REVIEWS AND CRITICISM.

The Psychology of Dementia Praecox. By Dr. C. G. Jung. Translated by Frederic Peterson, M.D., and A. A. Brill, Ph.B., M.D. Nervous and Mental Disease Monograph Series, No. 3, New York, 1909. Pp. xx + 153.

The majority of existing treatises on dementia praecox present, in reality, little more than collections of accurate clinical pictures of the disease. Their aim is to establish a clearer and more definite conception of the limits of the psychosis, and thus to define the boundaries, often most obscure, which separate it from other disease entities.

This study of Dr. Jung, however, stands quite apart in both aim and method. Its aim is to reach by analysis an understanding of the underlying causes of the diverse symptoms, and its method is one of individual experimental psychology. A similar study of hysteria has been made by Breuer and Freud, and an analysis of dreams and paranoia by Freud. The explanation which they offer of the phenomena of hysteria, dreams, and paranoia, is claimed by Dr. Jung to be equally applicable to all of the varied phenomena manifested in dementia praecox. The first chapter presents a résumé of the literature, tracing especially the development of the psychological concept of the psychosis, through the various theories which attribute the condition to impaired powers of attention, to the dissociation theory of Gross, Freud, and the later investigators. Gross was the first to lay stress upon the fact that the consciousness of the patient with dementia praecox suffers a disintegration. Certain groups of ideas, he holds, are split off from the general consciousness and remain active, though isolated and often subconscious. They, however, rise into consciousness when for any reason the main trend of thought is weakened. This conception is carried further by Freud, who considers that the split-off ideas always center around some thought which the subject desires to express. Such thoughts, voluntarily shut out from consciousness, still retain considerable force by virtue of their strong emotional tone, and persist as subconscious, autonomous complexes, at times rising to the threshold of consciousness and interrupting the train of thought by hallucinations, strange fancies, etc. The explanation offered by Jung is identical. He considers feeling the basis of personality, while thought and action are secondary phenomena.

The fact that such complexes are always liable to recall has enabled Jung to make some minute analyses by the aid of the association reaction method. If a stimulus word is not associated with any repressed emotional complex, the response comes readily and is remembered when the test is repeated. If, on the other hand, it is so associated, the aroused complex interrupts the easy play of thought, the response comes slowly
and is soon forgotten. Active thought processes are clouded and impeded in proportion to the activity of the autonomous complexes. The next step in the analysis is to pick out the unusual reactions and question the subject as to what other thoughts they arouse. In this way both Freud and Jung have been able to trace the genesis of emotional complexes, the very existence of which was unknown to the subject. Jung agrees with Freud that these split-off complexes are always purposely repressed in the beginning because unpleasant to the individual. Such complexes often manifest themselves symbolically by neologisms, irrelevant melodies, and puns. They are also indicated by an unusually large number of contrast associations. In active thought the awakened contrasts are not powerful enough to impede its course, but when the energy of such thought is drained by the presence of autonomous complexes, it is no longer strong enough to inhibit the contrasts, and a state of indecision results, which reveals itself in contrast associations.

On the strength of the theory outlined above, supported by the evidence of association experiments, Dr. Jung draws a most interesting parallel between hysteria and dementia praecox.

The parallel is traced through the following symptom groups: disturbances of the emotions, characteristic abnormalities, intellectual disturbances, and stereotypy. Under emotional disturbances he treats of (1) the apparent absence of emotional response when topics well calculated to produce it are introduced; (2) the seemingly causeless emotional outburst and dominant mood; (3) the lack of emotional control; (4) the lack of affective rapport. All these symptoms are found in both psychoses. The first two he relates closely as follows: in hysteria the emotional outburst can usually be traced to some experience which at the time of its occurrence had failed to arouse its appropriate emotional tone; in dementia praecox, though it is more difficult and often impossible to trace such a connection, we have no reason to suppose that it does not exist. In both cases the condition is considered as a postponed emotional reaction.

The lack of emotional control is explained in all cases by the presence of powerful autonomous complexes which are beyond the control of the ego-complex, i.e., by a disturbance of the ego-synthesis.

The lack of affective rapport is a permanent symptom in dementia praecox, and a transient one in hysteria. In both diseases the condition is ascribed to the distraction caused by autonomous complexes, which complexes are so firmly established in dementia praecox that the ego-complex never gains control. The patients feel themselves in a different world from those around them. The abnormalities of character discussed are affectations of manner and speech, silly behavior, and egotism, all symptoms common to both diseases.

Affectation and egotism in hystericals are often the result of an intense sensitiveness, while silly behavior is a definite reaction against an unpleasant complex. The affectation of the dementia praecox pa-
tients arises from delusions of grandeur, and expresses itself in speech as neologisms and in writing as flourishes. Their egotism is the result of the dominating autonomous complexes, and their silliness a means of repression.

The intellectual disturbances are classified as follows:

1. Clouding of consciousness
   - Momentary
     - Hysteria
     - Dementia praecox
   - Persistent
     - Hysteria
     - Dementia praecox

2. Disturbances of attention.
3. Delusions and hallucinations.
4. Obsessions.
5. Abnormalities of feeling
   - Feeling of automatism
   - Feeling of domination
   - Feeling of incomplete perception
   - Feeling of insufficient emotion

The weakening of the ego-synthesis due to the presence of autonomous complexes results in a permanent state of suggestibility. This condition is, however, subject to sudden more or less violent interruptions by eruptions into consciousness of the submerged complexes which come in the form of any of the symptoms enumerated above under "clouding of consciousness."

The disturbance of attention in both psychoses is identical. It consists of a preoccupation which prevents any real concentration. The autonomous complexes paralyze all the psychic activities.

Many delusions of dementia praecox and obsessions of hystericals are attributed to the persistence of the affective tone of a suppressed complex. To explain this seemingly causeless feeling, the patients turn to quite unrelated phenomena. Others are the indirect results of the complexes, whose presence inhibits the full development of all other perceptions. Such are the feelings of unreality of the self and the external world, and the other abnormalities of feeling enumerated above.

Akin to these manifestations in hysteria and dementia praecox are those dream states in which reality and fancy are hopelessly interwoven. Dr. Jung says, "Let the dreamer walk about and act like one awakened, and we have the clinical picture of dementia praecox." Hallucinations are very common in dreams, and are composed of symbolic-
ally changed fragments of some autonomous complex. The same explanation holds true for the hallucinations of hysteria and dementia praecox.

Finally, the phenomena of stereotypy are traced to the complex either directly, as when habitual phrases are associated with it symbolically or otherwise, or indirectly, when the complex has become so dominant as virtually to absorb all the brain activity and leave the patient a mere reflex machine. In spite of this close parallel between the symptoms of hysteria and dementia praecox, Dr. Jung is able to make a clear differentiation between the two psychoses. The symptoms of both are explained by the presence of emotional complexes. In hysteria these complexes are held to be the primary cause of the disease, and they may yield in time to the ego-complex. In dementia there is in addition to the complex some anomalous metabolism, possibly caused by a toxine which is developed either as the result of the complex or simultaneously with it, which injures the brain in a more or less irreparable manner. One is explained on purely psychic grounds, the other has an additional physiological element.

Dr. Jung has in this analysis succeeded in offering an explanation of nearly all mental anomalies. Emotional and volitional disturbances, hallucinations, delusions of various kinds, including the feelings of unreality, obsessions, neologisms, catalepsy, and suggestion are all explained by the one hypothesis of split-off association complexes. This is a wonderful synthesis of a multitude of diverse phenomena which most of us have been accustomed to look upon from quite distinct points of view. Further study alone will prove whether it is the true interpretation.

This general analysis is followed in the last chapter by a complete analysis of a case of paranoid dementia. The basis for this study is a list of association reactions. The reactions with the time are given, and followed by the more detailed associations obtained by using the characteristic associations as stimuli for continuous associations. The long and otherwise peculiar reactions were very frequent, showing that autonomous complexes usurped a large part of mental activity. Three principal complexes stand out in the analysis; the theme of the most dominant is personal grandeur, of the next in importance persecution, while the third is erotic. The first complex is interpreted as being a realization in fancy of the unfulfilled hopes of a lifetime; it produced many neologisms, called by the patient “power-words”. The persecutory complex also produced grotesque reactions. The third complex was considerably concealed. The analysis is most minute, and abounds in examples of symbolic imagery and condensation of ideas, which are interestingly interpreted, though not always convincingly.

Practically all investigators recognize in dementia praecox a reduction in the power to direct the thought, and the consequent usurping of consciousness by autonomous thought. These facts are undoubtedly sustained by the actual results of the association experiments. That
this autonomous thought can be resolved into repressed complexes and these explained on some emotional basis is, however, not so clear. Dr. Jung holds that these analyses are also supported by the association experiments. The data here, however, are only complete when the key is supplied by the subtle mind of the experimenter, and therefore a large personal equation cannot fail to enter into the results. Some of Freud's analyses of symbolic expressions (many wonderful ones are given in his "Psychopathologie des Alltagslebens") seem to me, like several of Dr. Jung's, rather strained and certainly not sufficient proof on which to establish such a far reaching theory.

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NEWS AND COMMENT.

Summer Playgrounds in Philadelphia.

Mr. W. A. Stecher, Director of Physical Education, and one of the staunchest friends of public playgrounds, has presented to the Philadelphia Board of Education the following interesting report of playground activities during the summer of 1909:—

"Sixty playgrounds were opened on July 1st. On account of insufficient attendance, two of these were closed during August.

"In all grounds, a record was kept of the number of children attending mornings, as well as afternoons. During previous years, it has been customary to add the morning and the afternoon attendance and take this sum as the total number of children who visited the playgrounds. Figured in this manner, the total number of visits to the playgrounds of the Board was 950,051.

"In most cases, however, the same children visit the playgrounds both morning and afternoon. The total secured in the above manner should not, therefore, be taken in arriving at the cost per child for the playground season. This has, this year, been secured by adding 20 per cent to the greatest number visiting each playground in either the morning or the afternoon session. In this report, the cost per child has been figured on this basis, i.e. during fifty-two days a grand total of 617,248 children.

"For the first time this year, we took a regular census report of all children who visited the playgrounds. This report gives us the name, age and sex of the child, nationality, grade in school and how far it lives from the playground, if it is a regular attendant and lastly, if it has charge of any smaller children.

"On these census sheets we have the names of 45,325 children, 21,726 boys and 23,599 girls; 35,147 of these (80 per cent), were regular attendants, the balance attending irregularly.

"The average daily attendance in all playgrounds was 11,870 children, who during the two months made a grand total of 950,051 visits to the grounds."