

The thoughts society refuses to believe in: delusions and beyond

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DECLARATION OF INTEREST

**MEMBER OF THE INTERNATIONAL PANEL
FOR WHO SCAN (SCHEDULES FOR
CLINICAL ASSESSMENT IN
NEUROPSYCHIATRY)**

LEAD TRAINER FOR SCAN IN LEICESTER

The importance of embedding psychopathology and phenomenology in clinical practice and training in psychiatry[†]

ARTICLE

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Psychopathology

- ▶ The discipline of psychopathology focuses on the subjective abnormal experiences of a patient in first-person perspective.
- ▶ Descriptive psychopathology does not delve into the roots or genesis of the experience but takes a 'bottom-up' approach in elaborating the patient's world in the patient's words and personal description.
- ▶ In a way it could be described as putting oneself in the patient's shoes.

Phenomenology

Andrew Sims describes phenomenology as the observation and categorisation of abnormal psychic events, the internal experiences of the patient and their consequent behaviour.

Nosology and the common language in psychiatry

The need for a common language for examining and interpreting psychopathology was identified in the early 1950s, leading to research conducted by the Social Psychiatry Research Unit of the UK-based Medical Research Council and producing the early editions of the Present State Examination (PSE) (Wing 1996), a semi-structured questionnaire to examine psychopathology.

The history of psychiatry in ICD

In the early 1960s, the Mental Health Programme of the World Health Organization (WHO) became actively involved in a programme with this aim and convened a series of meetings to review knowledge, actively involving professionals from various disciplines and various schools of thought in psychiatry, from different parts of the world. The programme stimulated and conducted research on criteria for classification and for reliability of diagnosis.

The steps of thinking

- ▶ Psychopathology
- ▶ Phenomenology
- ▶ Formulation
- ▶ Nosology
- ▶ Diagnosis
- ▶ Compassionate patient centred care

Beliefs that we do not accept

- ▶ Cultural, social, political and religious views
 - ▶ Understandable in the context of the background of the person
- ▶ Obsessions
 - ▶ The person themselves understand the irrational nature of the thought but cannot prevent going over it repeatedly
- ▶ Overvalued ideas
- ▶ Delusions

Delusions

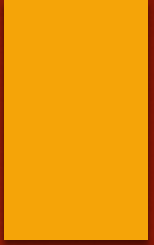
- ▶ Fixed conviction in the face of evidence to the contrary
- ▶ Not explained by social, cultural, religious or political background
- ▶ Morbid in origin
- ▶ Primary and secondary delusions
- ▶ Persecutory, referential, grandiose, nihilistic

When delusion is more than a thought

► Delusion of pregnancy and pseudocyesis

(Delusion of pregnancy has been described as a false and fixed belief of being pregnant despite factual evidence to the contrary. Pseudocyesis is a condition in which the patient has all signs and symptoms of pregnancy except for the confirmation of the presence of a fetus. There has been described symptoms as abdominal distention, cessation of menses, morning sickness, etc)

**Guerra, M., Marqués, B., & Ovejero, G. (2021). Delusion of pregnancy: Clinical case. *European Psychiatry*, 64(S1), S795-S795.
doi:10.1192/j.eurpsy.2021.2102**



▶ Somatic delusions

▶ Lycanthropy

▶ Change in physical perceptions and
behaviour

Obsessions/compulsions

- ▶ Repetitive, recurrent
- ▶ Intrusive
- ▶ Ego-dystonic
- ▶ Owned by the person
- ▶ Resistance

Obsessive-compulsive disorder with psychotic features: a phenomenologic analysis

T R Insel, H S Akiskal

PMID: 3789205 DOI: 10.1176/ajp.143.12.1527

Abstract

The authors review the literature on obsessive-compulsive disorder and present clinical vignettes to illustrate that delusions can arise in the course of this illness. These delusions do not signify a schizophrenic diagnosis but represent reactive affective or paranoid psychoses, which are generally transient. Using a phenomenologic analysis of 23 patients, the authors further argue that obsessive-compulsive disorder represents a psychopathological spectrum varying along a continuum of insight. Patients at the severe end of this spectrum are best described as having an "obsessive-compulsive psychosis." The authors discuss the implications of these considerations for DSM-III revisions.

- ▶ Insel TR, Akiskal HS. Obsessive-compulsive disorder with psychotic features: a phenomenologic analysis. *Am J Psychiatry.* 1986 Dec;143(12):1527-33. doi: 10.1176/ajp.143.12.1527. PMID: 3789205.

Overvalued ideas

- ▶ Jaspers (1963) divided pathological ideas into understandable and not reasonably understandable. The understandable idea is the overvalued idea or delusion like idea. A fixed notion grafted in the mind of a strongly emotional person. In this category he placed inventors, social reformers, politicians and people in general whose ideas are supported by a serious and undefeatable emotional commitment.

McKenna PJ. Disorders with overvalued ideas. Br J Psychiatry. 1984 Dec;145:579-85. doi: 10.1192/bjp.145.6.579. PMID: 6391600.

The overvalued idea, first described by Wernicke, refers to a solitary, abnormal belief that is neither delusional nor obsessional in nature, but which is preoccupying to the extent of dominating the sufferer's life. Disorders conforming to his definition are well documented, though their recognition as such has been variable, and they may not be as rare as is often thought. As well as sharing a distinctive phenomenology, the conditions develop in similar settings and carry a uniformly poor prognosis. Their pathogenesis is obscure and difficult to account for in conventional terms.

Obsessions, delusions, overvalued ideas: a short comparison

	CONVICTION	PRE-OCCUPATION
DELUSIONS	++	+/-
OBSESSIONS	+/-	++
OVERVALUED IDEAS	++	++

LISTEN TO THE PATIENT STORY, THE PATIENT EXPERIENCE

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