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Eugen Bleuler 150: Bleuler’s reception of Freud

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On the 150th anniversary of Eugen Bleuler’s birth, this article examines his reception of Sigmund Freud and his use of Freudian theory to understand the symptoms of schizophrenia. In addition, in contrast to earlier interpretations of Bleuler’s relationship with Freud in terms of an eventual personal and theoretical incompatibility, the article demonstrates that, although Bleuler did distance himself from the psychoanalytic movement, he remained consistent in his views on Freud’s theories.

Keywords: Eugen Bleuler; psychiatry; psychoanalysis; schizophrenia; Sigmund Freud

Born 150 years ago – in 1857, the year after Kraepelin and Freud – Eugen Bleuler is still best known in the history of psychiatry for his 1911 book, which questioned the early onset and ominous prognosis of dementia praecox, related its secondary symptoms to the mind rather than the brain and changed its name to ‘schizophrenia’ (Bleuler, 1911). But he is also a significant figure in the history of psychoanalysis as he was the first professor of psychiatry to engage positively with Freud and to introduce the theory and practice of psychoanalysis into his psychiatric hospital. As Freud put it in his ‘History of the psycho-analytic movement’, referring to the Burghölzli in Zürich: ‘nowhere else had a public clinic been placed in the service of psychoanalytic research or an academic clinician accepted psycho-analytic ideas as an integral part of psychiatric teaching’ (Freud, 1914: GW, 65–7; SE, 27–8). Furthermore, numerous Burghölzli doctors, including Jung, Abraham,Binswanger, Eitington and Brill, became followers of Freud because of Bleuler’s introduction of psychoanalysis into his hospital (Hell and Baur, 2006: 38–9; Walser, 1976).¹

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Bleuler had already encountered Freud before he became director of the Burghölzli. While still director of the Rheinau clinic, he had spoken positively about Freud’s study on aphasia (Bleuler, 1892; Freud, 1891) and had praised his translation of Charcot’s polyclinical lectures (Bleuler, 1893; Charcot, 1892). And although his review of Freud’s and Breuer’s ‘Studies on Hysteria’ (Breuer and Freud, 1895) was critical of what to his mind was not yet proved, he evaluated the work as one of the most important to have appeared in the field of normal and pathological psychology in recent times (Bleuler, 1896). More importantly, a letter to Freud in 1905 (Küchenhoff, 2001: 58; 2006: 42) and an article on psychoanalysis in 1910 describe how he was introducing psychoanalytic ideas into the Burghölzli (Bleuler, 1910: 660). In his letter, Bleuler told how he, his wife and the other doctors had interpreted one of his dreams. In the 1910 article, he reported how he and his colleagues in the Burghölzli not only interpreted their dreams together, but paid attention over the years to their complexes as revealed in slips of the tongue and pen, mistakes while writing, symbolic actions, humming unconscious melodies, and forgetting things. Indeed, in relation to Freud’s aliquis example, he spoke of having observed thousands of such unconscious associations over the years (Bleuler, 1910: 650).

**Explanation of schizophrenic symptoms in the light of psychoanalytic theory**

Earlier, Bleuler (1906) had applied to psychosis the mechanisms that Freud had recognized in the field of neurosis. In his book on schizophrenia, Bleuler (1911: 317) acknowledged his indebtedness to Freud that the symptomatology of schizophrenia could be explained. In the preface to the book, Freud is named alongside Bleuler’s other great teacher, Emil Kraepelin. If the whole idea of dementia praecox originated with Kraepelin, Bleuler states, an important part of enlarging the pathology further is nothing but the application of Freud’s ideas to dementia praecox (Bleuler, 1911: vii).

The key primary symptom he proposes is a ‘primary loosening of associations’ which amounts to a fundamental splitting of the psyche (Bleuler, 1911: 296). While this can be traced in part to Wernicke’s concept of ‘severance’ (Sejunktion) and the ‘association psychology’ of Herbart (Scharfetter, 2001: 34–5; 2006: 169), it is understood by Bleuler, despite its organic origin, in terms of the illogical pathways Freud found in the dreams of neurotics. Similarly, first among his fundamental secondary symptoms are ‘disturbances of association’, and he understands them in terms of Freud’s mechanisms of displacement, condensation and symbolization (Bleuler, 1911: 10–31, 288, 290–6). Secondly, in contrast to the traditional understanding of dementia praecox in terms of absence of affect, Bleuler (1911: 31–43, 289) argues that ‘affect’ tends to predominate in schizophrenic patients because of the weakness of their logical functions. In addition, where Freud spoke of repression of
cathedected ideas, Bleuler understands the ‘blocking’ of associations to be a matter of ‘unpleasant associations’ being repressed at their point of origin. In his view, whatever conflicts with the dominant affect is split off and gives rise not only to the logic grounding delusional ideas, but a splitting of the psyche according to ‘complexes charged with affect’. Freud did not speak of the repression of affect as such, but of repressed ideational representatives of the drive (Freud, 1915a: 250; 148) and ‘suppressed’ affects (Freud, 1915b: 277; 178), but Bleuler (1911: 289–90, 354) maintains that the blocking of affect is a matter of affect being repressed and inhibiting other affects.

As for the third fundamental symptom, ‘autism’, Bleuler believes it constitutes the greatest part of an affect-disturbance in severe cases of schizophrenia and leaves the patients living in a world of their own. Here, reality can be ‘displaced’ or, in severe cases, blocked out completely (Bleuler, 1911: 52–6, 304–5). What the patient finds unpleasant in reality is split off and can be re-shaped in various delusional forms. Associations that contradict a cathected complex are excluded, and free rein is given to phantasy as a substitute for inadequate reality because it does not conflict with the patient’s affective needs. But an important theoretical difference with Freud here is Bleuler’s disagreement on the proximate cause of what he calls ‘autism’. Where Freud understands the repression proper to dementia praecox in terms of a withdrawal of libidinal cathexis and a return to autoeroticism, Bleuler (1912: 347–8) prefers not to speak of libido, but affect in general. Furthermore, regarding the withdrawal, he argues that the schizophrenic patient does love things, the things his phantasy places in an imagined outer world. The patient creates a new outer world which he loves, while the real world remains unpleasant and threatening. And, more importantly, regarding autoeroticism, while Bleuler (1910–11: 185; 1911: 52) would con-cede that by ‘autism’ he understood more or less (ungefähr) the same as what Freud meant by ‘autoeroticism’, he contends that the patient doesn’t so much love himself as the objects in the phantasy world he has projected outwards (Bleuler, 1911: 348). To understand this theoretical difference, we should note that Bleuler had initially resisted Freud’s ideas on infantile sexuality, having had the same reaction as Freud’s critics, until he came to notice, in his own life, conscious similarities between his wife and his mother, and then to admit unconscious similarities in his dream condensations (Bleuler, 1910: 647–8). He had already suggested to Freud in 1908 that he should speak of ‘autism’ rather than ‘autoeroticism’, the *eros* having been left out of the word (McGuire and Sauerländer, 1974: 192), although he conceded in 1910 that of the hundreds of patients treated at the Burghölzli, none was without a sexual complex and, in most cases, it formed the dominant symptom (Bleuler, 1910: 643). Nevertheless, where Freud spoke of *libido*, Bleuler still tended to speak of affect in general, and so, despite his acceptance of the Oedipus complex, what he later called Freud’s ‘pan-sexuality’ (Alexander and Selesnick, 1965: 7–8) would remain one of their main theoretical differences.
Fourthly, however, Bleuler does draw on Freud to make sense of schizophrenic ambivalence. In Bleuler’s experience, the splitting of associations can lead to pathological ambivalence in which contradictory feelings or thoughts co-exist without influencing each other. Likewise, as in Freud’s dream theory, and in the speech of children in which the same word can be used for opposites, Bleuler notes that conceptual opposites can be exchanged and he cites Schreber’s ‘fundamental language’ in which ‘reward’ means ‘punishment’ and ‘poison’ means ‘food’ (Bleuler, 1911: 43–5, 306).

It is, however, the accessory secondary symptoms, in Bleuler’s experience, that usually bring people to the psychiatric hospital, not the fundamental symptoms; and to the foreground in the clinic are hallucinations and delusions, the content of which he finds intelligible, thanks to Freud. Hallucinations are always based, he thinks, on wish-fulfilments or fears (Bleuler, 1911: 78–9). In delusions, the obstacles to the wish-fulfilment are no longer considered, and this, in his view, is what gives them their sense of reality. Again, the mechanisms thought to be at work here are displacement and condensation, the patient’s wishes often being distorted to unrecognizability as in Freud’s dream censorship (Bleuler, 1911: 290, 301, 313–14, 317–18, 353–5). The main hallucinations of schizophrenic patients, Bleuler finds, are deceptions of hearing and bodily sensations and, in terms of content, every type of sexual pleasure can be undergone. As for delusions, he thinks they can be the result of the thinking in the unconscious caused by the independence of split-off functions, but he contends that the fundamental delusions – being persecuted, being loved, a prophet, powerful – usually have an affective origin and are egocentric. Furthermore, correction is regarded as impossible and the affects, which are unconcerned with reality, are thought to create phantasy worlds at the behest of wishes in delusions of love, power or wealth, and of fears in delusions of sexual manipulation, annihilation or persecution. However, another difference with Freud is that where he believed that even frightening dreams were in fact based on wishes, Bleuler (1911: 330) proposes that a negative affect could be responsible for the delusion just as much as a positive one. On the other hand, Bleuler (1911: 327, 100) does accept that delusions of persecution can be due to a wish that has been inhibited and, like Freud, he finds that the persecutor is often someone loved. Again, Bleuler understands the content of delusions in terms of displacement and condensation, and, following Freud’s understanding the sexual life of children in terms of the Oedipus complex, Bleuler (1911: 336–7, 344–7) also finds that the latter frequently forms the basis of schizophrenic delusions.

A break with Freudian theory?
It is commonplace today to claim that Bleuler broke with Freud not long after the publication of Bleuler’s book on schizophrenia. For example, interpreting Bleuler’s relationship with psychoanalysis in terms of a personal and
theoretical incompatibility, De Ridder and Corveleyn (1992) argued that, after an initial period of his open appreciation of Freud, there followed a period of theoretical disagreement and opposition to Freud’s group building, before he clearly dissociated himself, not only from the psychoanalytic movement, but also from its theory. But, while Müller (1998: 232) prefers to speak of Bleuler’s ‘ambivalence’ towards Freud, it can be argued that, although Bleuler did distance himself from the organizational side of psychoanalysis, it would be more accurate to speak of Bleuler continuing to reject those aspects of psychoanalytic theory which had still not been verified and to accept those which had been borne out by his personal life experience and his clinical experience as a psychiatrist (Bleuler, 1906: 339; 1910). As we will see, even towards the end of his life, he still accepted what he called Freud’s ‘essential’ theories despite objections from colleagues, and respected the man he regarded as having brought about ‘the most important progress in psychology since it had become scientific’ (M. Bleuler, 1965–66: 4).

In the same year as Bleuler’s schizophrenia book was published, Freud’s text on the Schreber-case appeared in the psychoanalytic yearbook (Freud, 1911), co-edited by Bleuler and Freud, and Bleuler himself reviewed it the following year (Bleuler, 1912). In this review, Bleuler gives a detailed summary of Freud’s interpretation of the Schreber case and outlines Freud’s understanding of paranoia in terms of regression to narcissism, as opposed to autoeroticism; but he also raises serious objections to Freud’s interpretation of the case. In particular, he does not agree with Freud’s inclusion of dementia praecox among the neuroses, since it had not been disproved that it was based on a primary physical disturbance. Nor does Bleuler agree with Freud’s characterizing of Schreber’s illness as ‘paranoia’. The group of illnesses Kraepelin had described under the old name of ‘paranoia’ is, in Bleuler’s view, different from the group of schizophrenias, in that the logical nonsense of schizophrenia does not emerge in it. As for the cornerstone of Freud’s argument on the origin of Schreber’s illness – his rejecting his homosexuality in relation to his father – Bleuler thinks it is not obvious that this is correct without more evidence. In fact, in his opinion, Freud’s idea of the paranoiac being fixated at the level of narcissism amounts to an overemphasis of the sexual. Again, Bleuler prefers to speak of affectivity in general where Freud speaks of *libido*, and he even questions if repression is really a withdrawal of *libido* and if phantasies of the end of the world, like Schreber’s, have to be understood that way. Likewise, Bleuler does not accept Freud’s understanding of dementia praecox in terms of a return to the ‘autoeroticism’ of the child, since the child also has a strong tendency to grasp the real outer world (Bleuler, 1912: 348), although, as we have seen, he was elsewhere willing to grant that what he meant by ‘autism’ was what Freud meant by autoeroticism. On the other hand, it is interesting that, in an otherwise critical review, Bleuler distinguishes his criticisms from the theories of Freud he does accept. More important is the positive tone of the final
paragraph. Here he states that Freud’s work gives us much to think about, to ask and to research, which, he says, is the best sign that it is an ‘important work’ (Bleuler, 1912: 348).

However, more criticism from Bleuler was yet to come, in the form of a lecture the following year to the congress of German psychiatrists, for which he also asked Freud’s help in advance. This lecture on psychoanalysis (Bleuler, 1913) is often taken as marking a break in Bleuler’s relationship with Freud, but a careful reading of the text suggests otherwise. It is important here to take account of the context of his remarks. If we accept that Bleuler might downplay his differences with Freud in personal letters, the context of this lecture explains his stressing of the differences. Bleuler had been asked to take a position on Freud at a congress of German psychiatrists, many of whom were anti-Freud. Indeed, the second speaker at the congress, Alfred Hoche, not only regarded the psychoanalytic movement as a sect, but was collecting information from his psychiatrist colleagues on the damage psychoanalysis had done to patients.3

Bleuler began this more critical lecture by referring back to his positive reception of Freud in his 1910 article. He explains that, if his present talk brought out the negative more than before, it is because in the meantime none of Freud’s views which were plausible, but not yet proved, have found a better foundation. On the other hand, Bleuler (1913: 665) also states that he finds no reason to modify anything of what he had earlier accepted in Freud’s thinking, not even minor points, since further experience has only brought confirmation. While he is not convinced by Freud’s ideas on the origin of schizophrenia, he still believes its symptoms are explicable by processes analogous to Freud’s dream symbolism. Furthermore, he concludes his lecture by inviting his listeners to pay closer attention to Freud’s thinking and still to find so many correct observations by Freud that are useful building blocks, so many ‘brilliant architectonic ideas’, that it would be wrong to throw out the baby with the bathwater. Freud had given us an insight, he says, into that earlier unknown part of psychology, in which the symptoms of an illness are elaborated and, even if more of his ideas were to be discounted than kept, Freud has done us ‘a great service’ (Bleuler, 1913: 718).

**Bleuler distances himself from the psychoanalytic movement**

At the end of 1913 Bleuler stepped down as co-editor of the yearbook, a position he had shared with Freud since 1908. He had already left the International Psychoanalytic Association at the end of 1911, having expressed his misgivings to Freud about it from the start. When the Freudsche Vereinigung in Zürich, which he had chaired since its foundation, was to about to become the local branch of the new international association, Bleuler was not willing to be a member. We can only speculate about how much he was influenced
by the fact that Jung was its president. Bleuler had made Jung aware of psychoanalysis and had asked him to lecture on Freud’s *Traumdeutung* in 1901, although Jung would later claim that he had ‘converted’ Bleuler to Freud’s principles (Möller, Scharfetter and Hell, 2003: 86). By the end of Jung’s time in the Burghölzli, however, Bleuler found Jung’s ‘hatred’ towards him very difficult to bear (Alexander and Selesnick, 1965: 5).

Freud, for his part, had been keen to have Bleuler’s support against his opponents. He was pleased that his work was recognized by an established university professor of psychiatry (Masson, 1985: 461) and that the protestant pastor, Pfarrer Oskar Pfister, was interested in his ideas (Müller, 1998: 231). Moreover, he had seen Bleuler as an important link to the world of institutional psychiatry. He therefore pleaded with Bleuler to reverse his decision to leave the association, since his opponents would only use it to confirm their caricature of the psychoanalytic movement (Alexander and Selesnick, 1965: 3).

Although Bleuler replied that Freud’s work was comparable to that of Darwin, Copernicus and Semmelweis, and he could understand Freud devoting his whole life to having his theory accepted, he also stated that he was not prepared to sacrifice himself for the advancement of the psychoanalytic cause (Alexander and Selesnick, 1965: 5). In reply, referring to what Bleuler called the ‘closed-door’ approach of the association, for which Bleuler blamed Jung, Freud offered to modify whatever ‘foreign policy’ of the association Bleuler required, but without success (M. Bleuler, 1965–66: 3–4). However, Bleuler also said his resignation was a loss to himself and mentioned the possibility of continuing to collaborate with Freud from outside the association.

For Alexander and Selesnick (1965: 9), Bleuler’s separation from the psychoanalytic movement pointed to a future isolation of psychoanalysis from academic psychiatry. But, in fact, psychoanalysis continued to be represented in the Burghölzli. After Bleuler’s death, the famous psychoanalyst, Gustav Bally, worked there, and the recent book on psychoanalysis and psychiatry edited by the psychoanalyst Heinz Böker (2006), who works there now, shows not only that psychoanalysis continues to be represented among the staff, but also that the dialogue between psychiatry and psychoanalysis begun by Bleuler still continues at the Burghölzli.

**Bleuler’s adherence to psychoanalytic theory**

Although Freud had told Binswanger at the end of 1913 that he would continue to shake off of the ‘Zürcher’ (Fichtner, 1992: 135), he referred again, in his ‘History of the psycho-analytic movement’ (Freud, 1914: 65–7; 27–8), to the great service of the Zürich school, especially Bleuler and Jung, in spreading psychoanalysis. Bleuler replied that he was happy with this paper,
despite their differences, but he wished Freud would not speak as generally as he did about ‘the Swiss’, since the less well informed might think he was including the Burghölzli; Bleuler also thought that Freud should make clearer distinctions so the reader would know that, despite his reservations, he (Bleuler) stood much closer to Freud’s ideas than to Jung’s (Alexander, and Selesnick, 1965: 7–8).

Indeed, in terms of theory, while Bleuler distanced himself from the psychoanalytic movement, he continued to hold and teach the essential ideas of Freud which he had accepted from the beginning. Daniel Hell, the current medical director of the Burghölzli, has pointed out that Bleuler remained loyal throughout his life to the idea of the unconscious (Hell, 2000: 40), and Bernhard Küchenhoff’s painstaking examination of the various editions of Bleuler’s psychiatry textbook, first published in 1916, has confirmed that Bleuler did not break with Freud (Küchenhoff, 2001: 65–8; 2006: 48–50).

It is true that Bleuler did not give Freud the same prominence in this work as he did in his schizophrenia book: in 1911 he had placed Freud on a par with Kraepelin, but this was no longer the case in 1916. But again we need to understand the context. This was a psychiatry textbook and mainly concerned with psychoses, whereas Freud’s efforts had been mainly in the field of the neuroses.

The fact that Bleuler still respected Freud’s contribution, however, is clear from the fact that half a page is devoted to him, in which Bleuler (1916: 392) adjudges the attitude of those who disparage Freud to be wrong and unscientific. Just as hypnosis and suggestion had been contested, and yet had provided the initial basis of a scientific psychopathology, so Freud himself, Bleuler maintains, had laid a whole range of foundations, which had given science a completely new shape. Even if, as in every ‘scientific finding’, some of the ideas were not completely new, Freud had clarified them and used them to develop a perspective, which was the basis for further research. Psychopathology, Bleuler contends, would not have made progress without these ideas, and he highlights the following, in particular: the role of the unconscious in symptom formation; the concept of repression; the ubiquity of inner conflicts; the deferred effect of earlier affective experiences; the transference of affect to unrelated ideas; the mechanisms of condensation, conversion symptoms, abreaction; and the importance, if perhaps exaggerated, of sexuality. As Küchenhoff (2001: 66–7; 2006: 49–50) has pointed out, it is only with the fourth edition of Lehrbuch (1923) that we find small but significant re-workings of the text. I would add that there is an interesting qualification of the remark about Freud’s exaggeration of sexuality: Bleuler (1923: 384) now speaks about a ‘somewhat’ exaggerated (etwas übertriebene) emphasis. More significant, however, is the fifth edition (1930), in which Bleuler completely reworks and reduces what he had said about Freud, but still retains his positive stance. Bleuler recognizes again the emotional reaction of Freud’s opponents to his theories, and adds that he himself cannot
accept some of Freud’s views as correct, but demonstrates his enduring adherence to Freudian theory with his statement that we owe the ‘greatest step forward’ (größten Fortschritt) in psychology and psychopathology to Freud, and that his enemies have long since been unable to avoid his influence (Bleuler, 1930: 361). This attitude was unchanged in Bleuler’s sixth and final edition in 1937. It can be argued, therefore, that Bleuler’s textbook represents his scientific consistency in terms of his earlier acceptance of the theories of Freud borne out by his personal and clinical experience, as well as his continuing to question what he thought unverified or false. As for Bleuler’s respect for Freud, this remained undiminished, despite their differences on the psychoanalytic movement.

**Theoretical differences as ‘side-issues’**

Perhaps the most significant testimony to Bleuler’s lasting fidelity to Freudian theory, apart from his later recommendation of Freud for the Nobel Prize, is to be found in a letter on 17 February 1925 (M. Bleuler, 1965–66: 4), written after Bleuler received Freud’s autobiography. In this letter of thanks, he addresses Freud’s remarks about their theoretical differences appearing substantial. For Bleuler, we read, it was a question of unimportant ‘side-issues’ (bedeutungslosen Nebensachen) – which De Ridder and Corveleyn (1992: 258) omit in their citation – whereas he had taken Freud’s essential theories to be ‘self-evident’ once he had thought them through.

As for his ongoing commitment to Freud’s discoveries, this 1925 letter also reveals that Bleuler continued to stress psychoanalysis in his clinic in spite of the objections of his colleagues; that he had long since conducted his winter (theoretical) lectures as an instruction on psychoanalysis; and, more importantly, that he still held Freud’s teaching to be the ‘greatest advance’ that ‘psychology had made since it had become scientific’ (M. Bleuler, 1965–66: 4). If we need to take account of the context of these remarks – a personal letter to Freud – it is not the case that Bleuler was playing down their differences out of politeness, since he repeated his remarks in a completely different context twelve years later, in 1937. Two years before he died, in a letter to the president of the Nobel Committee, recommending Freud for the Nobel prize for medicine (Scharfetter, 2006: 477), Bleuler used the same word in relation to his theoretical differences with Freud: side-issues (Nebensachen). He wrote that Freud’s discovery of the ‘symptomatics’ of the unconscious, and how to investigate them scientifically, were of the greatest practical and theoretical importance, even if some ‘side-issues’ needed correction, and that the whole of psychopathology, including that of his opponents, had undergone a substantial reshaping by Freud’s work, which was also important for the therapy of nervous and mental illnesses.5

While Freud was pleased that his work had been recognized by the professor of psychiatry in Zürich, he always maintained a theoretical distance
from the Swiss, including Bleuler. Freud maintained his distinctive starting point in relation to psychopathology – whereas Bleuler, with his descriptive approach, interpreted symptoms in the light of Freud's discoveries, Freud (1915–17: 62; 67) was not content to describe and interpret symptoms but was more interested in the inner dynamics of the psyche of which the symptoms were but a sign. In addition, Freud (1914: 68; 29) continued to hold his position on the vicissitudes of libido in both neurosis and psychosis, or what Bleuler had criticized as his ‘pan-sexuality’ (Alexander and Selesnick, 1965: 7). On the other hand, Freud did not hesitate to recognize the service the Zürich school had rendered in the development of psychoanalysis. Bleuler in particular, he granted, had shown how a whole series of psychiatric cases could be explained by the processes that psychoanalysis had recognized in neurosis and dreams, and in such a way that psychoanalysis could no longer be ignored. Whereas Jung had spoken sarcastically about Bleuler’s 1911 book, Freud (1914: 65–7; 27–8) referred to it as his ‘great work on schizophrenia’, which had placed the psychoanalytic approach on an equal footing with the psychiatric one. Furthermore, Freud continued to send Bleuler first editions of his latest work for review, such as his autobiography in 1925. Likewise, after Bleuler (1926) had written a front-page newspaper article about Freud for his seventieth birthday, which forecast a time when people would speak about ‘psychology before Freud, and psychology after Freud’, Freud revealed his ongoing appreciation of Bleuler to Marie Bonaparte, saying that the best newspaper articles had been by Bleuler in Zürich and Stefan Zweig (Küchenhoff, 2006: 50–1).

**Conclusion**

Eugen Bleuler was the first university professor of psychiatry to introduce psychoanalytic theory and practice into his psychiatric hospital and to understand the symptoms of psychosis in terms of the mechanisms Freud had discovered in the field of the neuroses. In spite of claims that he later turned away from Freud and his theories, we have seen that, while he did distance himself from the psychoanalytic movement, Bleuler remained consistent regarding the theories of Freud he accepted and those he questioned. The year 2006 saw the 150th birthdays of Emil Kraepelin and Sigmund Freud. This year, 2007, we celebrate ‘Bleuler 150’. If we are to make sense of psychopathology in our own time, it can be argued that the way forward is not to draw on Kraepelin or Freud, but on Kraepelin and Freud, as Bleuler did.

**Notes**

1. This article is based on a paper read in November 2006 at a joint conference of the School of Psychotherapy, St Vincent’s University Hospital, Dublin, and the Association of Psychoanalysis and Psychotherapy in Ireland, in honour of Dr Cormac Gallagher.
2. I am grateful to Prof. Dr Müller for his personal correspondence (5 Jan. 2006) on this point.
3. Hoche would later fall from grace by co-authoring with the jurist Karl Binding a text on eugenics which would be used by the Nazi euthanasia programme (Binding and Hoche, 1920).
4. I am grateful to Dr med. Küchenhoff, currently Leitender Arzt at the Burghölzli, for discussing with me his research on the Bleuler-Freud relationship and for allowing me access to the Bleuler Archiv.

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