

MEYER'S THEORY OF THE PSYCHOGENIC ORIGIN OF
DEMENTIA PRÆCOX. A CRITICISM.*

By E. STANLEY ABBOT, M. D.,
Assistant Physician, McLean Hospital, Waverley, Mass.

In the various articles and reviews which Dr. Meyer has written relative to the subject of dementia præcox and in which he has developed his "dynamic interpretation" or "conception," besides undertaking to show that the disorder may be described in terms of deterioration of habits, conflicts of instincts and faulty adjustments, he has said many things that can only be interpreted to indicate a theory of the psychogenic origin of the *disease itself*, as distinguished from its manifestations or symptoms.

It is especially this part of his "dynamic conception" of which I wish to speak tonight, though I have also a few words to say of that part of his "interpretation" which deals with causes.

I was led to examine his views carefully because of his effort to approach the subject from the biological point of view, which I believe to be the most scientific and fruitful one.

I would call attention to the facts that in some of his ideas he runs counter to the prevailing conceptions of dementia præcox, and that he lays especial emphasis, rightly, on the need of sufficient observation of cases.

Stated as briefly and concisely as possible his psychogenic theory is as follows:

Dementia præcox is a disorder which is manifested by certain types of reaction which are almost pathognomonic. These types of reaction are the inevitable and natural development from a deterioration of certain habits, and this deterioration is due, partly to developmental defects of the mental endowment, but in part at least, to a clashing of instincts and to progressively faulty modes of meeting difficulties.¹ *In sufficiently well-observed cases, one invariably finds that before the disorder appeared the patient had*

* Read before the New York Psychiatric Society, May 3, 1911.

¹ Psychological Clinic, Vol. 2, p. 92.

abnormal ways of dealing with the situations of life, showed an inability to get square with events, and had a tendency toward false adjustments.³

It follows logically that only certain personalities can get dementia præcox. Meyer does not himself directly draw this conclusion though he implies it;⁴ but he allows Hoch⁵ to state it, without protest so far as I have been able to discover.

The constitutional make-up which may lead to deterioration is as follows:

Perhaps exemplary childhood, but exemplary under an inadequate ideal (goody-goody); goodness and meekness rather than strength and determination; goodness in order to avoid fights and struggles; later, interest in religion, but in the ceremonial forms rather than in the essence; immature philosophizing; day dreaming; moralizing about others; irritability at home; deficient judgment; deficient ethical control; unsteadiness of occupation; inefficiency; especially loss of directive energy and initiative, without obvious cause (such as illness); disconnected thoughts; unaccountable whims; seclusiveness; sensitiveness to allusions to health, pleasures, etc.; hypochondriacal complaints regarding the heart, etc.; headaches, freaky appetite, general malaise, and other physical symptoms. Often there are precocious abnormal sexual practices. Some of those traits may not appear till puberty, and all may be transient.⁶

Such organic changes, or evidences of toxæmia as may be found, Meyer regards as incidental, and secondary to, perhaps even caused by, these conflicts of instincts, deteriorations of habits, and inadequate psycho-biological adjustments;⁷ they are not a cause of these manifestations, though they may be of some of the later symptoms.

Thus Meyer's conception of dementia præcox is essentially a functional one, and in his advocacy of his psychogenetic theory he inveighs rather strongly against those who regard the condition as possibly or probably having some toxic or organic process back

³ Jour. of Nervous and Mental Diseases, Vol. 34, p. 332.

⁴ Am. Jour. Psychology, Vol. 21, p. 395.

⁵ Rev. of Neurol. and Psychiat., Vol. 8, p. 465.

⁶ Am. Jour. Psychology, Vol. 14, p. 102.

⁷ Jour. Abnorm. Psychology, Vol. 5, pp. 276, 280.

of it, or who apply to it the "paradigm of general paralysis." He thus stands practically alone, and reverses the general tendency of medical science to take morbid conditions out of the functional class and put them into the organic. It seems like a step backward, and his evidence should be very strong in order to be convincing.

This is especially true since we see many conditions in which conflicting instincts and ineffective or even harmful adjustments do *not* lead to deterioration. For example, reactions which can be described in such terms as he uses occur often in hysteria, neurasthenia, psychasthenia, hypochondriasis, feeble-mindedness, dense ignorance, among the superstitious, among those who segregate themselves in monasteries and nunneries, among those of the so-called artistic temperament, not to mention such mental diseases as manic-depressive psychosis. Also we find in a large percentage of all persons, sane as well as insane, *some* of the traits which he has described as belonging to the make-up which may lead to deterioration.

Hence he should show conclusively by his cases, not that the pre-psychotic make-up manifested *all* of the traits or habits indicated, but enough of them to dominate the personality. His cases should also show the dementia præcox reactions to be the evident consequences of the special clashing of instincts and progressively faulty modes of meeting difficulties manifested *habitually* by the patient before the psychosis developed.

It is not sufficient to show that the patient had such and such traits, and afterward had a typical dementia præcox.

Do his reported cases meet these requirements?

Of his most fully reported cases, ten appear in some detail in three different papers; four of these give quite inadequate details as to make-up. For example,[†] a young man, said to have masturbated early and to have been bright at school and in his early environment, goes to New York from the South at 22. He then failed to make friends, became morose, morbid, seclusive, lost his position, sought quack treatment for sexual neurasthenia. About two years of such behavior culminated in a tantrum, ideas of influence, later idleness, seclusiveness, then negativistic stupor.

In this case almost nothing is said of the constitutional make-up;

[†] Am. Jour. Psychology, Vol. 21, p. 396.

a comparatively sudden change of reaction-type appeared coincident with a change in environment, this change in behavior marking the beginning of the psychosis. It is not shown that the morbid reactions are the natural evolutions of previous traits. It is evident that some other cause than make-up must be looked for to explain the psychosis.

Of the remaining six cases, three are derived from Hoch's material,⁸ and are not inconsistent with the theory. But on the other hand, neither they nor the other cases cited, exclude the possibility or even probability of there being some other factor or factors at work also.

The other three cases are his own. The time limit does not permit a discussion of each one, but it may fairly be said that only a few of the reaction-types described in the developed psychosis are the logical evolution of the traits described in the make-up. One case in point may be referred to.

A woman of 33 or over, married at 23,⁹ is described as rather perverse and stubborn, with outbursts of temper as a child, efficient as dressmaker, and later as wife and housekeeper, of strong maternal instincts, but sterile, and very jealous of her husband, a rather inferior man. After unsuccessful operations to correct sterility, being run down from a septic finger, and being told she could never have children, she was much upset, later developed delusions of multiple pregnancies, of being operated on, of conspiracy, of her husband's unfaithfulness, and later of grandeur and high rank, with elaborate systematizations. She continued industrious, orderly and coherent. Here the reactions are determined in their outward aspect chiefly by *experiences* (sterility, operations, disappointments) rather than by *make-up* (stubbornness, perversity, jealousy, efficiency). Habitual faulty adjustments, deteriorations of habits, conflicts of instincts cannot be considered the cause, much less the sole cause, of a change in reaction-type coming on first at the age of 33. Again some other cause or causes must be looked for.

In his discussion of this as of his other cases, Meyer shows constantly a tendency to confine his attention largely to the psy-

⁸ Psychol. Clinic, Vol. 2, pp. 99-100.

⁹ Am. Jour. Psychology, Vol. 21, p. 391.

chical elements, even leaning toward a Freudian manner of interpretation, and to rather overlook the physical elements. He thus takes really a psycho-biological attitude towards the problem, and not a broadly biological one (which includes the other).

Thus it is seen that his own cases fail to show the causal relation between the make-up and the reaction-types in dementia præcox that his theory calls for.

Furthermore there are many cases of dementia præcox, well observed, in whose antecedents no such predominating characteristics were present. An example is that of a boy of 21, college student, of good heredity, a good student, fond of athletics, as much a leader as led, not a dreamer, interested in external things, not introspective, fond of society, efficient, captain of his school regiment, popular, ready to take responsibility, meeting emergencies easily and well, normally but not morbidly interested in church work, secretary of his Sunday School organization, considerate of others, manly and direct, in no way peculiar; had grippe, became depressed, then became blocked, had sudden amnesias, feeling that he couldn't remember, then wandered off, had scattered thinking, typical catatonia, mutism, flexibility, etc., and grew much demented.

Thus it is *not* true that where all the facts are available one *invariably* finds in the antecedents abnormal ways of dealing with the situations of life.

While it is an interesting and possibly significant fact (though of what it is significant we do not yet know) that in the personality of dementia præcox cases before the onset of the illness, such traits are found in a somewhat larger percentage than in manic-depressive cases, for example, yet the proportion is not so great as to make it a fair inference that more careful inquiry would show them in all cases.

Also, analysis of Meyer's own cases, so far as the facts are available, shows that even when such dominating traits are present, it is not necessarily those traits that determine the *morbid* reactions, though naturally they would be found to determine some of them.

To sum up, Meyer takes a psycho-biological, not broadly biological view-point.

More than half his own most fully cited cases are inadequately reported (though they may have been well-observed).

His own cases fail to demonstrate

1. That the antecedents *invariably* show inefficient habits of adjustment; and

2. That the reaction-types shown in the developed psychosis are the necessary developments of the make-up; and they do demonstrate

3. That, when present, the traits do not necessarily determine the reaction-types of the developed psychosis.

Cases are too frequent in which in the pre-psychotic stage no morbid traits dominate the personality, to render it likely that further studies will show them to be an insignificant proportion of all cases.

Hence his evidence is not strong enough to carry the conviction that we should give up the organic conception in favor of the functional.

More than this, he has not shown that organic changes of some sort may not be the causes, or among the causes, of the origin of the psychosis. We all admit that such have not been proved or found, though to most of us it seems probable that in time they will be; and we shall keep on looking for them. For Meyer's developmental theory, while possibly accounting in part for some of the insidiously arising and slowly progressing cases of the hebephrenic type, does not explain the rather sudden and marked changes in behavior in almost all other cases, and does not *completely* explain even them.

If, then, Meyer has not fully upheld his theses that certain personalities lead to dementia and that only certain personalities can get dementia præcox, he has nevertheless pointed out and emphasized the derivation of certain reactions from past experiences. Though not always keeping clearly in mind the distinction between constitution and experiences, he has rightly insisted on seeking as complete knowledge as possible of both, since they are essential, if not to diagnosis at least to the most helpful treatment.

A few words as to his dynamic conception:

It should be noted that he does not believe in a disease entity, but seems to regard dementia præcox as a sum, or collocation in one individual, of certain types of reaction, or kinds of behavior.

It is precisely because he has turned away from the disease concept—the “paradigm of general paralysis”—that he has felt the necessity of explaining on constitutional or habit grounds why these special types of reaction are grouped so often in certain cases, and that he has had to invent this psychogenic theory which his own reported cases fail to support.

It is also precisely because he has turned away from the disease concept that the *individual reaction-type* rather than the whole psychosis, assumes so great an importance in his eyes, and that he turns to psychic causes alone for his explanation of it.

I would not be misunderstood as attaching no value to mental factors. Far from it. I am a firm believer in the dynamic value of psychic factors in the reactions of all individuals, well or ill. But they are not the only factors, nor do they always or completely explain the *changes* of reaction-type, whether of degree or of kind, which we see in all mental disorders. By keeping to the conception of a disease entity, with open mind as to what “may be back of it” till demonstration has become conclusive, we shall avoid the danger of overlooking important factors which may have causal value in the production of mental diseases.

A comprehensive dynamic conception based on broad biological grounds would regard each act of the individual as what one might call the resultant of a parallelogram of forces, or rather of a system of parallelograms or a polygon of forces. Our problems are to discover *all* of these forces that we can. Furthermore, in comparing the acts of the patient with what his acts under similar conditions would have been had he been well (which is the only true criterion for that patient), we will find that some forces are *lacking* that normally would have entered into the resultant act. In cases of dementia præcox, almost more important than the forces that are present, are the forces which ought to be there but are not, in the production of the reaction-types. Important problems therefore are, what forces are absent, and why are they absent?

In seeking for the answers we cannot safely ignore the brain, without which no psychical activity whatever is possible. The anatomy and physiology, let alone the chemistry, of the brain are still too little known to help us much with its pathology. Yet we do know *something* of these, and the fact that we do not know

more need not deter us from suspecting and searching for some deviation from the normal, especially some destruction, when we note clinically certain permanent absences of psychical activity which is normally present. The hypothetical or *a priori* grounds for positing psychical mal-adjustments as causes of destructive brain-changes are far less tenable than those of the reverse proposition.

In turning away then from the "paradigm of general paralysis," Meyer loses something of value, and turns his back to certain avenues of investigation. It is well known that the brain-changes in general paralysis do not account for all the reactions of the parietic—his euphoria, his grandiose ideas, his elisions of letters and words in writing, etc. It should be equally obvious that the organic changes back of it, whatever they may be, do not account for all the reactions of the dementia præcox case. But since in the latter case the organic changes are less destructive, even more reactions will be determined by other causes—some by the factors which Meyer rightly insists on (make-up, instincts, habits and experiences) but others also by the environment, past and present, and by the patient's comprehension of it; by his general capacity; by his aims, ambitions and purposes; by his education and training. We must remember that causes are multiple, and so we need to search diligently, not only in the directions Meyer has indicated, but in these others, including all possible organic changes, as well. If he has laid too much stress on the make-up and habitual reactions, it is because he has felt that others neglected them and laid too much stress on organic processes. He has only pushed the pendulum too far to the other side, and claimed too much for mere habit deteriorations, conflicting instincts, and false adjustments.