

Scientific Contribution

Paul Ricoeur and the Integration of Clinical Methods: Better Understanding of the Illness Experience by a More Thorough Explanation of the Disease

Toshiki NISHIMURA

Medical Corporation Platanus, Yōga Urban Clinic

E-mail: bnpyx556@ybb.ne.jp

Abstract: The purpose of medicine is to heal a suffering patient not only by treating a specific disease, but also by addressing the illness experience as a whole. Therefore, integrating clinical methods in the human and natural sciences is crucial. I argue that Paul Ricoeur's theory of interpretation offers a useful way to assimilate multidisciplinary methodologies in medicine.

In the work of Wilhelm Dilthey, explanation finds its paradigmatic field of application in the natural sciences, whereas understanding finds its unique field in the human sciences. I first clarify Karl Jaspers' application of Dilthey's theory to psychiatry in his famous book *General Psychopathology*, which concludes that a number of psychotic symptoms are fundamentally un-understandable.

Second, I trace Ricoeur's use of the dialectical structure of understanding and explanation to broaden the interpretative field of application beyond the text to include history, action, and neuroscience with the aphoristic formula: to explain more in order to understand better.

I conclude my paper by asking how the integration of multidisciplinary methodologies in medicine should be practiced by physicians in healing suffering patients. I suggest that we should consider the incorporation of clinical methods as the dialectic process of better understanding the illness experience by means of more thorough explanation of the disease.

Keywords: illness experience, disease, understanding, explanation, Paul Ricoeur

Introduction

The purpose of medicine is to heal a suffering patient through both the treatment of disease and the management of the illness experience as a whole¹. Disease refers to abnormalities in the structure and function of bodily organs and systems. Diseases are assumed to be universal in their forms, progress, and content². In the diagnosis and treatment of disease, the natural sciences such as biomedical sciences and epidemiology are applied. However, the

illness experience is a personal, interpersonal, and cultural reaction to disease or discomfort. The illness experience is culturally shaped and differs with the life history of each person³. In approaching the illness experience, the human sciences such as psychology, sociology, anthropology, literary theory, and narrative-based medicine are employed.

In addition to the dichotomy of disease and illness experience, more pluralistic frameworks of comprehension in clinical medicine such as a trichotomy as seen in the biopsychosocial model⁴ and the four-element model in clinical ethics consisting of medical indications, patient preferences, quality of life and contextual features⁵ have been advocated since the 1970s.

Unfortunately, at present, the health care system, including medical education, is principally concerned with a narrow, disease-centered practice paradigm. Philosophically, positivism emphasizing the unity of method, a mathematical notion of science, and the importance of general explanatory laws seems to predominate.

One reason for this predominance of positivism is probably because various insights that have been captured in their multiplicity are presented in isolation and not comprehended in an interrelated manner to form a holistic portrait of a particular patient. Additionally, the predominance could be because what is described as being “soft” in clinical practice—insights from human science—are therefore undervalued and separated from what is described as being “hard”—insights from natural science—which are overvalued for being scientific, with the latter being heavily emphasized. In place of the positivistic emphasis, a solid philosophical foundation that integrates clinical methods in the human social and natural sciences must be constructed.

In this paper, I argue that Paul Ricoeur’s interpretation theory, which is based on the dynamic relationship between understanding (the *Verstehen* of the German hermeneutical tradition) and explanation (the *Erklären* of that same tradition), offers a useful way to integrate multidisciplinary methodologies in medicine.

1. Dilthey’s Interpretation Theory

Wilhelm Dilthey attempts to incorporate the regional problem of interpreting texts into the broader field of historical knowledge. In Dilthey’s epoch, history became a science of the first order. From then on, the text interpreted is reality and its connectedness (*Zusammenhang*). The second fundamental cultural fact is represented by the rise of positivism as a philosophy. In response to positivism, Dilthey seeks to endow the human sciences with a methodology and an epistemology that would be as respectable as those of the natural sciences.

Beginning with the most universal concepts of general methodology and by testing them in relation to their own objects, the human sciences must arrive at more determinate

procedures and principles appropriate to their domain, just as the natural sciences have done⁶.

In the work of Dilthey, explanation finds its paradigmatic field of application in the natural sciences. The appropriate correlate of explanation is nature, understood as a common horizon of facts, laws, theories, hypotheses, verifications, and deductions. However, understanding finds its unique field in the human sciences. Empathy for the psychic lives of others is the principle mode of understanding of these disciplines.

In *Ideas for a Descriptive and Analytic Psychology* (1894), Dilthey notes his theory with the aphoristic formula: *Nature we explain, but psychic life we understand*. Dilthey states the following:

The human sciences are distinguished from the natural sciences first of all in that the latter have for their object facts that are presented to consciousness as from outside—as phenomena and given in solution—while the objects of the former are given *originaliter* from within as real and as a living continuum or nexus. As a consequence, there exists a system of nature for the physical and natural sciences only through inferential conclusions that supplement the data of experience by means of a combination of hypotheses. In the human sciences, by contrast, the continuum or nexus of psychic life is an original or basic given. *Nature we explain, but psychic life we understand*⁷.

In Dilthey's hermeneutics, the dichotomy between understanding and explanation opposes two methodologies and two spheres of reality, nature, and mind. Dilthey searches for the distinctive feature of understanding in the sphere of psychology. He writes, "In the study of nature, all connectedness is obtained by means of the formation of hypotheses; in psychology it is precisely the connectedness that is originally and continually given in lived experience: life presents itself everywhere only as a continuum or nexus."⁸

Every human science presupposes the primordial capacity to transpose oneself into the mental life of others.

2. Karl Jaspers: *General Psychopathology*

In his book *General Psychopathology* (1913), Karl Jaspers applies Dilthey's theory to psychiatry. Jaspers argues that psychiatry has two distinct ways of knowing about mental illness. An explanation is shared with the natural sciences and seeks to establish causal relationships with objective empirical methods. In comparison, understanding is unique to the human sciences and reflects the subjective, empathic appreciation of the experiences of others. As Jaspers states,

We only try to grasp one kind of connection in the natural sciences, that is causal connection. By the observation of events, by experiment and the collection of numerous examples, we

attempt to formulate *rules*. At a higher level, we establish *laws* and in physics and chemistry we have to a certain extent reached the ideal, which is the expression of causal laws in mathematical equations⁹.

In the natural sciences, we find *only* causal connections, but in psychology our quest for knowledge is satisfied with the comprehension of quite a different sort of connection. Psychic events “emerge” out of each other in a way we understand. The way in which such an emergence occurs is understood by us, as *our understanding is genetic*¹⁰.

In an earlier essay, Jaspers summarizes the difference between these two ways of knowing: *We understand an action from motives; we explain a movement causally by nerve stimulation*¹¹.

Jaspers’s insights into existential philosophy that were expressed in his three-volume work, *Orientation in the World, Existential Elucidation, and Metaphysics* (1932), are found in his works from *General Psychopathology, 4th edition* (1946) and thereafter.

In *Orientation in the World*, “positivism” refers to a worldview in which what is understood through empirical science and interpreted in reference to natural science is seen as the same as existence¹². On the other hand, “idealism” refers to a worldview in which the human spirit explored by human science in an interpretive manner is equated with existence¹³. Jaspers argues that worldviews like these considering the world as subjectively and objectively closed are one-dimensional, and the right way to relate to the world is to assume attitudes that are open to non-subjective and non-objective existence and the transcendent¹⁴.

In *Existential Elucidation*, possible existence becomes real when existence is mediated by boundary situations such as death, suffering, struggle, and guilt. Jaspers states that

The meaningful way for us to react to boundary situations is therefore not by planning and calculating to overcome them but by the very different activity of *becoming the Existence we potentially are*; we become ourselves by entering with open eyes into the boundary situations. To experience boundary situations is the same as Existence¹⁵.

Jaspers describes suffering below, while also mentioning disease and illness:

There are the physical pains I have to bear over and over; the diseases which not only threaten my life but reduce me, living, to a level below my humanity ... There is the approach of mental illness, the awareness of it, the all but unimaginable state in which, without dying, I lose my own self ... There is destruction by the power of others. There are consequences of dependence in all forms of slavery. Suffering is a restriction of existence, a partial destruction; behind all suffering looms the specter of death¹⁶.

Having arrived at this insight, Jaspers argues that illness can have a positive meaning in life by referencing Viktor von Weizsäcker in *General Psychopathology, 4th edition*:

v. Weizsäcker hints at the paradox of human illness when he says that ‘severe illness often

means the revision of an entire life-epoch' and thus in another context illness may have a 'curative, creative' significance¹⁷.

He then proposes "elucidation" as a method for such existence:

As Existence results from the real act of breaking through mundane existence, existential elucidation is the thinking ascertainment of that act¹⁸.

In the elucidation of Existence, I evaluate its relation to its universal in which it appears to itself. I derive my thinking from what elucidates Existence, and at the same time, I help to create this source of light by the possibility of self-understanding¹⁹.

Further, in *General Psychopathology, 4th edition*, Jaspers introduces existential elucidation as a method of investigating existence in disease in addition to methods of understanding and explanation introduced in the first edition:

The margin between scientific knowledge and philosophic elucidation runs there where the object is no longer thought of as psychological reality but has become a medium for a transcendence into the non-objective; for example, the margin between the psychology of meaningful connections and the elucidation of Existence itself²⁰.

However, Jaspers notes that understanding embodies a problem: There is no limit to explanation in the discovery of causes, but with understanding there are limits everywhere. Jaspers states that

There is no limit to the discovery of causes, and with every psychic event we always look for cause and effect. *But with understanding there are limits everywhere.* The existence of special psychic dispositions (*Anlagen*), the rules governing the acquisition and loss of memory-traces, the total psychic constitution in its sequence of different age-levels, and everything else that may be termed the substratum of the psyche, all constitute limits to our understanding. Each limitation is a fresh *stimulus* to formulate the problem of cause anew²¹.

He terms particular sets of psychic phenomena such as delusions as "un-understandable." Consequently, Jaspers gives up the hope of understanding the symptoms of a suffering patient. Jaspers' assumptions that the three pathways to knowledge are unrelated and that the boundaries of the un-understandable are fixed may have been in error.

3. Ricoeur's Philosophy

I argue that Jaspers' failure stems from a central problem of hermeneutics, namely, the disastrous opposition between understanding and explanation. Here I trace Paul Ricoeur's hermeneutics in preparation for answering the following question: How are the methods in the human and natural sciences integrated in clinical settings?

3-1 A Hermeneutics of the Self

Ricoeur has proposed a hermeneutics of the self whose main theme is “self-understanding of the human being as acting and suffering.” “Human beings as acting and suffering” represents the mode of human existence in which a human being, despite encountering various sufferings, experiencing life’s disruptions and losing oneself, tries to find oneself by actively telling their own life story and living it²².

In his life work as a philosopher, Ricoeur began with a study of Jaspers’ work²³ and appears to have inherited, in particular, concepts of fault (Schuld, Faute) and suffering (Leiden, Souffrance) from Jaspers’ boundary situations²⁴. Therefore, it is no coincidence that Ricoeur’s definition of suffering shares basic understanding with Jaspers’. As Ricoeur states,

Suffering is not defined solely by physical pain, nor even by mental pain, but by the reduction, even the destruction, of the capacity for acting, of being-able-to-act, experienced as a violation of self-integrity²⁵.

Ricoeur argues that “self-understanding” means to understand what moves a human being from their roots. However, he disagrees with Descartes, who argues that what is reflected on one’s consciousness fully expresses one’s fundamental desires. Ricoeur states that

It (Cartesian *cogito*) posits at once a being and act, an existence and an operation of thought: I am, I think; to exist, for me, is to think; I exist *insofar as* I think. But this truth is a vain truth; it is like a first step which cannot be followed by any other, so long as the *ego* of the *ego cogito* has not been recaptured in mirror of its objects, of its works, and finally, of its acts. Reflection is blind intuition if it is not mediated by what Dilthey called the expressions in which life objectifies itself. Or, to use the language of Jean Nabert, reflection is nothing other than the appropriation of our act of existing by means of a critique applied to the works and the acts which are the signs of this act of existing²⁶.

Ricoeur claims that we understand ourselves only by the signs of humanity deposited in cultural works that bear witness to our effort to exist and our desire to be²⁷. What must be interpreted in a text is a proposed world that we could inhabit and wherein we could project one of our ownmost possibilities²⁸.

Therefore, Ricoeur’s concept of understanding has two aspects: Heidegger’s ontology of understanding and Dilthey’s epistemology of understanding. As Ricoeur states,

If philosophy is concerned with “understanding,” it is because, at the very heart of epistemology, understanding testifies to our being as belonging to a being that precedes all objectifying, all opposition between an object and a subject. If the word *understanding* possesses such density, it is because it both denotes the nonmethodical pole, dialectically opposed to the pole of explanation in every interpretive science, and constitutes the index, again not methodical but genuinely truth-centered, of the ontological relation of belonging joining our being to beings and to Being²⁹.

An identity achieved by a human being through experiencing life’s disruptions,

disappropriation of the self, and reappropriation of the self can only take a narrative form. Therefore, it is called narrative identity (Fig. 1). According to Ricoeur,

To state the identity of an individual or a community is to answer the questions, “Who did this?” “Who is the agent, the author?” The answer must be narrative. To answer the question “Who?” as Hannah Arendt has so forcefully put it, is to tell the story of a life. The story told tells about the action of the “who” and the identity of this “who” itself must be a narrative identity³⁰.

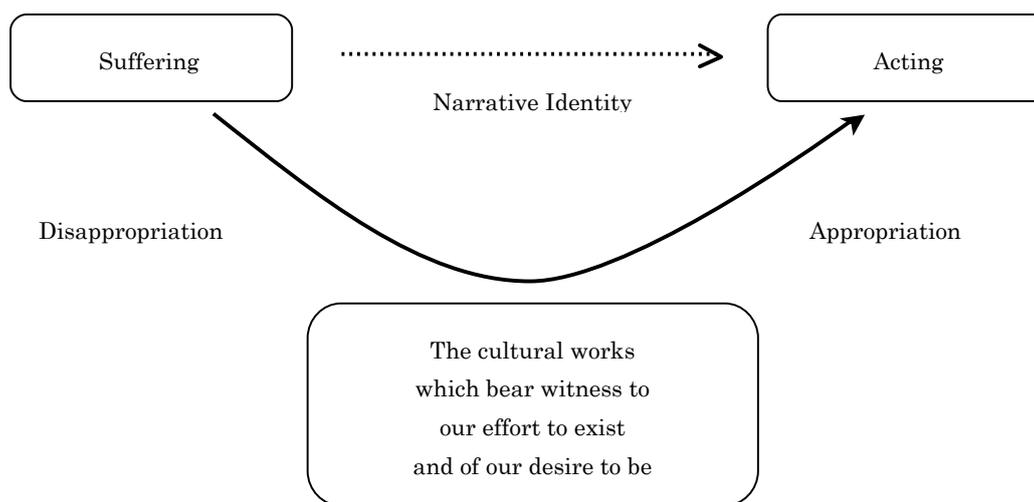


Fig. 1 Self-understanding of human beings as acting and suffering

3-2 Understanding and explanation in interpretive sciences

Ricoeur emphasizes that the separation of understanding and explanation is quite harmful. Understanding should be distinguished from empathy. We understand only by the mediation of units of meaning. It is a semantic rather than a psychological category. If the understanding of texts remains fundamentally psychological, it is because the enterprise stipulates the ultimate aim of interpretation, which is not *what* a text says, but *who* says it³¹. Renouncing the link between the destiny of hermeneutics and a purely psychological notion of transference into another mental life is necessary; the text must be unfolded no longer toward its author, but toward its immanent sense³².

Before explanation can begin, its object must be spontaneously understood as a certain unit of meaning. In this sense, understanding is a prerequisite of every explanation. Explanation alone is methodical. Understanding is, in contrast, the non-methodical moment combined with the methodical moment of explanation³³. Explanation allows us to develop understanding analytically, when spontaneous understanding fails. A hermeneutical arc extends from naive understanding to informed understanding through explanation³⁴.

Ricoeur uses the dialectical³⁵ structure of understanding and explanation to broaden the interpretative field of application beyond the text to include history, action, and neuroscience.

3-2-1 The theory of texts

Ricoeur’s theory of texts was expressed in his lecture on hermeneutics at the Texas Christian University in 1973, and later published as *Interpretation Theory* in 1976.

He claims that when we interpret a text, we begin with some understanding of what we are about to read, a “naive grasping of the meaning of the text as a whole,” or what Ricoeur also calls “a guess”³⁶. Interpretation, however, does not end with this initial guess, but proceeds to an explanation moment that Ricoeur calls “validation”. To validate the whole meaning of a text, we must analyze and explain the linguistic structure of its individual textual components. Ricoeur is careful to distinguish validation from verification in a positivist sense. Hence, he argues that “to show that an interpretation is more probable in the light of what we know is something other than showing that a conclusion is true.” Explanation, in turn, leads to a new understanding ³⁷. Thus, for Ricoeur, interpretation is a dialectical movement from understanding to explanation and back again to understanding (Fig. 2).

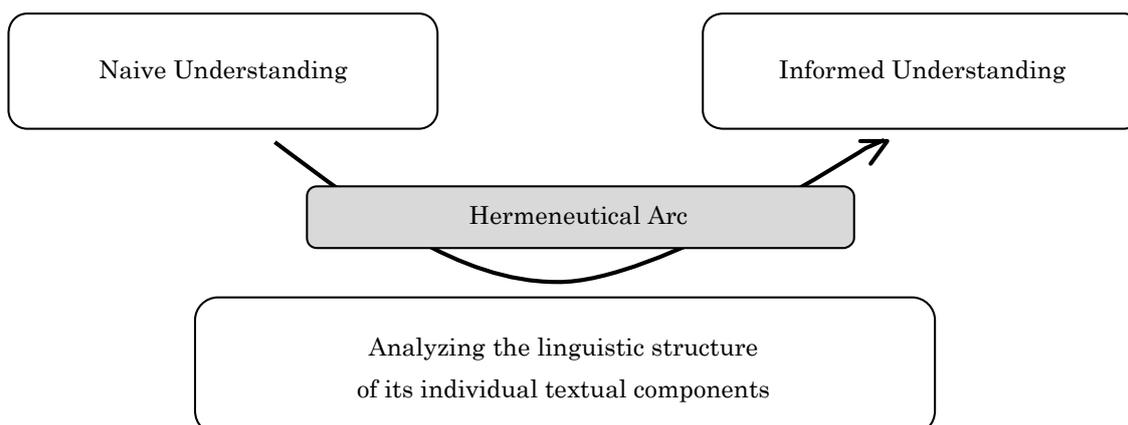


Fig. 2. Hermeneutical arc on reading a text.

3-2-2 The theory of action

In an important essay in 1977, “Explanation and understanding: On some remarkable connections among the theory of the text, action theory, and theory of history,” Ricoeur claims to find the dialectic at work in the theory of action and the theory of history. In the theory of action, Ricoeur notes that human action is situated between causation, which is explained but not understood, and the motivation for a purely rational understanding. He asks an anthropological question: What is the being that makes possible this double allegiance of motive to force and to sense, to nature and to culture, to *bios* and to *logos*?

He answers that it is the human being, who belongs both to the domains of causation and motivation, and, hence, to explanation and understanding³⁸.

3-2-3 The theory of history

Ricoeur also locates the hermeneutical dialectic of understanding through explanation in the theory of history. The historian is concerned both with understanding the motives, projects, and intentions behind particular human actions, and with explaining sequences of events in causally meaningful ways. Ricoeur notes that historical understanding depends on forms of causal explanation supporting sequential plausibility. Furthermore, plausible explanations allow for a better understanding of particular motives³⁹.

In *Time and Narrative*, Ricoeur importantly argues first that narrative understanding depends on the ability to follow a plot. Second, he believes that “emplotment” is the cognitive operation drawing a configuration out of a diversity of events or incidents. Third, the configurational act consists of “grasping together” the detailed actions or the story’s incidents⁴⁰.

Ricoeur’s most outstanding contribution is proving that narrative understanding through emplotment, in addition to the dialectics of understanding and explanation, is an effective method of understanding human existence belonging to nature and culture, *bios* and *logos*, causation and motivation.

3-2-4 The theory of neuroscience

In a dialogue with the neuroscientist Jean-Pierre Changeux, Ricoeur further locates the hermeneutical dialectic of understanding through explanation in the theory of neuroscience. He notes that the improved knowledge of neuronal bases or substrates will probably enrich the comprehension of dysfunctions and certain types of deviance. In these cases, objective explanations can be integrated with intersubjective comprehension⁴¹.

Over against a pure dichotomy between understanding and explanation, he concludes his plea for their dialectical treatment with an aphoristic formula: *to explain more in order to understand better*^{42,43,44}.

3-2-5 The relation between the human and natural sciences

This dialectical tie between understanding and explanation leads to a complex and paradoxical relation between the human sciences and the natural sciences. Ricoeur indicates that discontinuity and continuity exist between the human and natural sciences, just as understanding and explanation are found within these sciences⁴⁵.

The polarity of sciences seems like the magnetic poles, North and South. The poles are indeed in opposition, but they join in one magnet similar to the discontinuity and continuity between the human and natural sciences. If we divide the magnet into two pieces, each magnet has both polarities similar to understanding and explanation within the sciences (Fig. 3).

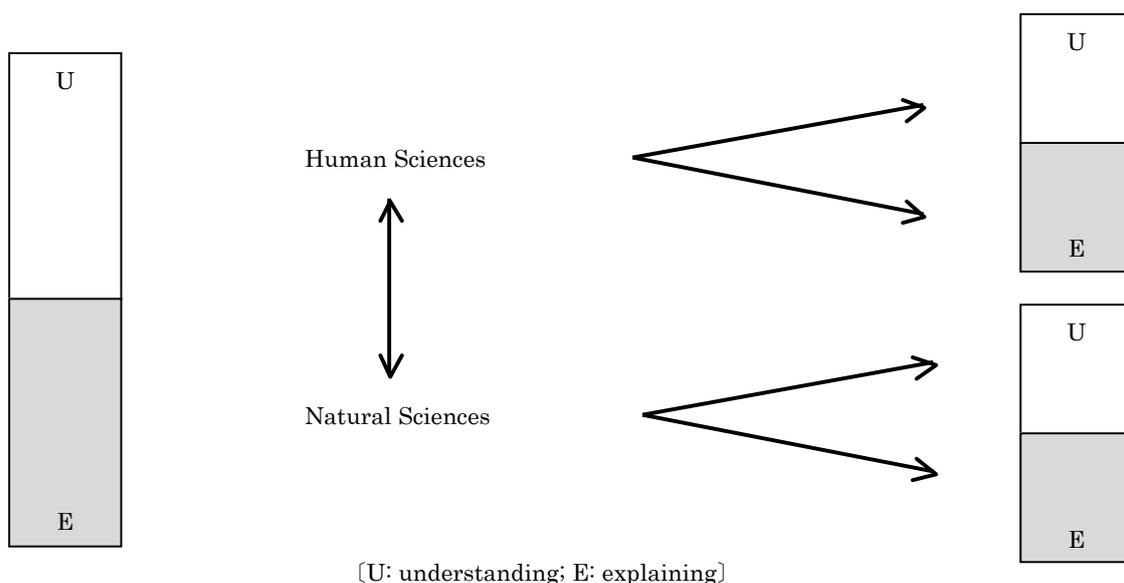


Fig. 3. The relation between the human and natural sciences.

4. The Application of Ricoeur’s Theory to Medicine

We are now in a position to answer the question: How are clinical methods in the human and natural sciences integrated in clinical settings? I propose a plan to build a philosophical framework for clinical hermeneutics to interpret the meaning of suffering. In this endeavour, the definition proposed by the clinician Eric J. Cassell, which shows a remarkable degree of coincidence with Jaspers’ and Ricoeur’s definitions of suffering as discussed earlier, is used as the starting point:

Although it often occurs in the presence of acute pain, shortness of breath, or other bodily symptoms, suffering extends beyond the physical. Most generally, suffering can be defined as the state of severe distress associated with events that threaten the intactness of person⁴⁶.

The doctor’s cognitive object, a patient’s suffering, is divided into the illness experience and the disease (Fig. 4). At first, the doctor naively understands a patient’s illness experience and disease. The patient’s suffering is translated into the signs of disease. The signs are explained as those of a certain disease; however, this naive medical understanding of disease then moves toward an informed understanding. This process is achieved by the natural sciences.

Second, the informed understanding of the disease becomes the explanation by which to comprehend the patient’s illness experience. A naive understanding of the illness experience turns into an informed understanding.

By learning whether the disease is treatable, fatal, or chronic, or whether the cause of pain

is a gastric ulcer, colic pain of cholelithiasis, cancer pain, or psychogenic pain, the understanding of illness experience is even more refined. I especially emphasize this process by an aphoristic formula: *Understanding the illness experience better by further explaining the disease.*

Third, the explanation by the human sciences at one level paves the way for reunderstanding the illness experience at a higher level. For example, to understand the personal and social meanings of illness, Arthur Kleinman^{47,48,49} and Byron Good^{50,51} propose adopting a clinical application of ethnography, a research method in cultural anthropology, the explanatory models approach, a revised cultural formulation, or the analyses of semantic networks.

In addition, the medical anthropologists Emiko Ohnuki-Tieney⁵² and Margaret Lock^{53,54} have shed light on the influence of culture on the representation of illness, menopause, aging, and death based on their fieldwork in Japan. They also showed what kind of conflicts the suffering patient is forced through the personal and cultural representation of illness.

Talcott Parsons^{55,56,57} and Renée C. Fox^{58,59} have studied the sick role concept, the medical practitioner-patient relationship, and the social and cultural significance of illness from a viewpoint of medical sociology. If we can explain the personal and cultural dimensions of the experience of illness of the real and present patient by utilizing these insights, we can achieve a more accurate understanding. With every new act of understanding, the illness experience is colligated with new aspects. The illness experience takes on a “quality” it did not formerly possess.

Finally, the doctor grasps the patient’s suffering by the configuration drawn by the “emplotment” in the patient’s life story.

An example is valuable here⁶⁰. A man in his seventies was admitted to the hospital with fever and dyspnea. He had been found on the floor of his fifth-floor walk-up apartment by a janitor responding to a call from a neighbor who had not seen the ill man for a few days. At the time of the initial hospital examination, one of his knees was quite swollen. This was caused by osteoarthritis, a degenerative joint disease that frequently causes disability in the elderly. From the physical examination, chest X-ray, and a blood test, the doctor diagnosed the patient as having pneumonia, for which he was treated with antibiotics. By the next day, his fever subsided and he improved significantly within a few days.

From the medical viewpoint focusing on disease, the doctor’s job is considered complete when the patient’s complaints and symptoms are explained by a particular disease and when that disease is successfully treated. However, the important job of caring for the illness experience remains unfinished. Therefore, it is important to learn the patient’s life history^{61,62,63}.

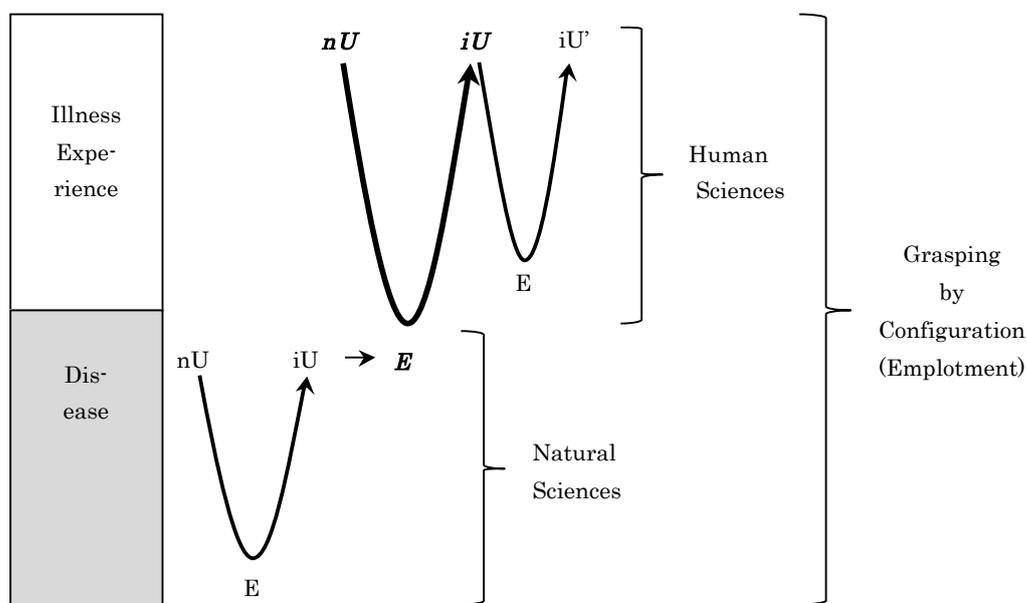
In the ensuing days, the full story became clear. The patient’s wife had died about a year

earlier, leaving him virtually alone in the city (his two children lived in different and distant parts of the country). The knee had become increasingly swollen in the weeks before his illness, and walking was extremely painful. Thus, he restricted his activities, feeling markedly bereaved. He knew few people his age and had withdrawn from most social contact. Having little interest in food, he lost weight and became malnourished. It is common for pneumonia to occur in this setting.

The comprehensive portrait of this patient’s suffering can be configured by a narrative understanding through the emplotment of different events including his spouse’s death, living alone in a city, residing on the fifth floor without an elevator, osteoarthritis in the knee, and pneumonia.

When pneumonia and osteoarthritis are cured, what kind of world does the patient face when discharged from the hospital? If the patient starts living a new life story by reappropriating the self that has been lost once through the experience of suffering as a boundary situation, as Jaspers says, possible existence becomes real, and as Ricoeur says, the patient has reappropriated a narrative identity.

There is an element of clinical judgment based on practical philosophy in this process. The ways in which ethical dimensions in Jaspers’ doctor-patient relationship as existential communication⁶⁴, Ricoeur’s solicitude of the suffering of others⁶⁵, and Cassell’s compassion of the suffering of others⁶⁶ should be fused with the existential and epistemological dimensions in everyday medical practice and pursued further in future research.



(nU: naive understanding; iU: informed understanding; E: explaining)

Fig. 4. The application of Ricoeur’s theory to medicine.

Conclusions

I have argued in this paper that the pure dichotomy in Dilthey's hermeneutics between understanding and explanation prevents the integration of the human and natural sciences. Second, I have traced Ricoeur's use of the dialectical structure of understanding and explanation in his effort to broaden the interpretative field of application beyond the text to include history, action, and neuroscience with the aphoristic formula: to explain more in order to understand better. Finally, I have suggested that we should think of the integration of clinical methods as the dialectic process of better understanding the illness experience by means of more thorough explanation of the disease.

References

- ¹ Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd Edition. (New York: Oxford University Press, 2004).
- ² Leon Eisenberg, "Delineation of clinical conditions: Conceptual models of 'physical' and 'mental disorders,'" *Ciba Found Symp* 44 (1976): 3-23.
- ³ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition*. (New York: Basic Book, 1988).
- ⁴ George L. Engel "The need for a new medical model: A challenge for bio-medicine," *Science*, 169 (1977): 129-36.
- ⁵ Albert Jonsen, Mark Siegler, William Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 8th Edition. (New York: The McGraw-Hill Companies, 2015).
- ⁶ Wilhelm Dilthey, *Ideas for a Descriptive and Analytic Psychology*, trans. Rudolf A. Makkreel and Donald Moore (Princeton: Princeton University Press, 2010) [trans. of *Ideen über eine beschreibende und zergliedernde Psychologie* (1894), *Gesammelte Schriften V*, 8. Aufl. (Stuttgart: B.G. Teubner, 1990)], 119.
- ⁷ *Ibid.*, 119.
- ⁸ *Ibid.*, 119-20.
- ⁹ Karl Jaspers, *Allgemeine Psychopathologie, Ein Leitfaden für Studierende, Ärzte und Psychologen*. (Berlin, Verlag von Julius Springer, 1913), 145.
- ¹⁰ *Ibid.*, 146.
- ¹¹ Karl Jaspers, "Causal and 'understandable' relationships between events and psychosis in dementia praecox (Schizophrenia)," In *Anthology of German Psychiatric Texts*. Ed. Henning Sass (Oxford: Blackwell Publishing, 2007), 174-294.
- ¹² Karl Jaspers, *Philosophie I Philosophische Weltorientierung Vierte Auflage*. (Berlin: Springer-Verlag, 1973), 213.
- ¹³ *Ibid.*, 222.
- ¹⁴ *Ibid.*, 1-58.
- ¹⁵ Karl Jaspers, *Philosophie II Existenzerhellung Vierte Auflage*. (Berlin: Springer-Verlag, 1973), 204.
- ¹⁶ *Ibid.*, 230.
- ¹⁷ Karl Jaspers, *General Psychopathology, Vol. 2*, trans. J. Hoenig and Marian W. Hamilton

(Baltimore and London: The Johns Hopkins University Press, 1997) [trans. of *Allgemeine Psychopathologie*, Neunte, unveränderte Auflage. (Berlin: Springer-Verlag, 1973)], 788.

¹⁸ Karl Jaspers, *Philosophie II Existenzerhellung Vierte Auflage*.

(Berlin: Springer-Verlag, 1973), 8.

¹⁹ Ibid., 10.

²⁰ Karl Jaspers, *General Psychopathology, Vol. 2*, trans. J. Hoenig and Marian W. Hamilton (Baltimore and London: The Johns Hopkins University Press, 1997) [trans. of *Allgemeine Psychopathologie*, Neunte, unveränderte Auflage. (Berlin: Springer-Verlag, 1973)], 767.

²¹ Karl Jaspers, *General Psychopathology, Vol. 1*, trans. J. Hoenig and Marian W. Hamilton (Baltimore and London: The Johns Hopkins University Press, 1997) [trans. of *Allgemeine Psychopathologie*, Neunte, unveränderte Auflage. (Berlin: Springer-Verlag, 1973)], 305.

²² Paul Ricoeur, *Oneself as Another*, trans. Kathleen Blamey. (Chicago: University of Chicago Press, 1992) [trans. of “*Soi-même comme un autre*.” (Paris: Seuil, 1990)], 140-168.

²³ Paul Ricoeur, *Karl Jaspers et la philosophie de l'existence*. (avec M. Dufrenne) (Paris: Seuil, 1947). *Gabriel Marcel et Karl Jaspers: Philosophie du mystère et philosophie du paradoxe*, (Paris: Temps Présent, 1948).

²⁴ Paul Ricoeur, *Evil: A Challenge to Philosophy and Theology*, trans. John Bowden. (London: Continuum, 2007) [trans. of *Le mal : Un défi à la philosophie et à la théologie*. (Paris: Labor et Fides, 2004)].

²⁵ Paul Ricoeur, *Oneself as Another*, trans. Kathleen Blamey. (Chicago: University of Chicago Press, 1992) [trans. of *Soi-même comme un autre*.(Paris: Seuil, 1990)], 190.

²⁶ Paul Ricoeur, “Existence and Hermeneutics,” in *The Conflict of Interpretations* ed. Don Ihde, trans. Willis Domingo et al. (Evanston: Northwestern University Press, 1974) [trans. of “Existence et herméneutique,” in *Le conflit des interprétations*. (Paris: Seuil, 1969)], 17-8.

²⁷ Paul Ricoeur, “The Hermeneutical Function of Distanciation,” in *From Text to Action: Essays in Hermeneutics II*, trans. Kathleen Blamey and John B. Thompson. (Evanston: Northwestern University Press, 1991). [trans. of *Du texte à l'action*. (Paris: Seuil, 1986)], 87.

²⁸ Paul Ricoeur, “The Hermeneutical Function of Distanciation,” in *From Text to Action: Essays in Hermeneutics II*, trans. Kathleen Blamey and John B. Thompson. (Evanston: Northwestern University Press, 1991). [trans. of *Du texte à l'action*.(Paris: Seuil, 1986)], 86.

²⁹ Paul Ricoeur, “Explanation and understanding: On some remarkable connections among the theory of the text, action theory, and theory of history,” in *From Text to Action: Essays in Hermeneutics II*, by Paul Ricoeur, trans. Kathleen Blamey and John B. Thompson (Evanston: Northwestern University Press, 1991) [trans. of “Expliquer et comprendre,” *Revue Philosophique de Louvain* 75 (1977)], 143.

³⁰ Paul Ricoeur, *Time and Narrative, Vol. 3*, trans. Kathleen McLaughlin and David Pellauer (Chicago: University of Chicago Press, 1988) [trans. of *Temps et Récit Tome 3: Le temps raconté*. (Paris: Seuil, 1985)], 246.

³¹ Paul Ricoeur, “The Task of Hermeneutics,” in *From Text to Action: Essays in Hermeneutics II*, by Paul Ricoeur, trans. Kathleen Blamey and John B. Thompson (Evanston: Northwestern University Press, 1991) [trans. of “La tâche de l'herméneutique,” in *Exegesis: Problèmes de méthode et exercices de lecture*, ed Francois Bovon and Grégoire Rouiller (Neuchâtel: Delachaux et Niestlé, 1975)], 62.

³² Ibid., 63.

³³ Paul Ricoeur, “Explanation and understanding: On some remarkable connections among the theory of the text, action theory, and theory of history,” in *From Text to Action: Essays in Hermeneutics II*, by Paul Ricoeur, trans. Kathleen Blamey and John B. Thompson (Evanston: Northwestern University Press, 1991) [trans. of “Expliquer et comprendre,” *Revue*

Philosophique de Louvain 75 (1977)], 142.

³⁴ Ibid., 130.

³⁵ Paul Ricoeur, "What is Dialectical?" in *Freedom and Morality*, ed John Bricke (Lawrence: University of Kansas Press, 1976), 173-89.

³⁶ Paul Ricoeur, *Interpretation Theory: Discourse and the Surplus of Meaning* (Fort Worth: Texas Christian University Press, 1976), 75.

³⁷ Ibid., 80.

³⁸ Paul Ricoeur, "Explanation and understanding," 132-38.

³⁹ Ibid., 138-42.

⁴⁰ Paul Ricoeur, *Time and Narrative, Vol. 1*, trans. Kathleen McLaughlin and David Pellauer (Chicago: University of Chicago Press, 1984). [trans. of *Temps et Récit Tome 1: L'intrigue et le récit historique* (Paris: Seuil, 1983)], 132-74.

⁴¹ Jean-Pierre Changeux and Paul Ricoeur, *What Makes Us Think? A Neuroscientist and a Philosopher Argue about Ethics, Human Nature, and the Brain*, trans. M. B. DeBevoise (Princeton: Princeton University Press, 2002) [trans. of *La nature et la règle, ce qui nous fait penser*. (Paris: O. Jacob, 1998)], 109.

⁴² Paul Ricoeur, *Time and Narrative, Vol. 2*, trans. Kathleen McLaughlin and David Pellauer (Chicago: University of Chicago Press, 2000). [trans. of *Temps et Récit Tome 2: La configuration du temps dans le récit de fiction*. (Paris: Seuil, 1984)], 32.

⁴³ Paul Ricoeur, "Interpretation and/or Argumentation" in *The Just*, trans. David Pellauer (Chicago: University of Chicago Press, 2000) [trans. of *Le Juste*. (Paris: Seuil, 1995)], 125.

⁴⁴ Jean-Pierre Changeux and Paul Ricoeur, *What Makes Us Think? A Neuroscientist and a Philosopher Argue about Ethics, Human Nature, and the Brain*, 125-33.

⁴⁵ Paul Ricoeur, "Explanation and Understanding," 142-43.

⁴⁶ Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd Edition. (New York: Oxford University Press, 2004), 32.

⁴⁷ Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. (Berkeley: University of California Press, 1980).

⁴⁸ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition*. (New York: Basic Book, 1988).

⁴⁹ Arthur Kleinman, Peter Benson, "Anthropology in the clinic: the problem of cultural competency and how to fix it," (*PLoS Med.* 2006 Oct; 3 (10)), 1673-76.

⁵⁰ Byron J Good, Mary-Jo DelVecchio Good, "The meaning of symptoms: A cultural hermeneutic model for clinical practice," in *The Relevance of Social Science for Medicine*, Leon Eisenberg and Arthur Kleinman ed, (D Reidel, Dordrecht, 1980).

⁵¹ Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective*. (Cambridge: Cambridge University Press, 1994).

⁵² Emiko Ohnuki-Tierney, *Illness and Culture in Contemporary Japan*. (Cambridge: Cambridge University Press, 1984).

⁵³ Margaret Lock, *Encounters with Aging Mythologies of Menopause in Japan and North America*. (Berkeley: University of California Press, 1993).

⁵⁴ Margaret Lock, *Twice Dead Organ Transplants and the Reinvention of Death*. (Berkeley: University of California Press, 2002).

⁵⁵ Talcott Parsons, *The Social System*. (New York: Free Press, 1951).

⁵⁶ Talcott Parsons, *Social Structure and Personality*. (New York: Free Press, 1964).

⁵⁷ Talcott Parsons, *Action Theory and the Human Condition*. (New York: Free Press, 1978).

⁵⁸ Renée C. Fox, *Essays in Medical Sociology: Journeys into the Field*. (New Jersey: New

Brunswick, 1979).

⁵⁹ Renée C. Fox, *The Sociology of Medicine: A participant observer's view*. (New Jersey: Prentice Hall, 1989).

⁶⁰ Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd Edition. (New York: Oxford University Press, 2004), 103-5.

⁶¹ Viktor von Weizsäcker, *Pathosophie*. (Frankfurt am Main: Suhrkamp Verlag, 2005). 270-92.

⁶² Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd Edition. (New York: Oxford University Press, 2004).

⁶³ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition*. (New York: Basic Book, 1988).

⁶⁴ Karl Jaspers, *Philosophie II Existenzerhellung Vierte Auflage*.

(Berlin: Springer-Verlag, 1973), 50-117. Karl Jaspers, *General Psychopathology, Vol. 2*, trans. J. Hoenig and Marian W. Hamilton (Baltimore and London: The Johns Hopkins University Press, 1997) [trans. of *Allgemeine Psychopathologie*, Neunte, unveränderte Auflage. (Berlin: Springer-Verlag, 1973)], 798-822.

⁶⁵ Paul Ricoeur, *Oneself as Another*, trans. Kathleen Blamey. (Chicago: University of Chicago Press, 1992) [trans. of *Soi-même comme un autre*.(Paris: Seuil, 1990)], 180-94.

⁶⁶ Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine*, 2nd Edition. (New York: Oxford University Press, 2004), 189-99.