Functional vs. Structural Delusiveness

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There are two kinds of mental illness: those are that are ego*-syntonic*, meaning that the subject’s ego is in alignment with his own symptoms and delusions, so that he does not see his symptoms and delusions *as* symptoms and delusions; and those that are ego-*dystonic*, meaning that the subject’s ego is *not* in alignment with his symptoms and delusions, so that he *does* see his symptoms and delusions *as* symptoms and delusions. Of course, the question will be asked: ‘If someone sees a given one of his delusions *as* a delusion, then it is no longer a delusion.’ That is not quite true; a part of him sees it for what it is; but a part of him doesn’t. More precisely, his intellect can make the right judgments; but his emotions are not in alignment with his intellect; rather they are in alignment with his delusions, so that his intellect, though unimpaired in respect of clarity, lacks the executive power that it would otherwise have.

An example of an ego-dystonic ailment is OCD; the obsessive-compulsive sees his symptoms and obsessions and compulsions for what they are; but he is nonetheless afflicted by them, as his intellect, though unimpaired in respect of clarity, has no executive or emotive force behind it. An example of an ego-syntonic ailment is schizophrenia: the schizophrenic is genuinely taken in his by delusions; there is not, as there is with the obsessive-compulsive, an inner flame of sanity that stands apart from, and looks down on, the various delusions in questions; the delusions are, as it were, internal to, and definitive of, the outlook of the ego in question.

The term ‘ego-dystonic ailment’ has roughly the same extension as the term ‘neurosis’, and the term ‘ego-syntonic ailment’ has roughly the same extension as the term ‘psychosis.’

It has been pointed by clinicians that, although obsessive-compulsives are relatively clear-sighted---that, relative to those afflicted by psychopathology, they see things as they are---nonetheless, they are often very much in the grips of their own delusions; that, in some cases, there is not an intellect that sees through the delusions. For this reason, some clinicians have gone so far as to say that OCD is actually a psychosis, as opposed to a neurosis.

It *is* true that the obsessive-compulsive can sometimes be thoroughly taken in by his delusions; and it *is* true that the obsessive-compulsive’s intellect may lack clarity.

But OCD is nonetheless not a psychosis. And the reason is that, although the obsessive-compulsive can be taken in his own delusions, those delusions are always superimposed on a delusive understanding of reality, whereas, in the case of schizophrenia or any other psychosis, the delusion is primary.

In the case of psychosis, delusions are the consequence of a failure to form correct conceptions in the first place. In the case of neurosis, they are the consequence of internal conflict decommissioning or otherwise skewing existing correct conceptions. In the case of the psychotic, therefore, those conceptions are not there; which is why the psychotic doesn’t have vicious resistance-reactions to correct statements concerning his circumstances---such statements just seem to ‘wash over him. He simply carries on, unphased, with his story about the workmen living underneath his bed or the dragon living in his closet or whatnot.

In the case of the obsessive-compulsive, those conceptions *are* there, though they have been divested of their usual executive powers; which is why, when the obsessive-compulsive is initially apprised of the facts relating to his situation, he reacts with intense resistance, literally hissing and seething with resentment. He does not simply carry on: he acknowledges what he has been told; he is troubled by it; and he engages it, often going so far as to construct point-by-point rebuttals to it. What he *doesn’t* do is simply let the point wash over him. He doesn’t do this, because that point spoke to him; and it spoke to him because, underneath the haze of rationalizations, he sees reality as it is and therefore recoils when it is described to him as it is.

To sum up: The psychotic’s delusions are structural in nature, in the sense that they constitute the very backbone of his conception of reality; whereas the neurotic’s delusions are functional in nature, in the sense that they are the result of a disempowering of an underlying correct conception of reality, not the absence of, or eradication of, such a conception.