



How does psychoanalytic therapy address the complex interplay between psychotic symptoms, ego functioning, and self identity in individuals with schizophrenia

Vedanth Prabhu

Abstract

This literature review aims to explore the role of psychodynamic therapy in treating schizophrenia, emphasizing its potential to amplify and enhance outcomes when utilized alongside traditional pharmacological treatments. Schizophrenia, a mental disorder marked by disrupted thought processes paired with auditory and visual hallucinations, is commonly treated with antipsychotics. The problem is that these treatments primarily target positive symptoms like hallucination but fail to address deeper psychological disturbances, which are commonly seen through the disorder's negative symptoms. Psychodynamic therapy, with its focus on self-identity and ego functioning, offers a valuable complement to current medication by addressing the underlying psychological conflicts that contribute to schizophrenia. This literature review highlights how different psychodynamic techniques can strengthen the ego and prompt a cohesive s-identity while improving long-term psychological well-being in individuals with schizophrenia.

Introduction

Psychoanalytic therapy, offering insight into the unconscious mind, presents a nuanced approach to understanding and treating schizophrenia—a multifaceted and debilitating mental illness linked to profound disruptions in thought processes and perceptions of reality. This research paper investigates the intricate interplay between psychotic symptoms of schizophrenia, ego functioning, and self-identity, exploring how psychoanalytic techniques can help address these complexities. By closely examining the foundations and applications of psychoanalytic therapy, this study aims to illuminate how psychoanalytic therapy addresses the complex interplay between psychotic symptoms, ego functioning, and self identity in individuals with schizophrenia.

Overview of Schizophrenia

Schizophrenia is a chronic mental disorder characterized by disruptions in thought processes, emotional responsiveness, and social interactions. The disorder is classified under 'psychotic disorders' in the DSM-5-TR (American Psychiatric Association, 2013). Positive symptoms, symptoms that include changes in behavior and thinking, of this disorder include hallucinations—usually auditory—, delusions, disorganized speech, and a change in behavior, whilst negative symptoms, symptoms that have to do with social withdrawal, include flat affect and a lack of motivation and pleasure. The psychotic disorder affects approximately 1 in 300 people, or 0.32% of the world's population, with a typical age of onset of 16-30 years old, ranging from late adolescence to early adulthood (World Health Organization, 2022). Schizophrenia is significantly influenced by various genetic components, with heritability making up a significant portion of influence. Certain environmental factors such as maternal stress, malnutrition, and complications during birth may also trigger a genetic predisposition to

schizophrenia (Brown, 2011). Imbalances in neurotransmitters such as dopamine and glutamate also may play a role in the development of schizophrenia. An excess of dopamine due to dysregulation of dopamine pathways and dysfunction involving NMDA receptors in glutamate, reducing the presence of glutamate in cerebrospinal fluid, is thought to contribute towards the onset of schizophrenia (Seeman, 2009).

Antipsychotics are the cornerstone of schizophrenia treatment (Seeman, 2009) and are typically categorized into two groups, first-generation and second-generation antipsychotics. First-generation antipsychotics, such as haloperidol, are effective in reducing positive symptoms, such as hallucinations and delusions. However, these drugs have drawbacks and side effects, such as tardive dyskinesia, a neurological disorder that involves involuntary muscle movements in the face (Gerlach & Simmelsgaard, 1978). Second-generation antipsychotics, on the other hand, address both positive and negative symptoms. Further, medications such as risperidone have a lower risk of extrapyramidal symptoms such as akathisia and dystonia, both having to do with involuntary muscle movements and restlessness, but potential metabolic side effects such as weight gain (Leucht et al., 2009).

Current therapeutic treatments for schizophrenia

As described previously, current therapeutic treatments primarily revolve around antipsychotic medications, which have proven to be effective through many controlled trials (Stępnicki et al., 2018). This line of treatment, however, poses severe limitations and only alleviates positive symptoms, such as hallucinations and distortions in thinking. Most negative symptoms, such as social withdrawal, flattened affect, and cognitive symptoms such as difficulty with attention span, are left untreated with current medications. Further, many antipsychotics used to treat schizophrenia are paired with severe neurological and metabolic side effects, making them an unsuitable method of treatment (Stępnicki et al., 2018). These drawbacks highlight the need for more comprehensive approaches to treatment. While current treatment options go beyond antipsychotics, such as Cognitive Behavioral Therapy (CBT) and other psychosocial interventions, these treatment approaches fail to address and resolve most negative symptoms and the deep-seated issues that contribute to maladaptive behaviors and emotional difficulties in individuals with schizophrenia (Jauhar et al., 2019). Negative symptoms, such as flat affect, avolition—a lack of motivation—, alogia—a lack of speech—, and social withdrawal, are often resistant to both pharmacological and most non-pharmacological treatments such as behavioral and physical therapy (Correll & Schooler, 2020). These symptoms significantly impact the quality of life and functional outcomes of affected individuals, making it imperative to explore more comprehensive and integrative treatment approaches (Kirkpatrick et al., 2006). CBT aims to challenge and change distorted cognitions and promote adaptive behaviors but may not effectively engage with the core disturbances in self-identity and ego functioning that many individuals with schizophrenia experience (Xu & Zhang, 2023). These interventions also often require a level of cognitive functioning and insight that individuals with severe negative symptoms may lack, further limiting their effectiveness (Grant et al., 2012). Integrating therapeutic approaches, such as psychoanalytic therapy, offers potential avenues for addressing these deeper issues. By focusing on the patient's internal world, early relational experiences, and the unconscious processes that influence current behavior and emotional states, psychoanalytic therapy can help individuals with schizophrenia gain insights into their

condition and work through unresolved conflicts (Rosenbaum et al., 2012). This can potentially lead to improvements in ego functioning and self-identity, which are often impaired in schizophrenia (Spiegel, 2016). This claim is particularly relevant since improvements in ego functioning and self-identity are crucial for enhancing overall social well-being in individuals with schizophrenia. However, since these aspects are often neglected by other prominent treatments, addressing them can help improve a patient's ability to form meaningful relationships and achieve a more stable sense of self.

Overview of Psychodynamic Therapy

Psychodynamic therapy is an in-depth therapeutic approach rooted in psychoanalytic traditions, focusing on the unconscious mind and past experiences and how they influence the present self (Spiro & Sharma, 2023). Psychoanalytic theory is addressed by four major schools—Freudian, ego psychology, object relations, and self-psychology—each of which has influenced the development of psychodynamic therapy (Barry, 1999). Psychodynamic therapy originated from the ideas of Sigmund Freud, with subsequent developments made by other well-known psychoanalysts such as Carl Jung and Erik Erikson (Tarzian et. al, 2023). Techniques such as free association, dream analysis, and transference are heavily emphasized in this perspective of therapy in order to gain insight into a client's unconscious mind. Psychodynamic therapy or psychotherapy utilizes a range of conceptually-based psychoanalytic treatments at lower frequencies, aiming to explore and resolve unconscious conflicts through periodic sessions that focus on enhancing self-awareness (Shedler, 2010). Various meta-analyses have supported the efficacy of psychodynamic psychotherapy; for example, a meta-analysis conducted by Leichsenring and Rabung (2008) evaluated the long-term effects of psychodynamic psychotherapy for complex mental disorders. The study reported a significant effect size, a way of measuring how strong the relationship between two variables is, of 0.97 for symptom improvement, suggesting that psychodynamic therapy not only provides immediate benefits but also fosters enduring positive changes. This research provided strong evidence for the utility of psychodynamic approaches in addressing deep-seated psychological issues and promoting sustained recovery. It also refutes the claim that psychodynamic concepts lack empirical support, demonstrating their effectiveness when compared to other styles of therapeutic treatment, such as Cognitive-Behavioral Therapy (Shedler, 2010).

Psychodynamic Understanding of Ego

A core aspect of psychodynamic therapy is its focus on the ego and its functions. In classical psychoanalytic theory, the ego is defined as an unconscious-conscious structure of personality. It consists of three main components: the id, the ego, and the superego. The id represents our innate and primal desires that are not acceptable within societal standards. The ego is responsible for managing these impulses and making them more suitable for expression, serving as the part of the self that mediates between the id and external reality. Finally, the superego acts as our conscience, reflecting our strong moral values and societal standards (Psychoal & Boag, 2014). The coherent organization of mental processes and action initiation is governed by the ego, to which our consciousness is attached (Freud, 1933). Ego functioning is crucial for maintaining equilibrium by regulating emotions and making decisions in the external world. The ego is also responsible for meeting the demands of the id and superego, including

integrating an individual's experiences into their developing self-concept, which is the organized system that constructs an individual's perceptions of themselves and their relationships with others (Leary & Tangney, 2011; Vazire & Wilson, 2012). An individual's self-concept is shaped by their past experiences, relationships, and internal conflicts, with more positive experiences contributing to a high self-concept and negative experiences contributing to a low self-concept (Showers et al., 2014).

A well-functioning ego supports the development of a coherent self-identity, allowing individuals to maintain a consistent sense of self throughout their lives. The relationship between ego functioning and self-identity is intrinsically linked, where a strong and stable ego fosters a positive self-identity. Conversely, disruptions in ego functioning can lead to a fragmentation of self-identity (Pfeifer & Berkman, 2018), a defense mechanism in response to extensive periods of trauma (Fisher, 2017). Ego fragmentation is perceived as a pre-egoic state, a state similar to how an infant perceives reality, or a blank slate (Kurlander & Derveer, 2021). When the ego is unable to mediate effectively between the id, superego, and external reality, the individual loses a cohesive sense of self which manifests as dissociation, where parts of an individual's personality are isolated, as seen in Dissociative Identity Disorder (DID). In clinical practice, psychodynamic therapy addresses ego fragmentation by fostering communication and integration between fragmented parts of the self. By facilitating the expression and exploration of unconscious conflicts, the therapy aims to strengthen ego functions and promote a more cohesive self-identity. For example, by understanding the origins of their fragmented self-perception, individuals can work through their trauma and internal conflicts, achieving a more stable and integrated sense of self (Watkins & Watkins, 1997).

Psychodynamic Conceptualization of Ego and Schizophrenia

According to classical psychoanalytic theory, the ego is developed to ensure that an individual's internal impulses can be appropriately expressed in the external world (Cherry, 2024), playing a critical role in reality testing and the maintenance of a coherent sense of self. In schizophrenia, basic ego functioning is disrupted, and an individual's ego consciousness loses the ability to distinguish between internal and external reality (Manojlovic & Nikolic-Popovic, 2013). These disruptions often manifest in symptoms like hallucinations and delusions. For example, a patient might hear voices that are not present or hold false beliefs while there is evidence to the contrary (Freud, 1911).

Coping with the experience of different realities demands the use of defense mechanisms and unconscious strategies to cope with different emotions. Defense mechanisms and ego development are connected in many ways. Most importantly, the maturation of defense mechanisms advances ego functioning and plays a vital role in its development (Hauser, 1986). Individuals with symptoms of schizophrenia often employ the use of immature defense mechanisms, such as Denial, the refusal to accept reality or facts; repression, the unconscious blocking of unwanted thoughts or feelings; splitting, viewing things or people as all good or all bad with no middle ground; delusions, false beliefs held despite evidence to the contrary (Kovács & Ladányi, 2023).

Ego depletion is the product of impaired ego functioning and is described as a state of diminished mental strength, which has a significant impact on an individual's self-concept. In

schizophrenia, the development and maintenance of a stable self-identity are disrupted, leading to a fragmented sense of self (Cicero et. al, 2017). This fragmentation contributes to the core symptoms of schizophrenia, as the coherent sense of self that anchors one in reality becomes disjointed (Lacan, 1955).

A specific case study (McIntosh & Story, 2021), where a previously well-functioning man in his late 60s is diagnosed with late-onset schizophrenia, illustrates this concept. McIntosh and Story believed that the environmental stimulus that triggered the onset of schizophrenia was having lost his family in a terrorist attack. Symptoms such as auditory and visual hallucinations contributed to deteriorating his daily functioning, and he showed impairments in cognitive testing, despite brain imaging providing evidence that the brain suffered no detriments. Despite receiving explanations to the contrary, he continued to believe that his family was alive with him on account of the visual and auditory hallucinations of his wife and children that he was experiencing. The patient was also unable to care for themselves and required assistance to complete day-to-day tasks. Whilst assessing his thoughts was difficult due to his poverty of speech, The patient reported delusional beliefs that his wife and children were still with him, a defense mechanism in response to his severe trauma. This case illustrates how ego fragmentation in schizophrenia can manifest through disrupted reality testing and a fragmented sense of self, exacerbating symptoms and impairing daily functioning (McIntosh & Story, 2021).

Psychodynamic Treatments for Schizophrenia

From a psychodynamic perspective, the etiology of schizophrenia is deeply rooted in early developmental disturbances and relational traumas (Ruffalo & DPsa, 2023). These disruptions significantly impair ego development, resulting in a fragile sense of self and distorted reality testing. Psychodynamic theories, particularly those proposed by Freud and later expanded by object relations theorists, suggest that early relational traumas can lead to a fragmented ego structure. This fragmentation which is a product of certain environmental stimuli, such as severe trauma, results in the ego's inability to effectively mediate between the id, superego, and the external reality, which induces the psychotic symptoms seen in schizophrenia (Manojlovic & Nikolic-Popovic, 2013). Although the psychodynamic perspective has granted valuable insights into the etiology of schizophrenia, it has historically been viewed as a minority viewpoint (Shala, 2018); however, there is enough research and evidence to refute this viewpoint. In terms of schizophrenia specifically, antipsychotics are often considered the primary treatment option for treatment, and research exists to support the claim that antipsychotics alleviated significant symptoms that were present in schizophrenia (Stevens & Chokhawala, 2023). However, severe side effects would soon be discovered that would bring a newfound risk to antipsychotics—the more effective the medication for the symptoms, the more significant the side effects would be (Shala, 2018). Still, second-generation atypical medication (SGAs) are considered the first choice treatment against schizophrenia, despite having significant side effects and costing \$300 - \$600 more than a lower dose of First Generation Antipsychotics, whilst being no more effective (Chokhawala & Stevens, 2023). For example, the SGA olanzapine is highly effective but is associated with significant weight gain.

Considering these downsides of medication treatment for schizophrenia brings up the question as to why it is still the first choice treatment, particularly when alternatives may show more benefits. Research suggests that the combination of antipsychotic medication with psychosocial interventions, such as psychotherapy, can be more effective in improving overall

outcomes for individuals with schizophrenia compared to medication alone. This integrated approach addresses both the biological and psychological aspects of the disorder, leading to better long-term management of symptoms and improved quality of life (Lehman et al., 2010). Psychodynamic therapy emerges as a suitable treatment for schizophrenia due to its focus on elements of ego functioning and self-identity, and their intricate relationship between symptoms of schizophrenia. By delving into significant past trauma, defense mechanisms, and unconscious conflicts (Shedler, 2010), psychodynamic therapy aims to strengthen the ego and promote a more cohesive sense of self by alleviating many negative symptoms of schizophrenia which antipsychotics cannot relieve. This approach helps patients understand and integrate the fragmented aspects of their identity, improving their reality testing and reducing psychotic symptoms as well. Over the years, clinicians have also found psychodynamic therapy to be successful in treating schizophrenia through techniques, such as ego psychology and object relations (Shala, 2018). Unlike antipsychotic medications that primarily address symptoms such as hallucinations and delusions, psychodynamic therapy targets the underlying psychological mechanisms which in turn fosters long-term psychological growth (Karon, 2003; Rosenbaum, 2015).

Additionally, the therapeutic relationship serves as a corrective emotional experience that provides individuals with the opportunity to reconstruct and repair internalized relationships with previous significant others within the safety of the therapy environment (Prasko et. al, 2022). Future research should investigate the possibility that individuals with schizophrenia can benefit from corrective emotional experiences because these experiences provide a critical avenue for rebuilding their fragmented self-identity. Corrective emotional experiences in therapy allow individuals to reprocess and reinterpret past relational traumas within a supportive and empathetic environment, facilitating the healing of deep-seated wounds that contribute to their psychological distress.

By fostering new, healthier relational patterns, therapy can help individuals develop a more stable and cohesive sense of self, which is crucial for mitigating the symptoms of schizophrenia and enhancing their overall psychological well-being. Understanding how these therapeutic relationships impact long-term recovery could open new pathways for effective treatment strategies tailored to the unique needs of those with schizophrenia. Further, the development of schizophrenia can be rooted in ontological insecurity, which is a state where an individual feels a lack of identity (Klar & Northoff, 2021). In order to cope with this insecurity, an individual may 'split' their personalities into their external self and their inner 'true self' (Laing, 1990). The display of this underdeveloped defense mechanism in response to the fragmentation of the ego reflects the profound internal conflict experienced by an individual with schizophrenia. Psychodynamic psychotherapy aims to address this underlying ontological insecurity by creating a space where the patient can explore and integrate these split aspects of their personality. By fostering a more coherent and stable sense of self, psychodynamic therapy helps individuals with schizophrenia rebuild their ego functioning and establish a more unified identity, ultimately reducing symptoms of schizophrenia and improving overall psychological well-being (Ruffalo & DPsa, 2023).

Conclusion

Psychoanalytic therapy, with its deep focus on the unconscious mind, ego functioning, and self-identity, offers a valuable complement to the primarily pharmacological treatment of

schizophrenia, enhancing the therapeutic outcomes beyond which medication on its own can achieve. While antipsychotics are effective in alleviating certain positive symptoms, they fall short in addressing the negative symptoms and the core disturbances in self-identity that many individuals with schizophrenia experience. Psychodynamic therapy provides a unique approach by exploring the underlying psychological conflicts and early relational traumas that contribute to the disorder. Through techniques like free association, dream analysis, and transference, psychodynamic therapy aims to strengthen the ego, promote a cohesive self-identity, and ultimately reduce psychotic symptoms. Although psychodynamic therapy has historically been a minority viewpoint in the treatment of schizophrenia, emerging evidence supports its efficacy in fostering long-term psychological growth and improving overall well-being.

Future research should continue to explore the integration of psychodynamic therapy with other treatment modalities such as antipsychotic medications, Cognitive Behavioral Therapy (CBT), and psychosocial interventions to create a more holistic approach to managing schizophrenia. This research could explore the specific mechanisms by which psychodynamic therapy enhances ego functioning and self-identity, as well as how it complements the symptom-relieving effects of pharmacological treatments. By addressing the more profound psychological mechanisms underlying schizophrenia, psychoanalytic therapy holds the potential to transform the lives of those affected by this complex disorder, offering hope for more comprehensive and effective treatment options.

References

- [1] AS; B. (n.d.). *The environment and susceptibility to schizophrenia*. Progress in neurobiology. <https://pubmed.ncbi.nlm.nih.gov/20955757/>
- [2] Seeman, P. (2009, March). *Glutamate and dopamine components in schizophrenia*. Journal of psychiatry & neuroscience : JPN. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647567/>
- [3] H; G. J. (n.d.). *Tardive dyskinesia during and following treatment with haloperidol, haloperidol + biperiden, thioridazine, and Clozapine*. Psychopharmacology. <https://pubmed.ncbi.nlm.nih.gov/103110/>
- [4] AA; S. P. M. (n.d.). *Current concepts and treatments of schizophrenia*. Molecules (Basel, Switzerland). <https://pubmed.ncbi.nlm.nih.gov/30127324/>
- [5] The efficacy of psychodynamic psychotherapy. (n.d.). <https://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf>
- [6] Boag, S. (2014, July 1). *Ego, drives, and the dynamics of internal objects*. Frontiers in psychology. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4076885/>
- [7] McIntosh, I., & Story, G. W. (2021, January 28). *Psychotic PTSD? sudden traumatic loss precipitating very late onset schizophrenia*. BMJ case reports. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7845727/>
- [8] Leucht S;Corves C;Arbter D;Engel RR;Li C;Davis JM; (n.d.). *Second-generation versus first-generation antipsychotic drugs for schizophrenia: A meta-analysis*. Lancet (London, England). <https://pubmed.ncbi.nlm.nih.gov/19058842/>
- [9] Jauhar, S., Veronese, M., Nour, M. M., Rogdaki, M., Hathway, P., Natesan, S., Turkheimer, F., Stone, J., Egerton, A., McGuire, P., Kapur, S., & Howes, O. D. (2019, January 1). *The effects of antipsychotic treatment on presynaptic dopamine synthesis capacity in first-episode psychosis: A positron emission tomography study*. Biological psychiatry. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6269123/>



- [10] NR;, C. C. (n.d.). *Negative symptoms in schizophrenia: A review and Clinical Guide for recognition, assessment, and treatment*. Neuropsychiatric disease and treatment. <https://pubmed.ncbi.nlm.nih.gov/32110026/>
- [11] Xu, F., & Zhang, H. (2023, August 11). *The application of cognitive behavioral therapy in patients with schizophrenia: A Review*. Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10419479/>
- [12] Grant PM;Huh GA;Perivoliotis D;Stolar NM;Beck AT; (n.d.). *Randomized trial to evaluate the efficacy of cognitive therapy for low-functioning patients with schizophrenia*. Archives of general psychiatry. <https://pubmed.ncbi.nlm.nih.gov/21969420/>
- [13] Rosenbaum B;Harder S;Knudsen P;Køster A;Lindhardt A;Lajer M;Valbak K;Winther G; (n.d.). *Supportive psychodynamic psychotherapy versus treatment as usual for first-episode psychosis: Two-year outcome*. Psychiatry. <https://pubmed.ncbi.nlm.nih.gov/23244011/>
- [14] Sharma, N. P. (2023, August 2). *Psychoanalytic therapy*. StatPearls [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK592398/>
- [15] Showers, C. J., Ditzfeld, C. P., & Zeigler-Hill, V. (2015, October). *Self-concept structure and the quality of self-knowledge*. Journal of personality. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4346517/>
- [16] Author links open overlay panels. Manojlovic, & Understanding the meaning and dynamics of the phenomenological expression of schizophrenia enables the possibility of having a dialogue with schizophrenic individual. The theoretical framework of analytical psychology offers the possibility of understandi. (2013, July 8). *1279 – the ego - self axis in patients with schizophrenia*. European Psychiatry. <https://www.sciencedirect.com/science/article/abs/pii/S0924933813763429>
- [17] G;, K. P. (n.d.). *When the World Breaks Down: A 3-stage existential model of nihilism in schizophrenia*. Psychopathology. <https://pubmed.ncbi.nlm.nih.gov/34198308/>
- [18] Prasko, J., Ociskova, M., Vanek, J., Burkauskas, J., Slepecky, M., Bite, I., Krone, I., Sollar, T., & Juskiene, A. (2022, August 11). *Managing transference and countertransference in cognitive behavioral supervision: Theoretical framework and clinical application*. Psychology research and behavior management. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9384966/>
- [19] Chokhawala, K. (2023, February 26). *Antipsychotic medications*. StatPearls [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK519503/>