

Responding therapeutically to disturbing beliefs

One of the most perplexing interpersonal situations a mental health professional will encounter is how to respond to another's expression of bizarre or frankly delusional ideas. The adage "Don't argue but don't reinforce" fixed false beliefs leaves one decidedly short on solutions. Using tricks such as diversion, switching topics or worst of all, ignoring the expression runs the risk of invalidating the person's experience and leaving them feeling misunderstood or unheard. Whilst, these tricks may not reinforce the delusion they may reinforce a sense of alienation. This brief paper provides some principles on how to respond in a therapeutic manner to someone who expresses bizarre or delusional ideas.

The nature of delusions

Many people experience delusions that are not necessarily problematic e.g. the child that wants to believe in Santa Claus, or the person that buys a lottery ticket every week, convinced that they will win. In particular states of vulnerability, most people are prone to jumping quickly to conclusions. For example, when home alone one is more likely to experience the tapping of a branch on a window, or a shadow as an intruder. It appears that people are not altogether rational in their thinking, weighing up the evidence that support the inferences they make about what's going on the world. If people were like that, they would not only be extremely dull, but they would also be exceedingly slow. For 'jumping to conclusions' and being reasonably certain about things without all the evidence is something we have to do everyday. All of us interpret situations according to our beliefs, are more likely to notice evidence that confirms our beliefs and discount evidence to the contrary. A delusion then, may be thought of as a difference in degree, not kind, of thinking that we all engage in.

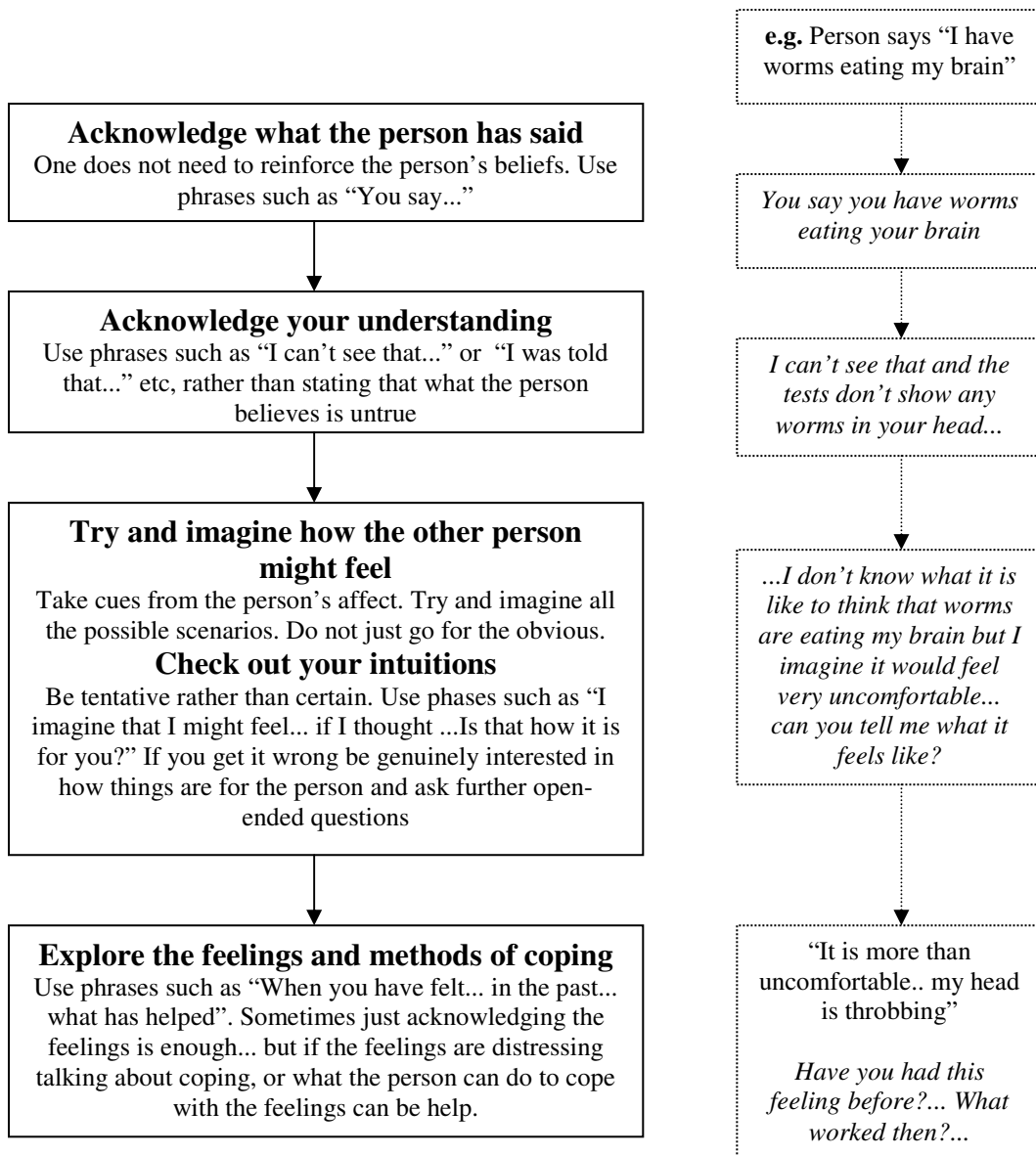
Research and anecdotal evidence suggests that the conviction with which people may hold delusional ideas tends to wax and wane. It is not uncommon for people to report that when they are 'unwell' or vulnerable they develop beliefs that when feeling well or resilient they regard as odd or patently wrong. Nevertheless, they may experience the same beliefs when they become unwell again. Some people's delusions may have a grandiose flavour and it is not hard to conceptualise the ideas as compensating for some inadequacy in a person's life. Nihilistic delusions may be symbolic of a sense of estrangement or alienation from others. Delusions may serve a protective purpose and it is principally for this reason that they should not be tackled head on, but neither should they or the person be ignored.

There is some wisdom in the adage not to attempt to argue a delusion away. By definition, delusions are tenaciously held despite presentation of contrary evidence. How certain are we of anything? How might you respond if someone told you, you are not who you believe yourself to be? Most people are likely to defend their belief about who they are and this is also true for delusions. What is certain is that what the person believes will have emotional and behavioural consequences. Just as the child who believes in Santa Claus may feel excitement, the person who misinterprets a shadow as an intruder may feel anxious. The person with bizarre delusional beliefs will experience feelings associated with their beliefs. Whatever, one's feelings about whether the person's beliefs are grounded in reality, or one's framework for understanding delusions, the person's emotional responses are unequivocally real, worthy of exploration and working through.

The following model is based on the assumptions described above and should not be adhered to in a slavish fashion....

Responding therapeutically to disturbing beliefs

An empathy model...



Responding therapeutically to disturbing beliefs

USEFUL INSIGHTS FOR CBT WITH SCHIZOPHRENIA

Source: Nelson, H.E. (1997). Cognitive behavioural therapy with schizophrenia: a practice manual. Cheltenham, U.K.: Stanley Thornes, p. 82

- Believing something to be true does not necessarily mean that it is true.
- Because something seems obviously and evidently true does not necessarily mean that it is true.
- Just because I intuitively 'feel' something to be true does not necessarily mean that it is true, however certain I may feel about it.
- Believing something to be true that is not actually true is very common indeed, so it is not a weird or peculiar thing to do.
- We all hold some beliefs that do not accurately reflect reality. We are not aware of their inaccuracy when we believe them. Holding inaccurate beliefs does not matter unless it causes us a problem.
- It is OK/good to realise I was wrong about a particular belief and to change it accordingly.
- We can imagine things that are impossible in the real world.
- Because I can imagine something happening does not mean that it will happen - nor does imagining it happening in any way increase the likelihood of it happening.
- My brain is capable of misinterpreting things and giving me the wrong information.
- Our brains are capable of producing very strange experiences; these experiences may be completely convincing at the time but be completely wrong or even impossible in the 'real' world.
- Anyone can get an 'odd' experience as a result of their brain not functioning accurately.
- I am not 'weird' or peculiar if I hear voices - it's just an extreme of what happens to lots of people.
- Hearing voices or having odd ideas only matters if they bother or upset me.
- I can get an automatic thought about anything at all. Everyone's brain produces all sorts of automatic thoughts, including pleasant and unpleasant ones, sensible and silly ones. No one can control what automatic thoughts come to their mind.
- Therefore I should not feel guilty or ashamed of the ideas that go through my mind or the beliefs that develop from them.
- Similarly, I should not feel guilty or ashamed of what my voices say

SUMMARY OF HOW TO COLLECT AND USE EVIDENCE TO CHALLENGE DELUSIONS

Source: Nelson, H.E. (1997). Cognitive behavioural therapy with schizophrenia: a practice manual. Cheltenham, U.K.: Stanley Thornes, p. 145

1. ***Is the delusion based on a strong feeling but little evidence?*** If so the approach is to show that feeling is not the same as fact, that even though this particular feeling is very convincing it could be (and is) misleading.
2. ***Is the evidence given in support of the delusion based on someone else's interpretations and beliefs?*** If so, the approach is to undermine these dysfunctional interpretations and beliefs and replace them with more functional ones.
3. ***Is the evidence given in support of the delusion a distortion of something that really happened or a misunderstanding of someone else's opinion?*** If so, the approach is to correct the distorted interpretation or misunderstanding so that it no longer supports the delusion.
4. ***Is the evidence given in support of the delusion itself delusional?*** If so, the approach is to modify the supporting delusion, using whichever CBT strategies are appropriate, in order to invalidate the evidence.
5. ***Collect evidence to contradict the delusion.*** Whilst the evidence in support of the delusion is being discredited or minimised, evidence against the delusional belief is collected together with evidence to support the alternative belief; some of this evidence may come from reality testing.
6. ***Expose the patient to the contradictory evidence.***
7. ***(Optional) Weigh up the evidence for and against.*** When the evidence in favour of the delusional belief has been removed or is heavily outweighed by the evidence against it, then your patient can proceed with a formal evaluation of the evidence concerning the delusion.