The reality show: a new phenomenological variant of psychosis

Reality: una nuova variante fenomenologica della psicosi

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Summary

Background

Surprisingly few delusional themes are known to recur in psychosis. However, cultural variables determine specific contents within the delusions. The terms "Truman syndrome" and "Truman Show delusion" have been used to describe a novel content emerging in Western civilization. We describe the first case outside of English-speaking countries that appears to exemplify the transition from prodromal syndrome to a full-blown psychotic disorder.

Case report

A male patient came to our attention several years after the beginning of symptoms who had never received prior psychiatric treatment. Initially suspicious and elusive, after partial response to antipsychotic treatment, he began to reveal a complex delusional system within which his life was captured by hidden cameras for a television show. Aside this general grandiose thematic, he believed his parents were not real but rather actors in a script like most of his relatives and friends. During acute symptomatic exacerbations he was convinced of being poisoned at home and led a withdrawn and isolated lifestyle. Although he never agreed with a formal diagnosis of schizophrenia and was rarely compliant to medication, he was able to doubt most of his delusions outside of the acute phase, and gave a detailed description of what can be viewed as the prodromal phase of his illness. The case is discussed with reference to currently available neurobiological and phenomenological explanations of the development of delusions.

Key words

Delusions • Schizophrenia • Prodromal phase • Salience • Bayesian model • Reality television

Introduction

Delusions have recently been re-conceptualized as cognitive efforts made by subjects who strive to make sense of aberrantly salient experiences [1]. By definition, this process is intrinsically "imbued with psychodynamic themes relevant to the individual" and is "embedded in [his/her] cultural context" [1]. Indeed, the tendency to incorporate historical and sociopolitical events [2-7], cultural phenomena [8 9], or contents such as new technologies [10-15], into delusional systems, has been reported extensively in the last few decades. Despite this broad variability, it has been argued that only very few basic delusional themes – such as persecution, grandiosity, love or jealousy – recur across cultures and along anthropological evolution [1 16]. In schizophrenic delusions, these recurring themes have been hypothesized to reflect the patients' struggle to discover the essence of reality [17]. In this perspective, reality is experienced by the patient as a series of causal connections by which events always depend and interact with one another.

Two independent groups from the United Kingdom and the United States have described a new phenomenological variant of psychosis in which the affected individual has the false belief of living in a fake reality created for him [18 19]. Although such an idea can be traced to Philip K. Dick's 1959 novel "Time Out of Joint", the phenomenon was dubbed "Truman Syndrome" or "Truman Show delusion" because some of the first patients described explicitly mentioned the 1998 motion picture directed by Peter Weir. The film shows the main character's progressive discovery that his life has been manipulated since birth for the audience of a television show. In such a fabricated reality, each moment of his life is shown to spectators through hidden cameras; his wife, parents and friends are all supporting actors on the show. Whereas the syndrome reflects a subthreshold prodromal phase [18], the delusion itself refers to a fixed content within fully diagnosable psychotic or affective disorders [19].

While the issue is still open to debate, it seems reasonable to consider the "Truman phenomenon" a combination of known themes such as paranoia, grandiosity and ideas of reference, rather than a new psychopathological entity [19]. This view is consistent with the general concept that cul-

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tural changes do not create new delusional themes, but rather change the shape of a limited number of core delusional motifs that tend to remain stable through time [20]. Herein, we report a case of "Truman Show Delusion" to provide further evidence for this phenomenon, and suggest its continuity with the so-called "Truman Syndrome", as will be discussed in the final section.

Case report

Our patient is a 32-year-old unmarried white male, with a current diagnosis of schizophrenia according to DSM-5 criteria. His first contact with psychiatric facilities was in 2010, when he was compulsorily hospitalized after a paranoid episode. On that occasion, he went to work outside of his timetable and was firmly convinced of being on the correct shift. His inability to change plans when he was shown to be incorrect triggered the last of several arguments with his colleagues. After showing signs of severe agitation and accusing everyone of being part of a joke and possibly even of a "bigger conspiracy" against him, an ambulance was called to seek medical assistance. On admission to our unit he was alert and oriented to person and place, but did not admit his mistake on the day of the week. He was well groomed, but refused to change his work clothes for several days; his speech was fluent and organized and he was euthymic, but affect could be described as slightly constricted. No marked disturbances of formal thinking or blocking of thought were appreciable. He was highly hostile and suspicious to staff and remained guarded and elusive for several weeks, yielding no access to content of thought. After his parents were involved in the collection of the patient's history, it became clear the illness had followed a subtle and slow course during the previous decade. Initial changes like excessive fears and unmotivated doubts evolved into interpretative ideas about his family and his co-workers, culminating in a series of paranoid episodes that had been adequately managed at his workplace. Over the previous six months the patient had begun to fear his parents might poison him, leading to active withdrawal from family and social life. In spite of a positive family history for an unspecified chronic psychotic disorder (an uncle of the patient who had been institutionalized in young adulthood and had later died at the asylum) and the awareness of the patient's strange thoughts and behaviour, relatives had not sought assistance because the patient had maintained an acceptable functional level up to the preceding months.

No abnormalities were detected on physical examination, laboratory tests and screening for psychoactive substances. Electroencephalography and a routine MRI brain scan were unremarkable. Despite the patient's firm belief he was not in need of it, he eventually accepted to take medication and was given aripiprazole, up to 30 mg per day, with no appreciable changes in mental status examination. After discontinuation of aripiprazole, his symptoms improved somewhat with oral risperidone, up to 4 mg per day.

He was discharged after nearly a month of hospitalization in a state of partial remission, and continued follow-up as an outpatient. After several long interviews with his physicians he gradually became accessible, and many delusional thought contents emerged over the following months. In his complex delusional system, he was convinced of being continuously filmed, watched and commented upon by a large TV audience. Moreover, he was firmly convinced his mother and father were not his real parents, and that friends and relatives were actors who played a role within a script. Although still living in his family home, he cooked his own food and washed his clothes separately to avoid poisoning. He referred abnormal taste and smell in the food cooked by his mother and unusual smell in the clothes that she had washed for him. These experiences could be interpreted as hallucinatory phenomena.

Despite therapy he continued to be chronically symptomatic and his delusional core remained substantially unchanged, albeit experienced with greater emotional detachment. Because of excessive sedation and decreased libido, risperidone was subsequently replaced with paliperidone titrated up to a dose of 9 mg per day, with partial clinical response.

From a social/occupational point of view, the patient was unable to regain the level achieved prior to the onset of his disease. Nonetheless, he lived a brief period of apparent normality: he found a job, began to talk again to his parents and slowly opened up to a social life with his previous friends. At times, he was able to doubt his beliefs and, after much insistence from the examiner, to admit partial benefit from therapy arguing it had reduced the presence of intrusive thoughts, helping him to concentrate. This partial recovery, however, did not allow him to keep the job for long: after returning to work he was reallocated to a position with no duties and his contract was not renewed when it expired. He found a second job which included night shifts, on the basis of which he discontinued his medication and rarely turned up to visits with his psychiatrist.

A second major psychotic breakdown, characterized by a rapid deterioration of his clinical condition and by social/autistic isolation justified a second compulsory hospitalization near the end of 2011.

Evidence of mild cognitive dysfunction on neuropsychological testing, functional impairment, flattening of affect and persistence of delusional contents led us to the current diagnosis of schizophrenia. Given insufficient or no response to prior antipsychotics, the patient was treated with clozapine to a maintenance target of 200 mg per day. Although after three months of clozapine treatment the patient could be considered "much improved" ac-

cording to Clinical Global Impression (CGI-I score 2) and Brief Psychiatric Rating Scale (BPRS reduced by approximately 53%), he still described himself as part of a game within which several hidden cameras captured his every movement and possibly even his thoughts.

Discussion

Only five patients with "Truman Show delusion" and one with "Truman Syndrome" have been described in the International literature to date [18 19]. To the best of our knowledge, this is the first case described outside of English-speaking countries showing this peculiar phenomenology. Moreover, the case provides the opportunity to reflect on several interesting points ranging from neurobiology to the phenomenology of delusion formation and persistence.

First of all, it offers a striking example of progression from the prodromal phase, the so-called "Truman syndrome", to the full-blown "Truman Show delusion". Indeed, referring to an early stage, the patient described a vague feeling of unreality, as if the environment did not conform to his subjective experience, "As if some details were not as they have to be". On several occasions he vividly described his state of mind during the prodromal phase: "I was frightened by everything… even the sneeze of a stranger, or the way he wiped his nose were enough to make me think… it was as if I had to grasp a particular meaning from everything… it was terrible". On one occasion, our patient revealed a fascination for symbols: "If I cross a square, it may happen that I pay attention to the many traffic signals painted on the ground. For example, six zebra crossings and two stop signs…well, that could have a meaning, so I go to the library looking for it". The patient's world felt strange, there were subtle changes, puzzling and unexplainable details which struck him immediately, requiring an explanation.

In this stage of "abnormal awareness of significance" [16] the patient began to consider the hypothesis he was observing a fake, fabricated reality. This seems to adequately reflect the disorder of the basic level of self-awareness, or "ipseity" that has received attention in recent neurobiological research [21 22]. Among several possible abnormal experiences, ipseity is thought to be affected by a disturbed "sense of presence" that can appear as Wolfgang Blankenburg's "crisis of common sense" or perplexity, so that the meaning of everyday events becomes obscure and "the naturalness of the world and other people is lacking" [22]. Common sense has been defined as the necessary adaptive tool developed to discern contextual cause-effect relationships and consequently direct one's motivational drive [23]. In other terms, common sense refers to a shared, preconceptual ability to adequately assess the context and background of any situation [24]. Empirically testable deficits in terms of the social knowledge necessary to organize daily life and the capacity to comprehend the mental states of others confirm its loss in schizophrenic patients [25]. In the prodromal stage, patients present with a pervasive state of ambivalence and confusion over the meaning of internal and external stimuli that usually leads to the emergence of a unifying delusional explanation.

Two years before the first hospitalization, the patient experienced what German psychopathologists variously termed "autochthonous delusion" or "delusional intuition" (Kurt Schneider's *Wahneinfall)*. While looking at an old picture of himself during conscription that had been taken in February 2001, he became convinced that the September 11th attack had been staged for him and he understood he was a "puppet on strings" within the context of a reality show. It is interesting to observe that one of the five patients reported in the United States travelled to New York City to make sure that the 2001 terrorist attacks were not a plot twist in his personal Truman Show [19]. On treatment, our patient could clearly describe an evolution of experience from the "Truman syndrome" to the "Truman Show delusion". Confirming a common presentation of thought content in schizophrenia, this delusion represents a higher hierarchy explanation under which several other delusional thoughts can emerge (in our case, persecution by poisoning at the hands of fake parents). In this patient, several well-known aspects of psychotic thought converged onto one hierarchically superior explanatory construct which is deeply grounded in the new cultural paradigm of reality shows. The progression of delusional thinking, clearly and repeatedly depicted by the patient, is strikingly close to currently available Bayesan models of psychosis [26]. The patient retains insight into the generalized, non-specific paranoid feelings in the early course of illness, which probably stemmed from the inability to correctly interpret environmental stimuli. Conversely, he is undoubtedly incapable of rejecting the overarching explanation with which he has reconstructed his present and past life. We have found no reports showing this kind of evolution before. Fusar-Poli et al. described a prodromal syndrome that later evolved to schizophrenia, but the delusional system in this second stage was not clearly depicted, and the thematic continuum was not well established [18].

In terms of underlying neurobiology, this progression confirms the view that the stimulus-independent release of striatal dopamine could impinge the cognitive process of salience attribution. This leads to aberrant attribution of salience to both environmental stimuli and internal representations [1]. Partial response to D2-blocking compounds could reflect a normalization of this process leading to a substantial re-orientation towards appropriate stimuli and a spontaneous rejection of irrelevant ones. However, when responding to treatment, the patient could never deny his beliefs, but only doubt them. This common observation in response to pharmacological treatment confirms the hypothesis that other neurochemical pathways relevant to

consolidation of memories and adaptation of prior beliefs to external stimuli are also disrupted in schizophrenia that strongly influence the persistence of delusions in the context of a general lack of cognitive flexibility [27].

It has been suggested that the Truman Show delusion could be a form of misidentification akin to the Capgras delusion, in which the patient believes a relative has been replaced by an impostor. This type of aberrant belief is thought to originate from the patient's loss of affective response towards the relative during the stage in which the basic existential feeling is modified [28 29]. In this perspective, the progressive blunting of affect observed in our patient can be bound to the early stages of his delusion formation. The patient could have experienced an early loss of emotional resonance towards his parents that developed into the belief they had been replaced by actors. As the primary process of his disorder evolved, the loss of affective reactivity began to extend towards all relationships. On several occasions, our patient spontaneously reported incapability of experiencing any relevant emotion.

The influence of shifting cultural paradigms is known to modify the clinical presentation of psychosis, so we expect this type of delusional construct will be increasingly frequent in the near future. All published cases were in late adolescence or early adulthood when the "The Truman Show" film received major publicity at the turn of the century. No reliable data on the current status of the film in adolescent culture are available, unlike the well-known heavy consumption of reality television. Therefore, future variations of this delusion are likely to be fragmented into a general belief of being the star of a reality show, rather than specifically referring to Truman Burbank.

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