The History of Schizophrenia: Denotation or Connotation?

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Introduction
Throughout history there have always been those who could see and hear things that other people couldn’t, those called demented and crazy, those who are vernacularly described today as schizophrenic. However, the diagnosis and definition of schizophrenia has changed significantly through the years because of its numerous manifestations and modern technology and research. There is much dispute as to how to describe the disease and as to what characteristics remain constant amongst those affected. In these times of modern genetics and neurobiology the definition becomes no easier because of the great multitude of internal glitches that could be possible contributors to schizophrenia’s development. The objective of this paper is to explain the diagnostic origins of and to illuminate what is commonly referred to as schizophrenia and to imagine what the future of ‘schizophrenia’ may reveal.

Kraepelin
In the 19th century a man named Emil Kraepelin loosely defined what would become schizophrenia as “dementia praecox” by integrating a number of behaviors commonly associated with schizophrenia still today, such as paranoid delusions, aural hallucinations, and progressive symptoms of general craziness [1]. Kraepelin did establish two “fundamental disorders” that were, “based on comprehensive clinical observations and naturalistic descriptions of a large number of individual cases,” 1) “general decay of mental efficiency” and 2) “loss of mastery over volitional action” [2]. Kraepelin was careful not to assign any pathognomonic, specifically characteristic or indicative of a particular disease or condition, symptoms to his dementia praecox definition because of the variety and inconsistency of all other associated symptoms [1,2]. Later in his life Kraepelin considered revising and abandoning the six categorical system of diagnoses he had come up with in favor of a dimensional model focusing more on the affected areas of the personality rather than the disorders themselves. “Kraepelin proposed three hierarchically structured “registers” of psychopathology—affective, schizophrenic, and encephalopathic—which could recombine in different ways to produce the manifold syndromes of the major mental disorders” [2].

Bleuler and Post-Bleuler
Soon after Kraepelin came out with dementia praecox another man named Eugen Bleuler revised it into his new term of “schizophrenia” in 1908 [1]. He reformatted the disease and described it as being a number of diseases, schizophrenias, plural. Bleuler also divided it into two definitively different categories “obligatory” symptoms and “supplementary” symptoms. Obligatory symptoms included “autism, ambivalence, associative loosening, and affective disturbances,” Bleuler’s 4 A’s, and were necessary for positive diagnoses [1,2]. The defining characteristics of schizophrenia continued to be re-delegated into categories and divided up differently by a number of other scientists but nothing too significant was altered until the concept of a schizophrenic spectrum or continuum. This concept arose out the observation that characteristics of
the disease were commonly found in families suggesting heritable and thusly genetic components and gave rise to schizotypal personality disorder [2].

**Current Classifications: DSM-IV and ICD-10**

The *Diagnostic and Statistical Manual of the American Psychiatric Association* and The World Health Organization’s *International Classification of Diseases* were both created with the goals of “(i) to identify groups of patients with broadly similar clinical presentation and prognosis; (ii) to facilitate early diagnosis and choice of treatment; and (iii) to define a homogeneous heritable diagnostic category for genetic and other aetiological research” [2]. These goals resulted in similar, excepting very specific portions, definitions of “schizophrenia” in the two international standards. The DSM-IV differs in it’s definition requires a minimum duration of six months of symptoms and the presence of social or occupational dysfunction to have a positive diagnoses of schizophrenia. The ICD-10 differs in that it only requires a 4-week period of symptoms for a positive diagnosis and considers the presence of social dysfunction to be context-dependent and not across the board. Both of these standards have improved the understanding diagnoses of the disease, but validity of schizophrenia is still under scrutiny because of its variety [2].

**Current Research**

The current approaches for studying schizophrenia with the hope of better defining it focus largely on our new available technologies. With the advent of our genetic world it may make sense to define a better spectrum/qualitative diagnostic map to include similar disorders and understand the boundaries and connections between. However it is still important to understand these things quantitatively as well because it is there that chances of recovery and treatment can be realized. A recent research paper from December of 2012 shows that thinking of schizophrenia as a progressive and degenerative disease is consistent with Kraepelin, but not with reality, there is strong hope for some degree of recovery in many cases [5]. Another paper from January of 2013 had the objective of determining “whether any psychological, pharmacological, or nutritional interventions can prevent or delay transition to psychotic disorders for people at high risk” [4]. Their results were more promising than previous studies done with fewer numbers of people.

**Conclusions**

I am of the opinion that for simplicity’s sake, schizophrenia will ultimately be categorized by its external symptomatic expressions rather than internal abnormalities that are many and varied. Although it is the internal mishaps that will help us to discover ways of treating and preventing the disease, I think we will find them too complex and numerous to be deserving of their own individual names. I also believe that the aim of developing a spectrum of schizophrenia and related diseases, utilizing all modern technology at our disposal, will greatly assist in treating the symptoms and recovery of patients, as well as providing a more comprehensive understanding of the malady.
References


