The Concept of Hebephrenia

Psychopathology and differential diagnosis according to the Wernicke-Kleist-Leonhard-School

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Differentiated psychopathology: essential psychopathological levels

affectivity
- „mood“ (elevated/depressed)
- „quality of affect“ (e.g. blunting of affect)

thought
- formal
  - -- stream of thought
  - -- coherence of thought/speech
- thought content

(psycho)-motility
- quantitative (hyper-/akinetic)
- qualitative
  - -- simple movement pattern
  - -- complex motor pattern

perception
- qualitative
  - -- hallucinations without disturbance of consciousness

Basic diagnostic differences between ICD-10/DSM-5 and Leonhard‘s classification

DSM-5 / ICD-10

Diagnosis is determined by the appearance of a

minimum number of symptoms from a given symptom-catalogue which have to occur over a

given period of time.

Leonhard‘s classification

Diagnosis is determined by the evidence of

characteristic symptom constellations (specific symptoms form **characteristic syndromes),**

which run a **typical course (prognosis).**

Historical overview I

hebephrenia = „Jugendirresein“, insanity during puberty, dementia praecox
Greek *ἥβη*: youth; *φρήν*: diaphragm, mind

Karl Ludwig Kahlbaum (1828–1899)

Die Gruppirung

der

psychischen Krankheiten

und die Eintheilung

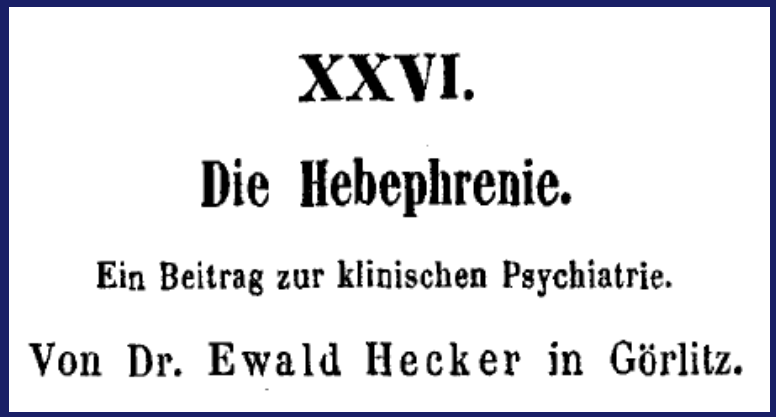
der

Seelenstörungen.

findet; und diese ganze Gruppe will ich *Paraphrenia* nennen. Diese Gruppe zerfällt also zunächst in die beiden angedeuteten Gattungen der *Paraphrenia pubertatis* s. *adolescens* s. *hebetica*, wofür ich zum substantivischen Gebrauch das Wort *Hebephrenia* bilden möchte, und der *Paraphrenia senilis* mit dem entsprechenden Substantiv *Presbyophrenia*.

Die Gruppirung der psychischen Krankheiten und die Einteilung der Seelenstörungen, Danzig 1863

Ewald Hecker (1843–1909)



XXVI.

Die Hebephrenie.

Ein Beitrag zur klinischen Psychiatrie.

Von Dr. Ewald Hecker in Görlitz.

In: Archiv für pathologische Anatomie und Physiologie und für klinische Medizin (Virchow‘s Archiv) 53;3: 394–429;1871

Past and present

„Hebephrenia is not a subtype of schizophrenia. **It is schizophrenia.** Its characteristics are well defined and warrant its replacing the construct of schizophrenia.“

Taylor MA et al. Acta Psychiatr Scand 2010; 122: 73–183

Héboïdophrénie, Héboid, schizophrénie psychopseudopathique:
a kind of mild form („Verdünnungsform“) of hebephrenia
at the border between chronic psychosis and severe personality disorder (antisocial, dissocial personality, moral insanity).

Garrabé J. Les psychopathies graves: Schizophrénies et héboïdophrénie. In: L‘Evolution Psychiatrique 2001; 66: 609–613

Diagnostic criteria for schizophrenia, hebephrenic type (ICD-10 F20.1)

A form of schizophrenia with
1) prominent affective changes with shallow and inappropriate mood
2) fleeting and fragmentary delusions and hallucinations
3) irresponsible and unpredictable behaviour, common grimacing/mannerisms
4) disorganized thought, and incoherent speech
5) tendency to social isolation
6) usually poor prognosis because of the rapid development of „negative“ symptoms, particularly flattening of affect and loss of volition.
7) Hebephrenia should normally be diagnosed only in adolescents or young adults

Diagnostic criteria for schizophrenia (DSM-5 295.9)

Presence of characteristic psychotic symptoms in the active phase for at least 1 month with at least two specified symptoms:
A 1. delusions, 2. hallucinations, 3. disorganized speech (e.g., frequent derailment or incoherence), 4. grossly disorganized or catatonic behaviour, 5. negative symptoms (i.e., diminished emotional expression or avolition);
B functioning is markedly below the highest level achieved;
Dropping of traditional schizophrenia subtypes

Disorganized Type (DSM-IV 295.10): A type of schizophrenia in which the following criteria are prominent:
1) disorganized speech accompanied by silliness and laughter (not closely related to content of the speech)
2) disorganized behaviour (lack of goal orientation, disruption in the ability to perform activities of daily living
3) flat or inappropriate affect
4) does not meet the criteria for catatonic subtype

Criticism on the age of onset of so-called hebephrenia: different forms of acute psychoses develop during puberty, e.g. motility psychoses, hypochondriacal anxiety psychoses, expansive autopsychoses, heboidophrenia, in contrast to chronic psychoses

Wernicke C. Grundriss der Psychiatrie 1901

In hebephrenia disturbances of emotional life are the core symptom. Several forms should be separated: apathetic-unproductive (dementia simplex), silly form with maniform symptoms, and depressive form. Age of onset is in most cases before age 31.

Kleist K. Berichte über endogene Verblödungen. Allg Z Psychiatr. 1919

I. The paranoid defect-schizophrenias: (1.-5.) 6. autistic schizophrenia
II. The defect-hebephrenias: 1. silly Hebephrenia; 2. eccentric hebephrenia

Leonhard K. Die defektschizophrenen Krankheitsbilder 1936

The typical systematic hebephrenias are separated in four subforms: eccentric hebephrenia, silly hebephrenia, shallow hebephrenia and autistic hebephrenia. Additionally exist combined systematic hebephrenias

Leonhard K. Zur Unterteilung und Erbbiologie der Schizophrenien. 1.-7. Mitteilung Z Psychiatr 1943-1945

Starting with a first cohort of 50 cases, diagnosed between 1920-1925, and a second cohort of 172 cases, recruited between 1926 and 1935, follow-up studies were conducted, starting in 1934 and 1952, and confirmed reliability and stability of the subtypes

Kleist K et al. Die Hebephrenien auf Grund von katamnestischen Untersuchungen. Arch Psychiatrie Z Neurol 1950, 1951, 1960a,b

Mood, affect, and emotions: definitions

Kaplan and Sadock Comprehensive Psychiatry, 1988	American Psychiatric Association Textbook of psychiatry, 2nd ed. 1994
Emotion: a complex feeling state with psychic, somatic, behavioral components that is related to affect and mood	Emotion: behavior that expresses a subjectively experienced feeling state
Affect: the experience of emotion expressed by the patient and observed by others. Affect has outward manifestations that can be observed. Affect varies over time, in response to changing emotional states	Affect: responsive to changing emotional states; common affects are euphoria, anger, and sadness
Mood: a pervasive and sustained emotion, subjectively experienced and reported by the patient	Mood: refers to a pervasive and sustained emotion (in contrast to affect), and is verbalized by the patient or is observable by the non-verbal body language moods frequently described are anxious, panicky, terrified, sad, depressed, angry, enraged, euphoric, and guilty

Affect and emotions: definitions

affect is inner emotional life

emotional state: major components are feelings of pleasure („Lustgefühl“) and unpleasure/listlessness („Unlustgefühle“)

emotions show a wide range of nuances since they develop from different emotional/psychic layers:
sensory feelings, like perception of cold and warmth etc.
endogenous feelings (organic homeostasis), like hunger, thirst, feeling of oppression, anxiety etc.
situative feelings (following psychic complexes of experiences), like fear, pride, sympathy, compassion, embarassment etc.
associative feelings (evolve from sensory or cognitive observations), represent higher emotional states and develop from mental and emotional stimulations

emotions are followed by willingly decisions after profound reflection and then direct to act or omit action

Leonhard K. Grundlagen der Psychiatrie 1948,
Biologische Psychologie 1993

Leonhard's classification of the schizophrenic psychoses

	psychic system		
	psychomotility	affectivity	thought
cycloid psychoses	motility psychosis	anxiety-happiness psychosis	confusion psychosis
		good prognosis	
		poor prognosis	
unsystematic schizophrenias	periodic catatonia	affect-laden paraphrenia	cataphasia
systematic schizophrenias	systematic catatonias	**hebephrenias**	systematic paraphrenias

Systematic schizophrenias: general criteria

typically: onset is often gradual and turns to a chronic course without stable remissions

(no phasic or periodic course)

in the beginning often unspecific, so-called accessory symptoms appear (epiphenomena), e.g. depressive or euphoric mood swings, short-time delusional symptoms or hallucinations, which disappear and are replaced by the developing characteristic residual syndrome

clinically sharply distinguished symptom constellations: not only a combination of symptoms, but distinct and autonomous syndromes

development of sharply defined, stable and irreversible residual syndromes, which can be reliably demonstrated in each examination in their specific symptom constellation

refractory to antipsychotic treatment to a large extent

specific disturbances of affectivity, thought, psychomotor behaviour as well as perception as breakdown of higher psychic systems

==> systematic schizophrenias

The Hebephrenias according to Kleist and Leonhard

chronic disease with prominent changes in affectivity and emotional life, and with stable residual syndromes and early onset in most cases

no unsystematic subtypes

characteristics for all subtypes:

affective flattening with affliction of specific levels of emotions and feelings („Gefühlsschichten“)

poor in symptoms („Symptomarmut“)

four distinct subtypes:

K. Kleist:

silly hebephrenia
apathetic hebephrenia
depressive hebephrenia
autistic hebephrenia
combined forms

K. Leonhard:

silly („läppische“) hebephrenia
shallow („flache“) hebephrenia
excentric („verschrobene“) hebephrenia
autistic („autistische“) hebephrenia
combined forms

Disorders of affectivity in schizophrenic psychoses I

a homogenous emotional disorder in schizophrenia is non-existing (Wieck 1967)

diagnostically indicatory disorders of affectivity

- „quantitatively“: shift of emotions to pleasure or aversion (unpleasure), blunted affect
- „qualitatively“: flattening of emotions and feelings, alteration of intermediate emotions („höhere seelische Gefühle“)

cycloid psychoses: psychotic ideas of anxiety with suspiciousness and ideas of self-reference, elation with ideas of happiness, religious ideas, inspiration by God

affect-laden paraphrenia: paranoid affectivity with resentfullness, irritation or enthusiasm; ideas of reference and persecution retain a profound affective anchoring, even if patients develop illogical ideas, fantastic delusions

systematic paraphrenias: the delusions have no marked affective loading, affective indifference while reporting on absurd, fantastic or expansive ideas

hebephrenias: affective flattening is the core symptom with specific syndromes in subtypes

Affective disintegration in schizophrenic psychoses II

- „quantitatively“: blunted affect („Abstumpfung“)
  reduced responsiveness to internal and external stimuli

  ⇒ increase of emotional indifference and apathy

- „qualitatively“: affective flattening of emotions and feelings,
  affection of intermediate emotions („höhere seelische Gefühle“)

  ⇒ complete breakdown and loss of intermediate emotions and feelings („Verflachung“)

  ⇒ severe levelling of emotional life and affective responsiveness:
  impoverishment of inner life
  loss of emotional movements

  as opposed to „flat affect“ according to DSM: (near) absence of any signs of affective expression, reduction/loss of the intensity of externalized feeling tone (monotonous voice, immobile face)

Examination of affectivity and validation of intermediate emotions

- examination of the communication behaviour, the way of turning to the interviewer
- examination of the emotional tone in the discourse
- examination of the emotional involvement
  - regarding events in the surroundings, interest in external incidents
  - regarding description of the inner life, of internal experiences
  - regarding complaints, e.g. somatic misperceptions

- suspected affective flattening:
  - questions which stimulate mental and emotional involvement regarding the person‘s past and future life:
    - plans for the future, evaluation of the past life, cares and sorrows, etc.
  - call trivial answers into question
  - frankly disagree with commonplace phrases or clichés
  - patients should describe their feelings and how they would act and interact with the environment
  - ask for anticipation of (emotional) controversies

Differentiation between direct and intermediate emotions

direct emotions

"unmittelbare Gefühle"

- sensory emotions („Sinnesgefühle")
- drive-stimulated emotions („Triebgefühle")

- bound to actually occurring conditions in a situational context, situations or events trigger or provoke emotional reactions
- their intensity depends on the degree to which emotional elements are involved in the specific event or situation
- lasting for a comparatively short time span depending on the presence of the emotional stimulus and with a determined degree of intensity

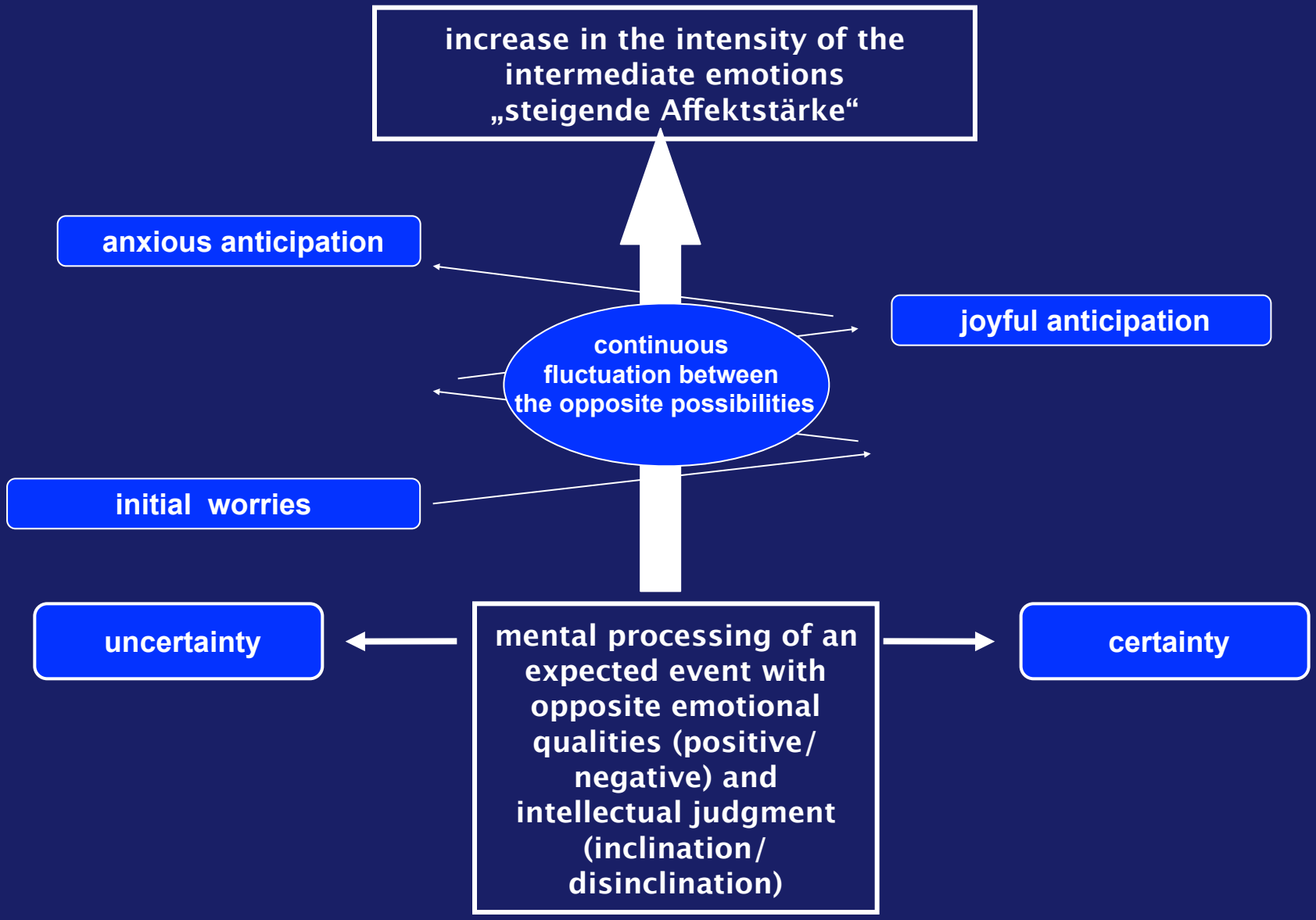
intermediate emotions

"mittelbare Gefühle"

- emotional experiences associated with intellectual judgments ("Urteilsgefühle"): evolve from an anticipation of imagined events or conditions that could or are expected to become relevant in the future (expectations, concerns, fears) or develop alongside emotional reflections of the past life

- continuous fluctuation between the opposite possibilities
- intensity increases as long as mental processing is not completed
- perseveration of emotional experiences
- independent of the current situation

Potentiation of the affect through forward and backward motion



Concept of Hebephrenia according to K. Leonhard

- **core symptoms are severe and specific dysfunctions in the affectivity**
- four **subforms with specific clinical symptomatology**
  - silly („läppische“) hebephrenia
  - shallow („flache“) hebephrenia
  - autistic („autistische“) hebephrenia
  - eccentric („verschrobene“) hebephrenia
  - combined forms
- **insiduous onset, chronic course** with sharply distinguished and stable residual states
- pathogenetic hypothesis: breakdown and deficits of distinct functional psychic systems which are responsible for **specific functions in the affectivity and the formation of will** („Funktionen der Gefühlsvermittlung“, „Willensspannung“) => **systematic schizophrenias**
- low familial loading with homotypical forms, probably prenatal disturbances of neurodevelopment

Silly Hebephrenia

- silly smiling indicates the diagnosis
- severe affective blunting associated with an amused smiling and lack of inner participation
- contented or mildly cheerful mood with characteristic smile; patients‘ smile or giggle becomes more pronounced when they are stimulated by others
- marked ethical blunting with tendency to play silly, childish tricks on others
- owing to their markedly increasing lack of drive, only in early stages the tendency remains to play childish, sometimes vicious pranks
- at times switch to euphoric, pseudo-depressive, irritable and wicked/spiteful mood states
- with progress of affective blunting loss of drive; patients hang around in a happy-go-lucky way and become extremely inactive
- lack of catatonic postures and movements, lack of delusions or hallucinatory symptoms in the course of illness
- meaningless answers and insufficient thinking without logical errors due to impoverishment of interest in general

Differential diagnoses of silly hebephrenia

pure euphorias
- unproductive euphoria

motility psychosis, both mild hyperkinetic/akinetic episodes

periodic catatonia, mild hyperkinetic-parakinetic episodes

cataphasia, inhibited pole with euphoric mood

systematic catatonias
- proskinetic catatonia
- parakinetic catatonia
- speech-inactive catatonia
- combined catatonias

hebephrenias
- shallow hebephrenia
- combined hebephrenias

Shallow Hebephrenia

- pronounced affective flattening; carefree, pleased and satisfied mood
- mood state of indifferent satisfaction, especially no emotional response when topics are touched upon which should affect the patient (e.g. wishes, plans or fears for the future, concerns about future life, worries regarding parents, work or mental health)
- no affective response even if provoking addresses are reproached
- general lack of initiative and interests, as well as lack of affective response
- incidental states of irritation, excitation and aggression, reminiscent of anxiety or euphoria; often with ideas of reference and pseudo-hallucinations in all sensory fields (mostly phonemes)
- pseudo-hallucinations: understanding of the morbid nature of the hallucinations when the excitement dies away
- ordinary conversations are carried out well, in tests insufficient thinking without logical errors due to impoverishment of interest in general

Differential diagnoses of shallow hebephrenia

pure euphorias with early onset

motility psychosis, both mild hyperkinetic/akinetic episodes

periodic catatonia, mild hyperkinetic-parakinetic episodes

cataphasia, agitated pole with euphoric mood

systematic catatonias
- proskinetic catatonia
- parakinetic catatonia
- combined catatonias

hebephrenias
- silly hebephrenia
- combined hebephrenias

Silly-shallow Hebephrenia

silly component

- stereotyped laughter more marked and lively, childish pranks

shallow component

- self-content with severe affective blunting and playful ideas of grandeur
- continuous auditory hallucinations, patients talk freely about the hallucinations, but report little about the content, no episodic appearance of hallucinations, which include somatic ones
- hallucinations appear as „real“

- patients remain more active than in both simple forms
- more severe and more frequent and long lasting periods of moodiness than in the shallow form, and more irritations with aggressiveness than found in the foolish form

Autistic Hebephrenia

- autism and marked affective blunting
- morose, displeased mood: rejection mixed with discontent
- lack of catatonic postures and movements, but stiff and impenetrable (stonily) facial expression, active non-participation in all related matters, remain continuously passive and disinterested, as a result of the lack of personal, inner participation on the environment
- transient delusional ideas and pseudo-hallucinations, mainly auditory hallucinations
- incidential states of irritation with paranoid ideas of reference, aggression and sudden attacks directed against specific persons, shouting threats or accusations at someone in the environment
- in conversation patients give short unwilling, monosyllabic answers, patient's inner life remains enigmatic
- impoverished initiative, but patients can frequently be trained to carry out work requiring some independence of action. They do their work efficiently but, if they have to speak, they only say the absolute minimum required
- in general, they tend to avoid others and walk past people whom they know without speaking

Differential diagnoses of autistic hebephrenia

pure depressions
- suspicious depression, apathetic depression

cycloid psychoses, protracted episodes
- inhibited poles of confusion, motility and anxiety pychoses

unsystematic schizophrenias
- periodic catatonia, akinetic form, severe residual state
- affect-laden paraphrenia

systematic catatonias
- speech-prompt catatonia
- negativistic catatonia
- proskinetic catatonia
- speech-inactive catatonia
- combined catatonias

hebephrenias
- combined hebephrenias

Eccentric Hebephrenia

- bad-tempered, joyless mood, commemorative of depression, but rapidly developing into a generally querulous attitude, and increasing affective blunting
- stereotyped complaints, often about bodily sensations, without emotions; occasional states of easily triggered anger
- uniform and monotonous manner of speaking, combined with repeated querulous complaints and demands, as well as weird explanations and justifications; patients produce the same grievance time and time again irrespective of the listener's attitude
- initially, often obsessive-compulsive-like behaviour, sometimes merging into mannerisms
- uniform, monotonous and stereotyped behaviour, e.g. collecting (rubbish), which becomes more and more prominent as weird habits
- mannerisms are modified over time or changeable through external stimuli; lack of catatonic postures and movements
- in earlier stages of the disease irritated excitements appear, subsequently no excitements occur despite the querulous attitude
- severe affective blunting associated with ethical blunting
- thinking appears to be impoverished, with stereotyped topics, repetitive
- performance on intellectual tasks is relatively good, no paralogical thinking

Differential diagnoses of eccentric hebephrenia

pure depressions
- hypochondriacal depression, apathetic depression

cycloid psychoses, protracted episodes
- inhibited poles of confusion and anxiety pychoses

unsystematic schizophrenias
- cataphasia, inhibited pole, residual syndrome
- periodic catatonia, akinetic pole, residual syndrome

systematic catatonias
- manneristic catatonia
- combined catatonias

hebephrenias
- combined hebephrenias

Systematic Catatonias
qualitative psychomotor disturbances

Clinical subtype	Characteristic syndrome
Parakinetic Catatonia	parakinesis, bizarre expressive and reactive movements, agrammatical sentences, jumpiness of thought
Manneristic Catatonia	mannerisms within complex movements and/or omissions, progressive stiffness of psychomotor activity
Proskinetic Catatonia	proskinesis (“Mitgehen, Gegengreifen”), murmuring with verbigeration
Negativistic Catatonia	psychomotor negativism, ambitendency
Speech-prompt Catatonia	empty, meaningless facial expression, autism, short-circuiting of speech, talking-past-the-point (“Vorbeireden”)
Sluggish Catatonia	nearly extinguished initiative with sluggish verbalizations, continuous hallucinations with distracted facial expression

Cycloid psychoses
bipolar psychoses with characteristic syndromes

motility psychosis	confusion psychosis	anxiety-happiness psychoses
hyperkinesia restlessness with increase of expressive and reactive motions distractibility by momentary events in the environment with senseless motor activity	**excitation** incoherence of thought process with pressure of speech disgressive choice of theme ideas of significance or reference	**ecstasy** ecstatic mood and feelings of happiness with illusionary and hallucinatory experiences ecstatic ideas with altruistic components (religious ideas, social/political tasks) affective waves with ideas of being called, elevated to a divine level or inspired by God
hypokinesia / aktinesia rigid posture and facial expression disappearance of reactive motions reduction or standstill of voluntary movements	**inhibition** inhibition of thought process with verbal impoverishment perplexity and mutism ideas of significance or reference	**anxiety** anxiety with distrust and ideas of reference, ideas of threat or persecution anxiety with paranoid features or hypochondriacal somatic sensations
incoherent speech, unarticulated screaming mutism	misidentification of persons acoustic or somatopsychic hallucinations	illusions or hallucinations closely related to ecstasy or anxiety
anxious/ecstatic mood swings, rapid alternation of both poles	rapid affective fluctuations hallucinations, persecutory ideas	rapid switches between anxiety and ecstasy

Unsystematic schizophrenias
bipolar psychoses with characteristic syndromes

affect-laden paraphrenia	cataphasia	periodic catatonia
irritated reference syndrome, ideas of reference and paranoid ideas closely linked to affective irritation, hostile misinterpretations of the environment, auditory and somatic hallucinations with deep irritation	excited pole: confused pressure of speech, logical blunders and derailments, neologisms, confabulations, grammatical and semantic errors, paralogic thinking	hyperkinesia with akinetic traits: parakinesia, restlessness with stiff motor activity, stereotypies, grimacing
affective fluctuations excited pole: delusions of immense grandeur, ecstasy with false perceptions inhibited pole: depression and anxiety with self-reference and hallucinations	inhibited pole: thought inhibition with poverty of speech or mutism, logical errors, syntactic and semantic errors, numbing of reactivity	akinesia with hyperkinetic traits: uniform movements, iterations, stereotypies, bizarre postures, perseveration stupor with negativism
increasing apathy paranoid ideas remain strongly anchored in an over-sensitive affectivity accessory symptoms: illogical component with fantastic delusions	indifferent affectivity, increasing apathy, persistent logical errors (proverbs) accessory symptoms: hallucinations and ideas of reference, anxious and ecstatic mood fluctuations	apathy of varying degree, stiff movements, isolated stereotypes, or grimacing accessory symptoms: hallucinations and delusions

Conclusions

characteristic symptoms and treatment options:

severe affective flattening with specific breakdowns in emotional life

lack of specific formal thought disorders or catatonic (psychomotor) symptoms

remissions do not occur

treatment of choice: modified behaviour therapy (eccentric hebephrenia)

ergotherapy (autistic hebephrenia) and occupational therapy (silly or shallow hebephrenia)

antipsychotic medication in states of irritation, excitation and aggression, cave: intensification of affective flattening

antidepressant medication in states of (pseudo-)depression

Historical overview II

Ewald Hecker (1843-1909): Hebephrenia - Diagnostic Guidelines (1871)

onset in connection with puberty (age 18-22 years)
successive or changing appearance of the different states (melancholy, mania and confusion)
very quick progress to a state of psychic weakness
diagnostic importance of formal disorders, which become evident in speech and writing of patients
terminal „insanity“ („Terminalblödsinn“) signs of which already become recognizable in the initial stages of illness

Paul Eugen Bleuler (1857-1939): Dementia praecox
oder die Gruppe der Schizophrenien (1911)

hebephrenia constitutes a subgroup of „the non-catatonic forms with acute onset (melancholic, maniac, amented and twilight states), as long as they don't progress in catatonic or paranoid chronic states“
„all the chronic cases which exhibit accessory symptoms without completely dominating the picture“ and for which there were no specific symptoms

symptoms of „affectation, pathetic traits, pleasure in foolishness, precocity“ and a tendency to get involved in complicated, pseudo-philosophical arguments occur in other schizophrenics as well

Concept of affectivity as a basis for differentiated analysis of hebephrenia subtypes (Leonhard‘s Affektpsychologie)

- **differentiation between direct and intermediate emotions which are tied to thought processes and opinions** („Urteilsgefühle“)

- **potentiation of the intensity** of intermediate emotions results in an **increase of the intention and the will („Willensspannung“)** in situations in which opinions and intellectual judgments are still undecided („Schwebezustände“)

K. Leonhard: Biologische Psychologie, 6th ed. 1993

K. Leonhard: Biopsychologie der endogenen Psychosen 1970, 2013

According to Leonhard, potentiation of the affect represents a fundamental principle of the emotional life of man. Intermediate emotions therefore become the genuine expression of the specific human emotional depth. Moreover, the fluctuation in the intellectual judgment between inclination and disinclination with its consecutive increase in the intensity of the intermediate emotions also generates the higher, future-oriented activity of will.

This higher activity of will goes beyond momentary interests and appears subjectively as an experience of expectancy. Will represents an inner tension reflecting an intention to activity in order to modulate conditions according to personal plans and preferences.

This activity could result in motor behaviour or also in a mere mental activity in thinking about possibilities to influence a given or expected situation in a specific direction. Thus, intermediate emotions determine human behaviour and also human intellectual activity in a fundamental way.

Jabs B. et al. World J Biol Psychiatry 2002

Hypothesis: pathogenic background of hebephrenia

intensity of intermediate emotions generate higher future-oriented activity of will

specific disturbances of the intermediate emotions („mittelbare Gefühle“) and/or the activity of will („Willensbildung“)

↓

deficit of emotional depth towards non-momentary interests

in contrast to immediately activated primary emotions

↓

deficit of future-oriented „tension of will“ („Willensspannung“)

in contrast to immediately activated interests

Breakdown of biological psychic powers („Kräfte“) which form emotional qualities (affective tension and activity of will) and create intermediate emotions and will power

affective tension	
positive power of mediating emotions („positive Kraft der Gefühlsvermittlung“)	silly („läppische“) hebephrenia
negative power of mediating emotions („negative Kraft der Gefühlsvermittlung“)	shallow („flache“) hebephrenia
activity of will	
tension of will („Kraft der Spannung“) undecided judgment	excentric („verschrobene“) hebephrenia
relaxation of will („Kraft der Entspannung“) decision made	autistic („autistische“) hebephrenia