‘The schizophrenic basic mood (self-disorder)’, by Hans W Gruhle (1929)

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Abstract
During the first half of the twentieth century, German psychiatry came to consider ‘Ich-Störungen’, best translated as self-disorders, to be important features of schizophrenia. The present text is a translation of a chapter by the German psychiatrist Hans Gruhle, which is extraordinarily clear and emblematic for this research line. Published in 1929, it was part of a book co-written with Josef Berze, The Psychology of Schizophrenia (concerning its subjectivity). Gruhle claims that the essential core of schizophrenia is of an affective nature, a ‘mood’ manifesting itself as self-disorder, an unstable, incomplete pre-reflective self-awareness. His impact on contemporary psychiatry was probably limited due to his confrontational style, but this text has great significance for the modern revival of phenomenological research in schizophrenia.

Keywords
Attunement, basic symptoms, Ich-Störung, mood, schizophrenia, self-disorder

Introduction: ‘Gruhle’s original insight’

The title of our introduction is a paraphrase of the title of a paper written by German philosopher Dieter Heinrich (1966): ‘Fichtes ursprüngliche Einsicht.’ In this very influential paper, Heinrich revives the idea of the German philosopher Johann Gottlieb Fichte (1762–1814), arguing that all intentional acts must be intrinsically self-aware or, as Sartre expressed it, all conscious acts must be pre-reflectively self-conscious (Sartre, 1956). This self-awareness is not a separate experience nor a product of an introspective reflection, but a constitutive moment of all experience. We have translated Gruhle’s text because it is emblematic of a research line in German-speaking psychiatry.

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in the first half of the twentieth century which considered ‘Ich-Störungen’ to be an important feature of schizophrenia. It included psychiatrists and scholars such as Pick, Bleuler, Berze and Kronfeldt, and may also be said to include Kurt Schneider with his list of first-rank symptoms. These disorders were considered to be fundamental to the schizophrenia spectrum disorders by Bleuler (1911/1950) but remained unnoticed in anglophone psychiatry (with the exception of psychoanalysis and phenomenology) in the second half of the twentieth century. Although there was a mention of self-disorder in schizophrenia in the glossary of technical terms in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), it completely disappeared in subsequent editions of DSM and has only recently been revived in phenomenological psychiatry (Parnas and Handest, 2003; Sass and Parnas, 2003). Gruhle’s position is highly original: he claims that the essential core of schizophrenia is of an affective nature and it manifests itself as a self-disorder, an unstable, incomplete pre-reflective self-awareness. For several reasons we have consistently translated ‘Ich-Störungen’ as self-disorders, first because ‘I-disorders’ sounds strange in English, and second because the notion of I or Ego technically contains personal, thematic content related to the features of the person (personality; e.g. ‘he has a big ego’). Also, in compound words ‘Ich-‘ is rendered as ‘self’. What becomes clear from reading Gruhle’s text is that he is addressing pre-personal, structural aspects of self and self-awareness. Contemporary cognitive science and phenomenology distinguishes between the narrative self and the minimal or core self (Zandersen and Parnas 2019a). The former refers to the personal self, which is a complex identity, evolving throughout life and heavily dependent on language, social interactions and biography, and includes characterological, temperamental and cognitive dispositions. The notion of core self refers to the first personal articulation of experience; in other words, all experience manifests itself as my experience or for me (mine-ness, for-me-ness, me-ness) involving an elusive affective sense of self-presence and self-familiarity (in the words of William James a sense of ‘warmth and intimacy’; James, 1890). This pre-reflective self-awareness of first-person perspective is considered by phenomenology as a minimal manifestation of self or subjectivity. In continental philosophy it has also been termed as a ‘sentiment of existence’ or ‘interior sentiment’ (Audi, 2017), with a very vivid description to be found in Rousseau (1796). Gruhle, who was influenced by phenomenology, maintains a similar position and claims that all mental processes are infused with a ‘self-content’ or ‘self-awareness’ which is precisely this self-presence or, as a French phenomenologist Michel Henry (1963/1973) expresses it, ‘a self-feeling of self’ or self-affection. At this point, Gruhle seems aware of the fact that it is not an experience of this or that quale but a pervasive pre-reflective dimension of selfhood. Henry, like Gruhle, considers affectivity as the essence of self-manifestation. According to Gruhle, this very basic self-presence manifests itself most clearly in intransitive affective or mood states and also in all intentionally directed mental acts such as feelings towards someone, thinking or acting. He also thinks that the essence of schizophrenic self-disorder consists of an inadequate self-saturation of mental processes leading to different forms of self-alienation. He describes rather subtle phenomena of thinking or perceiving losing their tag of mine-ness, which are not yet of psychotic intensity. A further aspect of the core self which Gruhle emphasizes as being affected in schizophrenia is the spontaneity of consciousness. We can consider spontaneity of consciousness as an aspect of the core self, a sense of freedom, mobility and self-coincidence (Frank, 1997). At any moment I can decide to think about something other than what I am thinking about right now, and this potential mobility of mental acts is always self-coinciding with an intact sense of self-presence. Gruhle exemplifies the issue of spontaneity with the use of obsessional ideas. These are, although involuntary and stressful, always automatically felt by the patient as his own. In other words, in these cases the automatic and pre-reflective self-ascription is entirely intact.

According to Gruhle, the disorder of self is a foundation of the phenomena of ‘mental automatisms’, which were thoroughly described in the French literature at the turn of the twentieth
century. These automatisms include thought-insertion, thought-deprivation, thought-control, thought-broadcasting, thought-echo, varieties of hallucinations and a variety of bodily or motor influences. Kurt Schneider elevated some of these phenomena to the status of the so-called ‘first-rank symptoms’ (Schneider, 1959: 133ff.). The French psychiatrist Henry Ey called the process of the formation of these psychotic phenomena a process of alterization (Ey, 1973: 417ff.). He claims that because of weakened self-feeling of self, certain regions of our immanent life acquire a sort of autonomy and independence as uncontrollable fragments of the self.

The subtle phenomena of self-alienation are today well described in a psychometric instrument created by a group of Danish, Norwegian and German psychiatrists with input from phenomenological philosophy (Parnas et al., 2005). This instrument has been used in many recent empirical studies, which consistently show that disorders of core self significantly hyper-aggregate among patients with schizophrenia and schizotypal disorder, compared with patients with bipolar disorder, other non-schizophrenia disorders and autistic spectrum disorders (Haug et al., 2012; Nilsson et al., 2019; Nordgaard and Parnas, 2014; Rasmussen, Nordgaard and Parnas, 2019; Zandersen and Parnas, 2019b). It has to be emphasized that self-disorders at the initial stages are not yet of the psychotic quality. The patient simply reports that his feeling of existence is, for example, ephemeral or that his thoughts feel strangely anonymous, but he is retaining a reflective distance from these disturbances. It is for this reason that self-disorders are also observed in schizotypes. An intensification of self-disorders converts them into the psychotic phenomena described above as ‘mental automatisms’.

In conclusion, we can therefore say that Gruhle’s work very clearly and concisely anticipates the most recent development in psychopathological research on schizophrenia. We have naturally translated the German word ‘Stimmung’ as the English ‘mood’. However, the reader should be aware that in German, much more than in English, Stimmung has other, more complex connotations such as atmosphere or attunement. The latter term in particular seems to be applicable to Gruhle’s exposition.

**Brief biography**

Hans Walter Gruhle (1880–1958) was born in Lübben, Germany. He studied medicine in Leipzig, Würzburg and Munich and also attended lectures in many other disciplines such as psychology, philosophy and history. He took his doctoral dissertation, entitled ‘Ergographic studies’, under Kraepelin. He continued as Professor of Psychiatry at the Heidelberg University Clinic until he was dismissed by the Nazis and, to avoid involvement in the euthanasia programme, he chose to work during the following years as an asylum superintendent. After the war, he was appointed Professor of Psychiatry in Bonn. He was known for his sharp professional criticism of many colleagues, for example Kraepelin and Bleuler, which probably caused some obstacles in his career. More biographical details are available in the excellent introduction to the translation of another text by Gruhle in this journal (Schioeldann and Berrios, 2015), which also mentions many of Gruhle’s papers and books on psychiatric, psychological and social themes.

**The Classic Text**

The following text is a chapter of Gruhle’s section of the book *Psychologie der Schizophrenie* published in 1929, written with the Austrian psychiatrist, Josef Berze (1866–1958) (Berze and Gruhle, 1929). In the first section of the book, Berze introduces the concepts of ‘psychotic basic disorder’ and ‘psychotic primary symptoms’ (for an English translation of this part, see Berze, 2007). The primary symptoms are symptoms that cannot be reduced further psychologically, whereas the basic
disorder of a psychosis is a single uniform disorder indicated from the totality of primary symptoms, not in itself demonstrable phenomenologically, but forming the basis for the development of symptoms. The basic disorder reflects Bleuler’s primary symptoms or, rather, the generative process whose presence Bleuler assumed produces his primary symptoms (Bleuler, 1911/1950).

In the introduction to his own section of the book, Gruhle contrasts two views held by psychiatrists on the psychology of schizophrenia: one maintains that mental manifestations only constitute chaotic epiphenomena of a brain disease, like paralysis, and the other—which Gruhle himself subscribes to—believes that they are expressive of a meaningful coherence, a meaningful core of schizophrenia. In order to extract the essentials of the manifold symptoms, one must ignore the content and focus on the ‘pure functions’ and on the internal coherence among the mental phenomena. Thus, being deluded is ‘primary’ to various delusional contents. Gruhle holds that what is most important is to obtain a psychological understanding by studying empirically the primary abnormal symptoms of will, emotion, thinking, etc. In Gruhle’s opinion, these primary symptoms—which are not further psychologically reducible—determine the schizophrenic process. He lines up five such symptom categories, dedicating a chapter to each of them: hallucinations, the basic mood, disturbances of impulse (agitation, stupor, and ambivalence), thought disorder, and delusion. The text below is devoted to the second of these (Berze and Gruhle, 1929: 86–94).

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The second of the primarily appearing symptoms is the schizophrenia basic mood. The very choice of this word gives rise to considerations because it is generally used to designate something indefinite or unspecified. If the word “mood” is to be justified in psychology at all, then it can only mean an emotional state or a mood level: Eukolia and dyskolia (Plato), which support the total vitality of a psyche as a temperamental basis. These are e.g. such vital basic moods which are – according to old views that I still find valid – an innate personal basic quality in the individual, shaping his destiny rather than being shaped by it. In schizophrenia, however, the point is that the schizophrenic process determines a mood but in a primary, direct way. There are of course cases in which the pathological process suddenly breaks through without protracted forewarning, as well as such cases in which a slow, persisting transformation of the personality takes place. The clinic contributes fewer cases than the experience from private practice where this gradual transformation of the basic mood is indeed the first symptom, something that strikes the relatives and alarms the patient himself. We hear that somebody has returned from the war completely altered. It is not surprising that lay relatives cast the blame on the shocks of the war experiences as the cause. We hear parents say that their son was cheerful when he went off to college after his school leaving examination, only to return thoughtful, cold and distant few months later. Indeed, such young people seem, objectively, completely normal and inconspicuous at first glance, but we never come any closer to them. They are strangely stern, cool, distant, or they seem empty despite their formally preserved intelligence. Subjectively, they complain of similar attitudes. They can no longer relate naively to the world, simply enjoy it, but they remain cool observers, though much to their own regret. They notice that their peers are different; their intellect perceives the difference distinctly, but they are incapable of adapting themselves and they remain outside. Eventually, they possess nothing but their intellect to comprehend the outside world and their fellow human beings, but no longer their emotional resonance. Applying the old terms of Kraepelin, “blunt, indifferent”, to these initial processes would not be appropriate: at this stage the patients are often not only very irritable and hot-tempered, but they may also explode with rage for adequate reasons in a normal way. They are also quite “responsive”, insofar as they still react to fine distinctions within some cultural dimensions. But their
internal resonance is inhibited, their capacity for empathy is disturbed, they clearly sense their own detachment, and they can at most participate purely formally. This often results in the awareness of not being understood, but by no means like that seen in grande hystérie; it is not the basically pleasure-orientated imagination of being better, finer or more sophisticated, and because of this superiority now having to suffer quietly in this cruel world, but the awareness of being secluded from the social world, often fading into a major anhedonic feeling of loneliness. This altered attitude to the world results in an imposed autism, being on one’s own, in isolation, which outwardly by no means needs to be conspicuous in the behaviour nor in the everyday expressions.

This is a poem by an 18-year-old student who was admitted to the Psychiatric Clinic of Heidelberg in the spring of 1927 in an agitated state (Peter Mantel, 27/239).

Farther along the endless road
Endlessly runs the long road
Without goal and end
Still farther we must go,
Into the distance we stretch our hands.
   And today flies away!
   And tomorrow comes!
   And time passes by.
   And tomorrow flies away!

The street is cold
The colourful flowers flew away from there.
You must not look to your left or to your right.
Tall, cold walls lock them in
Endlessly without end?

Just follow me!
Slender the poplars loom high in the sun’s glitter
Playful the wind urges the leaves for a whirling dance

Just follow me!

Where are you who are calling me
Again and again I have to ask you
Yet the consoling answer is not there
Lonesome and sad I creep home

Other descriptions of similar basic moods are: “I can’t find myself anymore, I long for myself, I have lost myself, I have no power over myself, I am so defencelessly changed”3; and “Two years ago, I began to wilt” (Therese Tugend, 16. II. 1918.)

One of Minkowski’s schizophrenics in La notion de perte4 (p. 17) says: “Everything is immobility around me. Things show themselves in isolation, separately, without evoking anything in me. Certain things that should form a recollection, evoke a wealth of thoughts, make an image, remain
isolated. They are understood rather than felt. It is like pantomimes, as if they performed pantomimes around me, but I don’t take part in it, I remain standing outside. I have my judgement, but my life instinct fails me. I have lost contact with all kinds of things. The notion of value, the complexity of things has disappeared. There is no longer a current between them and me, I can no longer abandon myself to them. There is a complete lack of change around me.”

This is another of Minkowski’s patients: “I feel that I reason well, but only in the absolute, because I have lost my contact with life” (La notion, p. 65). The personal contact is broken. “The feeling of being in accordance with life and with oneself” is disturbed. The tendency “to bring ourselves in harmony with life” is impeded. Kraepelin also subsumed this incapacity under his “dementia” (præcox), but this was precisely one of the reasons for completely leaving out the expression dementia from the psychology of schizophrenia. Also, if, along with the French, we attempt to speak of paradémence (Nayrac5) or démence pragmatique (Minkowski), we will remain unsatisfied, as we usually reserve the dementia concept for defects of intelligence, at least from a German point of view. Minkowski’s suggestion “déficit pragmatique” would be better if it were not so vague.

Quite often we see that slowly deteriorating schizophrenics occupy themselves with philosophy through this disturbed contact with life. But even if all schizophrenic thought disorders (to be discussed later) are missing, these philosophical trains of thought generally remain peculiarly empty, fragile and lifeless, although by no means always lacking in brilliance (Mette).

However, we must not ignore the fact that at the onset of schizophrenia a seemingly contradictory behaviour often can be observed. The patient seems to have a peculiar capability of empathy even long before he himself or others around him suspect a mental illness. He almost feels a compulsion to put himself into the mental processes of his acquaintances, to guess their most subtle emotions, and to predict their reactions. But on closer inspection this tendency, too, turns out to be a rationalism6 that just picks the affects of his next of kin as an object. Just as there are highly intelligent people who, without being “musical”, penetrate far into the essence of music and musicians by the sole means of reason, there are also intellectuals who, despite their missing naturalness and despite their absence of personal contact, understand their next of kin. And so, this usually not long-lasting hypersensitivity in initial schizophrenia, too, is a rationalism.

Here might also be one (abnormal) source from which autism could be derived in a comprehensible way.7 This schizophrenic basic mood leads quite often to suicide. In other cases, it just torments the affected person and makes him unfree, contemplative, self-dissatisfied, and disinclined to work. Since other symptoms often supervene – particularly mild obsessive ideas – the patient consults a specialist. In these cases, the psychotherapist almost never achieves success. Whether he treats the patient with psychoanalysis, catharsis or in any other way, the basic mood continues. Almost always such patients are mistaken for psychopaths.8 These psychotherapeutic experiences can also be phrased differently: if no therapy works in a psychopath, if no connection is established, the suspicion is often justified that an insidious, organic9 schizophrenic process is behind it.

If we try to understand this abnormal basic mood a little more precisely, the mental state is found to be disturbed in its duality: in its general state (mood in the narrow sense) without content, and in its ability to orient itself to a content, to face it, to love or hate it. Both are found in the described basic mood, so distressfully experienced by the patients. In these stages, they are by no means blunt but often hypersensitive.10 They do not enjoy this delicacy of emotional release like the romantic enjoying his own fineness, but they feel distressed and defenceless, at the mercy of these emotions (Kretschmer). And there is no way out of this vulnerability. They cannot persistently direct any affect to a goal or an object. So, they suffer secondly from a weakness of the emotional act. They can no longer orient themselves emotionally to the world. And thereby all this emotional disturbance approaches what we usually term a self-disorder.
The formal answer to the question, what is then disturbed in the self-disorder, is: the self-feeling or self-awareness. There has been a resistance against the assumption of a special self-feeling because all feelings (mental states) are states or acts of my own self. Such a phrasing is, in a sense, correct and yet at the same time given to misunderstanding. Seen from the outside, the feelings are no more self-saturated than, e.g., thought or perception processes. Whether I watch a person or love him, in these two cases there are different acts directed to the same object, but both acts are equally self-proximal. Seen from the inside the feeling (as a mental state) is certainly more self-proximal, and it appears more central, especially when it is not directed to anything as an act but is in a self-contained state (I am unhappy but not about anything). So it is indeed advisable to save the word “feeling” for all mental states and not to speak of a special self-feeling but of an self-awareness or self-content. If we envisage the self-content of the feeling, there would emerge some psychological matters to clarify. In particular, it would then be tempting to pursue the relationship with the so-called “emotional void” of melancholics and examine the special basic mood of mania. However, what has been said in the context of the schizophrenia theme will suffice here (Kronfeld).

Under normal circumstances the self-content of perception, ideation and thought processes seldom become conscious, even for the psychologist. We are too easily inclined to understand the perceptive process, in particular, just like opening a camera. To be “weltöffnen” is an expression in our language. Here is one of the facts that only became properly elucidated through the psychology of the anomalous. From normal psychology, one could think that the activities of perception, ideation and thinking, as far as they are experienced immediately, always can be just my activities. One would think that if I perceive something, it would be self-evident that it was exactly me who perceived it. But this is not right: the perceptual process – as well as the thought process, etc. – can also take place in me, just as in a scene. “One perceives but one is not involved” (alienation of the perceptive world), “thinking is going on in me”, or “I don’t think anymore, it is being thought”. In this connection the so-called spontaneous ideas should be borne in mind. In yet another connection, the obsessions belong here and even the tune that I cannot get rid of. However differently these symptoms must be classified clinically, all of them, each in a different way, take part in the disorder of the self-content. This disorder plays a part even in memory theory. What is termed recollection certainty in psychology (or, differently phrased, rectitude awareness) is the awareness that a quite newly experienced perceptual content overlaps completely or partially with a memory based in me, an experience that I had in the past. We usually distinguish between memory and knowledge as, under the first concept, we gather my experiences, i.e. those proper for myself. We often call them emotionally laden, but we should really call them self-related. This self-relation emerges as a peculiar, abnormal phenomenon in the experience of déjà vécu and also, in another way, in reduplicating paramnesia. In the violation of the self we must distinguish well between the medial state (being a medium – trance, blessing, possession) and the phenomenon of made thoughts. In both cases, the awareness of the supremacy of the I over oneself is altered, the “feeling of control or power over the contents of consciousness” (Lipp) is lacking, the “sphere of power” is disturbed. In the possession and in the trance state, the medium is exactly a medium or mediator. A strange, total event is acted out in and by it. He is just like an actor without, or often even against, his will. In the made or withdrawn thoughts, the personality, the self, is also severely altered to the state of self-paralysis. But the person concerned remains himself; only single ideas or thoughts will surprise him as they appear or disappear against his will. A quite unimportant thought, e.g. going to a concert, a thought that partakes of nothing remarkable as to content, is suddenly experienced as strange or made. Here it all at once becomes particularly obvious that the appearance of the phenomenon is quite independent of its content, that a property that normally accompanies every mental act is altered, namely the self-saturation. The thought is preserved “intact” and fits into the greater whole in a normal way,
but it lacks that single functional moment. This cannot be understood by the normal. The sudden, unintentionally emerging idea (previously known as a spontaneous idea) is not similar to the made thought: after all, I acknowledge it as my idea; nor does the obsession of phobia resemble this: even if it is expressed in the word “obsession” that I would like to get rid of these anxious thoughts, which simply force themselves on me, no obsessive patient would think of saying that his fear of frogs should have been “made” by any external power. Please note that the self-content that is normally inherent in all our conscious mental processes and states is twofold: the givenness of the brightness\textsuperscript{16} of awareness (as opposed to e.g. torpidity) and the awareness of freedom (i.e. of also being able to act differently). The former is the degree of \textit{clarity} with which I can account to myself for my own acts and impressions. I watch, e.g., a bird’s movements. I am totally attentive and clearly concentrated; I control my sensory organs with the utmost precision; I conceive everything intensely, if it affects me; but I do not interfere actively. The latter element is the awareness of my supremacy, the conviction of my personal freedom.\textsuperscript{17} I undertake and organize something and feel completely free in doing so, i.e. my will can at any moment choose another project or pick another way of attaining a project. It is this “causality” that child psychologists (Bühler) in particular have referred to:\textsuperscript{18} the self-related, that the processes of \textit{will} preferably adhere to. These two moments are by no means always linked together. In the depersonalization state, the self-willing may be disturbed or split, while the peculiar state can be accompanied by the clearest consciousness, as some observers report. The schizophrenic symptom, made thoughts and thought withdrawal, is mainly an alteration of the self-willing: the patient cannot retain his own thoughts despite his efforts, they are withdrawn from him, while other thoughts that he cannot grasp himself are inserted in him. Yet the “clarity” can be completely intact (Kronfeld).

The patients themselves use several expressions for this phenomenon, well known to every specialist familiar with hundreds of schizophrenic cases, e.g. thought breakup, counter-thoughts, wrong thoughts. The “withdrawn” thoughts belong here, too, and these are also concerned with a self-paralysis (Bürger\textsuperscript{19}). But as already mentioned, the disturbance refers not only to thinking but to all mental functions: one patient “must” invoke the world, is subject to coercion by silly thoughts, “must” sing loudly.\textsuperscript{20}

\begin{quote}
I was spellbound, I had to answer, and I couldn’t resist it.” “I thought I had to, there was nothing I could do about it. (Walter Schaper, 19/357)

(Pure thinking:)\textsuperscript{21} Independent of her own will, maths sums worked out inside her, without her being able to suppress it.

(Together with cenesthesias:) When talking she feels that what she has said is stuck in the back of her head and then scatters all over her head. And so her cheeks and the back of her head tighten, and the foreign thoughts are stuck somewhere and squeeze her brain. (Elisabeth Tula, 21/275)

I am recruited; I was supposed to be so, and then it is cancelled. When knitting in the workroom a strange will showed me to the sewing machine, a strange power, and another will kept me back again. (And your will?) It is without relevance. (Isn’t it senseless?) Yes, but for making suicide, for dying! (You have written some strange letters?) That was will transmission. My head didn’t believe it at all. I was in the workroom and there someone told me to take the pen and write like that. (Did you hear anything?) It was an urge, such an urging feeling. Everything arises from influences. (No resistance possible?) In that moment I was almost stunned. I have already been lulled to sleep for years. Someone must have hypnotized me, and I have not yet woken up completely. – She believed that another brain was connected with hers. It led the thinking and her thoughts had to follow. She noticed it herself in her thoughts, and so she once may not have believed that she thought so. (Therese Tugend, 18/41)
\end{quote}
I was deprived of my sight. I couldn’t look into the eyes of the child, I suppose I knew that he had blue eyes, but I couldn’t see the pupils. I saw and yet I didn’t see. I could look right into people’s eyes, it was almost blurred, as if I saw double, or there was a fog in front of me, my sight was withdrawn, stiff.

Thoughts also turned up which I didn’t even want to think. (Anna Mager, 20/390)

For Snell’s patient 7, the thoughts “were drawn away just like by cupping glasses”. He called this “ground traction”. This work of Snell (as early as 1852!22) contains almost all essential features of this symptom.

The French authors have paid great attention to the disorder under the heading automatism (Baillarger). Nayrac especially has endeavoured to make a more precise differentiation within this somewhat indefinite concept. As already mentioned above in connection with hallucinations, it is only l’automatisme pathologique that is meant, i.e. everything which someone does not (not even subsequently) recognize as originating from himself, but which appears as strange, new, or irreducible to him. To this belong l’automatisme sensitivo-sensoriel (hallucinations), l’automatisme moteur (made movements and so forth) and l’automatisme supérieur (the purely mental influence). All three forms are also organically conditioned, according to the French researchers, that is psychologically irreducible. Even so, many authors such as Lévy-Valensi group diverse and in no way solely schizophrenic phenomena under the different automatisms. He prefers the word dépossession (deprivation) and proclaims it as a variété bien définie de l’automatisme (a well-defined variety of automatism). To this belongs also dépossession de la pensée (thought withdrawal) and in particular fuite ou vol de la pensée (flight of thoughts), in which the author includes: écho de la pensée (thought echo), prise de la pensée (thought control), commentaire de la pensée (thought commentaries), pensée divulguée (thought broadcast), écho de la lecture et de l’écriture (echo of reading and writing). “My thoughts are thrown on the street”; “It is as if my plans were projected on a screen”; “They have treated me in order to display my thoughts” (pp. 24 and 25). De Clérambault24 speaks of “pensée devancée ou écho anticipé de la pensée” (anticipating thought or advanced thought echo). So, la dépossession (the deprivation) is a sort of sentiment d’automatisme (feeling of automatism), an automatisme conscient de lui-même, mais ignorant de son caractère pathologique (automatism conscious of itself, but ignorant of its pathological character). This feeling of dépossession differs completely from Janet’s feeling of automatism but is identical with Séglas’s feeling of automatism. As far as I see it, nowhere has an attempt been made to separate made thoughts and thought withdrawal from possession, that is the psychogenic from the organic self-disorder.25 Indeed Lévy-Valensi has coined the sentence: Les possédés sont les plus typiques des dépossédés (the possessed are the most typical of the deprived). The French viewpoint can be specified roughly in this way: thoughts are made or withdrawn, they are publicly known, and others take part in them (knowledge), they are predetermined, etc. All these phenomena are one special variety of automatisme supérieur, namely the feeling of dépossession. The significance of this thesis for the theory of schizophrenia will be discussed later (Schröder26).

From this phenomenon arise naturally all kinds of other symptoms of a secondary kind. The experience is very alarming and frightens the patients a great deal especially at the onset; they cannot control themselves any longer in perception, feelings, action. Their body obeys them only at times. They must occupy peculiar positions,27 believe that they are under the influence of a strange power and naturally now conceptualize these beliefs in manifold ways (secondary delusions).

Just a single schizophrenic example will give an indication of the connection of this pathopsychological research with the understanding of religious phenomena:
God has inspired her with all sorts of things, as he also does to all people who are associated with him. God didn’t speak but gave it to her in her thoughts. She is associated with God “at least in her spirit”. Exactly how she doesn’t know, the Saviour knows it better than she. She senses his spirit all the time. She has overcome the world spirit. Because to begin with man lives in sin. And all those who struggle against sin have God’s spirit that inspires them with everything. Now she is filled with God’s spirit and feels associated with him in some way. She is inspired with thoughts by God. She cannot give more precise details. She just knows that it is thoughts coming from God. (Anna Faber, 23/138)

Also, the perplexity state certainly has one of its many sources in the phenomenon of self-paralysis.

Nowhere else does the name schizophrenia, the schism, seem as suitable as for this phenomenon. All kinds of things in the schizophrenic mental disorder are split off, that means loosened from its remaining personality context, but here in the made thoughts the splitting is particularly distinct. It must be emphasized that nothing is changed in the thinking itself. It is relevant, not peculiar, not unexpected, it has a subjective sense of relevance and completeness, and nevertheless it is unfamiliar to me, split off from me. I am convinced – such assumptions cannot be proved – that the first personal awareness of that self-disorder rests on the schizophrenic basic mood described above, still quite faint, still only hinted at. If I am right, the self-disorder could be declared as the second basic symptom of schizophrenia. And the described life mood would be a subjective mirror image of this self-disorder. If you do not believe in this connection, then you must consider the basic mood and the self-disorder as two symptoms independent of each other but both of them being primary symptoms. Based on my personal experience I would like to stick to my view that this schizophrenic basic mood is not understandable, not the result of some life conflicts, not derivable from complexes, and does not originate from the personality structure.

Notes (The translators have added the notes marked *, and also information in square brackets)

1. Minkowski (Schizophrénie; [Minkowski E (1927) La schizophrénie. Paris: Payot]) chooses the expressions: rationalisme et géométrisme morbides. In my opinion, numerous schizophrenics are hiding in Janet’s description of the psychasthenics which has not escaped the attention of other French researchers either (e.g. Hesnard, Dide et Giraud). In the words of Henri Claude, the psychasthenic has lost la fonction du réel, the schizophrenic la notion du réel. [See also note 6]
2. Here is certainly the origin of one of the sources of schizophrenic art.
3. Gruhle, Selbstschilderung 1915, 220 [Gruhle HW (1915) Selbstschilderung und Einfühlung. Zugleich ein Versuch der Analyse des Falles Banting. Zeitschrift für die gesamte Neurologie und Psychiatrie 28: 148–231].
4. * Minkowski E (1926) La notion de perte de contact vital avec la réalité et ses applications en psychopathologie. Paris: Jouve.
5. * Nayrac P (1927) L’automatisme mental. Paris: Masson.
6. * Rationalism here refers to Minkowski’s expression ‘morbid rationalism’, designating a hypertrophy of logical, intellectual and analytic attitudes towards people and situations.
7. Similar to Minkowski, see later under the theory of schizophrenia [chapter IV, pp. 139–145 of the present book].
8. * The term psychopath in this text must not be confused with the current meaning of the term, but refers broadly to a non-psychotic psychiatric disorder.
9. * The term ‘organic’ should be understood as the current term ‘biological’.
10. Kretschmer’s formulations of this do not appear so appropriate to me.
11. The well-known psychoanalytic objection is that in apparently empty grief the content of the sadness has been repressed. It may occasionally be true but only occasionally.
12. * Openminded, but literally ‘open to the world’.
13. This is the physiological automatism of Janet: human activity in its simplest, most rudimentary forms.
14. Here we do not have compulsive phenomena in mind; these concern a different kind of experience: "not to be able to free oneself".
15. Numerous examples: see Gruhle, Psychologie des Abnormen, p. 58 [Gruhle H (1922) Psychologie des Abnormen. In: Kafka G (ed.) Handbuch der vergleichenden Psychologie, Vol. 3: Die Funktionen des abnormen Seelenlebens. Munich: Verlag von Ernst Reinhardt, 3–151]. There are also distant relations to the depersonalization experience. As it appears to me, the Frenchmen, e.g. B. Nayrac, Lévy-Valensi, do not make any subtle distinctions here at all, contrary to their usual practice. Their automatism embraces extremely different things.
16. The clarity of lighting, clarity of awareness.
17. These statements have nothing to do with the philosophical problem of freedom of will.
18. * Gruhle refers to what in phenomenology is called 'spontaneity of conscience', a sense that is more basic than the sense of activity or passivity.
19. * Bürger H (1927) Gedankenentzug, Sperrung, Reihung. Zeitschrift für die gesamte Neurologie und Psychiatrie 102: 719–747.
20. Gruhle: Selbstschilderung 220.
21. * Brackets, except when giving the patient’s name, indicate the doctor’s comment and words to the patient.
22. * Snell L (1852) Ueber die veränderte Sprechweise und die Bildung neuer Worte und Ausdrücke im Wahnsinn. Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin 9: 11–24.
23. * Lévy-Valensi J (1927) L’automatisme mental dans les délires systématisés chroniques d’influence et hallucinatoires, le syndrome de dépossession. Paris: Masson.
24. * de Clérambault GG (1987) Oeuvres psychiatriques. Paris: Frénésie éditions.
25. In my Psychologie des Abnormen there is such an attempt.
26. * Schröder P (1928) Fremddenken und Fremdhandeln. Monatsschrift für Psychiatrie und Neurologie 68: 515–534.
27. Without imperative voices, this may be something different.
28. Not inversely (Carl Schneider); see the paragraph on the theory of schizophrenia.