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DSM-5 and RDoC: One hundred years after Jaspers's *General Psychopathology*

Jose de Leon, M.D.

In 1913, 30-year-old German psychiatrist Karl Jaspers published the first edition of *General Psychopathology*, in which he summarized current psychiatric knowledge and included his ideas regarding the methodological and scientific issues then facing psychiatry. In the words of his biographer, Jaspers thought the discipline of psychiatry “was crying out for a systematic clarification of current thinking” and that “to make real progress psychiatrists must learn to think” but his book was not well received by more senior German psychiatrists (1). Jaspers subsequently became better known as a philosopher (1). In 1922, when writing the third edition (2), Jaspers was no longer in direct contact with psychiatry and asked for suggestions from Kurt Schneider, an excellent young psychiatrist, who then probably updated the later editions of the book.

The first English translation of *General Psychopathology*, more than 900 pages long, was published in 1963, reflecting the 7th German edition (3). Jaspers's book defined psychiatry as a hybrid scientific discipline that must combine the methods of the natural and the social sciences which, respectively, provide an *explanation* of psychiatric diseases that follows the medical model, and an *understanding* of psychiatric abnormalities that are variations of human living. *General Psychopathology* has had a continuous influence on psychiatry in the United Kingdom, including psychiatric research (4) and resident training (5-7) but had very limited direct impact on U.S. psychiatry. *General Psychopathology*'s English translator (8) described a visit to a Philadelphia psychiatry department, where the chairman told him, “Nobody reads it, but it is obligatory to have it seen on your shelf.” *The American Journal of Psychiatry* has published only two articles on Jaspers. In 1967, Havens commented on the publication of the *General Psychopathology* translation and hoped that US psychiatrists would be open to Jaspers, who “provides a systematic rationale for eclecticism” (9). In 1986, Schwartz and Wiggins used *explaining* and *understanding* concepts in the context of Engel's biopsychosocial model (10).

At 100 years, we might speculate on what Jaspers would think about the current differences in diagnostic strategy between the National Institute of Mental Health's Research Domain Criteria (RDoC) (11) and the DSM-5. RDoC appears reminiscent of Karl Wernicke's attempt to consider all mental disorders as brain disorders, and DSM-5 follows Emil Kraepelin's dictum that all psychiatric disorders follow the medical model of disease. Jaspers had strong critiques of both Wernicke and Kraepelin.

Wernicke and RDoC

According to Insel et al, “the RDoC framework conceptualizes mental illness as brain disorders. In contrast to neurological disorders with identifiable lesions, mental disorders can be addressed as disorders of brain circuits” (11). At the beginning of the 20th century, Wernicke, already famous for describing the sensory speech center, also wrote a textbook including a pathophysiological model of the relationship between brain and behavior, which became one of the most important competitors of Kraepelin's textbook (12, 13). According to Jaspers, Wernicke believed that all mental illnesses are “cerebral illnesses in the sense that they can be wholly comprehended in terms of cerebral processes” (3). If Wernicke had not died young, we psychiatrists might be living in a “Wernickian world” instead of a “Kraepelinian world” (13). Although Jaspers acknowledges that Wernicke's pathophysiological model applied well to aphasia and other neurological disorders, Jaspers thought Wernicke erred in extending it to all psychiatric disorders. Jaspers contrasted Wernicke and Freud, who were both disciples of the same Viennese mentor, Meynert, saying that they were positioned at opposite extremes in psychiatry (3). In Jaspers' view, Wernicke thought that *explaining* was the only methodology needed in psychiatry. On the other hand, Freud thought that *understanding* was the only methodology needed in psychiatry. RDoC's focus on brain disorders implies a view similar to Wernicke's that explaining is the only methodology needed in psychiatry.

Kraepelin and DSM-5

The diagnostic scheme for psychiatric disorders developed by the Department at Washington University (14), which led to DSM-III, DSM-IV, and DSM-5, is a Kraepelinian nosological model where mental disorders follow the medical model of disease as a set of identifiable symptoms. Jaspers was critical of Kraepelin's idealization of the medical model of general paralysis of the insane (neurosyphilis) as a model for psychiatric disorders, with each disorder having a unique cause, set of symptoms, course, outcome, and neuropathology. In *General Psychopathology*, Jaspers proposed that some psychiatric disorders follow the traditional medical model, principally those that used to be called organic mental disorders in the DSM-III. Jaspers called them "Group I, known somatic illnesses with psychic disturbances". Other psychiatric disorders are not medical disorders but variations of normality, in "Group III", which Jaspers called disorders of personality, including "abnormal reactions, neurosis and neurotic syndromes, as well as abnormal personalities and their developments". Situated between them are the psychoses ("Group II") that, according to Jaspers, can be distinguished from normality but not clearly separated from each other, e.g., intermediate cases between schizophrenia and manic-depressive illnesses. Jaspers felt that Kraepelin's denial of the heterogeneous nature of mental disorders failed to capture some psychiatric disorders correctly (3).

Jaspers' critiques a century ago of Wernicke's brain pathophysiological model and Kraepelin's medical model might thus be applied contemporarily to RDoC and DSM-5. One hundred years later we still struggle with the issues that Jasper raised: (1) psychiatry is a hybrid scientific discipline that must include in its research enterprise patients' beliefs and culture, influences not captured by traditional scientific reductionism, and (2) that psychiatry encompasses heterogeneous disorders, not just those that follow the traditional medical model.

References

1. Kirkbright S: Karl Jaspers: A biography. Navigations in truth. New Haven, CT, Yale University Press, 2004
2. Janzarik W: Jaspers, Kurt Schneider and the Heidelberg school of psychiatry. *Hist Psychiatry* 1998; 9:241-252
3. Jaspers K: General psychopathology. Translated from the German 7th edition by Hoenig J and Hamilton MH. Manchester, UK, Manchester University Press, 1963
4. Wing JK: Use and misuse of the PSE. *Br J Psychiatry* 1983; 143:111
5. Shepherd M: Books reconsidered. Karl Jaspers: General Psychopathology. *Br J Psychiatry* 1982; 141:310-312
6. Harrison PJ: General Psychopathology: Karl Jaspers. A trainee's view. *Br J Psychiatry* 1991; 159:300-302
7. Goldberg D: Karl Jaspers, General Psychopathology. *Br J Psychiatry* 2013; 202:83
8. Hoenig J: Karl Jaspers' General Psychopathology: the history of the English translation. *Hist Psychiatry* 2004; 15:233-236
9. Havens LL: Karl Jaspers and American psychiatry. *Am J Psychiatry* 1967; 124:66-70
10. Schwartz MA, Wiggins OP: Systems and the structuring of meaning: contributions to a biopsychosocial medicine. *Am J Psychiatry* 1986; 143:1213-1221
11. Insel T, Cuthbert B, Garvey M, Heinssen R, Pine DS, Quinn K, Sanislow C, Wang P: Research domain criteria (RDoC): toward a new classification framework for research on mental disorders. *Am J Psychiatry* 2010; 167:748-751
12. Lanczik M, Keil G: Carl Wernicke's localization theory and its significance for the development of scientific psychiatry. *Hist Psychiatry* 1991; 2:171-180
13. Berrios GE, Marková IS: The concept of neuropsychiatry: a historical overview. *J Psychosom Res* 2002; 53:629-638
14. Decker HS: How Kraepelinian was Kraepelin? How Kraepelinian are the neo-Kraepelinians? -- from Emil Kraepelin to DSM-III. *Hist Psychiatry* 2007; 18:337-360