

**Prolegomenon to the Clinical Prerequisite; Psychopharmacology and the Classification of  
Mental Disorders  
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**Conceptual Development of Current Psychiatric Nosology**

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**Nosology: Review of Historical Development -- Third Epoch**

The "third epoch" in the development of psychiatric nosology was triggered by the publication of Jaspers' (1913) *General Psychopathology* and his contention, that a prior knowledge of "a definite illness" is an essential prerequisite in the diagnostic process. Recognition that information on the "dynamic totality" does not suffice, i.e., that diagnosis cannot be reduced to the sum of information from the different developmental stages of the illness, focused attention on the diagnostic importance of the "determining structure" of the total (clinical) picture. Accordingly, the essential difference between the "second" and the "third epochs" was in the shift of emphasis from the description of "events" and/or "contents" displayed during the different developmental stages of the "dynamic totality" of an illness, to the recognition of "patterns" generated and/or "structures" affected in a predetermined manner by different "disease processes." Because of this, instrumental for the development of the "third epoch" was the separation of "contents," corresponding with "events," from "forms," corresponding with "patterns"; and the recognition of the distinction between "development," expressed in "contents," i.e., in terms of the "events" of the "life history," and (disease) "process," displayed in "forms," i.e., in terms of the "patterns" of the "case history."

Schneider's Classification

The first nosology based on the application of principles set out in Jaspers (1913) *General Psychopathology* was the classification of Schneider, presented in his *Klinische Psychopathologie*, published in 1950. It heralded the beginning of a new era in psychiatry in which "clinical psychopathology and clinical psychiatry share a conceptual framework."

The underlying principle of Schneider's (1950) classification was Jaspers' distinction between "personality development" and "disease process," described in his classic paper "Eifersuchtswahn; Entwicklung Einer Persoen-lichkeit Oder Prozess," published in 1909. Schneider (1950) believed that one "can gain no insight into clinical psychopathology" without the recognition of this distinction because "development," which is expressed in "events" and their corresponding "contents," can be explored through the study of "meaningful psychic connections," dealt with in "understanding psychopathology," whereas the disease process, which is expressed in "patterns" and their corresponding "forms," cannot. Since he also believed that "mental illness," i.e., "psychic anomalies," which are the result of "disease process," need to be explored through the study of "causal connections of psychic life," dealt with in "explanatory psychopathology," Schneider (1953) considered the separation of "developmental anomalies" and "disease process induced illnesses" as one of the essential prerequisites for psychiatric practice and research dealing with these conditions. Consequently, he classified "psychic abnormalities" into two classes ("groups") of which class one ("group I") consisted of "developmental anomalies," i.e., "abnormal variations of psychic life," and class two ("group II") consisted of "effects of illness and defective structure."

Included in class one were "abnormal intellectual endowment," "abnormal personality" and "abnormal psychic reaction"; and included in class two were the "psychoses" (a term adopted from Feuchtersleben) i.e., the "effects of illness and defective structure," such as the "somatically based

psychoses," "schizophrenia" and "cyclothymia," the term used for "manic-depressive insanity" by Schneider (1950) (Table VI).

The practical and theoretical implications of Schneider's (1950) nosology cannot be overemphasized. By employing a truly "psychopathological approach," with consideration to all the four component disciplines of "general psychopathology," he attained order at a higher level than achieved in prior classifications. Within this new "order," the "psychoses," i.e., disorders with "psychic symptomatology" and "somatic etiology" (regardless whether already identified) are clearly outside the scope of "understanding psychopathology"; and "somatically based psychoses," in which "the psychic symptoms are notably unspecific" and the "acute symptoms merge and overlap with chronic ones, are clearly distinct from "endogenous psychoses." Although in Schneider's (1950) classification, the "Kraepelinian dichotomy" is retained, because "so far no one has succeeded in bringing to light any further types of endogenous psychoses," he questioned the validity of at least one of the two "endogenous diagnoses," i.e., schizophrenia. Furthermore, by maintaining that "there is nothing to which (one) can point as a common element in all the clinical pictures that are today christened schizophrenia," Schneider (1950) concurred with the view, that Kraepelin's (1895) concept of "endogenous psychoses" and especially his "dichotomy of endogenous psychoses," need to be re-examined.

Table VI

Abnormal Variations of Psychic Life Anomalies of Development	Effects of Illness and Defective Structure Psychoses
Abnormal Intellectual Endowment	Psychoses of the Feeble-minded
Abnormal Personality Psychopathic Personalities	Somatically Based Psychoses
Abnormal Reaction to Experience Psychic Reaction	Cyclothymia and Schizophrenia

Schneider's (1950) classification of mental illness, including "anomalies of development" and "psychoses."

## Leonhard's Classification

The re-evaluation of Kraepelin's (1899, 1903-1904) "nosology," culminated in the presentation of Leonhard's monograph on *The Classification of Endogenous Psychoses*, first published in 1957. However, Leonhard's (1957) classification is more than merely a re-evaluation of Kraepelin's (1895) classification of "endogenous psychoses." It is a novel approach to "nosology," based on the recognition of "patterns," representing different "forms" and "subforms," generated in a predetermined manner by different "disease processes."

Instrumental for the development of Leonhard's (1957) classification, was his adoption of Wernicke's (1900) "model" of "psychic functioning" based on a hypothetical "psychic reflex arch," comprising of "afferent" or "psychosensorial" (also referred to as "perceptual-cognitive"), "central," or "intra-psychic" (also referred to as "relational-affective") and "efferent" or "psychomotor" (also referred to as "motor-adaptive") segments, each of which subject to "increased," "decreased" or "disturbed" functioning. By the integration of information, obtained by the "exploration of psychopathology," on the functional state of the different segments (of the "psychic reflex arch") with the information obtained on the "dynamic totality" of the disease, in terms of "form of onset," "formal characteristics" of "course" and "outcome" and "holistic" features, Leonhard (1957) identified four "general patterns" or "categories" within the "endogenous psychoses," each represented by one or more diagnostic "patterns," i.e., groups (forms) and subgroups (subforms). Because of his special attention paid to the "totality" of the "disease," "polarity," i.e., whether "bipolar" or "unipolar" in "course," and correspondingly, whether "multiform" or "simple" in overall presentation, played the role of the primary organizing principle in Leonhard's (1957) classification of "endogenous psychoses."

The four "general patterns" or "disease categories" in Leonhard's (1957) classification are: "phasic psychoses," "cycloid psychoses," "unsystematic schizophrenias" and "systematic schizophrenias." Of them, one, i.e., "systematic schizophrenias," consists of disorders with "simple disease of them, one i.e., "simple disease pictures" and a "unipolar – deteriorating -- course" exclusively; two consist of disorders with "multiple disease pictures" and "bipolar course, one, i.e., "cycloid psychoses" with "full remissions" and the other, i.e., "unsystematic schizophrenias" with "partial remissions" between "episodes"; and the remaining one, i.e., "phasic psychoses," consists of three groups of disorders of which one, i.e., "manic-depressive disorder," displays a "multiform disease picture" and a "bipolar – remitting -- course," whereas the other two groups display "simple disease pictures" with "unipolar – remitting -- course" (Table VII, a&b).

In support of Leonhard's (1957) classification are findings in family genetic studies which indicate the distinctiveness of "unipolar" and "bipolar phasic psychoses" (Angst, 1966; Perris, 1966); the distinctiveness of "cycloid psychoses" and "unsystematic schizophrenias" (Perris, 1974; Ungvari, 1985a); and the distinctiveness of "unsystematic schizophrenias" and "systematic schizophrenias" (Trostorff, 1975; Ungvari, 1985b). Furthermore, in favor of the distinctiveness of the three diagnostic groups within the "systematic schizophrenias," and also within the "unsystematic schizophrenias" are the findings of a clinical psychopharmacological study carried out by Fish (1963). Undoubtedly, "if not two but rather many endogenous psychoses are to be differentiated, psychiatry becomes a difficult science." However, Leonhard (1957) maintained that "this differentiation cannot be avoided, if one wants to get out of the dead end of the present theory of endogenous psychoses," an essential prerequisite of psychiatric progress.

Table VIIa

Diagnosis	Simple Unipolar	Multiform Bipolar	Episodic	Continuous	Full Remission	Partial Remission	Deterioration	Afferent	Central	Efferent	Combine
Phasic Psychoses			+		+						
Manic-depressive Disease		+	+		+						+
Pure Melancholy	+		+		+						+
Pure Mania	+		+		+						+
Pure Depressions	+		+		+			+	+		
Pure Euphorias	+		+		+						
Cycloid Psychoses		+	+		+						
Confusion		+	+		+			+			
Anxiety-happiness		+	+		+						+
Motility		+	+		+						
Unsystematic Schizophrenias		+	+			+					
Catatonia		+	+			+					
Affect-laden paraphrenia		+	+			+			+		
Periodic catatonia		+	+			+				+	
Systematic Schizophrenias	+			+			+				
Simple	+			+			+				
Paraphrenias	+			+			+				
Hebephrenias	+			+			+		+		
Catatonia	+			+			+			+	
Combined	+			+			+				
Paraphrenia	+			+			+				
Hebephrenia	+			+			+				
Catatonia	+			+			+				

Schematic presentation of the differential pattern of diseases in Leonhard's (1957) classification of "endogenous psychoses." "Affere" as "+" if the "psychosensory" segment, "central" is marked as "+" if the "intrapyschic" segment and "efferent" is marked "+" if the "p segment of the "psychic reflex arch" is primarily affected by the "disease process," whereas "combined" is marked "+" if all three seg affected simultaneously.

Table VIIb

Diagnoses	Psychosensory		Intrapsychic		Psychomotor	
	Incr.	Decr.	Incr.	Decr.	Incr.	Decr.
Pure Depressions	+					
		+	Hypochondriacal			
		+	Suspicious:			
			Self-torturing			
			Harried		+	
			Non-participatory			+
Pure Euphorias	+					
		+	Hypochondriacal			
			Confabulatory			
			Enthusiastic		+	
			Unproductive			
		+	Non-participatory			+
Systematic Paraphrenias	+					
			Phonemic			
	+		Hypochondriacal			
			Confabulatory			
			Expansive			
			Fantastic			
			Incoherent			
Systematic Hebephrenias						
				+	Autistic	
					Eccentric	
					Silly	
				+	Shallow	
Systematic Catatonias						
						Proskinetetic
						Parakinetic
						Speech-prompt
					+	Speech-inactive
						Manneristic
					+	Negativistic

Schematic presentation of the different patterns of "subforms" of disease in Leonhard's (1957) classification of "endogenous psychoses." The pattern is characterized by "increased," "decreased," or "disturbed" functioning in one segment of the "psychic reflex arch" and is associated with (+) "increased," "decreased" or "disturbed" functioning in another.

### Fish's Classification

Fish's classification of "psychiatric disorders" represents an integration of the two major nosologies of the "third epoch," i.e., Schneider's (1950) and Leonhard's (1957) in the "history of nosological development." It was presented in his *Clinical Psychopathology*, a term he used for "general psychopathology," first published in 1967. The classification follows Schneider's (1950) nosology by separating "abnormal variations in mental life" from "mental illness," and within the latter "organic states" from "functional psychoses"; and Leonhard's (1957) nosology by distinguishing within the "functional psychoses" three categories of illness, i.e., "affective disorders," corresponding with "phasic psychoses," "cycloid disorders," corresponding with "cycloid psychoses" and "schizophrenias," comprising both, "unsystematic" and "systematic schizophrenias." (Table VIII). Although Fish (1967) subsumed two of Leonhard's (1957) diagnostic categories, i.e., "unsystematic schizophrenias" and "systematic schizophrenias," under the diagnostic umbrella of "schizophrenias," he recognized the distinctiveness of these two categories of disorders and also the distinctiveness of the three disorders, i.e., "cataphasia," "affect-laden paraphrenia" and "periodic catatonia" within the "unsystematic category" and the distinctiveness of the three groups of disorders, i.e., "paraphrenias," "hebephrenias" and "catatonias" within the "systematic category."

In spite of Fish's (1967) early attempt in classifying psychiatric disorders in a manner which is in-keeping with the conceptual development of the "third epoch," neither Schneider's (1950), nor Leonhard's (1957) nosology has been fully adopted and integrated with the currently used classifications in psychiatric practice, education and research.

Table VIII

Abnormal Variations in Mental Life	Mental Illnesses
a. Abnormal Intellectual Endowment	a. Functional Psychoses
b. Abnormal Personalities	I. Affective Disorders
I. Antisocial	II. Cycloid Psychoses
II. Abnormal Personality	III. Schizopphrenias
III. Sexual Deviations	
c. Abnormal Personality Developments	
d. Abnormal Reaction to Experience	b. Organic States

Fish's (1967) classification of psychiatric disorders.

