

Karl Jaspers: Psychiatrist, Philosopher, Humanist

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Karl Jaspers (1883–1969), a towering figure in 20th century thought, studied law, then medicine, and began his career as a psychiatrist at the Heidelberg University *Klinik* with Franz Nissl and Hans Gruhle. The first edition of his *Allgemeine Psychopathologie* (*General Psychopathology*) appeared in 1913.¹ In 1916, he was appointed Professor of Psychology, and in 1921, Professor of Philosophy in Heidelberg. In 1937, he was deprived of his academic chair and banned from lecturing and publishing because of his open opposition to the Nazi regime. From 1948 until his death, he was Professor of Philosophy in Basel.

As a philosopher, Jaspers did not subscribe to any professional “school” (he had not done formal studies in philosophy), yet his world-wide influence is lasting. His name has often been linked to existentialism, but in fact his huge philosophical legacy does not fit into any of the “isms.” This seeming paradox is best illuminated by Jaspers’ description of his own position (“if I know what philosophy is, it is through living in it; through a definition I know it not”) as a return to the primordial roots of philosophy in self-reflection that is inseparable from engagement with the “lived” real world. Consequently, the span of his *opus* ranges from philosophical logic² and the history of ideas^{3,4} to politics (*The Question of German Guilt*, 1946)⁵ and the impact of nuclear weapons on the course of human development (*The Atom Bomb and the Future of Mankind*, 1961).⁶ A major work, complementing in many respects the *General Psychopathology*, is *Psychologie der Weltanschauungen* (*Psychology of World Views*, 1919).⁷

Although Jaspers worked as a psychiatrist only from 1908 to 1915, he maintained throughout his life an active involvement with the discipline, was amazingly well read on current developments, and periodically revisited clinical settings to update himself on practical issues. As a

result, *General Psychopathology* underwent 7 revised editions, growing in size from an initially slim volume to the monumental 992-page text of the English language translation of the 7th edition.

Why and how was *General Psychopathology* written? Jaspers joined the Heidelberg Clinic at a time when Kraepelin’s nosology was already established in Germany and its international acceptance was growing. However, after 2 decades of vigorous research efforts in psychiatry, which aimed to emulate the advances in clinical medicine, a sense of stagnation was prevalent. Psychiatry had no common language and no conceptual anchoring analogous to the role of pathophysiology in relation to clinical medicine. In his *Philosophical Autobiography*, Jaspers wrote about the emergence, in Heidelberg, of his desire “to oppose everywhere the talking without real knowledge, especially the ‘theories’ which were playing such an important role in psychiatric language.”⁸ Following the success of his early papers on the phenomenological method and on false perceptions, delusional jealousy, and homesickness and crime,⁹ he was approached in 1911 by his teacher Karl Willmans and the publisher Julius Springer with the request to write a book. Jaspers’ project had 2 ambitious aims: first, to create a conceptual basis (*Grundlagenwissenschaft*—fundamental science) *specific* to the subject matter of psychiatry; and second, to define the building blocks of the discipline that would be analogous, but not homologous, to the symptoms and signs of medicine. Neither psychophysiology nor brain pathology at the time could provide such a basis, and the ad hoc empirical descriptions of abnormal behavior were too arbitrary and unreliable to serve the purpose. Two sources outside psychiatry had inspired Jaspers’ search for a paradigm appropriate to his aims: Edmund Husserl’s philosophical phenomenology¹⁰ and Wilhelm Dilthey’s theoretical psychology.¹¹ Jaspers adopted and adapted Husserl’s “descriptive psychology” as a method of systematic articulation of subjective mental states as experienced and described by patients. From Dilthey he borrowed and elaborated the distinction between

'genetic' (empathic) understanding of the connectedness of subjective experiential contents and the objective explanatory models. The resulting framework constituted the conceptual scaffold of *General Psychopathology* to which substance was added by a richness of empirical clinical case observations and by progressively updated excursions into neuropsychology, neurobiology, and philosophical anthropology. At least 3 of the methodological principles supporting the framework need to be briefly described.

The first principle is the use of phenomenological analysis. Today, the term "phenomenology" is often used in a rather loose manner, referring generally to the catalog of symptoms and signs in psychiatry. However, in *General Psychopathology*, phenomenology has an entirely different meaning: it is the *method* of bringing "to conceptually clear consciousness" and of characterizing "mental processes as they really are", by analyzing the subjective self-descriptions of patients. "This representation of psychic experiences and psychic states, this delimitation and definition of them, so that we can be sure the same term means the same thing, is the express function of phenomenology." As a matter of fact, Jaspers' phenomenological method rehabilitated introspection for psychopathology at a time when it was on the way out in psychology: "Phenomenology is for us purely an empirical method of inquiry maintained solely by the fact of patients' communications. It is obvious that in these psychological investigations descriptive efforts are quite different from those in the natural sciences. The object of study is non-existent for the senses and we can experience only a representation of it. Yet the same logical principles are in operation." In attempting to objectify the subjective reality as the immediate "given," experienced by the patient, phenomenological analysis "brackets out" any assumptions about their putative causes in brain physiology, unconscious mechanisms, etc, and creates a set of concepts and categories in which subjective experience is fixed and can be communicated. The result of this analysis is a detailed conceptual map of psychopathology *as experienced* by patients.

The second fundamental methodological principle introduced by Jaspers concerns the ways in which relations between psychopathological phenomena can be studied. Phenomenology is, by definition, static; the study of relations must be, by definition, dynamic. A radical distinction is proposed between the *psychological understanding* of "meaningful connections" (ie, the way one mental content flows from another) and *causal explanation* linking mental contents to extraconscious brain events. While the former operates purely within the phenomenological sphere of consciousness, the latter belongs to the realm of natural science and uses measurement, cause and effect models, and statistical prediction. The 2 approaches are complementary and often used jointly in both the scientific study of mental disorders

and in the individual clinical case but can never be fused or reduced to one another (the result of such attempts would be either "brain mythology" or "the mythology of psychoanalysis").

The third methodological principle concerns the classification of the psychopathological phenomena and their relational contexts. A characteristic quotation provides insight into the essence of Jaspers' thinking: "We obtain our facts only by using a particular method. Between fact and method no sharp line can be drawn. The one exists through the other. Therefore a classification according to the method used is also a factual classification." The phenomenological method involves a distinction between the *form* of psychopathological phenomena and their *content*. It is the form that provides firm ground for classification although "the psychologist who looks for meaning will find content essential." The clinical applications of this principle can be illustrated by the classificatory concepts, introduced for the first time in *General Psychopathology*: *process* (eg, the psychoses where psychological understanding is bounded by extraconscious mechanisms), *reaction* (where the contents of the abnormal phenomena is in principle understandable), and *development* (where both extraconscious causes and meaningful connections shape individual *biography*).

The influence of a book of such caliber should be judged not only by the frequency with which it is quoted in the literature but first and foremost by the extent to which its ideas have permeated the fabric of the scientific discipline—often losing the authorship tag in the process of assimilation. This is certainly the case with *General Psychopathology*. Not surprisingly, Jaspers' ideas had a lasting impact on German-speaking psychiatry, in a continuum of psychopathological thinking and writing ranging from K. Schneider and K. Birnbaum to W. Janzarik and C. Scharfetter, who preserved the basic tenets of *General Psychopathology* while elaborating or modifying many aspects of the superstructure. In British psychiatry, elements of the phenomenological approach were introduced in the 1950s by W. Mayer-Gross (who had worked with Jaspers in Heidelberg) and F. Fish although the English translation of *General Psychopathology*—no small feat for the translators J. Hoenig and M.W. Hamilton, considering the formidable linguistic issues—appeared only in 1963. Two important factors in the dissemination of the principles of descriptive psychopathology and phenomenology throughout the English-speaking world were the drafting of the prototype Glossary of Mental Disorders by A. Lewis, commissioned by the World Health Organization (WHO) in 1967 to accompany ICD-8,¹² and the development of the Present State Examination by J. Wing et al.¹³ as the standard psychopathological interview for the WHO cross-cultural studies of schizophrenia.^{14,15}

The discovery of descriptive psychopathology and phenomenology in the United States in the 1970s,¹⁶ followed by the characteristic vigor with which ideas that are new (to American psychiatry) are embraced and repackaged, resulted in the truly monumental achievement of DSM-III/R that “relies heavily on concepts that were first introduced, or at least refined, by Karl Jaspers.”¹⁷ Both DSM-IV and ICD-10 can be seen as inheritors of portions of Jaspers’ legacy. A note of caution, however, is necessary; by articulating in great (sometimes arbitrary) detail the presumed diagnostic function of the symptoms and signs of descriptive psychopathology, both systems tend to create an illusion of nosological definitiveness in psychiatry that runs contrary to the factual state of knowledge and may contribute to impoverishment of clinical description and understanding of the person (in Jaspers’ own words, “psychiatric diagnosis is too often a sterile running round in circles so that only a few phenomena are brought into the orbit of conscious knowledge”).

An indication of the lasting impact of the ideas of *General Psychopathology* is the recent upsurge, within psychiatry and psychology, of interest in the philosophical underpinnings of psychiatric practice and research. The major advances of the past 3 decades in the application of powerful biological research tools to the study of psychiatric disorders raise questions about the adequacy of the simplistic models of mental activity and psychopathology that underlie a good deal of current research in biological psychiatry. To quote N.C. Andreasen, “DSM has had a dehumanizing impact on the practice of psychiatry ... DSM discourages clinicians from getting to know the patient as an individual person because of its drily empirical approach.”¹⁸ Against the background of such developments, Jaspers’ methodological and substantive contributions need to be placed high on the agenda of critical discourse. Examples of issues to be addressed include the lack of a clear “operationalization” of the method of phenomenological analysis; the questionable dichotomy between form and contents of psychopathological phenomena; and the limitations of the view that psychotic experience is not amenable to psychological understanding. However, it is surprising that even in the opinion of modern critics, relatively few of the essential supporting structures of the edifice need to be totally discarded or fundamentally revised. It seems that *General Psychopathology* will remain on the priority reading list of thinking psychiatrists and psychologists well into the 21st century, vindicating Michael Shepherd’s verdict¹⁹

that *General Psychopathology* “remains the most important single book to have been written on the aims and logic of psychological medicine”; as such, it “should be studied and assimilated by all psychiatrists in training ... and by their teachers.”

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