

I will be doing a personal commentary on this one as it relates to my own case which should be here by next week. For now I have just emphasized some of the text which I find *particularly* **hilarious**. PL

## **Mental Health: Delusional Disorder**

Delusional disorder, previously called paranoid disorder, is a type of serious mental illness called a "psychosis" in which a person **cannot tell what is real from what is imagined.**<sup>1</sup> The main feature of this disorder is the presence of delusions, which are unshakable beliefs **in something untrue.**<sup>2</sup> People with delusional disorder experience non-bizarre delusions, which involve **situations that could occur in real life, such as being followed, poisoned, deceived, conspired against, or loved from a distance.**<sup>3</sup> These delusions usually involve the **misinterpretation of perceptions or experiences.**<sup>4</sup> **In reality, however, the situations are either not true at all or highly exaggerated.**<sup>5</sup>

People with delusional disorder often can continue to socialize and function normally, apart from the subject of their delusion, and generally do not behave in an obviously odd or bizarre manner. This is unlike people with other psychotic disorders, who also might have delusions as a symptom of their disorder. In some cases, however, people with delusional disorder might become so preoccupied with their delusions **that their lives are disrupted.**<sup>6</sup>

Although delusions might be a symptom of more common disorders, such as [schizophrenia](#), delusional disorder itself is rather rare. **Delusional disorder most often occurs in middle to late life and is slightly more common in women than in men.**<sup>7</sup>

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- 1 One of the points I am going to have to make over and over is that these diagnoses are not EVIDENCE based but are more in tune with something like astrology, mind reading, or just a doctors beliefs. It gets absurd because as some of us know, it is just as often the doctor who cannot tell the difference between what is real and what is imagined. Most of the doctors though cannot imagine that could be possible and so the tend to invalidate the suggestion of possibility.
  - 2 I am asserting that I have a belief in something that **IS** true and that I even have a bit of evidence of that and further that it is the system which has the unshakable belief in something **that is not true.**
  - 3 So let psychiatry tell us exactly HOW they decide when that is true and when it is not. Do they investigate and allow evidence to decide the diagnosis or just take a wild guess? It took the doctor who labelled me 11 minutes to do it and he had no interest in what I had to say or in any evidence of anything. In fact, NONE of the people involved appeared to have any interest in my point of view.
  - 4 So were do the 'correct' interpretations come from and exactly HOW are they 'interpreted'?
  - 5 I will ask you again: HOW do you know? Are you reading my mind?
  - 6 Did any of YOU disrupt my life for me?
  - 7 Some might call this ageism, sexism or both. Would you **experts** say there is some element of that in these labelling systems?

## Types of Delusional Disorder

There are different types of delusional disorder based on the main theme of the delusions experienced. The types of delusional disorder include:

**Erotomaniac:** Someone with this type of delusional disorder **believes that another person, often someone important or famous, is in love with him or her.**<sup>8</sup> The person might attempt to contact the object of the delusion, and **stalking behavior is not uncommon.**<sup>9</sup>

**Grandiose:** A person with this type of delusional disorder **has an over-inflated sense of worth, power, knowledge, or identity. The person might believe he or she has a great talent or has made an important discovery.**<sup>10</sup>

**Jealous:** A person with this type of delusional disorder **believes that his or her spouse or sexual partner is unfaithful.**<sup>11</sup>

**Persecutory:** People with this type of delusional disorder **believe that they (or someone close to them) are being mistreated,**<sup>12</sup> **or that someone is spying on them**<sup>13</sup> **or planning to harm them.**<sup>14</sup> **It is not uncommon for people with this type of delusional disorder to make repeated complaints to legal authorities.**<sup>15</sup>

**Somatic:** A person with this type of delusional disorder believes that he or she has a physical defect or medical problem.

**Mixed:** People with this type of delusional disorder have two or more of the types

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8 The first thing I think is that this is pretty insulting to decide that whomever sits before you could **NOT** be the object of another's interest. In my own case, **which** of you imagines himself to be so bloody 'important' that you think everyone must be just ready to flop for you? No matter which one you may or may not be, I am sure **your** sense of your own 'importance' is much bigger than mine could ever be, so maybe you should stick to being in love with yourself as it may be more satisfying for you.

9 I will repeat here what one of the many 'hes' involved was alleged to have said, "who is it who is stalking whom"? Good question; why don't we get it answered?

10 Hmmm...Would psychiatrists often suffer from this one? Would 'discovering diseases' by show of hands and group consensus fit into that diagnostic category?

11 And how would such a 'belief' be determined as to being either true or false? Do psychiatrists hire detectives to get concrete evidence, one way or another or do they just get a 'feeling' about the personal relationships of the strangers that get parked before them? Are THEY 'psychic'?

12 Is mistreatment of people something rare to psychiatry?

13 Like A.C.T for example?

14 Do people ever plan harm to others? How do you know WHICH people are planning that and when? More psychic ability?

15 Do you think that 'complaints' ever get repeated simply because they do not get acknowledged as legitimate the first time and are then not believed? Are police ever wrong about anything or are they all the sane ones too, by virtue of group affiliation?

of delusions listed above. <sup>16</sup>

## What Are the Symptoms of Delusional Disorder?

The presence of non-bizarre delusions is the most obvious<sup>17</sup> symptom of this disorder. Other symptoms that might appear include:

**An irritable, angry, or low mood ,<sup>18</sup> hallucinations** (seeing, hearing, or feeling **things that are not really there**) that are related to the delusion (For example, a person who believes he or she has an odour problem may smell a bad odour.)

## What Causes Delusional Disorder?

As with many other psychotic disorders, the exact cause of delusional disorder is **not yet known.** <sup>19</sup>Researchers are, however, looking at the role of various genetic, biological, and environmental or psychological factors.

**Genetic:** The fact that delusional disorder is more common in people who have family members with delusional disorder or schizophrenia **suggests** there **might be** a genetic factor involved. It is believed that, as with other mental disorders, a **tendency** to develop delusional disorder **might be**<sup>20</sup> passed on from parents to their children.

**Biological:** Researchers are studying how abnormalities of certain areas of the brain **might** be involved in the development of delusional disorders. An **imbalance** of certain **chemicals in the brain**, called neurotransmitters, also **has been linked**<sup>21</sup> to the formation of delusional symptoms. Neurotransmitters are substances that help nerve cells in the brain send messages to each other. An **imbalance in these chemicals**<sup>22</sup> can interfere with the transmission of messages, leading to symptoms.

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16 Imagine trying to talk a psychiatrist out of hearing TWO or more 'delusions' at the same time?  
Imagine being my age when trying to do that!

17 "Obvious" to whom...to those trained to believe such things are "obvious"?

18 Do these emotions ever exist for any 'real' reason? If so HOW do you know? Is it pretty much psychic ability or do you look for actual evidence of things? Do you do that about the same time you are doing the 'X-rays' used to rule out a physical cause? Ha ha ha

19 Not YET known but you are just about to identify those chemicals that cause me to 'think' I was 'set up' right?

20 I understand: the 'predisposition' to go stark raving mad for no reason that anyone **else** can see or will admit to anyway...

21 Who linked that? How did they link it? Could you sight the study and the science for me please? Was there a controlled double blind experiment done? Who were the participants please? Could we talk to them, preferably in the first person without their ventriloquists??

22 Is this a sound bite? Is it a scientific sounding guess? Is it designed to gain trust for the DOCTORS?

**Environmental/psychological:** Evidence suggests that delusional disorder can be triggered by **stress**.<sup>23</sup> **Alcohol and drug abuse**<sup>24</sup> also **might** contribute to the condition. People who tend to be isolated, such as **immigrants**<sup>25</sup> or those with poor sight and hearing, appear to be more vulnerable to developing delusional disorder.

## How Is Delusional Disorder Diagnosed?

If symptoms are present, **your doctor will perform a complete medical history and physical examination**.<sup>26</sup> **Although there are no laboratory tests to specifically diagnose delusional disorder,**<sup>27</sup> **the doctor might use various diagnostic tests, such as X-rays or blood tests, to rule out physical illness as the cause of the symptoms.**<sup>28</sup>

If the doctor **finds no physical reason for the symptoms, he or she might refer the person to a psychiatrist or psychologist, health care professionals who are specially trained to diagnose and treat mental illnesses**.<sup>29</sup> **Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a psychotic disorder.**<sup>30</sup> The doctor or therapist bases his or her diagnosis on the person's report of symptoms, and his or her **observation of the person's attitude and behavior**.<sup>31</sup> The doctor or therapist then determines if the person's symptoms point to a specific disorder. A diagnosis of delusional disorder is made if a person has non-bizarre delusions for at least one month and does not have the characteristic symptoms of other psychotic disorders, such as schizophrenia.

## How Is Delusional Disorder Treated?

Treatment for delusional disorder most often includes **medication** and

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23 Could the people CAUSING the stress possibly be the delusional ones? Do you think that delusional groups might exist and not see it because of the support and validation the members give to each other in determining a consensus reality that is actually a false one?

24 Could that altered state actually BE the problem in itself; simply substance induced?

25 Now why would 'immigrants' be more likely to get called 'crazy'? Could it be that they don't understand the particular dysfunctional reality of those in another land?

26 Ha ha ha ha ha ha ...hee hee...tee hee ...yuk yuk yuk...You guys are just Soooooo hilarious...I asked for a blood test and could not get one.

27 A rare moment of truth. How refreshing.

28 How many of you psychiatrized ones had **physical** causes and tests 'rule out' everything else first? Anybody?

29 The Dark Secrets of Metaphysics used to cast many a spell...you will be MAD! Mad! I tell you!

30 Be sure to check out the DSM website. There is still time to offer 'suggestions' for new 'diseases' which are being designed even as I write this.

31 Watch that attitude as you are not in a relationship with equal humans so smile buster...but not too much and not if you sense the doctor getting defensive.

**psychotherapy** (a type of counseling<sup>32</sup>). **Delusional disorder is highly resistant<sup>33</sup>** to treatment with medication alone.

Psychotherapy is the primary treatment for delusional disorder, including psychosocial treatment which can help with the behavioral and psychological problems associated with delusional disorder. **Through therapy, patients also can learn to control their symptoms,<sup>34</sup> identify early warning signs of relapse,<sup>35</sup> and develop a relapse prevention plan.<sup>36</sup>**

Psychosocial therapies include the following:

**Individual psychotherapy:** Can help the person recognize and correct<sup>37</sup> the underlying thinking that has become distorted.

**Cognitive-behavioral therapy (CBT):** Can help the person learn to recognize and change thought patterns and behaviors that lead to troublesome feelings.<sup>38</sup>

**Family therapy:** Can help families deal more effectively with a loved one who has delusional disorder, **enabling them to contribute to a better outcome for the person.**<sup>39</sup>

The primary medications used to attempt to treat delusional disorder are called anti-psychotics. Medications used include the following:

Conventional anti-psychotics: Also called neuroleptics, these have been used to treat mental disorders since the mid-1950s. They work by blocking dopamine

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32 In case you are too dopey to know what that meant.

33 Yes the drug will tranquilize you and is called a 'hypnotic' so that the doctor can pressure and manipulate you to accept HIS/HER version of **your** reality. The faster you 'comply' (a favourite term of theirs) the sooner you will be pronounced "in remission" (another favourite) but once labelled you **stay** labelled so don't think logic or evidence is going to change that. Cause it's not. After that, you will have to come out here to Webland and join the labelled activist movement as we are the **only** ones who are going to have a clue as to what you are talking about.

34 Shut the hell up about being harmed.

35 The urge to tell off your patronizing doctor or to continue to insist that you were in fact **harmed** by 'others.'

36 Shut the hell up and **only** talk about reality with those who have learned to operate 'under cover' now too. "*oh yes doctor...I see the error of my ways now...yes I do and thank you SO much for all the help....*(Please read the Rosenhan experiment for further instructions on what is actually going on in the system. And thank you David for not concealing it even though I know you must have been under great pressure by your peer group to do so. It mattered then and it matters now. )

37 Start nodding in the affirmative now.

38 I have to concur on this one and I have in fact adopted this method in the hope that i can perhaps cause some destructive control patterns to get recognized and changed inside the system. Right now they are causing a lot of troublesome feelings for many.

39 Now see I find this a little off as 'family therapy' **USED** to mean that **everyone** in the group had to work on the relationship problem but now, in this sense, I notice there is a group directed AT one member of the group and which appears to be focused on applying pressure to change **one** person.

receptors in the brain. Dopamine is a neurotransmitter **believed to be involved**<sup>40</sup> in the development of delusions. Conventional anti-psychotics include Thorazine, Prolixin, Haldol, Navane, Stelazine, Trilafon and Mellaril.

**Atypical anti-psychotics:** These newer medications appear to be more effective in treating the symptoms of delusional disorder.<sup>41</sup> These medications work by blocking dopamine and serotonin receptors in the brain. Serotonin is another neurotransmitter **believed to be involved**<sup>42</sup> in delusional disorder. These drugs include Risperdol, Clozaril, Seroquel, Geodon and Zyprexa.

**Other medications:** Tranquilizers and anti-depressants **might also** be used to treat delusional disorder. Tranquilizers might be used if the person has a very high level of anxiety and/or problems sleeping. Anti-depressants might be used to treat depression, which often occurs in people with delusional disorder.<sup>43</sup>

People with severe symptoms or who are at risk of hurting themselves or others might need to be hospitalized until the condition is stabilized.<sup>44</sup>

### **What Complications Are Associated With Delusional Disorder?**

People with delusional disorder might become [depressed](#) often as the result of difficulties associated with the delusions.<sup>45</sup> Acting on the delusions also can lead to violence or legal problems;<sup>46</sup> for example, a person with an erotomanic delusion who stalks or harasses the object of his or her delusion, could lead to arrest.<sup>47</sup> Further, people with this disorder can eventually become alienated from others,<sup>48</sup> especially if their delusions interfere with or damage their relationships<sup>49</sup>.

### **What Is the Outlook for People With Delusional Disorder?**

The outlook for people with delusional disorder varies depending on the person,

40 50 YEARS of forced drugging with major tranquilizers based on unproved speculation and 'belief' that has been state so often and for so long that it has become a reality of its own

41 Ask those who have had to take them.

42 More beliefs of the Faith...

43 Mostly now though you are likely to get the cocktail. First, the SSRI to perk you up and help you sleep, followed by the benzos like Ativan used to treat the side effect of 'agitation' caused by the SSRI which may be defined as **your** 'anxiety' and possibly a neuroleptic added if that is not enough. Then we all watch for the side effects from the whole group of drugs so we can decide what will be needed to combat those symptoms.

44 Usually with more drugs or perhaps some ECT to make you forget your delusions.

45 Or with difficulties associated with being labelled this way and not heard when you speak.

46 Do not give in to the urge to punch your relatives or doctors in the nose. Talk to **us** in self help groups instead.

47 Or sometimes if **you** are the one being stalked and harassed it has already led to your diagnosis. A switch between victim and aggressor is actually not all that uncommon.

48 Can't argue with that .

49 Or if being **defined** as delusional does that, since most people fail to question authority figures; especially doctors.

the type of delusional disorder, and the person's life circumstances, including the availability of support and a willingness to stick with treatment.<sup>50</sup>

Delusional disorder is typically a **chronic** (ongoing) condition, but when **properly treated, many people with this disorder can find relief from their symptoms.**<sup>51</sup> Some people recover completely and others experience **episodes of delusional beliefs**<sup>52</sup> with **periods of remission**<sup>53</sup> (lack of symptoms<sup>54</sup>).

Unfortunately, many people with this disorder do not seek help.<sup>55</sup> It often is difficult for people with a mental disorder to recognize that they are not well.<sup>56</sup> They also might be too embarrassed or afraid to seek treatment.<sup>57</sup> Without treatment, delusional disorder can be a life-long illness.<sup>58</sup>

Also see: [Psych Central](#)

And see me here: [Paranoid Personality Disorder](#)

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50 Try talking it through with your real peer group.

51 Talk to the people defined this way personally and not 'about ' them with third parties who assign themselves the unasked for role of our ventriloquists. We don't need the ventriloquists to speak FOR us we can speak for ourselves.

52 Do psychiatrists and other 'normal' people suffer from these episodes?

53 See how medical that sounds? Just like leukemia...Language use sure does impart medical meaning doesn't it?

54 In case you are still too dopey to know what the first part means.

55 I can't imagine why not can you? Unless it is because they don't believe they HAVE a disease like leukemia?

56 Well sure as we can all be crazy and know it, or crazy and NOT know it, but nothing else.

57 Or they may have **learned** to be afraid from previous experience being helped.

58 Except for my definition and the problems the labelling has caused me, I feel fine, especially since connecting to others with similar experiences with the mental illness system.

