

Features of Reflection of Persons With Psychotic Disorder: Mechanisms of Psychosis Formation

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This article presents the results of an empirical study of the reflection features of individuals with acute polymorphic psychotic personality disorder. The cognitive-emotive test (CET) by Yu. M. Orlova and S. N. Morozyuk (CAT) was used as a method. The study involved 29 respondents—men (17 people) and women (12 people) aged 18-45 years with acute polymorphic psychotic personality disorder. All patients were in remission.

Keywords: reflection, protective reflection, sanogenic reflection, psychosis, bipolar personality disorder, compensatory functions, psychological defense mechanisms

Acute psychotic disorder (OCD) or acute psychosis is a painful mental condition in which it is difficult to determine what is real and what is not. With this disorder, a person develops false beliefs that cannot be dissuaded (delusional ideas); he begins to perceive things that others do not see or hear (hallucinations) (World Health Organization, 1994).

In the International Classification of Diseases, psychotic personality disorder is designated as F23.0—acute and transient psychotic disorders (World Health Organization, 1994).

Sometimes people with acute psychosis are characterized by broken or disorganized speech and behavior that does not correspond to the external situation. They may also have trouble sleeping, social withdrawal, lack of motivation, and difficulty performing daily activities (World Health Organization, 1994).

The following are examples of anamnesis of patients with polymorphic psychotic disorder (see Figure 1):

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08.30min Inspection of the department. otd, a psychiatrist [REDACTED]

The patient [REDACTED] was admitted to the GBUZ of the Ministry of Defense [REDACTED] for treatment due to a deterioration in her mental state. [REDACTED] Delivered by my son.

Admission complaints: anxiety, sleep disorders, "fears, bad feelings"

CATAMNESIS: Previously, she was repeatedly treated at MOPB 5. He is a disabled person of the 2nd group in the specialty. ITU indefinitely. The previous statement was three days ago. All previous hospitalizations are associated with careless medication intake at home, low compliance due to the patient's low criticality and the inability of relatives to control medication intake (she lives separately from her children). She was discharged with improved condition, accompanied by her son. After discharge, she was at home alone. The condition worsened immediately upon arrival home. I was unable to adapt to the conditions of independent living. I didn't know where to start (I forgot how to cook, couldn't leave the house to go to the nearest store). She constantly called her son, asking him for help. She complained of feeling unexplained anxiety, "fears," unpleasant internal agitation, heart pain, difficulty breathing. Her son was forced to take her in. I couldn't sleep the night before. She walked around the apartment, "groaned, sighed heavily, held her heart, expressed premonitions of imminent death, asked to be taken to the hospital." I couldn't find a place for myself, I couldn't sit or lie down. She reacted to all the persuasions of her son by crying, asking to be taken to the hospital. Accompanied by her son, she was taken to the MOPB 5 emergency department.,

(a)

Examination of the patient in the emergency department

Date of inspection: [REDACTED] Inspection time: 18:10

Height-175cm, Weight-102kg, Volume:36.4

F. I. O. [REDACTED]

Complaints: irritability, sleep disorders.

Catamnesis: He is re-admitted for treatment. He was treated inpatient many times. The last inpatient treatment was in [REDACTED] 2021. Suffers from a mental disorder for a long time. His mental state has changed in the last 7-10 days, he is agitated, has not slept for the last 4 days, says something all the time, talks to someone, by himself, goes somewhere and comes back to rest, bought a plane ticket yesterday, but they did not let him in because of his condition. In this regard, the son called the NSR, was taken for treatment, and was involuntarily hospitalized.

(b)

Figure 1. An example of the medical history of a patient with polymorphic psychotic disorder.

This disorder was described in ancient times: Hippocrates mentions it already in the IV century BC (Feinstein, Adolphs, Damasio, & Tranel, 2011).

On average, about 3% of people experience psychosis at some point in their lives, and in a third of them it is associated with the development of schizophrenia.

Acute psychosis has many different causes (Bzdok et al., 2012):

- mental illnesses (schizophrenia or bipolar affective disorder);
- prolonged sleep deprivation (partial or complete sleep deprivation);
- some severe somatic disorders (in this case, we are talking about somatogenic psychosis);
- some medicinal and narcotic psychoactive substances.

Two types of psychosis are distinguished separately:

- postpartum psychosis (postpartum depression)—can occur after the birth of a child and is associated with a complex of causes (for example, the presence of a mental illness in the mother herself, an unfavorable course of childbirth);
- psychogenic psychosis—occurs as a reaction to a severe traumatic situation (for example, the death of a loved one) (Feinstein et al., 2011).

We have identified psychogenic psychosis as the object of our research. This is due to negative social events taking place in the country and abroad: political and social tension, economic crisis, round-the-clock negative information impact that destroys the moral and spiritual bonds of the individual. In such conditions, it is difficult for people with a delicate mental organization and a low ability to withstand stress to maintain mental health. Despite the fact that the treatment of OCD includes a combination of antipsychotic drugs, psychological methods, and social support, our goal was to find a psychological remedy that would allow us not to miss the “window of opportunity” when it is still possible to really change the course of the disease and prevent acute mental manifestations.

Traditionally, acute psychotic disorder (OPD) is considered as a consequence of a malfunction of the dopamine neurotransmitter system of the brain. It is believed that psychosis is the result of dopamine hyperactivity in the brain, especially in the mesolimbic system, which innervates the amygdala, which is responsible for processing emotions, social behavior, and automatic “hit, run, freeze” defensive reactions. At the same time, the question remains about the mechanism of the acute psychotic reaction: What is the cause and what is the effect? Has it been proven that a psychotic reaction is a consequence of amygdala hyperactivity? What then causes her hyperactivity?

We admit internal factors of functional disorders (heredity, infection with parasites, etc.), However, we were interested in psychogenic psychosis, which occurs as a reaction to a severe traumatic situation, as a response to external adverse factors. Research in the field of neurophysiology at Northwestern University of Chicago has established that, in addition to the amygdala, areas of the socio-cognitive network around it (an extensive cortical network) are responsible for thinking about other people and processing emotionally important content. Thus, signals from the outside world that are emotionally significant to humans are processed by an extensive cortical network around the amygdala, which in turn responds with the release of dopamine. Perhaps the habit of repeating the same negative thoughts, leading to feelings of resentment, guilt, shame, fear of failure, loss of close relationships, is the reason for hyperactivity of the amygdala. Research by scientists at the College of London has found that repetitive negative thinking is associated with a decrease in cognitive functions (memory loss, decreased speed of thought processes), and leads to the development of depression and anxiety. People with acute psychosis also have a high risk of self-harm and suicide. There are signs of unexplained cuts, bruises, or cigarette burns, which are usually found on wrists, arms, thighs, and chest (Anisimova, 1996).

We believed that if the client has not lost the ability to reflect, he can be helped by including him in the process of therapy as a subject of self-healing, without waiting for the symptoms of precursors (hallucinations, delusions, fragmented thinking, strange beliefs, paranoid ideas). Reflection as a cognitive mechanism provides

either the dynamics of the unfolding of the painful process, or healing. It all depends on its quality. That is why we considered reflection as the subject of our research, believing that people with a psychotic disorder have a peculiar profile of protective reflection.

Since our respondents were people with acute psychotic disorder, their reflection, as we believed, has its own specific features.

The study was conducted in February-March 2025, which involved 29 respondents—men (19 people) and women (12 people) aged 18-45 years with a psychotic disorder. All patients were in remission. 45% of the respondents have higher education, 3% have secondary specialized education, and 52% have incomplete higher education.

The empirical base of the study is the State Budgetary Healthcare Institution of the Moscow region “Psychiatric Hospital No. 5” in Khotkovo, Moscow Region.

The results of the study were processed using the STATISTIKA 7.0 program using the parametric statistical method of data processing for independent samples, the student’s T-test.

Figure 2 shows the results of a study of the protective reflection of people with acute psychotic disorder.

The data presented in the diagram demonstrate a peculiar profile of protective reflection in individuals with polymorphic psychotic disorder. Note that the study was conducted in remission of the respondents. In a state of acute illness, the survey is not possible.

The largest amount of defensive reflection when experiencing feelings of shame (43%) is accompanied by psychological defenses against feelings of shame (51%), guilt (49%), and fear of failure (47%). How does a person protect himself from these negative experiences? Our data indicate that a person is mentally aggressive against himself (47%)—“It serves me right if I’m like this”, and leaves a traumatic situation (48%)—“I won’t deal with them”.

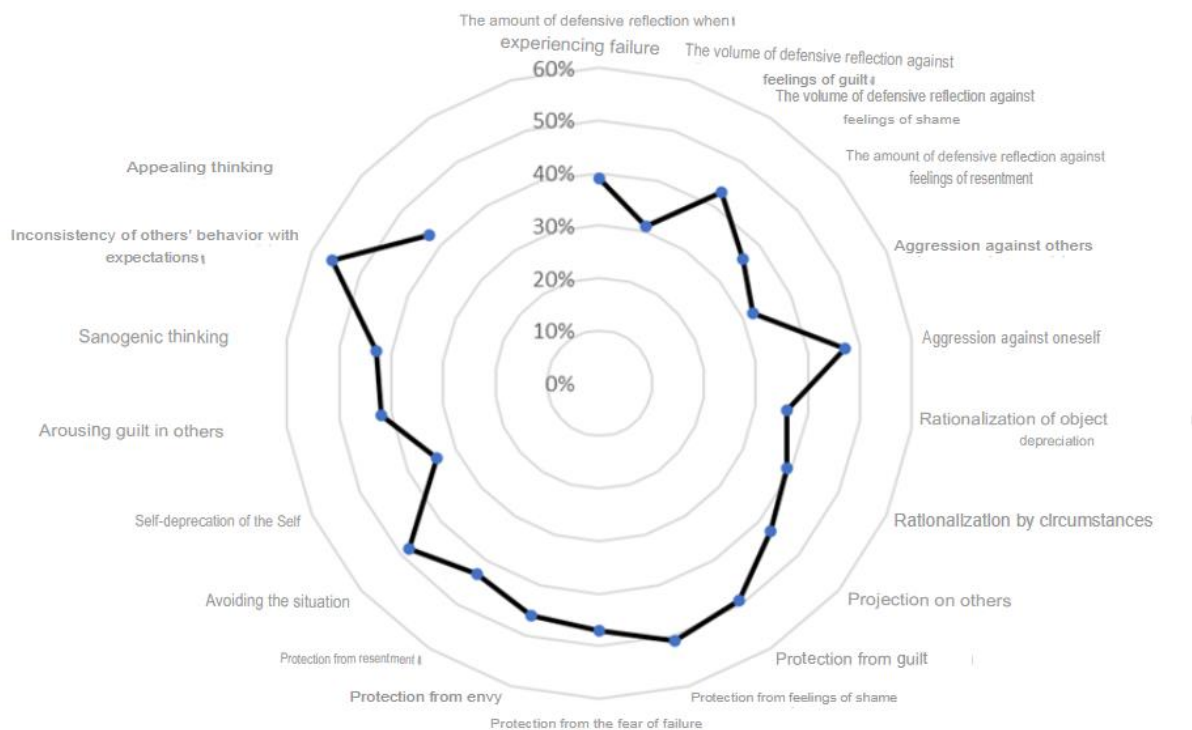


Figure 2. Profile of protective reflection of persons with acute psychotic personality disorder.

Perceiving the world through the prism of his unjustified expectations (56%) and comparing himself with others not in his favor (43%), a person aggresses against others and himself, and leaves a situation in which, as it seems to him, there is no love, understanding, and acceptance.

Based on our data, we can only talk about how psychotic personality disorder gradually unfolds, assuming that the picture is different during the period of exacerbation. Clinical observations of patients during this period indicate marked hostility against themselves in the form of self-mutilation, including suicide.

It is also important that many patients have higher education (45%), almost the same percentage of patients with incomplete higher education (52%), and only 3% have secondary specialized education. We see that this category of patients has a high percentage of higher education, which may indicate a high level of intelligence of the respondents, and at the same time, the fact of the severity of protection in the form of “avoiding the situation”, manifested in “incomplete higher education”, is confirmed.

The amygdala is one of the most studied areas of the brain in relation to the difference between the sexes. It has been established that men and women react differently to emotionally intense events. Since women’s left amygdala is activated in a stressful situation, they remember such events better than men, more often recall the details of a stressful event, and they tend to have a mental reaction to stress rather than a physical one. Men have a more developed right amygdala than women, which is functionally responsible for the decision-making process and the generation of negative emotions. Men often react to a stressful situation by demonstrating physical strength.

This gave us reason to assume that the protective reflection of men and women with polymorphic psychotic disorder has its own specific features. Let’s turn to the results of the comparative analysis (Figure 3).

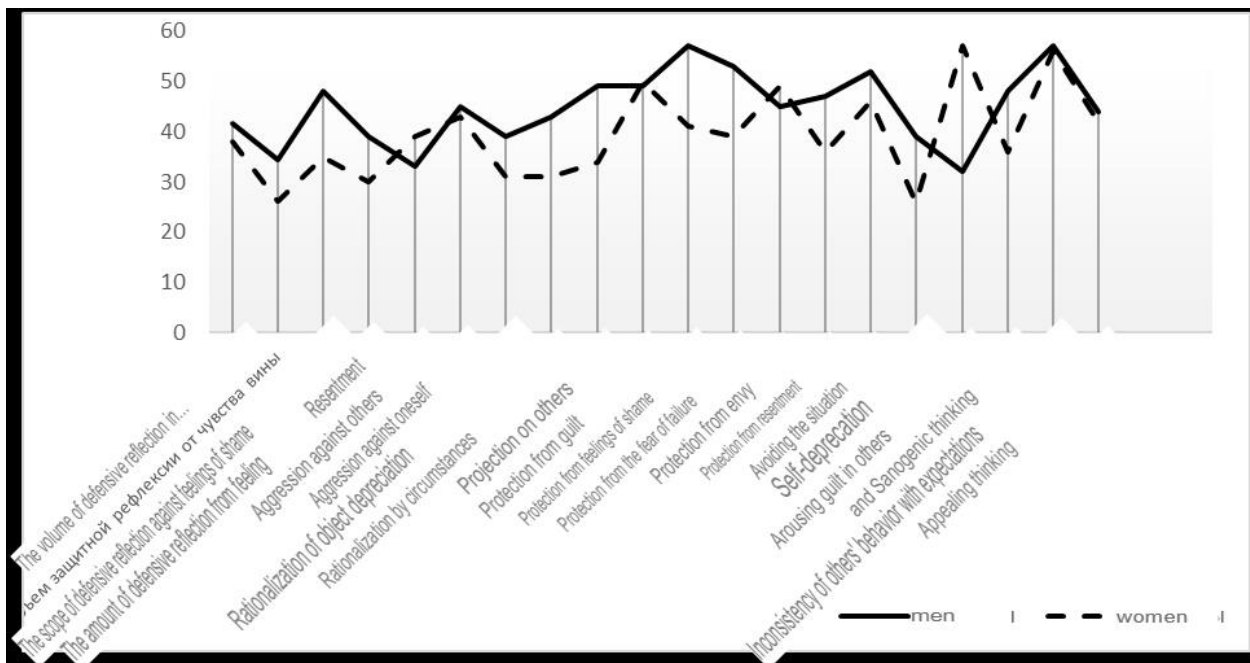


Figure 3. Profile of protective reflection of men and women with polymorphic psychotic personality disorder (in %).

In our study, we found gender-specific reflections of men and women prone to psychotic disorders (Figure 3). Both men and women, defending themselves from feelings of shame and fear of failure, show aggression

against themselves, or walk away from a psychologically traumatic situation. However, men are more likely to project their thoughts and experiences onto others, while women blame others for all their problems.

Constantly being in a state of tension and stress, remembering traumatic events, and pathogenically reflecting on them, a person with a psychotic disorder creates his own value system and pathogenic worldview using logical chains unique to him, in which he tries to protect himself from adverse conditions. And unfortunately, sometimes suicide determines the way out of unbearable conditions for the soul, as the only way to end suffering. A striking example of this behavior is the classic images from the works of Russian literature by Ekaterina A. N. Ostrovsky and Anna Karenina L. N. Tolstoy. Reflexive portraits of these heroines are presented in the article “Pathogenic Reflection as a Factor of Suicidal Behavior (Using the Example of an Analysis of the Reflections and Behavior of Katerina From A. N. Ostrovsky’s Play ‘The Storm’ and Anna From L. N. Tolstoy’s Novel ‘Anna Karenina’”) (Morozuk, Morozuk, & Kuznetsova, 2025).

There are statistically significant differences in some indicators of protective reflection between men and women with a psychotic disorder. Thus, men have a higher “Volume of defensive reflection when experiencing failure” than women (2.44**). Men are more likely than women to show aggression against others (1.98*) and against themselves (2.68**). To protect himself from guilt and fear of failure, a man chooses “Rationalization by devaluing an object” (2.24**)—“I’ll do something else, more interesting”, “Rationalization by circumstances” (1.82*)—“I’m capable, but circumstances are stronger than me”. These indicators are higher in men than in women. They are more likely than women to devalue loved ones, and the world as a whole, in which there is no place for their imagined unrealized well-being.

Women with a psychotic disorder are more envious than men (t-student—2.51**). Their main defense against experiencing this feeling is “Arousing guilt in others” (2.96***)—“They will be ashamed later that they did this to me”.

Women, like men with a psychotic disorder, when their expectations are dashed, resort to the opinion of authoritative persons in order to convince others that they are right or to collect as much external evidence as possible about the correctness of their choice or opinion (2.63**).

Thus, our hypothesis about significant differences in protective reflection from negative experiences of men and women with a psychotic disorder was confirmed.

It is very important to “catch” the development of OCD at the stage of early manifestations, as soon as this makes it possible to stop the development of serious irreversible personality changes.

The period of precursor symptoms that occurs before the onset of acute psychotic manifestations is called the “window of opportunity”, when it is possible to really change the course of the disease, and when the patient begins to experience obvious discomfort, but cannot cope with it on his own (see Examples 1 and 2). This indicates that the protective mechanisms cease to perform their functions. All other attempts at therapeutic intervention after the manifestation of psychosis only alleviate the patient’s condition, but do not radically affect the course of the disease itself.

And then the mechanisms of psychological protection are replaced by compensatory functions, as a universal mechanism that ensures the search for internal reserves of a personality and the reorganization of its activity. Examples of compensatory mechanisms include compensation for personal failures or dissatisfaction with the main job due to hobbies during leisure hours, an appeal to the fantasy world, where a person is free to see himself in any significant capacity, the embodiment of which in real life is difficult.

Defense mechanisms and compensatory functions in psychology differ in goals and manifestations (Adler,

2023).

Protective mechanisms	Compensatory functions
Defenses are aimed at eliminating or minimizing feelings of anxiety and reducing emotional stress.	Compensation is aimed at making up for what is lost or missing (balancing and compensating for something).
Defenses are manifested on an unconscious level.	Compensation is manifested when underdevelopment in one area of life is compensated by development in another area (or even several).
The protections have a local-temporary effect.	Compensation, strongly pronounced, has a pathological effect on life and the psyche. Compensation for an undeveloped area often leads to dependence on the object of compensation. The development of other areas stops, which leads to irreversible processes.
Protections cover both health and illness.	Compensation covers only diseases and is an integral part of it.

Figure 4. Differences in the manifestation of protective mechanisms and compensatory functions in patients.

The question is legitimate: How can we prevent the development of compensatory mechanisms and make the mechanisms of psychological protection conscious? Our data suggest that it is important, without waiting for the manifestation of early manifestations of OCD, to proactively help the individual by developing his ability to sanogenic reflection.

We are talking about a special kind of reflection—sanogenic. The name of sanogenic reflection is due to the fact that in Greek “sanogenic” means “health—bearing” (sanos—healing, genos—bearing). Sanogenic reflection is aimed at reducing suffering from negative emotions through a conscious choice of constructive behavior programs. It allows the patient to see his stereotypes of thinking and behavior programs that trigger negative emotions, allows him to understand the mechanisms of psychological protection and regulate emotional states. It also promotes constructive rethinking of past experiences, identifying ineffective reflexive strategies that lead to suffering.

Therefore, it is reflection that is the mediating link between compensatory functions and mechanisms of psychological defenses in the development of polymorphic psychotic personality disorder. In numerous studies carried out in line with the scientific school of Yu. M. Orlov and S. N. Morozyuk (theory and practice of sanogenic thinking), it has been proved that the psychological well-being of a personality is determined by the style of her thinking, the quality of reflection, and the everyday philosophy that has developed under their influence (Kananchuk, 2009; Krainova, 2010; Marchukova, 2005; Pavlyuchenkova, 2001; Rudakov, 2009; Smoleva, 2010; and others).

In connection with the above, we can draw the following conclusions:

1. In the course of the study, a peculiar profile of protective reflection was revealed in people with acute psychotic disorder. The largest amount of defensive reflection when experiencing feelings of shame is accompanied by psychological defenses: mental aggression against oneself, appealing thinking, withdrawal from a traumatic situation. Our data show that the individual actively defends himself from guilt, envy, and fear of

failure.

2. Our hypothesis has been confirmed that the protective reflection of men and women with acute psychotic disorder has its own specific features:

First, the reflection of men is more pronounced than that of women in the indicators: protective reflection from feelings of shame and fear of failure.

Secondly, our research shows that men suffer more from feelings of shame than women. Their volume of defensive reflection when experiencing feelings of shame is higher than that of women. Defending themselves from experiencing shame, they refer to circumstances, devalue an object, close people, or act aggressively against themselves. Women with acute psychotic disorder are more prone to envy, to protect themselves from feelings of guilt. They have the same appealing mindset as men.

Thirdly, men are more likely than women to walk away from a psychologically traumatic situation. Women choose to protect themselves from the fear of failure and shame by “Arousing guilt in others”.

Our data suggest that it is important, without waiting for the manifestation of early manifestations of OCD, to proactively help the individual by developing his ability to sanogenic reflection. Developed sanogenic reflection has the ability to prevent psychotic disorders. We see this as a promising way of psychological assistance aimed at preventing and solving the problem of mental disorders.

3. Despite the fact that counseling and therapeutic practice based on the principles of sanogenic thinking and sanogenic reflection shows the effectiveness of this approach to solving problems of overcoming psychological distress, we are aware that the application of sanogenic therapy methods to people with acute psychotic disorder requires fundamental theoretical substantiation and experimental verification with representative samples.

References

- Adler, A. (2023). *Life and its models*. Moscow: AST.
- Anisimova, N. P. (1996). Compensation as a universal mechanism of adaptation and personality development. *Yaroslavl Pedagogical Bulletin: Scientific and Methodological Journal*, 14(5), 10-12.
- Ben Best. (2004). The amygdala and emotions.
- Bzdok, D., Laird, A., Gills, K., Fox, P. T., & Eickhoff, S. (2012). Investigation of the structural, connective and functional specialization of the human amygdala. *Hum Brain Mapp*, 34(12), 3247-3266.
- Feinstein, J. S., Adolphs, R., Damasio, A., & Tranel, D. (2011). The human amygdala, induction, and the experience of fear. *Current Biology*, 21(1), 34-38. doi: 10.1016/j.cub.2010.11.042
- Kananchuk, L. A. (2009). Sanogenic reflection as a factor of students' adaptation in the multiethnic environment of the university (PhD. Diss., Irkutsk, 2009).
- Kill, L., Hyer, R. J., White, N. S., Illon, J., Kilpatrick, L., Lawrence, S., ... Alcair, M. T. (2001). Gender-related relationships in reality of the first person who took precautions with mathematical influence. *Neurobiology Education and Science*, 75(1), 1-9. doi:10.1006/nlme.2000.3999
- Krainova, Yu. N. (2010). Sanogenic reflection in the structure of emotional competence of future teachers (Diss., Krainova Julia Nikolaevna, 2010).
- Markovich, H. (1998). The different contributions of the right and left amygdala to emotional information processing. *IOS Press*, 11(4), 233-244.
- Marchukova, S. F. (2005). Sanogenic reflection as a factor of optimization of socio-psychological adaptation of cadets of educational institutions of the Ministry of Internal Affairs of Russia (Ph.D. Diss., Moscow State Pedagogical University, 2005).
- Morozyuk, S. N., Morozyuk, Yu. V., & Kuznetsova, E. S. (2023). Features of reflection of people with mental and behavioral disorders caused by alcohol consumption. *CF: The Human Factor. A Social Psychologist*, 45(1), 179-188.
- Morozyuk, S. N., Morozyuk, Yu. V., & Kuznetsova, E. S. (2025). Pathogenic reflection as a factor of suicidal behavior (on the

example of the analysis of reflections and behavior of Katerina from the play by A. N. Ostrovsky "Thunderstorm" and Anna from the novel by L. N. Tolstoy's "Anna Karenina". *US-China Education Review A*, 15(10), 728-734

Orlov, Yu. M. (1999). *Cognitive-emotive test*. Moscow.

Orlov, Yu. M. (2006). *Sanogenic (healing) thinking*. M.: Slide.

Pavlyuchenkova, N. V. (2001). Sanogenic reflection as a factor in the development of emotional competence (Diss., Pavlyuchenkova Natalia Valeryevna, 2001).

Rudakov, A. L. (2009). Sanogenic reflection as a factor of stress tolerance of personality: On the example of freestyle wrestling athletes (Dissertation, Rudakov Andrey Leonidovich, 2009).

Smoleva, T. O. (2010). Protective reflection of the mother—A factor of psychological distress of the child. *News of the DGPU*, (3), 82-87.

World Health Organization. (1994). *International classification of diseases (10th revision): Classification of mental and behavioral disorders: Clinical description and diagnostic guidelines*. St. Petersburg: ADIS Publ.