

Jaspers on Drives, Wants and Volitions ¹

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Abstract

In § 6 of his *General Psychopathology* (1st edition 1913) Jaspers distinguished between drives, wants and volitions as three different and irreducible kinds of motivational phenomena which are involved in human decision making and which may lead to successful actions. He has characterized the qualitative differences between volitions in comparison with basic vital drives and emotional wants such as being (a.) intentional, (b.) content-specific and (b.) directed towards concrete objects and actions as goals. Furthermore, Jaspers has presented and discussed three kinds of pathological problems about motivation and willing.

(1.) The first kind is *impulsive action* or *impulsive behaviour*, as e.g. in psychoses or personality disorders, which he compares with *instinctive action* which are both without any previous hesitation, deliberation and reflection of any presumable consequences, but still very different with respect to their motivational content.

(2.) The second kind of pathological problems about motivation and willing are the *inhibitions of the will* and Jaspers is discussing two major kinds of them: (a.) the energetic or motivational *inhibition of the will* which is an inability of willing due to the mere lack of any drives and motives, as in the case of any *severe* and *pathological depression*; (b.) the cognitive *inhibition of the will* which is due to the pathological inability to be aware of and understand properly the complexity and difficulty of real life situations in order to solve some given tasks by appropriate decision making, as e.g. in some cases of schizophrenia.

(3.) The third kind is a pathological *weakness of the will* which is extraordinary and not familiar to normal human adults. This pathological kind of weakness of the will consist in the complete causal ineffectiveness of the subjectively felt impulse of willing which is not leading to any inward and outward observable action, such as e.g. as a movement of the limbs or some verbal utterance. This *pathological weakness of the will* is a complete ineffectiveness of the volitional impulse and therefore different from what philosophers discuss under the heading of *weakness of the will* which presuppose some evaluation of the intended resp. realized action as ethically, morally or religiously right or wrong.

Finally, there are three kinds of *normal* or *non-pathological weakness of the will*, as discussed by philosophers: (A.) *ethical weakness of the will* as in Aristotle's disagreement about *akrasia* with the Platonic Socrates; (B) *moral weakness of the will* as in Kant's analysis of the absence or failure of any specific moral reasoning by pure practical reason as opposed to mere strategic and pragmatic reason or as the occurrence of a self-deceptive "dialectics of the exception"; (C.) *religious weakness of the will* as in Paul's personal insight about the incoherence between his high spiritual aspirations and his factual ethical achievements.

¹ This essay is based on a oral presentation given to the members of the Institute for Culture and Society at the University of Navarra on November 26th 2010. I would like to thank my dear colleague Prof. Dr. Jose Ignacio Murillo (ICS) for the kind invitation to speak on some topic of Jaspers' psychopathology.

In § 6 of his *General Psychopathology* Jaspers is discussing drives, wants and volitions from a phenomenological and psychopathological point of view. His main topic are conscious experiences of wanting to achieve something and willing to do something and not subconscious neurophysiological mechanisms which belong to the causal structures behind the subjective experience of conscious decision making. According to Jaspers, the triggered effects of conscious acts of wanting and willing might either be *external* changes of things within one's surrounding which were caused by someone's actions and which are outwardly observable by others, such as e.g. having filled a glass of water which had been empty before. Or the triggered effects of conscious acts of wanting and willing might be *internal* changes of inner experiences which are not outwardly observable by others, such as e.g. the subjectively experienced changes either in my current stream of thoughts while being about to do something A or in my short term memory about just having done something B. ²

At first, Jaspers is distinguishing between drives, wants and volitions or acts of willing:

(1.) *Drives* are experienced as inner impulses which remain without any specific intentional content and direction, as e.g. when we feel that we are hungry or thirsty. Nevertheless, even drives are different from each other and can be distinguished with respect to some basic instinctive content. Being hungry is a craving for food or for *something* to eat and being thirsty is a craving for liquids or *something* to drink, and not *vice versa*. Usually there are not mistaken by normal human adults and their contents are recognized according to their actual physiological condition.

(2.) *Wants* are experienced as inner impulses which arise out of the greater darkness of such vital instincts or drives with some more specific intentional content and direction, as e.g. when I realize that I want to take a nap, because I am tired, rather than to take a walk, because I want to move and also to get some fresh air. Other than mere drives *wants* are motives to get started to look around for finding or receiving something

² Jaspers, K., *Allgemeine Psychopathologie*, Heidelberg: Springer ⁸1965; (engl.) *General Psychopathology*. Volumes 1 & 2. translated by J. Hoenig and Marian W. Hamilton. Baltimore and London: Johns Hopkins University Press 1997; (franc.) *Psychopathologie générale*, Paris: Bibliothèque des introuvables 2000; (espan.) *Psicopatología general*, Buenos Aires: Edition Beta 1963.

specific, e.g. like something to eat and drink. When wants are immediately experienced and have become aware by the person who is having them, then this person can relate to them as reasons for his or her actions. As in both cases, someone might explain to someone else: I would like to take a nap, *because* I am tired. I would like to take a walk, *because* I need some fresh air. I can tell the reason why I am about to do something in order to communicate my intentions in order to let someone else understand my course of action. Being informed by about my intentions the other person can explain my behaviour to someone else again. This is how reasons and explanations can go hand in hand.

(3.) Finally, *volitions* or acts of willing are experienced as the conscious intentional goal of wanting to do something specific, e.g. like wanting to eat a piece of bread or wanting to drink a glass of grape juice or white wine. Compared to mere drives and less specific wants, volitions or acts of willing are confronted with much more specific problems about the rational consistency and instrumental appropriateness of their intentional content. In our example, a whole glass of grape juice might not be appropriate for someone suffering from diabetes and even only a sip of white wine might not be appropriate for someone who is an alcoholic.

Since volitions are more specific with respect to the appropriateness of their contents persons can apply rational practical reasoning about the specific features of the contents involved and about the regular effects and presumable consequences related to these features: Conscious acts of willing to do something A need to be fulfilled by doing something specific with some concrete objects in someone's field of perception and behavioural surrounding, as e.g. eating a piece of fresh bread and drinking a glass of white wine. Hunger and thirst as such are rather unspecific. Nobody is hungry *exclusively* for German dark bread and thirsty *only* for Spanish white wine. Nevertheless, someone might *want* to eat a piece of German dark bread with fresh Irish butter and Swiss Appenzeller cheese and he or she might want to drink a glass of Spanish wine from Rioja. This is the main reason why specific volitions are primarily and directly based on individual wants and only secondarily and indirectly on common vital drives. And this is also the reason why volitions can be guided and controlled by some reasoning which is based on the mysterious human capacity of following some rules. The basic ability to follow rules, such as e.g. (a.) the rules of grammar while speaking a

natural language or (b.) the rules of formal logic while drawing some conclusion from hopefully only true premises or (c.) the rules of chess while playing a game or (d.) the rules of tennis while playing a match with a colleague or (e.) the rules of traffic while driving by car from one city to another, still seems to be little understood although it is basic to all forms of human cognition as the capacity to organize one's future actions.³

1. The nature of volitions as opposed to drives and wants

What, according to Jaspers, is the nature of volitions when compared to drives and wants? When someone is willing to eat a piece of dark bread or drink a glass of white wine, he or she might be able to know the means for the realization of this act of willing and also be aware of at least some of the more immediate consequences of doing so. This is one of the main differences between volitions as opposed to mere drives, like hunger and thirst, and to intentionally unspecific wants, liking wanting to eat some piece of bread or to drink some glass of wine. Before being turned into conscious and intentional, directed and specific volitions of wanting to eat a piece of German dark bread and to drink a glass of Spanish white wine, mere vital drives like hunger and thirst have to become aware to someone as his or her wants to eat something and to drink something. Vital drives are mostly unconscious before they are gradually becoming aware to someone. Psychological wants are arising by becoming aware of them. Personal and intentional, directed and specific volitions are, so to speak, "picking up" less specific psychological wants of which someone has already become aware of rather than "picking up" the vital drives directly.

However, according to Jaspers, all three of them, *drives*, *wants* and *volitions* can be considered as motives (in a broader sense of the term). According to Jaspers, it is one of the main features of motives, that they can conflict with each other. Such *inner conflicts* between drives, wants and motives may lead to some wavering, insecurities and quarrels

³ The distinctions are Jaspers', but I have added the examples in order to illustrate them. It seems to me that vital drives, like hunger and thirst, are the less individualized or personalized and more common and „anthropological“. However, as soon as the basic vital drives are satisfied, the more specific wants can be cultivated and thereby personalized and individualized by specific structures of primary preferences and secondary volitions.

within the heart of the person, before they may finally lead to firm decision-making which is expressed by some practical statement of the form ‘I want to do A’ or ‘I do not want to do A’. What Jaspers is not pointing out, but which I would like to add at this point, is the fact that sometimes such practical statements are expressed in the form of *performative statements*, e.g. like when someone is making such utterances as ‘I hereby declare that I want to do A.’ or ‘I promise that I do not want to do A.’ publicly and in the presence of others in a group of people.⁴

According to Jaspers, the inner experience of wanting (or not wanting) to do A (rather than B), the functioning of unconscious vital drives and the experience of conscious wants are psychological phenomena which cannot be further reduced to each other. The same holds for the harmony or disharmony, i.e. the presence or absence of conflicts between them. However, according to Jaspers, the irreducibility of these basic types of motives does not exclude to *understand* such inner conflicts of motives and the lasting lack of harmony in the light of someone’s character, personality and biography which someone may be acquainted with as in most forms of psychotherapy. Also, according to Jaspers, the irreducibility of these basic types of motives does also not exclude to further *explain* such inner conflicts of motives and lasting lack of harmony on the basis of some well confirmed psychological theory of the general structure of personal motivation – as long as it is truly adequate to the motivational phenomena.

However, one can speak only about the faculty of the will, the ability of willing and concrete acts of willing when someone can experience his factual choices and his ability to choose between some given alternatives. *Volitions* have to be *either* someone’s personal act of wanting to realize some action A_1 rather than some other action A_2 in order to achieve some goal G by some means M in order to achieve some further goal G^* , etc. This means that volitions always take place in someone’s personal and intentional space of potential volitional alternatives. In this respect volitions are similar to judgments and thoughts which also presuppose someone’s personal and intentional

⁴ About 50 years before John L. Austin and John R. Searle introduced the topic of performative acts and statements into so-called analytic philosophy they had been analyzed by Anton Marty (a former student of Franz Brentano) and by Adolf Reinach (a former student of Edmund Husserl) who deserve the recognition and the credit for their discovery of this rather new topic for linguistics and practical philosophy.

space of potential cognitive alternatives. To think means to ponder on some specific cognitive content rather than on another content. To judge means to commit oneself by some adequate verbal expression ('yes' or 'no' or some well formed sentences) or by some non-verbal expression (to nod or to shake one's head) to some specific predication $F(x)$ or proposition p rather than to another predication $G(x)$ or proposition q .

The personal and intentional character of volitions as opposed to basic drives and less differentiated wants is the main reason why in the following § 7 of his *General Psychopathology* Jaspers is discussing the self-consciousness or the consciousness of the I. According to Jaspers, self-consciousness is arising much more from the personal experiences of someone's practical structures of volitions, actions and interactions than merely from someone's theoretical reflections on scientific, epistemological or metaphysical issues. Although, Jaspers is agreeing with Kant's transcendental, but theoretical claim that the second-order thought-content 'I think that p ' must be able to go along with all of my conscious sensations (I feel something F), perceptions (I perceive something G), presentations (I imagine something H) and judgments (I claim that p) (*Selbstbewusstsein der transzendentalen Apperzeption*), he is more interested in the relevance of the equally transcendental, but rather *practical* or *executive self-awareness of doing something A while doing something A* (*Vollzugsbewusstsein*). This practical or executive self-awareness of doing something A has the logical form of 'I am aware of doing A while doing A' rather than 'I think that I am doing A while I am doing A'. Therefore, this second kind of practical or executive self-awareness is different from Kant's cognitive, propositional and reflective self-consciousness of the transcendental apperception. Furthermore, it is also to be distinguished from rudimentary, but pre-linguistic and non-propositional, behavioural forms of cognitive self-awareness which young children are able of when they refer to themselves with gestures before they are able to communicate about their intentions, volitions and actions in third person terms and even later in first person discourse.

However, according to Jaspers, there are also some extraordinary and some pathological phenomena about *volitions* which usually are not in the main focus of philosophical reflections about intentions and actions because quite often they tend to prefer everyday life situations of normal human adults which enjoy some rather cognitively healthy

mindful and emotionally well tempered freedom of will and freedom of action. Nevertheless, there are some strange cases in which there are no such experiences of volitions and in which mere drives and unspecific wants turn directly into movements without any feeling of hindrance or threshold. In such cases we have to speak of *driven acts* rather than of *volitional acts* of wanting to do something A or B. If there is a normal and healthy faculty of will “remaining in the background”, however without being actualized in a specific given situation, then someone might experience to be driven to do A or being overwhelmed by some inner or outer forces to do something A. Jaspers is reminding his readers of examples of *mania* and *obsession* in which someone is definitely driven to do something A or rather driven to behave in some A-like way without having really executed some act of willing in advance.

Jaspers is giving two kinds of *pathological cases of driven acts* in which however it is not quite clear to which extent there is still a normal and healthy faculty of will “remaining in the background” although it is not actualized in some specific situation. It seems to me, that there might also be some *non-pathological cases* in which it is hard to tell whether or not they were mere driven acts or rather real volitional actions. E.g. when the German soccer player Mesut Özil, who is now playing for Real Madrid, in the Fall of 2010 has been pushing a referee aside because he was in his way – although according to the rules referees should not keep any player from attacking the opponent goal – then this might be a spontaneous act which took place without any inner experience of hesitation, hindrance or threshold. Although Mesut Özil is not only a highly talented, but also very passionate soccer player, he does neither seem to be a pathological maniac nor a pathologically obsessed person. It seems to me that he rather acted willingly, although spontaneously in such an unusual manner, because this very situation was quite unusual and the referee was definitely on the wrong spot. Most likely, his faculty of will or his ability of willing was not only “remaining in the background”, but he even knew how to behave or act adequately in such a rather rare and strange situation and he also knew how to actualize his will-power spontaneously and properly with respect to his main purpose to carry the ball into the opponent goal. His rather strange and spontaneous, but adequate and proper action is a reliable indicator for assessing him to be an excellent and perhaps even an outstanding player, rather than to judge him to be a maniac or even an obsessed person.

However, there are also other cases where such *driven acts* are definitely pathological as in some cases of mania or obsession. In such cases there is no faculty of will any more “remaining in the background” which has been or could have been activated with respect to the content of wanting to do A. In such pathological cases we are not only faced with some normal and automatic biological processes, as e.g. when we are falling asleep or when we are waking up. In normal or non-pathological cases the faculty of will is “remaining in the background”, but weak by fatigue or not functioning yet because of just having become awake. In pathological cases maniacs and obsessed people really do feel as if some alien force or someone else have made them act or behave in such and such a way. For example, it has been reported by the murderer of John Lennon that he was convinced to have been commissioned by God with the task of shooting Lennon and that he strongly felt driven to do so when he saw him again on the street before his hotel after having received his autograph the day before at the same place. In such cases the faculty of will has been overwhelmed by stronger forces.

It seems to be obvious that there is some close connection between willing and acting, i.e. between wanting to do something A and then really doing A. Such a connection is neither given for unconscious blind drives nor for less specific wants which are about to become conscious or which have just become conscious by the very person having them. For only when I *want* to do something A or when I am *willing* to do something A, I might be more or less aware of the immediate effects and less immediate potential consequences of my motives and my behaviour, my decisions and my actions. Normally, when I want to do something A and I am willing to do something A, e.g. like when I want to take a sip of water from this glass of water in front of me, I am not only aware of the effects and consequences of doing A, like getting rid of my dry mouth, but I also want the effects and consequences of my drinking as well.

A special kind of the inner psychological phenomena of wanting and willing are the phenomena of focusing on some content of wanting and willing by which the very content of wanting and willing normally is becoming more clear and evident to the person stake. In the following of § 6 of his *General Psychopathology* Jaspers is now distinguishing between three types of phenomena: (1.) impulsive action (or rather impulsive behaviour); (2.) awareness of some form of an inhibition of the will; and (3.)

awareness of the weakness or rather powerlessness of the will.

2. Instinctive action versus impulsive actions

Instinctive actions are spontaneous actions which are actualized by someone without inner conflict of motives, without any hesitation of willing, without any previous deliberation and even without any conscious decision making, but still with some conscious control of the personality. As in the case of Mesut Özil they might even be a sign of the excellent performance of the mastery of some art or know-how. Especially, with respect to the latter quality of *executive consciousness*, instinctive actions are definitely completely different from impulsive actions (or rather impulsive behaviour). Impulsive action or impulsive behaviour is not only *without* any restraint within the moment of execution, but not *restrainable* by someone *at all*; it is not only *uncontrolled* by the will, but not *controllable* by someone *at all*.

According to Jaspers, someone's *impulsive action* (or behaviour) are abnormal when it is impossible for others to understand them by means of empathy, imagination and intelligence, i.e. when it is impossible to imagine how this person could have possibly controlled or repressed them at all with his given capacities. However at some later point, as e.g. in some form of psychotherapy the psychiatrist might understand how and why the patient might have acted or behaved that way to some extent although there is some rest which is remaining beyond intelligibility.

Normal *instinctive action* rather than pathological *impulsive action* belong to most of our actions in everyday life. Semantically, it might have been more appropriate to the phenomena when Jaspers had rather distinguished between *instinctive behaviour* and *impulsive behaviour*. The reason for speaking in both cases of 'behaviour' rather than of 'action' is the fact that actions presuppose conscious willing and decision making even if they are not performed by previous inner conflicts, previous experiences of hesitation or by previous deliberation.

Impulsive behaviour which, according to Jaspers, is taking place in psychoses, in the

dimming of consciousness, as e.g. by drug abuse, or in states of little differentiation, as e.g. after the consumption of some large amount of alcohol, simply does not have the qualities we expect from proper action as such. According to Jaspers, especially in acute psychoses and similar states of strong and deep emotional arousals unintelligible drives and wants are taking place and tend to discharge themselves. Mere motor drives which are discharging lustful wants for meaningless movements and mere behavioural drives which are discharging the need for doing something (or rather anything) are often taking place in states of acute psychoses. According to Jaspers, a special form of the motor drive or rather behavioural drive is the strong need to speak about something or even rather anything in a strangely accompanying state of physical rest and behavioural repose. In psychology this pathological phenomenon is called 'logorrhea' or 'word-flux' which happens to be a disorder of communication by a strongly inhibited, but mostly incoherent talkativeness.⁵

According to Jaspers, in the abnormal cases of impulsive behaviour: *Drives* are like blind wants which are deprived of their instinctive goals, but they are seeking them somehow, but mostly inadequately and without any intelligible success. *Wants* are goal directed, but people experiencing them are searching for their appropriate objects and volitions by specific acts of willing to get something A or to do something B. Only in *volitions* or proper acts of willing to do something A persons are choosing their own objects and positing their own goals.

3. Two kinds of pathological inhibition of the will

Basically, according to Jaspers, there are two kinds of a subjective and pathological *inhibition of the will*:

(1.) The first kind is an *inhibition of the drives and wants* when someone who is depressed is complaining about his lack of any interest, motives and feelings of the fun

⁵ Logorrhea is occurring in a variety of psychiatric disorders, like mania or catatonic schizophrenia, as well as in neurological disorders including aphasia and localized cortical lesions in the thalamus.

or joy of doing something. In a severe *depression* the patient does not experience some inner conflict of motives which is inhibiting him as long as he is deliberating on which path of action he is wanting to choose. His or her inability to execute some will by some appropriate action is neither based on an inhibition of the will by a mere prolongation of a conflict of motives nor is it a hard case of complex decision making. Rather the inhibition of will is caused by a complete lack of motives and wants from which he can pick in order to create some specific volition. Therefore, I would like to speak rather about a motivational or energetic inability to create some willing.

(2.) The second kind of inhibition of the will is also a *subjective and pathological kind of an inhibition of will*. But this kind consists in the subjective incapacity to realize volitions or acts of willing as such. This kind is given when someone who is standing at a cross road is unable to make a decision and also feel unable to make an appropriate decision. This feeling might be even be reinforced as soon as the person is also aware of his or her hesitation and momentary of habitual inability to decide. This kind of inhibition of the will – unlike the motivational or energetic inhibition of the will – is rather a decisional or steering inhibition of the will. *Prima facie* it seems to be much more of a cognitive phenomenon than the other kind of inhibition of the will, but when we would investigate it more closely, most likely, we would also find some emotional factors.

Jaspers is classifying both cases of an inhibition of the will as ‘subjective’, presumably, because the inhibition of will is caused by *internal factors* within the person or patient himself or herself. Although he does not introduce such a distinction in this paragraph, I assume that he wanted to distinguish between *subjective* inhibitions of the will from *objective* ones which are caused by *external factors*. This parallels the common and reliable distinction between *freedom of the will* (FW) and *freedom of action* (FA) in contemporary philosophy of mind and action, i.e. the distinction between the personal capacity to intentionally initiate some alternative course of action and the personal capacity to act or behave free from outer physical constraints.⁶ Both kinds of subjective

⁶ Cf. Gary Watson, (Ed.), *Free will*. Oxford Readings in Philosophy, Oxford: OUP 1982, pp. 1-14; Peter van Inwagen, *An Essay on Free Will*, Oxford: Clarendon Press 1983, p. 9; Jennifer Trusted, *Free Will and*

inhibition of the will are internal and psychological limitations of the individual will as opposed to external, factual or social limitations of the potential courses of action of someone's will in order to achieve something A or to do something B.

4. Awareness of the weakness and powerlessness of the will

In § 6 of his *General Psychopathology* Jaspers is distinguishing between (1.) the sheer absence or complete ineffectiveness of the will as in the case of *impulsive actions or behaviour* as opposed to *instinctive actions*, (2.) the two kinds of *inhibitions of the will*, by a complete lack of motivation as in a severe or pathological *depression* or by a habitual inability of self-guided decision-making as in *schizophrenia*, and finally (3.) the phenomenon of the pathological *weakness and complete powerlessness of the will* – as opposed to the various “normal kinds” of weakness of the will which have been discussed by many philosophers from antiquity unto the present.

According to Jaspers the *pathological weakness of the will* is a very strange, but interesting phenomenon. What is found in some *acute psychoses* is a subjective feeling of complete passivity and total uprising of consciousness filled with so many different experiences such that the will is overwhelmed by them. Often in such psychoses it is neither clear to others nor to the patients themselves whether they experience merely the absence of any act of willing to achieve something A or do something B or whether they rather experience merely a real ineffectiveness of their acts of willing. Sometimes it happens even to patients that they are not even able to move or to speak although they are fully awake, self-conscious and aware of their momentary situation. Recollections reported at a later time however are proving that they were fully aware of what was going on although they were not able to move or to speak. This might happen especially to hysteric and schizophrenic patients which are suddenly attacked by a complete rigidity of the physical body.

Some of these patients describe in a credible manner that they have experienced their own will as an *inner impulse* to move or speak. However this inner impulse of their will was not followed or accompanied by some real movement or utterance. Such patients experienced their own bodies as completely immovable by themselves, although being heavy and rigid at the same time. They experience not only their will, but even their own bodies as powerless and immovable as if they were dead. At the same time they were fully aware of their strange situation that they were able to initiate initial impulses of wanting to move in some direction or to utter something without any realizable effects and accordingly without any observable acts of willing.

What happens, according to Jaspers, is neither a *motor paralyse* nor a *psychogenic dysfunction* (on the cognitive level), but an elementary event in which the power of the will is not transported into the bodily movement, like raising one's own arm or making some utterance. Jaspers admits at this point that psychiatrists do not know yet where this kind of dysfunction is to be located. Today, in such a case neuroscience might help to clarify such rather difficult questions by observations on the sub-personal level of the brain and nervous system. I think that Jaspers would agree that this strange kind of an ineffectiveness of the inner volitional impulses does not only need some empathetic understanding and conceptual distinction, but also calls for some causal explanation within the theoretical framework of neuroscience.

The last phenomenon which emotionally and mentally healthy people experience in their own movements is the inner effort of the will accompanied with the presentation of the goal of the movement, e.g. when at first I feel my inner impulse to raise my own arm in order to lift up this glass of water and then the moving of my arm until it is finally touching the outside of the cool surface of the glass of water which is not very heavy, but of some previously expected weight when I start to lift it.

In such strange cases of psychoses some simple action like drinking water – which is a common and familiar phenomenon of everyday life for most healthy minded and well-tempered people – cannot take place although there might not even be any observable paralyse of the body. Schizophrenic patients can experience the weakness of their impulses to move their arms or speech organs such that the normal effect of the

impulses of their will is not adequately transported into a bodily movement. Obviously, this weakness of willing is not the classical *akrasia* or the *weakness of the will* which Aristotle has pointed out against so called *Socratic intellectualism*. In this kind of *pathological weakness of the willing* the normal causal connection between the felt impulse and the moving organ itself is somehow defect. The pathological weakness of the will which Jaspers is describing is a pre-ethical or value-free psychological weakness of the will without any reference to some evaluation of the intentional content of some judgment or action.

Aristotelian *akrasia* is given when someone is lacking sufficient command over himself. *Akrasia* is attributed to the person as a whole and not only to his will power such that we say that someone is acting against his better judgment. In ordinary English it simply does not make any sense to say that the will is acting against his better judgment. Only a person as a whole can be adequately described as someone who is in such a psychological condition that he has done something A which is diverging from what he has been declaring to be the proper thing to do. Only when we have previously attributed to someone the judgment that it is right to do A we can later attribute also the decision that he has acted otherwise and decided not to do A. When someone is showing *akrasia* or suffering from *akrasia* he is not able to solve some inner conflict between diverging motives in such a way that he is doing what he knows to be the better choice. Or to put it in a more familiar way, weakness of the will in this sense of *akrasia* means that someone knows the better and still does the worse. The opposite of this kind of weakness of the will is the personal strength of someone or the will power of someone who is not only knowing the better, but who really does it.

A philosopher defending so called *Socratic intellectualism* would have to argue that the person P*, who did not only claim that it is better to do A, but who has also done A, did A *because* he really *knew the better* and did not only claim or utter or think that doing A is the right course of action. The other person P who did the worse of not doing A resp. of doing B did not really *know* the better, but only *thought* that he were knowing it. In fact this person P must have been deceiving himself about the actual state of his heart and mind. It does not seem to be an adequate description of the actual state of his heart and mind that he *knew* the better and *did* the worse. In fact, there is a more adequate

description of the state of his heart and mind: He did not really *know* the better and this is the *actual reason* why he did the worse.

Aristotelian weakness of the will can also be understood with respect to ones utterances, thoughts and presentations and it is a quite familiar phenomenon of ethical and moral psychology. The *pathological weakness of willing* which Jaspers has been describing is a psychological, merely causal powerlessness or ineffectiveness of the very impulse of someone's volitional attempt and effort to control one's own thoughts, utterances and presentations. Therefore it is, so to speak, a pre-ethical and extra-moral phenomenon. Patients suffering from it are unable to concentrate, to control their own thoughts and to work. They may only be able to realize simple mechanical actions and even enjoy them, but they might not be able to realize complicated courses of actions and complex procedures of work which presuppose methodological imagination. Their psychological inability is surely different from any inhibition of the will by fatigue which they know by acquaintance and which many of them can distinguish themselves from this pathological kind of weakness of the will.⁷

In some psychoses patients experience the opposite of some amazing dynamic and strength. They feel as if they could do and realize almost anything they want. Sometimes such psychotic patients even succeed in realizing astonishing effects and happen to be really very strong such that other people, e.g. clinical psychiatrists, psychotherapists, nurses and curators, have a hard time to overpower them physically when they have to because other patients might be endangered. Other psychotic patients within beginning psychoses are surprised by the power and clarity of their own stream of thoughts. A manifold of thoughts is flowing towards them in a wonderful easiness and multitude as they like it although it is difficult for them to control them at will by critical reflection.

⁷ It is not really necessary to add here that this kind of weakness of will is also different from any habitual laziness or *inertia* which has been considered to be a sin by traditional Christian theology.

5. Three further kinds of weakness of the will

I think that there are three further kinds of weakness of the will to be distinguished apart from the pathological case of weakness or rather powerlessness of the will which is charities as a complete ineffectiveness of the inner subjective volitional impulse with respect to any outer objective action, such as moving my arm or making an utterance. I would these three kinds of such “normal” or non-pathological weakness of the will: (1.) ethical, (2.) moral and (3.) religious weakness of the will.

First of all, *ethical weakness of the will*, as Aristotle conceived of it, is different from Jaspers’ pathological weakness or powerlessness of the will because it is considered to be a clear case of knowing the better and doing the worse. For example, someone who is suffering from diabetes of type II is knowing that it would be better for him and the development of his state of health (a.) to eat less carbohydrates, fat things and red meat, (b.) to drink more water, (c.) to move more every day and finally (d.) to do some sports on a regular basis every week. Such knowledge about furthering one’s state of health by following some regular dietetic procedures is a clear cut case of matters of prudence or self-conduct with respect to one’s own advantage. Aristotle did consider such cases of prudence and individual ethics, when he argued against Socrates, that there are cases of weakness of the will which are different from cases of a lack of intelligence or insight. In such cases it seems that people do (seem to) know intellectually or theoretically what is good, but they are for some reason or other not able follow their own better knowledge and really do what they know to be good. The goodness involved in such a case is merely a goodness for their own sake or what is commonly called a case of prudential goodness.⁸

Secondly, *moral weakness of the will*, as Immanuel Kant conceived of it, however is different from Aristotle’s ethical weakness of the will, because it is a case of knowing (or at least judging or believing) what I should do *from a moral point of view* by reflecting on my personal ethical maxims by testing them with the principle of

⁸ The Works of Aristotle. Translated into English by W. D. Ross. Vol. IX, *Ethica Nicomachea*, Book VII, §§ 1-11, Oxford: OUP 1923.

generalizability or universalizability. Kant was insisting that over and above the ethical problems of prudence or of finding the proper course of action which is practically good or useful for oneself, there is also *another kind* of ethical problems, called ethical problems of morality, which amount to the problem of finding the proper course of action which is not only practically good or useful for oneself, but morally good.⁹

Other than the British (i.e. mostly English and Scottish) empiricists David Hume, Adam Smith, Samuel Hutcheson and Anthony Ashley-Cooper, 3rd Earl of Shaftesbury, Kant carefully distinguished between questions of ethical prudence and questions of morality in a wider and in a narrower sense. Kant defended his distinction against the popular German philosopher Christian Garve in his essay on the dialectic relation between theory and practice: *On the Old Saw: That may be right in theory, but it won't work in practice* (1793).¹⁰

However, it has been often neglected that Kant was very well aware of the fact that from an anthropological point of view human beings, who are neither merely spiritual beings, like angels, nor merely physical or organic beings, like stones or animals, do certainly have to follow some basic interests and common human goals, like taking care of one's physical, emotional and mental health or securing their own personal happiness in the long run. And perhaps it has been even more often neglected that Kant was also very well aware of the anthropological fact that human beings, should not be expected to be able to always or even only in most cases choose what is morally right under all objective circumstances. More often, and perhaps even most of the time, according to Kant it is much more realistic, rational and adequate, to merely expect that they will be moved by various affections and passions which are in conflict with each other. Such common affections and passions given it is already a sign of cultivated humanity if they will choose what is ethically right with respect to their own enlightened self-interest. For considering their common human nature as organic living beings who are also able of theoretical judgement and practical reasoning it is more adequate to their *condition*

⁹ Kant, Immanuel, *Groundwork of the Metaphysic of Morals*, Translated by H.J.Paton, New York: Harper & Row 1956.

¹⁰ Kant, Immanuel, *Über den Gemeinspruch: Das mag in der Theorie richtig sein, taugt aber nicht für die Praxis / Zum ewigen Frieden. Mit einer Einleitung* hrsg. von Heiner Klemme, Hamburg: Meiner 1992.

humaine in everyday life to expect them to care for their own sake rather than to expect them to continuously strive for moral perfection or religious holiness.¹¹

However, this more modest expectation, which is solidly based on an overall adequate estimation of human nature is not a necessary or even sufficient reason for Kant to deny completely the real possibility and presumable existence of the special morality of pure practical reason over and above the mere ethics of enlightened self-interest. The main reason for not being aware of this very special trait of Kant's moral philosophy seems to be that it is often neglected that Kant carefully distinguished between duties towards *others* and duties towards *ourselves*, such that it might not always be immoral to prefer one's duties towards others over and above one's duties towards ourselves. Although Kant did not discuss sufficiently and in detail the complexity of the ethics *and* morality of one's duties which are based on our personal relations to others, like to our spouses, children, friends, etc. his moral philosophy seems to be open to a greater sense and sensibility for such duties. After all, our ethical and moral judgements also depend on our personal relations towards others and sometimes also on the ethical or moral quality of the specific intentions, behavioural tendencies, individual habits and ethical character of other people involved.

Finally, the Christian understanding of *religious weakness of the will*, as Søren Kierkegaard conceived of it in many of his writings, but especially in his *The Sickness Unto Death* is supposed to be identical with the Christian understanding of the sin which is a corrupted condition of the will rather than a cognitive failure of the intellect, as in Socratic intellectualism.¹² This religious weakness of the will is not only different from Jaspers' three pathological forms of willing, such as (1.) *impulsive action* or *impulsive behaviour*, as opposed to instinctive action, (2.) his two kinds of *inhibitions of the will* and, as (a.) in the first case of severe depression and (b.) in the second case of the harder decision-making because of a higher awareness of the objective complexities and of the real problems of situations of decision making, and finally (3.) the complete weakness

¹¹ Kant, Immanuel, *Anthropologie in pragmatischer Hinsicht*. Hrsg. von Reinhard Brandt, Hamburg: Meiner 2003, Drittes Buch: Vom Begehungsvermögen, §§ 73-88, S. 169-208.

¹² Kierkegaard, Søren, *Training in Christianity, Sickness Unto Death, and Fear and Trembling*. Princeton (New Jersey): Princeton University Press 1941.

or *powerlessness or ineffectiveness of the volitional impulse*. This religious weakness of the will is also different from Aristotle's understanding of mere prudential *akrasia* and Kant's assumption of the possibility of a failure of the moral determination of the will by pure practical reason. Paradigmatically, the Christian idea of religious weakness of the will is commonly associated with Matthew 26, 41 which sounds in the King James version like this: *Watch and pray, that ye enter not into temptation: the spirit indeed is willing, but the flesh is weak.*¹³

It is neither obvious nor easy how this kind of weakness of the will is to be understood when compared to Socrates, Aristotle and Kant. Nevertheless, *prima facie* it seems to refer to some conflict of motives or psychological forces and perhaps even referring to some subjectively felt split within someone's personality. Therefore, it would not be adequate to read it like this: Someone (the person P as a whole) is willing to do something A or to avoid doing something B, but he or she is not able not to do A or not to avoid B. Therefore, this further case of weakness of the will is neither identical with the weakness of the will as in the classical case of *akrasia* which is described either (a.) as some lack of intellectual insight or knowledge by Socrates or (b.) as some lack of prudence by Aristotle. However, this further case of weakness of the will is also not identical with (c.) the moral weakness of the will as an actual absence of pure practical reason as conceived of by Kant. More likely, it is about someone's subjectively felt weakness of the spiritual or idealistic aspirations he is striving for, when compared with he has been actually doing. Hence, it is about the personal suffering when realizing that one is not congruent when comparing one's spiritual goals with one's real actions. However, from a Socratic point of view this personal realization might indicate some lack of insight, from an Aristotelian point of view the same personal realization might indicate some lack of prudence and finally from a Kantian point of view this personal realization might be a sufficient reason to ponder over one's ethical and moral maxims.

¹³ The Bible: Authorized King James Version with Apocrypha (Oxford World's Classics), Oxford: OUP 2008,

6. Conclusive remarks

Jaspers has distinguished between drives, wants and volitions as three kinds of motives which are involved in human decision making which may lead to successful actions. He has characterized the qualitative differences between volitions in comparison with drives and wants and he has also presented three kinds of problems about willing. Neither Jaspers' *first example* of an energetic or motivational *inhibition of the will* or rather inability of willing which is due to the lack of any drives and motives, as in the case of *severe* and *pathological depressions*, nor his *second example* of an *inhibition of the will* which is due to the pathological inability to be aware of and understand properly the objective complexity and difficulty of real life situations in order to solve their implicit tasks by appropriate decision making are what philosophers discuss under the heading of 'weakness of the will'. For weakness of the will, as mostly discussed by philosophers referring to Aristotle's disagreement about *akrasia* with the Platonic Socrates is presupposing some evaluation of the intended resp. realized action as practically *right or wrong*.

Compared to this discussion about weakness of the will all of the pathological examples of Jaspers are clearly pre-ethical or extra-moral. People who are suffering from such psychological problems are neither able to react to their own vital drives for some quite unspecific content, like hunger and thirst, in such a way that they can produce more specific emotional wants, like wanting to eat and drink something, nor some even more specific volitions, like the will to eat a piece of dark bread and drink a glass of white wine. However if, and only if people are able to realize at all such specific intentional volitions from their basic vital drives and emotional wants they are able to evaluate their own intentions and actions with respect to their implicit qualities and presumable consequences. This is also true for others who want to describe, understand and explain their inner intentions and outer courses of action from a third person point of view. They also need to make sure that the person was able at all for proper intentional willing, i.e. a personal creation of intentional volitions at all.

In his *General Psychopathology* Karl Jaspers did neither discuss classical *akrasia* nor any related problems to be found in contemporary philosophical discussions about the

ethical, moral or spiritual weakness of the will. Although in this context I have only been able to give very short sketch of the disagreement between Aristotle and the Platonic Socrates on *akrasia* or *ethical weakness* of the will here, it has become clear that it is psychologically presupposing a emotional and mental healthy faculty of willing the absence of which Jaspers has been investigating.

However, Jaspers did also not discuss in his *General Psychopathology* the kind of moral weakness of the will which is to be found in Kant's discussion of the moral. Kant is distinguishing in his *Groundwork* (GMS) and in his *Critique of Practical Reason* (KpV) between three forms of practical Reason: (1.) The lowest form of willing is the merely strategic will being based on the technical rules of cleverness (*Geschicklichkeit*) which can be heading for any kind of goal with any kind of proper means; (2.) The next higher form of willing is the pragmatic will which is based on some pragmatic rules or advices of prudence (*Klugheit*) which are bound to the proper means for realizing the real goals of common human interest; (3.) The highest form of willing is, according to Kant, is the moral will which can be either be (a.) *morally correct* such as when someone is merely willing to do A in accordance with certain conceptions, maxims and principles of morality or finally (b.) *morally good* such as when someone is willing to do A *merely because* he or she wants to be faithful to certain conceptions, maxims and principles out of personal respect or reverence (*Achtung*) for the requirements of morality as such.

When Jaspers discussed the diverse psychopathological phenomena of the psychological preconditions for the higher ability of the personal construction of intentional volitions in his *General Psychology* he investigated some psychopathological phenomena which philosophers tend to leave out of their focus or at best presuppose when they attempt to understand the intentional contents of normative and evaluative structures involved within ethical or moral problems. This does certainly not mean that Jaspers would deny that there are various other ethical, moral and religious forms of *weakness of the will*, which philosophers usually discuss with respect to quite normal, i.e. more or less healthy minded and emotionally well-tempered human adults.

However, when philosophers discuss various problems of philosophical anthropology and psychology including moral psychology they should be aware at least of some of the main problems of the psychopathology of willing as discussed by Jaspers. Jaspers'

discussion of the psychopathology of drives, wants and willing in his *General Psychopathology* is surely not the last word since discussions about the main phenomena, concepts, distinctions and methods have been further developed in current psychiatry and empirical psychology. Jaspers' phenomenological and anthropological approach to psychopathology is currently also challenged by many more recent studies in the neurosciences. Nevertheless, neuroscientists may also still learn a great deal from his fundamental and systematic work in psychopathology because, just like psychiatrist, psychologists, social scientists and philosophers, they can also learn about human nature and the *condition humaine* from the common failures and the less common tragedies of what it means to be a mere human being.