Journal of Affective Disorders 171 (2015) 171–178

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review

Differential typology of delusions in major depression and schizophrenia. A critique to the unitary concept of 'psychosis' ☆

Giovanni Stanghellini [a,b,*], Andrea Raballo [c]

[a] "G. d'Annunzio" University, Chieti, Italy
[b] "D. Portales" University, Santiago, Chile
[c] Department of Mental Health and Pathological Addiction, AUSL Reggio Emilia – Reggio Emilia, Italy

ARTICLE INFO

Article history:
Received 22 July 2014
Received in revised form
24 August 2014
Accepted 11 September 2014
Available online 16 October 2014

Keywords:
Classification
Delusion
Major depression
Phenomenology
Psychosis
Schizophrenia

ABSTRACT

It is a current trend in psychiatry to discard the Kraepelinian dichotomy schizophrenia vs. manic-depressive illness and use the overinclusive label 'psychosis' to broadly indicate the whole spectrum of severe mental disorders. In this paper we show that the characteristics of psychotic symptoms vary across different diagnostic categories. We compare delusions in schizophrenia and major depression and demonstrate how these phenomena radically differ under these two psychopathological conditions. The identification of specific types of delusions is principally achieved through the differential description of subjective experiences. We will use two general domains to differentiate schizophrenic and depressive delusions, namely the intrinsic and extrinsic features of these phenomena. Intrinsic features are the form and content of delusions, extrinsic ones include the background from which delusions arise, that is, changes in the field of experience, background feelings, ontological framework of experience, and existential orientation. This kind of systematic exploration of the patients' experience may provide a useful integration to the standard symptom-based approach and can be used to establish a differential typology of the clinical manifestation of psychosis based on the fundamental alterations of the structures of subjectivity characterizing each mental disorder, particularly with respect to the Kraepelinian dichotomy schizophrenic vs. manic-depressive illness.

Contents

1. Introduction . . . 172
2. Intrinsic features of delusions . . . 172
 2.1. Form . . . 172
  2.1.1. Schizophrenia . . . 173
  2.1.2. Major depression . . . 173
 2.2. Content . . . 173
  2.2.1. Schizophrenia . . . 173
  2.2.2. Major depression . . . 173
3. Extrinsic features of delusions . . . 174
 3.1. Preparatory field of experience . . . 174
  3.1.1. Schizophrenia . . . 174
  3.1.2. Major depression . . . 174
 3.2. Background feelings . . . 174
  3.2.1. Schizophrenia . . . 174
  3.2.2. Major depression . . . 174

☆ "Since time immemorial delusion has been taken as, the basic characteristic of madness. To be mad was to be deluded and indeed what constitutes a delusion is one of the basic problems of psychopathology' (Jaspers 1997, p.93).

* Corresponding author at: "G. d'Annunzio" University, Via dei vestimi 31, 66100 Chieti Scalo, Italy.

http://dx.doi.org/10.1016/j.jad.2014.09.027
0165-0327/

3.3. Ontological framework of experience . . . 175
3.3.1. Schizophrenia . . . 175
3.3.2. Time . . . 175
3.3.3. Body . . . 175
3.3.4. Space . . . 175
3.3.5. Self . . . 175
3.3.6. Major depression . . . 176
3.3.7. Time . . . 176
3.3.8. Body . . . 176
3.3.9. Space . . . 176
3.3.10. Self . . . 176
4. Existential orientation . . . 176
4.1. Schizophrenia . . . 176
4.2. Major depression . . . 177
5. Conclusions . . . 177
Role of funding source . . . 177
Conflict of interest . . . 177
Acknowledgment . . . 177
References . . . 177

1. Introduction

It is a current trend in psychiatry to discard the Kraepelinian dichotomy schizophrenia vs. manic-depressive illness and use the overinclusive label 'psychosis' to broadly indicate the whole spectrum of severe mental disorders. Yet, it is often unclear what is actually meant by 'psychosis' (Parnas, 2013). Although at a naïve-intuitive level the notion of psychosis might seem unambiguous and clear-cut, the very concept of psychosis remains unaddressed in contemporary diagnostic manuals, which only vaguely define 'psychosis' as 'poor reality testing' World Health Organization (1992) or rather circularly identify psychosis with the presence of its putative semiologic markers. In DSM 5 the term 'psychotic' is used to refer to the presence of a variegated set of symptoms, so called 'primary symptoms' of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Mental disorders that present the primary symptoms of psychosis are admittedly 'heterogeneous' (American Psychiatric Association, 2013) since they include schizophrenia, depression, mania, substance/medication-induced psychotic disorders, etc. DSM 5 suggests that 'the severity of symptoms can predict important aspects of the illness, such as the degree of cognitive or neurobiological deficits (…), may help with treatment planning, prognostic decision making, and research on pathophysiological mechanisms' (American Psychiatric Association, 2013).

A purely quantitative criterion (severity of symptoms) may be insufficient to characterize psychotic symptoms as they actually occur in the manifold of severe psychopathological disorders. There is a need of a *qualitative* characterization of psychotic symptoms addressing the alterations of human subjectivity (e.g., self-awareness, relatedness to the world, and relatedness to others) in which psychotic experiences are embedded. These alterations appear relevant for a differential typology of the clinical manifestation of psychosis, particularly with respect to the Kraepelinian dichotomy schizophrenic vs. manic-depressive illness.

The purpose of this paper is therefore to discuss whether the characteristics of psychotic symptoms are identical or vary across these two diagnostic categories. We will compare delusions in schizophrenia and major depression and show how these phenomena radically differ under these two psychopathological conditions. The identification of specific types of delusions is principally achieved through the 'phenomenological razor' (Rossi Monti and Stanghellini, 1996), i.e., the differential description of subjective experiences. We will use two general domains to differentiate schizophrenic and depressive delusions, namely the intrinsic and extrinsic features of these phenomena. Intrinsic features are the form and content of delusions, extrinsic ones include the background from which delusions arise, that is, changes in the field of experience, background feelings, ontological framework of experience, and existential orientation Table 1.

2. Intrinsic features of delusions

2.1. Form

The form-content distinction in psychopathology dates back to Jaspers. The form of a symptom is the way a given content is presented to consciousness (Jaspers, 1997) and the relationship that a given content has with the subject of experience. For the most part, form is more diagnosis specific, whereas content appears more incidental, idiosyncratic and individual. The same content can appear in a diverse range of phenomenological forms. For instance, a patient may have a long standing preoccupation with illness presented in the form of an over-valued idea, or in the form of the persistent intrusive thought even though he resists the intrusion and knows it to be false (the form of a compulsive idea),

Table 1.