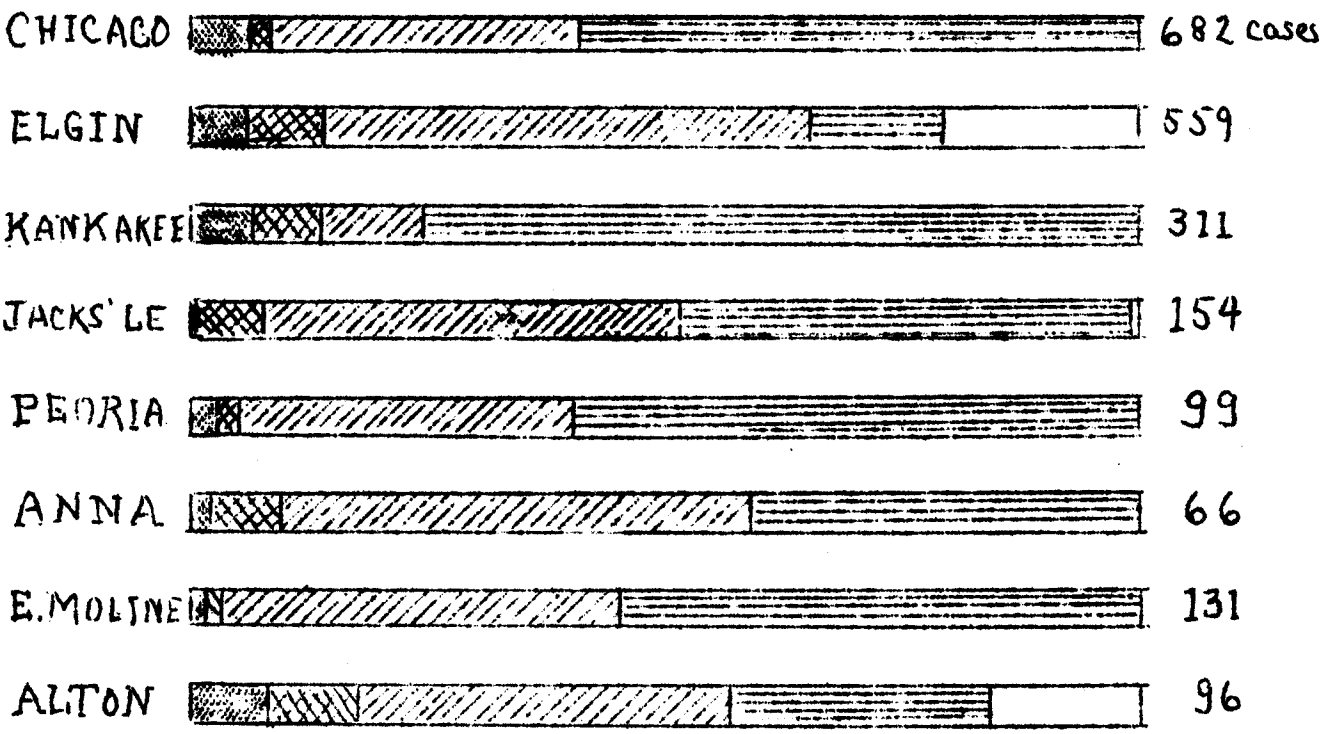
TYPES OF DEMENTIA PRAECOX

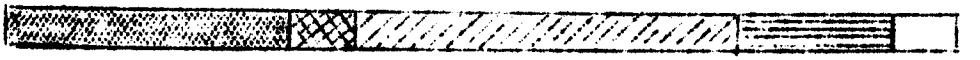
CLASSIFICATION OF FIRST ADMISSIONS

For 1932 and 1933

As Determined by Illinois State Hospitals



As Determined by Massachusetts State Hospitals in 1934



CATATONIC SIMPLE PARANOID

HEBEPHRENIC UNDETERMINED

Note the scarcity of Catatonic Types in Illinois as compared with the Massachusetts groupings. Note also the wide divergence in the groupings as determined by the different Illinois Hospitals.

SOME PROPOSITIONS FOR CONSIDERATION

1 This chart indicates that there is little agreement regarding the types of dementia praecox as determined by different hospital staffs and inferentially regarding the classification of the functional mental disorders in general. This lack of agreement is so great that statistical studies based upon these classifications are of doubtful value and the entire field may be regarded as terra incognita.

2 Some system of classification is essential in all scientific work. The number of ways in which the data of experience can be classified is unlimited. The task of the scientist is to select from among them those particular ways of classification which will permit the significant relationships (natural laws) to become apparent. The classification of plants and of animals is thus made in accordance with the theory of evolution and is intended to reveal the operation of the principles of heredity and variation. In like manner the classification of minerals is intended to show the relationships of the chemical elements and of their various compounds.

3 In the formative stages of a young science it is important that the systematization of experience should reflect accurately the actual status of the knowledge achieved. To have a standardized and generally accepted system of classification before we have discovered the significant relationships among the classes thus distinguished is likely to be unwholesome. The relatuonships thus recognized are likely to be given a false significance which will block the way to true progress.

4 The Kraepelinian system of classification was an important step forward. It brought something of order into what had been confusion and it offered a working hypothesis which stimulated valuable research work. Its general adoption made it possible for workers all over the civilized world to exchange obsdrvations and interpretations with the assurance that they were talking about somewhat the same thing. The hypothesis upon which this system was based was that mental disorders are disease entities which run a pre-destined course. Certain clinical entities were thus distinguished by means of a characteristic clustering of symptoms and it was assumed that it would in time be possible to explain these disease entities in terms of organic pathology. Among the symptoms Kraepelin, as a student of Wundt, laid especial emphasis upon the psychological processes, such as memory, imagination, association, affect, habit etc. He paid little attention to the content of thought.

5 The fifty years which have elapsed since Kraepelin's contribution was given to the world have not substantiated the hypothesis upon which his system was built. Our leading psychiatrists to-day no longer think of dementia praecox and manic-depressive psychosis as disease entities. They look upon them rather as ways of life, reactions to a life situation. There has also been a radical change in psychological presuppositions. The emphasis to-day is no longer upon psychological processes. The attempt to explain schizophrenia in terms of a "splitting between idea and affect" (Bleuler's concept) has been largely given up; neither is the mere occurrence of hallucinations looked upon as of primary significance. The emphasis to-day has shifted to the dynamic factors - purposes, meanings, content of thought - rather than mere psychological processes. Psychiatric understanding has thus outgrown the Kraepelinian system of classification, but there is as yet no general agreement. We know that the Kraepelinian system is inadequate, but there is to-day nothing to put in its place which is likely to receive general support.

6 What is needed to-day is an adequate theory. Without this there can be no satisfactory system of classification. To this end we offer the following suggestions:

a) The present system of classification should for the present be retained. It is not without value and the mere fact that it is ingeneral use is an important

consideration. It is in the main based upon correct observation, but what it represents is types, not disease entities. The types thus distinguished must be regarded as dynamic action systems and interpreted in terms of meaning. It should also be recognized that such types are merely reference points. They are not averages but rather aggregations of related tendencies uncomplicated by divergent tendencies. Such aggregations are none too frequently encountered. Thus re-interpreted and freed from certain defects the present system may for some time still be serviceable.

b) More attention should be given to the discovery and interpretation of the specific dynamic factors than to their combination in the form of types. Hospital staff-meetings might thus with great profit cease to center attention upon the task of classifying in order to consider such factors as the following:

aa) the social (or cultural)background, particularly the social type with whom the individual wants to be identified and the standard of values thus determined.

bb) the make-up of the individual - his physical, intellectual and emotional characteristics and how they have been handled.

cc) the expectation of such an individual at a particular age with reference to the vocational, sexual and social satisfactions compared with the degree of realization actually achieved.

dd) the illness - how far can it be explained in terms of organic disease? ink terms of frustration in the major fields of self-expression? In the latter case, is it a malignant or a benign reaction? If malignant, is it of the dengenerative type or is it an attempt at stabilization? If benign (an attempt at re-organization) what are the chances of a constructive solution?

ee) treatment - what should be done in this case with the individual himself or with his entourage? What are the cahnces of recovery
under ordinary institutional care?
under special forms of treatment?

ff) interpetation and generalizations - an attempt to view this particular case in the light of general principles and laws.