Phenomenological Aspects on “Zerfahrenheit” and Incoherence

Henning Sass

1. Historical and Terminological Background

Since the time of Griesinger (1845) and Snell (1852), disturbances of thought and language have always been of special importance in descriptions and concepts of mental illness. This observation also applies to “dementia praecox” or “the group of schizophrenias” established by Emil Kraepelin (1899) and Eugen Bleuler (1911) at the beginning of our century. Kraepelin introduced the term “Zerfahrenheit” for special types of disturbances with very characteristic features, defined as “loss of internal or external connection of the chain of ideas,” or as “loss of internal unity”. His interpretation of these phenomena was similar to many contemporary concepts, e.g. that of Stransky (1914), who used the metaphor of “intrapsychic ataxia”. Also, Eugen Bleuler’s (1911) descriptions of schizophrenic thinking became of major influence. Bleuler gathered together—along with disturbances of affect, ambivalence and autism—the disorders of thought and language—especially “loosening of associations”—as characteristic fundamental symptoms which are always present in schizophrenia.

In concordance with Kraepelin and Bleuler, many German-speaking psychiatrists have regarded the phenomenon of “Zerfahrenheit” as one of the most typical signs of schizophrenia. But unfortunately, even in German-speaking psychopathological discussions, there is much inconsistency in the usage of Kraepelin’s term “Zerfahrenheit”. This is especially true regarding the ambiguous relationship of “Zerfahrenheit” to the similar term “Inkohärenz” or “incoherence”, which can be traced back at least as far as to Griesinger (1845). Sometimes “Zerfahrenheit” is taken as a synonym for “Inkohärenz”, but this is criticized by other authors. These authors point out that classical psychiatrists like Bleuler, Ewald, Mayer-Gross and Stransky stressed the distinction between the two terms, which is based mostly on nosological assumptions. Their intention was to distinguish “Zerfahrenheit” as a more or less typical form of schizophrenic thought and language disturbance from “incoherence” as a term for the somewhat different phenomena found in organic mental disorders. Other
authors, for example Bash, Kleist and Leonhard, make no distinction between “Zerfahrenheit” and “incoherence” and use the terms as synonyms.

The situation has become even more complicated by difficulties in the translation of the texts of Bleuler (1911) and Kraepelin (1919) into English. Usually “Zerfahrenheit” is translated as “incoherence,” and is conceptualized as similar to Bleuler’s “loosening of associations” or to “derailment”. The latter, a more precise term preferred by Andreasen (1979), is derived from the English version of Kraepelin's monograph on “Dementia praecox and paraphrenia” (1919). “Zerfahrenheit” itself has not been incorporated into the English-speaking psychopathological literature. A historical reason for this may be the incomplete translation of the early versions of Kraepelin's textbook into English, which left out some parts of his text, especially some general remarks on thought disorder and “Zerfahrenheit”.

In recent years, “Zerfahrenheit” has lost its prominent role in schizophrenic symptomatology, and we find it explicitly neither in Kurt Schneider’s (1959) “first rank symptoms,” nor in the diagnostic criteria of DSM-III, DSM-III-R, and ICD-10. The German versions of these instruments, however, reintroduce the term “Zerfahrenheit” as equivalent to the English item “incoherence”. This has been criticized by Peters (1991), who insists on the difference between “Zerfahrenheit” as schizophrenic and “Inkohärenz” as organic phenomena. To make matters even worse, the English usage of “incoherence” seems to be quite the opposite. Thus, Andreasen suggests that “incoherence” should be used only when an organic mental disorder has been ruled out as the cause of disturbed speech and language behavior.

Another aspect of the discussion regarding the meaning of the term “incoherence” comes from the modern linguistic concept of “Kohärenz” or “coherence”, which refers to the internal consistency of a text. Several authors, such as Hoffman et al. (1982), Hoffman et al. (1986), and Tress et al. (1984), applied this concept in clinical studies. They found differences in the degree of “coherence” in schizophrenic speech when compared to other speech samples. These results seem to indicate a special significance for the concept of “coherence” in the analysis of schizophrenic thought disorder. Such research could support the translation of “Zerfahrenheit” as “incoherence”, but we should keep in mind that the terms “coherence” or “incoherence” are nosologically neutral, whereas the term “Zerfahrenheit” for many psychiatrists implies a diagnostic (nosological) decision.

2. The Distortions of These Concepts in DSM–III

In an influential paper on thought, language and communication disorders, Andreasen (1979) prepared the concept of thought disorder for the chapter on schizophrenia in DSM–III. She explicitly referred to Bleuler, whose approach to the assessment of schizophrenia—which regarded