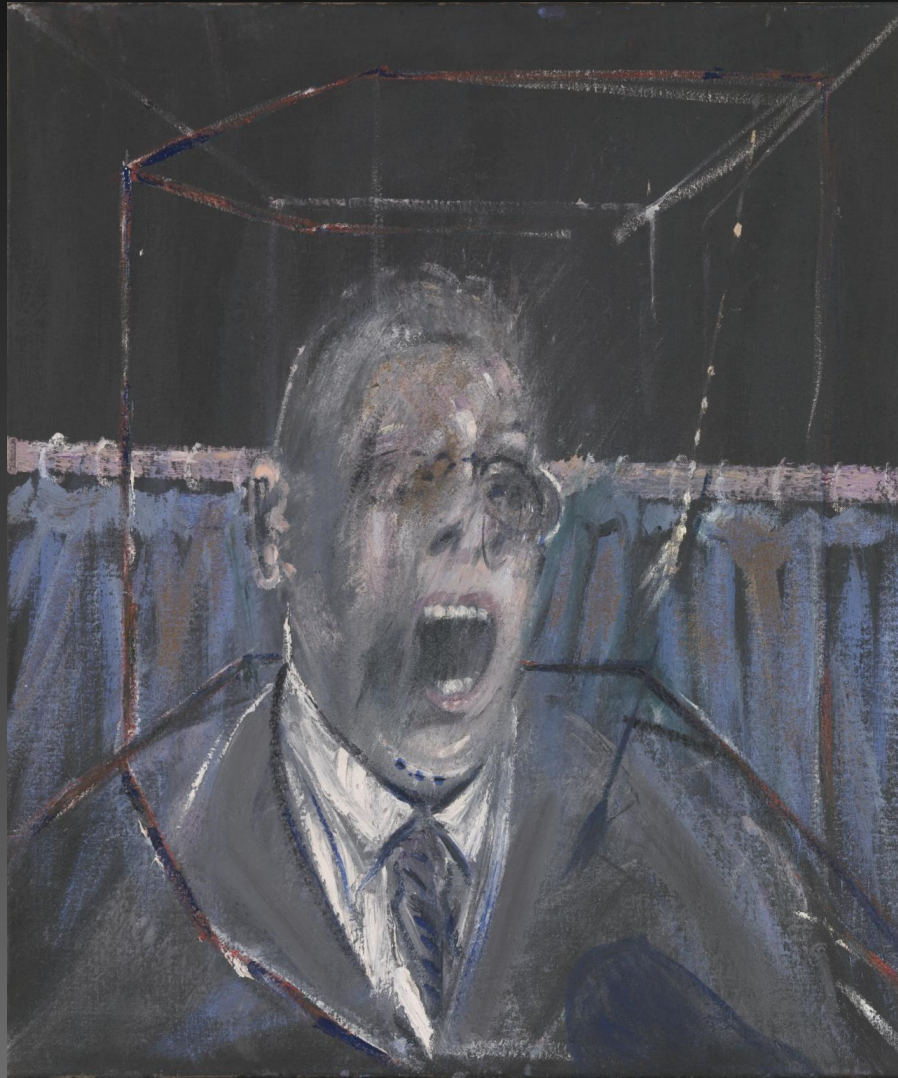


# Making Sense



*Study for a Portrait*, Francis Bacon (1952)

Vivan Joseph, *Medical Mind* 2018

# This Session

We'll look at:

- Jaspers' distinction between *understanding* and *explaining* episodes of mental ill-health.
- How understanding mental ill-health might help us make sense of it.



# Linking Back

- In Week Two, we looked at disorders of *conscious experience*: perception (hallucinations) and thought (delusions).
- In Week Three, we had a whistle-stop tour of the brain, and were shown some of the areas associated with mental disorders.
- Last week we looked at disorders related to old age (dementia), and childhood (disrupted development due to poor attachment).

# Looking Forwards

- All mental disorders have two aspects: the *conscious experience and behaviour of the person* (e.g. perceptions, thoughts, emotions and actions) and the *biological structure and function of the organism* (e.g. brain and brain activity).
- It is through disruptions of conscious experience and behaviour that we identify mental disorders. So how do we make sense of experience and behaviour?

# Making Sense

- (i) We naturally try to make sense of our own and others' experiences and behaviour by appealing to *mental states* (e.g. anger) and *mental processes* (e.g. falling in love).
- If I don't know why you're angry, I'll find it harder to know how to respond, which could make managing my own emotions and behaviour more difficult.
  - If I don't know why I'm feeling unhappy, I could end up feeling worse, and – potentially – even less in control of my emotions.

# Making Sense

(ii) Making sense of experiences and behaviour is particularly important when they don't seem rational (the usual reasons don't apply):

- strong emotions with no apparent cause, or emotions that are disproportionate;
- auditory, visual or olfactory experiences that have no external cause (hallucinations);
- beliefs (e.g. about being persecuted) that have no basis (or an insufficient basis) in fact.

Making sense of these sorts of difficult experiences could make them less confusing and frightening.

# Making Sense

(iii) Depending on our other aims, we might go about making sense of our own (and others') experiences/behaviour in different ways.

- If the aim is to get help or advice, we ought to try to accurately report the experiences/behaviour (e.g. to a doctor).
- If the aim is not to get help or advice, but perhaps to consider a variety of perspectives/views, we might portray events more imaginatively (e.g. in a story or film).

# Making Sense

- Accounts of experiences and behaviour based purely on mental states and processes can and do diverge from accounts that are based purely on physical evidence.
- Psychiatry, as a branch of medicine, seems to require both sorts of account – symptoms are identified using the language of mental states (e.g. anxiety, depression) while research and treatment usually relies heavily on non-mental evidence (e.g. brain chemistry, brain scans).



# Understanding and Explaining

- Karl Jaspers, the psychiatrist and philosopher (1883-1969) distinguished two ways of making phenomena intelligible: *understanding* and *explaining*.
- Referring back to the reading, in groups discuss what you think *understanding* is, and what *explaining* is, and feed back in 10 minutes.

# Understanding and Explaining

- Understanding

- We make sense of *why* we behave as we do by attributing *reasons* for our actions: “Sorry, I’m short-tempered because I’m tired.”
- The reason I give for my behaviour (e.g. being tired) may not be the actual reason – maybe I’m tired because I’m depressed and haven’t been sleeping.
- The reason I give for my behaviour may be the actual reason, but might not be a *good* or *intelligible* reason.

# Understanding and Explaining

- *Good* reasons are ones we approve of: “I’m upset because someone died.” *Intelligible* reasons need not be good (e.g. selfish ones) or true, but are reasons we can make sense of.
- In your groups, take 5 minutes to think an example of both kinds of reasons for each of these:
  - Being jealous
  - Being angry
  - Being really happy

# Short Intermission



# Understanding and Explaining

Video: The neuroscientist V.S. Ramachandran describes the case of a patient of his with Capgras delusion (the same case you read about in Week 2).

- Can we apply Jaspers' distinction between understanding and explaining to this case?
- What – if anything – seems odd about the explanation Ramachandran gives for his patient's Capgras delusion?

# Extending Understanding

Handout: Excerpts from *The Bell Jar* and *Autobiography of a Schizophrenic Girl*

- When you read these excerpts, are you using what Jaspers called ‘understanding’?
  - Is one excerpt harder to understand than the other?
  - Do you get any sense of what, in their mental lives, *caused* the experiences described in the excerpts?
- Can you imagine what it would be like to have the experiences described? If so, would that make it easier to help/care for that person?