

## **Jung on Schizophrenia**

An Introductory survey

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Eugen Bleuler is acknowledged by the development of a revolutionary synthesis in the field of the Psychiatry of his time: he elaborated a theory about schizophrenia which, in contrast with the organicist trends prevailing in that period, nowadays could be termed as "organ-dynamic."

In his work of 1911: *Dementia praecox*. The group of the schizophrenias, Bleuler coined the new term to describe the frightful illness, and he approached a syndromic concept of the same. Bleuler established a fundamental distinction between "primary symptoms" (Disturbances of the thought association, of affectivity, autism and ambivalence) directly produced by an unknown organic process, and the "secondary symptoms," or psychogenic ones, derived from the former. The enlargement of the illness concept and the therapeutical implications of such a new focus gave rise to an intense debate with the Kraepelinian point of view about schizophrenia; this debate turned into a focal point of interest for the psychiatry of this century.

However, to understand the genesis of the Bleuler's work, we have to direct our attention further back. To be exact, we need to consider Moreau of Tours (1845) who was the first to apply the concept "dynamic" in psychiatry. He conceived mental illness as a special world comparable with the oniric one, where the basic fact resided in a modification which entailed the decrease of the intellectual functions and the disproportionate unfolding of vestigial psychic activities. His concepts were expanded to the field of Neurology by H. Jackson in 1874.

It is, however, with the work of Pierre Janet, that the so-called "dynamic theory" reached a first stage of maturity, a starting point for the new psychological trends that would develop across the twentieth century.

In 1889, Janet set up a dual system in which the conscious mind exerted a synthetic function of control over subconscious tendencies that, released from their natural inhibition--as was evident in Neurosis--brought about the so-called "automatisms" (hypnotic states, distractions, obsessions, hallucinations, "fixed ideas," etc.). He discerned two basic types of neurotic disturbances: Hysteria and Psychasthenia, each of them involving "basic symptoms" (the narrowing of the consciousness and the alteration of the "function of reality" respectively) and "contingent symptoms." Contingent symptoms were fundamentally "fixed ideas" of a subconscious character with regard to hysteria, and, on the other hand, ideas that should be conscious in psychasthenia: phobias, obsessions, etc.).

In 1903, Janet expanded his conception of the mind, establishing a hierarchic system based on five levels, from greater to minor complexity. At the top was the "reality function" with its characteristic synthetic operation, "presentification." Below, would be located "disinterested activity"--habitual, indifferent, and automatic actions--and further on, in decreasing complexity, "imagination functions," and finally, the emotional reactions and the muscular movements. The maintenance of a psychic activity as complex as possible required the support of a hierarchical structure of functions with the necessary performance of a "psychological tension" function on the highest level. Janet postulated that the basic phenomenon present in psychasthenia was precisely the decrease of that level of "mental tension." With this decrease the

symptomatology reflected the reorganization of psychological functions corresponding to stages of lower complexity.

The system of Pierre Janet was founded mainly on his experiments with hypnosis, and the system constituted a genuine and pioneering psychodynamic theory whose field of application was that of Neurosis.

It can be affirmed after a careful examination that some of the most important ideas of Bleuler with regard to the notion of Schizophrenia are a tributary of the dynamic conception of psychasthenia developed by Pierre Janet (Ellenberger, p. 468).

Evidently, however, there is a great distance in speaking about Neurosis on the one hand and of Psychosis on the other. This move was made by Carl Gustav Jung who in his work of 1907, *The Psychology of Dementia Praecox*, set up the bridge that would unite the first dynamic conceptions of Janet with the later organo-dynamic theory developed in 1911 by Eugen Bleuler.

As an offspring of intense years of studies with the word-association test, Jung had arrived at the conclusion that the phenomena supporting the apparition of the well-known "automatisms" (Despine, Bernheim, Janet) coincided with the involuntary eruption, in the conscious course of representations, of particular "affects" which usually originated in the vital history of the patient due to traumatic or conflictive events of a different nature. These events had the property of clustering round them, a certain number of thoughts, mental images, and sensations. These ideational contents and affect-constellations were called "Feeling-toned Complexes" (using the term proposed by Ziehen). The "Complexes," which finally would be converted into the foundation of the entire Jungian system, had the following characteristics.

In the first place complexes were firmly rooted in the corporal "inervations," forming a "block" with them, as could be demonstrated by studying the changes in the neurovegetative system that happened concomitantly with its eruption into consciousness. The selfsame "Ego" was considered a Complex, the most firmly rooted complex. The ego complex occupied the highest hierarchic position in the mental life, and its function should include the maintenance of the other complexes under its ascendancy, giving rise to continuity in the conscious process. None the less, it was habitual that the other complexes--whose desirable role would be that of cooperative work together with the voluntary intentionality--would emancipate or separate in a more or less intense way. Such dissociation of the complexes showed that they possessed the capacity of functioning as something like a "secondary psyche," with a strong tendency to reveal themselves as "personified" and with a considerable autonomy. It was even possible to glimpse in them the trails of consciousness (Jung, 1907, 1934, 1935).

Its effects on the word-association test could be described as "complex-reactions" (disturbances in the time of reaction, inadequate responses, etc.). In this way, they were not only a reformulation of the old concept of "automatism", but also, as Jung thought in 1905, they agreed extensively with the phenomena of repression, substitution and symbolization, described by Sigmund Freud.

In *The Psychology of the Dementia Praecox*, Jung, in a great synthesis, could demonstrate for the first time a dynamic conception of the illness.

With this purpose, he applied the association test to schizophrenic subjects and saw how the results obtained coincided amazingly with those of other studies performed with normal persons, but in conditions of external distraction (shallowness of association,

automatisms, neologisms, stereotypes, perseverations, etc...). This fact led him to postulate, regarding dementia praecox, a factor of internal distraction, which, on the other side, fit well with the concept of "Aperceptive impairment" (Weygandt)--that had been already put forward to explain the illness--and with the other concept of "Abaissement du niveau mental," proposed by Janet as the cause of Psychasthenia. In the way it had been defined, the "Abaissement du niveau mental" bore several characteristics: the damage of the logical connection of thoughts; loss of the control of whole regions of mental contents with the production of split fragments of the personality; the invasion of the consciousness on the part of contents usually inhibited conscious functioning and, in consequence, caused inadequate or inappropriate emotional reactions.

Jung's findings agreed outstandingly with his experiments of association with neurotic and psychotic patients which revealed abnormally intense ways the presence of the Complexes. His research gave cause for establishing the similarity between certain mechanisms underlying the formation of symptoms in hysteria and the symptoms in dementia praecox (Jung, 1907 pp 62-83).

So then, two parallel phenomena were established with regard to neurosis just like for dementia praecox: On the one hand the existence of "Abaissement du niveau mental" and on the other, the abnormally intense intrusion of "Complexes" into normal consciousness, an intrusion that revealed the dissociation and emancipation of the complexes from the mental hierarchy to be expected in normal subjects.

However, it wasn't possible to speak about identity between the two types of illness: the impairment and irreversibility of the dementia required another explanatory factor. Jung believed that the answer resided in the concept, "Fixing of the complexes." That is to say, while in hysteria the affects showed a characteristic fluidity and mobility that would allow ego consciousness to re-establish itself, in dementia praecox it seemed as if one or several complexes adhere to the conscious process in an irreversible way. One or more complexes turned autonomous from the ego in an absolute way which then lost its role of "coordinator" and was converted merely in any other "subject" in the psychic experience of the patient, completely overwhelmed by the chaotic effects of his mental split.

There was in dementia praecox, therefore, the utmost disintegration of the psychological processes, and at the same time an absolute possession of the consciousness on the part of unconscious complexes that would otherwise be inhibited.

Although it was possible to understand the form and the contents of schizophrenia in accordance with the theory of Freud, the intensity of the process, in respect to etiology, caused Jung to postulate a necessarily organic factor (Jung 1907, p32).

But in this matter two possible interpretations were opened. Given an initial aperceptive disturbance, What was primary? A physiological unknown alteration which would cause extreme harm to the "niveau mental" with the subsequent release of automatisms? Or could it be that the violent intrusion of complexes in consciousness would be the primordial fact in damaging the brain, more or less, in an irreparable way and paralyzing the higher psychical functions?. The author, being based in clinical experience, prefers this second possibility, although without discarding the opposed option (upheld by Bleuler) (Jung, 1907, p.34).

In spite of all the reserves, it was revolutionary in Jung's time to bet on a psychic alteration--or rather, psychosomatic--as an etiogenic factor for dementia praecox. in his time (Samuels, 1986).

It has been said that the book of Bleuler of 1911 would be unthinkable without *The Psychology of the Dementia Praecox* (Castilla del Pino, 1982, p.227). In fact, Jung developed here the first psychodynamic conceptualization of schizophrenia and established the necessary bridge with the work of Janet, extending its field, from neurosis towards psychosis. Moreover, the parallelism established with hysteria will be the base of the "secondary symptoms" of Bleuler (Bleuler, 1991 p.476).

But 1907 also marks the beginning of Jung's collaboration with S. Freud, which would last until 1914. These are the years in which Jung moved away from academic psychiatry and decided to promote with all his interest the development of the psychoanalytic movement. The most valuable document of this period is, without doubt, the correspondence sustained between Freud and Jung. In the light of the information contained in it, several things can be affirmed: First of all, the traditional idea about Jung being a disciple of Freud is completely imprecise (Viquez, 1981, pp 375-383). Second, the theoretical differences which finally cut them off had their origin nearly from the beginning of the relationship. Finally, it was precisely the field of schizophrenia where those principle differences between the two men were more evident. Already in the *The Psychology of Dementia Praecox*, Jung showed his reticence about considering sexuality as the only foundation, even within the arena of hysteria, in spite of the support that he was explicitly giving to Freud (Jung, 1907, p.59).

During the correspondence maintained between 1907 and 1908, both writers were involved in a sort of "deaf's dialogue" in regard to the etiology of psychosis and, specifically, in regard to the "self-erotism" outlined by Freud. But it is from 1909 on when little by little the new approach Jung would defend in the following years became evident: We can see his enthusiasm in discovering how the contents in schizophrenia showed a close relation with mythological and cultural motifs shared in common by all the humankind and see the progressive necessity to expanding his conceptual system to give account of the phenomena that were became his focus of interest.

With *Wandlungen und Symbole der Libido--Symbols of Transformation* (1911-12) and *Theory of Psychoanalysis* (1913), Jung separates himself from Freud, defending a new concept of "Libido," purely energetic and desexualized, of neutral character (equivalent to "interest"). If in dementia praecox the patient withdraws from the outer world in order to create inwardly an "equivalent of the reality," the loss is of such calibre that it must include "even some impulses whose sexual character must be set completely in doubt, since nobody will recognize that the reality in itself is a sexual function" (Jung, 1913, p.77).

On the contrary, Jung was frequently faced with patients who had lost "all consideration in respect to the self-conservation, but not regarding the erotic interests, very strong in them ." (Jung, 1913, p.77).

The new "Libido" is set up as a "limit concept," necessary to give an account of the value of the psychological processes, understanding "value" as something that provides an effect. Libido has nothing to do with a measurable force but rather a hypothetical concept useful to explain the capacity for psychological transformations toward new attitudes and behaviours (Jung, 1921, para 868).

The psychic process will be now understood as a relatively closed system in which are to be found the principles of "equivalence" and "entropy."

Jung also will set up an "energetic-finalist" concept in contrast to the "causal-mechanicist" one of Freud--Jung regarded both points of view as complementary and necessary to understand the mental life. The psyche is an auto-regulated system with subsystems of opposite polarity that function in a dialectical way through an energetic movement of "progression-regression" and "extraversion-introversion."

It is in relation to Schizophrenia where it is possible to clearly discern the slight influence exercised by Freud on Jung. In fact, when he finished his psychoanalytic stage, Jung paid attention to applying his new concepts to schizophrenia and to reclaiming immediately the legacy of Pierre Janet, modified by his own findings, and replacing them in the conceptual frame attained by Bleuler in 1911.

In this way, Jung will redefine the classical Janetian distinction between hysteria-psychasthenia through his new typology. In hysteria the extraversion (regressive) predominates, and in dementia praecox, just like in psychasthenia, introversion is the more obvious mechanism (Jung, 1913 b para 931, 932).

As well, from now on, Jung will allude over and over again to Bleuler, whom he had intensely criticized with respect to the schizophrenic negativism (Jung, 1911), considering that the "primary symptoms" should be understood as defensive reactions of the sick person due to being "overwhelmed" by the complexes. The sole specific issue, Jung will argue about the primary symptom, would be the same thing Janet had defined as "Abaissement du niveau mental" (Jung 1939 a).

With regard to the problem of psychogenesis, his main controversy with Bleuler, Jung will formulate: "On the basis of a disposition whose nature is at present unknown to us, an unadapted psychological function arises which may develop into a manifest mental disturbance and secondarily induce symptoms of organic degeneration" (Jung 1914 a . CW 3 para 318).

What does that unadapted function consist of? According to Jung there is a breakdown of the compensatory function of the psyche. In the presence of an unilateral attitude of consciousness and in the event of an external conflict, the Unconscious responds with a complementary attitude trying to re-establish the mental equilibrium; in normal circumstances this occurs successfully. This is not the case in psychosis where consciousness reinforces even further its one-sidedness in an "escape forward" facing the unconscious compensatory trends, arriving to a point in which "The pairs of opposites are torn asunder, the resultant division leads to disaster, for the unconscious soon begins to obtrude itself violently upon the conscious processes. Then come odd and incomprehensible thoughts and moods, and often incipient forms of hallucination, which plainly bear the stamp of the internal conflict." (Jung 1914 b, p.63. CW3 para 457 ). This invasion would be expressed in the "Unconscious' own language," an archaic material closer to mythical formations than to personal repression.

In order to understand this "language," Jung considered it necessary to introduce a new "synthetical-constructive" approach. "What is the goal the patient tried to reach through the creation of his system?" (Jung, 1914 a, p.43. CW3. Para 408). The meaning of the delusional system is understood as a regressive movement facing a difficulty in life adaptation: "it is a necessary transition stage on the way to adapting the personality to the world in general. Only, the patient remains stuck in this stage and substitutes his

subjective formulation for the real world - which is precisely why he remains ill" (Jung 1914 a, p.46. CW 3 para 416). With the synthetical method ,he began to perform a comparative, analogical analysis with the delusory system, comparing it to onirical formations, to mythological and cultural themes which will lead him to the concept of "primordial images" (1912) and subsequently to the concept of the "Archetype" in 1919. Exactly in the same year, he put forward again t he possibility of psychogenesis in schizophrenia based on the changes produced in the illness after environmental modifications (the disappearance of a great number of catatonias after the reform of the asylums), the presence of psychological circumstance s in the stages of onset and relapse and above all, in the existence of a great number of cases of latent schizophrenia usually hidden behind a neurotic façade and which, by chance, were a tributary of a successful psychological treatment. Nevertheless, the psychic factor was not able to explain only by itself the illness of schizophrenia and Jung speaks about "Conditionalism." The question about how a psychological cause may precipitate the illness can be only conceived as the function of a "special predisposition": " The conflicts are different... of the normal ones, only in regard to his abnormal sensibility, overwhelming the faculties of the person" (Jung 1919, p.78). Such a state entails the affective isolation of the patient, underst ood as "self-defence," from some domineering strong emotions (Jung 1919,p.78) but at the same time feeding more and more a regressive inner world in which the patient feels trapped . The normal energetic mechanism of regression-progression finds itself pa ralysed in a sort of "eternal return," cyclical, inhabited with very intense images and affects, essentially archetypical .

The concept of "Archetype," the study of which Jung devoted the major part of his late work, has been the source of countless confusions. In spite of the several readings of the term, in regard to the schizophrenia, Jung always insisted upon its biologi cal character. From 1919 on, he insisted that archetypes are not inherited images but possibilities in regard to the formation of typical images. The archetype would be the "self - portrait of the instinct" (Jung 1919b): structures, forms of perceiving and apprehending the reality, characteristic of the human species.

"The archetype in itself is empty and purely formal, nothing but a facultas praeformandi, a possibility of representation which is given a priori. The representations themselves are not inherited, only the forms, and in that respect they correspond in ev ery way to the instincts,which aer also determined in form only." (Jung 1939c.CW9i para 155.). In other words, they are "typical attitudes, modes of action-thought-processes and impulses which must be regarded as constituting the instinctive behavi our typical of the human species.The term I choose for this, namely "archetype," therefore coincides with the biological concept of the "pattern of behaviour." (Jung,1958, CW 3.para. 565 ) Archetypes constitute the foundations of psychic life, wit h an energetic (motivational) power of an enormous magnitude.

In 1947 Jung distinguished between the "archetype-as-such," an unknowable structuring factor of the psyche, and the "archetypical image," that would be formed by the interaction of the former with the environment of the person to produce personally mean ingful but nonetheless "typical" images.

Furthermore, from this vantage point, the concept of archetype presupposes that the human being is, somehow, "pre-programmed" in regard to his own vital cycle. The activation of the "archetype-as-such" would be produced in common circumstances for the h uman species: mothering, the exploration of the milieu, the relation with the peers, fighting, maturity, marrying, etc.

Therefore, faced with the necessity of vital adaptation, we find the instinctive, universally human "instinctive" form responding to the requirements of the environment. Only with this condition could the "libido" flow freely in the service of an optimum adaptation. So long as this situation is an ideal, there always will be, so to speak, an "energetic surplus" underneath consciousness forming the "Complexes," which are understood in this way as the form in which archetypes emerge in individual life. (Jung, 1928 a, p. 22; 1928 b, pp. 273, 276).

Jung always insisted upon the role played by "complexes" in schizophrenia where they would split completely from conscious control, "swallowing" completely the ego and producing the symptomatology (Jung, 1939 a).

In his final works about schizophrenia, he understood this split-off quality of the complexes as "Physiological and unsystematic" (Jung, 1956; 1958). In an "interactionist" model, he considers that the illness requires an "organic" explanation, but without excluding the elucidation of "a psychic factor, of equal importance" (Jung, 1956, p. 114). The study of the contents of psychosis is a vital necessity. Although Jung since 1939 understood that the manifestations of the complexes in schizophrenia were radically different of what happened in neurosis (Jung 1939 b, p. 286; 1947, p. 131), now he makes it clear: "Now if the schizophrenic compensation, that is, the expression of affective complexes, were satisfied with a merely archaic or mythological formulation, its associative products could easily be understood as poetic circumlocutions. This is usually not the case, any more than it is in normal dreams; here as there the associations are unsystematic, abrupt, grotesque, absurd, and correspondingly difficult if not impossible to understand. Not only are the products of schizophrenic compensation archaic, they are further distorted by their chaotic randomness." (Jung 1958, CW 3 para. 568.).

The reason for this is seen in the fact that there seems to be a self-destruction of the complexes, probably by means of some unknown "toxic factor" (let us remember the psychosomatic quality of the complexes and archetypes), bearing in its turn an affective charge of such intensity, that the patient would be "overwhelmed" by the effects of such a split. In other words: by destroying the complex, the archetype becomes "dehumanized," coming into sight for the subject "in a rough state," carrying with itself fragmentary images, disproportionately mythical, archaic and extreme affects. The bridges between the consciousness and its instinctive basis are broken off, and the person becomes trapped in an autistic world.

In the face of the old issue about considering the destruction of the personality as primary, or alternately, the pathological activation of unconscious contents, Jung finally never dared to give an ultimate answer. He came even to postulate the existence of two types of schizophrenia: "an asthenic type [...] (motivated by a primary decrease in the hierarchical level of the personality), and a spastic type, given to active conflict." (Jung 1951, CW 16 par. 249; 1939, p. 101; 1959).

Although in his late work, Jung devoted little space to the study of schizophrenia in depth, it's also true that he deepened like anybody before him in the contents of the sick mind through an hermeneutic study of huge scope. It is his merit to build from it a general theory of the psyche whose outcomes are still in blossoms.

What can be truly affirmed is the influence that his work had in some of the theoretical developments about schizophrenia. He established the conceptual nexus between the

first dynamic psychiatry and the "organo-dynamic" formulation of Bleuler, greatly indebted to Jung's work of 1907.

He was the first in leading psychoanalysis towards the field of psychosis and in carrying out therapeutical efforts from the analytical point of view.

His breaking-off with Freud, compelled the latter to reformulate his theory introducing the concept of "Narcissism" in order to explain the psychosis, whereas Jung, moving always closer to a Janetian view about the unconscious, arrived finally at the elaboration of a theory about the psyche, radically different from the Freudian.

His hermeneutic work can be considered as an alternative to those systems which postulate a "ontologic breaking" for psychosis. Moreover It contains elaborations which anticipate the actual "defectual", "motivational" or "vulnerability-stress" models.

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