

# Types of Delusions

1. **Grandiose:** involves an exaggerated sense of one's importance, power, knowledge, or identity that may have a religious, somatic, or other theme. It may also reflect an extremely low opinion of self.
2. **Somatic:** main content pertains to the functioning of the body.
3. **Religious:** involves religious ideation, themes, and people.
4. **Nihilistic:** involves the theme of nonexistence of the self or part of the self, others, or the world.
5. **Paranoid:** *it is recommended this term not be used because its meanings are multiple, confusing, and contradictory. It has often been used to refer to both persecutory and grandiose delusions because of the presence in the paranoid type of schizophrenia.*
6. **Persecutory:** involves a central theme that the person or group is being attacked, harassed, cheated, persecuted, or conspired against.
7. **Reference:** events, objects, or other people in the person's immediate environment have a particular and unusual significance, usually of a negative or pejorative nature.
8. **Bizarre:** a fixed false belief that involves a phenomenon that the person's culture would regard as totally implausible. Example: a man believed that when his adenoids had been removed in childhood, a box had been inserted into his head, and that wires had been placed in his head so that the voice he heard was that of the governor.
  - a. **Thought withdrawal:** believing that one's thoughts have been extracted from the mind.
  - b. **Thought broadcasting:** the belief that one's thoughts can be heard through the television, computer, etc. Also refers to the belief that one can communicate to others through a form of ESP.
  - c. **Thought insertion:** the belief that others are inserting ideas into another person's mind.
  - d. **Thought control:** feelings, impulses, thoughts, or actions are experienced as being not one's own, as being imposed by some external force. This does not include the mere conviction that one is acting as an agent of God, has had a curse placed on him or her, is the victim of fate, or is not sufficiently assertive.

# Interventions for Working with Delusions

Clients cope with delusions in several ways. Some adapt by simply learning to live with them, some deny their presence, and others want to understand them and become empowered to manage them when they occur. The nurse's role is to try and grasp the meaning of the delusion to the client. An understanding of the dimensions, type and content of a consumer's delusion is essential for effective interaction. The following intervention steps for the consumer who is experiencing delusions was developed for a symptom managements program involving consumers and families (Moller and Wer, 1989; Moller and Wer, 1991; Murphy and Moller, 1993).

## 1. Establish a trusting interpersonal relationship:

- ◆ It is normal for you to feel confused by the delusion but remain calm. If your consumer senses anxiety and avoidance in you he may feel annoyed, inadequate, hopeless, and like a failure. Your consumer will be keenly sensitive to rejection.
- ◆ Do not reason, argue, or challenge the delusion. Do not attempt a logical explanation of the delusion, because you will not be able to identify one. Only your consumer understands the logic behind the delusion and he will not be able to express it to you until he has insight into his illness (Lego, 1984).
- ◆ Assure your consumer that he is safe and no harm will come. Offer concern and protection to prevent injury to self or others.
- ◆ Do not leave your consumer alone – use openness and honesty at all times.
- ◆ Avoid recognizing the delusion first. Avoid saying “the person who thinks he's being poisoned.”
- ◆ Encourage your consumer to verbalize feelings of anxiety, fear, and insecurity.
- ◆ Convey acceptance of the need for the false belief. Talking about the delusion during the experience lends it reality. It is more helpful to talk about the hallucinations symptoms that may have triggered the delusion.
- ◆ Center on the consumer as a person, rather than the need to control symptoms.

## 2. Identify the content/type of delusion:

- ◆ Conduct assessment of the content of the delusion without appearing to probe. This will assist you in understanding the purpose the delusion is serving your client.
- ◆ Clarify any confusion of the verbalization by asking what the consumer is saying. If you do not attempt to clarify confusion, the result may be even greater confusion, anxiety, and reaffirmed delusion.
- ◆ If your consumer perceives you are going along with the delusion, he may experience a feeling of being patronized.
- ◆ Identify the presence of a central topic and feeling tone.

### **3. Investigate the meaning of the delusion:**

- ◆ Assess areas in your consumer's life that have become unmanageable or they are unable to participate in.
- ◆ Assess the concrete ways the delusion interferes with everyday activities of daily living.
- ◆ Ask your consumer if he has ever taken action based on the delusion.
- ◆ At this point, you can question the logic/reasoning behind the delusion without agreeing or arguing (Lowe and Chadwick, 1990).

### **4. Assess the intensity, frequency, and duration of the delusion:**

- ◆ If the delusion is not fixed, you will be able to work with it in a short time frame.
- ◆ Fixed delusions that have endured over a long time may have to be temporarily avoided in order to prevent them from becoming stumbling blocks in your relationship.
- ◆ If your consumer always greets you with the delusion, just quietly listen and then give direction for the task at hand.
- ◆ If it appears your consumer is unable to stop talking about the delusion, ask gently if he/she recalls what you have been doing and that it's time to resume that activity.
- ◆ If your consumer is very intent on telling you the delusion, just quietly listen until there is no need to discuss it any further. Remember, it is helpful to give the person reassurance during the delusion that he/she, as a person, is "okay."
- ◆ Not clearly understanding the complexity and intricacies of a delusion may cause it to become more elaborate.

### **5. Identify what triggered the delusion:**

- ◆ Assess for a change in your consumer's ability to manage activities of daily living since delusions can be triggered by minor changes, such as alterations in the daily schedule. Anything that is potentially disruptive to the normal schedule can trigger delusions.

### **6. Place the delusion in a time frame:**

- ◆ Identify all the components of the delusion by placing it in time and sequence.

### **7. Identify current major stresses:**

- ◆ Assess for the presence of exaggerated stress, i.e., financial, family, or job difficulties.

**8. Correlate the onset of the delusion with the onset of the stress:**

- ◆ Help the consumer connect the false beliefs to times of increased anxiety.
- ◆ Delusional thinking may be prevented by interrupting escalating anxiety.

**9. If the consumer asks directly if you believe the delusion, respect that this is the consumer's experience:**

- ◆ Always present reality, but do it gently without implying her/his perceptions are wrong. For example, if your consumer says, "Everyone here is part of the great plot," you might respond, "That sounds scary."
- ◆ Reinforce and focus on reality by talking about real events and real people using real situations to divert the consumer away from a long, rambling conversation.

**10. Identify emotional needs the delusion may be meeting:**

- ◆ Encourage discussion of fears, anxieties, and anger by responding to the underlying feelings rather than the illogical nature of the delusion (Rosenthal & McGuinness, 1986).
- ◆ Your consumer will usually attach the emotional tone of the first experience of the delusion to each successive experience with that particular delusion.
- ◆ Use the process of the conversation rather than the content by reflecting the feeling back to the client.

**11. Meet the needs the delusion fulfills:**

- ◆ Promote activities that require attention, physical skill, or action. When a consumer's energy is diverted, pathological thinking is interrupted. Satisfying activities will help your consumer give up time used in delusional thinking.
- ◆ Recognize healthy aspects of the consumer's personality, this will help the consumer to doubt their own delusional perceptions.
- ◆ Structure situations so it is difficult to spend time in a delusional system, this encourages alternative methods of meeting needs (Corrigan & Storzbach, 1993).

**12. Once the delusion is understood, avoid and discourage repetitious talk of the delusion:**

- ◆ Encourage your consumer to accept responsibility for his own behavior by giving some measure of control regarding daily activities and decision-making.
- ◆ Involve the family, when at all possible.