

## Book reviews

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*Anthology of German Psychiatric Texts*. Edited by H. Sass. (Pp. 526, ISBN 9783000204258, pb.) World Psychiatric Association. 2007.

Most Anglophonic psychiatric clinicians and researchers are, like me, insufficiently fluent to be able to read psychiatric articles or books written in any other language. For those who are so restricted and who want to know more first hand about the historical origins of our diverse discipline, this book provides a rich banquet. It presents translations of seminal essays or selected portions of longer works from 14 German-speaking psychiatrists from the early 19th to mid-20th centuries. In order of their year of birth, the writings are from Heinroth (1773–1843), Ideler (1795–1860), von Feuchtersleben (1806–1849), Griesinger (1817–1868), Kahlbaum (1828–1899), Möbius (1853–1907), Hoche (1865–1943), Jaspers (1883–1969), Berze (1866–1958), Gruhle (1880–1958), Kurt Schneider (1887–1867), Kretschmer (1888–1964), Rümke (1893–1967), and Conrad (1905–1961). To my knowledge, one of these selections has appeared previously in a complete English translation (Kretschmer, 1936).

I can only comment selectively on some of the diverse contents of this volume. Heinroth and Ideler, representatives of the Romantic movement in Psychiatry in the early 19th century, open the volume with their dualistic approach to psychiatry. Heinroth writes ‘The humour of the soul is essentially associated with two types of individual states – the psychic and the somatic’ (p. 20). But he clearly articulates what we might call a stress diathesis model when he writes that ‘The imbalanced and fickle mind is most susceptible to sensual stimulation and change and indeed all external matters’ (p. 22). The translated section of Ideler’s work describes his passion-based etiologic concepts of mental illness. However, it is not as simple as passion overriding reason. Rather, it is the ‘violent internal resistance’ to the passions which in vulnerable individuals results in the disintegration of the soul and the onset of illness. He writes eloquently of cases where ‘passions have so laid waste the organization of the mind that it’s former splendor can be identified only from ruins’ (p. 68). The frequent reference to moralistic and religious themes in the psychiatric writings of these two authors will disturb modern sensibilities of current readers used to a wider separation of these two worlds.

In an essay on Psychosis published in 1845, von Feuchtersleben provides a lovely description of what we would now call the prodromal stage of schizophrenia:

the so-called precursor state is usually clearly characterized partly by a more or less striking personality change ... and partly by ... transitional states ... characterized by uneasy sleep, frightening dreams [and] confusion ... sometimes together with deviations in common feeling and sensory perceptions (illusions, hallucinations) (p. 81).

He also clearly recognized, in rather modern language, the basic multifactorial nature of psychiatric illness: ‘There can be no single specific causes of the mental illnesses, that it is in vain to seek for one is amply evident from the concept of these states as compounded conditions’ (p. 84).

Griesinger has little patience with this approach of his romantic predecessors and stakes out a hard reductionist view:

As insanity is merely a symptom complex of various anomalous states of the brain. ... As insanity is a disease of the brain, there can be no other proper study of it than medical study. ... All non-medical, especially all poetic and moralistic, concepts of insanity are of the very slightest value to its understanding (pp. 100–101).

We also have in his essay, written in 1876, as clear a summary as one could want of the ‘hard problem’ of consciousness ‘How a material-physical process in the nerve fibers or ganglion cells can become an imagination, an act of consciousness, is completely incomprehensible’ (p. 96).

It is clear from the translated sections of his monograph on catatonia that Kahlbaum played a critical role in the development of what he calls the ‘clinical method in which all the signs and symptoms of the individual patient were utilized for the diagnosis and in which the whole course of the disease is paid attention to’. Kraepelin later brought this method to its highest level of refinement which continues to substantially influence our view of psychiatric illness to the present day. Kahlbaum is highly critical of earlier diagnostic efforts in psychiatry ‘which concerned itself primarily with changes of psychological designations, [and] simply created a wealth of synonyms and ever greater incomprehensibility in the nomenclature’ (p. 109). Earlier he notes that prior efforts to look for an anatomy or clear single etiology for the traditional psychiatric syndromes were futile because ‘they are just as little the expression of an inner pathological process as for instance the complex of

symptoms called fever or the collective manifestation of hydrops'.

In a deeply penetrating essay written in 1912, Hoche addresses a range of key conceptual problems in our field. I cannot resist quoting at length his view of the instability and immaturity of our approach to nosology. He begins by describing how faddish our approaches can be.

Thus for a long time paranoia, then dementia praecox and today manic-depression enjoy favor in psychiatric opinion. Each time, the term then included ... such a large part of all mental disorders that it was unimportant anyway for practical purposes whether they were called one thing or another. Today, the entire large area which is not definitively grossly organic ... is divided between dementia praecox and manic-depression. ... In the clinical sphere we see a continuous regrouping, a pushing of cases backward and forward from one disease conceptual to another ... for which in the past I have used an image ... of people who try to clarify a cloudy liquid by pouring it from one vessel into another (p. 140).

For me, the highlight of this rich volume was two essays by Karl Jaspers. The first, titled 'Phenomenological Research in Psychopathology' is a wonderful review of the importance of the 'phenomenological attitude' in psychiatry, an approach woefully neglected in contemporary psychiatry in the United States. We would do well to make this essay compulsory reading for all trainee psychiatrists. The second, 'Causal and "Understandable" Relationships between Events and Psychosis in Dementia Praecox' is an extraordinary short monograph of over 120 pages which examines the deep conceptual issues of how we inter-relate causal explanations with psychological understanding. The chapter contains three case histories, the first two of which are among the most detailed descriptions of psychosis I have ever read. To have such rich reports from the hand of a true master is a valuable gift indeed. Fortitude and love of psychotic phenomenology is, however, needed to make it through this sometimes daunting essay.

This volume contains five essays by Kurt Schneider. Reading them all give clear sense of his wise and penetrating commonsensical erudition. It is sad that his work is known, at least in North America, almost exclusively because of 'first rank' symptoms. He takes a strong position (and one that in my view is difficult to defend) that you can clearly demark two domains in psychiatry. One of them deals with diseases [which include all conditions we might call 'organic' as well as 'cyclothymia' (what we would call affective illness) and schizophrenia]. The second involves what he calls 'abnormal variants of mental being' and would include most other psychiatric disorders. He acknowledges that he is adopting a dualist approach. Diseases

have organic pathology (which may still be 'hypothetical') while abnormal variants do not.

He is philosophically aware of the tenuousness of his position as he writes 'psychiatry is ultimately metaphysics, because it everywhere deals with the body-mind problem, which is an irrational and insoluble problem' (p. 431). A few other of his observations are noteworthy. He is deeply skeptical of psychoanalysis. He writes thoughtfully about the importance of the explanation-understanding dichotomy (which he correctly attributes to Dilthey). He believes that reactive psychiatric illnesses are clearly possible when basically normal individuals confront a 'mental shock'.

Three times in this volume an issue of particular interest to me is discussed – the paradigmatic role for psychiatry of the discovery first of the clinical distinctiveness of General Paresis of the Insane (GPI) and then the discovery of its etiology – the result solely of a CNS syphilitic infection. In 1874, nearly four decades prior to the definitive discovery of the spirochete in the brains of GPI patients (Noguchi & Moore, 1913), Kahlbaum noted that 'Psychiatry took the first step along the road of the clinical method with the definition of the so-called "*General Paralysis of the Insane*"' (p. 108). He noted that at first the neurological symptoms were seen as a secondary complication. Only with more detailed longitudinal studies was its distinctive nature realized.

In 1912, Hoche wrote

The main example of a happy final definition of disease conditions, which in all directions constantly prove to belong together, has been progressive paralysis. The success achieved here has perhaps been a misfortune in its side effects because it nourished the illusion that something similar might soon be repeated (p. 139).

Here is what Kurt Schneider said about the same subject in 1959

General paralysis was the first psychiatric disease entity to be found ... [and] became the model for forming disease entities. It was thought it would continue thus, it was hoped that with time more and more such disease entities would emerge from the multifarious conditions of the mentally ill. In fact, however, this did not happen ... (p. 428).

Hoche and Schneider might wonder whether the popular unifactorial etiologic theories of psychiatric illness that have been so influential in the last several decades [e.g. schizophrenia is too much dopamine (Kendler & Schaffner, in press), depression is a result of a 'serotonin imbalance' (Lacasse & Leo, 2005)] might have in part arisen from our unrequited desire to recreate our prior success with GPI.

This is the fourth volume of a series organized by the World Psychiatric Organization. Earlier volumes

translated original psychiatric writings in French, Spanish and Italian. These volumes have been poorly publicized and I only came upon them by accident at a pharmaceutical table outside a psychiatric conference in Chile. They are deserving of wide attention. There is no substitute for reading original material in our field (especially with a short introductory essay that helps orient the reader). It is an important antidote to relying solely on secondary sources – typically some historian's digestion of these texts and other writings.

Purchasing this book may be something of a challenge. I received my copy courtesy of one of the editors – Mario Maj. At the time of this writing, no copies were available for purchase at the usual web-based resources (e.g. Amazon). However, Professor Maj confirms that it will soon be available in electronic form from Wiley publishers at Wiley.com along with other volumes in this series.

This book, and earlier ones in the series, substantially expands our access to earlier key psychiatric texts originally written in other European languages. They join the classic but now out-of-print volumes by Hirsch & Shepherd (1974) and Cutting & Shepherd (1987) and the 1990 publication of a complete translation of the 6th edition of Kraepelin's famous textbook (alas also out of print) (Kraepelin, 1990) as major resources for the historically inclined but linguistically challenged Anglophonic psychiatrist.

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- Schizophrenia: Cognitive Theory, Research, and Therapy*.  
By A. T. Beck, N. A. Rector, N. Stolar and P. Grant  
(Pp. 418, \$45.00, ISBN-13: 978-1-60623-018-3.)  
Guilford Publications: New York, NY. 2008.

Cognitive therapy, a well-established treatment for mood and anxiety disorders, appears to be effective in schizophrenia as well. This begs the question of why and how this approach works for this primarily biological disorder. In this book, Aaron Beck, the originator of cognitive therapy, and colleagues systematically address the origin, development and treatment of the symptoms of schizophrenia from the cognitive perspective, and present an integrative cognitive model. The authors build upon the knowledge developed over the last 100 years, referencing Eugen Bleuler who postulated loose associations as a primary cognitive impairment. They allude to the works of Meyer, Sullivan and Arieti who incorporated cognitive impairments as mediators, within their psychodynamic approach to schizophrenia. Biological and stress-diatheses models are reviewed with reference to the cognitive approach. Throughout, they emphasize that ultimately cognitive theory is grounded in a more basic biological theory. Thus, in its 14 chapters, the reader is treated to not only a detailed presentation of cognitive theory and practice in schizophrenia, but also a rich overview of the disorder and current biological models that conceive of cognitive deficits as the central core of schizophrenic psychopathology.

Writing in a style that keeps in mind both professional and lay readers, the authors describe the basic techniques of breaking down each pathological experience to its component parts with emphasis on the chronology of the experience. They note that this method allows for the reinterpretation of symptoms as understandable outcomes of repetitive misperceptions and misvaluations, with high emotional value (salience) attached to them. It paves the way for 'normalizing' the pathological conclusions and behaviors. It is noted that in cognitive therapy, rather than tackle delusions and hallucinations head-on, the contributing factors are examined, while empathizing with the patient and suggesting alternate explanations and detours around the impaired process. This technique is particularly beneficial in understanding and dealing with delusions. The larger framework of a stress-diathesis model is often applied to derive individual-specific treatment interventions. Interestingly, cognitive therapy may be effective in well-entrenched delusions, a target not effectively addressed by antipsychotic medicines. On the other