

Review Article

Démence Précoce: Historical Conceptualization of the Concept

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Abstract

Schizophrenia, like many mental disorders, was historically viewed as madness or demonic possession until the 18th century when psychiatry began to emerge as a scientific discipline. French psychiatrist Bénédict Morel played a pivotal role in this transformation by coining the term "*démence précoce*." He used this term to describe a set of clinical features observed in schizophrenia, suggesting that it was due to an inherent biological defect that progressively worsened through successive generations. German psychiatrist Emil Kraepelin further refined Morel's ideas by developing the concept of "*dementia praecox*". He described a cluster of symptoms and signs characterized by a specific course and outcome, emphasizing the chronic and deteriorative nature of the illness. Kraepelin's work laid the groundwork for modern understanding, emphasizing the classification of psychiatric conditions based on symptom clusters, progression, and outcomes. In the early 20th century, Swiss psychiatrist Eugen Bleuler introduced the term "*schizophrenia*", marking a significant shift in the conceptualization of the disorder. He viewed it not as a single disease but as a group of related disorders, which he called the "group of schizophrenias." Bleuler focused on the splitting of cognitive functions—such as thinking, feeling, and behavior—recognizing a broader spectrum of symptoms beyond the purely degenerative model proposed by Kraepelin. The evolution of schizophrenia's conceptualization reflects broader developments in neuropsychiatry, neuropsychopharmacology, and neuroscience. Advances in these fields have refined diagnostic criteria, understanding of neurobiological underpinnings, and treatment approaches. However, the journey to fully understanding schizophrenia is ongoing. The complexities of its causes, manifestations, and treatments mean that its history—and the final chapter of its understanding—remains to be written, as new research continues to challenge and expand upon existing knowledge.

Keywords

Démence Précoce, Schizophrenia, Psychopathology

1. Introduction

The evolution of knowledge about mental disorders throughout history reflects a fascinating trajectory, especially when exploring the conceptual development of complex mental conditions such as Schizophrenia. Since ancient times,

the manifestations of the human mind have often been interpreted through mystical and superstitious prisms. It was only in the 18th century that French and German psychiatrists began to shed light on the obscurities of these conditions. This

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historical trajectory, marked by evolving concepts, reflects not only the history of Schizophrenia, but also a broader narrative of neuropsychiatry, neuropsychopharmacology and neuroscience. Thus, the authors propose a comprehensive analysis of the historical conceptualization of Schizophrenia, investigating and understanding the evolution of its concept. In addition, they aim to examine and detail its clinical characteristics, highlighting the influence of these initial descriptions on the contemporary understanding of the disease. Finally, they seek to contextualize the conceptual renaming's that shaped the perception of Schizophrenia over time.

2. Historical Perspective

2.1. 1500 BC, Egypt

The presence of psychotic symptoms and schizophreniform syndromes dates back to ancient civilizations, as evidenced in historical records. The first documented description of these conditions dates back to the 16th century BC, found in "The Egyptian Ebers Papyrus". In this ancient text, the symptoms of depression, dementia and thought disorders, hallmarks of Schizophrenia, are described in detail in the chapter "Egyptian Book of Hearts" [6]. These descriptions reveal an early, observational understanding of mental phenomena, albeit interpreted through the cultural and mythological lenses of the time. It is fascinating to note how, even in such a distant period, observations about the complexities of the human mind were recorded and documented. This archaeological evidence not only attests to the antiquity of Schizophrenia as a clinical entity, but also highlights the persistence over time of the need to understand and categorize these peculiar mental manifestations [7].

2.2. 1400 BC, India

The Atharva Veda, one of the four fundamental Vedas of Hinduism, offers precious insights into health and illness in ancient India. Within its hymns and incantations, we find the postulation that health is achieved through the harmonious balance between the five primordial elements, known as "Buthas", and the three fundamental humors, called "Dosas". This ancient understanding suggests that any imbalance between these constituent elements can lead to conditions of mental disorder, including madness. This holistic view of health and well-being, rooted in Vedic philosophy, highlights the deep interconnection between the body, mind and spirit. By recognizing the influence of natural elements and internal humors on mental health, the Atharva Veda offers an ancient model for understanding psychopathology that is still echoed today in certain traditional Indian medical practices, such as Ayurveda [15].

2.3. 1000 BC, China

The "Huangdi Neijing" or "Yellow Emperor's Classic of Internal Medicine" is a seminal work of Chinese medicine that has been revered as the primary source of medical knowledge in China for over two millennia. This ancient text, attributed to the legendary Yellow Emperor, is a compilation of medical, philosophical, and therapeutic knowledge that lays the foundation for a holistic understanding of the human body and mind and their relationship with the environment. Within this work, we find detailed descriptions of a variety of symptoms and medical conditions, including mental disorders such as insanity, dementia, and seizures. These ancient accounts reveal an early, observational understanding of the manifestations of the human mind and its interactions with the body and surrounding environment [7].

2.4. Throughout Ancient Ages

Throughout the centuries, demonic or supernatural possession has been considered a common explanation for psychotic behaviors. This belief, rooted in culture and religion, has permeated diverse societies around the world, manifesting itself in mythological narratives and ritual practices designed to exorcise the evil spirits that supposedly afflicted individuals. Treatment for such conditions reflected the limited understanding of the mind and body at the time, with methods ranging from benign interventions, such as exposing the patient to certain types of music or purification practices, to extreme and dangerous approaches, such as trepanation, cold water baths, and hypoglycaemics coma. Although some patients may have survived these procedures, many faced serious and even fatal consequences. This outdated approach to mental health reflects the lack of scientific and humanitarian understanding of psychotic disorders. As medical and psychological knowledge advanced, the understanding of psychopathology evolved, replacing supernatural explanations with more empirically based models.

2.5. 5th and 4th Centuries BC, Greece

In ancient Greek civilizations, theories about the origin of madness included demonic influences, but rationalist ideas began to emerge, especially with thinkers such as Plato. In "Dialogues", Plato advocated an integrative approach between mind and body, emphasizing the importance of healing the soul to achieve integral health. He introduced concepts of unconscious and illogical mental processes, anticipating contemporary ideas about the complexity of the human mind [7, 8].

The Greek physician Hippocrates challenged the prevailing conceptions of his time by rejecting the demonic explanation for mental disorders, proposing a cerebral approach and the theory of humours to explain mental illnesses. In his work "The Holy Disease", he emphasized the central role of the brain in human experiences, arguing that imbalances in the

body's humours could lead to mental disorders. Their revolutionary ideas laid the foundations of Western medicine, bringing a rational and scientific approach to the treatment of mental illness. Both Greek thinkers, Plato and Hippocrates, left a legacy, influencing not only medicine but also the broader understanding of the human mind and health for centuries.

2.6. 19th Century

Until the 19th century, mental conditions like schizophrenia were widely misunderstood and stigmatized, considered merely forms of madness. During this period, psychiatrists, then known as alienists, faced little respect within the medical community. It was only in this century that French and German psychiatrists began to revise and refine the understanding of these conditions, eliminating the conceptual and clinical impurities that obscured diagnosis and treatment. This period marked a significant shift in the perception and approach to mental disorders, as psychiatry emerged as a more recognized and respected discipline. Through these refinement efforts, the understanding of Schizophrenia and related conditions began to evolve, paving the way for future advances in neuropsychiatry. This historical progression illustrates not only the complexity, and challenges faced in understanding mental illness, but also the transformative potential of medical research and practice in improving mental well-being and reducing the stigma associated with psychiatric disorders.

3. Evolution of the Concept of Schizophrenia

3.1. 18th Century, the Enlightenment and French Hegemony

The Enlightenment, a movement marked by the intellectual progress of the 17th and 18th centuries, played a crucial role in changing attitudes towards the mentally ill. Philippe Pinel (1754-1826), one of the protagonists of this movement, challenged established paradigms by providing the first comprehensive description of Schizophrenia. He introduced the term "dementia" (loss of mind) to characterize the deterioration of mental capacities associated with the disease. Pinel was an advocate of moral therapy, a therapeutic approach based on humanized care and psychotherapy, at a time when there were no pharmacological treatments available. He emphasized the importance of individualized psychotherapeutic techniques and personalized care for the mentally ill.

Pinel's pioneering work had a significant impact on the field of Psychiatry. His advocacy for the rights and needs of patients led to the creation of the first asylums dedicated to the treatment of mental disorders, consolidating Psychiatry as an

area of specialized medical intervention. In addition, Pinel initiated the process of organizing Psychiatry practitioners, contributing to the development of a recognized professional discipline [17].

Another important physician of the time, Jean-Étienne-Dominique Esquirol (1772-1840), contributed to modern psychiatric terminology by coining the term "hallucination" and identifying "monomania", a clinical syndrome with characteristics similar to modern descriptions of paranoid schizophrenia.

3.2. 19th Century, French Hegemony

Bénédict-Auguste Morel (1809-1873), a French-Austrian psychiatrist, also played a fundamental role in the development of Psychiatry by introducing new concepts and approaches to the classification and understanding of mental illnesses. His pioneering influence extends from the use of the course of illness as a basis for classification to the exploration of the role of heredity and degeneration in the aetiology of mental illness. In his 1860 work "Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine", he proposed the theory of degeneration, suggesting that most mental illnesses result from deviations from normality caused by moral or physical damage and transmitted hereditarily, with this deviation progressively increasing in each lineage. To support this theory, he reported the case of a psychotic child whose mother was insane and whose grandmother was eccentric, this being the first theory regarding the role of heredity in mental illness, long before the emergence of Mendel's genetics [14].

Morel also introduced the concept of "démence précoce" in 1860 to describe patients who experienced rapid and severe mental deterioration soon after the onset of the illness. This revolutionary term served as a precursor to the modern diagnosis of Schizophrenia. Valentin Magnan (1835-1916) expanded and refined Morel's theories, clinically differentiating mental illnesses based on criteria such as terminal dementia, age of onset, and family history. He eliminated the religious connotation of the degeneration theory, introducing environmental and existential factors as essential determinants in the origin of mental illnesses [3].

3.3. 19th Century, German Hegemony

At the end of the 19th century, French theories were overtaken by the anatomopathological model and the center of gravity of Psychiatry shifted to Germany. This period marked a paradigmatic shift in the understanding and approach to mental illness.

In 1845, Wilhelm Griesinger (1817-1968), a prominent psychiatrist, highlighted the importance of a pathophysiological and clinical approach in the investigation of mental illness, arguing that understanding the organic ethology was crucial and criticizing the purely speculative psychiatric

theories of the time. He introduced the term “dementia paralytica” to describe Schizophrenia, based on the characteristic mental deterioration that, in severe cases, could lead to total apathy. In addition, he proposed the concept of “unitary psychosis”, arguing that all mental illnesses were manifestations of a single pathological entity. These revolutionary ideas profoundly influenced psychiatry and laid the foundation for a more scientific and objective approach to mental illness. Their focus on clinical research and brain pathology helped establish psychiatry as a legitimate medical discipline and contributed to the evolution of the modern understanding of mental illness [11]. In contrast, Karl Ludwig Kahlbaum (1828-1899), a psychiatrist, advocated a differentiated approach to the study of mental disorders, arguing that similar clinical pictures did not necessarily share the same etiology and that the course and evolution of diseases could be completely distinct. This view led to the development of the concept of disease entity or nosological unit, which implied a direct correlation between symptomatology, course, etiology and underlying brain pathology to define and distinguish the different psychiatric pathologies. Furthermore, in his 1863 book “*Die Gruppierung der psychischen Krankheiten und die Einteilung der Seelenstörungen*”, Kahlbaum significantly expanded psychiatric terminology by coining terms such as catatonia and paraphrenia, among others. For his contributions in this field, he is widely considered the originator of descriptive psychopathology, and his contributions provided a new understanding of mental disorders and established a basis for the classification and systematic study of these conditions [10]. Ewald Hecker (1843–1909), a collaborator and disciple of Kahlbaum, expanded the field of psychiatry by developing the concept of hebephrenia in 1871. Inspired by Kahlbaum’s paraphrenia hebetica, Hecker described it as a form of “juvenile insanity”, deriving the term from Hebe, the Greek goddess of youth. This condition was characterized by onset in adolescence, manifesting itself with feelings of sadness, oppression, delusions and hallucinations, as well as bizarre behavior and fits of rage [4]. Mental decline was rapid and irreversible, affecting all mental functions of the individual. Hecker’s contribution to hebephrenia expanded the understanding of juvenile-onset psychiatric disorders, shedding light on a previously poorly understood condition and highlighting the importance of etiological and clinical considerations in the differentiation and classification of mental illnesses [13].

3.4. 20th Century, the Birth of Modern Psychiatry

Emil Kraepelin (1856-1926) is recognized as the pioneer in creating a comprehensive and widely accepted definition of Schizophrenia. His innovative approach to psychiatric research involved the development of a system for recording the symptoms and evolution of his patients in detail. Kraepelin recognized the importance of empirical evidence to support

his classifications of mental illnesses, aiming to create a nosology that would serve as a basis for prevention, treatment, and prognosis [9]. Inspired by Kahlbaum’s concept of the disease entity and emphasizing the longitudinal dimension of mental conditions, Kraepelin sought to group symptoms into common patterns, or clinical syndromes. He avoided reliance on pathognomonic symptoms, privileging the course and evolution of the illness as the fundamental diagnostic criterion. Kraepelin’s etiological view was predominantly biological, with little consideration for social, cultural, or psychological factors. He categorized mental disorders based on causal factors, a process that was continually reformulated throughout his publications as new evidence and understanding emerged. Kraepelin’s legacy in psychiatry is significant not only for his contribution to the understanding of schizophrenia, but also for his systematic and scientific approach to the classification and study of mental illnesses. His work laid the foundation for a more objective, evidence-based approach to psychiatric practice, influencing generations of researchers and clinicians in the field.

3.5. Century XX

The Kraepelinian dichotomy met significant resistance from the Wernicke-Kleist-Leonhard School, whose members integrated psychological and neurological approaches to the human mind. Karl Wernicke (1848-1905) brought these perspectives together, influencing Kleist and Leonhard to develop a complex classification of psychoses that incorporated their understanding of brain functioning. However, despite the relevance of these contributions, their ideas have not been widely adopted in contemporary classifications, and Schizophrenia remains a unique diagnosis [5].

3.6. The Creation of the Term “Schizophrenia”

In his work “*Dementia præcox oder die Gruppe der Schizophrenien* (1911)”, Paul Eugen Bleuler (1857- 1939) redefined Kraepelin’s dementia præcox as the “group of schizophrenias”, based on the observation that the main symptom of schizophrenics it was vertical splitting of cognitive function rather than dementia. This term represented an advance in relation to Kraepelin’s dementia præcox, as it increased the age at which the condition began and recognized that not all cases necessarily progressed to dementia. Bleuler noted that some patients experienced stabilization of symptoms, substantial or even complete remission, although return to normal functioning was unlikely. Unlike Kraepelin, he focused primarily on signs and symptoms rather than the course of the disease or its evolution. For Bleuler, dementia in schizophrenia is a consequence of the disintegration of associative processes, not the main symptom as Kraepelin considered. Differently, he incorporated psychoanalysis, recognizing Kraepelin’s four subtypes of schizophrenia and added a fifth, latent, observing stabilization and remission of symp-

toms in some patients, although a return to normal functioning was unlikely. Bleuler distinguished between fundamental symptoms, present at all times of the disease, and accessory symptoms, which occurred only at certain periods and could also be observed in other mental disorders. This more detailed approach by Bleuler contributed to a more refined understanding of the clinical manifestations of Schizophrenia, allowing a better differentiation between the different subtypes and a more accurate assessment of the prognosis and response to treatment [2].

Although Bleuler proposed Schizophrenia as an improved concept of dementia praecox, many authors considered the same distinct clinical entities: the biggest differences reside in the fact that Kraepelin's descriptions were purely empirical, while Bleuler's were guided by a theory, in which the fundamental symptoms are the expression of an underlying brain change and the accessories represent a personality reaction. Similar or different, the two concepts led to a paradoxical situation: Kraepelin described a clinical entity without defining any pathognomonic symptom; Bleuler, on the contrary, was concerned with defining such symptoms, but he did not speak of a single clinical entity, but of a "group of schizophrenias" [15].

Two years after the emergence of the new Bleulerian concept of "Schizophrenia", he published the 8th edition, marked by the reformulation of some previous details, admitting the existence of some cases with partial remission and recognizing that the onset was not necessarily early [17].

Rejected by Bleuler, the theory of degeneration ended up falling into oblivion in the first half of the 20th century, in part due to the First World War when it became clear that individuals without a genetic predisposition could develop mental illnesses [16]. In order to overcome some subjectivity of the symptoms defined by Bleuler, and thus refine the diagnostic criteria, making individual assessment more rigorous and reducing mixed or intermediate cases, Kurt Schneider (1887-1967) establishes in "Clinical Psychopathology" (1959) a hierarchy of symptoms according to their importance for the diagnosis of Schizophrenia. First-order symptoms, considered characteristic and, therefore, highly suggestive of the disease, after organic causes have been excluded. The occurrence of at least one of these symptoms would be sufficient for the diagnosis. Schneider saw them as a consequence of the loss of limits of the self, of the fragmentation of the self, which are pathognomonic of Schizophrenia [12]. Second-order ones would have less weight in the diagnosis.

Klaus Conrad (1905-1961) was a pioneer in introducing the concept of prodromal environment in Schizophrenia, defining five evolutionary phases: Umlaut, Apophany, Apocalypse, Consolidation and Residual [4].

3.7. Century XX, 60'S

In the late 20th century, major advances in neuroscience, neuroimaging, and psychopharmacological and psychosocial

treatments of disease provided new hope for better outcomes.

After an effort in the 1950s to create a consensus on the definition of schizophrenia to standardize communication with an adequate degree of reliability and referring to the same set of disorders, two manuals for classifying and diagnosing pathologies were created, the International Classification of Diseases (ICD)-6 in Europe and the Diagnostic and Statistical Manual of Mental Disorders (DSM)-I in the United States of America, reflecting different approaches. The prevalence of Schizophrenia in the United States of America was twice that of Europe until DSM-III tightened diagnostic criteria, reducing diagnoses by half in five years [1].

4. Conclusion

The final chapter in the history of the concept of Schizophrenia has not yet been written, and despite significant advances in understanding the disease, we still face considerable challenges in identifying therapeutic targets and developing more effective treatments. The lack of precision in the clinical endophenotypes of Schizophrenia has been an obstacle to progress in this area. However, recent innovations in scientific methods, such as the integration of genetic, neuroimaging, and neurocognitive approaches, offer exciting promise for the future. These techniques have the potential to elucidate the underlying mechanisms of the disease and facilitate the development of more targeted and personalized treatments. As we move toward a more comprehensive understanding of the pathophysiology of Schizophrenia, we are closer to making discoveries that will transform the lives of those living with this condition.

Abbreviations

BC	Before Christ
DSM	Diagnostic and Statistical Manual of Mental Disorders

Author Contributions

Barbara Castro Sousa: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review & editing

Zoe Correia de Sá: Conceptualization, Formal Analysis, Investigation, Methodology, Visualization, Writing - original draft, Writing - review & editing

Joana Ramos: Conceptualization, Formal Analysis, Supervision, Validation, Visualization, Writing - review & editing

Conflicts of Interest

The authors declare no conflicts of interest.

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Research Fields

Barbara Castro Sousa: Neuroscience and behavior, Clinical psychology and psychopathology, History of psychiatry, Addiction studies, Phenomenology and philosophy of mind, Transcultural psychiatry, Community mental health, Psychotherapy and therapeutic processes, Anxiety and depression disorders, 1 Psychiatric genetics

Zoe Correia de Sá: History of psychiatry, Addiction studies, Phenomenology and philosophy of mind, Transcultural psychiatry, Community mental health, Psychotherapy and therapeutic processes

Joana Ramos: Neuroscience and behavior, Clinical psychology and psychopathology, History of psychiatry, Addiction studies, Phenomenology and philosophy of mind, Transcultural psychiatry