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Compensation Psychosis

SIR: Involvement in an accident and subsequent compensation issues can be a significant psychogenic stimulus to precipitation of an endogenous depressive psychosis, particularly in individuals with a genetic predisposition. This would seem to be so in the case described by Pilowsky & Lee (*Journal*, December 1987, **151**, 868–869). Such a depressive psychosis should respond to antidepressant medication and ECT (we assume there was some physical contraindication to ECT in this case). We find it difficult to accept a primary diagnosis of morbid grief reaction 'complicated' by a psychotic depression when the wife's death and the husband's involvement in litigation began fifteen months prior to the onset of the depressive psychosis. In psychopathological terms, the wife's death and the compensation issues 'colour' the psychosis and are part of the content, but they are not aetiological in nature and to label the psychosis in terms of its content is incorrect.

In the original case of so-called 'compensation psychosis' (White *et al*, *Journal*, May 1987, **150**, 692–694) the patient had received a head injury and sustained brain damage, albeit minimally, which was manifest in a chronic amnestic syndrome. To label this organic psychosis as a 'compensation psychosis' is again to ascribe a primary aetiology to the issues of compensation when the primary aetiology is one of brain damage. It would seem to us that the lawyers got it right when they awarded this patient substantial damages (£50 000) for the brain damage he sustained in the accident and not for compensation.

We would contend that the concept of a 'compensation psychosis' is not only nosologically incorrect and fallacious, but in medico-legal terms misleading.

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SIR: Drs Hay and Johnson correctly identify nosological and medico-legal dangers in premature acceptance of a journalistic term such as 'compensation psychosis' as a diagnosis. We share their view. This is why we called for a systematic investigation and review of such cases.

We do not agree with their formulation of the case that we reported, although we do wish that we shared their certainty. Our patient's losses and the compensation issues may have been merely precipitants and pathoplastic features of an endogenous depression. But we were also impressed by the complex interplay of grief and compensation as having a direct aetiological and maintaining role in the illness. Surely there is room here for a multifactorial aetiology?

Our main point remains. However their illnesses are categorised, these patients are a group of growing importance who have special needs and who warrant further study.

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SIR: Drs Johnson and Hay wish to reject the concept of compensation psychosis on the grounds that in the case described the syndrome arose in the setting of an organic psychosis caused by a head injury. We would agree that brain damage may well have been the underlying organic pathology, but the name 'compensation psychosis' does not imply that the compensation factor was the primary cause but rather that the nature of the delusions was influenced by an ongoing compensation case. (We would contend that in most cases of compensation neurosis it is the accident which *causes* the neurosis, but the condition may be aggravated by litigation proceedings). In other "uncommon psychiatric syndromes" (Enoch *et al*, 1967), e.g. de Clérambault syndrome and Capgras syndrome, it is the nature of the delusions which characterise these syndromes – not the cause (Sims & White, 1973).

In the case described, the patient was awarded damages partially on account of the suffering he had endured, but particularly because it was considered that he would not be able to return to his job of work – the details of his disability hardly figured in the negotiations! Solicitors are not overly interested in syndromes.

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