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Connecting neurosis and psychosis: the direct influence of emotion on delusions and hallucinations

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Abstract

Diagnostic classification systems contain a core divide between neurosis and psychosis, leading to their separate study and treatment. The basis for the separation of the disorders is outlined and reassessed. It is argued that the empirical evidence does not support such a sharp distinction between neurosis and psychosis. The frequent occurrence of emotional disorder prior to and accompanying psychosis indicates that neurosis contributes to the development of the positive symptoms of psychosis. Psychological theories and experimental evidence concerning the influence of emotion on the content and form of delusions and hallucinations are therefore reviewed. It is argued that in many cases delusions are a direct representation of emotional concerns, and that emotion contributes to delusion formation and maintenance. The content of hallucinations less often directly expresses the emotional concerns of the individual, but emotion can trigger and contribute to the maintenance of hallucinatory phenomena, although how this occurs is not well understood. It is concluded that study needs to be made of the interaction between psychotic and neurotic processes in the development of delusions and hallucinations, and that neurotic and psychotic disorders may have common maintenance processes.

Keywords: Psychosis; Neurosis; Delusion; Hallucination; Emotion; Cognitive

1. Introduction

The term psychosis was originally conceived in the nineteenth century as a subcategory of neurosis, and the relationship between the two has undergone many changes (Beer, 1996). During

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the twentieth century a sharp distinction has been drawn between psychosis and neurosis, and this has been embedded in classification systems. Neurotic and psychotic disorders have come to be studied and treated separately. Implicit in the sharp distinction are the assumptions that neurotic disorders have psychological aetiology and psychotic disorders have organic aetiology. In the last ten years, however, there has been an endeavour to understand the symptoms of psychosis in psychological terms (e.g. Bentall, 1994; Chadwick & Birchwood, 1994; Frith, 1992; Garety & Hemsley, 1994), encouraged by clinical evidence that psychological treatment approaches can reduce delusions and hallucinations (e.g. Drury, Birchwood, Cochrane, & MacMillan, 1996; Kuipers et al., 1998; Tarrier et al., 1998; Sensky et al., 2000). At the psychological level of explanation there is now the opportunity to connect the study of neurosis and psychosis. The aim in this paper is to review theoretical ideas and summarize the evidence concerning the possible direct roles of emotion (anxiety, depression, anger, and mania) in the formation and maintenance of delusions and hallucinations. It is likely that a greater theoretical understanding of delusions and hallucinations will enhance the efficacy of cognitive interventions for psychosis. The review will mainly concern evidence relating to non-affective functional psychosis, particularly schizophrenia, since delusions and hallucinations have been systematically studied only in these disorders.

2. The separation of neurosis and psychosis

It is necessary to review the rationale for the sharp separation of neurosis and psychosis before examining connections: the division may have been made on grounds that are still relevant. Important for the separation of neurosis and psychosis have been the hypothesised qualitative differences, trumping rules, and single-cause research strategies for schizophrenia.

2.1. Qualitative differences

Karl Jaspers at the University of Heidelberg was instrumental in dividing psychosis from neurosis. Jaspers (1963) distinguished ‘affective illness from madness proper’ : ‘The most profound distinction in psychic life seems to be that between what is meaningful and *allows empathy* and what in its particular way is *ununderstandable*, mad in the literal sense, schizophrenic psychic life, even though there may be no delusions. Pathological psychic life of the first kind we can comprehend vividly enough as an exaggeration or diminution of known phenomena and as an appearance of such phenomena without the usual causes or motives. Pathological psychic life of the second kind we cannot adequately comprehend in this way.’

It became accepted that neurosis left part of the pre-morbid person intact, including insight, and that its precipitation and consequent behaviours were understandable to a degree, while the opposite was true for psychosis (see Roth, 1963). Psychosis came to be viewed as a qualitatively different experience that was psychologically irreducible. These clinical impressions became embedded in psychiatric classification systems. Kurt Schneider, who became professor of psychiatry at Heidelberg, systematised Jasper’s views in the form of first-rank symptoms, which are considered especially characteristic of schizophrenia in diagnostic criteria (e.g. DSM-IV) (APA, 1994).

However, the empirical evidence is not consistent with the view that psychosis is qualitatively