

A Gestalt Theory of Paranoia

Introduction, Comment and Translation of "*Heinrich Schulte*"

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In 1924 there appeared in the journal of the German Gestalt psychologists, *Psychologische Forschung*, an essay with the title "Versuch einer Theorie der paranoischen Eigenbeziehung und Wahnbildung" (An attempt at a theory of the paranoid idea of reference and delusion formation) (SCHULTE 1924). The author of record was Heinrich SCHULTE, M.D., who at the time was on the staff of the psychiatric University Clinic in Berlin. The author in fact was Max WERTHEIMER, who years later told me that he had outlined the theory to Dr. SCHULTE, who was to work it out in final form. Some time later, during a psychology congress in the city of Leipzig, SCHULTE had appeared in WERTHEIMER's hotel room and said that he had run into difficulties; whereupon WERTHEIMER dictated the essay then and there.

The internal evidence for this is unmistakable. WERTHEIMER wrote a rather unusual, highly personal German with many new and unusual word combinations and sentence structures; his style prevails throughout the essay. That he let SCHULTE sign as the author was not unusual; much of the work out of the Berlin and Frankfurt psychological institutes was inspired and closely supervised by him but published under his students' names. As long as the work was done, recorded authorship was of secondary importance.

Up to now the essay has been available in English only in a brief abstract (ELLIS 1950); here it is translated in full.

Some technical remarks are necessary. The German terms, *Ich*, *das Ich*, *ein Ich* have been translated as *I*, *the I*, *an I*, and not as *Ego* because the latter term is preempted by psychoanalytic structural theory. WERTHEIMER-SCHULTE's *I* does not refer to any structural component of a FREUDIAN psychic apparatus but is much closer to the everyday use of the pronoun; its precise meaning and limitations will emerge in the context and will be discussed in the comment. The frequent italics are the authors'. A number of authors' names and quotations are found in the text for which no references are given; a few references appear in footnotes. The reason for the omissions is made clear in the last paragraph of the article which promises a review of the literature in a later study that was never done.

I have tried to avoid the pitfall of translating the essay into "smooth" English, since this would have vitiated the style and the atmospherics so characteristic of all of WERTHEIMER's writing. For a real grasp of his meaning both are important. While this may render the reading somewhat more difficult, it will be no more so than is reading the German original. The translation follows.

An attempt at a theory of the paranoid ideas of reference and delusion formation.

Heinrich SCHULTE

I.

Several attempts are on hand theoretically to understand the psychoses with ideas of reference and delusion formation that shall be considered here. If one asks what in the picture ought to be regarded as primary and essential, different answers are possible and have been given. In principle the following theses come into question:

1. [Viewing the problem] in centering on the *intellectual*. One could try to assume that the delusional system were the primary source from which the idea of reference emerged. (Today this view - GRIESINGER's primordial deliria - is probably generally considered obsolete). One might think that other contents were primarily altered, such as memory images (WERNICKE), i.e., in SANDBERG's interpretation "those elements in which the perceived images are stored." One might suspect a disturbance of the *formal* [faculties] to be primary, "a logical defect, a weakened or deficient critical faculty" (SCHUELE). This need not be a "profound inadequacy of the intellectual performances" (KRAEPELIN 1883); the formal disturbance might also be due to an "impeded perceptual process as a part phenomenon of a general insufficiency of activity" (BERZE).

Or [it might be due] (e.g., ROSENFELD) to a "falsification of the secondary identification," inasmuch as the patient "selects from all possible explanations of external events only those which relate to his own person."

2. One can focus on the *affective* [aspect]: a specific, actually present affect or a specific affective habitus is taken to be the essential, determining, triggering factor. It is probably the assumption of a characteristic pathological affect that has found the greatest number of advocates; an affect which SANDBERG described as distrust, LINKE, as tense expectation, STÖRRING, as distrustful moodiness, SPECHT, as distrust which is said to consist of a mixture of pleasure and unpleasure, MARGULIES, as vague disquietude, and CRAMER, as insecurity. (Besides, among other factors most authors also ascribe a basic role to a certain affective disposition, without flatly considering it to be the primary trigger). Pick placed affectivity in the foreground for an "at least partial understanding," without overlooking the fact that it alone cannot explain the situation.

3. A pathological alteration of the *I-functions* might also be regarded as the primary factor: their abnormal accentuation, intensification, and proliferation, a heightened self-confidence, "some kind or other of a hypertrophy of the I" (BLEULER). HEVEROCH's view regarding a "change in the way of being I" must also be included here, a change which lets the patient find a causal or final nexus in situations where no such nexus exists.

4. One might also consider a certain *characterological disposition* to be constitutive (as has recently particularly been emphasized by SEELERT and KRETSCHMER, among others), a kind of character type which reacts to injurious factors by way of a paranoid delusion formation.

If one looks at the clinical picture in the light of one of these theories, or of a combination of several of them, the remaining chief symp-

toms ought to appear - in accordance with the theoretical postulate - somehow deducible from "secondarily determined by" the posited primary symptom. One cannot Claim that this had met with any real success with regard to any of these theories; indeed, in our opinion a proper thesis in the sense of a derivation of all the main symptoms does not yet exist. Besides, there always remains the question: must that factor which has been posited as the primary one be regarded as a simply irreducible individual element, as something that can absolutely not be derived any further. Here originate those typical answers such as this one by BLEULER: "now as before, when we ask ourselves what may be the essence of paranoia, we just don't know the answer:" or GRUBLE's answer: "for a normal human being it is utterly impossible to empathize with such a primary paranoid experience," and: "...no doubt that the primary delusional process is just that, something primary, i.e. something nonderivable."

In view of this situation some reflections along Gestalt theoretical lines yielded the outline of a causal-genetic general theory; in what follows it shall be sketched in form of a series of theses.

II.

A. *A specific situation calls for a specific We.*

When several persons are constantly together in a common room, in a real community of living, as in a team working for a common purpose with an interlocking division of labor, or united by a common fate (as in a group at the front), such a situation typically requires the existence of a *We* as over against the presence of a sum of separate *I*-s.

B. *In certain situations man is typically not present as an I but as a characteristic part of a We, as a We-part.*

This means that he feels, acts, thinks, behaves in all essential respects, not as an *I* confronting other *I*-s and confronting a surrounding world, but as a member of a group of persons vis-a-vis other persons (who also belong to the group), respectively vis-a-vis a surrounding world. From the first his actions are such as to aim at an interlocking in the common situation. And this does not only hold for actions but equally for intellectual processes, etc., even for perceptions.

C. *Such a requirement is not equally effective for all persons.*

a) 1. A situation may already necessitate a *We*-integration for one type of person, when in this situation this is not yet imperative for the others. Thus we see that the primitive reacts almost always as a *We*-part; in his thinking, feeling and behavior he is almost exclusively group-determined. With him the tendency toward *We*-integration is so strong that he hardly ever exists as an *I*, i.e., as an isolated individual confronting a given set of circumstances, etc.

2. In contrast to this a situation may not yet necessitate a *We*-integration for a different type, when it does so already for the others. We see this in that energetic, self-assured, strong-willed type of person for whom it is always possible to isolate himself by means of the objectifying observation of the others.

The position between these two extremes depends, first, on the *character habitus*, and second, on a particular *quality* of the *intelligence*.

b) Independent of a *We*-requiring situation, the inclination towards a *We*-integration may be especially lively in a certain type of personality. This holds for some people with labile affectivity, such as the hypomanically agile individual, for KRETSCHMER's asthenics, and to some extent for the hysterically suggestible as well as for some races

(Latins), as opposed to others (Teutons).

2. In contrast to this, such Integration may habitually be hampered and inhibited in another type of personality; there may be an "insufficiency of the We-capability." Examples are the egocentrics, the oddballs, the fault finders and the distrustful (characteristically: the disagreeable people).

D. *It may now happen that someone who finds himself in a situation that requires a We, may for one reason or another just not be quite able to function as a We-part, to act within a We, to have a We-feeling. But if the challenge to function as a We-part continues to be sensed by him throughout, this condition shall be referred to as "We-crippledness." Hence a We-cripple has the strongest tendency to be a We-part, without in fact living as such and without being able so to live.*

The following factors can bring such a condition about:

a) an external cause.

1. The situation - a permanently shared living space, a common fate, etc. - requires a We for every important activity in one's life; but it is impossible for X to realize the We-state for some external reason, e.g., because of his inability to understand the language (cf. the cases of ALLERS and HERSCHMANN, quoted below).

2. In a situation which necessitates a We the others are welded into a We by the occurrence of something which concerns only them, while X remains excluded.

b) an internal cause.

1. The We-requirement arises because of a goal-in-common, a task-in-common, which however demands a certain degree of intelligence. X's intelligence is inadequate; he "can't keep up any longer" and the like

2. A certain degree of emotional intensity, which is required for a full realization of the We cannot be achieved, e.g., by someone who is affectively We-insufficient (cf. thesis Cb2).

E. *For (certain) persons a state of continuous We-crippledness, i.e., of a steadily required but not realizable We, is not livable.*

To have these tendencies again and again without being able to satisfy them is, in the long run, unbearable. One feels impelled to act in ways befitting a We-part but cannot follow through, either because the others do not behave accordingly or because some other hindrance is in the way.

F. *Since this state is not livable, the following process begins to operate:*

a) *the fact of the "chasm" moves into the foreground.* The attention, which in the case of a We-capability is first of all directed at the common or at least interlocking activities and thus at the others who equally respond to them, is now directed at the "chasm", at this yawning gap, this inability to respond, to find an answer. This condition becomes important and determining. To remain indifferent to the existence of such a chasm is, in the long run, impossible.

b) This leads to a new relationship: *I am no longer "with-the-others" in a common situation; what exists for me now is instead a "being-among-the-others", a "beside-the-others."*

c) *In the thus isolated person there now emerges a genuine "I - opposite the others."* Events, one's own acts, one's own feelings become processes of an I with appearances, goals, purposes of their own.

d) But this is not now an I which confronts its surrounding world firmly, calmly, and with self-assurance; rather it is one that because of the

enduring fact of the chasm, which remains in the foreground, remains intent upon a *We-relatedness*. Hence, just as in a wound biological processes occur in order to close it *somehow*, operations begin to occur to *transform this unlivable situation into something livable - somehow*.

The following reactions are now possible:

1. the rare case of the self-isolating person who develops into a strong *I* (aided perhaps by becoming a [detached] observer). There are persons who, when faced with the fact that a *We-ness* is demanded of them too but that it won't be realized, resolutely "get on their own two feet," "do their thing," and in their thinking and feeling about their being excluded assume a stance of "objective indifference." Such a reaction, which represents a very great achievement, always seems to go together with a marked intensification of their existence as an *I*.

2. Certain persons who happen to be possessed of intelligence, energy and the like may resort to *flight, parting, escape into another circle*.

3. But if neither 1. nor 2. is possible in view of a person's character qualities and psychological strength, or for external reasons, i.e. when an appropriate solution is actually impossible, a *livable state is brought about through substituting a merely subjective re-organization that posits relationships where they don't exist and that reinterprets and re-views the situation*.

Such a *surrogate equilibrium* is produced as follows:

- aa) Given the great significance of the chasm, which affects every aspect of a person's behavior, a causal explanation that gives a "reason" for the chasm's existence and simply acknowledges it, does not suffice. That the others behave toward me in an *irrelevant* fashion does not become comprehensible [just] because one or another causal argument explains this fact; on the contrary, a true surrogate equilibrium needs something else: the fact of the chasm must resolve itself into some kind of togetherness that *does not include this gap*.
- bb) That the others act past me and live past me is reinterpreted. Ways of behavior, concrete items are used for the transformation. To close the wound, acts which are causally insignificant and can be causally accounted for must be reinterpreted as intentional. In view of the important fact of the chasm a mere acting-past-me turns into a *not-wanting-to-act-in-my-direction* or something like it.

Thus the actual "I-and-the-others" turns into some kind of "I-with-the-others" in the sense of "they-somehow-against-me." What is actually a mere passing-me-by is reinterpreted into a being-focussed-upon-me of the others, so that instead of the unattainable "good *We*" there emerges at least a "being-mutually-enclosed-by-something-important." Thus the *idea of reference* has brought about a real surrogate-togetherness.

- cc) The most essential property of the surrogate equilibrium is the absence of the chasm; this means that the behavior of the others too is [seen as] essentially related to the requirements of the *We-crippledness*. E.g., "they are hostile to me, "which represents a genuine togetherness of the pursuer with the pursued.

G. But with this new understanding of the constellation by the people only a *part* has as yet been rearranged; the typical, from all sides supported anchorage, so characteristic of all realities, is still not present. The new and decisive fact does still not properly fit in with the old, hitherto existing general mental set of one's thinking, feeling, behaving, etc. Thus the entire world view of the person wants to be rebuilt and elaborated in the extreme from the point of view of this new

and important part-fact. This is how the delusional system develops.

On the other hand there appears at the same time a concentric narrowing of the visual field: as he focusses on this function of reinterpreting, the patient grows less effective at functioning in response to all those other normal demands which lie outside his concern and are irrelevant to it; thus he takes himself out of the whole of normal life. Soon nothing operates in him except this kind of reinterpreting processes, all of which aim at an ever more onesided and firmer consolidation of his surrogate structure.

H. Through such a process a "livable situation" is brought about, in which the person is a genuine part.

The following items depend in the extreme on the nature of the situation with its several determining factors, on the character of the person concerned and on the degree of his intelligence:

- a) the duration of the intermediate state up to the appearance of the first delusional symptoms, as well as the time required for the development of the delusional system;
- b) the type of the delusional structure itself and the degree of its elaborateness with regard to its inner perfection and logical consistence. (For some types a vague systematization suffices already for a livable equilibrium; for others only a complicated and detailed delusional structure will do).

I. In this way a particular centering of the clinical picture has been attempted and a "psychological theory" established. However, now we are not dealing with a merely "psychological" individual but with the total personality, whose vital processes present as physiologic-somatic reactions as well as psychological ones. To put it differently, with the above theses we have investigated only one side of the person's behavior, in that we examined the course of psychic processes in particular [social] constellations. The terminology is in accord with this; e.g., we characterized the We-insufficient person only in the light of his affective, characterological and intellectual endowment. But certain dispositions can also be approached from another side, e.g., from the physiologic-somatic one. Thus one differentiates a "striatal" from a "cortical" type of motor pattern, and thus the "constitutions" are separated according to the dominance of a certain part-system in the organism as a whole or the insufficiency of certain others.

Just as with the onset of a certain [social] constellation an unlivable situation arises for the - psychologically viewed - We-insufficient individual, to overcome which a paranoid reaction ensues; and just as a like reaction can be provoked by such a constellation alone, without any characterological factor; so a given physiological predisposition may constitute an insufficiency for physiological stimuli (of whatever origin: infectious, toxic, endotoxic, etc.), to overcome which an abnormal reaction is required whose internal process structure [*Zusammenhang*] must presumably be considered to be the same, [i.e., isomorphic], regardless of whether it is of purely physical or psychological nature.

If one adopts the point of view of parallelism and stipulates that psychic processes are accompanied by parallel coordinated brain-physiological processes, one can assume that one or the other factor of the determining constellation may also be a somatic-physiological one. Then, just like the paranoid pictures of the exogenous psychoses, the cases of endogenous psychoses would not be in conflict with the above described psychological theory, provided that their process structure [*Zusammenhang*] determines equal results.

From the point of view of parallelism that frequently asserted distinction between psychologically and somatically determined phenomena would in a certain sense lose its significance, in our view. If we replaced one of the constitutive factors of a psychological constellation, as defined in these theses, with the "coordinate" somatic factor - or if, by the same token, we replaced perhaps all of them so - then the same would hold for the corresponding somatic process as that which, according to the so far only psychologically formulated constellation hypothesis, holds for the corresponding psychological one. And to put it very crudely: if according to such a thesis a certain psychological factor is caused by psychological forces, one could consider it and its causation to be replaceable "from without," by a purely somatic-toxic one.

But what is it really that in some cases won't let us shake off the impression that there is something somatic here, as is the case with so very many paranoid pictures, even though the psychologically formulated theory lets them appear plausible and fits in all particulars?

This fact, which impresses one again, seems from the beginning to speak against the formulation of a psychological theory. It seems that here is an argument, albeit an intuitive one, against that inference from our view which implies that in the endeavor to survey and understand the essential factors in their interplay it makes fundamentally no difference whether one does so from the psychological or from the somatic angle. (It must, of course, be done from that angle - even from all angles - where it is scientifically possible at the time). - Now there could be cases in which a certain symptom actually results in the same way, whether it is caused psychologically or somatically; does one not have to expect even then, that the two results which show a roughly identical picture, will still typically differ from one another in very important respects, especially in the style of some of the *Gestalt* processes? Presumably a [psychotic thought] construct of purely somatic-toxic origin will, in many cases, look coarser, less differentiated, more brutal, more inexorable in the production of its effects than a contentwise corresponding one that was caused by corresponding [but] merely psychological forces. E.g., the particular structure of an individual's behavior may come about as the consequence of some psychological experiences, such as being appraised of some severely shocking news, or a sudden fright caused by certain observations, etc.; or else it may be due to some toxic factor. But in this latter case the reaction may look more "brutal", more "undifferentiated".

Briefly put, somatic damage to a part of the brain will also have effects which differ qualitatively from those due to the arrival of some terrible news; not because the former is physical, the latter psychological, but because in the former case the reactions (which are physical and psychological in both cases) will be coarser, more abrupt, harsher.

III.

The expression "We-disease" is to point to the core of the theory. It is to indicate that the mechanism of the paranoid reaction, with its ideas of reference and delusional structures, is probably psychologically comprehensible only when approached from the point of view of the living unit of a We, of a group. The habit of seeing and investigating it as a phenomenon of individual psychology has led to the largely prevailing attitude of resignation as to its explicability.

Apart from the fundamental inferences that would follow on the basis of our theory, this obvious fact may be emphasized in view of the clinical discussion which follows: just what kind of a role the person concerned plays in the group of people, just how he fits into the We-structure as a part is neither irrelevant nor of merely incidental importance; it is precisely the point on which everything depends. This may allow for a more precise formulation of the old concept of mental derangement [Verrücktheit]: it is not a question of just any "rearrangement [Verrückung] of one's standpoint vis-a-vis the surrounding world" (KRAEPELIN), nor of just any regrouping or different centering within the individual personality, but of one that in every case is very specific, namely one that is required by the situation and by the group-whole, i.e., by the existence of the chasm. Thus in every case to be investigated it is the constellation with its several factors which moves into the center of the study. From it one has to deduce the conditions which bring about that situation of an intended but not realizable We, which in the long run is not livable. From it, it ought to be possible to deduce how the situation is changed into a livable one through the creation of a surrogate equilibrium, i.e., of the paranoid mechanism.

[Some] typical examples may now demonstrate some of the possible variations.

1. In the cases of paranoia in persons who are isolated by their language, published by ALLERS (fn 1) and HERSCHMANN (fn 2), the situation is rather obvious.

[During World War I] a wounded Tartar who happened to have been taken prisoner alone, arrived in an Austrian military hospital where he could not communicate in his language with anyone. With increasing anxious excitement he developed, within a few days, delusions of persecution; he believed that his hospital companions persecuted him, that his life was threatened, he reinterpreted the events around him in the sense of this delusion and hallucinated threatening voices that spoke of him in the third person. At times his apprehensions concerned even his own family. Occasionally the anxious mood intensified to the point of violent reactions, aggressions and suicidal attempts. - Once a language contact with his surroundings had been established with the help of someone who had command of the Tartar idiom, and once the tormenting situation had been relieved, the psychotic symptoms receded rapidly; he could communicate the content of his delusions and developed insight into his illness.

The constellation appears to us as follows: the Tartar had suddenly been pulled out of the tightly integrated group of soldiers in the trench. Wounded, he was alone in enemy country, in a military hospital yet was aware that he was not being treated as an enemy; hence a real "all-against-me" did not exist. But since he had no command of the language, a clarifying realistic nexus in the sense of "good comrades, one and all" could not possibly emerge. The conversations of the other men, understood, went past him; again and again he had the subjective sense of being "isolated." He was not sufficiently energetic, not intelligent enough to master this situation, which involved a powerful We-requirement for him, as a [self-sufficient] individual. The required We could not be realized; an escape into another We was impossible; the We-requirement remained in effect throughout, since he was confined to his bed and compelled to remain in the company of the others. His ignorance of the language (besides his being a member of the enemy army) did not permit him to lead a clear We-life; yet the confining closeness constantly demanded a We, and with it a We-interpretation of the talk and the behavior of the others. Thus, the conditions for an unlivable state were given, and the production of a surrogate equilibrium through delusion

formation followed. This created a clear We-nexus in form of the "all-of-them-against-me," in place of the "all of them" and "I." But the material furnished by the reinterpreted actions and conversations alone did not yet suffice to produce both an easing of tension and the surrogate structure; still more was brought forth in form of auditory hallucinations. And since this did still not suffice, even his next of kin were drawn in; they also were felt to be threatened.

2. For KRAEPELIN's patients who were deaf or hard of hearing a reduced possibility to communicate had for some time already rendered the contact with other persons more difficult. Events (such as a death, etc.) which had deprived the patients of their last remaining connections with close relatives removed the possibility of a close We, and reinforced the isolation even more. Besides, there is an age (fifth to sixth decade) "at which the psychological adaptability is reduced and it is considerably more difficult to establish new relationships." All these factors work in the same direction of impeding the realization of any We-tendencies. The condition that has thus been brought about is already in itself not really livable; there is a constant feeling of insecurity and distrust. And when the always strongly developed (physically caused) buzzing in the ears appears in addition, it offers a particularly favorable material for the process. It becomes the stimulus for auditory illusions with a usually vague but characteristic affective content; because of them the patients believe themselves observed, watched, insulted, mocked, laughed at. The illusions serve very well indeed to help the patients realize their We-intentions. The livable state can come about because the earlier uncertainty, the lack of clarity and distrust now crystallize into an actual, sharply defined "they-against-me," and because one's own isolation is now [seen as] due to the behavior of the others. The patients feel deeply hurt, ostracized, despised. Through the surrogate of their delusion they have now become clear, genuine We-parts, albeit in a different way.

3. In the cases described by SEELERT (fn 3) as *paranoid disorder of the elderly* the We-integration is hampered, 1. by a character disposition that definitely implies an insufficiency of the We-capability, and 2. by the factor of old age. Character habitus as well as degree of intelligence foreclose any possibility of a self-reliant, purely individualistic, We-independent daily life among the close neighbors in the house; thus the We requirement is always felt. Besides, most of the patients live alone, without any possibility of family contact. The continuing need for a We-integration that cannot be realized brings about a state of affairs that is not really livable. It will be completely upset when a new factor supervenes that tends to facilitate the process: due to arteriosclerotic changes any number of peripheral physical sensations are noticed whose causation the patients find difficult or impossible to explain (fn 4). Thus there are now new experiences which because of their very real lack of intelligibility challenge the patient to seek a clarification or, possibly, to talk the matter over with some others; but, given that new sensations of this kind are being experienced again and again, they render a We-closure in this situation ever more difficult. These new experiences do not [seem to] concern one's own body but work in the direction of a We-formation: surely the others have a part in these new things; they are their originators. One sees that in this solution the several constituent factors stand in a somewhat different functional relation to each other. It is not that the actions of the others pass me by and are being reinterpreted as being directed against me; instead it is posited that a situation which, "normally viewed," would concern me alone, is twisted around into a somehow suitable [form of] togetherness with the others (in the sense of they against me: they molest me...).

4. In the paranoid psychosis of prisoners the constellation appears as follows: a man has been forced out of a live We-context into the mechanical Isolation of solitary confinement. How does he react; One type of person will respond to the totally secluded life in an Isolation cell and its unremitting continuity with affective apathy and intellectual constriction. But with another type the following development will occur: he was accustomed to living as a We-part; his thoughts, feelings, and behavior, which had functioned in the sense of We-processes and had been based on the answers and coordinated reactions of the others, have suddenly become meaningless and no longer find any resonance. But to center all functions exclusively on his individual being (as the actual situation would demand), resolutely to settle down to a self-contained life as an *I* - a feat which here is rendered even more difficult because the actual suitable opportunities to keep busy and the proper living conditions for such an experience are missing: - this is beyond his powers. Thus his We-intent remains active and it now is a matter of finding shelter in some We-image. What other people are present in the new milieu? None but prison guards and overseers. There is the glaring and mechanical fact of the chasm which prevents any companionship with them; a good relationships with them is impossible. Given the importance of the isolation *for him*, a [merely] irrelevant relationship is equally impossible for him. But the chasm, this "they-and-I," demands to be bridged, since a strong We continues to be required; thus a surrogate equilibrium is being created with a "they-against-me." And since only few of the activities of the prison personnel can actually be perceived by the incarcerated, the abnormal, edgy psychological state of being confined will let additional material appear in form of hallucinations, material which is suitable to cause and consolidate a clearcut, livable state of a hostile relationship. And here also we see that a change of the milieu and therewith of the constellation lets the surrogate structure of the psychosis remit.

We shall but briefly pursue the question of why one group of the cases of paranoid prison psychosis falls ill soon following their incarceration, while another one is taken sick in this way only after a considerable lapse of time (of several months, even years). Here belongs what has been said on thesis *H a*, namely that the length of the intermediate state depends in the extreme on characterological factors. Thus we see in most of the first group of cases an already existing characterological predisposition to a We-insufficiency, while in the second group the character presents no constitutive factor of this kind. In those cases that took ill only after a somewhat longer period of incarceration (described especially by BONHOEFFER and RÜDIN) it was precisely the absence of any psychopathological, let alone paranoid, *disposition* that was noted.

5. In the cases that have been discussed so far the constellation is so clear because its constituent factors were given, quasi-experimentally, in the *exogenous* factors of the situation. In the vast majority of the clinically encountered paranoid syndroms the facts are not so readily apparent. Constellations differ from case to case; one or the other factor now fades into the background, now moves into the foreground. In this quite definite sense, it is also understandable that one may speak "not of an (idiopathic) paranoia but only of paranoiacs." (fn 5)

As a type, i.e. with regard to the existence of similar constellational conditions in every single case, KRETSCHMER's "sensitive psychosis with ideas of reference" is perhaps most readily accessible to an analysis in our sense; for his meticulous investigation compares the essential points of every single case with those of the others.

Here the conditions are so extremely and firmly rooted in the character that the trigger factor plays a relatively minor role. Asthenic and sthenic factors exist side by side. The asthenic part of the character urgently demands contact and Looks for shelter in a We; it is of the kind (cf. thesis Cb,1) that imposes the necessity of a We already in situations that the average individual can still manage on his own. This [trend] is opposed by the sthenic part which with its self-assured ambitiousness, stubbornness, etc., inhibits the We-integration. In these cases, the realization of the intended We is made more difficult by external factors. There is the milieu which already establishes a chasm between him and the community of the others in which he lives; e.g., there is the social isolation and defensive posture of the elementary [village] school teacher, of the autodidact from the working class, of the loner among the peasant lads, of the small town spinster in a certain environment. (fn 6) Thus a not really livable state has already been created through the dissonance that is rooted in the character. In addition there is the affective inhibition which does not permit an immediate abreaction of psychological stimuli. KRETSCHMER says that when such a person meets with a typical experience of humiliating insufficiency, this will precipitate the psychosis.

For KRETSCHMER such an experience is of decisive importance for the genesis of the paranoid mechanism. For the dammed-up affect is now discharged onto some "small everyday experience that is associatively related to the [original] experience," namely by means of "a reflex, involuntary, unconscious switch," the "inversion." Thus the incidental experience furnishes the first cluster of morbid ideas. - JASPERS (fn 7) is correct in saying that in this way one merely achieves an understanding of the contents, but that the specific mechanism of the paranoid transformation remains entirely incomprehensible psychologically. And on the basis of a characterologically quite similar case in which just this allegedly decisive primary experience is missing (the case concerns the subgroup of aging spinsters who develop erotic delusions of reference), SCHNEIDER asks the crucial question whether the "initial amorous thought with the special structure of its intent is not already a psychotic experience?" If one adopts our theory one sees that KRETSCHMER failed because he wanted to understand the paranoid mechanism solely from the point of view of the individual. (Elsewhere he said however that he had once and for all given up on any causal explanation of pathological events.) But our position is different: That primary "experience of humiliating insufficiency" is certainly important, but not as a possibly still missing constitutive factor; hence it may also be lacking. When it is present it serves to reinforce and manifest the already existing character discrepancy concerning the We-existence; it suddenly demonstrates the existence of the chasm in all clarity. Thus it merely shortens the period of the intermediate stage, or renders the situation even more unlivable; now the situation has become unlivable in the extreme. An equilibrium must be created; somehow the now so evident chasm must be bridged. And now the little everyday experience may be used as the first available material.

6. Let us briefly look at some traits of the clinical group of idiopathic paranoia, [traits] which KRAEPELIN (1915) considered essential. Just as stated in thesis C, the realization of the We-integration is impeded by the character. In its distrust, irritability, obstinacy, etc. this paranoid character *Anlage* shows peculiarities which interfere with the integration into the social life. It reaches the point where the relationship with one's relatives becomes cold, superficial, unnatural, even hostile. A We-insufficiency is quite generally present. Yet the other condition of the We-need is also present.

KRAEPELIN pays particular attention to the type of the wishfully thinking paranoiac. In him he sees certain "imperfections of the intellectual function" in the sense of a 'diminished ability to resist the emergence and interference of delusional ideas.' This [he claims] shows a remarkable correspondence with the undeveloped thinking of the Young and also of primitive tribes. (Cf. what has been said in thesis C a 1). We see in these collective reactions an enormously strong We-integration. Does such a finding in the paranoiac not indicate that he is just not the person who is able to master his exclusion from the We by means of an intensification of his I-existence, but that on the contrary, he retains his intent to remain a We-part throughout, due to a qualitative weakness of his intelligence?

7. As the last of the clinical examples an individual case may be presented. In view of the design of this paper an extensive clinical report must be dispensed with. The case interested us because the constellation was more obvious here than usual.

Karl G., born 1874 into a family with a hereditary taint, had always been distrustful, eccentric, retiring and asocial, frigid toward his wife, yet vain, pedantic in his office, very ambitious, quite irascible, and no more than averagely gifted. An old soldier, he was an official in a war department bureau. His psychosis dated from the first day of the outbreak of the war of 1914 [at age 40].

Files given to him were marked in red at the margins (instead of the blue allegedly used in the past): this was a reproach, implying that he was a Red, a socialist. Some agitated attempts to defend himself followed; very soon he saw references to himself in all colors. (Black fabrics signified his imminent death, white ones, his innocence; blue garments meant that he and his wife were blue, stupid, couldn't keep up). There followed a phase of concrete delusion formation concerning his office coworkers, the only ones with whom he had socialized in his secluded life. Through whispering, clearing of throats, through watching him one wanted to prevent him from working, so as to force him into retirement. Only after the latter had been effected in 1917 did his delusions begin to spread everywhere in the sense of his being disparaged, slandered, persecuted. At first several delusional complexes existed side by side; he was said to have committed arson, insulted Jews and Catholics, committed homosexual offenses. Whenever a current situation did not immediately offer any tangible material for his delusions (as when he thought that several of his fellow patients in the hospital accused him of thievery), he searched for their sources in early childhood experiences.

Gradually the several complexes were integrated and he stated that his brother-in-law was the author of all the slander. At the close of the year 1922, as new material kept emerging in abundance, the systematization was not yet fully completed. (fn 8)

This patient belongs roughly to the type of KRETSCHMER's conscientious paranoiacs. How do his characterological factors look? Always averse to social life, living without any affectionate relationships with his wife, fault-finding and suspicious of his surroundings, he stands before us as the typical We-insufficient person. Possessed of a strong pedantic ambition in his office and physically very vain, he had tried to find a way of life compatible with his isolated situation. After a fashion he had managed to work out a livable situation within the narrow periphery of his daily life. But then came the war, and with it a situation that from the group-psychological point of view implied the most powerful We-requirement. Abruptly Karl G. had to confront the

reality of the chasm since it was impossible for him to join the We. Given his character and intelligence he was incapable of developing a strong and solid "I," and he was equally incapable of fleeing and seeking refuge in another circle. Thus, his situation had become unlivable, and an equilibrium had to be brought about.

As we have said, a mere acknowledgement of the reality of the chasm does not suffice; this reality must resolve itself into some form of togetherness that does not include the gap. This was the point where the switch occurred; it showed on the following occasion:

Previously, whenever K.G. had had to work on files, he would quite mechanically have concluded from the superior's marginal marks which indicated an important passage, that he was carefully to examine the passage to which his attention had been drawn. Not so on the day the war broke out: 'with these marks (on the margin, vertical, red...) the superior lets me know: red - is the color of socialism; hence the superior indicates my socialism to me.' Formally this syllogism looks quite different; this is a genuine understanding, the sudden comprehension of an "inner connection" (fn 9). While in the past the fact that the marks at the margin were colored had merely been a quite irrelevant attribute, it now became the central point of the entire reasoning process. The idea of reference emerged for the first time in connection with this color; in the next phase color as such became the only sign of the psychosis.

Observe now: a distrustful man, typically We-insufficient, experiences the outbreak of war. What could be worse for an old soldier in a war office bureau, amidst the general national exaltation, than the accusation of socialism? Just this *Red!* was the suitable item onto which the tense emotional state could be discharged. The discharge occurred with such force that the simple factual reality of those file marks, so familiar to him, underwent a complete recentering. And once the affect had taken this direction, all color perceptions fell under its sway.

Thus the chasm was bridged. But only a part had been reorganized. How did the mechanism work further to accomplish the complete reorganization? (Cf. thesis *G*). The phase of the color references was soon over; at the time [of this study] he no longer remembered it. This meant that the color factor did not represent any intrinsic requirement of the newly intended delusional structure; it merely helped the affect to erupt in the new direction. Soon it was rejected as a centering factor around which the surrogate structure could be built, and replaced with a more meaningful one (i.e., meaningful for the intention to reach an equilibrium with the We, to create a We-bond in form of the "against-me"). There followed the phase during which his office co-workers harassed the patient with their deportment. At this point a rather sharply delineated We was already present, as was the possibility of a meaningful causation: one wanted to get him to retire. When this had actually taken place, there was on the one hand no real We to welcome him; on the other hand he had for some time already lived intensely in his surrogate We-situation. Now he developed into the typical conscience-driven paranoiac who found causes for his abundant new delusional material in experiences of his remote youth (with proven errors of memory). But the mere co-existence of the several separate delusional complexes still did not suffice, and by means of a logically strict and consistent elaboration the delusions were finally coherently grouped around the Brother-in-law and organized into a logically developed system.

IV.

There are, first, cases with "paranoid mechanism", the conditions of

whose genesis we can demonstrate in accordance with our theory. Some examples have just been cited. There are, secondly, cases in which we cannot show such conditions - as we believe, because some of the constitutive factors remain unknown to us. But are there, thirdly, also facts that in a simple way speak against our interpretation?

To examine this question several crucial questions shall be asked in detail. They may serve particularly to test whether or not the theory set forth here is applicable throughout.

1. One might think that what it can explain is a particular [type of] reinterpretation; namely one apt to bridge the chasm with surrogate notions. In that case the reinterpretation would first of all have to be one that already has the ability to bridge, so that the first morbid symptom to appear would be an idea of reference concerning a given occurrence (most suitably: some human behavior). But this seems to be at variance with the fact that the first phenomenon is often a feeling of a vague, mysterious, puzzling, indefinable change in the environment (PICK, BERZE) prior to the appearance of any recognizable reinterpreting symptoms.

Considered psychologically, this does not contradict the theses at all. For it is not a rare experience that something that is psychologically unlivable or else disturbing or unresolved, or a conflict, the real facts of which are not yet clearly discerned, reveals itself at first in this way. E.g., when a wife has been unfaithful to her husband behind his back, it seems to him that something is changed in her, even though she behaves toward him exactly as before, talks as before, etc. But he cannot say in just which single factor of her facial play, her behavior, her voice the change is inherent. Psychologically the chasm is not at once clearly apparent as such; rather something has changed in the whole of the phenomena, while it is as yet impossible to say just what it is. Thus this mysterious, indefinable something would be very plausible indeed as the precursor of something definable.

Questions arise: does this uncertain phase ordinarily persist or does it typically change in the process? Experience shows only cases in which, after a longer or shorter interval, it changes into a well-defined concrete reinterpretation (in the sense of our theses). Apart from this there are cases in which this vague phase is not clearly discernible at all; but experience does not show the reverse: we do not know of any cases in which this stage exists as the only permanent Symptom.

2. How does it happen that the paranoiac morbidly reinterprets not only human acts, gestures, etc., but that he also relates perceived inanimate objects to himself?

This can be understood if the reinterpretation occurs in the sense of our theses; normally, and necessarily, objects are very often perceived, not merely as thing-like but as the expression of a (human) motivation, as revealing the attitude of others. (fn 10)

It makes no difference at all whether I reinterpret a person's way of behaving or the position of an object that he has just put down in some fashion. Even though the reinterpretation concerns something thing-like it does not refer to this as such, but to the behavioral attitude of the other person. (The generally indefinable, changed quality of the environment as a whole does not belong here - cf. par. 1).

But: is this always the case? A counterargument could be made if any reinterpretations existed concerning purely thing-like objects, and per-

taining exclusively to their sphere without reference to any persons who were clearly expected to form a We (so that one could not misinterpret them as signals in the strict sense of the word). Experience seems to show that paranoid cases of this second kind do not exist (cf. K.G.'s margin marks).

3. Aren't there also reinterpretations, respectively ideas of reference in cases in which one just cannot see at all that this pathological reference will somehow remove the chasm through the formation of a surrogate? Aren't there cases in which an item is misinterpreted which in itself is not at all part of the disturbing situation and of itself has nothing at all to do with the disturbed We-status that we consider to be the primary factor? E.g., [couldn't this be] any act whatsoever by someone who had nothing at all to do with the We that had been intended in our original situation? - That exists but, we would like to maintain, never as a primary occurrence but only when the surrogate construct already occupies the center of interest and now, while building the system, tries to encompass everything that happens and that ought to be incorporated. Every fully developed paranoia offers examples. A patient listens as a tree is felled in the adjoining garden; this signifies to him that soon he too will be felled by his enemies. It strikes Karl G. that there is so much talk around him of *Bock, Bockbier, Bockwurst*, (fn 11) etc.; that is a hint at a childhood experience of a fire in the house of a neighbor whose name was BOCK; now people suspect that he had started the fire.

4. There are cases in which what we have characterized as a We-situation is simply and clearly given. For the man who was isolated by his language it was the hospital environment; in SEELERT's cases it was the close proximity to the neighbors [in the house]; in the prison psychoses it was the prison milieu, etc. But this is by no means always the case, and one could imagine that things would become very vague if one tried to identify the described We-situation everywhere. Here we have reached a point where the relevant problems of normal psychology are unfortunately far from being solved. It seems important, and fruitful for the theory of such cases, first to study individual factors in greater detail. E.g., when, under what circumstances will such We-structures be formed? What are the favorable factors? (Here also belongs the character type of the person concerned, but this is by no means the only factor). Correspondingly, which factors in life will prevent the realization of a situationally somehow required We?

All the same, a decision is implied in the fact that only a very few people can lead a vigorous life for any length of time without a realized We, no matter whether or not one can reliably establish the existence of a concrete positive We-reality in the individual case. But what about the isolated, the lonely ones? Undoubtedly the formation of paranoid symptoms can be demonstrated in many cases in which an originally healthy person has been permanently isolated from without, through life's circumstances, (cf. the so-called governess psychosis). Surely, there are other cases in which not necessarily just paranoid symptoms appear, but in which one can expect a blunting of affect and an intellectual constriction to the point of mental vacuity. It will depend on peculiarities of the character and also on the degree of intelligence of the person in question, how he will react to nonlivable situations (cf. thesis C), and whether below a certain limit he will no longer be stimulated to be constructive but become [mentally] blind.

5. What happens when the situation changes for someone who is already in the early stage of an emergent surrogate structure, so that objectively the conditions for the chasm cease to exist (e.g., if people join him

with whom he can form a good We, etc.)? If the factors which had caused the [original] constellation were in the main external and alterable (as with the prisoners without any prepsychotic peculiarities, or with persons isolated by their language), we would consider the early disappearance of the psychosis following the restoration of a livable normal situation a quasi-experimental proof of our theses. If, on the other hand, the process has already begun - if the patient's mental set is fixed by this process - i.e. if the total trend [Einstellung] of his thinking, feeling, and behavior has thus been reoriented, then the process won't simply abate as the real situation changes. At that point all depends on the strength of any existing tendencies.

6. So far we have examined reinterpretations leading to surrogate structures [which mean] "the others against me." Since *all* that is essentially demanded of the surrogate structure is to substitute a strong, clear surrogate We for the unlivable non-We, it is quite in line with the meaning of our theses if instead of an "against me" a "for me" is constructed which, though equally wrong realistically, still provides for the We-situation in question an equally good surrogate equilibrium. This refers to those cases in which the intended but not realizable We is created by means of a positive bond, as in cases of the so-called erotomania (BALL). (fn 12)

When a young man has fallen in love with a girl who persistently rejects him, this "I and she" - in which her life passes him by - is an unlivable state of affairs for him. By reinterpreting realistically irrelevant acts of hers as 'directed-towards-me', he produces a delusion of reference in which she shows him all kind of favors; in this way he builds a surrogate equilibrium in the sense of "she loves me."

7. What about megalomania? We won't consider this question here in any detail. But it is necessary to ascertain the basic relation of megalomania to the problems which have been dealt with in our theses. Can megalomania too be viewed as a logical sequel in the sense of our derived symptoms, or not?

Though one may conceive of the genesis of megalomania in very different ways, there is no question that it is at least possible to view certain forms of the genesis of megalomania also as processes resulting from the situation described in our thesis; namely to view it as a way of producing a desired particular We-nexus in place of a not really livable way of being-with-the-others. One could perhaps assume that in the process of forming the above-described surrogate structure precisely those factors operate which not only produce an artificial reinterpretation of the behavior of the others, but also a heightened emphasis on the new *I* that the process has created, together with a demand for an appropriate demeanor of the others. Here it might also be important that he who is isolated due to the chasm and has emerged as an *I* only because of it, in view of the great weight which the chasm carries for him perceives himself as particularly important (and due to the importance of what is happening to him his deportment is changing).

8. It is known that on different cultural levels, and at different times, We-bonds of different strength are typical; hence one might ask, in conformity with our theses, whether in those cultures and at those times one should not expect an increased frequency of paranoid conditions? Here the problem is this: it is important whether such chasms and isolations can really come about in these cases, and how they are typically reacted to. Hence one should not simply assume that where strong We-nexuses exist at a given time or in a given culture, there also must be more frequent situations in which paranoia would develop; for in view of our theses it

is a matter of extreme importance whether isolation, together with an intended We, is typically present, or whether precisely because of the strong We-characteristics of the cultural situation it never (or rarely) reaches that extreme. This seems to be the case with primitive tribes. The literature does not offer, much material on this; but from a brief overview by REVESZ (fn 13) one can gather that below a certain level of development paranoid pictures among psychotic conditions are no longer found.

However, given the powerful political bonds during the [first] World War, the situation of the We-intending yet isolated individual was very typical.

9. That children show very strong We-tendencies is well known. But the conditions prevailing in childhood are probably similar to those that have just been discussed. A truly isolated *I* is hardly likely to be found among them; and a possibly existing chasm would evoke a different reaction. Since KRAEPELIN rejected SANDERS's cases it is generally accepted that paranoid mechanisms in early childhood cannot be found. And how about women as compared to men? As far as larger social units are concerned (not only a union of two or the relationship with a husband and children, etc.) it seems that normally women are psychologically not as much We-persons as are men. That explains perhaps KRAEPELIN's finding, confirmed by BLEULER, that 70 % of the cases of true paranoia are men. (fn 14)

V.

For the graphic demonstration of the dynamics suggested by our theory it will be advantageous briefly to consider certain observations of FREUDS which seem to have something in common with the theory.

To uncover the affect-laden complexes that are always found at the root of paranoid delusions, BLEULER at one time wanted to make use of psychoanalysis in particular. He suggested that "those obstacles were felt most strongly which lie in ourselves;" the following remarks by FREUD seem to continue in this direction. FREUD says that the deluded patient pays "extraordinary attention to the manifestations of the unconscious of the observed others," and that he considers these to be "much more significant than a normal person would think of doing." Our comment on this is that it is not a matter of more or less frequent observations of others, but of observations of those in particular whom one wants to become We-parts. "The meaning of the delusion of reference (of the persecuted paranoiacs) is ... that they expect from all strangers something like love." Our comment on this is that there is no evidence whatsoever that a patient with ideas of reference expects anything like love from strangers at all; but what can be expected of a person who in such situation is no [strong] *I* is that he wants to be a We-part. FREUD says that "these others show them nothing of the kind; they swing their canes, even spit on the ground when they pass by, and that is something one really does not do if one takes a friendly interest in a person who is near. One does so only when that person does not matter at all, if one can treat him like air." And "given the fundamental affinity between the concepts of 'strange' and 'hostile' the paranoiac is not so wrong when relative to his need for love he perceives such indifference as hostility." Our comment on this is that taking the "fundamental affinity between strange and hostile" for a basis does not seem adequate to us; in itself the indifference of others is nothing bad or unbearable or the like; it is of primary importance only with regard to whatever is We-related, whatever pertains to the intended We. FREUD continues: certainly, "what one does

not wish to perceive in one's own interior is projected outside onto others;" but this would still be an inexact description, "for they do not project into the blue, so to speak, where nothing similar can be found, but let themselves be guided by their knowledge of the unconscious and displace onto the unconscious of the others the attention which they withdraw from their own unconscious. The hostility which the persecuted patient discovers in others is therefore the reflection of his own hostile feelings against these others" [cf. 3, p. 226] (fn 15). We would consider it wrong that the hostility is a reflection (this is a typically mechanistic projection thesis); instead it is a significant building block of the surrogate We. Besides there is no reason to believe that they "withdraw their attention from their own unconscious."

The principal difference with FREUD concerns the fact that he bases the entire process on the subjects' individual psychology and Claims it to be the blind-mechanical effect of a drive and of mechanisms of the individual "unconscious." According to our theory it is not a question of such piecemeal-mechanical consequences of an individual's erotic drive, nor of any projection of one's own unconscious to the outside and into others, but of the fact of the We and, as it were, of the emergence of the individual in the course of the process.
[The next paragraph, which contains acknowledgements, is omitted.]

To discuss the additional relevant, very extensive literature was not part of the plan of this study which was conceived as a preliminary sketch of the application of gestalt theoretical viewpoints to a psychotic event. The literature will have to be reviewed at length in [future] work on part problems. (fn 16)

Footnotes

fn 1 Zschft. f. d. ges. Neurol. and Psych., Vol. 60

fn 2 *ibid*, Vol. 66

fn 3 Arch. f. Psych., Vol. 55

fn 4 "Particularly conducive are those perceptions and experiences which are not understood in every detail, and whose causal relationships are not clearly seen." (SEELERT, *ibid*.)

fn 5 No reference given. Translator's note.

fn 6 These examples refer to pre-World War II Germany, and not to any contemporary American environment. The one school teacher in a small rural village may have been the only really literate person there who thus was considered "different" by the others. (Translator's note).

fn 7 No references for KRETSCHMER and JASPERS are given (Translator's note).

fn 8 Following his discharge the patient died in 1923 of an intercurrent disease.

fn 9 The earlier syllogism may be written as follows:

Blue margin marks indicate need for examination; this passage is marked in blue:

this passage requires examination

while the new syllogism would look different:

Red is the color of socialism:

the superior has made a red mark for me

the superior indicates that I am a socialist.

Previously the marks had been seen in relation to a passage in the

file; now they were seen in relation to a passage in the file; now they were seen as relating to Karl G. himself. This was the switch. Cf. Levy, E.: Syllogisms in productive thinking, by Max WERTHEIMER. Psychol. Reports 1981, Vol. 49, pp. 395-412. (A translation).
Translator's note.

- fn 10 Incomplete reference omitted. (Translator's note).
- fn 11 *Bockbier* is a German beer, *Bockwurst* a kind of sausage. (Translator's note).
- fn 12 At present the condition is known as *erotic paranoid reaction*. (Translator's note).
- fn 13 REVESZ: Arch. f. Schiffs- and Tropenhyg., Vol. 15
- fn 14 This statement concerning women seems too general. There is probably no such generally valid bio-psychological fact. KRAEPELIN's and BLEULER's observations were made under the cultural conditions which existed in Germany and Switzerland at the time. (Translator's note).
- fn 15 Comparison with FREUD's German text shows that WERTHEIMER-SCHULTE have slightly altered some of these quotations without in any way altering their meaning. I have translated their version (Translator's note).
- fn 16 This was never done. (Translator's note).

Comment
Levy

The translation requires justification. Why would one want to translate an old essay on a theory of paranoia that is far removed from contemporary psychodynamic thinking?

One reason is that the WERTHEIMER-SCHULTE hypothesis claims to account for *all* forms of paranoid developments, regardless of whether they are exogenous or endogenous, psychogenic or somatogenic, and so offers a general theory which at present we do not seem to have.

Another reason is that the essay suggests a view of man that differs from the modern psychoanalytic one. The authors' view implies a dual aspect of man's nature as not only an individual but also a We-being: he is essentially both a whole in his own right and part of encompassing groups.

This will require a more detailed discussion.

What, precisely, is a We, and what is a We-part?

First here is an example of a collection of individuals that is *not* a We: Let a number of pedestrians rush past each other on New York's Fifth Avenue. They don't know each other, have no functional relationships and thus are simply an enumerable "and-sum" (FREUD 1960a, p. 256) of separate individuals. This is no organized group; there is no way of anyone saying "we;" it is just an agglomerate of separate *I*-s.

Contrast this with a genuine group such as a family. It is a functional unit which outsiders as well as its members perceive as a whole of which the members speak as We, and of which the latter appear to themselves and to others as parts, each in his or her fitting place and role in the structure. If A is the father, he is this only because of his place and bio-psychological role in the group; outside it, among people who do not know that he has a family, he is not perceived as a father.

Since each part of such groups is a person, i.e. a whole in its own right, such parts are called *subwholes*.

Each subwhole experiences himself as an *I*, a Self; here *I* means the phenomenal I of everyday life. One perceives himself as a distinct but *functionally not isolated* unit that usually is part of several groups. This constellation may be denoted by

$$I = \begin{array}{|c} I \\ \hline We \end{array}$$

The infrequent situation in which someone lives in total isolation may be denoted by

$$I = |I| .$$

There are occasional situations in which the determining group or social field forces are so powerful and sweeping that the whole-character of one's self-perception is temporarily overpowered and disappears; group members feel and behave reflexly as mere parts whose places, roles, feelings, thinking and acting are entirely determined by the structure and dynamics of the social field. Examples are violent revolutionary crowds, an infantry squad in active combat, or mobs. This may be denoted by

$$\begin{array}{|c} I \\ \hline We \end{array} \quad \text{-----} \quad \begin{array}{|c} i \\ \hline We \end{array} .$$

The foregoing implies that the experience of one's phenomenal Self can change, depending on the dynamics of the social field constellation and the personality structure. The experience in a situation in which the *I* almost disappears -

$$\begin{array}{|c} i \\ \hline We \end{array}$$

- is extremely different from that one has in a situation in which he has to be alone for some length of time and has a strong *I*-awareness.

Such a change in self-perception is meant when WERTHEIMER-SCHULTE speak of the "emergence of the individual in the course of the process" (p. 44) In the case of *Karl G.* the development of his self-perception led from the feeling of a somewhat precarious, brittle, but still functioning *We*-membership -

$$\begin{array}{c} \underline{I} \\ \underline{We} \end{array}$$

- through a sense of merely being *among-but-no longer-with-the-others - the others* - in which his *I* was isolated and therefore strongly accentuated, to the final new *We* of the *all-others-against-me*:

$$\begin{array}{|c} (\text{all others} \text{ <-----> } \text{Me}) \\ \hline We \end{array}$$

in which he perceived himself as being opposed by everyone. This placed him in the center of the situation and induced a marked (pathological) intensification of his *I*-awareness.

In the beginning of the essay, in the theses proper, WERTHEIMER-SCHULTE are careful to deal only with an individual's *ability to respond* to a strongly felt situational requirement to become, feel, and act as, part of a *We*. The challenge comes from the outside: the problem arises when the ability to respond to it is blocked. Here it is not yet a question of

man's own inner need to live as a We-part. But later on (translation IV.4.) the authors state that "only a very few people can lead a vigorous life for any length of time without a realized We...;" in other words, most, if not all persons have a need of their own to live as We-parts. This is considered *decisive* for the formation of We-structures, though it is not the only factor; the inference seems to be that it is the interaction of situational factors, people's character structure and their We-need that leads to the formation of We-structures.

In this context it may not be amiss to mention that man is characterized as a group-being already anatomically and physiologically: mature sexuality, reproduction and child raising are bio-psychological group functions; the family is not only a psychological but a bio-psychological group; infants without parenting adults die.

Observations of neonates have shown that what may be called the earliest forerunner of We-formations can be observed right after birth. Immediately thereafter the babies pass through a period of alertness which may last through the first hour and "appears ideal to initiate reciprocal responsivity between mother and child. During this time the baby's eyes are open, eye contact can be made with the mother, and the infant will usually follow the mother over a 180° range. The infant is able to respond to the environment and will turn toward and move rhythmically with the mother's voice" (FREUD 1960b, p. 17-22). It is during this period that *bonding* can occur as far as the mother is concerned; for her there is now a clearcut We, while for the child this seems to be a first, merely temporary, vaguely experienced form of *being-together-with*.... Viewed from the outside, mother and child form a very characteristic group; whether, and how this may ever so dimly be perceived by the neonate we don't really know. Neonates don't talk, and attempts at empathizing are risky at best.

A strange episode is reported from the Middle Ages. It seems that the "Emperor Frederick II ... isolated several infants and permitted their nurses only to feed, clothe, and bathe them, but not talk to them" in order to make an experiment on language development. "The experiment failed [It was] reported that all the children died because they could not live without the caresses, joyful faces, and loving words of their nurses" (FREUD 1960b, p. 17-22).

In the absence of an adequate early We some babies fall ill and develop what is described as "reactive attachment disorder of infancy." The condition can be fatal and is due to poor emotional care and lack of affection on the part of the caretakers. It is characterized, among other signs, by "lack of smiling in response to faces by an infant of more than two months of age; lack of visual reciprocity in an infant of more than two months; lack of vocal reciprocity with caretaker in an infant of more than five months" and other similar lacks. There may be a "weak cry, excessive sleep, lack of interest in the environment, hypomotility, poor muscle tone [and] weak rooting and grasping in response to feeding attempts" (FREUD 1960c, p. 59/60). The condition can be cured by providing adequate physical and emotional care, which may require psychotherapy with the parents. "...the basic thrust [of treatment] is to improve maternal and paternal functioning and parenting abilities" (FREUD 1960b, p. 17-29); i.e., to obtain a functioning group or We.

These observations would tend to indicate that not only biologically but psychologically man develops from his beginnings not only as an individual but *at the same time* as a group member. In fact this earliest intermittent symbiotic We precedes any clearcut I- or Self-experience, which develops only later during the stage of separation and individua-

tion. In this sense the *We* is earlier than the *I* which crystallizes only slowly *within* the family *We*.

As the authors remark, primitive tribes practically always live in closely integrated groups as *We*-persons. In all probability one can take it that his need for *We*-living is a basic a psychological characteristic of man as is his need to live as an *I*, and that living as the latter but not as a *We*-part is an unusual situation with frequently a psychopathological outcome. (fn 1)

We must now spell out in detail the Gestalt operations which are implied in the theses, and show the intrinsic structural-dynamic logic of the process as a whole.

1. The personal *We*-need and the situational requirements work in the same direction of *We*-building. Since such forces have phenomenally a degree of magnitude and a direction they can be described as vectors.
2. In some persons and in some situations the vectors encounter barriers that may be created by external circumstances, by internal conditions, or by both; if they are internal they may be either psychological or somatic. These barriers, which prevent the intended *We*-integration from occurring, are the cause of the chasm experience. For some persons their existence does not abolish the vector; on the contrary, the *We*-need may become more and more urgent. Strong *disturbing tensions* arise between it and the barrier and may at first be felt as an unclear, disquieting, even ominous aura; this in turn creates the need to discharge them through finding a surrogate *We* in which the chasm no longer exists.
3. This need induces and powers the "switch," an (unconscious) process of restructuring, recentering and re-viewing the constellation. This changes the chasm situation into the new chasm-free *We* of the *they-against-me*, the "genuine togetherness of the pursuer with the pursued" (translation II, F.d) 3.bb)).

To illustrate what is meant by such a switch the reader may think of the ambiguous figures in perception, where, when the configuration switches over, each (*piece-wise unchanged*) stimulus assumes a new role and meaning in the new version. E.G., in the wellknown Rubin cup one sees, after the switch, no longer a black cup on white ground, but two white faces looking at each other across black ground. Similarly, after the paranoid switch, each (*piecewise unchanged*) bit of the others' behavior assumes a new role and meaning in the new paranoid view of the constellation.

In detail the patient's new understanding implies

a) that the others are seen as organized around him, focussing on him and relating to him intensely by way of the "against";

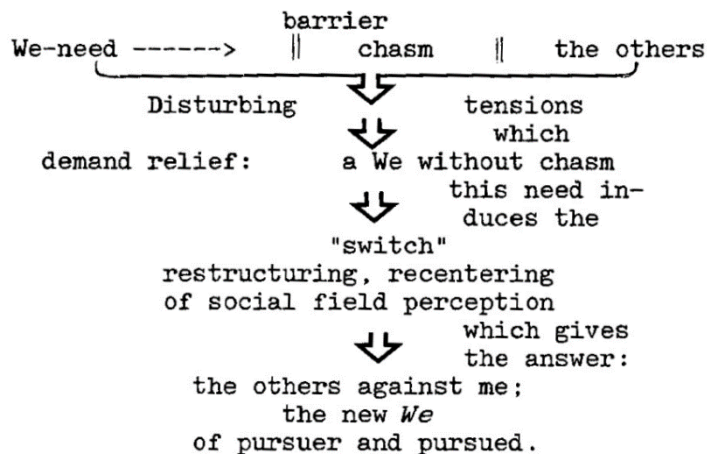
b) that the patient thus finds himself in the center of the field, in an outstanding role, and hence with a new emphasis on his *I*.

(In some cases this unique central position of the patient's is consonant with the appearance of megalomania, as if they were saying: 'the whole world is against me; I am a very important person'. This can amount to a very marked delusional aggrandizement of their /.)

c) that the reorganization tends to obey the law of the "tendency toward the good Gestalt", also known as the *Prägnanz* principle (BEARDSLEY & WERTHEIMER 1958, p. 82/3; ELLIS 1950, p. 239; WERTHEIMER 1959, p. 129). In this case the law means that the new organization tends to become flawless in the sense of intrinsic logical-structural and logical-dynamic consistency, that all parts and part functions

must fit properly within the whole so that there should be no inner breaks and incongruities. As pointed out in the text (translation II.G.), the needs of different patients vary in this respect; some insist on pursuing the internally consistent reconstruction into every last detail, while others are content with a much less thorough-going elaborateness in this sense.

4. From the problem, the chasm, to the solution, the paranoid We, the development as a whole has a straight dynamic logic:



In very general terms WERTHEIMER-SCHULTE state that the psychological barriers are rooted in the patients' personalities, character, or in their defective or qualitatively inadequate intelligence. Today one would like to be more specific. E.g., there may be an exaggerated degree of narcissistic self-centeredness that makes normal We-experiences difficult despite strongly felt situational challenges; there may be a tendency to a severe and persistent self-criticism (severe superego) with a high degree of self-consciousness and a feeling of inferiority that makes "joining" difficult even though one craves it; there may be an inability to tolerate warmth and affection due to a sensed inability to respond, possibly covered up by a protective coldness. In some cases a subterranean, consciously not acknowledged homosexual current may nevertheless constitute a vector upon which one cannot act, thus opening a specific kind of chasm which is then dealt with by the paranoid process like any other chasm. (fn 2) This list is certainly not exhaustive.

Since the psychological barriers as well as somatic factors: disturbed brain function (e.g., delirium), deafness, old age, and also exogenous factors: language difficulty, immigration, etc. can trigger the paranoid process proposed by the authors, it may be said to constitute a *final common pathway* in response to a number of quite heterogeneous constellations. This seems to be a merit of the theory.

Finally a word must be said about the FREUD discussion with which the paper ends. It is probably the weakest part of the essay because it is based on only a few sentences culled from FREUD's short article on *Some neurotic mechanisms in jealousy, paranoia, and homosexuality* (FREUD 1960a). But the authors' concept of the We ought to have been contrasted with the theory of group formation given in *FREUD's Group psychology and the analysis of the ego* (FREUD 1960c), and their paranoia concept, with the views he had developed in his analysis of the SCHREBER case (FREUD 1960b).

In this final section WERTHEIMER-SCHULTE attack FREUD's view of the roles of projection and the erotic drive in the genesis of paranoia. Both ideas are rejected because, first, they are exclusively based on individual psychology instead of on a psychology of the *We*, and secondly because they are "typically mechanistic," "blind-mechanical," "piecemeal-mechanical." These terms are frequently used by WERTHEIMER to characterize a psychology that tries to account for connections between subjects and "objects" or within groups through such "and-summative" processes as libidinal cathexis or identification, (fn 3) as over against a psychology for which the places and roles of the subwhole and its functions, *including drives*, are determined by the structure and requirements of the encompassing whole of the *person-in-the-field* constellation. (Here could be a point of contact with a theory of psycho-physiological evolution).

FREUD assumed that the hostility which the paranoiac perceives in his enemies was but a projection and reflection of the patient's own already existing hostile feelings. For WERTHEIMER-SCHULTE these feelings arise **only** as a constitutive part of the newly forming *We*-relation. In their view the hostility is not one of the individual-psychological causes of the psychosis but originates first in the switch; it comes into being only as part of the reparatory process. This is of course a matter for clinical investigation and decision.

Similarly, the authors reject any relation between an individual's erotic drive and the genesis of paranoia, any role of the libido in the formation of the new *We*, again because of the purely individual and piecemeal nature of FREUD's drive concept. If we were to venture a guess as to how the libidinous drive might fit into their view of man, it would probably be as a consequence, or rather a part-function, and not as a cause of his bio-psychological *We*-nature. Man can have an erotic drive because he is a bio-psychological *We*-Being to begin with; the individual does not become a *We*-being secondarily because he happens to have an isolated primary erotic drive.

Finally, and in fairness, it should be pointed out that there is at least one area of agreement between the authors and FREUD in their respective views of the reparatory role of the delusion formation. In his analysis of the SCHREBER case FREUD speaks of that patient's delusional thought that for a variety of possible reasons the world had come to an end. His explanatory hypothesis claims that "the patient has withdrawn from the persons in his environment and from the outer world in general that libidinal cathexis which hitherto had been concentrated on them ... The end of the world is the projection of this internal catastrophe; his subjective world has been annihilated [ever] since he has withdrawn his love from it [But] the paranoic rebuilds it at least so that he can live in it again. He rebuilds it through the work of his delusions. That which we consider to be the product of the disease, the delusion formation, is in reality the attempt *with the persons and things of this world, often a very intense one, even though it may be hostile* (FREUD 1960b) (fn 4).

Though FREUD arrives at this conclusion from a very different point of view, it agrees with our authors' idea that the paranoid delusions are a means to abolish the chasm and reestablish a *We*-relation in a reparatory process. It seems that they were not aware of this agreement.

This essay raises more problems than it solves. What is the difference between FREUD's man and WERTHEIMER's, between FREUD's individual with his several instinctual needs and drives, and WERTHEIMER's *We*-being with his

a decision between these two views of man? For instance, can the clinical findings that the psychoanalysts have made be seen to fit into the *Gestalt* concept of man as not only *I* but essentially also

I
?
We

These and related questions, I think, make it still worthwhile to study the old essay and ponder over its implications.

Footnotes

- fn 1 There have been (apparent?) exceptions. E.G., St. Simeon Stylites, and early Christian hermit (+ 459), spent more than thirtyfive years of his life alone on a narrow platform on top of a tall column. But was he really alone? Presumably the intense communication with his God in his deeply religious feeling and thinking amounted to a spiritual kind of We-surrogate that, given the cultural situation of the time, cannot be considered to have been pathological.
- fn 2 Cf. FREUD's analysis of the SCHREBER case (FREUD 1960b). In this context it is of interest that in his psychosis *Karl G.* thought he was being accused of homosexual offenses.
- fn 3 In his *Group psychology and the analysis of the ego* FREUD (1960c) conceives of a group as formed through two intra-individual processes of identification. First there is identification with the group leader in the superego (the ego ideal), and secondly there is identification in the ego with other persons who have formed the same ego ideal. Identification in turn is defined as an offspring of the oral (cannibalistic) phase of the libido.
- fn 4 My translation and italics. E.L.

References

- A.P.A. (1980) Diagnostic and Statistical Manual of Mental Disorders (1980) (Third edition). Washington, D.C.: American Psychiatric Ass.
- BEARDSLEY, D.C., WERTHEIMER, M. (1958) Readings in Perception. Princeton, New York: Nostrand & Co.
- ELLIS, W.D. (1950) A Source Book of Gestalt Psychology. New York. Humanities Press.
- FREUD, S. (1960a) Some neurotic mechanisms in jealousy, paranoia and homosexuality. In: The Standard edition of the complete works of Sigmund FREUD. Vol. XVIII. London: Hogarth Press.
- FREUD, S. (1960b) Group psychology and the analysis of the ego. In: The Standard edition, Vol. XVIII.
- FREUD, S. (1960c) Psychoanalytic notes on an autobiographical account of a case of paranoia (Dementia paranoides). In: The Standard edition (as under 3) Vol. XII.
- GREEN, W.H. (1985) Attachment disorders of infancy and early childhood. In: Comprehensive Textbook of Psychiatry, ed. IV. KAPLAN, H.I. and SADOCK, B.I. (Eds.). Baltimore/London. Williams & Wilkins.

SCHULTE, H. (1924) Versuch einer Theorie der paranoischen Eigenbeziehung
und Wahnbildung. Psychol. Forschung, *V*, p. 1-23.
WERTHEIMER, M. (1959) Productive Thinking. New York. Harper Brothers.

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