

# A History Of Paraphrenia in the Context of Psychiatric Classification

Projektstudie für die Diplomarbeit  
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# 1 Abstract (deutsch)

Das Diplomarbeitprojekt wird versuchen, die historische Entwicklung des Konzepts der “Paraphrenien” auszuloten, das etwa 1912 in der achten Ausgabe von Emil Kraepelins “Psychiatrie - Ein Lehrbuch für Studierende und Ärzte” auftauchte.

Während er Paraphrenie 1916 in seiner “Einführung in die psychiatrische Klinik”<sup>1</sup> noch als eigenständige, wenngleich verwandte Gruppe neben dementia praecox und manisch-depressiven Irresein anführt, sieht auch Kraepelin sie nach einer Publikation von M. Mayer 1921 als Untergruppe der dementia praecox. Mehr noch, auch der Name dementia praecox muss später dem Konzept der Schizophrenien Platz machen, das erstmals von E. Bleuler 1911<sup>2</sup> vorgeschlagen wurde und allgemeine Verbreitung erlangte, als Nachfolgeuntersuchungen ergaben, dass wohl doch nicht alle unter diesem Deckmantel zusammengefassten Krankheiten unweigerlich in einen “Endzustand” nach Mayer-Gross münden würden<sup>3</sup>. M. Bleuler stellt 1943<sup>4</sup> eine Systematik der Spätschizophrenien auf, in der auch Paraphrenie (nach Kraepelin) und Involutionssparanoia (nach Kleist) erläutert werden. Kolle verwendet den Begriff 1931.

1914 schlug Albrecht vor, den Begriff “präsenile Paraphrenie” als Synonym für das Übergangsstadium zur Demenz, das nach Kleist (1912) auch als “Involutionssparanoia” bekannt war, da er Schwierigkeiten in der Abgrenzung der Begriffe sah<sup>5</sup>.

Während DSM-III und ICD-9 noch Definitionen und Codes für einige paraphrenische Syndrome enthalten (295.3, der paranoide Typ der Schizophrenie inkludiert paraphrenische Schizophrenie<sup>6</sup>, und Paraphrenie findet Eintrag als Unterpunkt 297.2 bei den Paranoid Zuständen<sup>7</sup>), wird in ICD-10, obwohl es keine eigenen Punkte mehr sind, durchaus noch auf die paraphrenen Diagnosen im Text hingewiesen, bei DSM-IV fehlt jede Erwähnung des historischen Begriffs: 297.2 wurde ersatzlos gestrichen, 297.1 umorganisiert als wahnhafte Störung (“Delusional Disorder”<sup>8</sup>). In neueren Publikationen ist der Begriff selten zu finden, obwohl er nicht völlig aus dem Sprachge-

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<sup>1</sup>Emil Kraepelin, *Einführung in die psychiatrische Klinik*. Leipzig: Verlag von Johann Ambrosius Barth, 1916, p 330f.

<sup>2</sup>Hans G. Zapotoczky/Peter K. Fischhof, editors, *Handbuch der Gerontopsychiatrie*. Wien: Springer, 1996, ISBN 3-211-82833-8, p 292.

<sup>3</sup>Hans G. Zapotoczky/Peter K. Fischhof, editors, *ibid.*, p 292, 297.

<sup>4</sup>M. Bleuler, Die spätschizophrenen Krankheitsbilder. Fortschritte der Neurologie, Psychiatrie und ihrer Grenzgebiete, 15 1943, Nr. 9, p 263.

<sup>5</sup>H. Albrecht, Funktionelle Psychosen im Rückbildungsalter. Zeitschrift für die gesamte Neurologie und Psychiatrie, 22 1914, Nr. 3, p 341.

<sup>6</sup>*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*. Washington, DC, 1987, p 451

<sup>7</sup>, *ibid.*

<sup>8</sup>*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC, 1994, p 296ff.

brauch verschwunden ist.

Der Hauptfokus der Arbeit wird auf der Begriffsklärung im historischen medizinischen Kontext liegen, besonders in Bezug auf Alter, Geschlecht/Gender und gesellschaftliche Stellung der PatientInnengruppen.

## 2 Abstract

The thesis project tries to follow the historic course of the term “paraphrenia”, a concept that was introduced around 1912 in the eighth edition of Emil Kraepelin’s “Psychiatrie - Ein Lehrbuch für Studierende und Ärzte”. It was originally intended as a third category besides dementia praecox and manic-depressive illnesses for cases that started later and did n’t end in dementia, a distinction still held up in Kraepelin’s “Einführung in die psychiatrische Klinik” in 1916<sup>9</sup>. However, in response to a publication in 1921 by M. Mayer he conceded a reclassification as a subgroup to dementia praecox. Furthermore the name dementia praecox was subsequently abandoned and gave way to the concept of schizophrenia, first introduced by E. Bleuler in 1912 and advanced by Kolle in 1931 and M. Bleuler in 1943<sup>10</sup> when it was understood that not all of the patients in this group were heading towards a terminal state (“Endzustand” according to Mayer-Gross<sup>11</sup>).

In 1914 Albrecht proposed the term “late paraphrenia” (“späte/präsenile Paraphrenie”) as a synonym for the intermediary stage to dementia, then called “involutional paranoia” (“Involutionssparanoia”), due to difficulties in discriminating between the diseases<sup>12</sup>.

While DSM-III and ICD-9 still contain definitions and codes for some paraphrenic diseases (295.3, the paranoid type schizophrenic disorder, includes paraphrenic schizophrenia<sup>13</sup>, and paraphrenia is listed as subitem 297.2 under 297 Paranoid states<sup>14</sup>), in ICD-10 the paraphrenic diagnoses still listed, but don’t have numbers on their own, whereas in DSM-IV all mention of the adjective paraphrenic has been removed, 297.2 has been dropped entirely, and 297.1 has been reorganised as “Delusional Disorder”<sup>15</sup>. A few recent publications mention the term, but the impact on today’s psychiatric practice will still have to be determined.

The main focus of the work will be to follow the meaning of the term in

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<sup>9</sup>Emil Kraepelin, *ibid.*, p 330f.

<sup>10</sup>M. Bleuler, *ibid.*, p 263.

<sup>11</sup>Hans G. Zapotoczky/Peter K. Fischhof, editors, *ibid.*, p 292, 297.

<sup>12</sup>H. Albrecht, *ibid.*, p 341.

<sup>13</sup>, *ibid.* *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*. Washington, DC, 1987, p 451

<sup>14</sup>, *ibid.* *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised*. Washington, DC, 1987, p 454.

<sup>15</sup>, *ibid.* *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC, 1994, p 296ff.

its historic setting, particularly considering the patient groups with respect to age, gender, and socioeconomic status.

### 3 Summary of Publications to Date

A good deal has been written about the development of the classification of schizophrenic disorders (or, more accurately, dementia praecox and successive renamings and regroupings), but publications specific to paraphrenia are not that numerous, even though the term still rings a bell with many psychiatrists. Prominent authors include W. Klages, who from his experience at the psychiatric clinic of the Academy for Medicine in Düsseldorf outlined the view on schizophrenic diseases in old age in 1961<sup>16</sup> including the historic context, Zapotoczky and Fischhof from the University Clinic for Psychiatry in Graz, who did likewise<sup>17</sup>, as well as Lempa and Troje, who published a collection of essays focusing on the relevance for the history of psychoanalytic method<sup>18</sup>.

The initial period outlined above was divided between those following Kraepelin's nomenclature and his opponents. As early as 1914 Schnizer muses whether paraphrenia should not have been kept under the heading of paranoia:

*Die Frage, ob es für eine Einigung nicht zweckmäßiger gewesen wäre, wenn Kraepelin den neuerdings ausgeschiedenen Fällen die Bezeichnung Paranoia gegeben hätte, erübrigt sich; Tatsache ist, daß diese von ihm als Paraphrenien bezeichneten Fälle sich zu einem guten Teil mit den von seinen Gegnern als Paranoia angesprochenen Krankheitsbildern decken. Will man die vorhandene Verwirrung in der Paranoiafrage nicht noch unaufhörlich steigern, so wird man in Zukunft für diese, offenbar unter sich nicht wesensgleichen Krankheitsbilder vom Charakter eines Prozesses am besten die Bezeichnung Paraphrenie — mindestens zunächst — beibehalten.*<sup>19</sup>

Also in 1914 E. Bleuler saw the term schizophrenia as more inclusive and compatible rather with Kraepelin's "Verblödungspsychosen" than dementia praecox<sup>20</sup>.

After M. Bleuler's outline on schizophrenia in 1943 consensus was mostly reached for a while. However, as Kay and Roth put it in 1961<sup>21</sup>,

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<sup>16</sup>Wolfgang Klages, *Die Spätschizophrenie*. Stuttgart: Ferdinand Enke Verlag, 1961.

<sup>17</sup>Hans G. Zapotoczky/Peter K. Fischhof, editors, *ibid.*

<sup>18</sup>Günter Lempa, *Kritische Überlegungen zu der von Emil Kraepelin begründeten psychiatrischen Krankheitslehre*. In Günter Lempa/Elisabeth Troje, editors, *Psychosenkonzepte im historischen Kontext. Vorurteil, Wissenschaft, Politik*. Göttingen: Vandenhoeck & Ruprecht GmbH & Co. KG, 2010, ISBN 978-3-525-45124-3.

<sup>19</sup>Schnizer, *Zur Paranoiafrage*. *Zeitschrift für die gesamte Neurologie und Psychiatrie - Originalien*, 27 1914, p 116.

<sup>20</sup>E. Bleuler, *Die Kritiken der Schizophrenien*. *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 22 1914, Nr. 1, p 20.

<sup>21</sup>D. W. K. Kay/Martin Roth, *Environmental and Hereditary Factors in the Schizophre-*

All classificatory systems in psychiatry have serious shortcomings which are inevitable at the present stage of development of knowledge. The weakness of the Kraepelinian system, which forms the basis of most classifications, is that it is based upon two principles. According to one, mental disorders are divided on the basis of certain psychological symptoms and signs into “organic” and “functional” categories; according to the other, division into the same two categories depends on the presence or absence of structural disease, whether cerebral or somatic. This dual system leads to ambiguities which deserve careful analysis.  
(...)

In the same year, W. Klages renounced the term and preferred “late schizophrenia” (“Spätschizophrenie”) due to the broader definition, however still claimed it as a distinct diagnosis that just would not fit his patients.

According to Decker (2007)<sup>22</sup>, at the time psychoanalytic tendencies were the main focus of North American psychiatry. The Diagnostic and Standards Manual DSM-II had little impact, both because in psychoanalysis diagnosis was felt to be less of a concern and because criticism arose outside and within the profession, for example the Rosenhan experiment Rosenhan (1973) which showed that sane people would be kept in psychiatric wards for prolonged periods of time.

On the outset of appointing the committee for DSM-III care was taken to choose a pragmatist, Robert Spitzer, who had already proven diplomatic skills in defusing the conflict over whether homosexuality should be considered an illness.

The Pubmed Database cites 2 publications 1940 - 1950, 23 1951 - 1960, 16 1961 - 1970, 23 1971 - 1980, 37 1981 - 1990, 47 1991 - 2000, and 24 more from 2001 to the present (in comparison, for the last period 37894 hits for schizophrenia and 77 for dementia praecox can be found). While many of the articles appear to have a historic focus, others deal with current cases and diagnoses.

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nias of Old Age (“Late Paraphrenia”) and their Bearing on the General Problem of Causation in Schizophrenia. *Journal of Mental Science*, 107 1961, Nr. 5 (URL: <http://bjp.rcpsych.org/cgi/doi/10.1192/bjp.107.449.649>), p 669.

<sup>22</sup>Hannah S. Decker, How Kraepelinian was Kraepelin? How Kraepelinian are the neo-Kraepelinians? – from Emil Kraepelin to DSM-III. *History of Psychiatry*, 18 2007, Nr. 3, p 341.

## 4 Open Questions and Aims of the Thesis Project

In most publications regarding paraphrenia the number of females is disproportionately higher than the number of males<sup>2324</sup>. It is hoped that indications can be found to what extent aetiology is endogenous (sex) and in how far social aspects including gender play a role.

While many of the articles in the medical databases appear to have a historic focus, others deal with current cases and diagnoses. Of the 214 hits found in the Pubmed database for `paraphrenia[All Fields] OR paraphrenic[All Fields]` only 23 show up when the search term `history[All Fields] OR historic[All Fields] OR historical[All Fields]` is included in the search, suggesting that the majority of the publications are of a medical nature as opposed to a humanities approach. However, both resource types will have to be evaluated to draw a more complete image of the change in

In addition it is hoped that the context of the psychiatric field from Kraepelin's initial clinical methods and results to the inception of DSM-III can be evaluated in a broader social context to shed light on the philosophy of science involved in the classification of paraphrenia, dementia parvex, and schizophrenia.

## 5 Plans for Executing the Project

Most answers are expected to be found in papers published between 1914 and 1921, some examples of which are provided in the bibliography. Focus will also have to be drawn to Kraepelin's methods and scientific understanding as well as later monographs on the topic, as far as possible looking for the sociological settings and the philosophy of science. Additional sources are expected to be found by cross-referencing quotations from articles and textbooks.

In particular, inputs from psychoanalytic circles and Karl Jasper's take on Kraepelin's diagnostic system shall be used.

## 6 Motivation

Browsing over some works of Michel Foucault and others in the field of history and philosophy of science raised an interest in the historic context. Since I'm contemplating on pursuing a career in psychiatry the obvious

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<sup>23</sup>Wolfgang Klages, *ibid.*, p 12: "Der **Geschlechtsverteilung** nach handelt es sich um 38 Frauen und 15 Männer. (Bei M. Bleuler 62 Frauen und 32 Männer, bei Knoll 62 Frauen und 21 Männer".

<sup>24</sup>D. W. K. Kay/Martin Roth, *ibid.*, p 651: During this time 42 patients consisting of 39 women and 3 men were diagnosed as "late paraphrenia" (...) 57 patients of whom 48 were women and 9 men, were diagnosed as suffering from paraphrenia with onset late in life..

choice was to find a niche in the history of psychiatry and learn to understand the development and use of classification systems, diagnostic standards, and the philosophic basis.

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