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reflection

Karl Jaspers

Andrew Sims

Karl Jaspers cast dappled sunshine onto the vagaries of human experience, illuminating and allowing us to make sense of other people, especially our patients, as they are rather than through the distorting prism of our own preconceptions. This has given greater understanding of our patients, improving clinical practice. Jaspers' distinction between form and content in the subjective experience of those psychiatrically distressed has greatly helped us to formulate their complaints. Other leaders of psychiatric thought have been more glamorous, with more literary *éclat* and greater hold on the imagination of the general public, but none has helped so much in developing that unique skill of the psychiatrist, empathy.

Jaspers' *General Psychopathology* has an unusual place among psychiatric texts. In Germany, *Allgemeine Psychopathologie* has a pre-eminent position, with eight editions, and it is well known by all psychiatrists. In the USA, Jaspers is considered more as a philosopher, and his work has not influenced clinicians to a great extent, except indirectly through the successive editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). I would contend that, although *General Psychopathology* is not widely read now by British psychiatrists, it is the bedrock of much of our clinical practice and has profoundly influenced diagnosis: it is fundamental to both the major nosological systems, ICD and DSM. For this, we are indebted to the English translation of the seventh edition by Hoenig and Hamilton in 1963.

When I started my psychiatric training in Manchester in 1967, John Hoenig was senior lecturer in psychiatry (he subsequently became professor at Memorial University, Newfoundland) and Marian Hamilton was lecturer in psychiatric social work, both in the small Department of Psychiatry based at Gaskell House, near Manchester Royal Infirmary. There were two conceptual strands dominating Manchester psychiatry at that time: epidemiology, presided over powerfully by Professor Neil Kessel, newly arrived from Edinburgh, and descriptive psychopathology, championed by Hoenig and the major interest of Professor E. W. Anderson, recently retired from the Department. Both approaches were clamouring for the allegiance of trainees, and I believe I was very fortunate to have had those two ideologies, and the dynamic tension engendered, as fundamental to my subsequent psychiatry, although the conflict at the time of acquiring them was not comfortable!

Since then, for better or worse, I have thought and taught that descriptive psychopathology (largely based on Jaspers' monumental work) and psychiatric epidemiology are the foundations of clinical psychiatry. This synthesis of dissimilar partners has influenced my research, for example, on the outcome of non-psychotic disorders, my clinical practice with diverse types of psychiatric patients, the postgraduate training of future psychiatrists, and also my attitudes and opinions in the public arena when I was President of the Royal College of Psychiatrists.

I am not much given to hero worship but Karl Jaspers is certainly up there with the greatest in my personal constellation of psychiatric luminaries. Through the English translation he has had as much significance for British-influenced psychiatry around the world as any native English speaker or British psychiatrist.

A series of 'Reflections on Karl Jaspers' commemorates the centenary of the first publication of his *Allgemeine Psychopathologie* in 1913.

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