies not in their conviction and certainty, not in their incorrigibility and not in their impossible content but in their origins (*Ursprung*) within the patient's experience. Jaspers goes on:

> "We can then distinguish two large groups of delusion according to their origin (*Ursprung*): one group *emerges understandably* (*verständlich hervorgegangen*) from preceding affects, from shattering, mortifying, guilt provoking or other experiences, from false-perception or from the experience of derealisation in states of altered consciousness etc. The other group is for us psychologically irreducible; phenomenologically it is something final. We give the term *delusion-like* (*wahnhafte Ideen*) to the first group; the latter we term *delusions proper* (*echte Wahnideen*)" (Jaspers, 1963, p. 96).

Thus, the essential distinguishing factor within the four forms of belief is the concept of understanding (*Verstehen*). One can understand the evolution or development of the normal belief and the overvalued idea from the personality and its life events. One can understand the delusion-like idea from personality, life events and from some other psychopathological experience but the primary delusion is something new, irreducible and non-understandable (*unverständlich*). The primary delusion is of paramount importance for Jaspers. Including the above distinction of a lack of understandability, the primary delusion differs in three ways from the other three forms of belief:

(a) the primary delusion is unmediated by thought (*unmittelbar*).
(b) the primary delusion is ununderstandable (*unverständlich*).
(c) the primary delusion implies a change in 'the totality of understandable connections' (*das Ganze der verständlichen Zusammenhänge*) which is personality.

Primary delusion as an *unmittelbar* phenomenon

Cutting across the whole of phenomenology is the distinction between 'direct' or 'immediate' (*unmittelbar*; literally 'unmediated') experiences and experiences which are the result of reflection or thought and which are 'indirect' (*gedanklich vermitteltes*: literally 'mediated by thought'). This distinction of phenomena which are 'unmediated' and those which are 'mediated by thought' 'overlaps' (*übergrieft*) all other divisions (Jaspers, 1963). Jaspers does try to clarify what he has in mind by this distinction. Immediate, direct or unmediated (*unmittelbar*) experiences he describes as experiences which are 'elementary' (*elementare*) and 'irreducible' (*letzte*). In contrast, experiences which are mediated by thought (*gedanklich vermitteltes*) he describes as "developed, evolved, based on thinking and working through" (Entwickeltes, Gewordenes, auf Gedanken und Hineinsteigern Beruhendes); that is they are the product of reflection (Jaspers, 1963, p. 132). The distinction is crucial:

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"We have to distinguish between immediate certainty of reality (*unmittelbaren Realitätsgewißheit*) and reality-judgement (*Realitätsurteil*). . . . Reality-judgement is the result of a thoughtful digestion of direct (*unmittelbaren*) experiences" (Jaspers, 1963, pp. 94–95).

The primary delusion is a direct, unmediated (*unmittelbar*) phenomenon; the delusion-like idea is reflective or mediated by thought (*gedanklich vermitteltes*):

"The primary delusional experience (*Wahnerlebnis*) is the *direct*, *unmediated* (*unmittelbar*), intrusive knowledge of meaning . . . not considered interpretations but meaning *directly* (*unmittelbar*) experienced" (Jaspers, 1963, pp. 99–100).

On the other hand:

"Delusion-like ideas . . . emerge understandably (*verständlich*) from other psychic events and can be traced back psychologically to certain affects, drives, desires and fears" (Jaspers, 1963, pp. 106–107).

Jaspers gives some further examples of the distinction (Table 1).

The primary delusion is a direct, immediate or unmediated (*unmittelbar*) phenomenon while the other three forms of belief are all mediated by thought (*gedanklich vermitteltes*). That is, normal beliefs, overvalued ideas and delusion-like ideas are all reflective, considered interpretations. In fact, the primary delusion is essentially not a belief or judgement (*Urteil*) at all but rather an experience (*Erlebnis*). Jaspers writes exactly that "Phenomenologically it is an experience (*Erleben*)". The German is primäre *Wahnerlebnis* – primary delusional *experience*.

Table 1
Jaspers' distinction between unmediated or direct and mediated or reflective phenomena

Unmediated, direct (*unmittelbar*) experience	Thought-mediated (*gedanklich vermitteltes*) experience
delusional idea proper	ordinary mistake
concrete awareness (*leibhaftige Bewußtsein*: the sense of presence)	the 'as-if' experience
true hallucination	a fantastic image projecting itself illusively in space
a melancholic state	neurotic depression as a result of an unpleasant event
the experience of one's own double	the feeling as if there are "two psyches in my breast" (Hoenig & Hamilton give "the feeling of a divided self")
an instinctual drive	a simple wish
the urge to move	understandable motor discharge of feelings

Primary delusion is the experience of delusional meaning. The experience of meaning (*Bedeutung*) is implicit in all perception and it is the distortion of this implicit meaning which is the primary delusional experience. Jaspers begins with examples from mundane perceptions:

"All thinking is thinking about meanings (*Bedeutungen*) . . . . Perceptions are never mechanical responses to sense-stimuli; there is always at the same time a perception of meaning (*Wahrnehmung einer Bedeutung*). A house is there for people to inhabit. . . . If I see a knife, I see directly, immediately (*unmittelbar*) a tool for cutting. . . . We may not be explicitly conscious of the meanings we make when we perceive but nevertheless they are always present." (Jaspers, 1963, p. 99; Hoenig & Hamilton omit the 'unmittelbar' from their translation).

Jaspers goes on:

"Now, the primary delusional experience is analogous to this seeing of meanings (*Sehen von Bedeutungen*). The awareness of meaning undergoes a radical transformation. The direct or immediate (*unmittelbar*), intrusive knowledge of meaning is the primary delusional experience. . . . These are not considered interpretations but direct (*unmittelbar*) experiences of meaning while perception itself remains normal and unchanged. . . . All primary delusional experience is an experience of meanings (*Da alles primäre Wahnerleben ein Erleben von Bedeutungen ist.*)" (Jaspers, 1963, pp. 99, 100, 103).

The meaning 'for people to inhabit' is implicit in the perception of a 'house'. The meaning 'for cutting' is implicit in the perception of a 'tool'. In exactly the same way, the delusional meaning is implicit in the primary delusional experience. Examples of primary delusions will help clarify Jaspers' meaning:

"Suddenly things seem to mean something quite different. The patient sees people in uniform in the street; they are Spanish soldiers. There are other uniforms; they are Turkish soliders. . . . Then a man in a brown jacket is seen a few steps away. He is the dead Archduke who has resurrected. Two people in raincoats are Schiller and Goethe . . . [and from another patient]: In the morning I ran away; as I went across the square the clock was suddenly upside down; it had stopped upside down. I thought it was working on the other side; just then I thought the world was going to end; on the last day everything stops; then I saw a lot of soliders on the street; when I came close, one moved away; ah, I thought, they are going to make a report; they know when you are a "wanted" person; they kept looking at me; I really thought the world was turning round me. In the afternoon the sun did not seem to be shining when my thoughts were bad but came back when they were good. Then I thought cars were going the wrong way; when a car passed me I did not hear it. I thought there must be rubber underneath; large lorries did not rattle along

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anymore; as soon as a car approached, I seemed to send out something that brought it to a halt. . . . I referred everything to myself as if it were made for me . . . people did not look at me, as though they wanted to say I was altogether too awful to look at" (Jaspers, 1963, pp. 99, 101–102).

For Jaspers, these two patients, and especially the second, are facing a shower of new primary delusional meanings.

All primary delusions are 'two-stage' phenomena

The primary delusional experience is a distortion of the meaning implicit in all perception. The experience of such distorted meaning can be implicit in the 'sensory material' (*sinnliche Material*) in whatever form or mode the latter is presented to consciousness so that "we can speak of delusional perception, delusional ideas, delusional memories, delusional awarenesses etc" (Jaspers, 1963, p. 99). Each form or mode of presentation can be accompanied by an implicit delusional meaning. Thus, the primary delusional experience is always a two stage phenomenon for Jaspers; firstly, the 'sensory material' and secondly, the immediate, implicit meaning. This two-stage experience of delusional meaning is a repeat of the Kantian two-stem theory of knowledge of content and form. The 'sensory material' is the incoming content, and the immediate, implicit meaning is the imposed conceptual form. The primary delusional experience, therefore, is a distortion of the unmediated (*unmittelbar*) experience of meaning implicit in any perception. Jaspers is committed to a Kantian theory of knowledge and hence all primary delusional experience must be a two-stage phenomenon – incoming content and distorted conceptual form.

In Schneiderian terms, some of the above primary delusions are delusional perceptions (e.g. "a man in a brown jacket . . . he is the dead Archduke") while others are sudden delusional ideas (e.g. "I thought the world was going to end" or "I really thought the world was turning round me"). Jaspers stressed that "these are not considered interpretations (*urteilsmäßige Deutungen*) but rather direct experiences of meaning (*die Bedeutung unmittelbar Deutungen*) while perception itself remains normal and unchanged" (Jaspers, 1963, p. 100). "Die Bedeutung unmittelbar erlebt" is literally "meaning directly experienced". This phrase gives the essence of the primary delusional experience exactly; in Jaspers' examples the patient sees people in uniform – they are Spanish soliders; other uniforms – they are Turkish soliders; a man in a brown jacket – he is the dead Archduke; two people in raincoats – they are Schiller and Goethe; the overall situation – I thought the world was going to end, or I really thought the world was turning round me. Each new belief is a direct, unmediated (*unmittelbar*) experience of distorted meaning, of "meaning directly experienced", and not a reflective or considered judgement.

Kurt Schneider considered that the primary delusional perception is a two-stage phenomenon of a normal perception followed by the delusional meaning (e.g. Schneider, 1959). Other primary delusions such as delusional atmosphere or the sudden delusional idea are one-stage only. For Jaspers, as a good Kantian, all primary delusion must be two-stage. As a result, Schneider's distinction of the two-stage primary delusional perception which is of 'first rank' significance for the diagnosis of schizophrenia from other one-stage primary delusions which are not, is not possible for Jaspers. Jaspers' view is not without its problems. He instances the mystic Immanuel Swedenborg whom Jaspers considered schizophrenic. Swedenborg "has the notion that a fire has broken out in a far-away town". To preserve his two-stage theory of primary delusional experience Jaspers has to lamely postulate that "this surely happens only through the meaning he draws from inner visions that crowd in on him with the character of reality" (Jaspers, 1963, p. 103).

Jaspers (1963) classifies primary delusions as follows:

Delusional Atmosphere (*Wahnstimmung*)
Delusional Perceptions (*Wahnwahrnehmungen*)
Delusional Ideas (*Wahnvorstellungen*)
Delusional Awarenesses (*Wahnbewußtheiten*)
(pp. 98–104)

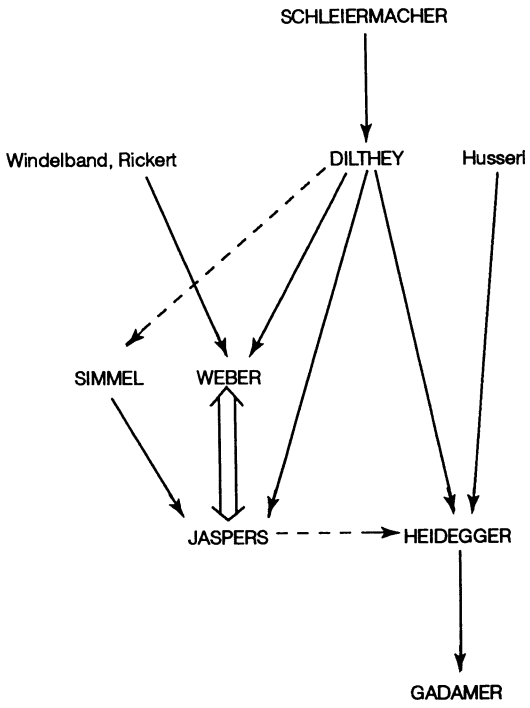
This is not, however, an exhaustive classification. Any form or mode of presentation to consciousness can become a primary delusion with the addition of an implicit, *unmittelbar* delusional meaning. Jaspers (1963) spells this out:

> "There is no kind of experience with a known object which we could not link with the word 'delusion' provided that at the level of meaning, awareness of meaning has become this experience of primary delusion" (p. 99).

Primary delusion is ununderstandable (*unverstandlich*)

At the time Jaspers was writing the first edition of *General Psychopathology* (1913), a fierce controversy was under way concerning the methods and scientific status of the human sciences (*Geisteswissenschaften*).

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Note: The authors in small-case letters were influential in, but cannot be described as part of, the Verstehen tradition.

Fig. 1 The Verstehen tradition.

Jaspers was part of a loose group of scholars who thought that the human sciences employed a different technique to that of the natural sciences. This technique relied on an understanding (*Verstehen*) of the other person's intentions, meanings and experiences. The major personalities are given in Fig. 1 above.

One important function for *General Psychopathology* was "to link psychiatric reality with the human scientific tradition (*geisteswissenschaftliche Uberlieferung*)" from which it had become separated (Jaspers, 1963, p. 302. Hoenig & Hamilton translate this as 'the traditional humanities' thus missing the reference to the Verstehen tradition of the *Geisteswissenschaften*). The most important source for Jaspers was his close friend and mentor, Max Weber. Weber's sociology was an understanding sociology (*verstehende Sociologie*) from which Jaspers very largely drew his own understanding psychology (*verstehende Psychologie*).

> "Sociology is a science concerning itself with the interpretive understanding (*deutend verstehen*) of social action and thereby with a causal explanation (*ursächlich erklären*) of its course and consequences" (Weber, 1920, p. 4).

Jaspers acknowledges Weber's contribution to the Verstehen debate and Weber, in turn, acknowledged Jaspers. Understanding (*Verstehen*) is my empathic access to the other person's subjective experience using the analogy of my own experience.

Jaspers distinguishes different levels or groups of the phenomenological understanding of subjective experience. The first group are those "phenomena known to us all from our own experience". The empathic recreation of these experiences is familiar and problem-free. For the forms of belief, normal belief and some overvalued ideas would fit into this group. The second group are the "phenomena which are to be understood as exaggerations, diminutions or combinations of phenomena which we ourselves experience". Some overvalued ideas and delusion-like ideas would fit into this group. The third group of phenomena are marked out "by their complete inaccessibility to any understanding representation (*verstehendes Vergegenwärtigen*)". They are ununderstandable (*unverständlich*). They have no precedent in my own experience. This is the group of the primary delusion (Jaspers, 1968, p. 1318).

The primary delusion is ununderstandable (*unverständlich*) while the other three forms of belief, normal belief, overvalued idea, and delusion-like idea are all understandable (*verständlich*). These last three forms of belief all evolve or develop understandably from previous experience, although in different ways. The primary delusion is radically different. Its evolution or development cannot be understandably traced; it is ununderstandable (*unverständlich*). The incorrigibility or unshakeability of the belief is closely related to its understandability.

(a) The Normal Belief is understandable because of its origins in the personality's shared beliefs and meanings; it is incorrigible because of the social cohesion and shared values of the group.
(b) The Overvalued Idea is understandable because of its origins in the strong affect of the particular personality and its situation; it is incorrigible because, although often idiosyncratic and false, it has the force of a highly charged and compelling insight.
(c) The Delusion-like Idea is understandable because of its origins in other psychopathological experiences (e.g. hallucination, morbid affects, fears, primary delusion, etc.) for the particular personality and its situation; it is incorrigible for the same reason as (b).

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(d) The Primary Delusion is not understandable. Its origins are in the primary delusional experience (*primäre Wahnerlebnis*), the direct, unmediated (*unmittelbar*) experience of new meaning. For this reason, the primary delusion is not understandable in terms of the personality and its situation or life events, and not understandable in terms of other psychopathological experiences. It is incorrigible because it entails a change in the totality of understandable connections which is personality.

Primary delusion implies a change in personality

The final difference between the primary delusion and the other forms of belief is that the primary delusion entails a change in personality. For Jaspers, personality is "the totality of understandable connections" (*das Ganze der verständlichen Zusammenhänge*). Jaspers' view of personality is broader than the views with which we are more familiar. Personality is the totality of meanings with which I construe the world, so that any intrusion of new meaning will distort this totality:

> "Personality is the term we give to the individually differing and characteristic totality of understandable connections in any one psychic life" (Jaspers, 1963, p. 428).

We have seen that the primary delusion is an experience (*Erlebnis*) which is (1) direct and unmediated by thought (*unmittelbar*) and (2) ununderstandable (*unverständlich*) either from within the totality of understandable connections which is personality (in which case it would be a normal belief or an overvalued idea) or from some other psychopathological experience (in which case it would be a delusion-like idea). The primary delusion is just such a new meaning which intrudes into and distorts existing understandable connections. It becomes a central new meaning to which pre-existing meanings must reaccommodate themselves, thus entailing a change in personality. In Jaspers' examples quoted above, people in the street are in uniform, they are Spanish and Turkish soldiers; other people are not who they at first seem, they are the dead Archduke, Schiller and Goethe. These are the central new meanings which distort existing understandable connections. They change the patient's way of looking at the world, which, for Jaspers, is the personality change. The other forms of belief arise from within existing understandable connections and therefore do not entail any such personality change. Jaspers makes these points himself to distinguish his four forms of belief:

> "Over-valued ideas are what we term those convictions that are strongly toned by affect which is understandable in terms of the personality and its situation. Because of this strong affect the personality identifies itself with ideas which are wrongly taken to be true. . . . They are isolated notions that develop understandably out of a given personality and situation" (Jaspers, 1963, p. 107).

> "The term delusion-like ideas is reserved by us for those so-called 'delusions' that emerge understandably from other psychic events and can be traced back psychologically to certain affects, drives, desires and fears. We have no need to invoke some personality change" (Jaspers, 1963, pp. 106–107).

> "Delusion proper is incorrigible because of an alteration in the personality . . . the criteria for delusion proper lie in the primary delusional experience (*primären Wahnerlebnis*) and in the change of the personality (*Umwandlung der Personlichkeit*). . . . The term true delusional idea (*echte Wahnideen*) should properly only be given to those delusional ideas which go back to primary pathological experiences as their source, and which demand for their explanation a change in the personality" (Jaspers, 1963, pp.105–107).

In contrast to the primary delusion which is the direct and unmediated (*unmittelbar*) perception of meaning, the delusion-like idea is the product of thoughtful deliberation; i.e. it is mediated by thought (*gedanklich vermitteltes*). The delusion-like idea is also understandable in terms of previous psychopathological experiences. The new delusion-like belief fits into, and is a development of, already existing beliefs. Such already existing beliefs are the totality of understandable connections which, for Jaspers, is personality. Unlike the primary delusion, the new delusion-like idea does not entail any personality change, i.e. any distortion of the present totality of understandable connections.

The delusional work (*Wahnarbeit*)

The patient who, as a result of primary delusion, auditory hallucinations or thought insertion, comes to the conclusion that he is the victim of some kind of electronic assault is suffering from a delusion-like idea. Such a delusion-like idea is a considered and understandable (*verständlich*) development from the primary experiences of primary delusion, auditory hallucination and 'made' or passivity phenomena. The primary delusion is the 'true delusional idea' (*echte Wahnideen*) while the delusion-like idea is only a 'so-called' delusion (Jaspers, 1963, p. 106). The delusion-like idea, for Jaspers, is exactly that, merely 'delusion-like' and not delusion proper. An elaborate system of delusion-like ideas may be the result of such deliberation:

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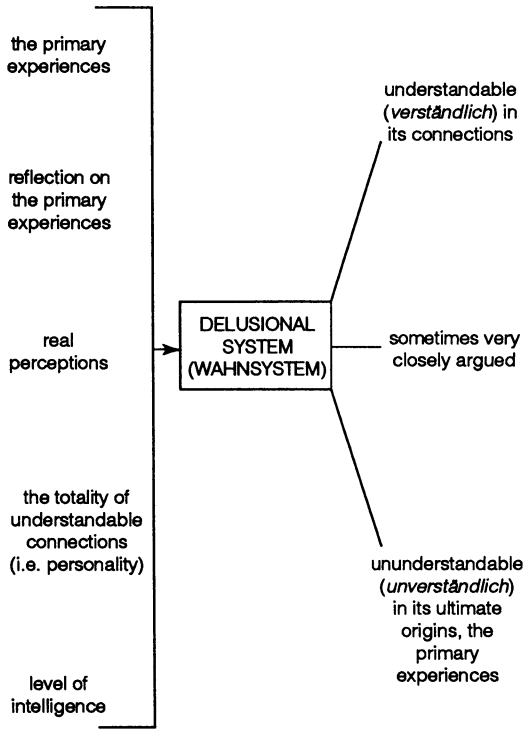


Fig. 2 Jaspers' delusional system.

> "Here the thought works over the delusion on the basis of the primary experiences, trying to link them harmoniously with real perceptions and the patient's actual knowledge. To do this sometimes calls for the full strength of an intelligent personality. In this way a delusional system is constructed which in its own context in understandable (*verständlich*), sometimes extremely closely argued and ununderstandable (*unverständlich*) only in its ultimate origins, the primary experience (Jaspers, 1963, p. 106).

Jaspers refers to such a careful elaboration of a delusional system as the 'delusional work' (*Wahnarbeit*) (Fig. 2).

Conclusion: The place of the primary delusion

The present tendency is to assume that all delusions are delusion-like or secondary unless they fulfil the criteria of Schneider's two-stage primary delusional perception. For example, the Present State Examination (PSE) defines primary delusion as the (Schneiderian) primary delusional perception. The emphasis here is on the fact that the delusion occurs 'suddenly' with a precise description of 'the moment the delusion occurred' (Wing *et al*, 1974, p. 172–173). This is probably an unknowing parody of Jaspers' use of immediate (*unmittelbar*). For Jaspers, *unmittelbar* is immediate in the sense of direct and not mediated by thinking rather than immediate in the sense of happening suddenly. In the PSE, delusional mood or atmosphere is classified separately and the Schneiderian primary delusional idea is not classifiable at all. Such a restrictive view of primary delusion is not at all Jaspers' meaning. Re-reading Jaspers' examples quoted will illustrate this.

Most of the primary delusions of Jaspers' examples would be considered delusion-like ideas or secondary delusions because they clearly do not fulfil the PSE criteria of primary delusion. Further inquiries about what phenomena they are understandable in terms of, or secondary to, (the criterion for a delusion-like idea or secondary delusion) are usually left unanswered. For Jaspers, however, they are all primary delusions because (a) they are direct experiences of new meaning, (b) have no precedent in the patient's previous experience or personality (i.e. they are not understandable), and (c) they produce a radically new view of seeing the world (i.e. a change in the totality of understandable connections which is personality). Their 'sudden' origin is of no consequence. In contrast, the delusion-like idea is a considered judgement whose understandable origins in other experience and in previous personality are clearly demonstrable.

For Jaspers, any direct (*unmittelbar*) new meaning is a primary delusion unless it can be shown to be an understandable and considered judgement which fits into the existing structure of meanings that is personality. The result is that many more beliefs are primary delusions and the crucial distinction is between normal belief, overvalued idea and delusion-like idea which are understandable (*verständlich*) and the primary delusion which is not understandable (*unverständlich*). It is the implicit new delusional meaning that is ununderstandable and which distorts the totality of understandable connections which is personality. The emphasis is undoubtedly on the concept of understanding (*Verstehen*). This achieves one of the central aims of Jaspers' psychopathology which was to link psychiatry with the understanding tradition of the human sciences (*Geisteswissenschaften*) from which he thought it had grown apart. For Jaspers, this tradition was the early philosophy of Wilhelm Dilthey, the social theory of Georg Simmel and, most importantly, the *verstehende Sociologie* of Max Weber.

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