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The Scientific Association of the Lake of Constance Psychiatrists 1919-1932

Lecture held at the Symposium "Psychoanalysis in the Cultural Life of the Twentieth Century"
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Heinz Faulstich described the circle in his talk (17 September 1988) at the last Bellevue meeting and also in his book *Von der Irrenfürsorge zur Euthanasie* ["From Care of the Mentally Ill to Euthanasia"] (1993, p. 103), and that is how I became aware of this group. My curiosity grew as I read about the people who came together back then and about the impact that colleagues like Ludwig Binswanger, Karl Falthäuser, Hugo Spatz and others had on the psychiatry of that day - and still have on today's. I also learned that many of the lectures appeared in the *Zeitschrift für die gesamte Neurologie und Psychiatrie* ["Journal of Comprehensive Neurology and Psychiatry"], an important periodical of academic psychiatry.

When I then began to read the texts of the lectures it became clear that they contain important stimuli for a modern, multi-dimensional psychiatry in the spirit of Christian Müller, who took over the concept from Ernst Kretschmer. Probably, well-known representatives of biological psychiatry, social psychiatry, psychoanalysis and phenomenology seldom came together before or after for such a lively exchange. Precisely today it seems desirable that the once again more vital encounter between psychiatry and psychoanalysis be enriched with the philosophical and depth-psychological dimension which was very much present at that time.

I based my work on the index of lectures, for which I thank Heinz Faulstich - he received it from Ms. Thumm in Emmendingen - as well as numerous original texts in the scientific library of the Reichenau Psychiatric Clinic. Other than in Heinz Faulstich's book (1993), I have only found the discussion circle mentioned by Roland Kuhn: He was director of the Cantonal Psychiatric Clinic at Münsterlingen and had worked there since 1939. (1990, p. 124)

In 1919 Hans Roemer (1878-1947), senior physician at the Heil- und Pflegeanstalt near Constance from 1919 to 1924, founded the "Wissenschaftliche Vereinigung psychiatrischer Aerzte im Bodenseegebiet" ("Scientific Association of Psychiatric Physicians in the Lake of Constance Area") because he wanted a "scientific exchange of ideas through discussion". (Faulstich 1993, p. 103) He found what he was seeking at the Bellevue Sanatorium at Kreuzlingen (Switzerland), then under the direction of Ludwig Binswanger. Otto Binswanger, Ludwig's uncle, was also living there following his retirement at Jena.



Out of the contact with these well-known scientists came the second initiative - the first being for the library: the idea of a series of scientific lectures (Faulstich 1993, p. 103) to take place, in turn, at the Heil- und Pflegeanstalt near Constance, Bellevue Sanatorium at Kreuzlingen and occasionally at the Cantonal Psychiatric Clinic at Münsterlingen until 1941 (!).

Two years after setting up this circle, Roemer wrote (9 September 1921) in a letter to Ludwig Binswanger: "... it seems to me of the greatest importance for the development of this our youngest hospital that the scientific and personal contact with you in Kreuzlingen and thus with the Zurich School be maintained and ever more fruitfully structured. For the time being, it is a matter of the purely practical questions of mental health care, decisively furthered by Bleuler and his students, from which the mental health care system in Baden, or in Germany in general, has not thus far drawn the necessary advantage. At least as important, however, seems to me the advancement of the scientific side, especially the utilization of Freud's concepts for psychopathology. The thoughtful way in which Bleuler and you proceed in this important area makes this whole direction of research appear particularly promising, compared with our German school psychiatry, which makes a rather sterile impression."

Regular participants were: physicians from the Heil- und Pflegeanstalt near Constance, the Bellevue Clinic in Kreuzlingen, the Cantonal Psychiatric Clinic at Münsterlingen, the Cantonal Psychiatric Clinic at Herisau, the Cantonal Clinic at Wil, the Büdingen Sanatorium at Konstanzer Hof, and the Constance Hospital. Occasionally doctors from the Württemberg State Hospitals at Weissenau, Zwiefalten, Schussenried and Sigmaringen, Dr. Speer, who operated a private clinic at Lindau, and Dr. Ruoff from a private institution at Unteruhldingen also took part.

As the index further indicates, philologists and other persons interested in psychology in Constance and Kreuzlingen were invited when questions of a general nature came onto the agenda. From 1928 on, lawyers attended when subjects in the field of forensic psychiatry were dealt with. The lectures in the series enjoyed a broad public reception, since they frequently were published in the *Zeitschrift für die gesamte Neurologie und Psychiatrie*.

One hundred and eighteen titles are mentioned in the index of lectures; sometimes two or three were read at the same meeting. Eleven of the named lectures were case presentations (13, 29, 40, 46, 57, 62, 66, 81, 94, 99, 100, 109). Four forensic demonstrations were tied to case studies as well (82, 99, 100, 109). Demonstrations of patients, in the Reichenau Psychiatric Clinic, were mentioned also in Ernst Kretschmer's lecture, and further in Wille's (68, on 31 August 1925) and Otto Binswanger's (88, on 25 June 1927). In (49) photographs of Javanese patients were shown. Case presentations and discussions of them thus played an important role.



Six of the lectures (70-75), which took place in an enlarged forum, handled subjects that we would today call social-psychiatric: Another lecture dealt with active therapy, i.e. occupational therapy, best known through Helmut Simon (80). The subject of one (79) was open care.

On 5 July 1922 Alfred Schwenninger, Reichenau, spoke about a study trip to the Anthropological Institute in Munich (33). Twice reports were given about congresses abroad: on 10 March 1923 on the Psychiatrists' Congress in Luxembourg (44) and on 8 November 1924 on "important results of the Innsbruck Psychiatrists' Symposium" (55). On 14 June 1925, almost exactly seventy years ago to the day, the participants of the 68th Assembly of the Swiss Psychiatric Union together with their foreign guests were paying a visit to the Reichenau Clinic. They were treated to a lecture and guided tour by the director, Maximilian Thumm (1883-1957) (65).

About sixteen lectures were devoted to organically caused psychiatric illnesses - in keeping with the time, with special attention given to progressive paralysis and postencephalitic disturbances. Two reports were made on disturbances with internal illnesses; colleagues from internal medicine also took part at the meeting. Today, one finds it astonishing that manic-depressive sickness figured only once (Wenger), and that otherwise depression is not mentioned in the lecture titles.

Schizophrenia, too, came up relatively seldom (only in 1919 was the designation *dementia praecox* used), and under quite different standpoints.

Only two reports were made on neurotic illnesses, once on combat hysteria (28 January 1920) and once on hysterical symptom formations and their treatment (11 December 1926). Personality disturbances or psychopathies appear, according to the index, to have been neglected. Amazingly little attention was given, at least to judge by the lecture titles, to alcoholism and morphine addiction.

In contrast, forensics occupied an important place (12 lectures). Again and again, lawyers joined the meetings.

One part of the lectures dealt with the then discussed theoretical concepts in psychiatry, such as Bleuler's theory of schizophrenia (11), the new edition of Karl Jaspers' **Psychopathology** (15), "Kraepelin's Symptomology of Mental Illness" (20), Kretschmer's "sensitive relationship mania" (1). Kretschmer himself talked on "body build and character", showing patients in the Reichenau Psychiatric Clinic. (25)

The interest of the circle extended far beyond psychiatry in the narrow sense. Knowledge in other sciences like biology, psychology, psychoanalysis and philosophy came up for discussion, as in Ludwig Binswanger's lecture "Psychoanalysis and Psychiatry" (14), "On Psychoanalysis" (53), "Phenomenology and Psychiatry" (17), further in Alfred Schwenninger's contributions "Phenomeno-



lgy and Psychopathology" (38), "Soul and Life (Psychology and Biology)" (54) and "On the Relations between Biology and Psychology" (76). The influential phenomenologist philosophers Edmund Husserl (1859-1938) and Alexander Pfänder (1870-1941) spoke here, after the Reichenau physician Schwenninger had established contact between Ludwig Binswanger and them.

Creativity and artistic production, too, were taken into the program. Thus Hans Prinzhorn (1886-1933) talked on the paintings of mentally ill patients (15), Director Otto Hinrichsen (1870-1941) from Herisau, himself a poet, on "The understood-ununderstandable Hamlet" (114) and Benda from Kreuzlingen on "Nietzsche's Illness" (59).

I hope that I've been able to arouse your interest in the scientific work of this circle with my overview of the subjects and even stimulated some of you to take a closer look at it.

Following the overview of the lectures given, I should like to focus more closely upon the psychoanalytic contributions to the Association's program.

The Baden Heil- und Pflegeanstalt near Constance, today the Reichenau Psychiatric Clinic, was founded in 1913. From 1917 to 1918 Karl Wilmanns was its director. Thereafter, until 1934, he was Professor of Psychiatry at Heidelberg. (He was the father of the outstanding American psychoanalyst Ruth Lidz.)

In his essay on schizophrenia (1922, pp. 325-372) Wilmanns summarized the then current concepts - including the psychoanalytic ones - for classifying diseases. "Our clinic therefore by no means rejects Freud fundamentally, but is striving intensively to follow his and his pupils' theories and to test their validity. In fact, we often succeed in interpreting some symptom or other, individually senseless contents more or less plausibly on the basis of Freudian theory. ... Bleuler's error is also Freud's - the view that, at bottom, everything psychic is meaningfully determined. Bleuler even goes further in this when he also attempts to render (in my opinion) neurological phenomena understandable through the assumption of Freudian mechanisms." (p. 332)

Here Wilmanns showed himself to be a dualist who remained benevolently sceptical vis-à-vis psychoanalysis. This showed up later when Frieda Fromm-Reichmann (1889-1957) was able to hold lectures at his clinic, and his senior physician Hans W. Gruhle (1880-1958) to teach an introductory course in psychoanalysis with practical exercises over many years. He closed his summary essay of 1922 as follows: "It is a futile dispute as to which direction of research will tap essential sources of knowledge. All research methods stand on an equal footing and all deserve recognition as long as they remain conscious of their limits and do not undertake tasks for which their means are insufficient." (pp. 366-367)

In building up his relationship with Binswanger, Roemer had a



predecessor who was also devoted to a broad liberal approach in psychiatry and also sought to bring the psychiatric schools of that time into a kind of League of Nations.

Another proof that modern ideas of depth psychology were fostered in the hospital near Constance is an essay of the resident physician von Steinau-Steinrück, who left the hospital on 1 July 1921, being replaced by Dr. Arthur Kuhn. From his experience of combat neurotics, he recommended hypnotic and psychoanalytical treatment of stationary mental patients. "The unfavorable prognosis of his dementia praecox which Kraepelin initially set forth all too abruptly had the same effect; a theory which unfortunately enjoyed a greater and more persistent dissemination than the later very extensive restrictions on it. Thus it is understandable that the psychotherapy of the mentally ill has fallen behind today more than need be. In addition to the old physical and chemical methods, whose efficacy is now known to be mostly psychic, it uses above all occupational therapy. ... The Swiss are ahead of us in psychotherapy. Especially in the field of schizophrenia, the thorough application of Freudian theories and their own objectivity, turned toward practical goals, have together with French influences enabled them to operate psychotherapeutically on a broad front." (1921, p. 217)

Like Bleuler, von Steinau-Steinrück pursued a holistic, monistic approach: " ... that every bodily complaint, in so far as it is objectively felt to be such, is at the same time a mental one, and likewise that every treatment of the body has mental repercussions." (p. 216) In the Association, von Steinau-Steinrück spoke on 12 May 1920 on Bleuler's theory of schizophrenia and on 24 September 1920 on the new edition of Jaspers' **Allgemeine Psychopathologie** ("General Psychopathology"). We can assume that he could present the debate between the two great psychiatrists of his time in a well-founded manner.

Ludwig Binswanger (1881-1966) was the most eminent member of the Association. For him, the gatherings at Reichenau were excellent opportunities to meet representatives of all important trends in psychiatry as well as the philosophers Alexander Pfänder and Edmund Husserl again and again.

Born at Kreuzlingen in 1881 as the grandson of the founder Ludwig Binswanger, the young Binswanger grew up in the Bellevue Sanatorium. In June 1906 he became Karl Abraham's direct successor at the University Clinic in Zurich. At this time Binswanger studied Freud's writings intensively and took part in Jung's association experiments. In March 1907, together with Jung, he visited Freud for the first time in Vienna. Up to Freud's death in 1938 the two men carried on a lively correspondence, which was published in 1992. From April 1907 to June 1908 he worked with his uncle, the well-known neurologist and hysteria researcher Otto Binswanger, in the Psychiatric University Clinic at Jena.

In 1908 Ludwig Binswanger returned to the paternal sanatorium,



and in December he became its director following the death of his father. Freud often sent patients; he also came to Kreuzlingen himself to visit Binswanger from 25 to 28 May 1912. Ludwig Binswanger became an outstanding psychoanalyst (Fichtner [1992, p. xix] mentions that according to his diary Binswanger carried out 28 psychoanalyses on inpatients between 1909 and 1942, some of them over a period of years), a friend of Sigmund Freud and co-founder of existential analysis (*Daseinsanalyse*).

He dedicated his major work, **Einführung in die Probleme der allgemeinen Psychologie** ["Introduction to the Problems of General Psychology"] (1922) to his teachers Eugen Bleuler and Sigmund Freud. It seems that neither of them assessed the book as significant. Freud wrote him on 7 February 1923: "I expected that you would build a bridge between clinical psychiatry and psychoanalysis and then, in a second volume, walk across it yourself. All that remains of your earlier intentions is the dedication, which is, in any case, an honor. It's a comfort to me to think that Bleuler has no better relation to the content than I do." (1992, p. 184)

"Binswanger's work on and debate with Freud's psychoanalysis is based on the idea of a cooperation between psychoanalysis and psychiatry. Binswanger accepts the psychoanalytic method - very much to the puzzlement of most of his colleagues - as a working method in his sanatorium. Freud approves of Binswanger's project and encourages him to pursue it; he sees in Binswanger a mediator between psychoanalysis and psychiatry." (Krienen 1982, p. 20)

Freud wrote him on 30 January 1911: "Further, I protest against the idea that I wanted to exclude you from the scientific work when I gave you the task of bringing psychoanalysis into hospital practice, as you proudly-modestly seem to assume. On the contrary, we still expect numerous contributions from you, like that on Irma, and more penetrating ones still. I only meant that the technique required certain modifications for hospital use, which no one could adjudge better than yourself." (1992, p. 70)

Binswanger probably occupied himself with Husserl as from 1913 (Fichtner 1992, p. xxi); the two men met personally on 10 August 1923 in Reichenau. (p. xxii). In the 1920s Binswanger emphasized, for example in "Understanding and Explaining in Psychology" (1927, pp. 655-683), the importance of thinking back to the phenomenon.

Binswanger held his first lecture, "On Phenomenology", before the Association on 14 March 1920. He repeated it at the 63rd meeting of the Swiss Psychiatric Union in Zurich on 25 November 1922. Here he gave an introduction to this school of philosophy which might provide a foundation for psychiatry - the science of the phenomenon of consciousness and its pathological states. (1923, p. 16) The categorial view or view of essence, so he suggested, goes beyond mere sense perception, but it includes secondary meanings. Essence stands beyond the epistemological



dichotomy "real-ideal".

And so he came to reject Bleuler's concept of science: "For Bleuler, who has striven for thirty years to achieve a view of basic psychological concepts in terms of natural science, general categories of thought and basic conceptions of natural science are also determining for the scientific registration and interpretation of mental life. Thus he has worked diligently, along with others, on a science that I personally do not call psychology, since it misses the logos of the psyche through replacing it with that of nature, but which has proved itself long ago through its achievements and its place in the system of the sciences as natural science of the mind or mental life." (p. 20)

Referring to Franz von Brentano (1838-1917), Binswanger explained Brentano's concept of intention: "The world of objects which are comprehended or comprehensible at all by consciousness in some way is called the intentional world, the world of intentional objects. In this connection one must be aware that intentio and all derivatives thereof have nothing to do with attentio, with attention, activity, striving or such. Intending merely means that consciousness is oriented toward or related to something (which in turn may occur with or without "attention"). The intentional indicates that upon which we direct our minds. With this we have seized the basic character of all consciousness, namely, that a subject is oriented toward an object." (pp. 23-24) Binswanger postulated an important difference between purely descriptive psychopathology - which separates, which "divides abnormal mental processes in natural classes, genera and species" (p. 33) - and psychopathological phenomenology, which seeks what is common, tries "to feel or set oneself inside instead of pulling out and counting individual characteristics or qualities!" (p. 33) This does not make an exact description redundant, but the description should serve to deepen the encounter.

In his lecture of 18 August 1920 on "Psychiatry and Psychology), which he also delivered at the Sixth International Psychoanalytical Congress at The Hague on 10 September 1920, he gave a fascinating scientific-theoretical as well as practical overview of clinical psychiatry and psychoanalysis. His approach, similar to that of the Frankfurt psychoanalyst Karl Landauer (1887-1945), was forgotten in a psychiatry which distanced itself more and more from the encounter with the patient and from the philosophical penetration of psychopathological phenomena and instead limited itself to generalizing diagnoses with illness values for which general methods of treatment like medication or social-psychiatric sets of rules are then made available.

According to Ludwig Binswanger, psychotherapy is not there to persuade the mentally ill patient to accept this modern set of rules; rather, it serves to further the individual encounter and the mutual working out of a new, healthier perspective. At the beginning of his essay Binswanger rejected Freud's division:



"Psychoanalysis stands to psychiatry more or less like histology to anatomy: The one studies the external forms of the organs, the other their construction out of tissues and elementary components." (p. 137) Against this, Binswanger set a comprehensive psychiatry which also takes account of the epistemological bases of psychoanalysis.

Binswanger went on to discuss Ernst Kretschmer's work on sensitive relationship mania, showed the dual character of his psychiatry, and opposed it with his own understanding of psychoanalysis: "While psychiatry lays the entire clinical value on the biological aspects of the process of becoming ill, but considers the formal genesis of the content only incidentally, as an "epidemic" game, lays the causal connection wholly on the psychic aspects in the mentally reactive psychoses, however, regarding the biological factors as merely concomitant, psychoanalysis, as shall soon see, looks at both types of explanation differently in principle, by not separating them in an academic way but letting them bear fruit in the living totality of its theory of mental illness." (p. 144)

Binswanger had formulated three main trends in psychiatry: the delimitation of illnesses in Kraepelin's sense, by symptom complexes (Hoche), and by process diagnoses (Bleuler). "Psychoanalysis, on the other hand, by which I designate the direction of research laid out and built up by Freud and that alone, proceeds only from the personality, never loses sight of the personality as a whole, considers illness not as a foreign invader but as a living piece of the personality itself in continuous flow. ... With this conception of illness the notion of illness remains, to be sure, in great nearness to reality and life, but is all the harder to represent in scope and content; for when we want to depict life using concepts, either life freezes in the concept or the concept dissolves in life." (pp. 147-148)

Binswanger emphasized exactly the opposite of what some of his colleagues in the field, who held psychoanalysis to be a "smutty" science, maintained. "The way the human being values the world and himself as a part of the world: That is the basic question of psychoanalysis. It possesses a technical term for this: "psychic conflict". How the human being in a conflict of conscience (in the broadest possible sense of the expression) twists and turns, how he wants to stand before himself, God and the world - "clean", morally good and consistent with norms, and nonetheless again and again becomes aware of his "uncleanness", worthlessness or not being in harmony with norms -, how he deceives God, himself and the world so as to snatch at least the phantom of cleanliness, that and nothing else is the basic theme of psychoanalysis." (p. 149) For Binswanger psychoanalysis was moreover a bridge between the natural-scientific and the hermeneutic approaches in psychiatry. (pp. 152-153)

In an obituary (1923a) on Hermann Rorschach, who died young on 2 April 1922, which he delivered on 29 July 1922 at Reichenau, Binswanger emphasized once more an approach that takes account



of the significance of individuality: "What now makes Rorschach's research on types so valuable is the fact that it does not, like most theories of types, crush the individual and raise the general (the type) to the throne (where the individual, in the best of cases, has a general label hung on him subsequently, such as for example, qualifying him as an 'introvert', a 'theoretical person', etc.), but that in the final analysis it, as is immediately obvious from its diagnostic usefulness, is again and again in a position to capture the individual in his unique, one-of-a-kind individuality. Naturally, we must not conceal from ourselves that here, too, with Rorschach, as in every 'natural science of the mind', it is not a matter of grasping the individual person mentally, but rather the individual mental structure." (1923a, p. 521)

Binswanger went on to say: "For the psychoanalyst, Rorschach's experiment is important, for one thing, with a view to the possibility of utilizing analytically the reactions or answers with "content" ... The Rorschach experiment thus belongs alongside Jung's association experiment. Like the latter, it can provide the analyst under certain circumstances with a rapid preliminary orientation or a subsequent experimental confirmation of his findings. But another fact seems to me even more important: Rorschach was the first to succeed in establishing experimentally the affective and character transformation that can be brought about through analysis." (p. 521)

As I learned in May 1994 during my visit to Chestnut Lodge, investigations of psychoanalytic progress on this basis are still being carried out there! "Surely the psychoanalyst has enough other criteria to recognize the liberation and broadening of the capacity to experience of his patient and to evaluate them correctly. [cf. Manfred Bleuler's later observation about the Rorschach test, KH.] But whoever is interested in scientific expansion and proof of the analytic method of healing which goes beyond the domain of psychoanalytic observations must not neglect this finding. Clearly, not every analysis will display such a significant difference of experimental results before and after the treatment; we all know those "idling" analyses where, through our own fault or as a result of constitutional and clinical barriers, the analytic cogwheel runs idle without catching the deeper-lying couplings. But the negative result to be expected here would also be interesting." (p. 522)

The following lines written by Ludwig Binswanger about occupational therapy at Bellevue show that he was closely engaged with the daily management of his sanatorium and that here too he took up suggestions made by Reichenau director Thumm: "Then for the first time a systematic occupational therapy, under the direction of my wife, was introduced ... Here too we take pains to avoid a levelling and systematization and allow as large an individualization obtain as possible in every respect. Whether a patient should work at all, whether in the woodworking or the weaving shop, the bookbindery or the farming operations, whether alone or with others, and then with what other patients he should work, whether with or without nursing personnel, whether



with this or that occupational instructor, or whether he would do better to receive private instruction in languages, literature, history or music, whether he may continue with his scientific or artistic work, with his social correspondence or not, whether he should work in the first place inside the clinic or better outside it, in the same locality or a more distant one, etc: all this constitutes a mere sample of the decisions which the medical staff together with the nursing personnel and the occupational teachers must take on the patients' treatment." (1957, p. 32) Comparable to the outpatient care at the clinic near Constance, Binswanger also described how patients continued to come to him after completion of the stationary treatment, for months or even years. (1957, p. 33)

During the Second World War Binswanger wrote one of his major works, **Grundformen und Erkenntnis menschlichen Daseins** ["Basic Forms and Knowledge of Human Existence"]. (1942; 1993) Once again he submerged himself in the study of Freud and Husserl, but also distanced himself from the *Daseinsanalyse* of Boss and Heidegger mold. "But Binswanger became a Heideggerian as little as he became a Freudian. Unlike his pupil Medard Boss, Binswanger was unable to glean very much psychiatrically useful material from Heidegger's later thought. Instead, Binswanger pursued his own path philosophically and psychologically, which he later described as a productive misunderstanding of Heidegger's existential analysis. He no longer oriented himself like Heidegger on the authenticity (*Eigentlichkeit*) of existence but rather, as will be shown more closely below, on the *We*, on the I-Thou relationship." (Herzog 1994, p. 86) "Only from *We*-ness does selfness arise. (Binswanger 1993, p. 112) *We* - the community of I and Thou - is prior to (not genetically or temporally) I-self and Thou-self. *We*-ness designates the condition of possibility that there can be I and Thou." (Herzog 1994, p. 145)

"Psychiatric being is a mutual being, in which the sense of healing love is thwarted if, instead of a healing oriented toward a fellow human being, a level of resignation, viz. "making healthy" steps in. But even in such resignation healing love still triumphs - namely, in so far as it is at least able also to see the human being in the mental patient (cf. flight into ideas). This seeing is only possible on the basis of love (cf. Augustine). When my specialist colleagues hear this, they will think I'm crazy, but perhaps one must arouse this thought in the specialist colleagues' minds if one really wants to say something new about one's science." (Binswanger to Emil Staiger, 25 March 1935)

Binswanger remained open toward all methods of therapy in psychiatry - also pharmacological ones. (Herzog 1994, p. 80) "One of my goals was to show psychiatrists how wrong it is to try to understand the human being from the patient, instead of vice-versa. My second concern was to show how different being is and appears when one interprets it from a starting point of love instead of existence. Understanding of fellow human beings and psychological knowledge altogether cannot be understood without drawing in love." (Binswanger to Rudolf Alexander Schröder, 26



January 1946)

Binswanger died on 5 February 1966 at the age of 84.

Ludwig Binswanger himself lectured nine times:

- 24 March 1920: "Husserl's Phenomenology", repeated at the 63rd meeting of the Swiss Psychiatric Union in Zurich; in **Zeitschrift für die gesamte Neurologie und Psychiatrie** 82 (1923), pp. 10-45.
- 18 August 1920: "Psychoanalysis and Psychiatry" (also delivered before the Sixth International Psychoanalytic Congress in The Hague on 10 September 1920), which appeared in **Internationale Zeitschrift für Psychoanalyse** ["International Journal of Psychoanalysis"] 7 (1921), pp. 137-165). "Binswanger had already held this lecture at Reichenau on 18 August 1920 and felt that it was too difficult for the audience." Cf. **Tagebuch II**, p. 80. (Freud, Binswanger 1992, p. 170)
- 1921: "On Kant"
- 29 July 1922: "On the Rorschach Form Interpretation Experiment", published in **Internationale Zeitschrift für ärztliche Psychoanalyse** ["International Journal of Medical Psychoanalysis"] 9 (1923), pp. 512-523. Cf. Rorschach: "Zur Auswertung des Formdeuteverschs für die Psychoanalyse" ["On the Evaluation of the Form Interpretation Experiment for Psychoanalysis], **Zeitschrift für die gesamte Neurologie und Psychiatrie** 82 (1923), pp. 240-274.
- 16 November 1922: "Phenomenology and Psychopathology"
- 8 September 1923: "On Psychoanalysis", published in **Siglo med.** 73 (1924), pp. 388, 417-418, 447-448.
- 15 May 1926: "On the Problem of Language and Thought", published in **Schweizerisches Archiv für Neurologie und Psychiatrie** ["Swiss Archives of Neurology and Psychiatry"] 18 (1926), pp. 247-283.
- 17 July 1926: "Understanding and Explaining in Psychology" (Herzog [1994, p. 264] confirms that this was never published.)
- 22 January 1927: "On Alcoholism", published in **Neue Deutsche Klinik**, ["New German Clinic"] vol. 1, pp. 257-271.

