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Schizophrenia from prehistory to the Diagnostic and Statistical Manual of Mental Disorders 05 Text Revised

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Abstract:

The clinical timeline for diagnosing schizophrenia as a psychotic illness has undergone many changes and developments throughout history. So from prehistoric texts and manuscripts, it took the concept of demons that inhabit the patient appeared in signs similar to those of schizophrenia, to the Middle Ages, where appeared the biochemical interpretation of this disease causing symptoms such as hallucinations and delirium, which occur because of the patient's conversations with demons.

The mental patient with schizophrenia received attention by the end of the Middle Ages, but in modern times and with scientific progress in all fields of sciences, schizophrenia has a modern vision as a mental illness, which evolved from early dementia to the current name of schizophrenia that was with Morel, Bleuler and Karpelin. Looking at the latest International Classifications of Diseases and Mental Illnesses in both (ICD) and (DSM), an important development has emerged in its clinical table, both in terms of patterns, nomenclature, symptoms and diagnosis. Where before, it was difficult to diagnose schizophrenia as an independent disease.

Key words: Schizophrenia –History –Diagnosis – DSM5 TR - ICD 11.

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1. Introduction

The Global Health System, along with the nations and organizations involved with global human health, views mental illnesses and disorders as a major concern. Several new psychological problems and mental illnesses have evolved as a result of the high prevalence of these diseases, the harsh living conditions, and the challenges of adapting to the complexity of modern life. In light of the aforementioned, it was necessary to evaluate the clinical timetables and disease classifications in order to aid professionals in making a diagnosis. The purpose of this study is to identify the most significant diagnostic advancements in schizophrenia, whereby mental disease and schizophrenic symptoms are identified in ancient civilizations, the middle Ages and modern times. In the modern era of the 19th and 20th centuries, also it includes Schizophrenia's diagnosis in the classification of The World Health Organization and the American Society of Psychiatric Psychiatry in their various reviews.

2. Statement of the problem:

From ancient times to the present, schizophrenia has been among the most prevalent mental diseases. According to the World Health Organization, schizophrenia affects over 21 million people globally and is the third most common disease after depression and endothelial dysplasia. Health organizations and specialists are stepping up their efforts to pinpoint the disease's causes and symptoms in order to speed up the process of therapeutic treatment for those who are affected due to the massive spread of schizophrenic individuals. Regarding this disease's diagnosis, it has undergone various clinical phases throughout history. Each step of the several worldwide categories of diseases and mental illnesses is identified by the existence of additional symptoms and exclusions. Hence, the main question is: How has schizophrenia developed throughout history?

The following sub questions make up the general question;

- How to differentiate the schizophrenia diagnosis at any historical stage?
- How do global classifications diagnose schizophrenia?

3. Research methodology and procedure

To achieve the study objectives and to answer its questions, we rely on the content analysis which is compatible with the nature of the theoretical study, where starting from the theoretical heritage present in the sources, global classifications of diseases and mental disorders and the academic research. Through the scientific production, we learned how was schizophrenia diagnosed and how it is dealing with this diagnosis now (at the present time).

4. Schizophrenia definitions:

It is defined as the most common chronic psychosis. The term "psychosis" designates in psychiatry a type of mental pathology, characterized by severe disorder of the relationship with reality, problems of identity or self-awareness, inter-subjective relationship disorders (therefore communication), and specific disturbances mental activity, especially delirium and hallucinations (Georgieff, 2021).

4.1. Constitutive definition: The word schizophrenia comes from the Greek words "**Skhizein**" which means loss of unity, and "**phren**" which means spirit (Schneider, 2009). One of the synonyms used for schizophrenia is found such as; psychosis, schizophrenic, and schizophrenic disorder (liorca, 2004). The term 'schizophrenia is considered unsatisfactory by many researchers. It describes not only a single disorder but also a 'heterogeneous syndrome'; it can be also used to describe groups of patients which share a few symptoms in common (Pridmore, 2016).

4.2. Constructive definition: concerning the definitions that focus on the physiological aspect of schizophrenia we find:

Schizophrenia is a chronic psychiatric disorder with a heterogeneous genetic and neurobiological background that influences early brain development, and it is expressed as a combination of psychotic symptoms such as hallucinations, delusions, disorganization, motivational and cognitive dysfunctions (Eris & al, 2015).

- Schizophrenia is also an extremely complex mental disorder; in fact it is probably masqueraded many illnesses as one. Symptoms are believed to be caused by a biochemical imbalance in the brain (Canadian society, 2003). Liorca (2004) states that schizophrenia is clinically manifested by acute episodes associating delirium, hallucination, behavioral disorders and the persistence of various chronic symptoms that may constitute a disability. It is one of the most debilitating diseases, especially among young people. It strikes mostly towards the end of adolescence or early adulthood and can last a lifetime.

- According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5), the lifetime prevalence of schizophrenia is approximately 0.3%-0.7%. The psychotic features of the disorder typically emerge between the mid-teens and mid-thirties, with the peak age of onset of the first psychotic episode in the early to mid-twenties for males and late twenties for females (HURLEY- LCSW).

From the previous definitions we understand that schizophrenia is a mental disorder that represents a large proportion of the mental illnesses spread across the world, mostly on the biological side, its symptoms characterized by making the patient separated from the conscious world. We should know that 15 to 20% of early schizophrenia develops favorably. Otherwise, the disease generally evolves with relapses of acute psychosis in the first years and then stabilizes with residual symptoms of varying intensity depending on the subject (Lloca, 2004).

5. Schizophrenia Diagnosis in Ancient Civilization :

The old emerging medical text were concerned with mental illness at that time, Bayros and Ibrs' manuscript with about 1500 BC is a reference to the conditions of mental health and associated diagnoses, which indicate the connection of the heart and mind with one entity, when the heart is disabled, it affects the rest of the body. The heart diseases, in the other side, were explained by the invasion of demons, which was common in many ancient medical texts, but these writings did not refer to schizophrenia as a disease, but it is the first reference to the record of mental disorders.

Moreover, in the ancient Hindu's culture text, including Atharva Veda, a good health maintains the interactions between certain substances within the body, and any unbalanced leads to many diseases. These writings also showed texts containing hymns for the ill health's treatment. The demons also infuriate the falsehood of the gods or steal them, and they often feel that these stereotypes are synonymous with schizophrenia. Therefore, we can say that this disease was present since the old age (Ruaridh Owen, 2014).

In the ancient Chinese civilization, a Chinese text has been found about 1000 years ago describing internal medicine and the symptoms of insanity and recognizing it as a supernatural devil. A study in ancient Greek and Roman literature also showed that, although the general population may have been aware of mental disorders, there was no evidence of recent diagnostic criteria for schizophrenia (Theocharis Chr. Kyziridis , 2005). In 400 BC Ebikret described the problems that affect the brain as the source of our pleasures, joys and sorrows. His work has dispelled some old doubts and misunderstandings concerning many issues (Ruaridh Owen, 2014).

From the previously mentioned, it is clear that the interpretation of mental illness in ancient civilizations was associated with myths where evil spirits and demons inhabit the

person who is under the power of the Gods anger, to carry out the forms of hallucinations and hereditary which are the main symptoms of schizophrenia.

6. Schizophrenia diagnosis in the Middle Ages

In this period, mental illness was summarized in a medical booklet written by the doctor 'Eretaous', which contain a systematic classification of mental diseases, including schizophrenia. In the second century, the physician 'Galin' attributed the mental disorders to brain disease with the intervention of other organs and laid the foundation for further developments in this field. It is noted that the writings of Eretaous and Galin developed the concept of mind and body unity, a concept that prevailed for a long time in Europe through Arabic writings that were contrary to many beliefs, culture and myths at the time (Ruaridh Owen, 2014).

In the sixth century, 'Alexander Trales' treated mental illness as an independent medical subject. In the ninth century, the Arab doctor, Tabari, wrote a book that contains a special chapter on brain diseases, while in Christianity mental illness was associated with the diabolical origin, and the hallucinations were influenced by the influence of the gods rather than demons (Theohari and Kyziridis, 2005).

In the 15th century, debauchery and hallucinations were generally considered to justify the dwelling of demons and their cooperation with sorcerers. This is evident at the patients' admission, the alleged conversations with demons were similar to the auditory hallucinations of the schizophrenic accompanied by the persecution complex, and they treated the sick by fighting and expelling evil spirits. This made mental patients gather near the churches where Monks and Priests protected them against persecution.

The 16th century was the era of reforms. Medical concepts gained once again a place where cultural changes took place throughout Europe. Nothing was more important

than medical science. By the end of the middle Ages, the era of witchcraft and life had been abandoned (Ruaridh Owen, 2014).

In the 17th century the mental health clinics begun in Europe, in addition to mental medicine and patients' Supervisors and care, however, the methods of diagnosis and treatment remained unscientific and included shock and water pouring on patients and other methods that did not take into account the patient's condition.

7. Schizophrenia Diagnosis in modern times:

According to Kim and Dilip (2008), the first thorough description of schizophrenia appeared around the start of the 18th century, and in the 19th century, it was classified as an early form of dementia. Dementia praecox, or "precocious dementia," was first used by French psychiatrist Benedict Augustine Morel (1809–1873). The German psychiatrist Émil Kraepelin (1856-1927), who combined contemporary descriptions of catatonia by Kahlbaum (1863), Hebephrenic by Hecker (1871), and his own "dementia paranoia," into a single disorder with an early onset, a poor prognosis, and 36 "psychic" symptoms and 19 "bodily" or physical symptoms, is credited with creating the modern concept of schizophrenia.

Eugen Bleuler (1857-1939) came significantly to modify Kraepelin's original concept by adding to its scope clinical illnesses, which did not evolve into the kind of "terminal state" of deterioration, considered by Kraepelin to be the hallmark of the disease. Having coined the term "schizophrenia" to replace dementia praecox, Bleuler stated that schizophrenia "is not a disease in the strict sense, but appears to be a group of diseases [...] Therefore we should speak of schizophrenias in the plural." Importantly, Bleuler introduced a fundamental distinction between *basic* (obligatory) and *accessory* (supplementary) symptoms of the disorder.

during the ensuing decades, the post-Kraepelinian and post-Bleulerian subtypes and dichotomies, a number of European and American clinicians proposed further sub nosological distinctions within the widening phenotype of schizophrenia, including schizoaffective disorder, schizophrenia form psychoses, process-nonprocess, and paranoid—non paranoid schizophrenia (Jablensky,2010). In general, (a) 'schizophrenia' has always existed (say, as a 'rough diamond'), (b) 19th and 20th centuries alienists (Kraepelin, the Bleulers, the Schneiders, etc.) have polished away its blemishes and impurities, culminating in: (c) the DSM IV definition which can therefore be considered as a paragon (RRUS), and (d) The end of history is nigh for it is only matter of months before the genetics and aetiology of schizophrenia is sorted out for good (German & all, 2003).

8. American Society of Psychiatry's APA Diagnosis of schizophrenia:

The conceptual confusion at the beginning of the 20th century was compounded by clinical heterogeneity of schizophrenia, lack of clear prognostic features, and failure to discover any definitive pathological abnormalities. Bleuler's approach led to an expansion of the diagnostic concept of schizophrenia that incorporated many other neuropsychiatric disorders, particularly, in the United States during the early development of the diagnostic and Statistical Manual of Mental Disorders (DSM-I & aII) through the 1970s, and in the former Soviet Union. Another prominent influence on the concept of schizophrenia in the United States was provided by the theories of Adolph Meyer, who emphasized the impact of the individual history of each particular patient on the schizophrenia syndrome (Lavretsky, 2008).

The first DSM edition (1952) included "Schizophrenic reaction, Schizo-affective type" and the DSM II (1968) subdivided this diagnosis into "Schizo-affective type, excited" "and Schizo-affective type, depressed" within the Schizophrenia chapter. The designations were intended for cases with significant admixtures of "schizophrenic symptoms" and

"affective reactions," distinguishing between "excited" and "depressed" types of cases based on pronounced exhilaration versus depression. The mental content of these cases was defined as being predominantly schizophrenic, with prolonged exhilaration or depression. These categories were also used for cases with predominantly affective states if they also displayed schizophrenic-like thinking or bizarre behavior. Despite the expectations based on predominantly affective psychotic state at presentation, these cases were expected to become "basically schizophrenic in nature" with prolonged observation over the illness course.

The term "Schizoaffective Disorder", in DSM3 (1980), was introduced although no diagnostic criteria were proposed. Like the earlier versions of the DSM, the category was used for those instances in which the clinician was unable to make a differential diagnosis with any degree of certainty between an Affective Disorder and either Schizophrenic form, Disorder or Schizophrenia. The concept again addressed the clinical need for a diagnostic term for the many psychotic cases that did not fit neatly into the criteria for one of the disorders in the Kraepelinian dichotomy of either Schizophrenia or Bipolar Disorder. Uncertainty remained as to the validity of this condition in the DSM3. The authors acknowledged that, "future research (was) needed to determine whether there is a need for this category and if so, how it should be defined and what its relationship is to Schizophrenia and Affective Disorder". In the entire DSM-III, this was the only diagnosis without explicit operational criteria.

In the 1987 DSM3-R, diagnostic criteria for Schizoaffective Disorder were first operationalized. The four diagnostic criteria that were introduced in the DSM III-R have remained essentially unchanged until the current edition, requiring (A) at least one period of psychosis (severe enough to meet criteria A for Schizophrenia) with affective symptoms; (B) At least one period of psychosis, for at least two weeks, without affective symptoms; (C) the total duration of Mood Episodes is "not brief" and (D) no "organic cause". While

"somewhat better" prognosis of Schizoaffective Disorder, compared to Schizophrenia, was listed as a potential validator in DSM III-R, inter-episode recovery or good outcome was never included as diagnostic criteria. Schizoaffective Disorder was specified as being of either a Bipolar Type, for those experiencing a current or previous Manic Syndrome, or a Depressive Type, for those with no current or previous Manic Syndrome (Dolares & al, 2013)

- **DSM4 (1994):** The main manifestations of schizophrenia are the presence of a range of signs and symptoms (positive or negative) in a long period of time at least a month, or during a shorter period in case of a condition requiring treatment. Symptoms and signs of at least 6 months (Standard A and C), accompanied by social and emotional malaise (Standard B), should not be subjective or mood disorder characterized by fatty properties and not due to direct organic dysfunction or general medical condition E) (DSM 4: P 345). Clinical schedule of schizophrenia disorders: DSM4 carries subtypes of schizophrenia:

- The paranoid type.
- The irregular type.
-Catatonic type
.Undifferentiated type
-Residual type

8.1. Diagnostic criteria for schizophrenia:

A. *Distinctive symptoms*: two or more symptoms for a month or less require treatment.

- Delusional ideas
- Hallucinations.
- disorganized speech
-Grossly disorganized or catatonic behavior.
- Negative symptoms.

B. Lack of initiative and lack of social functions: in many times there is a dysfunctional relationship (at work, with people)

C. Duration: These signs persist for at least 6 months or one month in cases that respond to treatment

- Brain diseases or mood disorders excluded.
- General organic injuries excluded.

Taking into account the relationship with widespread growth disorders, schizophrenia is considered the presence of oral or hallucinogenic halos for at least one month while responding to treatment. (DSM4, 2005)

9. Schizophrenia in DSM5 (2013)

The fifth classification of the American Psychiatric Association referred to schizophrenia in two ways:

9.1 Formal division disorder (F20.81): *Diagnostic criteria:*

a. The presence of two or more symptoms of each one for a period of considerable during a period of a month at the most if treated successfully, to be present (1) (2) and (3) of the symptoms:

1 - Ideas of guidance.

2- Hallucinations

3. Inconsistent speech

4. Irregular behavior

b. The seizure lasts at least one month, but less than six months.

c. Emotional confusion, erectile dysfunction, and electrolysis with fatty manifestations are excluded.

d. The disease should not be attributed to physiological effects (either by drug or by disease) (DSM5, 2015)

9.2 Schizophrenia (F20.9): Diagnostic criteria:

a. The presence of two or more symptoms of each one for a period of considerable during a period of a month at the most if treated successfully, to be present (1) (2) and (3) of the symptoms:

1 - Ideas of guidance.

2. Hallucinations.

3. Inconsistent words.

4. Irregular behavior

b. In a considerable period of time, the onset of the disorder, the areas of basic functioning such as work and personal relationships or self-care are clearly reduced to what they were before the occurrence of Nubia.

c. Signs and symptoms of the disorder continue for at least six months. During these six months, symptoms A, B and C appear as symptoms for the active period of at least one month, although treated successfully.

d. Emotional confusion and depressive disorder, and electrolysis of the pole with fatty manifestations are excluded.

e. Schizophrenia should not be attributed to physiological injury.

If there is a history of autism spectrum disturbance or any communication and growth disorder, it cannot be diagnosed as schizophrenia unless it is significant and hallucinogenic, in addition to the presence of schizophrenia symptoms for at least one month (DSM5, 2015).

9.3 Schizophrenia in DSM5 (2015)

Reference was made to schizophrenic spectrum designation and other schizophrenic disorders (DSM5: 2015) .All versions of the World Health Organization (WHO) International Classification of Diseases have been addressed by schizophrenia with

the following symbols: ICD-9 295-MPC 00607 ICD-10 F20. (Diagnosis of schizophrenia in ICD: (VETERANS AFFAIRS CANADA, 2001).

10. Schizophrenia in ICD:

During the preparation of ICD-10, a large number of clinical field trials were conducted to establish inter-rater reliability. Two methods of estimating inter-rater reliability were calculated: pair-wise agreement rates and kappa coefficients (Sartorius et al., 1993). A total of 557 clinicians at 95 clinical centers in 33 different countries participated in the joint assessment phase of the draft of ICD-10. They made 9012 assessments for 2385 patients of widely varying ages. Male and female patients were represented approximately equally in the field trials (Warner, 1995).

The tenth classification indicates that there are no precise symptoms that characterize the fast but that the symptoms can be grouped into groups that are important in the diagnosis. These symptoms often occur together as full:

a. Confused thoughts.

b. The control of illusions and illusions and imaginary perceptions, especially regarding the movements of the body and limbs.

c. Audio - visual halos.

d. Illusions and distortions of the surrounding culture related to religious and political identity.

e. Permanent persistent illusions consisting of emotional illusions.

f. Interruptions or deviations in the sequence of thoughts lead to intermittent and interconnected words.

g. Faulty behavior and lack of flexibility.

h. Negative symptoms (inactivity, lack of interest, indifference and social withdrawal).

i. Significant and clear change in personality and behavior aspects.

In order to diagnose schizophrenia in any case, a clear and severe single presentation of the clear group above should be made available from (a) to (d) or at least from groups (e) to (h) and these symptoms should be clear and present most of the time in a month At least whether they are treated or more (Barbato, 1998).

10.2 Diagnosis of schizophrenia in ICD 11:

The printed version of the International Classification of Diseases (ICD11) is not available and is under preparation, study and validation by the relevant bodies. We will therefore rely on the WHO classification site, where it states: reference to schizophrenia characterized by multiple mental disorders:

- Closed thought (such as delusions, chaos of thinking)
- Perception (such as hallucinations)
- The static experience (e.g. experience of emotions, dolphins, ideas, behavior out of control)
- Cognitive dysfunction (e.g., attention deficit, verbal memory, social cognition)
- Will (e.g. loss of activity)
- Influence (such as weak emotional expression)
- Behavior (such as unexpected emotional response that affects behavior regulation).

Key symptoms:

- Psychotropic disorders (including arid conditions)
- The delusions of endurance and chaos.
- Disturbance of thought.
- Negative and low impact.

-These basic symptoms should last for at least one month until we diagnose schizophrenia, but the previous symptoms are not a manifestation of other health conditions such as brain tumors or the effect of a substance on the central nervous system, including symptoms of withdrawal from alcohol or drugs).

10.3 Schizophrenia in DSM5 TR (2022): Diagnostic Criteria

A. The presence of one (or more) delusions with a duration of 1 month or longer.

B. Criterion A for schizophrenia has never been met. Note: Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behavior is not obviously bizarre or odd.

D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.

E. The disturbance is not attributable to the physiological effects of a substance or another medical condition and is not better explained by another mental disorder, such as body dimorphic disorder or obsessive-compulsive disorder. Specify whether:

- Erotomanic type: This subtype applies when the central theme of the delusion is that another person is in love with the individual.

- Grandiose type: This subtype applies when the central theme of the delusion is the conviction of having some great (but unrecognized) talent or insight or having made some important discovery.

- Jealous type: This subtype applies when the central theme of the individual's delusion is that his or her spouse or lover is unfaithful.

- Persecutory type: This subtype applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals.

- Somatic type: This subtype applies when the central theme of the delusion involves bodily functions or sensations.

- Mixed type: This subtype applies when no one delusional theme predominates.

- Unspecified type: This subtype applies when the dominant delusional belief cannot be clearly determined or is not described in the specific types (e.g., referential delusions without a prominent persecutory or grandiose component). Specify if: With bizarre content: Delusions are deemed bizarre if they are clearly implausible, not understandable, and not derived from ordinary life experiences (e.g., an individual' s belief that a stranger has removed his or her internal organs and replaced them with someone else' s organs without leaving any wounds or scars).

Specify if: the following course specifies are only to be used after 1-year duration of the disorder:

- First episode, currently in acute episode: First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled. First episode, currently in partial remission: Partial remission is a time period during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.

- First episode, currently in full remission: Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.

- Multiple episodes, currently in acute episode

- Multiple episodes, currently in partial remission

- Multiple episodes, currently in full remission

- Continuous: Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with sub- threshold symptom periods being very brief relative to the overall course. Unspecified and Specify current severity.

Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior,

and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe). (See Clinician-Rated Dimensions of Psychosis Symptom Severity in the chapter "Assessment Measures.") (DSM 05 TR, 2022)

Conclusion

Tracking the various stages of schizophrenia diagnosis as a mental illness, has shown an important development in controlling its clinical schedule and limiting its various symptoms ranging from madness to different types of schizophrenia and its identification of the main symptoms and signs of hallucinations, delirium and the frequency of words , we can also note that the diagnostic criteria have become almost uniform between the classification of diseases issued by the World Health Organization (ICD) and the classification of the American Psychiatric Association (DSM), particularly in the latest version ICD-11 and DSM-5 TR. However, it remains that the diagnosis of schizophrenia is accompanied by some difficulties; in particular, with emotional disorders, and the polarization of the pole as well as some organic symptoms of origin, this may be due to the uncertainty surrounding the real causes of some types of schizophrenia.

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