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Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

THE SOCIO-CULTURAL AND CONFESSIONAL DIMENSION OF DELUSIONAL IDEAS CONTENT IN THE SPECTRUM OF NON-ORGANIC PSYCHOTIC DISORDERS

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Revista de cercetare și intervenție socială, 2021, vol. 73, pp. 326-337

https://doi.org/10.33788/rcis.73.21

Published by:
Expert Projects Publishing House

expert projects
publishing

On behalf of:
„Alexandru Ioan Cuza" University,
Department of Sociology and Social Work
and
HoltIS Association

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA
is indexed by Clarivate Analytics (Social Sciences Citation Index),
SCOPUS and CROSSREF

The Socio-Cultural and Confessional Dimension of Delusional Ideas Content in the Spectrum of Non-Organic Psychotic Disorders

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Abstract

In the last decade, population clinical trials support the disabling nature of most globally diagnosed psychotic disorders. As a defining integral part of this pathology, the delusional idea considered to be the result of the inaccurate and abnormal interpretation of an external reality is individualized, despite the contrary evidence. This ideation's clinical expression variability is influenced by a heterogeneous spectrum of biological and psychosocial factors, predisposing and/or favouring. This review's main objective is to identify a series of relational patterns of the content of delusional ideation with socio-familial and cultural/confessional parameters to obtain a holistic approach to patients. Careful decipherment of these conditions can be the basis for developing new interventions that are much more effective in establishing a long-term diagnostic and therapeutic strategy.

Keywords: delusional idea, psychotic disorder, sociocultural factors, social status, social interaction.

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Introduction

According to the International Classification of Diseases, Version 10 (ICD-10), the revised version in 2021, among the most common non-organic psychotic disorders diagnosed worldwide are schizophrenia, schizotypal disorder and delusional disorders. This subgroup includes schizophrenia, schizotypal disorder, persistent delusional disorders, acute and transient psychotic disorders, induced delusional disorder, schizoaffective disorders and other non-organic psychotic disorders. Analyzing the results of many clinical trials on both prognosis and quality of life, we identify these disorders' disabling nature (Bell, Raihani, & Wilkinson, 2021). The existence and persistence of crucial and defining symptoms need to be certified for non-organic psychotic disorders, as one would do for other pathologies (Freeman, 2016; Bebbington & Freeman, 2017). In this context, most national and international healthcare systems' guidelines classify the delusional idea as a main symptom (Munoz-Negro *et al.,* 2018). Along with the dominant idea, the compulsive/obsessive idea and the prevalent idea, the delusional idea belongs to the content-thought disorders (Fernandes *et al.*, 2018).

In search of a more accurate and complete characterization, the delusional idea is defined as the result of inaccurate and abnormal interpretation of external reality in, despite evidence of the contrary (Picardi *et al.,* 2018). This manifestation's phenotypic variability is explained and conditioned by the presence of incompletely elucidated predisposing and/or favouring biological, neuro-psychic and socio-cultural factors (Heslin, Desai, & Lappin, 2016). All these characteristics allow a crude classification into expansive, macromanic delusional ideas (grandeur, invention, erotomanice, mystical, filiation, reform), micromanic delusional ideas (persecution, jealousy, relationship, guilt, hypochondriac, prejudice), mixed delusional ideas, which evolve against the back-ground of an ambiguous emotional tone (of interpretation, influence, metaphysical ideas) (Kovess-Masfety *et al.*, 2018). Delusional ideas can be systematized and unsystematized. The former is usually limited to well-described areas and usually associated with an unmistakable sensation and the absence of hallucinations, in contrast to others that extend to several areas of life, the patient usually presenting at the same time: mental confusion, hallucinations and a degree of affective lability (Narita, Stickley, & DeVylder, 2020).

Over the years, more and more limitations and/or constraints are identified in therapeutic approaches specific to psychotic disorders (Bebbington *et al.*, 2017). This mechanism also mentions that there is no total and active involvement in establishing all the particularities of the case (Bronstein *et al.*, 2019). Simultaneously, although the exact role of the deficiencies of the psychometric evaluation of delirium is not fully demonstrated, some data correlate certain particularities of psychologists and psychiatrists' reasoning with the induction and/or maintenance of delusional ideas (Paolini, Moretti, & Compton, 2016; Ifteni, Szalontay, & Teodorescu, 2017). These deficiencies refer to certain superficiality in collecting

and debating hypotheses presented by patients (Gonzalez-Rodrigue & Seeman, 2020). Supporting the theory that the content-thought disorders are phenomena of psychopatology differentiated by the aberrant character and deviating from the typical path of thinking and reality, striking both the interlocutor and the doctor, this review aims to review the context sociocultural and confessional impact of these clinical entities (Szalontay *et al.*, 2015).

Literature review

The impact of socio-cultural factors on delusional ideation

According to the World Health Organization (WHO), *quality* of life is defined as "an individual's perception of his or her position in life in the context of the cultural and value systems in which he or she lives and concerning his or her standards, goals, concerns and expectations." (Kovess-Masfety *et al.*, 2018). As the main symptom of many psychiatric pathologies, delusional ideation strongly impacts the functionality and socio-familial integration (Bell, Raihani, & Wilkinson, 2021). There are nuanced differences between the content of delirium in women compared to men, in the sense that the former register a predominance of delusional ideas of gran-deur and jealousy, explained by the lower frequency of forms of hebephrenic and cata-tonic schizophrenia (Gonzalez-Rodrigue *et al.,* 2020). Simultaneously, due to the older age of onset in terms of schizophrenia disorders in women, they have a higher level of socio-familial integration than men (Fernandes *et al.*, 2018).

The clinical-evolutionary pattern is frequently correlated with social status and educational level (Petkari, Mayoral, & Moreno-Küstner, 2017). However, no statistically significant differences are established in quantifying these patients' prognosis and quality of life (Anandakumar *et al.,* 2017). Compared to a particular cultural group, delusional ideation can be considered and accepted both as a manifestation of idiosyncrasy and as a particular state of a limited number of subjects (Bronstein *et al*, 2019). Compared with psychotic disorders developed in adolescence and adulthood, those occurring in old age are associated with a higher morbidity and mortality rate (Kaminska, Pshuk, & Martynova, 2020). This age group identifies with the synergistic action of cognitive decline, negative experiences over the years and impaired general health (Narita, Stickley, & DeVylder, 2020). In this late-onset, the role of pre-educational, occupational and professional functioning is discreetly highlighted by the literature (Tampi *et al.*, 2019).

Until recently, it was considered that the cultural aspect has only a pathoplastic effect on the central biological pathogenesis of psychotic disorders by modulating the symptoms (Kovess-Masfety *et al.*, 2018). The pathoplastic effect of culture on delusional ideas is a topical scientific concern, and an additional important tool in under-standing mental illness. It is currently accepted that the prevalence and

form of psychotic phenomena, in this case, delirium, is significantly influenced by cultural patterns (Morioka *et al.*, 2019).

Recently, other essential effects on the evolution of these pathologies have been highlighted, such as the path selective effect, with the selection of reaction models; the pathogenic effect, by the action of the causative agent in the generation of the disease; the pathological effect with the stimulation of behavioural reactions dependent on cultural reinforcements; the pathofacilitative and pathorective effect, with the influence of perception and reaction (Anandakumar *et al.*, 2017).

Syndromes that have "cultural specificity" or "culture-related" are defined as clinical entities in people belonging to specific cultural communities, in well-defined geographical areas. These include syndromes: Amok, Malaysia, Delirious Buffet (delirious hot flush), West Africa and Haiti, Qi-Gong, China, Spell, African-Americans and European-Americans in the southern United States and WINDIGO, in the Indians of northern Canada (Morioka *et al.*, 2019).

Table 1. Cultural psychotic syndromes

Name	Characteristics
AMOK	A dissociative episode characterized by a period of latency followed by the outbreak of violent, aggressive or criminal behaviour directed at people and objects. The episode is often accompanied by an idea of persecution; automatism, amnesia, exhaustion, and a return to the premorbid state following the episode.
BOUFFEEDELIRANTE	A sudden outburst of frantic or aggressive behaviour, pronounced confusion, and psychomotor disorder. It can sometimes be accompanied by visual and auditory hallucinations or paranoid ideation. The episodes can be likened to an episode of a short psychotic disorder
QI-GONG	Acute episodes, limited in time, characterized by dissociative, paranoid, psychotic or nonpsychotic symptoms, which may occur after participating in the famous Chinese health-enhancing practice called qi-gong (exercise of vital energy). More vulnerable are people who become too involved in this practice.
SPELL	A trance state in which people "communicate" with deceased relatives or spirits. Occasionally the condition is associated with short periods of personality change. Spells are not considered to be medical events in popular tradition but can be misinterpreted as psychotic episodes in the clinical setting.
WINDIGO	Psychosis in which the patient believes in the spirit of windigo, which feeds on human flesh and can, by possessing a person, force him to do the same. Some patients may attak and eat other people.

The impact of religious factors on delusional ideation

Although there is an increasing decline in religious practices in some regions of the globe, globally, the prevalence of delusional ideas with religious content remains high (Duno *et al.*, 2020). Compared to the general population, the active involvement of patients in public religious activities is much reduced. However, religiosity continues to play an essential role in everyday life by imprinting a heterogeneous spectrum of delusional ideas, from the grandiose ones - in which most consider themselves to be God, saints or angels, to the persecuting ones - in which asserts the belief that they and those around them are being persecuted and punished by various demons (Pietkiewicz, Klosinska, & Tomalski, 2021).

Three main types of addictive/ "religion-related" and related delusions are reported: religious themes - possession, sin, prayer; religious figures: - God, Jesus, the prophet, the devil; and the supernatural - black magic, spirits, demons, witchcraft, ghosts, witchcraft, voodoo (Mizuno *et al.*, 2018). Unlike the delusion of Protestants and Muslims in which ideas about the supernatural predominate, in Catholics, the delusion is centered on sin and guilt (Ventriglio *et al.*, 2018). Some cultures encourage patients with psychotic disorders to practice "faith healing" and not consult with a psychiatrist. At the same time, it is noted that spiritual leaders have much greater influence in coordinating exorcism practices in these societies (Kovess-Masfety *et al.*, 2018).

Several recent multicenter and meta-analysis studies that have measured the interpersonal reactivity index have identified in patients with schizophrenia a difficulty processing emotional and cognitive states, inducing an increase in personal suffering (Marriott *et al.*, 2019). The direct proportional correlation between religiosity and the empathic component of delusional ideation is demonstrated (Triveni, Grover, & Chakrabarti, 2017).

Highlighting the positive symptoms of psychosis is related to certain experiences and neuro-cognitive changes developed in patients' social interactions (Noort *et al*, 2018). Thus, it is considered that the religious factor functions as a buffer in the clinical evolution of psychoses (Kiran & Chaudhury, 2018). Frequently, there is predominance proportionally direct to the delusional mystical-religious ideation with the level of education, socio-familial status assessed based on professional status, marital status and entourage, and the quality of practitioner, non-practitioner or atheist to religious denomination (Ventriglio *et al.*, 2018). It is difficult to draw a line between "normal" religious beliefs and "pathological" religious illusions in clinical terms (Triveni, Grover, & Chakrabarti, 2017). Freud suggested that "all religious beliefs are delusional" (Mizuno *et al.*, 2018). Religious beliefs and psychoses can be pathological, but beliefs go beyond the scientific sphere (Munoz-Negro *et al.,* 2018).We can easily classify them as delusions from a rational perspective, but a religious belief has its characteristics, its cultural influences, and requires detailed study when it comes to clinical practice (Noort *et al.*, 2018).

Methodology

In order to highlight the importance of the sociocultural and confessional dimension on the content of delusional ideation identified in non-organic psychotic disorders, we conducted a retrospective study using data published in the last five years in the literature.

Achieving the proposed objective involved accessing bibliographic resources related to the PubMed and MEDLINE databases, reference tools for medical research and practice. In this regard, the scientific data were reviewed, represented by books and articles published only in English and indexed in the period 2016-2021.

In the selection of documents were used as search keywords: delusional idea, socio-cultural factors, religious factors, nonorganic psychotic disorders and then combinations of these. At the same time, in order to identify the number and scope of publications that studied the impact of sociocultural and religious factors on the diagnostic and therapeutic management of delusional behavior in a non-organic psychotic context, all the conditions imposed by scientific research were observed.

Starting from the evaluation of the concept of delusional ideation in psychiatric pathology, we identified a total of 693 articles. Applying sequentially the inclusion and exclusion criteria established by the specifics of this study, the number of publications was reduced to a total of 18.

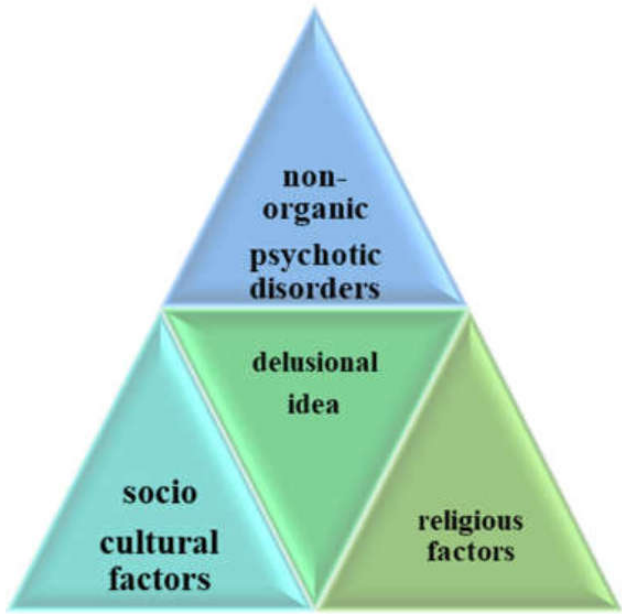

Figure 1. The sequential selection process

Results

The prevalence of delusional ideation in non-organic psychotic disorders

Of the total of 2008 bibliographical references that had as central subject the evaluation of the impact of delusional ideation in psychiatric pathology, approximately 35% (693) were published in the last 5 years. Compared to the prevalence and incidence of psychotic disorders, the literature reveals that this topic has been addressed in over 60% (444) of studies in recent years. There is a preponderance of research aimed at the non-organic spectrum of psychotic disorders (240). At the same time, there are no statistically significant differences in terms of the share and dynamics of publications in the two electronic databases considered (*Figure 2*).

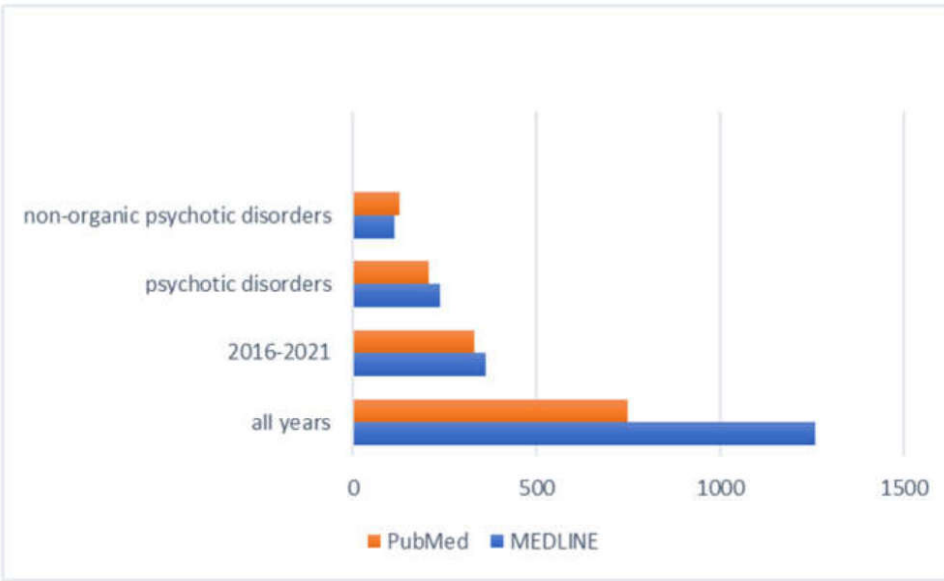

Figure 2. Evaluation of delusional ideation in psychotic disorders

Evaluation of delusional ideation in a socio-cultural-religious context

During the study period, the role of sociocultural and religious factors on the evolution and content of delusional ideation was debated in 105 publications (42 in MEDLINE and 63 in PubMed, respectively), representing 15.15% of the total identified bibliographic resources. Thus, analyzing step by step, a preponderance of research directed at religious factors is found (62). While 43 studies addressed only the influences of sociocultural factors on delusional behavior, the combined role of all factors discussed in the present research was captured in a total of 18 articles

(*Figure 3*). At the same time, there is an intensification of over 80% of studies that mainly analyze the clinical-evolutionary variability in the socio-cultural context of schizophrenia, as a prototype of non-organic psychotic disorders.

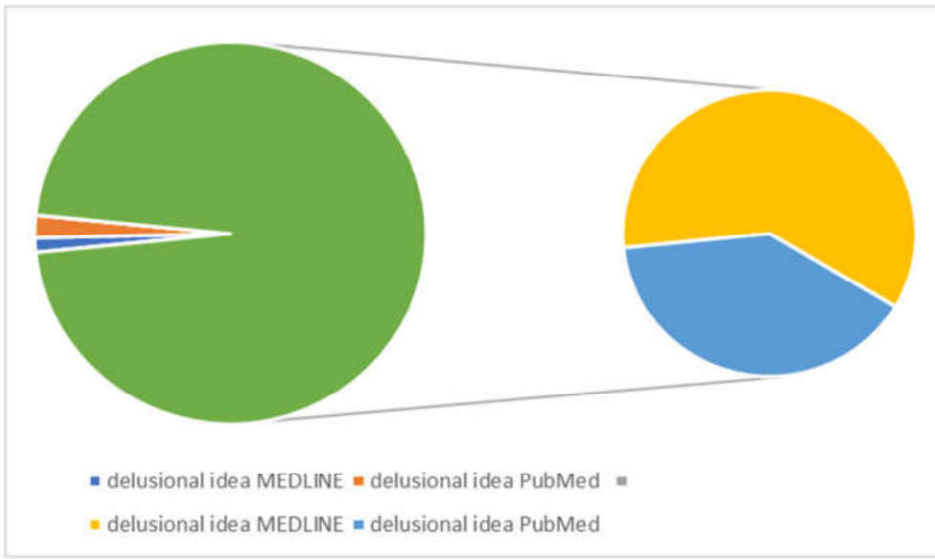

Figure 3. Evaluation of sociocultural and religious factors

Discussion

An "unlikely belief," the delusional idea still seeks its precise definition (Park & Kang, 2016). In this sense, over the years there have been numerous interdisciplinary approaches designed to characterize much more accurately and completely this important symptom of psychiatric pathology (Bell, Raihani, & Wilkinson, 2021). Following the evolution of theories of conceptualizing the delusional idea, it is found that the debates were dynamic in the period 2016-2021. In this context, the two electronic databases, MEDLINE and PubMed, accessed for the present study totaled 693 articles from a total of 2008 publications, articles that approached differently the heterogeneity of this clinical manifestation (*Figure 2*). More and more psychotherapists indicate the delusional idea as a mark of organic and inorganic psychotic disorders, pathology with a particularly negative impact on public health systems in both developing and developed countries (DeVylder *et al.,* 2018). This hypothesis is also verified by the current analysis that objectified an increased interest for the non-organic spectrum of the respective group of diseases (*Figure 2*).

Starting from the clinical and paraclinical observations according to which the content of delusional behavior is strongly influenced by numerous biological,

demographic, social, cultural and religious factors (Lancellotta & Bortolotti, 2018) this review identifies, in recent years, an increasing interest increased in assessing the adaptive capacity of delusional ideation. However, the results obtained are modest in terms of approach from a socio-cultural perspective compared to the confessional, religious (*Figure 3*). Thus, the limits of diagnostic and therapeutic strategies can be explained by the inability to restore intrapsychic coherence, directly proportional to the changes in the socio-cultural environment (Denzel *et al.,* 2018).

Despite the fact that there are no concrete data to differentiate the clinical features of patients in relation to belonging to a particular social group, however, seven of the 18 studies relevant to this research partially demonstrate the importance of issues related to ethnicity, geographical area, level educational and economic, on optimizing the psychometric evaluation. Synthesizing the hypotheses of the most recent publications in the field, the need for unitary quantification of these factors in starting and shaping the perspectives of new research to standardize clinical protocols is supported. At the same time, the main observation that emerges from the present study should not be ignored, namely that there is no clear, clear delimitation of social factors from religious ones. Most of the time they intertwine. Thus, it is understood why people with a modest socio-cultural status, frequently develop ideas of persecution with a religious content dominated either by the theme of sin, possession, or that of supernatural powers. In contrast, people from socially and culturally developed backgrounds will manifest ideas dominated by religious figures: prophet, saints.

Analyzing the dynamics of research published in the last five years, it can be argued that delusional ideation remains a topic of interest in the diagnostic and therapeutic management of all mental disorders, with a focus on non-organic psychotic disorders. Thus, unlike the epidemiological and etiopathogenic context, this symptom plays an important role in the strategies approached by specialists in the field.

Conclusion

Numerous advances in the psychometric assessment of organic and non-organic psychotic disorders are currently being quantified. However, the final results that aim to improve the prognosis and implicitly the quality of life of these patients do not identify the expected effectiveness. Numerous studies conducted to characterize the phenotypic pattern of delusional ideation, as the primary symptom associated with non-organic psychotic disorders, indicate a cross-cultural variability that involves differentiation of preventive and therapeutic strategies. Careful and complete management of the interaction of biological, social and cultural factors in addressing psychiatric pathology will determine the implementation and development of more specific and sensitive interventions

in establishing personalized diagnostic and therapeutic protocols. To fulfill this goal, it is necessary for mental health professionals to actively identify changes in patients' behaviours depending on the psycho-socio-cultural context in which they find themselves.

Recommendations

This review brings in focus the role played by sociocultural and confessional factors in modulating the content of delusional ideas manifested in the context of non- organic psychotic disorders. At the same time, starting from the observed results, their impact on the prognosis of these mental disorders is supported, and the following recommendations can be stated:

1) in the psychometric evaluation of non- organic psychotic disorders it is necessary to observe the general guidelines and instruments imposed by international protocols with the gradual addition of specific mechanisms conditioned by internal and external predisposing factors;
2) conducting prospective studies to highlight the peculiarities of delusional ideation in the spectrum of mental illness and establishing correlations with the independent and synergistic action of social, professional, educational, confessional and cultural factors of patients included;
3) actively researching the multidimensionality of delusional ideation with the identification and establishing relational patterns between the content of delusional ideation and socio-familial and cultural-religious parameters, in order to create a holistic approach for the patients.

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