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Eugen Bleuler's *Dementia Praecox or the Group of Schizophrenias* (1911): A Centenary Appreciation and Reconsideration

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On the 100th anniversary of the publication of Eugen Bleuler's *Dementia Praecox or the Group of Schizophrenias*, his teachings on schizophrenia from that seminal book are reviewed and reassessed, and implications for the current revision of the category of schizophrenia, with its emphasis on psychotic symptoms, drawn. Bleuler's methods are contrasted with Kraepelin's, and 4 myths about his concept of schizophrenia addressed. We demonstrate that (1) Bleuler's concept of schizophrenia has close ties to historical and contemporary concepts of dissociation and as such the public interpretation of schizophrenia as *split personality* has some historical basis; (2) Bleuler's concept of *loosening of associations* does not refer narrowly to a disorder of thought but broadly to a core organically based psychological deficit which underlies the other symptoms of schizophrenia; (3) the "4 A's," for *association*, *affect*, *ambivalence*, and *autism*, do not adequately summarize Bleuler's teachings on schizophrenia and marginalize the central role of *splitting* in his conception; and (4) Bleuler's ideas were more powerfully influenced by Pierre Janet, particularly with regard to his diagnostic category *Psychasthenia*, than by Sigmund Freud. We conclude that Bleuler's ideas on schizophrenia warrant reexamination in the light of current criticism of the emphasis on psychotic symptoms in the schizophrenia diagnosis and argue for the recognition of the dissociative roots of this most important psychiatric category.

Key words: schizophrenia/Bleuler/dissociation

Eugen Bleuler's *Dementia Praecox oder Gruppe der Schizophrenien*[1] was published 100 years ago, in the summer of 1911, but was not translated into English for almost 40 years. When it became available in 1950, as *Dementia Praecox or the Group of Schizophrenias,*[2] it was widely read (reprinted 5 times in rapid succession[3]) and powerfully influenced the first diagnostic manuals developed after World War II, the *Diagnostic and Statistical Manual of Mental Disorders, First Edition* (DSM-I) and DSM-II.[4] At the time, psychiatry in the United States was strongly psychoanalytic and easily assimilated Bleuler's relatively broad and psychologically based diagnostic category of schizophrenia, which did not emphasize psychotic symptoms. However, by the 1970s, it had become apparent that the diagnostic criteria for schizophrenia had become so broad and diffuse that they could not be reliably applied; studies such as the US:UK study[5] made it clear that "schizophrenia" was used in a much narrower sense in the United Kingdom (where psychoanalysis and Bleuler had had only limited impact) than in the United States, leading to vast differences in diagnostic practices. Other studies, including the World Health Organization's International Pilot Study of Schizophrenia,[6] led to the development of structured diagnostic instruments such as the Present State Examination (PSE).[7] The PSE emphasized psychotic symptoms more strongly in diagnosing schizophrenia than did Bleuler, particularly utilizing the specific delusions and hallucinations highlighted by Kurt Schneider as "first rank symptoms."[8] These symptoms were more easily delimited from the normal range of experiences and formed the backbone of the schizophrenia diagnosis from the DSM-III to the present.

The move to emphasize specific psychotic symptoms in the diagnosis of schizophrenia was welcomed by a group of American psychiatrists dissatisfied with the broad and apparently unreliable approach of the Bleulerian school. As a sign of their break, they identified themselves as the *neo-Kraepelinian* movement[9,10] or the neo-Kraepelinian revolution.[11] The neo-Kraepelinians argued that mental illnesses were discrete from one another and discontinuous with normality and that psychiatrists should focus primarily on the biological aspects of the disorders.[9] Researchers and clinicians associated with this movement set about revising the "imprecise vague" diagnostic categories they found in the DSM-II, working toward a system with "precisely operationalized criteria."[11]

This ultimately led to the development of the DSM-III, published in 1980.[12]

For the diagnosis of schizophrenia, the neo-Kraepelinians, following Wing et al,[7] relied heavily on the teachings of the German psychiatrist, Kurt Schneider.[8] Schneider argued that certain types of psychotic symptoms (so-called first rank symptoms) were strongly associated with schizophrenia. From the DSM-III through the DSM-IV (and also in the ICD-9 and ICD-10), only one of these symptoms (auditory hallucinations (AH) commenting on one's behavior or 2 or more AH conversing with each other or bizarre delusions—described primarily as delusions of control or thought-related delusions) was required to meet the schizophrenia symptom criterion. However, it quickly became apparent that such symptoms were not unique to schizophrenia, occurring frequently in other psychoses[13] and in dissociative disorders[14] and that they had no particular prognostic or predictive value.[15] Even so, these first rank symptoms continue to be emphasized in the diagnosis of schizophrenia. Only now, with the revision of the DSM-IV underway, are they likely to be eliminated, with the belated recognition that these symptoms have "no unique diagnostic specificity" for schizophrenia.[16] Nonetheless, the DSM-5 committee continues to emphasize psychotic symptoms for diagnosing schizophrenia, despite increasing evidence for their prevalence in other disorders such at posttraumatic stress disorder (PTSD)[17] and in the general population.[18] Because of this, some have called for the diagnosis of schizophrenia to emphasize cognitive or negative symptoms more than psychotic symptoms,[19] embracing a *neo-Bleulerian* perspective to temper some of the apparent excesses of the neo-Kraepelinian school.[20]

In this context of shifting diagnostic sands and in acknowledgement of the 100th anniversary of his most important book, the time appears ripe for a reevaluation of some of the central aspects of Bleuler's concept of schizophrenia. We begin by contrasting the largely inductive approach of Bleuler with the deductive approach of Kraepelin—with regard to their working methods and approaches to diagnosis. Then, we move to dispel 4 myths about Bleuler's (1911) teachings: (1) that schizophrenia ("split mind") meant a separation of thought and affect instead of a schism of personality, (2) that Bleuler's proposed core deficit of schizophrenia, a "loosening of associations," referred narrowly to a thought disorder instead of broadly to a psychological deficit, (3) that Bleuler's teachings could be accurately summarized under the rubric "4 A's"—for *association, affect*, *autism*, and *ambivalence*, and (4) that Bleuler was more influenced by Sigmund Freud's teachings than those of his great French competitor, Pierre Janet. We will end by calling for, on this anniversary of Bleuler's book, recognition of the dissociative roots of his concept of schizophrenia.

Kraepelin and Bleuler—Deduction vs Induction?

Emil Kraepelin initially began formulating his ideas on psychopathology in 1883 and found himself "bewildered" by the "wide differences in terminology and conceptions" of mental disorders that faced him.[10(p338)] He attempted to bring some order to these observations, and the result was the first edition of his compendium of psychiatry (Kraepelin, 1883). From the beginning, Kraepelin strongly emphasized a somatic/biological etiology of mental disorders and strongly de-emphasized possible social or psychological causes.[21] This may have been partly because of his close relationship with his brother, the renowned biologist Karl Kraepelin, with whom he shared a strong interest in biological systems of classification.[22]

Over the ensuing years, Kraepelin began to refine his concepts of diagnostic categories, initially (1886–1891) at the University of Dorpat (Tartu) in what is now Estonia. His clinical work there required the use of translators as Kraepelin did not speak the native language. He then went to Heidelberg, where the amount of clinical work and his interest in diagnostic categories led to the development of diagnostic "cards" (Zählkarten). In his autobiography, Kraepelin outlines the genesis of this idea:

> To evaluate the masses of observation material at our disposal, a great deal of clinical work would have been necessary. Unfortunately, I did not have enough energy for such a feat (and) my co-workers had a lot of other clinical tasks … I tried to at least pave the way for clinical studies. I ensured that a *Zählkarte* was made … for every patient and that all the important features of the clinical picture were noted on these cards ([23] cited in [22]).

When examined in detail, however, Kraepelin's cards reveal their limitations. More than half of the over 700 Heidelberg cards examined have no information on course, heredity, or etiology—3 of the categories emphasized by Kraepelin.[22] Furthermore, Kraepelin himself completed only about half of the cards based on patient information; the rest were produced by his co-workers. Weber and Engstrom[22] note that these cards, filled with general descriptions such as "nervousness" or "mental illness" and vague expressions such as "restless" or "confused," suffer from a "lack of systematic rigour" (pp 382–383) and could not have formed the basis for his nosological concepts. Rather, they suggest that the cards allowed Kraepelin to "supplement and reinforce preconceived (diagnostic) concepts" (p383). Others have argued similarly, that Kraepelin's nosology was the "result of a research strategy selectively directed towards assumed disease entities which were constituted by specific causes and a distinct pathological anatomy."[21(p387)] A diagnostic system based on such highly condensed and (possibly) biased material is a far cry from the "careful delineation of clinical syndromes based on careful observation of hospitalized psychiatric patients" attributed to Kraepelin by the neo-Kraepelinians.[11(p196)] Indeed, it might not be

too much of an exaggeration to claim that Kraepelin preferred to spend time with his *Zählkarte* instead of with his patients; a colleague of his described him "fanatically" working and reworking through thousands of his cards as though they were "rare art objects."[22]

Eugen Bleuler's attitude and working methods could not have been more different. In all likelihood, Bleuler was motivated to become a psychiatrist because of the frustration the local people of his Canton in Switzerland felt toward the foreign (primarily German) doctors, who could not understand their dialect and were unfamiliar with the local culture.[24] He is also likely to have had first-hand experience of this, as his elder sister was psychiatrically hospitalized at Burghölzli, the psychiatric hospital near Zürich, when he was a teenager (and remained chronically ill throughout her life, living with Bleuler and his family for most of her later years[25]). Bleuler was driven by a desire to understand the patients he worked with; he thought he could do this best by spending as much time as possible with them and taking copious notes on their speech and behavior—he is reported to have always had a pencil and pad with him.[26] During the 12 years he was medical director at the Rheinau asylum (1886–1898), Bleuler spent almost every waking moment with his patients not only talking with them but also working and attending social functions with them. This extensive clinical material provided the foundation for his 1911 book.

In addition, Bleuler's ideas about schizophrenia were powerfully influenced by the extensive psychological tests—the word association task—performed by Jung and Franz Riklin at Burghölzli from 1903 to 1906 at his behest.[24] Jung and Ricklin conducted hundreds of word association tests—reading a single word, asking for an association, timing the response, and sometimes repeating the prompt—with a range of clinical and nonclinical populations. Indeed, it is ironic that it was Kraepelin who studied with Wundt and considered becoming a psychologist, but it was Bleuler who used psychological methods, adapted from Kraepelin, to inform his understanding of schizophrenia. While Bleuler had long believed that some sort of disorder of association underlay the symptoms of dementia praecox, the results of the word association tests led to his development of the concept of *loosening of associations* and his emphasis on *complexes*. This "bottom-up" approach to understanding dementia praecox/schizophrenia could best be characterized as "inductive" in nature, as opposed to the "deductive" stance of Kraepelin with his "preconceived" categories.

So it appears that Kraepelin, heavily influenced by the natural sciences, developed a psychiatric nosology from preconceived notions in a deductive fashion. As the neo-Kraepelinians have contended, he believed in biological causes for mental disorders, which were discontinuous with normal behavior, and had no need for notions such as the unconscious or dissociative processes.[10] Bleuler, on the other hand, believed that he could best develop concepts of mental disorders, particularly dementia praecox/schizophrenia, by carefully studying what his patients actually said and did and seeing how they responded to psychological tests, thus utilizing an inductive approach to nosology. He argued for considerable overlap between normal and schizophrenic behavior and made great use of the unconscious and dissociative processes in his theorizing (see particularly Bleuler's "Consciousness and associations"[27]).

Four Myths About Bleuler's (1911) *Schizophrenia*

Myth #1: Bleuler's "Schizophrenia" and "Splitting" Refer Narrowly to a Separation of Thought and Affect or a Splitting of Associations

There has long been considerable discomfort in the psychiatric world with Bleuler's term schizophrenia and its popular conception as a form of split personality. Psychiatric writers have repeatedly emphasized that schizophrenia should not be considered "split personality" and is unrelated to multiple personality disorder (now termed "dissociative identity disorder"), but in doing so, they have thrown the baby out with the bathwater—substantially minimizing Bleuler's motivation for choosing the term schizophrenia—a disorder he characterized as a split mind.

Bleuler first introduced the concept of schizophrenia in a lecture to German psychiatrists in April 1908—on the diagnosis and prognosis of dementia praecox. In this talk, Bleuler said, "I believe that the tearing apart ('Zerreissung') or splitting ('Spaltung') of the psychic functions is a prominent symptom of the whole group".[28(p59)] In his 1911 book, Bleuler says, "I call dementia praecox 'schizophrenia' because (as I hope to demonstrate) the 'splitting' of the different psychic functions is one of its most important characteristics."[2(p8)] In the following section, "The definition of the disease," he continues:

> In every case, we are confronted with a more or less clear-cut *splitting of the psychic functions.* If the disease is marked, the personality loses its unity; at different times different psychic complexes seem to represent the personality … one set of complexes dominates the personality for a time, while other groups of ideas or drives are "split off" and seem either partly or completely impotent (p9; emphasis in original).[2]

While at first glance, such a description bears similarities to contemporary definitions of dissociation (such as "a disruption in the normally integrated functions of consciousness, memory, identity … "),[12(p487)] to understand Bleuler's definition of schizophrenia, we need to first consider what he meant by "splitting of psychic functions" (along with "complexes," which will be addressed later), the main impetus for his choosing the term schizophrenia.

While Bleuler's splitting of psychic functions has been interpreted in contemporary circles as an "extreme separation of thought and affect" or a "splitting of associations,"[29(p201)] this was not typically how Bleuler used the term. He most often refers to the splitting of "idea-" or "affect-laden" complexes and at other times refers simply to the splitting of psychic functions. Occasionally, he appears to use these terms interchangeably, as in: "the affectively charged complex of ideas continues to become isolated and obtains an ever increasing independence (splitting of the psychic functions)."[2(p359)]

There is no evidence that Bleuler used the term splitting ("Spaltung") prior to his 1908 introduction of Schizophrenia. Rather, to that point, he appeared content to use the term *dissociation*, which he did extensively in his 1905 article "Consciousness and associations" and in his 1906 book *Affectivity, Suggestibility, Paranoia*[30] (as did his close colleague Jung, in his 1907 *On the Psychology of Dementia Praecox*[31]). He also occasionally used it as a synonym for splitting in his 1911 book, as in the following striking quote:

> (D)issociation of the personality is fundamentally nothing else than the splitting off of the unconscious; unconscious complexes can transform themselves into these secondary personalities by taking over so large a part of the original personality that they represent an entirely new personality.[2(p279)]

However, it appears that during the writing of this book (1907–1908), Bleuler decided he needed an alternate term. This may have been to help justify his change of diagnosis from *Dementia Praecox* to *Schizophrenia*. As Scharfetter has noted, similar terms denoting a division of consciousness had been used for almost 90 years previously, going back to Herbart (1818, 1824); while Bleuler was developing his concept of schizophrenia, many alternate names emphasizing "the model of dissociation" were being considered.[32] These included Wernicke's *Sejunktionspsychosis*, Zweig's *Dementia dissecans*, and Otto Gross's *Dementia sejunctiva,*[32] which Bleuler compares to splitting:

> What Gross understands by his term 'fragmentation' (or disintegration) of consciousness corresponds to what we call 'splitting'… The term 'dissociation' has already been in use for a long time to designate similar observations and findings. But dissociation also designates more: for example, the constriction of the content of consciousness … [and] may thus give rise to misunderstandings.[2(p363)]

Pruyser, in his historical review of the concept of splitting, notes that Bleuler's splitting and Pierre Janet's dissociation "just happens … without a causative agent" (p28) and concludes that Bleuler's splitting was closer in meaning to Janet's dissociation than to Freud's repression (which requires an agent which represses).[33] Indeed, it is noteworthy that Bleuler's eldest son, Manfred, who was the Head of Burghölzli Hospital for many years and the foremost Bleuler scholar, often used the term dissociation interchangeably with splitting. For example, in an English language summary of Bleuler's 1911 book, Manfred Bleuler stated, "He believed that the splitting (the dissociation of thoughts, of emotions, of attitudes and of acting) were close to 'primary symptoms'".[26(p663)] Even more striking, in the same article, Bleuler goes on to characterize his father's concept of ambivalence as "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."[26(p663)]

Thus, in offering the name *Schizophrenia* in place of *Dementia Praecox*, Bleuler was arguing that the minds of these individuals were split in a substantial way—not only that their thinking and affect were segregated from each other (though that, in and of itself, could also be considered a form of dissociation). His use of splitting of psychic functions is similar to both historical and contemporary uses of the term dissociation; while this does not imply that schizophrenia *is* split personality, it does suggest important historical and conceptual links between schizophrenia and dissociation that have for too long been ignored.[34]

Myth #2: Bleuler's "Loosening (Lockerung) of Associations" Can Be Equated With a Fundamental Disturbance of Thought

Bleuler's emphasis on associations has often been equated with "thought disorder"; thus, many have argued that Bleuler considered thought disorder to be the most important symptom of schizophrenia.[35] Here is a typical summation from 2 prominent schizophrenia researchers:

> For Bleuler, the most important and fundamental symptom was a fragmentation in the formulation and expression of thought, which he interpreted in the light of the associational psychology prevailing at the time and referred to as 'loosening of associations.' He renamed the disorder 'schizophrenia' to emphasize splitting of associations as the most fundamental feature of the disorder.[29(p201)]

But this is not quite accurate. While Bleuler did often discuss disturbances of thought in schizophrenia, it is clear that his concept of loosening of associations was much broader than this.

Bleuler's concept arose out of the association psychology of the 19th century, the dominant psychological paradigm of his time. From this perspective, associations were viewed as the psychological force which held mental contents together; "Every psychical activity rests upon the interchange of material derived from sensation and from memory traces, upon *associations*" (italics in original)[36(p1)] and "Perception, thinking, doing, cease as soon as association is impeded.[36(p3)]" Note that thinking is only one of the activities affected by an impairment of

associations. Secondly and significantly, Bleuler never used the term "loose associations," a phrase that is often attributed to him and refers narrowly to a specific disturbance of speech or thought. Rather, he saw in the frequent disturbances of thought and speech in schizophrenia strong evidence for *loosening of associations,* an underlying psychological deficit or a predisposition of sorts, which explained the exaggerated impact of the emotions on the psychological functions in schizophrenia ("The affective sway over the associations is far stronger [in schizophrenia] than in the healthy").[2(p364)] The erroneous attribution of the term loose associations to Bleuler is one of the main reasons he is inaccurately viewed as arguing for schizophrenia as a primary disorder of thinking. While he did at times use loosening of associations in a descriptive sense to characterize odd speech, Bleuler primarily considered loosening of associations to be the core psychological deficit underlying most of the other characteristic symptoms of schizophrenia.

Myth #3: Bleuler's Teachings on Schizophrenia Can Be Adequately Summarized by the 4 A's—for "Association, Affectivity, Ambivalence, and Autism"

Bleuler's ideas on schizophrenia have often been summarized under the rubric "4 A's"—representing affect (flat or inappropriate), associations, autism, and ambivalence, as though these characteristics were fundamental to his concept of schizophrenia. The origins of this myth are not entirely clear,[37] but it is perhaps the most common distortion of Bleuler's thinking. There is little evidence that Bleuler himself ever emphasized these symptoms in this way.

In his 1911 book, Bleuler differentiated the symptoms or signs present in schizophrenia in 2 ways, as: (1) *fundamental* (i.e., particularly characteristic of schizophrenia) or *accessory* (shared with other disorders) and (2) *primary* (directly due to an assumed organic deficit) or *secondary* (developing as a result of the primary disturbance—these included delusions and hallucinations). The former distinction was central to Bleuler's descriptive diagnostic approach, while the latter underpinned his theoretical model of schizophrenia. While all the 4 A's were considered fundamental symptoms, only loosening of associations was also considered primary, making it the core deficit underlying schizophrenia. With regard to other symptoms of schizophrenia, Bleuler appeared to emphasize affectivity over autism and ambivalence, particularly focusing on affectively charged complexes as central to the nature of schizophrenia. For example, he noted that autism could only be understood in relation to affectivity and loosening of associations and was thus a "secondary manifestation" phenomenon.[2(p354)]

Perhaps most importantly, the 4 A's also substantially marginalize "Spaltung," minimizing the important role that splitting played in Bleuler's schizophrenia (the mistranslation of an important chapter title from the 1911 book as "*the train of thought-splitting*," instead of "*the train of thought*; *Splitting*" as both are covered separately, contributed to this). Its central importance was discussed above but is also illustrated with comments such as: "The splitting 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."[2(p362)] At times, Bleuler appeared to vacillate between giving precedence to splitting or loosening of associations; sometimes, he even equated the 2, as in the following discussion on the derivation of the secondary symptoms.

> The weakening of the logical functions results in relative predominance of the affects. Unpleasantly-toned associations are repressed at their very inception (blocking); whatever conflicts with the affects is split off. This mechanism leads to the logical blunders which determine (among other things) the delusions; but the most significant effect is the splitting of the psyche in accordance with the emotionally-charged complexes…The association-splitting can also lead to pathological ambivalence in which contradictory feelings or thoughts exist side by side without influencing each other.[2(pp354–355)]

Whichever is given precedence, it is clear that loosening of associations and splitting are the most important characteristics in Bleuler's formulation of schizophrenia, not the 4 A's.

Myth # 4: Bleuler's Conception of Schizophrenia Reflects a Significant Impact of Freud and Early Psychoanalytic Thought

It is easy to see how this myth developed. On the one hand, at the time Bleuler's book was translated into English, psychoanalytically oriented psychiatry was dominant in the United States and extracted from Bleuler's concept those notions that were most compatible with the current practice of psychoanalysis (including the concepts of latent and simple schizophrenia). On the other hand, the historical record leaves little doubt that Bleuler was intrigued by Freud and his ideas. Shortly after Jung arrived at Burghölzli in late 1900, Bleuler asked him to present to the staff on Freud's dream theory, and in 1904, Bleuler first wrote to Freud.[24] It is clear, however, that Bleuler's support for Freud increased significantly subsequent to 1906, when Jung began his intense personal relationship with Freud. In the following year, a 20-member Zürich *Society for Freudian Researches* was founded, with Bleuler as chair.[38] With regard to his conception of schizophrenia, Bleuler gives Freud significant credit, saying that an "important aspect" of his 1911 book involves the attempted "application of Freud's ideas to dementia praecox."[2(p1)] And yet, if one looks closely, there is only limited evidence for Freud's impact on Bleuler's concept of schizophrenia. This was recognized by

Karl Abraham, a Burghölzli psychiatrist and close ally of Freud's who attended Bleuler's 1908 talk in Berlin in which the concept was introduced. Abraham told Freud afterward that Bleuler "had avoided anything related to psycho-analysis" in his discussion of schizophrenia.[39(p19)]

Perhaps the clearest indication of Bleuler's disagreement with Freud can be seen in his review[40] of Freud's (1911) analysis of the Schreber case (Freud's most detailed consideration of psychosis). Bleuler questioned Freud's need to posit sexuality, as opposed to any "unpleasant affect" as driving repression and argued against the withdrawal of libido as being necessary for the development of delusions. Pointedly, he wondered "Couldn't it be that (Schreber's) recurrent fantasy of the end of the world developed through the loss of the usual coherence of perceptions and memories, which certainly plays a role in schizophrenia, rather than through the retraction of libido?"[40(p347)] "Loss of the usual coherence of perceptions and memories" clearly refers to loosening of associations, which Bleuler prefers over Freud's libido-based conception. It is also telling that Freud declines to use Bleuler's term schizophrenia in describing this case, preferring the older term paranoia—a decision with which Bleuler vehemently disagrees.

However, it is clear that Bleuler did find some of Freud's ideas to be very helpful in understanding the content of delusions and hallucinations—symptoms that Bleuler felt to be derivative of the core deficit—a loosening of associations. But there is no evidence with which to link loosening of associations to any concepts of Freud's. Indeed, as many have noted, Bleuler's loosening of associations—a presumably organically based psychological deficit leading to the development of noticeable psychological and physical symptoms—is most reminiscent of Pierre Janet's reduction of psychological tension, the core deficit of his disorder Psychasthenia.[23,31]

Janet's category of Psychasthenia featured a central deficit—a primary weakness Janet referred to as a reduction in psychological tension or "abaissement du niveau mentale" (lowering of the mental level)—from which all other symptoms were derived.[41] According to Janet, a reduction in psychological tension or a weakening of the synthetic activity of the mind[42] led to a discharge of psychological energy in more primitive forms, such as obsessions and compulsions, disturbances of movement and so on. Bleuler's concept of schizophrenia, with its core deficit of loosening of associations driving the rest of the symptomatology, appears quite similar. Indeed, Bleuler believed that he and Janet, with their respective concepts of Schizophrenia and Psychasthenia, were covering the same ground. In his review of Janet's *Les Nevroses* (1909), Bleuler said: "We would, without hesitation, characterize the more severe cases of Janet's Psychasthenia as Schizophrenia."[43(p1292)] He wondered whether the other cases might also be schizophrenia but could not be sure from the clinical material provided.

Furthermore, there are considerable similarities between the core deficits of schizophrenia—loosening of associations—and psychasthenia—*reduction in psychological tension*. "Lockerung" can be translated not only as "loosening" but also as a "slackening," or a "relaxation of tension" and Bleuler[2] frequently referred to a weakening (pp354, 367) or a deficit in synthesis (p371) in relation to loosening of associations. Interestingly, in a later article, Bleuler (1919) referred to the central disturbance of schizophrenia not as Lockerung but as "Störung der Assoziations-spannung," which can be translated as "disturbance of the tension of associations."[44]

The distance from Freud, and affinity to Janet, is perhaps most apparent in consideration of the second major component of Bleuler's definition of schizophrenia—*complexes* ("If the disease is marked, the personality loses its unity; at different times different psychic complexes seem to represent the personality").[2(p9)] What did he mean by this? Bleuler received the concept of complexes from Jung, who developed the notion from his work on the word association task, adapting Theodore Ziehen's "gefühlsbetonter Vorstellungskomplex" ("emotionally charged complex of representations"[24]). Similar concepts had been proposed since Herbart (1818, 1824).[32] He described them as clusters of ideas "cemented" together by a powerful affect (p28) and accompanied by "somatic innervations."[31(p41)] Jung particularly emphasized the relative autonomy of a complex from conscious control, describing it as a "vassal that will not give unqualified allegiance to its rule" (p45) or, even more dramatically, as a "being, living its own life and hindering and disturbing the development of the ego-complex."[31(p47)] Bleuler firmly embraced Jung's concept, discussing it in detail in his 1905 article, "Consciousness and associations." Here, he makes statements such as:

> Independently of the conscious personality, wishes and fears regulate ideas to their liking and combine them in a compact complex, whose expressions emerge as "hallucinations"; these appear to be so consequential and deliberate that they simulate a third person … But it is merely a piece of the split-off personality; it represents aspirations of this personality which would otherwise be suppressed.[27(p279)]

There is little reason to believe that Jung and Bleuler's definition of complexes differed. Echoing Jung's ideas, Bleuler defined complexes in his 1911 book as "a shortened term for a complex of ideas which are strongly affectively charged so that it permanently influences the content of the psychic process … (and) strives to obtain a kind of independence."[2(p24)] Furthermore, Bleuler and Jung co-authored an article entitled, "Komplexe und Krankheitsursachen bei Dementia praecox" ("Complexes and etiology in dementia praecox").[45] In it, they expressed broad agreement, arguing only about the

extent to which dementia praecox itself (and not just its symptoms) might be psychologically caused. While Jung thought it could be, Bleuler disagreed (throughout his professional life, Bleuler rarely wavered from his insistence that schizophrenia must have an organic basis, though he was unsure what it might be). However, Bleuler did not suggest that his concept of complexes was in any way different from Jung's.

Such a concept bears strong similarities to Pierre Janet's notion of traumatically based "fixed ideas" ("spheres of consciousness" formed around "memories of intensely arousing experiences, which …organize cognitive, affective and visceral elements of the trauma while simultaneously keeping them out of conscious awareness"[46(p1532)] but are a far cry from Freud's ideas.[47] Jung seemed to recognize this early on, noting that the idea of a "feeling-toned complex" went "a little beyond the scope of Freud's views"[31(p38)] and characterizing his 1911 article "On the doctrine of complexes" in a letter to Freud as "a stupid thing you had better not see.[38]" Furthermore, while Freud made ample use of the term complex (as in "Oedipus complex," "Elektra complex," etc.), he used it in a much narrower sense than did Jung or Bleuler, as a "convenient … term for summing up descriptively a psychological state."[48(p313)] He was highly critical of "the Swiss school's" broad use of complex, which he complained had not proved capable of "easy incorporation" into psycho-analytic theory (p313).

Finally, there does not appear to be any evidence that Jung or Bleuler used Freudian therapeutic methods in working with their patients. Bleuler did not mention Freud in his chapter on the treatment of schizophrenia but did discuss the use of hypnosis (albeit in passing).[2] Further, he had previously criticized Freud's free association method;[36] for his part, Jung saw the word association task as an alternate or adjunct to Freud's methods of treatment.[49]

Thus, there is some justification for arguing that Bleuler's concept of schizophrenia owes more to Pierre Janet than to Sigmund Freud. Bleuler kept abreast of Janet's theories, often reviewing his books shortly after they were published, and Jung was clearly strongly influenced by Janet, whose Paris lectures he attended in 1902–1903 and with whom he met to discuss schizophrenia in 1907.[47] It even seems likely that Jung passed on to Bleuler some concepts of Janet's dressed up as Freud's; as Haule (1984) puts it, Jung appeared to be reading Freud with "Janetian, or French dissociationist, eyes."[50(p649)] The structure of Bleuler's construct of schizophrenia and its core deficit can both be linked to ideas of Janet's, as can Bleuler's concepts of splitting and affectively-charged complexes. In contrast, the influence of Freud seems limited to the understanding of the content of delusions and hallucinations, symptoms which were not essential to Bleuler's schizophrenia. Psycho-analysis was not practiced at Burghölzli, and Bleuler explicitly distanced himself from Freud's contemporaneous theories of infantile sexuality and libido.

Conclusions

The advent of the neo-Kraepelinian movement over the past 40 years, with its attendant lionization of Kraepelin, has led to a relative neglect and misunderstanding of Bleuler's essential teachings on schizophrenia. The neo-Kraepelinians' concern with diagnostic reliability led to an overemphasis on psychotic symptoms, particularly Schneider's first rank symptoms, producing a diagnostic category of questionable validity strikingly dissimilar from the one proposed by Bleuler a century ago. This trend to emphasize psychosis in schizophrenia diagnostic criteria is now being criticized by well-established schizophrenia researchers ("Psychotic experience is to the diagnosis of mental illness as fever is to the diagnosis of infection – important, but non-decisive in differential diagnosis"[19 (p2081)]) as well as those from the phenomenological school, whose emphasis on disorders of self-experience could be seen as a contemporary extension of Bleuler's ideas.[51–53]

In this context, as the diagnostic manuals are once again seeking to revise their categories, it is worthwhile stopping to consider what Bleuler really said. While Kraepelin looked for evidence of the classification he sought in the clinical data before him, Bleuler was first and foremost a clinician, concerned with the treatment and management of his sick countrymen and women. His concept of schizophrenia arose inductively out of his extensive, carefully recorded, clinical observations, forged by association psychology. As we have argued, Bleuler's concept of schizophrenia was infused not only with associationism but also with the teachings of Pierre Janet. Essential to his concept of schizophrenia is the psychological deficit of loosening of association, which bears strong similarities to Janet's reduction in psychological tension, one of several links between Janet's Psychasthenia and Bleuler's Schizophrenia. Further, the 4 A's is a misnomer, as is the image of Bleuler's schizophrenia as a disorder of thinking, and the belief that Sigmund Freud's contemporaneous teachings provided a major impetus for the concept (though Freud's earlier work such as *Studies on Hysteria*, closer in spirit to Janet, was important).

Finally, Bleuler's construct of schizophrenia derived from concepts of splitting that are closely tied to historical and contemporary ideas of dissociation, a link that should not be suppressed. In arguing this, we find ourselves in broad agreement with Scharfetter, who insists, on the basis of phenomenological research, that schizophrenia be "repatriated back into the spectrum of disorders with which they were associated in the beginning – those which can be interpreted by a dissociation model."[51(p62)] Bleuler himself is unlikely to have

disagreed, as the following quote indicates. It also illustrates that, while Bleuler typically held schizophrenia to be organically based, even he sometimes wondered about environmental influences, a topic of considerable concern today.

> The stronger the affects, the less pronounced the dissociative tendencies need to be in order to produce the emotional desolation. Thus, in many cases of severe disease, we find that only quite ordinary everyday conflicts of life have caused the marked mental impairment; but in milder cases, the acute episodes may have been released by powerful affects. And not infrequently, after a careful analysis, we had to pose the question whether we are not merely dealing with the effect of a particularly powerful psychological trauma on a very sensitive person rather than with a disease in the narrow sense of the word.[1(p300)]

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