Delusions

1 Symptoms

What are the symptoms?

2 Causes

What is the mechanism?

3 Treatments

How is it treated?

Three Major Themes of Delusions and Mental Illness

Delusion of injury
"Someone is threatening me"
Schizophrenia

Delusion of grandeur "I am gifted" Mania

Delusion of belittlement
"I am no good at anything"
Depression

Is there a better way to theoretically sort out these themes of delusions?

Delusional Idea Checklist

positive emotional value

self-affirmation

I am capable of doing anything

self

megalomania
I can control and manipulate others the way I want.

others

love of illusion

I am admired by opposite sex.

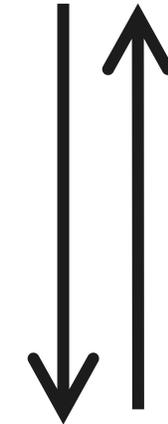**feeling of protection**

God and guardian spirits will protect me.

negative emotional value

low self-esteem

I am not good looking

self

feeling of offense
I am causing trouble to strangers.

others

delusion of injury

Someone is trying to trap me.

feeling of alienation

People are excluding me.

A. Incident   **B. Cognition**   **C. Emotion**   **D. Behavior**

Delusional idea

Emotion accelerated distress

Action

Stimuli
1. life event
2. dysesthesia

Reasoning disability

Schema (causes of delusion)

Concepts of delusional reasoning disability
①bias in manifested disorder
②bias in self-attack
③bias in hasty conclusion
④"Theory of Mind" disorder
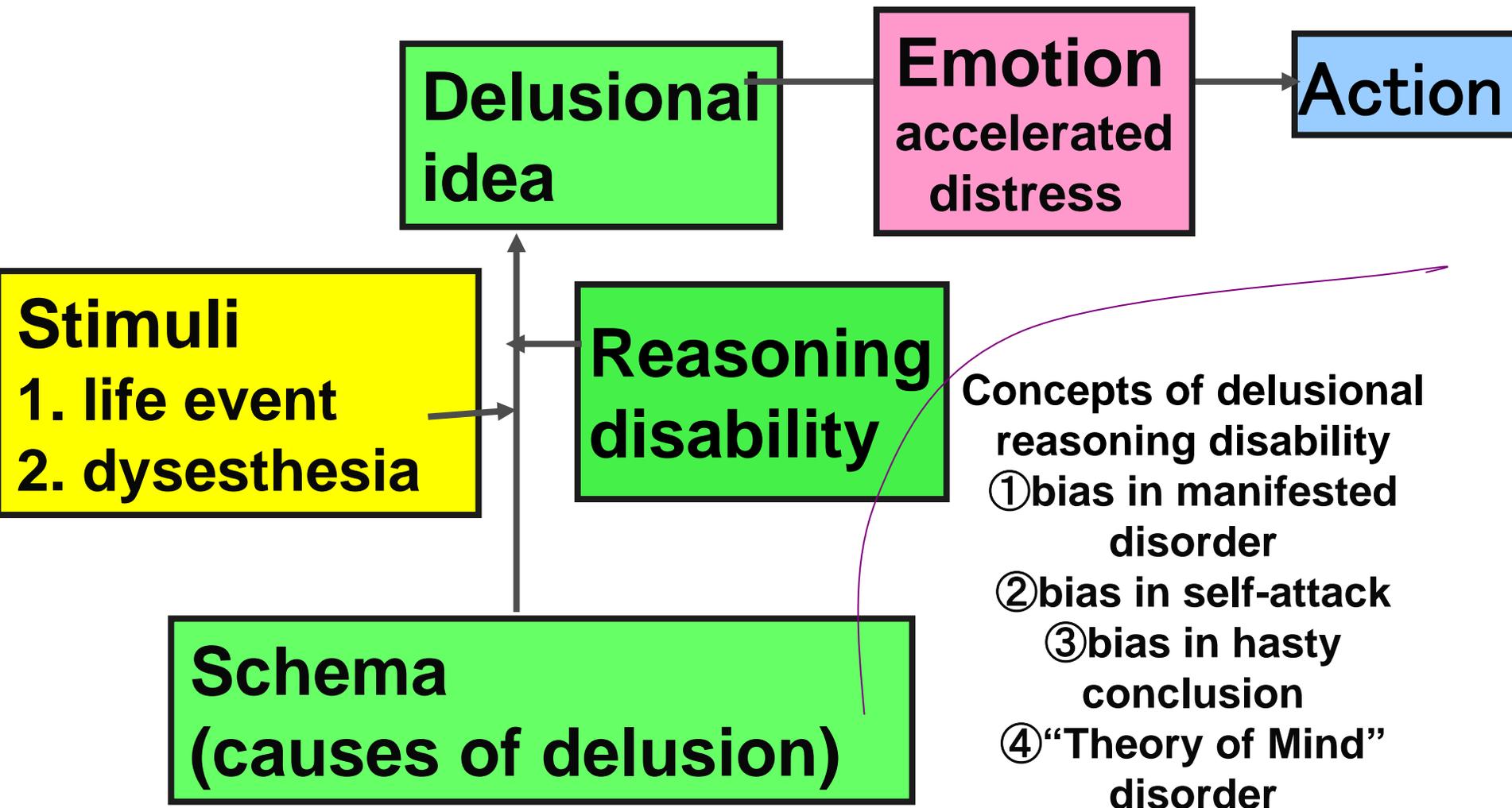
1. Bias in manifested disorder

A. Incident   **B. Cognition**   **C. Emotion/Symptoms**

Negative incident

Inner attribution -feeling of guilt, remorse

Depression

Outer attribution -blame others

Imaginary offense
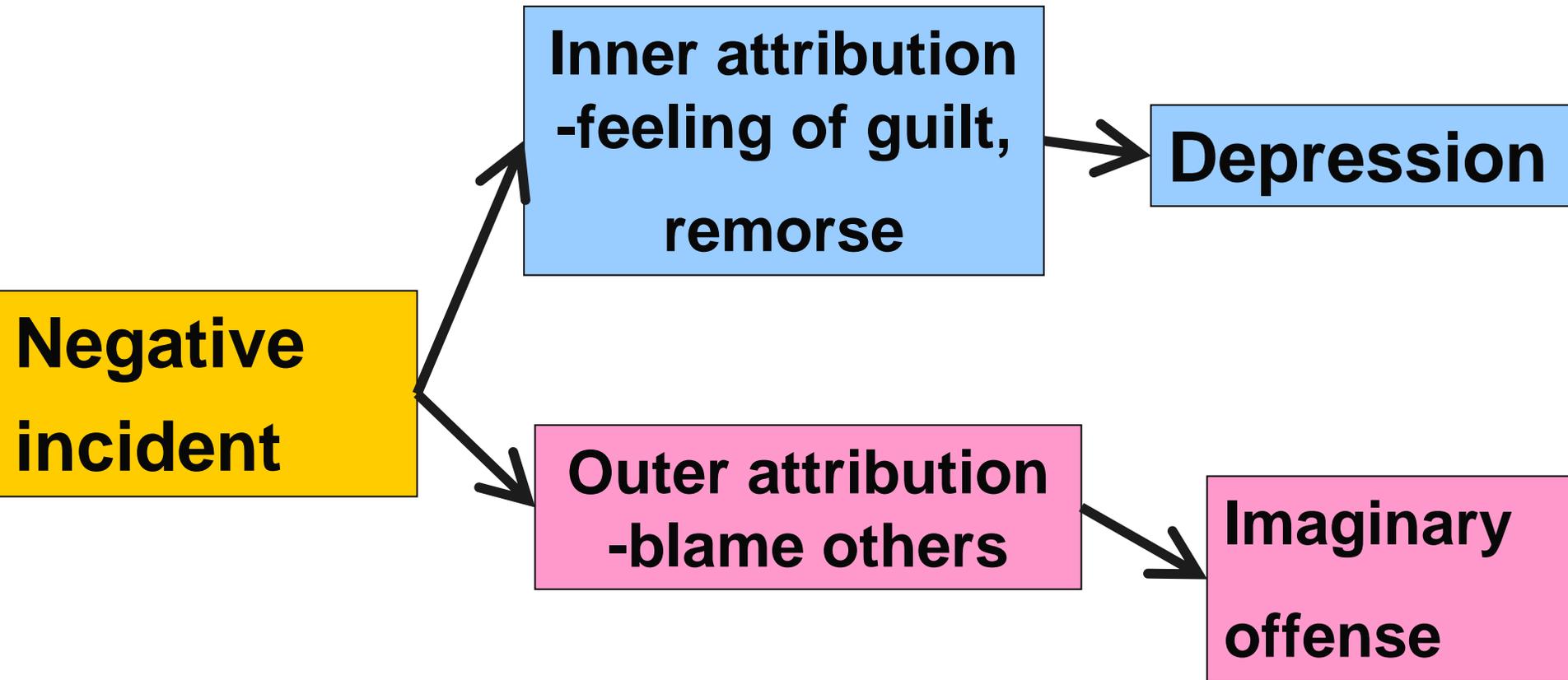
2. Bias in self-attack

Paranoid- Personality Disorder
Suspects, without sufficient basis, that others are exploiting or deceiving him or her

R = .41∗∗
（**Tanno, et al**）

R = .40∗∗
（**Fenigstein**）

Self-Inflicted Bias
Tendency to perceive oneself that others are targeting him or her

R = .42∗∗
（**Fenigstein**）

Public Self-Consciousness
excessively concerned about how others see him or her

3. Bias in a hasty conclusion

Hug, Garety & Hemsley（1988）

Probabilistic Estimation Survey

Extract samples from two groups and guess to which

group each of the samples belongs.

Participants: • Schizophrenics with delusions

• Psychiatric patients without delusion

• Healthy people

Result: people with delusions are more likely than the other two groups to

1. Pick fewer samples to reach a conclusion
**⇒Tend to make hasty conclusions without sufficient information**

2. Have a higher assurance rate of their hypothesis
⇒Have excess confidence in their hypothesis

Analog survey found the same result

3) Study of Predicting Occurrences and Prevention

Longitudinal survey predicts increase in imaginary offense only by "anger and impulsivity" and "perception of grudge and severity"

Morimoto and Tanno(2000)
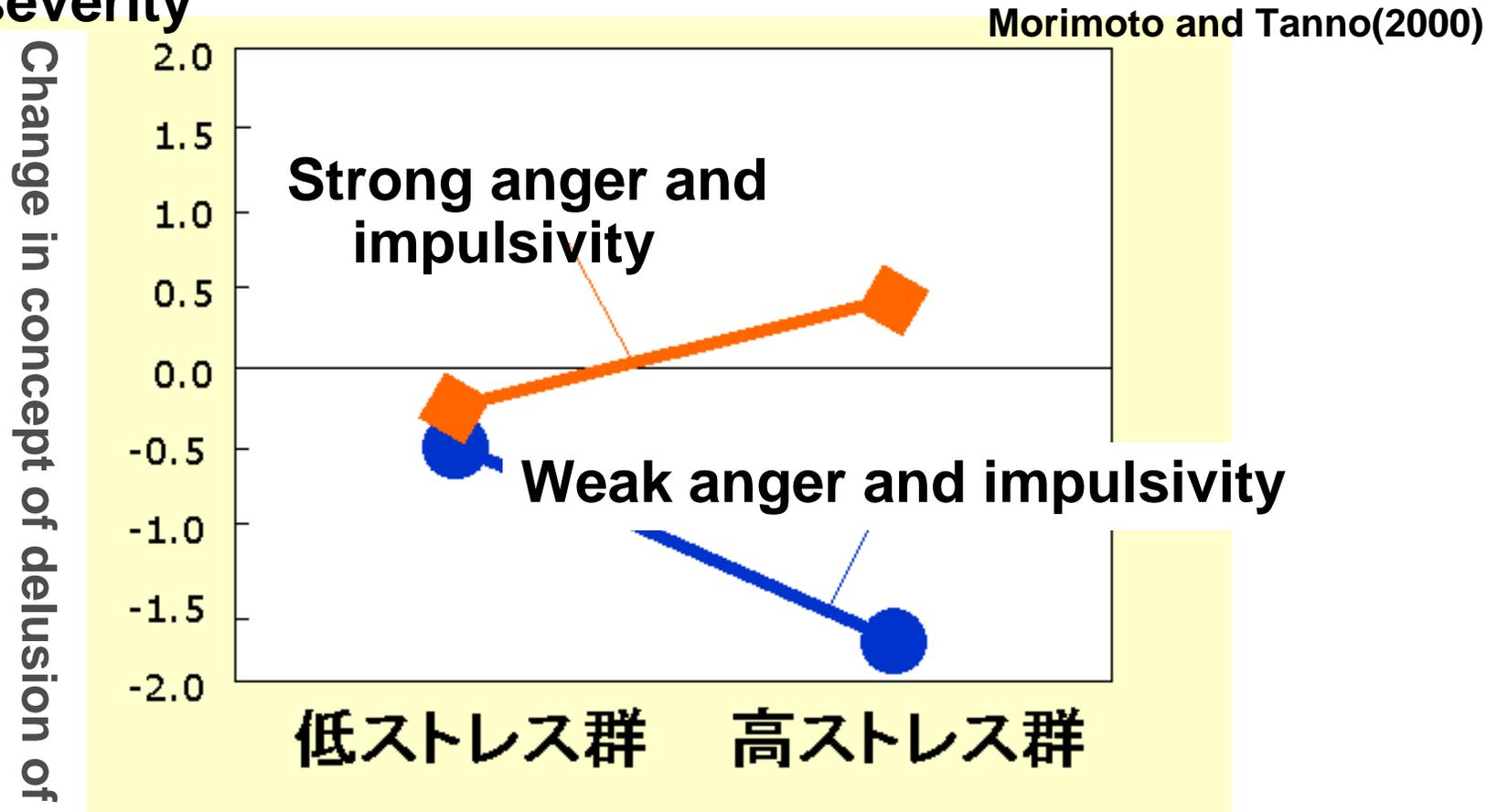
Change in concept of delusion of injury

Strong anger and impulsivity

Weak anger and impulsivity

低ストレス群　　高ストレス群

⇒analysis goes beyond the correlative relation onto the causal association
⇒delusion of injury is possible to predict the occurrence of delusion of injury

3) Study of Predicting Occurrences and Prevention

Given the possibility to predict when imaginary offense occurs, how can the occurrence be prevented?

Screen people with "anger and impulsivity" or with "grudge and severity". Before doing so;

1. Let them know they tend to imagine offenses when they are under excessive stress.

2. Train them to fight stress.

Will doing these things prevent imaginary offenses from occurring?

Future challenges to consider（ethical restriction, etc.）

Cognitive Model of imaginary offenses perceived by Healthy People. Summary

A. Incident　　　**B. Cognition**　　　**C. Emotion**　　**D. Behavior**

Not uncommon in healthy people

Delusional idea

Emotion accelerated distress

Action

Anti-stress

Reasoning disorder
Bias in jumping to a conclusion, etc

Predisposition stress model is established

Causes of delusion
anger and impulsivity
grudge
avoid contact and distress

Difference between schizophrenia and delusion is the extent of distress and psychological occupancy
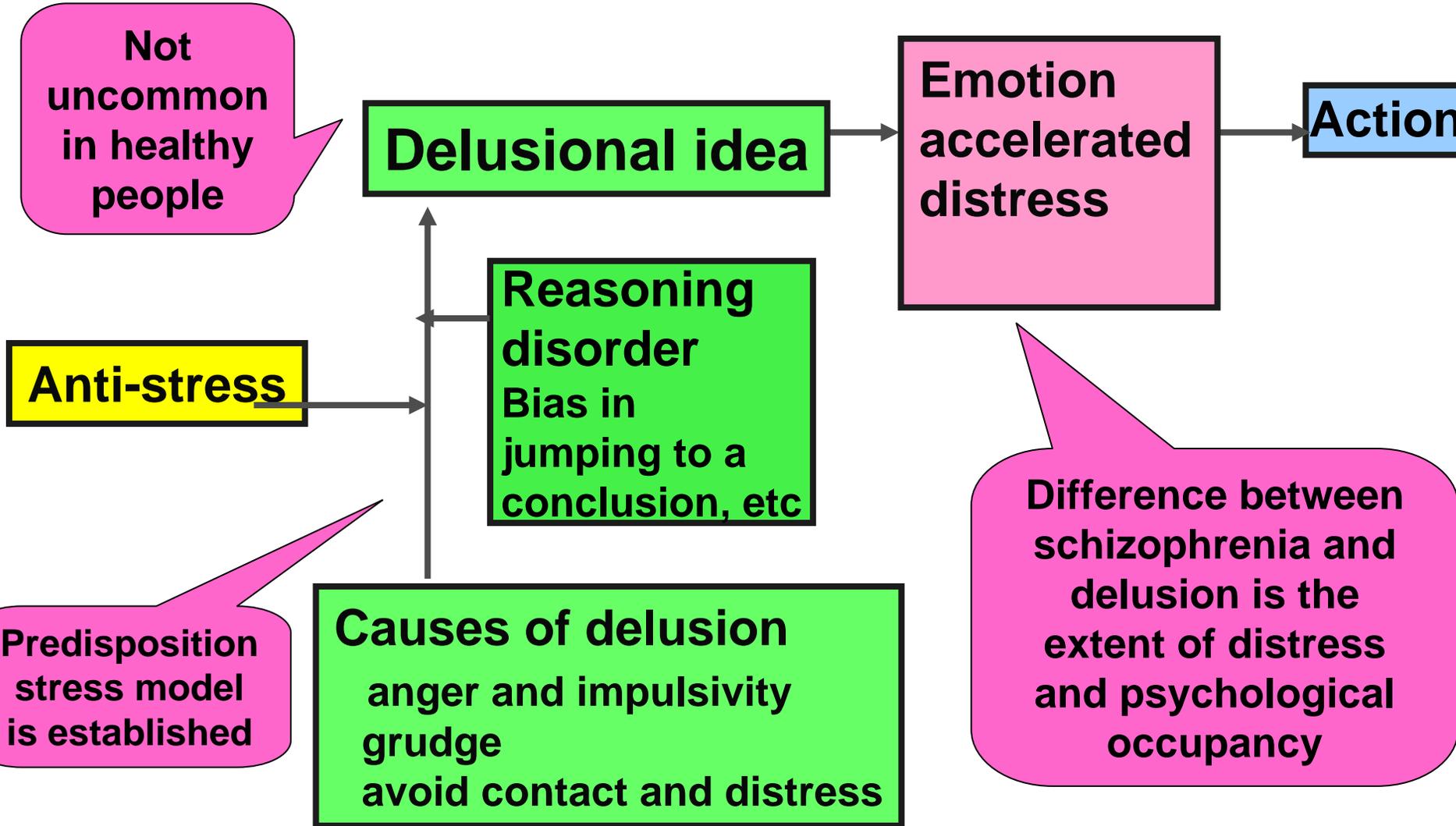
Cognitive Model of Positive Symptoms of Mental Disease (Garety, et al. 2001)

physiological-
psychological-
social-
vulnerability

Stress

Emotional change

Basic cognitive disorder Abnormal experience

Interpretation of experience

Positive symptoms Delusion/hallucination

Causes that affect interpretation
-reasoning bias
-belief in self and the world
-isolation, hostile environment

Factors that maintain the positive symptoms
-reasoning bias
-belief, emotion, action
-understanding of mental illness
-hostile environment