

Bleuler's Concept of Schizophrenia: A Confusing Heritage

BY HELM STIERLIN, M.D., PH.D.

In his work on schizophrenia, Eugen Bleuler attempted to reconcile contemporary psychiatric and psychoanalytic ideas. He found intrapsychic complexes, as described by Freud, at the root of the schizophrenic symptomatology and searched for a theory by which this symptomatology could be related to organic causes. Semon's theory of psychic engrams and their associative links seemed to fit this purpose. In creatively integrating viewpoints from Kraepelin, Freud, and Semon, Bleuler enriched and—to a degree—revolutionized the concept of schizophrenia. Still, Bleuler's reconciling efforts did not fulfill the promise they held. Today we deal with a confusing heritage.

A MEANINGFUL concept allows us to approach the essential. It ties specific insights to the totality of available knowledge. It makes for increasing differentiation and integration of this knowledge and it exerts a dynamic push which leads to new concepts, new perspectives, and new questions.

Schizophrenia is a concept with such meaning and dynamic strength. It was Eugen Bleuler who put it before the scientific world in 1911. Since then this concept has guided countless psychiatrists, causing them to focus on certain aspects of the disturbance while excluding others.

Bleuler's concept of schizophrenia is still meaningful; this I have tried to show elsewhere (8). However, as much as this

concept has enriched and stimulated our thinking, it has also tended to confuse crucial issues.

Partly this confusion remained unnoticed because many people knew only part of Bleuler's work. Thus, the English and German speaking public, as a rule, built up different notions of Bleuler. Most American and English readers are familiar only with Bleuler's monograph "Dementia Praecox or the Group of Schizophrenias." Originally published in 1911 as a volume of Aschaffenburg's *Handbuch*, its English translation by J. Zinkin appeared in 1950 (5). This translation had five printings in rapid succession. In Germany, however, the monograph was never reprinted. Bleuler's ideas on schizophrenia became known to German students and psychiatrists mainly through his textbook of psychiatry, of which six editions appeared during Bleuler's lifetime. Compared to what we find in the first-mentioned monograph, his textbook account of schizophrenia is not only very condensed but also suggests different perspectives. The question poses itself: What was Bleuler's real view of schizophrenia?

This question is difficult to answer. Bleuler's work on schizophrenia, multilayered and complex, offers many aspects. While reflecting a strong integrative trend, it nevertheless seems fragmented at times. Not without justification did Freud point out that Bleuler, the originator of the concept "ambivalence," appeared himself ambivalent and half-hearted in many of his utterances (6). And further, Bleuler's position on schizophrenia shifted between the inception of the concept in 1911 and his death in 1939. These shifts, reflected

Amer. J. Psychiat. 123: 8, Feb. 1967

in his articles in German psychiatric journals and in the statements of his textbook, are not all well known.

In the following remarks I shall try to give a short overview of the central propositions which Bleuler held in regard to schizophrenia, but I shall also mention some shifts and unclarity by which he eroded these propositions. I consider this an attempt to balance my account of Bleuler's concept of schizophrenia which I gave elsewhere (8).

Bleuler's Propositions

Bleuler appears situated in the center of two psychiatric mainstreams, one safely embedded and widely recognized, the other precariously turbulent and far from being acknowledged. Kraepelin was the chief proponent of the former, Freud of the latter. In Bleuler's concept of schizophrenia, these two streams meet. Bleuler acknowledges this in the foreword to his 1911 monograph, where Kraepelin and Freud receive equal tribute. Bleuler in a sense seemed destined to become the mediator between these two psychiatric traditions. Like nearly all other continental psychiatrists, he was exposed to the spell which Kraepelin exerted. He considered Kraepelin's delineation of the psychoses as the decisive step toward a scientific psychiatry. But he also recognized Freud's genius. In his own publications he took notice of Freud's analytic writings as early as 1906, and it was at about the same time that Jung and Abraham, in his Burghölzli hospital in Zürich, began to apply analytic insights to the understanding of psychotic disturbances.

By and large Bleuler accepted Kraepelin's delineation and subdivision of the clinical entity "dementia praecox." This means he accepted the subgroups catatonia, hebephrenia, paraphrenia, etc. (which Kraepelin, in his turn, had taken over from Kahlbaum and others), and the corresponding well-known symptomatology: hallucinations, delusions, stereotypies, catatonic stupor, catatonic excitement, as well as dementia and others. He accepted Kraepelin's underlying notion that some organic, alteration or process—most likely a brain

Amer. J. Psychiat. 123: 8, Feb. 1967

disease on the order of progressive paresis or Alzheimer's disease—was at the root of this symptomatology. And he accepted finally Kraepelin's assumption that the disease, in general, had a downhill course.

While Kraepelin thus provided the nosological framework, Freud supplied the main ideas with which Bleuler could build a psychological theory. In his *Interpretation of Dreams*, Freud had elaborated the mechanisms of displacement, condensation, turning into the opposite, etc., whereby certain wishes and conflicts of the dreamer are both concealed and—to the analytically perceptive observer—revealed. These wishes and conflicts gave evidence of powerful affective constellations or "complexes." Of these, the sexual complex was the most important.

Bleuler found these same mechanisms and complexes at the root of the schizophrenic symptomatology. The latter's delusions, hallucinations, stereotypies, mannerisms, etc., began to make sense when viewed in this light. Bleuler adduced example after example to prove this. In so doing he outlined a rich clinical phenomenology of the disturbance. He paid particular attention to how the pathogenic complexes overpowered and perverted the balancing impact of language. Instead of tying the individual to a cosmos of conventional meanings, obligations, and expectations, language served to provide a shortcut to wish-fulfillments and to spin out a web of private fantasies. Bleuler's concept of "autistic thinking," similar to, but not identical with, Freud's concept of the primary process, served to emphasize this point.

Bleuler pointed to the essential similarity between dreams and schizophrenic symptomatology. There existed only this difference: dreams provided a legitimate sanctuary for the (relatively) undisguised reign of the complex and for the absence of conventional logic and language; the dreamer will, after all, return to waking life. The schizophrenic, in contrast, remains stuck with the consequences of such abuse. In making his logic and his expressions persistently idiosyncratic, he runs the danger of spoiling them for ordinary communication. His nightmare then remains his reality.

Dr. Stierlin is Head, Psychotherapy Unit, Adult Psychiatry Branch, National Institute of Mental Health, Bethesda, Md. 20014.

This analytic view of schizophrenic symptomatology brought meaning to what until then had appeared a potpourri of freakish or bizarre derangements. As a theory it was at once comprehensive and simple. But a crucial problem remained: How could this view be reconciled with the tenets of the Kraepelinian nosology as outlined above?

The analytic theory, conceived on a purely psychological level, provided no bridges whereby it could be linked to the anatomy and chemistry of the brain. Freud recognized this clearly but was unconcerned with it as an immediate problem. Not so Bleuler. He seemed compelled to do justice to Kraepelin's propositions. Thus, he looked for a complementing theory which, if it could not establish such bridges between psychology and brain pathology, would at least open an access to them. This had to be a kind of metapsychology which could fit in with the analytic theory but which would, at the same time, be more fundamental and closer to physiology than the latter.

Engram Theory

Bleuler believed he had found the theory which could be made to suit this purpose. This was Semon's theory of psychic engrams (*Engramme*) and their associative links⁽²⁾. Semon's psychology of associations appeared to Bleuler more comprehensive and explanatory than the one which Wundt and his disciples had made popular. In particular, it seemed to fit the facts of schizophrenia. Thus, Semon must be mentioned along with Kraepelin and Freud when we try to understand Bleuler's thinking about this disturbance.

In following Semon, Bleuler distinguished within the human psyche two basic entities: the engrams and the associative links. The former are stable while the latter are variable; consequently, only the latter can be used to explain symptoms which in themselves vary.

The associations are formed as a result of our experiences. They integrate themselves into clusters which, under certain conditions, can be evoked and be inte-

grated with other clusters. In order to serve our cognitive adaptation, the associations must have a certain looseness but they also must lend themselves to becoming ordered, "streamlined," and hierarchically organized; that is, they must become goal-directed. Variations exist among individuals and circumstances as to how this adaptive integration is achieved. The associations are normally loosened in dreams, during states of fatigue, lessened attention, and other conditions.

The various associative trends are assumed to compete constantly with each other. The trend with the greatest affective charge (or energy) is bound to win out but might also, under certain conditions, "break loose." These circumstances prevail when there is a weakness or defect in the switches which tame and coordinate the associations. Bleuler speaks of a weakening of the *Schaltspannung* or *Assoziationsspannung*, that is, of the tension which keeps bound and coordinated the associations. But such weakening implies a loosening of associations, and along with it a loss of hierarchic structure and goal-direction of thinking. If such loosening is severe, affects will become fragmented and the inner unity of the personality will be lost. In other words, there will be schizophrenia.

This theory of the weakness of the associative links, of the decreased *Schaltspannung*, when applied to schizophrenia appeared to mediate between the Kraepelinian tenets and psychoanalytic theory. The way was cleared to give due credit to the organic genesis postulated by Kraepelin and his like. "We can assume a decrease in *Schaltspannung*," writes Bleuler, "which corresponds to the nature of the illness, namely one which is not functional but which is the direct consequence of a direct chemical or anatomical or molecular brain alteration"⁽²⁾. But also analytic theory, so Bleuler thought, could find its place in the conceptualization. The loosening of the associations, as facilitated by the brain alterations already mentioned, prepared the ground for the free reign of the complexes and, along with that, for the flourishing of schizophrenic symptomatology. This symptomatology could now be

Amer. J. Psychiat. 123: 8, Feb. 1967

seen as either a manifestation or an attempt at restitution of the loosening of associations.

However, this integration of different viewpoints had an unexpected result: it led to a change as well as a widening of the concept of schizophrenia. Thus it raised new perspectives and problems.

While developing this theory of schizophrenia, Bleuler was forced to reshuffle the schizophrenic symptomatology. He had to distinguish between primary and secondary symptoms, and this distinction ran counter to common expectation and usage. Bleuler considered primary the loosening of associations and secondary most of those other symptoms which, in the description of dementia praecox, had so far taken the limelight: the delusions, hallucinations, gross stereotypies, and so on.¹ This reshuffling of symptoms thus had the effect of depriving schizophrenia of much of the awe-inspiring, bizarre flamboyance which it had had in the eyes of laymen as well as of professionals.

Bleuler's analytic approach to schizophrenia had similar consequences. It tended to tear down that barrier of strangeness which had separated the schizophrenic from so-called normals. In citing example after example of how complexes in one way or the other made persons behave in a schizophrenic manner, he made the schizophrenic look "much more human than otherwise." He therefore refuted the claim of Jaspers and other German psychiatrists that schizophrenic experiences were inaccessible to common understanding.

Instead, Bleuler put the schizophrenic disturbance into the panorama of everyday human experience. He caused the reader to see the schizophrenic disturbance of thinking and affectivity as differing from normal experiences in terms of quantity but not in quality. "Even normal persons," he wrote, "show a number of

¹There was, of course, something even more primary than the loosening of associations: the brain alterations which gave rise to them. Accordingly, Bleuler differentiated at times between "organic" and "psychic" primary symptoms, of which the former were in a sense more "primary" than the latter.

Amer. J. Psychiat. 123: 8, Feb. 1967

schizophrenic symptoms when they are emotionally preoccupied, particularly inattentive, or when their attention is concentrated on a single subject. Among these symptoms are peculiar associations, incomplete concepts and ideas, displacements, logical blunders, and stereotypies"⁽⁵⁾. At one point he mentions a scientist of his acquaintance who appeared catatonic when preoccupied. And he stated further: "... the individual symptom in itself is less important than its intensity and extensiveness, and above all, its relation to the psychological setting"⁽⁵⁾. He repeated this statement in his textbook.

Widening of Concept

Thus Bleuler not only humanized the concept of schizophrenia—that is, linked it to common experience—but he also widened it. Along with such widening he noticed the frequency of so-called latent schizophrenia. "There is," he wrote, "also latent schizophrenia, and I am convinced that this is the most frequent form, although admittedly these people hardly ever come for treatment"⁽⁵⁾. Schizophrenia, in mild and embryonic forms, was seen as all-pervasive. Bleuler notes that ten of his schoolmates later developed schizophrenia.

This widening further implied a relativizing of the concept. The border between schizophrenia and other psychic conditions became blurred. Schizophrenia, which Bleuler had undertaken to delineate more clearly and, so to speak, more microscopically than had ever been attempted before, seemed to dissolve itself as a clear-cut entity. In emphasizing that schizophrenic symptoms exaggerated normal experiences, that the psychological setting was all-important, and that there existed many abortive and latent forms of schizophrenia, Bleuler indeed threatened the very Kraepelinian edifice which he had set out to complete and underpin. That was the paradoxical result of his efforts. This result, when taken seriously, would have opened new and exciting perspectives. But for a long time it did not. The main reason for this lay with Bleuler.

Did Bleuler recognize this paradoxical result of his conceptualizations, and did he

reorient his thinking accordingly? I believe that he did so only to a minor degree and that he became increasingly bogged down by the contradictions and complexities which he himself had engendered or laid open. We may remind ourselves at this point that Bleuler had made the splitting the main characteristic of the disturbance which became associated with his name. "The splitting," he wrote, "is the prerequisite condition of most of the complicated phenomena of the disease. It is the splitting which gives the peculiar stamp to the entire symptomatology" (5). Could it be that he himself was split in regard to what he "knew" and what he acknowledged about the disturbance? In order to bring some light into this situation we must understand how this work on schizophrenia was received by his contemporaries.

Bleuler was soon reminded by his colleagues that he was on slippery ground. Along with praise, he incurred vehement criticism. Overwhelmingly the criticism was directed against his psychological theory of schizophrenia, in which he had applied the ideas of Freud. Gruhle, Bumke, Hoche, and nearly all the other stars of contemporary German psychiatry repudiated it in whole or major part. This was understandable, for not only had Bleuler allowed psychoanalysis to creep into "respectable" psychiatry by the back door, so to speak, he had also implicitly questioned many of the assumptions of this kind of psychiatry. We notice, therefore, bitter emotional undertones in the criticism launched at him, held in check only by respect for his generally recognized stature.

In this situation Bleuler could have sided with Freud and his small group of analysts, who wooed him to join them in a more straightforward manner. But Bleuler did not do so. Thus he saw himself under (more or less veiled) attacks from the two sides he had set out to reconcile. Both sides came to see him as lukewarm and ambivalent with regard to their own cause.

Bleuler's Retreat

Bleuler found himself in a charged field. In contrast to Freud, who widely disregard-

1000

ed his critics and pursued his lonely path of theory-build, Bleuler became involved in many arguments. It would exceed the intent of this paper if I tried to trace their content in detail. But this much can be said: Bleuler's stand became more and more uncertain and vacillating. Frequently he appeared to contradict or tone down what he had said only a few moments before. Also from approximately 1913 on, Bleuler began to move away from Freud and to come closer to academic psychiatry. He began to sound defensive about his Freudian leanings. In response to criticism from academic quarters he wrote, for example: "The illness (schizophrenia) is in my opinion not due to psychic causes (*psychogen*), but a great many of its symptoms are; and some of these come about in ways which Freud and Jung have demonstrated" (1). This over-cautious statement seems a far cry from what he had stated in his 1911 monograph. Or, we read: "Critics should realize that far too much in my theory has been considered Freudian" (1). Numerous such examples could be given.

Along with deemphasizing Freud's contributions, Bleuler asserted his basic agreement with Kraepelin. He became more insistent in claiming organic causes for the disturbance. Although we read in his textbook "We do not know as yet on what the pathologic process is based," we learn immediately thereafter:

In acute stages various kinds of changes in the ganglion cells are found. In old cases the brain mass is reduced a little; many ganglion cells, especially in the second and third layer, are changed in various ways; sometimes the fibrils of the cells and the axis cylinder look diseased. The glia is regularly involved: various changes of its cell varieties, increase of the small cells; there is a deposit of pigment and other catabolic materials, increase of the finer glia fibers and other things besides (3).

Although he qualified the meaning of these statements, Bleuler's message to the reader seems clear.

Still later Bleuler emphasized the hereditary basis for the disease—again to be conceived along organic lines. In the sixth edition of his textbook, the last one which he himself prepared, we read: "The essential cause, which most likely is necessary

Amer. J. Psychiat. 123: 8, Feb. 1967

to schizophrenia, lies in an inherited disposition" (4).

Thus in the older Bleuler, the organic, Kraepelinian orientation clearly won out over the psychoanalytic. Bleuler demonstrated this in his stand on therapy. He wrote, for example: "Most schizophrenics are not to be treated at all, or at any rate outside of asylums," and

Expensive treatments, that are of no use anyway, should be cautioned against, above everything. Moreover, the economic and moral interests of the healthy members of the family should not be sacrificed for a hopeless treatment. On the other hand, the supreme remedy which in the majority of cases still accomplishes very much and sometimes everything that can be desired is training for work under conditions that are as normal as possible (3).

We note the absence of any recommendations for some sort of analytically oriented psychotherapy, and we note also an attitude toward the schizophrenic's family which seems curiously at odds with many modern insights (7, 9).

Despite Bleuler's increasing detachment from Freud, he continued to acknowledge his debt to the latter from time to time. He praised Freud outspokenly in the foreword to the fifth edition of his textbook (although not in the foreword to the sixth edition). In a sense he never seems to have given up on the task of reconciling the two

psychiatric traditions, but this task clearly overtaxed him. Reconciliation remains to be carried out. Yet where such reconciliation seems impossible, we must revise our concepts.

REFERENCES

1. Bleuler, E.: Kritik der Freudschen Theorien, *Allg. Z. Psychiatrie* 76:665-718, 1913.
2. Bleuler, E.: Störung der Assoziationsspannung/Ein Elementarsymptom der Schizophrenie, *Allg. Z. Psychiatrie* 74:1-21, 1920.
3. Bleuler, E.: *Textbook of Psychiatry* (translated by A. A. Brill from *Lehrbuch der Psychiatrie*, 4th ed.). New York: Macmillan, 1924, p. 442.
4. Bleuler, E.: *Lehrbuch der Psychiatrie*, 6th ed. Berlin: Springer, 1937, p. 316.
5. Bleuler, E.: *Dementia Praecox or the Group of Schizophrenias* (translated by J. Zinkin from *Dementia Praecox oder die Gruppe der Schizophrenien*). New York: International Universities Press, 1950.
6. Freud, S.: "Selbstdarstellung" *Gesammelte Werke*, vol. 14. London: Imago Publishing Company, 1948, p. 77.
7. Lidz, T., Fleck, S., and Cornelson, A. R.: *Schizophrenia and the Family*. New York: International Universities Press, 1965.
8. Sierlia, H.: Bleuler's Concept of Schizophrenia in the Light of Our Present Experience, in *International Symposium on the Psychotherapy of Schizophrenia*, held in Lausanne in 1964. New York/Basel: Karger, 1965, pp. 42-55.
9. Wynne, L., and Singer, M. T.: Thought Disorder and Family Relations of Schizophrenics, *Arch. Gen. Psychiat.* 9:191-198, 199-206, 1963.

COPIES OF SPÉCIAL SECTIONS AVAILABLE

In response to requests from readers, the *American Journal of Psychiatry* is making extra copies of its Special Sections available. The cost of this Special Section, "Schizophrenia," will be as follows: 1-10 copies, 50 cents each; 11-20 copies, 40 cents each; 21 or more copies, 30 cents each. The Special Section will be bound into a cover.

Address orders to Publications Services Division, American Psychiatric Association, 1700 Eighteenth Street, N.W., Washington, D. C. 20006. Please enclose payment with order; checks, money orders, or stamps are acceptable.

Amer. J. Psychiat. 123: 8, Feb. 1967

1001