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Delusional Atmosphere

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The condition termed 'delusional atmosphere' belongs to the 'precursor phenomena' of delusion and has always attracted special attention because its peculiarities evoke the hope of obtaining better insight into the conditions governing the emergence and formation of delusion. The following considerations represent a review of the most important topical hypotheses about the nature of the delusional atmosphere and its progression into finalised delusional elaborations as seen in the perspective of the psychopathology of German-speaking countries.

It is interesting to note that German psychopathologists never use the term delusional 'atmosphere', but always refer to delusional 'mood'. This preference should be considered a mistake because it makes it difficult to approach with precision the important and delicate question as to whether this particular condition is primarily a cognitive, perceptual deficiency provoking an emotional response, or whether a modification of mood is the cause of a changed perception of the outside world. German psychopathologists, however, are often divided into two groups over these contradictory positions, despite the fact that both use the term delusional 'mood'. The 'cognitive concept' of the first group has its historical roots in the ideas of the Age of Enlightenment, whereas the 'dynamic standpoint' of the second group goes back to the philosophy of nature and romanticism.

Before delving more deeply into the two rivalling perspectives, let us briefly recall the characteristics of delusional atmosphere. Sims (1988) describes it very pertinently as follows: the "world has been subtly altered". The patient "experiences everything around him as sinister, portentous, uncanny, peculiar in an undefinable way". The patient "knows that he is personally involved, but cannot tell" how. He has a feeling of anticipation and sometimes even of excitement. For Sims, the delusional mood is apparently a consequence of the experienced atmosphere and he states further: "The mood of the atmosphere is very important and this experience is often referred to as delusional mood". In this state "the patient feels uncomfortable, often extremely perplexed and apprehensive". Sims describes subtly how this disagreeable state changes through the elaboration of delusional explanations: "When the delusion becomes fully formed he [the patient] often appears to accept it with a feeling of relief from the previous unbearable tension of the atmosphere". In the following considerations we shall first outline how this emergence and further evolution of delusional phenomena is seen in the 'dynamic' perspective which is based on the assumption that a 'background activity' governs our perceptions, mnestic functions and behaviour (Guttmann, 1972).

Dynamic concepts

All hypotheses about delusional atmosphere presently discussed in German psychiatry refer in one way or the other to Conrad's (1958) "gestalt-psychological" analysis of *The Beginning Schizophrenia*. The state which we refer to as delusional atmosphere is, for Conrad, a modification of mood which, from its very beginning, is linked with the attribution of an abnormal – but as yet unidentified – significance of experiences. This mood does not refer to circumscribed, precise, singular perceptions, but to an ensemble of minuscular, scarcely remarkable experiences which impart to the situation a new and bewildering 'physiognomy'. Thus, the delusional atmosphere appears as a global impression: something unknown is going on, it is in the air like an impending disaster, a general experience which indicates that one must question one's own existence.

Conrad's delusional mood belongs to the first stage of schizophrenia which he calls *trema*. This 'stage-fright' may express itself in different ways such as: bizarre actions (which Conrad exemplifies with a soldier covering his ears when the sergeant gives him an order), initial depression, or suspicion. The last named is the basis of Conrad's delusional mood, characterised by the failure to retain the space between perceived facts and what is behind them. The background loses its neutrality, and the patient becomes like an anxious child walking through a wood. Nothing is evident and natural any more. The particularity of this suspicion is that the patient is not struck by what people do or say but what they don't do or say. This process develops into an overall change of the perception of the entire outside world and causes the patient to query his own existence. In the fully developed 'delusional mood' the patient feels alone in this world. He is in a 'solipsistic' position.

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During the further course of the psychosis, the 'trema' is followed by the *apophenia* in which the changed perceptions and apprehensions switch to the realisation that everything has a special meaning. At this stage, misidentifications of persons appear, because 'physiognomic aspects' begin to predominate: persons or objects then encountered are not accepted at face value, but are immediately related to inborn or previously acquired recognition patterns connected with certain behaviour or temperaments of special qualities such as a threatening or exalting nature. Events are not only experienced as strange or untrue, but acquire the significance of 'markers' focusing on the patient himself. Thus emerges the self-reference, which Sims stresses as the characteristic trait of delusions and Conrad terms 'anastrophe'. At this stage the patient changes his normal percept of the world to a 'Ptolomaic' concept: he is convinced that everything revolves around his own person, just as Ptolomaeus assumed that the sun revolves around the earth. The patient is unable to make the 'turn' of Copernicus, who told us that the earth revolves around the sun. He loses the capacity to abandon the assumption of self-reference which Conrad considers as a 'phylogenetic and autogenetic' old perception of the relationship between the subject and the outside world. The apophenic stage may then, in some cases, progress to the *apocalyptic phase* in which ordered thinking is lost.

Conrad attributes the described evolution of psychotic states to a continuous increase of the 'ground-activity' which, in severe cases, finally leads to a reduction of the 'energetic potential' characterising schizophrenic deficiency states.

Janzarik's 'structural-dynamic' approach (1959/1988) concurs with Conrad's concept in that the emergence of psychotic phenomena, including the delusional 'mood', is based on changes of activation processes. But, in contrast to Conrad, he holds the opinion that psychotic features are not the result of a mere increase of the energetic potential, but are due to a 'dynamic instability'. He draws attention to the fact that the delusional mood does not exist as a continuum, but is characterised by a discontinuity, fluctuation, and controversial emotions comprising at the same time exaggeration and exhaustion.

In his concept of the 'structural-dynamic coherence' Janzarik designates as 'dynamic' a fundamental realm embracing affectivity and drive which is contrasted by the 'psychic structure' containing inborn recognition patterns and acquired representations. Janzarik distinguishes between the 'free-floating dynamic' and those parts of the dynamic that are tied to the structure. The inborn recognition patterns, as well as some of the representations, are dynamically invested. The investment of the latter is based on previous experiences whereas the dynamic loading of the former is inherited. All dynamically loaded parts of the structure are called values. Normally, the inborn recognition patterns and the personal values are continuously kept in the background by the neutral representations which form a hierarchy of reaction tendencies based on learned experiences, and thus permit a critical, realistic evaluation of the environment, called the 'representative perception modus'. This reality-testing may, however, be distorted by exaggerated actualisations of values, provoked by derailments of the free-floating dynamic.

Janzarik distinguishes between 'stable derailments', such as 'manic expansion' or 'depressive restriction', and the 'dynamic instability'. Stable derailments actualise values corresponding to their type: e.g. mania actualises only positive values which can no longer be counterbalanced by a critical estimation of possible negative aspects of the situation. In states of dynamic instability, rapid changes in actualisation of differently invested parts of the structure occur and provoke a profound disturbance of reality-testing. The oscillation of actualisations and disactualisations causes the impression that something peculiar, strange, puzzling, artificial, extraordinary, and at the same time, fascinating, is going on. The insecurity and threat emerging in this delusional atmosphere set into motion the 'impressive recognition modus' which, for Janzarik – as for Conrad – represents regression to a phylogenetically older way of perceiving a situation. Thus, by their strangeness, the mood swings accentuate 'physiognomic traits' which are 'key stimuli' (Lorenz, 1973) for the release of the impressive recognition modus that is normally repressed by the representative one. The mood swings also actualise the personally acquired values whose impact on perception and action remains, under normal conditions, under the control of the neutral representations. The actualisation of personal values and the accentuation of inborn recognition patterns interact, reinforcing each other. This leads to a firming of the delusion which evolves from the puzzling uncertainty of the delusional atmosphere, via the appearance of the certitude of self-reference, to fully structured specific meanings.

Janzarik adheres to the concept of a 'unitarian psychosis'. In his view, the psychosis-causing factor is a predisposition to dynamic instability whose appearance may be triggered by somatic or psychosocial stress situations. Whether this leads to a schizophrenic, schizoaffective or affective type of

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the disorder depends, according to Janzarik, on two conditions: the relative strength or weakness of the structure on the one hand and the habitual dynamic level of the individual on the other (Fig. 1). The structure is supposed to be determined essentially by environmental influences such as education, previous experiences, etc. Strong structures are thought to channel the triggered instability into stable derailments, whereas weak structures cannot dominate it. If the habitual dynamic is high and the structure strong, the dynamic derailments are transformed into persistent states of expansion or restriction. This condition expresses itself as a bipolar affective disorder. Very strong meticulous structures corresponding to Tellenbach's 'Typus Melancholicus' (1961) accompanied by a low habitual dynamic level, transform the instability exclusively into depressive derailments and thus constitute the basis for unipolar depression. The delusional atmosphere occurs only in weak structures, because they fail to repress the instability, and consequently the impressive recognition modus becomes activated. Very weak structures associated with a low habitual dynamic level may completely collapse under the impact of the dynamic instability and thus the delusional phenomena become accompanied by disorganisation of thinking and behaviour. In these cases, which correspond to the schizophrenic type of the unitarian psychosis, the delusions also remain unstructured and bizarre and the latent habitual dynamic deficiency becomes manifest. In the presence of a somewhat stronger structure and a high habitual dynamic level, disorganisation of thinking and behaviour does not occur, and the initial delusional atmosphere evolves into more structured, organised delusions accompanied by more typical manic and depressive

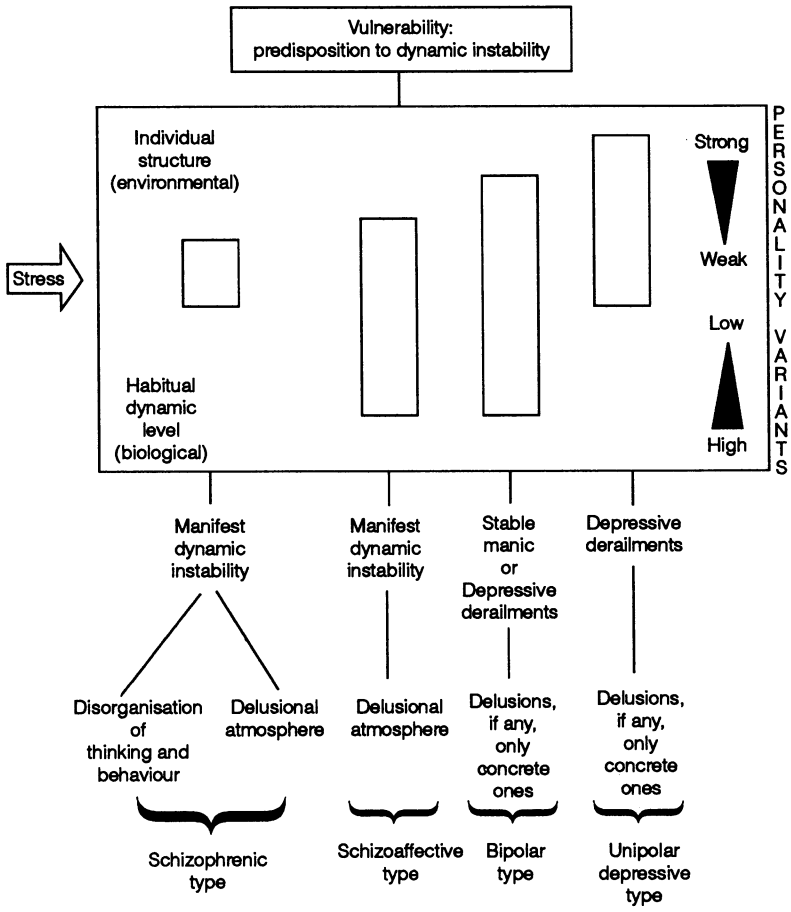


Fig. 1 Janzarik's model of development of psychotic disorder.

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mood swings without the manifestation of affective blunting, whereby a complete recovery may be possible. This situation corresponds to the schizoaffective type of the unitarian psychosis. Between the four types of unitarian psychosis portrayed in Fig. 1 there exist, of course, transitional forms. For Janzarik, the delusional 'mood' is thus the consequence of a dynamic instability occurring only in the presence of weak structures.

The cognitive concept

In contrast to the dynamic hypotheses so far discussed (Huber & Gross, 1977; Huber, 1983), the Bonn School maintains that the delusional 'mood' is the result of a cognitive disturbance. Since this school adheres strictly to Schneider's (1962) way of diagnostic attribution, practically all patients experiencing a delusional atmosphere are classified as schizophrenics. Viewed from this perspective, the basic cognitive disturbance of schizophrenia is a perturbation of information processing leading to overinclusions and response-interferences, and a diminution of the capacity to discriminate between different feelings. From these arise cenestopathy, thought blocking, thought derailments, depersonalisation and derealisation, eventually leading to the emergence of delusional 'mood', and thus to a change of the system of reference in the solipsistic direction. This provokes psychotic externalisation consisting of first rank symptoms such as delusional perceptions, thought broadcasting, made affect, etc. These not yet concretised phenomena become concretised by coping behaviour.

This purely cognitive concept of the emergence of delusional atmosphere has, however, been somewhat attenuated by observations indicating that some dynamic changes may contribute to the appearance of experiences of derealisation. Klosterkötter (1988) thus stresses that the cognitive disturbances of perception and receptive speech may lead to a 'basal irritation' expressing itself as dynamic instability. If the degree of cognitive disorganisation and the subsequent irritation is high, the entire environment assumes an unfamiliar character corresponding to the delusional atmosphere. In the event that the 'cognitive-affective basic disturbance' is milder, only certain objects of the environment become unfamiliar in the sense of isolated delusional impressions. In both cases, this first level of the evolution of a delusional psychosis is followed by the appearance of self-reference, initially of unknown meaning (level 2) and subsequently of precise meaning (level 3). This evolution, from the delusional atmosphere or isolated delusional impressions, via delusional impressions with self-reference, to delusional perceptions is illustrated in Fig. 2. Klosterkötter's integration of some dynamic aspects into the model of the Bonn school implicates that the dynamic change is considered to be a consequence of a primary cognitive disturbance and thus conforms with the above-mentioned statement of Sims.

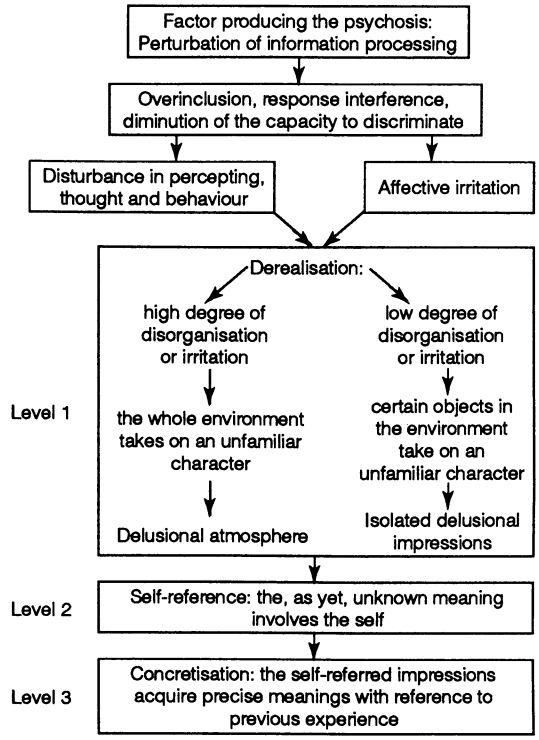


Fig. 2 Evolution of delusional perceptions from delusional atmosphere.

The multifactorial model of delusional atmosphere

The Vienna school (Berner, 1982; Berner *et al*, 1983, 1984) assumes, as the result of its research on delusional psychoses, that the delusional atmosphere may emerge on the basis of different pathogenetic mechanisms corresponding to different vulnerabilities (see Fig. 3). One vulnerability seems to be a predisposition to cognitive disturbances, leading, under stress, to formal thought disorders and disorganised behaviour on the one hand, and to an increase in affective tension and dynamic instability on the other. The way in which the delusional atmosphere emerges from this vulnerability conforms to Klosterkötter's model. The bearers of this vulnerability correspond to schizophrenics in the Bleulerian sense: if the vulnerability is due to a genetic predisposition, they correspond to endogenous schizophrenia.

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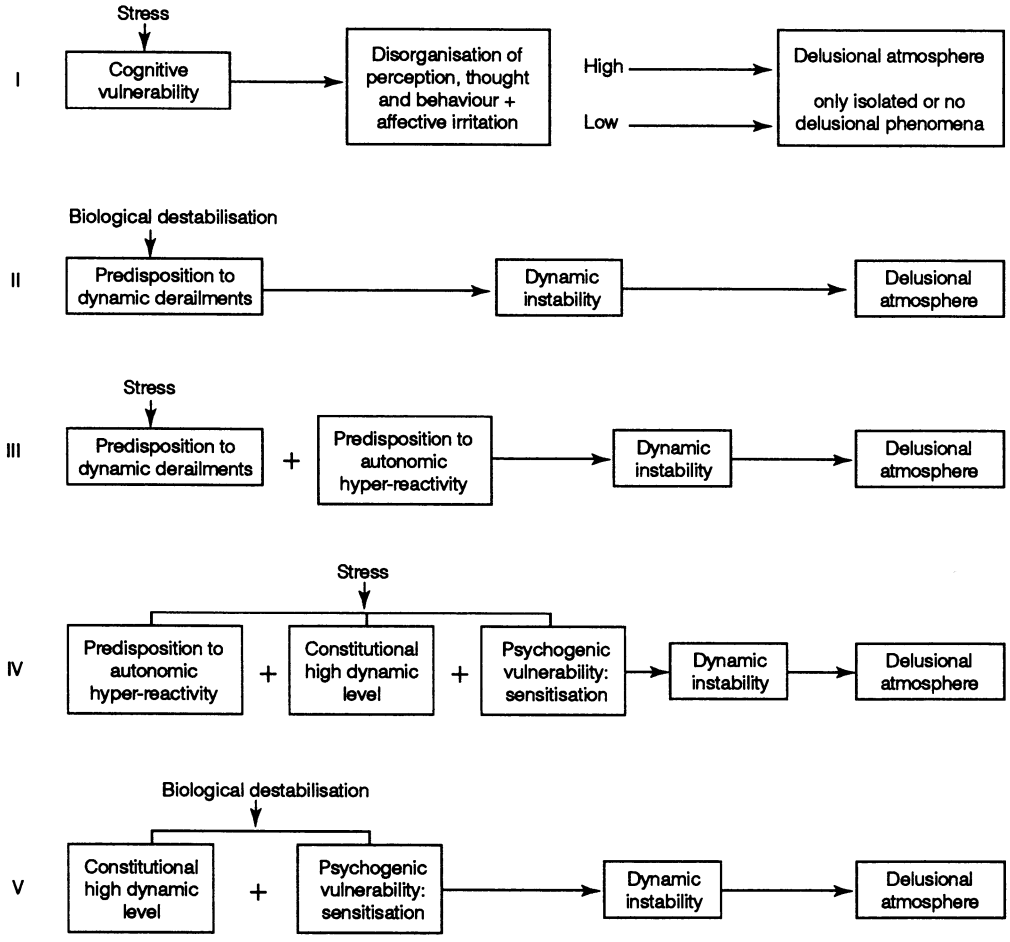


Fig. 3 Pathogenetic mechanisms leading to delusional atmosphere.

A delusional atmosphere can, however, frequently be observed in patients who, in view of illness course and/or family history, seem to belong to the category of affective disorders. In this case, one may assume that they are bearers of a vulnerability to dynamic derailments which, if genetically determined, is characterised by typical biorhythmic disturbances such as diurnal variations. Clinical experience indicates, however, that this vulnerability predisposes only to stable derailments. Thus, the occurrence of a dynamic instability, setting the stage for delusional atmosphere, must be attributed to additional pathogenetic influences which provoke the said instability. These influences may sometimes be found in temporary biological destabilisations due to, e.g. puerperium, somatic diseases, drugs, and sometimes lie in an inclination to an autonomic hyper-reactivity which must be considered to be an additional vulnerability, independent from that leading to stable derailments.

Finally, the emergence of delusional atmosphere can be observed among patients for whom no cognitive disturbances or inclination to unipolar or bipolar mood swings may be considered responsible. In such cases, psychogenic vulnerability corresponding to a sensitisation seems to play a more important pathogenetic role. Here, the manifestation of a delusional atmosphere appears to be provoked by a dynamic instability triggered by stressful events in the presence of a predisposition to dynamic hyper-reactivity and a constitutionally high dynamic level. The latter may also account for the emergence of a delusional atmosphere in sensitised patients if no predisposition to hyper-reactivity is present, provided that a biological destabilisation takes place.

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The different possible pathways to delusional atmosphere raise doubts that schizophrenic disorders alone may be responsible for its emergence. If one does not diagnose schizophrenia on the basis of first rank symptoms, but considers the 'dissociation' in the Bleulerian sense to be the basic disturbance of the 'group of schizophrenias', the delusional atmosphere may be a syndrome which may occur as a consequence of cognitive or dynamic disturbances, whereby the latter may be the expression of different vulnerabilities.

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