

Understanding Delusion Some Therapeutic Perspectives

By Benjamin Wagener, on Friday February 28th, 2014.

There is something recurrent in psychiatry that causes a big problem for doctors, for the medical environment and for the personal environment of a person, it is delusion. This is something related to delirious thinking as well as to the incoherent and absurd behavior and expression of a person. There are various ways to classify delusive behaviors and thinking because in many cases of delusion one may recognize common patterns from one to another. Delusion is often associated to a kind of loss of contact with reality and this is something that one encounters very often in symptoms related to psychosis. Schizophrenia for example may be especially characterized by delusive patterns even if a global disorganization of the mind that one may find in the speech or in hearing voices or seeing visions are also characteristic. In other kinds of delusion, one may often see a kind of paranoid delusion or persecution.

The big problem about delusion, in my opinion, is that its absurdity may be very loosely interpreted as things delirious that are of no interest. However, as any symptom, it tells something about the patient and about the disease. In cases where delusion appears, it even seems reasonable that a serious consideration may be given to the delirious aspects of the symptoms and of the disease. Understanding how the delusion takes place, how it works and how it influences the psychology, how it is related to the situations and environment and how to deal with it may be the key aspects of dealing with a delusive patient. The therapeutic consequences would be that a good understanding of the delusion could lead to possible ways to deal with such symptoms and disease and may make managing a cure possible. Being able to deal with the patient's delusion and to do with it, to interfere and to elaborate a constructive and positive dialogue with a delusive patient may have decisive consequences on healing that patient. However, this may require a lot of work from the psychiatrist or therapist, such work that many of them just don't care about. I don't want to exaggerate much and to draw a quick conclusion but it may be one of the reasons why difficult psychosis like schizophrenia may have been considered for very long as incurable and it may be why they are still difficult to manage even with the availability of somehow efficient medicaments. It seems to me that the therapeutic side of such a disease should indeed be especially important and that serious work should be done, work that many psychiatrists or therapists may indeed be quite unable to do. Moreover, the formation of psychiatrists and therapists, apart from the fact that in many cases is with almost no formation to psychoanalysis, is also clearly lacking a serious therapeutic formation with

respect to the way to deal with a mentally ill person. Considering a mentally ill person as both a full human being and as someone to help with moreover all the respect and skills to deal with such situations are some of the aspects of psychiatry that are very often underestimated. We could expect for the best interest of Medicine and of patients that a serious and deep reflection and formation with regards to such matters would be provided.

This reflection is something that has been thought about seriously in psychoanalysis and in this field one can find a lot of publications about the way to manage a patient in psychoanalysis and about the inner patient-to-therapist relationship. Such a serious reflection in general psychiatry is indeed still truly missing curiously but should reasonably be done. The consequence of this is that one could easily observe that most psychiatrists are not at ease with their patients and this is something that can be observed in the way psychiatrists manage their care by general frameworks to have some control on their patients, a control which means that they do not really know themselves how to deal with their patients efficiently. Nevertheless, we could very reasonably expect that any psychiatrist may be at ease with any kind of patient and any kind of disease.

One of the specificities of delusion is its relation to psychotic symptoms and pain. One could argue that in many situations, delusion appears as a way to flee from a realm that the patient cannot bear for certain reasons. However, what can be clearly observed is that apart from some extreme cases, delusion is far from being so delirious. Very often some reasonable schemes appear behind it. The patient may be somehow reasonable but in a reality that is corrupted by the usual standard. For some reasons the patient may have a different way of perceiving information and of dealing with it. It is those reasons that should be looked for behind delusion. The corrupted way that reality may be treated may indeed have some clear reasons to be presented like it is and it may be related to some kind of psychological pain or to some trauma and traumatic events. One could even extract that in the way delusion presents itself, with recurrent schemes, there is behind this a kind of logical psychology. Mind and functioning are disturbed but in no way may they be considered as having absolutely no structure or sense.

This is actually a big mistake that may be done by a psychiatrist or therapist to not see the reasons behind delusion. This is also something that may have appeared by many as useless because of the availability of medicaments to deal with such symptoms. Nevertheless, as we know, such anti-psychotic medications don't truly cure the disease, the symptoms are diminished but the disease remains. This is exactly the same as giving a medicament against fever to a person with an infection, the symptom of fever (something that indeed helps the person) may disappear but the disease remains and may even worsen. This is something that may be difficult (quite scandalously) to understand by psychiatrists when dealing with delusive or psychotic patients, the medicaments should indeed be considered as completely secondary with respect to the management of a cure whereas many have the illusion of such "miraculous" medications to deal with such patients. Those

medications may be useful, for example in making the medical care and the management of the patient easier and perhaps more efficient, but they are truly secondary with respect to the treatment itself.

One could see delusion and the related loss of contact with reality as a reciprocal misunderstanding between the patient and its environment. This misunderstanding and the difficulties of the patient to make him/her understood may lead to some exaggerations and something that may have been just a misunderstanding at first could become something completely delusive if the reason of this misunderstanding is missing. As said before, such reasons should be carefully looked for and I would like to add that one can seriously say that behind such appearing nonsense as delusion, there may be some very logical psychological constructions.

There is another aspect of delusion, the fact that the person with such symptoms may be pleased in such delusion. Actually, in our societies we are not so reasonable; we like to laugh and to make various absurdities in which we enjoy. In some cases one could see that this may become for the patient a pleasant way to be and then that delusion can settle as a normal way to be which then becomes symptomatic. The frontier is not so clear actually between a normal psychology that should normally be opened to curiosities and fantasies and a delusive psychology that we could see as being enclosed in such. From this point of view one can see a possible door to enter a delusive psychology rightly by the fact that the incoherence and absurdities it expresses may be quite normal however the problem resides in the situation that the person is enclosed in such functioning. Moreover, one can argue, that the kind of psychological pleasure it is endowed with may be sustained by a kind of obsession that may explain the persistence of the delusive symptoms.

This is something that needs to be somewhat clarified. It seems that a patient experimenting delusion pleases him/herself in this delusion. There may be many reasons for that depending on the specificities that the patient presents. A serious pathology within it could perhaps be seen in patients where the reason for such loss of contact with reality may not be reasonably explained. However, the more reasonable to think is that in many cases there may be some reasons why a person may prefer to enclose him/herself in a delusive process than to preserve a regular relationship to its environment. I don't want to speak much about this subject here but Schizophrenia for example has been said to be a disease that appears most commonly in the beginning of adulthood and for almost no clear reason, however this is a clear clue that there may be something in the common state of the mind that may make young people especially vulnerable to such disease. This is a clue that has led to some publications but that should normally be questioned about much more closely because there may be something important to discover here.

The therapeutic perspectives of such considerations are big. Delusion is often thought as something of no interest and that cannot be managed. However, I think it is clear now that there may be a lot that can be done to help a delusive patient. First it should be

definitely understood that medicaments may help in managing a cure but should stay secondary with respect to the actual disease and that a serious therapeutic management can be done.

Especially in the case of delusion, it seems of first importance to be able to have good contact and a good relationship with the patient. However, this may require from the therapist to go beyond standard seriousness and rigor and see such patients with more discernment. When psychotic symptoms are present as well, it seems clear that being able to make the patient relax and reduce some stress is very important. Being able to grasp a patient that may be hidden behind psychotic symptoms and/or delusive symptoms may have extraordinary effects on the patient. This is something quite commonly accepted in psychology but that can be especially important in such situations that could be considered as exaggerated. Entering into a good relationship with the patient, understanding the various patterns of the delusion and their psychology can only then truly provide a constructive therapy that can lead to a cure. If the logic of delusion is re-integrated in the therapy, the therapist has then the possibility to enable the patient to return to a normal psychological functioning.

This is an important point that may open a way to cure many patients that could be considered as seriously ill. This is a way that could be made possible if a serious reflection and research is done to cure various delusive patients and that could possibly lead to a cure for diseases such as schizophrenia. The role of medicaments should definitely be understood and even if they are quite useful in managing a care, psychiatrists should understand the analogy that no one could cure an infection with something to lower a fever. Medicaments are important because lowering symptoms can really help in managing the care and moreover because they may re-regulate some chemicals, but they are secondary. In such cases, serious work should be done by the psychiatrist or the therapist, such work that many of them do not have either the time or the skills to do. Furthermore, it is very clear that such prospection and research may look uninteresting with respect to all the money that the pharmaceutical industry benefits in saying that their medicaments are efficient and are the main way to deal with such patients. There is a huge lobbying about it that is absolutely scandalous with respect to public health.

Nevertheless, if one wants to make medicine progress and if one wants patients to improve and to be cured, if one wants our society to become healthier and better, this is a serious path to consider.