CARL JUNG's INSIGHTS ON SCHIZOPHRENIA

Lucia Joyce, Paris 1929

Dancer, daughter of Irish writer James Joyce.
Following a failed relationship with Samuel Beckett she had her first psychotic episode. She was admitted at the Burghölzi psychiatric clinic in Zurich, diagnosed with schizophrenia and followed by Carl Jung.

WORLD CONGRESS OF PSYCHIATRY

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CONTEXT

Carl Jung (1875-1961) was a Swiss psychiatrist, nowadays recognized for his work with two of the most venerated pioneers in the field of psychiatry and psychology. In the period of 1900-1909 he became the disciple of **Eugen Bleuler** at the Burghölzli psychiatric hospital, investigating clinical aspects of the newly-coined "*schizophrenia*" patients, mainly through psychophysiological studies. Later, between 1906-1912, he cooperated with **Sigmund Freud** in the first steps of the psychoanalytical movement, becoming his heir-apparent.

Falsely associated with psychoanalysis, Jung departed early from his intellectual relationship with Freud, coming to develop his own model of the psyche and to found a new school of thought, now named **analytical psychology**. Despite the semantic similarities, the Jungian psychological framework is quite independent (and sometimes contradictory) of Freudian thinking.

In his 1907 work, '*Über die psychologie der dementia praecox*', he puts forward a series of proposals which would antedate by decades several physiopathological and treatment models for schizophrenia, and would greatly influence Bleuler on his 1911 book '*On dementia praecox, or the group of the schizophrenias*'. He would publish further insights on schizophrenia during his productive years, tangling his concept of the disease with his model for the human mind.

WEAKNESS OF THE WILL

Jung imports some of **Pierre Janet**'s concepts, initially elaborated with respect to neurotic conditions, to schizophrenia. He proposes that, in schizophrenic patients, the degree to which psychic energy can be mobilized ("***tension psychologique***") is reduced, though the amount of energy present is not diminished, as in neurotic states. This status of lowered psychic tension leads to a less differentiated and less organized mental functioning ("***abaissement du niveau mental***").

This situation results on a sort of weakening of the will ("***faiblesse de la volonté***") which impedes thoughts to be fully carried out, being interrupted by secondary contents which the patient is incapable of inhibiting. In Jung's words, this is because "there is a weakness in the hierarchical order of the mind" resulting in a state where "the **central control** of the psyche has become so weak that it can neither promote nor inhibit" mental operations.

SURRENDERING OF THE EGO

To explore this proposal of a weakness of the "central control" of the psyche in schizophrenia, we require a further understanding of some of Jung's concepts. Specifically, the concept of **complex**, which is central to analytical psychology. Complexes are groupings of psychic contents – ideas, memories, beliefs – grouped together by a strong affection and by an inner thematic coherence. A classic example is the "mother complex", where someone thinks, feels and behaves according to their personal, social and cultural notions of how a mother thinks, feels and behaves. The sum of the complexes that make up one's psyche would, roughly, constitute the individual's **personality**.

The **Ego** is conceptualized as the complex that usually operates conscious life, and is synonymous with the "central control" mentioned above. In specific circumstances, the Ego might be displaced and another complex takes its place temporarily, taking control over thought process and behavior of the individual – *i.e.*, in a situation where a person acts impulsively, a more primitive complex replaces the Ego. These competing complexes are largely undesirable, as they represent psychic elements that are **autonomous** from the subject's conscious volition, endogenous but also unassimilated aspects of our psyche.

In schizophrenia, as a result of a state of the *abaissement du niveau mental*, the Ego complex **loses his role as the maestro of mental functioning**, leading to a relative strengthening of other complexes that are activated and take its place. The weakness of this "central control" leads to a fragmentation of the psychic functioning into multiple elements, operating simultaneously and independently. This results in several psychopathological manifestations, including **ambivalence**, seen as the result of a competition between several active complexes, and **superficiality of associations** between ideas, given the absence of this proposed "central control" who would guide the train of thought.

DESINTEGRATION OF THE MIND

In contrast with neurotic conditions, where complexes maintain a connection with the Ego and the unity of the personality is maintained, in schizophrenia this interconnection is completely lost. The **disconnected complexes** will never reintegrate fully to the psychic totality, impeding a *restitutio ad integrum* of the personality after the disease manifests itself.

Also contrasting with neurosis, where complexes become 'hypertrophied' (i.e., with high inner affective energy), in schizophrenia the complexes draw from their own energy and, therefore, **deteriorate**, subsiding upon themselves and losing symbolic meaning. Thought becomes **concrete**, connected with **loosened or bizarre associations**. Personality becomes progressively **impoverished**, leading to a residual state.

MANIFESTATIONS OF THE UNCONSCIOUS

Jung was also inspired by **William James**, namely by his idea of the divided mind as the natural form of the human psyche, between a "conscious self" and a "subliminal self", or **unconscious**. The unconscious is made up of all the psychic material and mental processes which do not reach the level of consciousness. Furthermore, we might define a level of **personal unconscious**, of ontogenic origin, made up of personal memories, feelings and beliefs, and a more profound level of **collective unconscious**, of phylogenetic origin, with universal elements, present in the psyche of every human being. These universal human elements are called **archetypes**, which might be defined as general algorithms of thought and behavior, related to the instincts (*eg*, the hero archetype – the image of the "perfect" hero, shared in a profound symbolic manner by every human being). Unconscious material reaches our consciousness with the intermediation of the Ego, or directly, as myths, fairytales and anasy thinking.

In schizophrenia, with the **collapse of the conscious structure**, deep, symbolic elements from the unconscious find a direct way to the surface without being interpreted and elaborated by the Ego – the Jamesian observer, or the "central control". In this situation the schizophrenic thought becomes enriched with **delirious** mystical content and the patient has an experience of connection with the divine (or, on the other hand, of being less than a complete human being). Delirious elaborations of the hero complex might develop, or otherwise a feeling of grandiosity and uniqueness. Withdrawal from conscious life (composed of pragmatic, rational, organic themes) ensues, with the patient developing an **autistic position**.

TO SUM UP

Inspired by ideas of contemporary thinkers, Jung elaborated a psychodynamic mechanistic model for the schizophrenic mind. Through these hypotheses he tried to explain the symptomatic manifestations and the longitudinal evolution of schizophrenia.

Then, and for the first time in the history of psychiatry, he suggested that a treatment might be pursued, even if not curative – decades before psychotherapeutic, biological or specifically pharmacological interventions were investigated.

References

Jung 1907, 1939, 1946, 1960; Silverstein 2014; Abramovitch 2014; Haule 1983; da Silveira 1984; Mota Cardoso 2000