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Books Reconsidered

*Dementia praecox oder die Gruppe der Schizophrenien: Eugen Bleuler**

MANFRED BLEULER AND RUDOLF BLEULER

Eugen Bleuler's motivation for his work with schizophrenic patients and for describing their psychoses in a manual (By *Manfred Bleuler*)

Bleuler's aim in becoming a doctor and his interest in schizophrenia are deeply rooted in his origins. He was born on 30 April 1857 (his father lived from 1823–1889, his mother from 1829–1898). All his ancestors were from Zollikon, which was, up to the end of the last century, a rural village an hour's walk from the city of Zürich. The population of Zollikon lost some of its ancient rights during the 18th century and had been increasingly subjected to the government of the city of Zürich. Up to 1830, an academic career was unusual and difficult for the rural population; it remained difficult during Bleuler's youth. It is astonishing, however, that in spite of the difficult access to academic education, the intellectual interest and the enthusiasm for the ideals of enlightenment grew even greater among the rural population.

It became increasingly important for the rural people to give an academic education to their young men. The hope grew: if our sons are academically trained they will be able to perform their duties as clergymen, judges, and particularly as doctors as well, or even better, than the old aristocrats of the city. Under these circumstances, Eugen Bleuler decided to become a doctor, and he understood medicine as part of natural sciences.

The first directors of the psychiatric University Clinic Burghölzli in Zürich (opened 1870) were highly qualified and internationally-known professors who became famous on account of their research in neuropathology and in neurophysiology. As Zürich at this time had no academic tradition, they had been called to their chairs from Germany.

The rural population felt that these great men had no personal contact with their psychotic patients on account of their academic interests and their language (the population spoke a German dialect). Under these conditions, Bleuler conceived the overwhelming wish to become a modern doctor who lived and spoke with them in their mother-tongue. He had the wish to become a psychiatrist such as the population around him had dreamed of – a psychiatrist who could help his patients both by modern medicines and by understanding them personally and being close to them.

Bleuler completed his medical studies in Zürich in 1881. In the following years, he was an assistant in the psychiatric clinics of Waldau-Bern and Burghölzli-Zürich and also studied in Paris (under Charcot), in London, and in Munich (under von Gudden). One of his first publications as a young student concerned synaestesia (1880). There followed papers on cerebral anatomy, neurology, and neurophysiology.

While an assistant of Auguste Forel in the Burghölzli Clinic, Bleuler was chosen as director at the psychiatric Clinic Rheinau, at the age of 29. He stayed there from 1886 to 1898. Rheinau was at that time a small village of farms. In the 8th century, a monastery had been founded there on an island in the Rhine. In 1867, it had been turned into a psychiatric hospital. Bleuler was not yet married, and lived there alone, in contact with his patients. He worked with them (mostly in agriculture), organised their free time (for instance, hiked with them, played in the theatre with them, and danced with them). He was also the general physician of the patients of the Clinic and the inhabitants of the village. During his life with the patients, Bleuler had always a memo-pad at hand, where he noted what touched and interested him in his patients' behaviour. He frequently noted in shorthand what the patients actually said.

In 1898, the government of the Canton of Zürich appointed Bleuler as Auguste Forel's successor as Director of the Psychiatric Clinic Burghölzli and as Professor of Psychiatry at the University. He did not wish to leave his patients in Rheinau, but in his new position in Burghölzli, he was much closer to his sick parents.

In his new position, Bleuler had less time for his patients, as he had many other duties. He worked in close touch with his staff, which included Carl Gustav Jung from 1900–1910; they discussed (in touch with Sigmund Freud) the psychodynamic life of schizophrenics.

In the first years of our century, a group of German psychiatrists, headed by Gustav Aschaffenburg, Professor in Cologne, planned to write a great *Manual of Psychiatry* (13 large volumes). Its main aim was the exact description of the manifold psychopathological phenomena, and an effort to outline disease entities

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with specific cerebral causes. This was intended to be a continuation of what Kraepelin had inaugurated with his textbook.

Aschaffenburg knew Bleuler both on account of his contribution to the introduction of Kraepelin's conceptions and for his great but critical appreciation of Freud's concepts. Bleuler's motivation for writing the *Manual*'s volume on *Dementia Praecox* clearly reflected his principal aims in life: he wanted to be a physician in the sense of his time and to contribute to the progress of medicine, and he wanted at the same time to be close to his patients and to know and study them personally. He was eager to describe psychopathology in an objective, scientific way and to suggest at the same time the importance of understanding the personal psychodynamic life of the individual patient.

The main text of the book

It commences with a short presentation of the history of the concept 'dementia praecox'. Bleuler introduced the term 'schizophrenic psychoses' both in order to eliminate the erroneous idea that the patients become 'demented' and to take into consideration that not all patients become psychotic at an early age. His designation also expressed his doubts in regard to the assumption that 'dementia praecox' corresponds to a disease entity. The following main text, under the title 'Symptomatology', describes in an exact and objective way his observations while living with schizophrenic patients in Rheinau. The chapter is subdivided into 'elementary functions' (the dissociated associations and affectivity, the ambivalence) and 'secondary symptoms' (as for instance hallucinations, delusions, morbid attitudes). All these descriptions are mainly based on Bleuler's daily notes while with schizophrenic patients. These notes filled several thousand small pages written in shorthand. This is the first and most important characteristic of the book: *it is mainly based on personal and direct observations.*

The second characteristic of the book consists *of an endeavour to discover the psychological individual background of the psychotic symptoms.* This is not done by theoretical considerations but by noting observations which concern the psychological background. From Bleuler's description of 'symptoms' emanates his empathy for the patient to the reader. To what is such an emanation due? Certainly not by direct calls for empathy! It may be due first to the fact that Bleuler gives well-observed examples of symptoms noted in much more detail than an impersonal description. Bleuler also repeats again and again that the symptoms were observed in a patient whose emotional and intellectual inner life is essentially intact, but frequently hidden. Thus, we gain the impression that we are in duty bound to accept the schizophrenic as one of us, and as one who merits our help. The same effect is gained from the demonstration that many 'symptoms' are symbols for emotionally laden ideas of the patients, just as the contents of our dreams are often symbols. Bleuler also describes how patients suffer from ambivalence, from contradictory emotions and impulses (due to double-bind in modern jargon). As it is true of everyone's life to overcome ambivalence, the description of the schizophrenic's difficulties suggests the idea: "He is one of us and we can feel with him".

An example: A schizophrenic woman from the Burghölzli Clinic had asked to see Bleuler. When he saw her, he found her mute and in catatonic stiffness. He suddenly noticed, however, a little movement of the patient: for a short while, she touched Bleuler's wedding ring. This movement suggests the interpretation that the patient wanted to express: "I look like a stone, but I am a woman with healthy feelings appreciating marriage". Bleuler never maintained that his impression of his patient's motivation for touching the wedding ring really corresponded to what was going on in her thoughts. The observation, however, qualified his impression as possibly realistic. And it is certain that Bleuler's impression due to objective observation aroused his empathy for a patient 'looking like a stone' – and it evokes the empathy of the book's readers for catatonic patients.

Chapters superseded by modern research

While Bleuler's exact, minute descriptions of his schizophrenic patients (suggesting empathy through objectivity) are still of value and interest in modern times, the following chapters on course and outcome of psychoses and on the families of schizophrenics have lost their importance in the light of new research since 1911.

Bleuler, however, had already shown that the course of schizophrenic psychoses is extremely varied – with one exception: the schizophrenic never becomes 'demented' and never loses his intellectual and emotional life, even if it is often hidden behind his dissociation of thoughts and emotions. Bleuler mentioned that many schizophrenics recover so far that they can live a healthy life outside hospital. He hesitated, however, to speak of absolute, complete recovery. One of the reasons lies in the critical evaluation of the patient's prepsychotic personality. If prepsychotic personality difficulties continued to exist after social recovery, Bleuler asked himself critically: was perhaps the prepsychotic personality disorder already a sign of the oncoming psychosis?

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He feared that the designation of complete recovery was uncertain in such a case, and was not permitted by objective, scientific thinking. Furthermore, for many years Bleuler's main duties did not allow him to follow-up the course of many patients after their discharge from hospital, particularly not during his isolation in Rheinau. Compared with his great experience with hospitalised patients, his experience was restricted with patients discharged from hospital.

Theoretical considerations

One of Bleuler's main aims in choosing and following his career was to arrive at an understanding of the schizophrenic symptoms as expressions of an inner psychodynamic life. And one of the main aims of his book was to describe the results of these endeavours, and to introduce them into modern psychiatry. He studied the schizophrenic's inner life essentially in the same way as we study the inner life of neurotics, of healthy men, and of ourselves. He included in this study ideas of Freud, and discussed them with him.

Bleuler was successful in his endeavours to recognise schizophrenic 'symptoms' as reflecting the patient's life experience, his cognition, his emotions, his fears and hopes. His way of analysing the schizophrenic's inner life enabled him – and enables us – to feel with the schizophrenic, to acknowledge him as 'one of us', a man as we are, worthy of the same social and medical care when in stress and difficulty. The great importance of this becomes evident when we realise how strong tendencies in the opposite direction have frequently existed in all cultures and at all times. All too frequently, the schizophrenic was considered to be no longer one of us, to be wracked and ruined for good, to be a demented and degenerated man, or a man possessed by evil spirits or demons. Even in the psychiatry of our century, there has been a strong trend in this direction, declaring that the inner life of the schizophrenic was incomprehensible to the healthy.

While Bleuler understood the schizophrenic symptoms as a direct or symbolic expression of the patient's inner life, he never claimed that his psychological understanding explained the patient's psychosis. In other words: he did not understand why psychologically intelligible parts of the patient's inner life lose control by experience and logic, to a degree which characterises him as a psychotic, as a man who loses his usual social position. Bleuler understood, for instance, that a schizophrenic's ambivalence is essentially of the same nature as ambivalence of the healthy, that it is due to contradictory emotionally laden life experiences, to the double-bind. However, Bleuler did not understand why this ambivalence becomes overwhelming, why the patient thinks, feels, and acts in many respects as if there were different souls in him, as if he consisted of different personalities, that he becomes 'split' to a psychotic degree.

It was logical in this situation to assume that hidden behind the schizophrenic symptoms, which are psychodynamically intelligible, is concealed a 'primary disorder'. Like most psychiatrists of his time, such as Kraepelin and Sigmund Freud (and many other psychiatrists of our times), Bleuler supposed that the 'primary disorder' was a metabolic or anatomical cerebral disturbance. Bleuler mentions, however, the possibility that anomalies in personal development could be a primary cause of schizophrenic psychoses. Bleuler looked for symptoms of the 'primary disorder' which were independent of the psychodynamic life. He suspected some physical findings to be 'primary' symptoms, but we know today that some of them are of another nature. He believed that the splitting (the dissociation of thoughts, of emotions, of attitudes and of acting) were close to 'primary symptoms', while he understood most of the other symptoms of the psychosis as due to the intrapsychic, psychodynamic life, as being 'secondary'.

The terms 'primary and secondary' symptoms of schizophrenic psychoses are no longer in use, and sound old-fashioned. The essential content of Bleuler's theoretical conception, however, is astonishingly similar to the conception of most modern psychiatrists: they agree with Bleuler that the symptoms of the schizophrenic psychoses can be understood psychodynamically, and they agree with Bleuler that this understanding does not, as yet, answer the great question: why has the schizophrenic lost all consideration for reality and logic in many ways during his fight to harmonise the inner disharmonies (the double bind) of his life experience? Why has he became psychotic in spite of an inner life which we feel to be near our inner life? In this regard too, most modern psychiatrists hypothesise like Bleuler that behind the psychodynamically intelligible morbid symptoms exists a hidden morbid background of the psychosis. They no longer call it, as Bleuler did, 'primary disease', but their description of 'vulnerability' with regard to schizophrenic psychoses or hidden disturbances only visible by 'markers' corresponds closely to Bleuler's conception. As Bleuler did, most modern psychiatrists suppose that this 'primary disease', this 'vulnerability', is due to an abnormal cerebral function – today, in particular, of a neurohumoral origin. As in 1911, however, up to the present time, no specific derangement such as the deepest and specific derangement of schizophrenic psychoses has been discovered.

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The chapters on 'Therapy' (By *Rudolf Bleuler*)

Bleuler excluded the superfluous and the questionable, and based therapy on an established effective foundation. Considering the treatment methods at the present time, we may understand his position. But this attitude explains also why Bleuler expressed himself carefully about the dialogue with his patients.

What principles are specified in his book? The symptomatology of the schizophrenic patient is essentially comprehensible. The underlying factors are the therapist's profound empathy, his sufficient knowledge of the patient's personal history and of psychodynamics, as well as his awareness of the fact that healthy, although split off or distorted parts of the personality, persist even in the most disturbed patient. Uncovering psychotherapy, as with the neuroses, helps only in the less severe cases. The therapist practises with his patient mainly reality-testing and impulse-control. Daily routine and living together in the clinic are aspects which should be embedded in a structured environment. Acting-out destructiveness must be prevented, but at the same time *freiraum* and tolerance should be taken into account, more so than would be possible outside the clinic. The vehicles of therapy are dialogue and an active community life.

And what if we had to summarise the bases of treatment in the present day? We would confirm the fact that therapy should be less uncovering and more structured. In our opinion, the following is true: first, the therapist is not just a good, knowing, and commenting partner in a dialogue, but is the person who fulfills the patient's desire for a parent figure and who, in certain areas of the relationship, is omnipotent and able to fuse with him. This means that the therapist expresses clearly what he thinks to be correct or incorrect. He is capable of verbalising the unspoken feelings and thoughts of the patient, and presenting them in a framework which provides security. He makes no secret about his own feelings and associations which arise in the therapy, or about his personal gain. He confirms the experiences communicated to the patient in the dialogue in a well defined framework on the level of action, which in the end result, is more important for the patient. And, step by step, he draws himself out of his parent role, but is available to the patient if necessary for years. Second, understanding is less causal and analytical than purposive and synthetic; abnormal experience is declared as an expression of a healthy, constructive striving, and must be led out of its distorted and threatening state. Third, because anxiety-raising feelings and impulses are not repressed into the unconscious, but instead are split off into other conscious areas of the personality, it is not the task of therapy to let them become conscious, but to (re)integrate them into the whole of the personality. Fourth, disturbed functions should not just be pointed out, but also corrected and actively trained, for example, cognitive and affective control of reality, phantasising and symbolising, organising and weighing of matters, coherent communication, metacommunication of contradictions, etc. Fifth, the healthy resources of the patient and his family are not just an implicit presupposition for therapy; they should be explicitly applied and strengthened.

If we compare this description with Bleuler's basic statements of 1911, we notice that the latter have maintained their validity up to the present time, but have been developed further and made more precise. Concerning the realisation of these principles in the clinic – Bleuler's main field of work – a certain loss is apparent. There was a state of distress concerning personal and financial matters; there were the difficulties of the pre-neuroleptic era, and the extensive relinquishment of private life. However, one cannot avoid seeing that the clinical setting at the time was more a community of life and destiny between patients and nurses than it is today, and in this sense, it came closer to the ideal of the active therapeutic community.

Conclusion

The main text of Bleuler's book consists of a careful and objective description of his observations during long-term living with schizophrenics – a description which demonstrates the direct and symbolic correlation of the schizophrenic's symptoms with his inner, psychodynamic life.

It is furthermore important that he shows again and again that the schizophrenic is never 'demented' in the sense of Bleuler's time; that he preserves in his background the intellectual abilities and emotional life of the healthy. From Bleuler's minute descriptions of what is healthy in the schizophrenic, and of the correlation of his symptoms with an inner life close to our inner life stresses, comes the conception that the schizophrenic patient is not foreign to us, that he is not unintelligible, and that we can develop empathy for him. The schizophrenic patient needs our help, as does any patient.

For the care of the schizophrenic patient, an active therapeutic community is important. It is essential in therapy that nurses, doctors, relatives, and others are in a natural way near the patient, sharing parts of life with him.

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