

# Abstracts of the Collected Works of C.G. Jung

## Volume I: Psychiatric Studies

**000001 On the psychology and pathology of so-called occult phenomena: 1. Introduction.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd ea., Princeton University Press, 1970. 260 p. (p. 3-17).

Certain conditions of psychopathic inferiority and altered states of consciousness, previously thought to be occult phenomena, are discussed to classify them and to resolve previous disagreement about them among scientific authorities. These include narcolepsy, lethargy, ambulatory automatism, periodic amnesia, somnambulism, and pathological lying, which are sometimes attributed to epilepsy, hysteria, or neurasthenia and sometimes described as diseases in themselves. The exceptional difficulty in defining these states is outlined and a case of somnambulism is presented to illustrate the problems of classification. A 40-year-old unmarried female, an accountant and bookkeeper in a large firm, had been in a highly nervous state for some time and took a vacation. While walking in a cemetery, she began to tear up flowers and scratch at the graves, remembering nothing of this later. In an asylum in Zürich she reported that she saw dead people in her room and her bed and heard voices calling from the cemetery. The conclusion was that the patient suffered from a psychopathic inferiority with a tendency to hysteria. In her state of nervous exhaustion, she had spells of epileptoid stupor. As a result of an unusually large dose of alcohol, the attacks developed into somnambulism with hallucinations, which attached themselves to fortuitous external perceptions in the same way as dreams. When she recovered from her nervous state, the hysteriform symptoms disappeared. Other cases of somnambulism and the findings of other researchers are briefly discussed. 17 references.

**000002 On the psychology and pathology of so-called occult phenomena: 2. A case of somnambulism in a girl with poor inheritance (spiritualistic medium). Anamnesis. Somnambulist states. Records of seances.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd ea., Princeton University Press, 1970. 260 p. (p. 17-30).

Detailed records of a case of somnambulism in a 15-year-old girl, with powers of a spiritualistic medium, are presented, whose family had exhibited symptoms of eccentricity and personality disorders. Records of family members reveal waking hallucinations, eccentric and bizarre behavior, personality aberrations, extended trance states, and varying degrees of neurotic and psychopathic behavior. Her own behavior was reserved, though she was susceptible to sudden mood changes. Intellectually she was undistinguished, and poorly educated. Her mother was a tyrannical and inconsistent disciplinarian, and her father had died during S's early adolescence. Her proficiency as a spiritualistic medium emerged where she attempted table turning for amusement. It improved rapidly and dramatically, until she could communicate with deceased relatives and acquaintances and mimic people whom she knew only by hearsay. Gradually, gestures accompanied words, until she acted out whole dramatic scenes, depicting a full range of emotions and using standard literary German fluently -- though she spoke only the rural dialect in a waking state. At first, trances occurred spontaneously, beginning as somnambulist attacks she was able to predict; then later she could induce them at will. In the gradual awakening, an ecstasy state was usually followed by catalepsy with *flexibilitas cerea*. S exhibited two different personalities side by side or in succession, each striving for mastery. Highlights from the recorded dialogs in the seances are presented, in which a variety of psychic and occult phenomena occurred (automatism, clairvoyance, premonitions, forebodings, and descriptions of visions). Some became manifest through psychographics, and some through the voices of many different persons, mostly S's deceased relatives --

her grandfather in particular. 1 reference.

**000003 On the psychology and pathology of so-called occult phenomena: 2. A case of somnambulism in a girl with poor inheritance (spiritualistic medium). Development of the somnambulist personalities. The romances. Mystic science.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 30-43).

A discussion of a case of a 15-year-old girl details phenomena that occurred during somnambulist episodes. At the request of spiritualists attending S's seances, the names of well-known dead persons and sometimes unknown names appeared. The control spirit was S's grandfather, who produced Biblical maxims, edifying observations, and song book verses he had presumably composed himself, which was not in accord with the character of the real grandfather. A subsequent personality, who spoke with a different accent, was frivolous and superficial. When he began to dominate the seances, the serious character of the meetings could not be sustained, and the sittings were suspended for periods. All of these personalities had access to the whole of the medium's memory, including the unconscious. In these trances, S's consciousness displayed an extraordinarily rich fantasy. She was almost totally amnesic about the automatic phenomena during ecstasy, but had a clear memory of other ego connected phenomena such as glossolalia. After each ecstatic trance she suffered amnesia, which was replaced gradually by fragmentary memories. In later seances, S described some of her experiences in the spirit world, where she had a special name, Ivenes. As such, she understood and spoke the language of the spirits. She talked of star dwellers and the M Martian canal system, and the beings that live on Mars. Ivenes, who spoke as a serious, mature person, in contrast to some of the other personalities, directly controlled S's semi-somnambulist state. She had embodied herself numerous times over the centuries, and described some of her states and romantic adventures. Later still, S developed a complete mystic system of the cosmos, received from the spirits, which was explained in a diagram. The interesting and significant seances then ended. After Jung ceased to attend them, S was caught cheating at a seance. She subsequently ceased to take part in seances, and became employed in a business where she was apparently successful. Her character also improved and she became quieter, steadier, and more agreeable, with no further abnormalities. 2 references.

**000004 On the psychology and pathology of so-called occult phenomena: 3. Discussion of the case. The waking state. Semi-somnambulism. Automatism** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 44-61).

Various aspects of somnambulism are discussed in studying the case of a 15-year-old girl. She was absentminded, displayed a variety of moods, was reasonably intelligent but narrow-minded. Her memory was good, but impaired by distractibility. Her frequent misreading demonstrated hysterical distractibility, and she exhibited a pathological dream state; its genesis was spontaneous, and usually regarded as hysterical. In her case, the misreading, psychologically typical of the mechanism of somnambulist dreams, was a prodromal symptom of later events. For some time before and after somnambulist attacks she was in a preoccupied state. In this semisomnambulist state, she was grave and dignified, in contrast to her usual personality. She gave the impression of acting, with considerable dramatic talent, the role of a mature woman. Her conversation was about equally divided between answers to real questions and to hallucinatory ones. The phenomena of automatic movements of the table, psychography, and other automatism were observed. The table turning occurred in its most pronounced form in the waking state, which then usually developed into semi-somnambulism, with the onset announced by hallucinations. In psychography, another phenomenon that occurs under partial hypnosis, a primary suggestion is directed to the conscious mind when sensibility is retained, and to the unconscious when it is extinct. In the second seance, the coincidence of the descent of darkness and the deceased grandfather's brusque interruption seems to have caused a rapid deepening of hypnosis, which favored the hallucinations. An entirely new personality (Jung's grandfather) appeared. This was

probably a dissociation from the already existing personality, which seized the nearest available material for its expression. 32 references.

**000005 On the psychology and pathology of so-called occult phenomena: 3. Discussion of the case. The change in character. Nature of the somnambulistic attacks. Origin of the unconscious personalities.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970 260 p (p. 61-78).

The development of alternate personalities in somnambulism is discussed in studying the case of a young girl. A review of several cases in the literature indicates that the second state is usually separated from the first by an amnesic split, with a break in the continuity of consciousness and a change in character. In S's case there was no amnesic disturbance. The transition was gradual, and the continuity of consciousness was preserved. Considering S's age, 15, the supposition is that there was a connection between the disturbances and the physiological changes of character at puberty, which becomes clearer on examination of her second personality, Ivenes. Ivenes was the continuation of S's ego, and composed its whole conscious content. Ivenes' calm composure, her modesty and reserve, her more uniform intelligence and confidence were an improvement on S's character. But Ivenes gives the impression of being an artificial product, suggesting the prototype of the Clairvoyante of Prevorst. Ivenes was what S wished to be in 20 years, an assured, influential, wise gracious, pious lady. S differed from other pathological dreamers discussed in that it could not be proved that her reveries had been the objects of her daily interests. Her "romances" showed the subjective roots of her dreams There were open and secret love affairs, with illegitimate births and other sexual innuendos. S's 'reincarnation theory' in which she was the ancestral mother of thousands, was a fantasy that is characteristic of puberty. The main cause of this clinical picture was the patient's budding sexuality, a dream of sexual wish fulfillment. In the second seance, S had a fainting fit from which she awoke with memory of some hallucinations. but she said she had not lost consciousness. Etiologically, two elements should be considered: the influence of hypnosis and psychic excitation. The characteristic feature of hysterical splits of consciousness is that they are surface disturbances, none of them going so deep as to attack the firmly knit basis of the ego complex. Somewhere, often extremely well concealed, is the bridge. The various personalities were grouped around S's grandfather and Ulrich von Gerbenstein. 44 references.

**000006 On the psychology and pathology of so-called occult phenomena: 3. Discussion of the case. Course of the disorder. Heightened unconscious performance. Conclusion.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 78-88).

In the presentation of a case of somnambulism in a young girl, the exceptional course of the disorder is discussed. The entire case began and reached its climax within 4 to 8 weeks; then a decline was noticed. The characters manifest during her somnambulistic attacks, who had been well differentiated, became mixed. The attacks decreased in frequency and intensity and a change from somnambulism to lying emerged. Following the episodes, S's character became pleasanter and more stable, reminiscent of other cases in which the patient's second character replaced the first. Somnambulistic symptoms are particularly common in puberty, and many well-known cases occurring at this age are cited. Heightened unconscious performance is defined as that automatic process whose results are not available for the conscious psychic activity of the individual. Thought reading by means of table movement and cryptomnesia (the coming into consciousness of a memory image that is not recognized as memory) are included. The cryptomnesic image can be brought into consciousness in three ways: a) without the mediation of the senses, as a sudden idea whose origin is hidden; b) by mediation of the senses, as in hallucinations; or c) by motor automatism. In this case, the mystical system that S devised can be regarded as an example of heightened unconscious performance that transcended her normal intelligence. 17 references.

**000007 On hysterical misreading.** In: Jung, C., Collected Works of C. G. Jung, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 89-92).

In reply to the review of an earlier paper, accepted views on hysterical misreading are reiterated, and the theories are supported by interpretations from a clinical case. A patient misread frequently at school, always substituting a Swiss dialect word for the word in the text. Since the words were synonymous, proving that the meaning was understood, there was no reason for a healthy person to reproduce the word incorrectly. This kind of misreading was considered an indicator of hysteria. S read mechanically, so the psychic processes set in motion were feeble. In S's case, as in all hysterical misreading, the formal connection broke down but the sense was preserved. This is explained by the hypothesis of a split consciousness: in addition to the ego complex, which follows its own thoughts, another conscious complex is functioning. S's ego complex was displaced from the act of reading by other ideas, but the act continued automatically and formed a little conscious complex of its own, which also understood correctly but reproduced in a modified form. Hysterical misreading is significant in that it demonstrates the splitting off of psychic functions from the ego complex, which is characteristic of hysteria; it also demonstrates the strong tendency of the psychic elements towards autonomy.

**000008 Cryptomnesia.** In: Jung, C., Collected Works of C. G. Jung, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 95-106).

A theoretical discussion is presented on cryptomnesia (hidden memory) and the distinction between direct and indirect memory, which have the common quality of being individually known, though it is possible to recognize an association as a remembered image. The combined images lack the quality of being known. The word "combined" is used because originality lies only in the combination of psychic elements and not in the material. This association can occur with no assistance from the conscious. Drastic examples of this are provided by hysteria, which is a caricature of normal psychological mechanisms. In hysterics, a feeling toned memory complex, though not present in consciousness at the moment, motivates certain actions from its seat in the unconscious just as if it were present in the conscious. The unconscious can perceive and associate autonomously. All new ideas and combinations of ideas are premeditated by the unconscious. When the conscious approaches the unconscious with a wish, it was the unconscious that gave it this wish. Cryptomnesia, a technical term from French scientific literature, is defined as the psychic process in which an automatic creative force causes lost memories to reappear in sizeable fragments and with absolute clarity. The reappearance of long forgotten impressions can be explained by the physiology of the brain, which never forgets any impression, no matter how slight. Under special conditions, old memory traces reemerge with photographic fidelity. The work of genius consists of building these traces into new and meaningful structures. A state of mental abnormality to some degree is considered by many a necessary adjunct to genius, as is illustrated by a passage from Nietzsche's Zarathustra. 5 references.

**000009 On manic mood disorder.** In: Jung, C., Collected Works of C. G. Jung, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 109-134).

Several cases of chronic hypomanic behavior are described under the term "manic mood disorders" in an attempt to derive a proper definition and classification of the disorder. Occasional elation, exaggerated self-confidence, mental productivity, and conflicts with the law are not sufficient to warrant a diagnosis of chronic mania, the cardinal symptoms of which are: emotional lability with predominantly elated mood, flight of ideas, distractability, overactivity, restlessness, and -- dependent on these symptoms -- exaggerated self-importance, megalomaniac ideas, alcoholism, and other moral defects. The term "chronic mania" seems too strong, for these are cases of a hypomanic state that cannot be regarded as psychotic. The relatively mild manic symptoms are not partial manifestations of a periodic mania and are seldom found in isolation, but are frequently mixed with other psychopathic symptoms. In the

relationship between the intellect and the will, the role played by the intellect is mostly a subsidiary one, since it imparts to the already existing characterological motive the appearance of a logically compelling sequence of ideas, and often allows the individual to construct intellectual motivations after the act. The prime motivation for any abnormal action should be sought in the realm of the affect. In the literature on morally defective persons, emotional excitability and lability are frequent entries. It is concluded that manic mood disorder is a clinical condition belonging to the field of psychopathic inferiority characterized by a stable, hypomanic complex of symptoms generally dating back to youth; that exacerbations of uncertain periodicity can be observed; and that alcoholism, criminality, moral insanity, and social instability or incapacity are, in these cases, symptoms dependent on the hypomanic state. 11 references.

**000010 A case of hysterical stupor in a prisoner in detention.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 137-156).

The clinical picture of a 48-year-old female offender is presented to study the psychopathology of hysteria and prison psychosis. The patient was arrested on a charge of theft and imprisoned. The next morning she was found standing rigid by the cell door and became furious with the jailers, demanding that they return the money they had stolen from her. By evening she was totally disoriented, with an almost complete lack of memory, easily provoked changes of mood, megalomaniac ideas, stumbling speech, complete insensibility to deep pinpricks, strong tremors of the hands and head, and shaky and broken writing. She thought she was in a luxury hotel, and the jailers were hotel guests. She was excitable, and at times shouted and screamed gibberish. She was taken to an asylum for medical evaluation. Her alternating state of consciousness, with defects of memory, along with other hysterical symptoms, provided the diagnostic basis for hysterical twilight state. An accompanying phenomenon of stuporous behavior was noted. In the loneliness of her solitary confinement S became intensely preoccupied with her sudden misfortune. She was worried about her daughter -- arrested with her -- who was in the last stages of pregnancy, and about the charge of theft (which later turned out to be false). Her "not knowing" the answers to questions about her life is a primary phenomenon in the genesis of hysterical symptoms which Breuer and Freud have called hysterical conversion. In this case, the determining factor seems to have been the idea of forgetting. Her not knowing is partly an unconscious and partly a half conscious not wanting to know. This form of hysterical illness -- disregarding the prison complex of hallucinations and delusions -- may be described as "prison psychosis" since, with few exceptions, such cases have been observed only in prisoners. 13 references.

**000011 On simulated insanity.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 159-187).

A discussion of the detection of simulated insanity in diagnostic psychiatric interviews is presented. Successful simulation demands shamming, self-control, and psychic toughness. This cannot be achieved by mere lying, for the deception must be kept up with consistency and unshakeable willpower for weeks and even months, which requires an extraordinary amount of energy. Cases in which simulation changes into a real twilight state begin with a feeling toned idea that develops through suggestibility into an automatism. A large number of malingerers are hysterical and therefore provide favorable soil for autosuggestion and disturbances of consciousness. A confession of simulation at the end of a disturbance should be received with caution, for in persons of a hysterical disposition, defects of memory that are unknown to the subject himself can be discovered only by an accurate catamnesis. Several cases are cited demonstrating shadings of simulation by patients-accused of crime. The case of a 17-year-old girl who passed herself off as a saint, refusing food, driving nails through her feet, etc., can hardly be described as a simulation, for the means employed bore no relation to the desired end (she wished to stay with a relative, a priest) but were merely symptoms of a known mental disorder. When a criminal simulates insanity, it is to get transferred to an asylum. But when a hysterical girl tortures

herself in order to appear interesting, both means and end are the outcome of morbid mental activity. It is concluded that: 1) there are people in whom the aftereffect of violent emotion shows itself in the form of a lasting confusion, which could be described as "emotional stupidity"; 2) by acting specifically upon the attention, affects favor the appearance of psychic automatism in the widest sense: 3) some cases of simulation are probably due to the aftereffect of violent emotions and their automatization (or to autohypnosis) and must therefore be regarded as pathological. 4) Ganser's complex in prisoners can probably be explained in the same way and must be regarded as an automatized symptom closely related to simulation. 32 references.

**000012 A medical opinion on a case of simulated insanity.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ed. Princeton University Press, 1970. 260 p. (p. 188-205).

Simulation of insanity is presented and illustrated in a detailed report of a prisoner who showed psychopathic inferiority with half conscious simulation. S had led a vagrant existence, had been married twice, and had committed a number--of thefts. Personality deviations that were considered signs of degeneracy included: hypalgesia, Daltonism, reduced attention, poor comprehension of things seen and heard, retardation, and lack of accuracy, all of which more nearly resembled congenital degeneracy than any known mental illness. His chief symptoms, instability of character and forgetfulness, play a particularly prominent role in hysteria. An earlier attempt at suicide was definitely hysterical in character. He had no clear idea of what he wanted to gain by simulation. The prisoner acted the part of a madman so well that some of his actions were difficult to explain as pure simulation. A pathological factor in his background enabled him to play his role successfully. His intention to simulate insanity became a powerful autosuggestion that blurred his consciousness and influenced his actions regardless of his conscious will. This development of simulation was accompanied by strong affects. The psychological mechanism of his simulation suggests that the initial psychic weakness was the final of the idea of simulation. In answer to specific questions posed by legal authorities, the asylum decided that the respondent was not at the moment mentally ill; the condition, which had existed presumably since birth, did not preclude responsibility for theft, but was assumed partially responsible for the simulation.

**000013 A third and final opinion on two contradictory psychiatric diagnoses.** In: Jung, C., *Collected Works of C. G. Jung*, Vol. 1. 2nd. ea., Princeton University Press, 1970. 260 p. (p. 209-218).

The inadequacy of expert opinion as to a defendant's mental competence is illustrated in the case of a woman accused of fraud after obtaining money to pay for a nonexistent winning ticket in the Hungarian lottery. Interesting aspects of the case are that the opinions were based only on reports about the defendant, rather than on personal interviews with her, and that a principle concerning the relation of moral defect to hysteria is involved. A final opinion was formed after an interview with the defendant, in addition to a study of the documents. In the first opinion, the most important finding was the presence of hysteria. The opinion held that lying and fraud cannot be judged the same way in constitutionally hysterical persons as in normal people but found the defendant partially responsible. The second opinion also concluded that the defendant suffered from hysteria. Her unlawful aberrations were regarded as symptoms of her hysterical aberration. She was, therefore held totally irresponsible and was considered incurable. This second opinion established that there was a total lack of moral feelings, but a criticism of it contends that such a defect is not a hysterical symptom and does not belong to the hysterical character. Moral defect and hysteria are considered different conditions that occur independently. A final opinion, which, in answer to the examining magistrate's questions, agrees with opinion A in charging partial responsibility but considers the material adequate only in opinion B, states that hysteria does not cause a moral defect, although it can mask or exaggerate one. Neither of the opinions proved that the defendant was acting under the compulsion of a pathological persuasion, a delusional idea, or a pathological and irresistible instinct. The standpoint of opinion B means, in practice, the abandonment of the scientific

concept of moral defect, which could exclude moral defectives from the legal concept of insanity and overfill mental institutions with criminals.

**000014 On the psychological diagnosis of facts.** In: Jung, C., *Collected Works of C. G. Jung, Vol. I.* 2nd. ea., Princeton University Press, 1970. 260 p. (p. 219-221).

In an effort to set straight the record as to the origin of the concept "psychological diagnosis of facts," a number of articles in various journals are cited in which that subject was discussed. In his and Riklin's work, "The Associations of Normal Subjects," the concept of the feeling toned complex and its effects on the associations is outlined. The psychological diagnosis may be applied to disclosing a complex of ideas related to crime by presenting the subject with a series of word associations. Jung assigns credit for the discovery of this method to Galton or Wundt, but claims the origin of feeling toned complexes for himself and his work at the clinic in Zurich. A brief case report is appended, in which the existence of a theft complex was brought to light by the application of a scenes of association questions, after which the subject broke down and confessed his guilt.