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Paranoia

By

Prof. Dr. E. BLEULER,

Professor of Psychiatry at the University of Zürich

Authorized Translation by

Dr. CHARLES RICKSHER,

Assistant in Clinical Psychiatry, Psychiatric Institute,
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[Reprint from N. Y. STATE HOSPITALS BULLETIN, February, 1912]

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AFFECTIVITY, SUGGESTIBILITY, PARANOIA.

BY E. BLEULER,

Professor of Psychiatry, Zurich-Burghölzli.

TRANSLATED

BY CHARLES RICKSHER, M. D.,

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AFFECTIVITY.

Psychopathological investigation has finally reached a point where we can go no further with the ordinary conceptions and methods. On the one hand new conceptions must be created, as Kræpelin has done in his experimental studies; on the other hand, our general concepts and general descriptive terms which are too indefinite and which do not go deep enough must be replaced by more exact ones. Confusion and stupor for example, are not terms with which one can do very much; one must know upon which of many possible fundamental derangements (hallucinations and delusions, flight of ideas, katatonic parasthesias, retardation, blocking, apathy, etc.), such disorders depend in any given case.

One of the best examples of how one may get lost in the unfathomable by working with obscure ideas is shown in the pathology of paranoia, and the attempt to explain delusions by disorders of the emotions.

Specht* speaks of an "affect of suspicion" as a "mixed affect" of pleasure and displeasure, without even touching on the question whether suspicion is really an affect in the same sense as pleasure or displeasure. In accordance with his conception we would have to place pathological suspiciousness by the side of the elated mood of mania and the depressed mood of melancholia, whereas daily clinical observation teaches us that there is as little resemblance

*Specht. Ueber den pathologischen Affect in der chronischen Paranoia. Festschrift der Univ. Erlangen zur Feier des 80. Geburtstages seiner Königl. Hoheit des Prinzregenten von Bayern. Erlangen, Deichert, 1901.

between the disorders of paranoia (*chronica*) and those of the affective psychoses as there is between the waves of a stream raised by the wind and the current of the stream.

In order to proceed farther it will be necessary to attempt the formulation of a clear conception of what we mean by the term affectivity, a conception with which we can operate and which comprises all that is meant by the terms "feeling," "mood," "affect," and "emotion." As we shall see the word "feeling" has too broad a significance, while the meanings of the other three words are too narrow.

Just as is the case in other fields, philosophical psychology does not help us to clearly circumscribe our conceptions.

The Stoics in describing the feelings as "indefinite cognitions," had in mind something which in most text-books on psychiatry is not included in the conception of feelings; they thought pre-eminently of intellectual processes. To the scholastics the feelings were either a desire for the good or an aversion to the bad, in other words pleasure and displeasure, to which was added a certain ethical value, and a special emphasis upon the voluntaristic principle which is always contained in the "feelings." If Hegel calls feeling "intelligence on the threshold of its immediateness," and Volkmar "the becoming conscious of the degree of tension of ideation," we can not deny that these are words which mean little more than nothing to the practical psychologist, the psychopathologist; nor are we any better off when we take into account the explanations which are always indispensable for the understanding of such "definitions." Kant expressed himself most clearly and correctly on this subject, but without effect upon his successors however, whose conceptions are not much clearer than those of the earlier philosophers.

In the general part of the text-books on psychiatry we find as a rule fairly clear statements. Here pleasure and displeasure in combination with the affects represent the concept to which we refer. But not infrequently psychiatrists go beyond this concept, the limits of which are regarded as self-evident and are not specifically stated. We

thus often are led imperceptibly to "feelings of security," to "the affect of suspicion," to "bodily feelings," etc.

If we now seek to define in a practical and serviceable manner the idea of feeling, mood, emotion, affect, *we must keep in mind the fact that we can make only a theoretical and not an actual distinction between the different qualities which are here concerned.* Just as in the simplest sensations of light, we differentiate between the quality (color, shade) the intensity and the saturation, so may we speak of processes of knowledge (intelligence), of feelings, or will, although we know that no mental process exists in which all three are not combined, even if now one, now another comes into prominence.* When we designate a process as affective, we know that this is an abstraction just as much as a color conceived independently of its intensity. We must always remember, however, that the process called affect has also an intellectual and a volitional side, which we ignore as irrelevant in a given case; and that through continual increase in importance of the intellectual and subsidence of the affective factor, a process finally results which we must designate as (mainly) intellectual. The same may be said about will. We can not expect therefore to divide mental happenings into purely intellectual, purely affective and purely will processes, but only into principally intellectual, principally affective and principally volitional, while we keep in mind that many transitions exist. Theoretically, however, we must keep the three different sides as widely apart as, for example, the intensity and quality of a color sensation.

* * * *

Like all psychological expressions, the word "feeling" originally designated something sensory; it was synonymous with the modern "sensation" and this meaning unfortunately yet remains. We feel a prick, feel a fly crawling over the face, we feel cold, or we have a "feeling" that the floor shakes. "Feeling" in the first two examples is synonymous with "sensation," a "feeling cold" is

* Höffding (Lehrbuch der Psychologie, 2. deutsche Ausgabe, VI. A. 3) has arranged a scale from the almost pure affective common feelings to the almost pure sensory perceptions. Lehmann also, according to Külpe, makes a similar scale.

usually a rather indefinite feeling, while in the "feeling that the floor shakes" lies a doubt as to the correctness of the perception.*

Thus the ambiguous word is entirely unsuitable for us. Instead of it we will use the expression "*Affectivity*," which shall not only designate the affect in the traditional sense of the word, but also the slight feelings or feeling tones of pleasure and displeasure which accompany all sorts of experiences.

Thus the idea of our theme is fairly exactly defined. It will occur to no one to designate the feeling of a prick, the feeling of crawling ants, the feeling of swaying, by the word affectivity, even though "*afficere*" originally had also a more concrete meaning.

Difficulties arise only with the more physical sensations. Sight, hearing and also taste and smell, are excluded from the idea of feeling in German and English; one feels neither light nor tone, taste nor smell. On the other hand the term feeling is ordinarily used with the sense of touch and the other senses connected with the skin which are not yet adequately defined.

It will be easy to separate from affectivity all that is perceived or felt by these latter senses. But with the inner somatic sensations and with pain there exists a certain difficulty in regard to which we must attempt to get some clearness.

The kinæsthetic sensations (muscle sensations, joint sensations, sensation of tension of the skin, ligaments, tendons, etc.,) are as a matter of course only mere sensations and have nothing to do directly with affectivity; they are analogous to the sensations of light and sound and give us information concerning the condition of the outer world, to which in a psychological sense the body belongs. Or if the analogy be not admitted we may say: they give us information of the condition of the sensory nerves of the muscles, tendons, and joints exactly as light sensation gives us information of the condition of the retina.

*Other languages are no better in this regard. *Fühlen* in German refers to sensation and perception as well as feeling. *Le sentiment du déjà-vu* is an intellectual perception process just as the German *Bekanntheitsgefühl*.

But the condition of tension of the muscles has a special connection with affectivity: certain affects produce tension in our muscles, others relax them, or they cause a different distribution of tension in the different muscle groups.

Such forms and combinations of sensations* of tension are physical accompaniments, or perhaps better, component parts of affectivity. They have a certain value as regards the position of our body—the amount of a movement must be regulated according to the tension—but these sensations scarcely enter consciousness as such, but they form, for our inner perception, only a component of the affect and are scarcely ever perceived independently.

Similarly palpitation of the heart is primarily a sensation, a perception. Although this sensation is clear and well defined, it is at the same time a symptom and a component part of fear, of anxiety, or of joyful surprise, etc. The same may be said of the sensation of heaviness or lightness about the heart.

The majority of physical sensations which as such we do not understand have almost no cognitive value. To be sure we can ascertain indirectly that all our functions are registered in some manner by the brain and have an influence upon the mind, but our conscious self has not learned to so interpret the incoming stimuli that it knows when the stomach secretes much HCl, when the liver forms this or that chemical compound in greater or lesser amount, etc.

Thus we can scarcely call these centripetal functions sensations, and it is therefore quite natural that we should still speak of "bodily feelings." Their connection with the affects is a double one, a centripetal (active) and a centrifugal (or passive) one. All bodily sensations actively influence our mood and even our affects. Thus the depression associated with disorders of the stomach is well known, a small panaritium makes us irritable, etc. On the other hand physical functions (the heart, vessels, intestines, glands, etc.) and through them the bodily sensations are influenced by affectivity. As far as we become conscious of these bodily changes we are concerned with a cognitive

* This not to be confused with the psychical tension-feelings of Wundt which are not feelings in our sense but perceptions of inner conditions.

process, *i. e.*, with something intellectual; for the rest they are "symptoms" of the affect.

Hunger and thirst are often reckoned among the affects, or at any rate the feelings. They are composed of sensations (aching in the stomach, burning in the pharynx, sensations of weakness in the musculature and in the mental apparatus, etc.) and feelings of displeasure, associated with these sensations as well as with the general condition. The sensations naturally belong to the cognitive processes, to the intellect in its wider sense, while the feelings of displeasure belong to affectivity.

The position which pain occupies is not entirely clear to me. Is it essentially a sensation or an affect? Or does it, like hunger, belong partly to each? The latter seems to me to be the most probable. At any rate it has a sensory component or we could not localize it. Moreover it possesses, like a sensory function, special tracts in the spinal cord and brain stem, perhaps even in the periphery. But it is striking how diffuse is its localization in the cortex and that analgesia or hyperalgesia may so readily be produced through mental influences. It is for instance much easier to produce analgesia than anaesthesia by suggestion.

We might imagine that these specific sensations of pain are accompanied by such a strong feeling of displeasure that the latter appears as the most important, as the essential element, so that this most frequent kind of displeasure has become the prototype of all negative affects, and we speak in a figurative sense, of mental pain and of painful affects in general.

The fact that displeasure, as it seems, may sometimes be separated from the painful affect and may even be replaced by a pleasure, also speaks for a parallel between pain and hunger, *i. e.*, for the supposition that it is a special sensation with an unpleasant feeling-tone. With slight pains, such for instance as cause one to touch the affected spot again and again (hollow tooth), it often appears that an increase of pain within certain narrow limits may be connected with a feeling of pleasure. Even excluding masochism, we must also remember that there are pleasurable sexual pains.

Further there are hysterical patients who perceive pain as such (who are therefore not analgesic) and in whom this pain is associated with pleasure. The amphichromatic tickle and the positive sexual pleasure also show a similar combination of sensations with strong affects.

All that we have described above as sensation, or broadly as a cognitive process, i. e., as an intellectual function, must be sharply separated from the conception of affectivity.*

The same distinction which we have made in the centripetal, must also be made in the more intracentral processes. Indeed Nahlowsky long ago separated the "intellectual feelings" from the affective ones, yet not so clearly that his separation was generally understood.† He understood by intellectual feelings, indefinite perceptions, conclusions and ideas which influence our actions. These act only cumulatively and therefore without becoming clear. According to him we appeal to these "feelings" only when we lack sufficient ground for a view, assertion or conclusion, or when we know the grounds in a general way but are unable to produce them individually and in logical sequence. Thus women, according to Nahlowsky, are usually led to their views and conclusions by such feelings.

Nahlowsky therefore in speaking of intellectual feelings has in mind conclusions the premises of which or the chain of logical reasons of which remain partly or wholly subconscious.

Such conclusions and ideas which lack a clear background are very common and play an important part in life, and it is, for example, quite true that women often allow their actions to be governed more by such "feelings" than by conscious reasoning. I may have the feeling that such

*According to Wundt "objective" process is opposed to "subjective" feeling.

† Others (Wundt, Ziehen) call "intellectual feelings" such feelings and affects as accompany composite intellectual processes. In contradistinction to "sensory feelings." Thus employed the term naturally expresses an entirely different idea from that of Nahlowsky's terminology, whose conception of "intellectual feelings" we shall often have occasion to use.

The French also (P. Janet, for example) speak of "*sentiments intellectuels*" by which among other things are understood: *sentiments du déjà vu, du jamais vu, de nouveauté, d'étrangeté, d'incomplétude*, and even *de cécité*. The idea here also is broader than with us and has as little to do directly with affectivity as that which we designate by the name of intellectual feelings.

a person's wishes are against me, or that X is a rascal or a fine fellow, or I may have a feeling that a patient has typhoid fever. But in none of these examples do I know why I have this feeling. I would be unable to prove its correctness, though I may add that I make fewer mistakes in my preliminary judgments about persons if I follow my instincts than if I try to follow my conscious reasoning.

All these are examples of "intellectual feelings" in Nahlow'sky's sense. But we must get a more comprehensive idea without deciding whether we then depart from the authors or not.

The majority of psychologists, including Nahlow'sky, conceive of "feelings" as a species of reactions of our mind to any process, especially one of a centripetal character. Such reactions may naturally be intellectual as well as affective. Thus Lipps* describes a purely intellectual process when he says, "I feel certain" or when he speaks of the "feeling of certainty." He expresses by the word "feeling" the knowledge that he thinks or understands correctly. This cognition may be accompanied by a feeling of pleasure or displeasure, according to the content of the thought (I am certain that my friend deceives me or I am certain that I will be promoted). Here affectivity is something entirely incidental. The "affect of suspiciousness" as used by psychiatrists is somewhat different. This expression does not signify that I have a feeling or inner perception, for example, of being suspicious, but rather a feeling that perhaps some one may do me an injury, in other words simply an indefinite idea which according to its content is accompanied by more or less feeling-tone. The corresponding affect need not always be negative. Thus, for example, if in his attack my opponent gives me an opportunity to render him harmless, or if suspicion seems to be directed not toward me but toward my enemy, the affect is positive.

The same may be said about the "feeling of truth" and the "feeling of probability" of which Lipps speaks. If

*Lipps, *Vom Fühlen, Wollen and Denken*, Leipzig, Barth, 1902.

we recognize or logically conclude that something is true or probable, this is a purely intellectual process, and it is the same when we become conscious of knowing something to be sure or probable, *i. e.*, when we have the conscious feeling of certainty or of probability.

There is great confusion also in the example, "I feel sad," which Lipps mentions. While this seems to be essentially an affect, the expression indicates in reality only the process of inner cognition, the perception that we are sad, the appreciation of the inner condition, the consciousness of sadness. That which is described by the word "feel" here would remain exactly the same whether I felt happy or sad, just as the perceptive process as such is the same whether I see a cat or a dog.

All this we designate as intellectual feeling, not only because the expression was coined for it by Nahlowsky, but also because the uses of speech stubbornly designate it as feeling. But we must clearly remember that this sort of feeling has nothing to do with affectivity but represents intellectual (objective) processes. To repeat: "Intellectual feelings" are for one thing indefinite perceptions, conclusions and ideas, as in the above example when we feel that a patient has typhoid without being able to explain why; and they are also inner perceptions, as in the case of the "feeling of certainty." These two kinds of intellectual feelings can not be so easily separated practically as one might theoretically expect. For example, we speak usually of a "feeling of certainty" when it rests on an indefinite conclusion or perception; although the expression as such would designate rather an inner perception, it is as a rule only used when it comprises, at the same time, an indefinite cognition.

These intellectual feelings under certain conditions play a great rôle when *combined* with affects. I have already pointed out that women commonly act according to their intellectual feelings. We must not forget that in our ordinary decisions of life we seldom have a chance to make all the motives of our acts clear to ourselves. In a discussion we scarcely have time to grasp our opponent's point of view

in all its details and to make it clear to ourselves which of the many possible ways is the best to overcome him. We reply in an irritated, friendly or deferential manner according to our intellectual feelings. Shyness, a mixture of indefinite cognition that someone might do something harmful or injurious to him, and the affects which are associated with this, sometimes completely control the conduct and thoughts of a child, etc. *On the other hand we find that under certain circumstances the feelings with their inhibitions and promptings seem to take the place of logical thinking almost entirely, so that the conduct becomes purely instinctive.* (Compare the examples of such reactions in children detailed later on).

To sum up we may add that the word "feeling" means not only in common speech but also in psychology many different things such as :

1. A large number of contripetal processes, sensations, perceptions (feelings of warmth, bodily feelings).

2. Intracentral perceptive processes:

a—With reference to occurrences outside the body, (feelings of certainty, of probability).

b—With reference to the internal conditions, (feelings of sadness; sentiment de *cécité*).

3. Indefinite or unclear cognitions, whether it be direct perception or a conclusion the elements of which are unclear or subconscious. (2 and 3 are united under the name intellectual feelings).

4. *The feelings of pleasure and displeasure, to which we must add the affects, the affectivity.*

1—3 ARE INTELLECTUAL PROCESSES WHICH ARE ENTIRELY DIFFERENT FROM AFFECTIVITY AND SHOULD NOT BE CLASSED WITH IT.

This is not merely an academic separation. It is necessary in order to study the mode of action of affectivity, and IT IS ONLY AFFECTIVITY IN THIS NARROW SENSE THAT HAS DEFINITE EFFECTS UPON THE BODY AND MIND. The other functions separated from it signify in themselves only some other definite or uncertain cognitions.

Whether I "feel" my intestines or not, whether I have a feeling of "certainty" or of "suspicion," this is all comparatively irrelevant to my mind so long as no affect is associated with these feelings. As soon as an affect is added, it immediately dominates the whole mind.

It would carry us too far to attempt an enumeration of all the modes of action of affectivity. I should like to cite here only a few that are practically important.

Let us take the reaction of an amoeba quite independently of the question whether its functions are accompanied by consciousness or not.

The stimulus of a particle of food acts upon a certain definite spot of its body, a pseudopodium is sent out which surrounds the food, digests it, throws out the indigestible part and again the amoeba takes its original form. That would be the localized "objective," "intellectual" process. But the nutritional tonus and the entire condition of the amoeba must also have changed. During the seizure of the food other parts of the body should not reach out in other directions, and such efforts had to be inhibited. The taking of food benefits the whole individual; it grows stronger, becomes more prone to fission and to carry out other similar functions, and the general mobility of the granules becomes livelier, etc. These general reactions of the amoeba may be compared to affectivity. Naturally such general reactions accompany not only the act of seizure and digestion of the food, but, as in the higher animals, they must begin when the food-stuffs became noticeable, during the act of perception, if we dare use here a term which assumes the existence of consciousness.

In man numerous physical phenomena are associated with an affect (conditions of heart, vasomotors, musculotonus, metabolism, tear glands, intestinal glands, sweat glands, the entire involuntary musculature, etc.). Much more important, however, are the psychical accompaniments.

An affect generalizes a reaction, or we may express it quite as correctly by saying: *An affect is a generalized reaction.*

A prick in my finger causes me to withdraw the hand. If I am frightened by it, I run away; if I become angry, then I attack. But it is not only the body which is influenced. If I am alarmed, because the prick may remind me of a snake, then all considerations which might hinder my flight become more or less repressed and the thought of avoiding danger becomes the dominant one. If I become angry I may strike out even though it may not be the wisest thing to do; yet I am quite convinced at the time that I am warranted in so doing. Thus in the presence of an affect all opposing associations are inhibited, whereas those in harmony with the affect are facilitated.* The momentary force of our actions is thereby naturally increased (even when the actions are negative, such as a persistence in a given condition).

It is easily understood that associations which do not harmonize with an affect can not all be entirely suppressed. If they are of an indifferent nature, the affect is readily transferred to them. The place where something unpleasant has happened to us is hated. We often hate not only the one who does us an injury but also accidental bystanders, and this feeling may remain connected with them for a long time or forever. The carrier of a bad message is hated.

Through this transference of the affect (irradiation) its influence upon actions naturally becomes further increased and deviations from the course taken are opposed as much as possible.

The affects have the further peculiarity of lasting longer than the actual experience. A pleasant experience tends to leave an agreeable mood for a long time. Anger often increases to fury some time after an unpleasant occurrence.

*The Emotions and the Will, by Alex. Bain, 3rd Edition, 1875. "The influence of feeling on belief is of a mixed character. In the first place it would arise in the ordinary action of the will. We are not easily persuaded of the ill effects of anything we like. In a state of strong excitement, no thoughts are allowed to present themselves except such as occur in the present mood. Our feelings pervert our convictions by smiting us with intellectual blindness, which we need not be under even when committing great imprudence in action. It depends upon many circumstances what intensity of emotion shall be required to produce this higher effect of keeping utterly back the faintest recollection of whatever discords with the reigning fury."

Whoever has seen something worth striving for which has excited his affects, will endeavor to gain it, even when the object has been removed; and the duration of his effort will have a definite and direct relation to the strength of the affects. In this way affectivity determines perseverance in our actions.

The hindrance to free judgment brought about by affects may often seem to be more disadvantageous than useful. Decisions made under the influence of emotion are rightly looked upon as questionable. For instance, one does many foolish things in anger, in despair, and in love, which he would not do under other circumstances. Even negative affects, like fright and anxiety, may render us defenseless to danger. These, however, are exceptions which are, relatively, very infrequent. Still, even these maximal affects, which often overstep the mark, may be at times of advantage, as is the case with the strength of desperation. The affects which are well adapted to our needs are those which occur constantly and which are of moderate degree; they are as a rule scarcely noticed. How often does a little impatience help us over a difficulty? An irritable tone of voice often suffices to get rid of disturbing persons. Children who often do not know what danger is, would be lost as soon as they left their mother's arms if anxiety caused by unknown and indefinite perceptions did not keep them from harmful actions.

And in important matters too it is our affectivity which overcomes the obstacles. Suppose we are facing a difficult undertaking; so long as we view it coldly we can not resolve to take hold of it; the obstacles seem to be too great, too many considerations must be put aside. But when suddenly our enthusiasm is aroused for the task, then it seems to be the only thing worth working for; all other considerations are forgotten or at any rate put aside; all mental and physical strength is set to work for the one object. Then and only then is it possible to gain what we desire.

Affectivity, therefore, far more than reflection, is the determining element in our acts and omissions. Probably

we act exclusively under the influence of feelings of pleasure and displeasure. Our logical processes derive their dynamic force only from the affects combined with them.* There are many people who know exactly what they should do, but who do nothing because they lack the proper affects. All instincts so far as we can observe them in ourselves, or analyze them in lower animals, are associated with affects. Hence the affects are connected not only with cognition but even more closely with volition. I might better say that *affectivity is the broader conception wherein volition and desire represent only one side*. Affectivity, which is one with our instincts and impulses, determines the direction of our endeavors. Logic, judgment, seems on careful examination to be only the servant that shows the way to the goal and furnishes the necessary apparatus. Harry Campbell says rightly that men preach what they think, but they do what they feel. It is self-evident that the moral worth of a man depends entirely upon his moral feelings. He to whom the good does not appear beautiful and agreeable, who has no abhorrence of the bad, who lacks sympathy, will act badly, even though his logic under special or general circumstances surely warns him that it would be better for him to behave himself (moral idiocy).

On the whole we are always striving for experiences accompanied by agreeable affects and we avoid the opposite as much as possible. Conflicts often arise from the fact that the attainment of one pleasure often excludes the winning of another, that one of two evils must be chosen, that often that which is now agreeable will be disagreeable in the future. All these and other similar propositions are well known common-places.

* In psychopathology the affects in the vast majority of cases are the index of the whole picture, and it is easy to reduce the disorder to them, as, for instance, in melancholia and mania. In dementia præcox, where the affectivity is interfered with, there is a lack of effort, a failure to try to overcome obstacles, even when the intelligence is not much injured.

It is remarkable how little attention has been paid to the mechanisms which allow us, through influence upon mental processes, to render affective experiences as pleasant or as little unpleasant as possible. The more intelligent and cultivated a man is the less does he live in the present, and the more important do the past and future become.

The *past* remains a part of our Ego and forces us to come to an agreement with it. We rejoice over past happiness, grieve over the injustice we have suffered, and the evil things we have done torment us as remorse and force us to atone.

The *future* rules us even more distinctly and more constantly. Anxiety and hope determine a great part of our present acts. They even go beyond the grave in the endeavor to secure a place in heaven. They go beyond the future when unselfish solicitude for those we leave behind guides our acts. Generally speaking, however, we try to form for ourselves a future with as many comforts and as few discomforts as possible, and to this we devote the greater part of our energies.

In pathological conditions and in dreams, anticipated feelings attain special significance, since in wish-dreams and in wish-deliria, which latter are frequent not alone in hysterical states, they present the fulfillment of desires. For example, a woman in love may dream or imagine in a delirium that she is the wife of her beloved.*

There are also wish-hysterias, besides delirious conditions, which represent a fictitious wish fulfillment. The wish may then become fully realized. A prisoner, for example, under indictment who is more or less clearly convinced that it would be well for him to be declared insane, may acquire a mental disorder, but a mental disorder as he understands it (Ganser's complex).†

A very altruistic woman is fired with a desire for political progress. Neither her strength nor her circumstances allow

*The influence of affectivity on the mechanism of the normal and abnormal mind has first been shown in its proper light by Freud.

† Compare the beautiful case of Jung (*Jour. für Psychologie and Neurologie*, 1903). An originally voluntary simulation has gotten beyond the control of the patient and has become an involuntary delirium.

her to carry out her ideals; nevertheless she must talk about them and become enthusiastic over them. The contrast between what she says and what she does, between her ideals and the realities, would render her ridiculous; but she would avoid this if she became ill. So on the occasion of an unhappy love affair she acquires hysterical attacks, hysterical deliria, which naturally resist all treatment, since a causal treatment, the removal of the above-described conflict, is not likely to be effected for a long time. This "flight into disease" is a very frequent cause of hysteria.*

A student in the gymnasium who would like to be among the best pupils is overwhelmed with work. If he should have a headache, like his comrades A and B, the properly completed exercises might not be required of him. So he acquires a headache, but it is real and very unpleasant, and it only leaves him a short time after it has ceased to be useful to him.

The father of a family suffers an injury in a railroad accident. How dreadful if he should no longer be able to provide for his family! At present he is doing fairly well, but such things can subsequently grow worse as well as better. And suppose he should have to go on with his occupation half able to work and always in pain? After a late turn for the worse, no one would connect it with the injury. It would be better if he were dead—or totally disabled. The lawyer tells him that his income capitalized would amount to 80,000 frs, and he could demand as much in case he were incapacitated. His family might thus be provided for permanently. Does not everything point to the fact that he will need to have this money? His sleep is already irregular, his work taxes him to the utmost, pressure on the head appears, the railroad travel required by his business causes anxious dread, even anxious seizures. How very necessary it is to prove the existence of a severe disorder and obtain the 80,000 frs., etc.! The traumatic neurosis or psychosis is now established and at best can only be cured after a favorable settlement of the suit.

All these "wishes" here referred to are naturally not clearly

* This "flight into disease" has been very well described by Selma Heine in her novel "Peter Paul," although in an individual who was not hysterical.

conscious to the individual. The mechanism of their realization is wholly outside of his knowledge. His acts are bona fide.

We have now been drawn into a region to which we have dedicated a special chapter, that of suggestion, or auto-suggestion. The examples given lead us to anticipate this investigation and to say that feeling alone, affect with its well known sequelæ, and not some other particular mechanism, fulfills the wish, realizes the auto-suggestion.

The past can not be changed; the remembrance of it is often associated with very lively positive or negative affects. There are people who live on the remembrance of former happiness and are thereby happy. Anger due to injustice, remorse on account of wrong one had done, pain due to some loss, may embitter life for many years and outweigh actual sorrows.

The means by which we seek to preserve the pleasant feelings of the past have been as yet little studied, even though *meminisse juvabit* expresses an old truth. The past seems to be most easily revived by, so arranging external conditions that memory is kept awake, and all other impressions are avoided. Some persons who have lost some one dear to them do this by leaving the rooms and everything in them undisturbed in order that the past may continue to live in the memory. For the same reason we revisit the scenes of former happiness to revive the old feelings in spite of changed conditions. There may be other methods of a more psychological nature, but as yet we do not know them.

Thanks to the investigations of Freud we have learned a number of mechanisms which enable us to make painful feelings associated with past experiences as innocuous as possible. These mechanisms play an unexpectedly important rôle in hysteria, the obsessions, dementia præcox, and probably other disorders.

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It is shown most clearly in pathological cases that affectivity, as opposed to cognitive processes, has a certain independence, that affects may separate themselves from some intellectual processes and connect themselves with others. It is well known that they may spread, and that they may invade, as far as time and content are concerned, other mental experiences associated with a decided feeling-tone. Thus a disagreeable but transitory morning experience may spoil the mood of the whole day; the erotic affect which originally concerns only the loved one may be carried over to the rosette which she wears upon her breast, etc.

Affectivity moreover shows its independence in regard to the intellectual processes in another way, for the same perceptions, the same experiences, can alter according to the intellectual, affective, even according to our bodily, disposition. To the one who has just eaten, a meal tastes less pleasing than it does to a hungry man; when we are in an irritable mood the music which we hear with pleasure under other circumstances annoys us; when we are tired a lively play of colors which would be otherwise very agreeable, awakens in us a feeling of displeasure.

To be sure there may be another explanation for this. The idea of a meal does not stand alone in our mind. The content of consciousness consists rather of a mass of individual factors, among which the condition of satiety or of non-satiety is also an important one. Therefore the mental content is not the same when we eat in a hungry state as when we eat already satiated. *It is not at all unlikely that the emotional reaction is produced not only by the sight and taste of the food, but that it corresponds to the entire mental content at the time.* If this hypothesis is correct it is easily understood that the same affect can not always correspond to the same individual partial sensations; because the affect corresponds in reality only to the whole mental content. Hence we need not assume that our enjoyment of a beautiful painting is "impaired" by disagreeable surroundings. In our mind the view of the picture and the environment are a whole with which the affect of pleasure is

not associated. The pleasure of hearing a piece of music is then not an affect related to the music, but an affect called forth by the music in association with our psychic and nervous disposition. We would react emotionally to the piece of music alone as little as we would under ordinary circumstances to the sight of a knife. But if the knife is in the hand of a suspicious looking individual whom we meet in a lonely wood the liveliest fright can be provoked.

A sure indication of the independence of affectivity is the great variation in emotional reactions in different individuals to the same intellectual processes. The variation is so great that we really have no means of determining what is normal and what pathological. According to the ruling of German courts complete defect of moral feeling (*i. e.*, the absence of an emotional tone which would normally be associated with moral concepts) does not count as pathological unless it is accompanied by intellectual abnormalities.

It is quite different with the intellectual processes among which we must reckon the "intellectual feelings" as already defined in this chapter. They are indeed somewhat more variable, because more subjective, than the primary intellectual processes, sensation, perception, etc., but they may be compared to the logical faculties which also show individual differences. Our perceptions present within normal limits only very narrow variations, our logical reactions slightly greater ones; and where these functions are but little defective the abnormal condition is at once perceived by the laity. When we have parafunctions of these processes (hallucinations and delusions) they are, even when mild, quickly noticed as pathological, while as regards affectivity it is impossible in many instances to distinguish between parafunction and normal function, since the same object may liberate in the one esthetic feelings of a positive, in another of a negative character.

Moreover there is also very little relation between the distinctness of emotions and the distinctness of intellectual processes. Indeed unclear processes (e. g. intellectual feelings) are very often accompanied by especially lively affects.

The development of the intelligence furthermore is related in no single direction to the development of affectivity. Affectivity is fully developed in the young child; all the emotions of adult life, even the most complicated, are already present. The intelligence of a child on the contrary has no content and the logical processes are relatively feeble. One who remains intellectually at the level of development of a child is an idiot. But one who has the affectivity of a child is not less well endowed with feelings than the normal man. The difference is that the feelings in the latter are not limited by the intelligence.

Moreover in adults the liveliest feelings, in the esthetic sphere, for example, may be united with the greatest stupidity, and inversely supra-normal intelligence may be associated with defect of these feelings. Morality, that is, the affective tone of moral concepts, is likewise wholly independent of the development of moral concepts themselves. Indeed a certain intuitive morality (love, capability of self-sacrifice, etc.), is often present in the lowest idiots while the corresponding concepts are nearly or wholly lacking. These cases should be contrasted with moral idiocy, and may make it clear to those psychologists who, in spite of the fact that an independence of affectivity and intelligence is accepted in other spheres, are surprised that there is such a thing as moral idiocy.

The independence of affectivity reaches so far that affects, and especially moods without intellectual substrata, may develop directly from bodily feelings or physical conditions. Disease of the stomach may cause ill-humor; valvular heart disease anxiety; and tuberculosis of the lungs euphoria (just as euphoria is produced by health of all the organs). The nerve-poisons, especially alcohol, are used because of their definite actions on affectivity.

* * * *

As affectivity allows greater space for individual variations than do the intellectual functions, so also is the defense

against unpleasant feelings very different in different persons and circumstances. We shall certainly come some day to the classification of a number of types which shall represent more distinctly what was sought to be expressed by the old classification of temperaments. For the present I can only allude to what I mean.

Many individuals who resemble somewhat the classical sanguine type, react quickly and intensely to emotional impressions, but the affect rapidly passes away. When the storm is over they are the same as before. It is as if they exhausted the affect by their outward reactions, by the hurraing, weeping, scolding, or striking blows. If the affect be repressed against the natural disposition, it is likely to lead under conditions which as yet are not well defined to shuntings and conversions in the sense of Freud's pathological reaction. Subsequent "unburdening" (Abreagieren) may then under certain circumstances cure the morbid symptom or symptoms which have been caused by a "converted" affect. Women and children seem to exhibit this type more frequently than men.

Another group of individuals, of easily excitable nature, do not take a strong disagreeable affect into their whole personality. They dissociate the affect together with a large complex from their personality. They are entirely normal when they think of things having nothing to do with the affect and its associated intellectual processes. The affect does not exist for them nor are the related ideational processes associated. A love affair, which has turned out badly, together with all the associations of the Ego-complex concerned with it may, so to speak, be cut out of the person. The affect is revealed chiefly in unconscious acts which betray a connection with the experiences of the love affair. A patient whose lover had shot himself forgot the occurrence, but in a casual conversation pressed rose leaves to her temple with a little snap, quite unconsciously. This could be demonstrated to be what Freud calls a symptomatic act (*Symptom-handlung*). If, however, the affair or anything associated with it be mentioned, the affect is immediately revived and with it the remembrance of the whole story.

It is evident that these types when pronounced are pre-disposed to hysterical deliria, since the dissociated affective personality often possesses too few associations related to actuality, and transforms the actual experiences in accord with the affective idea-complex.

In a third type the affects develop slowly. They require a longer time to reach their maximum, but then remain long active. Lively expressions of feeling occur less often; the affect is repressed. Such individuals protect themselves from the influence of disagreeable affects by not thinking of the experience, which can only be successful by avoiding also, as far as possible, the associations related to the unpleasant occurrence. Thoughts and occupations are so arranged that, as far as possible, the disagreeable occurrences are not recollected and that undesirable memories shall be fleeting and not remain to be pondered over; consequently they have no time to revive the more slowly moving affect. Hence the affect is suppressed though it still remains, despite this, always ready and capable of association. The unpleasant experiences are likewise every moment accessible to memory. Remembrance is simply avoided, but is always possible at any instant. The intellectual feeling that certain thoughts must always be avoided, a sort of heaviness of heart, which gradually diminishes, proves the persistence of the repressed affect. If it again becomes actual through remembrance, it dominates the whole personality as at the time when it was new.

A temporary, complete dissociation is also possible in this type. An unpleasant experience that can not at the moment be gotten square with because of other duties, and consequently can not be disposed of, is dissociated, completely forgotten. While the other occupations continue, neither the feelings nor the occurrence exist in the consciousness; it is only later that it re-emerges and has to be elaborated and disposed of.

If suppression of the affect is wholly successful, so that it exists no longer for consciousness, it is often "converted"; instead of the affect, some physical symptom appears, a pain, an hallucination. A patient described by Riklin* had ear-

**Psychiatrisch-neurologische Wochenschrift*, 1904-1905.

ache whenever she put on a certain jacket, a jacket which she had worn one winter day in the woods when she had given birth to an illegitimate child and at that time had contracted earache. The connection was completely unknown to her, the jacket reminding her neither of the birth nor of the affect.

In dementia præcox affective experiences are transformed into hallucinations, delusions, stereotypies, all generally having some obscure symbolism, while the original affect can not be demonstrated or is rudimentary (vide the works of Jung and Riklin. *Journal für Psychologie und Neurologie*, 1904, also Jung, *Dementia præcox*; Halle, Marhold, 1906).

There are doubtless many such mechanisms by which disagreeable affects are gotten rid of. A knowledge of them will make the symptomatology of the abnormal as well as of the normal mind more comprehensible, and at the same time will afford us some help for treatment.

Among the emotional experiences which give rise to the phenomena we have described, sexual matters play a very important part, though perhaps they do not so completely dominate the symptomatology as one might believe from reading Freud's works. There are important reasons why women are more influenced thereby than men, aside from the stronger sexuality of women, which, however, has been unduly emphasized. In the average woman her whole career depends on the sexuality. Her instinct of self-preservation makes use of the sexual instinct. To her, marriage means that which to a man means success in business, ambition in all directions, a well-conducted struggle for existence, enjoyment of life, in addition to sexual pleasures and the joy in children. That which to the average man appears to be relatively or absolutely unimportant, not to marry or illegitimate sexual indulgence, has for women far-reaching results marked by the strongest affects. And the foolish restrictions of our culture make even the thought of these questions impossible to a well-bred woman, requiring not only the suppression of all acts in that direction but the suppression of the sexual affect itself. It is no wonder that under these circumstances one meets in

women patients at every turn converted, repressed, displaced sexual feelings, those feelings which make up at least half of our natural existence. I say at least half, for the analogous instinct, hunger, seems to retreat before the sexual and this is true not in the case of civilized man only, for whom in the majority of instances the struggle for food is either unnecessary or comes into play in a very indirect manner.*

* * * *

One of the most important manifestations of affectivity is *attention*.† We are attentive to processes or things which interest us. Furthermore we can force the attention to turn to other things, but we always have an affective basis for so doing. In such event it is an indirect satisfaction of an interest, as when I read a tiresome book, which it is necessary to do in connection with my work which interests me, or when I give myself up to a psychological experiment, the results of which are to satisfy my desire for knowledge; or when in order to keep away discomfort or to gain comforts we perform tiresome labors for food or money; or when one works to avoid punishments as in the case of a slave or a convict.

Therefore a personal and actual interest lies at the basis of passive attention, while an indirect interest, with an affect similar to that of fear and hope, lies at the basis of active attention. Naturally all affects which are not here named can dominate the attention. Those cited are only those which are most frequent in daily life. Everything which excites an affect, anxiety, fear, joy, love, attracts our attention to it.‡

* By sexuality is understood not only coitus but above all the many affects which are connected with sexuality. These latter often play a more important part with women than sexuality in the limited sense. I know a woman who was very neurasthenic and who certainly suffered from unsatisfied desire for love; she married, became markedly better, and is now perfectly happy, although coitus has never been successful.

† Stransky rightly says "attention=interest," which latter corresponds to feeling, and is a part of affectivity.

‡ There are whole volumes of pedagogic wisdom in the simple formula: The attention of a child can be turned to and really grasp an object only if the teacher can bring it into connection with some idea associated with a strong affect.

What we know of attention is the fact that it causes all these perceptions, associations, and movements which are related to an object of interest to be stimulated, all opposing ones to be inhibited. This we already know as the action of affects. When I turn my attention to the problem of attention, all the associations belonging to it are facilitated. Each portion of the problem has its own particular interest. At first my attention was turned to the *affects* which aroused the attention, now it is turned to the *associative changes* which attention creates. All these particular associations are facilitated, all others inhibited. Without this direction of the thoughts by interest, by the aim of my work, I could just as well have passed from this idea of the associations to the work of Jung and Riklin, then to that of Aschaffenburg, then to the cathedral at Cologne,* etc. These last ideas would never have appeared in consciousness while writing this, if I had not needed an example of the kind of associations which are ordinarily inhibited under these circumstances. I have here made such a series of associations for the first time, despite the fact that I have been occupied with the problems of attention and associations for years past. But such a series is closely related to free association, also to "flight of ideas." We come now to that which Paulan years ago designated by the name of "*loi de la finalité*" by which he meant that the ordinary laws of association did not suffice to explain the train of thought if the purpose or ultimate aim of the train of thought were not also reckoned with as a definite factor.

For us it suffices to know that attention as well as our whole conduct is always directed by affects; or better expressed: *Attention is one side of affectivity which does nothing else, as we already know, but facilitate certain associations and inhibit others.*

In the process of facilitation we naturally have to consider not only the intra-central and centripetal, but also a mass of centrifugal connections. The readiness of the senses, the adjustment of the eye for example, or the readi-

*Prof. Aschaffenburg resides in Cologne.

ness of the muscles for action in harmony with the affects should not be forgotten. When a cat fixes its attention on a mouse hole it is always in readiness to seize the prey, as is shown by its position and the relative tension of all the muscles. When we say that anxiety makes us ready for flight or defense, it is the same as saying that we have turned our attention to the object of anxiety and to the accompanying reactions. The well known theory regarding the origin of melancholic delusions can be described as well in terms of the affect as in terms of attention: it has been said that in states of depression only depressive ideas can be associated, while others are inhibited. One might equally well say that the attention being fixed upon sorrowful ideas, no others can come into consciousness. The process is the same as when an investigator puts forward a false theory and then spends the rest of his life in finding support for it, meanwhile over-looking all opposing evidence. His *attention* is given only to the former, he has *interest* only in observations that help his cause.

Attention is therefore nothing more than a special kind of affective action.

As the forms of affectivity change so do those of attention. In the *organic psychoses* the affects are fleeting; it is the same with attention. The manic patient colors everything that occurs to him with his constantly predominant positive feeling-tone. He is therefore interested in everything, in trivialities as well as in the important things. This "leveling of ideas" necessarily causes distractibility by external happenings. A further consequence is the flight of ideas, though I would not say that other causes may not contribute to the genesis of this symptom. In *dementia præcox* the affects are more or less repressed, interest is often entirely lacking, and attention is also lacking. The flow of ideas is without direction. The ideas are connected with any given idea in a very bizarre manner and without selection.

These allusions may suffice to illustrate the meaning of our conception for psychopathology. I do not think that

we express views with which all our colleagues are familiar.

More popular at present than this associative conception of attention is a dynamic theory which sees in a concentration of cerebral or mental forces, or even in a greater exertion of them, the essential nature of attention. This interpretation often starts from the feelings of fatigue. At present we can't do anything with the latter in a psychological analysis, for we are entirely ignorant of their origin. It is possible that even in purely mental exertion of the attention, the never-failing tension of certain muscle groups (eye muscles, muscles of the forehead) plays a definite rôle. Again on the other hand we know that the feelings of physical fatigue may be easily dissipated by affects and other influences (Féré's ivresse motrice). Therefore we can not make use of fatigue in our theoretical consideration. On the other hand we must also affirm that in spite of Fechner we have no means of measuring the intensity of mental processes. All that we know at present about them is reducible to association mechanisms. Only affectivity and its expressions appear to us to have intensity and are matters of quantity. But while we may estimate its strength we can not measure it and do not know at all upon what it depends. There is as yet therefore no possibility of establishing such dynamic theories and also little ground for seeking them.* A better knowledge of the physiological basis of our mental life will some day certainly bring the dynamic factor into discussion.

* * * *

According to many writers "the feelings are our most individual and fundamental possession" and they, not the intellectual presentations, hold the Ego together.† This is going too far. To our Ego belongs all that we experience and consciously or unconsciously register, including the intellectual as well as the affective processes. Among the former the organic feelings are held with a certain amount of truth to be pre-eminent as the foundation of our Ego, even though we are usually not conscious of them.

In this connection it is said that the feelings are devel-

* How premature this dynamic theory is, is plainly seen in the theories which attempt to explain the differences between ideas and sensations or perceptions. Many assume tacitly or explicitly a greater intensity of sensation without having a shadow of proof. To be consistent we would then also have to assume that hallucinations differ from ideas by their greater intensity.

† This is naturally something entirely different from saying that our characters and our actions are almost exclusively dominated by affectivity.

oped earlier than the intelligence. This is undoubtedly true in part, but I believe that we can express it better in another way. The empty intelligence, the capacity of combining the memory pictures of our experiences so as to correspond to actual experiences, must naturally be already formed at birth, for the acquisition of a world-picture depends upon the analogy associations just as does our logic. What the child lacks, however, is experience. It has the same power of association as the adult, but on account of its inadequate experience it has too little material for association, and too few analogies to afford direction in any given case.

Affectivity needs no content, no material from without. Experience only furnishes the occasion for the production of an affect. Both functions, considered in the abstract, are therefore developed and ready at birth. But intelligence in order to express itself must collect material through experience, whereas affectivity needs no foreign material to immediately express itself in all its complications and specializations (the sexual sphere naturally excepted.)* What we ordinarily call highly specialized affectivity, due to high development of character and to education, etc., is the affective side of a highly developed and complete intelligence.

Thus we see in children the most complicated emotional reactions, already present at a time when the content of the intelligence is ridiculously insignificant. Affectivity directs the associations in a definite manner at a time when there is no chance for experience to enter. We see this in the frequent striking intuitive comprehensions of complicated situations, and the yet more striking correct reactions to them. When my little boy of five months first stood on his own feet he was so proud of it and started around so like a rooster that both his parents burst into laughter. But this presently caused him to burst out crying with a distinct attitude of annoyance. He could not endure the laughter at his new accomplishment. Any one who was not present and had not studied the whole reaction of the boy before and after would naturally have been prone to believe, as I

* Even that perhaps not entirely. *Comp. Freud 3 Abhandlungen zur Sexual Theorie, Wien, Deuticke, 1905.*

was myself at first, that it was something else and that I had imagined the pride and anger. But I was as sceptical as possible in this matter, and daily observation of the child until he was old enough to express himself about his feelings admitted of no other conclusion. Some further examples will make the matter clearer. When he was eleven months old he desired to be helped up one day as he sat on the floor. I refused, with the remark that he had wet the floor; then he assumed a determined and superior expression, lifted himself slowly from the floor and looked around with a lordly air that plainly said "if you will not help me I know how to help myself." When he was a little more than a year old, on one occasion, he would not obey, whereupon I said to him, "While you are so little, Papa is still master." Thereupon the little fellow, who could scarcely speak a half dozen words, threw his head back and rocking his head and trunk back and forth, as if he were going to bow in an affected manner, he repeated several times with a scornful, ironical mien "Papa, Papa, Papa." This was done in a mockingly respectful tone that no actor could have surpassed, just as if he wanted to mock me as a boaster. On another occasion he accidentally said "Mamma is cross," and as soon as he noticed the mistake he reduced it *ad absurdum* by designating everyone present as cross, including himself. When he was thirty-one months old he did something naughty, whereupon I told him he must go into a room and stay alone as punishment. Without reflexion he at once asked, "is pussy there too?" In this case the apparent diplomacy with which he knew how to take the sting out of the punishment was astonishing. It would certainly be incorrect to seek for some kind of reasoning or intellectual process behind this. The situation brought a certain defiance into action, and not wishing to offend me, the affect instinctively brought forward the corresponding reaction, the correct association.

Still more complicated is the reaction in the following case, which has been described to me by a competent observer. The little one was about two years old when a new baby sister arrived. The bedding was displaced on

one occasion by the convulsive coughing of the mother who gave her husband a sign without speaking of the accident because she knew the little one was watching her. While the father set the things in order again, the boy turned his back to the bed and busied himself with nothing, exactly like a waiter in the reception room for travelers who has nothing to do but wait for orders and be on the lookout. As soon as the clothing was put to rights the boy again regained his natural manner. It was as if he had noticed nothing. Some days later he received a reproof from his mother because he had wet his clothes. The answer was "Mamma too—Mamma too—Mamma cough too." The latter sentence was repeated several times in the next few minutes. It is clear that the child at once apprehended through his feelings and not by means of conscious intelligence, that there was something in the situation to be concealed, something that it would be well not to notice or to appear to have noticed. He reacted to this situation as well as an intelligent adult with conscious reasoning powers could have done. But he had also understood that something had occurred similar to the occasion when *he* was laid in a dry bed, and, as he had been reproofed, he could not repress the excuse that his mother had also done the same thing. He dared not speak directly of the delicate affair, and so his instinct used a substitution and named the coughing instead of the disorder in bed with its cause and accompanying conditions—he struck at the sack and meant the ass. From an intellectual standpoint it was not exactly wise, for he told his secret and if he had not been understood his whole defense would have been worthless. But this defect proves how small a part that which we call intellect played in the matter.

This example shows very well what kind of basis our common speech has when it talks of "feeling" situations, in an attempt at expressing the fact that we do not know a thing but only feel it. In such cases it is the affectivity that guides the associations. In reality it is not a question of cognition but simply of an instinctive reaction which hits the mark. The partly external, but in some respects

also essential resemblance to some of our medical diagnoses which we make by "feeling" or intuition, as it were, is obvious, even though in this case unconscious observations and conclusions are essential, while the affectivity is more in the background.

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We now come to the question of the relation of instincts to affects. We can not exhaust the subject here and a few references must suffice. There is only one instinct in man that is in some degree clearly defined, viz.: the sexual instinct. All others are hidden by our complicated conditions. The desire for food impels us to a great variety of actions which accomplish their object in a very indirect way. Even the thrashings received at school are supposed to be useful for us later in the fight for existence. Then we do not directly acquire food but money which may also be used for other objects. Moreover, we may live without concerning ourselves with our instinct for getting food. The man living on his income, as well as the tramp in the almshouse, does nothing toward obtaining food, and the insane are often fed artificially against their will, etc. The sexual instinct, however, appears to be still fairly primitive and unchanged. Here we see, how, through pleasure in certain actions, we are voluntarily or involuntarily driven to do that which insures the preservation of the species. In this also nature acts in an indirect way. All kinds of flirting, the choosing of a cravat, or of a ball-dress, all conduce to the one end, even though Nature's aim therein is usually unknown and would be violently denied. The essential feature in this human instinct is therefore that the correlated actions in certain sequences and under certain conditions are associated with a pleasant emotional tone and are hence sought after. We see the same where the nutrition impulse is directly satisfied by eating and drinking, and in the case of the mother nursing the child. The eater and the nursing mother also have pleasure in the act. We may suppose that the same conditions exist in the simple as well as in the complicated instincts of the lower

animals; indeed when we compare the emotional expressions of animals with ours, we must perforce assume the like conditions. The building of a nest, for example, is doubtless accompanied by an agreeable feeling tone. Nevertheless the instincts have also an intellectual component. It does not suffice that certain actions, if carried out, should appear agreeable. There must also be in the nervous system an impelling force to perform the actions. Otherwise we should only accidentally follow an instinct, as is sometimes the case, to be sure, with the human sexual impulse.

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The dominating position of affectivity, as well as its marked independence of intellectual processes, is best shown in *pathological conditions*. It seems in this domain to be altogether an elementary attribute of the mind, dominating the whole picture of the disease, altering the intellect as it may require, and suffering least damage in the pathological processes. In the most severe brain diseases the feelings are not destroyed; on the contrary, their influence upon the damaged intellectual processes is stronger than under normal conditions.

To be sure the opposite is stated in most text-books of psychiatry. Kræpelin, for example, says that in senile dementia the feelings are also blunted, that the patient becomes apathetic and indifferent, that the loss of near relatives and similar occurrences pass over him without making a lasting impression, and that the patient becomes indifferent to his family, his profession, and his favorite avocation.

This interpretation seems to me to be incorrect, accurate as are the observations. What we are dealing with is a secondary disturbance of affectivity. Affectivity as such is preserved. As soon as we succeed in making the ideas mentioned above sufficiently clear to a patient with organic brain disease, we see the feelings reappear, and the reactions correspond qualitatively to those of a normal person. Whenever it is possible for the patient to conceive in some measure the relation of his profession or of his family

to himself the emotional reaction never fails to appear. If he compares the present with the past he will generally moan and weep. If his earlier accomplishments, or the good circumstances of his family come to the foreground, we note feelings of pride and contentment. It is the same with the moral depravity of the senile or general paralytic. It is not based upon anomaly of the feelings. These patients indeed commit all sorts of offences against propriety and property. The defect, however, lies in the intellectual sphere, and where the feelings come into play their influence on the flow of thought is even greater than in the normal; and there is no lack of emotional reaction. Take for example an old man who has violated children. Ordinarily he speaks of his offence with indifference and seems to be blunted in his moral sense. But the fact is that the comprehension or the conception of the criminality of his deed is wanting. Of course the actual remembrance of the occurrence is not apt to be absent, but in this thought alone there is no basis for a negative emotional tone. When an oriental marries an immature maiden and has intercourse with her he has no scruples and indeed can not understand why such should exist. In such matters the relation of the deed to all our social and sexual ideas and customs must be taken into consideration. Only a more or less conscious presentation of these numerous associations can give rise to a negative feeling tone (abhorrence for the act or remorse), if the sexual feelings as such can be aroused as well by a child as by a mature woman. That the difference between a child and a woman is not always made by those suffering from an organic psychosis must, after all, be due to a disturbance of the associations, a disorder of the concept in its widest sense, whereby only one characteristic of the person is recognized, the femininity and not the youth.

Now if we succeed in making clear to the seemingly indifferent patient the real nature of his offense, with its significance to society and to his unfortunate victim, the feelings of abhorrence and remorse arise in him as they would have done when he was in a normal condition. The experiment can naturally not be made in all cases; but it is

generally possible to obtain from such patients affective reactions to the simpler ethical ideas, and to do this it is only necessary to bring before the patient the particular idea concerned, together with *all its necessary components*. For example, the affection for the family, which may apparently be wholly lacking, may often be well demonstrated before a large audience of students.*

What is pathological in the organic psychoses, so far as the feelings are concerned, is that they dominate the thoughts more strongly than in healthy individuals. Their inhibitory and helping influence on associations is rendered stronger by the faultiness of intellectual function. In other words, the senile or general paralytic can ordinarily think of that only which is correlated with his affect, with his impulse. When his sexuality is aroused, he sees in the little girl only the female that can satisfy his desire. Opposing associations often fail completely, or are limited to the taking of a few foolish precautionary measures. When a general paralytic hangs around some object on the ward which seems to him desirable, and then suddenly hides it under his clothes in the sight of a dozen witnesses, he gives no thought to the witnesses, *and quite as little to the moral depravity of the theft*. He wanted one thing, and therefore he took it. But under other circumstances he may detest a theft, namely, when he can represent to himself the crime as such. The general paralytic of Kræpelin who jumped from a third story window to get a cigar stump, thought only of gaining the valuable object, but not of the danger, of the height of the fall, etc.

One sees the same thing in simple association experiments; the associations of such patients are dominated by affects to a greater degree than under normal conditions.

Another pathological manifestation of affectivity in patients with organic brain disease is its diminished durability. We are wont to speak of the "superficiality of their feelings." They may change from one moment to another if a variety of different ideas can be brought before them.

*Of course we must exclude complications such as mild stuporous conditions which are not infrequent in organic psychoses, also cerebral pressure from light apoplexies, etc.

It is frequently possible to get a paralytic to laugh, cry, and laugh again in the same minute. Such patients come to appear childish, and indeed we speak of second childhood in the aged.

Therefore affectivity as such is retained in the organic psychoses. The reactions of the emotions are proportionate to the intellectual reactions. On the other hand they are excited too easily and have little persistence. The blunting of the feelings is secondary and rests on the fact that concepts can not be perfectly apprehended, so that no corresponding emotional reaction can be aroused. Moreover the affectivity dominates the associations much more than in normal individuals.

Similar conditions are found in alcoholism. It is on the whole incorrect to say that the feelings of the chronic alcoholic are dulled. He is on the contrary ruled by his affectivity. When he treats his family badly, and neglects his business, there is always a positive cause for it. He has *other* interests which so occupy him, and whose accompanying affects so dominate him, that he forgets every other consideration. In his outbursts of affection, in his moments of repentance, every ordinary alcoholic shows hundreds of times that he still has feelings for his family. If he is confined in an asylum he may write his ill-treated wife the most beautiful heartfelt letters, and shower her with words of affection. This makes the alcoholic so dangerous. With real conviction and actual emotion he will make the most beautiful promises, will manifest the greatest affection, so that as a rule the wife who has been deceived a hundred times allows herself to be deceived the hundred and first. The alcoholic will *coram publico* break into floods of tears when frost threatens the crop of a neighbor, while at the same time he allows his own property to go to ruin, and maltreats his wife and children. In company, where only words and feelings and not deeds are required of him, he may rightly pass for a man of good instincts and beautiful enthusiasm, no matter how meanly he may conduct himself at home with his family. There is no dulling of the feelings in him, but they are too easily excited and too fleeting. There are lacking in him perseverance, and the power to

resist temptation. Temptation overcomes him in the same way that a moment before another feeling had dominated him. That so little good and so much bad is produced by these changeable feelings is easily explained by the fact that to accomplish anything good requires persistence and perseverance, whereas a foolish or a mean thing may be done quickly. We do not see anything strikingly good in it when a drinker on his return home in a more or less cheerful mood is affectionate to his wife, but we naturally consider his actions in every way reprehensible if a moment later, excited by some repugnance on her part, he is brutal to her. Unfortunately he may be credited with virtue by casual hearers if, at some patriotic banquet he delivers a deeply-felt address, which however he is wholly unable to live up to. *The affectivity of the alcoholic is not reduced, but increased; all the emotions can be aroused in him and more easily than in a normal individual, but they lack durability.* The alcoholic suffers, as do the organic cases, only from "emotional incontinence."

A certain contrast to this is afforded by the affectivity of the epileptic. Here also, in spite of their notorious egoism, no affect is wanting which belongs to the normal individual. So far as there is actual limitation of affects, it is due to limitation of the associations. The affects are, moreover, easily called forth, but they have a certain persistence, although this is not the persistence needed for productive occupation, but a persistence which does not let the affect subside in a natural way (anger or rage, for example). The affects of the epileptic are not labile in the sense that they may rapidly replace one another as in organic psychoses and alcoholism. *The perseveration shows itself also in affects.*

In idiocy too the affects are not really defective. At any rate they are possible within very wide limits. Hyperemotivity and apathy occur more frequently and in a higher degree than in normal individuals, but this is not more pronounced than in intelligent psychopaths. And I am not aware of any positive evidence that defects of individual emotions, such as moral feeling, are more frequent in idiots and imbeciles than in intelligent people. But naturally

idiots can form no emotions in connection with ideas which they do not have. This is not a defect of the feelings, but an intellectual defect, while its influence on the feelings is not abnormal.

Thus we see affectivity developed and persisting even where intelligence, in the narrower sense, is not developed or is destroyed. It persists as long as the most simple "objective" processes, the sensations and simple cognitions; in individual cases even longer. Cases of senile dementia and general paralysis still have decided emotions when perception and sensation are markedly disordered.

And yet there is a disease in which the suppression of the emotions may be said to occupy the foreground of the picture, viz. dementia præcox. In this disorder the anatomical changes in the brain are so slight that it has not yet been possible to define them. The intelligence is not destroyed, but only suppressed, as is evidenced by certain temporary or permanent improvements and "late recoveries." The affectivity, however, in the majority of cases, is hopelessly defective. It is not conceivable that such an elementary function can be simply blotted out of the brain by a minute pathological process. Therefore the question is, *what has become of the affects in dementia præcox?* The question is answerable, and I hope that the work of my colleague Jung* will in the near future be so far along as to afford us at least a glimpse of the mechanisms which remove the affects from our observation.

We shall deal with paranoia only, whose genesis, to many alienists, is related to abnormal affects, and we shall further on devote a special chapter to it.

* * * *

What affectivity is we can not say. But for our purposes this is only an academical question. It is sufficient for us to know that intellectual processes, psychopetal and intrapsychic association-complexes, not only cause the special respective reactions, but also so dominate the associations of the entire nervous system, including the vasomotor and splanchnic nerves, that a *general* reaction occurs which gives support to the special reactions and, apart from ex-

*Dementia Præcox, Halle, Marhold, 1906.

ceptional conditions to which the organism is not adapted, contributes to the general advance of the individual.

Nevertheless, there are certain questions in this connection which I should like to touch upon briefly. Is feeling, or affectivity in our sense of the term, a property of sensory perception? (Ziehen). Is it contained in sensory perception? (Wundt). Or is it an independent parallel process of consciousness? (Kuelpe).

When we understand clearly that the centripetal stimulus produces both the sensory perception and the feeling, but that with the same sensory perception the feeling may vary, it seems as if everything necessary were said; the question is evidently one of terms. That is to say, it depends on whether we wish to include the accompanying feeling in the concept of sensory perception or not.

I would much rather combine affectivity and volition into one comprehensive unity, for affectivity is much more closely connected with desires, instincts, and will, than with intellectual processes. It is scarcely possible even theoretically to separate the two psychic functions from each other; it is almost as if affect and desire were one, and as if with these words we had only theoretically isolated two different sides of one process.*

Is feeling (affect) the sum of all changes produced by the intellectual process? (Lange).

Possibly, and I think very probably. But in relation to this we must consider not only the physical but also the psychical symptoms, the inhibitions and facilitations.† At any rate the feeling of pleasure and displeasure seems to me to be the essential feature of the affects, and one might put the question thus: *Is there a special process in the brain which is the substratum of pleasure and displeasure, or do the associative, the vasomotor and the secretory inhibitions and facilitations together make up the feeling of pleasure?* This question is as yet not answerable.

* I can not believe in an independent will-function nor indeed in a faculty of volition since pathology is not aware of simple diseases of will.

† It would be remarkable if the latter were not also perceived. It is certain from Lehmann's investigations that the appreciable physical symptoms of the affect come on more slowly than the purely psychical, and that therefore they can not be essential.

For the time being, therefore, it seems to me a matter of indifference whether we say "an intellectual process is the cause of the affect" or "it contains it," just as it may be the same whether we say "an affect causes symptoms such as palpitation of the heart" or "palpitation of the heart is a component of an affect" or "an affect is the sum total of all symptoms ascribed to it."

The theories that various cell-conditions have to do with the feelings of pleasure and displeasure (Meynert) I pass over as being entirely in the air.*

Of greater interest is the question whether the various affects are differences in degree, or whether they are qualitatively different, or, otherwise expressed, whether they are of one or many dimensions. If they were due to differences in degree the qualitative difference would have to be sought in the accompanying intellectual processes. Unfortunately this question also can not be answered with certainty. Indeed we do not as yet know whether the simple feelings of pleasure and displeasure are something quite different from affects in a narrower sense such as hate, anger, etc. They might perhaps be partial manifestations of affects which necessarily accompany them.

To me the feeling caused by the sight of a beautiful picture and that caused by eating a good beefsteak seem to be very different. Others have tried to explain complicated affects as mixed conditions of pleasure and displeasure, but it does not seem that they have succeeded in proving this view.

We must reject the conception of Wundt that affects are three dimensional. "Feelings of tension and relaxation," and "of excitation and depression" are pre-eminently inner cognitions, not feelings in our sense. Tension and relaxation, excitation and depression, may be part of an affect, and their cognition may be associated with pleasantness and unpleasantness, as are other intellectual processes. If there be anything of truth in this dimensional theory it is insufficiently or not all expressed in Wundt's formulation.

Lipp's three dimension theory seems to me to be even less well founded.

* Naturally we can also do nothing with the view of Wernicke that the emotional tone of sensory perception is an affection of the somatopsyché. (*Grundriss der Psychiatrie*: p. 44.)

SUGGESTION.

Suggestion seems in certain respects to resemble the intellectual feelings of Nahlowsky. To believe, to doubt, to guess, to regard as certain, to convince one's self on the one hand, and to accept a suggestion on the other hand, all these express in the same sense the intellectual reaction of our ego to some idea. And yet there is a very important difference between suggestion and the other processes cited. Suggestion goes much further. To believe, to convince one's self, and all these reactions are not able to influence bodily functions, to produce hallucinations, or to so dominate the logic that the grossest nonsense is accepted against all evidence. To be sure the supposition of a danger may produce bodily manifestations, but in an indirect way through the anxiety which it produces; belief causes constantly the acceptance of illogical thoughts and sometimes the appearance of hallucinations, but when this is the case an affect or suggestion also play a part, and indeed belief is scarcely ever free from the action of suggestion (take the case of religion and politics). In such cases therefore the results which go beyond the intellectual sphere are not direct consequences of the intellectual feelings.

Suggestion however produces all this directly. It controls the functions of the glands, of the heart, of the vasomotor system, of the intestines, it disassociates certain idea-complexes from those which are contradictory, it shuts out criticism, rules the senses so that it may readily create illusions, and also positive and negative hallucinations.

As we have seen, exactly the same result may be brought about by the affects. The objective actions of suggestion are therefore the same as those of the affectivity, but different from those of the intellectual processes.

The kind of action, as far as we know anything of it, is also the same. We know that the affective accompaniment of a thought favors the associations which correspond to the affect but renders others more difficult or inhibits them. In this way the acceptance of a thought is favored, critical judgment however is rendered impossible, exactly the same as in the case of a suggestive idea.

If we seek the basis of suggestion we meet similar conditions; we are unable to explain it through intellectual processes, but on the other hand we note the close relationship with what we find in the action of affects.

Bernheim however derives suggestion from credulity (*crédulité*) which every one possesses. Very likely this plays a certain, not unimportant rôle in intellectual suggestions, particularly those communicated by speech, which are the most frequent among human beings. But the power of suggestion is not to be explained on this basis.*

Let us take an ordinary case. A mother tells her child that "the porridge is hot"; the child has already gained an idea of "hot," but in spite of the warning he tries to eat the porridge and burns his mouth. In a million cases that which is said to him will be verified by his own experience. The child must therefore by analogy learn to regard what his parents, his teacher, tell him as, in the main, correct even when individual experiences are lacking. This kind of belief or credulity is a peculiarity of all men and is a *conditio sine qua non* for any educability.

If one regards only the intellectual processes, such an action of credulity may be conceived as a suggestion: one accepts something as the truth without proof or examination simply on the assurance of some other person.

* We will omit a criticism of the numerous theories and explanations of suggestion, but refer only to one of the newest, that of Stern. According to Stern (*Psychologie der Aussage*, I, 336) (passive) suggestion is a simple mental attitude (*Stellungnahme*). This conception is insufficient because the same may be said of an ordinary belief. If I, with Stern, say, "here is a table" and the hearer believes that a table stands here although in reality none does, this is not yet suggestion; if the possibility of control is excluded it is simply a question of belief. If the hearer can see the place where the suggested table should stand then he must either reject the suggestion or hallucinate a table. The belief in these cases is entirely a subordinate matter, the essential thing is the hallucination, a much more profound interference. Again, if Stern designates suggestion as an "imitation of mental attitude" (*Stellungnahme*), he includes too much in the idea; for all belief is such an imitation. Nevertheless it is interesting that Stern with the idea of imitation or as he has more accurately expressed it with the "assumption of the mental attitude of another with the appearance of our own attitude" comes very near our own conception. Quite useless are such theories as that of Lipps, (*Zeitschrift für Hypnotismus*, 1897 p. 92 ff) which takes only the extremes into consideration, or the similar one of Hellpach (*Psychologie der Hysterie*, p. 200) which assumes as the criterion of all psychical consequences, which can be called suggestion, their senselessness and exaggerated character.

I would prefer not to extend the conception of suggestion so far.

When the parents in the same tone say something to the child that his perceptions or (later) his logical understanding contradicts, it is no longer believed; perception and logic hold their own in spite of the assertion. Just as little can simple credulity influence the movements of the heart or intestines or the glandular secretion; or, in the psychical sphere, dissociate a part of the personality and make it independent, as it were. The influence of credulity is therefore not so far-reaching as that of suggestion.

The peculiarity of the latter we see most clearly in simple conditions. Among all animals living together suggestion plays a great rôle. If one of a herd is attacked, the danger threatens all the others, or at least it would be better for them to take part in defense or flight. If food is to be found somewhere it is well if the whole herd know of it. Therefore the individual animals show their affect as soon as they scent danger or food. Immediately the same affect with the same expression and with the same movements of defense, flight or acceptance is communicated to the whole herd so far as they can perceive through their senses the affect of their companions.

In this there need be absolutely no intellectual content present; what is suggested is only the affect, the anxiety, the desire to fight, the pleasure of the chase.* In higher animals we must also assume that the place and kind of danger or booty is communicated at the same time. But

* In the case of man it is presupposed that the suggestor can suggest an affect which he himself does not have. But one can not compare the complicated experimental conditions with the natural functions of the mind and can only cautiously draw conclusions from one to the other. Speech and artificial training allow the use of means, of which there can be no question in the case of animals under natural conditions. We must always remember that the suggestion of an affect to a person who is not trained to absolute obedience can scarcely succeed if the suggestor does not, in his tone at least, simulate something of the affect. It is just as little possible to suggest sleep by giving the words in a merry tone; one must either speak monotonously or commandingly. In the suggestions which move the world the affects of the suggestors and of the suggested are moving elements. There are also conditions in men and animals in which one affect in one person calls out the opposing affect in another without our having to assume an intellectual process with a secondary affect. The anxiety of the opponent awakens the courage of the aggressor, and vice versa. We have no reason to think that in such cases another mechanism comes into action.

the essential thing can only be the transmission of the affect; the communication of the content, the intellectual part, must play a secondary rôle. This we see in the dog, for example, an animal which has retained very little of the herd instinct but which is very accessible for suggestion from other dogs. The barking of one awakens similar, *i. e.*, affectively similar, barking in the whole neighborhood; and yet we stand near enough to those highly developed companions of man to be able, from our observations, to conclude that they can make no accurate communication in that way. We find suggestion in animals only in the case of affects or occurrences associated with affects and we have good grounds for concluding that the animals, the highest classes of certain genera perhaps excepted, communicate only occurrences associated with affects, or we might say, in reality, only affects.* The communication or the description of the cause of the affect, in other words of the intellectual part, is probably as a rule unnecessary, at any rate of less importance. (Sometimes it is implicitly contained in the original expression of the affects, that is the direction of flight or the movement of attack).

After the foregoing the *purpose of suggestibility* does not especially need to be further detailed. It causes the whole community to be ruled at the same time by the same affect. It causes the necessary unity of action. It suppresses all other endeavors of single individuals so that the energy of the actions is increased. It gives greater perseverance to the affect and then to the efforts which we make because the

* That animals communicate experiences to each other which have no affective meaning for them will be maintained by no one, indeed it scarcely occurs among men. Our complicated relations conceal the affect component which depends on some distant association, *e. g.*, the teacher instills grammar into his students because his living depends on it; he serves his nutrition-instinct with its affects. The description of a flower is given on account of its botanical *interest*, etc. Many call the blind following of the sheep by the other sheep suggestion; it might appear that we are dealing in that case essentially with an intellectual suggestion, for we see nothing of affect in it. But we do not know the instinct which causes this behavior. Occasionally they follow some passer-by for hours and can not be driven back by blows. Kittens sometimes also show the same phenomenon. Chicks who have just hatched follow not only the brood hen but also the first moving object or being which they meet. These analogies make it very probable that following the leader in the case of the sheep has little or nothing to do with suggestion in contradistinction to what we find in man.

individual whose efforts threaten to weaken is again turned to the original task and, on his part, he then strengthens others in the general affects.

Therefore suggestion insures unity and continuity of the affects and actions of a community by pushing all in a certain direction and suppressing opposing efforts. While the *affect* promotes in the individual all like efforts and associations, strengthens and prolongs them, suggestion does exactly the same for the herd. *It takes care of the collective-affect* and thereby of the unity of effort and action.* We may add that in man the relation of individuals among one another is determined, in the first place, by the affectivity, even if we leave out of consideration what we call sympathy and antipathy. One can see this in exaggerated form and in caricature, and therefore all the more strikingly, in the insane. With the idiots we deal much as would a father with his child and we are in continual affective relations with them. Alcoholics, general paralytics, manic patients find an affective response with us, not always it is true in a positive sense, but we understand their feelings and may act on them. With the hebephrenic who intellectually often stands much nearer to us than the other demented, we find no affective rapport. We feel towards him like strangers, very much as towards a bird which we pet and which allows us to care for it but never allows the intimacy which we quickly reach, for example, in our relation to the dog. The inhibited and falsified affect-expressions of the hebephrenic place an insurmountable barrier between us and these patients, while all the intellectual derangements of the other groups do not render them so foreign to us.

From this outline it follows:

1. Under simple circumstances affects only are suggested.
2. Suggestion has exactly the same purpose for the community as the affects for the individual.
3. Animals suggest almost only affects. Suggestion in which the intellectual content plays an essential rôle occurs only in man, and even here is not frequent.

*I would define this collective-affect as only the sum of similar affects of the individuals. Psychological units which extend to several individuals, such as a collective consciousness, a collective will, does not exist in this sense.

And at the beginning we established:

4. The action of suggestion is shown in the same ways and under the same circumstances as those of affects, whether the suggestion be an intellectual or an affective one.

One may conclude from these facts that suggestibility can not be separated from affectivity. One conception must comprehend both, and we may best call it affectivity. Hence we can express our knowledge thus:

Suggestion is an affective process: Suggestibility is a part of affectivity.

Thus we see that suggestibility, in the original affective form, as well as affectivity in the narrower sense, is active long before the intelligence is. The infant very early understands the affect-expressions of the mother; the affect of the infant not only influences the mother, but suggestion very distinctly acts in a reverse way. If the mother smiles at him the child is also disposed to smile, all the expressions of affection not only make an agreeable impression on him but they influence his mood in the same sense. Reproofs, even when they are not spoken any louder than the pet names, so as to exclude any shock, affect him in the opposite way.* This seems self-evident; but it might be otherwise.

Even in the infant therefore, perceptions of affect-expressions cause a similar or the same affect. The child has not only an innate understanding but also an innate resonance for affect expressions. The affect is transferred to the child even in cases in which we can not imagine any intellectual content.

With older children it is well known that the play of others as well as their anxiety or weeping is "contagious," etc. With adults also we can recognize the same thing in all the complications of a civilized life. *Therefore the suggestive transference of feelings is a matter of common observation.*

*My five months old child reacts to reproofs spoken in a low tone with wrinkling of the forehead and finally by weeping. When I reprove his elder brother or when the latter cries from pain or anger, he also begins to weep. With expressions of joy or simple play which are as loud or even louder he remains entirely quiet or rejoices also. The falsified affect-expressions of a hebephrenic who is in my family have been from all time without effect on my now two and a half year old boy. He regarded her interjections as a natural phenomenon, not as an affect expression. They found in him no response, in striking comparison to the affect expression of normal individuals.

While, generally expressed, suggestibility is one side of the affectivity, we also see in special instances that it increases proportionately to the strength of the existing affect.

Vigouroux and Juquelier* express this general rule in the words "the greater the feeling value of an idea, the more is it contagious."

Though this rule may appear self-evident, it is not always so at the first glance. An affect can naturally render the acceptance of a suggestion difficult as well as easy, according to its direction. The process of rendering a suggestion difficult to accept is also a result of suggestion. We can designate it as a negative suggestion, or as has been done in the case of hysteria as a counter suggestion. The mechanism is exactly the same whether it acts in a positive or negative direction. From an unsympathetic person we accept suggestions with difficulty while one is only too easily influenced by those of a beloved person. Or we receive evil suggestions about a person whom we detest readily, while we reject calumnies about a beloved person.†

Although it is easily understood that one who is perfectly indifferent to hypnotism and to the hypnotizer can not be

**La contagion mentale, Ref. Centralbl. für Neurol. und Psychiat. 1905, p. 150.* It would be very interesting to investigate the emotional value and suggestive strength of different ideas which have been active in civilization and especially in politics. An example taken from the environment of the writer would be the comparison of the politics of the people of Berne and those of Zürich in Switzerland. In Berne the idea of the state, which is closely connected with the instinct of self-preservation, has remained dominant through the centuries and now, fifty years after the foundation of the new confederation, it is still active. In Zürich there are many and far reaching ideas which individually have accomplished much but never anything which has remained unchanged in the course of time, and when the new confederation was founded, Zürich felt that it was only a part of the whole.

† An apparent exception is that of the promptings which cause jealousy. One may say that jealousy is itself an affect which favors the corresponding suggestion. It would, however, have no reason for existence if an experience or an accepted gossip did not first produce it. Therefore, although it is the cause for the acceptance of many suggestions it is nevertheless only the consequence of an intellectual process. This in many instances depends upon suggestions the acceptance of which is in direct opposition to love and regard. Consequently the affect which causes the jealousy must in many cases be very different from the jealousy itself. Observation of jealousy in normal and pathological conditions shows that different kinds of affects may be concerned. Sometimes it is unsatisfied love, especially in women. Most frequently it is a feeling of guilt which prompts the person more or less consciously to concede a certain right to adultery to the other. Hence the frequently observed fact that those men who allow themselves many liberties in a sexual way, guard their wives the most jealously.

hypnotized, yet the conditions caused by fear of hypnosis are extremely complicated. To be sure hypnosis is impossible in the majority of such cases; an affect does exist, fear, but it acts in a direction contrary to that desired. Fear may, under certain conditions, favor hypnotism in an indirect way. Things which cause the fear remain in the foreground of the interest and inhibit other thoughts, especially when a feeling of impotence comes in. Thus the idea of the thing feared can dominate the subject and drive him towards the very thing which he fears. This is an everyday occurrence which needs no further proof, e. g., the squirrels with the rattle-snake. Further, with fear is very often connected the idea of domination which is accompanied by strong feelings. Such affects, which unfortunately have no name, play a great part in many suggestions.*

When, for the sake of experiment we hypnotize a man and suggest to him that he will now see a flower or a mouse, or that after waking he will put a chair on his head as a hat, it is not easy to see the affect which lies at the bottom. The single suggestion naturally does not correspond in such cases to the underlying affect; the latter causes only the acceptance of the suggestion under the given condition. And what kind of an affect is that? Unfortunately we have no name for it, but no one will doubt that a strong

* In the Neurological-Psychiatrical Society in Zürich where I mentioned my conception of suggestion, von Monokow reminded me that there were also imitations or suggestions in the present day sense without affects. It happens that when some one makes a cross another consciously or half consciously imitates him. This objection showed me a gap in my reasoning. I do not believe however that this occurrence says anything to the contrary of our view. The imitation which appears without affect has not the influence on our physiological functions, or on our thoughts that true suggestion has. It is therefore different from the latter. Further every idea has a motor component; the imitation therefore is nothing extraordinary. The striking thing can only lie in the acceptance of the idea of making a cross. One most easily receives motor ideas by the sight of some action. But this does not justify us in classifying the imitation in this case as a suggestion. But why are many things imitated, others not? The choice as far as I can observe is always an affective one; that which harmonizes with our mood or has some relation to it is reproduced, other things are not. (Compare Freud's mechanisms). It must not be forgotten that there exists also an instinct of imitation which, for example, in the mental development of children, plays a great part. All instincts are connected with affects or come from affects. Imitations without any affect are scarcely ever incontestably proven. Therefore, as far as we know, the mechanisms which come into consideration agree easily with our conception. The relations are, however, so complicated that a definite judgment about all details is not possible.

affect underlies the feeling of being dominated or the feeling of authority. This affect can, on the one hand, be gradually traced by imperceptible steps (in the majority of men in relation to other men) to the affect which causes fright palsy; on the other hand, especially in women, in their relations to men, to a sort of love, inasmuch as here the feeling of being dominated has a certain sweetness, which is difficult for a man to understand. Both kinds of conditions are comprehended in the term fascination, the affective meaning of which is, to be sure, not yet clear.*

The intellectual as well as the affective feeling of subordination naturally plays a great rôle in the well known hyper-suggestibility of soldiers (Bernheim and others). Here the influence of habit and training comes into consideration as an important factor. We know that suggestibility may in a certain sense be increased by training, just as we see that the affects are more easily liberated by repetition. By means of practice we are more capable of enjoyment, in the field of art and natural beauty, for example, even when the intellectual comprehension makes no real progress. Later the different influences, which we call collectively blunting, exert their inhibiting effect. In the same way suggestibility decreases after a short time when the suggestor has not resources enough or, as in the case of a medical suggestion, occupies himself always with the same narrow theme, in short if he is unable to keep the interest, *i. e.* the affectivity, alive.

In the increase of suggestibility by habit there is another factor which must not be forgotten, the simple association through practice, a more intellectual process. For example, a horse is always, in a certain part of the road, made to trot. From now on he needs no more urging; as soon as the animal comes near the place he begins spontaneously to trot. Every German with any education at all will associate with "*Fest gemauert in der Erden,*" "*steht die Form aus Lehm gebrannt.*" These are purely intellectual processes and lead finally to automatism. In the same way the practice of suggestion must lead to facilitation of the

* Vogt ignored this affect when he required that the hypnotic suggestion must be without affect.

process and finally to automatism. Naturally this does not conflict with our views of the affective nature of suggestion but it furnishes an excellent sample of how complicated our mental processes are.

It is easily understood that in the great spheres of religious and political convictions the affects play a great part, yet they often act so indirectly that it may not be out of place to devote a little space to them.

First, do suggestions here play a part? Certainly; from among many reasons we will, however, only mention the following: None of the creeds comprehends the majority of mankind. If any creed be right the majority must necessarily be wrong. It is, however, very probable that no creed is right. That alone shows that logic has little to do with faith. And as a matter of fact political and religious creeds are only in exceptional instances determined by the force of logic, but usually by the faith of the environment, and this in spite of the fact that, in political questions at any rate, there are enough data which would permit any educated person to form a fairly objective judgment. While in the field of religion we find that the dogmas often enough contradict the simplest logic so that one would think they should arouse one's critical sense.

There are many affective factors which give to religious and political influences the irresistible force of suggestion. Here I will only mention their connection with the love for one's parents, with many memories of childhood which have a strong emotional component, with the most important events in life, and last, but not least, with the care for existence in this world and for salvation in the world to come. What strong affects may originate at a holy shrine where miracles occur can be imagined by any one who tries to render these conditions clear to himself. Thus it happens that more battles are fought for such matters, which are questionable from a logical point of view but which have a great affective value, than for anything else; and that persons who are otherwise of an unblemished reputation may in party strife use rather questionable means. The affect, the suggestion, inhibits

here, as elsewhere in life, the opposing associations, the comprehension of the right of other views, the sense of the dubious character of the chosen means of combat.

* * * *

The rôle that affectivity plays in *auto-suggestion* is clear. This is aroused only by the influence of strong affects. It is as yet too little observed in healthy individuals because it is much more important in the pathological spheres where it often dominates or even causes disease. Charcot showed the connection of certain forms of traumatic hysteria with fright, which, he claimed, produced the same effect as hypnosis. Since then traumatic neuroses and (functional) psychoses have been attributed to suggestions or ideas with a strong emotional value. The example cited above (page 16) of the man injured in a railway accident I could have presented as proof of the strength of auto-suggestion as well as of the affectivity. Auto-suggestion as well as suggestion is nothing more than one side of the well known affect mechanism.

It is obvious that also in non-pathological conditions, (anxiety, also pleasurable affects) ideas which correspond to the feelings are easily accepted without criticism; for example, one readily interprets every noise into the rolling of a wagon when he is tired and on a lonely road, and thirsty people on the desert see water in every indistinct spot of earth.

* * * *

The analogy of suggestibility with affectivity is also observed in the fact that when one turns his attention to the mechanism of a suggestion, suggestion is rendered difficult. The similar influence of attention on the feelings is well known, while intellectual processes are, on the contrary, assisted by the exertion of the attention.

This is connected with the much misconstrued and yet so easily verified fact that feelings, as well as suggestion, develop their greatest action in half-conscious and unconscious processes. A person may joke with his conscious mind about the power of suggestion and yet in a large

gathering on the simple assurance of some one develop a catalepsy of an arm. If we take into consideration only that which takes place in consciousness we will never be able to understand suggestion, and just as little will we understand the important mechanisms which Freud has pointed out in his studies of hysteria, in dreams, and in every-day life and which dominate a great part of our mental life.

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Every observer has noticed that pain-sensations are much more accessible to suggestion than the other sensations. It is much easier to suggest analgesia than anesthesia of any other sense. In hysteria also analgesia is more frequent and more conspicuous than anesthesia. The difference is shown even in the reflexes; all those caused by pain and disagreeable sensations are frequently lacking in this disease, the others almost never. To the former belong the twitching, the changes in respiration on painful stimuli, the reflex closing of the eyelids, the pharyngeal-reflex, etc. We also see the same difference in katatonia which makes use of the same mechanisms as hysteria.

The explanation according to our view is simple. The ordinary sense-perceptions give us information of certain conditions of the outer world, without reference to the meaning of them to our ego. We consciously notice only a small number of the innumerable stimuli which strike our senses, really only those which stand in connection with our momentary object. The same music which captivates us in a concert we may completely exclude when we are writing. The selection of sensory impressions accords with our interests; it is determined by the process which we call attention.

It is entirely different with pain. Pain turns our attention into new tracks, forces it to change its direction. It represents an injury to the continuity of our body and is therefore a most important occurrence for the higher animals. Ordinary attention is powerless against the diverting power of pain, "our best philosophy does not avail against a toothache." But there are other important interests for the organism which under certain conditions cause suppression of pain. In a

fight, in order not to be overcome by one's opponent, one must give little thought to wounds. The hungry man must not consider the trouble of acquisition, in order to gain the booty. The propagation of the species is more important than the preservation of the individual. The male dog suffers hunger and mistreatment for many days if he can in that way approach a female dog in heat. All these important acts are accompanied by lively affects, the strongest affects corresponding to the most important object. Pain, therefore, can only be dissociated by ideas with a strong feeling-tone, or, if we take account only of the latter, by feelings and affects. Hence pain can also be suppressed by any affect; in battle the soldier does not notice that his arm has been shot off; in anxiety one sacrifices something of the continuity of one's body; vanity makes cosmetic operations more or less painless.

Naturally we can not say that in every given case the sensory perceptions are turned to something else by the attention, or that the pain sensation is inhibited by another affect. Everything psychical is too complicated to be expressed by such a simple formula. We must not forget that attention is itself determined by the feelings, and the feelings themselves may be deflected from an important perception and suppressed, etc.; in short, the two kinds of influences are never entirely pure and separate from each other.

Nevertheless we may conclude that if the pain perception can be directly inhibited by feelings, it must also be possible to directly influence it by suggestion, while the sensory perceptions are only dissociated in an indirect manner, and therefore with more difficulty. Perhaps it is also of importance that by the testing of analgesia and anesthesia the attention, which favors the sensory perception, is excited, and is a counter-weight against the suggestion of anesthesia, while the pain sensation is much more independent of the attention.

The readiness with which pain is influenced by suggestion illustrates therefore very prettily our view of the close relation of suggestion and affectivity.

There are conditions in which, in spite of the excited affectivity, suggestibility may be suppressed by other factors. *Judgment* is an important counterpoise which, to be sure, may, even in intelligent persons, and in those with strong characters, be dissociated, although this is rare. If the judgment is inaccessible in consequence of a lack of associations, whether this be due to a narrow experience or to stupidity, suggestibility is increased. Thus the grade of suggestibility is, among other things, a (negative) function of the power of criticism, which naturally does not contradict the view of its affective origin.

We have a high degree of credulity, and every idea, whatever its origin, every request from without, every order (this also as a result of education) tends to force us through the mechanism of suggestion to the corresponding action. Therefore judgment would easily come too late were it not for the fact that suggestion has an automatically acting counterpoise at its side, a primary tendency to turn aside influences from without. This mechanism,* to which as yet little attention has been paid, together with the positive forces (including suggestion), regulates our actions as antagonist and agonist, and is one of the roots of pathological negativism as well as the basis of contrary suggestion which plays such a great rôle in the symptomatology of hysteria and other diseases.

It is in suggestible people that we see this warding off mechanism mostly developed and active in the most unsuitable conditions. Children and hystericals, for example, are generally, under certain conditions, and each in his own way, markedly obstinate and headstrong. This may represent in part a protective mechanism but in another be analogous to emotional lability, the expression of an especially strong oscillation around the position of equilibrium. Since the equilibrium here as in many other places is maintained by two antagonistic forces, we may also consider the condition of increased suggestibility associated with the increased inclination to negation as a separation of the yet

* More fully described in "*Ein psychologisches Prototyp des Negativismus.*" *Psychiatr. Neurol. Wochenschrift*, 1904-1905.

unknown fundamental property into its (negative and positive) ions.*

In order to fully illustrate the connection between suggestibility and affectivity, we should be able to prove what kind of emotional makeup, what "temperament" is most favorable for suggestion. Unfortunately we can not do this. Most of the preliminary conditions for such an investigation are lacking. Suggestibility, as intelligence, is not a uniform quality; in certain directions a man is strongly suggestible, in others not at all or very little.† It is impossible or very difficult to divide mankind according to their suggestibility, even when we have good cause to designate certain persons as very suggestible and others as little suggestible. We are even at a greater disadvantage when we try to classify the affects or the different types of the emotional makeup. Here we know only a few main lines, *e. g.*, the type of affectivity which in excess leads to mania and that which leads to melancholia, and we know these only very superficially. There are probably sides of the emotional life which we divine more than we know, yet which probably play an important rôle. I would refer to the types mentioned and add that many people have a tendency to suppress their disagreeable affects, *i. e.*, as far as possible separate them from their personality, while others perfectly amalgamate them with their actual personality but they seem at different times to be different personalities; the one dissociates, as it were, the affects from his personality, the other dissociates his personality according to the different affects. To me it is probable that the former are, other things being equal, little suggestible while the latter class is accessible in a high degree either to suggestion or auto-suggestion or both.

Furthermore we know that children with their lively affectivity (and undeveloped power of criticism) are very suggestible. In manic patients with the same temperament

* Freud notes in his "*Drei Abhandlungen zur Sexualtheorie*" a similar condition in sexuality which is regulated by a positive force and a negative inhibition. To the strong positive sexual force there corresponds a strong inclination to inhibition. (Anxiety, etc.)

† An energetic officer or business man with strong convictions may be under the thumb (suggestion) of his wife, his mistress or indeed of his servants.

we see similar conditions. We know that the affects in melancholia inhibit the associations and the suggestions in all directions which are contrary to the inner feeling but assist those in harmony with it, (religiously indifferent melancholics in a religious atmosphere also acquire religious fears). With general paralytics, suggestibility as well as the affectivity, is increased and is further increased by the loss of the critical faculties. In dementia præcox we do not know as yet what kind of feeling-derangement is present. In paranoia (Kræpelin's) we have a mixture of facilitated and inhibited suggestibility. In the traumatic neuroses and psychoses, fright and different apprehensions cause the symptoms by suggestion and auto-suggestion. But this is as far as we can go even here. In the suggestion-disease par excellence, hysteria, we know little of that which we should know to look upon suggestibility and affectivity from the same point of view. Nevertheless it is certain that in hysteria the affects play a great rôle so that one may refer the hysterical derangement as well to the dissociating action of the feelings as to the so-called auto-suggestion, for *auto-suggestion and affect-action here appear identical*.

Even leaving out of consideration the mental diseases, the momentary disposition plays a very great rôle in suggestibility. The inhibitions and facilitations may be intellectual but generally they are affective. Bodily diseases too, with their action on the affectivity, of course, influence suggestibility (vide the persons who influence invalids into making wills in their favor). Exhaustion as is well known causes the same thing. Here is an example: A very intelligent and especially impartial and objective head-nurse returned in an exhausted condition from a journey. A nurse met her and informed her in an excited and disapproving tone that a certain nurse had been made assistant head-nurse. Like the nurse, she thought that the choice was a misfortune for the institution and an injustice to another aspirant to the place. She had completely forgotten that she had previously approved of the choice and could not take into consideration the fact that the nurse

had only accepted the position after the other candidate had taken it and had resigned. For years the head-nurse could not resume an objective attitude towards her new assistant, and although, from time to time, she admitted that I had acted entirely in accordance with our agreement she never could quite forgive me. Grounds for jealousy were entirely lacking in this case. (In contradistinction to what happens in paranoia, the delusion has not broadened out).

* * * *

The matter becomes more interesting when we leave the suggestion of the individual and take up mass-suggestion, although here too we have nothing complete to offer, for the psychology of mass-suggestion, in spite of several attempts, remains yet unwritten.

Individual suggestion, especially as far as it has intellectual content, is a miserable artificial product which outside of human conditions has little influence.

Suggestion with a larger complex of individuals is very different. Here it corresponds to its original aim, the shaping of a strong collective-affect and develops also its elementary power for good as well as for evil.

A great mass in itself inspires strong feelings, even an inanimate mass such as the pyramids, Mont Blanc, the sea; but not so much as an animate. Scarcely any one can deny the imposing impression of a great unified mass of men. The enthusiasm for the army would certainly be much less if one always saw only individual soldiers. The oath of an individual can at most through especial accompanying circumstances be awe-inspiring, while the oaths of 14,000 citizens of the Landsgemeinde in Appenzell-Ausserrhoden is in itself one of the most stirring spectacles which one can see.

Mass action, especially when the suggested individual forms a part of the mass, causes a strengthening through the bare number of suggestors, which must act in a manner similar to the frequent repetition of an assertion. At the same time, to a view which is shared by many, more credence is given instinctively and with a certain right than to

one which only a single person believes. Again, the individual who is a part of such a human complex perceives on all sides sensory perceptions which support suggestion, while those that invite criticism are entirely lacking or are present in unimportant numbers.

The feeling of the power, even of the irresistibility, of a large number is also an important factor, and especially the fact that many inhibitions which would naturally tend to counteract the power of suggestion are removed, such as embarrassment of the individual who so rarely has a desire to act differently from the environment. The same feeling of being different from the rest which in the individual hinders suggestibility forces the masses, influenced in the same sense, to an acceptance of the suggestion. The diminution or the removal of the feeling of accountability for acts and thoughts diminishes further the ethical and intellectual inhibition, the regard for others, as well as the personal judgment.

Thus a collection of individuals has another, in many respects a much lower, type of ethical standards than the individual. One can see indications of this even in small committees, but for larger bodies the old proverb *Senatores boni vivi, senatus autem mala bestia* is always more or less applicable. That the ethical standards of parties, and of States does not come up to even modest requirements of the individual is apparent to every one. The latter also has another reason: ethics regulates the behavior of the individual in regard to his actions in the community of which he is a part and by which he is protected. The relation of individual countries to others is a much looser one, and it is therefore lamentable but explicable that the finer ethical considerations play a relatively small part in international, or, for that matter, in national politics. From a utilitarian standpoint, which at the same time represents the phylogenetic point of view, ethics is not so necessary in a collection of individuals as with a single individual. The bad consequences of a wrong act, (punishments!) are for the culprits generally much less or can not include all the participants.

The number of such factors to which a strengthening influence of masses on suggestion must be ascribed might be increased. The essential thing, however, will be the development of suggestion from conditions of a large unit of individuals, or, the phylogenetic adaptation of the function to the mass. Thus it is easily understood that a community not only thinks and feels uniformly, but that it can be much more easily led by an individual than a single person, as soon as this individual has found an affective assonance in a great number of the individual members of the community.*

Thus a comparatively poor teacher, even an inexperienced kindergarten teacher, can control fifty children comparatively easily while the parents, even if they are capable, may have trouble in directing one of them.

* * * *

If we glance over the *action of suggestion* as it is described in books on hypnotism we can compare it step by step with affectivity.

In the sensory sphere we daily see the dissociation of perceptions by the affects. One overlooks during an affect, many occurrences, even severe injuries to the body but in both cases the anesthesia is a systematic one not limited to a definite sense organ. We suggest anesthetics of all the senses. On the other hand the affects allow us to utilize occasional perceptions which otherwise we would not perceive because they are too weak, *i. e.*, suggestion may cause hyperaesthesia. The affects as well as suggestion cause illusions and hallucinations.

The motility is influenced by affect and suggestion in the same way, paralyses and cataleptoid conditions on the one hand and extraordinary muscular power on the other are engendered by anxiety as well as in hypnotic experiments. Both functions also dominate the involuntary musculature, the blood vessels, intestines, bladder, etc.

Affects and suggestions dominate the actions of all of our

* A preacher likened the religious edification of an individual as compared to that of a crowd to the burning of a single stick compared with the powerful fire of a heap of sticks. The picture is very good and is suitable to other than religious suggestion.

vegetative organs, the heart, lungs, vessels, glands, menstruation and many other functions. The influences on metabolism and sleep also must not be forgotten.

They influence our memory; we forget or transform what is disagreeable and keep more vivid what is agreeable. We find memory-illusions in normal individuals as soon as affects come into consideration; they are more frequent, however, in the insane whose inner life is dominated by strong affects, and we produce them very easily by suggestion.

Our whole logic is controlled by affects in exactly the same way as by suggestion; both render criticism difficult or impossible.

The affects change our personalities. In many respects we act differently in sorrow than we do in joy, and by suggestion we can also modify the character of a person.

In the domain of pathology we can not separate the actions of the affects from that which is correctly called auto-suggestion. Whether an hysterical is delirious because she dissociates the pain caused by the loss of her husband with all that is associated therewith or because she makes the auto-suggestion that he is not dead is irrelevant. It is only a different term for the same process. The wish-dreams of normal individuals and the wish-deliria of the insane are nothing but the consequences of auto-suggestion; they may, however, also be described as actions of the affects which in sleep and in delirious conditions dominate the associations.*

Attention, whether it is conscious or unconscious, is controlled by "interest" and other affects. We control it, however, just as well by suggestion. We dissipate it in a hypnotized person who is in rapport only with his hypnotizer in exactly the same way as it is in the case of the savant who, busied with some problem, does not notice the storming of his house.

The suggestions *à échéance* are also referable to attention. If we set ourselves to do something at a certain time or at the occurrence of a certain event the attention is consciously or unconsciously focused on this event, or on this time. At

* Compare Binswanger, *Hysteria*, p. 78. "At least a perception associated with a strong affect will have to be accorded the same value as the traumatic suggestions which are often hypothetical."

the same time, however, the event is associated with the act to be performed.

Associations and inhibitions are therefore put in readiness for impressions which are expected in exactly the same way as the attention does it for actual as well as for future experiences. That the attention is directed by the affectivity has already been mentioned and is perfectly obvious. The suggestions à *échèdence* therefore need no further explanation.

Perhaps it is necessary to add, however, that, as everywhere in psychological matters, different ways lead to the same end and that practically the result is never influenced by one mechanism only. One therefore finds many other influences acting with suggestion.

The latter may be elucidated by an analysis of the action of the suggestive questions.

Stern in his "*Psychologic der Aussage*," asks how the suggestive questions act and has "explained" it as being the imitation of the mental attitude of another. But why imitated in one case and not in another? That is, why does not every suggestive-question act in a suggestive manner. Simply because in one case an affect is present, in the other case not. What kind of affects come into play can not be generally stated. They are the different affects which the child has before his teacher, or the witness has before the judge and the whole situation of the trial.

But other things come in. By the tone and form of the question the answer can be suggested. It is unpleasant to have a different opinion not only from that of one's superior but of anyone else, and we instinctively avoid the disagreeable. Thus the questioner leads the associations in the intimated direction. The simple credulity which we differentiated from suggestion may also play a great part. Further, the refusal of the insinuations which lie in the question requires a certain independence of character and imagination which is not at the disposal of everyone. In order to answer the question whether a dress was blue or yellow by saying it was "neither blue nor yellow but red" requires an independence of mind of which many men are

not capable, while if the indifferent question were asked, "what color was the dress?" the same men would have perhaps answered quite correctly, "red" (Stern). The suggestive question presents a definite set of ideas. This is of importance, partly in a direct way, because the person questioned feels more or less forced to operate with the material offered to him, partly indirectly "because owing to the natural inertia he hesitates from voluntarily amplifying the whole procedure of question and answer." This is the case in the question, "what colored dress did the woman wear?" when it was not yet determined whether a woman was present or not.

Of course the number of co-operating motives is not exhausted by these allusions. Stern also emphasizes the importance of the tone of the question. "The strongest suggestive question can, if asked in an uncertain timid voice, lose every suggestive force; the most harmless question asked in an impressive tone accompanied by a fierce look and repeated with ever-increasing loudness of voice may become a mental torture which brings forth any desired answer." We must also remember that we all have an instinctive feeling of compulsion to react to any question, or to anything which is said to us. One can conceive this quality to be similar or identical with suggestion; in both cases it is a matter of an emotional and intellectual rapport between two individuals, yet it is not entirely the same, whether the primary individual provokes in another simply his own convictions and his own feelings or whether he calls forth a complement of his feelings or thoughts.

* * * *

When we attempt to explain the phenomena of suggestion we dare not entirely ignore hypnotism, although this comprises only a small part of that which we designate by the name suggestion.

Here we have first to state that there is not one hypnosis but a whole mass of conditions to which we give this name. What is common to all of them is a more or less complete exclusion of the critical attitude. But an hypnosis as con-

ceived by Liêbault is very different matter from an hypnosis in the Salpêtrière, the hypnosis of Braid and Mesmer differs from the modern hypnosis. "The suggestors" of the modern shows produce again other conditions. Whoever has seen a little of it knows that with the same technique the condition of hypnosis changes with every hypnotist and every hypnotized person.

Therefore what is essential is that the critical attitude is excluded by some sort of emotional impression, by fascination, domination, fright, or by a suggestion which depends on these affects. All other symptoms of hypnosis are accidental suggestions or accidental special reactions of the individual which may vary from case to case. Whether the subject is "conscious" or not, whether he is in a sleep-like condition, whether he has amnesia afterwards, all these are entirely irrelevant matters and depend on accidental or consciously given suggestions.

When the school of Nancy finds a resemblance between hypnosis and sleep, it is as easily understood as is the fact that others did not see it. Liêbault expressly suggests sleep and to the medium there remains nothing else but to imitate sleep as well as possible.

The exclusion of the critical attitude by the affects and also by suggestion is of every day occurrence and we need say no more of it. The exclusion of other idea-complexes we see not only as the action of the affectivity in a narrower sense but also as a consequence of attention. Thus there are no phenomena of hypnosis which can not be explained by a simple inhibition and facilitation in the same way as they are caused by the affects. But, in hypnosis it is easy to bring about exaggerated results, *i. e.*, to produce more than is needed; the affects may potentially do the same but actually do so in exceptional cases only, *i. e.*, only in very profound emotional impressions.

PARANOIA.

“There is unquestionably a group of cases in whom delusions are the most prominent if not the only symptoms of the disease. In these cases *a system of delusions gradually develops without any disorder of the train of thought, of will or of action.*” (Kræpelin).

In this sense alone will the expression “Paranoia” be used in the following chapter.

If we apply our conception of affectivity, such as we have developed it in the preceding pages, to paranoia, the doctrine of this disease must appear to need revision. As an example it may be well to enter somewhat into Specht’s* views on paranoia, which he has recently explained in an able article. But these views seem to me to fail particularly owing to his lack of clearness concerning the affects. The author will pardon me if, for the sake of brevity, I acknowledge silently the good that I find in his work and mention only that which departs from my own views. I can do this the more easily because while our paths are often in opposite directions we often arrive at nearly the same conclusions.

Specht claims that paranoia arises from the pathological “*affect of suspiciousness.*” According to him this affect consists of a mixture of feelings of pleasure and displeasure, and is therefore also found in states of mania and melancholia as they pass over into convalescence or into their opposites. Paranoia is the third psychosis to postulate theoretically besides mania and melancholia.

My objections to this are :

1. Suspiciousness is not an affect.
2. It is not a mixture of pleasure and displeasure.
3. Paranoia can not be classed with the affect psychoses.

I thought I had made all this clear, at least to some of my colleagues, in an article in the *Psychiatrische Wochenschrift*, 1902-03, p. 255, but have evidently not succeeded, al-

* Specht. *Ueber den pathologischen Affect in der chronischen Paranoia. Festschrift der Univ. Erlangen Z. F. d. 80 jährigen Geburtstages Sr. Kg. Hoheit des Prinzregenten Luitpold von Bayern. Erlangen und Leipzig. Deichert, 1901.*

though no valid objection to this article has come to my notice. I may therefore be pardoned if I here go more into detail.

Suppose I meet a young man in a neighborhood which is not free from robbers. He seems to be a student and carries a botanical specimen case. I have no reason either to suspect or to trust him. If I meet a farmer with his tools, who seems to be orderly and who has horny hands, I trust him, I feel safer with him than alone. If I meet a man whose dress, bearing and face bears the stamp of dissipation I mistrust him. I do not *know* that he will do anything to me, perhaps he is a harmless tramp, but he might nevertheless be after my money. If the actions of such a man in any way become more definite, if he, in an unmistakable way shows a revolver, then I am *sure* that he intends to attack me.

The essential thing in all these processes are perceptions and interpretations, therefore intellectual processes. In the case of the student I think neither of danger nor protection. I *know* the farmer is not dangerous, I *know* that the one who threatens is dangerous; in the case of the suspicious looking individual my observations and conclusions do not suffice to decide me; on *that* account I *mistrust* him. I can describe the process in pure intellectual expressions without speaking of an affect.

It is of course understood that affects may enter into this occurrence as in every other mental process. The affect, however, varies quantitatively and qualitatively, while that which is designated by the word suspicion remains the same.

If a person suffers from dementia præcox, for example, a condition in which the affects are blocked, the fact that his life is threatened may be a matter of indifference to him; the corresponding affect may be lacking while suspicion as such may be present. In a normal individual the affects are never entirely lacking, but they are not exactly the same with any two men. A courageous, a timid, a jolly, or a depressed individual, and whatever other types we may think of, differ among each other in regard

to the feelings associated with the same intellectual process. In a depression or in a fighting mood a person may even feel a certain joy in a situation even when he is aware of great danger. Further, the affects change according to the intellectual content of the suspicion, *i. e.*, according to the threatening danger, even when the suspicion as such remains the same (whether I suspect an attempt on my life or on my purse, the suspecting is the same). If I suspect that some one will steal my purse I have a different affect than when I think that he will take my life or the life of one of my family. Or if a person threatens to sully my honor, I have an entirely different affect than when he uses other doubtful means against me in the struggle for existence.

Thus affects seem to be quite an unessential part of suspecting. They may vary qualitatively and quantitatively, may even be totally absent without a loss or change of the suspicion as such. But if I take away the knowledge, the intellectual process, there remains no single affect which one can designate as suspicion.

Suspicion itself therefore can not be an affective but must be an intellectual process. After all, the word suspicion expresses nothing more than that one can not certainly foretell, but still less can exclude the occurrence of an event which one regards as unpleasant. To guess, to know, to trust, to expect, to doubt, to be clear, to be certain, to divine, are processes which are quite similar.

In the examples I have limited myself to instances in which that which is suspected concerns the one who suspects. According to the usage of the language I should have made the concept much more comprehensive. We may suspect that a rock may not be firm, even if it would not injure any one if it fell, because it is one of the common qualities of a rock to be solid. A roué may suspect that a woman may not be virtuous, although he would like it if she were not. We may suspect an enemy even when by the expected attack he would give us the opportunity to render him harmless; or suspect that a person might injure our enemy although we may be bad enough to enjoy this.

In all these cases the affect is even more non-essential because the supposed disagreeable thing does not concern us. Finally the affect differs also according to whether we suspect an object or a person. In order to make a concession to the conception of Sandberg and Specht we will, however, abide by the narrower conception, and speak only of suspicion in reference to injury of one's self by another. What we have to say will then be all the more correct when referring to the usual formulation of the conception.

As already stated, suspicion is usually accompanied by an affective process. Further we have defined it as the uncertain expectation of something disagreeable. When an accompanying affect is present it is naturally, in the majority of cases, a negative one, but not always the same one. But on careful observation we generally find that besides the negative affect there exists also a positive one, as in the case of an affect which we perceive when we expect something disagreeable and find that it is not so bad as we thought, or that it is averted. This affect is probably similar to the one which is associated with hope. Hope is both intellectually and affectively the best counterpart of suspicion. In both processes indications are present for the realization and non-realization of a definite incident, but they do not suffice for a definite expectation. In such a case the affect changes as we think of the reasons why the one or the other outcome should result. When I think only of the reasons which cause me to be suspicious, the negative affect is much stronger than when I, in the next moment and with the same objective knowledge, place in the foreground the motives which speak for safety. A similar situation we find in hope. The affect fluctuates to and fro, not spontaneously but in correspondence with the intellectual processes. The latter, which no one can emphasize more than we, are of course also inversely influenced by the affects, but the primary, the essential factor in suspicion and hope is the intellectual process. Suspicion is almost always accompanied by an affect belonging to a definite, negative, group, but not by a definite affect. But a second, positive, affect also plays a rôle, and, in the case of hope it

predominates. Only in this sense can we agree that suspicion represents a mixed affect. But for us it is an intellectual feeling, as Nahlowsky uses the term, "an objective process," accompanied by two feelings which may vary quantitatively or qualitatively without changing the nature of the suspicion.

In the paranoia question there is yet another mistake. When Specht and Sandberg claim that the delusions of persecution arise from the affect of suspicion, they mean that there is a lasting affect upon which develops, in the individual case, the suspiciousness.

Naturally the affective disposition is here as elsewhere of great importance. If I am of an anxious nature or, through some occurrence, am in an anxious mood, I turn my attention more to the perceptions which point to danger, and give these observations a great weight in my conclusions. If I am courageous or in an indifferent mood, the intellectual processes are changed in the sense of these dispositions: I become suspicious only with much graver indications.

Therefore:—*There are certain moods in which suspiciousness is more easily engendered than in others.*

Can one on this account call suspicion an affect? Certainly not. There are different moods which lead to the same result, such as anxiety, hate, the feelings of displeasure of all sorts by which the suspected person arouses suspicion by his appearance, his speech, or in some other way, for without there being any question of an intellectual process we trust a sympathetic person more than an unsympathetic one, even if our dislike is founded on something entirely subordinate, such as a peculiar nose or the like.

If we wish to designate suspiciousness as an affect, we must differentiate it from the affects which dispose to suspiciousness. A person who has a tendency to hilarity need not always be merry, the majority of comedians are said to be of a melancholy temperament, and much goes to show that they try to overcome the depressive mood by their comic productions. In manic-depressive individuals the same disposition leads to an increased readiness to elation

and depression ; the euphoric mood is an excellent soil for anger. Thus we see that an affect which is aroused by a definite occurrence need not be identical with the mood from which it arises.*

Just as an emotional so may an intellectual disposition favor the formation of suspiciousness, such as the occupation with the thought of danger, the "feeling" (*i. e.*, knowledge) of being alone, of bodily weakness or strength, the consciousness of having much money in our pocket, etc.

Moreover the simple constellation, here as everywhere else, plays a great part. If from external reasons (I am not speaking here of the disposition caused by character and mood) we have to think much in a definite direction, if we have much associative material of a special kind at our disposal, our thoughts are easily turned in this direction. Occupation with a definite topic, whether it be affect-full or not, always causes more ideas to be connected to it than would otherwise be the case. This is undoubtedly one of the reasons why writers of monographs overestimate their subjects, why every disease with which we occupy ourselves a great deal is found especially frequently ; we think of this diagnosis more frequently. Thus the constellation is one of the most important causes of the delusions of reference which, to be sure, are also favored by the affect.

I believe with this I have done enough to establish the fact that suspicion is not an affect but that, as every other mental process, it is accompanied by affects. These, however, are not constant and do not have in them the essentials of that which we call suspicion. Certain moods and constellations, however, favor the development of suspicion.

This also includes the explanation that suspiciousness is not a combination of the affects of pleasure and displeasure, although naturally the most frequent affect-state in suspicion is a fluctuation between positive and negative affect.

* Bresler, *Psych. Wochenschrift* III, 171, assumes that through a disorder of the feelings (which inform us of the comfort and discomfort of the ego) patients in the initial stages of paranoia develop an uncertainty and therefore a suspiciousness. Here suspiciousness would also be a result of the emotional disturbance and not the emotional disturbance itself. Of this hypothesis of Bresler I would only state that the disorder of the emotions in paranoia has not been demonstrated except in so far as it refers to the morbid ideas.

There yet remains to prove that paranoia can not be classed with the "affect-psychoses" but is something entirely different.

This part is most difficult for me because I am to prove something that to me seems very evident, or otherwise expressed, because I can not put myself in my opponent's attitude.

The typical affect-psychosis is Kræpelin's manic-depressive insanity, one may also include involution melancholia and the "affective" (manic or depressive) states which are found intercurrently in all other mental diseases. In manic-depressive insanity the emotions are in an unstable equilibrium, they swing over or under the normal or both. In the other conditions we scarcely ever find a stationary emotional change in one direction. In paranoia alone do we meet a disorder which begins insidiously and which progresses during a whole lifetime, although variations occur. This course alone speaks against a parallelization of paranoia with the affect psychoses. In addition to that we find in the latter affective changes before the delusions appear, while in paranoia we would have to assume such affective changes by means of a very doubtful hypothesis, because what we can actually observe are adequate emotional reactions to delusions. If we distract the patient's attention from these we are unable to find any disorder of the affects. On the other hand, in mania and melancholia this is rarely the case, and then only in the milder instances.

Again Specht's comparison of paranoia with the affect psychoses is incorrect because it is not true that the mixture of elated and depressive moods, in the convalescent state of acute attacks of manic-depressive insanity, has a special tendency to cause suspicion. I have most frequently seen suspicion during the depressive phase, and at times in mania, while in the convalescent stage of the latter, irritability is one of the most frequent transformations of the manic affect. I have described a case of manic-depressive insanity in which two purely depressive phases were so dominated by suspicion and delusions of persecution that

chronic paranoia was diagnosed by a competent observer.* The patient had exclusively depressive affects. I can now add that he has since had a rather long period of hypomania without suspiciousness from which he recovered. The mixture of manic and depressive affects, therefore, does not produce suspiciousness.

Very important is also the fact that manic and depressive patients retain their affective states in the face of the most varied experiences. The worst paranoic, however, connects his suspicions with only a small part of his experiences. Therefore if an affect were at the bottom of the suspiciousness, it would have to be one that could appear and vanish from minute to minute, I could almost say, from second to second. A paranoic may not only hear a whole sermon but he may associate for weeks with others, while of all of the experiences of this time only a single sentence from the sermon will be interpreted in the sense of his suspicions or of his delusions; therefore a condition quite different from what we see in the affect psychoses. But the suspiciousness is lacking not only in connection with a great majority of experiences, but every paranoic shows with his distrust of individual persons at the same time a trust for others which has just as little ground. I, at least, have not observed any paranoic who did not show this symptom, which as time went on, changed to hate if the person who had formerly been trusted, did not fulfill his wishes. Kræpelin describes the same phenomenon in paranoia quærulans as pathological credulity.†

And last but not least, the paranoic, in pronounced cases, is not at all dominated by suspiciousness. We will not speak of the other forms, but even the person with delusions of persecution as a rule does not suspect, he *knows* that he is persecuted and is so sure that a normal individual scarcely knows anything more certainly. A discussion with him is often absolutely out of the question, for him there is no reason which can be advanced against his views.

* *Psych. Wochenschrift.* 1902, No. 11.

† Here also the normal opposition of belief and caution which otherwise governs our attitude, is so far changed that both forces seem increased, or act separately without the possibility of mutually diminishing each other.

If we take, however, the paranoid not with ideas of persecution, but the great class of cases with delusions of grandeur we find in the foreground the opposite to suspiciousness, a great trustfulness and hopefulness, to be sure only seldom directed toward others, but generally referring to the patient's own efforts and discoveries. Nevertheless, it is characteristic for the opposite of distrust that an erotic paranoid will only infrequently get the idea that his beloved is unfaithful to him even in spite of her repulses.

While we see that not all paranoids are distrustful we can on the other hand observe that there are very many distrustful persons who never become paranoid. I know of a woman who has remained single simply because she can not trust any man enough to marry him. She can scarcely purchase anything in a shop because she fears that she will be cheated. She is not paranoid.

Therefore paranoia can exist without suspiciousness and excessive distrust does not necessarily lead to paranoia. Consequently paranoia must be rooted in some other quality.

In conclusion: Suspicion is not an affect. Paranoia on account of its different course can not be placed among the affect psychoses. In many patients with delusions of persecution we find associated with suspiciousness an abnormal trust in some other individuals. Paranoids with ideas of grandeur and similar delusions do not have an excessive suspiciousness. And even in paranoia persecutoria the suspiciousness has a conspicuous rôle only in the beginning of the disorder and even then not always. In the fully developed paranoia, on the other hand, the unshakable and indisputable knowledge (the delusion) stands in the foreground. Suspiciousness does not lead to this certainty but stands in a certain contrast to it.

I would like to briefly review a few other points in Specht's work which seem to me to require special discussion. But it is impossible to go over all that has been written of the genesis of paranoia.

Page 5. "It is a pity that the primordial deliria, in spite of the fact that they were first described by Griesinger, prove to be more

and more an unfortunate invention." I must admit that I doubt the existence of "primordial deliria" in paranoia. Unfortunately, however, we can not as yet genetically explain all the apparently autochthonous ideas in dementia præcox which later become fixed delusions, and therefore we can not as yet dispense with either the name or the conception.*

Page 8. According to Specht only false ideas whose central point is the ego are delusions. "It is therefore not a delusion when a patient considers a pebble to be a diamond." But is it a simple error? I do not, at present, know of any other name for such a phenomenon. I have given several examples of delusions which are not ego-centric in the *Psych. Wochenschrift*, 1901-02, page 256. If Neisser (*Centralblatt f. Nervenheilk und Psych.*, XXVI, 230) considers my ideas, "especially as far as they contradict the ego-centricity of the paranoid delusions," as invalid he has read incorrectly for I speak there of delusions which are not ego-centric only so far as dementia præcox is concerned, and therefore do not materially differ from his opinion. What I say is, that at present we have no right to limit the name delusion to ego-centric delusions as Specht does. However, for question in hand this is not essential.

I would like, however, to call attention to the fact that the example of Specht on page 10 is incorrect. "One may believe in witches but not that one is bewitched without raising a suspicion of insanity." Waldau Asylum, where I was assistant physician for several years, draws its patients from regions where the belief in witches (capuchins, etc.) is yet prevalent. A person from such a place naturally assumes the possibility of such influences in his own case, especially when a striking disease or an accident gives him occasion. In Burghölzli we get, for the most part, people who do not believe in witches. Any one in this region who believes in witches, whether he imagines himself bewitched or not, is usually either pathological or distinctly insane. The difference between the morbid idea and error here lies in the origin; in the latter case a development of an independent trend not in contact with reality, paresthesias, peculiar feelings in regard to the train of thought (such as a feeling of blocking or of being obsessed, compulsive actions, etc.); in the first case: the influence of a general suggestion which only an especially strong mind can resist.

The utterance of one of Ziehen's patients "the universe becomes fat, black is not black, te deum laudamus" which is evidently that of a paranoid hebephrenic, can not be discussed in this connection because no one, without a further analysis, has any idea what the patient wanted to express, perhaps it was something which in the speech of normal individuals can not be expressed at all.

* In the next volume of the *Zeitschrift f. Psychol. und Neurologie*, Drs. Jung and Riklin will show that the mechanism of the origin of this kind of delusion can be traced further back.

Page 10. That "our consciousness would be without a real foundation if it were not supported by the immediate experience of the ego which is given to us by our feelings" must yet be proven even if the feelings in many respects appear to be the most essential part of the ego.*

Indeed the term "immediate experience of the ego" seems to me to be based on a misconception. In our mind there are no other than immediate experiences. Of these, those received through the senses as well as the hallucinations, are *secondarily* projected outwards. Those which are not thus projected belong to our inner experience. I can not understand how in these two chief classes or in addition to them there can be an immediate and, for that matter, a mediate experience of the ego.

On pages 12-13 Specht regards the feelings of morbid self-reference as a process of perception in which the sensory stimulus must co-operate with reproduced sensory material which already appertains to the personality. "The subjective complement is an indispensable essential of every clear perception and the morbid self-reference is only a special instance of this association process. Since I have found that this or that occurrence has for me this or that meaning, every similar experience must with psychological necessity call up the self-referring associations." In the "for me" there is an unsuitable generalization. It is indeed correct that our psychological experiences are essentially our own, but there is a great difference between the experience in the perception of an object or an incident which we attribute to all others and the reference of the perception to the ego, *i. e.*, the normal and morbid self-reference of which Specht further says: "This process only begins to be abnormal when it appears frequently and with evident one-sidedness." What is here added to the sensation is something entirely different from that which is added when I refer the appearance of a man or object to myself. In one case I simply add to the sensation something which always belongs to it and which others add to it under the same circumstances, in the other case I add an accidental reference to myself.

According to Specht the most important thing in Westphal's soldier who, when wearing a new uniform, thinks

* Many school teachers, who think a man consists only of memory and perhaps also of a little intellect, forget this.

himself observed by everybody, and Cramer's partly dressed man, is that they ascribe a certain approving, admiring, scornful or hateful tendency to the looks of the people who see them, and this side of the phenomenon finds its explanation of course only in the mood of the one who thinks himself observed.

This is not necessarily so.

I remember similar situations where I (wrongly) assumed I was observed partly in direct opposition to conscious reflection. The valuation by those about me of my personality or clothing was quite in the background if it played any rôle in the "feeling of being observed." The essential thing, according to my experience, is that I am constantly occupied with the idea of new clothing, the new dignity, or with the defective clothing. I continually feel and see the unusual clothing and my whole endeavor to cover up the defect determines my behavior and therefore occupies my mind to a considerable degree. Everything that we do in such a case touches continually a part of the actual (also unconscious) association-complex of the clothing. If, at this time, some one talks of philosophy or politics we scarcely connect these themes with the idea of clothing, but if any one looks at us even in the most ordinary and casual fashion, that usually would be unnoticed, these looks are referred to the associations nearest and constantly at hand, viz.: to the ideas of clothing, the overvaluation of which is transferred, according to well known rules, to the closely associated ideas of being observed.

In such cases it is therefore a matter of constellation.

Inversely: On a journey I wear, for comfort, a, to me, very pleasing but at the same time a rather striking suit. Since I am comfortable I do not notice it. I know, however, that others, especially those who know me may possibly make fun of me about it. This I am able to put up with without however being indifferent to it. Nevertheless I develop fewer ideas of reference than one would expect under the circumstances. Since the thought of my clothing is lacking, I do not associate the looks of the passers-by or my fellow-travelers to my clothing, and when another thought is aroused

in me they are not associated at all and therefore remain unnoticed. Here the unusual constellation which produces the singular reference to self is lacking.

One can naturally say that I have connected the stronger affect with the stronger feeling of reference. I believe, however, that I am sufficiently able to observe myself and feel convinced that my view is correct.

If we look about us we will find thousands of cases of the inclination to connect new experiences to an idea which occupies us at the time (writers of monographs!). It is quite natural that an affect plays a part in this, for the affect gives rise to overvaluation of an idea* and often forces us to occupy ourselves with it. But even then it is not necessary that the affect be the cause of the association between the new impression and the existing complex. It only accounts for the continuous presence of the idea so that an incoming stimulus finds it ready and becomes associated with it. The soldier notices the looks of the passers-by because his pride or the unusualness of his new clothes keeps the idea always in the foreground, not because he ascribes to his fellow men a tendency to admire him. The person with the defective clothing may be quite certain that those he meets take a sensible view of it or are wholly indifferent to it, but as long as he thinks of his defective clothing he feels that he is being observed more than he ordinarily would.

Therefore there does not need to be any affect to produce a physiological feeling of reference. It is sufficient that any idea be constantly in the foreground (frequent occupation with some definite object, for example), for the chances of its association with new incoming impressions to be increased almost indefinitely. In spite of the great importance of the affectivity the action of the constellation in the associative processes must not be entirely overlooked.

Page 15. The morbid self-reference according to Specht occurs only in psychoses with emotional abnormalities. But are there

* I use this expression in a somewhat wider (not pathological) sense than its originator, Wernicke, did.

psychoses without emotional abnormalities, since he has attributed paranoia, the intellectual psychosis par excellence, to such abnormalities?

Page 16. Specht should have defined more clearly what he means by the "Steigerung des Selbst-gefühls" (something like a heightened feeling of self), which according to him is the foundation of the delusions of grandeur. For me, at least, the expression has no clear meaning unless it be simple overrating of one's own powers. When a person thinks that he is better than he actually is, it is not an affect but a question of internal or external perceptions or of false conclusions. Yet it is an intellectual process which very easily arises as a result of an exalted mood.

Page 16. That every paranoic has delusions of grandeur is doubtful. Many with ideas of persecution only place their personality into the foreground in so far as it is a natural result of the idea of persecution. Every normal individual who is persecuted does the same, although not in a paranoically exaggerated fashion. At any rate delusions of persecution are not conceivable without producing secondarily that which we might call delusions of grandeur. (Compare our first case).

On page 21, Specht asks why we are so set on regarding the emotional disorders as secondary when even the patient's own statement goes to show that this is not so. The answer is very simple; we do not see the primary emotional disorder. A paranoic, when once his delusions are formed, appears to us to be emotionally normal. What we see in him in this respect appears to be a normal reaction to his (false) ideas. If we say nothing to him of his delusions we notice no abnormality in his moods, even if we know it. All his affects appear to be those of a healthy man. It is entirely different in a depressed patient or in a manic patient. Here even to the casual lay observer the emotional disorder dominates the picture. It shows itself in indifferent conversation, as well as in conversation about the delusions, only in the latter case it may be increased. Since we can not observe the emotional disorder in paranoia it is hard to assume it, as far as it is a question of a general emotional disorder as Specht and others say.

It is also contrary to my experience when Specht on page 22 says that the paranoic with delusions of persecution at the height of his disease is more or less dangerous to the community. According to him this could not be explained

if their feelings were normal, but in that case every jealous husband, every person who had a grievance must also be dangerous. In the first place it must be noted that many paranoids never become dangerous to the community (these are seldom seen in an asylum) and that there are, after all, very few non-paranoid individuals who for years and years have been persecuted with such persistency and chicanery as a paranoid thinks he is, but nevertheless even such an individual may get to a point where he commits murder. In this respect, therefore, so far as one can judge, the paranoid acts scarcely differently from a normal person, and it is certainly a mistake to judge from an occasional reaction of this sort, that there exists a general emotional abnormality.

It is also incorrect to say that every normal man becomes indifferent to continual persecutions. Many become more excitable and react only after years. We have in the hospital now a very nervous but not paranoid man who was constantly tormented by his wife, but only shot her after seven years of this life; and how numerous are the cases of persons who only after years of ill-treatment get to the point where they leave their positions.

Page 25. "The subjective situation is correctly outlined if we regard the general idea of being persecuted as such a feeling." Here the inaccuracy of the concept "feeling" is well shown. Is there a "feeling of being persecuted", if one regards feeling as a part of affectivity as Specht has expressly done? In the case in hand the word designates an "intellectual feeling" (Nahlowky), a purely intellectual or, according to others, an "objective" process. I can know that I am persecuted, I can suppose it, I can feel it, *i. e.* conclude it in an indefinite fashion from various occurrences. All these are intellectual processes but naturally, as in the case of the majority of other intellectual processes, they are accompanied by "feelings" in the sense of affects. The correctness of our conception is shown in a striking manner when Specht further says that there are things which one can feel but not prove. What has such a feeling to do with affectivity?

Pages 25-26. If the "bellicose delusion of persecution is conquered over night by the faint-hearted idea of sin or injury" it is no proof for the fundamental nature of the emotional disorder in paranoia. A normal person, continually persecuted, is seldom permanently free from faint-hearted moods. Therefore, I also fail to see why an idea should be more capable of resistance if it is the product of a primarily disturbed intellectual activity.

Page 27. "*The paranoid affect as a mixed affect lacks the evident effect upon the behavior of the patient.*" According to Specht, page 18, defiance, anger, quarrelsome exaltation, are also mixed affects. Nevertheless these are associated with very distinct modes of expression. The mixed nature of the paranoid affect would therefore not explain such an absence of effect upon the behavior even if suspiciousness were an affect.

If this affect of suspiciousness is not noticed because it is so frequent in normal men, then moderate degrees of exalted and depressed moods must not be noticed because they are still more frequent. We notice them, however, even in the absence of tears and we consider them pathological when they are no longer adequate to the circumstances.

Page 30. From the prevailing notion of paranoia Specht draws the conclusion that the criminal judge can hold the patient unaccountable for his acts, if, for example, it is a question of a false accusation on the basis of insane ideas, but not if the paranoid has killed his alleged opponent. He claims that if there existed no (general) emotional disorder and only a (partial) intellectual disorder the crime would only in the first case be dependent on the disease. Without referring to other reasons for objection I would only like to call attention to the fact that the disposition which could lead to merely an intellectual disorder might just as well be general as the emotional disorder which Specht assumes. On account of this objection, therefore, we would not have to change our medical testimonies in court.

Let us in conclusion say something of the *limitation and uniformity of delusions of persecution and grandeur*. Specht explains this by saying that the underlying feeling has only two fundamental qualities, those of pleasure and displeasure. This would only be correct if all feelings could be aligned between pleasure and displeasure. This, however, is open to question. For this reason the fact that (page 18) defiance, anger, discontent, quarrelsome exaltation, can not be classed in the two categories of pleasure and displeasure does not mean that they represent a mixture of pleasure and displeasure. They may also be something entirely different. Moreover, if there are several

mixed affects why should there be only one psychosis which corresponds to the mixed affect of suspiciousness, why is there not an anger psychosis and a quarrelsome exaltation psychosis?

That only mania and melancholia play a part in the (acute) affect-psychoses is easily understood. Pleasure and displeasure are the simplest affects so far as their dependence on our bodily condition is concerned. We can easily conceive that these general affects correspond to a definite bodily condition. The special and more complicated affects, however, can not have such a general cause, just as we can not conceive a pathological stimulation of the acoustic which causes us to hear words, while in this manner simple sounds and inco-ordinated noises are aroused every day.

We shall later give a preliminary explanation of the types of delusions of paranoia. The above are the most important objections to Specht's view. I would like here to refer to the fact that Störing* has never been able to note that ideas of being observed or ideas of reference preceded ideas of persecution, and that he observed delusions of persecution in a number of cases where there certainly were no delusions of reference present.

We must now consider the common view, that the cause of paranoia is due to *some sort of hypertrophy of the ego*. This is easily demonstrated in the well-developed disease if one comprehends the idea somewhat broadly. It is self-evident in all forms of grandiose delusions. In the delusions of persecution some deduction is necessary to demonstrate it. A person who sees a large number of opponents against him, who knows that some one is making almost unbelievable efforts to harm him must, so one says, logically conclude that he is worthy of such efforts. This is supposed to explain the so-called transformation of delusions of persecution into delusions of grandeur. About the existence of this transformation I can not help being sceptical. *Many paranoics*

* *Psychopathologie, Leipzig, 1900.*

do not draw this conclusion and their logic fails if one would have them do it, just as it does when one tries to show them the foolishness of their delusions (compare Case 1). An hypertrophy of the ego in the above sense is therefore not a regular occurrence in paranoia. It is further said that the delusions of reference point to the fact that the ego has more associations than normally so that a great mass of experiences, which otherwise would be unnoticed or remain in other connections, are connected with the ego complex. This also is not a gradiose tendency nor any other sort of pushing forward of the ego, for when such a complex, from associative reasons (constellation) or from emotive reasons, comes into the foreground and is almost continually present in the mind it is naturally associated with everything. Moreover, without this kind of "self-overvaluation" a delusion of reference is not possible. Hence to postulate it means begging the question.

In the *Psychiatrische Wochenschrift*, 1901-02, page 255, I have said that not even the broader conception of the pathological ideas of reference suffices to explain the megalomaniac forms.* Tiling (loc. cit. page 434) thinks that I have overlooked the fact that normal as well as abnormal people are not cold-blooded at the conception of an important idea but that there goes with it some affect of pride or of love. I am of course aware of this, but I think that when a normal person conceives such an idea and has with it a feeling of pride, he does not necessarily have an hypertrophied ego and therefore there is no reason to assume this when a person gets such an idea by means of false instead of correct reasoning. If the ego is really hypertrophied or too much emphasized by feelings this would have to show itself in other ways as well. I gave as example the persons who constantly push forward their own personalities and their own names, which fact in general, not in every individual case, gives a certain index of the rôle which the ego-complex plays in the thoughts of the individual. Tiling therefore seems to me to be wrong when he says: "whether the 'ego' expressly appears or not is a matter of indifference, all the fibers of the emotional life are concerned in the idea." I should like to see a mental product in which all the fibers of the emotional life are concerned and in which there does not exist a subjective coloring in the sense of pushing to the foreground the ego. Hence we can not admit the primary significance of the hypertrophy of the ego for the origin of paranoia, because we frequently find a special emphasis of the ego only when this is naturally

* Specht also writes, p. 11, "The paranoid delusion, especially the delusion of grandeur, can come into existence without any peculiar feeling of reference."

expected, and when it would be seen under the same conditions in normal individuals as well; while there are many non-paranoics who suffer from such an hypertrophy.

For similar reasons we must reject the views of Berze* which really only condense and make more precise what many others have already supposed. He says that the psychopathological foundation of paranoia is a derangement of the apperception, *i. e.*, a difficulty of raising a mental content into the focus of attention. This derangement causes a feeling of passivity like passive apperception and interferes with subsequent apperceptions which would readily follow in the normal.†

This conception is wrong because only a very small part of the perceptions is changed. Even in a marked case many thousands of normal apperceptions occur to one which is, in the paranoid sense, falsified. It is also not true that to the paranoid everything seems different than formerly, as many, who assume a primary emotional disorder, would maintain. Naturally much must appear different because it is perceived in a different relation. Every normal person may observe that in himself. In the picture "where is the cat" we see the cat or the tree, each accord-

* *Das Primärsymptom der Paranoia*, Halle, Marhold, 1903.

† The change in the appearance of the environment that is frequently claimed to exist in the beginning of paranoia, I have not as yet seen in a paranoid. On the other hand it is not at all uncommon in the different forms of dementia præcox. I can therefore not repress the thought that the cases where the symptom is not produced secondarily by the affective or intellectual disorder of paranoia, belong to the paranoid form of dementia præcox. All my experience is opposed to the assertion that the paranoid apprehends everything in a changed manner. (Tiling *Individuelle Geistesartung*, Wiesbaden, 1904, p. 242). I have also not been able to see that the "*Kern des Individuums*" (the center of personality) is changed (Tiling, p. 43). Moreover, such an observation, in spite of the statements of Tiling, would hardly be in accord with his endeavor to derive paranoia, especially the ordinary paranoia directly from the mental makeup of the individual. It would be of the highest theoretical importance if one could demonstrate the general derangement of the mind or of the brain in paranoia. As yet only a partial derangement is perceivable to which the other, striking, symptoms are secondary, but normal, reactions.

In some cases of affect-psychoses, especially in melancholia, the patient sometimes declares that everything seems changed. A very intelligent teacher, after recovery, told me that everything seemed to be covered with a grey ash, although she recognized the colors quite well. I have noticed the same symptom in myself for a few minutes in a normal depressive affect. I can not better describe it than above, although that description does not cover the condition exactly.

ing to whether the attention is focused on the tree or on the cat. One can conceive in different ways, geometrical figures, especially if they consist of points. Orders which we have given under certain conditions often appear in other connections as something entirely different so that we do not recognize them when they are mentioned in such connection. Here it is always a matter of constellations, of associations, and, as I will here emphasize, this may not only have affective but may just as well have purely intellectual reasons.

It is easily understood that much in the new affective and intellectual relations must appear very different than formerly. That all appears different is incorrect.

The circumstance that the formation of a paranoid delusion takes time is another reason why it is difficult to accept a primary perceptive disorder in paranoia. Unfortunately I have insufficiently recorded my observations in this regard, but as far as I remember all the many cases, which formed a delusion and the corresponding reaction immediately from a word or perception, belong to dementia præcox. In Kræpelin's paranoia I can recall only a more gradual formation of delusions. When Case I comes from church she often does not think that the preacher has said anything about her this time. But frequently the delusion then arises in the night or sometimes only after several days.* An incubation of several hours is generally observed. We find the same thing in the origin of traumatic hysteria.

The view of Linke is also refuted by this presentation. Linke (*Allgem. Zeitschrift f. Psych.* 1897, p. 567) says: "The underlying cause of the delusions in primary paranoia is the increase in intensity of perceptions which is determined by the pathological affect conditions (expectant attention)". According to Linke the ideas of self-abasement correspond to depression, the ideas of grandeur to euphoria and the ideas of being observed to expectant attention.

* I have seen a paranoid who only formed her delusions from paramnesias. The illusions of memory occurred usually a long time, up to a year, after the given occurrence.

For similar reasons the view that the change in the memory pictures (Wernicke) give occasion for the formation of delusions must be rejected. Of millions of memory-pictures, even in the most marked cases of paranoia, only a very few are really falsified, namely, those which are brought into relation with the delusions. This selection is analogous to the predominating falsifications of memory of normal persons who recast the memory-pictures according to their desires. The illusions of memory* are certainly secondary and not the cause of the disorder.

* * * *

The observation of paranoia shows another connection of the delusion with the affects, which, so far as I know, has not been sufficiently considered. It may be illustrated by histories of a number of cases.

Case 1. Female, single, protestant, born 1853. The only living brother of the patient is very frivolous and a moderate drinker. Otherwise as far as is known there is no psychoneurotic heredity.

The patient until the outbreak of paranoia was mentally and physically normal, cheerful, not eccentric. Always respectable, industrious, orderly. According to one report she was headstrong and easily excited. The latter was corroborated by the patient. This trait is not especially marked now. She got along well in school and attended the secondary school for two years. Before she left school her father, on account of severe lead-poisoning, had to give up his occupation as a painter and took up a delicatessen shop. The father died some two years after he had been in the shop¹ (in 1870) which, although it had gone fairly well, came into bankruptcy. The mother recovered her dowery. An uncle of the patient, husband of her father's sister, who was well situated, had taken over the shop and had advanced money for it, shortly before the death of the patient's father. The patient was bound over, by the contract of sale, to manage the shop. Some two years afterward she relinquished the situation. The reason for her so doing is the single unclear point in her life. She remembers that she gave notice and that the uncle gave the shop over to his housekeeper who later became his second wife. She then went as a maid to a nature-cure establishment where she remained a year but she had a feeling that the cure was a fraud. A patient there procured

* Unfortunately owing to the scarcity of paranoics in hospitals we have not succeeded in analyzing a case according to Freud's methods. The case in the *Neurol. Centralbl.* 1891, is undoubtedly one of dementia præcox. In the latter disease the demonstration of Freud's mechanism is very easy.

for her a situation as a nurse girl in French Switzerland, "because I always had an idea at that time of learning languages or something else that was useful." She prospered there but after a year and a half had to return home on account of a severe illness of her mother.

After the recovery of her mother she was occupied with making copies in a recorder's office but the income was small and irregular. The same friend who had procured for her this work secured for her a position of trust in a goldsmith's shop (1875), where she was book-keeper and had control of the workers in silver and the incoming and outgoing of the silver, especially of the waste. She was there three years when her uncle again called her to his shop on account of the death of his second wife, 1878. At the same time his son came into the business and house. The father and son had children of the same age and there was often trouble in the family. Both parties told the patient their troubles which naturally was very disagreeable for her. "I was always between the hammer and the anvil." She also probably thought that the conflicting parties would hold her responsible for the bitterness of the relations, as a normal person might also think. In 1881 she went to her mother and supported herself by making cream bonbons and *Hüpen*, a special kind of Zürich pastry. The two women were always overwhelmed with orders and over-exerted themselves with the work which required much care and also made large demands on their physical energy.

In 1888 a peddler who had taken most of the *Hüpen* became ill. *The patient began to complain that if the peddler died she could not dispose of her goods. She made various plans how she could help herself but she had to discard them. At the same time the idea came to her that certain people would not be sorry if she could not make both ends meet. After a few weeks the peddler recovered and every thing went on as before, and she also corrected every fear and the beginning ideas of persecution. In 1889 the peddler died rather suddenly. The distress began anew and indeed was intensified. She thought that in order to procure a sure means of existence she would take up a branch of a provision business. Through the help of her uncle she was able to do this and signed the contract. While she was signing the contract, however, the doubt came to her whether she could succeed in this business, and on the next day she cancelled the contract.*

The disease now begins. . . Ruin seemed certain to her. She felt she did not earn what she ate. She reproached herself because she herself had not peddled her goods although this would have been impossible, and the shop was doing well. According to her idea the customers who came into the shop did it only for show, really they would soon stop purchasing anything from her. She became more exact in the preparation of the goods and reproved her mother if she was less exact, while formerly she had always followed the latter's direction. She must have been conscious of this because she heard a neighbor:

say once, "if I had such a child I would give it a rawhide and would not give it anything to eat," and referred it to herself. The logic with which she proved this to be correct is characteristic. She had certainly been rude to her mother. The house was permeable to sound. The man was a drinker and always made such coarse speeches. The first reason is in truth only a probability that she was meant. The others are proofs for the possibility that the man had so spoken that she would hear it. For the patient this is a certain chain of conclusions that she was meant.

She heard many people speaking about her. One said that she must yet go begging. Then some one criticized her actions and made remarks such as, "now she does this or that." Once when she was sewing, a physician, who had been called without her knowledge, came to see her. Then she heard the janitor say, "now she sews, usually she does nothing."

At this time the most important thing, according to the patient's account, is that she heard the landlord say on one occasion that he had thought there would come a time when they would take revenge on her. She immediately thought of her uncles and cousins who had something to pay her back. Formerly she had never thought that these people could have anything against her, excepting the indefinite thought that she was partly responsible for the trouble between them.

The patient states that she has never had hallucinations, and she knows exactly what is meant by that. Everything has been said under circumstances where it was possible that some one spoke and with a natural localization. Nevertheless the above related occurrences, but only these, arouse the suspicion of hallucinations or illusions. *Later, and also in the asylum, where for years all her delusions were subjectively and objectively analyzed, no trace of hallucinations were found.* To be sure the patient often related something which apparently could only be an hallucination. But if we requested a more accurate wording, which we could always secure if we had patience enough, or if we determined objectively what was spoken, without exception it was shown that we were dealing with a false interpretation in the sense of self-reference. *But it is very hard for the patient to speak or think of the words she has misinterpreted without self-reference.* She thinks she is giving an accurate account in relating that the preacher said that she was going to be miserable, when really he had only spoken of misery in a general way. It requires a very energetic request to get her to give the real wording and even then she reproduces it a few seconds later in the way corresponding to the delusion. A deliberate misrepresentation is, without any doubt, excluded owing to her truthfulness and her interest in the psychological analysis. It is remarkable that, at least during her present admission to Burghölzli, all self-references are not made immediately after the critical occurrence but only after several hours, very often

only on the following day or even later. *The delusion of reference requires a certain incubation time for its development.* Further it may be important that it has never happened that a real reproof has been interpreted erroneously. And occasions are not lacking, for in spite of her capability and conscientiousness the complexity of her tasks and her frequent distractions on account of her delusions, cause her, now and then, to make mistakes. She always accepts the reproofs with a ready comprehension and modesty. She always connects her delusions to things which are indifferent to a normal person. When she is reproofed for some real mistake the thoughts and feelings are directed by the circumstance, but in indifferent speeches the individuality has a freer hand. Perhaps the explanation of this remarkable fact lies in this difference.

About the end of 1890 the preacher in one of his sermons said "whom God has helped in the past, will He also help in the future." In this sermon she heard only the first part. "Whom God has helped in the past." She referred these words to herself: God would not help her in the future. From this time on she heard continual reference to her future misery in the sermons of the different preachers.

In order to be away from home she went one time to a friend whom she helped in the housework. When she worked in the kitchen she thought that some one watched her from the other room through a hole behind a bookcase. After it was proven to her that there was no hole there she thought of another way, a mirror for example, by means of which some one could watch her. A baker had burned a cake which had been given him to bake, and she thought that he had done it to show her that she was not doing right. (These ideas she now corrects).

In the summer of 1891 she went to Darmstadt with an acquaintance who was going to introduce a manufactory of the kind of pastry she used to make. But after a few weeks she had to return. She was not able to work well and the people followed her with slanderous reports, more than formerly, all of which referred to her ruin and to the fact that she could expect no more help. At home she thought she could work better with her usual utensils but she had deceived herself. She could do almost nothing. She said herself that she was scarcely able to knit. She had already expressed the idea of suicide.

She was brought to Burghölzli August 18, 1891, with the diagnosis: Melancholia. Here her complaints were the same as outside and she desired to go away. There was nothing for her to do here. They had told her that she would be able to work here and therefore she had brought a lot of old clothing with her to mend. Now they made fun of her because she had brought the old clothes with her. They watched her secretly. It was foolish to keep her locked up in a place where she needed money and earned none. She

suffered the more because she saw that she was being observed. Every one knew all of her doings and made fun of her because she was loafing and earning no money.

In the latter part of 1891 and the beginning of 1892 she received from her cousin some writing to be done in the institution. She did it very well, but was not content because she thought she was paid more than her work was worth and that she should therefore not accept the money. On the other hand she occasionally also complained of her relatives and said they were not helping her as they had promised. She frequently wept over her condition, especially over the fate of her mother who could not support herself. From the beginning of her stay in the institution she had worked industriously and she was orderly in her behavior. When there was a question of her release she requested that her cousin find her a place, then she thought she could not accept it but must remain with her mother. On February 9, 1892, she was discharged as improved to her mother with a diagnosis of paranoia. In spite of the fact that her mother told her that she had more orders than she could fill she did not dare to take up her former work. She thought that the orders would only continue until she came home and would then cease. After some time she was more certain of herself, but nevertheless she sought several customers before she would again take up the work of pastry making.

The disease, however, was not cured. Every one gave her to understand that she could earn no more and that she would yet have to go to the poorhouse. The preacher especially continually made such allusions. The idea of suicide became more prominent and only the thought of her mother restrained her. In February, 1895, she tried to freeze herself. Then she was in a private institution for several weeks and was discharged improved. After this she made an attempt to drown herself, but desisted in time. The next two weeks were comparatively quiet. The patient could work but often told her acquaintances that she was in a bad condition financially and sometimes asked for their help, although in reality the business was prospering. She gradually grew worse and accused other people, especially her uncle and his son, of being the cause of her misfortune. Generally, however, she threw all the guilt on herself.

One morning she poured petroleum over herself and set fire to it. When she was ablaze she cried for help and was rescued after receiving some severe burns. In the hospital nothing was noticed except that she presented a somewhat unstable but rather depressed mood and that she referred many harmless observations of her neighbors to herself, in the same way as formerly. When the wounds were nearly healed she came to Burghölzli on the 16th of December, 1898.

Here she behaved in an orderly manner. She worked industriously from the beginning but held to her ideas unchanged, which even though they did recede at times, soon came into the foreground again.

Besides taking care of all possible affairs in the house the patient began to copy medico-legal opinions in an exemplary way, later she was charged with the care of the copying, registration and similar affairs in the physicians' office and became almost indispensable. For two years she was my private secretary and took care of my association business and several accounts. Every thing went along excellently except when she had been to church or had made a visit to her home, or when in other ways she was more occupied with her delusions, she made some mistakes which she strove to correct. Finally it happened that some of my relatives became connected with her system of delusions and after that she was constantly stirred up. She now, with short interruptions, does very well on the wards and in the office; she has the keys and enjoys more trust than many employees.

Even if now and then she sees that she erred in her delusions of reference she holds to her system of delusions. She thinks that her uncle and consins consider her partly accountable for the family quarrel, that through her indecision she was the cause of the poor business after the death of the peddler. The cousins seized this moment to take revenge on her. Others thought evil of her and took joy in her ruin. All these enemies had formed a league. They had informed the preacher in every place where she went to church so that he could always say something in his sermon which was meant for her, and tell her how unfortunate she will be or how she had neglected this or that thing which could have helped her. Even in the institution the director and physicians were in league with her persecutors. I, for example, always informed the preacher and other enemies, by letter or by telephone and telegraph, when she went to church. I also informed the nursing force of every thing she did, so that they made, indirectly, scornful and blameful remarks. I do not belong to her particular enemies but I will punish her because she had made so many mistakes, and she deserves this punishment. To be sure I have often promised her that I would help her all I could, but it would be easy for me to procure her a position in which at least she could earn her living. but now it is too late; she has thrown my help away and she is not worthy of it.

So far as the delusions are not concerned, or when they are more in the background, her emotional state is a perfectly normal one. Joy in beautiful things, love for her mother, gratefulness (even towards me) are preserved. The intelligence is above the average. She preserves interest in other things; she makes diagnoses, condemns the idea of dementia præcox because it is too broad, etc. She is, except for the delusions, and partly also with them, more unassuming than many normal persons. She *underestimates* her work. Comprehension, apperception, is normal in every way. Things, situations are no different to her than before the beginning of her illness. Only in her delusions does she show anything that could be so conceived.

But, according to the self-observation of the patient, this does not correctly express it as contrasted to her former condition. And I lay great stress on her introspection. For in spite of all the patient has retained a great objectivity in regard to her disease. She knows very well that we regard her ideas as morbid, and one can talk to her about her delusions as one could to a third person. In her relatively good periods she considers herself insane and recognizes in principle that her ideas of reference are pathological, although in specific instances, which are the most important at the time, she persists in the correctness of her interpretation or, as she thinks, her observations. She may also calmly state that she has corrected this or that idea. If one calls attention to the fact that the present delusions are exactly the same she may say that they are yet too fresh but that perhaps in a few years it will be possible for her to see the matter in a different light. Nevertheless she discusses the paranoia of others and tries to prove to me that her case is entirely different because her ideas are based on facts. If I ask her what reason she has to think I would take so much trouble to injure her when no one is better able than she to appreciate how I must take care of my time and money, this makes no impression, although she can not give me any plausible grounds. It is just as she says, I wish to punish her. She needs no further reasons. *The objection that I can not act as she thinks I do does not exist for her. There is no delusion of grandeur behind these unreasonable imputations which she ascribes to me, and she does not draw the conclusions which might be regarded as grandiose ideas and which to the normal might seem natural consequences of such a situation.*

As an illustration of how far the ideas of reference go with this patient I will give some other examples,

In the beginning of her illness the preacher said in a sermon: "since New Year the idea has not left me 'plow anew, do not sow under the thorns'". Soon after, in a carnival celebration, the picture of the jumping pig was displayed with the label "Debut of the celebrated equestrienne, Miss Thorne." She was certain that the people had understood the allusion of the preacher. The pig is an allusion to the fact that she is untidy.

The supervisor comes into the office whistling. Delusion: the Director will send her away. The people know it and are glad.

A stranger comes to the house and yawns. He had given her to understand that she was idling away her time and now must be sent away.

While she was yet at home she read in a newspaper that a girl in Basel had fallen down the steps. Delusion: the reporter would give her to understand that in her former position she had not cleaned the steps well.

The patient's heredity is not bad. Intellectually and affectively she is above the average. If she had been a

man she would have had a good chance to succeed. Since puberty she has lived with well situated relatives. The illness and death of her father as well as the economical, not stingy, sense of her mother, early turned her ideas to income and position in life. She wanted to make something of herself and she had a right to this on account of her gifts. On this account the sexuality had to play a minor part. Although she was sexually normal and was a pretty girl she never earnestly thought of marriage because, as she herself said, her social level was below that of the man who would correspond to her wishes. Fate had bound her to an occupation which overtaxed her but did not give play to her mental faculties. She could not get away from it because it provided for her and her mother, and they were able to lay by a little money every year. Thus mentally and physically this occupation filled her entire life.

The sickness and death of the peddler caused difficulties which although in her fright were overestimated were not entirely groundless. In her anxiety she was not able to see every thing clearly. The certain existence which, according to human reckoning, the shop had made for her, appeared to her to be precarious. Her own ability, on which she had secretly placed a good deal of hope, appeared insufficient to cope with the situation. She must come to misery. Up to here there was nothing that could not appear to a normal person in a similar situation. The only difference is that a normal person, after the situation was straightened out and after the affect has passed away, would correct the false ideas. The patient was not able to do this. The chief reason for this we do not know. There are, however, some other factors which certainly renders correction more difficult, because they give rise to renewed affects.

In the first place there was the relation to the rich relatives, which often plays a great rôle in normal and abnormal cases. Here it is important in various ways. Something like envy of those who have reached the goal toward which she was striving could not be lacking, although on account of the faultless character of the girl it has

probably remained unconscious. Then these relatives were the ones who could help her if they would. They have really done much, have given her pecuniary aid,* but they can not make the two women rich without injuring themselves. Then also the former close business relation to them plays a great rôle. The patient had got along very well but had to give place to a young wife. I have no reason to think that she thought of marrying into the better position,† but every girl would have thought of it and the patient probably did not leave the place without some bitterness. She lived in that house a second time and again under circumstances which must have aroused her emotions, namely, during the dissatisfaction in the family where she felt herself between hammer and anvil, and where she saw how people who were near to her quarreled among themselves. The fact that she had to witness this without being able to help caused her to make a certain self-examination: would she not have been able to help? or was she by reason of her presence a party to a quarrel? or did not the relatives think that at least she might be partly responsible for the trouble? All these things have fastened themselves in her mind, and as she felt things getting uncertain, her thoughts were naturally turned to her relations because they were the ones from whom alone help might come. Never in her life had she injured any one, and these relations at the most could only imagine that they had been injured by her. And then when she heard some one say that there would come a time for retribution (to her) it was clear to her that these people had a reason, even if only an imaginary one, to withdraw their assistance and indeed to actively persecute her.

A second important factor lies in the fact that in the retired life of the patient, her separation from the people to whom she

*To this the patient who had copied my paper remarked that she herself thought that Herr S. was indeed very good but that he only helped her brother. She expressed her opinion of this to him quite openly. "At such a time it was clear to me that I was wrong. Shortly afterwards, however, I thought my former opinion was right."

† Addition of the patient "Neither when I was with my uncle nor at any other time in my life have I thought of bettering myself by marrying. I always thought that that was impossible and I never really considered it. My ideal was to have an old maid's establishment in independent circumstances."

belonged, a certain feeling of estrangement toward the environment, conscious or unconscious, could not be lacking. People always act toward such a person in a different way than toward an ordinary person. If she is unfortunate the people who have always regarded her as peculiar, must have a certain malicious joy. From this comes first the fear that the people in the town do not begrudge her misfortune, then the idea that they help to increase her misfortune by allusions and calumnies.

The exact observation of the objective and subjective relations at the time of the origin of the disease shows us therefore nothing more than the appearance of errors, such as occur to normal persons under analogous affects and a connection of accidental occurrences to a thought complex which is kept continually awake by affects and her own trends of thought, just as it is in a corresponding normal mental processes. The pathological feature is only the fixation of the error so that it becomes a delusion, and then the further extension of the delusions so that it finally becomes paranoia. Whether the fixation and extension of the error is determined by a special innate or temporary disposition, by the coming together of many important external factors, by a toxic action or by an anatomical change in the brain, is yet to be shown. But I hold that at present there are no grounds to think that the affects play any part other than that shown in the above examples. Naturally I would not wish to say that further experience may not demonstrate new relations of the affectivity to the delusions.

But to my mind there is no question that the positive part of my conception is correct and also that the affects in this way really determine pathological symptoms. For this I would adduce the following unshakeable reasons:

1. The same mechanisms act every day in the case of normal people in the way described, why not also with abnormal people?

2. In the cases of paranoia which I have been able to analyze in recent years (to be sure not very many) the same cause for the direction and content of the delusions could easily be proven. It was always through the affect-

ively determined errors, which spring up in a way similar to the daily experiences of normal persons, and which are then fixed and extended.

3. As Dr. Jung will soon show, the delusions and many other mental symptoms, perhaps I might say all, of dementia præcox can be traced to the same action of complexes associated with emotions.

Case II. Commercial clerk, born 1865. Father alcoholic, suicide. No other hereditary taint. Normal child, somewhat retiring, beloved by his friends, appeared shy but considered himself a little better than the others. Raised by his grandmother, who spoiled him and gave him too much money. Attended the primary, secondary and industrial schools; then three years apprenticeship in Italy where he loafed, drank much and spent a great deal of his time with women. Came home in a somewhat dilapidated condition. Worked eight years very well in a telephone business. He drank quite a little but was regarded temperate. Afterwards he was eight and one-half years in a municipal office, where he performed his duties in an exemplary manner. He had to collect the taxes of a large village and was very anxious about his work, and once in 1896 he had a surplus of 20 francs. He thought that perhaps some one had placed the money there to test his honesty, an idea which is not very uncommon among normal people. He let the matter drop and thought no more of it. At the end of the '90's he had a deficit of 50 francs which in spite of every effort he could not explain and which the municipality silently accepted. Nobody uttered a word of displeasure or blame.

In 1899 there was again a deficit of 40 francs. He could not bring himself to tell any one about it and could not cover the loss with his own money because he had used it all. Then the idea came to him to record the tax of a person who was on a journey for seven months instead of nine and use the surplus to cover the deficit. Discovery of the irregularity was practically excluded. His conscience, however, tormented him and he feared the discovery in some unusual way. He was too intelligent to think that one would see the crime in his face. Yet he thought it was possible to discover the traces of youthful sins and debaucheries in the face. And he had committed debaucheries which he had regretted very much in the last twenty years. The people would notice this and they could conclude that a man who had behaved so badly in his youth would be able later to steal money entrusted to him. The jailer, with whom he often came in contact, had, through his calling, the tendency to ferret out every thing. He had also brought out what the patient had done earlier and had spread it abroad. Every one knew it, they looked upon him peculiarly and smiled at him without reason. In the newspaper he saw a contribution signed S. M., which referred to him. These letters meant

"*Saumensch.*" The new municipal-secretary wished him out of the way. Perhaps some one had taken the money in order to test him and he had stood the test badly. He thought the people everywhere talked of things which related to him.

Now he understood many past things which at the time had not impressed him. He saw by many indications that they had wanted to test him for a long time, etc.

Finally he could stand it no longer. He had worked very hard (actually) of late and resigned his position and received an excellent testimonial. He then was under treatment for several months but scarcely improved. Then he took a position in the French part of Switzerland but could not stand it there very long. They made allusions about him everywhere, "it was as if every clerk knew of my former life." He went to the Canton of Zug where he remained a year, then left there in a rather dilapidated condition. He had drunk rather immoderately while there in order to deaden his sorrows but even in the inns they made allusions about him. They even began to accuse him of crimes reported in the newspapers. He went to the police and demanded investigation, saying that he had committed one crime which he had reported to his superiors before he went away, and that he was innocent of all the rest.

Thus on the 12th of November, 1908, he came to Burghölzli. He had a fairly marked tremor, had a slight lisp, and on stronger emotions he stuttered, otherwise there was nothing somatically abnormal. He related his sufferings in a perfectly clear manner; anxious, modest, he had almost a cringing manner. He rapidly improved mentally and physically in the institution where he felt safe. He worked industriously and skilfully arranging statistics and the like. When he had no writing to do he busied himself on the farm. His delusions, however, remained unshakeable. On the 16th of December, 1903, he was paroled. He was going to work in the business of a relative. Three days later he voluntarily returned, saying the persecutions had been resumed and then his behavior remained the same. He said that the rich relative who had taken him away and who had brought him up and even now looked after him in an unselfish manner, was a pederast, that he had knowledge that the patient knew this and so must also have an interest in getting rid of him. The intrigues in part came from him. Probably he, the relative, himself had also set fire to his barn which had recently burned down. The patient now recollected that eighteen years previously he had stood at the deathbed of a woman who was very dear to him. There was also another woman there who hated the sick woman and this woman had looked at the physician meaningly and had then given the sick woman something whereupon she died. Now he knew that the woman had been poisoned. The patient gradually became quieter in that, as he said, he would wait until he was taken before a judge or was accused directly. On the 22d of

April, 1904, he was discharged. Since then he has remained abstainer and has worked industriously in his new place until the factory burned down. He had even, for the first time in his life, saved money. February 24, 1905, he presented himself here. The delusions had become much milder, in certain cases he admitted that he had erred, in others he accepted the possibility of a mistake. As one declared incompetent he had much trouble in finding another place. Perhaps this is the reason why it went worse with him a few weeks later. Recommitment was spoken of but it was not necessary. Since spring we have heard nothing of him.

In the whole course of the disease there have been no hallucinations or illusions.

A boy, fairly well developed intellectually, tainted by an alcoholic heredity on the father's side, comparatively weak-willed so that he loses control of himself in bad surroundings, somewhat spoiled by his grandmother. In a foreign country he had committed alcoholic and sexual excesses which he had afterwards regretted. He then worked well for seventeen years even if he did indulge in the customary drink habit. He was well liked by his neighbors and was regarded as reliable. A deficit in his cash account, of which he was probably not guilty, caused him to conceal it in a criminal fashion. There was a certain regret over this fact and the old self reproof over his life in Italy was renewed. The latter gives occasion for ideas of reference which are not infrequent in normal people, but in this case they can not be corrected. Paranoia is established. Another set of delusions is formed about the complex of the rich relative who had not earnestly helped him and who now should look after his affairs. He must have some reason to treat him in this manner. He is therefore also a criminal.* An old erotic complex, which seemed to have disappeared with the death of his sweetheart is finally connected with the delusions and is expressed in the poisoning story.

We therefore see in this case also the normal expression of the affectivity leading to definite delusions, in which the errors, formed in the usual way, can not be corrected and at the same time increase, the latter, to be sure, under the influence of the continuing domination of the same affects.

* A hebephrenic whom we have recently seen in a medico-legal examination had formed almost identical delusions about his rich relative.

Case III. Machine-engineer, born 1855. Father and grandfather on the father's side alcoholic. Bodily a well-developed handsome man. As a boy he was capable, cheerful, but somewhat sensitive and seclusive. Studied and worked five years in a large machine factory and then went abroad. His brother wished to go to the Cape of Good Hope and traveled to Marseilles in the hope of finding a ship and on the way he met the patient. The latter also wished to go but stipulated in a cautious way that the brother should secure places on the ship in Marseilles and then notify him to join him. On notice from the brother he went there only to learn that the latter had made a mistake and that Marseilles was not a good shipping point for the Cape. He then worked in Geneva and in England and in 1876 he came back to Switzerland to perfect himself theoretically in a technical school. He had high ambitions and although he could expect only a little wealth he thought of making himself famous, of making an invention, and of having a factory of his own. He hoped "soon to have money enough for that." In the last Semester he exhibited a drawing in the hope of obtaining recognition but no one noticed it as he had expected. After that he thought that the teachers were envious of him, especially after he had won a wreath at the shooting-match.

Now his troubles began. He left school and found a place in the factory where he had formerly worked. However, he thought he was too good to work eleven hours a day for others and concluded that the firm wished to use his intelligence and his discoveries, for their own benefit. He went to England but felt that the firm followed him there and taunted him with the fact that he had come from "the riff-raff." From now on he traveled restlessly in America and England, now and then making a visit to his own home. He found everywhere that he was slandered and hindered in his work. This seemed to be a question of delusions of reference, but he probably also heard voices. He had married in America but had left his wife and allowed her to obtain a divorce. In the middle of 1890 he had an attack probably due to a slight apoplexy (syphilis not demonstrable). In 1897 he was at work in Zürich. Although his employers were pleased with his work (he constructed independently) he thought he was persecuted by his superiors, that these had formed a plot against him and that he was insulted in the cafés and even slandered by persons outside of his windows. The patient resigned his position and did not immediately find another. He became more and more persecuted and began to drink, against his custom. He became confused, surely had hallucinations at this time, and finally in despair shot his persecutor from ambush.

Since then he has been in Burghölzli. He regards himself as an excellent engineer who would have made many inventions if he had only been left alone. He has invented a special machine for making cogwheels of every kind which is practical. But he goes further.

He claims that years ago he had denied that he regarded himself as a statesman, a lawgiver or a founder of religion. The voices or the ideas of reference evidently had referred to this, but he now says they were correct, for before the catastrophe he had drawn up laws for a colony, à la Freiland, which were not unreasonable and only suffered from the ordinary mistakes of the best of such schemes for world-happiness.

In the institution his system of delusions did not extend. Only now and then he complained that some one had accused him of uranism. Hallucinations were not demonstrated with certainty, at any rate they were subordinate. He grumbled continually about his discharge, said that he had murdered his superior on account of his persecutions and that he had regained his reason immediately after the deed. He learned Spanish and Russian so that he could get a position in another country as soon as he was released. He also took care of the institution printing-press, but had almost always to be urged to work.

Once while walking he escaped but did not receive money from his relatives, as he had hoped, and finally came back from France. He did not have the energy to live without his passport. Leaving his delusions and the reactions to them out of consideration nothing can be observed as a symptom of a mental disease.

In this case we can not follow the development of the paranoia. Yet it is very easy to find the root of the delusions. The patient was capable and his intelligence warranted the most beautiful hopes. He had the highest ambitions. In opposition to this, however, stands a character which lacks energy and he is handicapped by a great sensitiveness. Thus we see the young man make up his mind to go to the Cape when he saw his brother going there and then abandon the trip on account of some small difficulties. We see him at once greatly disappointed when a drawing did not receive the recognition he had expected. In the asylum he must be urged to work and when he had escaped he did not have the strength to maintain himself. With the exception of the criminal act which he committed in a state of temporary confusion, his reactions to the persecutions were nothing but a continual cowardly flight. Thus it is easily understood that he could not accomplish what he wished. Since he was sensitive, grounds were not lacking for the feeling that he was being injured by other men and for ascribing to these his failures. And, since

the abyss between the wish and its accomplishment always remained, these ideas were continually maintained, and the patient became paranoid.

Case IV. Bookbinder, married, born 1869. Father irascible, an older sister temporarily insane, another sister a liar and a thief, a step-brother by the same father had been convicted of some crime and had died in an insane asylum. Was always a dullard and in school had to attend one class two years. Later, onanist. In earlier years he had frequent headaches and at one time had to enter a hospital on this account. Always somewhat irritable, irascible, sometimes struck his wife, but afterwards apologized. Always anxious, modest, shy.

Since the latter part of the 80's he lived with a catholic common law wife. Since he was an orthodox protestant he finally concluded about 1892 to marry her, but afterwards continually regretted it. He felt especially guilty toward the minister of his church who had confirmed him and to whom he went every Sunday to church, because he had not asked his advice and feared him on this account. Two years after his marriage he once passed the minister (who dominates his parishioners and is a master in religious suggestion), but did not recognize him until he had passed, then took off his hat but believed that it had been too late for the minister to see. Now he was in despair that the minister would be offended. Soon it seemed to him that his fellow-workers knew that, acted differently toward him than formerly and laughed at him. He also thought that his employers would not advance him on that account. He remained discontented and changed his position several times.

It was not until six years later, 1900, on the occasion of a similar circumstance that he became worse. He was speaking one day with a fellow-workman about leaving his position and just then his employer came into the room. In his fright he forgot to greet him. Now he was scared lest his employer would be offended. He received, as he believed, harder work and was blamed more. His fellow-workmen noticed that he was not considered so well and began to annoy him. He made up his mind he would never again fail to greet anyone. From caution he began to greet strangers. He believed that every one noticed whether he greeted them or not, and finally that his coming was telephoned to the passers-by. In the course of the next two years this became worse and worse. He imagined that the people did not hear his greeting and therefore he became more insistent and would greet the same persons several times, and run after them to repeat it. He now began to greet his wife and would say to her in the morning on awakening, with gradually increasing repetitions, "Good morning, Mrs. Meyer." He himself began to think his acts were foolish, but since he was convinced that he must greet people he began to think that God had

imposed the greeting-duty on him in order to punish him for his sins, the onanism, the marriage without consulting the minister, and especially the neglect to honor his superiors. The first two reasons were rarely and only incidentally mentioned. He could only think of his duty to greet, he neglected his work and sat for hours on the sofa thinking of his misery. He became more irritable toward his wife and occasionally threw things at her. Since he had expressed ideas of suicide he was brought to Burghölzli on the 8th of September, 1903. Here he showed himself as a timid, excessively modest, unenergetic man. He wept much. One time when he had two pollutions he was very much depressed. He had before entrance received very unnecessary treatment for spermatorrhœa. Quite apart from his greetings he always apologized for something. He excused himself for mistakes which he thought he might have made but did not remember having made. He even took the part of other patients who, irritated at his continual greetings and hand-shakings, would give him a box on the ear, and he regarded all his suffering as the deserved punishment by the Almighty. He thought he was insolent when he said that he had learned the bookbinder's trade or that he was a bookbinder. On one occasion he said that we should tell him what he should do and he would certainly do what we wished. It was not possible, however, to repress his persistent greetings even though he had promised dozens of times to curb them. He thought that we and God desired it of him. When he saw four buttons somewhere he thought that it meant that he should now greet every one four times. Once he thought that it would be enough if he greeted a few times less than it had been shown to him, but he was unhappy afterwards because he had not obeyed God.

Since he had also expressed the idea of suicide here it was quite difficult to place him properly. He had to be kept where he could be watched with the other patients and then he did nothing but greet them. It was quite impossible to always protect him from their blows. If he was kept alone in a room he worked industriously, sewed and did simple copying quite well.

On the street he had often thought that some one said "here he comes." Excepting this there were no traces of hallucinations or illusions. The affects were always entirely adequate to the content of thought and also qualitatively were not beyond normal limits. Blocking, the feeling that his thoughts were taken away, stereotypes or other signs of dementia præcox could not be found, although naturally they were zealously sought for. His system of delusions, in spite of its foolishness, was built up quite logically and consistently. He himself recognized the foolishness of the greetings but since other men and God wished it he resigned himself to this fact.

In the institution he also showed some ideas of reference besides his chief idea. He thought, for example, that when an attendant left

that it was on his account. He heard some one say, "there we have it again." That was a reference to his pride. If an untidy patient was cleaned he felt that in some way he was concerned.

He gradually pulled himself together and could be taken home occasionally to see how he got along and was, on April 6, 1904, definitely discharged. At home, after a short time, the old trouble recurred. He especially annoyed his wife by continually greeting people who came into the shop and in that way drove them away. From December 13, 1904, till May 14, 1905, he had to be kept in the institution and since then he can, with difficulty, live with his family.

In this case the diagnosis is not so plain as in the other cases. The continual greeting looks very much like a stereotypy. But it can be easily differentiated from the stereotypies of dementia præcox. It does not represent an abbreviated action of emotional value which is more or less unconsciously and automatically performed even when the reason for it is no longer present. The act remains, from first to last perfectly conscious in all its parts, in its motives and its execution. It is the logical consequence of a delusion, and if the latter be assumed a normal man would act in the same way as the patient. Through its premises it is as well founded as the fact that a person in a high position must, on every drive through the town, answer the greetings of the public.

The *impression of stupidity* which the behavior of the patient causes is not so easy to connect with a simple paranoia. The picture reminds one very much of the foolish acts of a hebephrenic. Yet I would like to emphasize the fact that this can also be explained on other grounds. The patient was never very intelligent. In the public schools he had to attend the same class twice. His whole behavior bears the stamp of heaviness and thick-headedness. The continual greeting is not so perverse, for one of his intelligence, as it would be in an intelligent man. To this must be added the fact that the patient knows the foolishness of his acts; only, according to his logic, which in this case is correct, it is not the greetings themselves which are foolish, but the fact that God and other men require such a thing of him. We must not forget that occasionally God requires from intelligent people, acts which to us appear just as senseless, as, for example, that a pilgrim must crawl

on his knees from the spot where he sees the church steeple to the church of the place of pilgrimage. Compulsive acts which are no more intelligent and yet often are seen in very intelligent persons must also be remembered.* I do not believe, therefore, that one has any right in this case to conclude that the patient is deteriorated, because an individual act, though frequently repeated, gives one the impression of dementia. If we add that after a rather long observation, we have not found the slightest sign of dementia præcox, the probability of the presence of this disease is practically nil. Nevertheless, the thought can not be totally repressed that it is a case in which the signs of dementia præcox may manifest themselves later or that they are now masked by the continual monotonous act. Since, however, the mechanisms of the formation of delusions in dementia præcox are the same as we think we have shown above in paranoia, and since they also account for many errors of normal persons, the example is nevertheless instructive.

A slightly imbecile, very shy, obsequious and at the same time deeply religious man is by the power of love brought to marry a woman of another faith. He regrets it for years but can not leave his wife. The minister who had confirmed him and with whom he had remained in contact, the representative of the heavenly anger, is a mighty personality. Before his marriage he had always had the feeling that he should ask this man's advice but he had never dared approach him with such a question. He passed this man without greeting him and the fact that he had done so weighed like sin on his mind. At this time the patient may have concluded to take care that it should not happen again, and he probably felt a tendency to greet too much rather than too little. At any rate, several years later a similar incident happened again. This time it was not his heavenly but this earthly salvation that was concerned. He neglected to greet his employer just as he was speaking of changing his position. He was dependent on this man who could injure him by

* Naturally it can not be a compulsive act in this case. The patient is as convinced of the correctness of his premises as only a paranoic can be. Moreover, the general delusions of reference exceed what is found in obsessions and it is all built up as a logical system.

giving him a bad recommendation. It is characteristic for the weakness of the patient that he did not leave the place but stayed and allowed himself, as he thought, to be tormented by his employer and fellow-workmen. Therefore, the anxious affect is continually fed and the patient can not be free from it any more, and the delusions have time to fix themselves. The disease becomes incurable.

* * * *

In these examples a complex of ideas associated with emotions forms the point of departure for the delusions and perhaps for paranoia. This view differs but little in principle from Wernicke's conception of "over-valued ideas." A small difference lies in the fact that Wernicke does not sharply separate the paranoic disease-picture with its progressive development of a delusional system from other kinds of over-valued ideas. A greater difference is brought about by his anatomico-physiological conceptions according to which the molecular changes are greater in perceptions associated with affects than in ordinary ones, and according to which disorders and other changes in the psychokym are adduced as explanations.* We prefer to remain in the sphere of psychological facts since the physiological processes are too little known and since such hypotheses are too much in the air.

But we believe that we differ most from Wernicke in that this author places the affect-full occurrences almost alone in the foreground, while we place beside this a series of lasting predisposing factors, such as we have observed in our cases, as absolutely necessary. But even with these causes we believe we are yet far from our goal. *We are, on the contrary, convinced that in the majority of the cases further investigations will show a constitutional predisposition, and a chain of Freud's predisposing occurrences.* The constitutional predisposition will explain why these people and not others suffer from paranoia and Freud's complexes will tell us why the critical events have brought

* Compare Pfeifer—*Monatschr. f. Neurologie und Psychiatrie* XLX, p. 59, 60., 65.

out the paranoia, and eventually, why the developed paranoia immediately connects itself with these events.

Similar processes are very frequent with healthy individuals. If we are anxious for any reason a mass of perceptions and other occurrences are interpreted in the sense of the affect. In a merry mood we take everything lightly and often notice only the agreeable and thus deceive ourselves as to the real situation. In the same way the melancholic, in whom the pleasureable associations are inhibited by the depressive affect, uses only those ideas which correspond to the depressive affect. Thus errors arise in the more pronounced states of this sort which can not be corrected so long as the affects inhibit the opposing ideas, *i. e.*, so long as the disease remains at its height. That is indeed the most important origin of the depressive delusions.

In these examples it is a question of a general emotional state of some duration such as elation or depression. But an affect which is connected with a special idea complex, may have a like action if it frequently or persistently stands in the foreground. Then the new experiences are associated with it just, as in the other cases, they are associated with the exalted or depressive ideas and, moreover, further associations are so regulated that those in harmony with the affect are facilitated and the opposite are inhibited. This leads to errors in the normal and to delusions in the abnormal. The ground for the domination of a complex may be physiological or pathological.

On one occasion, when I was reading, I had an intellectual feeling that I saw my name two lines below. To my astonishment I found only the word "Blutkörperchen." Of many thousands of mistakes in reading in the central as well as in the peripheral field of vision this is the worst case. Usually when I thought I had seen my name the word which had given occasion for the mistake was much more like it than this. Generally almost all the letters of my name had to be present before I would make such a mistake. In this case the reason of the "delusion of reference" and the illusion was easy to trace. I was reading the last part of an article about a kind of bad style in scientific works from which I

did not feel that I was entirely free.—A student, during his examinations, received an invitation to dinner from one of his teachers. The latter, as I can bear witness, wrote a totally illegible hand and this caused the anxious student to read instead of an invitation to dinner, a notice that he had failed in his examination.—A colleague who is a good psychological observer said once, that according to his own experience and observation of his fellow-students, every candidate for examination suffered from delusions of reference toward his examiner.—A woman student, an otherwise very clever girl, was frightened, during the examination time, by every man who wore spectacles, because she thought he might be an examiner.—A father whose absent child was ill thought that every telegram contained bad news, although he daily received business telegrams.

Every complex accompanied by affects has normally the tendency to gather about it new experiences. This tendency to association must be due to the fact that such complexes occupy us much longer, that they are more often and more persistently in consciousness than others, and therefore furnish greater chances for association. The affect itself increases this tendency by inhibiting associations which are contradictory, thus interfering with objective judgment while it emphasizes and gives greater weight to those which are similar or can be construed to be in accord with the complex. Thus the examination candidate, at the critical time, only thought of failing, and it is easily understood that when he received a letter he supposed that it contained a notice of his failure. His anxiety caused him to read in the scrawl of the examiner the dreaded catastrophe, exactly as a fearful person regards a stump of a tree as a robber.

Similar delusions of reference are very frequent in melancholia.

Our paranoics were in the same condition at the time of the formation of their delusions. The conclusion that the development of paranoid delusions is essentially the same as the formation of errors in normal people is therefore warranted. For their genetic explanation we need no other mechanism than that which we already know as the mode

of action of the affects. *We must especially deny the necessity of assuming in addition an affect of suspiciousness, a disorder of the apperception, or similar hypothetical constructions.* But in this way only is the origin of the delusions rendered clear, not the genesis of paranoia. *For if we ask ourselves what is the intrinsic nature of paranoia we can give no answer,* but I think that no answer is better than a false one. Thus we must yet ask why, in certain cases, an idea accompanied by affects becomes the starting point of paranoia; why the errors caused by affects are corrected in most of the other cases but not here; why they extend in paranoia whereas in normal people, although they may not be corrected, they do not increase;* and finally what causes the inability of correction and the tendency to extension of paranoia.

We can cover our lack of knowledge by the word "disposition." With the same physical and mental trauma one person develops an incurable psychosis, another a transient hysteria, another a momentary fright. Wherein lies the difference? The nervous system of one person reacts to the traumata in an entirely different manner than does that of another person. Moreover, some accidental influence, fatigue, poor nutrition, may alter the disposition momentarily. Or ideas which, during some accident, happen to dominate the patient may predispose him to the elaboration of the impressions in a pathological sense. All these possibilities must be taken into consideration.

*It not infrequently happens that under the influence of an affect errors are not only made but fixed in healthy people. The errors, or we might say, delusions can not then be differentiated from the false or insufficiently founded ideas of the different kinds of superstition which are produced by suggestion. The difference from paranoia is that they do not extend. Thus they rarely have much influence on the actions of the individual. Sometimes, however, they dominate the thoughts to such an extent that one must regard them as pathological. The following case is interesting, though we are dealing with an acquired emotional disposition. A high state official in the revolution at the time of Napoleon remained true to his sovereign while all his colleagues forgot their oaths and turned toward the new sun. He was therefore imprisoned. After the restoration he was completely forgotten. His unprincipled colleagues were ashamed of their actions and therefore hindered the revision of his sentence. After about twenty-five years his family succeeded in getting him free. He appeared, as a rule, to be normal. The miserable wrong which had ruined his life had, however, not passed over him without leaving a trace. From time to time he fell into attacks of rage which could only be cut short by all his family assembling as soon as possible and begging his pardon on their knees; it was not necessary for them to give any reason for their apologies.

For the majority of psychiatrists the question of disposition in paranoia is already settled. For them it is a matter of an innate, generally, a family disposition. At present, however, neither the personal nor the family disposition is proven. More than one case of paranoia in the same family is rare. I know of no general disposition that is necessary for the origin of paranoia. Naturally psychopathic families are more inclined to psychoses but not particularly to paranoia. Many speak of "degeneracy," yet this again is not definite, but comprises several concepts which are not well circumscribed. As opposed to this we must insist that in paranoia "degeneracy," even if existing, can not be the same as that of idiocy or imbecility. In these conditions (the latter at least consists of many etiological groups) we have, besides the poor mental development, also a tendency to bodily defects. The so-called signs of degeneracy are found nowhere so frequently as in epilepsy and idiocy. It is entirely different in the case of paranoia. The majority of cases consist of men who are bodily and intellectually well developed. Among the paranoids which I have seen there are very few who could be called bodily or mentally degenerate. There were, as far as I can judge, more well developed individuals among them than among the normal.

The disposition to paranoia is therefore yet to be discovered.

If it is a psychological one, it naturally does not need to be a definite one, for in such a complicated mechanism as the mind, most results can probably be reached along different lines. If we assume that certain emotional dispositions such as we have found in the first three cases, lead more easily than others to a certain conflict with fate, then this may furnish one of the most important of the predisposing causes; just as the struggle for existence forms the most common, but not the only ground from which a certain, indeed the most frequent, group of traumatic psychoses spring. The struggle with fate, as the diversity of the three examples may show, may be determined by different combinations of types of emotional tendencies and char-

acter. Even the influences of external occurrences may be lacking or may be very important, for usually (always?) a psychic trauma is necessary for the development of paranoia, such as the death of the peddler (Case I) or remorse (Case II). Then there must be a reason why the delusion is maintained and incurable, and perhaps also a reason which causes it to gradually extend.*

These factors also, as far as we know, do not need to be uniform. They may be different in every case, or may be combinations of different causes. It would be possible, for example, that in Case II the patient would not have developed delusions of persecution if he had not had a bad conscience on account of his onanism, which he thought was discoverable in the face and therefore attracted attention. It must also be remembered that a serious experience which produces a break in the individual's mental existence determines a lasting disposition exactly as in the traumatic neurosis the struggle for existence continually maintains the feeling of being ill. Both correspond to the *vis a tergo*, which according to Tiling, (*Neurol. Psychiat. Wochenschr.* 1901-2, pages 443-444), forces the thoughts in a definite direction. Our first patient was constantly forced to be dissatisfied with her position, she had to fear for years that she would lose the little which she had gained. Case III always had to be discontented with whatever he accomplished or did. The fourth patient always felt oppressed by his marriage and by the presence of his superiors, etc.†

Beside the innate functional disposition, I can not totally exclude, in the ordinary paranoia, a superadded disease of the sort of dementia præcox. Quite apart from the extension of the concept of paranoia outside of the Kræpelin

* Incorrectability is naturally not extension. A great many suggested errors are incorrectable; they do, however, not extend to other experiences and therefore do not lead to paranoia.

† If such psychic traumata alone produced paranoia it would be conceivable that traumata of a certain strength could produce paranoia in a healthy brain. We would then seek in vain for a disposition in the stricter sense and even in the cases where a mental weakness is enumerated among the causes of the disorder, this weakness would not be the determining factor. The possibility of the existence of a monomania in the old sense could then not be excluded.

This is not the place to discuss the existence of monomanias and the overvalued ideas which are contested with more feeling than proofs. Yet I can not

school it is not improbable that a part of the cases grouped by some as paranoics are hebephrenics in whom the disease process has not gone so far, and I am not sure whether such a thing could not happen to a faithful follower of Kræpelin. The case of Schneider's* which Kræpelin himself recognized as paranoia seems to me to be such a one. If in such cases the diagnosis of dementia præcox is not made, the disease process must be so little pronounced or so nearly healed that we, with our present methods, can not demonstrate any specific signs of dementia præcox while the further development or at least the extension of delusions is yet possible.

Against the generalization of such an idea there is only the fact that with caution one scarcely ever has to change the diagnosis of a long-observed case of paranoia; while if many cases of paranoia were non-advancing hebephrenics it would frequently happen that a later progress would manifest the dementia præcox. Nevertheless I desired to call attention to the possibility because it shows us that some anatomical or chemical changes might cause paranoia. But in that case we would have to assume that the process would have to be one that does not lower the general intelligence, for if one does not make the absurdity of the delusions the criterion for the general intelligence, one finds in the genuine paranoic no mental weakness in any mental operations which do not concern the system of delusions. But to assume deterioration on account of some absurd ideas is opposed to all experience. We only have to remember what absurdities are committed and believed in the religious and political spheres by very intelligent people, or of the power of suggestion which ignores logic, or of the absurdity of our dreams, etc.

avoid calling attention to the fact that it is inconsistent to deny the possibility of such things, so long as we regard patients with hysteria or obsessions as not insane. Therefore it seems to me that if the disposition which leads to hysteria and obsessions does not appear important enough to cause one to think the whole mind affected we have no more reason to regard the disposition to paranoia as a general mental disorder. The most evident errors can be suggested to healthy individuals and we have seen that the power of the affects is identical with that of suggestion. Moreover, according to our present knowledge, it is not excluded that paranoia can be produced by an accidental suggestion or by an affect in people who can not otherwise be called mentally ill.

* *Allgem. Zeitschrift. f. psych.* Bd. 60, page 65.

To be sure there is a kind of "dilapidation" in paranoia but it is different from deterioration. It is the condition which we find in all people who only think and act in one direction. This is best illustrated in hospital residents who on account of some bodily ailment hear and say the same thing for years. It is also shown in people who outside their occupation exercise their minds only at a favorite table in the café, or in women with a one-sided or no occupations. It forms an integral part of that which Moebius designates by the name of "Physiological feeble-mindedness of women."

Furthermore the energy of paranoics may diminish as in other people, and they may then act differently than they think or even speak. Or they may develop an atrophy of the brain by which an easily recognized dementia senilis is added to the paranoia. Moreover congenitally weak-minded people may become paranoic and naturally remain weak-minded, or a paranoic may at the same time be an epileptic (such cases are described though they do not meet the newer demands of diagnosis) and then an epileptic dementia may be added to the paranoia. I have not seen other forms of dementia in paranoia.

To the affective we must also add the intellectual dispositions in paranoia which appears in some cases to be the most important factor. A certain vagueness of thinking must favor the origin of delusions. We especially expect to find such defects at the bottom of the disease in paranoia quaerulans and in megalomaniacs. I had to give testimony in the case of a world-reformer who played a great rôle, as far as the German tongue is heard. I was in doubt for a long time which I should call him, a paranoic or an imbecile. The confusion of his system of delusions which he himself could not clearly grasp, as well as the confusion of his ideas generally, caused me to place the intelligence-defect in the foreground. The man presented a certain system in his delusion of grandeur, but his writings clearly showed that the indistinctness of the ideas together with a very active temperament had given rise to the delusions. Since the patient could not circumscribe his ideas it was

possible for him to subordinate all that occurred to him to the "principle of contrast" and on this, as well as other vague ideas, he built his system.

In the case of the assassin of the Russian ambassador in Bern, on the other hand, I felt justified in diagnosing paranoia since he had built his delusion-system as consistently as was possible with his vagueness of thought, for the vagueness was not, as in the first case, the cause of the delusions so that the whole system was built up from such indefinite concepts, but the indefinite concepts made it impossible for the patient to sufficiently grasp the rights of others, which, in turn, together with a marked affectivity gave rise to the origin of the delusion of persecution. These were very simple and could therefore be as clearly conceived as in the case of other paranoics.—We have in the asylum now a paranoia quaerulus in whom the indistinctness of the ideas clearly helped to form the delusions.

If we always find emotional complexes at the bottom of paranoic delusions we must then be able to divide the different kinds of the disease according to the different complexes. While I am far from claiming that this can adequately be done, the following remarks may nevertheless be of interest.

The majority of persons wish to get ahead in life, but even the most fortunate find many hindrances. Those which lie in circumstances and not in persons must lead either to resignation or to self-destruction when they are insurmountable. Furthermore, difficulties which are not caused by our fellow men do not arouse our feelings as those which can be ascribed to some person.* When bad weather interferes with an excursion we had planned we are annoyed, but we seek some other pleasure. But if the meanness of a rival is the cause of a disappointment, then we are apt to get seriously angry. Thus the complex of being ill-used can refer almost only to persons, and must

* Perhaps the obstacles which are within ourselves are felt the most; e. g. the conflict between high aims and insufficient energy, etc. (Comp. Case III).

lead to delusions of persecution. This mode of origin which we have assumed also explains why delusions of persecution are the most frequent type seen in paranoia. Every one who wishes to advance has opportunities of feeling himself wronged.

As the opposite of the delusions of persecution are usually regarded the delusions of grandeur; the contrast to the feeling of being persecuted is the feeling of progress. Of course the feeling of progress is viewed differently from the feeling of being persecuted. The latter refers to opposition by others, the former we ascribe to ourselves and to the help of our own qualities. The true opposite to the delusion of grandeur is the delusion of inferiority which we see in depressive psychoses. In manic-depressive insanity the delusions follow the oscillations of the affects and thus the delusions of grandeur and of inferiority vary with the emotional state.

The delusions of grandeur of paranoia are limited to a few spheres. The paranoic scarcely ever forms a bodily delusion of grandeur,* as does the exalted paretic, and within certain limits also, the simple manic. The paranoic delusions of grandeur are also rare in the sphere of ordinary competition. As our examples show, too great pretensions in this direction lead to delusions of persecution through the impossibility of fulfillment. But if the endeavor is in a sphere where results need not appear at once, where the essential part lies in the preparation, in the elaboration of schemes or theories; if the ambition tends in the direction of scientific, religious or political aims, then the real difficulties which arise from the disbelief of others come only in the later stages, and the pleasure in such elaborations may remain undisturbed for a long time.† It must, moreover, not be forgotten that every one who does work of

* Compare hypochondria.

† The number of, not paranoic, scholars who spend all their lives defending some youthful scientific mistake is probably fairly great. This is the best demonstration of how little the opposition is perceived. And the case is even more glaring if the justification is expected in the world to come. Then one may aim at the greatest nonsense in this world without the uncomfortable feeling that one is making a fool of one's self. Perhaps the discovery of the N-rays belongs here. Comp. *Jahrbuch der Naturwissenschaft* 1904-5, p. 50, f.

this kind must expect opposition and have a certain pleasure in combatting it. For this reason these complexes are not apt to call up delusions of grandeur. To be sure, it lies in the nature of things, that even in such individuals the false judgment of their own powers and of the problems will eventually cause bitter disappointment. Therefore we find that in megalomanics whose euphoria does not entirely overshadow every thing, delusions of persecution are apt to be mixed with those of grandeur.

The idea of having the support of other persons is not likely to develop into a complex in our sense. If the conviction is based on facts there is no occasion for delusive imagination; if not, then the idea-complex must act in the direction of a delusion of persecution, as is illustrated in one of our cases by the delusions against the rich relatives. Somewhat similar to the idea of having the support of others is the idea of high descent which probably does occur in pure paranoia. Here the patient very early gets into conflict with reality and, therefore, such delusions scarcely exist without ideas of persecution. I must confess, however, that, in recent years, I have seen such ideas only in paranoid dements. Perhaps this complex is rarer in our democratic Switzerland than elsewhere.

The *erotic* complexes are among the most important.* Thus the delusion of being loved is very frequent in paranoics, generally to be sure, connected with social ambitions so that the one who is loved or thought to be in love is usually of a higher social level than the patient. Naturally conflicts then also arise and a mixture with ideas of persecution is very frequent. Those who are in sexual relationship with one of the other sex, but who are unsatisfied, develop as a result of their complex a paranoid state with ideas of jealousy, which naturally is more frequent in women than in men. Under many circumstances jealousy is normal in a marriage relation without sexual satisfaction. If the individual is too much dominated by this complex which, of course, is associated with marked

* In the discussion of a point of view similar to ours Lomer (*Neurol. Centralbl.* 1905, p. 944) claims that the "*originäre Verliebtheit*" is analogous to paranoia.

affects, the transition to delusions of paranoia is easily understood.

Another very important complex for the civilized individual is that of bodily health. However, an over-rating of health finds its own checks so that a delusion of this kind, if it became too marked, would at once correct itself. Nevertheless I wonder whether not many of the health fad-dists, whom we often find as adepts of certain systems of "Natural ways of living" are not suffering from a mild paranoia, with the delusion of grandeur of especially good health. But since such a condition is only possible in mild forms, and then does not essentially interfere with adaptation to the environment, it would only rarely be observed by psychiatrists.

The complex of bodily health becomes more important when it makes itself felt in a negative sense, it leads then to hypochondriasis. In my opinion it would be wise to reserve this name for those cases which do not deteriorate intellectually and which, without primary signs of exhaustion, begin insidiously, show remissions but are essentially progressive, in short, which behave in every way as paranoics with hypochondriacal delusion-systems. I do not know why this disease, which is rare only in insane hospitals, should not be regarded as paranoia. Unfortunately I possess no observations which covers a long enough space of time and is exact enough to be used as proof. Nevertheless, I am willing to wait for objections to this view, which is not entirely new,* though the paranoic hypochondriac of the books are, as a rule, cases of dementia præcox.

Except for its usually more acute beginning the traumatic neurosis (psychosis) in its most frequent incurable depressive form is also closely related to, perhaps identical with paranoia, because even if we assume the same mech-

* The psychogenic origin of hypochondriasis too has long been suspected among others even by Romberg, who regards as the hypochondriacal element the increase of the existing sensations and the excitation of new ones by means of ideas. (Cited by Wollenberg, *Centralbl. für Nervenheilkunde und Psych.* 15, VII, 1905). While many are inclined to lay stress on hyperæsthesia of organs and regard the direction of the attention as secondary I prefer to assume the reverse.

anism of origin, the struggle for indemnity which arises suddenly would naturally produce a more rapid development than the factors responsible for the typical paranoia which act much more chronically; and other acute psychical traumata may lead to the same clinical picture. We have at present a very excellent instance of this kind in the hospital; I knew the patient before the disease began and have been able to follow her case for years, although at times only from a distance.

Nurse, born 1848. In addition to other sad experiences she has, since 1872, been married to an alcoholic, jealous, rough husband who ill-treated her. In 1876 she received news that her sister, who was divorced from her husband, had become pregnant and had produced an abortion, from the consequences of which she was dying. She herself had in former years allowed herself to be forced into sexual relationship with the sister's husband before his marriage, when he was her guardian. Therefore when she received the news it occurred to her that she was also indirectly guilty of the death of her sister. She was afraid to go alone to see her sister but took her brother with her. On her return from her sister's she met her husband, who as usual began to torment her with his jealousy. On the ward she "did not know what she was about." She said to another nurse that "If I become sick, then just say that my husband is to blame." During the night she had a chill, temp. 39.6 C., yet two days later she was treated as a simple neurotic. Since then she has presented the typical picture of a traumatic neurosis with terrible pain everywhere, with inability to work for years, although on suitable mental treatment she has had several remissions.

Traces of delusions of persecution by physicians and nurses who would not help her and who paid no attention to her sufferings were mixed with the picture, but such ideas were later corrected, and in reality several physicians did regard her as essentially lazy and weak-willed and treated her accordingly with the result, of course, that each time she became worse.

The mechanism of origin seems clear. The husband whom she hated must be guilty of her disease and the blame would be greater if she was very ill and if the disease ruined her whole existence. She was about in the same mood as a child who could not get its father to buy it gloves and then stubbornly says that "it would serve you right if I freeze my hands." But this is surely not all. The throwing of the blame on the husband had a much more

important source than mere hate. She thought then she was to be blame for the misfortune and death of her sister. Since she was a very moral person (the sexual intercourse with her brother-in-law was performed only after a great moral conflict and forced from her by a threat of suicide) the fact must have tormented her very much. Now her sub-consciousness transferred this guilt to her husband. Not she but her husband would then be to blame if she was miserable. The accusation of another displaces the feeling of one's own guilt. Such a transference in a way eases the conscience as I have seen many times in nurses and attendants when they made mistakes.

A special form of paranoia is the *paranoia quaerulans*. For a long time it has been known that a real injustice is often the occasion for the onset of the disease* and according to Störing (*Psychopath.* 484) delusions of persecution can also come from well-grounded suspicions. In these cases the origin of the delusion, in the sense of our conception, is easily understood and it is not necessary to again explain this. On the other hand it might be well to refer to the fact that the constant attempt to get justice as we find it in *paranoia quaerulans* is a symptom of many diseases and occurs also in people whom we can not call insane even if we leave out of consideration justifiable attempts in that direction. According to my experience we find this symptom most frequently in *dementia præcox*, next in *paranoia*, it is also not infrequently seen in *hypomania*, and sometimes in the early stages of *general paralysis*. Then there are people who can not be called insane, but who from intellectual limitations or from excessive sensitiveness can not comprehend the rights of others. The latter classes are in many cases not so easily separated from the *paranoic forms*. Naturally there must be all

* Even a lawsuit which has been won may give rise to a *paranoia quaerulans*. (Siemerling in Binswanger and Siemerling, *Psychiatrie*, pg. 150). Compare there also among the causes of *paranoia* the affective ones: imprisonment, strong emotional excitements through lawsuits, disappointments (p. 140). Friedmann recognizes cases of *paranoia* following actual persecution. Compare also Kleist's Michael Kohlhaas as an example of *paranoia quaerulans*, the genesis of which seems fairly transparent. We would further mention the delusions of being unjustly imprisoned, the delusional expectation of speedy liberation in imprisoned *paranoics* and in other psychoses influenced by imprisonment.

grades of transition from the sane to the quærant paranoics.

In the foregoing probably all the complexes which may arise in a civilized environment have been demonstrated as possible origins of delusions with the single exception of the desire for children. In the ideas of katatonics and of the general paralytincs the well known "cry for children" plays a great part. Why not in paranoia? Unfortunately I can not answer this question and must thus leave an important gap in my proof.* Perhaps some one else will be more fortunate than I and may solve this difficulty. But I do not feel that, on account of this incompleteness, I should throw over the whole view.

* * * *

There yet remains for us to clearly state our view about the limits of paranoia. According to Kræpelin many hallucinations speak against paranoia. In other diseases, especially dementia præcox, also in hysteria and in the delusions and hallucinations caused by affects which we find occasionally in normal people, it does not seem to be essential whether the delusion comes to consciousness as a thought or as a voice. In the course of many (not all) paranoias hallucinations occur. In some cases they are few, in others they appear in the form of a more or less outspoken hallucinatory confusion of several days or weeks duration. But there are also cases in which hallucinations preponderate but who are otherwise exactly like cases of true paranoia inasmuch as an emotional and intellectual deterioration can not be demonstrated for many years. I must admit that circumstances have not allowed me to investigate such cases over a sufficiently long period of time with all our present diagnostic methods, but the usual hospital observation in a great number of cases has given me no reason for concluding that they are cases of dementia præcox, even if it is easy in the great majority of instances

*The paranoic women who think they are the mother of God, if there are such, I would place in the religious forms. Many mothers think their children are persecuted by the teachers. Perhaps some of these may be paranoics.

which were formerly called paranoia, to demonstrate the cardinal symptoms of dementia præcox. It seems probable to me that in many cases of true paranoia one can find hallucinations, even of many senses, (even those of bodily sensations) and that between the clinical pictures of paranoid dementia præcox and paranoia several other disorders will be found to exist, but as yet only one has been shown by Kræpelin, the præsenile states of delusions of persecution. Here is yet a rich field for observation.*

In spite of the fact that in the different forms of paranoia we have shown a connection between the direction of delusions and the affective complexes, the question as to whether all forms of paranoia have the same genesis is yet open. If paranoia is a mere functional disease caused by a special combination of emotional make-up and external experiences we can bring them together under this point of view as well as hysteria. But one must remember that the interaction of emotional make-up and external experiences also dominates the formation of delusions in other disorders, so that entirely different processes may lead to the formation of similar delusions. We can not therefore exclude that, for example, the delusions of grandeur may be caused by a different process than the delusions of persecution or those of the paranoia quaerulans, not only so far as the affect but also so far as assumed anatomical or chemical causes are concerned. We may thus suppose that the assumed disease process dominates the mood, just as general paralysis leads to euphoria and this in turn to delusions of grandeur.

What would speak for a purely functional nature of paranoia is the absence of intellectual deterioration as well as the fact that the disorder can be explained on the ground of quantitatively changed physiological processes. On the other hand the incurability might be adduced as speaking in favor of anatomical or chemical causes, yet we have seen that the mental causes act for years, often even for a

* Lugaro (*L'ipocondria persecutaria, una forma tardiva della demenza paranoide: Riv. di patologie nerv. e ment.*, IX, 1004) has advanced the idea that the severest and most characteristic signs of dementia præcox are seen in the youngest cases at a time when the mind is not developed. In harmony with this would be the fact that the paranoid forms occur usually in adult life and show relatively few "katatonic" symptoms.

whole lifetime, and Friedmann is even inclined to question the incurability. It would be very desirable if he were right. Perhaps the conception which we have above developed may give a point of departure for a more hopeful treatment. Unfortunately I am myself at a loss to state how such therapeutic measures should be carried out.

SUMMARY.

AFFECTIVITY.

All the intellectual processes, which are designated by the term feeling, must be sharply separated from affectivity. The intellectual feelings of Nahlowsky are intellectual processes; hunger, thirst, pain, etc., seem to be mixed processes. They contain a sensation and a feeling associated with it or, better expressed, a feeling produced by it. Other bodily sensations, such as, for example, the sensation of tension of our muscles have still other relations to the feelings, (=affectivity), because they not only influence affectivity secondarily, but also are dominated by it and so are themselves part of the symptomatology of the affects.

Only the affectivity in a narrow sense has in healthy and morbid conditions the recognized actions on the functions of the body (tears, heart's action, respiration, etc.), and on the inhibition and facilitation of the thoughts. In general it is the dynamic force which determines our acts. The reactions to an isolated sense-impression are by it generalized over our whole body and mind, it pushes aside opposing tendencies and thus gives the reaction force and extent. It determines a concerted action of all our nervous and psychic organs. It also increases the duration of the reaction by lengthening action directed in a certain way beyond the time of the primary stimulus. It is the cause of a great many dissociations and transformations of our ego, of certain forms of deliria, etc.

The affectivity shows a certain independence of intellectual processes in that the affects can be transferred from one process to another and in that different persons react so differently to the same intellectual process that one can not

establish a form of affectivity. Moreover, the development of the affectivity in children is entirely independent of that of the intellect.

Thus there must be different types of reaction to experiences associated with affects. Unfortunately they have not yet been studied. But it is quite possible that on such peculiarity depends whether an individual will become hysterical or paranoid or acquire some other functional disease.

Attention may be regarded as one side of the affectivity. It directs the associations exactly in the same way as do the feelings and it does not occur without affects. In pathological conditions it is changed in the same sense as the feelings.

In children the feelings may so plainly replace reflection that the result of the affective facilitations and inhibitions in associations does not differ from those produced by complex logical reasoning. This is what we call instinctive reactions.

In pathological conditions abnormalities of the affectivity dominate entire clinical pictures. In organic psychoses the affectivity has not undergone deterioration, as is often asserted. On the contrary it reacts more easily than in normal persons. The deterioration of the affectivity is not real but secondary to and simulated by the deterioration of the intellect. If a complicated concept can not be formed or totally comprehended one can naturally not expect an emotional reaction corresponding to it.

It is similar in alcoholics, while in epileptics the affectivity is also preserved but instead of the lability found in organic disorders it shows marked perseveration.

In idiocy we find all possible variations of the affectivity as in normal individuals but in much wider limits. In dementia præcox the affects are displaced in some way but their expressions may still be demonstrated.

SUGGESTION.

Suggestion and affectivity have the same action on mind and body, and, so far as we can judge, they also act by the same means.

In primitive conditions with animals, that which is suggested are only affects.

Suggestion has the same action for a community of individuals as the affects have for the individual, it insures unity and perseverance of actions, and produces a collective affect.

Suggestibility as affectivity is developed in children before intelligence.

“The greater the feeling-value of an idea the more suggestive power it has.”

That which is described as the action of auto-suggestion can just as correctly be described as the action of affectivity.

Suggestibility and affectivity have the same relation to attention and also to pain sensations.

The knowledge of either property is not yet so advanced that one can expect to bring the great or slight suggestibility into connection with the presence or absence of a definite kind of affectivity.

The suggestibility of a crowd is for many reasons greater than that of a single individual.

Suggestion is almost never entirely pure, uninfluenced by other mental mechanisms.

We can best put our knowledge of the two properties in one sentence by saying, Suggestibility is one side of affectivity.

PARANOIA.

As yet, no one has succeeded in deriving paranoia from a pathological affect. Suspicion especially which is held to be the basis of paranoia is not an affect. It does not occur in all forms of paranoia.

A general and primary affect-derangement is not demonstrable in paranoia. The affect disorders which we plainly see are secondary consequences of the delusions.

Nor does there exist in paranoia a general disorder of perception or apperception, or a general change of memory pictures, and the hypertrophy of the ego is not demonstrable as a regular symptom in paranoia.

That which is designated by the term hypertrophy of the ego or egocentric character, is only the consequence of the fact that in paranoia a complex associated with strong feelings constantly dominates the mind. Just as in the case of normal individuals whose mind, for some affective reason or through constellation is focused on some definite idea, so do here ordinary or more unusual experiences become associated with the complex. In this way much that has no relation to the person at all is associated with the complex and thus arise delusions of reference; and, because all complexes associated with feelings bear a close relation to the ego, the latter appears pushed into the foreground and therefore "hypertrophic."

Careful analysis of the genesis of delusions shows that under the influence of a chronic affect, *i. e.*, the affect which is connected with the above mentioned complex, errors arise in exactly the same way as in normal individuals who are emotionally stirred up. The errors become pathological when they can no longer be corrected and when they extend to other matters.

What is the fundamental cause of this we do not know. It may have a chemical or anatomical foundation; but the cause may also be "functional," because the affectivity is increased in a certain direction or because of its long duration or because the affect is constantly kept alive by the circumstances or by an experience which has produced a lasting impression.

As long as we do not know the underlying process of paranoia we do not know whether the concept of paranoia represents a disease entity. A condition of delusions of grandeur and one of delusions of persecutions may be fundamentally different disorders. On the other hand it is possible that a number of hallucinatory forms, which Kræpelin does not class with paranoia, may be identical with the usual forms of paranoia.





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