Psychological Conceptualization of Delusions

Brendan A. Maher emphasized the importance of considering events from the patient’s perspective. He argued that delusions are explanations of experience, particularly of internal anomalous events. This involves an individuals’ attempts to make sense of events and suggests that clinicians should listen and talk with patients about the experiences underlying delusions.

Delusions serve a purpose, but delusional explanations are in conflict with the evidence and are often a cause of distress, preoccupations, and significant interference in daily functions. Two main psychological reasons are usually cited to explain why individuals adopt delusional explanations.

1. The delusions are consistent with previous experiences, expectations, and beliefs
2. There are biases in reasoning processes leading to acceptance of erroneous conclusions.

It has been suggested that the reason that delusions exist is important, but it is also necessary to explain why less distressing, more realistic explanations of experience are not adopted. The authors of one study published in the Journal of Consulting and Clinical Psychology reported on 100 individuals with delusions who were assessed on symptoms measures, the evidence for the delusions, the availability of alternative explanations, reasoning, and self-esteem. Seventy-five percent of the patients did not report any alternative explanation for the experiences on which the delusions were based. They reported significantly more internal anomalous experiences and had a more hasty reasoning style than patients who did have alternative explanations available. Having doubt in a delusion, without an alternative explanation, appears to be associated with lower self-esteem. It is suggested that simply challenging the delusional belief would be less effective than suggesting plausible and compelling alternative accounts.


