

Neuroses: A Comprehensive And Critical View

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SPECIAL ARTICLE

Kraepelin's views on obsessive neurosis: a comparison with DSM-5 criteria for obsessive-compulsive disorder

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Emil Kraepelin (1856-1926) is considered one of the founders of modern psychiatric nosology. However, his conceptualization of obsessive-compulsive phenomena is relatively understudied. In this article, we compare and contrast excerpts from the eighth edition (1909-1915) of Kraepelin's *Textbook of Clinical Psychiatry* focusing on what Kraepelin called "obsessive neurosis" and related "original pathological conditions" with the current DSM-5 criteria for obsessive-compulsive disorder (OCD). Consistently with DSM-5 OCD, Kraepelin described obsessive neurosis as characterized by obsessive ideas, compulsive acts, or both together. His detailed descriptions of these symptoms are broadly coherent with their characterization in DSM-5, which is also true for the differential diagnoses he provided. He also mentioned cases illustrating decreased insight into symptoms and association with tic disorders. In conclusion, Kraepelin's experience, which reflects decades of consistent clinical work, may help validate current ideas and explain how the current conceptualization has emerged and developed. Even though one can hardly say that the classification laid out in DSM-5 goes back to Kraepelin's views directly, it still is true that Kraepelin played an outstanding role in systematizing psychiatric diagnostic criteria in general, and provided a major contribution to the conceptual history of OCD.

Keywords: History of psychiatry; obsessive-compulsive disorder; diagnosis and classification; neurosis; Tourette's disorder

Introduction

Emil Kraepelin has been acknowledged as one of the forefathers of modern scientific psychiatry. A key result of his clinical empirical approach to psychiatry was a new nosology, which he introduced in the mid-1890s and which was of great importance for the classification of mental illnesses throughout the 20th century. Kraepelin's definition of and differentiation between "manic-depressive illness" (affective disorders) and "dementia praecox" (which was later mostly absorbed by Eugen Bleuler's concept of schizophrenia) have repeatedly been acknowledged as his major and most lasting achievement.¹⁻⁶

By contrast, both his classification and conceptualization of obsessive-compulsive disorder (OCD), or "obsessive neurosis" (*Zwangsneurose*), in his wording, have been largely neglected. This, however, seems to merely reflect the surprisingly scarce research into the conceptual history of OCD in general. So far, only a few general chronological overviews about the early conceptualization of OCD (up to the early 1900s) have been published.⁷⁻¹² These suggest that during the first decades of the 19th century, French

psychiatry categorized obsessive-compulsive phenomena among the range of monomanias. Jean E. D. Esquirol (1772-1840) had defined monomanias as partial impairments of mental functions while mind and reasoning were unaffected or healthy. He is said to be the first to have mentioned obsessive-compulsive phenomena, and described the case of a young woman who feared and consequently avoided touching other people as well as certain objects. She also had peculiar behavioral patterns, which she explained were necessary in order to cool down or reassure herself. Esquirol pointed out that while this woman was fully aware of the peculiarity of her behavior and the disproportionality of her worries and even tried to fight them, i.e., showed an understanding and awareness of her illness, she still could not refrain from performing her obsessive behaviors.^{13,14}

Under this influence, German psychiatrists Carl Westphal (1833-1890), Richard von Krafft-Ebing (1840-1902), Wilhelm Griesinger (1817-1868), Robert Thomsen (1828-1914), or Leopold Löwenfeld (1847-1924), but also their French colleagues Légrand du Saulle (1830-1896) and Pierre Janet (1859-1947), made major contributions to an understanding of the illness and classified obsessive-compulsive phenomena into a newly formed class of compulsive neuroses. A closer look into the conceptual history of OCD starting from the criteria for diagnosing OCD according to the DSM-5 and ICD-10 reveals that the works by Westphal and Thomsen proved particularly relevant.¹²

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Neuroses: a comprehensive and critical view. Front Cover. Melvin Gray. Van Nostrand Reinhold, - Medical - pages. Neuroses: A Comprehensive and Critical View: Medicine & Health Science Books @ tmdcelebritynews.com tmdcelebritynews.com: Neuroses: A Comprehensive and Critical View: Survey of neurotic diseases from historical, philosophical and clinical perspectives. Dust jacket. You can Read Neuroses A Comprehensive And Critical View or Read Online Neuroses A Comprehensive And. Critical View, Book Neuroses A Comprehensive. Obrist, P. A. Cardiovascular psychophysiology: A perspective. New York: Plenum (b) Gray, M. Neuroses: A comprehensive and critical view. New York: Van. Gray, M. (). Neurosis: A Comprehensive and Critical View. Depression: Comparative Studies of Normal, Neurotic, and Psychotic Conditions. New York. Consistently with DSM-5 OCD, Kraepelin described obsessive neurosis as characterized by obsessive ideas . Later in the chapter, Kraepelin offers his own critical view, expertly comprehensive compendium on the condition, much longer. For Freud, psychoneuroses were caused by unconscious conflicts, generally of a . LA should be undertaken with caution in view of the patient's propensity to . Knight () was the first to propose a comprehensive model of personality . (2) gloomy, pessimistic, incapable of fun; (3) self-critical, self-reproachful and. This article critically reviews the literature on this disorder, and presents the salient features of five consecutive cases seen at the psychiatry-dermatology liaison. Register Free To Download Files File Name: Neuroses A Comprehensive And Critical View PDF. NEUROSES A COMPREHENSIVE AND CRITICAL VIEW. NEUROSES neurosis Jung was resistant to the tendency in the psychiatry of his our own definition of neurosis is inevitably open to the criticism that it is too as an explanation means that he has left no comprehensive theory of the Ae rtotoor . Freud took a critical view of religion but at the same time saw neurosis on the 44 Despite his eagerness to leave his audience with a comprehensive view of. Mode of Restoring Hurt Pride by the Form of Criticism. Received. 9. . she focused on a more holistic, characterological view, putting greater emphasis on the. Self-Criticism versus Neuroticism in Predicting Depression and . designed to provide a comprehensive assessment of the five-factor model of personality. Path model testing was performed using Analysis of Momentary. Goffman, Asylums, Penguin Books, Harmondsworth: USA, Gray, Neuroses : A Comprehensive and Critical View, Van Nostrand Reinhold: New York, Behaviorism as a Theory of Personality: A Critical Look Yet although these criticisms indicate its comprehensive failure, they do not deny that . able to explain phobias and neurosis, they are sadly lacking in applicability to the more complex.

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