

TABLE OF CONTENTS

EDITORIAL NOTE

v

I

The Psychology of Dementia Praecox

1

Translated from *Über die Psychologie der Dementia praecox: Ein Versuch* (Halle a. S., 1907).

Foreword, 3

1. Critical Survey of Theoretical Views on the Psychology of Dementia Praecox, 5
2. The Feeling-toned Complex and Its General Effects on the Psyche, 38
Acute Effects of the Complex, 41. — Chronic Effects of the Complex, 43
3. The Influence of the Feeling-toned Complex on the Valency of Associations, 52
4. Dementia Praecox and Hysteria, 70
I. Disturbances of the Emotions, 70. — II. Abnormalities of Character, 74. — III. Intellectual Disturbances, 78. — IV. Stereotypy, 92. — Summary, 97
5. Analysis of a Case of Paranoid Dementia as a Paradigm, 99
Clinical History, 99. — Simple Word Associations, 101. — Continuous Associations, 111. (A. Wish-fulfillment, 112; B. The Complex of Being Wronged, 125; c. The Sexual Complex, 133; D. Summary, 144; E. Supplement, 146) — Epilogue, 150

II

The Content of the Psychoses

153

Translated from *Der Inhalt der Psychose* (2nd edn., Leipzig and Vienna, 1914).

vii

CONTENTS

On Psychological Understanding	179
Translated from the Supplement to the foregoing.	

III

A Criticism of Bleuler's Theory of Schizophrenic Negativism	197
---	-----

Translated from a critique in the *Jahrbuch für psychoanalytische und psychopathologische Forschungen* (Vienna and Leipzig), III (1911).

On the Importance of the Unconscious in Psychopathology	203
---	-----

Written in English and published in the *British Medical Journal* (London), II (1914).

On the Problem of Psychogenesis in Mental Disease	211
---	-----

Written in English and published in the *Proceedings of the Royal Society of Medicine* (London), XII (1919).

Mental Disease and the Psyche	226
-------------------------------	-----

Translated from "Heilbare Geisteskrank?" *Berliner Tageblatt*, 1928.

IV

On the Psychogenesis of Schizophrenia	233
---------------------------------------	-----

Written in English and published in the *Journal of Mental Science* (London), LXXXV (1939).

Recent Thoughts on Schizophrenia	250
----------------------------------	-----

Written in English and broadcast by the "Voice of America," December 1956.

Schizophrenia	256
---------------	-----

Translated from "Die Schizophrenia," *Schweizer Archiv für Neurologie und Psychiatrie* (Zurich), LXXXI (1958).

APPENDIX: Letter to the Second International Congress of Psychiatry (Symposium on Chemical Concepts of Psychosis), 1957	272
---	-----

BIBLIOGRAPHY	275
--------------	-----

INDEX	287
-------	-----

1. CRITICAL SURVEY OF THEORETICAL VIEWS ON THE PSYCHOLOGY OF DEMENTIA PRAECOX

¹ The literature which treats of the psychological disturbances in dementia praecox is very fragmentary, and although parts of it are quite extensive it nowhere shows any clear co-ordination. The statements of the older authors have only a limited value, because they refer now to this, now to that form of illness, which can be classified only very indefinitely as dementia praecox. Hence one cannot attribute any general validity to them. The first and somewhat more general view concerning the nature of the psychological disturbance in catatonia, so far as I know, was that of Tschisch (1886),¹ who thought that the essential thing was an *incapacity for attention*. A similar view, somewhat differently formulated, was expressed by Freusberg,² who stated that the automatic actions of the catatonic are associated with a weakening of consciousness, which has lost its control over the psychic processes. The motor disturbance is only a symptomatic expression of the degree of psychic tension.

² For Freusberg, therefore, the motor catatonic symptoms are dependent on corresponding psychological symptoms. The "weakening of consciousness" resembles the quite modern view of Pierre Janet. That there is a disturbance of attention is also confirmed by Kraepelin,³ Aschaffenburg,⁴ Ziehen, and others. In 1894 we encounter for the first time an *experimental psychological* work on the subject of catatonia: Sommer's "On the Theory of 'Inhibition' of Mental Processes."⁵ The author makes the following statements which are of general significance:

¹ Cited from Arndt, "Über die Geschichte der Katatonie" (1902).

² "Über motorische Symptome bei einfachen Psychosen" (1886).

³ *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte* (orig. 1883).

⁴ "Die Katatoniefrage" (1898). [For works by Ziehen, see Bibliography.—EDITORS.]

⁵ "Zur Lehre von der 'Hemmung' geistiger Vorgänge" (1894).

THE PSYCHOGENESIS OF MENTAL DISEASE

1. The process of ideation is slowed down.
2. The patient is so fascinated by pictures shown to him that he can tear himself away from them only with difficulty.
3. The frequent *blockings* (prolongations of reaction time) are explained by Sommer as visual fixation.⁶ The state of distractibility in normal persons occasionally shows similar phenomena; e.g., "amazement" and "staring into space." With this comparison of the catatonic state to normal distractibility Sommer affirms much the same thing as Tschisch and Freusberg, namely that there is a reduction of attention. Another phenomenon closely related to visual fixation, according to Sommer, is catalepsy; he considers it "in all cases a phenomenon of entirely psychic origin." This view of Sommer's conflicts sharply with that of Roller, with whom Clemens Neisser is in entire agreement.
4. Says Roller: "The ideas and sensations that reach perception in the insane person and force themselves into the field of consciousness arise from the morbid state of the subordinate centres, and when active apperception, or attention, comes into play it is fixated by these pathological perceptions."⁷
5. In this connection Neisser remarks: "Wherever we look in insanity we find something different, something strange; processes that cannot be explained on the analogy of normal psychic life. The logical mechanism in insanity is set in motion not by apperceptive or associative conscious activity but by pathological stimuli lying below the threshold of consciousness."⁸ Neisser thus agrees with Roller's view, but it seems to me that this view is not quite free from objections. First, it is based on an anatomical conception of psychic processes—a conception that cannot be cautioned against too strongly. What significance "subordinate centres" have in the formation of psychic elements (ideas, sensations, etc.) we do not know at all. An explanation of this kind is merely a matter of words.
6. Second, the Roller-Neisser view seems to presuppose that out-

⁶ Von Leupoldt, who recently worked on this symptom, calls it "the symptom of naming and touching." Cf. "Zur Symptomatologie der Katatonie" (1906).

⁷ "Über motorische Störungen beim einfachen Irresein" (1885), cited from Neisser, *Über die Katatonie* (1887), p. 61.

⁸ Ernst Meyer opposed this view, which was then held also by Kraepelin. Cf. Meyer, *Beitrag zur Kenntnis der acut entstandenen Psychosen* (1899).

THE PSYCHOLOGY OF DEMENTIA PRAECOX

side consciousness the psyche ceases to exist. From the psychology of the French school and from our experiences with hypnotism it is evident that this is not so.

- 7 Third, if I have understood him correctly, by “pathological stimuli lying below the threshold of consciousness” Neisser must mean cell-processes in the cortex. This hypothesis goes too far. All psychic processes are correlates of cell-processes, according to both the materialistic view and that of psychophysical parallelism. So it is nothing out of the ordinary if the psychic processes in catatonia are correlates of a physical series. We know that the normal psychic series develops under the constant influence of countless psychological constellations of which we are as a rule unconscious. Why should this fundamental psychological law suddenly cease to apply in catatonia? Is it because the ideational content of the catatonic is foreign to his consciousness? But is it not the same in our dreams? Yet no one will assert that dreams originate so to speak directly from the cells without psychological constellations. Anyone who has analysed dreams according to Freud’s method knows what an enormous influence these constellations have. The appearance of strange ideas in consciousness which have no demonstrable connection with previous conscious contents is not unheard of either in normal psychology or in hysteria. The “pathological ideas” of catatonics have plenty of analogies in normal as well as in hysterical persons. What we lack is not so much comparative factual material as the key to the psychology of catatonic automatism. For the rest, it always seems to me rather risky to assume something absolutely new and strange in science.
- 8 In dementia praecox, where as a matter of fact countless normal associations still exist, we must expect that until we get to know the very delicate processes which are really specific of the disease the laws of the normal psyche will long continue to play their part. To the great detriment of psychopathology, where the only thing we are beginning to agree about is the ambiguity of our applied concepts, our knowledge of the normal psyche is unfortunately still on a very primitive level.
- 9 We are indebted to Sommer⁹ for further stimulating studies on the associations of catatonics. In certain cases the associations

⁹ *Lehrbuch der psychopathologischen Untersuchungsmethoden* (1899).

THE PSYCHOGENESIS OF MENTAL DISEASE

proceed in a normal way but are suddenly interrupted by an apparently quite disconnected, strangely “mannered” combination of ideas, as the following example will show:¹⁰

dark	green
white	brown
black	“good day, William”
red	brown

- ¹⁰ These “erratic” associations were also observed by Diem,¹¹ who conceived of them as sudden “whims.” Sommer justly considers them an important criterion for catatonia. The “pathological inspirations” described by Breukink,¹² following Ziehen, were observed by these authors in insane patients and were found exclusively in dementia praecox, especially in its paranoid forms, where “inspirations” of every kind play a well-known role. Bonhoeffer’s “pathological ideas” probably refer to a similar phenomenon.¹³ The question raised by Sommer’s discovery has naturally not been settled; but, until we are better informed, the phenomena observed by different authors and designated with almost the same names must for the present be grouped under one heading. Although it would seem from clinical experience that “pathological ideas” occur only in dementia praecox (we naturally discount the falsifications of memory which often appear suddenly in organic dementia and in Korsakow’s syndrome), I would like to point out that in hysteria, especially in cases that never reach the clinic, “pathological ideas” play a large part. The most interesting examples are reported by Flournoy.¹⁴ I have observed similar sudden irruptions of altered psychological activity in a very clear case of hysteria,¹⁵ and recently I was able to confirm it again in a similar case. Finally,

¹⁰ Ibid., p. 362. Recently Fuhrmann cited some association tests in “acute juvenile dementia,” which were without characteristic results. Cf. “Über akute juvenile Verblödung” (1905).

¹¹ “Die einfach demente Form der Dementia praecox” (1903).

¹² “Über eknoische Zustände” (1903).

¹³ “Über den pathologischen Einfall” (1904).

¹⁴ *From India to the Planet Mars* (1900); “Nouvelles observations sur un cas de somnambulisme avec glossolalie” (1901).

¹⁵ “On the Psychology and Pathology of So-called Occult Phenomena” (orig. 1902; in *Collected Works*, Vol. 1).

THE PSYCHOLOGY OF DEMENTIA PRAECOX

as I have shown,¹⁶ the sudden disturbance of association by the irruption of apparently strange combinations of ideas occurs also in normal people. The "erratic" association or "pathological idea" may therefore be a widespread psychological phenomenon which, we may at once agree with Sommer, appears in its most glaring form in dementia praecox.

¹¹ Furthermore, in examining the associations of catatonics Sommer found numerous clang associations¹⁷ and stereotypies. By "stereotypy" he meant the frequent reappearance of previous reactions. In our association experiments we called this "repetition." The reaction times showed enormous fluctuations.

¹² In 1902, Ragnar Vogt¹⁸ again took up the problem of catatonic consciousness. He started from the Müller-Pilzecker investigations¹⁹ by considering mainly their observations on "perseveration." According to Vogt, the persistence of psychic processes or their correlates, even after they have been superseded in consciousness by other ideas, is the normal analogy of catatonic processes of perseveration (verbigeration, catalepsy, etc.). Hence the capacity of the psychophysical functions for perseveration must be especially great in catatonia. But as, according to the Müller-Pilzecker investigations, perseveration becomes very marked only when no new content has impressed itself on consciousness,²⁰ Vogt assumes that perseveration is possible in catatonia only because no other conscious processes of interest to the patient are taking place. One must therefore assume a certain restriction of consciousness. This would also explain the resemblance between hypnotic and catatonic states.²¹ The impulsive actions of catatonics are likewise explained by Vogt on the basis of restriction of consciousness, which prevents inhibitions from intervening. Vogt has evidently been influenced by Pierre Janet, for whom "restriction of consciousness" and

¹⁶ "Reaction-Time in Association Experiments" (orig. 1906).

¹⁷ [Association through the sound of words without regard to their meaning. Cf. "The Associations of Normal Subjects" (1918 edn., pp. 28f.).—EDITORS.]

¹⁸ "Zur Psychologie der katatonischen Symptome" (1902).

¹⁹ "Experimentelle Beiträge zur Lehre von Gedächtnis" (1900).

²⁰ In conditions of distraction there is often an increase of perseveration. Cf. my "The Associations of Normal Subjects" (orig. 1906) and the interesting experiments of Stransky, *Über Sprachverwirrtheit* (1905). Also the excellent work of Heilbronner, "Über Haftenbleiben und Stereotypie" (1905).

²¹ Cf. Kaiser, "Beiträge zur Differentialdiagnose der Hysterie und Katatonie" (1901).

THE PSYCHOGENESIS OF MENTAL DISEASE

“reduction of attention” are the same as “abaissement du niveau mental.”²² So here again, though in a somewhat more modern and more generalized form, we meet the view already mentioned, that in catatonia there is a disturbance of attention, or, to express it more broadly, of the positive psychic performance.²³ Vogt’s reference to the analogy with hypnotic states is interesting, but unfortunately he describes it only in outline.

¹³ Similar views are expressed by Evensen.²⁴ He draws a skilful parallel between catatonia and distractibility, and maintains that absence of ideas in a restricted field of consciousness is the basis of catalepsy, etc.

¹⁴ A painstaking and thorough examination of catatonic psychology is to be found in the thesis of René Masselon.²⁵ He maintains from the start that its chief characteristic is reduction of attention (“distraktion perpétuelle”). As is to be expected from his French training in psychology, he conceives of attention in a very broad and comprehensive sense: “Perception of external objects, awareness of our own personality, judgment, the feeling of rapport, belief, certainty, all disappear when the power of attention disappears.”²⁶

¹⁵ As this quotation shows, a very great deal depends on attention as Masselon conceives it. He concludes that the commonest features of the catatonic state are “apathy, aboulia, loss of intellectual activity.” A brief consideration of these three abstractions will show that at bottom they are all trying to say the same thing; indeed, throughout his work, Masselon is constantly endeavouring to find the word or simile that will best express the innermost essence of his correct feeling. However, no concept need be quite so many-sided, just as there is no concept that has not had a one-sided and limited connotation forced upon it by some school or system. Masselon can best tell us what he feels about the essence of dementia praecox if we listen to the word-

²² Janet, *Les Obsessions et la psychasthénie* (1903). He adopts a similar viewpoint in his earlier works, *Névroses et idées fixes* (1898) and *L'Automatisme psychologique* (1889).

²³ According to Binet, attention is “mental adaptation to a state which is new for us.” Cf. “Attention et adaptation” (1900).

²⁴ “Die psychologische Grundlage der katatonischen Krankheitszeichen” (1903).

²⁵ *Psychologie des déments précoces* (1902). (Masselon’s *La Démence précoce*, 1904, is more a clinical sketch of the disease.)

²⁶ *Ibid.*, p. 28.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

ing of some of his statements: "The habitual state is emotional apathy . . . these disturbances are intimately connected with disturbances of intelligence: they are of the same nature . . . the patients manifest no desires . . . all volition is destroyed . . . the disappearance of desire is bound up with all the other disturbances of mental activity . . . a veritable cramping of cerebral activity . . . the elements [of the mind] show a tendency to live an individual life, being no longer systematized by the inactive mind."²⁷

- ¹⁶ In Masselon's work we find an assortment of views which he feels all go back to one root, but he cannot find this root without obscuring his work. Yet despite their shortcomings, Masselon's researches contain many useful observations. Thus he finds a striking resemblance to hysteria, marked self-distractibility of the patients to everything, especially to their own symptoms (Sommer's "visual fixation"), fatiguability, and a capricious memory. German critics have reproached him for this last statement, but quite unjustly when we consider that Masselon really means only the capacity for reproduction. If a patient gives a wrong answer to a direct question, it is taken by the German school as an "irrelevant answer," as negativism; in other words, as active resistance. Masselon regards it rather as an *inability to reproduce*. Looked at from the outside, it can be both; the distinction depends only on the different interpretations we choose to give of the phenomenon. Masselon speaks of a "true obscuration of the memory-image" and regards the disturbance of memory as the "disappearance from consciousness of certain memories, and the inability of the patient to find them again."²⁸ The contradiction between the two views can be resolved without difficulty if one considers the psychology of hysteria. If an hysterical patient says during the anamnesis, "I don't know, I have forgotten," it simply means, "I cannot or will not say it, for it is something very unpleasant."²⁹ Very often the "I don't know" is so clumsy that one can immediately discern the reason for not knowing. I have proved by numerous experiments that the faults (failures to react) which occur dur-

²⁷ Ibid., pp. 28, 265, 135, 140, 63, 71.

²⁸ Ibid., pp. 71, 66.

²⁹ Cf. the works of Freud; also Riklin, "Zur Psychologie hysterischer Dämmerzustände und des Ganser'schen Symptoms" (1904).

THE PSYCHOGENESIS OF MENTAL DISEASE

ing the association test have the same psychology.³⁰ In practice it is often very difficult to decide whether hysterical patients really do not know or whether they simply cannot or will not answer. Anyone who is accustomed to investigating dementia praecox cases will know how much trouble he has to take to obtain the correct information. Sometimes one is certain that the patients know, sometimes there is a "blocking" that gives the impression of being involuntary, and then again there are cases where one is obliged to speak of "amnesia," just as in hysteria, where it is only a step from amnesia to not wanting to talk. Finally, the association test shows us that these phenomena are all present, in the bud, in normal people.³¹

- 17 For Masselon the disturbance of memory comes from the same source as the disturbance of attention, though what this source may be is not clear. As if in contradiction to this, he finds ideas that obstinately persist. He qualifies them as follows: "Certain memories that once were more intimately connected with the affective personality of the patients tend to reproduce themselves unceasingly and to occupy consciousness continually . . . the memories that persist assume a stereotyped form . . . thought tends to coagulate (*se figer*)." ³² Without attempting to produce any further proof Masselon declares that the stereotyped ideas (i.e., the delusions) are associations of the personality complex. It is a pity that he does not dwell longer on this point, for it would have been very interesting to know how far, for instance, a few neologisms or a "word salad" are associations of the personality complex, since these are often the only vestiges that still give us a clue to the existence of ideas. That the mental life of the dementia praecox patient "coagulates" seems to me an excellent simile for the gradual torpidity of the disease; it characterizes most pregnantly the impression that dementia praecox must have made on every attentive observer. Masselon naturally found it quite easy to derive "command automatism" (*suggestibilité*) from his premises. Concerning the origin of negativism he has only vague conjectures to offer, although the French literature on obsessional states would afford him any number

³⁰ Cf. my "Reaction-Time in Association Experiments" and "Experimental Observations on Memory" (orig. 1905).

³¹ "Reaction-Time in Association Experiments."

³² *Psychologie des déments précoces*, pp. 69, 263, 261.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

of starting points for analogical explanations. Masselon also tested the associations experimentally, finding numerous repetitions of stimulus words and frequent "whims" of an apparently quite fortuitous nature. The only conclusion he came to from these experiments was that the patients were unable to pay attention. The conclusion is right enough, but Masselon spent too little time on the "whims."

¹⁸ From the main results of Masselon's work it can be seen that this author, like his predecessors, is inclined to assume a quite central psychological disturbance,³³ a disturbance that sets in at the vital source of all the mental functions; that is, in the realm of apperception, feeling, and appetition.³⁴

¹⁹ In his clear elucidation of the psychology of feeble-mindedness in dementia praecox Weygandt, following Wundt, calls the terminal process of the disease "apperceptive deterioration."³⁵ As we know, Wundt's conception of apperception is an extremely broad one; it covers not only Binet's and Masselon's conception of attention but also Janet's "fonction du réel,"³⁶ to which we shall return later. The broadness of Wundt's conception of apperception in the sense indicated is borne out by his own words: "That state which accompanies the clearer comprehension of a psychic content and is characterized by special feelings, we call 'attention'; the single process by which any psychic content is brought to clear comprehension, we call 'apperception.'" ³⁷ The apparent contrast between attention and apperception can be resolved as follows: "Accordingly, attention and apperception are expressions for one and the same psychological fact. We choose the first of these expressions in order to denote the subjective side of this fact, the accompanying feelings and sensations; by the second we mean mainly the objec-

³³ Ségla's (*Leçons cliniques sur les maladies mentales et nerveuses*, 1895) says of the uncertainty of the catatonic performance: "There is nothing surprising in this when one considers that all movement requires the previous synthesis of a mass of ideas—and it is precisely the power to make this mental synthesis which is lacking in these individuals."

³⁴ Cf. Kant, *Critique of Practical Reason*.

³⁵ Weygandt, "Alte Dementia praecox" (1904).

³⁶ Janet, *Obsessions et la psychasthénie* (1903), I, p. 433. The "fonction du réel" could also be called psychological adaptation to the environment. It corresponds to Binet's "adaptation," which represents a special aspect of apperception.

³⁷ *Outlines of Psychology* (orig. 1896; here 1902), p. 229 (slightly modified).

THE PSYCHOGENESIS OF MENTAL DISEASE

tive consequences, the alterations in the quality of the conscious contents.”³⁸

- ²⁰ In the definition of apperception as “the single process by which any psychic content is brought to clear comprehension,” much is said in a few words. According to this, apperception is volition, feeling, affectivity, suggestion, compulsion, etc., for these are all processes which “bring a psychic content to clear comprehension.” In saying this we do not wish to make any adverse criticism of Wundt’s idea of apperception, but merely to indicate its enormous scope. It includes every positive psychic function, and besides that the progressive acquisition of new associations; in other words, it embraces nothing less than all the riddles of psychic activity, both conscious and unconscious. Weygandt’s conception of apperceptive deterioration thus expresses what Masselon only dimly sensed. But it expresses the psychology of dementia praecox merely in general terms—too general for us to be able to deduce from it all the symptoms.
- ²¹ Madeleine Pelletier, in her thesis,³⁹ investigates the process of ideation in manic flight of ideas and in “mental debility,” by which we are to understand clear cases of dementia praecox. The theoretical standpoint from which she considers flight of ideas agrees in essentials with that of Liepmann,⁴⁰ a knowledge of whose work I must take for granted.
- ²² Pelletier compares the superficial course of association in dementia praecox to flight of ideas. Characteristic of flight of ideas is the “absence of any directing principle.” The same is true of the course of association in dementia praecox: “The directing idea is absent and the state of consciousness remains vague without any order in its elements.” “The only mode of psychic activity which in the normal state can be compared to mania is the daydream, although daydreaming is more the mode of thinking of the feeble-minded than of the manic.”⁴¹ Pelletier is right in seeing a great resemblance between normal daydreaming and the superficial associations of manics, but that is true only when the associations are written down on paper. Clinically, however, the manic does not at all resemble a dreamer.

³⁸ *Grundzüge der physiologischen Psychologie* (orig. 1874; here 1903), III, p. 341.

³⁹ *L’Association des idées dans la manie aiguë et dans la débilité mentale* (1903).

⁴⁰ *Über Ideenflucht, Begriffsbestimmung, und psychologische Analyse* (1904).

⁴¹ Pelletier, pp. 116, 123, 118.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

The author evidently feels this and finds the analogy rather more suitable for dementia praecox, which since Reil has frequently been compared to a dream.⁴² The richness and acceleration of thought in manic flight of ideas can be sharply differentiated from the sluggish, often halting course of association in the dreamy type, and particularly from the poverty of associations in catatonics, with their numerous perseverations. The analogy is correct only in so far as the directing idea is absent in all these cases; in manics because all the ideas crowd into consciousness with marked acceleration and great intensity of feeling,⁴³ which probably accounts for the absence of attention.⁴⁴ In daydreaming there is no attention from the outset, and wherever this is absent the course of association must sink to the level of a dream-state, to a slow progression according to the laws of association and tending mainly towards similarity, contrast, coexistence, and verbal-motor combinations.⁴⁵ Abundant examples are furnished by daily self-observation or by attentively following a general conversation. As Pelletier shows, the associations in dementia praecox are constructed along similar lines. This can best be seen from an example:

Je suis l'être, l'être ancien, le vieil Hêtre,⁴⁶ que l'on peut écrire avec un H. Je suis universel, primordial, divine, catholique, apostolique, Romaine.⁴⁷ L'eusses-tu cru, l'être tout cru, suprumu,⁴⁸ l'enfant Jésus.⁴⁸ Je m'appelle Paul, c'est un nom, ce n'est pas une négation,⁴⁸ on en connaît la signification. . . .⁴⁸ Je suis éternel, immense, il n'y a ni haut ni bas, *fluctuat nec mergitur*, le petit bateau,⁴⁹ vous n'avez pas peur de tomber.⁵⁰

²³ This example shows us very clearly the course of association in dementia praecox. It is very superficial and proceeds by way

⁴² Cf. Chaslin, *La Confusion mentale primitive* (1895).

⁴³ Aschaffenburg found some prolongation of reaction time in manics. But one should not forget that in acoustic-verbal experiments attention and verbal apperception play a very great role. One observes and measures merely the verbal expressions and not the associations of ideas.

⁴⁴ The acceleration and emotional intensity of ideas can at least be verified by observation, but this is not to say that there are not other important factors which at present escape our knowledge.

⁴⁵ Cf. my "The Associations of Normal Subjects."

⁴⁶ Assonance. ⁴⁷ Contiguity. ⁴⁸ Assonance.

⁴⁹ "Similarity and contiguity: 'immense' suggested 'ocean,' then the ship and the motto that form the coat-of-arms of the city of Paris." Pelletier, p. 142.

⁵⁰ *Ibid.*, p. 142.

of numerous clang associations. The disintegration is so marked, however, that we can no longer compare it to normal daydreaming, but must compare it directly to a dream. Indeed, the conversations we have in dreams sound very like this;⁵¹ Freud's *The Interpretation of Dreams* gives numerous examples.

²⁴ In "The Associations of Normal Subjects" it was shown that reduced attention produces associations of a superficial type (verbal-motor combinations, clang associations, etc.), and that, conversely, from the occurrence of a superficial type one could always infer a disturbance of attention. Judging by our experimental proofs, Pelletier is therefore correct in attributing the superficial type of association in dementia praecox to a lowering of attention. She calls this lowering, in Janet's words, an *abaissement du niveau mental*. What we can also see from her work is that the disturbance is once again traced back to the central problem of apperception.

²⁵ In particular, it is to be noted that she overlooks the phenomenon of perseveration, but on the other hand we are indebted to her for a valuable observation on the symbols and symbolic relationships that are so very common in dementia praecox. She says: "It is to be noted that the symbol plays a very great role in the productions of the insane. One meets it at every step in the persecuted and the demented; this is due to the fact that the symbol is a very inferior form of thought. The symbol could be defined as the false perception of a relation of identity, or of very great analogy, between two objects which in reality are only vaguely analogous."⁵²

²⁶ From this it is clear that Pelletier associates catatonic symbols with disturbed attention. This assumption is definitely supported by the fact that symbols have long been known as a usual phenomenon in daydreaming and dreams.

²⁷ The psychology of negativism, concerning which numerous publications are now available, is a subject in itself. It is certain that the symptoms of negativism should not be regarded as anything clear and definite. There are many forms and degrees of negativism which have not yet been clinically studied and analysed with the necessary accuracy. The division of negativism

⁵¹ Also pointed out by Kraepelin, *Arch. Psychiat. Nervenkr.*, XXVI (1894), p. 595, and Stransky, *Über Sprachverwirrtheit* (1905).

⁵² Pelletier, pp. 128f.

into an active and a passive form is understandable, since the most complicated psychological cases take the form of active resistance. If analysis were possible in these cases, it would frequently be found that there were very definite motives for the resistance, and it would then be doubtful whether one could still talk of negativism. In the passive form, too, there are many cases that are difficult to interpret. Nevertheless there are plenty of cases where it is perfectly apparent that even simple processes of volition are invariably turned into their opposite. In our view, negativism always depends ultimately on negative associations. Whether there is also a negativism that is enacted in the spinal cord I do not know. The broadest view on the question of negativism is the one taken by Bleuler,⁵³ who shows that "negative suggestibility," or the compulsion to produce contrary associations, is not only a constituent of the normal psyche but a frequent mechanism of pathological symptoms in hysteria, obsessional states, and dementia praecox. The contrary mechanism is a function existing independently of the normal associative activity and is rooted entirely in "affectivity"; hence it is actuated chiefly by strongly feeling-toned ideas, decisions, etc. "The mechanism is meant to guard against precipitate action and to force one to weigh the pros and cons." The contrary mechanism acts as a counterbalance to suggestibility. Suggestibility is the capacity to accept and put into effect strongly feeling-toned ideas; the contrary mechanism does just the opposite. Bleuler's term "negative suggestibility" is therefore fitting. The close connection of these two functions makes it easier to understand why they are found together clinically. (Suggestibility side by side with insuperable contrary auto-suggestions in hysteria, and with negativism, command automatism, and echo-praxia in dementia praecox.)

²⁸ The importance of negative suggestibility for the everyday life of the psyche explains why contrary associations are so extraordinarily frequent: they are the nearest to hand.⁵⁴

⁵³ "Die negative Suggestibilität, ein psychologisches Prototyp des Negativismus" (1905).

⁵⁴ This is confirmed by Paulhan, *L'Activité mentale et les éléments de l'esprit* (1889); Janet, *Les Obsessions et la psychasthénie* (1903); Pick, "On Contrary Actions" 1904; and Svenson, "Om Katatoni" (1902). An instructive case is reported by Royce: "The Case of John Bunyan" (1894).

29 In language, too, we find something similar: the words that express common contrasts are very firmly associated and generally come into the category of well-worn verbal combinations (black-white, etc.). In primitive languages there is sometimes a single word for contrary ideas. In Bleuler's sense, therefore, only a relatively slight disturbance of feeling is needed to produce negativistic phenomena. As Janet has shown,⁵⁵ in obsessional personalities the *abaissement du niveau mental* is enough to release the play of contraries. What, then, are we to expect from the "apperceptive deterioration" in dementia praecox! And here we really do find that apparently uncontrolled play of positive and negative which is very often nicely reflected in verbal associations.⁵⁶ Hence, on the question of negativism there is no lack of grounds for the hypothesis that this symptom, too, is closely connected with "apperceptive deterioration." The central control of the psyche has become so weak that it can neither promote the positive nor inhibit the negative acts, or vice versa.⁵⁷

30 To recapitulate what we have said so far: The authors mentioned have established in the main that the lowering of attention—or, more generally speaking, "apperceptive deterioration" (Weygandt)—is a characteristic of dementia praecox. To this characteristic the peculiar superficiality of associations, the symbols, stereotypies, perseverations, command automatism, apathy, aboulia, disturbance of reproduction and, in a limited sense, negativism, are all in principle due.

31 The fact that comprehension and retention are not as a rule affected by the general deterioration may seem rather strange at first glance. One often finds in dementia praecox, during accessible moments, a surprisingly good, almost photographic memory, which by preference takes note of the most ordinary things that invariably escape the notice of normal persons.⁵⁸ But it is just this peculiarity that shows what kind of memory it is:

⁵⁵ *Les Obsessions*, I, p. 60.

⁵⁶ Cf. the analyses of Pelletier and the experimental researches of Stransky, *Über Sprachverwirrtheit*.

⁵⁷ Other works on negativism, etc., have already been criticized by Bleuler, "Die negative Suggestibilität."

⁵⁸ Kraepelin, too, is of the opinion that comprehension is not unduly impaired; there is merely an increased tendency to arbitrary production of random ideas. Cf. his *Lehrbuch* (5th edn.), p. 177.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

it is nothing but a passive registration of events occurring in the immediate environment. Everything which requires an effort of attention passes unheeded by the patient, or at most is registered on the same level as the daily visit of the doctor or the arrival of dinner—or so at least it appears. Weygandt has given an excellent description of this lack of active assimilation. Comprehension is usually disturbed only during periods of excitement. Comprehension and retention are for the most part only passive processes which occur in us without much expenditure of energy, just like seeing and hearing when these are not accompanied by attention.

32 Although the above-mentioned symptoms (automatism, stereotypy, etc.) are to some extent deducible from Weygandt's conception of apperceptive deterioration, it does not suffice to explain the individual variety of the symptoms, their capriciousness, the peculiar content of the delusions, hallucinations, etc. Several investigators have attempted to solve this riddle.

33 Stransky⁵⁹ has investigated the problem of dementia praecox from the clinical side. Starting from Kraepelin's conception of "emotional deterioration," he finds that two things are to be understood by this term: "First, the poverty or superficiality of emotional reactions; second, their incongruity with the ideational content dominating the psyche at the time."⁶⁰ Stransky thus differentiates Kraepelin's conception, and especially emphasizes that "emotional deterioration" is not the only thing one meets with clinically. The striking incongruity between idea and affect which we observe daily in dementia praecox is a commoner symptom at the onset of the disease than is the emotional deterioration. This incongruity obliges Stransky to assume two distinct psychic factors, the *noöpsyche* and the *thymopsyche*, the former comprising all purely intellectual and the latter all affective processes. These two concepts correspond by and large to Schopenhauer's intellect and will. In the healthy psyche there is naturally a constant, very delicately co-ordinated interaction of the two factors. But as soon as incongruity appears, this corresponds to *ataxia*, and we then have the picture of

⁵⁹ "Zur Kenntnis gewisser erworbener Blödsinnsformen" (1903).

⁶⁰ *Ibid.*, p. 28. Cf. also by Stransky: "Zur Lehre von der Dementia praecox" (1904); "Zur Auffassung gewisser Symptome der Dementia praecox" (1904); and "Über die Dementia praecox" (1905).

THE PSYCHOGENESIS OF MENTAL DISEASE

dementia praecox with its disproportionate and incomprehensible affects. To that extent the division of the psychic functions into noöpsyche and thymopsyche agrees with reality. But we must ask whether a quite ordinary content that appears in the patient with tremendous affect seems incongruous not merely to us, who have only a very imperfect insight into his psyche, but also to the subjective feeling of the patient.

34 I will make this question clear by an example. I visit a gentleman in his office. Suddenly he starts up in a rage and swears most excitedly at a clerk who has just put a newspaper on the right instead of the left side of the table. I am astounded and make a mental note about the peculiar nervousness of this person. Afterwards I learn from another employee that the clerk has made the same mistake dozens of times before, so that the gentleman's anger was quite appropriate.

35 Had I not received the subsequent explanation, I should have formed a wrong picture of the psychology of this person. We are frequently confronted with a similar situation in dementia praecox: owing to the peculiar "shut-in" state of the patients we see into them far too little, a fact which every psychiatrist will confirm. It is therefore very possible that their excitements often remain incomprehensible to us only because we do not see their associative causes. The same thing may also happen to us: we can be in a bad humour for a time, and quite inappropriately so, without being aware of the cause. We snap out answers in an unduly emphatic and irritated tone of voice, etc. If even the normal person is not always clear about the causes of his own bad temper, how much less can we be so in regard to the psyche of a dementia praecox patient! Owing to the obvious inadequacy of our psychological diagnosis we must be very cautious about assuming a real incongruity in Stransky's sense of the term. Although clinically speaking an incongruity is often present, it is by no means limited to dementia praecox. In hysteria, too, it is an everyday occurrence; it can be seen in the very commonplace fact of hysterical "exaggerations." The counterpart of this is the well-known *belle indifférence* of hysterics. We also find violent excitements over nothing, or rather over something that seems to have absolutely no connection with the excitement. Psychoanalysis, however, uncovers the motive, and we are beginning to understand why the patients react as they

THE PSYCHOLOGY OF DEMENTIA PRAECOX

do. In dementia praecox we are at present unable to penetrate deeply enough, so that the connections remain unknown to us and we assume an "ataxia" between noöpsyche and thymopsyche. Thanks to analysis we know that in hysteria there is no "ataxia" but merely an oversensitiveness, which becomes clear and intelligible as soon as we discover the pathogenic complex of ideas.⁶¹ Knowing how the incongruity comes about in hysteria, is it still necessary for us to assume a totally new mechanism in dementia praecox? In general we know far too little about the psychology of the normal and the hysterical ⁶² to dare to assume, in so baffling a disease as dementia praecox, completely new mechanisms unknown to all psychology. We should be sparing with new principles of explanation; for this reason I decline to accept Stransky's hypothesis, clear and ingenious though it is.

³⁶ To make up for this, we have a very fine experimental work of Stransky's ⁶³ which provides a basis for the understanding of one important symptom, namely the speech confusion.

³⁷ Speech confusion is a product of the basic psychological disturbance. (Stransky calls it "intrapsychic ataxia.") Whenever the relations between emotional life and ideation are disturbed, as in dementia praecox, and the orientation of normal thought by a directing idea (Liepmann) is lacking, a thought-process akin to flight of ideas is bound to develop. (As Pelletier has shown, the laws of association are stronger than the influence of the directing idea.) In the case of a verbal process there will be an increase in the purely superficial connective elements (verbal-motor associations and clang reactions), as was shown in our experiments with distracted attention. Hand in hand with this there is a decrease in meaningful combinations. In addition, there are other disturbances such as an increased number of mediate associations, senseless reactions, repetitions of the stimulus word (often many times). Perseverations show contradictory

⁶¹ For instance an hysterical woman fell one day into a deep and lasting depression "because the weather was so dull and rainy." Analysis showed that the depression set in on the anniversary of a tragic event that influenced the whole life of the patient.

⁶² Binet (*Alterations of Personality*, p. 89) aptly remarks: "Hysterical patients have been my subjects from choice, because they magnify the phenomena that must necessarily be found to some degree in many persons who have never shown hysterical symptoms."

⁶³ *Über Sprachverwirrtheit*.

THE PSYCHOGENESIS OF MENTAL DISEASE

behaviour under distraction; in our experiments they increase in women and decrease in men. In very many cases we could explain the perseveration by the presence of a strong feeling-tone: the strongly feeling-toned idea shows a tendency to perseverate. Everyday experience confirms this. Distraction of attention creates a sort of vacuum of consciousness⁶⁴ in which ideas can perseverate more easily than during full attention.

38 Stransky then examined how continuous sequences of verbal associations behave under the influence of relaxed attention. His subjects had to talk at random into a phonograph for one minute, saying just what came into their heads. At the same time they were not to pay attention to what they said. A stimulus-word was given as a starting point. (In half the experiments an external distraction was also provided.)

39 These tests brought interesting results to light: The sequence of words and sentences immediately recalled the talk (as well as the fragments of writing) we find in dementia praecox! A definite direction for the talk was ruled out by the way the experiment was conducted; the stimulus word acted for only a very short time as a more or less indefinite "theme." Superficial connective elements predominated strikingly (reflecting the breakdown of logical connections), there were masses of perseverations (or else repetitions of the preceding word, which amounts roughly to the repetition of the stimulus word in our experiment); besides this there were numerous contaminations,⁶⁵ and closely connected with them neologisms, new word-formations.

40 From Stransky's voluminous material I should like to quote a few examples by way of illustration:

The storks stand on one leg, they have wives, they have children, they are the ones that bring children, the children whom they bring home, of this home, an idea that people have about storks, about the activity of storks, storks are large birds, with a long beak and live on frogs, frogs, fresh frigs, the frigs are frugs first thing, first thing in the morning [*Früh*], fresh for breakfast [*Frühstück*], coffee, and with coffee they also drink cognac, and cognac they also drink wine, and with wine they drink everything possible, the frogs are large animals and which the frogs feed on, the storks feed on the fowls, the fowls feed on the animals, the animals are large, the

⁶⁴ Cf. my "The Associations of Normal Subjects" (1918 edn., pp. 144ff.).

⁶⁵ Cf. Meringer and Mayer, *Versprechen und Verlesen* (1895).

THE PSYCHOLOGY OF DEMENTIA PRAECOX

animals are small, the animals are men, the animals are not men [etc., etc.].

These sheep are . . . were merino sheep, from which the fat was cut by the pound, with Shylock the fat was cut, the pound was cut [etc.].

K . . . was a K . . . with a long nose, with a ram's nose, with a ramp nose, with a nose to ram with, ram-bane, a man who has rammed, who is rammed [etc.].

41 From these examples of Stransky's one can see at once what laws of association the thought-process follows: it is chiefly the laws of similarity, coexistence, verbal-motor combination, and combination according to sound. Besides that the numerous perseverations and repetitions (Sommer's "stereotypies") leap to the eye. If we compare this with the sample of dementia praecox associations quoted earlier from Pelletier, we shall find a striking resemblance⁶⁶—in both cases the same laws of similarity, contiguity, and assonance. Only stereotypies⁶⁷ and perseverations are lacking in Pelletier's analysis, although they can plainly be seen in the material. Stransky then proceeds to document this obvious similarity with a number of excellent examples taken from dementia praecox.

42 It is especially worth noting that in Stransky's tests with normal persons numerous conglomerations of words or sentences occur which can be described as contaminations. For example:

. . . especially a meat one cannot get rid of, the thoughts one cannot get rid of, especially when one ought to persevere at it, persevere, sever, Severin [etc.].

43 According to Stransky the following series of ideas are condensed in this conglomerate:

- a. A lot of mutton is consumed in England.
- b. I cannot get rid of this idea.
- c. This is perseveration.
- d. I ought to say at random what comes into my mind.

⁶⁶ It must however be remarked that there is an air of precipitancy about Stransky's talking experiments which is generally lacking in the talk of dementia praecox patients. Just what gives this impression of precipitancy is hard to say.

⁶⁷ As indicated above [pars. 9–11], Sommer has already demonstrated clang associations and stereotypies in simple word reactions.

THE PSYCHOGENESIS OF MENTAL DISEASE

44 Contamination is therefore a condensation of different ideas, and hence should be regarded in principle as a *mediate association*.⁶⁸ This quality of contamination is immediately apparent from the pathological examples given by Stransky:

Q: What is a mammal?

A: It is a cow, for instance a midwife.

45 "Midwife" is a mediate association to "cow" and reveals the probable train of thought: *cow—bears living young—so do human beings—midwife*.⁶⁹

Q: What do you understand by the Blessed Virgin?

A: The behaviour of a young lady.

46 As Stransky rightly observes, the train of thought probably runs as follows: *immaculate conception—virgo intacta—chaste conduct*.

Q: What is a square?

A: An angular quadrature.

The condensation consists of:

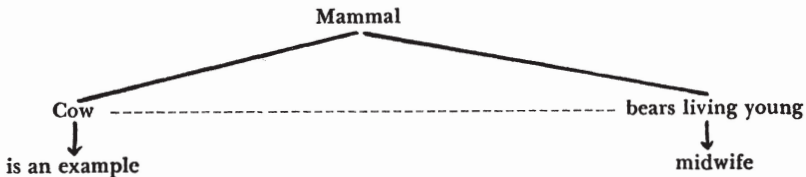
- a. A square is a quadrature.
- b. A square has four angles.

47 From these examples it should be clear that the numerous contaminations occurring under distracted attention are somewhat similar to the mediate associations which occur under distraction in simple word reactions. Our experiments have proved statistically the increase of mediate associations under distraction.

48 This concurrence of three experimenters—Stransky, myself, and, so to speak, dementia praecox—can be no accident. It proves the correctness of our views and is yet another confirmation of

⁶⁸ Cf. "The Associations of Normal Subjects" (1918 edn., pp. 29f., under "indirect association").

⁶⁹ Professor Bleuler favours the following construction:



THE PSYCHOLOGY OF DEMENTIA PRAECOX

the apperceptive weakness, the most striking of all the degenerative symptoms in dementia praecox.

49 Stransky points out that contamination often produces strange word-formations, which are so bizarre that they immediately bring to mind the neologisms of dementia praecox. I am convinced that a great number of neologisms do come about in this way. A young patient who wanted to convince me of her normality once exclaimed: "Of course I am normal. It's as broad as daylight!" She repeated this emphatically several times. The formation has the following components:

- a. As clear as daylight,
- b. In broad daylight.

50 In 1898 Neisser,⁷⁰ on the basis of clinical observations, remarked that the new word-formations, which as a rule, like the verbal roots themselves, are neither verbs nor nouns, are not really words at all but represent sentences, since they always serve to illustrate an entire process. This expression of Neisser's hints at the idea of condensation. But Neisser goes even further and speaks directly of the illustration of an entire process. At this point I would remind the reader that Freud in *The Interpretation of Dreams* has shown that a dream is a condensation⁷¹ in the grand manner. Unfortunately I cannot discuss in detail the comprehensive and extremely valuable psychological material

⁷⁰ Über die Sprachneubildungen Geisteskranker" (1898).

⁷¹ Kraepelin, in his "Über Sprachstörungen im Traume" (1910), also deals with these phenomena on the basis of extensive empirical material. With regard to their psychological origin, Kraepelin's remarks suggest that he is not so far from the view we have outlined here. Thus he says (p. 10): "The appearance of speech disturbances in dreams is very closely connected with the clouding of consciousness and with the consequent reduction in clarity of ideas."

What Paul, Meringer, Mayer, and others designate as "contamination" and Freud as "condensation," Kraepelin calls "ellipsis" ("blending of different sequences of ideas," "elliptical contraction of several simultaneous trains of thought"). I would like to take this opportunity to point out that as far back as the 1880's Forel used the term "ellipses" for the condensations and new word-formations of paranoiacs. It escaped Kraepelin's notice that already in 1900 Freud had gone very thoroughly into the question of dream-condensations. By "condensation" Freud means the fusing together of situations, images, and elements of speech. The philological term "contamination" applies only to verbal fusions, and is thus a special concept which is subordinate to Freud's "condensation." In the case of speech-condensations it is advisable to retain the term "contamination."

THE PSYCHOGENESIS OF MENTAL DISEASE

adduced by this still too little appreciated investigator; it would lead us much too far afield. I must simply take a knowledge of this important book for granted. So far as I know, no real refutation of Freud's views has yet been made. Hence I shall confine myself to affirming that dreams, which in any case have numerous analogies with the associative disturbances in dementia praecox, also show the special speech-condensations consisting of the contamination of whole sentences and situations. Kraepelin, too, was struck by the resemblance between the language of dreams and that of dementia praecox.⁷² From the numerous examples I have observed in my own and other people's dreams I will select only a very simple one. It is at once a condensation and a neologism. Wishing to express approval of a certain situation in a dream, the dreamer remarks: "That is fimous"—a condensation of "fine" and "famous."

51 Dreams are an "apperceptive" weakness par excellence, as is particularly clear from their well-known predilection for symbols.⁷³

52 Finally, there is one more question which should really have been answered first, and that is: Does the state of consciousness in Stransky's experiments conducted under normal conditions really correspond to one of disturbed attention? Above all it should be noted that his distraction experiments show no essential changes compared with the normal experiments; consequently neither association nor attention can have been so very different in the two states. But what is one to think of the disturbance in the normal experiments?

53 It seems to me that the main reason is to be sought in the "forced" character of the experiment. The subjects were told to talk at random, and that they sometimes did so with great rapidity is proved by the fact that on average they uttered 100 to 250 words per minute, whereas in normal speech the average

⁷² *Arch. Psychiat. Nervenkr.*, XXVI (1894), p. 595; cf. also "Über Sprachstörungen im Traume," p. 79, where he says: "Only, it should be borne in mind that the peculiar language of the patients is not simply 'nonsense,' still less the deliberate product of boisterous moods, but rather the expression of a 'word-finding' disturbance which must be closely akin to that of dreams." He also observes that "in speech confusion, besides disturbances in word-finding and in the verbal control of thought, there are disturbances in the thought-process itself which closely resemble those in dreams."

⁷³ Cf. Pelletier's admirable remarks on the symbol, above, par. 25.

per minute is only 130 to 140.⁷⁴ Now if a person talks more quickly and perhaps thinks more quickly than he is accustomed to do about ordinary and indifferent things, he cannot pay sufficient attention to his associations. A second point that needs to be considered is this: for the great majority of the subjects the situation was an unusual one and must have influenced their emotional state. They were in the position of an excited orator who gets into a state of "emotional stupidity."⁷⁵ In such conditions I found an extraordinarily high number of perseverations and repetitions. But emotional stupidity likewise causes great disturbance of attention. We can therefore take it as certain that in Stransky's normal experiments attention really was disturbed, though the actual state of consciousness is far from clear.

54 We are indebted to Heilbronner⁷⁶ for an important observation. Examining a series of associations in a case of hebephrenia, he found that on one occasion 41%, and on another 23%, of the reaction-words referred to the environment. Heilbronner considers this as proving that the fixation originates in the "vacuum," i.e., is due to the lack of new ideas. I can confirm this observation from my own experience. Theoretically, it would be interesting to know how this symptom is related to the Sommer-Leupoldt symptom of "naming and touching."

55 New and independent views on the psychology of dementia praecox are expressed by Otto Gross.⁷⁷ He proposes *dementia sejunctiva* as a name for the disease, the reason being the disintegration or "sejunction" of consciousness. The concept of sejunction is, of course, taken from Wernicke; Gross could just as well have taken the much older, synonymous concept of dissociation from Binet and Janet. Fundamentally, dissociation of consciousness means the same thing as Gross's disintegration of consciousness. The latter term only gives us another new word, of which we have more than enough in psychiatry already. By dissociation the French school meant a weakening of conscious-

⁷⁴ Stransky, *Über Sprachverwirrtheit*, p. 14.

⁷⁵ Cf. my "On Simulated Insanity," p. 185, and Wehrlein, "The Associations of Imbeciles and Idiots."

⁷⁶ "Über Haftenbleiben und Stereotypie."

⁷⁷ "Über Bewusstseinszerfall" (1904); "Beitrag zur Pathologie des Negativismus" (1903); "Zur Nomenklatur 'Dementia sejunctiva'" (1904); "Zur Differentialdiagnostik negativistischer Phänomene" (1905).

THE PSYCHOGENESIS OF MENTAL DISEASE

ness due to the splitting off of one or more sequences of ideas; they separate themselves from the hierarchy of ego-consciousness and begin to lead a more or less independent existence of their own.⁷⁸ The Breuer-Freud theory of hysteria grew up on this basis. According to the more recent formulations of Janet, dissociation is the result of the *abaissement du niveau mental*, which destroys the hierarchy and promotes, or actually causes, the formation of automatisms.⁷⁹ Breuer and Freud have shown very nicely what kind of automatisms are then released.⁸⁰ Gross's application of this theory to dementia praecox is new and important. Writing of his basic idea, the author says: "Disintegration of consciousness in my sense of the word means the simultaneous occurrence of functionally discrete chains of association. . . . For me the main point lies in the view that the conscious activity of the moment is the result of many psychophysical processes occurring synchronously."⁸¹

⁵⁶ These two quotations may be sufficient to illustrate the author's concept. We can perhaps agree with the view that consciousness, or rather, the content of consciousness, is the outcome of countless non-conscious (or unconscious) psychophysical processes. Compared with the current psychology of consciousness, which holds that at the point where the epiphenomenon "consciousness" leaves off the nutritive processes of the brain cells immediately begin, this view represents a refreshing advance for psychiatry. Gross evidently visualizes the *psychic content* (not the content of consciousness) as separate chains of association occurring simultaneously. I think this simile is rather misleading: it would seem to me more correct to assume complexes of ideas which become conscious successively and are constellated by previously associated complexes. The cement binding these complexes together is some definite affect.⁸² If the connection between Gross's synchronous chains of association is loosened by the disease, a disintegration of consciousness sets in. In the lan-

⁷⁸ Cf. Janet's fundamental work, *L'Automatisme psychologique* (1889).

⁷⁹ *Les Obsessions et la psychasthénie* (1903).

⁸⁰ *Studies on Hysteria* (orig. 1895).

⁸¹ Gross, "Zur Nomenklatur 'Dementia sejunctiva'."

⁸² The laws of association play a very insignificant role compared with the all-powerful emotional constellation, just as in real life the logic of thought is nothing compared with the logic of feeling.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

guage of the French school, this means that when one or more sequences of ideas split off, there is a dissociation which causes a weakening of consciousness. Let us not quarrel about words, however. Here Gross comes back to the problem of apperceptive disturbance, but he approaches it from a new and interesting angle—from the side of the unconscious. He makes the attempt to uncover the roots of the numerous automatic phenomena which burst into the consciousness of the dementia praecox patient with elemental force and strangeness. The signs of automatic phenomena in the conscious life of the patient should be known to every psychiatrist: they are the “autochthonous” ideas, sudden impulses, hallucinations, influencing of thought, obsessive sequences of strange ideas, stoppage and disappearance of thought (aptly termed by one of my patients “thought deprivation”), inspirations, pathological ideas, etc.

57 Gross states that the catatonic symptoms are

alterations of the will itself by an agent felt as external to the continuity of the ego and therefore interpreted as a strange power. [They are] a momentary replacement of the continuity of the ego's will by the intrusion of another chain of consciousness. . . . We have to imagine that several chains of association can be maintained in the organ of consciousness simultaneously, without influencing one another. One of these chains will have to become the carrier of the continuity of consciousness . . . the other chains of association will then naturally be “subconscious” or, better, “unconscious.” Now at any given time it must be possible for, let us say, the nervous energy in them to mount up and reach such a pitch that attention is suddenly directed to one of the terminal links in the chain, so that a link from an unconscious chain of associations unexpectedly forces itself directly into the continuity of the hitherto dominant chain. If these conditions are fulfilled, the accompanying subjective process can only be such that any psychic manifestation is felt as suddenly irrupting into consciousness and as something entirely foreign to its continuity. The explanatory idea will then follow almost inevitably that this particular psychic manifestation did not come from one's own organ of consciousness but was injected into it from outside.⁸³

58 As I have said, the displeasing thing about this hypothesis is the assumption of independent but synchronous chains of association. Normal psychology furnishes nothing in support of

⁸³ Gross, “Zur Differentialdiagnostik negativistischer Phänomene.”

THE PSYCHOGENESIS OF MENTAL DISEASE

this. In hysteria, where we can best examine split-off sequences of ideas, we find that the opposite holds true. Even when we are apparently dealing with totally distinct sequences, we can find somewhere, in a hidden place, the bridge leading from one to the other.⁸⁴ In the psyche everything is connected with everything else: the existing psyche is the resultant of myriads of different constellations.

59 But apart from this slight defect, I think we may call Gross's hypothesis a singularly happy one. It tells us, in short, that the roots of all automatic phenomena lie in the unconscious bonds of association. When consciousness "disintegrates" (*abaissement du niveau mental*, apperceptive weakness), the complexes coexisting with it are simultaneously freed from all restraint and are then able to break through into ego-consciousness. This is an eminently psychological conception and is clearly in accord with the teachings of the French school, with our experience of hypnotism, and with the analysis of hysteria. If we depotentiate consciousness by suggestion and thus produce a split-off complex of ideas, as in a post-hypnotic command, this split-off complex will break through into ego-consciousness with inexplicable force. In the psychology of ecstatic somnambulists we find the same typical irruptions of split-off ideas.⁸⁵

60 Unfortunately Gross leaves one question open, and that is: Exactly what are these split-off sequences of ideas and what is the nature of their content?

61 Sometime before Gross wrote anything, Freud answered this question in a very brilliant way. As far back as 1893 Freud showed⁸⁶ how a hallucinatory delirium arises from an affect which is intolerable to consciousness, how this delirium is a compensation for unsatisfied wishes, and how the individual takes refuge, as it were, in the psychosis in order to find in the dreamlike delirium of the disease what is denied him in reality. In 1896 Freud analysed a paranoid illness, one of Kraepelin's

⁸⁴ Basing myself on Flournoy, I have demonstrated precisely this point in a case of somnambulism. Cf. "On the Psychology and Pathology of So-called Occult Phenomena."

⁸⁵ Cf. especially the marvellous examples of automatic writing by H el ene Smith, in Flournoy, *From India to the Planet Mars* (1900).

⁸⁶ "On the Psychical Mechanism of Hysterical Phenomena," *Studies on Hysteria*, part I.

THE PSYCHOLOGY OF DEMENTIA PRAECOX

paranoid forms of dementia praecox, and showed how the symptoms are determined exactly in accordance with the transformation mechanisms in hysteria. Freud said at the time that paranoia, or the group of illnesses included under paranoia, is also a defence neuropsychosis; that it arises, like hysteria and obsessional ideas, from the repression of painful reminiscences, and that its symptoms are determined by the content of the repression.⁸⁷

⁶² In view of the far-reaching significance of such an hypothesis it is worth while to go more closely into this classic analysis of Freud's.

⁶³ The case ⁸⁸ is that of a 32-year-old woman who manifested the following symptoms: She imagined that her environment had changed, she was no longer respected, people insulted her, she was watched, her thoughts were known. Later she got the idea that she was watched in the evening while undressing; then she experienced sensations in her abdomen which she believed were caused by an indecent thought on the part of the servant girl. Visions then appeared in which she saw female and male genitals. Whenever she was alone with women she had hallucinations of female genitals, and at the same time felt as though the other women could see hers.

⁶⁴ Freud analysed this case. He found that this patient behaved just like an hysteric; that is, she showed the same resistances, etc. What seemed unusual was that the repressed thoughts did not appear, as in hysteria, in the form of loosely connected fancies, but in the form of inner hallucinations; she therefore compared them to her voices. (Later I shall have occasion to furnish experimental proof of this observation.) The hallucinations began after the patient had seen a number of female patients naked in the bathing-room.⁸⁹ "It was to be presumed that [this impression] had been repeated only because great interest had been taken in it. She then said she had at the time felt shame for those women." This somewhat compulsive, altruistic shame was striking, and pointed to something repressed. The patient then reproduced "a series of scenes from her seventeenth

⁸⁷ "Further Remarks on the Defence Neuro-Psychoses" (orig. 1896; *Collected Papers*, I), pp. 180f.

⁸⁸ *Ibid.*, pp. 170ff.

⁸⁹ [I.e., of a hydrotherapeutic establishment where she was first sent for treatment.—EDITORS.]

back to her eighth year in which she had been ashamed of her nakedness in the presence of her mother while bathing, her sister, or the family physician; the series . . . ended in a scene in her sixth year, in which she undressed in the nursery on going to bed without feeling shame about her brother's presence." Finally it turned out that "the brother and sister had for years had the habit of showing themselves to each other naked before going to bed." On those occasions she was not ashamed. "She was now making up for the shame which she had not felt as a child."

- 65 The beginning of her depression occurred at the time of a quarrel between her husband and her brother in consequence of which the latter no longer came to the house. She had always been very fond of this brother. . . . Further, she also referred to a certain period in her illness at which for the first time "everything became clear to her"—that is to say, the time when she became convinced of the truth of her conjecture that she was being generally scorned and deliberately insulted. This certainty came upon her during a visit from a sister-in-law, who in the course of conversation remarked casually, "If anything of that kind happened to me I should simply shrug my shoulders." Frau P. at first received this remark with indifference, but later, after the visitor had left, it occurred to her that the words contained a reproach, as if *she* was wont to make light of serious things; and from that moment she felt sure that she was the victim of universal slander. When I questioned her why she felt justified in applying these words to herself, she replied that it was the tone in which her sister-in-law had spoken which (although only later) had convinced her of it—a characteristically paranoiac detail. I now urged her to recollect the remarks which her sister-in-law had made *before* the expression complained of, and I learnt that the sister-in-law had related that in her home there had been all sorts of difficulties with her *brothers*, and had added the wise comment: "In every family things occur over which one would gladly draw a veil, but if anything of the kind happened to me I should think nothing of it." Frau P. now had to admit that her depression was related to these sentences before the last remark. Since she had repressed both of the sentences which might have aroused the memory of her relations with her brother and had retained in memory only the insignificant last sentence, she had had to connect her idea that her sister-in-law was intending a reproach against her with this last sentence; and as its contents offered no support to this interpretation she turned from the contents to the *tone* in which the words were spoken.

- 66 After this explanation Freud turned his attention to the analysis of the voices. "In the first place it had to be explained why such an indifferent content as 'Here comes Frau P.,' 'She's looking for a house now,' and the like, could be so distressing to her." She first heard the voices after she had read a novel by O. Ludwig, called *Die Heiterethei*. After reading it she went for a walk on a country road, and suddenly while passing a peasant's cottage the voices told her: "That's what Heiterethei's house looked like! There's the spring and there's the shrubbery! How happy she was in spite of all her poverty!" Then the voices repeated to her whole paragraphs from the book she had just read, although the content was of no importance.
- 67 The analysis showed that during her reading her mind had wandered and she had become excited by totally different passages in the book. Against this material—analogy between the couple in the novel and herself and her husband, memories of intimacies in her married life and family secrets—there arose a repressing resistance, because it was connected by easily demonstrable trains of thought with her sexual dread and finally amounted to an awakening of the old childhood experience. In consequence of the censorship exercised by the repression, the harmless and idyllic passages, which were connected with the proscribed ones by contrast and also by proximity, became strengthened in consciousness and were able to "say themselves aloud." The first of the repressed ideas, for instance, related to the gossip among the neighbours to which the heroine, who lived all alone, was exposed. She easily discovered the analogy with herself in this; she also lived in a small place, saw no one, and thought herself despised by her neighbours. This distrust of her neighbours had a foundation in real experience; for when she was first married she had at first been obliged to be content with a small dwelling, and the wall of the bedroom against which the bed of the young couple stood adjoined a room of the neighbours. Great sexual shyness first awoke in her at the time of her marriage—obviously by its arousing memories of the affair in her childhood when the two children played at man and wife; she was continually apprehensive lest the neighbours should distinguish words and noises through the intervening wall, and this shame turned itself into suspicions of the neighbours in her mind.
- 68 On further analysis of the voices Freud often found "the character of diplomatic indefiniteness; the distressing allusion was usually closely hidden, the connection between the particu-

lar sentences being disguised by a strange tone of voice, unusual forms of speech, and the like—characteristics common to the auditory hallucinations of paranoiacs and in which I see traces of the compromise-distortion.”

69 I have purposely given the floor to the author of this first analysis of paranoia, which is so extremely important for psychopathology, because I did not know how to abridge Freud’s ingenious argument.

70 Let us now turn back to the question concerning the nature of the dissociated ideas. We can now see what meaning Freud attaches to Gross’s supposed dissociations: they are nothing other than repressed complexes as found in hysterics⁹⁰ and—last but not least—in normal persons.⁹¹ The secret of the repressed ideas turns out to be a psychological mechanism of general significance, and a quite ordinary occurrence. Freud sheds new light on the question of incongruity between the content of consciousness and feeling-tone discussed by Stransky. He shows how indifferent and quite trivial ideas may be accompanied by an intense feeling-tone, which, however, has been taken over from a repressed idea. Here Freud opens the way to understanding the inadequate feeling-tone in dementia praecox. I need hardly discuss the significance of this.

71 The results of Freud’s investigations may be summed up as follows. Both in their form and content, the symptoms of paranoid dementia praecox express thoughts which, in consequence of their painful feeling-tone, became incompatible with the ego-consciousness and were therefore repressed. These repressions determine the nature of the delusions and hallucinations, as well as the general behaviour of the patient. Hence, whenever an apperceptive paralysis appears, the resultant automatism contain the split-off complexes of ideas—the whole army of bottled-up thoughts is let loose. Thus we may generalize the conclusions reached by Freud’s analysis.

72 Uninfluenced by Freud, Tiling⁹² came to very similar con-

⁹⁰ Cf. my “Psychoanalysis and Association Experiments” and “Association, Dream, and Hysterical Symptoms”; also Bleuler, “Consciousness and Association,” and Riklin, “Cases Illustrating the Phenomena of Association in Hysteria.” [I.e., Chs. 6–9, *Studies in Word-Association* (1918).—EDITORS.]

⁹¹ My “Reaction-Time in Association Experiments.”

⁹² *Individuelle Geistesentartung und Geistesstörung* (1904) and “Zur Aetiologie der Geistesstörungen” (1903).

INDEX

A

- abaissement du niveau mental*, 10, 16, 28, 30, 37, 146, 234, 246, 248, 251, 263, 268, 270; in compulsives, 18; neurosis and, 238ff; psychogenesis of, 237; in schizophrenia, 236ff, 252; sleep as, 241; various causes, 237; and "word salad," 76
- aboulia: in catatonia, 10, 18; in obsessed persons, 93
- Abraham, Karl, 171
- "absurdities," 163, 165
- acceleration, of thought and feeling, 15
- achievement, lack of, 93
- action: fear of, 84; symptomatic, 44, 46f, 49, 57, 93, 206
- activity, feelings of, disturbances in, 84
- Adam and Eve, 192
- adaptation, 13n, 244; to world/environment, 68, 145, 189, 207
- Adler, Alfred, 183, 186, 251; champion of introvert, 191
- aesthetics, 191
- aetiological theories, 211
- aetiology, physical and psychological, 212, 272
- affect(s): damming up of, 200; displacement of, 103; —, in dementia praecox, 73; fixation of, in dementia praecox, 35f; fresh, reaction to, 110; in hysteria and paranoia, 35; and ideational content, incongruity, *see* incongruity; lack of, 103; outbursts of, in hysteria, 67, 73; strength of, and complexes, 42; strong, 269; unruliness of, 74
- affectation, 75, 101, 109, 110
- affect-ego, 41f
- affective states, without adequate ideational content, 72
- affectivity, 38; disturbance, in schizophrenia, 253; paralysed, 228
- "affirm," association-chain, 118f
- Ahriman, 182
- alcoholic, paranoia of, 209
- alcoholism, 161
- "Alexander, Empress," association-chain, 139ff
- "aliquis," 56, 112n
- allegory, 65
- alliteration, 268
- aloofness, *see* isolation
- amazement, 6
- ambitendency, 197
- ambivalence, 197ff
- America, 58f
- amnesia, 12, 45
- "amphi," association-chain, 136
- amplification, method of, 187n
- analogy, 113
- analysis, *see* psychoanalysis
- analytical method, *see* reductive method
- anatomy: brain, 211; and psychiatry, 211; and psychic disturbances, 159ff
- Andreyev, Leonid, 239
- anger, 48
- answer, irrelevant, 89
- anticipation(s), 53
- ants, 96
- anxiety states, 72
- apathy, 253; in catatonia, 10f, 18; euphoric, in dementia praecox, 71; schizophrenic, 228, 269

INDEX

- apperception, 13, 14, 16, 263; degeneration of, 48; disturbance of, 29; weakness of, 30
- archaeologist, 165ff
- archaisms, 261ff
- archetypes, 187n, 254f, 261, 266, 270f
- Areopagus, 242, 262
- art, works of, meaning, 183
- artist(s), 85, 170, 177, 240
- Aschaffenburg, Gustav, 5, 15n
- assertions, delusional, 83
- assimilation, active, lack of, 19
- association(s): chains of/continuous, 29, 111ff; and complexes, 40, 52ff; clang, *see* clang associations; compulsive, 113; contrary/contrasting, 17, 66f; in daydreaming, 15; disturbance of, 9; erratic, 9; examples of, *see separate entry below*; and flight of ideas, 14, 15; laws of, 23; mediate, 24, 113; —, and distraction, 63; poverty of, in catatonics, 15; and reduced attention, 16; and schizophrenia, Bleuler on, 234; schizophrenic, 263; subsidiary, 63–64n; superficial, 16, 52; symbolic, *see* symbols; valency of, 52ff; verbal-motor, 251
- associations, examples of: Bunau-Varilla/cigar, 54; mild/bed, 54; mountain/work/America, 58f; oranges/shunting station, 57; paint/landscape, 46; Tagerock/Taganrog, 54; white/black, 46; “white sheet,” 56; in case of B. St., 102ff; melodic, 55f; various others, 24, 52
- association experiments/tests, 12, 51, 87, 256; and complexes, 44, 52ff; disturbances in, 45–6; of neurotics, 234f; of schizophrenics, 235
- assonance, 15n, 23, 268
- asylum, modern, 215
- ataxism, 244
- ataxia, 19, 21; intrapsychic, 21
- attention: and affectivity, 40; and apperception, 13; distraction of, and perseveration, 22; disturbance of, 12, 16, 18, 26, 27, 79f, 201; incapacity for/reduction of/relaxation of, 5f, 10, 16, 146, 251; — and reactions, 52f; — and unclear ideas, 63; inhibition of, 64; relaxed, association in, 200f; withdrawal of, 66
- attention-tone, 40, 41, 42
- attitude, patient’s, 222
- autism, 199n, 200
- autoeroticism, 199n, 200
- automatic phenomena, 29
- automatism(s), 19, 34; and *abaissement*, 28; catatonic, 7, 94f; command, 12, 17, 18; melodic, 55f; muscular, 96; release of, 146
- automatization, 92, 98
- autonomy, *see* complexes

B

- Baetz, E., 72
- Bahr, Hermann, 50
- balance, mental, 207f
- Ball, M., 84n
- “*Bannung*,” *see* captivity
- Bassini, 130
- Bayle, Antoine, 159
- “bazaar,” association-chain, 141ff
- behaviour, pattern of, 261
- belle indifférence*, 20, 70, 71
- bell-ringing, 39f
- Bergson, Henri, 66n, 190
- Bible, 266
- Bier, 130
- Binet, Alfred, 10n, 13, 21n, 27
- Bleuler, Eugen, 3, 17, 18, 24, 31n, 38n, 39n, 40, 54, 66, 67, 71, 72, 79n, 83, 155, 198ff, 227, 234, 246, 251, 256, 264
- Bleuler, Manfred, 256
- blocking(s), 6, 12, 79, 87, 88, 89, 94, 256, 268
- Blumhardt, Pastor, 158
- body sensations, and affects, 41, 42
- Bohn, Wolfgang, 81n
- Bonhoeffer, K., 8

INDEX

- brain: changes in, observed after death, 159; degenerative predisposition, 219; effects of tissue removal, 96; integrative system of, 270*n*; lesions, in schizophrenia, 229, 233; malformations, 160; mental diseases and, 155, 159*ff*, 211, 226; organic destruction of, 226; organic disease of, and dementia praecox, 214; and psyche, 158; softening of the, 159; and unconscious, 271; *see also* cerebrum
- brain-mythology, 226
- Bresler, Johann, 158*n*
- Breuer, Josef, 28
- Breukink, H., 8
- Buddhism, 260
- Bunau-Varilla, P. J., 54
- Burghölzli Hospital, 160, 172, 256, 258
- C
- cancer, 156
- captivation, 88*f*; *see also* fascination
- Carter, R. K., 158*n*
- cats, carrying, 106
- catalepsy, 6, 9, 10, 79, 92, 96
- catastrophes, cosmic, 241, 259
- catatonia, 5*ff*, 151, 167, 213, 216, 264*f*; associations in, 7*ff*; in asylums, 215; automatic actions in, 5; and dementia praecox/schizophrenia, 167, 213, 229; hallucinations in, 73; negativism in, 89; pathological ideas in, 7; perseveration in, 9, 15; reflex action in, 96; severe, 268; suggestibility in, 78; symptoms of, 29; *see also* hypnotic states
- cathedral, Gothic, 182
- Catherine of Siena, St., 134
- Catholicism, 209
- causalism, 191, 218
- causality, 181*ff*; of schizophrenia, 227, 245
- causation, physical, 211
- causes, material, 211
- cellular destruction, 213*f*, 224; *see also* brain
- ensorship, 66, 200
- centrencephalic system, 270*n*
- centres, subordinate, 6
- cerebrum, 98; removal of, 96
- character: displacement and, 50; disturbances of, 74*ff*; hysteria and, 74
- Charcot, Jean Martin, 213
- Chaslin, Philippe, 15*n*
- cheerfulness, forced, 50
- chemical factor, in schizophrenia, 27*f*; *see also* toxin(s)
- child(ren): bad habits of, 92; complexes and, 43
- Christ, 220
- Christianity, sex sublimation in, 134
- ciphers, 184
- circle, in square, 270
- circumlocutions, poetic, 263
- clang: associations, 9, 16, 76, 128, 140, 143, 251; displacements, 113; reactions, 21, 52, 53
- Claparède, Édouard, 65*n*, 66*n*, 190
- clarity, lack of, 200
- Claus, A., 87*n*
- coagulation, 36, 37
- collecting mania, 50
- compensation: schizophrenic, 262; of unconscious for conscious, 205*ff*
- complex(es): *abaissement* and, 240; and analogy, 113; autonomous, in neurosis, 235; —, in schizophrenia, 227, 235; autonomy of, 92, 240; blocking of, 71; coagulation/fusion of, 37, 63 & *n*; durability of, 43; effects, 43*ff*; Electra, 261; endogamy, 261; erotic/sexual, 44, 47, 48*f*, 67, 111, 133*ff*; —, unnatural expressions of, 49*f*; extinction of, 42; feeling-toned, 38*ff*; incest, 261; incompatibility of, 199; judgment of, uncertain, 127; neurotic/normal, and schizophrenic, compared, 252; obsessional, 48; Oedipus, 261; painfulness of, and censorship, 200; in paranoia, 35*f*; of personal

INDEX

- complex(es) (*cont.*):
grandeur, 110; reinforcement of, 200; relation to affects, 42; repressed, 34, 37; in schizophrenia, 256, 270; —, special characters, 252; in sleep, 65f; —, restlessness of, 91; split-off, 30; strong, in hysteria, 93, 97; symbolized in dreams, 145; and symptoms, in dementia praecox, 97; tendency to self-normalization, 269; unremitting activity of, 92; vagueness of, in dreams, 63; of being wronged, 110f; *see also* association experiments; ego-complex; father-complex; ideas; personality
- complex-delirium, 80f
- complex-indicator, 53
- complex-sensitiveness, 42, 49, 68, 200; association tests, and high, 51
- comprehension, 18f, 181
- compromise formations, 68
- compulsions, 247; *see also* obsessional (neurosis)
- compulsive associations, 113; thinking, 87
- concentration, *see* attention
- condensation(s), 24, 25f, 53, 76, 113, 129, 146
- conditionalism, 218, 245
- confessions, 74
- conflict(s): of conscious and unconscious mind, 244; neurosis as, 238; psychological, 219
- consciousness: anomalies of, in dementia praecox, 78; catatonic, 9; contents of, 204; deep and restricted, 190; defensive, 244; disintegration of, 27f, 30, 37; dissociation of, 27, 29, 147; double, 50; fringe of, 263n; lucidity of, 79; narrowing of, 78; restriction/weakening of, 5, 9, 29; “sejunction” of, 27; unconscious elements and, 203
- consideration, lack of, 77
- constructive method/standpoint, 181, 184ff
- consultation, reactions after, 225
- contaminations, 22, 23f, 25
- content, psychic, 28
- contiguity, 15n, 23
- contradictions, 127
- contrasts: of associations, 66f; verbal, 18
- conversion: principle of, 37; religious, 221, 223, 225
- converts, 209
- corpora quadrigemina*, 96
- cortex: cell-processes in, 7; cerebral, reduction in paralysis, 161; deterioration in, 167; occipital, 270
- Cossacks, 141
- cramp, 92
- “crane,” neologism, 124, 175
- creative impulses, 245
- “crown,” association-chain, 117
- crying, fits of, 212
- D
- daemon of Socrates, 148
- daydreaming, 14, 16; and attention, 15; and mania, 14f; symbols in, 16
- death, as sequela of insanity, 159
- death-expectation, 131, 132, 133
- debility, mental, 14
- “debraining,” 98
- definitions, tendency to give, 109
- degeneration, 68, 69, 156, 214; in epilepsy, 160f; secondary symptoms, 229
- delirium, 167; hallucinatory, 30, 80f; hysterical, 81; in unmarried women, 81
- delusions, 82ff, 100ff, 227, 261; aims of, 186; elaboration of, 186; non-hysterical, 35; paranoid, 72; and unconscious, 206
- dementia: acute juvenile, 8n; epileptic, 213; paranoid, 179; senile, 213ff
- dementia praecox, 5ff, 69, 155, *et passim*, *see also* schizophrenia; affective content, 110; brain changes in, 213; complex-sensitiveness in,

INDEX

- 51; contrasts in, 67; degenerative traits, 214f; description, 161; established complex and, 68; and external conditions, 217f; mild forms, 214; not solely organic, 215; organic origin, 225; organic symptoms and, 214; origin of, 35, 36; psychogenesis of, 213, 225; psychological cause, 218f; psychology and physiology in, 155f; term replaced by schizophrenia, 227; types and, 190
- dementia se junctiva*, 27
- demon, 243
- Demosthenes, 168
- depression: in hysteria, 72, 91; in neurosis, 253
- deprivation, thought, *see* thought-deprivation
- De Sanctis, Sante, 91n
- deterioration: apperceptive, 13, 14, 18, 19, 36, 37; emotional, 19, 70; senile, 161, 226
- determinism, 43
- development, arrested, 244
- devil(s), 158, 248
- Diagnostische Assoziationsstudien*, 4; *see also* Jung, WORKS: *Studies in Word-Association*
- diaschisis, 226
- Diem, Otto, 8
- "discord," association-chain, 126f
- discrimination, deficient, 65, 112f
- disease(s): mental, functional and organic, 156; multiplicity of causes, 218
- disintegration: in schizophrenic complex, 252ff, 263; *see also* consciousness; personality
- displacement(s), 54, 68, 82, 83; from below upward, 137, 142; replacing character, 50; of sexual complex, 49f
- dissociation, 37; neurotic and psychotic, 251; of neurotics, 234; of personality, 50, 251; schizophrenic, 199, 235f; *see also* consciousness
- distractibility, 6, 10, 11
- distraction: experiments, 52, 63, 64; inner, 53; and mediate associations, 63; *see also* attention, distraction of
- disunion, with self, 199
- Dittus sisters, 158
- doodles, 54
- dreams, 42, 86, 261, 269; analogy with psychotic thinking, 144; associations in, 234; "big," 242, 243, 254; breakdown of ideas in, 257; compensating function, 206; complexes and, 44, 57; condensations in, 25f; conversations in, 116; and dementia praecox/schizophrenia, 15, 91; —, compared, 241f, 251, 257; destructive, 260; displacement in, 55; endogenous and exogenous, 80n; erotic/sexual, 67; Freud and, 3f, 25, 44, 57, 80n, 120, 144, 206; as hallucinations, 148; and hysteria, 92; and neologisms, 76; personal and collective, 242; and psychological constellations, 7; relation to sleep, 241; symbols in, 16, 140, 145, 183f; at turning-points in life, 242; unconscious forces in, 239; vagueness of thinking in, 63; and wish-fulfilment, 124; INSTANCES OF DREAMS: horse dropped from height, 57ff; Nebuchadnezzar's, 206; sword adorned with ciphers, 183
- dream-states, 242
- drugs, 263; *see also* mescaline

E

- earthquake, 72
- eccentricity, 75
- echolalia, 78
- echopraxia, 17, 78
- echo symptoms, 78
- eclipse, mental, 87n
- education, 43; patient's, and prognosis, 266

INDEX

- ego, 40; effect of affect on, 41*n*; oblivion of, in sleep, 241; in schizophrenia, 227; synthesis of, disturbed, 74; *see also* affect-ego; ego-complex; ego-personality
- egocentricity, involuntary, 200
- ego-complex: associations and, 40, 41, 45, 113; divestment of supremacy, 240; irruptions of, 90; relation to other complexes, 64, 240; sleep and, 65; and symptomatic actions, 47
- ego-personality, depotentiation of, 269
- élan vital*, 190
- ellipsis, 25*n*
- emotion(s): disturbances of, in dementia praecox, 70*ff*, 161, 236; inadequate, in neuroses, 253
- empiricism, 191, 193
- energy, psychic, and complex, 48, 66*f*
- enthusiasm, value in psychotherapy, 248
- environment: hostility to, 199*f*; misapprehension of, 199*f*
- epilepsy/epileptic, 74, 160, 226, 270
- Erasmus, 4
- errors, Freudian, 53
- Esquirol, J. E. D., 159, 211
- "establish," association-chain, 118*f*
- Evensen, H., 10
- events, affective, and complexes, 67
- exaggeration(s), 110, 124, 252, 253; hysterical, 20
- excess, alcoholic, 50
- excitement(s), 20; explosive, 73
- experience, inner, 88
- extravert (type), 190*f*
- fantasy-formation, constructive standpoint and, 187
- fascination, 263, 266; *see also* captivation
- father-complex, 184
- fatigue, 11, 93, 263
- Faust*, 180*ff*
- feeling-tone: ambivalence in, 197; disturbances in, 84; and durability of complex, 43; inadequate, in dementia praecox, 34; inappropriate, 48; resistance and, 199; strength of, and disturbances, 45
- feeling-toned complex, *see* complex
- Féré, Charles S., 63*n*
- Ferenczi, Sandor, 179
- Feuerbach, Ludwig, 189
- "finality," association-chain, 120
- Finsteraarhorn (mt.), 121*f*
- fixation, 98; of affects, 35*f*, 37; visual, 6, 11, 88
- Flournoy, Théodore, 8, 30*n*, 77*n*, 81*n*, 145, 147, 148, 188
- folklore, 254
- fonction du réel*, 13, 94, 98, 118, 145, 224
- footsteps, 87*n*
- Forel, Auguste, 25*n*, 65*n*, 73*n*, 76*n*, 96, 132, 134, 226
- forgetting, 44
- freedom, reaction against deprivation of, 217
- French school of psychology, 7, 27, 29, 30, 226
- Freud, Sigmund, 3*f*, 11*n*, 28, 37, 38, 49*n*, 54, 56, 63, 72, 82, 90, 98, 112*n*, 137, 138, 146, 162, 183, 200, 226, 243, 251; and A. Adler, 187; and ambivalence, 198*f*; analysis of paranoid woman, 31*ff*; champion of extravert, 191; on compulsive thinking, 201; and condensation, 25*f*; on defence neuropsychosis, 30*f*; and dream analysis, 57; and dreams, 206; and the individual, 185; *Interpretation of Dreams*, 3, 16, 25, 44, 55, 120*n*; his method scientific, 181; on Oedipus com-

INDEX

- plex, 261; on paranoia, 30*f*; and Schreber case, 179, 186; and sexuality in hysteria, 67; and sublimation, 50; on symptomatic action, 44, 206
- Freusberg, 5*f*
- fright, 41*f*
- fugues, 50
- Fuhrmann, M., 8*n*
- function: disturbance of, and degeneration, 156; indirect failure of, 226; and organ, 160
- Fürstner, C., 77*n*
- fusion, of complexes, 63*n*
- future, and past, 185
- G**
- gaiety, aggressive, 50
- Gall, Franz Joseph, 159
- ganglia, basal, 270*n*
- Ganser syndrome, 81*n*, 89, 130
- Gast, Peter, 85*n*
- gastro-enteritis, 91*n*
- general paralysis of the insane, 159, 213, 214, 215
- genius, 64*n*
- "Gessler," association-chain, 131
- "getting stuck," 189, 262
- Gierlich, N., 83*n*
- God: Schreber and, 179; talks with, 220*ff*
- Godfernaux, André, 38*n*, 82*n*
- Goethe, J. W. von, 50, 180*ff*
- Goltz, 96
- Gorky, Maxim, 50
- grandeur, ideas of, 110, 140, 149, 167
- Grebelskaja, S., 180
- Greeks, and dreams, 242
- Gross, Otto, 27, 28*ff*, 34, 37, 146, 190
- guilt, feeling of, 222*f*
- gymnastics, 166*f*, 169
- H**
- hallucinations, 31, 73, 82, 90*f*, 146, 213, 227, 266; auditory, 147, 258; incipient, 208; and neologisms, 76; non-hysterical, 35; in somnambuluous states, 79; teleological, 147*f*; and unconscious, 206; *see also* delirium
- Handel, Georg Friedrich, 55
- handwriting, affected, 76
- hat, ornamented, 163*f*
- Hauptmann, Gerhardt, 117, 134, 176, 177
- Haus zur Schnecke, 115, 175
- heart troubles, 42
- hebephrenia, 27, 151, 213; stupid behaviour in, 77
- hedgehog, 136*f*
- Heilbronner, Karl, 9*n*, 27, 93*n*, 94
- Heine, Heinrich, 56, 116, 175
- Heiterethei, Die* (Ludwig), 33
- Henry, Victor, 147
- Heraclitus, 193
- "hero," association-chain, 120
- "hieroglyphical," association-chain, 126
- hindsight, 182
- hobbies, 50
- Höfding, Harald, 84
- hormé*, 190*n*
- horse: dream-figure, 57–62; sexual symbol, 139
- hospitals, mental, change in, 247
- "Hufeland," association-chain, 129*ff*, 175
- humour, absence of sense of, 120
- hydrocephalus, 160
- hypnagogic mental activity, 200
- hypnosis, 78, 91, 235; of hysterics, 66, 80; *see also* hystero-hypnosis
- hypnotic states, and catatonia, resemblance, 9*f*
- hypnotism, 7, 30
- hysteria, 30, 213, 262; alienists and, 214; Breuer-Freud theory, 28; catatonia and, 11; complexes/complex-sensitiveness in, 48, 51, 67, 97, 256; and dementia praecox, compared, 70*f*; dissociation in, 234*f*; dreams in, 91; Freud and, 3*f*, 31; incongruity in, 20*f*; lack of

INDEX

- hysteria (*cont.*):
emotional rapport in, 74; as latent psychosis, 258; memory and, 11; mobility of symptoms, 35; negativism in, 17; origin of, 35, 36; outbursts of affect in, 67, 73; pathological ideas in, 8; and protection against complexes, 68*n*; psychogenesis of, 233*f*; reductive method and, 180; schizophrenia camouflaged as, 247; and sequences of ideas, 30; sexual trauma and, 67; stereotypies in, 92*f*; strange ideas in, 7; suggestibility in, 78; traumatic, 79*f*; unconscious in, 206
- hysterics: cure by induction of ob-
sessional complexes, 68; hypnosis of, 66, 80
- hystero-hypnosis, 78*n*
- I
- idea(s): absence of, 10; breakdown of, 257; complexes of, 28, 30; confusion of/confusional, 63, 167; delusional, degeneration of, 95; flight of, 14, 15, 21; indistinctness of, 113; inherited, 261; pathological, 7, 8, 9, 113, 173; persistent, 12; pressure of, 199, 200, 201; reduced clarity of, in distraction, 63; repressed, 34; split-off, 29, 34, 37
- ideation: incapacity for clear, 146; in mental debility, 14; slowing down of, 6
- illness, physical, schizophrenia and, 91, 172
- imagery: archaic, in dreams, 242; similarity of, and dreams, 57; used by neurotic, 259
- imbeciles, 88, 109, 160
- impoverishment, emotional, 36, 37, 48
- impressions, effects of, 43
- incest, 192
- incongruity, of idea and affect, 19, 20, 21, 34, 70, 71
- indifference: emotional, 70; of hallucinated patient, 220*f*; see also *belle indifférence*
- individual: importance in psychia-
try, 35; psychology of the, 185
- indolence, 93
- infantile drives, 179
- inhibition(s), 9, 53, 66, 86, 93; of at-
tention, 64; emotional, 43, 45; and
repetition of affect, 92; from re-
pressed complex, 53
- injury, ideas of, 133, 149
- "innocence," sexual, 49
- insanity, 165; dreaming as, 241; epi-
leptic, 215; logical mechanism in,
6; precursors of, 162; primitive
view, 243
- insight, by patients, 149, 166, 223
- insomnia, 42, 66
- instinct, and archetypes, 255
- inspirations, 88; pathological, 8, 90
- intellectual activity, loss of, 10
- intelligence, patient's, and progno-
sis, 266
- intensity, of conflicts, 219
- interdiction, *see* captivation
- interest, 190; symptomatic, 49
- "interest-draughts," association-
chain, 118
- intoxication(s), 263; chronic, 213
- introversion/introvert (type), 190*f*,
199*n*; schizophrenic, and pressure
of ideas, 201
- intuition, 248
- irrelevant answers, 256
- irresolution, 93
- irritability, of schizophrenics, 199,
200
- irritation, 39
- isolation, 207*f*, 259
- Itten, W., 180
- J
- James, William, 191, 192, 263*n*
- Janet, Pierre, 5, 9, 10*n*, 13, 17*n*, 18,
27, 65*n*, 66*n*, 72, 76*n*, 77, 79, 84,

INDEX

- 85, 87*n*, 88*n*, 91, 93, 96, 98, 226, 234; see also *abaissement*, etc.
- Japanese, 90
- Jasper, Herbert, 270*n*
- jealousy, 209
- Jesus, 220
- jokes, 50; see also puns
- judgment: clouding of, 268; false/falsification of, 43, 83
- Jung, Carl Gustav:
- CASES IN SUMMARY (*in order of presentation, numbered for reference*):
- [1] Young woman, masochistic, who reacted with rage to chastisement.—46
- [2] Man, disappointed in love, who forgot rival's name.—47
- [3] Girl, hysterical, who developed stiff arm after sexual assault.—47
- [4] Young woman, who hid face while relating dream.—47
- [5] Girl who, when she went for walks, took baby-carriage to suggest maternity.—47
- [6] Woman, hysterical, showing incongruity of idea and affect.—71
- [7] Woman, who felt she had infected others with obsessional ideas.—72
- [8] Young woman, hysterical, depressed, who wept on answering questions.—72
- [9] Man concerned about "insinuations" in food.—76*n*
- [10] Woman, hysterical, who exhibited stupid behaviour during excitement.—77
- [11] Woman, hysterical, depressed but with moods of abnormal cheerfulness.—78*n*
- [12] Woman, 32, cook, who felt "damned" after extraction of teeth.—82*f*, 163
- [13] Dementia praecox patient who found everything "faked."—84*n*
- [14] Young woman, catatonic, who lost all affect for family.—86
- [15] Woman catatonic, who verbigenerated "Hallelujah."—95
- [16] Man, who combed hair to remove "plaster."—95
- [17] Woman, recovering from dementia praecox, who developed stereotype based on fantasy of leaving asylum.—95
- [18] B. St., woman, dressmaker, with paranoid dementia and vivid delusions.—99*ff*, 173*ff*
- [19] Young girl, depressed after broken love affair, with stereotyped anxiety dreams.—140
- [20] Man, with progressive paralysis, prevented by hallucination from jumping from window.—147
- [21] Man, prevented from suicide by hallucinated hand.—148
- [22] Jewish student, withheld from conversion by dream of mother.—148
- [23] Archaeologist, mentally disturbed by return to town which recalled early love affair.—165*ff*, 215*f*, 245*f*
- [24] Man who recovered speech after five years' silence in asylum.—171
- [25] Female, melancholic, who imitated shoemaking movement.—171*f*
- [26] Man whose mental powers were restored during physical illness.—172*f*
- [27] Widow, 50, with hysteria, wrongly diagnosed as sarcoma of spinal cord.—212*f*
- [28] Woman who became frenzied and catatonic after quarrel with brother.—216
- [29] Male teacher who developed

INDEX

- Jung, Carl Gustav (*cont.*):
persecution fears and delusions
after entry into asylum for ob-
servation.—217
- [30] Young man, “morally in-
sane,” who developed psychosis
on association with “excited”
patients.—217f
- [31] Young girl, teacher, who had
“talks with God.”—20
- [32] Girl, schizophrenic, who re-
gretted impossibility of return-
ing to her “beautiful psychosis.”
—246
- [33] Woman, 64, schizophrenic,
with voices distributed over
body.—248, 266
- [34] Young girl, somnambulistic,
who passed as spiritualistic me-
dium.—257
- [35] Woman who developed de-
structive thoughts after attend-
ing Jung’s lectures on a Tantric
text.—259f
- [36] Girl, 19, catatonic, who de-
veloped myth of life on moon.—
264f
- WORKS (*references from one paper
to another in this volume are
not included in this entry*):
“Analysis of the Associations of
an Epileptic,” 103n; “Answer to
Job,” 192n; “Association, Dream,
and Hysterical Symptoms,” 34n,
49n, 53n, 57n, 70n, 76n, 96n,
137n, 140n; “Associations of
Normal Subjects, The,” 9n, 15n,
16, 24n, 34n, 41n, 52, 54n, 63n;
“Brother Klaus,” 261n; “Case of
Hysterical Stupor in a Prisoner
in Detention, A,” 78n, 81n;
“Contribution to the Study of
Psychological Types, A,” 190n;
“Experimental Observations on
Memory,” 12n, 44n; “On the
Determination of Facts by Psy-
chological Means,” 53n; “On
Psychic Energy,” 190n, 193n;

“On the Psychology and Pathol-
ogy of So-Called Occult Phen-
omena,” 8n, 30n, 50n, 77n,
85n, 145n, 257n; “On Simulat-
ed Insanity,” 27n, 81n; “Psycho-
analysis and Association Experi-
ments,” 34n, 47n, 53n, 70n, 72n,
88n; “Psychological Approach
to the Dogma of the Trinity, A,”
271n; “Reaction-Time in Asso-
ciation Experiments,” 9n, 12n,
40n, 54n; “Significance of Asso-
ciation Experiments for Psycho-
pathology, The,” 67n; (ed.)
Studies in Word-Association, 4,
34n, 70, 72, 151; *Symbols of
Transformation*, 188n, 190n;
*Wandlungen und Symbole der
Libido*, 188, 192

K

- Kaiser, O., 9n
Kant, Immanuel, 13n, 181, 203,
243
Kazowsky, A. D., 91n
kissing, 137
Klaus, Brother, 260
Klinke, O., 87n
knowledge, subjectively conditioned,
182
Korsakow’s syndrome, 8
Kraepelin, Emil, 5, 6n, 16n, 18n, 19,
25n, 26, 30, 35n, 37, 63–4n, 70,
90, 146, 227
Krafft-Ebing, Richard von, 75, 81n

L

- Lambert, Gavin, 74n
language: affected, 75; “heavenly,”
77; innovations in, 146; official,
129
“Languedoc,” 147
legends, 209
Leibniz, G. W., 203

INDEX

- leitmotiv, 39*n*
lethargy, 79
Leupoldt, C. von, 6*n*, 27
libido, 190, 201; damming up of, 200
Liepmann, Hugo, 14, 21
"life-wound," 199, 200
localization, 270*f*; of symbol, 138
log, 57, 60, 61
logic, defective, 200
Lohengrin, Wedding March, 55
"Lorelei," association-chain, 116, 175
love: and complexes, 47*f*; as obsessional complex, 48; unrequited, 49
love-songs, 167, 169
Löwenfeld, L., 79
lucidity, in dementia praecox and hysteria, 79, 80
Ludwig, O., 33
Lull, Ramón (Raymond Lully), 43
- M
- McDougall, William, 233
machinations, 83
Maeder, A., 180
Magnan, 82*n*
mana, 193*n*
mandala, 270
mania, 161; manic element, 201
manic-depressive insanity, 161
mannerisms, 75, 110
Marguliès, Alexander, 83*n*
Maria Prophetissa, 271
"Maria Theresa," association-chain, 138*f*
Mary, mother of God, 134
masculine protest, 186
Masselon, René, 10, 11, 12, 13, 14, 36, 37
mass-psychology, 237
"master-key," association-chain, 117, 175
masturbation-mysticism, 68
materialism, 156, 160, 211, 226
Mayer, Karl, 81*n*; *see also* Meringer
medicine: and psychiatry, 158, 211*f*;
and psychology, 249
mediums, spiritualistic, 86
medulla oblongata, 270*n*
Meige, H., and Feindel, E., 94*n*
melancholia, 91, 161, 172
melody, 54
memory(-ies): affective events as, 67;
capricious, 11; in dementia praecox, 18; disturbance of, 11, 12; falsifications of, 8; lapse of, 56; in schizophrenia, 252
memory-image: components of, 38*f*;
obscuration of, 11
Mendel, Emanuel, 87*n*
mental patients, statistical analysis, 160*f*
Meringer, R., and Mayer, Karl, 22*n*, 25*n*, 53
mescaline, 253, 263
metabolism, change in, 36*f*, 272
metaphors, in dreams, 113, 145
Meyer, Ernst, 6*n*, 80*n*
Meynert, T., 160
microcephalus, 160
Middle Ages, 248, 267
milk, vomiting of, 73*n*
misreading, 44
molecules, 38*f*; psychic, 63
Monakow, C. von, 226
"monopoly," association-chain, 127*f*, 176*f*
monotony, 93
mood; disguise of complex by, 50, 71;
peculiarities of, 50
moon, 264
moral: conflict, and onset of dementia praecox, 218; and mental disease, 211
moria, 77
mountain, 58*f*
"mountain-peak," association-chain, 121
Müller, Georg E., and Pilzecker, A., 9
mulungu, 193*n*
muscles, contortion of, 167

INDEX

- music: as compensation, 167f; Wagnerian, 39n
- mythological: formation, 188; motifs, 261; thinking, 62
- mythology/myths, 209, 240, 254, 261, 267
- N
- nakedness, 32
- naming and touching, 6n, 27
- Nancy school, 226
- Napoleon, 129
- narrow-mindedness, 77
- nature, metaphysical explanation of, 211
- Nebuchadnezzar, 206
- negativism, 11, 12, 26ff, 76, 89; Bleuler's theory of, 197ff; causes of, 199; passive and active, 89; and resistance, 198
- Neisser, Clemens, 6f, 25, 35, 36, 37, 83n
- Nelken, Jan, 180
- neologisms, 12, 22, 25, 75f, 90, 95, 109, 111ff, 256, 268
- nervous disorders, hysterical and psychasthenic, 189
- neurasthenia, 200, 214
- neurologists, and psychology, 213
- neurosis(-es): behaviour of unconscious in, 204; compulsion, *see* compulsions; and disintegration of ideas, 252f; effects of *abaissement* in, 236ff; obsessional, *see* obsessional neurosis; psychogenic, 226, 233f; and schizophrenia, compared, 234, 258f; and toxins, 226; transference into psychosis, 238f
- Nietzsche, F. W., 85, 168f, 186
- nominalists, 191
- noöpsyche, 19f, 21
- "Note factory," association-chain, 128f
- "nothing but," principle of, 192
- nursing, as displacement, 50
- O
- obsessional: disturbances, 93; ideas, 31, 54, 72, 82; neurosis, *see below*; personalities, 18; states, 12; —, and negativism, 17; thinking, 87f; transformations, gradual, 96; *see also* compulsions; compulsive obsessional neurosis, 72; and Freud, 38; nearness to schizophrenia, 230, 247, 258; unconscious in, 206
- oedema, brain, 247
- "Oleum," association-chain, 129
- one-sidedness, 207, 268
- opposites: association of, 198; separation of pairs of, 199n, 207
- oranges, 57
- orientation, 80
- originality, mania for, 75
- overdetermination, 63
- "owner of the world," association-chain, 117f
- P
- pain, aroused by complex, 48
- painting, 260
- palaver, 262
- panic, 219
- Paracelsist physicians, 267
- paraesthesia(s), 149
- parallelism, psychophysical, 7
- paralogia, 94n; metaphorical, 64n
- paralysis, 96; emotional, 72; hysterical, 229; progressive, 161, 226; *see also* general paralysis of the insane
- "paralysis," association-chain, 125
- paranoia, 213, 227ff; of alcoholic, 209; delusions and, 83; Freud on, 31; Freud's case (Frau P.), 31ff; organic character, 156; primary, 35n; stability of, 35
- paraphasia, 63; dream, 90
- past, *see* future
- Paul, —, 25n
- Paulhan, Frédéric, 17n, 50n
- Pelletier, Madeleine, 14f, 16, 18n, 21, 23, 26n, 65, 67, 146

INDEX

- pen, slips of, 48, 53
Penfield, Wilder, 270*n*
perceptions insensibles, 203
persecution mania, 227*f*, 235; *see also* paranoia
perseveration(s), 9, 15, 16, 18, 21*f*, 23, 27, 53, 92, 93, 251, 256, 268; of affect, 42
persistence: of psychic processes, *see* perseveration
personalism: in psychology, 243; and schizophrenia, 251
personality: *abaissement* and unity of, 237*f*; as complex, 40; degeneration / disintegration / dissociation of, 37, 50, 69, 224, 227, 230, 240; double/split-off/secondary, 50, 150, 224, 227, 234, 269; multiple, in hysteria, 235; splitting of, in schizophrenia, 227, 235, 257; unity of, in neurosis, 234; variety of, in hysterics, 75
personality complex, associations, 12
persuasion, inaccessibility to, 77
Pfister, O., 93*n*
philanthropic work, 50
philosophy: materialism and, 211; scholastic, *see* scholasticism
phobias, 247
phrases, stock, 92
physiology, pathological, 211
Pick, Arnold, 17*n*, 81*n*
pictures, fascination by, 6
Pilzecker, A., *see* Müller, Georg E.
pince-nez, 163*f*
Pinel, Philippe, 159
Plato, 243, 271*n*
poet(s), 85, 144*f*, 240; and psychosis, 170
poetry, as compensation, 167*f*
poisoning(s), 68; and brain defects, 161; *see also* toxin
“polytechnic, double,” association-chain, 114
pork-sausages, 136*f*
possession, 158
power, striving for, 183, 186*f*
power-words, 75, 101, 109
precipitancy, 23*n*
predisposition, to dementia praecox, 218*f*
prejudices, 82
primitives: and dreams, 262; and visions, 206
“professorship,” association-chain, 114*f*, 174*f*
projection, 87, 185, 241
Protestantism, 209
prudery, 49
psychasthenia/psychasthenics, 84, 214
psyche: and brain, 160, 186; causal and constructive views, 183, 184*f*; constitutional defects, 160; elusiveness of, 158; normal, deficient knowledge of, 7; objective, 267; outside consciousness, 6*f*; subjectively conditioned, 182
psychiatrists, 212*ff*
psychiatry: French, 159; German, 159; materialism of, 160, 211; and medicine, 158; as natural science, 211; weakness of anatomical approach, 162
psychic: processes, anatomical conception, 6; structures, Bleuler on, 39*n*
psychoanalysis, 182*f*; and excitement, 20; Freudian, 144; irrelevant answers in, 89; and resistance, 197, 201; —, in women, 49; results, in dementia praecox and hysteria, 74
psychogenesis, meaning of, 226, 245
psychography, 77*n*
psychological factor: decisive part in dementia praecox, 218; significance, in psychoses, 219; undervaluation of, 212
psychology: Adler’s and Freud’s, opposition, 191; of the individual, 185; “medical,” 249; need of, for patient, 247, 267; need of training in, for alienists and neurologists, 213; objective understanding and,

INDEX

- psychology (*cont.*):
182; primitive, 267; of schizophrenia, 227
- psychosexuality, 201
- psychosis(-es): beginning of, 244; behaviour of unconscious in, 204; degenerative hysterical, 68; developing from neurosis, 238f; latent, 239f, 247, 258, 259; —, ratio of, to manifest, 258; predisposition to, 218; prevention of, 219; psychotherapy of, 219; unconscious in, 224
- puberty, sexual fantasies in, 49
- puns, 57, 126, 128
- Purkinje figures, 270n
- Q
- quotation, 121
- R
- rapidity of speech, 26f
- rapport: between patient and therapist, 265; disturbance of, 259; emotional, lack of, 74, 224
- reaction(s): delayed, 71f; indifferent and complex, 45
- reaction times, 52, 53, 102ff; prolonged, 87, 109
- reading, mistakes in, 54
- realists, 191
- redemption, 186
- reduction, 187
- reductive method, 179f, 181, 192
- reference, delusions of, 83f
- reflection, 66
- “reflex machines,” 96
- Reil, Johann Christian, 15
- religious: convictions, 43, 222f; enthusiasm, 49
- remorse, 223f
- repetition, 9, 27
- representations, shadowy, 203
- repression, 31ff, 37; of complexes, 45ff, 68; in normal persons, 73
- reproduction: capacity for, 11; disturbance of, 18
- resistance, 197ff; active, 11, 17; muscular, negativistic, 96; never indiscriminate, 198
- respiration, and motor activity, 63n
- retardation, 93
- retention, 18f
- reticular formation, 270n
- rêverie forcée*, 88n
- revival meetings, 223
- Rigi (mt.), 122
- rigidity, artificial, 91
- Riklin, Franz, 3, 11n, 34n, 73n, 79n, 80n, 81n, 89, 199
- rites/ritual: magic, 242, 243; religious, 44, 242
- rivalry, poetic, 40
- Rogues de Fersac, —, 87
- Roller, C. F. W., 6
- Romans, and dreams, 242
- Royce, Josiah, 17n
- S
- Sachselsn, 261
- saints, legends of, 44
- Salpêtrière Hospital, 159
- sarcoma of spinal cord, 212
- Schiller, J. C. F. von, 116, 124, 191; “Bell,” association-chain, 131f, 175
- schizophrenia, 155, 226ff; Bleuler on, 234; cause of, 245 *et passim*; chemical factor in, 272; contents of, 254; intentionality of, 200; lack of knowledge of, 250; latent, 259; objection to psychogenesis of, 247; origin of term, 227, 251; and obsessional neurosis, 230, 247, 251; paranoid, origin of, 229; phenomena not psychologically explicable in, 268; possibly not psychogenic, 268; psychotherapy and, 229; resistance and, 198; two groups, 244; *see also* dementia praecox
- schizophrenics, non-hospitalized, 247
- “Schneckenmuseum,” 115, 175

INDEX

- scholasticism/Schoolmen, 182, 185, 191, 192
Schopenhauer, Arthur, 19, 260
Schreber, Daniel Paul, 73, 76, 85*n*, 95*n*, 150, 179, 186, 189
science, causality and, 181, 185, 211
scientific method, 158, 181
"scientism," 185
screen causes, 72
seances, spiritualistic, 257
secrets, 45
Séglas, Jules, 13*n*
sejunction, 234
self-complacency, 110
self-control: failure of, 46, 240; lack of, 74
self-criticism, 207*f*
self-defence, 222
self-esteem, 110, 111, 133
self-irony, 150
Senate, Roman, 242, 262
senile deterioration, *see* deterioration
senses, dulling of, 70
sense-perception, and memory image, 39; *see also* perception
sensitiveness, abnormal, 219
sentiments: d'automatisme, de domination, 84; *de perception incomplète*, 85; *d'incapacité*, 84; *d'incomplétude*, 84, 86, 106
sexuality, 187; and complexes, 67; infantile, Freud and, 4; —, of Goethe, 183; and negativism, 199, 201
shame, 32
shoes, movement of sewing, 172
silence, prolonged, 171
"silver," association-chain, 122*f*
similarities, repressed thoughts and, 55
sin, 221, 223; and mental disease, 159, 163*f*
singing, 54, 55
"sin register," 90*n*
skyscraper, 58*f*
sleep, 65, 241, 269; disturbances of, 91*f*, 241; unnatural, 91
Smith, Hélène, 30*n*, 77, 81*n*, 145
snakes, 136*f*
social elevation, delirium of, 75
social status, dissatisfaction with, 75
Socrates, daemon of, 148
"Socrates," association-chain, 112*ff*, 143, 174
Sokolowski, Ernst, 68
Sollier, Paul Auguste, 240, 253
Sommer, Robert, 5, 6, 7, 8, 9, 11, 23, 27, 88
sommambulism/somnambulists, 30*n*, 77, 79, 85, 88, 145, 150, 256
Song of Songs, 134
soul, personified, 158
"souls, two," 50
space, staring into, 6
speculation, 193
speech: changes in, 146*f*; confusion, 21*ff*; disintegration of, 93–94*n*, 173; distortions of, 90, 256; obscuration in, 113
speech-centre, in brain, 159
Spencer, (Herbert?), 92
Spielrein, Sabina, 180
spinal cord, 17
spirits, evil, 158; possession by, 243
spiritus rector, 235
Spitteler, C., 170
sports, dangerous, 50
Stadelmann, Heinrich, 64*n*, 68*n*
stammer, 165, 167, 168
stereotypy(-ies), 9, 12, 18, 19, 23, 92*ff*, 101*ff*, 206, 268; motility/motor, 94, 101, 138; *see also* automatisms
stimulus(-i), mutual reinforcement of simultaneous, 63*n*
stimulus-words: choice of, 44; exciting complex, 46; *see also* association tests
stomach troubles, 42
Stransky, Erwin, 16*n*, 18*n*, 19, 20, 21, 22, 23, 25, 26, 27, 34, 67, 70, 90, 94, 146
"Stuart," association-chain, 133*f*, 175
stupidity: of behaviour, in hebephrenics, 77; emotional, 27, 88
sublimation, 50*n*

INDEX

- suggestibility, 17; in catatonics, 78;
negative, 17; normal and cataton-
ic, 78; *see also* negativism
- suggestion: and consciousness, 30;
verbal, in dementia praecox, 78
- suicide, 148, 264
- "summit," association-chain, 115f
- superiority, 186, 187
- Suvarov, A. V., 141
- Svenson, Frey, 17n
- "Switzerland," as neologism, 123,
149, 175
- sword, dream-symbol, 183f
- symbolism/symbols, 65, 240; collec-
tive, in schizophrenia and neuro-
ses, 243; of complexes, 47, 56; de-
lusions and, 243; in dementia
praecox, 16, 18, 178, 180; in
dreams, 26, 183; history of, 242;
sexual, 137, 140
- symptoms: of schizophrenia, second-
ary, 234, 237; —, significance, 227,
234; pre-schizophrenic, 268; value
of discussion of, 266; *see also* ac-
tion, symptomatic
- T
- "talking it away," 71
- technical terms, 109, 115, 146
- teeth, extraction of, 82f, 163f
- telephone, voice from, 149f
- temper, bad, 20
- therapy: Freud's, 4; occupational,
248
- thinking/thought(s): compulsive,
201; —, psychogenic, 87f; delusion
of influence on, 87; disturbance
of, in schizophrenia, 200; obses-
sional, 87f; sexualization of, 201
- thought-complex, 124
- thought-deprivation, 29, 53, 79, 87,
89, 94, 111, 112, 113, 125, 138, 149
- threshold, of consciousness, 203, 206,
236, 263
- thymopsyche*, 19f, 21
- tics, 94
- Tiling, T., 34f
- tongue, slips of, 44, 48, 54
- toxin(s)/toxic disturbances, 36, 37,
65n, 69, 82, 97, 98, 156, 226, 253,
263f, 270, 271
- training, psychiatrist's, 242, 249
- trance-states, 92
- transitivism, 134
- tremendum*, 260
- tremors, 42
- Trinity, vision of, 261
- troubles cénesthésiques*, 241, 253
- Tschisch, W. von, 5f
- tuberculosis, 218
- tumours, brain, 96
- "Turkey," association-chain, 122
- twilight state, 81n, 167, 169; hysteri-
cal, 78, 80n
- types, 187; psychological, 189ff
- typical formations, 188
- U
- unconscious, 170; and apperceptive
disturbance, 29; behaviour and
contents of, 204; compensation in,
205; definition of, 203f; and ego,
243; fantasy-structures and, 188;
function of, 210; indistinctness of
ideas in, 113; physiological and
psychological, 203; and psychosis,
224; processes, and consciousness,
28; *see also* archetypes
- unconsciousness, and hysterical dis-
sociation, 227
- understanding: causal, 181ff; con-
structive/synthetic, 181, 185ff;
prospective, 182; retrospective,
181, 182; subjective and objective,
181f, 189
- "universal," association-chain, 119f
- "Uster," association-chain, 134f
- V
- vacuum, 27, 93n, 94
- validity, universal and subjective,
185

INDEX

- value, psychological, 190
verbal-motor: associations, 21; combinations, 16, 52
verbigeration, 9, 92, 94, 95
vision, peripheral field of, 54
visions, 91, 261; of Brother Klaus, 260f; primitives and, 206
Vogt, Ragnar, 9
voices: degeneration of, 95; disagreeable, 149; of God, 220ff, 266; hallucinatory, 90, 99, 208, 266; primitives and, 206; *see also* telephone
- W
- Wehrlin, K., 109n
Weiskorn, Joseph, 81n
Weltanschauung, 189; investigator's, 191, 192
Welti, Albert, 61
Wernicke, Carl, 27, 159, 160, 234
Weygandt, Wilhelm, 13, 19, 37, 65n
"whims," 8, 13
whistling, 54, 55
will(s) : conflict of, 199; weakness of, 268
will-power, 234
wishes: infantile, fantasy gratification of, 186f; unsatisfied, compensation for, 30
wish-fulfilments, 145, 168, 176, 187; dreams as, 80n, 124; in hysteria, 97; in hysterical delirium, 81; in word-associations, 112ff
witchcraft, 248
withdrawal, autistic, 199
women: artificial behaviour in, 75; erotic complex in, 111; sex and complexes in, 67; sexual "innocence" in, 49; unmarried, deliria of, 81; unrequited love and, 49
"word salad," 12, 76, 95, 111
worm, intestinal, 138
worry: chronic, 50; and concentration, 53
writing, automatic, 77n, 150
wronged, being, complex of, 110f, 125ff
Wundt, Wilhelm, 13, 14
Würzburg: Julius Hospital, 158
- Z
- "Zähringer," association-chain, 123
Ziehen, Georg Theodor, 5, 8
Zilboorg, G., and Henry, G. W., 159n
Zola, Emile, 44
Zündel, Friedrich, 158n
"Zuppinger," 136, 142
Zurich, 114f, 174f, 245f; Battle of, 141; Psychiatric Clinic, 243; *see also* Burghölzli Hospital
Zurich school, 180, 188