Unresolved Questions in the Freud/Jung Debate. On Psychosis, Sexual Identity and Religion

Vandermeersch, Patrick

Chapter IV

The Problem of Defining Psychosis

Freud and Jung became personally acquainted not because of their mutual interest in religion but because they wanted to share their insights on the essence of schizophrenia. This should be kept in mind, especially when their respective attempts to understand the phenomenon of religion will be discussed below. The question will be raised of whether Freud and Jung were in fact discussing religion or whether they were dealing with the psychodynamic of schizophrenia, its distinction from neurosis, the underlying problem of psychological experience of identity, all of which as applied to the religious field. But before we can deal with that question, we should be aware of the precise delineation of the phenomenon at the time Freud and Jung were discussing it.

‘Dementia Praecox’

Until now, we have been dealing with hysteria or, to use a more contemporary and broader term, neurosis. These days, one tends to distinguish this form of psychopathology from the syndromes surrounding schizophrenia or, as it is frequently said in a more sloppy way, from psychosis. "Is this neurotic or psychotic?" is the classical diagnostic question of a therapist when attempting to evaluate the possibilities and risks of a particular therapy or analysis. Yet we must not forget that this distinction was precisely the result of a psychoanalytic theorizing, which will be observed here as it painstakingly came into being, often at the cost of tragic therapeutic attempts. It will also become obvious that more serious forms of pathology continued to be called ‘neurotic’ whereas contemporary therapists would be more quick to suggest "is this perhaps psychotic?"[1]

1. Contemporary therapists, for that matter, are often unfaithful to the original psychoanalytic insights which distinguished different pathological structures by means of the terms ‘neurosis’ and ‘psychosis’. It seems that the present-day distinction consists of a mere quantitative aspect: neurosis is the milder affliction, psychosis the more serious one. Yet this was not the original meaning of the distinction. Instances of either neurosis or psychosis can be mild or serious. The distinction consists simply in the fact that the disorders are of different sorts.

Thus, in the discussion between Freud and Jung, which will be examined here, we must beware of an anachronistic reading. At that time, the notion of 'schizophrenia' did not yet exist. It would only find acceptance in 1911, thanks to Bleuler. He had closely observed the discussion between Freud and Jung and had recorded his own conclusions concerning the problem together with the new term in his well-known book *Dementia Praecox or the Group of Schizophrenias* (1911). Shortly thereafter, Freud and Jung as well put their conclusions into writing: Jung in his *Transformations and Symbolisms of the Libido* (1911-1912) and Freud in his *On Narcissism* (1914).

The problem confronted by both Jung and Freud was therefore not called 'schizophrenia' but 'dementia praecox'. At that time, the range of the term and the necessary distinctions to be respected, were vividly discussed. 'Dementia praecox' was originally coined by the French psychiatrist Morel, who employed it for the first time in 1857 in order to designate a progressive delusion which very quickly and unrelentingly led towards insanity. Yet the term would only become generally accepted after the renowned German psychiatrist, E. Kraepelin, started using it in his new system of classification by which he intended to create some order in the continuously expanding and chaotic psychiatric field.[2] He introduced the distinction between 'dementia praecox' and 'paranoia' in order to narrow the very broad concept of 'paranoia' which referred to all forms of pathology involving delusions. Kraepelin argued that, according to this definition, 70 to 80 percent of all psychiatric committals would be diagnosed as 'paranoia'.

Not much could be achieved with such a broad diagnostic category especially when prognosis was the central concern. This concern prompted Kraepelin to suggest the creation of a separate category for which he adopted Morel's term 'dementia praecox'. Alongside this category, one could still continue to use the term 'paranoia' for a completely different category, on the condition however that the scope of the term was strictly delineated. The characteristic development of dementia praecox consisted in the acute degeneration of the patient to a state in which all differentiated forms of thinking had disappeared.[3] To Kraepelin, this seemed to be more important than the existence of the delusions as such. On the other

2. P. BERCHERIE, *Les fondements de la clinique*, Paris, Ornicar? & Seuil, 1980.

3. Literally: "Als dementia praecox bezeichnen wir die Entwicklung eines einfachen, mehr oder weniger hochgradigen geistigen Schwächezustandes unter den Erscheinungen einer acuten oder subacuten Geistesstörung." E. KRAEPELIN, *Psychiatrie* (5th ed.), Leipzig, 1896, p. 426.

hand, he intended to limit the concept of paranoia to those patients who slowly developed a methodical and unshakable system of delusion while their 'levelheadedness' remained completely intact.[4] This was most clearly illustrated in what he referred to as a 'combinatorial' form of paranoia. In such instances, a patient observed real facts but he interpreted them and combined them according to his own, unrelenting logic into a complete history in which everybody was attacking him. In Kraepelin's view, the logic by which the paranoiac developed his system witnessed to the survival of the mind whereas in case of dementia praecox, it was precisely this mental capacity which was the first to be lost. Moreover, in instances of paranoia, delusions concerned only a certain area of the patient's life so that, apart from this area, the patient could often still lead a satisfactory and independent life. Such was definitely not the case with dementia praecox.[5]

Yet Kraepelin was not as interested in psychology as in physiology. It was not so much a difference in content between the symptoms as a difference in the presupposed organic processes which led him to classify dementia praecox and paranoia as being so distinctly different. Paranoia developed slowly. The patient retained his sense of logic for a long time and, in many cases, Kraepelin claimed to have found traces of an unhealthy physical and psychic constitution.[6] Dementia praecox, on the other hand, appeared suddenly, developed very quickly and led to insanity. What was involved in this case, according to Kraepelin, was an acute mental disturbance and not a constitutional deficiency. Although physiological research did not supply much support for his claim, he presupposed a suddenly activated disturbance of the metabolism which also had been found to be the cause of dementia paralytica.[7] Kraepelin did not further develop the distinction between several types of delusions nor the psychology of mental disorders. However, he did illustrate these topics with a remarkable accuracy and a phenomenal talent for description. Thus, he prepared the way for further psychological investigation.

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4. *Ibid.*, p. 657 and p. 671.

5. *Ibid.*, p. 699. The distinction between dementia praecox and a second type of paranoia, namely, the fantastical form, was a lot less clear. In the latter situation, the patient no longer built his system of delusion on actually observed facts. Rather, he allowed himself to be carried away into all sorts of hallucinations by an overpowering fantasy. The patient was the victim of cosmic powers, his body was mutilated, sucked empty and so forth.

6. *Ibid.*, p. 696.

7. *Ibid.*, p. 316-317.

It is important to keep Kraepelin's distinction between dementia praecox and paranoia in mind in order to clarify the misunderstanding between Freud and Jung in the beginning of their dialogue. While Jung, as a university scholar, made use of the distinction posited by Kraepelin almost from the start, Freud continued to use the older, much broader concept of paranoia. But before we deal with his matter, we should not overlook Bleuler's influence.

Bleuler's Interpretation of Paranoia

Bleuler's *Affektivität, Suggestibilität, Paranoia* was published in 1906. Adopting Kraepelin's view, Bleuler retained a clear distinction between paranoia and dementia praecox yet, contrary to Kraepelin, his interest was drawn to a psychological analysis of the symptoms. This however, did not imply that Bleuler doubted the role of the organism. He continued to postulate the organism as being influential but, as long as it remained an unknown factor, he focused his attention on the inner psychic consistency of the symptoms.

Bleuler was not the first to take this approach. Specht had already attempted to explain paranoia on the basis of a disturbance within the emotional life which could lead to an uncontrolled growth of the 'affect of suspicion'.[8] In his analysis, Bleuler demonstrated that such an 'affect of suspicion' did not exist. This led him to the description of affectivity which we have already discussed. In the same manner, the second chapter of his book treated suggestibility as the collective dimension of affectivity. Only afterward did Bleuler turn to the actual exposition on paranoia.

Of central importance to Bleuler's exposition was the discovery that, when dealing with paranoia as opposed to dementia praecox, one ultimately could not posit a disturbance of affectivity. What for the outsider appeared as a disturbance of affectivity was only something secondary, namely, the consequence of delusions in which the outsider had no part.[9]

> "Once one considers the delusions as being facts, the paranoiac appears to be quite normal as far as affectivity is concerned. What is most

8. It was impossible to get more information on this author, whose article appeared in a book which was impossible to get: ?. SPECHT, *Ueber den pathologischen Affekt der chronischen Paranoia* In: *Festschrift der Universität Erlangen zur Feier des 80. Geburtstages seiner Königl. Hoheit des Prinzregenten von Bayern*, Erlangen, Deichest, 1901.

9. "Ein Paranoiker scheint uns, wenn einmal seine Wahnideen gegeben sind, affektiv normal; was in dieser Beziehung an ihm auffällt, das erscheint als normale Reaktion auf seine (falschen) intellektuellen Vorstellungen." E. BLEULER, *Affektivität, Suggestibilität, Paranoia*, p. 89.

conspicuous in our relations to him can be considered as a normal reaction to his (false) intellectual representations."

In this context, it became difficult to consider paranoia as the result of a disturbance of the affective life or of the dominance of the ‘affect of suspicion’. Bleuler, for that matter, did not even view suspicion as an affect. Moreover, paranoia could easily come into being without a phase of distrust. Further, exaggerated suspicion did not necessarily lead to paranoia.[10] In a full-blown case of paranoia, the issue of trust or distrust was no longer of any importance. Whatever the paranoiac claimed, he claimed with an untouchable certainty and nothing would convince him otherwise. The precise content of the hallucination seemed to be of less importance to Bleuler. He considered the prominence of a persecution complex and megalomania to be evident since every person strove for something essential. When the obstacles which blocked the achievement of a certain value were due to facts and not to people, it necessarily led to passive resignation or to self destruction. Yet when the obstacle was another person, one could easily explain one’s failures by the generalization: "They’re all after me". Megalomania then became the counterbalance of the delusion of persecution. He who thought he was being persecuted must have esteemed himself to be important enough to be persecuted.[11] Moreover, other themes could equally be influential, such as: eroticism, envy, concern for one’s own health, ...[12]

For Bleuler, the key for the understanding of the illness consisted in the observation that emotionally charged themes, namely, ‘complexes’, were fundamentally involved. When reviewing the genesis of paranoia, one could distinguish at the very origin an event to which the future paranoiac reacted in a highly emotional way. Viewed in itself, the reaction was not abnormal. A healthy person could also react very emotionally to certain events, namely by a generalized reaction of the complete organism involving the complete psychic field with all its memories and perceptions. Bleuler gave the example of a student who, in a panic before an exam, would be startled when he thought he recognized his professor in someone who passed by on the street.[13] In the healthy person however, this polarization would have been corrected. In the case of the paranoiac,

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10. *Ibid.*, p. 83-84.

11. *Ibid.*, p. 93.

12. *Ibid.*, p. 129-135.

13. For this and other examples, see *ibid.*, p. 121.

such a correction did not take place. The affective reaction established itself permanently. It even expanded itself without the possibility of correction by other associations. This was how delusion originated. Everything was brought into relation with the emotionally charged complex.[14]

Bleuler thus ascribed the pathological aspect of paranoia to the fact that false interpretations became incorrectable and even advanced, contaminating their surroundings.[15] What caused this was, for Bleuler, an unanswered question thus far. The incurable nature of the disease reminded him of an anatomically or physiologically irreversible injury. However, the fact that intellectual capabilities remained intact pointed to a mere functional disturbance which originated in a remarkable combination of a state of mind and an external event.[16]

When Bleuler expressed his expectations concerning the results of further investigations, he included the Freudian theory but in a nuanced manner:[17]

> "We are convinced that further research will display, in most cases, initially a constitutional disposition and secondly, a string of Freudian predispositioning experiences. The constitutional disposition will explain why a particular person suffers from paranoia. The Freudian complex will tell us why precisely the critical experience evoked paranoia and, maybe also, why paranoia, at its origin, links up to that particular event."

Bleuler did not say anything more about this. It is not very clear what the term ‘Freudian complex’ implied here. Most likely, for Bleuler as for Jung, Freud was the man who had clearly described the role played by affectivity.

In any case, affectivity, viewed as the pre-eminent dynamism that spurred a person into action, played the central role in Bleuler’s analysis of paranoia. According to Bleuler, affectivity as such was the last area that could be disturbed in a person since it was the most elementary function of the human psyche.[18] In this context, it was inconceivable that partial

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14. *Ibid.*, p. 107-108.

15. *Ibid.*, p. 141.

16. *Ibid.*, p. 137.

17. "Wir sind im Gegenteil überzeugt, dass eine spätere Untersuchung für die meisten Fällen erstens noch eine konstitutionelle Disposition und zweitens noch eine Kette von Freudschen prädisponierenden Erlebnissen nachzuweisen haben wird. Die konstitutionelle Prädisposition wird erklären, warum gerade diese Person an Paranoia erkrankt, der Freud’sche Komplex soll uns sagen, warum gerade das kritische Erlebnis die Paranoia hervorgebracht hat, eventuell warum die entstehende Paranoia gerade an dieses Ereignis anknüpft." *Ibid.*, p. 120.

18. "Die dominierende Stellung, die die Affektivität einnimmt, sowie ihre grosse

functions, such as thinking and observing, could remain intact when affectivity was disturbed. This explained why it was so important for Bleuler to demonstrate that the paranoiac, who continued to have disposal of an excellent intellect, was in fact not emotionally disturbed but was reacting to hallucinations with normal emotionality. Along the same line, Bleuler also pointed out the fact that, concerning degenerating brain processes, one often incorrectly spoke of a loss of affectivity. If one observed the process very closely, one could discover that what actually occurred was a regression of the cognitive and intellectual functions which implied that a patient did not account for certain facts or situations. The apparent disturbance of affectivity was the consequence of this process. If one succeeded in making the patient realize what was happening, the affective reaction would follow immediately and in an exaggerated manner.[19]

Nevertheless, Bleuler's exposition did raise some questions. Sometimes it seemed as if the opinion that affectivity could not be disturbed acted as an *a priori*. The view that the pathological aspect of paranoia consisted only in the fact that an initially normal affective reaction was maintained so that delusions, which became uncorrectable, came into being, could hardly be reconciled with the position that affectivity *qua tale* was not disturbed.

Whatever the case, Bleuler had to admit that he found himself confronted with one enigma: dementia praecox. The decay of emotional life was its foremost symptom yet it frequently became clear that the intellect was not affected to the same extent.[20] However, when one called to mind the physiological disturbance of the brain, one arrived at the following paradox. The disturbance involved had to be very delicate since the intellect was not damaged. At the same time, it must have been some sort of disorder which upset the most elementary function, namely affectivity.[21]

Bleuler did not go any further with this problem. He suspected that the affects did not merely fall away but continued to be active in a con-

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Unabhängigkeit von den intellektuellen Vorgänge zeigt sich namentlich in der Pathologie. Sie erscheint daselbst geradezu als eine elementare Eigenschaft der Psyche, die ganze Krankheitsbilder beherrscht, die den Intellekt nach ihrem Gutdüncken ummodelt und durch die krankhaften Vorgänge in ihrem Wesen am wenigstens geschädigt wird. Bei den schwersten Hirnkrankheiten gehen die Gefühle nicht zu Grunde: im Gegenteil beeinflussen sie daselbst die mehr geschädigten intellektuellen Prozesse noch stärker als bei Gesunden." *Ibid.,* p. 38.

19. *Ibid.,* p. 38.

20. *Ibid.,* p. 43-44.

21. *Ibid.,* p. 32.

cealed manner. Related to this, he expressed his hope that "the investigations of colleague Jung would achieve a perspective on the mechanisms by which affects are withdrawn from observation."[22] For that matter, every time Bleuler mentioned dementia praecox, he expressed the hope that Jung's investigations on this topic would bear fruitful results. Thus he wrote:[23]

> "In the instance of dementia praecox, the affective events are modified into hallucinations, delusions and stereotypes by means of a well concealed symbolism. The original affect as such can no longer be pointed out or, to say the least, it becomes very rudimentary (see the research of Jung and Riklin)".

Nevertheless, Bleuler continued to employ the distinction between dementia praecox and paranoia. Moreover, he began his book with Kraepelin's definition and stated that he "would only use the term 'paranoia' in that sense."[24] Yet, he did not refer to the speed of the process or the degree of contamination of the intellect as an argument for the existence of two different organic processes at the basis of the two illnesses. His criterion was based on affectivity which was clearly active in paranoia and which seemed to be lacking in dementia praecox. This distinction, however, became very precarious due to the expectation that:[25]

> "the private docent Dr. Jung will shortly demonstrate that delusions and many other psychic symptoms - maybe I should even say all - active in dementia praecox, can be restored to the same operations of the emotionally charged complexes."

Jung's Book on Dementia Praecox

Jung himself described his book *The Psychology of Dementia Praecox* as an attempt to extend the application of Freud's theory of neurosis to the field of dementia praecox. The book was written with a dual purpose in mind. First of all, following in Bleuler's footsteps, Jung intended

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22. *Ibid.,* p. 44.

23. "Bei dementia praecox werden affektive Ereignisse in Halluzinationen, Wahnideen, Stereotypien, alles meist mit einer ganz versteckten Symbolik, umgewandelt, während der ursprüngliche Affekt als solcher nicht mehr nachzuweisen oder rudimentär wird (Vide die Arbeiten von Jung und Riklin. Journal für Psychologie und Neurologie, 1904 ff.)." *Ibid.,* p. 27.

24. *Ibid.,* p. 74.

25. "Wie Herr Privatdozent Dr. Jung nächtens zeigen wird, lassen sich die Wahnideen und viele andere psychische Einzelsymptomen - vielleicht dürfte ich sagen alle - bei der dementia praecox auf die gleichen Wirkungen affektbetonten Komplexe zurückführen." *Ibid.,* p. 108.

to develop a conceptual model that would include a symptomatology which, at first sight, appeared to accommodate a contradiction. By this contradiction, he was referring to the obvious disturbance of affectivity, whereas other partial psychic functions, such as thinking and observing, appeared not to be affected to the same extent by the degeneration of the central function. Secondly, Jung explicitly agreed with Freud's thought and wished to demonstrate that in the symptoms of dementia praecox, just as in those of neurosis, conceptual references to certain affective contents could be discovered.

Historically, the book was of great importance. It was a first attempt at expanding Freudian thought outside of the field of neurosis. At the same time, it signalled the first expression of partiality to Freud from within the academic world. Yet Jung still remained dependent on Bleuler's conceptual scheme, which resulted in quite a distortion of Freud's insights.

The core of the work consisted in an elaborate paralleling of the symptoms of hysteria and the symptoms of dementia praecox.[26] The affective aloofness of a person suffering from dementia praecox was juxtaposed to the *belle indifférence* of the hysterical patient. Jung pointed out that, in both cases, explosive ruptures of emotions could occur together with characterizing peculiarities such as extravagance, preciosity and social pretention. On the intellectual level, the narrowing of the field of consciousness which typified *par excellence* the hysteric - once again, Jung referred to Janet - found its parallels in dementia praecox. Hallucinations occurred in both illnesses and, moreover, in Jung's view, they were preformatted mechanisms which could be provoked by the most diverse causes.[27] At this point, Jung felt that he was almost going too far. He repeatedly stated that he knew perfectly well that hysteria and dementia praecox were two very different disorders. Yet ultimately, he presented the issue in such a way that, at least at the root of both disorders, there was an intimate connection between them. Only a gradual difference was actually involved. In the instance of dementia praecox, the disorder would have more serious effects and lead to further degeneration than in hysteria. Jung easily relied on the older terminology 'degenerative hysteric psychosis".[28]

Jung then turned his attention to the content of the symptoms and pointed to the fact that, in cases of dementia praecox as well as in in-

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26. C.G. JUNG, *The Psychology of Dementia Praecox*, C.W. III, § 143-197.

27. *Ibid.*, § 166.

28. *Ibid.*, § 141.

stances of hysteria, one could find references to autonomous affective complexes. Furthermore, in detailed investigations, it had become clear that, in dementia praecox, affectivity did not merely disappear.[29] This was also proven by Jung's association test. Although the patient appeared to be answering questions in a very unemotional and apathetic way, the results of the test continuously revealed the interference of an emotionally charged complex. Indifferent reactions such as 'table-chair' were an exception to the rule. Abnormal reaction times, perseveration, reactions that failed to appear, faults in the reproduction test were always obtained. Dementia praecox displayed nothing of the syndrome of dementia. The tendency to give definitions which typified oligophreny did not occur here.

As was the case with the critical reactions of healthy and hysterical subjects, a careful analysis revealed a connection between the reaction and the hidden complex. For example, Jung's patient Babette, to whom he devoted an elaborate study in the book, took a very long time to react to the stimulus word 'pupil' and then finally uttered "now you can write, Socrates". A direct inquiry into the significance of the statement proved futile. The patient answered the questions with various incomprehensible expressions, interspersed with neologisms. When she was asked to give all that came to mind upon hearing the stimulus word, the following result was obtained:

> "Socrates; pupil - books - wisdom - modesty - no words to express this wisdom - is the highest 'grundpostament' - his teachings - he had to die because of evil people - was falsely accused - the highest highness - self-contentment - Socrates is all of this - the most subtle world of scholars - do not cut any threads - I was the best seamstress - the subtle professorship - is double - 25 francs - that is the highest - prison - slandered by angry people - ignorance - cruelty - excessiveness - brutality."[30]

This clarified the meaning of the associations to an extent. The patient, who used to be a seamstress, compared herself to Socrates. Just as Socrates, she had reached perfection in her profession. She earned up to twenty-five francs. Nevertheless, like Socrates, she was unjustly deprived of her freedom. In an analogous manner, Jung analyzed other statements such as: "I am the irreplaceable double-polytechnical"[31], "I

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29. C.G. JUNG, *Psychophysical Investigations with the Galvanometer and Pneumograph in Normal and Insane Individuals*, C.W. II, § 1066.

30. C.G. JUNG, *The Psychology of Dementia Praecox*, C.W. III, § 216.

31. *Ibid.*, § 219.

suffer in a hieroglyphical way"[32], "I arrange two bazaars"[33]. From this, he concluded that, in dementia praecox as in hysteria, the core of the disorder consisted in the affective complex. The respective developments were as follows. In the case of hysteria, the affective complex caused a dissociation of the psyche. Following a moment of emotion, which caused the ego complex to withdraw and by which the pathogenic complex covered the complete psychic field, the latter complex was separated as far as possible from the normal functions of the psyche so that the patient remained capable of leading a more or less normal life. Or, to use strictly Jungian terminology, the ego complex and the pathogenic complex were separated at least as far as the superficial layers of consciousness were concerned. In the case of dementia praecox, the pathogenic complex continued to cover the entire psychic field as in the case of a new emotion. No dissociation took place and the ego complex was not restored to its rightful state. Consequently, every mechanism which was observable to a limited degree in hysteria and in dreams, was permanently in operation. The result was an uncontrolled game of associations following the principles of metaphors and sound connections. Since the ego complex could no longer interfere with the association process, the patient regressed to the realm of noncontrolled connections. A person suffering from dementia praecox was trapped in a dream from which he or she could not wake up.

While hysteria was thus characterized by dissociation, dementia praecox was marked by a permanent repressing of the ego complex. Hysteria had the advantage of a compromise. On the one hand, a continuous inferiority complex was evoked but, on the other hand, there was still room for limited adaptation to reality. With dementia praecox however, the complex continued to exist unchanged. This led to a profound disturbance of the ego complex and its functions.[34] In a certain sense, dementia praecox provided a view of the unconscious *à l'état pur*, a psyche that regressed to its most primitive mode of operating.

Viewed in this context, a number of symptoms of dementia praecox could be explained. The cooling of emotional contacts was a repercussion of the bond between affectivity and the autonomous complex.[35] The wandering of all thoughts to trivial, accidental matters, which could reach the point of mere enumeration of objects surrounding the patient, was a

32. *Ibid.*, § 260.

33. *Ibid.*, § 293.

34. *Ibid.*, § 141.

35. *Ibid.*, § 174.

consequence of the lack of associations outside of the complex's field.[36] Stereotypes and motoric automatisms followed in the wake of the ossification of the association process. The fixation on the autonomous complex put the patient into a condition which psychologically did not differ from decerebration. Brain physiology had demonstrated that decerebration reduced higher animals to a kind of reflex mechanism.[37]

In order to explain why dementia praecox rather than hysteria developed on the basis of an emotionally charged complex, Jung proposed the hypothesis of poisoning by a 'toxin', a hypothetical substance which permanently fixated the affect in the brain.[38]

The question can be raised to what extent Jung integrated Freudian thought in his exposition on these issues. Jung eagerly and elaborately referred to Freud's analysis of a case of dementia praecox which he had presented in his *The Neuro-Psychoses of Defence*.[39] Moreover, at the end of his book, Jung analyzed a similar case. It is worthwhile to investigate the differences between both approaches.

Freud's analysis dealt with a woman who complained that she was being watched while she was undressing and who suffered from hallucinations of exposed genitalia. Through analysis, Freud discovered an episode in the patient's childhood where she was not ashamed of showing herself naked to her brother. A defence against these memories led to the hallucinations in which Freud emphasized the double significance of defence and satisfaction. The patient defended herself against the infantile sexual inclination to expose herself by hallucinating that others now succeeded in seeing her or in exposing themselves to her. At the same time, these hallucinations signified a form of satisfaction since seeing genitalia was still involved.

Thus according to Freud's analysis, the fact that the hallucination was a defence mechanism was of central importance. This also implied that the hallucination was characterized by compromise, which was typical of every defence mechanism. Freud further pointed out that a very specific mechanism was at stake, namely projection. In Freud's view, paranoid hallucination was the last of the three 'defence neuropsychoses' which, by

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36. *Ibid.*, § 177-178.

37. *Ibid.*, § 193.

38. *Ibid.*, § 76 and 142.

39. Freud spoke of 'chronic paranoia' while Jung pointed out that in fact, a paranoid form of dementia praecox ('dementia paranoides') was involved. Freud admitted this in a footnote in 1924. See *ibid.*, § 61-69.

means of their respective mechanisms, attempted to fend off memories of infantile sexual experiences: hysteria employed conversion; obsessional neurosis used the mechanism of substitution; and paranoid hallucination made use of projection.[40]

In Jung's study, this notion of defence, the analysis of the peculiarity of the mechanisms involved and the reference to sexual scenes from childhood were not included. It is understandable that Jung's attention was not especially attracted to the phenomenon of hallucination. As was mentioned above, Jung did not consider delusion as an essential - and certainly not a differentiating - element as compared to other nosographical elements.[41] Nevertheless, one cannot help but be very surprised when Jung, after making an extensive reference to Freud's analysis, wrote that:[42]

> "... it is to Freud's merit that he, when dealing with paranoid dementia praecox, has demonstrated the principle of conversion (the repressing and the mediated resurging of complexes) for the first time."

Freud's distinction between conversion as the specific mechanism of hysteria and projection as the specific mechanism of paranoia, apparently escaped Jung. He did not yet comprehend that Freud's attention was drawn to an accurate analysis of the various defence mechanisms since, based on the results, he intended to distinguish specific psychoneuroses. From reading Freud, Jung had become acquainted with the general notion that symptoms had a concealed meaning. Using his association test and further analysis, he attempted to prove that the apparently nonsensical statements of his schizophrenic patient referred to well-defined affective issues. Moreover, Jung classified these affective issues, rather strangely, as being juxtaposed: wish fulfilment, feelings of injury and the sexual complex. The notion that the disorder was in essence a mechanism of repression and gratification was not discussed. On the contrary, wish fulfilment did not function as a mechanism in Jung's thinking but rather as the content of a 'complex'. Along with a complex involving sexual themes, there were also complexes of wishes and of feelings of injury. The peculiar connections and the symbolic expressions of delusion were explained by Jung as being purely the consequence of the disappearance of the ego complex which had been deprived of its power by another all-

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40. S. FREUD, *Further Remarks on the Neuro-Psychoses of Defence*, S.E. III, 157-186, G.W. I, 377-403. We should add that very soon afterwards, Freud abandoned the notion that projection was a defence mechanism. We will later investigate for what reasons he did this.

41. C.G. JUNG, *The Psychology of Dementia Praecox*, C.W. III, § 180.

42. *Ibid.*, § 76.

powerful and autonomous complex. Thus, the association process regressed into inferior and ambiguous thinking.

We can thus conclude that Bleuler, more than Freud, appeared in the background of Jung's work. Yet the question which Bleuler had posed concerning the distinction between paranoia and dementia praecox was, surprisingly enough, completely overlooked by Jung. For the reader, it seemed as if Jung's framework of interpretation closely approached Bleuler's interpretation of paranoia. But the fact that Jung employed an instance of dementia paranoides (a paranoia-like form of dementia praecox) as an example of dementia praecox was certainly not in keeping with the established sharp distinction between both disorders. Nevertheless, the problem was never explicitly dealt with by Jung.

Conclusion

Without being disavowed, Kraepelin's organic approach which had led him to posit a sharp distinction between dementia praecox and paranoia, had to give way to the psychological approach in Bleuler's and Jung's work. The distinction between both disorders was kept while, from the psychological point of view, the problem was not thematized.

What stood out in both Bleuler's and Jung's research was the method by which they performed the psychological analysis of the symptoms. Of central importance was the constitution of the subject and here, affectivity was the key word.

The notion that affectivity was the deepest, constitutive dimension of psychic life was encountered time and again in Bleuler's *Affektivität, Suggestibilität, Paranoia*. Jung's *The Psychology of Dementia Praecox* defined the essence of this disorder as being an immobilization of the entire psyche due to the affect of a certain complex, which robbed the ego complex of its constellating power. The last word was always given to the affect which was conceived as a synthetic power uniting loose representations into higher unities.

At the end of the previous chapter, we already pointed out that such a view was in keeping with the Romantic notion of the unconscious and was difficult to harmonize with the newly emerging Freudian opinion. Concerning dementia praecox, it once again became clear how Jung tried to integrate Freudian themes into his own approach. Thanks to Freud, Jung came to understand that, starting from the apparently nonsensical statements of patients, one could recover a connection with earlier emotional events by continuously using detours. Jung nevertheless continued to explain this phenomenon by referring to a constitutional deficiency.