



Chronic Systemic Delusions



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Submission: July 22, 2018; Published: July 30, 2018

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Mini Review

Systematic chronic delusions were described in detail by French and German psychiatry of the nineteenth and early twentieth centuries. These delusions are part of the pictures of psychosis characterized by permanent delusions. It must be considered that delusional ideas are not only the beliefs and conceptions by which the themes of delusional fiction are expressed, such as persecution, grandeur, jealousy, but also delirious ideas are considered ideofective phenomena in which delusion takes shape, such as intuitions, illusions, interpretations, hallucinations, imaginative and passionate exaltation. These delusional ideas cannot be conceived as mere errors of judgment [1]. From the classification of Kraepelin and later with the works of Bleuler, many of these delusions became part of schizophrenia. However, French psychiatry maintained the description of chronic delusions outside the schizophrenia group. Nowadays, the nosographic studies of the great classical figures of French psychiatry of the nineteenth and early twentieth centuries are increasingly giving rise to a more biological, neurological and pharmacological psychiatry.

The psychiatric clinic certainly represents one of the great endeavors of human knowledge [2]. For the diagnosis and therapeutic management, it is important to return to the classification of chronic delusional psychotic disorders proposed by the French nosography, in which chronic delusional psychoses are presented without a deficient evolution in systematized delusional psychoses (paranoia), and with a deficient evolution in schizophrenia. This work proposes to address the chronic delusions systematized that develop without progressively compromising the adaptive capacities of the individual. Systematic chronic delusions are also called paranoid psychoses, they are generally very well organized, with rich and consistent histories. They maintain over time their content and richness of detail [3].

These delusions are directly connected with the construction of the personality of the delirious and develop with coherence and clarity according to Kraepelin. They present a logical construction, from false elements, which are Clérambault's

postulates of the delirious fable. Its evolution is insidious and progressive. Interpretations, delusional perceptions, hallucinatory activities, and fabrications, which are characteristic symptoms of these delusions, are reducible to pathological beliefs. Due to their systematic form, these delusions are relatively coherent and present themselves to those who are close to the delusional many times plausibly. Therefore, their power of conviction is great and may cause others to participate actively in delirium, as induced delusions. In the group of chronic delusions systematized are classified as delusions of passion and claim.

The claim concerns procedural plaintiffs who go to court because of their conviction that they have been harmed, they feel betrayed and wronged, and can often commit a crime against their enemies; to inventors convinced that someone stole an idea from him to passionate idealists who, in defense of just cause, may commit violent acts. In the group of passionate delusions are the delirium of jealousy, in which the individual is certain that he is betrayed in his love relationship; and the erotomaniac delirium, in which the individual has the conviction that he is loved by someone. In the evolution of this delirium, three phases are considered, a phase of hope, a phase of resentment and a phase of rancor. In this last one, the individual can commit a crime against who left it.

The psychosis clinic presents different modalities. The study of paranoia allows us to apprehend the particularities of delusional propositions. To regroup the set of psychoses under the sole term of schizophrenia is the attempt to maintain an organicist reading of mental illness [4].

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DOI: [10.19080/GJIDD.2018.05.555651](https://doi.org/10.19080/GJIDD.2018.05.555651)

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