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A WEB OF DELUSION

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ABSTRACT:

Delusions are the main symptom of delusional disorder. It has been always a central topic for psychiatric research study. Delusions are arrived at through abnormal thought process. It is usually involve mistaken perceptions or experiences.

KEYWORDS:

Delusion, Typology, Phenomenology, Homoeopathy

A delusion is firm belief based on inadequate grounds, not to be amenable to rational argument or evidence to opposite, not in sync with regional, cultural and educational background.

As pathology, it is distinct from a belief based on false or incomplete information, confabulation, dogma, illusion, or some other misleading effects of perception. It has been found in many pathological conditions (both physical and mental) and are of particular diagnostic significance in psychotic disorders including schizophrenia, paraphrenia, manic episodes of bipolar disorder, and psychotic depression.

History:



Delusions and behaviour:

Conviction in the truth of a delusion does not necessarily influence all the person's feelings and actions, specially when the delusion has been present for a long time, as in chronic schizophrenia. For example, such a patient may have the delusion that he or she is a member of the Royal Family and yet live contentedly in a hostel for discharged psychiatric patients.

Primary and secondary delusions:

A *primary delusion* occurs suddenly without any other abnormal mental event leading to it. For example, a patient may suddenly develop the unshakable conviction that he is changing sex, without ever having thought of this before and without any reason to do so at the time.

Primary delusions are rare: when they occur they strongly suggest schizophrenia.

A *secondary delusion* arises from some previous abnormal idea or experience, which may be:

A *hallucination*: for example, a person hears a voice and believes he is being followed.

A *mood*: for example, a person with deep depression feels worthless and believes that other people think the same about him.

Another delusion: Secondary delusions occur in a variety of severe psychiatric disorders.

When one delusion gives rise to another in a sequence, the resulting network of interrelated ideas is known as a delusional system.

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Types of Delusions:

Delusions are grouped according to their main themes.

- Persecutory (paranoid) themes: Someone who has this believes they (or someone close to them) are being mistreated, or that someone is spying on them or planning to harm them. They might make repeated complaints to legal authorities.
- Themes of reference
- Grandiose and expansive themes: This person has an over-inflated sense of worth, power, knowledge, or identity. They could believe they have a great talent or made an important discovery.
- Themes of guilt and worthlessness
- Nihilistic themes
- Hypochondrial themes
- Themes of jealousy: A person with this type believes their spouse or sexual partner is unfaithful.
- Sexual or amorous themes: The person believes someone is in love with them and might try to contact that person. Often it's someone important or famous. This can lead to stalking behavior.
- Themes of control
- Religious themes
- Themes concerning the possession of thoughts

Phenomenological approach:

In contrast to biological phenomena, mental events in Jasper's view from the book, General psychopathology can never be accessed directly, but only via expressions of the person who experience them. Phenomenology is the study of subjective experience. It is one's empathetic access or understanding of the patient's experience. One enters into the other person's experiences using the analogy of one's own experience. Jaspers distinguishes between static understanding which "grasps particular psychic qualities and states as individually experienced" and genetic understanding which "grasps the emergence of one psychic event from another". As phenomenology is a static understanding, so only we can make a representation of the patient's inner subjective

experiences through an act of empathy or understanding"

Symptoms of Delusional Disorder:

- Non-bizarre delusions : these are the most obvious symptom
- Irritable, angry, or low mood
- Hallucinations (seeing, hearing, or feeling things that aren't really there) related to the delusion.
Example: Someone who believes they have an odor problem might smell a bad odor.

Causes and Risk Factors for Delusional Disorder:

Like many other psychotic disorders, the exact cause of delusional disorder is remain unknown. But psychologists are looking at the role of genetic, biological, environmental, or psychological factors that make it more likely.

- *Genetic:* Delusions are more common in people who have family history of delusional disorder or schizophrenia, suggests genes may be involved. So the tendency to have delusional disorder might be passed on from parents to their children.
- *Biological:* Abnormal brain regions that control perception and thinking may be linked to the delusional symptoms.
- *Environmental or psychological:* Evidence suggests that stress, alcohol and drug abuse can trigger delusional disorder. People who tend to be isolated with poor sightness and hearing, they are more prone to have delusional disorder.

Diagnosis:

To diagnose delusional disorder, physician mainly observes the patient's attitude and behavior and might use imaging studies or blood tests. These include:

- Obsessive-compulsive disorder
- Delirium
- Epilepsy

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