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Delusional Disorder

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Delusional Disorder.

Delusional disorder is one among several types of psychotic disorders, all of which involve grossly impaired reality testing. The core feature of delusional disorder is one or more nonbizarre delusions that last for at least one month. These delusions involve situations that could plausibly happen in life. Apart from the direct impact of the delusion, persons with this disorder appear normal to others and are able to function adequately in everyday life. If the person has a mood episode (such as depression) while having delusions, it must be relatively brief in order to warrant the delusional disorder diagnosis. The delusions must not be directly caused by substance use or a general medical condition in order to fit the criteria for this diagnosis.

There are seven types of delusional disorders. In the erotomanic type, the person erroneously believes that someone is in love with her or him. The love object often is someone famous and/or of higher status than the individual. Celebrities are plagued by letters, phone calls, and even stalking by people with erotic delusions.

People with grandiose delusions believe that they possess special talents, powers, or identities (such as having found a cure for cancer or that they are Albert Einstein). Grandiose delusions sometimes have religious content such as a conviction that one is Jesus Christ or a special messenger from God.

Jealous delusions involve unfounded suspicions that a spouse or lover is unfaithful. So-called evidence of infidelity is construed through grossly faulty logic. A person with this type of disorder may go so far as to hire a private detective to spy on one's spouse.

The persecutory type is the most prevalent kind of delusional disorder. In this type the person is convinced that others are plotting against him or her to cheat, poison, malign, or otherwise harm that person. In retaliation for these fantasized attacks or insults, such persons often get litigious and repeatedly file lawsuits against imagined offenders.

A somatic type of delusion involves a person's distortion of bodily functions or sensations. Such a person may be convinced that she has contracted AIDS in a swimming pool, despite negative medical test results and the extreme implausibility of her belief.

When more than one type of delusion is present, a mixed type of delusional disorder is diagnosed. An unspecified type of this disorder is diagnosed when the nature of the delusional belief cannot be determined.

In considering a diagnosis of delusional disorder, it is important to take into account the person's religious and cultural background. Some religions and cultures have beliefs that are sanctioned throughout the community but that would be considered delusional outside of it. An example of this would be the virgin birth of Jesus and his bodily resurrection after he died. These are core beliefs for many within the Christian faith. However, these beliefs might appear delusional to someone who had no knowledge of Christian doctrines.

The cause of this disorder is unknown, and its treatment is notoriously difficult due to the deeply ingrained nature of the delusions. A treatment plan must first and foremost involve gaining the person's trust and establishing a therapeutic alliance. The therapist must respond empathically to the person without buying into the delusion. This is best done by reflecting concern over feelings of frustration, Fear, inadequacy, or loneliness that the person suffers as a byproduct of the delusion.

Concern for the safety of the patient and others must be considered early in treatment, as a number of the types of delusional disorder involve a propensity for Violence. In the erotomania and jealous subtypes, there is a danger that the patient might murder the love object in extreme

circumstances. The persecutory type also involves the potential use of violence in retaliation for fantasized mistreatment by others. It may be necessary for a victim of such a person to obtain a restraining order for protection. Psychiatric hospitalization might also be necessary if the person is in clear danger of harming someone.

It is useful to refer the person for a medication evaluation as soon as possible in treatment, while being careful not to shatter the fragile bond of trust between patient and clinician. Antipsychotic and antianxiety medications have a good track record of relieving symptoms of this disorder.

Supportive therapy for delusional disorder aims toward a goal of helping patients adjust better to their environment rather than trying to cure the disorder itself. Social isolation is often a result of people finding the patient's delusions disconcerting. Therefore, in supportive therapy the patient is encouraged to refrain from discussing the delusional beliefs with others. Coping mechanisms such as humor, relaxation training, and assertiveness training are other useful techniques to work on in supportive therapy.

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