



WFSBP CONSENSUS PAPER

Psychopathology in the 21st century

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Abstract

Objectives. The present publication sets out to evaluate the position of psychopathology in the 21st century and should also serve as a basis for defining the framework for the future tasks of the WFSBP Task Force. **Methods.** Review of publications on the various approaches of psychopathology in general and of different tasks, theories and tools of psychopathology approaches in particular. **Results.** The main tasks of psychopathology are, to record and describe experiential and behavioral abnormalities in their intersubjective context, to explain their origin from an objective scientific perspective, and to attempt to understand them from the subjective perspective of the patient. In order to provide stable fundaments for the work in clinical and scientific psychiatry all three components are indispensable. **Conclusions.** The future of psychiatry hence lies in the hands of a type of psychopathology that we will call Integrative Psychopathology. The main tasks of psychopathology can only be pursued in close cooperation with other branches of science interested in studying psychiatric issues. Whereas contemporary psychopathology must lay the foundations for that cooperation, Integrative Psychopathology must be complemented by further advancements in Theoretical Psychopathology, so as to enable conceptual new developments, which can then be fruitful for cooperative research and psychiatric clinical practice.

Key words: Definition, psychopathology, tasks, theory, tools

Introduction

Any attempt in just a few short pages to provide a comprehensive account of the diversity of psychopathology, its roots and leaves and its place in 21st century psychiatry is indeed a daring undertaking. It will inevitably result in truncations and can be nothing more than an incomplete outline. Nevertheless, we will try to attempt such challenge (would like to undertake such challenge), all the more so because psychopathology as a research area has in recent decades (unjustly) lost considerable ground or been left to other disciplines such as psychology, the social sciences, and the medical humanities. Due to the fact that researchers in the aforementioned disciplines have only loose, if any, contact with researchers in the field of psychiatry, psychiatric research has for

the most part lost one of its most important foundations. Therefore, researchers in the fields of biological psychiatry and the neurosciences (which exercised such an important influence in psychiatry in the last thirty years) are increasingly redirecting their focus back to the psychopathological basis of their research work.

Part of the intention behind this, has been to prevent the realisation of a horror vision published more than 10 years ago by Nancy Andreasen, who wrote that if psychiatric research did not again reflect on its psychopathological roots

we high-tech scientists may wake up in 10 years and discover that we face a silent spring. Applying technology without the companionship of

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wise clinicians with specific expertise in PP will be a sterile and perhaps fruitless enterprise.

This danger suggests that it would be wise to once again attach greater importance to the science and art of psychopathology in the training of psychiatrists. (Andreasen 1998; Hojaij 2000) The increasing interest in psychopathology that has manifested itself in recent years is documented not least, by the WFSBP's activities in this area. This has resulted in the creation of a Task Force on Psychopathology (Chair: W.G.) with the two-fold aim of meeting the need to integrate psychopathological knowledge in biological research and creating a platform that permits an interdisciplinary discourse between the neurosciences and psychopathology. The present publication therefore not only sets out to evaluate the position of psychopathology in the 21st century, but should also serve as a basis for defining the framework for the future tasks of the WFSBP Task Force.

Historical roots

The beginnings of psychopathology as a comprehensively organised and methodologically grounded science can be dated to Karl Jaspers' seminal work. This does not mean that there had been no earlier attempts to describe the symptoms and nature of mental illnesses; in this context one should remember the writings of Esquirol (1838), Emminghaus (1878), Krafft-Ebing (1879) and Störring (1900), to name a few. However, as important as they all were in the history of psychiatry, none of them can compare to Karl Jaspers' work in terms of completeness and methodological clarity and precision. None of them has retained as much practical relevance for almost a century as Jaspers' *General Psychopathology* (Jaspers 1913/1973).

In this work he also defined psychopathology as an object of research when he wrote:

Unser Thema ist der ganze Mensch in seinem Kranksein, soweit es seelisches und seelisch bedingtes Kranksein ist ... Unser Thema ist der Mensch ... unser Thema ist die Seele des Menschen ... "[Our subject is the individual as a whole in his illness, inasmuch as it is a mental and psychogenic illness... our subject is the individual.... our subject is the soul of the individual].

Despite this, to the present day it has remained largely unclear what are the specific tasks of psychopathology and what place psychopathological research should hold within the overall structure of psychiatric work and research. Moreover, the

direction psychopathology should take in further developing itself as a science including its methodological tools, has neither been answered nor asked seriously.

For as soon as we attempt to define the object of our research, we encounter one major difficulty: in psychopathology, i.e. the science of pathological changes of the psyche (soul) there is no actual research object in the traditional sense. The soul, the psyche, is not an object, it is not a thing that can be examined (Bumke 1948); the soul (psyche), the psychological is a state of being which was only made into the supposed object by the process of objectification.

Die Seele ist Bewusstsein ... Die Seele ist kein Ding, sondern das Sein in ihrer Welt ... Die Seele ist kein endgültiger Zustand, sondern Werden, Entfaltung, Entwicklung ... Der Machtbereich der Psychopathologie erstreckt sich ... auf alles Seelische, das sich in Begriffe konstanter Bedeutung und Mitteilbarkeit fassen lässt ..., [The soul is consciousness.... The soul is not a thing, but the Being in its world.... The soul is not a final state, but becoming, growth, development... The sphere of existence of psychology covers all that pertains to the mind that can be conceived in terms of constant meaning and communicability]

wrote Karl Jaspers in his *General Psychopathology* (Jaspers 1913/1973). This subsequently led Christian Scharfetter, surely the most distinguished psychopathologist of the late 20th century, to remark that the object of psychiatry (and thus of course also its most important foundation, psychopathology) in each case, is an entire human being within the context of its development (Scharfetter 1991). As a logical consequence, he therefore demanded that psychopathology requires both an idiographic-causal understanding of this development process and nomothetic study. Psychopathology must therefore devote itself fully to the individual human being in his normal-psychological and psychopathological entirety, yet not neglect the nomothetic approach, i.e. the search for abstract universal principles. Even more: The central task of psychopathology is to explore the common dimensions of psychopathological processes building upon the idiographic causal experiences of individual patients.

The fundamental objectives of general psychopathology can therefore be defined in two main categories: Firstly to record, to describe and to denote the subjective experiences and forms of behaviour and thus present them in a way that allows them

to be communicated both intersubjectively and interculturally, as tasks of Descriptive Psychopathology or General Psychopathology (“*Allgemeine Psychopathologie*”). Secondly, to describe and distinguish their existence, nature and development as a deviation from normal psychological modes of existence and experience, as tasks of a “*symptomatology*” or “*Spezielle Psychopathologie*”. From the outset, psychopathological research was also shaped by a desire to create constructs (“illnesses”) on the basis of the insights of clinical psychopathology which works in the frequently blurred and overlapping area of general and specialised psychopathology and which in the main uses clinical-statistical-descriptive or statistical-analytical methods, which grouped together in nosographical systems can become the object of aetiology and therapy research.

K. Schneider viewed “*Spezielle Psychopathologie*” in particular, which he called Clinical Psychopathology, as a nosologically or nosographically-oriented science. It deals with the mentally abnormal in terms of clinical units and doing so becomes psychopathological symptomatology and diagnostics (Schneider 1946/1980). In his Clinical Psychopathology he therefore defined disorder catalogues in which different units of mental illness are constituted, such as first- and second-rank symptoms for the diagnosis of schizophrenia. However, it should be noted that Schneider himself made no nosological claim for his findings (unlike Kraepelin in his early writings, but see Kraepelin 1920) and therefore never referred to the diagnostics of schizophrenia, but instead explicitly pointed out that in all probability this entity would refer to several different disorders that present with similar clinical features and which can therefore be categorised as the group of schizophrenic disorders. Later, a more differentiated view of psychotic conditions incorporating both the nature and narratives of the disorder was forgotten and Schneider’s approach was mixed with Kraepelin’s classifications to a “*melange diagnostique*” and the creation of the ICD-10 category schizophrenia (Musalek 2003; 2005). In this way a nosographical approach was reduced and distorted to a nosological unit which in turn was then used as the starting point for aetiological or pathogenetic studies. This met a basic need that psychopathology has been expected to fulfil which Jaspers summarised as follows:

Wir wollen wissen, was und wie Menschen erleben, wir wollen die Spannweite der seelischen Wirklichkeiten kennenlernen. Und nicht nur das Erleben der Menschen, sondern auch die Bedingungen und Ursachen, von denen es abhängt, die Beziehungen,

in denen es steht, und die Weisen, wie es sich irgendwie objektiv äußert, wollen wir untersuchen. “[We want to know what and how human beings experience; we want to get to know the entire span of mental realities. We want to investigate not just the human experience, but also the conditions and causes upon which it depends, its relationships and the ways in which it somehow objectively expresses itself.] (Jaspers 1913/1973).

Although modern psychopathological research has its main roots in European psychopathology and only later evolved under North American influences, the results of contemporary research are by no means restricted to the former. In recent years, in particular, psychopathological knowledge has been significantly enriched by work carried out in Africa, Asia and South America (Ammar 1970; Kojo 2010; Téllez Carrasco 1985; Okasha 2005; Saravanan et al. 2010). In this context, special reference should be made to the seminal work on trans-cultural psychopathology (Radford 1991; De Figueiredo 1980).

The spectrum of psychopathology

Psychopathological research is always caught between the conflicting poles of the natural given (“*donatum*”) and human constructs (“*factum*”). Yet we are all too ready to overlook that each natural given is always something given to us inasmuch as it is only through our perception that it becomes the given that we perceive – in other words: our constructs turn each natural given into a mitigated given, for us, there is no such thing as a purely natural given. Conversely, a pure construct is also only possible in theory; in clinical practice all psychopathological constructs (at least to a certain degree) are based on what Nature has given us. How closely we position ourselves in our pathological research to the pole of the natural given or how far we distance ourselves from it in order to move toward the fictive pole of pure construct is determined by us and by the particular form of psychopathology (Figure 1).

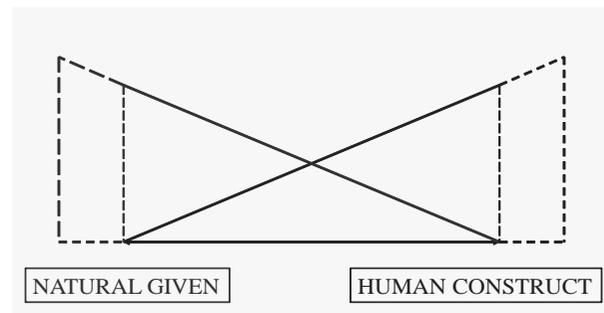


Figure 1. See text.

Thus all psychopathologies that are based on *epoché*, referring to the suspension of judgment regarding the true nature of reality (Husserl 1923/1959), such as classical phenomenological or anthropological psychopathology are very close to the natural given, whereas psychoanalytical psychopathology as a predominantly theory-based form of research is close to the pole of construct. Functional psychopathology as most of experimental psychopathological approaches is located more or less between the two.

A further problem with classical psychopathology is, as Glatzel (1978) correctly criticised, the fact that psychopathology is the science of mental abnormalities, i.e. the science of abnormal mental states is highly problematic, in as much as it assumes a consensus that still has not been achieved with regard to the concept of mental abnormality and thus mental illness. Glatzel therefore proposes replacing “*mental abnormality*”, “*abnormal mental states*” or “*mental illness*” with the concept of “*behavioural abnormalities*”. However, he uses the term “*behavioural abnormality*” in a much broader sense than is commonly the case, namely as it is used by K. Lewin (1969), who by “*behaviour*” understands any change in the behavioural environment that is subject to psychological laws. Accordingly the term *behaviour* covers all possible forms of human expression, including the verbal ones and not only non-verbal expressions, as is today usually the case. Psychopathology can thus be denoted as “... *die Lehre von den vielerlei Abweichungen vom Ebenmaß der Menschennatur*” (the “science of the many deviations from the normal human nature”), i.e. as a pathoanthropology which can be exemplified using deficient or inappropriate or exceptional forms or expressions of human nature (Glatzel 1981).

The tasks of psychopathology

To recapitulate, the main tasks of psychopathology can be defined as: *Firstly*, to record and describe changed behaviours and behavioural abnormalities and their pathoplasticity. *Secondly* to explain how they come about, i.e. to study the causes and the pathogenetic stages underlying the development of behavioural abnormalities. *Thirdly*, to attempt to understand these behavioural abnormalities which are widely denoted as psychopathological phenomena, to subject them to a hermeneutic interpretation and reveal the philosophical and epistemological foundations of their manifestations.

From description to function

The first task, namely the description of changed behaviours or behavioural abnormalities is the principle aim of descriptive psychopathology. Its main

focus is upon the perception, recording, denoting and analysis of the individual psychopathological phenomenon. In the 1980s, Berrios described descriptive psychopathology as a language-based activity, which – despite its increasingly scientific nature – still depends more on the traditions of different psychopathological schools and on “psychopathological fashions” than scientists and clinicians would like (Berrios 1984). This also led to the development of diverse “psychopathologies”. Even if today it can be reasonably assumed that this trend has largely ceased, there are still those who talk about different psychopathologies, by which they do not mean the various branches of the science of psychopathology, but the various theories of the various schools of psychiatry. The merging of most of the major psychiatric schools as part of the process of diagnostic globalisation and the current dominance in psychiatric diagnosis of the final products of this process, ICD-10 and DSM-IV, has resulted in a dramatic decline in the number of “psychopathologies”. Today they are more of historical interest than they are able to influence medical-psychiatric action. Today’s Descriptive psychopathology is understood as a branch of psychopathology, now mainly used for categorical diagnostics in the form of the currently prevailing classification systems ICD-10 and DSM-IV. Above and beyond this, however, it is also expected to give working psychiatrists a deeper knowledge and understanding of the individual psychopathological phenomena with which they are confronted in clinical practice when dealing with the mentally ill (Taylor and Vaidya 2009).

Functional psychopathology adopted a different, but certainly promising, path. Unlike classic descriptive psychopathology, its main focus is not the individual phenomenon, but instead a specific functional area. It does not restrict itself to describing individual psychopathological phenomena, but instead characterises them in terms of their functional fundamentals. The setting up and study of so-called neuro-mental modules plays a particularly important role here. They comprise specific mental functions, such as neuro-cognition, perception, social cognition, emotion (as a “feeling state”), affect (as “expression”), behaviour, self-concept, etc., and their corresponding brain function systems (Gaebel et al. 2006). Modules here are regarded as sub-units of an overall system which are defined through functions. They are not necessarily assigned to specific areas of the brain, but they are closely linked to neuronal networks that connect several specific brain regions (Calabretta and Parisi 2005; Zielasek and Gaebel 2008, 2009).

From the very beginning functional psychopathology was strongly influenced by evolutionary theories, in particular theories that were based on the assumption that psychotic manifestations can be traced back

to a disinhibition in which phylogenetically old behavioural instances are suppressed. In this context reference should be made above all to the concept of layers developed by John Hughlings Jackson (1932), Emil Kraepelin's (1920) teaching of "*preformed mechanisms*" of the "*human machines*" and the pathogenetic basic formula of Kurt Heinrich (1965) according to which the deterioration of highly developed functional organisational structures or a reduction in the level of cerebral function allows a form of regression to archaic functional systems located in proximity to the brain stem which in turn then cause the psychopathological clinical picture of psychosis. These paleopsychopathological theories are supported by a series of empirical psychophysiological, functional-topographical and neuroanatomical studies (Musalek et al. 1989; Rajarethinam et al. 2001; Ioannides et al. 2004, etc.). In contrast to a purely descriptive psychopathology, functional psychopathology also deals to a considerable degree with theories of explanation and thus overlaps in several areas with a form of psychopathology known today as theoretical psychopathology and which will be examined more closely in the discussion of psychopathology's third main task.

From function to aetiopathogenesis

The second task of psychopathology, the study of aetiology or pathogenesis, could of course never be managed solely with the means of clinical analysis such as behavioural observation, professional patient interview (the psychiatric exploration, establishment of a psychopathological status) and hermeneutic methods. As a result, even early psychopathological causal analyses used methods from other branches of science in their research; on the one hand sociological and epidemiological-statistical methods and on the other, biological and imaging procedures such as blood, urine, liquor analyses, adding later also genetic analyses. In the beginning all these scientific procedures were completely harnessed to the needs of psychopathological research and thus effectively on firm psychopathological scientific ground. However, with increasing success in epidemiological and biological research they increasingly took on a life of their own, thus appreciably neglecting and losing their psychopathological foundations. Psychopathology as a field of basic research, expected to provide the foundations for aetiological and pathogenetic research, has hence increasingly been consigned to the margins of psychiatric interest. For this reason, one of the chief tasks of present and future psychopathology must be to overcome this unsatisfactory situation, which inhibits innovation. That said, psychopathologists must do more than just re-establish the lost link between the neurosciences and psychopathology.

Since psychiatry today is a discipline straddling the humanities and the neurosciences, psychopathology as a field of basic research is granted a special integrative role. However, for humanistic and neurobiological modes of thinking and research to be successfully integrated we require stable cooperation models. What we require here is not just "*working together*" in the literal meaning of collaboration (*Latin: col – laborare*), but a sense of joint purpose, a project undertaken for mutual benefit as denoted by the word cooperation. Fruitful projects can only emerge from cooperation if the following conditions are fulfilled: (1) shared interests; (2) coinciding aims; (3) confidence; (4) understanding; (5) co-ordination; (6) proper equilibrium; (7) partnership. Each of these preconditions must be fulfilled if real cooperation is to take place. On account of the separation in the modern age (especially in recent decades) of scientific endeavour into many different, highly specialised disciplines, each with its own specialised language, it has become highly problematic, if not impossible, for scientists to understand one another and to establish partnerships. Without mutual understanding, no partnership; without partnership no chance of worthwhile cooperation. Finding a common language in the "Tower of Babel" that science has become the common place and is made still more difficult by the many terminological overlaps and blurred distinctions between different concepts and definitions. Here theoretical psychopathology (as will be discussed below) with its central field of conceptual analysis has a special role to play as an intermediary and a "*translator*".

Any partnership is rooted in mutual trust, which of course can only be established on the basis of mutual understanding. In his *Nichomachean Ethics* Aristotle (1998) distinguishes between different forms of friendship (*philia*): friendship based on profit, friendship based on pleasure (erotic/sexual relations), friendship based on character (which he regards as "real friendship") and self-friendship, which he regards as self-reflexive intrapersonal friendship, as the basis for all forms of friendship. Partnership, as we define it here, corresponds with Aristotle's notion of friendship based on profit, which in Aristotle's view can only be established on the basis of a "proper equilibrium" between the two partners. Here it becomes clear what a distance there is between simply working together and real co-operation. Aristotelian partnerships are not simply a superficial "coming together" of equal parties to a contract. Essential prerequisites also include, besides shared tasks and objectives, a special awareness of the other and attentiveness to, as well as mutual interests and the ability to engage in dialogue. The partnership hence also requires reciprocity and understanding, humanistic intersubjectivity and hospitality, responsibility and trust,

and last but not least, tactful sympathy and warmth, as well as conflicts and creative tension (Clayre 1977; Grice 1982; Derrida 1994; Axelrod 1997; Derrida and Dufourmantelle 2000).

The psychopathologist must therefore provide the foundation for a form of cooperation capable of achieving its goals. This can be done in two ways: on the one hand, by providing a firm phenomenological framework for teams of researchers from different scientific disciplines; on the other, by acting as the main mediator between the different research disciplines in a way that fosters understanding, so as to allow a stable basis for cooperation to be established, which in turn facilitates the advancement of cooperative research projects. One of the main tasks of psychopathology, both as a theoretical basic research discipline and as a scientific discipline geared towards practice, is to provide space for the possible to become possible. In so doing it must play not just an accompanying or supporting role but a central, leading one, although at the same time refraining from imposing its will on the representatives of other research disciplines participating in a joint project. Only in this way will each of disciplines engaged in a psychiatry project have the opportunity – on a sound psychopathological footing – to develop their full innovative power.

Towards an integrative psychopathology

The third task of psychopathology is to gain a profound understanding, on the one hand of behavioural abnormalities or psychopathological phenomena and, on the other, of the basis and starting points for psychopathological research, or the work of the psychiatrist. An understanding of psychopathological phenomena is an essential prerequisite for a psychiatric practice capable of achieving its goals. In this context we should mention the abundance of excellent scientific analyses and studies in the fields of clinical psychopathology and psychoanalytic and anthropological-phenomenological psychopathology (see, for example, Berrios 1994; Sims 1995; Cutting 2002; Parnas and Handest 2003; Stanghellini 2004, etc.). Mental illness manifests itself not only in the nature of the disorder, but is in its plasticity to a great extent determined by the narratives woven around it. These are not simply semantic and narrative “satellites” surrounding the state of being ill, but also play a major role as factors perpetuating illness and shaping pathological events. Accordingly it is important that any treatment be preceded by an appropriate semantic analyses, so as to allow pathogenetically oriented treatment and above all targeted psychotherapeutic intervention.

It became clear quite early on, that an approach of this kind based on a psychopathology of understanding, depends to a great extent on where the

“understanding” psychopathologist is coming from, on what his or her perspectives and concepts are. Hermeneutic interpretation only makes sense and only serves a purpose if in each case the psychopathologist knows the starting point and fields of reference for interpretation, as well as more specific reference points and frames of reference. The understanding psychopathologist cannot and should not focus solely on individual phenomena or areas of functioning but must of course also consider the theoretical foundations underlying understanding-oriented diagnosis. An understanding of the valency of psychopathological phenomena in the structure of illness is impossible without a knowledge and understanding of the theoretical roots in philosophy and also in the theory of science of psychopathological research, psychiatric practice and the treatment of behavioural abnormalities. Thus one of the central objectives of psychopathology is to understand and to study the basis of psychopathological practice in scientific theory. This has to some extent been acknowledged, for over the past two decades; a branch of research has established itself – mainly among understanding anthropological-phenomenological psychopathologists – that is devoted to uncovering the basis of psychopathological theories and patterns of thinking. This has found its way into psychiatric literature under headings like *theoretical psychopathology, meta-psychiatry or the philosophy of psychiatry* (Fulford et al. 2003; Radden 2004).

This is mainly a philosophy of psychiatry as a scientific and medical discipline. A philosophy of psychiatry of this kind – in other words, a philosophy of a particular discipline, perhaps akin to, say, a philosophy of history, law or physics “... seeks not so much to solve historical, physical, or legal questions ...” or questions of clinical psychiatry, “... as to study the concepts that structure such thinking, and to lay bare their foundations and presuppositions ... in this sense philosophy is what happens when practice becomes self-conscious” (Blackburn 1996). Hence what theoretical psychopathology seeks to do is not to address issues of clinical practice per se, but rather, using meta-analyses, analyses of the fundamentals of psychopathological thinking and practice to contribute to a clarification of seminal and relevant problems of clinical practice or of empirical science. Its main task is to reflect on the patterns of thought and behaviour of general and specialized psychopathology. Since self-reflexion always entails self-creation, and self-creation in turn forms the basis for self-reflexion – and here we are talking about an autopoietic system – this means that theoretical psychopathology as a sub-discipline of psychopathology plays a central role as a driving force. It thus forms the heart of psychopathological research and is not limited simply to

expounding theories but rather – analogous with theoretical physics – provides impetus and direction for empirically oriented psychopathology as well as for the practice of clinical psychiatry in general.

The methods used most often by theoretical psychopathology as a research discipline at the crossroads between modernism and the post-modernism (Bracken and Thomas 2005; Cahoon 2007) are deconstruction, reconceptualization or re-conception and re-historicisation. Almost any theory with a long enough tradition is eventually subject to a process of de-historicisation: in other words, the original historical circumstances that gave rise to a particular theory or way of thinking or to a particular human construct become forgotten, and instead what are actually human constructs come to be regarded by subsequent generations as natural givens. Prime examples of this include “the soul”, the “sub-conscious” or “schizophrenia” to mention just a few human constructs that have acquired the status of natural phenomena. Only by rediscovering the origin of human constructs that have become natural givens and by revealing them for what they are does it become possible to reflect on them critically again and to examine whether they continue to be suitable models for psychopathological research or for psychiatric clinical practice. Psychopathological research and practice not merely confined to explaining and understanding individual phenomena, groups of symptoms or functional areas, that do not stop at an analysis of the given but instead focus on the fundamentals of psychiatric research and practice per se and that accord a primary place to the hermeneutic synthesis of analysed fragments in the complex edifice of knowledge available to us today can provide a major starting point for new developments in psychiatry.

Psychopathology and psychiatry

The future of psychiatry thus lies in the hands of a type of psychopathology that we will here call Integrative Psychopathology and whose main tasks are no longer identical with the traditional general psychopathology, insofar as the second main task of psychopathology – that of explaining mental disorders – is only possible nowadays in close cooperation with other branches of science. As well as precisely describing psychopathological states and engaging in hermeneutic interpretation – a task that today has received a renewed impetus from psychotherapy – the main purpose of modern psychopathology must be to lay the foundations for cooperation between the various branches of research interested in studying psychiatric issues. It is, however, not sufficient just to provide the foundations for cooperation of this kind, but also to promote and catalyse it, in order, as the hub of

psychiatric research, to once again shape psychiatry. Applied Integrative Psychopathology must also be complemented by further advancements in the field of Theoretical Psychopathology, so as – in a manner akin to the impact of theoretical physics on empirical physics – to enable conceptual new developments, which can then be fruitful for cooperative research and psychiatric clinical practice. Only in this way can we respond adequately to Jaspers’ appeal for psychiatrists to stop treating just pathological constructs or categories of disorder and instead to focus once again on the whole person. Integrative psychopathology and theoretical psychopathology must provide the foundations for this, in order to shape a future psychiatry in which the whole person once again becomes the measure of all things.

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References

- Ammar E. 1970. Ethnopsychiatry and transcultural psychiatry: Introduction to a comprehensive understanding of psychopathology in Tunisia. *Tunis Med* 48:295–309.
- Andreasen NJ. 1998. Understanding schizophrenia: A silent spring? *Am J Psychiatry* 155(12):1657–9.
- Aristotle. 1998. *The Nicomachean ethics* (Oxford World’s Classics). Oxford: Oxford University Press.
- Axelrod R. 1997. *The complexity of cooperation. Agent-based models of competition and collaboration*. Princeton, NJ: Princeton University Press.
- Berrios G. 1994. Hallucinations: Selected historical and clinical aspects. In: Critchley EMR (ed.) *The neurological boundaries of reality*. London: Farrand Press.
- Berrios GE. 1984. Descriptive Psychopathology: Conceptual and historical aspects. *Psychol Med* 14:303–13.
- Blackburn S. 1996. *Oxford dictionary of philosophy*. Oxford: Oxford University Press.
- Bracken P, Thomas P. 2005. *Postpsychiatry. Mental health in a postmodern world*. Oxford: Oxford University Press.
- Bumke O. 1948. *Gedanken über die Seele*. 4 Aufl. Berlin: Springer.
- Cahoon L. 2007. *From modernism to postmodernism*. Oxford: Blackwell Publishing.
- Calabretta R, Parisi D. 2005. Evolutionary connectionism and mind/brain modularity. In: Callebaut W, Raskin-Guttman D, editors. *Modularity. Understanding the development and evolution of complex natural systems*. Cambridge, MA: MIT Press.
- Clayre A. 1977. *Nature and industry*. Oxford: Oxford University Press.
- Cutting J. 2002. *The living, the dead, and the never-alive: Schizophrenia and depression as fundamental variants of these*. Haywards Heath, UK: Forest Publishing.
- De Figueiredo JM. 1980. Some methodological remarks on transcultural interviewing on psychopathology. *Int J Soc Psychiatry* 26:280–92.

- Derrida J, Dufourmantelle A. 2000. *Of hospitality*. Stanford: Stanford University Press.
- Derrida J. 1994. *Politiques de l'amitié*. Paris: Éditions Galilée.
- Emminghaus O. 1878. *Allgemeine Psychopathologie. Zur Einführung in das Studium der Geistesstörungen*. Leipzig: FCW Vogel.
- Esquirol E. 1838. *Die Geisteskrankheiten in Beziehung zur Medizin und Staatsarzneikunde vollständig dargestellt. Des Maladies Mentales* (übersetzt von W. Bernhard). Berlin: Voss.
- Fulford B, Morris K, Sadler J, Stanghellini G. 2003. *Nature and narrative. An introduction to the new philosophy of psychiatry*. Oxford: Oxford University Press.
- Gaebel W, Wölwer W, Zielasek J. 2006. Von der deskriptiven zur funktionalen Psychopathologie. *Die Psychiatrie* 4:221–32.
- Glatzel J. 1978. *Allgemeine Psychopathologie*. Stuttgart: Enke.
- Glatzel J. 1981. *Spezielle Psychopathologie*. Stuttgart: Enke.
- Grice HP. 1982. Meaning revisited. In: Smith, NV (ed.) *Mutual knowledge*. pp. 223–243. London: Academic Press.
- Heinrich K. 1965. Zur Bedeutung der Stammesgeschichte des menschlichen Erlebens und Verhaltens für Neurologie und Psychopathologie. *Homo* 16:65–77.
- Hojajj CR. 2000. Editorial. Towards a psychiatric biology. *World J Biol Psychiatry* 1(4).
- Husserl E. 1923/1959. *Erste Philosophie (1923/1924) Zweiter Teil: Theorie der phänomenologischen Reduktion [First Philosophy (1923/1924) Second Part: theory of phenomenological reduction]* Husserliana, vol 8. Boehm R, editor. The Hague: Martinus Nijhoff.
- Ioannides AA, Poghosyan V, Dammers J, Streit M. 2004. Real-time neural activity and connectivity in healthy individuals and schizophrenia patients. *NeuroImage* 23:473–82.
- Jackson JH. 1932. *Selected writings*. New York: Hodder & Stoughton.
- Jaspers K. 1913/1973. *Allgemeine Psychopathologie*. 1–9 Auflage. Berlin: Springer.
- Kojo K. 2010. Late-onset schizophrenic syndromes in socially isolated situations: A comparison of Janzarik's "Kontaktmangelparanoid" and late paraphrenia. *Psychogeriatrics* 10:83–9.
- Kraepelin E. 1920. Die Erscheinungsformen des Irreseins. *Z Neurol Psychiatr* 62:1–29.
- Krafft-Ebing R. 1879. *Lehrbuch der Psychiatrie. Bd I–III*. Stuttgart: Enke.
- Lewin K. 1969. *Principles of topological psychology*. New York: Johnson Reprint Corp.
- Musalek M. 2003. Meaning and causes of delusions. In: Fulford B, Sadler J, Stanghellini G, Morris K, editors. *Nature and narrative. International perspectives in philosophy and psychiatry*. Oxford: Oxford University Press.
- Musalek M. 2005. Die unterschiedliche Herkunft von Schizophrenien und ihre philosophischen Grundlagen. *Fortschr Neurol Psychiatr* 73:16–24.
- Musalek M, Podreka I, Walter H, Suess E, Passweg D, Nutzinger R, et al. 1989. Regional brain function in hallucinations. *Comp Psychiatry* 30:99–107.
- Okasha A. 2005. Mental Health in Egypt. *Isr J Psychiatry Relat Sci* 42:116–125.
- Parnas J, Handest P. 2003. Phenomenology of anomalous self-experience in early schizophrenia. *Comprehensive Psychiatry* 44:121–34.
- Radden J 2004. *Philosophy of psychiatry*. Oxford: Oxford University Press.
- Radford MH. 1991. Cultural influences on depression: A new methodological approach and its results. *Jpn J Psychiatry Neurol* 45:545–64.
- Rajarethinam R, DeQuadro J, Miedler J, Arndt S, Kirbat R, Brunberg JA, Tandon R. 2001. Hippocampus and amygdala in schizophrenia: Assessment of the relationship of neuroanatomy to psychopathology. *Psychiatr Res* 108:79–87.
- Saravanan B, Jacob KS, Johnson S, Prince M, David AS. 2010. Outcome of first-episode schizophrenia in India: Longitudinal study of effect of insight and psychopathology. *BJ Psych* 196:454–459.
- Scharfetter C. 1991. *Allgemeine Psychopathologie*. 3 Aufl. Stuttgart: Thieme.
- Schipperges H. 1979. *Psychiatrie in Entwicklung. Grundzüge – Schwerpunkt – Leitlinien*. In: Janzarik W, editor. *Psychopathologie als Grundlagenwissenschaft*. Stuttgart: Enke.
- Schneider K. 1946/1980. *Klinische Psychopathologie*. 12 Auflage. Stuttgart: Thieme.
- Sims A. 1995. *Symptoms in the mind. An introduction to descriptive psychopathology*. 2nd edition. London: Saunders.
- Stanghellini G. 2004. *Disembodied spirits and deanimated bodies*. Oxford: Oxford University Press.
- Störing G. 1900. *Vorlesungen über Psychopathologie in ihrer Bedeutung für die normale Psychologie*. Leipzig: Engelmann.
- Taylor MA, Vaidya NA. 2009. *Descriptive psychopathology. The signs and symptoms of behavioral disorders*. Cambridge: Cambridge University Press.
- Téllez Carrasco PJ. 1985. Transcultural psychopathology of delusions in Venezuela. *Actas Luso Esp Neurol Psiquiatr Cienc Afines* 13:245–8.
- Zielasek J, Gaebel W. 2008. Modern modularity and the road towards a modular psychiatry. *Eur Arch Psychiatry Clin Neurosci* 258(Suppl 5):60–5.
- Zielasek J, Gaebel W. 2009. Modularity in philosophy, the neurosciences, and psychiatry. *Poiesis Prax* 6:93–108.