The first point to which I shall address myself will be the foundations of German-speaking psychiatry upon the basis of which post-World War II events developed. The most significant cornerstone is clearly Emil Kraepelins nosological systematization. Although Kurt Schneider also took up Kahlbaums concept of cyclothymia, he nonetheless considerably narrowed Kraepelins definition of manic-depressive illness. As a result, Schneiders concept of schizophrenia was also broadened, a tendency that can be traced to Eugen Bleuler. At any rate, the emphasis in diagnosis was thereby displaced from a longitudinal view to a cross-sectional one. On the other hand, dementia praecox, as defined by Kraepelin in terms of its poor prognosis, was also subsumed under the definition of schizophrenia favored by Kleist and Leonhard, whose orientation originally stems from Wernicke. They further subdivided what is currently called schizoaffective illness, an entity which stands between the two large groups of endogenous psychotic illnesses, into separate disease forms. In this connection, the so-called "mixed pictures" and "related mixed picture states", as described by the Hamburg group (Bürger-Prinz, Mentzos, Burchard), have been placed by Berner into his concept of the cyclothyemic axial syndrome. Decades after Kleists description of brain pathology, Leonhards description of the cycloid psychoses and his differentiation between bipolar and unipolar phasic psychoses finally found international acceptance.

Within Kraepelins nosological system, the hallmark of German-speaking psychiatry has always been the psychopathological point of view. Indeed, there has been a continuity of psychopathological research dating from the first appearance of Karl Jaspers' "General
Psychopathology" in 1913. During the period between the two World Wars, this was primarily due to the work of the older Heidelberg group – to whom K. Schneider felt attracted even before coming to Heidelberg – as well as that of E. Bleuler and E. Kretschmer. The monograph on "Sensitive Delusions of Reference" published by the latter in 1918 remains his most important psychiatric publication. Interestingly, this book hardly received any international recognition. Kretschmer developed a multi-dimensional diagnostic system of the psychoses and early on stressed a multifactorial pathogenetic concept of psychotic illness which included consideration of the experiential background.

In the years after the second World War the basic orientation of German psychiatry was fundamentally changed by clinical psychopathology, an influence which is still very strong, as reflected in current psychiatric thinking. Until that time psychiatric thinking had been primarily along the lines of the associative psychology stemming from the turn of the century, influencing everyone including, for example, Jaspers and Kurt Schneider. The central figure in this post-war shift in the direction of more holistic thinking was K. Conrad. On the basis of his neuro-anatomical studies he proposed an original synthesis of the Gestalt principle, on the one hand, with the thinking of Jackson, Head, K. Lewin, von Weizsäcker, and H. Ey, on the other; later, he turned his interest to the stages of schizophrenia and the symptomatic psychoses. His brilliant monograph "Early Schizophrenia: The Attempt at a Gestalt-Analysis of the Delusion", which appeared in 1958, was enthusiastically received by the younger generation, as a result of its intuitive and original approach to schizophrenic phenomenology. Conrads point of departure was F. Kruegers holistic psychology, but later he shifted to a more Gestalt-oriented approach.

In contrast, Petrilowitsch and Janzarik continued along the lines of structural principles, as delineated by Dilthey and further developed by F. Krueger and A. Wellek; Petrilowitsch concerned himself with the abnormal personality on this basis and Janzarik further elucidated his structural-dynamic approach. In this concept the psychotic nucleus of endogenous syndromes is said to be based on the uncontrolled swings of psychic dynamics. With the latter is not meant the "psychodynamics" of psychoanalysis but rather a fundamental region encompassing drive and emotionality. Thus, these dynamic components are restricted in depressive and expanded in manic syndromes, whereas dynamic inconstancy dominates in acute schizo-affective and schizophrenic psychoses. Residual states, then, especially as they can appear after schizophrenic psychotic episodes, are marked by dynamic insufficiency. The characteristic symptomatology of endogenous syndromes can be derived by analyzing psychic structure as occurring in uncontrolled dynamic swings as well as considering any deformation of the structure. Psychotic dynamic