

# What does it mean to be psychotic: A scientific perspective

## **DIMENSIONS conference**

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# Criminal Insanity, Psychosis and Impaired Reality Testing in Norwegian Law

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## 1. Introduction

Norwegian criminal law has a long tradition of using a ‘medical model’ for the definition of criminal insanity.<sup>1</sup> Under section 20 first paragraph, letter b of the Penal Code,<sup>2</sup> a defendant who is *psychotic* at the time of the offence is absolved from criminal responsibility. This provision essentially equates criminal insanity with psychosis, and does not operate with any criteria requiring causality, or any other additional (psychological) criteria as is the case in many countries.<sup>3</sup>

It has been questioned, particularly after the 22 July case,<sup>4</sup> whether the medical

# Agenda

- Psychotic symptoms
- Psychotic illness
- Measuring psychotic symptoms

# First-person experiences

[http://www.youtube.com/watch?v=H\\_jYqSA\\_fJk&feature=related](http://www.youtube.com/watch?v=H_jYqSA_fJk&feature=related)

[https://youtu.be/mDsC\\_nudveA](https://youtu.be/mDsC_nudveA)

[2 | Se hele meg](#)

# Psychotic symptoms

- Hallucinations
- Delusions
- Formal thought disorder
- Disorganized behaviour

# Defining the borders of psychosis

- Hallucinations
  - Localization: inside or outside
  - How does the person explain the phenomenon – intact or failing reality testing
- Delusions ↔ overvalued ideas ↔ normal ideas

# Psychotic illness – diagnosing and classification

- Classification: ICD 10 or DSM V
- Structural diagnostic interview
- Investigations to rule out somatic conditions
- Diagnosis based on symptoms and history

# Psychotic illness

- Schizophrenia



# Diagnostic criteria for schizophrenia – ICD 10

## 1. At least one of the following

- Thought ecco/insertion/withdrawal/broadcasting
- Delusions of control
- Hallucinatory voices giving a running commentary on the patients behaviour
- Persistent delusions deemed completely impossible (e.g. be able to control the weather)

OR

## 2. At least two of the following

- Persisting hallucinations
- Formal thought disorder; e.g. neologisms
- Catatonic behaviour
- Negative symptoms; e.g. apathy, blunting of emotional responses

# Diagnostic criteria for schizophrenia – ICD 10

- Duration: at least one month
- Must be excluded
  - Schizoaffectiv disorder/bipolar disorder
  - Organic disease; e.g. brain diseases

# Schizofreni – age at onset

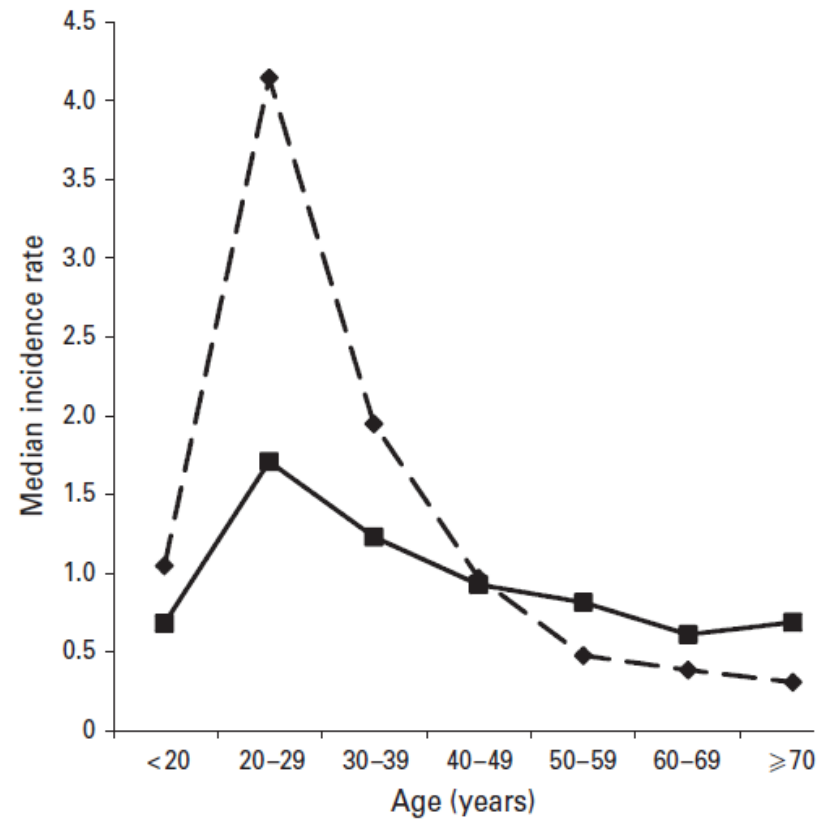
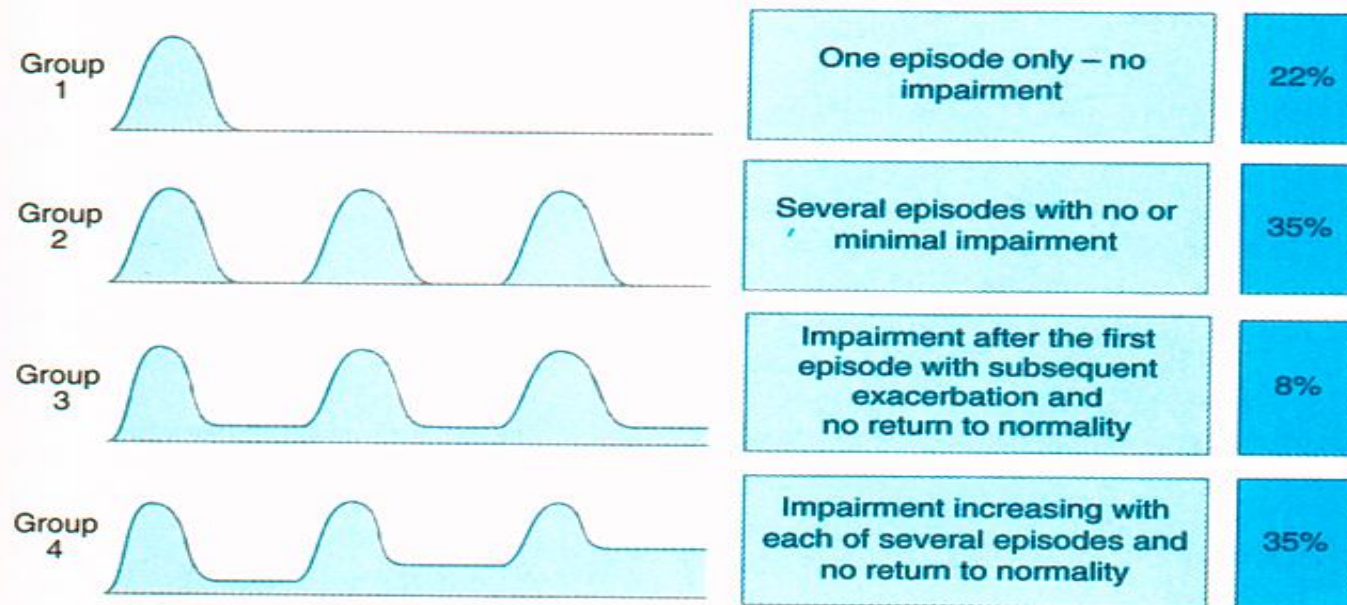


Fig. 1. Estimated age- and sex-specific median incidence rates (per 10 000 person-years): —■—, women; --◆--, men.

# Schizophrenia trajectories

In most cases, schizophrenia seems to follow one of four broad patterns (Figure 2).<sup>9</sup>



Shepherd M. et al., 1989

# Psychotic illness

- Schizophrenia
- Other schizophrenia-spectrum psychoses
  - Brief psychotic disorder
  - Paranoid psychosis
  - Schizoaffective psychosis
- Bipolar illness
  - Mania or depression with psychosis
- Drug induced psychosis or disorders of abstinence
  - Cannabis, stimulating drugs – amphetamine, alcohol
- Organic psychosis

# Measuring psychotic symptoms

- Positive and Negative Symptom Scale (PANSS)
  - 7 items of positive symptoms
  - 7 items of negative symptoms
  - 16 general psychiatric symptoms
  - Rated on a scale from 1 to 7

# Delusions item in the PANSS interview

1. Absent
2. Minimal
3. Mild
4. Moderate
5. Moderate severe
6. Severe
7. Extreme

# Delusions item in the PANSS interview

3. Mild: presence of one or two delusions which are vague and not strongly held. Delusions do not interfere with thinking, social relations or behaviour
4. Moderate: presence of either many, poorly formed and unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations and behaviour
5. Moderate severe: presence of numerous well-formed delusions that are strongly held and occasionally interfere with thinking, social relations and behaviour



# Delusions item in the PANSS interview

6. Severe: presence of a stable set of delusions which are clear, possibly systematised, strongly held and clearly interfere with thinking, social relations and behaviour
7. Extreme: presence of a stable set of delusions which are either highly systematized or very numerous, and which dominate major facets of the patients life. This frequently results in inappropriate and irresponsible action, which jeopardize the safety of the patients or others

# Psychosis diagnostics: status

- Psychotic symptoms can be measured with high interrater reliability
- There is broad consensus about central symptoms
  - Some details differ between the ICD and DSM classification systems
- It is generally accepted that diagnosing based on structural interviewing is the norm
  - not always achieved in busy clinical units
- Short duration of inpatient admissions causes difficulties to distinguish drug induced psychosis from schizophrenia

# How psychosis can be related to significantly impaired reality testing – different approaches

- Quantitative
  - Measuring psychosis symptoms
- Qualitative
  - Focus on delusions of control, commenting auditory hallucinations, thought broadcasting
- Functional
  - Cognitive impairments/impaired daily living
- Neurobiological
  - Future objective biological measures

Thank you!