

Comprehending Dilusion and Central Clinical Symptom

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INTRODUCTION

A delusion is a fixed conviction that in the light of contradictory facts, is not likely to change. As a disease, it varies from a belief based on inaccurate or unreliable knowledge, confabulation, dogma, delusion, or any other deceptive perceptual impact. In several pathological states, delusions have been shown to occur (both general physical and mental) and are of particular diagnostic significance in psychotic disorders such as schizophrenia, paraphrenia, bipolar disorder depressive episodes, and psychotic depression [1].

CAUSES

It remains difficult to understand the causes of delusions and many hypotheses have been developed [2]. One is the genetic or biological hypothesis, which suggests that there is an increased risk of psychotic characteristics for close relatives of individuals with delusional disorder. The dysfunctional cognitive processing, which states that delusions can emerge from distorted ways in which people have to justify life to themselves is another theory. Motivated or defensive illusions are considered a third hypothesis [3]. This states that in those moments when dealing with life and maintaining high self-esteem becomes a major challenge, some of those people who are predisposed can experience the onset of delusional disorder. In this situation, in order to maintain a healthy self-view, the individual sees others as the source of their personal difficulties [4-6].

CONCLUSION

Delusions are a central clinical symptom of psychosis and are of particular concern for schizophrenia diagnosis. They also occur

in a number of other disorders (including brain injury, intoxication and somatic disease), although they are prevalent in many psychiatric conditions. Delusions are important precisely because they make sense to the believer and are assumed to be obviously real, often making them immune to alteration.

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