

On the centenary of *Allgemeine Psychopathologie*

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Essay

In memoriam Professor Doctor Dionisio Nieto Gómez

Exactly 100 years ago in July 1913 and with the Great War –arguably the most significant historical event of the 20th century– waiting in the wings, an extraordinary book was published in Germany with the title “*General Psychopathology. A guide for students, doctors, and psychologists*” (“*Allgemeine Psychopathologie. Ein Leitfaden für Studierende, Ärzte und Psychologen*”). This exceptional work, together with the psychiatric work of Emil Kraepelin, founder of the modern psychiatric nosology which preceded it, marked a milestone in the history of the psychiatry that we know and practice today.

Its author, Karl Jaspers, a young doctor 30 years of age, was born on 23 February 1883 in the city of Oldenburg, Germany, into a liberal upper middle-class family which had lived in that region for generations. He had an intellectual inclination towards philosophy since his basic education finished in his native city, but in order to please his father he started studying Law in the University of Freiburg in 1901, which was interrupted after a few months due to respiratory difficulties, later diagnosed as bronchiectasis. In spite of the serious limitations caused by this condition which persisted throughout his life, after being admitted to hospital and with a period of recuperation at home, the tenacity for which he would become notorious prevailed, and in October of that year he resumed his studies. He enrolled in the University of Heidelberg in order to continue his studies in Law; to cover the elective subjects being taught at that time, he designed a wide and ambitious program that included attendance at seminars for philosophy, art, and experimental psychology presided over by Emil Kraepelin, Director of Clinical Psychology at the University. This must have been Jaspers’ first contact with the mental health sciences.

Due to his health problems, Jaspers was once again forced to suspend his studies. In the spring of 1902 he travelled to Italy and upon his return to Germany attended the

summer semester in Law, this time at the University of Munich. However, as his ill health continued and his recovery was still not satisfactory, on the advice of his doctors and as part of treatment for his lung condition, in the month of August he retreated to the mountains of Sils Maria in Switzerland. Surrounded by the peace and quiet of the countryside, he seriously considered his future and decided to abandon his studies in Law in order to dedicate himself to science as a precursor to studying Philosophy, which always was the discipline that interested him most and to which he ultimately dedicated his entire life. In order to do this he needed to convince his father –who financed his studies and insisted that his son became a lawyer– that his primary interest was science and not law. His negotiations were successful and his father agreed to continue financing his studies. In the winter semester of that same year he enrolled as a student of medicine at the University of Berlin, where he studied the first two semesters of the twelve that were required for that course. His illness and the relative distance between the university and his lodgings limited his success as a student, and he therefore decided to move to the University of Göttingen to continue his studies in Medicine and he remained there for three years. However, due to fresh concerns over his health and also due to scientific and intellectual interests, in the summer of 1906 Jaspers returned to the University of Heidelberg where he finished his studies in Medicine and in January 1908 he took the State exams and graduated “*suma cum laude*”.

Intending to dedicate himself to Psychiatry, he continued his medical training as an intern of Medicine in the Psychiatric Clinic in the University of Heidelberg itself, a hospital which had been run by Emil Kraepelin years before –until he was named Professor of Psychiatry at the University of Munich– and which in 1908 was under the direction of the prestigious neuro-anatomist Franz Nissl. However,

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Jaspers soon thought that even if he had the opportunity for in-depth clinical history of the patients, the area of therapy was of very little interest to him. "The big mistake of this clinic is that is that you don't learn therapy. Above all, a kind of therapeutic nihilism is appreciated here. However, that is not so bad in the sense that if you are good at diagnosis the therapy is the easiest part. In terms of diagnosis, there can be no better instruction than here, as much due to the quantity of material as to the very critical scientific approach that prevails in the Clinic".¹

Furthermore, according to memories in his autobiographical notes,² it seemed to Jaspers that as was the case in other German hospitals, not only was the teaching of the treatment nil, but so too was the scientific research. In spite of this, interested as he was in mental disorders, he tried to learn all he could. He soon realized that there was enormous confusion in terms of the terminology employed by psychiatrists coming from different schools; a factor that hindered understanding between them. "It seemed to me that a cause of this intellectual muddle lay within the nature of the case. The object of psychiatry is the man, not just the body... Our topic is also that of the *Geisteswissenschaften* (the human sciences). They had to develop the same concepts, but with much more subtlety and definition. One day we overheard a confused discussion or a paranoid speech and so I said to Nissl: 'We must learn from the philologists'. That was when I started to look into what Philosophy and Psychology could offer us... That was the situation in 1911, when Wilmanns and the editor Ferdinand Springer asked me to write *General Psychopathology*."²

Apart from these obstacles to his preparation in Psychiatry, Jaspers faced another problem that probably determined his short time in the field, which could have been significantly longer if things had happened differently. His respiratory incapacity had prevented him from undertaking the working demands in the clinic and greatly limited the necessary contact with illnesses, making it impossible to directly obtain detailed information which he always considered of critical importance, both for research as well as for psychiatric practice. The above notwithstanding, this allowed him to carry out the necessary work to write and defend his thesis "*Nostalgia and crime*"³ in December 1908, obtaining his Doctorate and getting published the following year.

Once again due to his physical incapacity, Jaspers was obliged to interrupt his work with illnesses treated in the clinic and at the start of 1909, now as a resident in psychiatry (an unpaid voluntary position) and still intending to be a psychiatrist, Jaspers convinced Franz Nissl to supervise him in continuing his research work in the clinic library, occasionally substituting when a colleague did not attend or was not available. Franz Nissl agreed.

This new occupation allowed Jaspers to fully commit himself to writing various works of singular importance in psychopathology which were published in the journal *Zeitschrift für die gesamte Neurologie und Psychiatrie*, funded

by Alois Alzheimer in 1910. In chronological order, these were: *Delusions of jealousy, contribution to the problem: Development of personality or process?* (1910),⁴ fundamental concepts in his work on psychopathology; *Methods of measuring intelligence and the concept of dementia* (1910),⁵ of which he was particularly proud; *Analysis of misperceptions (vividness and testing of reality)* (1911);⁶ *Current phenomenological research in psychopathology* (1912)⁷ and *Causal and "comprehensible" relationships between destiny and psychosis in praecox dementia (schizophrenia)* (1913).⁸

The culmination of the works in this period of Jaspers' life was his monumental work *General Psychopathology* which he began writing in 1911 at the request of the editor Ferdinand Springer and his colleague Karl Wilmanns. In 1918, Wilmanns succeeded Franz Nissl as director of the Heidelberg Psychiatric Clinic until 1933, when he was the first university professor of great prestige to be expelled from a post in a German university for political reasons, which brought to an end one of the most luminary periods in the hospital's history.

Once *General Psychopathology* had been published, it was presented as a thesis which helped Jaspers secure a teaching position and obtain the title of unsalaried lecturer in Psychology at the Faculty of Philosophy of Heidelberg. Three years later in 1916, we was made assistant professor of Psychology in the same faculty. In 1919, he published *Psychology of worldviews*, in which he set out the fundamental philosophical themes that he developed throughout his life and which is now considered the first book of existentialist philosophy ever published, preceding Martin Heidegger's *Being and time* in 1927. From that point, the intellectual and academic path of Jaspers split from that of medicine and psychiatry and led towards philosophy, the discipline that would occupy him throughout his life and from which he would never part again.

In 1921 Jaspers obtained a Professorship in Philosophy at the University of Heidelberg and in 1932 he published the book *Philosophy*, which is considered his most important philosophical work. He remained in that post until 1937, the year in which the Hitler regime expelled him from the university, given that, due to his own philosophy, he was an important, prestigious, firm, and radical opposer of national socialism. He was also married to Gertrud Mayer, a German Jew whom he had married in 1910. During the Hitler dictatorship he was ostracized and his publications prohibited, but he remained in the city of Heidelberg and continued with his intellectual activity. This allowed him, after many years, to return to Psychiatry upon conducting an in-depth review of *General Psychopathology* which he could not publish until 1946 due to the prohibition of his works. With very few changes and notes on previous editions, this is the version we know, translated into Spanish and published for the first time in Argentina in 1970⁹ and later in Mexico as a revised version in 1993.¹⁰

Jaspers' intentions to leave Germany for England and Switzerland were on the condition that his wife would stay in Germany; he refused this outright and even made a suicide pact with her in case she was deported to a concentration camp. This never had to happen, because in spite of her being included on a list for the next convoy leaving from Heidelberg to an extermination camp, the city was liberated by the North American army on April 1st 1945.

On April 15 of that year, Jaspers was reinstated in his professorship of Philosophy and he gave the Inaugural Speech that reopened the Faculty of Medicine. From that point, he published a large number of books and philosophical essays that won him various prizes and academic awards. In 1948 he was named Professor of Philosophy in the University of Basel, where he remained until his death on February 26, 1969. Along with Martin Heidegger, Karl Jaspers is currently considered the greatest German exponent of existential philosophy.

Jaspers' *General Psychopathology* is not a work about psychiatry; nor is it a philosophy book. It is a book of psychopathology, novel in its conception, its content, and its structure, which gives it particular characteristics and places it between medical science and philosophy. For Jaspers, scientific experience was a necessary requirement in order to do philosophy, and was a stepping stone to transfer to it. This type of intellectual behavior marks the evolution of his thought in what finally led him back to his enduring first interest: philosophy.

General Psychopathology was not the first book to be written with that title. Indeed, as Jaspers himself indicated in the introduction of the work, in Germany there were two books on psychopathology that preceded his own; that of Herman Emminghaus, published in 1878¹¹ and that of Störring, which appeared in 1900.¹² Of the first work, Jaspers remarked: "His method is purely descriptive and shows general unproven attitudes in medicine, based on the natural science of its time"¹³ and he claimed the second to be fundamentally theoretical: "...but before the enormous variety of psychic reality, Störring's book offers very limited solutions".¹⁴

However, and without underestimating the merit of these works, Jaspers considered that they did not meet what was, in his mind, the primary proposal of psychopathology, given that for him: "General psychopathology is not just the didactic exposition of what already exists, but it also carries out conscious work in the ordering of everything. All psychiatry is characterized by a type of order in that it has a total image that is more or less complete, mobile, or rigid. A book on psychopathology seeks to cooperate in this overall framework or in the manner of thinking about the whole, in where all the particular methods have their sense and their limits. Books that justly aspire to a total exposition therefore have their decisive importance by the way the whole is seen and how the whole is made

to appear in the visible systematic and in the direction of thought".¹⁵

For Jaspers, then, the object of psychopathology is something very distinct, broader, more varied, and in-depth than that of its predecessors: "It is the psychic events that are really conscious. Although its primary concern is pathological facts, it is also necessary to know what human beings experience generally and how they experience it; in summary, it is concerned with the totality of psychic reality. It is necessary not just to examine the events, but also the causes and conditions in which they happened, as well as the relationship and ways in which the experience manifests itself".¹⁶

Much has been said about *General Psychopathology* being a difficult book to read, and that to a great extent – apart from the huge influence it has had on German psychiatry since its publication – this is the reason for its late acceptance into and influence on psychiatric theory and on the practice of psychiatry itself in other countries. In the words of Michael Shepherd: "its argumentation is dense and set out in a diffuse way, quite difficult in its original German and frequently difficult in other languages, in spite of the heroic efforts of translators... Perhaps the principle difficulty presented by this book is that it does not unfold in a manner familiar to the reader".¹⁷

Indeed, to make reading this book more enjoyable, it is important to bear in mind its peculiar structure. In this sense, as indicated by S. Nassir Ghaemi,¹⁸ it is again the eminent English psychiatrist Michael Shepherd, a dedicated student of Jaspers, "...who has probably best captured its nature" when he confirms that "...it should be considered as an intellectual map, a guide for a series of themes of knowledge that are separate but related, and which are identified in the index... The primary intention is not, however, to present an ordered study, but a general designed vision, in Jaspers' words, 'to develop and order knowledge guided by methods through which we learn to know the process of knowledge and by the same token, clarify the material'. The consequence of this objective depends primarily on the clarification of a series of concepts that are traditionally ignored or excessively simplified in psychiatric literature. In order to duly deal with subjects such as the relationship between body and mind, the role of scientific investigation, the principles of classification, personality, subjective-objective dichotomy, or notions of health and illness, some knowledge is required about the history of the ideas in other disciplines. It is here that Jaspers introduces his own ideas, drawing upon a voluminous tradition of philosophical and social theory in order to approach these perennial problems in relation to psychopathology."¹⁹

To attempt to summarize Jaspers' *General Psychopathology* is to do so in vain; not even the blurb of the book itself can give a precise idea of its contents. Such an attempt would also make little sense, given that excellent as its blurb is, it loses many of the deeper and more subtle

ideas that are set out within and it can easily fall into the superficial.

The book is divided into six parts which are preceded by the Introduction and concluded by an Appendix. However, to have a rough idea of its contents, perhaps the best approach is to refer back to Jaspers himself for an explanation. In the Introduction he summarizes it thus:

"The first part features the *typical particular empirical facts of psychic life*. Subjective occurrences and the somatic states, objective performances, and significant facts manifest themselves successively in world expression and work (for example expressions, productions, and the words of the patients themselves). All of this exercises at the same time the *organs of apprehension* of psychopathology and show the immediate results".

"The second and third parts are dedicated to the *relationships* of psychic life and, especially in the second part, to the *comprehensibles* and in the third to *causals*. Relationships are not known directly for the admission of the facts; rather, in research, for the verification of facts. These two parts also exercise the *organs of research* of psychopathology. Given that between spirit and nature, man is both things simultaneously, for knowledge all sciences are equally required. What is explored in the second part is the dominium of the sciences of the spirit, and investigations in the third relate to biology".

"In the fourth part, after what has been predominantly analytical, comes something predominantly synthetic, around knowing how the *totality of psychic life* is conceivable. What comes to light here is the *total conception of the clinical*. This sees the entire individual, it thinks about the nosological unit, in its diagnosis, the constitution carried by everything, and biography, only in the totality of which is each individual shown".

"The fifth part considers psychic life that is *sociologically and historically* abnormal. *Psychiatry* is distinguished from the rest of medicine by the fact that the human soul is entirely imprinted from the circumstance that man is not just a natural creature, but a cultural one. Morbid psychic processes depend on their content and their form of the cultural circle, and they have repercussions in it. The fifth part presents the *historical vision* of human reality".

"In the sixth part, we come to a terminal discussion about the *whole of the human being*. In this part they are not empirical tests carried out; rather, what takes place is a philosophical reflection. The specific totalities that had a direct sense in each chapter are all relative. The general concept of the clinical does not empirically encompass the whole of the human being. The man is always even more than what is recognized in him. The final discussion does not, therefore, increase our knowledge; rather, it clarifies our basic *philosophical attitude* in that we carry out all knowledge and all learning of man".

"The theme of this book is in demonstrating what we know. Only in the appendix are the practical tasks funda-

mentally characterized. A brief overview of psychopathology as science is set out."²⁰

As can be seen in this summary from Jaspers himself, *General Psychopathology* deals with themes that are fundamental to psychiatry, the careful and calm analysis of which is contrary to all dogmatism, which Jaspers always radically opposed. In the work, he set out the fundamentals of psychopathology, considering the human being in its totality, as required by any analysis that is made of him, and which aims for an authentic knowledge of man, healthy or sick.

It should be made clear that in *General Psychopathology*, Jaspers only used part of the phenomenological method, given that "he only accepted the first step of phenomenology, the descriptive moment, and he refused to take the next step, which was that of finding the essences, considering it with a philosophical or metaphysical and therefore not scientific character."²¹

For this reason, he warns that: "There is a misunderstanding when my book has been designated as 'the primary work of phenomenological leanings'. The attitude of phenomenology is a point of view and it has been set out in detail in a chapter of this book. But the ideal of the book is precisely that it is only a point of view and it includes a subordinate point of view."²² Thus, Jaspers only applied to psychiatry a method taken from philosophy, but this does not mean that he has made philosophy of psychiatry, as some have claimed. To apply a philosophical method to a science does not make anybody a philosopher; indeed, accepting this is tantamount to maintaining that applying Aristotle's method of logic to everyday thinking is philosophy.

Later on in the book, Jaspers points out the usefulness of the phenomenological method for psychopathology in saying: "Phenomenology has various aims: it *provides a concrete description* of the psychic states actually experienced by sufferers and *enables them to be observed*; it revises the relationship between them, it *defines* them as precisely as possible, differentiates them and provides the adequate terminology for them. Given that we can never perceive the psychic experiences of others directly, as with physical phenomena, we can only have a representation of them. There has to be an act of empathy, of comprehension, to which a number of the external characteristics of the psychic state or the conditions under which they occur can be added as the case requires; we can make definite comparisons or return to using symbols or some other type of data management. Our main help in all of this comes from the *self-descriptions* of the sufferers themselves, which can be evoked and tested in the course of personal conversation; from all of this, we can obtain data that is clearer and better defined. Descriptions written by the patients can be abundant in content, but we can do nothing but accept them. An experience is best described by the person who has lived through it. Psychiatric observations that are prepared on the basis of what the patient is suffering is no substitute."²³

"What is needed is a calm immersion into the facts of psychic life without adopting any specific attitude towards them. Human beings must be observed impartially, with live interest and without any type of evaluation".²⁴

However, Jaspers warns, "Phenomenology (only) gives us a series of fragments of the psyche actually lived... (but as) the actions and worlds of the sufferers and their mental manifestations always show another type of fact, we ask what the relationship is between all of these".²⁵

Before this question, the answer to which is fundamental in order that psychopathology is not limited simply to the identification and recollection of phenomenologically-captured psychic facts, Jaspers, with surprising clarity and simplicity, resolves the problem by applying to the psychic phenomena the method of comprehension and explanation put forward by Wilhelm Dilthey in 1894.²⁶ In effect, Dilthey had, years before, suggested that this method was adequate for the study of sciences of the spirit (human sciences), which were susceptible to *comprehension* and among which included psychology and natural sciences, his study accessible by means of the *explanation* and which included biology, among others. It is his work that coined the phrase: "The mind is understood, nature is explained".

Indeed, the psychic life of every person is a succession of facts, experiences, and occurrences that converge in time and the particular circumstances that each person has to live. To a great extent, these conditions determine the particular, unique, and unrepeatable characteristics that distinguish a person from everyone else and which make up a sense of one's own history. But it is clear that when the psychic life of a person is treated not as a series of isolated and unconnected facts, but rather as interrelated and multilayered, it organizes and manifests itself to be full of meaning, *it is comprehended*. This reality, which we effortlessly verify every day in ourselves and others, integrates the singular, personal, and unrepeatable biography, which, through its unique characteristics, confers the identity, singularity, and individuality that distinguishes every human being.

In reality, Jaspers himself had already tested with fruitful results the method of comprehension and explanation of psychic phenomena in other works^{4,7,8} which he wrote at the time of *General Psychopathology*. However, it is here where he summarizes his ideas and sets them out as a method to define with much greater precision what happens to mental patients:

"To eliminate ambiguity, we always use the expression *comprehend* (*verstehen*) for the vision of the psychic from within. After the fact of knowing objective causal relationships, which is only seen from without, we never call it comprehending; rather, we use the term *explain* (*erklären*)".²⁷

"While in natural sciences it is *only* causal relationships that can be discovered, in psychology, our inclina-

tion towards knowledge is satisfied in the capture of a very distinct type of relationship. The psychic 'springs' from the psychic in a manner understandable by us. Someone who is attacked feels enraged and defends themselves, someone who is cheated feels distrustful. The way in which the spring occurs is understood by us, *our comprehension is genetic*. We therefore understand lived-through reactions, the development of passions, the appearance of delirium; we understand the contents of dreams and delirium, the effects of suggestion, we understand an abnormal personality in its own essential relationship, we understand the fatal course of a life, we understand how a sick person understands themselves, and the way in which this understanding of oneself becomes a factor in subsequent psychic development".²⁸

Furthermore, following this same line of thought, Jaspers proposes a complete and precise panorama of the method he employs, distinguishing two forms of genetic comprehension. The first is "rational comprehension", which is purely phenomenological and descriptive: "For example, when thoughts can be understandable because one emerges from others in accordance with the rules of logic, the connections are rationally understood (we understand what is spoken)".²⁹ The second is "empathic comprehension" (*einfühlden*), which is that which stems exclusively from psychic phenomena, has its origins in those phenomena, and allows them to relate with one another: "But when we understand mental states as originating from emotional states, desires, and fears of thought, we primarily understand in a psychological or empathic way (understanding of what is spoken³⁰)." "If rational comprehension always drives confirmation that the psychic content is simply a rational connection, understandable without psychic help, empathic comprehension is, on the other hand, always driving us directly to the same psychic connections. If rational comprehension is just an auxiliary medium of psychology, empathic comprehension leads to that same psychology."³¹

A logical consequence of the above is that in natural sciences, comprehension of observed facts is not operating, given that if they are not accessible to comprehension, they can only be explained. To this can be added the fact that even if the explanation of natural phenomena had no limit, "*comprehension in turn encounters borders at every turn...*" "The existence of psychic, special predispositions, the rules of acquisition and loss of dispositions of memory, the consequence of the total psychic state in different parts of life and everything else, that we can summarize as a substructure of the psychic, is a border for our comprehension".³² In the physical world, all phenomena observed necessarily *has* an explanation and the fact that, under certain circumstances, it could not happen, in no way means it does not exist, but simply that it is not known in that moment, but has every probability of being found in the future.

For Jaspers, the fundamental psychopathological problem consists of determining if the psychic disorder that we observe corresponds to the unitary development of a personality or to the emergence of an organic process "that with the interruption of the biological course of life alters the psychic life incurably; irreversibly."³³ It is precisely here where Jaspers demonstrates that this extremely important problem can be resolved by applying the method of understanding and explanations. "*The biographical criteria of the process are: the appearance of a new element localized to a brief space in time, accompanied by various known symptoms, and the absence of a precipitating cause or of any life occurrence sufficient to explain its appearance. We also refer to development of a personality in which we are able to understand what has been developed within the total framework of the vital history in all its categories, always presuming a substrate of normal biological events*".³⁴ Therefore, even if in the development of a personality the psychic unit is maintained and as such is susceptible to being comprehended, on the contrary, in the process, the appearance of something new and not comprehensible signifies a break of feeling in psychic life, which can be susceptible to explanation but will never be understood, as erroneously believed by the Freudian school of psychoanalysis.

This contribution from Jaspers has been of major importance in the history of Psychiatry. His introduction of the first part of the phenomenological method in the study of psychopathology allowed, for the first time and in a scientifically decisive manner, to distinguish those disorders that are generated from occurrences and life events which make up the psychic life of the patient (and which are, as such, susceptible to be comprehended), from those in which new psychic elements interrupt; elements of extra-psychic origin. These 'break' the continuity of feeling in psychic life without establishing any connection with the rest of the biographical psychic elements and can only be explained.

Before the above, we are facing a biological phenomenon, the expression of which will be psychic, but nothing more. Where comprehension ends, explanation begins.

For the sake of completeness, in this last case, if the fact is not susceptible to genetic comprehension because it does not come from the psychic life of the person, its origin is necessarily extra-psychic, and as such, is a biological phenomenon whose expression is psychic, but nothing more. In the absence of other methods to study mental disorders, this is an essential instrument to allow the psychiatrist to scientifically distinguish purely psychic disorders from authentic organic illnesses, independently of whether their anatomical-physiological substrate is settled or not.

To obtain the objectives of this phenomenological attitude and be able to carry out the analysis of psychic phenomena; understand or explain them; determine whether

they are a development or a process, and establish on firm bases a diagnosis, Jaspers considers it necessary to prepare a patho-biological history that is as complete as possible. This can only be obtained by maintaining a continuous dialogue with the sufferer. Through this dialogue, the authentic biography of the sufferer can gradually be uncovered, along with the trajectory of their life, the circumstances that surround it, and to a greater or lesser extent –given that there are many limits to comprehension– this can allow for an in-depth examination into the most intimate life events of the person who is the object of the study. In this way, an approximate description can be gained, though sometimes not without great effort, of how their psyche has evolved. In psychiatry, the patho-biographical history of the sufferer cannot be left out if we truly wish to arrive at a diagnosis; it is essential to instate the correct treatment.

Jaspers expresses this as follows: "Every psychic life is primarily temporary in form (*Zeitgestalt*). To capture a man is something that requires contemplation of his life from birth until death. While somatic doctors as such only have to do with a passing or acute illness... psychiatrists, in contrast, have always been occupied by the entire past life of their patients with all the particularities of their personal and social lives. *All correct clinical history leads to biography. Psychic illness is rooted in a person's entire life, and for it to be captured, it cannot be isolated from it.*"³⁵ Because of this, a patho-biography should include "all of the facts referring to a man that it is possible to know".³⁵ Even as the clinical history is essential in medicine, in psychiatry it acquires particular importance, given that as far as possible, it should come close to reflecting the human being as a whole; both their psychic life and their biological events. This is of utmost importance for Jaspers in psychiatry, and he therefore dedicates a long chapter to the idea, with which he closes the fourth part of *General Psychopathology*.

When Jaspers wrote *General Psychopathology*, German psychiatry of the time was dominated by the figure of Emil Kraepelin, founder of the psychiatric clinic on empirical biological bases, a branch of medicine, and as such, included among the natural sciences. On the other hand, in a different area and with a diametrically opposite focus, Sigmund Freud, applying to the study of neurosis the comprehensive method that he would soon extend to the study of all of pathological psychiatry, proposed his own psychoanalytical theory that very rapidly achieved widespread acceptance and distribution in certain psychiatric circles. It is obvious that Jaspers could not remain outside of these two currents of psychiatric thinking which did not coincide with his own, and they are present in psychiatry today, albeit with substantial modification.

In the two successive editions of his book, *Psychiatry. Manual for students and doctors (Psychiatrie. Ein Lehrbuch für Studierende und Ärzte)*, Emil Kraepelin had, with great certainty, proposed a new systematization of the psychiatric

nosology that persists to this day. This new nosography was developed through the careful follow-up of the evolution of endless psychiatric patients' natural history, the product of his own observations, and the detailed analysis of hundreds of clinical histories; identifying symptoms, observing their modification, and grouping them into syndromes to arrive at forming definite diagnostic bodies. With this system he managed to overcome the chaos of classification of psychiatry that prevailed not just in Germany, but in the whole world. He separated a group of serious illnesses from the thinking with particular characteristics dominated by "early dementia", which inevitably led to the deterioration of psychic function -in other words, dementia- from "manic depressive psychosis". The disorders in this illness were primarily those of the affective life of the sufferer, presented in phases that alternated with periods of normality and its evolution was characterized by not producing any deterioration once the phase had ended. With no small initial resistance, particularly outside Germany, the psychiatric community of Europe and eventually the world accepted Kraepelin's proposal and today it is still valid along general lines and a pillar that sustains psychiatric nosography in the 21st century.

Jaspers did not directly object to Kraepelin's nosography, and he considered that it contained clear and very useful principles in terms of the classification of mental disorders, which by far surpassed those that had previously been proposed by other authors. However, he warned that it could only include those entities that were susceptible to explanation, but not those disorders that could be comprehended. In other words, phenomenology was missing from the diagnostic landscape of Kraepelin's nosography.

Therefore, as diagnosis was essential in practical psychiatry, Jaspers established the fundamental principles that could be satisfied by achieving it:

"It has to be such that any case can be classified in one place only, that every case has just one position; that the classification is objectively bound in such a way that the various researchers would arrive at the same arrangement of cases."³⁶ On this basis, he proposed a wider diagnostic scheme than that proposed by Kraepelin and which is divided into three groups, as follows: Group I, Known somatic illnesses with mental perturbations (cerebral illnesses; bodily conditions with symptomatic psychosis; intoxications). Group II, The three circles of great psychoses (genuine epilepsy; schizophrenia; manic-depressive illnesses). Group III, psychopathy (abnormal reactions independent of Groups I and II, neuroses, and neurotic syndromes; abnormal and developed personalities).³⁷ This nosographic proposal is similar to that adopted by the American Psychiatric Association in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*³⁸ -albeit along general lines and not in its scientific rigor- but which is unfortunately obscured and even lost in the DSM-5.

Pierre Pichot, quoting Kurt Schneider, summarizes the widespread nature of Kraepelin's work and the thinking of Jaspers in terms of diagnosis: "For Kurt Schneider, diagnosis is fundamental: 'For prognosis, treatment, and expertise, we need diagnosis'. There we have the indestructible legacy of Kraepelin: 'The positions set out by him continue apace. If (...) they move, it is not because they are going to break, but because they are elastic'. For his part, Schneider gives a definition quoted a thousand times: 'To diagnose is to care for the how (the form), and not the what (the subject, or content)... When the content is viewed, only the biographical is seen, that which existence displays. It is what occurs in psychoanalysis and in the new extreme modalities of existential psychopathology. But certainly, the diagnosis ends there and therefore, so does Kraepelin's legacy. In contrast, the contribution of Jaspers' -whom Kurt Schneider considered his only teacher- leaves no room for contradictions. Kraepelinian psychopathology, objective in excess, succeeded thanks to 'phenomenology', set out with method and program by Jaspers; its object was life and lifestyle. However, he pursued diagnostic ends in such a way as not to oppose clinical psychiatry."³⁹

On the other hand, the works of Sigmund Freud achieved great success, above all after the publication, in 1900, of his book *Dream interpretation* and its attractive proposal of using psychological understanding in the study of neurosis, about which other authors had already written, albeit in another context.

Freud principally used the comprehensive method in his psychoanalysis as the only method in his investigations and treatment, seeking to explain all psychic happenings with this method only and without any limit, with absolute exclusion of the explanatory method. Jaspers, on the other hand, in various chapters of *General Psychopathology*, expresses his thinking and makes a broad and detailed criticism of Freudian ideas.

As setting them all out in detail here would be too exhaustive, what follows is simply certain quotations of the most significant agreements and objections that Jaspers makes of Freud's work, in particular those which refer to the distinction between explanation and comprehension.

Even if Jaspers starts by recognizing that "within psychopathology is a merit of psychoanalysis, the intensification of *comprehensive* psychoanalysis"; and that "psychoanalysis has directed with new energy its attention to the internal biography",⁴⁰ later on, he indicates what Freudian psychoanalysis does not respect.

"The limits of all psychology of understandable relationships are the same that must necessarily remain for psychoanalysis in the measure in which the latter is comprehensible. This understanding primarily ceases before the reality of *innate empirical characteristics*. It is true that these are never definitively recognizable, nor can they be firmly established. But the understandable comes from stopping before them,

as something impenetrable and unalterable. Men were not born equal, but as singular and communal in multiple graduation and in the most diverse aspects. Secondly, comprehension ceases before the reality of *organic and psychotic illnesses*, before the elemental nature of these facts. This is the decisive reality, although many of their manifestations show particular features that, at least in some aspects, seem understandable. Thirdly, understanding ceases before the reality of *Existence itself*, of what the person is in themselves. The psychoanalytical clarification demonstrated here is a pseudo-clarification. Although Existence itself is not specifically for psychological comprehension, its influence is felt in the limits established for psychological comprehension in the same point where something that is alone manifests itself in the little-conclusive character of feeling. Psychoanalysis always closes its eyes to these limitations and *has wished to understand it all*.⁴¹

In summary, "Freud really deals with *comprehensive psychology and not causal explanation* as he maintains... In confusing comprehensible relationships with causal relationships, the inexactitude of Freudian presentation is based on *everything* in psychic life, in that every process is *understandable* (determined with feeling). He only maintains the requirement of unlimited causality, not the pretension of limited comprehension..."⁴²

Jaspers' thinking about Freud being duly expressed, it can be concluded that for him, even if Kraepelin's taxonomy contained clear and very useful principles in terms of classification of mental disorders, which far surpassed those that had previously been proposed by other authors, Freud's ideas were, from the start, rated as not very scientific or useful on which to base psychiatry.

Jaspers, enemy of all dogmatism, considered that even if nosography was necessary, even essential in day-to-day psychiatric practice, it cannot be based solely on the consideration that "mental illnesses are illnesses of the brain", given that "this declaration is so dogmatic as to be negated."⁴³

Because of this, none of the two currents, neither Kraepelin's nor Freud's, exclusive as they were, could explain the totality of the human experience from a single perspective, as they thought.

That being the case, it is here where Jaspers' thinking acquires particular importance, in that on the one side, he demonstrates that neuro-biology, in terms of the natural science that it is, can only explain psychic phenomena that are organic in origin, but it never contributes to comprehension, simply because it excludes it. On the other hand, he indicates the error in the psychodynamic currents that always seek to explain, without ever respecting the limits of the comprehensive method. The two are dogmas, given that the confirmation of one totally excludes the other. Only by comprehending and explaining is it possible to come close to the totality of the human experience in

sickness and in health. But, as it is not possible to understand everything with one single method, it is necessary to recognize the scope and limitations of the methods before employing them.

Despite Jaspers being a contemporary of the birth of these two currents of psychiatric thinking and on which he made a unique criticism in *General Psychopathology*, rigorously articulated and maintaining full validity, it never fails to surprise that he has been, and continues to be ignored by an extremely wide circle of psychiatrists, even today.

The landscape of current psychiatry does not differ much from how it would have been in Jaspers' time. On one side there is the neuro-biological reductionism directly descended from Kraepelin, and also the poorly-named neo-Kraepelinian psychiatry, the greatest expression of which has been the DSM-III, DSM-IV, and DSM-5; its chapters have little to do with the rigorous spirit that roused Emil Kraepelin when constructing his own nosography. On the other hand is the multitude of analytical and psychological theories that have their origins in Freud's psychoanalysis, with its multiple inconsistencies.

In light of these, with new relevance, we come to the thinking of Jaspers, who indicated the characteristics and limits of the explicative method with precision, which are those of the comprehensive method and the purpose each one of them serves. The modern psychiatrist would do well to take note of Jaspers' teachings to clarify and deepen concepts, establish limits, and firmly advance the progress of their science.

An essay of this nature is impeded even in making a shallow revision of the multitude of essential concepts in modern psychiatry that Jaspers takes up with such detail in his work. They were analyzed and clarified in the work with the phenomenological method and they are still valid, both from a purely theoretical point of view as in everyday psychiatric practice. Among these stand out the description of the characteristics of normal and pathological perception and representation; pseudo-perceptions; differences between primary and secondary delusions; the characteristics of occurrences in space and time; their acceleration in mania and deceleration in depression; the differences between delirious and deliroid ideas; the consequences of illness and its absence, etc.

Now, if we truly wish to progress in the construction of psychiatric knowledge, if we truly wish to advance in the knowledge of mentally ill and healthy men and women, the path indicated and taken by Karl Jaspers must be retaken. Indeed, it is necessary to continue the study of his ideas and the deepening of his concepts, to go further than he had been, always bearing in mind the new contributions of neuroscience. Any kind of dogmatism should be avoided and fought with solid reasoning, as Jaspers did at all times throughout his life as a doctor and a philosopher, always seeking to get

closer to scientific truth. But overall, we should bear in mind his huge successes that even after 100 years are still fresh and vital and which bring us closer to mental illness like no other method; surely the primary object of psychiatric science.

Following Michael Shepherd, it is admirable that one of the most important thinkers of his time, before dedicating himself to philosophy when he was just a young and brilliant resident doctor of the Heidelberg Psychiatric Clinic, had spent the last two years his four of training and exercise in psychiatry, writing such an important work on the bases of his profession.

Karl Jaspers' General Psychopathology has been a truly wonderful gift to psychiatry. October 2013.

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