

VOLUME 3: THE PSYCHOGENESIS OF MENTAL DISEASE
Abstracts of the Collected Works of C. G. Jung

Volume 3: The Psychogenesis of Mental Disease

The psychology of dementia praecox. 1. Critical survey of theoretical views on the psychology of dementia praecox.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 1-37).

A critical survey of the theoretical views on the psychology of dementia praecox includes discussions and comparisons of the works of Freud, Gross, Jiling, and a number of others. An overview of the literature on the subject shows that the research, although fragmentary and apparently uncoordinated, agrees that the symptoms commonly include a central disturbance -- a lowering of attention or apperceptive deterioration. This is typically manifest in superficiality of associations, symbolism, stereotypies, perseverations, command automatisms, apathy, aboulia, disturbance of reproduction, and negativism. Rene Masselon's exhaustive study on catatonic psychology emphasizes the characteristic reduction of attention. He feels the patient suffers a perpetual distraction in which perception of external objects, awareness of his own personality, judgment, the feeling of rapport, belief, and certainty all fade or disappear when power of attention disappears. Freud was the first to demonstrate the 'principle of conversion', in a case of paranoid dementia praecox. In explaining the emotional impoverishment characteristic of dementia praecox' Neisser observed that the mobility of symptoms in hysteria is due to the mobility of affects, while paranoia is characterized by a fixation of affects. It is hypothesized that in dementia praecox there is a specific concomitant of the affect that causes the final fixation of the precipitating complex, impeding the further development of the personality. The possibility that in some cases the primary factor may be a change in the metabolism is postulated. Such ideas and their detailed psychological processes are outlined for a large selection of the leading authors on dementia praecox near the turn of the century. 58 references.

The psychology of dementia praecox. 2. The feeling-toned complex and its general effects on the psyche.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 38-51).

Observations based on experimental work are made on the feeling toned complex and its acute and chronic effects on the psyche. The feeling toned complex is defined as the whole fabric of ideas surrounding the feeling tone, an affective state accompanied by somatic effects. The attempt is made to define the essential basis of personality, which is held to be

affectivity. Virtually every individual association is deemed to relate to some complex, as well as to the ego complex, the whole mass of ideas pertaining to the ego -- in a normal person the strongest complex. Egocentric ideas are commonly interrupted by affects leading to new complexes that inhibit other ideas. The acute effects and the chronic effects of the complex are defined and compared. Disturbances caused by complexes have been demonstrated in association experiments by prolonged reaction times, abnormal reactions, and forgetting critical or postcritical reactions. The effect of a strong complex on a normal psyche is illustrated in the classical state of being in love. Other forms of the sexual complex and other complexes are sometimes influenced by various types of displacement, including disguising the complex by superimposing a contrasting mood. 11 references.

The psychology of dementia praecox. 3. The influence of the feeling-toned complex on the valency of associations.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 52-69).

The diminution of the valency of associations caused by the feeling-toned complex is discussed and general remarks on the complexes are made, based on word association tests and illustrated with examples from cases. It was shown that a sudden striking increase in superficial associations during the association experiment without any artificial distraction indicates a reduction in attention, caused by a feeling-toned complex. If the complex is repressed, the subject may not be conscious of it. Other examples of disturbances of attention are found in slips of the tongue, slips of the pen, misreading, melodic automatisms (in which whistling or humming contain the complex in metaphorical form), and puns. Dreams, symbolic expressions of the repressed complex, are excellent examples of expression by similarity of imagery. A detailed analysis of a dream emphasizes the ambiguity of dream images, comparable to the superficial associations seen in a state of reduced attention in distraction experiments. The complexes have a tendency to cause contrasting associations, seen as emotional and verbal contrasts in hysteria and as verbal contrasts in dementia praecox. It is concluded that every affective event becomes a complex. Most complexes are held to be sexual, as are most dreams and most of the hysterias, especially in women. Time usually frees the normal individual from obsessive complexes, but sometimes he needs artificial aid, and it has been found that displacement can help. If the complex is successfully repressed, the S will be complex sensitive for a long time. If the complex remains entirely unchanged, which happens only after severe damage to the ego complex, dementia praecox can develop. It is conjectured that toxic effects may be involved in this degeneration. 20 references.

The psychology of dementia praecox. 4. Dementia praecox and hysteria.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 70-98).

A review of the psychological similarities of dementia praecox and hysteria compares emotional disturbances, character abnormalities, intellectual disturbances, and stereotypy in the two diseases. The emotional indifference in cases of acute dementia praecox is similar to the inadequate responses of the hysteric whose complex is under special inhibition. Explosive excitements may be brought about in dementia praecox in the same way as the explosive affects in hysteria. Typical symptoms of dementia praecox include lack of self-control and lack of emotional rapport, both of which are sometimes found in hysteria as well. Character disturbances common to the two illnesses include affectation, especially when patients are out of their social element, lack of consideration, narrow-mindedness' inaccessibility to persuasion, and stupid behavior, although in dementia praecox the mechanisms go much deeper. Intellectual impairments found in both dementia praecox and hysteria include shades of clouding of lucidity of consciousness, ranging from perfect clarity to deepest confusion, disturbance of attention, disorientation, delusions, hallucinations, compulsive thinking, negativism, and sleep disturbances. Stereotypy, a characteristic symptom of dementia praecox, is also seen in hysteria and, in the form of automatization, is a common phenomenon in normal development. It is concluded that in hysteria the psyche is disabled because it cannot rid itself of a complex, but many hysterics can regain their equilibrium by partially overcoming the complex and avoiding new traumas. In dementia praecox, one or more complexes have become permanently fixed and cannot be overcome, but it is not clear whether the complex caused or precipitated the illness, or whether at the onset of the illness a definite complex was present which then determined the symptoms. 25 references.

The psychology of dementia praecox. 5. Analysis of a case of paranoid dementia as a paradigm.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 99-151).

The analysis of a case of paranoid dementia in a middle-aged unmarried dressmaker suffering from delusions and auditory hallucinations is discussed as a typical paradigm of psychoanalysis. It is shown how the patient in her psychosis creates a complicated and utterly confused and senseless fantasy structure. She describes the hopes and disappointments of her life in her symptoms. The nearest analogy to her thinking is the normal dream, which employs the same or similar psychological mechanisms. Word associations revealed a series of complex constellations including the complex of personal grandeur (exaggerated according to the patient's

morbidly intensified self-esteem), the complex of injury, and an erotic complex. The first part of the analysis (conducted in the manner of dream analysis) describes her sufferings and their symbols; the second, her wishes and their fulfillment in symbolic images and episodes; and the third deals with her intimate erotic wishes and the solution of the problem through the transfer of her power and sufferings to 'her children'. 10 references.

The content of the psychoses.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 153-178).

Case studies are presented in which an argument is presented for the present position regarding the content of the psychoses. It is contended that the difference between his theory and E. Bleuler's is whether psychological disturbance should be regarded as primary or secondary in relation to the physiological basis, and that resolution depends on whether the prevailing dogma -- that mental diseases are diseases of the brain -- represents a final truth or not. It is pointed out that 45% of the patients admitted to Burgholzli Mental Hospital over a period of 4 years suffered from dementia praecox, usually with some disturbance of feeling and often with delusions and hallucinations. However, even in the most severe cases, lasting for a period of years, an intact brain was frequently found post-mortem, which is proof that the purely anatomical approach leads only indirectly to an understanding of psychic disturbance. Following the lead of older clinicians, it was found that mental illness often occurred at a moment of some great emotional episode that had arisen in a more or less normal manner, and that there were a number of symptoms in the ensuing disturbances that could not be understood from a purely anatomical standpoint but became comprehensible when considered from the standpoint of the individual's previous history. Freud's study of the psychology of hysteria and dreams is cited as the greatest stimulus and aid in this work. These insights may have general or limited validity but nonetheless there is no symptom in dementia praecox that can be described as psychologically meaningless. 3 references.

On psychological understanding.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 179-193).

A constructive method of approaching the workings of the mind in the diagnosis of dementia praecox, based on prospective understanding, is advanced in preference to Freud's analytical, reductive method, based on a causality or retrospective understanding, which seems better suited to understanding hysteria. Principal criticism of the analytic method is that it does not engage the wealth and variety of symbolism of the psychotic.

The futility of understanding symbolism by the causative, analytic methods applied in science is illustrated in attempts to understand the symbolism in Faust II, which requires the subjective conditioning of knowledge to be fully appreciated. Similarly, any understanding of the human psyche, of man's dreams, or of anything psychological must be tempered by the evaluator's subjective attitude toward it. Mental development results from active speculation based on experience, not from experience alone. The psyche, therefore, creates its own future as it lives; therefore, any causative evaluation of it in retrospect can be only partially true; its dynamic quality as a creative entity eludes us. A patient, therefore, should be asked what his goals are, not only what he has felt and thought. Extraversion and introversion are explained in detail and, to simplify pathological typing, the hysterics are assigned to the former, and the psychasthenics and schizophrenics to the latter. 14 references.

A criticism of Bleuler's theory of schizophrenic negativism.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 197-202).

E. Bleuler's theory of schizophrenic negativism, examined in the light of the complex theory is criticized because it gives the impression that the ideas or tendencies of the schizophrenic are always accompanied by their opposites. Bleuler presents the new and interesting concept of ambivalence, which hypothesizes that every tendency is balanced by a contrary one. It is noted that all feeling tones are balanced by their opposites, giving the feeling tone an ambivalent character. But a strict sequence of psychological causes conditions the negative reaction. The characteristic of the diseased mind is not the ambivalence, ambivalence, or schizophrenic splitting of the psyche cited by Bleuler, but resistance' which is set up by the pathological thought complex. The "splitting of the psyche" is not a predisposing cause but a manifestation of inner conflict. Bleuler's list of causes of negativism (autistic withdrawal, a 'life wound', hostile relationship with the environment, sexuality, etc.) is examined and each is found to be directly related to the complex. Bleuler does not put much emphasis on the role of sexuality, which is surprising since psychoanalysis has shown that the source of negativism is resistance, which in schizophrenia as in the neuroses arises from the sexual complex. 5 references.

On the importance of the unconscious in psychopathology.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 203-210).

The function of the unconscious in mental disturbances as a compensation of the conscious psychic content is discussed. The unconscious is defined as the sum of all those psychic events that are not intense enough to enter

into consciousness. In normal people the unconscious effects a compensation of all conscious tendencies through a counter impulse and produces a balance. This agency expresses itself in unconscious, apparently inconsistent and uncharacteristic activities which Freud calls symptomatic actions. Dreams are examples of the compensating functions of the unconscious. In psychopathology the working of the unconscious, seen most clearly in such disturbances as hysteria and obsessional neurosis, is also seen clearly in the delusions and hallucinations of the psychoses, but is not so easily recognized. The mentally unbalanced person, suffering from a real imbalance between the conscious and the unconscious, struggles against his own unconscious, as in the case of the eccentric inventor, the paranoid alcoholic, or the fanatical religious convert. Because of the characteristic oneness of conscious striving in such cases, the normal functioning of the unconscious breaks through in an abnormal form, which upsets the mental balance and disturbs the person's adaptation to his environment. 1 reference.

On the problem of psychogenesis in mental disease.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 211-225).

Psychogenesis in mental diseases is discussed, with arguments presented for their physiological and psychological origins. The materialistic dogma in psychiatry is attributed to the fact that medicine is a natural science and the psychiatrist, as a physician, is a natural scientist. The psychological and emotional experiences, however, have been proved to play a decisive role in the courses of neuroses and in mental diseases. Although there are some cases of dementia praecox in which there is change in the brain cells, these changes are not usually present, and there are striking differences between the usual symptoms of dementia praecox and those occurring in organic brain disease. Cases of dementia praecox frequently improve or deteriorate in response to psychological or environmental conditions, demonstrating that this disease should not be considered only organic. Several cases are described in which the onset of the disease, or a new outbreak of it, took place under special emotional conditions. One comparatively simple case of a sudden outbreak of dementia praecox in a young girl stresses the importance of examining the psychological factors in the etiology and course of psychoses. Psychosis considered from the psychological viewpoint is primarily a mental condition in which unconscious elements replace reality in the mind of the patient; therefore, this area is recommended to psychiatrists as a wide unexplored field for psychological research.

Mental disease and the psyche.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 226-230).

The question of psychogenesis in mental diseases other than the neuroses, which are now generally considered psychic in origin, is discussed, and the psychic etiology of schizophrenia is affirmed. Mental processes are products of the psyche, and that same psyche produces delusions and hallucinations when it is out of balance. In turn, schizophrenia is considered as having a psychology of its own. But whereas the healthy person's ego is the subject of his experiences, the schizophrenic's ego is only one of the subjects. In schizophrenia, the normal subject has split into a plurality of autonomous complexes, at odds with one another and with reality, bringing about a disintegration of the personality. The simplest form of schizophrenia is paranoia, a simple doubling of the personality. The idea of being a persecuted victim gains the upper hand, becomes autonomous, and forms a second subject that at times replaces the healthy ego. The healthy ego, unable to counter the affectivity of the second subject becomes paralyzed. This is the beginning of schizophrenic apathy. An example shows how the individual, perhaps predisposed toward schizophrenia, becomes ill because of an emotional shock and is overwhelmed by the pathological idea of persecution at a given psychological moment. A study of the psychogenesis of schizophrenia explains why some milder cases can be cured by psychotherapy. Such cures are rare, however, as the nature of the disease, involving the destruction of the personality, rules against the possibility of psychic influence. The microscopic lesions of the brain often found in schizophrenia are regarded as secondary symptoms of degeneration.

On the psychogenesis of schizophrenia.

In: Jung, C., *Collected Works of C. G. Jung*, Vol. 3. Princeton University Press, 1972. 303 p. (p. 233-249).

In a discussion on the psychogenesis of schizophrenia an attempt is made to gain insight into the nature of its origin -- whether psychic or organic -- by comparing certain of its primary symptoms with those of hysteria and other neuroses. Tracing the development of expert opinion on the etiology of mental disorders, a swing from a belief in organic to psychic primary causes is evident. In the neuroses, as in schizophrenias, the normal associations are disturbed by the spontaneous intervention of complex contents, typical of an "abaissement" (A decline in conscious mental strength). Its effect on the personality and a variety of conditions that may produce it are outlined in detail. Most are evident in the neuroses and the psychoses. In the neuroses, however, the unity of the personality is potentially preserved, whereas in the schizophrenias it is almost always irreparably damaged. The dissociation of thought, present in both types of diseases, is more permanent and more severe in the schizophrenias. In its extreme form, an abaissement reduces the mental level to a point where the ego lacks the power to overcome the more powerful unconscious, whether this

be in the form of dreams or hallucinations. No reliable evidence is reported for organic causes of schizophrenia; on the other hand, the psychogenic conditions are at best indicators of symptoms that favor the disease, and not proved causes of its origin. A thorough understanding of psychology and aberrant mentality by clinicians who practice psychotherapy is advocated.

Recent thoughts on schizophrenia.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p (p. 250-255).

The need for extensive research in psychology and psychopathology, particularly in the area of schizophrenia, is emphasized in a paper prepared for a symposium on "the frontiers of knowledge and humanity's hopes for the future" in December 1956. A thorough description of the schizophrenic mental process dominates the paper, in which its complexity is highlighted by comparisons with the neuroses. The hypothesis is advanced that certain systemic toxins may be the cause of psychotic dissociation in schizophrenia. The profound understanding of psychology and the human mind including the mystic, mythological and cultural ramifications, is deemed necessary, since the psychotic dreams are generally numinous and highly impressive, and their imagery often contains motifs analogous or identical to those of religion or mythology. The principal ailment is considered mental or psychic, in which the normal thought processes are weakened (abaissement), concentration and attention are relaxed, and the value of associations decreases and becomes relaxed. As a result, thoughts and fractions or flashes of ideas become manifest in the conscious (weakened) mind, interrupting thematic continuity, and producing illogical images. This process and the source of its images requires thorough study and understanding.

Schizophrenia.

In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 256-271).

Comments on 50 years' experience in observing schizophrenia contain impressions from experimental investigations of the disintegration of ideas prevalent in the disease. Similarity to dreams and dream content is observed, in that ideas and images appear in random, abrupt, absurd, grotesque, and fragmentary confusion. Latent and potential psychoses among neurotics are estimated to run as high as 10:1. Obsessional impulses typical of neuroses are converted to auditory and visual hallucinations common to psychoses. In such cases, the psychosis still has not undermined the compensating activity of consciousness. Therapeutic intervention aims at restoring conscious awareness by changes in methods, by inducing concentration on reality, and by engaging the patient in activities that

lure him away from the unconscious. This may be accomplished by having him draw or paint his visions, a process by which the terrifying images become commonplace to him, and the applied colors draw his feelings into the picture, causing the chaotic situation to be visualized and objectified and thus depriving it of its power to terrify. Rather than applying numerous therapeutic methods, the therapist's personal devotion to the patient and his problems are more effective. However, excessive personal involvement, unless adequately controlled, may produce an induced psychosis in the therapist. In a summary statement outlining the nature and mental mechanics of schizophrenia, it is admitted that no true etiology for the disease has so far been discovered. A shift of an older opinion now holds that an entire psychogenic complex dominates schizophrenia, and that the weakening of the ego personality, formerly thought to be causal and primary, is but a secondary manifestation of the feeling toned complex; furthermore, a psychogenic causation is considered more probable than toxic causes previously hypothesized as important.

Letter to the chairman, symposium on chemical concepts of psychosis.
In: Jung, C., Collected Works of C. G. Jung, Vol. 3. Princeton University Press, 1972. 303 p. (p. 272).

In a letter to the chairman of the Symposium on Chemical Concepts of Psychosis, held at the second International Congress for Psychiatry in Zurich, September 1957, the etiology of schizophrenia is considered to be both chemical and psychological. It is hypothesized that the emotions that are the initial cause of metabolic changes are accompanied by chemical processes that cause temporary or chronic mental disturbances.