

Karl Jaspers: The Icon of Modern Psychiatry

Michael A. Schwartz, MD,¹ Marcin Moskalewicz, PhD,² and Osborne P. Wiggins, PhD³

¹ Department of Psychiatry, Texas A&M Health Science Center College of Medicine, Round Rock, Texas, U.S.A.

² Faculty of Philosophy, University of Oxford, and the Department of Social Sciences, Poznan University of Medical Sciences, Poznań, Poland

³ Department of Philosophy, University of Louisville, Louisville, Kentucky, U.S.A.

ABSTRACT

December 2015 and March 2016 issues of the American Journal of Psychiatry contain a debate focusing on the legacy of Emil Kraepelin, widely considered one of the founders if not the iconic founder of modern scientific psychiatry. The authors, Eric J. Engstrom and Kenneth S. Kendler, challenge the so-called neo-Kraepelinian view of Kraepelin and argue that the true, historical Kraepelin was far more inclined towards scientific psychology, less reductionist and brain-centric, and more skeptical nosologically than his later followers apparently believe. Commenting upon this paper, Rael D. Strous, Annette A. Opler, and Lewis A. Opler do not question these claims per se, but rather recall and emphasize historical facts that the paper regrettably omitted: Kraepelin's avid promotion of degeneration theory, eugenics, racism, and anti-Semitism as well as his mentoring of several of the most prominent Nazi-collaborating psychiatrists. Strous, Opler and Opler go on to suggest that it is now time for psychiatry to unburden itself of any iconic indebtedness to Kraepelin. The authors of the current paper agree, and propose to replace Kraepelin with the psychiatrist Karl Jaspers, MD (1883-1969) as the proper iconic founder of present-day and future psychiatry. Acknowledging our debt to Jaspers can usher in a fully humanistic and scientific psychiatric practice that can flourish as a medical discipline that is respectful of and of service to patients, beneficial for research, multiperspectival and methodologically pluralistic.

In December 2015 and March 2016 issues of American Journal of Psychiatry, a debate occurred focusing on the legacy of Emil Kraepelin (1856-1926), widely considered one of the founders and, indeed, for many the icon of

modern scientific psychiatry. In their "Emil Kraepelin: Icon and Reality" (1), the authors Eric J. Engstrom and Kenneth S. Kendler challenge the so-called neo-Kraepelinian view of Kraepelin and argue that the true, historical Kraepelin was far more inclined towards scientific psychology, less reductionist and brain-centric, and more skeptical nosologically than his later followers apparently believe. Subsequently, commenting upon Engstrom's and Kendler's paper, Rael D. Strous, Annette A. Opler and Lewis A. Opler do not question these claims per se, but rather recall and emphasize historical facts that the paper regrettably omitted (2), namely, that Kraepelin was an avid promoter of degeneration theory, eugenics, racism and anti-Semitism. Kraepelin made fundamental contributions to the ideological basis of racial hygiene, which later resulted in abominable medical practices. He additionally mentored several of the most prominent Nazi-collaborating psychiatrists – Robert Gaupp, Paul Nitsche and Ernst Rudin (2). Strous, Opler and Opler go on to suggest that it is now time for psychiatry to unburden itself of any iconic indebtedness to Kraepelin.

In their reply, Engstrom and Kendler do not deny these uncomfortable facts, but rather underscore that they go beyond the scope of their article (3). They also claim that Kraepelin should not be held accountable for the actions of his mentees as he was not a direct proponent of genocidal policies. There is nothing inappropriate – the authors maintain – in discussing some aspects of Kraepelin work without mentioning those issues, all the more so since they have been addressed elsewhere by themselves.

We do agree with Engstrom's and Kendler's criticism of the oversimplified image of Kraepelin as propagated by post-psychoanalytic American psychiatry. Kraepelin was much more than simply a proto-biological, reductionist psychiatrist, and to claim otherwise deeply distorts the real historical figure. Nevertheless, we also agree with Strous,

Address for Correspondence: ✉ Michael A. Schwartz, MD, 3950 North A.W. Grimes Blvd., Round Rock, Texas 78665, U.S.A

✉ schwartz@medicine.tamhsc.edu

Opler and Opler that in order to present a true image of Kraepelin, it is absolutely essential – indeed, it is our historical moral obligation – to raise the issues having to do with his problematic side. And once these issues are raised, it is no longer appropriate to credit Kraepelin with being the iconic founder of modern psychiatry or with being someone who – as Engstrom and Kendler maintain – has still “quite a bit to teach modern psychiatry” (3).

The historical record leaves us with no doubt about Kraepelin’s views regarding many of his psychiatric patients, as well as the core congruence of his psychiatric positions with his politics, world-outlook and well documented views regarding race, ethnicity, religion, sub-culture and degeneration. In his clinical work, Kraepelin was committed to science and uninterested in psychological empathy or in the inner life of his patients. But importantly, in addition, Kraepelin was a political reactionary who explicitly proffered eugenic demands (4). After his trip to Java in 1903, his eugenic views became more explicit and he started to consider racial hygiene policies as a solution to the problem of racial degeneration (5). In his 1908 paper “On the question of degeneration,” Kraepelin associated the growth of civilization with weakening of resistance, physical vigor and free will as well as with an increase of mental disorders. At the same time, by putting his selective focus on somatic facts, he marginalized the social factors behind other major health problems of his time, for example, alcoholism and syphilitic infection (6). Kraepelin became an advocate of the position that self-domestication of humans underlies degeneration by replacing natural by artificial selection – a position that stemmed from his nosological system, built on the degeneration paradigm (7). In the eighth edition of his *Textbook on Psychiatry* (1909), Kraepelin thus wrote: “The number of idiots, epileptics, psychopaths, criminals, prostitutes, and tramps who descend from alcoholic and syphilitic parents, and who transfer their inferiority to their offspring, is incalculable. Of course, the damage will be balanced in part by their lower viability; however, our highly developed social welfare has the sad side-effect that it operates against the natural self-cleansing of our people” [translated by and cited after Martin Brüne (7)]. Last but not least, Kraepelin, holding many anti-Semitic views, was convinced that weak-willed Jews are disposed towards mental disorders (7, 8).

While it is true that anti-Semitism was not uncommon in the late 19th and early 20th century Europe, and, in this sense, Kraepelin was “a man of his age,” there certainly were people who were seeing beyond or above

this historical climate. Furthermore, there is no doubt that Kraepelin’s enormous scientific authority helped to spread these views. We cite here his personal support for his pupil and later successor at the Kaiser Wilhelm Institute for Psychiatry, Ernst Rüdin – who later played an important part in implementing sterilization policies in Germany. It is not without reason that Kraepelin has been considered an “architect” of Nazi genocidal policies (8), who, given the overtones of his seminal “proto-fascistic” views (9), must take some of the credit for the catastrophic effects of degeneration theory that would soon follow.

Should these positions marginalize Kraepelin? Some do acknowledge Kraepelin’s views but claim that to use this part of his writings and influence to discredit the scientific value of his psychopathology would involve a fall into the logical fallacy of an argumentum ad hominem. We strongly disagree. Can the professional writings of a man have any scientific value if this man had such a distorted and biased view of such large numbers of his fellow human beings? It is, we submit, entirely reasonable to suppose that Kraepelin’s overall understandings and categorizations of human beings are distorted and misconceived as well. Certainly, one clear Kraepelinean legacy, namely, continuing pessimism regarding “the deteriorating course” and outcome for anyone diagnosed with schizophrenia, has been refuted by present day studies (10). Nonetheless, bias and stigma die hard. And furthermore, we need to add – although it should be obvious – that the fundamental biases embedded in Kraepelin’s position cannot be dismissed as irrelevant for a psychiatrist. The core neo-Kraepelinian legacy seems to reside not only in the DSM-III, but also in apparent popular acceptance of degeneration theory of schizophrenia.

Therefore, while it is true that Kraepelin should not be demonized and held personally responsible for the course of events beyond his influence, he is certainly not an appropriate iconic figure for modern psychiatry. As physicians, we are also responsible for choosing our professional parental figures wisely. For this reason, we propose to replace Kraepelin with the psychiatrist Karl Jaspers, MD (1883-1969), as the proper iconic founder of present-day and future psychiatry. Despite the influence of Sigmund Freud on continental and American psychiatry in the last century, the psychoanalytic tradition, unlike the phenomenological one, has not been successful in convincingly addressing the problem of psychosis, and is less and less common in the clinical practice. Due to his limited methodological perspective, Freud, an intellectual

giant in his own right, cannot fulfill the role of a psychiatric icon to the extent that Jaspers can. Acknowledging our debt to Jaspers can usher in a psychiatric science and practice that is fully humanistic and scientific – a psychiatry that can flourish as a medical discipline that is respectful of and serves patients, a psychiatry that is beneficial for research as well as multiperspectival and methodologically pluralistic.

Educated in psychiatry in Heidelberg, Karl Jaspers argued for a “conceptual pluralism” in psychiatry (11). He emphasized – and this is as true today as it was in his day – that any single “theory” used in the understanding and treatment of a patient permitted only a one-sided and limited perspective on the patient’s problems. In other words, the one-sided and limited nature of a perspective entailed that while it pointed the psychiatrist toward some facts about the patient it also blinded the psychiatrist regarding others. In order to overcome this blindness and thereby gain a fuller understanding, the psychiatrist should draw on other perspectives, also one-sided and limited. To put it somewhat metaphorically, every perspective both reveals and conceals aspects of the patient’s condition. Jaspers’ conceptual pluralism in psychiatry issued from his commitment to a perspectivalism that entailed the one-sidedness of any single perspective on the patient. Following the late 19th century epistemological debate within the philosophy of science juxtaposing understanding (characteristic of human sciences) with explanation (characteristic of natural sciences), Jaspers argued for the coexistence of both in psychiatry. Jaspers thus thought it useless for any particular school in psychiatry to argue that their preferred approach was the sole fruitful one. In one of his early works, *Psychology of Worldviews*, Jaspers argued against the absolute character of any kind of doctrine (12). He was also an advocate of the concept of truth as communication, disclosing itself from multiple points of view. Truth can never be captured in a dogma and significant parts of the truth are overlooked if practitioners believe their chosen approach is the exclusive avenue to it. The very unity of mankind, Jaspers believed, manifests itself in such a communicative perspectivism.

As a necessary supplement to his methodological pluralism, Jaspers did preserve a corpus of mental disorders for psychiatrists to investigate, including, of course, schizophrenia. But what is schizophrenia if not Kraepelin’s biological and genetic entity? In his masterful and iconic psychiatric text, *General Psychopathology* (1913) (13), Jaspers, while appreciative of Kraepelin’s investigations of the whole life story of his patients, was highly critical

of his nosological ideas (14). He provided an answer indebted to the great sociologist, Max Weber, and contended that psychopathological categories were unable to “carve nature at the joints.” Rather they served the psychiatrist most usefully when they were employed as heuristic devices that could guide a further, more detailed investigation. Weber’s “ideal types” served precisely this purpose. For example, Weber’s ideal type, “the modern capitalist economy,” provided an overarching concept that could apply to any modern capitalist economy because it listed general features of almost all modern capitalist economies. This concept oriented investigators’ thinking and allowed them to know which features to look for in the economies they studied. However, under the guidance of the ideal type they might often enough run up against an important real feature not mentioned by the type. This might prompt them to ask, “Why not?” Answering that question might lead the investigator to uncover something significant, even crucial, for the functioning or dysfunctioning of this particular economy. In the same manner, for Jaspers, a diagnosis of “schizophrenia” remains important, but in the sense of an “ideal type” rather than a “natural kind” or, today, a “reliable entity” on its way, hopefully, to disclosing such an entity.

In addition to the above, Jaspers’ viewpoints profoundly serve psychiatry in various other ways. His emphasizing the role of human sciences and philosophy in psychiatric practice, in addition to biology, functions as an antidote to the extreme reductionism according to which mental illness is nothing more than a brain disease. Moreover, his commitments to clinical phenomenology, to Weberian ideal types, and to his philosophy of existence never lose sight of the patient’s uniqueness. Jaspers’ commitment to the individual, suffering patient, transcends all the methodological perspectives and provides a hidden, moral unity to his approach.

And what of the person, Karl Jaspers, and his own approach to the looming National Socialist storm in his native Germany? Here again, Karl Jaspers proves himself to be entirely different from Emil Kraepelin. It is no accident, as Strous et al. report, that Kraepelin’s three students, Robert Gaupp, Paul Nitsche and Ernst Rudin, played a far worse part in propounding and putting into deadly action the eugenics, racism and anti-Semitism conveyed to them by Kraepelin. It is not our intention to lay the crimes of National Socialism at the feet of Kraepelin, but it must be emphasized that it is virtually impossible for the later German eugenicists to pick up Jaspers as an intellectual predecessor and an inspiration for their project.

In contradistinction to Kraepelin and the Kraepelinians, Jaspers was unsparing in his criticism of race theory, which he understood as a theory of “racial vitality which, after an efficient process of artificial selection has done its work, will lead to the universalization of a healthy mind and body so that all will be satisfied in a perfected life” (13). Matthias Bormuth has claimed that, according to Jaspers, “race theory develops a purely biological philosophy of history.” This will necessarily lead, in Jaspers’ words, to “the ruin of human existence” (15). Jaspers’ stance is in fact the precise opposite of Kraepelin’s support of eugenics, racism and anti-Semitism. Kurt Salamun has written that Jaspers’ decisions were, both in his scholarship and in his life, guided by an “*implicit liberal ethos of humanity*,” or “an implicit ethics of virtue” (16).

It should also be noted that Jaspers was married to a Jewish woman, Gertrude Jaspers, nee Mayer, whom he loved profoundly. He stayed with her through the entire Nazi period in Germany despite the eminent danger to himself as well as to her. Both kept poison on hand in case they heard the loud knock on the door some night – any night. Since he was a doctor, Jaspers knew which poisons were the most efficient, but he nonetheless worried about his channels for keeping them up to date. It is not the fact of the potential persecution of Jaspers and his wife that should partly justify his role of the icon of modern psychiatry that we advocate, but, among others, his moral stance and integrity in the face of such persecution.

One of Jaspers’ most prominent students and later close friend, Hannah Arendt, who was herself Jewish and also experienced and later famously analyzed the inhumanness of Nazi and Soviet totalitarianisms, saw in Jaspers the representation of *humanitas* in Germany in its darkest times. This *humanitas* stemmed not just from Jaspers’ work, but from his person and his deep affirmation of the public realm. Jaspers was for Arendt the true citizen of the world, and his concept of mankind’s unity based upon communicative perspectivism was in her opinion the most appropriate one for our postmodern times (17). Jaspers himself found the empirical basis for such a unity in what he called the “axial period,” namely the age between 800 and 200 BC, in which – from China, through India and Iran, to the West – humankind became conscious of itself (18). The axial period was supposed to provide a common framework of mutual understanding for different, often conflicted nations by pointing towards the oneness of historical origin of rationality and spirituality of men. This, in turn, was supposed to help to build peace, solidarity and unity across human diversity. What a far

cry from biological philosophy of history as implicated in the ideology of racism. Arendt thus wrote about Jaspers: “Jaspers’ whole philosophical work (...) was conceived with the ‘intent toward world citizenship’. If the solidarity of mankind is to be based on something more solid than the justified fear of man’s demonic capabilities, if the new universal “neighborship” of all countries is to result in something more promising than a tremendous increase in mutual hatred and a somewhat universal irritability of everybody against everybody else, than a process of mutual understanding and progressing self-clarification on a gigantic scale must take place. (...) In Jaspers’ opinion (...) the prerequisite for this mutual understanding would be the renunciation, not of one’s own tradition and national past but of the binding authority and universal validity which tradition and past have always claimed” (17).

Both Arendt and Jaspers argued in favor of a critical attitude towards the binding authority of the past, including its most prominent historical figures. Rejecting the authority of tradition as such did not mean renouncing the past, but critically engaging with its legacy. Acting against the idea of historical scholarship *sine ira et studio*, Arendt warned that after the horrors of totalitarianisms it is a critical responsibility of historians, as it is of everybody else, not only to understand and explain the past but also to judge it, and – if necessary – attempt to destroy its pernicious aspects (19). The same idea, we believe, holds true for the iconic figures of our discipline. Contrary to what Engstrom and Kendler claim (3), we think that it is absolutely necessary that any discussion of Kraepelin’s work include those uncomfortable issues having to do with his engagement in the ideology of racial hygiene. To focus on just one aspect of the object of study while neglecting others is appropriate in natural sciences, but when dealing with significant and highly influential individuals, it may distort their real image and impair historical judgment. In other words, we believe in the moral responsibility of future generations to always review the complexities of their predecessors’ lives and choices. And this allows us to see that, in contradistinction to Jaspers, Kraepelin’s views and legacy overshadow his clinical work. On the other hand, acknowledging our debt to Jaspers can usher in a psychiatric practice that is fully scientific and humanistic – a psychiatry that can flourish as it serves patients and advances knowledge.

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