Reprinted from JOURNAL OF CLINICAL PSYCHOLOGY, Vol. X, No. 4, 389-391, October 1954.

SCHIZOPHRENIC IDEATION AS STRIVING TOWARD THE SOLUTION OF CONFLICT

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PROBLEM AND METHOD

If, as seems probable, schizophrenia may best be understood as a functional breakdown of the adaptive process related to intolerable inner conflict, then a careful study of the ideas presented by acute schizophrenics might be expected to shed some light on the nature of those conflicts, and on the means by which the patient deals with them. The publication by the senior author [1] of a table of the relations between ideas expressed by 47 acute schizophrenics with discussion of two clusters of related ideas apparent in the table led to the present factor analysis.

This article presents a factorial study of the ideation of a series of 78 male psychotic patients of non-organic type, most of them schizophrenic, who were received at Elgin State Hospital during the summer of 1949. Thirty-one of these patients were classified as showing acceptance of defeat, through self-deception, escape into phantasy or escape through alcohol or drugs, and these subjects were not included in this study.

Forty-seven were classified as cases showing acute anxiety and the following analysis is based on only these 47 cases. Tetrachoric correlation coefficients were used, and it was necessary in a number of instances to approximate the value of the coefficient when one of the corners of the fourfold table had an entry of zero. However, the consistency of the results leads us to believe that the analysis has considerable validity.

RESULTS

A centroid analysis reveals two factors. These were rotated to the oblique solution presented in Table 1. Entries with heavy loadings on the first factor and negligible loadings on the second factor are mystical identification, ideas of death by divine decree, sense of mission and expectation of world disaster. This factor we will call *seeking solution through religious surrender.*

TABLE 1. CENTROID MATRIX F AND OBLIQUE MATRIX V

Nature of Ideation	F			V	
	I	II	h^2	A	B
Mystical identification	99	15	1.00	88	07
Ideas of death by divine decree	99	03	.98	81	–05
Sense of mission	88	17	.80	80	10
Ideas of word disaster	80	11	.65	70	05
Ideas of reincarnation	66	32	.54	72	27
Ideas of change of sex	72	24	.58	72	18
Obsessive sexuality	36	29	.21	46	26
Accentuated religious interest	71	–23	.56	43	–28
Ideas of death at the hands of enemies	–46	67	.66	04	70
Externalized conscience	–45	50	.45	–05	33
Transfer of blame	–41	28	.25	–16	31
Ideas of suicide	–20	–55	.34	–49	–53

Columns I and II represent the loadings in the orthogonal centroid factors. h^2 is the common factor variance.

Columns A and B represent the oblique factors obtained by rotation. The cosine of the angle between the normals A and B is .54. This implies an angle of 144° between the planes and a substantial negative correlation between them.

The second factor is clearly one of paranoid projection. The heaviest loadings appear in ideas of death at the hands of enemies, and in what the senior author has described as externalized conscience. This latter entry might broadly be paraphrased as derogatory ideas of reference or of influence. The third highest loading appears in transfer of blame. Under this heading were grouped ideas of electrical currents shooting through the body usually under the control of some enemy and playing upon the genitals, hypnotic or other personal or supra-personal influences and circumvention of one's plans through individuals or organized groups, usually secret societies. We will call this factor *seeking solution through paranoid projection.*

It is noteworthy that the lines of these two factors meet at an obtuse angle (144°) indicating a substantial negative correlation between them. The individuals who seek one solution tend selectively to be individuals who do not turn toward the other solution.

There are three entries with positive loadings on the religious factor and smaller but also positive loadings on the paranoid factor. They are ideas of reincarnation, ideas of change of sex, and obsessive sexuality.

Accentuated religious interest has, as we might expect, a strong positive association with seeking solution through religious surrender and a moderately strong negative association with seeking solution through paranoid projection.

It is of particular interest that the twelve individuals who attempted suicide tended to be those not progressing toward a solution of their conflicts by *either* religious surrender *or* paranoid projection, for the idea of death by suicide has substantial negative loadings on *both* these factors.

Discussion

This study would indicate tendencies among these 47 schizophrenic patients with acute anxiety to progress toward one or the other of two solutions for their intolerable conflict.

One pathway is that of seeking solution through religious surrender. Those who appear to be moving in this direction have a favorable prognosis. Only one out of eight patients reported as showing a reaction pattern characterized mystical identification was unimproved after two years(1, Table 1). Only one of ten patients showing ideas of death by divine decree was unimproved(1, Table 5). Only six, or 21%, of 28 cases showing accentuated religious interest were unimproved, while 28, or 56%, of 50 cases showing unaccentuated religious interest were unimproved(1, Table 3).

The other solution is that of paranoid projection, ascription of evil intent to others and transfer of blame. Those who appear to be moving in this direction have an unfavorable prognosis. Eight of 13 patients expressing ideas of death at the hands of enemies were unimproved after two years(1, Table 5) as were five out of nine patients showing externalized conscience(1, Table 1).

It is of interest that those patients who do not achieve any relief of conflict either through religious surrender or through paranoid projection are the ones most prone to attempt suicide. Yet these patients show only 3 out of 12 unimproved (1, Table 5). This suggests a prognosis which, while less favorable than that for those achieving some relief of conflict through a religious surrender, is more favorable than that for those achieving some relief of conflict through paranoid projection.

An examination of a similar table prepared on the entire 78 cases, including the 31 previously classified as showing acceptance of defeat made it evident that the result of a factor analysis of this table would be in no way essentially different from that here presented. In this undertaking a differentiation was made between two elements which have here been grouped under obsessive sexuality. The patients who admitted a sexual conflict or problem without surrender to overt and gross sexual behavior or the development of grossly distorted and delusional sexual ideas were classified as showing an acknowledged sexual problem. Those showing gross overt behavior or sexual delusions were classified as having an overt sexual problem. Acknowledged sexual problems were definitely associated with the seeking of a religious solution. The overt sexual problems were not so associated.

It is of interest that the two factors revealed may be related to two solutions for inner conflict both of which are represented in the religious tradition. One may be described as surrender to the will of God and the other as blaming the devil or some devil-surrogate. Historically, the latter type of solution has been responsible for witch hunts. The present study provides indication that individually as well as socially the projection of responsibility proves a method of dealing with conflict which reduces tension at the expense of stabilizing morbid and distorted thinking.

Summary

Factor analyses of ideas expressed by 47 schizophrenics in acute anxiety reveals two factors. One may be described as a factor of seeking solution through religious surrender and is associated with a good prognosis for improvement. The other may be described as a factor of seeking solution through paranoid projection and is associated with a bad prognosis.

Reference

1. Boisen, Anton J. The Genesis and Significance of Mystical Identification in Cases of Mental Disorder. *Psychiatry*, 1952, *15*, 287-296.