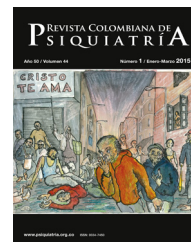




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## Original article

# The Psychopathology of Delusion of Control According to Subjective Experience

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## ABSTRACT

**Background:** Delusion of control, including thought insertion, occurs in 20% of patients with schizophrenia. However little is known of its psychopathology, and studies involving patients are scarce.

**Aims:** To explore the subjective experience of patients with delusion of control and to propose a psychopathological explanation based on empirical evidence.

**Methods:** Qualitative exploratory study of 7 patients (6 with schizophrenia and 1 with schizophreniform disorder). A phenomenologically-oriented semi-structured interview was used.

**Results:** Delusion of control is not an isolated and pure symptom; it is always immersed in the context of a persecutory delusion and other psychiatric symptoms. The patient experiences partial control, i.e. the control is never complete. In all cases, it is possible to trace the history of the narrative formation of delusion of control from its origins in persecutory delusions and other concomitant symptoms.

**Conclusions:** The delusion of control is a narrative resulting from the joint presence of a persecutory delusion and other psychiatric symptoms. For the patient, the delusion of control is the narrative of the elaborate expression of the meaning of the anomalous experience. Delusion of control is a narrative variety of persecutory delusion.

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## La psicopatología del delirio de control según la experiencia subjetiva

### RESUMEN

**Introducción:** El delirio de control, incluida la inserción de pensamientos, se presenta en el 20% de los pacientes con esquizofrenia. Sin embargo, se conoce poco de su psicopatología y los estudios que implican a pacientes son escasos.

### Palabras clave:

Delirio

Delirio de control

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Control alienígena  
 Inserción de pensamientos  
 Esquizofrenia  
 Fenomenología  
 Experiencia subjetiva

**Objetivo:** A partir de una serie de casos clínicos, explorar la experiencia subjetiva de pacientes con delirio de control y proponer una explicación psicopatológica con base en elementos empíricos.

**Métodos:** Estudio exploratorio de tipo cualitativo con 7 pacientes (6 con esquizofrenia y 1 con trastorno esquizofreniforme). Se utilizó una entrevista semiestructurada de orientación fenomenológica.

**Resultados:** El delirio de control no se presenta como síntoma aislado y puro, siempre está inmerso en el contexto de un delirio persecutorio y otros síntomas psiquiátricos. El control vivido por el paciente es parcial, nunca total. En todos los casos fue posible rastrear la historia de la constitución narrativa del delirio de control a partir del delirio persecutorio y los otros síntomas concomitantes. El delirio de control es la narrativa que expresa de manera más elaborada el sentido que la experiencia tiene para el paciente.

**Conclusiones:** El delirio de control es una narrativa derivada de la concomitancia de un delirio persecutorio y otros síntomas psiquiátricos. Es la narrativa que expresa de manera más elaborada el sentido que tiene la experiencia anómala para el paciente. El delirio de control es una variedad narrativa del delirio persecutorio.

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## Introduction

Delusion of control has different names, including delusion of passivity, passivity experience, and passivity phenomenon. According to the patient's narrative, his thoughts, emotions, perceptions or actions are under the control of a different agent: either another person, a spirit, a machine, or unknown forces. Sometimes the patient states that the operator of control is installed inside his body, which leads to the narrative of being possessed.

At other times, the patient is convinced that his thoughts and some other mental phenomena are not his own, but inserted by someone else, which is known as "thought insertion."

This type of delusion has been considered characteristic of schizophrenia, but not exclusive or specific of it.<sup>1,2</sup> Although it occurs in 1 in 5 patients with the disease, little is known of its psychopathology. Research about it is scarce,<sup>3</sup> and explanation of its origin and permanence are unsatisfactory.<sup>4</sup>

The conviction expressed in the delusion of control is contrary to common sense. It is very difficult to imagine what it is like to be in that state. Thought insertion has raised interest in philosophers who have tried to explain it in various ways, offering different answers to the following questions: Do people with thought insertion own the alien thoughts? Do they experience a sense of agency towards the alien thoughts? Do they endorse the content of the alien thoughts?<sup>5</sup>

There are several theories about delusion of control. The best known theory suggests that the brain normally monitors 3 aspects of actions: a) the action in response to current external stimulation; b) the voluntary action appropriate to current goals (willed intention), and c) the action which was actually executed. In delusion of control, there is a disruption of cognitive systems in charge of monitoring voluntary action and its execution. This discrepancy gives rise to the experience of voluntary actions as if they were not the patient's own but

produced by someone else.<sup>6-8</sup> The model has been revised and expanded, but has not changed substantially.<sup>9</sup>

The agency theory identifies the main problem as an altered sense of agency. This sense is defined as the experience, or the pre-reflective sense, that I am the cause or agent of the movements of my body, or that it is I who is executing bodily movements.<sup>10</sup>

The concept of agency has been extended to thoughts, perceptions, emotions, but has faced serious conceptual and pragmatic problems when applied to these mental phenomena.<sup>11,12</sup> After all, it is common to experience emotions difficult to control, uncomfortable memories that one would like to forget return over and over again, and it is not unusual for unwanted intrusive thoughts to continue popping into consciousness.<sup>13</sup>

Another theory postulates that the patient finds certain mental contents much too repulsive. By not tolerating them as his own, he externalizes them and feels as if they were inserted. In this way, he copes with this negative charge.<sup>3</sup> It has also been argued that delusion of control originates in an alteration in the intentionality of thought, feeling and action, which can be traced back to the prodromal stage of schizophrenia.<sup>14</sup>

It has been proposed that delusions constitute an explanation of certain experiences. They are rational responses to anomalous experiences. The subject suffering from a delusion develops his beliefs in the same way that the non-delusional subject does, but he has strange and unusual experiences that do not occur in daily life.<sup>15-18</sup> In the delusion of control, there is an anomalous experience that is explained by the patient with the belief that his thoughts and actions are not his own but originate from someone else.

A variation of the last explanation states that the process begins with an anomalous experience leading to cognitive processing in order to make sense of that experience, but under conditions where prefrontal control and monitoring mechanisms are reduced. The attenuation of usual

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