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THE DISTORTION OF THE SYMBOLIC PROCESS IN NEUROSIS AND PSYCHOSIS' LATYRENCE S. KUBIE, M.D.2 I. BASIC PRINCIPLES AND SOME CURRENT FALLACIES This paper will describe briefly what seems to the author to be.

Psychosis Psychosis is a psychiatric classification for a mental state in which the perception of reality is distorted. Persons experiencing a psychotic episode may experience hallucinations often auditory or visual hallucinations , hold paranoid or delusional beliefs, experience personality changes and exhibit disorganized thinking see thought disorder. This is sometimes accompanied by a lack of insight into the unusual or bizarre nature of their behaviour and an inability to cope in society. Overview Psychosis is usually considered by mainstream psychiatry to be a symptom of severe mental illness, such as schizophrenia or bipolar disorder manic depression. It may also occur in severe cases of depression, brain injury or drug overdose. Chronic psychological stress cultures psychotic states, however the exact neurological mechanism is uncertain. Psychosis triggered by stress in the absence of any other mental illness is known as brief reactive psychosis. The direct effects of hallucinogenic drugs are not usually classified as psychosis, as long as they abate when the drug is metabolised from the body. Psychosis is a descriptive term for a complex group of behaviours and experiences and as such is not a medical explanation in itself. Perhaps because of this, it is often confused with syndromes which may seem similar on the surface, or with words which may suggest, or seem to suggest a likeness. The term psychosis should be distinguished from the concept of insanity, which is a legal term denoting that a person should not be criminally responsible for his actions. Similarly, it should be distinguished from psychopathy, a personality disorder often associated with violence, lack of empathy and socially manipulative behaviour. It should also be distinguished from the state of delirium, in that a psychotic individual may be able to perform actions that require a high level of intellectual effort in clear consciousness. Finally, it should be distinguished from mental illness. Psychosis may be regarded as a symptom of other mental illnesses, but as a descriptive concept it is not considered an illness in its own right. For example, persons with schizophrenia can have long periods without psychosis and persons with bipolar disorder and depression can have mood symptoms without psychosis. Conversely, psychosis can occur in persons without chronic mental illness as a result of an adverse drug reaction or extreme stress. Psychosis has been of particular interest to critics of mainstream psychiatric practice who argue that it may simply be another way of constructing reality and is not necessarily a sign of illness. Laing has argued that psychosis is a symbolic way of expressing concerns in situations where such views may be unwelcome or uncomfortable to the recipients. Thomas Szasz has focused on the social implications of labelling people as psychotic, a label which he argues unjustly medicalises different views of reality so such unorthodox people can be controlled by society. The word psychosis was first used by Ernst von Feuchtersleben in as an alternative to insanity and mania and stems from the Greek psykhe mind and osis diseased or abnormal condition. The word was used to distinguish disorders which were thought to be disorders of the mind, as opposed to neurosis, which was thought to stem from a disorder of the nerves. Psychotic experience A psychotic episode can be significantly coloured by mood. For example, people experiencing a psychotic episode in the context of depression may experience persecutory or self-blaming delusions or hallucinations, whilst people experiencing a psychotic episode in the context of mania may form grandiose delusions or have an experience of deep religious significance. Although usually distressing and regarded as an illness process, some people who experience psychosis find beneficial aspects and value the experience or revelations that stem from it. Hallucinations in psychosis Hallucinations are defined as sensory perception in the absence of external stimuli. Psychotic hallucinations may occur in any of the five senses and take on almost any form, which may include simple sensations such as lights, colours, tastes, smells to more meaningful experiences such as seeing and interacting with fully formed animals and people, hearing voices and complex tactile sensations. Auditory hallucinations, particularly the experience of

hearing voices, is a common and often prominent feature of psychosis. Hallucinated voices may talk about, or to the person, and may involve several speakers with distinct personas. Auditory hallucinations tend to be particularly distressing when they are derogatory, commanding or preoccupying. Delusions and paranoia Psychosis may involve delusional or paranoid beliefs. Karl Jaspers classified psychotic delusions into primary and secondary types. Thought disorder Thought disorder describes an underlying disturbance to conscious thought and is classified largely by its effects on speech and writing. Affected persons may show pressure of speech speaking incessantly and quickly , derailment or flight of ideas switching topic mid-sentence or inappropriately , thought blocking, rhyming or punning. Even in the case of an acute psychosis, the sufferer may seem completely unaware that their vivid hallucinations and impossible delusions are in any way unrealistic. This is not an absolute, however; insight can vary between individuals and throughout the duration of the psychotic episode. In some cases, particularly with auditory and visual hallucinations, the patient has good insight and this makes the psychotic experience even more terrifying in that the patient realizes that he should not be seeing demons and angels or hearing voices, but does. Medical understanding of psychosis There are a number of possible causes for psychosis. Psychosis may be the result of an underlying mental illness such as Bipolar disorder also known as manic depression , and schizophrenia. Psychosis may also be triggered or exacerbated by severe mental stress and high doses or chronic use of drugs such as amphetamines, LSD, PCP, cocaine or scopolamine. As can been seen from the wide variety of illness and conditions in which psychosis has been reported to arise including for example, AIDS, leprosy, malaria and even mumps there is no singular cause of a psychotic episode. The division of the major psychoses into manic depression and dementia praecox later renamed to schizophrenia was made by Emil Kraepelin, who attempted to create a synthesis of the various mental disorders identified by 19th century psychiatrists, by grouping diseases together based on classification of common symptoms. These are characterised by problems with mood control and the psychotic episodes appear associated with disturbances in mood, and patients will often have periods of normal functioning between psychotic episodes even without medication. Schizophrenia is characterized by psychotic episodes which appear to be unrelated to disturbances in mood, and most non-medicated patients will show signs of disturbance between psychotic episodes. Psychotic episodes may vary in duration between individuals. In brief reactive psychosis, the psychotic episode is related directly to a specific stressful life event so patients may spontaneously recover normal functioning within two weeks. Patients who are undergoing brief reactive psychosis due to drugs or stress generally appear with the same symptoms as a person who is psychotic as a result of a mental illness, and this fact has been used to support the notion that mental illness has a biological basis. Psychosis and brain function The first brain image of person with psychosis was completed as far back as using a technique called pneumoencephalography1 a painful and now obsolete procedure where cerebrospinal fluid is drained from around the brain and replaced with air to allow the structure of the brain to show up more clearly on an X-ray picture. Pneumoencephalogram of person with psychosis, Modern brain imaging studies, investigating both changes in brain structure and changes in brain function of people undergoing psychotic episodes have shown mixed results. A study investigating structural changes in the brains of people with psychosis showed there was significant grey matter reduction in the cortex of people before and after they became psychotic2. Findings such as these have led to debate about whether psychosis is itself neurotoxic and whether potentially damaging changes to the brain are related to the length of psychotic episode. Recent research has suggested that this is not the case3 although further investigation is still ongoing. Functional brain scans have revealed that the areas of the brain that reacts to sensory perceptions are active during psychosis. For example, a PET or fMRI scan of a person who claims to be hearing voices may show activation in the auditory cortex, or parts of the brain involved in the perception and understanding of speech. On the other hand, there is not a clear enough psychological definition of belief to make a comparison between different people particularly valid. Brain imaging studies on delusions have typically relied on correlations brain activation patterns with the presence of delusional beliefs. One clear finding is that persons with a tendency to have psychotic experiences seem to

show increased activation in the right hemisphere of the brain4. This increased level of right hemisphere activation has also been found in healthy people who have high levels of paranormal beliefs5 or in people who report mystical experiences6. It also seems to be the case that people who are more creative are also more likely to show a similar pattern of brain activation7. Some researchers have been quick point out that this in no way suggests that paranormal, mystical or creative experiences are in any way by themselves a symptom of mental illness, as it is still not clear what makes some such experiences beneficial whilst others lead to the impairment or distress of diagnosable mental pathology. However, people who have profoundly different experiences of reality or hold unusual views or opinions have traditonally held a complex role in society, with some being viewed as kooks, whilst others are lauded as prophets or visionaries. Psychosis has been traditionally linked to the neurotransmitter dopamine, particularly an excess of dopamine in the limbic system a structure deep within the brain. The development of effective antipsychotic medication played a large part in the success of this view, as the first effective antipsychotic drugs were dopamine blockers. In addition, drugs that increase the concentration of dopamine tend to trigger psychotic episodes. Nevertheless, the connection between dopamine and psychosis is generally believed to be complex. First of all, while anti-psychotic drugs immediately block dopamine receptors, they usually take a week or two to reduce the symptoms of psychosis. Psychiatrist David Healy has criticised pharmaceutical companies for promoting particular scientific theories that favour their medication and encouraging a purely biological account of mental illness8, whilst ignoring social and developmental factors which are known to be important influences in the aetiology of psychosis. See the article on the dopamine hypothesis of psychosis for further discussion of this issue. Some theories regard many psychotic symptoms to be a problem with the perception of ownership of internally generated thoughts and experiences9. For example, the experience of hearing voices may arise from internally generated speech that is mislabelled by the psychotic person as coming from an external source. It has also been argued that psychosis exists on a continuum as everybody may have some unusual and potentially reality-distorting experiences in their life. This has been backed up by research showing that experiences such as hallucinations have been experienced by large numbers of the population who may never be impaired or even distressed by their experiences In this view, people who are diagnosed with a psychotic illness may simply be one end of a spectrum where the experiences become particularly intense or distressing see schizotypy. Cannabis and psychosis There is now growing evidence for a small but significant link between cannabis use and vulnerability to psychosis Some studies indicate that cannabis use correlates with a slight increase in psychotic experience, which may trigger full-blown psychosis in some people. Early studies have been criticized for failing to consider other drugs such as LSD that the subjects may also have used before or during the study, as well as other factors such as possible pre-existing mental health issues. However, more recent studies with better control have still found a small increase in risk for psychosis in cannabis users. It is still not clear whether this is a causal link, and it may be that cannabis use only increases the chance of psychosis in people already predisposed to it. The fact that cannabis use has increased over the past few decades, whereas the rate of psychosis has not, suggests that a direct causal link is unlikely for all users. Non-psychiatric conditions and psychosis Psychosis can be a feature of several diseases, often when the brain or nervous system is directly affected. However, the fact that psychosis can occasionally arise in parallel with number of ailments including diseases such as flu or mumps for example suggests that a variety of nervous system stressors can lead to a psychotic reaction. There are some non-psychiatric conditions which are linked particularly to psychosis, which may include:

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Chapter 2 : Terms Used by Psychoanalysis

the distortion of the symbolic process in neurosis and psychosis the distortion of the symbolic process in neurosis and psychosis lawrence s. kubie, m.d.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in other forums, provided the original authors and source are credited and subject to any copyright notices concerning any third-party graphics etc. This article has been cited by other articles in PMC. Despite the shared focus on similar clinical phenomena, particularly body disturbances, these two theories provide different explanations of psychosis. Paul Verhaeghe, in On being normal and other disorders: Moreover, he provides a specific treatment rationale for cases of psychotic disturbances that fall roughly into the schizophrenic spectrum. Despite this, these two approaches differ substantially from each other, and as such, provide significantly different views of psychosis and the possibilities of treatment. In a recent interview, Verhaeghe made several criticisms of the field of ordinary psychosis. And second, he believes that the term is likely to create confusion for non-psychoanalytically trained clinicians and is therefore likely to be unhelpful. As such, important theoretical and practical debates are at stake between these two approaches. I provide an overview of these two diverging approaches and indicate the conceptual advantages of the Millerian idea of ordinary psychosis. First, there appears to be conceptual ambiguity in his theorization of foreclosure and drive regulation in psychosis. In contrast, I claim that the field of ordinary psychosis provides a more nuanced engagement with psychosis. My reading of ordinary psychosis emphasizes how foreclosure is intimately connected to three practical elements of treatment: I show how the field of ordinary psychosis broadens the contemporary psychiatric acceptation of psychosis by affirming that psychotic phenomenology are rich, complex, subtle and that symptom severity has no necessary connection to the idea of psychotic structure. Although Verhaeghe would undoubtedly be in agreement with this last point, I contend that the Millerian category of ordinary psychosis provides a more nuanced account of psychotic phenomena and psychosis. While Lacanian nosology has strong links to modern psychiatry, the Freudian theory of the unconscious is used to articulate the different mechanisms underlying neurosis and psychosis 3. Fundamentally, the Name-of-the-Father is as signifier regulating the unconscious, in part, through creating a structural limit i. Although foreclosure, like repression, is a form of negation i. Lacan asserts that a psychotic structure emerges from the foreclosure of the Name-of-the-Father. Thus, the foreclosure of the Name-of-the-Father is the central mechanism in psychosis and differentiates psychosis from neurosis. In neurosis, repression occurs when signifiers are turned away from consciousness into the unconscious. In psychosis, foreclosure is a unique form of negation such that the subject never affirms the existence of the signifier, the Name-of-the-Father. Instead of signifiers being repressed, a mechanism that presupposes the judgment of existence Lacan, , the foreclosure of the signifier the Name-of-the-Father leaves a hole in the Other Lacan, In psychosis, the foreclosure of the signifier entails that the subject may encounter a hole in the symbolic at pivotal junctures in subjective experience. The rupture in the signifying chain occurs when the subject is unable to signify aspects of their existence along the axes of metonymy and metaphor. Here, the one-to-one linkage between signifiers is interrupted. The absence of an anchoring signifier, the Name-of-the-Father, may produce radical disturbances to subjectivity, as there is literally no way of representing specific aspects of subjective experience. I return to in these points later in this paper. Unitary psychosis is characterized by the claim that there is only one fundamental mechanism underlying all non-organic psychosis Berrios and Beer, , despite significant variations in symptomatology, and with the recognition that distinct sub-groups of psychosisâ€"schizophrenia, paranoia, and melancholyâ€"do exist. For example, in schizophrenia psychotic phenomena are often complex and variable; unsystematised delusions, confabulations, hallucinations, social withdrawal, and a range of disorganized behavior such as vegetative states, body disturbances and incoherent cognitive processes, may be encountered Laplanche and Pontalis, ;

Sadock and Sadock, ; Verhaeghe, In contrast, in paranoid psychosis, a delusion may be the only overt symptom; and in certain cases, even this may be subtle and difficult to detect. Thus, clinicians have long observed the progressive, evolutionary tendency of psychosis; the disorganization inherent to classical schizophrenia symptomatology has the tendency to evolve into a systematized delusion of the paranoid type. His engagement with the Schreber case was significant because he asserted that delusional phenomena had stabilizing effects when compared to the disorganization of classical schizophrenia. In schizophrenia, radical disorganization is painful and the individual is often unable to engage in the most basic social relations and activity in the world. The second part of this paper explores these themes. I discuss a case vignette illustrating the centrality of the body symptoms in the stabilization of psychosis. I then develop a critique of his position and introduce important issues linked to the field of ordinary psychosis relating to the ideas of untriggered psychosis, stabilization, and body symptoms. An important feature of the case concerns the connection between body phenomena, symptoms and her unique history: Murielle initially presented to a clinic with severe body pains: Medical evaluations do not show any organic basis for the phenomena. At age eleven, she was diagnosed with scoliosis and as part of the treatment she wore a corset to bed every night until the age of eighteen. Her psychotic symptoms began as a teenager shortly after encountering her ill father in hospital; she was shocked and overwhelmed to find her father very weak, in pain and barely conscious when receiving prostate treatment. Murielle was hospitalized for severe body pains a few days after visiting her father. Several years later, she again experienced psychological difficulties after finishing the medical treatment with the corset: Although Deffieux considers the diagnosis of hysterical neurosis and conversion disorder, both he and the treatment team arrive at the diagnosis of paranoia with hypochondriasis due to the invasive nature of jouissance upon the body and the existence of paranoid traits. Here, a clear transition from body phenomena to a nascent delusional structure that is expected in paranoia occurs. However, at the beginning of the treatment, the invasive jouissance moves from the gaze of the Other back to the body. Instead, invasive body jouissance was mobilized into the elaboration of a body symptom via a signifying series. The theoretical guide in this case was fairly simple: What was the metonymical series in this case? One must begin with the ritual of the water basin from when she was a child, recognize the value of the corset when she was an adolescent, and from that follow the ritual of washing her feet and hands and which moved on, always following through this series, to delimiting herself little by little to wetting her feet and then to wrapping her hands in a damp flannel and her toes in cotton bandages. The pain completely disappeared, but she retained a peculiar, precautionary way of walking, as if she were stepping on egg shells , p. I return to these themes later in the paper. Actualpathological states are essentially anxiety equivalents that correlate with the clinical phenomena described by Freud in cases of actual neurosis. The actual neuroses refer to a cluster of clinical phenomena, in both neurosis and psychosis, where anxiety directly affects the body: For example in neurosis, actualpathology may be useful for considering panic disorder, PTSD, somatization, and borderline personality disorder BPD. However, this is not necessarily a simple undertaking as diagnoses such as BPD, which often include transitory psychotic states, could be also be viewed in terms of a psychotic structure and untriggered psychosis Maleval, a point I return to later. Freud originally conjectured that clinical phenomena belonging to actual neuroses were linked to the direct manifestations of anxiety. Anxiety equivalents emerge in the body and tend to be directed to a particular region creating variable physiological disturbances to the normal function of the organ Thus, anxiety equivalents are literally meaningless as there are no repressed ideas and chains of associations underlying the symptom. Following on from Freud, Verhaeghe claims that the emergence of anxiety equivalents can be traced to the libido and the drives. The transition from a to A through which the Other supplies an answer and sets the secondary processing into motion does not occur, with the result that the initial arousal turns into anxiety and even into separation anxiety Verhaeghe, , pp. Verhaeghe states that actualpathology is characterized by a failure of the other to adequately modulate endogenous drive tension, particularly during infancy. Drive tension refers to the innate endogenous body tensions requiring regulation; however, due to innate infantile helplessness, the other is the locus through which drive tensions are regulated.

In actualpathology, drive tensions are not sufficiently transformed into psychical states and therefore remain at the level of the real; if this occurs, anxiety equivalents predominate in the clinical picture. Moreover, his theory also relies heavily on a developmental paradigm; he states that attachment figuresâ€"the Otherâ€"will determine whether the subject is sufficiently able to regulate the drive To put it in Lacanian terms, something went wrong during the mirror stage that is, the period where identity formation starts in combination with drive regulation. The result is that the child does not develop a psychological, meaning a representational way, of handling his drives and the accompanying arousal. Moreover, identity formation as such is hampered as well , p. He argues that actualpathology is characterized by anxiety equivalents, rather than formations of the unconscious, as the attachment figure has failed to produce sufficient signifiers for the subject to modulate body arousal Verhaeghe, Verhaeghe contends that a developmental paradigm is required to conceptualize the transformation of drive tensions into a representation psychical form. He asserts that ideas about metallization, particularly those of Fonagy et al. Thus, the primary mechanism informing his theory of actualpathology, which aims to explain how endogenous drive arousal becomes excessive to the point of traumatism, is based on a failure in the mirroring relation between the subject and the Other. He claims that the disturbances to the mirroring relation outlined by Fonagy et al. This claim is derived from Fonagy et al. As he believes that deviant mirroring styles constitutes the mechanism underlying certain symptom constellations in psychosis then it will be useful to provide a brief outline of how these ideas inform his work. According to Fonagy et al. They claim that deficits in metallization correlate with affect regulation disturbances: Mentalisation refers to preconscious and conscious representation capacities utilised in negotiating inter-subjective relations and for the regulation of affect. Mentalisation is linked with the development of a sense of self; the capacity to attribute intentional states, beliefs, goals, desires and emotions to the self and the other, is also a developmental achievement, and it is the emergence of these capacities that correlates with the capacity for affect regulation. Affect disregulation occurs when an individual is unable to modulate emotions through self-soothing: Bateman and Fonagy claim that there are at least two types of deviant mirroring styles and both have potentially traumatizing effects: If the mirroring is too accurate, the perception itself can become a source of fear, and loses its symbolic potential. There are several consequences to this. Anchoring refers to the associational link between secondary representations and the primary affect; here, a deficiency of self-perception will emerge in conjunction with an affect regulation disturbance. Third, negative affect will be externalized onto the other. In contrast, in the second form of deviant mirroring, where the mirroring is absent, there is a lack of category congruence between the affect and its secondary representation. Mirroring is partially effective; the infant develops secondary representations anchored to the primary affect state. However, these representations are incongruent with the affect; therefore, a distorted sense of the affect states may ensue Actualpathology has been characterized as that group of disorders where the subject remains stuck in primary development: As a result, the initial un pleasure and anxiety, together with their somatic anxiety equivalents, persist in an unelaborated form. The resulting disorders center on somatization and anxiety, accompanied by reactive avoidance behavior. No processing occurs in the representational order, hence the absence of a fundamental fantasy and symptoms , pp. When discussing actualpathology in psychosis, Verhaeghe claims that endogenous drive tensions make a demand on the subject and the only way to respond is through anxious preoccupation. However, in his synthesis of actualpathology and psychosis, anxiety equivalents are the focal point of his discussion of body phenomena. In actualpathology in psychosis, the clinical presentation is often characterized by hypochondriacal phenomena and panic disorder; secondary symptoms such as hallucinations and delusions may be altogether absent. For Verhaeghe, hypochondriacal complaints and intrusive body phenomena indicate that drive arousal has not been psychically represented. In actualpathology, there is no substitution by signifiers and no symbolization; thus, the development of a symptom articulated via a chain of signifiers is not evident and the disturbance remains in the form of an anxiety equivalent. He then advances the idea that the stabilization of disorganizing body phenomenon in schizophrenia is best achieved via the construction of a delusion; this engenders a level of psychical

organization that uses secondary defenses and a network of signifiers to bind drive tensions in the form of a delusional construction.

Chapter 3 : Neurosis | Revolvy

The Distortion of the Symbolic Process in Neurosis and Psychosis. Lawrence S. Kubie, M.D. I BASIC PRINCIPLES AND SOME CURRENT FALLACIES.

Applied to individual behavior the terms have been used so loosely and so widely that they have become at times synonymous with morbid, perverse, inexplicable, abnormal, compulsive, and uncontrollable. Since neurosis is so common and neurotic behavior patterns are so varied, there is some justification for the overly generalized, although inexact, use of these terms. Currently, psychoneurosis or neurosis designates any of a number of psychic or mental disorders which are accompanied by no demonstrable structural or organic change but which result in disorganization of personality and mental function. This disorganization, however, must not be so severe as to impair reality testing and the use of language or to lead to extensive primitivization of behavior. These three limiting conditions serve in a rough way to distinguish neurosis from psychosis. Because quantitative assessment of mental functioning is involved, this distinction is not always easy to make. Actually, neurosis is the earlier term. It was coined by William Cullen in the late eighteenth century, in keeping with his concepts of pathology. Earlier theories of psychopathology were based on the assumption that disorders of mental functioning were related to disturbances of the circulation of the blood or to noxious elements carried by the blood stream to various parts of the body. Cullen, a pioneer neuropathologist, advanced the idea that a disturbance of the function of the nerves is the basis for neurosis. To this day, however, it has not been possible to substantiate this hypothesis. This trend was culminated by the work of Charcot, who used hypnotism to demonstrate that hysterical symptoms were genuine, not simulated. According to Charcot and his pupil Janet, the essential difficulty in neurotic conditions was neurophysiological. For various reasons usually determined by heredity, the nervous energy of the brain was not strong enough to integrate its many functions. Some functions became dissociated and pursued an independent, autonomous course. When these dissociated elements superseded the normal mental organization, they became the symptoms of hysteria. Later, he discarded hypnosis and substituted for it the technique of studying the free associations of his subjects under the standard conditions of the psychoanalytic situation. From the data obtained by this method, Freud concluded that neuroses resulted from disturbances of the physiology of the sexual drive, specifically from inadequate or abnormal discharge of sexual energy, which he designated libido. Classification Neuroses, Freud wrote, could be grouped into two major categories according to the origins of inadequate discharge of libido. In one group this could be traced to unfavorable sexual practices. This group of neuroses he called the actual neuroses. Excessive masturbation, for example, dissipates the libido, causing listlessness, apathy, weakness, etc. Abstinence and coitus interruptus, on the other hand, lead to an accumulation of libido, to a pentup state. The libido is ultimately discharged abnormally along subcortical pathways, giving rise to apprehensiveness, irritability, tachycardia, perspiration, and breathlessnessâ€”the clinical picture of anxiety neurosis. Accordingly, Freud called this group the psychoneuroses. In the psychoneuroses, the symptoms represent not somatic but psychological derivatives of the sexual impulse. Because of their primitive and disturbing nature, such impulses are denied access to consciousness and their energy is barred from discharge by a process which is called repression. Under certain conditions, to be discussed below, the energy of the repressed sexual drive partially overcomes the barrier of repression and achieves disguised and distorted expression in the form of symptoms. In contradistinction to the symptoms of actual neuroses, the symptoms of psychoneuroses have a mental content which, like dreams, can be translated into ordinary verbal language once they are properly understood. What determines the nature of a particular psychoneurotic symptom is what happens to the libido. In obsessions, it is displaced from its proper context onto some ordinarily insignificant thought; in phobias, it is projected onto some substitute object, which is then avoided; in hysteria, the sexual energy is converted into abnormal innervations, causing paralyses and sensory disturbances. He divided the psychoneuroses into those conditions in which the libido is

vested in mental representations of other persons from those in which the libido is vested almost exclusively in representations of the self. During treatment of neurotic patients these wishes of childhood are transferred onto the therapist. Accordingly, he called these neuroses transference neuroses. This group includes the more familiar psychoneurotic entities, for example, hysteria, obsessive-compulsive neurosis, and phobia. The situation is different in case of psychoses. Transferences presumably do not take place, and the libido remains fixed upon the self, as in the very young child. He called the psychoses which constitute extreme forms of narcissism narcissistic neuroses. Further study has indicated that this nosology is not quite satisfactory. The entire concept of the actual neuroses has been challenged. While it is true that there are neurotic conditions which are associated with abnormal sexual practices, it has been difficult to establish that these conditions necessarily result from such practices or that the symptoms are devoid of psychological content. In addition, transferences do take place even in the so-called narcissistic neuroses or psychoses. To be sure, such transferences may be indiscriminate, transient, and volatile, but they often do represent expressions of libidinal wishes toward figures from childhood foisted onto the therapist or other persons. Another group of conditions was subsequently added to this nosology, namely, the traumatic neuroses. As in the case of the actual neuroses, the essential etiological element is the magnitude of the stimulus, and, here too, the symptoms presumably are without significant psychological content. Although this classification is widely used, it does justice neither to the great variety of clinical forms which the neuroses assume nor to the multiplicity of factors involved in their etiology. Actually it is difficult to classify the neuroses because they are very complex. They are not distinct, circumscribed entities like tuberculosis, diabetes, or other physical diseases. Any attempt to make a close analogy between neurosis and physical disease is bound to break down upon meticulous examination. Neurosis is part of a developmental process. This is true even though many neuroses appear suddenly and acutely. The neurotic process consists of a wide range of responses to the failure of the mind to resolve inner conflicts. These responses may take the form of symptoms, inhibitions, character traits, and repetitive patterns of behavior. All of these may justly be considered neurotic because they have a common etiology and derivation. In the s Freud revised his theory of the nature and origin of neurosis in keeping with his appreciation of the central position of intrapsychic conflict in mental life. According to this newer theory, conflict is a regular, normal feature of mental life. The mind can be divided into three groups of functions according to the role each group plays in conflict. One group, the id, consists of instinctual drivesâ€”sex and aggression and their derivative manifestations. Another group, the superego, is composed of moral demands and selfpunitive tendenciesâ€”the products of training and experience. As the individual develops and learns, his ability to resolve intrapsychic conflict grows. Mental health depends upon the capacity of the ego to effect an acceptable solution of the conflicting claims made upon it. The genesis of neurosis Childhood conflicts In the genesis of neurosis, the vicissitudes of the psychological conflicts of childhood are of critical importance. The most significant conflicts involve the wishes of the Oedipal phase of development ages 3 to 6. These wishes, uniformly encountered in almost all children in civilized societies, are concretely experienced in the form of fantasies or fantasy-like thinking. These wishes are simple enough: To the immature mind of the child, its wishes in themselves may appear threatening. In addition, the child fears punishment or retaliation for these thoughts. Anxiety, an innate response to an unpleasant state, appears as a warning affect, signaling the threatening emergence into consciousness of some unacceptable wish, together with the danger of retaliation associated with it. If the ego is unable to master anxiety by repressing the emergent drive, an anxiety state of traumatic proportions may follow. To prevent this and to fend off anxiety, other maneuvers have to be instituted. It is at this point in the conflict that the neurotic process of inhibition or symptom formation begins. The particular form which a neurosis assumes in a child depends upon the specific measures used to ward off anxiety. All children have severe conflicts, and most children develop some kind of childhood neurosis. Usually a childhood neurosis assumes the form of general apprehensiveness, nightmares, phobias, tics, mannerisms, or ritualistic practices. Most of the primary behavior disorders of children represent disguised forms of neurosis from which the element of manifest fear has disappeared. Phobia is probably the

most frequent symptom of childhood neurosis. Fears of darkness, burglars, intruders, ghosts, and animals are so common they are often regarded as part of normal development. Tics and ritualistic practices are less common and in general represent somewhat more severe manifestations of childhood neurosis. Some of these factors are constitutional or innate, for example, the inherent strength of the drives and, to a considerable extent, the predisposition to anxiety. The contributing etiological factors which to date have been investigated more thoroughly are the developmental and accidental ones. Most prominent among these are overstimulation, seduction, the effects of physical illness, and various traumata. How the child discharges and controls his drive impulses is determined to a very large measure by the behavior of the parents and earliest teachers. Using gratification and frustrationâ€"reward and punishmentâ€" and serving as models for identification, parents and educators set the patterns for how conflicts may be mastered. With the passing of the Oedipal phase the intensity of childhood conflicts abates. The conflicts do not, however, disappear altogether, and, invariably, vestiges of the neurotic process may be discerned in the mental life of children during the period of latency ages 6 to In some instances, elements of the childhood neurosis may persist through the period of latency into adult life. More often, evidence of the persistent effect of the neurotic process may be seen during latency in character traits, work habits, and sublimations. Not all of these are necessarily pathological. Variations of the fantasies which originally served as vehicles to express drive derivatives during childhood become the conscious concomitant of adolescent masturbation. The guilt over masturbation derives less from the physical activity and more from the unconscious wishes which find substitute expression in the masturbation fantasies. During the period of adolescence a second attempt is made to master conflicts arising from childhood wishes. With the successful resolution of these conflicts, the individual finds his adult identity in his sexual role, moral responsibility, and choice of social role and career. Thus, one can see that the transformation of the neurotic process and its failures is an inherent part of the process of civilizing the individual in the broadest sense. This balance may be disturbed in many ways. There are three types of situations which account for neurotogenesis in adults: The physiological transformation of the drives, the responsibilities of marriage, and the exigent, competitive, and aggressive requirements of maturity may overtax the capacities of the ego, reviving childhood anxieties. In the development of a neurosis the fantasies to which one turns are usually derivatives of the wishes of the Oedipal phase. As these wishes are regressively reactivated, the conflicts and anxieties of childhood are revived and the process of symptom formation is reinstituted. Current reality is then misperceived in terms of the childhood conflict, and the individual responds as he did in childhood by forming symptoms.

Chapter 4 : Narcissistic neurosis | Revolvy

'The Distortion of the Symbolic Process in Neurosis and Psychosis.' The basic differences between pathological and normal, psychotic and neurotic processes are examined. Descriptive psychiatry has failed to establish a basis for such differentiation or classification; dynamic psychiatry has not succeeded either.

Proper Citation of this Page: I have indicated those terms that are particularly tied to an individual theorist, as well as those terms that are used differently by two different psychoanalysts. For an introduction to the four psychoanalytical theorists currently influencing the discipline, see the Psychoanalysis Modules in this site. Whenever one of these terms are used elsewhere in the Guide to Theory, a hyperlink will eventually if it does not already allow you to review the term in the bottom frame of your browser window. The menu on the left allows you to check out the available terms without having to scroll through the list below. Note that the left-hand frame works best in Explorer, Mozilla, and Netscape 4; you may experience some bugs in Netscape 6 and Opera. See the Guide to the Guide for suggestions. I will also soon provide an alternate menu option; for now, just scroll down. The Abject, abjection Kristeva: Our reaction horror, vomit to a threatened breakdown in meaning caused by the loss of the distinction between subject and object or between self and other. The primary example is the corpse which traumatically reminds us of our own materiality ; however, other items can elicit the same reaction: Kristeva posits that abjection is something that we must experience in our psychosexual development before entering into the mirror stage , that is, the establishment of such boundaries as self and other or human and animal. See the Kristeva module on the abject. Kristeva also associates the abject with the maternal since the establishment of the boundary between self and other marks our movement out of the chora. See the Kristeva module on psychosexual development. The second phase of early childhood psychosexual development, according to Freud, when pleasure is oriented to the anal orifice and defecation roughly years of age. This phase is split between active and passive impulses: See Freud Module 1 on psychosexual development. B Between the two deaths Lacan: The space of pure death drive without desire, between symbolic death and actual death. In pop culture, this position is often taken up by the living dead ghosts, vampires, zombies, etc. The early childhood fear of castration that Freud and Lacan both saw as an integral part of our psychosexual development. The castration complex is closely associated with the Oedipus complex , according to Freud: The young child with primitive desires, in coming face to face with the laws and conventions of society including the prohibitions against incest and murder , will tend to align prohibition with castration something that is sometimes reinforced by parents if they warn against, for example, masturbation by saying that the child will in some way be punished bodily, eg. Lacan builds on this Freudian concept in defining the Law of the Father. Cathexis cathexes, to cathect: Freud often described the functioning of psychosexual energies in mechanical terms, influenced perhaps by the dominance of the steam engine at the end of the nineteenth century. He often described the libido as the producer of energies that, if blocked, required release in other ways. If an individual is frustrated in his or her desires, Freud often represented that frustration as a blockage of energies that would then build up and require release in other ways: The earliest stage in your psychosexual development months , according to Julia Kristeva. In this pre-lingual stage of development, you were dominated by a chaotic mix of perceptions, feelings, and needs. You did not distinguish your own self from that of your mother or even the world around you. Rather, you spent your time taking into yourself everything that you experienced as pleasurable without any acknowledgment of boundaries. This is the stage, then, when you were closest to the pure materiality of existence, or what Lacan terms "the Real. See the Kristeva Module on Psychosexual Development. Condensation is one of the methods by which the repressed returns in hidden ways. For example, in dreams multiple dream-thoughts are often combined and amalgamated into a single element of the manifest dream e. According to Freud, every situation in a dream seems to be put together out of two or more impressions or experiences. One need only think about how people and places tend to meld into composite figures in our dreams. The same sort of condensation can

occur in symptom -formation. The other method whereby the repressed hides itself is displacement. The bodily instinct to return to the state of quiescence that preceded our birth. Through such a compulsion to repeat , the human subject attempts to "bind" the trauma, thus allowing the subject to return to a state of quiescence. See the Freud Module on Trauma and Transference. Displacement is one of the methods by which the repressed returns in hidden ways. For example, in dreams the affect emotions associated with threatening impulses are often transferred elsewhere displaced , so that, for example, apparently trivial elements in the manifest dream seem to cause extraordinary distress while "what was the essence of the dream-thoughts finds only passing and indistinct representation in the dream" "New Introductory Lectures" For Freud, "Displacement is the principle means used in the dream-distortion to which the dream-thoughts must submit under the influence of the censorship" "New Introductory Lectures" The same sort of displacement can occur in symptom -formation. The other method whereby the repressed hides itself is condensation. Instinctual pre-lingual bodily impulses or instincts , which Freud ultimately decided could be reduced to two primary drives: For Freud, the ego is "the representative of the outer world to the id " "Ego and the Id" In other words, the ego represents and enforces the reality-principle whereas the id is concerned only with the pleasure-principle. Whereas the ego is oriented towards perceptions in the real world, the id is oriented towards internal instincts ; whereas the ego is associated with reason and sanity, the id belongs to the passions. The ego, however, is never able fully to distinguish itself from the id , of which the ego is, in fact, a part, which is why in his pictorial representation of the mind Freud does not provide a hard separation between the ego and the id. The ego could also be said to be a defense against the superego and its ability to drive the individual subject towards inaction or suicide as a result of crippling guilt. Freud sometimes represents the ego as continually struggling to defend itself from three dangers or masters: The ideal of perfection that the ego strives to emulate. For Freud, the ego-ideal is closely bound up with our super-ego. The super-ego is "the vehicle of the ego ideal by which the ego measures itself, which it emulates, and whose demand for ever greater perfection it strives to fulfil" "New Introductory Lectures" Given the intimate connection of the super-ego to the Oedipus complex , the ego-ideal is likely "the precipitate of the old picture of the parents, the expression of admiration for the perfection which the child then attributed to them" "New Introductory Lectures" Ego-Ideal and "ideal ego" Lacan: Lacan makes a distinction between the "ideal ego" and the "ego ideal," the former of which he associates with the imaginary order , the latter of which he associates with the symbolic order. F Fetishism the fetish: The displacement of desire and fantasy onto alternative objects or body parts eg. Freud came to realize in his essay on "Fetishism" that the fetishist is able at one and the same time to believe in his phantasy and to recognize that it is nothing but a phantasy. And yet, the fact of recognizing the phantasy as phantasy in no way reduces its power over the individual. Octave Mannoni, in an influential essay , phrased this paradoxical logic in this way: Kristeva goes so far as to associate all language with fetishism: But is not exactly language our ultimate and inseparable fetish? This term is closely related to regression. Module I on psychosexual development. G The Gaze Lacan: When you look at the painting, it at first gives you a sense that you are in control of your look; however, you then notice a blot at the bottom of the canvas, which you can only make out if you look at the painting from the side, from which point you can make out that the blot is, in fact, a skull staring back at you. See the Lacan module on the Gaze. According to Freud, heterosexual intercourse should be the goal of psychosexual development a position that has since been questioned by feminists and queer theorists; see Gender and Sex. At this point in "normal" development, Freud writes, one witnesses"the subordination of all the component sexual instincts under the primacy of the genitals" Introductory Lectures In this way, the individual enters adulthood and ensures the survival of the species. The symptomatic return of repressed childhood sexual trauma. The two main forms of hysteria are 1 conversion hysteria, in which the symptoms are manifested on the body eg. The id is the great reservoir of the libido , from which the ego seeks to distinguish itself through various mechanisms of repression. Because of that repression , the id seeks alternative expression for those impulses that we consider evil or excessively sexual, impulses that we often felt as perfectly natural at an earlier or archaic stage and have since repressed.

Freud also argues on occasion that the id represents the inheritance of the species, which is passed on to us at birth; and yet for Freud the id is, at the same time, "the dark, inaccessible part of our personality" "New Introductory Lectures" See also Freud Module I on psychosexual development. It is particularly important in overcoming the Oedipus complex: Identification is quite different from object -choice: The fundamental narcissism by which the human subject creates fantasy images of both himself and his ideal object of desire, according to Lacan. Indeed, the imaginary and the symbolic are, according to Lacan, inextricably intertwined and work in tension with the Real. See the Lacan module on the structure of the psyche. A pre-lingual bodily impulse that drives our actions. What is repressed is not properly the instinct itself but "the ideational presentation" of the instinct, which is just another way of saying that our deepest, primitive drives are beyond our ability to represent them. Psychoanalysis seeks to make sense of the unconscious , which is to some extent intelligible and, so, one step removed from instinct. According to Freud, there are two classes of instincts: The internalization of authority. According to Freud, when you introject the demands of your parents and, thus by extension, society, these demands become a part of your own psyche, which then becomes divided between social demands and your own repressed , socially unacceptable desires and needs. An endless process of self-policing occurs as the super-ego reinforces parental proscriptions long after the parental authority has ceased to make its demands. A turn from reality to phantasy. Freud borrowed this term from C. Jung and defined it this way: For Freud, an example of such introversion is art, since the artist turns away from real satisfaction to the life of phantasy.

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The experience of satisfaction â€" that of the infant at the breast, as described by Freud in terms of images and memory traces â€" is a prototypical model that delimits the scope of the symbolization process in the transition from need to drive.

We can define symbolization as the operation by which something comes to represent something else for someone. While it may appear as the substitution of one object for another, it is primarily the result of a process that assumes both the ability to represent an absent object and a subject capable of knowing that the symbol is not the symbolized object. In this sense it promotes the ability to fantasize and the organization of mental space. From this point of view it is primarily a mechanism enabling the subject to fight against the depression associated with object loss and to limit the flow of affects. Aside from allowing one term to substitute for another, symbolization designates back and forth flow of meaning between subject and object, between mental reality and external reality, between past and present. This is the effect of the symbolization process, which makes possible a system of intra- and intersubjective exchanges. This can be verified in analytic therapy, which, in the standard model, assumes a relation between two centers of meaning, the analyst and the patient, whose work is possible only on condition that it is referred to an outside agency, which is the "frame" of analysis. The analytic situation thereby appears as both symbolic and symbolizing, in that its mode of operation is based on a structure with three points of reference. The experience of satisfactionâ€"that of the infant at the breast, as described by Freud in terms of images and memory tracesâ€"is a prototypical model that delimits the scope of the symbolization process in the transition from need to drive. Freud defined the drive as a borderline concept between the psychic and the somatic, formed by reworking the hallucination of satisfaction at the breast, and whose constant thrust as distinct from the momentary or periodic nature of the satisfaction of organic need relates to the permanence of the object during perception of the total object. It is, as we know, a postulate also found in the experience of the dream and unverifiable by experience, according to which hallucination is a form of satisfaction. Into this Freud introduced a temporal dimension by distinguishing the period during which the sexual drives are attached to functions of self-preservation corresponding to the hallucination of satisfaction and the increase in automatic traumatic anxiety from the period of object-formation, and hallucination of the object, when the mother is perceived as a total object. The structure so described occurs in two stages, which the anaclisis or propping of the drive on organic self-preservation enables us to comprehend as a retroactive reorganization. The symbolization process thus emerges during the split between the framework of need ingesting milk and the framework of the drive incorporating the breast. It is this difference that Jean Laplanche described in great detail, noting that the displacement from need to drive was simultaneously metonymic with respect to the object from milk to breast and metaphoric with respect to the aim from ingesting to incorporating. Between narcissistic cathexis I am the breast and object cathexis I have it, that is, I am not it the dimensions of a psychic spaceâ€"a topological spaceâ€"and time are organized. Psychic time evolves through acceptance of a delay, a waiting period, the succession from the time of being to, as Freud himself said, only after the fact, the time of having. Beneath these abstractions, at a more concrete level, we find analyses of symbolic assimilation Melanie Klein , symbolic equation Hanna Segal , and pathological projective identification. From this viewpoint the hallucinatory experience of satisfaction designates the dialectic between the nonoptative I am and the optative I want, I am not , which is articulated only on condition that enough time is allocated to the non-optative dimension. This is probably one of the major contributions of Donald Winnicott , namely, to have insisted on the importance of duration during this period of nonoptative illusion so that the optative period, the period of disillusion, might become possible. Thus the experience of object loss results in different outcomes for symbolization given the possibility of forming a dialectic between the time of being and the time of having. This essential difference and the dialectic it involves can be terminated by the illusory wish to unite, at the

"same time," subject and object, memory and perception, in the effort to exclude the object as well as the effort intended to include it. In this way different modalities of symbolization are designated. The symbolic assimilation controlled by the search for sameness seeks to implicate projection, leaving nothing but the search for immediate satisfaction through action and degrading the symbol, which represents the object, to the status of a signal. Symbolic assimilation can, on the contrary, seek to include the object in the act of projection, which, although it dehumanizes the world by transforming it into abstract entities, nevertheless maintains a link to a universe of indexical signs, where the categories of certainty, foreseeability, and univocity prevail. There are, therefore, two different economies which, depending on the use of the object, can lead in one case to a repression of affects and a splitting of the body through the exclusion of all symbolization this is the register of non-delusional psychoses and psychosomatic disorganization ; and in the other to the preservation of those affects in the psyche through symbolic efflorescence, which, although it seeks to eliminate difference and distance, nonetheless indicates an attempt at a solution through representation as shown by delusional psychoses. As Wilfred Bion noted , we cannot say that the psychotic patient is incapable of symbol formation, but that he symbolizes excessively and prevents himself from learning through knowledge of the world. From this point of view the interiorization of psychic bisexuality becomes the source of unfettered symbolization and creativity. The essential point is to be able to confront maternal invisibility and the terror of the unlimited or the infinite. This assumes the organization of the dialectic of conservation and loss inherent in anal eroticism, which contributes to the differentiation of the inside and outside of the body and ensures that the control of mental activity and sphincter control are cathected in the same way. The fort-da game Freud, g is often considered to be the key experience revealing the formation of symbolization. However, this activity of symbolic substitution through gestures and speech that bear witness to the development of object loss, assumes the manipulation of a simultaneously preserved and expelled internal object, which defines anal eroticism. The experience of mastery demonstrates that the anxiety of destruction by the object associated with orality to consume or be consumed is here contained within limits through a third possibility, the external object. The fault lines in this mediatory function of the third object determine the recourse to variant techniques face-to-face psychotherapy, psychoanalytic psychodrama compared to the usual therapeutic situation on the couch. The movement is of course asymptotic. Accordingly, the semantic function of the symbol as content is inseparable from its mediatory function, intra- and intersubjective, providing we realize it is less a universal and univocal function the archetype for Carl G. Jung or the symbolic order for Jacques Lacan than a personal and polysemic one, making possible processes of sublimation and creation. Rather than being enclosed in a private dimension, true symbolization reveals, on the contrary, as Bion suggested, its essentially social dimension. This assumes symbolization is capable of being instructed by the body and the world so it is able to produce other figures, while leaving room for the indeterminate, the uncertain, and the unexpected. Alain Gibeault See also: Bibliography Bion, Wilfred R. Beyond the pleasure principle. Presses Universitaires de France. Further Reading Blum, Harold P. Symbolic processes and symbol formation. International Journal of Psychoanalysis, 59, A multiple code theory of somatization. Psychoanalytic Inquiry, 17, Affect, somatisation and symbolisation. International Journal of Psychoanalysis, 81, Distortion of the symbolic process in neurosis and psychosis. Psychological Issues, 44, Representation, symbolization, affect regulation, mother and child. Psychoanalytic Inquiry, 19, Cite this article Pick a style below, and copy the text for your bibliography.

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Edit Psychosis is considered by mainstream psychiatry to be a symptom of severe mental illness, but is not a diagnosis in itself. Although it is not exclusively linked to any particular psychological or physical state, it is particularly associated with schizophrenia , bipolar disorder manic depression and severe clinical depression and possible paranoia. There are also detectable physical pathologies that can induce a psychotic state, including brain injury or other neurological disorder , drug intoxication and withdrawal especially alcohol , barbiturates , and sometimes benzodiazepines , lupus , electrolyte disorder in the elderly such as urinary tract infections and pain syndromes. The term psychosis should be distinguished from the concept of insanity , which is a legal term denoting that a person should not be criminally responsible for his actions. Similarly, it should be distinguished from psychopathy , a personality disorder often associated with violence, lack of empathy and socially manipulative behavior. Psychosis should also be distinguished from the state of delirium , in that a psychotic individual may be able to perform actions that require a high level of intellectual effort in clear consciousness. Finally, it should be distinguished from mental illness. Psychosis may be regarded as a symptom of other mental illnesses, but as a descriptive concept it is not considered an illness in its own right. For example, persons with schizophrenia can have long periods without psychosis, and persons with bipolar disorder and depression can have mood symptoms without psychosis. Conversely, psychosis can occur in persons without chronic mental illness, as a result of an adverse drug reaction or extreme stress. Psychotic states occurring after drug use may be particularly linked to drug overdose , chronic use and drug withdrawal. Certain compounds may be more likely to induce psychosis and some individuals may show greater sensitivity than others. Certain "street" drugs, such as cocaine , amphetamines , PCP and hallucinogens are particularly linked to the development of psychosis. Anticholinergic drugs atropine , scopolamine , Jimson weed , and many antihistamines can also induce psychosis in some people. Intoxication with drugs that have general depressant effects on the central nervous system especially alcohol and barbiturates tend not to cause psychosis during use, and can actually decrease or lessen the impact of symptoms in some people. Withdrawal from barbiturates and alcohol can be particularly dangerous, however, leading to psychosis or delirium and other, potentially lethal, withdrawal effects. Psychological stress is also known to contribute to and trigger psychotic states. Both a history of traumatic incidents experienced throughout the life-span, and the recent experience of a stressful event, is thought to contribute to the development of psychosis. Short-lived psychosis triggered by stress is known as brief reactive psychosis. Sleep deprivation has been linked to psychosis, although there is little evidence to suggest that it is a major risk factor in the majority of people. Some people experience hypnagogic or hypnopompic hallucinations, where unusual sensory experiences or thoughts appear during waking or drifting off to sleep. These are normal sleep phenomena, however, and are not considered signs of psychosis. During the s and s, psychosis was of particular interest to counterculture critics of mainstream psychiatric practice, who argued that it may simply be another way of constructing reality and is not necessarily a sign of illness. Laing argued that psychosis is a symbolic way of expressing concerns in situations where such views may be unwelcome or uncomfortable to the recipients. He went on to say that psychosis could be also seen as a transcendental experience with healing and spiritual aspects. Thomas Szasz focused on the social implications of labelling people as psychotic; a label he argues unjustly medicalises different views of reality so such unorthodox people can be controlled by society. Generally, however, advances in both diagnosis and the scientific study of psychosis have led to theories drawing on biology , cognitive psychology and neuropsychology being accepted as mainstream explanations. In the United States and Europe, few reputable practitioners since the s have approached psychosis outside this scientific frame of reference. Antipsychotic medication is usually the first line treatment for psychosis and can potentially

minimize or eliminate the symptoms within a relatively rapid amount of time. Cognitive behavioral therapy is now recommended by many clinical standards organizations as an effective psychological treatment for psychosis. The word psychosis was first used by Ernst von Feuchtersleben in as an alternative to insanity and mania and stems from the Greek psyche mind and -osis diseased or abnormal condition. The word was used to distinguish disorders which were thought to be disorders of the mind, as opposed to neurosis , which was thought to stem from a disorder of the nervous system. Psychotic experience Edit A psychotic episode can be significantly colored by mood. For example, people experiencing a psychotic episode in the context of depression may experience persecutory or self-blaming delusions or hallucinations, while people experiencing a psychotic episode in the context of mania may form grandiose delusions or have an experience of deep religious significance. Although usually distressing and regarded as an illness process, some people who experience psychosis find beneficial aspects and value the experience or revelations that stem from it. Hallucinations Edit Hallucinations are defined as sensory perception in the absence of external stimuli. They are different from illusions , which are the misperception of external stimuli. Hallucinations may occur in any of the five senses and take on almost any form, which may include simple sensations such as lights, colors, tastes, smells to more meaningful experiences such as seeing and interacting with fully formed animals and people, hearing voices and complex tactile sensations. Auditory hallucinations , particularly the experience of hearing voices, are a common and often prominent feature of psychosis. Hallucinated voices may talk about, or to the person, and may involve several speakers with distinct personas. Auditory hallucinations tend to be particularly distressing when they are derogatory, commanding or preoccupying. However, the experience of hearing voices need not always be a negative one, as outlined by the Hearing Voices Movement informed by the research of Prof. Delusions and paranoia Edit Psychosis may involve delusional or paranoid beliefs. Karl Jaspers classified psychotic delusions into primary and secondary types. Thought disorder Edit Formal thought disorder describes an underlying disturbance to conscious thought and is classified largely by its effects on speech and writing. Affected persons may show pressure of speech speaking incessantly and quickly , derailment or flight of ideas switching topic mid-sentence or inappropriately , thought blocking, and rhyming or punning. Even in the case of an acute psychosis, sufferers may seem completely unaware that their vivid hallucinations and impossible delusions are in any way unrealistic. This is not an absolute; however, insight can vary between individuals and throughout the duration of the psychotic episode. In some cases, particularly with auditory and visual hallucinations, the patient has good insight and this makes the psychotic experience even more terrifying in that the patient realizes that he or she should not be hearing voices, but does. Classification Edit In medical practice today, a descriptive approach to psychosis and to all mental illness is used, based on behavioral and clinical observations. Since the DSM provides a widely-used standard of reference, the description presented here will largely reflect that point of view. The broadest was not being able to meet the demands of everyday life. The narrowest was delusions or hallucinations without insight. A middle ground may be delusions, hallucinations with or without insight, as well as disorganized behavior or speech. Thus, psychosis can be a symptom of mental illness, but it is not a mental illness in its own right. For example, people with schizophrenia often experience psychosis, but so can people with bipolar disorder manic depression , unipolar depression , delirium , or drug withdrawal. Conversely, psychosis can occur in people who do not have chronic mental illness e. The formal psychotic disorders are:

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Lawrence S. Kubie's psychoanalysis / Eugene B. Brody --The fallacious use of quantitative concepts in dynamic psychology --Instincts and homeostasis --The distortion of the symbolic process in neurosis and psychosis --The central representation of the symbolic process in psychosomatic disorders --The fundamental nature of the distinction.

Neurosis Save Neurosis is a class of functional mental disorders involving chronic distress but neither delusions nor hallucinations. Neurosis should not be mistaken for psychosis , which refers to a loss of touch with reality. Neither should it be mistaken for neuroticism , a fundamental personality trait proposed in the Big Five personality traits theory. Symptoms and causes There are many different neuroses: George Boeree , professor emeritus at Shippensburg University , the symptoms of neurosis may involve: Interpersonally, neurosis involves dependency, aggressiveness, perfectionism , schizoid isolation, socio-culturally inappropriate behaviors, etc. I have frequently seen people become neurotic when they content themselves with inadequate or wrong answers to the questions of life. Jung [] p. His gods and demons have not disappeared at all; they have merely got new names. They keep him on the run with restlessness, vague apprehensions, psychological complications, an insatiable need for pills, alcohol, tobacco, food â€" and, above all, a large array of neuroses. The characteristic effects of a neurosis on the dominant and inferior functions are discussed in Psychological Types. Jung saw collective neuroses in politics: Defense mechanisms are a normal way of developing and maintaining a consistent sense of self i. A neurotic person experiences emotional distress and unconscious conflict , which are manifested in various physical or mental illnesses. The definitive symptom is anxiety. Neurotic tendencies are common and may manifest themselves as acute or chronic anxiety , depression , an obsessiveâ€"compulsive disorder , a phobia , or a personality disorder. Horney proposed that neurosis is transmitted to a child from his or her early environment and that there are many ways in which this can occur: When summarized, they all boil down to the fact that the people in the environment are too wrapped up in their own neuroses to be able to love the child, or even to conceive of him as the particular individual he is; their attitudes toward him are determined by their own neurotic needs and responses. Growing up with neurotic caretakers, the child quickly becomes insecure and develops basic anxiety. Each person builds up his personal idealized image from the materials of his own special experiences, his earlier fantasies, his particular needs, and also his given faculties. If it were not for the personal character of the image, he would not attain a feeling of identity and unity. He idealizes, to begin with, his particular "solution" of his basic conflict: Whatâ€"according to his particular solutionâ€"appear as shortcomings or flaws are always dimmed out or retouched. He will make claims on others and on life based on the prestige he feels entitled to because of his idealized self-image. He will impose a rigorous set of standards upon himself in order to try to measure up to that image. He will cultivate pride , and with that will come the vulnerabilities associated with pride that lacks any foundation. Finally, he will despise himself for all his limitations. Vicious circles will operate to strengthen all of these effects. Eventually, as he grows to adulthood, a particular "solution" to all the inner conflicts and vulnerabilities will solidify. He will be expansive and will display symptoms of narcissism , perfectionism , or vindictiveness. Or he will be self-effacing and compulsively compliant; he will display symptoms of neediness or codependence. Or he will be resigned and will display schizoid tendencies. The opposite of neurosis is a condition Horney calls self-realization , a state of being in which the person responds to the world with the full depth of his or her spontaneous feelings, rather than with anxiety-driven compulsion. Thus the person grows to actualize his or her inborn potentialities. Horney compares this process to an acorn that grows and becomes a tree: History and etymology The term neurosis was coined by the Scottish doctor William Cullen in to refer to "disorders of sense and motion" caused by a "general affection of the nervous system. Physical features, however, were almost inevitably present, and physical diagnostic tests, such as exaggerated knee-jerks , loss of the gag reflex and dermatographia , were used into the 20th century. It has continued to be used in psychology and philosophy.

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Chapter 8 : Contemporary perspectives on Lacanian theories of psychosis

L.S. KubieThe distortion of the symbolic process in neurosis and psychosis Journal of the American Psychoanalytic Association, 1 (), pp. 59 - 86 LÃ©vi-Strauss,

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