CONCEPTS OF SCHIZOPHRENIA*

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Eugen Bleuler, the great Swiss psychiatrist, was born on April 30, 1857. During the next few months psychiatrists all over the world will hear and talk a great deal about schizophrenia. These discussions will reach their climax in September, when the International Congress of Psychiatry will meet at Zurich for the Bleuler centenary. I should like to make a small contribution to this world-wide discussion by speaking about concepts of schizophrenia, especially those of Bleuler, who coined the term.

Everyone who has attended meetings or clinical conferences on schizophrenia must on occasion have had the uneasy feeling that not all of the participants were talking about the same thing, and that, in fact, their concepts of schizophrenia differed considerably. The inconclusiveness of many a discussion among psychiatrists is partly due to their insufficient awareness of these differences. It therefore appears profitable to re-examine the concept of schizophrenia from its inception and to see what has become of it since it was first advanced.

It is often taken for granted that with the term, which caught on almost immediately, Bleuler's concept of the schizophrenias, too, was generally accepted. Such an assumption is unjustified. This is not surprising if Bleuler's concept is viewed in its proper historical perspective and in its relationship to other notions concerning this mental disorder or group of mental disorders.

Kraepelin and Dementia Praecox

The majority of textbooks give the impression that the Kraepelinian conception of dementia praecox (Kraepelin, 1919), which was based on symptoms and outcomes supposedly common to a large majority of cases, had reigned supreme from 1896, until it was superseded by that of schizophrenia which did justice to the frequent absence of deterioration and to the onset of the illness in various age groups. This is historically not quite correct.

When Bleuler first proposed the term "schizophrenia" in 1908, Kraepelin's concept of dementia praecox as a clinical entity was still highly controversial. It was opposed by a number of leading psychiatrists. Adolf Meyer had published his objections against it well before Bleuler. Meyer never accepted the notion of a disease entity. Kraepelin soon became aware of the shortcomings of the term "dementia praecox," which had been coined by Morel (1860). He conceded that a certain number of cases did not deteriorate and even recovered, and that the illness did not always start in young age. Bleuler himself did not regard his stronger emphasis on those two facts as his main contribution. On the contrary, he disclaimed any merit on that account. Referring to the concept of dementia praecox, he said in his monograph (Bleuler, 1911), almost angrily: "Peculiarly enough, one of the objections which even now can be heard frequently, especially abroad, is that we are dealing neither with dementia nor with precocity. Considering that Kraepelin defined his concept so clearly, and expressly referred to recoveries and to later onsets, this can be called a gross misunderstanding: those critics concentrate on the name, but they really reject the concept." Bleuler

endeavoured to gain recognition for it, though in a modified and less rigid form (the main title of his monograph was "Dementia Praecox," with a subtitle: "The Group of the Schizophrenias"). It cannot even be said that the widening of the area of schizophrenic manifestations was Bleuler's special contribution. Kraepelin's clinical concept of dementia praecox was for a certain period of its evolution quite as wide as Bleuler's. In what respect, then, did his concept differ from that of Kraepelin; and how much of Bleuler's contribution has stood the test of time?

Adolf Meyer and Eugen Bleuler

Bleuler and the other members of the Zurich school, among whom Jung was prominent, were profoundly influenced by Freud, whom Bleuler credited with having inspired his work. It is often forgotten that Kraepelin, Freud, and Bleuler were contemporaries, born in three consecutive years. The concept of schizophrenia presented by Bleuler in his monograph in 1911 was really a joint creation of those three men.

There is another historical fact which is insufficiently known, although it may explain the comparative indifference with which Bleuler's concept was received in the English-speaking countries. Adolf Meyer's theories of reaction types and habit deterioration, implying a rejection of Kraepelin, preceded Bleuler's concept; Meyer (1906) stated his views in a symposium on dementia praecox at the Annual Meeting of the British Medical Association at Toronto in 1906. His address contained in a nutshell practically the whole of his teachings. This article was known to Bleuler. Meyer's intervention in the discussion of dementia praecox several years before Bleuler had completed his work of modernizing Kraepelin was decisive for American psychiatry. Bleuler's monograph was translated into English only a few years ago, when Meyer's influence was already on the wane.

Bleuler's Hierarchy of Symptoms

Bleuler's clinical concept of schizophrenia is basically Kraepelinian, but with a greater emphasis on the variety of manifestations and developments. Compared with Kraepelin, Bleuler was much less pessimistic about the outcome, but nevertheless was more so than present-day psychiatrists. These differences concerning prognosis are not fundamental. They have obviously been largely due to the longer follow-up periods studied by successive generations of psychiatrists. Bleuler postulated some underlying structural cause. Some such working hypothesis has always been adopted by most clinical psychiatrists and underlies modern research into the experimental psychoses produced by drugs.

Bleuler distinguished basic, or primary, from accessory, or secondary, symptoms. The former were the disturbances of association and of affectivity as well as the patient's tendency to replace reality by fantasy which was responsible for the various manifestations of autism. Hallucinations, delusions, and all the other manifestations of schizophrenia were regarded as secondary.

Bleuler therefore, unlike Kraepelin, proposed a hierarchy of symptoms, of which the basic ones were supposed to be directly caused by the hypothetical organic process, while the secondary symptoms were regarded "partly as distorted mental functions, partly as the result of more or less unsuccessful, or even successful, attempts at adaptation to the primary disturbance." Here we meet already the concept of adaptation which has played a considerable part in more recent theories of schizophrenia. In differentiating primary and secondary symptoms, Bleuler was influenced by Freud, who, it seems, had been impressed by Hughlings Jackson's distinction between negative and positive symptoms.

Jung's "Complexes"

In the primary symptoms of disturbance of association, emotionally charged largely repressed groups of ideas, which Jung had called complexes, were regarded to be of particu-

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lar importance. In his monograph on the psychology of dementia praecox, which appeared three years before Bleuler's book on schizophrenia, Jung (1909) had described the ways in which complexes became isolated in hysteria and schizophrenia and how they interfered with the normal processes of thinking. Any idea could become the nucleus of a complex, which may be transient and short-lived. Jung's and Bleuler's use of the term differed from its later use in psycho-analysis, where it was reserved for a very small number of emotionally charged ideas of great dynamic power and representing basic and universal tendencies. This difference illustrates the gradual replacement of association psychology by a more specifically Freudian dynamic psychopathology. Jung and Bleuler were not only concerned with the formal aspects of the formation and isolation of complexes in schizophrenia; they also studied their contents in relation to the individual's history along Freudian lines.

Bleuler made it clear that the assumption of an underlying organic process was not an essential premise to his concept of schizophrenia. He said: "It is not unthinkable that the symptoms may be caused psychologically, and that they may develop from slight quantitative deviations from the normal; in the same way as in some individuals the predisposition to hysterical symptoms is so great that they tend to react hysterically to the ordinary difficulties of life, while the average person does so only as the result of an exceptionally severe psychic trauma." However, Bleuler did not pursue this hypothesis further, as he favoured that of an organic cause.

Alternatives to Bleuler's View

What were the alternatives to Bleuler's concept of schizophrenia? One, of course, was strict adherence to Kraepelin, a course taken by many clinicians all over the world. Another alternative was Adolf Meyer's hypothesis of reaction types and habit deterioration, which was widely accepted in the United States and in this country. Meyer lacked Bleuler's clarity of thinking and he failed to formulate auxiliary hypotheses. Many psychiatrists found it difficult to understand how faulty habits in childhood should lead to schizophrenic symptoms and even to personality disintegration. Meyer did not expressly address himself to the question why this sequence of events should take place in some individuals and not in others. His aetiological theory, which most psychiatrists classified as psychogenic, is remarkable in that it did not undergo any noticeable change since it was first advanced 50 years ago. Its great value lay in the emphasis on the individual and his environment and their interaction. In his theory of the aetiological importance of current life situations he introduced an infinite number of changeable variables and discouraged discrimination between environmental factors of different pathogenic significance. His approach, though productive of therapeutic optimism, had the fundamental weakness of paying too little attention to the unknown.

The psycho-analytical theories of schizophrenia have developed almost independently of Bleuler's work. He refused to think in terms of mental energy. "We possess," he said, "no means of measuring psychic energy and therefore we are quite unable to discuss dynamic theories." For this reason he had no use for Janet's (1903) "abaissement du niveau mental" and similar notions, nor did he follow Freud, who thought in terms of mental forces. In Bleuler's concept of ambivalence the idea of conflict so fundamental to psycho-analysis did not enter. In fact, this word was hardly mentioned in his writings. There is another term which is conspicuous by its absence in his work—namely, that of regression, which one could almost call the alpha and omega of the psycho-analytical theory of schizophrenia; This mental disorder is viewed as a regression to one of the earliest phases of mental development. However, it is still highly problematical why such a regression should take place in some individuals. Most psycho-analysts seem to imply some kind of very early psychological influence still un-

known. The valuable psycho-analytical contribution to schizophrenia will come to fruition only when it is considered together with the knowledge of other factors, some of which will probably be non-psychological. Such a view is more in keeping with Freudian principles than a purely psychogenic hypothesis (Stengel, 1956).

There is yet another aspect of regression in relation to schizophrenia—that is, the anthropological; Storch (1924) described the similarities between schizophrenic and archaic-primitive modes of thinking and behaviour. This aspect, which has been neglected for some time, will no doubt come to the fore again with the increasing interest in the social and anthropological problems of schizophrenia.

Schizophrenia in the Melting-pot

What is the status of Bleuler's concept to-day? In 1951 Manfred Bleuler presented a balance-sheet of his father's work. His review, which was based on an unrivalled knowledge of the literature, was a sober statement free from filial sentimentality. Manfred Bleuler saw the most important recent development in this field not in the growth of the physical methods of treatment but in the shattering of the classical notions concerning schizophrenia. Every one of them had become questionable, although none of them had been finally refuted. The whole problem was in a state of fermentation to-day. What yesterday appeared to be generally accepted and established was to-day to some at best a precarious working hypothesis, to others a dogma to be fought, and to others again a fairy tale from a remote past. This applied to questions such as those of disease entity, of aetiology, of the influence of heredity and environment, etc. In his view the following facts stood out from the welter of theories and observations. (1) Even if a disease process—that is, an impersonal catastrophe—should play an essential part in the schizophrenic development, it did so in its relationship to the development of a personality. (2) All the observations which previously were regarded as indicative of an underlying somatic illness—that is, Bleuler's primary or basic symptoms—could nowadays be just as well or even better explained as secondary—that is, as results of the schizophrenic mental disorder with its profound emotional fluctuations and its abnormal behaviour. This also applied to all findings concerning abnormal physiological functions in schizophrenia. He regarded the effects of the somatic therapies as theoretically inconclusive. Manfred Bleuler concluded that we had tried to answer the wrong questions, especially in examining heredity and environment as independent factors and in insisting on the artificial antithesis of organic versus psychogenic aetiology. Manfred Bleuler's appraisal of the present state of the theory of schizophrenia is both correct and fair.

In addition to the psycho-analytical approach there are a variety of concepts which derive from current biological, sociological, or philosophical trends. The following are representative modern views on schizophrenia.

Hoskins (1946) expressed the view that this psychosis represented an end-result of a general failure of adaptation arising from a defective evolution of the maturing process. Manifestations of this failure were defective somatic and psychic homeostasis, defective empathy, and final disintegration of the personality. The accessory symptomatology of the psychosis constituted secondary adaptations to the difficulties arising out of the primary defect. These are Bleuler's ideas expressed in the language of adaptation theory.

Norman Cameron (1944) regards inadequate empathy as the primary defect. He formulated his theory of schizophrenia thus: "social disarticulation resulting from the cumulative replacement of communication by private fantasy, in persons who have been unable to establish themselves firmly in their cultural pattern, because of failure to develop adequate role-taking skills." This formulation does not go beyond Bleuler and Meyer, but a new approach was

adumbrated when Cameron expressed the view that the study of interpersonal relations and their changes in schizophrenia must also include the social fields within which all human organisms operate. This and similar ideas have recently led to interesting researches into the ecology of schizophrenia.

Harry Stack Sullivan (1940) also stressed, almost exclusively, the social aspects in the aetiology and symptomatology of schizophrenia. To him psychiatry was the study of disturbed interpersonal relations. He distinguished dementia praecox, which he regarded as an organic process, from a variety of schizophrenic personality developments arising from situations of panic and resulting in a throw-back to the interpersonal relations of earliest childhood. Sullivan combined Freudian, Meyerian, and sociological concepts with a philosophy of his own. He spoke of "a collapse of the individual-world synthesis" and of "the resort to a wild compensatory programme leading to schizophrenia." He regarded personalities and mental disorders as abstractions: "There are only degrees of developments and vicissitudes of the communal existence of the person with others."

Current Continental Trends

I should like to make some brief comments on concepts of schizophrenia prevailing on the European Continent. Bleuler's hierarchy of symptoms and the psychological theories underlying it were not generally accepted, though most of his clinical observations were incorporated into European psychiatry.

A new and important aspect was introduced with the differentiation of process schizophrenia and defect schizophrenia, an attempt which has never quite succeeded. Another modification of Bleuler's clinical system was the distinction between a nuclear and a marginal group of schizophrenias, which again has not found general acceptance. Similar proposals of a differentiation within, or even a dissolution of, the clinical entity of schizophrenia have been made repeatedly. The concept of the schizoid personality, which was launched by Bleuler and elaborated by Kretschmer, was an addition of fundamental significance from both the clinical and the theoretical point of view.

The most important trend in Continental psychiatry since Kraepelin and Bleuler has been the phenomenological orientation which has cultivated a careful study of the subjective psychological experiences in mental illness. From the clinical point of view, it has aimed at establishing diagnostic and prognostic criteria based on differences of subjective experiences. This school of thought has created a vocabulary of its own which makes translation into other languages difficult. Their standard work is Jaspers's *Allgemeine Psychopathologie*, which appeared in 1913, only two years after Bleuler's monograph. It is an amazing fact that psychiatry is still living on the capital investments made by a few brilliant men before the first world war. This is especially true for the concepts of schizophrenia. Jaspers has found a successor in Ludwig Binswanger (1946), who, like Bleuler and Meyer, is a Swiss psychiatrist. He is the father of "existential analysis," which, he maintains, owes a great deal to Jaspers and Freud. He tries to establish in what kind of subjective world, or worlds, the schizophrenic lives and thus to understand his mode of existence and its changes. He regards his method as fundamentally descriptive. He claims that even in advanced schizophrenia the human mind has at its disposal definite principles of organization and structure. According to Binswanger this kind of analysis enables the psychiatrist to communicate with his patients more closely than other methods and to help them by psychotherapy which has to be based on careful study of the individual case.

This approach is not as remote from current trends as it may appear. It has something in common with the theories of Cameron and Sullivan, whose ideological background, is, of course, different from Binswanger's. While he speaks of "being in the world" and "existence," they talk of interpersonal relations and empathy, but fundamentally they

mean something very similar. The need for establishing contact with the schizophrenic on his own ground for the purpose of treatment has been repeatedly stressed by psychoanalysts; they have no doubt that the schizophrenic's world is fundamentally that of the infant, while Binswanger would allow himself to be guided mainly by his patients' experiences. Also, the emphasis on "object relations," which started as a controversial issue in psycho-analysis, is bound to lead to a closer study of the social field of which the individual is a part. But existential analysis in its present form has great limitations. While it may be a method of getting closer to certain types of patient and thus gaining a full insight into some aspects of delusions and abnormal behaviour, it is difficult to see how it can advance knowledge of the aetiology of a condition such as schizophrenia. There is a growing awareness among those interested in this approach that it requires to be integrated with other methods.

Conclusions

This review demonstrates the divergences of the concepts concerning this vast group of mental disorders. Psychiatry has in this field not progressed beyond working hypotheses, of which Bleuler's hypothesis can be regarded as the one which was the most comprehensive when it was first advanced, and which even now, if brought up to date, poses more relevant questions than any other. It is often believed that attempts at clarification of concepts are futile in the present state of knowledge but to-day, when there is so much therapeutic and experimental activity, it is more than ever important for psychiatrists to look after their tools of communication. It cannot even be said that, although we are using different concepts of schizophrenia, we know a schizophrenic when we see one.

There are many indications that differences of theoretical concepts, however vaguely held, are frequently responsible for diagnostic disagreements. The uncertainty about the effects of various treatments would be less general if there was a closer understanding among psychiatrists about the conditions they are treating. Similar difficulties exist in experimental psychiatry. The important question of the relationship of the "model psychoses" experimentally produced by drugs to mental illness cannot be answered without reference to concepts such as those discussed here. Some psychiatrists take it for granted that they are dealing with experimental schizophrenia, but this has been contested by others.

There is a tendency among research workers to get away from current concepts of mental illness altogether and to concern themselves with fundamental phenomena, but some of these workers seem to be unaware that they are doing this, and they continue to talk and to write in terms of current clinical concepts to which they pay scant regard. Such a state of affairs is apt to reduce the value of many interesting observations. These are only some of the reasons why careful attention to concepts is essential for progress in psychiatry.

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