ON THE PSYCHOGENESIS OF SCHIZOPHRENIA.*

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IT is just twenty years ago that I read a paper on the " Problem of Psychogenesis in Mental Disease " before this Society. William McDougall, whose recent death we all deplore, was in the chair. What I then said about psychogenesis could be safely repeated to-day, for it has left no visible traces, or other noticeable consequences, either in text-books or in clinics. Although I hate to repeat myself, it is almost impossible to say something wholly new and different about a subject which has not changed its face in the many years that have gone by. My experience, however, has increased and some of my views have matured, but I could not say that my standpoint has had to undergo any radical change. I am therefore in the somewhat uncomfortable situation of one who, on the one hand, believes that he has a well-founded conviction, but, on the other hand, is afraid to indulge in the habit of repeating old stories. Although psychogenesis has been discussed long ago, it is still a modern, even an ultra-modern, problem.

There is little doubt nowadays about the psychogenesis of hysteria and other neuroses, although thirty years ago some brain enthusiasts still cherished vague suspicions that at bottom " there was something organically wrong even with neuroses ". But the *consensus doctorum* in their vast majority has admitted the psychical causation of hysteria and similar neuroses. Concerning mental diseases, however, and especially concerning schizophrenia, they agreed unanimously upon an essentially organic ætiology, although for a long time specific destruction of the brain-matter could not be proved. Even in our days the question of how far schizophrenia itself can destroy brain-cells is not satisfactorily answered; much less the more specific question of how far primary organic disintegrations account for the symptomatology of schizophrenia. I quite agree with Bleuler that the great majority of symptoms are of a secondary nature and are chiefly due to psychical causes. For the primary symptoms, however, Bleuler assumes the existence of an organic cause. As the *primary symptom* he points to a peculiar disturbance of the association process which is difficult to describe. According to his description it is matter of a sort of disintegration, inasmuch as the associations seem to be peculiarly mutilated and disjointed. He refuses to adopt Wernicke's

* Read at a meeting of the Section of Psychiatry of the Royal Society of Medicine, April 4, 1939.

concept of *sejunctio* on account of its anatomical implications. He prefers to term it "schizophrenia", obviously understanding by this concept a more *functional* disturbance. Such disturbances, or at least very similar ones, can be observed in delirious conditions of various kinds. Bleuler himself points out the remarkable likeness between schizophrenic associations and the association phenomena in dreams and half-waking conditions. From his description it becomes sufficiently clear, that the primary symptom coincides with the condition which Pierre Janet has formulated as *abaissement du niveau mental*. It is due to a peculiar *faiblesse de la volonté*. If we are permitted to call the main guiding and controlling force of our mental life *will-power*, then one can agree that Janet's concept of the *abaissement* explains a psychical condition in which a train of thought is not carried through to its logical end, or where it is interrupted by strange contents insufficiently inhibited. Though Bleuler does not refer to Janet, I hold that Janet's notion of the *abaissement* aptly formulates Bleuler's views on the primary symptoms.

It is true, however, that Janet uses his hypothesis chiefly in order to explain the symptomatology of hysteria and other neuroses, which are indubitably psychogenic and different from schizophrenia. Yet there are certain noteworthy analogies between the neurotic and the schizophrenic mental condition. If you study the association tests of neurotics, for instance, you find that the normal associations are disturbed by the spontaneous interference of complex contents typical of an *abaissement*. The dissociation can even go so far as the creation of one, or of several, secondary personalities with an apparently complete segregation of consciousness. But the fundamental difference from schizophrenia consists in the maintenance of the potential unity of the personality. Despite the fact that consciousness can be split up into several personal consciousnesses, the unity of all the dissociated fragments is not only visible to the professional eye, but it can also be re-established by means of hypnosis. This is not the case with schizophrenia. The general picture of an association test of a schizophrenic may be very similar to the test of a neurotic, but a close exploration reveals the fact that in a schizophrenic patient the connection between the ego and certain complexes is more or less completely lost. The split is not relative, it is rather absolute. A hysterical patient might suffer from a sort of persecution mania very similar to a real paranoia, but the difference is that in the case of hysteria one can bring the delusion back under the control of consciousness, whereas it is impossible to do this in paranoia. A neurosis, it is true, is characterized by a relative autonomy of its complexes, but in schizophrenia the complexes have become disjointed and autonomous fragments, which either do not reintegrate to the psychical totality, or, in the case of a remission, are unexpectedly joined together, as if nothing had happened before.

The dissociation in schizophrenia is not only far more serious, but very often it is also irreversible. The dissociation is no longer *liquid and changeable*,

as it is in a neurosis, but is more like a mirror broken up into splinters. The unity of personality which lends a humanly understandable character to its own secondary personalities in a case of hysteria is definitely severed into fragments. In a hysterical multiple personality there is an almost smooth, even a tactful, co-operation between the different persons, who neatly keep their role and, if possible, do not bother each other. One feels the presence of an invisible *spiritus rector*, or a central manager, who arranges the stage for the different figures in an almost rational way, often in the form of a more or less sentimental drama. Each figure has a suggestive name and an admissible character, and they are just as nicely hysterical and as sentimentally biased as the patient's consciousness.

The picture of a personality dissociation in schizophrenia is quite a different matter. The split-off figures assume banal, grotesque or highly exaggerated names and characters and are often objectionable in many ways. They do not, moreover, co-operate with the patient's consciousness. They are not tactful and they have no respect for sentimental values. On the contrary, they break in and make a disturbance at any time, they torture the ego in a hundred ways ; all and sundry are objectionable and shocking either in their noisy and impertinent behaviour, or in their grotesque cruelty and obscenity. There is an apparent chaos of inconsistent visions, voices and characters of an overwhelmingly strange and incomprehensible nature. If there is a drama at all, it is certainly far beyond the patient's understanding. In most cases it transcends even the physician's mind, so much so that he is inclined to suspect anybody's mental sanity who sees anything more than mere madness in the ravings of a lunatic.

The autonomous figures have liberated themselves from the control of the ego so thoroughly that their original participation in the patient's mental make-up has vanished beyond recognition. The *abaissement* has reached a degree unheard of in the sphere of neuroses. A hysterical dissociation is bridged-over by a unity of the personality which still functions, whereas in schizophrenia the very foundations of the personality are injured.

The *abaissement* causes :

1. A loss of whole regions of normally controlled contents.
2. It thus produces split-off fragments of the personality.
3. It hinders the normal train of thought from being consistently carried through and completed.
4. It decreases the responsibility and the adequate reaction of the ego.
5. It causes incomplete realizations and thus produces insufficient and inadequate emotional reactions.
6. It lowers the threshold of consciousness and thus allows normally inhibited contents of the unconscious mind to enter consciousness in the form of autonomous intrusions.

We meet all these effects of the *abaissement* in neuroses as well as in schizophrenia. But in neuroses the unity of personality is at least potentially preserved, whereas in schizophrenia it is more or less damaged. On account of this fundamental injury the cleavage between dissociated psychical elements amounts to a real destruction of their former connections.

Psychogenesis of schizophrenia, therefore, in the first place means the question: Can the primary symptom, viz. the extreme *abaissement* be considered as an effect of psychological conflicts and other disorders of an emotional nature or not? I do not think that it is necessary to discuss at length the question of whether *secondary symptoms*, as Bleuler describes them, owe their existence and their specific form to psychological determination or not. Bleuler himself is fully convinced that they derive their form and contents, i. e. their individual phenomenology, entirely from emotional complexes. I agree with Bleuler, whose experience of the psychogenesis of secondary symptoms coincides with my own, for we were collaborating in the years which preceded his famous book on dementia præcox. As a matter of fact I began as early as 1903 to analyse cases of schizophrenia for theoretical purposes. There can, indeed, be no doubt about the psychological determination of secondary symptoms. Their structure and derivation is in no way different from those of neurotic symptoms, with, of course, the significant exception that they exhibit all the characteristics of mental contents no longer subordinated to the supreme control of a complete personality. There is, as a matter of fact, hardly one secondary symptom which does not show signs of the typical *abaissement* in some ways. This character, however, does not depend upon psychogenesis, but it derives entirely from the primary symptom. Psychological causes, in other words, produce secondary symptoms exclusively on the basis of the primary condition.

In dealing with the question of psychogenesis in schizophrenia we can dismiss the secondary symptoms altogether. There is only one problem, viz., the psychogenesis of the primary condition, i. e., the extreme *abaissement*, which is, from the psychological point of view, the root of the schizophrenic disorder. We ask therefore: Is there any reason to believe that such an *abaissement* can be due to causes which are strictly psychological? An *abaissement* can be produced—as we well know—by many causes: by fatigue, normal sleep, intoxication, fever, anæmia, intense affects, shocks, organic diseases of the central nervous system, induction through mob psychology or primitive mentality or religious and political fanaticism, etc. It can also be due to constitutional and hereditary factors.

The general and more frequent form of *abaissement* does not touch the unity of the personality, at least not seriously. Thus all dissociations and other psychical phenomena derived from this general form of *abaissement* carry the seal of the integral personality.

Neuroses are specific consequences of an *abaissement*; as a rule they derive

from a habitual or chronic form of it. Where they appear to be the effect of an acute form, a more or less latent psychological disposition always existed previous to the *abaissement*, so that the latter does not mean more than a conditional cause.

Now there is no doubt that an *abaissement* which leads to a neurosis is produced either by exclusively psychological factors or by those in conjunction with other, perhaps more physical, conditions. Any *abaissement*, particularly one that leads to a neurosis, means in itself that there is a weakening of the supreme control. A neurosis is a relative dissociation, a conflict between the ego and a resistant force based upon unconscious contents. Those contents are relatively severed from the connection with the psychical totality. They form parts, and the loss of them means a depotentiation of the conscious personality. The intense conflict on the other side, however, expresses an equally acute desire to re-establish the severed connection. There is no co-operation, but there is at least a violent conflict, which functions instead of a positive connection. Every neurotic fights for the maintenance and supremacy of his ego-consciousness and for the subjugation of the resistant unconscious forces. But a patient who allows himself to be swayed by the intrusions of strange contents from the unconscious, a case that does not fight, that even identifies with the morbid elements, immediately exposes himself to the suspicion of schizophrenia. His *abaissement* has reached the fatal extreme degree, where the ego loses all power of resistance against the inimical onslaught of an apparently more powerful unconscious.

Neurosis lies this side of the critical point, schizophrenia is beyond it. We do not doubt that psychological motives can bring about an *abaissement* which eventually results in a neurosis. A neurosis approaches the danger line, yet it somehow manages to remain on the hither side. If it should transgress the line it would cease to be a neurosis. Yet are we quite certain that a neurosis never steps beyond the danger line? You know that there are such cases, neuroses to all appearances for many years, and then it suddenly happens that the patient steps beyond the line and clearly transforms himself into a real psychotic.

Now, what do we say in such a case? We say that it has always been a psychosis, a "latent" one, or one concealed or camouflaged by an apparent neurosis. But what has really happened? For many years the patient fought for the maintenance of his ego, for the supremacy of his control and for the unity of his personality. But at last he gave out—he succumbed to the invader, whom he could suppress no longer. He is not merely overcome by a violent emotion, he is really drowned in a flood of insurmountably strong forces and thought forms, which are far beyond any ordinary emotion, no matter how violent. These unconscious forces and contents exited long ago and he had wrestled with them successfully for years. As a matter of fact such strange contents are not confined to the patient alone, they exist in

other peoples' unconscious just as well, who, however, are fortunate enough to be profoundly ignorant of them. These forces did not originate in our patient out of the nowhere. They are most emphatically not the result of poisoned brain-cells, but are normal constituents of our unconscious minds. They appeared in numberless dreams, in the same or a similar form, at a time of life when seemingly nothing was wrong. And they appear even in the dreams of normal people, who never get anywhere near to a psychosis. But if such a normal individual should suddenly undergo a dangerous *abaissement*, his dreams would instantly seize upon him and make him think, feel and act exactly like a lunatic. And he would be one, like the man in one of Andreyev's stories, who thought he could safely bark at the moon, because he knew that he was perfectly normal. But when he barked he lost consciousness of the little difference between normal and crazy, and thus the other side overwhelmed him and he became mad.

What happened to our case was an attack of weakness—in reality it is often just a sudden panic—it made him hopeless or desperate, and then all the suppressed material welled up and drowned him.

In my experience of almost forty years I have seen quite a number of cases who developed either a psychotic interval or a lasting psychosis out of a neurotic condition. Let us assume for the time being that they really suffered from a *latent psychosis* concealed in the cloak of a neurosis. What, then, is a latent psychosis exactly ? It is obviously nothing but the possibility that an individual may become mentally deranged at some period of his life. The existence of strange unconscious material proves nothing at all. You find the same with neurotics, modern artists and poets, and also with fairly normal people, who have submitted to a careful investigation of their dreams. Moreover, you find most suggestive parallels in the mythology and symbolism of all races and times. The possibility of a future psychosis has nothing to do with the peculiar contents of the unconscious mind. But it has everything to do with the question of whether the individual can stand a certain panic, or the chronic strain of a psyche at war with itself. Very often it is merely the question of a little bit too much, i. e. of the drop that falls into a vessel already full, or of the spark that incidentally lands upon a heap of gunpowder.

Under the effect of an extreme *abaissement* the psychical totality falls asunder and splits up into complexes, and the ego-complex ceases to play the important role among these. It is just one among several or many complexes which are equally important, or perhaps even more important, than the ego is. All these complexes assume a certain personal character, although they remain fragments. It is understandable that people get panicky or that they eventually become demoralized under a chronic strain or that they despair of their hopes and expectations. It is also comprehensible when their will-power weakens and their self-control becomes slack and begins to lose its grip upon circumstances, moods and thoughts. It is quite consistent with such a state

of mind when some particularly unruly parts of the patient's psyche assume a certain amount of autonomy.

Thus far schizophrenia does not behave in any way differently from a merely psychological disorder. We should search in vain for anything characteristic of our ailment in this part of the symptomatology. The real trouble begins with the disintegration of the personality and the divestment of the ego-complex from its habitual supremacy. As I have already pointed out, not even multiple personality, or certain religious or " mystical " phenomena, can be compared to what happens in schizophrenia. The primary symptom seems to have no analogy with any kind of functional disturbance. It is just as if the very basis of the psyche were giving way, as if an explosion or an earthquake were tearing asunder the structure of a normally built house. I use this allegory on purpose, because it is suggested through the symptomatology of the initial stages. Sollier has given us a vivid description of these " *troubles cénesthésiques* ", which are compared to explosions, pistol-shots and other violent noises in the head. Their projected appearances are earthquakes, cosmic catastrophes, such as the fall of the stars, the splitting of the sun, the falling asunder of the moon, the transformation of people into corpses, the freezing of the universe, and so on.

I have just said that the primary symptom appears to have no analogy with any kind of functional disturbance, yet I have omitted to mention the phenomena of the *dream*. Dreams can produce similar pictures of great catastrophes. They can show all stages of personal disintegration, so it is no exaggeration when we say that the dreamer is normally insane, or that insanity is a dream which has replaced normal consciousness. To say that insanity is a dream which has become real is no metaphor. The phenomenology of the dream and of schizophrenia is almost identical, with a certain difference of course ; for the one state occurs normally under the condition of sleep, while the other upsets the waking or conscious state. Sleep is also an *abaissement du niveau mental* which leads into a more or less complete oblivion of the ego. The psychical mechanism, therefore, which is destined to bring about the normal extinction and disintegration of consciousness, is a normal function which almost obeys our will. It seems as if this function were set in motion in order to bring about that sleep-like condition in which consciousness becomes reduced to the level of dreams, or where dreams are intensified to a degree paramount to that of consciousness.

Yet even if we knew that the primary symptom is produced by the aid of an always present normal function, we should still have to explain why a pathological condition ensues instead of the normal effect, viz. sleep. It must, however, be emphasized that it is precisely not sleep which is produced, but something which disturbs sleep, namely, the dream. Dreams are due to an incomplete extinction of consciousnesss, or to a somewhat excited state of the unconscious which interferes with sleep. Sleep is bad if too many remnants of

consciousness go on stirring; or if there are unconscious contents with too much energic charge, for they then rise above the threshold and create a relatively conscious state. Thus it is better to explain many dreams from the remnants of conscious impressions, while others derive directly from unconscious sources which have never existed in consciousness. The former dreams have a personal character and agree with the rules of a personalistic psychology; the latter have a collective character, inasmuch as they exhibit a peculiarly mythological, legendary or generally archaic imagery. One must turn to historical or primitive symbology in order to explain such dreams.

Both types of dream mirror themselves in the symptomatology of schizophrenia. There is a mixture of personal and collective material just as there is in dreams. But in contradistinction to normal dreams the collective material seems to prevail. This is particularly obvious in the so-called "dream states" or delirious intervals, and in paranoid conditions. It seems also to prevail in katatonic phases, in so far as we can succeed in getting a certain insight into the inner experiences of such patients. Whenever collective material prevails under normal conditions it is matter of important dreams. Primitives call them "big dreams" and consider them of tribal importance. You find the same in the Greek and Roman civilizations, where such dreams were reported to the Areopagos or to the Senate. One meets these dreams frequently in the decisive moments or periods of life: in childhood from the 3rd to the 6th year, at the time of puberty, from 14 to 16, of maturity from 20 to 25, in the middle of life from 35 to 40, and before death. They occur also when it is a matter of particularly important psychological situations. It seems that such dreams come chiefly at the moments or periods where antique or primitive mentality deemed it necessary to celebrate certain religious or magic rites, in order to produce favourable issues, or to propitiate the gods for the same end.

We may safely assume that important personal matters and worries account sufficiently for personal dreams. We are not so sure of our ground, however, when we come to collective dreams with their often weird and archaic imagery, which it is impossible to trace back to personal sources. Yet historical symbology yields the most surprising and most enlightening parallels, without which we could never follow up the often remarkable meaning of such dreams.

This fact lets one feel how inadequate the psychological training of the alienist is. It is, of course, impossible to appreciate the importance of comparative psychology for the theory of delusions without a detailed knowledge of historical and ethnical symbology. No sooner did we begin with the qualitative analysis of schizophrenic conditions at the Psychiatric Clinic in Zürich than we realized the need of such additional information. We naturally started with an entirely personalistic medical psychology, mainly as presented by Freud. But we soon came up against the fact that, in its basic structure, the human psyche is as little personalistic as the body. It is rather

an inherited and universal affair. The logic of our mind, the "*raison du cœur*", the emotions, the instincts, the basic images and forms of imagination, have in a way more resemblance to Kant's table of *a priori* categories or to Plato's *eida*, than to the scurrilities, circumstantialities, whims and tricks of our personal mind. It is especially schizophrenia that yields an immense harvest of collective symbology, neuroses yield far less, for, with a few exceptions, they show a predominantly personal psychology. The fact that schizophrenia upsets the foundations accounts for the abundance of collective symbolism, because it is the latter material that constitutes the basic structure of personality.

From this point of view we might conclude that the schizophrenic state of mind, in so far as it yields archaic material, has all the characteristics of a "big dream"—in other words, that it is an important event, exhibiting the same "numinous" quality which primitive civilizations attribute to the corresponding magic ritual. As a matter of fact, the insane person has always enjoyed the prerogative of being the one possessed by spirits or haunted by a demon, which is, by the way, a correct rendering of his psychical condition, for he is invaded by autonomous figures and thought-forms. The primitive valuation of insanity, moreover, points out a certain characteristic which we should not overlook: it ascribes personality, initiative and wilful intention to the unconscious—again a true interpretation of the obvious facts. From the primitive standpoint it is perfectly clear that the unconscious, out of its own volition, has taken possession of the ego. According to this view the ego is not primarily enfeebled, on the contrary, it is the unconscious that is strengthened through the presence of a demon. The primitive theory, therefore, does not seek the reason for insanity in a primary weakness of consciousness, but rather in an inordinate strength of the unconscious.

I must admit it is exceedingly difficult to decide the intricate question of whether it is a matter of primary weakness and a corresponding dissociability of consciousness or of a primary strength of the unconscious. The latter possibility cannot easily be dismissed, since it is not unthinkable that the abundant archaic material might be the expression of a still existing infantile, as well as primitive, mentality. It might be a question of *atavism*. I seriously consider the possibility of a so-called "*développement arrêté*", where a more than normal amount of primitive psychology remains intact and does not become adapted to modern conditions. It is natural that under such conditions a considerable part of the psyche should not catch up with the normal progress of consciousness. In the course of years the distance between the unconscious and the conscious mind increases and produces a latent conflict at first. But when a particular effort at adaptation is needed, and when consciousness should draw upon its unconscious instinctive resources, the conflict becomes manifest; and the hitherto latent primitive mind suddenly bursts forth with contents that are too incomprehensible and too strange for assimilation to be possible.

As a matter of fact, such a moment marks the beginning of the psychosis in a great number of cases.

But one should not disregard the fact that many patients seem to be quite capable of producing a modern and sufficiently developed consciousness, sometimes of a particularly concentrated, rational and obstinate kind. However one must add quickly that such a consciousness shows early signs of a self-defensive nature. This is a symptom of weakness, not of strength.

It may be that a normal consciousness is confronted with an unusually strong unconscious; it may also be that the consciousness is just weak and therefore unable to succeed in keeping back the inflow of unconscious material. Practically I must allow for the existence of two groups of schizophrenia: the one with a weak consciousness and the other with a strong unconscious. We have here a certain analogy with neuroses, where we also find plenty of cases with a markedly weak consciousness and little will-power, and other patients, who enjoy a remarkable energy, but who are confronted with an almost overwhelmingly strong unconscious determination. This is particularly the case where creative (artistic or otherwise) impulses are coupled with unconscious incompatibilities.

If we return now to our original question, viz. the psychogenesis of schizophrenia, we reach the conclusion that the problem itself is rather complicated. At all events we ought to make it clear, that the term "psychogenesis" consists of two different things: (1) It means an exclusive psychological origin. (2) It means a number of psychological and psychical conditions. We have dealt with the second point, but we have not yet touched upon the first. This point envisages psychogenesis from the standpoint of the *causa efficiens*. The question is: Is the sole and absolute reason for a schizophrenia a psychological one or not?

In the whole field of medicine such a question is, as you know, more than awkward. Only in a very few cases can it be answered positively. The usual ætiology consists of a competition of various conditions. It has been urged, therefore, that the word causality or cause should be struck off the medical vocabulary and replaced by the term "conditionalism". I am absolutely in favour of such a measure, since it is well-nigh impossible to prove, even approximately, that schizophrenia is an organic disease to begin with. It is equally impossible to make an exclusively psychological origin evident. We may have strong suspicions as to the organic aspect of the primary symptom, but we cannot omit the well-established fact that there are many cases which developed out of an emotional shock, a disappointment, a difficult situation, a reverse of fortune, etc., and also that many relapses as well as improvements are due to psychological conditions. What shall we say about a case like this: A young student experiences a great disappointment in a love affair. He has a katatonic attack, from which he recovers after months. He then finishes his studies and becomes a successful academical man. After a number

of years he returns to Zürich, where he had experienced his love affair. Instantly he is seized by a new and very similar attack. He says that he believes he saw the girl somewhere. He recovers and avoids Zürich for several years. Then he returns and in a few days he is back in the clinic with a katatonic attack, again because he is under the impression that he has seen the girl, who by that time is married and has children.

My teacher, Eugen Bleuler, used to say that a psychological cause can only release the symptoms of the disease, but not the disease itself. This statement may be profound or the reverse. At all events it shows the alienist's perplexity. One could say, for instance, that our patient returned to Zürich when he felt the disease coming on, and one thinks that one has said something clever. He denies it—naturally, you will say. But it is a fact that this man is still deeply in love with his girl. He never went near another woman and his thoughts kept on returning to Zürich. What could be more natural than that once in a while he should give way to his unconquered longing to see the streets, the houses, the walks again, where he had met her, insanity or not? We do not know, moreover, what ecstasies and adventures he experienced during insanity and what unknown expectation tempted him to seek the experience once more. I once treated a schizophrenic girl who told me that she hated me because I had made it impossible for her to return into her beautiful psychosis. I have heard my psychiatric colleagues say: "That was no schizophrenia". But they did not know that they, together with at least three other specialists, had made the diagnosis themselves, for they were ignorant of the fact that my patient was identical with the one they had diagnosed.

Shall we now say that our patient became ill before he fell in love or before he returned to Zürich? If that is so, then we are bound to make the paradoxical statement that when he was still normal he was already ill and on account of his illness he fell in love, and for the same reason he returned to the fatal place. Or shall we say that the shock of his passionate love was too much for him and instead of committing suicide he became insane, and that it was his longing which brought him back again to the place of the fatal memories?

But surely, it will be objected, not everybody becomes insane on account of a disappointment in love? Certainly not, just as little as everyone commits suicide, falls so passionately in love or remains true to the first love for ever. Shall we lay more stress on the assumption of an organic weakness, for which we have no tangible evidence, or on his passion, of which we have all the symptoms?

The far-reaching consequences of the initial *abaissement*, however, form a serious objection to the hypothesis of pure psychogenesis. Unfortunately nearly all that we know of the primary symptom, and its supposedly organic nature, amounts to a number of question marks, whereas our knowledge of possibly psychogenic conditions consists of many carefully observed facts.

There are indeed organic cases with brain œdema and lethal outcome. But they are a small minority and it is also not certain whether their disease should be called schizophrenia.

A serious objection against psychogenesis is the bad prognosis, the incurability and the ultimate dementia. But, as I pointed out twenty years ago, the asylum statistics are chiefly based upon a selection of the worst cases, all the lighter cases are excluded.

Two facts have impressed me most during my career as an alienist and a psychotherapist. The one is the enormous change the average lunatic asylum has undergone in my lifetime; that whole desperate crowd of utterly degenerate katatonics has practically disappeared, on account of the mere fact that they have been given something to do. The other fact is the discovery I made when I began my psychotherapeutic practice: I was amazed at the number of schizophrenics whom we almost never see in the psychiatric hospitals. They are partially camouflaged as compulsion neuroses, obsessions, phobias and hysterias, and they are very careful never to go near an asylum. Such cases insist upon treatment and I found myself, Bleuler's loyal disciple, trying my hand on cases which we never would have dreamed of touching if we had had them in the clinic, cases unmistakably schizophrenic before the treatment—I felt hopeless and unscientific in treating them—and after the treatment I was told that they could never have been schizophrenic at all. There are numbers of latent psychoses and quite a few not so particularly latent, which, under otherwise favourable circumstances, can be submitted to a psychological analysis with sometimes quite decent results. Even if I am not very hopeful about a patient, I try to give him as much psychology as he can stand, because I have seen a number of cases whose later attacks have had a less severe character and a better prognosis on account of an increased psychological understanding. At least so it seems to me. You know how difficult it is to judge such possibilities properly. In such doubtful matters, where you have to work as a pioneer, you must be able to give some credit to your intuition and to follow your feeling even at the risk of going wrong. To make a proper diagnosis, and to nod your head gravely at a bad prognosis, is the less important aspect of the medical art. It can even cripple your enthusiasm, and in psychotherapeutics enthusiasm is always the secret of success.

It is clearly shown by the results of occupation therapy in asylums that the status of hopeless cases can be tremendously improved. And the much lighter cases in open practice sometimes yield encouraging results under a specific psychotherapy. I do not want to appear too optimistic. Often enough one can do little or nothing at all; or one can have unexpected results. For about fourteen years I have been seeing a woman, who is now about 64 years old. I never see her more than fifteen times in the course of a year. She is schizophrenic and has twice spent a number of months in an asylum with an acute psychosis. She suffers from numberless voices distributed all over her

body. I found one voice which was fairly reasonable and helpful. I tried to cultivate that voice, with the result that for about two years the right side of the body has been free of voices. Only the left side is still under the domination of the unconscious. No further attacks have occurred. Unfortunately, the patient is not intelligent. Her mentality is early mediæval and I could only establish a fairly good rapport with her by adapting my terminology to that of the early Middle Ages. There were no hallucinations then ; it was all devils and witchcraft.

This is not a brilliant case, but I have found that I always learn the most from difficult and even impossible patients. I treat such cases as if they were not organic, as if they were psychogenic and as if one could cure them by purely psychological means. I admit that I cannot imagine, how " merely " psychical events can cause an *abaisssement* which destroys the unity of personality, only too often beyond repair. But I know from long experience not only that the overwhelming majority of symptoms are due to psychological determination, but also that the beginning of an unlimited number of cases is influenced by, or at least coupled with, psychical facts which one would not hesitate to declare as causal in a case of neurosis. Statistics in this respect prove nothing to me, for I know that even in a neurotic case one runs the risk of only discovering the true anamnesis after months of careful analysis. Psychiatric anamnesis often suffers from a lack of psychological knowledge which is sometimes appalling. I do not say that physicians in general should have a knowledge of psychology, but if the alienist aims at psychotherapy at all he certainly ought to have a proper psychological education. What we call " medical psychology " is unfortunately a very one-sided affair. It may give you some knowledge of every-day complexes, but it knows far too little beyond the medical department. Psychology does not consist of medical rules of thumb, it has far more to do with the history of civilisation, of philosophy, of religion and quite particularly with primitive mentality. The pathological mind is a vast, almost unexplored, area and little has been done in this field, whereas the biology, anatomy and physiology of schizophrenia have had all the attention they want. And with all this work, what exact knowledge have we about heredity or the nature of the primary symptom ? I should say : Let us discuss the question of psychogenesis once more when the psychical side of schizophrenia has had a fair deal.