

PSYCHOANALYSIS AND PSYCHOSIS: PLAYERS AND HISTORY IN THE UNITED STATES

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Introduction

This paper challenges five assumptions: (1) that US interest in analysis began with Freud's Clark Lectures; (2) that Americans prior to the early 1930s had a practical, naively optimistic, non-theoretical interest in psychoanalysis; (3) that serious psychoanalytic work with severe mental illness began only after World War II; (4) that such work used classical analytic techniques; and, finally, (5) that psychoanalytically-oriented work with the severely ill has been deemed outmoded or even dangerous and has ceased in the United States.

Freud aptly called us the 'practical Americans'. Home of William James's pragmatism and C.S. Peirce's pragmaticism, American psychiatry has long attempted a can-do attitude towards treating mental illness, as promulgated by James's and Peirce's contemporary, Swiss-born and -educated, Adolf Meyer.¹ 'Starting in 1906, Meyer urged members of his staff to acquire a knowledge of psychoanalytic theory and practice' (Leys 1981). In a 1908 unpublished report, Meyer said, 'In the large and prognostically gloomy field

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1. Letter from August Hoch to Adolf Meyer, 29 December 1904. 'I have been thinking a good deal about dementia praecox, and have come to the conclusion that we might call the disease or whatever name we may give to it a process of dissociation for which we have analogies in dream, delirium, and hysteria' (Grob 1985, p. 22). Meyer's response, 30 December, advocated the role of habit-disorder over dissociation. 'I amused myself yesterday with a tabulation of about one-half of my dementia praecox cases to see about the onset of the first plain symptoms, and the time of admission; it is really remarkable how many cases had long premonitory stages, and it will be our duty to single out the cases of supposedly acute onset; their number grows smaller as one looks up the facts more carefully, and where the trouble seems to have arisen suddenly, the frequency of the difficulty of coping with some actual situation, such as sexual interests, is very striking.' (Grob, p. 24)

of dementia praecox, as well as in number [sic] of other functional types, we feel that it is our duty to attempt a psychoanalysis in every accessible case. This, of course, takes much time and painstaking work' (M. Engel 1990, p. 171). The following year, he wrote, citing John Gray, Superintendent at the Utica State Hospital.² Gray had written in 1871 that the mind cannot become diseased; only the brain can, a notion rather pervasively held (Meyer 1909, p. 325). This led to dead-end diagnosis and warehousing. Even by the time of the Clark Lectures in 1909, waves of immigration had doubled state hospital populations, and professionals felt increasingly overwhelmed. Psychological approaches offered a new possibility of cure.

When Freud arrived at Clark University, in September 1909, he, Jung, Meyer and the other 25 speakers each received honorary degrees. We tend to forget this third analyst honored at Clark who was among the eight founders of the American Psychoanalytic Association in May 1911 in Baltimore. Meyer was the key figure to lay the groundwork for the enthusiastic reception of Frieda Fromm-Reichmann decades later when she arrived in the US in 1935. Meyer had taught nationally the importance of charting patients' life stories. He effectively advocated having the schizophrenias presented in the American Psychiatric Association's *Diagnostic and Statistical Manual* as schizophrenic *reactions*, that is, secondary to inner conflict rather than to neurologic deficit.

Having emigrated from Switzerland in 1892 at the age of 26, Meyer traveled home frequently, maintaining his ties with the Burghölzli, where he trained. His teacher, August Forel, would later successfully treat Meyer's mother's depression there. Meyer, at first in Illinois, worked closely with John Dewey and George Herbert Mead in the social applications of pragmatism. They formed the Chicago School of the Social Sciences, which would later inspire Harry Stack Sullivan. At the time of the Clark Lectures, Meyer was the Director of the Pathological Institute of the State Hospitals, located in New York City, and headed the editorial board of the *Bulletin of the New York State Hospitals*. His lecture at Clark University was entitled 'The dynamic interpretation of dementia praecox'.³

He would later become the first head of the department of psychiatry at the Johns Hopkins Hospital's Henry Phipps Clinic, which opened in April 1913, with Ernest Jones among the speakers Meyer invited. There, Meyer in

2. For a long time it was New York State's only mental hospital, at first called The New York State Lunatic Asylum.

3. 'We owe to our European guests, Professor Freud and Dr Jung, the demonstration that what is at work in the centre of the stage is a complex or group of complexes consisting of insufficiently balanced experiences in various ways modified by symbolism. Their ingenious interpretations have made possible a remarkable clearing up of many otherwise perplexing products of morbid fancy, in ways the discussion of which, no doubt, I had better leave to their lectures.' (Meyer 1910, p. 389)

1924 treated Horace Frink, Freud's American emissary when Frink became psychotically depressed. Meyer was displeased with what he felt was Freud's abandonment of his patient, and Meyer left the analytic movement (Edmunds 1988). However, his ambivalence towards psychoanalysis was evident in 1910, in his reaction to a paper by Jones, especially as it resonated with a particular sexual scandal and its ramifications at Hopkins (Leys 1981).

People generally think of Washington, DC, New York City, and Topeka, KS, as the US originating centers for the psychoanalytic treatment of psychosis. Those from the United States would include Boston⁴ and its McLean Hospital; New Haven, home of Yale University; Stockbridge, Massachusetts's Austen Riggs Center; San Francisco, home of the Boyer House; and Chicago. But the very beginnings of interest in psychodynamic applications to severe mental illness were in upstate New York – at the state hospitals in Binghamton and Utica, and in New York City and Worcester, Massachusetts.

This paper emphasizes the earliest years in the United States of interest in applying psychoanalytic concepts to the treatment of schizophrenia. This history is less known than the post-World War II literature. Harry Stack Sullivan's most quoted aphorism, 'We are all more simply human than otherwise' has its origins in the works of James Jackson Putnam,⁵ C. Macfie Campbell,⁶ William Alanson White,⁷ in the first decade of the twentieth

4. In 1917, Coriat reported on the successful treatment of five schizophrenic patients. This contrasts sharply with his 1914 book, *Abnormal Psychology*, where he says dementia praecox cannot be treated by psychoanalytic methods. 'By means of [the association method] we are able to prove that many insane ideas, delusions, hallucinations, and dreams take their origin in previous experiences, which were preserved in the unconscious as dormant complexes or memories. Investigations along these lines by certain German investigators (Jung, Freud, Bleuler, and the Zurich school) have thrown an immense amount of light upon hysteria and upon the psychogenesis of dementia praecox' (Coriat 1914, p. 91). 'But why one form of mental dissociation should cause a curable hysteria and the other an incurable dementia praecox cannot be definitely answered at present' (Coriat 1914, p. 94).

5. 'A caricature, a monstrosity is not, it is true, simply a magnified image of the normal, and cannot be taken as giving more than a hint of what will there be found. But then, it is not to be forgotten that the true 'normal' exists only in name.' (Hale 1971b, p. 121, from Putnam, review of *The Dissociation of a Personality*, *J. Abnormal Psychology*, 1 (October 1906), p. 238. Both the book and the journal editor, Morton Prince.)

6. '... patients in their delusions merely use mechanisms which are already well known to us, and ... it is not so much the creation of these imaginative products, which separates them from their sane fellow men, but rather the setting of life and conduct in which these products occur. The same mechanisms are seen, wherever play is given to the imagination, whether in artistic creation or in dreams or in psychopathology.' (Campbell 1909, p. 17)

7. 'The difference between the so-called insane person or the criminal on the one hand and the so-called sane or normal person on the other is only a difference in quantity, a difference in the strength or weakness and the balanced relations of the various tendencies and stimuli with which he has to deal.' (White 1933, p. 31)

century. Their egalitarianism grew naturally from the Declaration of Independence: 'All men are created equal . . .'. Freud had little interest in working with psychotic patients and was not fond of the United States. But he was astounded to find so many American clinicians and teachers coming to hear him and Jung speak at Clark University. Sándor Ferenczi, who accompanied them, would have his own profound influence later, through his writings and his visit to the US in 1926. He promoted an *active* analytic stance, a necessity in work with psychotic patients (Silver 1993).

The Americans listened attentively to Freud's lectures, which he delivered in German. Freud was kept going financially during the enormously difficult years of World War I and afterwards by the many Americans who came to Vienna for their personal analyses, most of whom worked with psychotic as well as neurotic patients. The Clark University conference organizer, Granville Stanley Hall, PhD⁸ is usually credited with launching American interest in psychoanalysis by organizing the Clark Lectures, but this is not quite so. The ball was already rolling. An interesting historical footnote: coincidental with the Clark Lectures, and also by invitation, Bertha Pappenheim, Anna O., was on her own lecture tour in Canada, Chicago and New York.⁹

As I reviewed the earliest volumes of the *Bulletin of the New York State Hospitals*, which began in 1908, I found its lead article written by Adolf Meyer. He had, prior to this, written and spoken on the topic of psychogenic disorders.¹⁰ As I read further in the minutes of the reports from the

8. Hall was Clark University's first president, then went on to Johns Hopkins University where he established the country's contestedly first experimental psychology laboratory. He had founded and edited the *American Journal of Psychology* beginning in 1887, the first such journal in English (Rosenzweig 1992, p. 92).

9. 'Like Stanley Hall, whom she never met, Pappenheim attributed neurotic adjustments and social evils involving sexuality primarily not to unconscious conflicts but to quite conscious ones between classes of citizens who tolerate poverty, inferior education and economic exploitation' (Rosenzweig 1992, p. 109). I enthusiastically recommend her biography by M. Guttman (2001).

10. Meyer's opening sentence remains current: 'There prevails a widely spread idea that it is no easy matter to interest physicians and medical students in mental disease. In the first place medical training is usually directly opposed in its whole tendency to a consideration of mental conditions. In the little instruction the student gets, he is apt to be made to understand that it is unscientific to think of mental disorders in any other terms than disorders of the brain itself, or cerebral disorders induced by disease of various internal organs' (Meyer 1908, p. 5). ' . . . the attitude of fatalistic indifference of a large majority of physicians is euphemistically and systematically justified with . . . dogmatic excuses for inactivity if not for ignorance' (Meyer 1908, p. 6). 'We must show that some of the difficulties are not insurmountable . . .' (Meyer 1908, p. 7, italics his). 'To be helpful to the practitioner we must have a good *history with special attention to the early developments, and to the possibilities of early management* . . . psychiatry consists in what we have learned to do with the patient . . .' (Meyer 1908, p. 8, italics his). He urged hospital staffs to invite the referring clinician to the admissions conferences of their patients, or to hold

various state hospitals, I was astounded by the wealth of specific case material, with detailed case presentations and vignettes, and even partial transcripts of patient interviews. This far exceeded the clinical material presented at the recent meeting of the International Society for the Psychological treatments of Schizophrenia and other psychoses (ISPS) in Stavanger, Norway, or at the American Psychiatric Association's recent meeting in Chicago.

The lead article in the second volume of the *Bulletin of the New York State Hospitals*, published in May 1909, is by Meyer's assistant, C. Macfie Campbell, who served as an associate in clinical psychiatry, at the Psychiatric Institute, on Ward's Island, New York, and is entitled 'Psychological mechanisms with special regard to wish fulfillments'. Campbell was also an associate in clinical psychiatry at Ward's Island, in New York City, and had read an earlier version of the paper there, in November 1908, almost a full year before the Clark Lectures (Campbell 1909, p. 700). This is the first explicit grateful reference to Freud in this *Bulletin*. Campbell begins with two vignettes in which the patients' delusions are clearly wish fulfillments.¹¹ Campbell, after a section connecting fairy tales and wish fulfillments, states, 'The various steps in the development of the psychosis are not as unintelligible as was usually assumed, but may frequently be seen to proceed in a more or less intelligible sequence from actual difficulties in the patient's internal life. It is often extremely difficult to reconstruct this situation from the facts supplied to us by relatives and elicited on a formal examination of the patient' (Campbell 1909, p. 21). He refers to Jung's case write-ups, emphasizing our need to 'appreciate . . . the profound significance of the content of the symptoms' (Campbell 1909, p. 21). ' . . . we are no longer satisfied with a *priori* statement [sic] that such reactions are meaningless, are due to the mere disordered activity of the nervous structures, and therefore not susceptible of psychological analysis. It is this paralyzing assumption that is apt to make us content with formal clinical differentiations, and leads us to look to the various pathological laboratories for further light on the conditions leading to these disorders. Thanks to the teaching of Meyer we now approach our cases freed from the incubus of this assumption, willing to accept the facts in their entirety' (Campbell 1909, p. 22). Astoundingly, he then says, 'It is a most pernicious error to assume that, because a physician assigns weight to psychological factors in the development of a psychosis, he

meetings at the district societies, usually very far from the hospitals themselves, and to speak not in generalities on theories of illness, but to stay with the individual life stories and the healing power of arriving with the patients at a shared understanding of their histories. He does not mention psychoanalysis specifically.

11. Campbell says, 'We are especially indebted to Professor Freud of Vienna and to his followers for pointing out the clinical importance of this line of study, and in this presentation of his views the examples furnished by Freud himself will be frequently used' (Campbell 1909, p. 13).

therefore rejects observations of disordered metabolism or of histopathological changes. The error rests on a false abstraction of the psychological from the non-psychological; if one has once dissociated them, he can never bring them together again except by most artificial methods. The dissociation should never have taken place' (Campbell 1909, p. 22). 'The presentation of a series of fully analyzed cases of dementia praecox would be a most desirable contribution to the literature . . . I apologize for the rather grandiloquent title of this paper; it might better have been entitled "A plea for a more thorough analysis of cases of dementia praecox and allied conditions"' (Campbell 1909, p. 23).

This 1909 paper is so prescient, has such a current voice, that I will include it in my reading lists to the residents I teach. Meyer, in the open discussion of this paper, said, 'We do know that every one of us has poor methods of thinking in one quarter or another; poor methods of adjustment in one way or another, but we do not like to admit it; but that is just what constitutes the "mental disease" of some of our patients' (Campbell 1909, p. 24). That is, as Sullivan would often say, we are all more simply human than otherwise.¹²

In a 1909 issue of the *Bulletin*, M.J. Karpas, of the Manhattan State Hospital, presented a 'Partial analysis of a case of dementia praecox', the interesting account of a young unhappily married childless woman suddenly psychotic with relevant delusions. She had been sexually abused in childhood by a priest, but repressed this until the onset of her breakdown, when she had fallen in love with a young Jewish man. Karpas concludes, 'What does the record of this case teach us? First, the importance of psychogenic factors in functional psychoses. Second, that psychotic and neurotic symptoms are governed by complexes which originate from definite undercurrents of patients' mental lives. Third, the profound teachings and methods of Freud, Jung and Bleuler should receive our serious attention for we are indebted to them for the true progress of psychopathology' (Karpas 1909, p. 27).

12. Dr William L. Russell, Medical Inspector of the State Commission, after saying he initially had been skeptical, now was enthusiastic, and recommended that people follow up on the work at Bloomingdale by Dr Hoch. 'Practical therapeutic results have been obtained there' (Campbell 1909, p. 25). Dr George H. Kirby, Director of Clinical Psychiatry at the Manhattan State Hospital, also endorsed this contribution 'from the point of view of dynamic psychology'. 'It is a safe and practical plan of work because we are getting at the real difficulties and conflicts which the patient has had to meet and over which he has apparently gone to pieces. To understand the mechanism by which these painful experiences become moving forces in the individual's life and give form and color to the psychosis is a most welcome addition to our knowledge. We cannot deny that psychogenetic factors play an important role in the etiology of mental disorders and as such they deserve our closest attention. The psychoanalysis of a case requires a good deal of time; but one case thoroughly worked out and understood will do much to broaden one's horizon and stimulate interest in the study of symptoms which otherwise would remain as unintelligible and disjointed reactions' (Campbell 1909, pp. 25-26).

The *Bulletin's* 1910 lead article is again by C. Macfie Campbell, 'The form and content of the psychosis; the role of psychoanalysis in psychiatry'. He presents two cases, of a patient who had responded well to psychodynamic treatment of four months' duration, and another who had not. 'Taken on its face value each symptom has little importance; seen as symbols and investigated in their inner meaning these symptoms throw a flood of light on the play of disturbing forces in the patient's life; and only when the psychosis is seen as the resultant of such forces, is it fully understood' (Campbell 1910, p. 19).¹³

In 1910, Adolf Meyer received word that he had been appointed the first head of psychiatry at Johns Hopkins School of Medicine. He left the Psychiatric Institute in New York, and the editorship of the *Bulletin* passed on to Albert Warren Ferris, who had served as Meyer's assistant editor. The *Bulletin* lost its psychodynamic portion. In 1913, just one year after the appearance of the German *Imago* in January 1912, and just a few months after the *Zeitschrift* was launched, the United States had its first analytic journal, the *Psychoanalytic Review*. Unfortunately, its lead article was the first of C.G. Jung's Fordham Lectures. The journal's co-editor, Smith Ely Jelliffe, had invited Jung to deliver these talks, unaware that Jung would delineate his differences with Freud. Jelliffe could not realize the profound sequellae. For years, Freud was negative about Jelliffe, even calling him a liar. It was not until 1926 that Jelliffe and Freud corresponded explicitly about Freud's negative impression of Jelliffe. Ernest Jones seems to have stirred the pot again, as he had regarding Sándor Ferenczi (Burnham 1983, pp. 223-224). John C. Burnham's excellent biography of Jelliffe includes Jelliffe's full correspondence with Freud and Jung. Jelliffe and White published eclectically, including works by former members of Freud's circle. As stimulating as those 1908-1910 *Bulletin* articles were, they are dwarfed by the scope and quality of those in the *Psychoanalytic Review*, a truly international journal, which drew heavily on hospital-based analytic work with psychotic patients.

Smith Ely Jelliffe (both an MD and PhD) was a rather heroic figure in

13. By August 1910, Henry P. Frost, First Assistant Physician at the Buffalo State Hospital, would begin his article on 'Hysterical psychoses'. 'My object in this paper is not to add another to the long list of discussions on the nature and relationships of hysteria nor to present, except incidentally, any further exposition of the views most widely accepted at the present time, namely, those of Janet and Freud. Recent psychiatric literature is full of valuable papers along this line which are no doubt familiar to all present' (Frost 1910, p. 207). He presents capsule reports on work with 10 of the 25 patients so diagnosed in the preceding six years, that is, since 1904. '... to discuss profitably several questions: (1) whether the cases we meet in our hospital service conform to the description of the "mental accidents" of hysteria as given by Janet; (2) whether these psychoses and the conditions underlying them are explainable on Freud's theory of conversion; (3) whether, and to what extent, a psychoanalysis by the method of Freud is helpful in the treatment' (Frost 1910, p. 208).

