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WHY HAS DELUSION NOT BEEN DEFINED INDEPENDENT OF CONTEXTS?

A view from Japanese psychopathology

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Abstract

Delusion has long stood as a central symptom in psychiatric diagnosis; however, its definition remains elusive. To begin with, the present article offers a brief review of historical and contemporary efforts to conceptualize delusions, highlighting contributions from pre-modern cultural observations to seminal works by psychiatrists such as Jaspers, K. Schneider, and M. Spitzer. Despite these endeavors, the definition of delusion continues to rely on folk-psychological and commonsense judgments, introducing a degree of indeterminacy. Focusing specifically on persecutory delusions and analogous anomalous judgments, the article then examines the challenges in distinguishing delusional from non-delusional thoughts, particularly

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within varying cultural contexts. This leads to an exploration of how sociocultural conditions influence the formation and interpretation of delusions, drawing upon studies by Japanese psychopathologists. These investigations underscore the importance of cautious and detailed sociocultural consideration in the analysis of delusional phenomena. In conclusion, the article argues that in our increasingly interconnected world, where sociocultural boundaries are fluid, incorporating cultural sensitivity into the understanding and diagnosis of delusions is not only beneficial but essential.

Key words:

Persecutory delusion, psychopathology, diagnosis.

Introduction

Delusion has been one of the key issues in psychiatric symptomatology. In addition, the concept of delusion seems to have its roots in the observations of disordered thought and judgment in each culture, which are older than modern psychiatry. As German Berrios (1996) points out, Thomas Hobbes (1651) and John Locke (1690) already observed disorders in the intellectual realm. The term *délire*, which has been culturally rooted (Ascoli, 2025), gradually differentiated into more specific technical terms during the nineteenth century (Adamis et al., 2007; Berrios, 1996). In Japan, delusion, or Wahn, was translated into *mousou* (妄想) when modern psychiatry was imported (Miyamoto, 1982). This term was borrowed from *mouzou* (妄想), which meant the “wrong idea” or the presumption of a nonexistent being in Buddhism tradition (Miyamoto, 1982; Nakamura, 1975).

Despite this long history of delusion, its definition remains elusive. Therefore, it still requires investigation. In this article, I first review the attempts to clarify the concept of delusion in modern psychiatry. Next, I inspect why no comprehensive or complete definition of delusion has been provided. Then, taking persecutory delusion as an example, I examine how the concept of delusion is unavoidably related to sociocultural factors. It should be noted that current social conditions pose some new challenges to studies on delusion, so I explore how such challenges should be faced. In doing so, I

touch on some studies conducted by Japanese psychopathologists on the relationship between sociocultural conditions and anomalous beliefs, including delusions.

A history of the concept of delusion and the difficulties accompanying it

In studying the concept of delusion, we must mention Karl Jaspers (1962), who was famous for having presented the triad of delusion: (1) subjective certainty, (2) imperviousness (in corrigibility), and (3) impossibility of contents. However, these are, as Jaspers himself admitted, the “external characteristics” (Jaspers, 1962, p.95) of what people call delusions. More specifically, he focused on primary delusions (or delusion proper). Jaspers stated that the “[primary experiences of delusion] remain largely incomprehensible, unreal, and beyond our understanding.” (Jaspers, 1962, p. 98) Thus, he construed non-understandability or incomprehensibility as the hallmark of primary delusions. Although our understanding is basically reasonable, it has vague and subjective sides.

Some later psychiatrists attempted to clarify Jaspers’ concept of incomprehensible primary delusions. Kurt Schneider (1959) focused on a specific type of delusion, namely, delusional perception. Schneider stated: “[Delusional perception] may be considered to have two links: the first from the perceiver to the perceived object and the second from the perceived object to the abnormal interpretation” (Schneider, 1959, p. 110). He claimed that this was the clear structural criterion independent of the contents of delusions. However, Manfred Spitzer (1988) criticized that the criterion of the abnormal interpretation by Schneider was still subjective. Spitzer observed that everyone is normally convinced of one’s own mental state, whereas it is delusional if one is absolutely convinced of intersubjective or objective facts in the same way (Spitzer, 1988). However, as noted by Takashi Ikuta (2003) in Japan, Spitzer’s definition of delusion could not exclude common sense. Ikuta mentioned philosopher George E. Moore’s list of commonsense propositions (Moore, 1993), some of which are as follows: “There exists at present a living human body, which is my body. [...] The earth had existed [...] for many years before my body was born [...]. I am a human being [...]. In the case of very many of the other human bodies [...], each has been the body of a different human being, who has [...] had many different experiences [...].” (Moore, 1993, pp. 107–108). These do not refer to one’s own mental states, but are

absolutely certain for us, and thus inadvertently satisfy Spitzer's criterion. This research history of delusion reveals the difficulty in defining delusion clearly.

Then, why has delusion not been defined purely formally or analytically? It should be noted that delusions are different from deductively or analytically false propositions. In fact, this has been repeatedly stated by many psychiatrists. (Ikuta, 2003; Nakayasu, 1986; Spitzer, 1989) For example, “ $93 - 7 = 87$ ”. We often encounter such instances in patients with cognitive impairment or dementia; however, these are not delusions. Next, “If A, then B. But A is false. Therefore, not B”. We often fall prey to such a logical fallacy. This is wrong but it's not a delusion. By contrast, claims such as “everyone hates me” cannot be refuted deductively, but are often classified as delusions. All these examples support the idea that delusions are not equivalent to deductively or analytically false propositions. Furthermore, because delusions do not make up a group of propositions that are analytically false, they cannot be defined analytically: the assumption that delusions can be defined analytically leads to a paradox (Kumazaki, 2008; 2023).

Persecutory delusion and sociocultural contexts

Because delusion cannot be defined as a whole, I would like to limit the scope of the argument. Let us look at Spitzer's definition again and try to examine the concept of persecutory delusion. Spitzer (1988) stated that delusions are “statements which are uttered formally like statements about a mental state, whose contents, however, are not mental states but rather intersubjectively accessible (“objective”) facts.” (Spitzer, 1988, p. 132) However, it should be noted that states or facts that are not one's own mental states are diverse. I would like to express such diverse states and facts metaphorically using figure 1 (Kumazaki, 2008). The first sphere (i) represents person A's mental state. The second sphere (ii) is accessible from A. Outside of that (iii) is not accessible or observable from A. In addition, Person B also has spheres of experiences. Therefore, this metaphorical space is further divided. Region 1 of experience is beyond doubt for A, and B does not doubt it. Region 2 is certain for A, but B can access and verify it. Region 3 is the world commonly accessible from each of them. Region 4 is certain for B, but A can access and verify it. Region 5 is inaccessible for A, whereas B is authoritative about it.

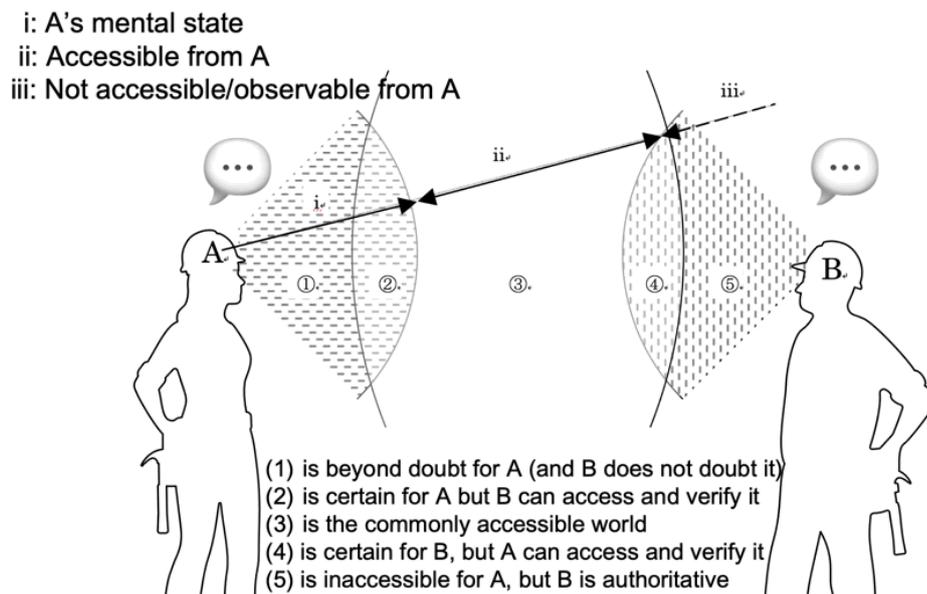


Figure 1 (modified from Kumazaki, 2008)

In this figure, regions 2 and 4 indicate that one's subjective experiences and others' external, objective views about them are interconnected. In her famous monograph on intention, philosopher Elisabeth Anscombe (1963) examined a hypothetical case of contamination. She argued that if one has been hired "to pump the water, knowing it was poisoned", then "it is not an acceptable account if he says «I wasn't intending to pump poisoned water, only to pump water and get my hire »" (Anscombe, 1963, p. 44). In this case, as she stated, "the idea that one can determine one's intentions by making such a little speech to oneself is obvious bosh" (Anscombe, 1963, p. 42). Therefore, the contents and scope of our intentions are determined by not only our own subjective experiences, but also the objective and normative views of others. In addition, Anscombe's thought experiment shows that the boundaries between these regions drawn in the figure are dependent on social norms and conventions.

The next problem in the figure is with region 5. Normally, that region is not accessible for A, and B is authoritative about it. However, what would happen if A said something decisive about B's first-person experiences? This amounts to a persecutory delusion. Put differently, the expression of a persecutory delusion results in the denial of the targeted person's first-person authority over their intention (Kumazaki, 2008, 2015). This is an attempt to define persecutory delusion formally. Nevertheless, this is not an analytical definition. As has been stated, this concept of persecutory delusions depends

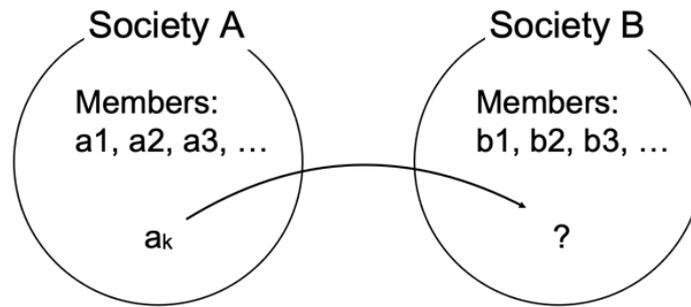
on our social norms and cultural conventions regarding human intention. Furthermore, it does not entail any disease entities. For a differential diagnosis between primary delusions in schizophrenia and delusion-like ideas in other delusional or paranoid disorders, how the structure presented in the figure is violated or demolished needs to be examined in greater detail (Kumazaki, 2015).

Although the main theme of the present article is individual psychopathology, it is related to sociocultural factors. For example, Mitsue Shimizu (2004, 2006) spotlights a subtle difference within patients who have shared delusions. Some of them mainly state that “We are persecuted”, whereas others mainly state, “I am persecuted”. Shimizu found that this difference correlates with their diagnoses, and that each type has a specific solipsism or egocentrism.

By contrast, Makoto Daiguji (2006) compared delusions with proper religious beliefs and remarked that sound religious beliefs coexist with self-reflective doubt about one’s own beliefs. He adds that such doubt helps believers communicate their beliefs and reconcile with the secular common sense. These features contrast with those of delusions.

Social changes that make the definition of delusion more difficult

I would like to turn to the next issue then. What would happen if existing social conventions were no longer universally accepted? Imagine a small rural town divided into two areas. The members of both areas were very warm and kind to strangers, but the members of one area said, “Never go around with such rogue people! They would do much harm to you!” about the other community. If a person in one of these communities went to the other, would that person have a persecutory delusion? (see Figure 2). I do not have a convincing answer to that question.



- If a person in one of these communities went to the other, would that person have a persecutory delusion?

Figure 2.

In addition, today's social conditions are becoming increasingly complex. In contemporary society, people are no longer separated by geographical boundaries. Each member, represented in figure 3 as *a*, *b*, *c*, and so forth, belongs to a different set of subcultures (S1, S2, ...). Therefore, each member has a different set of "common sense" views (Figure 3). Of course, this is a very simplified model, and reality is far more complex. However, what would happen if some persons belonging to different sets of subcultures and having different sets of common sense met each other? For example, person *a* belongs to subcultures S1 and S2, but not S3. By contrast, person *b* belongs to subcultures S1 and S3, but not S2. Then, from the perspective of *a* (Figure 4a), S3 is not the commonsense view, and *a* feels that *b* enforces *b*'s idiosyncratic view as if it were common sense. From the perspective of *b* (Figure 4b), S2 is not the commonsense view, and therefore, *b* feels that *a* enforces *a*'s idiosyncratic view as if it were common sense. To sum up, both persons feel that the other is voicing a peculiar opinion publicly and intensely.

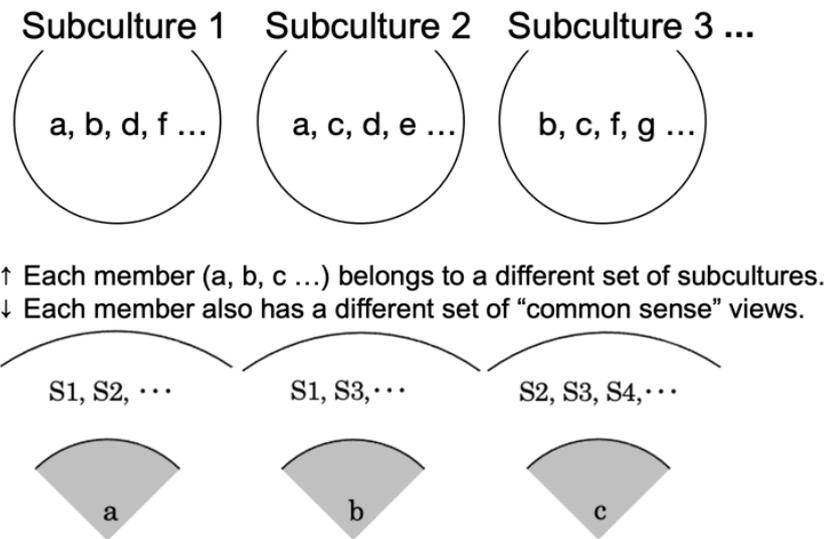


Figure 3 (modified from Kumazaki, 2007)

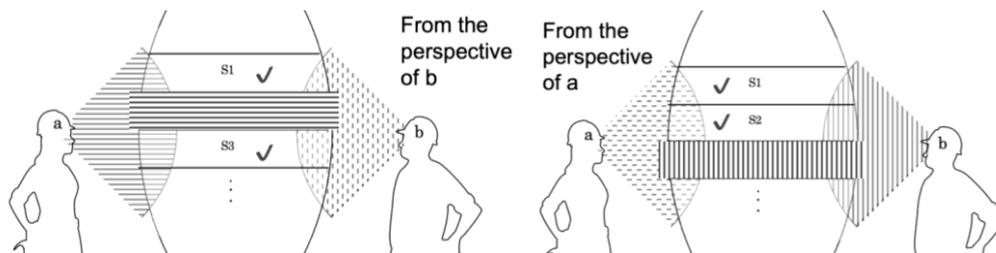


Figure 4a (left), 4b (right) (modified from Kumazaki, 2007)

In such a circumstance, humans tend to assume that we ultimately share the overarching common ground and social norms; however, this can be a double-edged sword. The hope for the possibility of an overarching norm serves as a starting point for negotiating and reconciling one another's views. On the other hand, the postulate of the common ground itself can be a cause for blaming the other party for not sharing the same view.

When I presented some of these figures in an earlier oral presentation just around the time that the first smartphones appeared, I stated that at least people commonly view TV shows. However, many people no longer watch TV, as the digital Internet era. Now, we can all freely forge anything in the virtual world! Therefore, it has become more difficult to differentiate between facts, fantasies, and delusions.

Along with these social conditions, conspiracy theories have been attracting increasingly more research interest. Recently, Kenjiro Fukao (2025) reviewed

psychological studies on conspiracy theories and observed that the psychological predispositions to conspiracy theories are similar to those to delusions. Regarding the difference, he noted that delusions tend to be caused by individual pathology, whereas conspiracy theories tend to be reinforced by an “echo chamber effect” (Fukao, 2025). That is, in conspiracy theories, people with similar opinions validate and strengthen each other’s views. Here, self-criticism is precluded, in contrast with Daiguji’s analysis of sound religious beliefs (Daiguji, 2006). This comparison advances research on both delusions and collective anomalous beliefs by illuminating the relationship between individual and social factors. Thus, studies on delusion and related conditions are ongoing.

Facing the paradoxes in dealing with delusions

The conceptual and cultural issues surrounding delusions have some clinical implications. Reiner Tölle (1996) advises taking a cautious approach to delusions, stating that “you should not try to argue with or persuade patients with delusion. You should not ignore or trivialize what they say either. And you should not pretend to endorse delusional experiences either” (Tölle, 1996, p. 187). Raymond Prince (1990) contends that patients with delusions often share at least some common cultural backgrounds, and that seeking such common ground is good in terms of a therapeutic alliance. These remarks suggest that clinicians should aim to validate patients without endorsing the contents of their delusions, and that balance between contradictory objectives is needed.

Fortunately, investigating paradoxes is somewhat of a cultural tradition. In classical India, Nāgārjuna (1995), among others, analyzed contradictions in the ever-changing world, and scrutinized how people should face them. Their ideas were later summarized, translated, and spread in East Asia, including Japan. Western philosophy also has a long tradition of studies on logical paradoxes. Current psychotherapeutic approaches have gained some insights from these Eastern and Western investigations of paradoxes, although a subtle balance in approaching delusions remains difficult to achieve. Theoretically, studies on paradoxes have evolved into cutting-edge non-classical logic (Priest, 2008) and some related disciplines. These approaches neither reject nor ratify inconsistent information but still limit the scope of arguments and avoid irrelevances.

These new branches of logic will, I hope, give us some clues for coping with beliefs inconsistent with those of our own.

Summary

We have reviewed the research history of delusions and confirmed that they cannot be defined analytically. Then, focusing on persecutory delusions, we discerned that the concept of delusions is inevitably connected with social and cultural contexts. We also observed that recent changes in sociocultural conditions have made it even more difficult to diagnose and treat delusions. Finally, we have seen that conceptual and cultural issues relate to difficulties in clinical approaches to delusions and explored how we may deal with such difficulties.

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