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PART II

**A philosophical history of
psychopathology**

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Introduction to Part II

In Part I of this book, we explored current ideas about mental disorder, the variety and subtlety of descriptive psychopathology (in Chapter 3), and the range of often competing ways in which the concept of mental disorder itself has been understood (Chapters 2, 4, and 6).

In this part we will be looking at the historical origins of these ideas. We will be asking such questions as: how have we come to recognize the variety and subtlety of psychopathological concepts? Where have our categories of disorder come from? Who decided which phenomena are 'symptoms'? And why? Are current classifications the last word on the subject?

Reinventing psychopathology

Questions of this kind have been given a new urgency as we enter a new century with dramatic developments in the neurosciences. A classification in any science is a snapshot of the current state of theory: from respiratory medicine to quantum theory, nature is divided up in accordance with prevailing assumptions and theories.

Critics of psychiatry often point to its relatively unstable classifications of disorder as a mark of scientific immaturity. However, such instability is a mark equally of an actively evolving science. And the neurosciences are nothing if not actively evolving! Brain imaging techniques, psychopharmacology, behavioural genetics, and artificial intelligence, are opening up the possibility of new ways of classifying and theorizing about the nature of psychopathology. We return to psychiatric clarification, and to the challenges of the new neurosciences, in detail in Part III.

A second mark of an actively evolving science is close engagement with philosophy. As Fulford *et al.*, (2003) note, the conceptual challenges of the new neurosciences are one of the reasons behind the late twentieth century renaissance in philosophy of psychiatry. This is why, as Fulford *et al.*, (2003) put it, the decade of the brain turned out to be also the decade of the mind. Similar close encounters between empirical science and philosophy are evident in other actively evolving sciences, notably in theoretical physics and in psychology.

History as a guide

At times of rapid change, history may be a helpful guide. This is true generally in mental health: many of the failings of community care could have been avoided if we had taken the lessons of history—William Parry-Jones' *The Trade in Lunacy* (1972), for example, to which we return in Chapter 7, showed how the initially well-intentioned reforms of the eighteenth and nineteenth centuries degenerated into abusive practices, partly through under-resourcing.

In the history specifically of psychopathology, we have a particularly compelling guide, for there are important respects in which the state of the discipline now, at the turn of the twenty-first century, was paralleled by its state a hundred years ago at the turn

of the twentieth century (Fulford *et al.*, 2003). Then, as now, the brain sciences were in a period of rapid advance: the localization of functions, such as speech and movement, in specific cerebral areas, the invention of differential staining methods in neuropathology, and the discovery of specific disease entities (such as neurosyphilis and Alzheimer's disease), had much the same 'gee-whiz' impact as modern brain imaging; then, as now, there were competing paradigms (the soon-to-be-born psychoanalysis, as a psychological theory, for example, paralleling our modern cognitive psychologies); and then, as now, there were wide-ranging debates about the classification of psychopathology.

A number of major figures in the history of psychopathology emerged from this period—the German psychiatrist, Emil Kraepelin, and, from Switzerland, Eugen Bleuler, for example, who defined 'schizophrenia'. It was also during this period that the great German philosopher-psychiatrist, Karl Jaspers, on whose foundational work in philosophical psychopathology we will be focusing in this part, published the first edition of his *Allgemeine Psychopathologie* (*General Psychopathology*, 1913/1963).

The storyline of Part II

The histories of particular symptoms and syndromes have been widely studied (see Chapter 7, Exercise 1 and the Reading Guide). In this part, though, it is with the history of the underpinning conceptual structure of psychopathology that we will be mainly concerned, this being the set of ideas by which, through most of the twentieth century, psychiatrists have organized and tried to give meaning to psychopathology.

It is above all to Karl Jaspers that we owe this structure as it has come down to us today. This is why it is with Jaspers, and with the philosophical influences on his psychopathology, that we will be



Fig. II.1 Eugen Bleuler

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Fig. 11.2 Emil Kraepelin

mainly concerned in this Part of the book. We will start, in Chapter 7, by placing Jaspers' work in context with an overview of shifting ideas about mental distress and disorder over the last two and a half millennia. As we will see, a key theme of Part I is reflected in this two and a half thousand year history, namely the tension between moral (as in Szasz' work, for example) and scientific (as in Kendell's reply to Szasz) interpretations. It is this theme, too, as we will also see, that runs through Jaspers' work, though now translated into the need for meaningful as well as causal accounts of psychopathology. We take an overview of Jaspers, of his biography and of his key theoretical ideas, in Chapter 8. We then look in detail at two key philosophical influences on Jaspers, respectively, phenomenology in Chapter 9, and, in Chapter 10, the *Methodenstreit*, a nineteenth century debate about method in the human sciences.

Jaspers and psychopathology today

By the end of this part, we will find that Jaspers' work, important as it has been, was incomplete. The conceptual framework for psychopathology that he built up is still, perhaps, the most coherent available. But there remain within it, as a reflection of Jaspers' thinking, unresolved tensions. This is no criticism of Jaspers, however. For the tensions are essentially those that, in Part I, we found between moral (Szaszian) and medical (Kendellian) models of mental disorder. These tensions, in turn, we will find in Chapter 7, run through the last two and a half thousand years of

the history of ideas about mental disorder. They persist, still, in different forms, in the philosophy of science (Part III) and in ethics (Part IV). And they persist, above all, in the philosophy of mind (Part V), in continuing debates about the relationship between (human) reasons and (scientific) causes.

The incompleteness of Jaspers' psychopathology, then, his failure fully to reconcile meanings with causes in our understanding of mental disorder, far from being a matter for criticism, is a direct reflection of a deep feature of psychopathology itself. Twentieth century psychiatry, as we have seen, and as we will examine further in Part III, *The Philosophy of Science*, made giant strides in improving the reliability of its psychopathological and diagnostic concepts, progress that indeed laid the foundations for the new neurosciences. This progress, though, was made possible by focusing on the scientific (descriptive and causal) side of psychopathology at the expense of its human (meaningful and rational) side. We will see later in this part that a strong phenomenological tradition was maintained through the twentieth century, particularly in Continental Europe. Mainstream psychiatry, however, in many parts of the world, moved increasingly away from meanings and towards causes.

It is, however, a final vindication of Jaspers' insistence on the need for *both* meanings *and* causes in psychopathology, that, with the renaissance of philosophy of psychiatry in the late twentieth century, a renaissance directly driven in part by the new neurosciences, we find ourselves back where we started, with Jaspers' twin-track psychopathology, a psychopathology, not rejecting science, but seeking to incorporate alongside our increasingly powerful scientific insights into the causes of experience and behaviour, the personal meanings that make psychiatry as a medical discipline a genuinely human science.

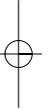
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