

EDITORIAL

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Kraepelin's legacy: paradigm or pitfall for modern psychiatry?

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Two years ago, a conversation with the Editor-in-Chief of this journal resulted in the idea to devote an entire issue of the European Archives to the impact of Emil Kraepelin's (1856–1926) thought and deed on world psychiatry. Eminent researchers and clinicians were approached with the request to examine recent developments in their own field of work in the light of Kraepelin's original vision of a scientific psychiatry of the future. Psychiatry, Kraepelin thought, would be based on a range of disciplines and investigations proceeding in concert and "elucidating step by step" the causal connections underlying the mental disorders all the way from the nerve cell to culture. The response was excellent and the product is the present collection of papers and essays.

Why devote a special issue to Kraepelin? It should be said from the outset that the papers in this issue were not intended to be commemorative pieces and, with the exception of Shepherd's deconstructivist rendering of Kraepelin's personality in its sociopolitical context, do not represent historical scholarship. Rather, they address current issues in psychiatric research, with reference to Kraepelin as a major progenitor of the conceptual framework in which much of the present psychiatric discourse continues to take place. The leitmotif of this collection, therefore, is that as clinicians and researchers, we today continue to operate in a Kraepelinian paradigm which started emerging nearly a century ago.

Kraepelin's work is best known for the set of ideas about the nature and classification of psychiatric disorders. These ideas not only survived into the present but recently received a new lease of life with the revival of interest in classification and the ascent of biological psychiatry. Two components of Kraepelin's multifarious legacy continue to influence profoundly the theory and practice

of psychiatry: the idea of the disease entity in psychiatry and the conceptual map of the psychiatric disorders with the distinction between dementia praecox (schizophrenia since Bleuler 1911) and manic-depressive insanity. Janzarik (1978) pointed out that Kraepelin's principal merit was the articulation of the "multitude of pathogenetically unclarified psychoses" into those leading to a "state of weakness" (Schwächezustand) and those spared such an outcome. The ultimate validation of the proposed disease entities, Kraepelin believed, would come from neuropathology, physiology and biological chemistry of the brain, whereas the specific contribution of clinical research to their delineation consisted in identifying replicable patterns of intercorrelation between symptoms and course. General paresis was taken by Kraepelin to be the model disease entity and he hoped that both schizophrenia and manic-depressive disorder would follow suit. However, in spite of the impressive volume of research generated decade after decade neither schizophrenia nor manic-depressive illness has joined the ranks of cerebral diseases with psychiatric manifestations. In the past 20 years research into schizophrenia and the major affective disorders has not only increased exponentially but also adopted qualitatively new technologies. Yet no major breakthrough has yet occurred in any key area related to aetiology and risk factors, genetic basis, and prevention. The papers by Knable and Weinberger, and by Liddle (this issue) provide food for thought on the likelihood that modern neuropathology and brain imaging research may be bringing us closer to this goal.

The lack of any spectacular advances in unravelling the causes of schizophrenia and the major mood disorders leads critics (Boyle 1990; Sarbin 1990; van Praag 1992) to question or reject as fundamentally flawed and arbitrary the Kraepelinian disease concept in psychiatry. On the other hand, the "neo-Kraepelinians" (Klerman 1978) affirm their faith in the potential of the medical model to bring about the ultimate understanding. In this issue, Jablensky and Woodbury present at least partial support for the validity of Kraepelin's original description of the clinical syndromes of dementia praecox and manic-de-

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pressive insanity, while Compton and Guze argue that the return to the Kraepelinian “medical model”, coupled with the introduction of explicit diagnostic criteria, may represent “the best hope” for present-day psychiatry.

It should be noted, however, that to speak of a single and unambiguous Kraepelinian disease concept is an oversimplification. Following the early critique by Hoche (1912), who likened the search for nosological entities in psychiatry to the “chasing of a phantom”, and by Jaspers (1913) who referred to the disease entity concept as “an idea in Kant’s sense”, i.e. a goal that could never be attained, Kraepelin revised substantially his own ideas about the nature of psychiatric disorders. In one of his late papers he practically renounced the original disease entity idea and proposed that “... Schizophrenic symptoms are by no means limited to dementia praecox ... the affective and schizophrenic forms of mental disorder do not represent the expression of particular pathological processes, but rather indicate the areas of our personality in which these processes unfold” (Kraepelin, 1920). Thus there are, in fact, two very different “Kraepelinian” concepts of the nature of the major psychoses with quite different implications for research strategies and programmes.

However, focusing the present resurgence of interest in Kraepelin’s work too much on the disease entity concept and the classification of psychoses may bias and restrict the evaluation of his impact. The true significance of Kraepelin for modern psychiatry will be better appreciated if his work is examined in its astounding breadth and foresight. First and foremost, Kraepelin was an accomplished innovator, strategic planner and manager. His many and varied research pursuits were often far ahead of his time, laying the foundations for a multidisciplinary scientific basis of psychiatry comprising neuropathology, neuropsychology and psychophysiology, neuroimmunology, genetics, epidemiology and transcultural psychiatry. By attracting and selecting as collaborators an unrivaled team of able and dedicated researchers, including Nissl, Spielmeier, Alzheimer, Brodmann, Plaut, and Gaupp among others, Kraepelin created, early this century, an ethos of scientific innovation, excitement and discovery which earned for psychiatry a respectable place among the medical disciplines. The “German Research Institute of Psychiatry” (Deutsche Forschungsanstalt für Psychiatrie), established in 1917, following a decade of Kraepelin’s tireless campaigning, was the world’s first centre planned and designed for the multidisciplinary scientific study of mental disorders.

Among other things, Kraepelin and his collaborators pioneered the staining and microphotography of neurons; produced continuous microphotographic maps of the cortex; developed a technique for determining the specific weight of particular brain structures; formulated the principles of pedigree analysis in psychiatric genetics; and were the first to use cinematography as a tool of documentation in psychiatry. Kraepelin himself carried out original work in experimental psychology (the performance curve) and in psychophysiology (experimental manipulation of the time perception). In this issue, Zec ex-

amines the essentially neuropsychological underpinnings of Kraepelin’s delineation of the key symptoms of dementia praecox.

The breadth of Kraepelin’s interests and vision is further revealed in his contributions to epidemiological and comparative psychiatry. Although he was not directly involved in population studies, he stimulated others to conduct community surveys. Kraepelin’s programmatic 1904 paper “Comparative psychiatry” (Vergleichende Psychiatrie) laid down the rationale for cross-cultural epidemiological research. A number of the comments in that paper, dealing with the methodological issues involved, are as relevant today as they were at the time they were written (see the contribution by Jilek in this issue). Kraepelin can be credited with pioneering ideas and projects in mental health care reform and in preventive psychiatry. His advocacy of a population-based reduction of alcohol consumption and of a screening programme for syphilis aimed at early treatment of the infection revealed sound judgement on public health priorities linked to what constituted at the time the two major preventable causes of mental morbidity on a mass scale. In the present issue, Cloninger et al. describe recent population-based research on alcoholism which is a conceptual descendant of Kraepelin’s early studies.

For all the lasting imprint of his thought on the development of 20th-century scientific psychiatry, Kraepelin was influenced and shaped in his world view by the political and cultural realities of post-1870 Germany. Far from being a detached academic, he took an active interest in social and political affairs. Although most of Kraepelin’s personal involvement in political issues was linked to public health and mental health care, on which he generally took a stand that could be termed progressive, he was not free of prejudice on matters dealing with nationhood, culture, and, occasionally, race, as Shepherd’s contribution to this issue reveals in some detail. However, the ethnocentrism which permeated much of the intellectual life of his contemporaries was tempered in the case of Kraepelin by an incessant interest in travelling and learning about other cultures, near and distant. His memoirs leave the clear impression that during most of his life, Kraepelin’s self-perception and social sensibilities were more European than narrowly nationalistic. Nevertheless, his own autobiographical account traces the gradual evolution of his political beliefs from an enthusiastic support for August Bebel’s social democracy to liberal conservatism and then to ardent nationalism and advocacy of the German military effort during World War I. While it is true that in the last decade of his life Kraepelin, like many of his compatriots, shared the sense of national humiliation at Germany’s defeat which helped psychologically to pave the way for national socialism, his sudden death (following viral pneumonia) in 1926 leaves to speculation the likely evolution of his views, had he lived to see the fate of German society and psychiatry after 1933.

As his work stands before us now, however, Kraepelin was undoubtedly a great groundbreaking figure in the history of psychiatry. Nearly a century since they were first

formulated, his ideas remain a challenge to be reckoned with today.

References

- Bleuler E (1911) *Dementia praecox oder die Gruppe der Schizophrenien*. Deuticke, Leipzig
- Boyle M (1990) *Schizophrenia. A Scientific Delusion?* Routledge, London and New York
- Janzarik W (1978) Wandlungen des Schizophreniebegriffes. *Nervenarzt* 49: 133–139
- Jaspers K (1923) *Allgemeine Psychopathologie*. Springer, Berlin und Heidelberg
- Hoche A (1912) Die Bedeutung der Symptomenkomplexe in der Psychiatrie. *Zeitschrift für die gesamte Neurologie und Psychiatrie* 12: 540–551
- Klerman GL (1978) The evolution of a scientific nosology. In *Schizophrenia: Science and Practice* (ed. J. C. Shershow), Harvard University Press, Cambridge, Mass., 99–121
- Kraepelin E (1904) Vergleichende Psychiatrie. *Centralblatt für Nervenheilkunde* 27: 433–437. [English translation: Comparative psychiatry, in *Themes and Variations in European Psychiatry* (ed. S. R. Hirsch & M. Shepherd), John Wright & Sons, Bristol, 1974, 3–6]
- Kraepelin E (1920) Die Erscheinungsformen des Irreseins. *Zeitschrift für die gesamte Neurologie und Psychiatrie* 62: 1–29. [English translation: Patterns of mental disorder, in *Themes and Variations in European Psychiatry* (ed. S. R. Hirsch & M. Shepherd), John Wright & Sons, Bristol, 1974, 7–30]
- Sarbin TR (1990) Toward the obsolescence of the schizophrenia hypothesis. *Journal of Mind and Behavior* 11: 259–284
- van Praag HM (1993) “Make-Believes” in Psychiatry or The Perils of Progress. Brunner/Mazel, New York