If the doors of perception were cleansed, writes William Blake in 1790, everything would appear to man as it is, infinite'. This perfectly applies when talking about the “Perception of Psychosis”, the topic explored in three Editorials in this issue of EPS. The dust of stigma blackens the door of our perception, and makes us – not only the lay public, but even the health professionals – perceive patients with psychosis as violent, dangerous, and with a defective clinical and social outcome. How can we change this situation?

In her Editorial on “Perception of Psychosis in Health Professionals”, Dr. Maxine Patel rightly argues that we need appropriate research tools to identify and monitor attitudes and their impact on clinical practice behaviours. However, measuring is not enough: we have to actively challenge these negative attitudes. As Maxine Patel states, “negative attitudes should never be considered acceptable, wherever and whenever encountered”.

Dr. Raj Persaud, in his Editorial on “Perception of Psychosis in the Lay Public”, goes even further and reminds us – us, health professionals – that we have a duty to challenge the medias when they use derogatory words, like “bonkers”, “loony”, or “moron”, to describe patients with mental disorders. His account – how a storm...
of protest from mental health charities and users groups had pushed the newspaper The Sun to change the words used to describe mental disorders - is empowering, because it shows the positive impact that such a simple thing, writing to a newspaper to complain, can do.

There is, of course, the other side of the coin: how do psychotic patients perceive psychosis? Dr. Kevin Morgan’s Editorial, “Perception of Psychosis in Patients”, presents very interesting evidence showing that insight - how the patients perceive his or her own illness – is different from perceiving the psychosis in someone else. Indeed, patients with psychosis, even those with poor insight into their own illness, do have the capacity to identify and perceive psychotic symptoms and behaviour in other psychiatric patients. This again is a positive message: if the patient can correctly perceive the disorder in others, maybe his or her own insight can be improved as well. In fact, Dr. Morgan also reports studies showing that viewing previous recordings made of the self when acutely psychotic, or being asked to evaluate one’s symptoms from the perspective of another, might be effective methods for enhancing a patient’s insight.

There are no doubts that these Editorials present a picture that is sometime gloomy, but open to improvement. However, improvement can only come from a coordinated effort aimed to improve the perception of psychosis at any levels: patients, staff, and public. As Dr. Persaud concludes, we need “to emphasise the fundamental humanity of the psychotic and the continuity of their experience with the rest of us”.


Vi è anche, ovviamente, l’altra faccia della medaglia: come percepiscono la psicosi i pazienti psicotici? L’Editoriale del Dr. Kevin Morgan, sulla “Percezione della Psicosi nei Pazienti”, ci descrive l’interessante differenza tra la percezione della propria psicosi – in inglese, insight – e la percezione della psicosi presente in altri pazienti. Infatti, i pazienti psicotici, persino quelli con scarso insight, mantengono la capacità di riconoscere i sintomi ed i comportamenti psicotici in altri pazienti. Questo è un altro messaggio positivo: se il paziente può percepire correttamente il disturbo in altre persone, forse vi è anche la possibilità di migliorare la percezione della sua malattia. A conferma di ciò, il Dr. Morgan presenta studi in cui l’insight migliora se si mostra ai pazienti una loro registrazione audiovisiva durante la fase acuta della psicosi, o se li si invita a valutare i propri sintomi dal punto di vista di un’altra persona.

Il quadro descritto in questi Editoriali è a volte negativo, ma un miglioramento è possibile. Questo miglioramento, però, potrà venire solo se vi sarà uno sforzo coordinato per migliorare la percezione della psicosi a più livelli: nei pazienti, negli operatori e nel pubblico. Come conclude il Dr. Persaud, dobbiamo “enfatizzare la fondamentale umanità del paziente psicotico, e la continuità tra le loro esperienze e le nostre”.