WHO

1999

SCAN-glossary

Uddrag

Vrangforestillinger (Delusions)

19 Delusions

GENERAL POINTS ABOUT SECTION 19
The following general points should be read in conjunction with those for 'psychotic' symptoms rated in Sections 16, 17 and 18. Particular care is necessary when respondents have a language or speech problem of any kind (see Section 15). Vague or rambling answers should be rated under speech disorder. R must be able to give a clear description of the symptom. A response of 'Yes' to a question, in itself, provides no evidence either way.

FOUR NECESSARY BUT NOT SUFFICIENT CHARACTERISTICS OF A DELUSION

(1) The belief is described clearly in the respondent's own words, not simply assented to following a leading question.

(2) It is held with a basic and compelling subjective conviction, though the degree of certainty may fluctuate or be concealed.

(3) It is not susceptible, or only briefly, to modification by experience or evidence that contradict it; i.e. it is incorrigible.

(4) The belief is impossible, incredible or false.

BELIEFS WITH ALL FOUR CHARACTERISTICS THAT ARE NOT DELUSIONAL
Social, cultural, religious and political beliefs (5) A belief with all the characteristics listed in (1) - (4) is not necessarily idiosyncratic to the individual who holds it. It may be a normal and unsurprising characteristic of belonging to a particular social group and of sharing its dogmas, tenets and values. In other words, beliefs shared and fully explained by particular religious or political or other social groups are not delusional, no matter how passionately they are held, or how false or bizarre they seem to non-members. Thus if a priestess of a particular cult says that she is possessed, when in a trance, by a god (given a special name in that cult), this is understandable in its social context. It is not evidence for a delusional belief. Similarly, when natural events are said to happen by divine intervention in a way that is accepted by all members of the group, there is no delusion, and there are no items in SCAN that allow them to be rated as such.

Overvalued ideas
(6) Some ideas that are held idiosyncratically, i.e. they are not understandable in terms of membership of a social group, may be understandable in terms of the circumstances and development of a particular personality. For example, a physicist who has spent a lifetime trying to solve a problem may become convinced of an idiosyncratic answer to it although all competent colleagues provide evidence against it and no - one thinks the solution tenable. Such overvalued ideas are 'eccentric', but they sometimes turn out to be true. Induced 'delusions' (7) If R, who has never previously been deluded, begins to express abnormal beliefs that are clearly derived (induced) from someone else with whom R is or has become closely related, rate at items 20.026 - 20.028. These items include the situation where a group of impressionable people are influenced (and sometimes coerced) in this way.

DELUSIONS BASED ON ABNORMAL AFFECT
(8) Beliefs with the four necessary characteristics, which are held idiosyncratically but are clearly based in an abnormal mood, such as depression or elation, are called 'congruent' with the underlying mood. In SCAN, they are rated in Sections 6 and 10, and repeated in Section 19. They include beliefs concerned with sin, destitution, catastrophe and grandeur. Examples are given in the text that follows. They can be analyzed separately from other phenomena.

DELUSIONAL ELABORATIONS OF 'PRIMARY' PHENOMENA
(9) If the beliefs are clearly 'secondary' explanations or elaborations of abnormal subjective experiences, defined strictly according to the criteria laid down in Sections 16, 17 and 18, their idiosyncratic and non - social character is particularly evident. They are also rated separately from the primary experiences themselves.

PATHOPLASTIC DELUSIONS
(10) Normal social beliefs or overvalued ideas that meet criteria (1) to (4) may be expressed as pathoplastic forms of the delusions described in paragraphs (8) and (9), and may then meet, and be rated on, the relevant criteria. If the respondent claims to be a member of a recognized group, other members usually recognize those aspects of R's belief that are alien to their own. If the beliefs are expressed in a form that is culturally based and recognized as abnormal, such as 'Koro', 'Latah' or 'Witigo', rate at item 19.024.

PRIMARY DELUSIONS
(11) Some delusions appear as 'primary' experiences in themselves, in that the content is not understandable in terms of any antecedents such as are specified in paragraphs (5) to (10) above. Item 18.001 ('delusional mood and perplexity') describes a prior experience out of which such a delusion may inexplicably be crystallized. In item 19.009, 'delusional perception' or 'primary delusion' (the nature of the experience is variously interpreted by experts as cognitive, perceptual, or both), the delusional meaning of an experience or set of experiences becomes manifest, often suddenly or over a short period of time. These two items allow a specific rating of these primary phenomena. Other items, such as many delusions of reference, may originate in this way, but it is not feasible or necessary to try to make the distinction each time an item is rated, any more than it is for delusions arising from other primary phenomena; see paragraph (9).

19.001 - 19.002 Probes for Section 19
These probes are self - explanatory. By this time in the interview the possibility of delusions being present will usually be fairly evident. As usual, continue below the cut-off if there is any doubt.

DELUSIONS OF MISINTERPRETATION, MISIDENTIFICATION, AND REFERENCE.
Items 19.003 - 19.011 are varieties of delusions of reference.
They involve an incorrect attribution of significance to people, objects or events that are perceived normally. Thus they are neither hallucinations nor illusions. Delusions of this type may take the form of a sudden conviction that a given set of perceptions refers to the respondent and has a special significance (item 19.009). If this is the case, the delusion of reference should be rated in its own right.

19.003 Delusions of being spied upon
This is a particular form of the delusion of reference in which subjects may believe that they are being followed or otherwise observed, or that what they say or do is being recorded on tape. A not uncommon type involves subjects supposedly seeing the same cars in different locations, with the inference that the occupants are engaged in surveillance.

19.004 Delusions of reference
Ideas of self-reference are rated in items 3.010 and 6.014. Delusions of reference consist of a further elaboration of this experience in so far as other people are involved. Thus what is said may have a double meaning, or someone makes a gesture which subjects construe as a deliberate message, e.g. someone crossing his legs may be taken to mean that R is homosexual. The whole neighborhood may seem to be gossiping about respondents far beyond the bounds of possibility, or they may see references to themselves on the television or in newspapers.

Items 19.005 - 19.011 concern extensions to other situations.
Differentiation from other symptoms:
Be careful to distinguish this symptom from auditory hallucinations. It is, of course, possible for respondents to have both symptoms but they are not identical. If they answer 'Yes' to a question about hearing voices, it may be that they think people are talking about them, or making remarks intended for them to overhear, when they are in their presence. If so, it is most likely that they are misinterpreting, not hearing voices. Careful questioning should enable the examiner to judge whether one or other or both symptoms are present.

19.005 Delusional misinterpretation
This item is a further extension of the delusion of reference in that not only do people seem to refer to R directly but whole situations are interpreted in a self-referential way. The arrangement of objects may seem to have special significance. Things seem to be arranged to test respondents, street signs or advertisements on buses, or patterns of color seem to have been put there in order to give messages. This may go so far that whole armies of people may seem to be preoccupied with R. Delusions of persecution or grandeur or other delusional interpretations may not be present. If they are, rate independently.

19.006 Quotation of ideas
Respondents hear people around them, or someone on the radio or television, say something connected with what they have just been thinking. This symptom should be distinguished from auditory hallucination and from thought broadcast (item 18.007).

19.007 Delusional misidentification
In this item, although there is no change in perception, respondents misidentify those around them in a way that fits their own self - reference and their overall delusional system. They may claim that bystanders are people from their past brought in, in order to convey some kind of special message to them. They may believe that medical or nursing staff are impostors and persecutors in disguise. This is otherwise known as the Fregoli Syndrome.

19.008 Familiar people impersonated
Respondents believe that people well known to them, often friends or members of the family, are not who they purport to be, but are being deliberately impersonated by strangers. The clinical context can be very varied and the symptom should be rated (as with all PSE items) independently of possible diagnosis (Capgras Syndrome).

19.009 Delusional perception
A delusional perception, or primary delusion, is an intrusive, often sudden, knowledge that a common percept has a radically transformed meaning. A normal percept takes on an entirely new significance. The initial perception may sometimes be related to a specific experience that makes the effect more dramatic. For example, someone undergoing liver biopsy felt, as the needle was inserted, that he had been chosen by God. A woman getting off a bus on a November night was struck on the forehead by a leaf and immediately knew she had been sent to save the world. Another woman saw a plane cross the sun and at once knew that alien beings had chosen her for their ambassador on earth. In other cases, the process is more prolonged though it usually has a clear onset in one or a set of percepts.

Differentiation from other symptoms:
The experience may follow a period of delusional perplexity (item 18.001). Many other delusions may be elaborated from such an experience. Always rate any resulting or explanatory delusions independently. The delusion cannot be explained in terms of an abnormal affect other than delusional mood, nor of the respondent's cultural and social beliefs. Do not include delusions which seem to arise on the basis of a particular mood (e.g. depressive delusions, or grandiose delusions occurring when the patient is elated). Delusions which are explanations of other phenomena, such as thought insertion, hallucinations, subcultural beliefs, etc. should be rated separately.

19.010 Delusional ideas of reference based on guilt
People suffering from severe depression may believe that others are blaming them for, or accusing them of, actions or feelings about which they themselves feel guilty. One woman thought the local council were leaving 'skips' (containers for the disposal of waste) in her neighborhood, as a hidden message that they knew she had not been keeping up her usual high standards of cleanliness and housework. Another thought that nursing staff were disguised police officers, keeping her under surveillance because of her delusional belief that she had allowed a cannabis plant to grow in her garden.

19.011 Delusional ideas of reference based on expansive mood
Respondents who are elated may have such an expansive notion of their talents, beauty, accomplishments or importance, that they believe they must be the center of admiring attention for the neighborhood.

19.012 Delusions of persecution
Respondents believe that someone, or some organization, or some force or power, is trying to harm them in some way; to damage their reputation, to cause them bodily injury, to drive them mad or to bring about their death. The symptom may take many forms, from the direct belief that people are hunting them down to complex and often bizarre plots, with every kind of science fiction elaboration. A simple delusion of reference, e.g. that R is being followed or spied upon, is not included unless R believes that harm is intended, in which case rate both symptoms as present. This item should be rated whether or not it is related to pathological mood states. Delusionally depressed patients often think they are to be tortured or executed, and elated patients may feel persecuted by those who are not persuaded by their grandiose plans.

19.013 Delusions of conspiracy
These are frequently based on delusions of persecution or reference, but may be based on the experience of thought disorder or other passivity phenomena, or of hallucinations. Elated subjects may believe that people around them are collectively organizing to help them. Rate any delusions of conspiracy here, regardless of context.

19.014 Delusional jealousy
This symptom, with all the characteristics of a delusion, is centered around the theme of infidelity. Those affected are convinced that their sexual partner is unfaithful, and virtually every circumstance, however trivial, is adduced as evidence in support of the belief. Signs that might possibly be interpreted as sexual in nature, however unlikely, are taken as confirmation. They may seek evidence, looking for stray hairs on clothing, suspect entries in diaries, signs of sexual activity in underclothing. They may try to catch their partners out by checking that they are where they say they are. Accusations of infidelity may be bizarre, both in terms of the imagined partner and of the nature of the opportunity.

19.015 Non - delusional jealousy
This item (see item 3.013) is checked here for convenience. Those affected are preoccupied with thoughts that their sexual partner might be or have been unfaithful. They are torn between a belief in their partner's good faith and in their infidelity. They may occasionally give way to a strong desire to behave in the same way as those with the more severe form of the symptom (item 19.014) but then are ashamed of the thought and the action. For obvious reasons the judgement of non - delusional but morbid jealousy is difficult to make, particularly if it is unclear whether the partner is actually unfaithful. Moreover, cultural expectations of 'normal' behavior vary widely. If in doubt, rate (8). Infidelity in the partner does not rule out the symptom if the characteristics are present.

19.016 Delusions of pregnancy
Respondents think they are pregnant although the circumstances make it clear that they cannot possibly be. They may be male, or clearly menopausal, or virgin, or abstinent. One subject was a widow, had not had intercourse for several years, and was well past the menopause, but was convinced that she had been pregnant for two years, after a momentary encounter with a stranger in a lift. Why she thought this incident which, from her description, was completely innocent, could have made her pregnant, never came close to consciousness. The symptom has many of the characteristics of a hypochondriacal delusion. It can be associated with a variety of other psychopathological phenomena, or be monothematic (item 19.034 is then rated in addition), and should be rated independently of the clinical context.

19.017 Delusional lover
Usually an idealized love, often, but not necessarily, with someone thought to be of higher status (de Clerambault syndrome). R may follow and pester the supposed lover. The degree of delusional preoccupation can be as high as in delusional jealousy (item 19.014).

19.018 Delusion that others accuse R of homosexuality
Respondents who apparently have no particular leaning towards their own sex nevertheless believe that they are being accused of being homosexual. They may think they overhear remarks about some peculiarity of gait or manner or physique, or base their conviction on the interpretation of 'meaningful' looks and signs. The symptom can be associated with a variety of other psychopathological phenomena, or be monothematic, and should be rated independently of the clinical context.

19.019 Delusional memories and fantastic delusions
Delusional memories are experiences of past events which clearly did not occur but which the subject equally clearly remembers, e.g. "I came down to earth on a silver star in 1964". "I can remember the knitting needles when they tried to abort me in my mother's womb". One man claimed that he could remember walking dryshod from Wales to Ireland because the adjacent coasts had moved together. Classically, these memories come suddenly into the mind and have the characteristic of something forgotten once more recollected. Fantastic delusions, unlike, for example, delusions of reference or persecution, are physical impossibilities, rather than social improbabilities. For example, a man maintained that England's coast was melting, as one of a group of 'science fiction' delusions. Delusional confabulations, in which R spontaneously or following a lead produces a flow of fantastic ideas not previously expressed, should be differentiated from confabulation in compensation for short term memory loss (item 21.035 and 21.093). Rate fantastic delusions if the content has not been rated elsewhere (e.g. under delusions of paranormal or physical influence, items 19.022 and 19.023).

19.020 Preoccupation with previous delusions
Occasionally a respondent is preoccupied, not with current morbid phenomena, but with interpretations of past experiences that are no longer present.

19.021 Religious delusions
These are often explanations or elaborations of other delusions or psychotic experiences. Do not include well accepted religious beliefs or experiences. See the introduction to this Section of the Glossary.

19.022 Delusional paranormal explanations
Include any delusional explanation or elaboration of other abnormal experience, such as thought insertion or broadcast or delusions of reference or persecution, in terms of paranormal phenomena. Include explanations in terms of hypnotism, telepathy, magic, witchcraft, etc. Note that using the word telepathy merely to describe a process of thought transfer is not a delusional explanation. If telepathy is used in the sense of explaining a mechanism it may be rated here.

Differentiation from other symptoms:
Exclude ideas which are accepted by a sub-cultural group and derived solely from membership in that group.

19.023 Delusional physical explanations
Include any delusional explanation of other abnormal experiences such as thought insertion or broadcast or delusions of reference or persecution or somatic delusions, in terms of physical processes such as electricity, X - Rays, television, radio or machines of various kind. One man thought that burning sensations in his legs were the result of radiation from a local radio transmission station.

19.024 Specifically named local syndrome
There is discussion as to whether locally recognized syndromes such as Latah, Koro and Witigo are simply versions of familiar psychopathological states with their own individual pathoplastic coloring or whether they are syndromes in their own right. If such syndromes are suspected, it is essential to complete the whole SCAN in addition to any detailed local schedule. In this way, co - morbidity can be investigated. Culture Specific Disorders are discussed in Annex 2 of the ICD - 10 DCR. It is suggested there that most such disorders are non - psychotic disorders. The SCAN text includes reminders to reconsider ratings of anxiety and dissociative disorders in such circumstances.

19.025 Delusions of guilt or worthlessness in context of depression
This symptom is grounded in a depressed mood. Those affected think they have brought ruin to their family by being in their present condition or that their symptoms are a punishment for their wicked incompetence. In a more severe form of the symptom, there is a delusional conviction that they have sinned greatly, or committed some terrible crime, or brought ruin upon the world; i.e. there may be a grandiose quality to the delusion. They may feel that they deserve punishment, even death or hell-fire, because of it. They may say that their offense and the punishment it has merited are unnameable.

Differentiation from other symptoms:
Distinguish from pathological guilt without delusional elaboration, in which subjects are in general aware that the guilt originates within themselves and is exaggerated (item 6.013).

19.026 Delusions of catastrophe in context of depression
Respondents believe that terrible things have happened or are going to happen to their families and others with whom they are connected. Their family, friends and colleagues may be dragged down to financial ruin, and may end up starving or in prison as a result of R's failings. Delusions of poverty should be rated under this rubric. Affect is depressed. The symptom may be more intense, as when the subject has a delusional conviction that the world is about to end, that some enormous catastrophe has occurred or is going to occur, that the world is decayed, dirty and rotten.

19.027 Hypochondriacal delusions in context of depression
This symptom is in many ways similar to item 19.032, delusions of depersonalization or derealization. Respondents feel that their body is unhealthy, rotten or diseased. They can only be reassured for a brief while that this is not the case. In more intense forms of the symptom, there is a delusional conviction of the presence of incurable cancer, or that the bowels are stopped up or rotting away. Sometimes it is difficult to decide whether the appropriate rating should be at item 19.027 or 19.032, as when respondents say they are hollow and have no inner existence because their insides have rotted away. In this instance it is legitimate to rate both items positively. In general, when in doubt, rate 19.032 rather than 19.027.

19.028 Hypochondriacal delusions not in the context of depression
This is the same symptom as 'hypochondriacal conviction', rated at item 2.086. If it is changed, the new rating will be used instead of the earlier one. Distinguish from delusions about appearance (16.012) and delusional explanations of somatic hallucinations (17.029 or 19.022-19.023).

19.029 Delusions of grandiose abilities
Respondents think they have unusual talents. They believe they are able to read people's thoughts, or that they are particularly good at helping others, that they are much cleverer than anyone else, that they have invented machines, composed music, solved mathematical problems, and so on, beyond most people's comprehension.

19.030 Delusions of grandiose identity
Respondents believe they are famous, rich, chosen for a special mission, titled or related to prominent people. They may believe that they are changelings and that their real parents are royalty.

Differentiation from other symptoms:
A delusional identification with God or a saint or an angel should also be counted as a religious delusion (item 19.021).

19.031 Delusions concerning appearance
Those afflicted have a strong feeling that something is wrong with their appearance. They are convinced that they look old or ugly or dead, their skin is cracked, their teeth misshapen, their nose too large or their body crooked. Other people do not notice anything specially wrong, but respondents can be reassured only momentarily if at all. There may only be one particular complaint and there is usually no elaboration of any kind. Sometimes respondents act on the delusion, e.g. have their teeth out or repeated plastic operations.

Differentiation from other symptoms
Exclude self-consciousness, concern about real skin disease, etc. See items 16.008 - 16.013 for differentiation from perceptual disorders, and 19.032 from depersonalization, and item 3.010 for simple ideas of reference.

19.032 Delusions of depersonalization or derealization
Respondents have the belief that they have no brain, a hollow within their skull, no thoughts in their heads. In more extreme forms of the symptom, they are convinced that they have no head, that they cannot see themselves in the mirror, that they have a shadow but no body, that they do not exist at all (Cotard Syndrome).

Differentiation from other symptoms
Exclude ecperiences with delusional elaboration, e.g. that some force or agency has taken over R's mind and body so that R now has another identity and no independent will (items in Section 18).

19.033 - 19.041 General ratings
Differentiate simple elaboration from systematization. The term systematization implies that if the initial premise is granted the rest of the delusion is logically constructed and internally consistent.

19.041 Bizarreness of delusions
The term bizarre implies that a delusion is patently absurd, completely impossible or highly implausible and culturally inappropriate. However, the Respondents' cultural, social, and education context must be considered before making this judgement. For example, if a patient was a member of a cultural or subcultural group believing in black magic, then delusions about being controlled by spells would not be considered bizarre.

19.042 Age at first ever onset of delusions

19.043 Timing of PERIOD/s of Section 19 symptoms
It is important to make a record here of the dates of onset of symptoms in the Section. They may be different from those already recorded for PS or RE / LB in Section 1. For example, a respondent who has recently developed a depressive episode may also have had positive items in this section that began many years previously, possibly during childhood or adolescence. For a short episode of symptoms it is necessary to record onset in days so that data is available to determine if duration meets certain diagnostic criteria.

19.044 Interference with activities due to Section 19 symptoms

19.045 Organic cause of Section 19 symptoms
Section 19 allows a simple rating of whether an 'organic' cause is present at 19.045 and at item 20.070 whether or not it can be specified in terms of an ICD - 10 class. If the criteria set out in the Glossary are probably but not completely met in the case of Section 19 symptoms, rate (1). If the attribution of physical cause is confirmed by expert investigation, rate (2). Use (8) if uncertain whether organic or not. The default rating is (0).

19.046 Identify the organic cause of Section 19 symptoms
A range of organic conditions (for example, cerebral tumors, temporal lobe epilepsy, Huntington's disease and other pathologies) can be associated with Section 19 symptoms. These can be indicated for individual items by using the optional attributional scale. For the section as a whole, the letter identifying the ICD - 10 chapter, and up to three digits, should be entered at item 19.046 and 20.077 - 20.079. A list of ICD - 10 categories is provided in the Appendix.

Psychoactive substances rated in Sections 11 and 12, such as alcohol, cocaine, and amphetamines, which can be associated with the symptoms should also be rated in Sections 11 or 12, but can also be indicated for individual items with the optional attributional etiology scale. Dementias, delirium, and other cognitive disorders are rated in Section 21.