

3. Psychogenesis of Mental Disease

Volume 3 – The Psychogenesis of Mental Disease

Editorial Note

- Editors think this work is vital to understand Jung's later theories
- Psychology of Dementia Praecox is culmination of Jung's work at Burgholzli
- This work got Freud to notice Jung
- Jung's view is that the development of schizophrenia couldn't be explained wholly through sexual theory

I PSYCHOLOGY OF DEMENTIA PRAECOX (1907)

Forward

- Culmination of three years of work, not meant to be comprehensive
- Many thoughts arose through conversation with Bleuler
- Let's be fair to Freud without submitting to any dogma;

1. Critical Survey of the Theoretical Views on the Psychology of Dementia Praecox

1: in recent past, researchers were dealing with a variety of disorder though often treating it as the same thing,

2: catatonia caused by weakening of consciousness, disturbance of attention

3: prolonged reaction time, blocking, explained through visual fixation

4: morbid cause to insanity, says this guy Roller, never heard of him

5: some agreement that the cause of general insanity comes from an unseen, unconscious disorder;

6: is it true that outside consciousness the psyche doesn't exist?

7: yes Neisser, of course there's a physical cause; the question is what's the physical cause;

8: we must consider that with dementia praecox there are still normal associations, ie it's not all crazy

9: Sommer on associations with catatonics, some normal with some erratic;

10: sure there are sudden disturbances in DP, but also hysterics and normies, it's a question of degree;

11: we find more sound associations and repetitions in catatonics;

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12: more than normal perseveration in catatonia; Vogt hypothesizes this is because little other consciousness is taking place; similar views with Evensen;

14: Rene Masselon thinks catatonia psychology linked to less attention;

15: it's a nice theory but begs the question; a "cramping of cerebral activity"

16: Masselon thinks the disorder goes back to one root, which he cannot communicate without being vague; again indications that phenomenon observed in people who have disorders all present in normies;

17: Masselon almost arrives at the idea of a complex but not quite;

18: yes there is a central psychological disturbance;

19: Weygandt, like Wundt, ascribes dementia praecox to some kind of mental deterioration; apperception as the assimilation of a new idea into consciousness and the resulting alteration to consciousness;

20: apperception restated as the process by which any psychic content is brought to clear comprehension, subsumes many processes; this, Wundt's, definition is broad;

21-26: Madeleine Pelletier, her views of dementia praecox, similar presentation as flight of ideas, absence of directing principle; not exactly like a dream, though; mostly ramblings in French there; "fluctuates but doesn't sink"—superficial, sound associations; no prefrontal cortex integration; or disturbance in attention we could say; and when conscious mind is removed, Pelletier notes, symbols arise;

27-29: negativism, opposition to or lack of response to doctor, external stimuli; it can be seen as a defense against suggestibility;

30-31: summary thus far: dementia praecox characterized by low attention, apperceptive deterioration and all that comes with it; memory as passive;

32-35: what explains individual variety in the symptoms: Stransky says something of how emotions are vapid, superficial, and unassociated with ideas, reference to Schopenhauer's intellect and will, and disconnect between the two; this incongruity is present in even healthy individuals though to a less degree; at first we may think there's a physical, neurological degeneration;

36-51: Stransky posits a new mechanism in dementia praecox, though Jung doesn't think we need add a new mechanism unless necessary, let's look at speech confusion first, similar to normies who get distracted, which revealed that dementia praecox may simply be lack of executive function; this "distraction" also produces neologisms; apperceptive weakness and symbolism, likened to dreams, when clearly conscious mind is non-existent;

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52-54: whether Stransky's experiments truly correspond to a state of disturbed attention; yes, but the exact mechanism is still unknown, seems like disturbed attention makes us stupid;

55: Otto Gross proposes term dementia sejunctiva, to denote a "disjoined" consciousness, which adds nothing thanks Gross; this disjoin or dissociation leads to automatisms as Breuer and Freud pointed out, which means consciousness is the result of a myriad of unconscious processes;

56-59: what we have here is the iceberg analogy; complexes that are constellated in consciousness, cemented by affect; the idea of splits or repressions leading to psychological incontinence;

60-69: to the question of what exactly are these split off contents, what is their nature of their content; Freud notes paranoia, hysteria, from an example of a paranoid woman, her past issues with nudity, making up for shame she was supposed to feel back then through her current veil of anxiety, the hiding of sexuality;

70-75: to the nature of the dissociated ideas, which can be accompanied by an intense feeling tone; thoughts incompatible with ego-consciousness become repressed, then warped, Tiling came to similar conclusion on his own through clinical experience; to apperceptive deterioration, Neisser adds fixation of affects, when the complex arises and prevents development; difference between hysteria and dementia praecox, psychological vs physical, neurosis vs psychosis

76: everyone works separately but converges on similar ideas; still, we need to further distinguish aetiologically between dementia P and hysteria;

The Feeling-Toned Complex and its General Effects on the Psyche

77-: the feeling toned complex goes beyond what Freud discussed;

78-83: affectivity uber alles, precedes thought and action; let's use a chemistry analogy, we have molecules in our brain, each composed of sense perception, intellectual components, and feeling tones; compares process to Wagner's music, leitmotifs are the feeling tones of complexes, actions and moods are its modulations; example of how church bells can be associated with a rival, or an ability to despise a whole town because a rival lives there; molecules here are bells, feeling tone would be the rivalry; note 7 on how affect precedes attention, or attention is a kind of affectivity;

84-87: Acute Effects of the Complex: complex uses the mind for its own end; how it gets this power, what Jung says here is body goes into some kind of protection/survival mode, triggered by similar though weaker stimuli that caused them; complex sensitivity or PTSD;

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88-106: Chronic Effects of the Complex: two kinds of chronic effects, 1 impressions that last a lifetime, like seeing cancerous boobs; and 2 effects from affect are constantly maintained, or it's always there; first type explains confirmation bias; second type seen in sexual complexes, complexes cause inhibition, revealed in word association; examples here of how seemingly innocent stimulus words can trigger a complex, then examples of complex in other psychic reactions as well; dogs and cats as symbol for complex in old maids; being in love as example of complex; how young women cloak their interest in sexual matters, which would be displacement; how men displace their sexuality, collections, dangerous sports, incessant career activity;

The influence of the Feeling Toned Complex on the Valence of Associations

107-116: perseveration as complex indicator; complex in effect causes a decrease in attention ie relationship with reality; review if you haven't read volume two; more complex examples and their constellations, music edition;

117: music doesn't take our foremost attention so it's in the background speaking for the complex; Freud was able to trace the forgetting of word aliquis to late period of his lover; latin phrase, may you arise as an avenger from our bones, through a series of associations; and now Jung is going to do the same.

118-122: a guy couldn't recite a poem, a pine tree stands alone, or the part he forgot was with white sheet, because you cover the dead in white sheet; his brother just died and he's been thinking a lot about death; puns are another great way to suss out complexes; I guess people would play pun games at parties;

123-133: dreams are a similar kind of complex indicator; dream from volume two of horse fell from cables, then calmed and slowed down by a guy on smaller horse; Jung goes on lengthy analysis, then determines it's about how family life will restrain the dreamer; complexes tend to fuse in dreams, which makes meaning more difficult to suss out;

134-135: psychic molecules are confused under states of distraction, sleep being one of them; more indirect associations under distractions, note 13 describes complex fusion; complex is likened to a distraction, affects us in similar ways;

136-138: symbolism vs allegory, allegory as conscious interpretation, symbols as subsidiary associations to a thought, obscure rather than clarify; note 19 on whether sleep is an act; the cause of insomnia is uncontrollable complexes; Bleuler's observation that complexes act as contrasts;

139-142: general remarks on complexes: every affective event becomes a complex; dementia praecox as a complex so ingrained that it cannot be changed, a permanent complex; hysteria, again, as self-protection mechanism, or survival mode;

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Dementia Praecox and Hysteria

143: a comparison of the two, on basis of what's been said so far;

144-152: Disturbance of Emotions: there's both emotional deterioration and discrepancy between idea and affect; this amounts to being tuned out of affect; good example of patient who used effectively positive psychology on herself, other examples of this incongruity; then the opposite, or way too much affect for the idea, ie being triggered; lack emotional rapport, temporary in hysteria, more permanent in dementia praecox; get emotional rapport in DP when we penetrate the complex;

153-159: Abnormalities of Character: hysteria exaggerates character, affectation, when you're trying to be cooler than you are; hysterics, due to their sensitivity, act in inconsiderate ways;

160-181: Intellectual Disturbances: more suggestible, often meaningless repetition of words; disturbance of consciousness can be either momentary or persistent; disorientation caused by complex, why DP patients may not make sense; content of hallucination delirium usually in form of wish fulfillment, note 20 is interesting to say the least, delusions caused by repressed complex in both hysteria and DP; delusions of reference, or a distrust of sense perceptions; the feeling that every action is lacking in some regard, like the patient isn't ultimately in charge of his life, sounds like an intense affect disconnect, this "feeling of incompleteness," dementia praecox likened to a waking dream; notes obsessive thoughts, or the inability to have proper, fleshed out thoughts about the complex; dementia praecox has inspirations but doesn't go into what he means by this exactly; fascination as a defense mechanism; negativism in DP, inability to respond properly to environment; hallucinations as projection of unconscious issues, same with distortions of speech; and yeah sleep disturbances, thanks to the complexes;

182-193: Stereotypy: persistent repetition of certain activity, discusses phenomenon of automatization, and that in dementia praecox complexes become automatized, evident in perseverations; note 43 on the speech pathology contributes to stereotypy; guy gradually begins to comb happy trail; automatism of action likened to an absence of thought, a regressed psychology, likened to destruction of cerebrum;

194-197: Summary: hysteria as an ingrained complex, creates a negative feedback loop; in dementia praecox, it's unclear whether the complex causes the disorder or whether the disorder aggravates the complex; DP mutilates the patient; posits a toxin X that deteriorates brain as cause of DP;

Analysis of a Case of Paranoid Dementia as a Paradigm

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198-202: Clinical History: subject, dressmaker, 42 when admitted, intense paranoia and hallucinations, not an imbecile;

203-214: Simple Word Associations: most of her associations are dictated by complexes; obvious erotic complex (she's unmarried); delusions of grandeur noted, associations typical of dementia praecox; complex is dominant, seems to be around inferiority, many power words; sure grandeur is the defense but it's inferiority;

215: let's look at subject's neologisms further, she had no idea what she meant by them; no idea neologisms were her invention; Jung therefore got all of subject's associations that were aberrant neologisms;

216-218: Socrates, response to "pupil"—inhibitions with this association; she relates with Socrates and what he went through, she suffers like he did; she has a difficult time distinguishing between concrete and symbolic;

219-220: double polytechnic; the Polytechnic is a building in Zurich that belonged to her; more indication of the inferiority and defense against it;

221-254: analysis of several of subject's response words, all along the same theme of delusions of grandeur, or wish fulfillment, as a defense against the feelings of inferiority;

255-257: sounds like shame about social class; what she does is take her (waking) dream symbolism of delusions and wish-fulfillment and projects them as real;

258-276: more analysis of response words, now on the theme of persecution and suffering; the delusions of grandeur are a defense against this or vice versa, either way not much solid reality testing; we accuse others of selfishness often when we feel like we cannot properly deal with reality; words used to symbolically represent the petty aggravations of asylum life;

277-296: response words that touch on patient's sexual complex; delusions of marriage to an important, wealthy Mr. W; snake, sausage symbolism in associations, and we know what this means; imagines herself as both man and wife, similar hermaphroditic symbolism that will come up again in alchemy; man with sword visions, obvious symbolism; symbolism of a birthed son with Dr. D, sounds like a hunky doctor in the ward from when she was initially committed; euphemistic, childish symbolism of birth;

297-302: Summary: the patient speaks as if in a dream, unfiltered symbols, whereas an artist would give evocative expression to the symbols; dreams have replaced waking state, ie poor adaptation to reality; already discussed this distinction in his dissertation; patient is somewhere in between normal dreamer and hysterical somnambulist;

303-314: Supplement: split-off complexes cause hallucinations to the extent they're unacknowledged and intense; three examples of teleological hallucinations, which involve the complexes manifesting as ostensibly physical forms, directing the patient;

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likens this to the daemon of Socrates, other historical examples; complexes speak to us through multiple channels, which can be corrective;

315-316: Epilogue: this is only the start of the dig;

PART II: THE CONTENT OF THE PSYCHOSES

- Lecture from 1908, edited by Freud, meant for the layman;
- Notice physical changes in mental disorder, yes, but observations are too preliminary to conclude definitely what they mean;
- A rebuke of the medical model here; sure, biological deterioration occurs, but perhaps a disorder in thought or affect occurs first, which then affects the patient physically;
- Cancer analogy, sure it's physical but that doesn't mean it's the first cause;

320: psychology isn't a science, not a hard one at least

321: mental disorder was once seen as work of evil spirits, and there was success with this; now can be seen as result of sin;

322: we can see a physical explanation for mental disorder;

323: Gall recognized lesions in brain of mute; tumors were noticed; Wernicke indicated speech center in left temporal lobe; we're learning more about brain anatomy;

324: anatomy indicates disorder but doesn't equal disorder;

325: only a fraction of patients show brain anomalies;

326: brain deterioration could be result of epilepsy, not other way around;

327: in senile deterioration and paralysis, shrinking of frontal cortex;

328: shrinkage of cortex in only severe cases of alcoholism;

329: melancholia and mania, no physical problems noticed;

330: no physical brain issues with dementia praecox, generally;

331: 75 percent of disorders present no brain impairment;

332: psychology will therefore be the future, not the anatomical approach;

333: he and Freud investigated previous psychological history of patients

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334-340: let's look at examples, medical history then treatment; woman, 32, recently in romantic relationship, strange hat, pince-nez, anxiety attacks, teeth issue; turns out she previously had secret love child, her displacement of illegitimate child sin onto teeth as sin;

341-355: another example, intelligent archaeologist, becomes increasingly isolated, sounds like me; delusions of grandeur regarding his weaknesses like strength, physicality, music; this was a compensation, in other words; the isolation triggered by his crush marrying someone else; his "cure" for dementia praecox; the insane do what the artists do, only poorly;

356: psychologists cannot help until patient is ready;

357-359: symptoms can indicate content of disorder; example of patient in hospital for 35 (!) years; made Schumacher motions back when she was up in bed, jilted by lover who was a shoemaker;

360: patients are sometimes more in-tune than we would think and can recover randomly; not a lot of treatment done;

362-384: pathological nonsense is compensation; let's look at an example of this; the example is the subject from On Dementia Praecox;

385: Jung muses the insane take the normal human tendency to hide from reality and aggravates it; all dementia praecox make sense eventually when they're investigated;

On Psychological Understanding (1914, lecture)

388: Jung had hypothesis of what causes dementia praecox, and turns out he's right;

389: Freud developed a new analytical technique to connect experiences with symptoms;

390: it's good method, employed by others, but Jung thinks it can be better;

391: retrospective understanding, when we break down complex symptoms into their simple causes, or look at what appears in the present, a seeming mess, and reduce it to palpable instances in past;

392: Freud's reductive method is scientific because it's based on cause and effect;

393: Jung thinks we need more understanding; we need to question what Faust can do to redeem himself to understand Goethe's symbolism;

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394-396: Jung skeptical of objective understanding in psychology; good for hard sciences, but not psychology; for psychology we must go deeper to analyze intent, sure it's subjective but that which is objective isn't that useful;

397-399: psychology deals in what is subjectively true, so let's understand the subject; Jung's criticism, you're right but it misses the point;

400-403: analysis of patient's dream, an old friend handed him a sword, or how to face dangers of life;

404-412: famous psyche definition, "it gives a picture of the remnants and traces of all that has been, and expressed in the same picture the outline of what is to come..."—causal analysis is reductive, constructive analysis is, uh, constructive; the difference between association and amplification; to analyze Schreber well we must look at his intention in creating a system;

413-417: it's okay to be subjective as long as you know you're subjective; we get great reference points for symptom understanding from mythology; this is what he communicated in volume 5 symbols of transformation with Miss Frank Miller, Flournoy's patient; how we adapt to the world give indication of our psychology and worldview;

418-421: Jung brings up types, (not for first time I think, brings them up in volume 2 and 5), introverted vs extroverted, both explain how neurosis manifests; libido doesn't have exclusively sexual connotation for Jung; how different types direct libido, inwardly vs outwardly; introverts need a system to adapt to the world, extroverts don't get this, which leads to misunderstanding between the two; the constructive method takes over viewpoint of neurosis/psychosis; Weltanschauung = worldview, everyone has one even if they don't know it;

422-423: Jung states separately the constructive method much never be taken objectively; again Freud's approach is correct but less than useful;

424: worldviews can be traced back to Heraclitus, yes, but even before Heraclitus to the ideas of primitives, as Jung breaks down in volume 7 and elsewhere;

PART III

A Criticism of Bleuler's Theory of Schizophrenic Negativism (1911)

425: negativism can be seen as deep-seated resistance; three negativistic phenomena are ambitendency and ambivalence as laid out by Bleuler; ambitendency, every impulse is balanced by a counter impulse; ambivalence, two contradictory feeling-tones; Schizophrenic splitting of the psyche, as though the psyche works against itself; the stalemate created by these phenomena causes negative symptoms;

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426-427: the incessant association of opposites as a way to stay stuck and not do anything;

428-437: the causes of negativism according to Bleuler, you see them there, explanation of each, mostly evident; none are fundamental to what I call the payoff; all these causes feed the secondary emotional payoff; sexuality issues present in negativism because sure it's inherently a sensitive issue for us; Jung thinks these causes are ultimately complexes;

The Importance of the Unconscious in Psychopathology (1914, lecture)

438: two ways of unconsciousness, physiologically and psychologically, he's only going to discuss psychological unconscious, defined as sum of all psychic events that are not apperceived and so are unconscious; wait, what is physiological unconscious;

439: unconscious makes itself known through subliminal form;

440: Leibniz called them insensible perceptions, Kant called them shadowy representations;

441: no time to go into technical terms for unconscious now, we have the def so let's move on;

442: let's look at how unconscious operates re neurosis and psychosis;

443: first look at conscious mind, what's there, and we'll know what's here isn't in unconscious, through process of elimination;

444-448: example, a seemingly trustworthy man may in fact be untrustworthy; he's seemingly a clear thinker though may be affected by superstition; hereditary also affects this rule of compensation;

449-: the unconscious compensates, creates a balance; this balance manifests as "symptomatic actions"

450: thanks to Freud who said the dream is able to tell us about this compensating function, like Nebuchadnezzar's dream of his downfall in Daniel;

451-454: the way unconscious compensates in mental disorder is through hysteria and obsessiveness, so let's look at these I guess; we've known for a while these are caused by unconscious processes; a previous more materialistic view thought mental disorder was caused by physical disturbance in neurons, but we know the majority of mental disorder, patients brains look totally normal (as previously discussed in this volume);

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455-463: mental disorder marked by isolation, disconnected from reality; based on aloof or pensive disposition; there is natural drive for human connection; difficulty caused because neurotic fights against the compensations; symptoms get worse as isolation gets worse; paranoia of alcoholic as compensation; fanaticism of religious converts as compensation;

464-465: impossible to go into all detail in such a short lecture; in sum, function of unconscious is to compensate conscious; symptoms arise when compensation tries to adapt to conscious in a one-sided manner;

On the Problem of Psychogenesis in Mental Disease (1919, lecture)

466: psychology is more focused on material causes of mental disorder;

467: scientific materialism looks at physical causes

468-469: an example of a woman examined physically, not psychologically; and there were rich psychological issues there

470: but doctors are scientists, not philosophers

471: in dementia praecox, there are few physical causes we can see, mostly psychological anamnesis causes; psychiatrists see only the worst of mental disorder, and these cases are more likely to have physical causes, though of course not all of them have physical causes;

472: medical model begs the question;

473: example of man who had difficult time returning to town where he was jilted;

474-476: women who went in to a frenzy, put in ward; Jung says her case was merely an exaggeration of emotion;

477: patients act crazy as a result of being locked up against their will;

478-479: another example with similar point; external circumstances can aggravate especially dementia praecox, indicating something other than physical cause;

480: science is now more open to conditionalism, or multiple causes, as opposed to causalism, or one cause; notes that resolving a conflict cures the disorder, another indication the cause isn't physical;

481: sure, it's impossible to prove the resolution of the conflict ameliorated the disorder, but so what;

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482-491: Jung is doubtful about psychotherapy when it comes to psychoses; example of young peasant girl who talks with God, evasive when questioned; difficult to get through to her, lack of emotional rapport with environment; turns out through anamnesis it's a sexual complex, love for this guy sublimated into love for God; psychologically cut off before this happened

492: with emotional rapport with environment, more likely to be hysteria; lack of emotional rapport with environment, more likely to be schizophrenia;

493-495: there was no physical cause here, is the point; and she did improve after the consultation; more is to be said on this topic, but let's look at psychological causes as well as physical causes;

Mental Disease and the Psyche (1928)

496: materialism reigned at turn of the century; now people are more amenable to psychogenesis;

497: sure, there are physical causes too, which makes it complicated; schizophrenia coined by Bleuler; Kraepelin term was dementia praecox; good to note this;

498: schizophrenia marked by autonomous complexes;

499: schizophrenic may seem normal until they're triggered by complex word, like freemason ha; triggering is autonomous complex

501-502: a triggering is the catalyst, not the cause; guy thought he repressed feelings for sister-in-law, turns out people think he's gay

503: physical symptoms could be the secondary symptoms;

PART IV

On the Psychogenesis of Schizophrenia (1939)

504: references Psychogenesis of Mental Disease, it holds up

505: still the question of physical vs psychic causes of disorder;

506: schizophrenics have more autonomous complexes than the neurotic;

507: hints at unifying factor that coordinates multiple personalities;

508: personality dissociation in schizophrenia is more severe;

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509-511: indications of abasement; it's all there in regular neurosis but not to the same degree;

512: secondary symptoms are psychological in nature;

513: but what about primary symptom?

514-515: neurosis is schizophrenia with integral personality; neurosis is abasement percolated;

516-519: neurosis as a battle between ego-consciousness and unconscious; there seems to be a line between neurosis and psychosis; this battle can occur for many years until an inciting incident; repressed material wells up and drowns ego-consciousness;

520-522: latent psychosis exists, probably from a hereditary taint; regular neurosis to a greater degree;

523-526: insanity is a dream that has become real, it's the same lack of ego-consciousness; mix of personal and collective unconscious; collective unconscious dreams, or "big dreams," occur at stages of initiation into next stage of development;

527: psychiatrists need to wear more tweed coats, fewer lab coats;

528-531: primitive standpoint would emphasize the strengthening of the unconscious via presence of a demon; Jung thinks it could be either weakened ego or strengthened unconscious; defensiveness is an indication of weakened consciousness, not strong unconscious; so let's make two groups of schizophrenia, one a weak conscious and the other a strong unconscious;

532: psychogenesis means an exclusively psychological origin or a number of psychological conditions; let's look at the first and ask whether a sole cause of schizophrenia is psychological;

533-538: causality vs conditionalism, which would be multiple causes; example of jilted lover who thinks he saw the girl in Zurich with her child; whether the psychological cause produced the disease or its symptoms; example of girl who recovered from schizophrenia; Jung won't say organic or psychic; sure there are bad cases that are probably organic but plenty of milder, probably psychic cases;

539: no more catatonics in hospitals because now they give them something to do; plenty of schizophrenics that don't go to mental hospitals; Jung conveys sense of hopelessness re certain cases;

540: some success with difficult case;

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541: it's good to treat schizophrenia as psychic, even if it may be organic; let's give the psychic aspects of schizophrenia as much attention as we've given the organic aspects;

Recent Thoughts on Schizophrenia (1957, broadcast)

542: he's unsure exactly what he's talking about but it's needed;

543: more investigation into schizophrenia needs to be done; need a better control group;

544: neurotic as systematic dissociation, psychotic as unsystematic disintegration; more abasement of psychology, more surface associations;

545: in schizophrenia, we get abasement symptoms though memory and orientation function normally;

546: schizophrenia rather marked by disturbance in content

547: so schizophrenia, with poor content integration, cannot communicate well, also poor affect, unsure exactly what is the cause of this, may be psychological reaction to complex or destruction of affectivity itself;

548: unsure whether the cause is physiological or psychological, or there may not be much of a difference;

549: regular dreams vs big dreams; schizophrenia may be a waking big dream;

550: archetypes as expressed in myths

551: psychology transcends personal

552: the answer to schizophrenia is the answer to psychology;

Schizophrenia (1958, ready by Jung's grandson)

553: niceties;

554: used word association to investigate schizophrenia

555: discusses dissertation; schizophrenia interrupts the processes we try to understand;

556: in psychology of dementia praecox, realized that schizophrenics were thinking in dream images;

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- 557: schizophrenia doesn't interfere with content of consciousness, rather its orientation; schizophrenia as waking dream;
- 558: saw schizophrenia in less egregious forms in his private practice
- 559: schizophrenia as neurosis to the nth degree;
- 560: symptoms of psychoses run deeper as compared with neurosis;
- 561: a patient who was experiencing an impending attack from the unconscious, read Schopenhauer, and the cataclysmic dream symptoms stopped; sounds like repression does;
- 562: art objectifies the unconscious predicament;
- 563: schizophrenia is not only complexes but aggravated affects as well
- 564: endogamy and Oedipus, Electra;
- 565: archetype as innate pattern of behavior;
- 566: schizophrenia, an expression of archetypes; how dreams transcend culture and time;
- 567: less awareness of symptoms with schizophrenia as opposed to hysteria;
- 568: archaic symbolism expressed in schizophrenia, but without a pattern and abruptly;
- 569: schizophrenic apperception similar to that of mescaline, the lowering of consciousness;
- 570: which made him think the cause of dementia praecox was a toxin, not he thinks it's primarily psychic;
- 571: example of a young girl who had catatonia, physical symptoms disappeared when she began to talk and relate an archetypal myth; she seems to have naturally worked through the symptoms through a return to normal life; maybe the talking helped;
- 572: turned out well;
- 573: the treatment of schizophrenia is a test of the therapist's constitution;
- 574: example of lady cured somewhat of her hallucinations, symptoms told Jung to let her read the bible, died of stroke, not sure how this relates;
- 575: intelligence helps a patient recover, which is true; > 115 IQ helps; you need to be able to talk with them about what's going on;

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576: there is an objective psyche, but Jung thinks it's too early for theory building;

577: not sure of schizophrenic etiology, some could be mostly physical;

578-581: abasement leads to waking dream state; depotentiation, as opposed to potentiation; weakness of ego consciousness vs strength of unconscious, this dilemma again;

582: epileptic with prodromal vision of mandala, squaring the circle; posits physical location of archetypes in the brainstem; editors elaborate on this; then the toxin theory of etiology becomes more a possibility;

584: solution will be combination and understanding of both substance and psyche;

Letter from Jung to symposium guy about toxin etiology of schizophrenia: he considers schizophrenia from primarily the psychological point of view, though a dual etiology ultimately, psychology causes physical