The Continuum of Mental Disorders and Unitary Psychosis:

History and Perspectives

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By

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To Andrea, Alexis, and Marco

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PREFACE

I am grateful to Dr. Daker for inviting me to write a preface for his book, which offers a new perspective on the nature and meaning of the concept of unitary psychosis.

A meta descriptor in the lexicon of psychiatry, unitary psychosis is first and foremost a construct. As such, it can be subject to conventional auditing: What kind of concept is it (taxonomic question)? Is it meant to describe, prescribe, justify (locutionary question)? Should it be taken to be a model, hypothesis, desideratum (functional question)? Can it be ascertained by empirical research (epistemological question)?

Unitary psychosis as a construct

All these questions must be dealt with before the concept of "unitary psychosis" is rendered stable and meaningful. In general, concepts can be classified according to their properties. For example, in regard to their complexity, they can be considered as mono- or multilayered (Berrios and Marková 2021); and according to their dependence upon context, they can be classified as thin or thick (Kirshin 2013). The fact that "unitary psychosis" includes claims concerning the ontology, epistemology, etiology, and nosology of madness, and the fact that it also shows historical shifts in meaning suggest that it should be considered as both multilayered and thick in nature.

Ontological claim

Complexity and thickness are often covariant. There have been times when unitary psychosis has mainly referred to the ontology of madness. Then, its central proposal was that all forms of psychoses were the expression of one nosological monad; and that the observed clinical multifariousness was due to the pathoplastic effect of historical, cultural, or individual idiosyncrasy.

To complicate matters further, the very definition of ontology changed in medicine. Up to the end of the eighteenth century it was tantamount to Cartesian extended matter (*res extensa*). Then after Bichat, it was reified as

solid organ, then tissue, and finally cell. In the twentieth century, form and function became blended into the notion of candidate genes (Berner 1977, 169). It can be predicted that the ontology of disease will be further redefined *pari passu* with changes in etiological theory.

Epistemological claim

Unitary psychosis has also carried epistemological (nosological, classificatory) claims (Conrad 1959; Janzarik 1969). Sometimes based on high-level theory (Menninger et al. 1958), sometimes on negative research findings, the claim has been made that when statistically tested, traditional clinical diagnostic criteria are insufficient to discriminate between two forms of psychosis. In 1920, Kraepelin worried about the power of symptoms alone to differentiate between dementia praecox and manic-depressive madness (Kraepelin 1920). During the statistical period of nosology, the application of pattern recognition techniques to heterogeneous patient cohorts failed to cluster them as a clinician might have done. All these findings led to a similar conclusion, namely, that conventional clinical groupings did not reflect any deep ontological discontinuities (Berrios and Beer 1992).

Etiological claim

Unitary psychosis has also been linked with the etiological claim that irrespective of surface differences, all forms of madness are the same for they may have the same cause. Since the nineteenth century, degeneration, infection, inflammation, genetics, etc. have all been candidates for the postulation of a unitary cause. At a more abstract level, some have even postulated a "universal genesis of the psychoses" (Rennert 1982).

Issues and effects

Historiography

The multilayered nature of the concept has also affected its historiography, relationship to other concepts, and translation of the original *Die Einheitspsychose* into other languages.

Because it was considered to have only one layer, earlier historical accounts opted for the biographical method (e.g., Llopis 1954, Zeller 1961, Vliegen 1980, Strömgren 1994). According to this method, the views on unitary psychosis of successive alienists are listed and compared. This

methodology provides useful documentary material but tends to miss many of the conceptual nuances that separate the views of these alienists.

Overlapping concepts

Now and again overlapping concepts have appeared to increase the confusion; for example, the notion of "continuum" (Crow 1995), one of whose denotations overlaps with unitary psychosis. Interestingly, the very vagueness of "continuum" also offers a "get-around" to those who may worry about the rigidity of the unitary vs multiple psychosis polarity.

Another overlapping concept is spectrum. Introduced in DSM-IV as a mere description or metaphor, it has gained popularity in DSM-5 where it is repeatedly used as a qualifier for schizophrenia, OCD, and autism. Since an operational definition is never offered, it is not possible to ascertain what those who drafted it had in mind when using this term in the manual.

Equally interesting in this context is the concept of polythetic diagnosis (Needham 1975), that is, the claim that two people can be diagnosed with the same psychosis without sharing any symptoms in common. The absence of pathognomonic symptoms may suggest a much softer connection between surface presentation and the essence of the disorder.

Translational issues

Lastly, there is the effect of the multilayered structure of the concept on the way in which the term *die Einheitspsychose* has been translated into other vernaculars. The question here is whether translations such as unitary psychosis, *psicosis unica, psychose unique, monopsychosis, la psicosi unitaria, Teoria jednej psychozy*, etc., mean the "same," that is, invoke the same image in the mind of their respective psychiatrists. The fact that it has been agreed these terms should mean the same does not actually guarantee that their sound will call upon the same denotations and connotations in the mind of each international user.

This translational issue applies both to the meaning of "psychosis" and the qualifier "unitary." If differences were to exist, the psychiatric historian would have found yet another explanation for the fact that the concept of unitary psychosis is understood differently within each national psychiatric tradition. One would expect such differences also to affect research questions and comparative studies.

Professor German E Berrios
University of Cambridge, UK, 2020

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FOREWORD

Reminder
If you search well, you end up finding
not the (doubtful) explanation of life,
but the (unexplainable) poetry of life.[1]

This work's beginnings were probably in my biology interest at school, and admiration of the fascinating brain and the human mind, which are beauties of a lively nature. Neurology seemed my path in medicine. However, I became somehow disappointed with its many severe motoric and focal disturbances without a close connection with the mind. Psychiatry was then strongly influenced by psychoanalysis, with attractive mind theories. Without disregarding its biological basis, psychiatry turned out to be my vocation.

During the initial psychiatric activity in the 1980s, I considered mental disorders as diseases in the traditional sense, with specific causes and symptoms. Some brain injuries should correspond to schizophrenia and manic-depressive illness, as they occur with organic mental disorders or intoxications. Hysteria and obsession would arise from psychic traumas, just as personality disorders would be psychogenic too. However, soon my practical clinical discernment blurred regarding these nosological conceptual grounds; psychoses, neuroses, and personality disorders seemed to have more in common than our classification needs impose. After a short stay in Trieste, a scholarship at the University of Milan was an enriching time to deepen these doubts. My impression or intuition was about the interrelation of functional mental disorders in a particular configuration or order, such as a conceptual map or a system.

Such interrelationship of mental syndromes is sometimes referred to as unitary psychosis, concerning a continuum of psychoses or mental disorders. Though far from being welcomed by the mainstream psychiatry at that time, some researchers seriously considered the schizoaffective psychoses and advocated such continuity. A historical investigation on the continuity of psychoses and the unitary psychosis seemed conceptually

[1] Carlos Drummond de Andrade

important. It became the subject of my doctoral work in 1994 in Heidelberg, which is translated here with some addenda.

The Ph.D. thesis remained practically unknown. One of the reasons might be the unexpected theme and its conceptual content in front of the brain decade, the enthusiastic search for the causes of specific discrete mental diseases, and the prevailing categorical DSM-III/IV and ICD-10. It was a time considered as the second biological wave in psychiatry after the one preceding Jaspers. However, today we notice a more flexible spectral or dimensional DSM-5, associated with a more comprehensive mental disorder approach.

Through a deep immersion in Griesinger, Kahlbaum, and Kraepelin's works, this book's historical-conceptual content helps understand the ancient dispute in psychiatry between the categorical-discontinuous and dimensional-continuous classification and diagnosis. As part of my nosology lessons for psychiatry specialization over twenty years, it is a gateway to these representative foundational authors in psychiatry for students, young psychiatrists, or mental health practitioners. Furthermore, the book favors embracing systemic approaches to mental disorders and their relations to the normal mind, opening paths at a post-graduation interdisciplinary level.

Psychiatry and psychopathology deal with the human soul; approaching their foundations means addressing the soul or mind. In the last two chapters, the author reproduces two of his latest papers to illustrate the latter more deeply. The first comprises a historical sequence of the thesis, the German psychiatry period after Kraepelin, until World War II. The other is a preliminary work relating the dimensional-continuous or unitary approach to process philosophy, itself akin to systems theory.

There are many to thank for the accomplishment of this work. Concerning the doctoral work, I would like to thank Prof. Dr. Christoph Mundt, Prof. Dr. Alfred Kraus, and Dr. Paul Richter for their kind, familiar support as a visiting physician and researcher at the Heidelberg Psychiatric Clinic. I thank Prof. Dr. Michael Schmidt-Degenhard for the rare opportunity to elaborate on the subject under his expertise. I am grateful for the scholarship to DAAD (Germany) and CAPES (Brazil). Concerning this book, I must confess that Prof. German Berrios's interest in my thesis was the decisive push for its translation. I am grateful to Cambridge Scholars Publishing for the opportunity to revisit my thesis under its distinguished standards. Roderer Verlag has kindly authorized the translation of my thesis book *Die Kontinuität der Psychosen in den Werken Griesingers, Kahlbaums und Kraepelins und die Idee der Einheitspsychose*. I am also very thankful for the publisher permissions acknowledged in the last two chapters.

Finally, I thank the patient readers, counting on my sincere difficulties but unreserved efforts to satisfactorily overcome the “multilayered and thick” challenges we will now face.

Mauricio Viotti Daker

CHAPTER ONE

PREMISES OF THE WORK

1.1 Continuity of psychoses and unitary psychosis

1.1.1 Overview of central topics

According to Jaspers (1913, 257; 1946, 471, 472), in his chapter on nosology and classification, a big question that remains in psychopathology is about what this "something" is that has symptoms, which is answered twofold. Some authors present the doctrine of the unitary psychosis: there are no disease entities or units at all in psychopathology; there is an immense diversity of the insanity variations, which merge smoothly into one another everywhere and in all directions. The others teach: it is the main task of psychiatry to find the natural disease units in principle separated from each other, which have symptomatology, course, cause, and physical findings characteristically in common; among them, there are no transitions.

These two assumed "opposite paths of classical psychiatry" (Rennert 1964) concern the often-used terms today of dimensional and categorical diagnoses. On the one hand, flowing transitions in one or more axes or dimensions, on the other the search for discontinuities, the search for categories that are ideally mutually exclusive and jointly exhaustive (Kendell 1975, 119, 127).

Kendell points to the tradition of classification into categorical diseases established by a historical relationship between medicine and the biological sciences; the classification of animals and plants into species, genus, and orders has been beneficial to botany and zoology over the last two centuries (120). He mentions that categories may be more helpful at the beginning of a science but can later be replaced by dimensions (133). The dimensional approach of mental disorders is particularly attractive for those who want to investigate "the nature of the relationship between different syndromes, and between illness and normality" (136). Finally, Kendell is for continuity among personality disorders, probably also among neurotic disorders, both continuous to normal personalities and the normal mental range too. Dimensional conceptions are thus more suitable for these phenomena.

Considering functional psychoses, he takes a neutral position. However, an empirical study based on symptomatology and course does not show a natural boundary or discontinuity between them (Kendell and Brockington 1980).

In recent years, the idea of a continuity of functional psychoses has been emphasized, mainly due to schizoaffective psychoses. Again, the question arises: continuity or discontinuities? The diversity in the schizoaffective psychoses group has led researchers on a descriptive-psychopathological, clinical dynamic course, on a genetic and biological level, to think again about a psychotic continuum (Marneros 1989, 4; Marneros, Deister, and Rohde 1991, 397–399; Sauer 1990). Janzarik (1980) discusses the schizoaffective psychosis regarding Griesinger's unitary view of hierarchic primary affective and secondary intellective mental disorders. Janzarik, himself a representative of the unitary psychosis, reminds us that the indeterminacy of the boundaries between schizophrenia and manic-depressive psychosis could lie in the matter and not in the methodological shortcomings of attempts at the definition (ibid., 273).

Angst (1986, 65) also speaks of unitary psychosis and continuum, arguing that Kraepelin's dichotomy of schizophrenia and affective disorders never really broke through. According to Angst, the Tübingen School further differentiated the original unitary psychosis concept as by Zeller, Griesinger, and Neumann—affective to intellective compromising hierarchical stages—by including personality and physical constitution. The works of Kehrer and Kretschmer, Gaupp, and Mauz on intermediate psychoses were epoch-making, but many other authors assumed, or could not exclude, a nosological continuum. Angst mentions Meyer, Wagner-Jauregg, Reiss, Schroeder, Hoffmann, Dürst, Pauleikhoff, Conrad, Ødegaard, and Brockington. He names Rennert as the most consequent adherent to the unitary psychosis concept.

Already in 1983, Angst assumed a psychopathological continuum of psychoses. Although this continuum is compatible with Rennert's view (1965, 1982), he and his colleagues (Angst, Scharfetter, and Stassen 1983) did not conclusively declare the existence of a unitary psychosis. Based on genetic studies, a continuum emerged in the following order: unipolar affective, bipolar affective, schizoaffective of the affective type, schizoaffective of the schizophrenic type, and schizophrenic diseases (Angst and Scharfetter 1990)—a similar result to Ødegaad (1972). The model assumes that the etiological factors of two neighboring forms of disease overlap, whereas the similarities between the two extreme forms are the lowest (Maier 1992, 101). There is no such hierarchical relationship from affective to intellective involvements, as in Griesinger.

Crow's genetic considerations (1986, 1990) are also mentioned in the context of unitary psychosis (Janzarik 1988, 201; Berrios and Beer 1992, 19). Psychoses are a continuum with increasing defect degrees, extending from unipolar, bipolar affective, schizoaffective, up to typical schizophrenic disorders (Crow 1986). It is a continuous hierarchical yet intergenerational change in Morel's style (Crow 1987, 36). Not simple in a degenerative or negative sense as claimed by Morel (1860), but probably involving a process responsible for the human species' diversity and creativity (Crow 1990, 792).

Propping (1989) discussed related studies in a chapter dedicated solely to unitary psychosis in his monograph on psychiatric genetics. Mundt and Sass (1992) edited a book on the topic *Für und wider die Einheitspsychose* (pros and cons of unitary psychosis). Here and there it echoes Hoche's (1912, 542) provocative analogy of the mental disease delimitations, trying to clear a turbid liquid by pouring it from one vessel into another, just as in the delimitation attempts regarding schizophrenia and manic-depressive illness.

In the field of continuity between personality and psychosis, the idea of the unitary psychosis is also discussed (Sass 1992, 39–46).

1.1.2 Some open questions

Thus, the schizoaffective intermediary area, either empirically or conceptually, awakens the possibility of a continuity of psychoses, often accompanied by the idea of the unitary psychosis in several formats and extents.

Both concepts—unitary psychosis (Berrios and Beer 1992; Schmidt-Degenhard 1992), including its modern metamorphoses of more recent authors such as Rennert (Vliegen 1980, 77)—and continuum of psychoses, obviously show correlation with one another as well as with the concept of dimensions.

Given the literature, the assertion that a unitary psychosis always contains continuous clinical pictures, i.e., no discontinuous/discrete disease units or entities, seems unproblematic. Also, a "dimension" points to a continuity in itself. Conversely, how far a continuity of mental disorders means or implies a unitary psychosis becomes opaque many times.

To what point are continuities of psychoses in the sense of Angst or Crow a unitary psychosis? Are the overlapping neighboring forms indeed continuous, or do they have specific genetic or etiological different causes? Would these "continuous" psychoses then lie by themselves in different/discrete dimensional axes or clusters? How about the more

extreme forms of unipolar affective and the typical schizophrenic disorders? Are they continuous?

Furthermore, restricted continuities such as between hebephrenia and catatonia, or melancholy and mania, do not mean unitary psychosis but usually refer to subtypes of a disease unit—schizophrenia or manic-depressive illness. How extensive should the continuity then be to characterize a unitary psychosis and not some discrete disease unit? Depending on its supporters, certain unitary extents are assumed: all mental disorders, all psychoses including the so-called exogenous, the functional psychoses, or a core of them. The latter seems to be mandatory or a nuclear condition, involving a merged part of schizophrenia and manic-depressive illness.

Despite the indeterminacy and certain suppleness in using the term "continuity" (or because of this), the continuity of psychosis appears to be a more generic or embracing term; it can do without a unitary psychosis conception and perhaps without dimensions, but not vice versa.

1.1.3 Theme relevance and investigation strategy

Continuity and discontinuity of psychoses or mental disorders at all levels flow into the psychiatric classification. It is indeed about an essential, broad, and controversial subject. We should examine the continuity–discontinuity in a limited outline, willing to focus the field of classification through psychiatry history. The historical research must also be restricted to a certain period and specific authors.

We have chosen Griesinger, Kahlbaum, and Kraepelin. Well known in psychiatry, the first is a representative of the unitary psychosis, while the others are researchers and architects of disease units (Jaspers 2013, 257–265; de Boor 1954, 1–49; Janzarik 1974, 6–9; Angst 2002). A turning point from continuity to a discontinuity of mental disorders would be at our disposal. Still, the mentioned authors play an outstanding role in building our current psychiatric classification. Therefore, the historical investigation gains actuality. The pre-Kraepelin views of Griesinger and, in part, Kahlbaum also deserve increasing interest in today's discussions on schizoaffective psychosis, which relates to continuities and dimensional diagnosis, besides spectra and systems theory.

A peculiarity of the history of psychiatry is precisely the current interest kept in its often-rekindling topics. As far as one does not know the founding basis of a substantial part of psychiatry, the historical investigation of its terms is at least conceptually helpful for a better understanding of the psychopathological phenomena. Janzarik notes that psychopathology's history is one prevailing of ideas instead of discoveries (Mundt 1989, 172).

In this context, we understand with Marx (1970, 595) the impossibility of merely adding the history of new current developments to psychiatry's already written chapters; we are not dealing with well-established, elucidated discoveries. For these reasons, a historical investigation in the field can be highly relevant, other than merely representing the past. The present book's content is, in this respect, not just history. Psychopathology science assumes a ruling position.

In principle, we do not see any contradiction in examining continuities of mental disorders in the work of advocates of disease units, precisely because continuity of mental disorders prescinds from a unitary conception of psychosis, i.e., it is a more generic concept. On the other hand, it is not the aim, also in principle, to investigate unitary psychosis in Kahlbaum and Kraepelin, nor disease units in Griesinger. Still, we will always be open to continuities and discontinuities regarding the three authors.

1.2 Work structure

Since the continuum concept itself in psychiatry is practically unspoken or tacit—it is generally employed uncritically without specified or precise connotation—we find it necessary to deal with it in the next chapter.

Chapter 3 comprises Griesinger's scientific and speculative physiopsychological and partly brain anatomical view, which refers to his clinical symptomatology observations and descriptions presented in Chapter 4.

In Chapter 5, we deal with Kahlbaum's research of disease units and his classification. In Chapter 6, we examine possible continuities of his disease forms. We investigate his "habitual forms" or the "garment" of mental disorders and then his idea of a kind of systemic disease, which is only marginally mentioned by him but relevant if linked with his detailed description of the symptom complexes or habitual forms.

Regarding Kraepelin in Chapter 7, we approach our question on continuities–discontinuities more directly, since his work is better known and, therefore, further explanations for its understanding seem unnecessary. Special attention will be drawn to his late work "The manifestation forms of mental disorders."

There is an overview of the above in Chapter 8, besides discussing the "continuum of psychoses" and "unitary psychosis" concepts, also regarding some more recent unitary views.

Chapters 9 and 10 are the author's more recent works. Chapter 9 results from a further historical investigation from Kraepelin to World War II, to Carl Schneider, concerning symptom complexes. Chapter 10 is more

philosophical/speculative, involving process philosophy, and directed to new investigation possibilities concerning the continuity of psychosis and unitary psychosis.

1.3 Aims

In-depth investigations of Griesinger, Kahlbaum, and partially of Kraepelin's works are intended to clarify the extent of continuities and discontinuities of mental disorders assumed by each author. An enlightening view of the concepts "continuity of psychoses" and "unitary psychosis" is expected; beyond that, hopefully, new investigation perspectives.

CHAPTER TWO

THE CONTINUUM CONCEPT: A PHILOSOPHICAL INTRODUCTION

The concept of continuum/continuity, often used in psychiatry, has no explicit connotation in this field, i.e., its meaning usually remains tacit as if self-evident. Therefore, in this work, it would be advisable to go first into the concept itself. Here is intended a short philosophical introduction, considering that philosophy is a more encompassing and affordable field of knowledge concerning conceptual issues than, for instance, mathematics or physics.

Contrary to appearances, the continuum concept is a decidedly complex subject, which Leibniz considered a labyrinth for the human mind (Breidert 1976, 1051). A clear-cut definition seems not to be available in the literature. Our undertaking shall nevertheless touch on essential aspects and help achieve its understanding in the scope of this work.

Generally, continuity is defined as an uninterrupted, gapless connection of an extent (space, time, number, movement) so that the cessation of one part is at the same time the beginning of another (Eisler 1930, 154). Also, as a smooth transition from one content of thought to another (continuity as logical postulate), from one state of being to another in events, in development (ibid.) Alternatively, a continuum is a whole that maintains itself as one over and above possible cuts and boundaries that may be added to it (Herold 1976, 1044).

2.1 Fundamental disputes on the concept

2.1.1 Zeno's paradoxes

When dealing with the continuity concept Aristotle disclosed Zeno's paradoxes, which are often mentioned in philosophy up to today. The first paradox, to which we will limit ourselves, is described by Aristotle as the non-existence of movement since the spatially moved should reach the halfway point every time earlier than the endpoint (Aristotle 1978, Phys. VI

9). In other words, and related to the concept of continuity, this means that: (a) since a continuous line does not contain an indivisible part or discontinuity/discretion there is still an endlessly divisible line between two points; (b) an infinite time would then be necessary between two points to move from a point to another, (c) thus the other point would never be reached, which makes both movement and continuity impossible. Ross explains this as follows: "before it gets to the end of the line, the moving body will have had to get to the end of an infinite series, i.e., to have got to the end of something that has no end," (Ross 1960, 74). This paradox involves the concept of infinity, with which the concept of continuity will be confronted repeatedly.

2.1.2 Aristotle

In Aristotle, there is a first systematic unfolding of the continuity concept's philosophical problem, which still promotes current discussions in many respects. Continuum is described in his books V and VI of physics, considering movement, change, and their relation to space and time.

Three definitions refer to relationships between different things of the same sort, with an increasing degree of cohesion taking place: (1) sequence or succession, (2) touch or contiguity, and (3) continuity. About (1): We say that an object follows another if it is not the first, and if separated from the first in such a way as by its position or form or by something else, and if there is nothing between it and its previous member that is of the same kind (like it, or its previous member), so a line is followed by another one or by a group of further separate lines, a number unit by another one or by a series of additional number units, a house by a further house; something different may lie quietly between them without disturbing the relationship of the sequence (Aristotle 1967, Phys. V 3). About (2): We say that an object is contiguous to another when it follows it in such a way that it touches it (ibid.). But a continuum (3) exists where the touching ends of the two objects merge into a complete identity and thus, as the name says, the objects cohere/are connected. That is not possible as far as the two boundaries can still be separated as two. This definition makes it clear that there is a constant cohesion only between those objects which become a single unitary object (Aristotle, in Herold 1976, 1046).

Aristotle denotes a hierarchy for the above three concepts. The original term is undoubtedly that of sequence or succession. For what is to touch (contiguity) must follow another object, but what is in a sequence must not touch another. Touch is a prerequisite for the possibility of a continuum, but touch alone does not mean continuum since the ends of the objects have not