

- 89 Mayou RA, Gill D, Thompson DR, Day A, Hicks N, Volmink J, et al. Depression and anxiety as predictors of outcome after myocardial infarction. *Psychosom Med* 2000; **62**: 212–9.
- 90 Nakatani D, Sato H, Sakata Y, Shiotani I, Kinjo K, Mizuno H, et al. Influence of serotonin transporter gene polymorphism on depressive symptoms and new cardiac events after acute myocardial infarction. *Am Heart J* 2005; **150**: 652–8.
- 91 Rumsfeld JS, Jones PG, Whooley MA, Sullivan MD, Pitt B, Weintraub WS, et al. Depression predicts mortality and hospitalization in patients with myocardial infarction complicated by heart failure. *Am Heart J* 2005; **150**: 961–7.
- 92 Silverstone PH. Depression and outcome in acute myocardial infarction. *BMJ* 1987; **294**: 219–20.
- 93 Smolderen KG, Spertus JA, Reid KJ, Buchanan DM, Krumholz HM, Denollet J, et al. The association of cognitive and somatic depressive symptoms with depression recognition and outcomes after myocardial infarction. *Circ Cardiovasc Qual Outcomes* 2009; **2**: 328–37.
- 94 Sorensen C, Brandes A, Hendricks O, Thrane J, Friis-Hasche E, Haghfelt T, et al. Depression assessed over 1-year survival in patients with myocardial infarction. *Acta Psychiatr Scand* 2006; **113**: 290–7.
- 95 Strik JJ, Lousberg R, Cheriex EC, Honig A. One year cumulative incidence of depression following myocardial infarction and impact on cardiac outcome. *J Psychosom Res* 2004; **56**: 59–66.
- 96 Sydeaman SJ. Impact of negative emotions on recurrent cardiovascular events following hospitalization for myocardial infarction or unstable angina. PhD thesis in Clinical Psychology, University of South Florida, 1999.



## reflection

### On Jaspers' *General Psychopathology*

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*Jaspers' General Psychopathology* was first introduced to me as a medical student in Birmingham in the seminars led by Ian Brockington, and clearly seemed to be a book of importance to psychiatry as evidenced by copies on the shelves of consultants, and the reverence by which it was referred to. I had come to psychiatry as a medical student hoping it may provide a way for me to bring together an interest in both neuroscience and philosophy. Reading Jaspers, what struck me were his powerful accounts of delusional mood and primary delusions, the role of neurology in understanding mental life and its relationship to descriptive psychopathology, and his delineation of explanation and understanding but I was confused by both Jaspers' own methodology and what he and psychiatrists meant by 'phenomenology'. I had read some Husserl, Heidegger and Sartre as a preclinical student and my understanding of phenomenology was rather different to that which I found in Jaspers.

Many of the themes raised by Jaspers remained of importance to me as a psychiatry trainee at the Maudsley and Bethlem Royal Hospitals. His 1912 essay, 'The Phenomenological Approach in Psychopathology', reprinted in the *British Journal of Psychiatry* and in *The Maudsley Reader in Phenomenological Psychiatry*, remained a discussion paper in our seminars. This and my prior reading of Jaspers inspired an interest in trying to study empirically delusion formation in a cohort at clinical high risk for psychosis, and more generally how functional neuroimaging can be used to study psychopathology, and I was fortunate to work with Philip McGuire and his group. Jaspers' philosophical approach to psychopathology was, for me, raised in importance by the challenge that cognitive models of psychosis, such as that elaborated, for example, by Chris Frith in *The Cognitive Neuropsychology of Schizophrenia*, where the boundary between explanation and understanding gets blurred and the seemingly baffling Schneiderian symptoms of schizophrenia are rendered amenable to some kind of psychological understanding, albeit not in the hermeneutic sense Jaspers meant. This optimism of a scientific psychopathology, based on cognitive neuroscience, seemed a project worth pursuing and one that became more relevant as research turned to studying symptoms transdiagnostically.

For the trainee, the two black volumes that make up the most recent English-language edition of the *General Psychopathology* can be an imposing read but one I would recommend. Jaspers can be obscure and unclear but with persistence, passages of great clarity and perspicacity can be found, many with great contemporary relevance. Psychopathology is a living subject, as is clear from the concerns about the iterations of the international classifications, and we should not assume that the list of psychopathological symptoms and signs is complete and static, and that we know what they are and how to measure them. Psychopathology is a dynamic and evolving subject and the experiences our patients bring to us will change as quickly as the world in which we live changes. Jaspers' *General Psychopathology* is not a book of the past, a fossil of psychiatry, but a guide for us for the future.

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

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