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Living with Persecutory Delusions: A Clinical Profile of a 52-Year-Old Male

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ABSTRACT

This case report presents the clinical profile of a 52-year-old married Urdu-speaking Muslim male with persecutory delusions. The client's symptoms included auditory hallucinations, poverty of speech, and social anxiety, leading to significant distress and impaired functioning. The Growth, Anomalous Experience, and Formulation (GADF) model of persecutory delusions by Daniel Freeman et al. provided a conceptual framework for understanding and addressing the client's symptomatology. Formal and informal assessments, including Brief Psychiatric Rating Scale (BPRS), PANSS, mental state examination, and behavioral assessment, were utilized to propose the intervention plan. The results showed suspiciousness and persecutory beliefs. Short-term goals were proposed to alleviate distress, improve sleep quality, and provide support, while long-term goals focused on challenging delusional beliefs, improving interpersonal relationships, and enhancing coping strategies. The case underscores the importance of a collaborative and holistic treatment approach to effectively manage persecutory delusions and enhance the client's long-term prognosis.

INTRODUCTION

The existence of persecutory delusions is the defining characteristic of Delusional Disorder, Persecutory Type, which is a mental health disorder that is both uncommon and fascinating. Psychotic disorders are characterized by a persistent and fixed belief that one is being targeted, harmed, or conspired against by others, despite the absence of any substantial evidence to support these beliefs (American Psychiatric Association, 2013; Lincoln & French, 2024). This disorder is classified as a psychotic disorder and falls under the category of psychotic disorders. There are many different manifestations of persecutory delusions, which are a major element of delusional disorder. Some examples of these delusions include the perception that one is being watched, spied upon, or exposed to malevolent intent. People who suffer from the Persecutory Type of Delusional Disorder frequently feel great anguish and impairment in a variety of aspects of their lives, including their ability to function socially, their professional careers, and their relationships with their families. According to Freeman et al. (2019), the persistent character of these persecutory delusions might lead to major hurdles in terms of therapy and management.

The field of study on Delusional Disorder, Persecutory Type, has witnessed considerable breakthroughs in diagnostic criteria, knowledge of underlying processes,

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and treatment methods over the course of the previous five years. For the purpose of enhancing clinical practice and improving outcomes for persons who are afflicted by Delusional Disorder, Persecutory Type, the purpose of this article is to present an in-depth summary of the most recent research and advancements in the diagnostic, treatment, and management of this disorder. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which was published by the American Psychiatric Association in 2013, those who suffer from Delusional Disorder, Persecutory Type are considered to have primary psychotic disorder. The existence of non-bizarre delusions that are largely of a persecutory nature is the defining characteristic of the condition. According to Bentall et al. (2001), non-bizarre delusions were defined as beliefs that might be credible in real-life conditions, despite the fact that they continue to be strongly held despite the presence of opposing evidence.

One of the most common characteristics of persecutory delusions is the perception that one is being targeted, hurt, plotted against, or spied upon by other people. It is possible for these beliefs to cause a person to experience great discomfort and to hinder their capacity to function in their day-to-day existence. The fact that the delusions are not caused by the effects of narcotics, physiological illnesses, or other mental diseases highlights the significance of making an appropriate differential diagnosis. In comparison to other types of psychotic diseases, Delusional Disorder, Persecutory Type is a very uncommon condition. According to Freeman et al. (2019), the prevalence of this disorder is estimated to be somewhere about 0.2% in the general population. The illness is diagnosed more frequently in the middle to late stages of adulthood, with the median age of onset generally occurring in the middle of the 40s. There appears to be a somewhat greater frequency of Delusional Disorder in women than in males, and it is possible that cultural influences impact the content and themes of the delusions experienced by persons who come from diverse ethnic backgrounds. On the other hand, further study is required to investigate the possible cultural differences that may exist in the appearance of persecutory delusions (Cressot et al, 2024).

Despite the fact that the actual cause of Delusional Disorder, Persecutory Type, is yet unknown, it is thought that a number of different variables contribute to the development of this disorder. Both the beginning and the progression of the condition have been linked to a number of different variables, including neurological abnormalities, environmental stresses, and genetic factors. According to the findings of certain studies, the pathophysiology of persecutory delusions may be influenced by abnormalities in the neurotransmitter systems of dopamine and serotonin. According to Freeman et al.'s 2019 research, the development of persecutory delusions has also been linked to dysfunction in parts of the brain that are connected to the control of emotions, the perception of threats, and the creation of beliefs. These regions include the prefrontal cortex and the amygdala.

Obtaining an accurate assessment and diagnosis of the Persecutory Type of Delusional Disorder is absolutely necessary in order to effectively treat and manage the condition. The process of assessment includes doing a thorough analysis of the individual's medical history, the symptoms that are currently being experienced, and the functional impairment levels. A frequent method for assisting in the diagnosis is the utilization of structured clinical interviews. Some examples of these interviews are the Brief Psychiatric Rating Scale (Overall & Gorham, 1988) and the Structured Clinical Interview for DSM Disorders (SCID). In addition, the Positive and Negative Syndrome Scale (PANSS) and other rating scales offer a quantitative measurement of the intensity of symptoms. These scales can be helpful in monitoring the progression of treatment and assessing the results of treatment (Kay et al., 1987).

In order to effectively manage Delusional Disorder, Persecutory Type, it is necessary to employ a therapeutic strategy that is both multimodal and customized. According to the DSM-5, there is no particular pharmacological therapy that has been authorized for Delusional Disorder; nevertheless, antipsychotic drugs may be used in order to ease symptoms associated with the disorder and diminish suffering. The reaction to medicine, on the other hand, might vary from person to person, and physicians need to carefully assess the advantages of the prescription against the potential adverse effects. It is imperative that the treatment strategy include psychological therapies as one of its components.

Through the identification and modification of maladaptive thinking processes, cognitive-behavioral therapy (CBT) has demonstrated that it has the potential to effectively combat persecutory dissociations. (Freeman, 2006) Cognitive behavioral therapy (CBT) is centered on the provision of coping methods to the person in order to manage discomfort and develop problem-solving abilities. Communication and interpersonal functioning are frequently impaired in people who suffer from delusional disorder; therefore, training in social skills can be of great assistance in improving these aspects of functioning. Additionally, according to Fear et al. (1996), family therapy or couples therapy may be effective in addressing disputes that are connected to religious differences or in enhancing the dynamics of marriage and family relationships.

There are still a number of obstacles to overcome, despite the progress that has been made in research and treatment methods for the Persecutory Type of Delusional Disorder. Due to the rarity of the illness and the fact that it can manifest in a variety of ways, it is challenging to perform treatment studies on a broad scale, and there is a lack of information regarding the overall effectiveness of certain therapies. Furthermore, the stigma that is associated with psychotic diseases might prevent patients from seeking assistance, which can delay identification and intervention of the condition. According to Maina et al. (2001), it is vital to promote early diagnosis and access to care by increasing awareness and eliminating stigma through public education and advocacy programs for mental health. Elucidating the underlying neurobiological processes of persecutory delusions should be the primary focus of future research in order to discover possible targets for innovative therapeutic strategies associated with this condition. According to

Hassan (2024), longitudinal studies have the potential to give information on the progression and prognosis of the condition, which may then guide the creation of treatment programs that are specialized and personalized.

Case Presentation

The patient is a Muslim guy who is 52 years old, married, and speaks Urdu. He appeared with a number of symptoms that are cause for worry. He claimed having persecutory delusions, auditory hallucinations, inadequate speaking, and difficulties falling asleep. He also mentioned having problems falling asleep. In addition to this, he engaged in self-talk, laughed to himself, and exhibited conduct that was suspicious. Although the client's speech was unclear, which made it difficult to understand the problems he was experiencing, he was nevertheless able to get on some information. Not only did he have a weak appetite, but his mood was generally rather depressed. Additionally, the client experienced with social anxiety, which manifested itself as feelings of terror while interacting with other people. The auditory hallucinations he was experiencing were exacerbated by his assertion that he could hear an elderly guy speaking in his ears.

In a family with two sisters and four brothers, the customer is the fifth child to be born. The only person he had any kind of friendship with was his mother, and he had no other pals. Despite coming from a family with a joint arrangement and a moderate socioeconomic standing, he continued to be ignorant and unemployed throughout his life. In Lahore, he tied the knot, and he is the father of five children. He has been divorced from his wife for the previous five years, despite the fact that they were married. The fact that the client and his wife belonged to different branches of the Islamic religion was the root cause of the disagreements that occurred between them. The customer claims that his wife made many efforts to murder him, including poisoning his meals and using amulets. Some of these attempts were successful. He grew so terrified of her intentions that he fled his house nine times, sure that she had paid someone to murder him. He was convinced that she had hired someone to kill him. Despite the difficulties he encountered with his wife, the client was able to keep his connections with his siblings in a decent state. Prior to the onset of his symptoms, he was employed at the store that his father owned. However, his health deteriorated after his father passed away as a result of cardiopulmonary arrest.

Around seven years ago, the client began experiencing difficulties with his mental health, which prompted his older sister to send him to the hospital for diagnosis and therapy. Despite the fact that he was stable while taking medicine, the passing of his mother on account of a heart attack a year ago had a significant influence on him since he had a strong attachment to her. Following that, his illness became more severe, and at the present time, the client is being managed by medicine in order to treat the symptoms that are associated with the persecutory form of delusional disorder on his part.

METHOD

Research Design

The single case study research design is a qualitative research approach that focuses on in-depth investigation and analysis of a single individual or entity.

Sample

The study sample included a 52 years old man diagnosed with delusional disorder, specifically of the persecutory type.

Assessment

Informal Assessment

Behavioral Observation

During the course of the evaluation sessions, the Muslim guy who spoke Urdu and suffered from persecutory delusions and was 52 years old demonstrated visible psychological processes. He exhibited symptoms of anxiety, such as fidgeting, worrying, and acts that sought protection. As a result, he avoided relationships with other people, which only served to reinforce his conviction that other people were a threat to him. He struggled to keep focus and had a flat face, an uncooperative manner, and an easy tendency to become distracted. His attention and concentration were much affected that he struggled to maintain. When it came to his feelings, he had a restricted expression and a brusque performance. There was a lack of spontaneity in his speech; he responded short and with controlled phrases. Additionally, his voice level was low and his tone was inflexible, which suggested that he was struggling with emotional withdrawal.

Especially with regard to his wife's purported attempts to hurt him, his thinking was confused and nonsensical, and he regularly switched between different versions. He was certain that his wife intended to murder him, and he also reported having auditory hallucinations. The client was adamant in his belief that his wife was actively trying to kill him. He had poor insight and judgment on his illness, and he was unaware of the severity or nature of his problems, which might possibly cause difficulties in terms of therapy. His cognitive thinking looked to be slowed down throughout the testing, and he had difficulty comprehending the directions, which negatively impacted his performance on the evaluations.

Mental State Examination

It was determined that the client had substantial cognitive impairment based on their performance on the Mini Mental Status Examination (MMSE). The fact that he was unable to provide proper responses to questions about time (year, date, and day) indicates that his orientation to time was compromised. Working memory was another area in which he failed to do tasks. A further indication of the client's poor short-term memory was the fact that they had difficulties recalling three objects that had been provided earlier. In light of the fact that the client required monitoring around the clock owing to cognitive and functional limitations, it appeared that the client had a limited understanding of his situation. His judgment was also impacted, as seen by his guarded and suspicious demeanor, which may have been connected to the perceptual abnormalities he was experiencing when he was experiencing them. In general, the study of the client's mental state indicated considerable cognitive deficiencies, decreased interaction with the surroundings, guarded

mood, and suspiciousness. His handicap needs careful monitoring and attention in order to guarantee his safety and ensure that he felt well.

Formal Assessment

Brief Psychiatric Rating Scale

The Brief Psychiatric Rating Scale (BPRS) is a widely used psychiatric assessment tool designed to evaluate the severity of psychopathology in individuals with mental disorders. It was first introduced in 1962 by John Overall and Donald Gorham. The BPRS is commonly utilized in clinical and research settings to assess a broad range of psychiatric symptoms and their changes over time. The BPRS comprises 18 items, with each item representing a specific symptom or behavioral domain. The rating is typically done on a 7-point Likert scale, with anchors ranging from "Not present" to "Extremely severe." The clinician rates each symptom based on its frequency, intensity, and duration over a defined period, usually within the past week (Overall & Gorham,1988).

Positive and Negative Syndrome Scale (PANSS)

The Positive and Negative Syndrome Scale (PANSS) is a widely used clinical rating scale designed to assess the severity of symptoms in individuals with schizophrenia and related psychotic disorders, including delusional disorder. It was developed by Kay et al. in 1987 and has become a standard tool for evaluating the different dimensions of psychotic symptoms. The PANSS is commonly used in both clinical practice and research settings to quantify and monitor symptom changes over time. The PANSS consists of 30 items, which are grouped into three subscales: positive symptoms, negative symptoms, and general psychopathology. Each item is rated on a 7-point scale, ranging from 1 (absent) to 7 (extreme) (Kay et al., 1987).

Diagnosis

F22 Delusional Disorder, Persecutory Type (DSM 5-TR)

Case Formulation

The individual in question is a Muslim guy who speaks Urdu and is 52 years old. He has been diagnosed with persecutory delusions. Being the fifth child in a family with two sisters and four brothers, as well as belonging to a family with a middling socioeconomic class and a joint setup, are all characteristics that might increase the likelihood of developing the condition. He has no formal education and is now without a job. Additionally, he is experiencing marital difficulties due to religious disagreements with his wife, with whom he shares five children. The beginning of symptoms seven years ago, which led to his sister sending him to the hospital for treatment because to disagreements with his wife, who reportedly attempted to hurt him, is one of the precipitating reasons. Factors that contribute to the perpetuation of the problem include social isolation, which was made worse by the recent death of his close mother and the passing of his father, with whom he had worked. On the other side, protective variables include sibling relationships that are content and healthy. at order to successfully manage his illness, the patient is now undergoing therapy and medicines at the hospital facilities.

The GADF (Growth, Anomalous Experience, and Formulation) paradigm is applied to this case of persecutory delusions in a 52-year-old Muslim guy who speaks Urdu. A cognitive formulation is produced in order to get an understanding of the underlying elements that are leading to his delusions. During the formulation process, it is necessary to identify certain cognitive biases that contribute to the maintenance of his persecutory views. These biases include Jumping to Conclusions (JTC), emotional reasoning, hypervigilance to threat, and attributional biases. Delusions of being persecuted, auditory hallucinations, and social anxiety are all symptoms that the client feels. Additionally, the client incorrectly attributes internal feelings to external sources. A number of his painful events, including disagreements with his wife and the perception that he is in danger of losing his life, may have had a role in the formation of these peculiar experiences. The formulation of appropriate therapy and care for his illness may include addressing these cognitive biases and stressful interpretations in a collaborative manner (Freeman et al., 2000). This may be a key component of the formulation.

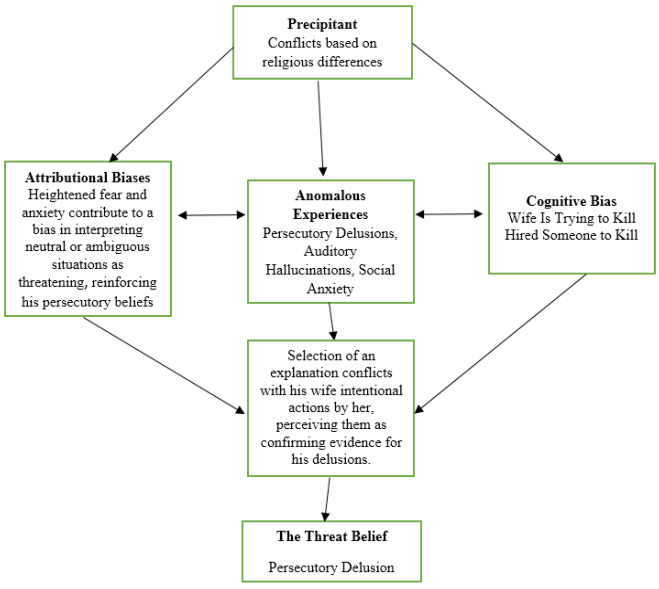

Fig. 1. Maintenance of Persecutory Delusions (Freeman et al., 2000)

RESULTS

Table 1

Criteria for Delusional Disorder According to DSM 5-TR

DSM 5 TR Criteria	Current	Past
Delusion	yes	Yes
Hallucination	yes	Yes
Disorganized speech	yes	No
Catatonic behavior	No	No
Negative symptoms	Yes	Yes
Impaired functioning	Yes	Yes

The client's clinical presentation aligns with the DSM-5 TR criteria for a psychotic disorder, characterized by the presence of delusions and hallucinations. These symptoms are currently present and have been observed in the past as well. Disorganized speech is evident in the current assessment, while catatonic behavior is not observed. Additionally, the patient exhibits negative symptoms, reflecting deficits in emotional expression and social functioning. Impaired functioning is apparent, both presently and in the past. The combination of delusions, hallucinations, disorganized speech, negative symptoms, and impaired functioning suggests a complex and severe psychotic disorder.

Table 2

Scores on the Brief Psychiatric Rating Scale (BPRS)

Items	Score	Category
Somatic concern	2	Mild
Anxiety	5	Moderate
Emotional withdrawal	4	Moderate to severe
Conceptual disorganization	3	Moderate
Guilt feelings	4	Moderate to severe
Tension	4	Moderate to severe
Mannerism & Posturing	4	Moderate to severe
Grandiosity	3	Moderate
Depressive Mood	3	Moderate
Hostility	1	Not present
Suspiciousness	7	Extremely severe
Hallucinatory behavior	5	Moderate
Motor Retardation	1	Not present
Uncooperativeness	2	Mild
Unusual thought content	3	Moderate
Blunted Affect	2	Mild
Excitement & Disorientation	4	Moderate to severe

The client exhibits mild somatic concern and blunted affect, along with moderate anxiety, conceptual disorganization, guilt feelings, and grandiosity. Additionally, he experiences moderate depressive mood, unusual thought content, and excitement, disorientation, and emotional withdrawal, which are rated as moderate to severe. The client shows mild uncooperativeness and motor retardation, while hostility is not present. However, the most concerning aspect is the extremely severe level of suspiciousness, indicating severe paranoid beliefs. Moreover, he demonstrates moderate hallucinatory behavior and mannerisms/posturing, further highlighting his psychopathology.

Table 3

Positive and Negative Syndrome Scale (PANSS) Raw Scores, T-Scores and Category

Subscales	Cut off score	Category
Positive	58	Much above Average
Negative	73	Slightly above Average
Composite	38	below average
General Psychopathology	71	Much above Average
Anergia	80	Very much above Average
Thought Disorder	58	Slightly above Average
Activation	56	Slightly above Average
Paranoid	66	Much above Average
Depression	46	Average

The PANSS scores indicate a mixed symptom profile for the patient. The positive symptoms, including hallucinations, delusions, and disorganized thinking, are rated as "Much above Average," suggesting a significant presence of positive symptomatology. The negative symptoms, such as blunted affect, emotional withdrawal, and poverty of speech, are "Slightly above Average," indicating some impairment in emotional expression and social functioning. The overall composite score is "Below Average," suggesting that when considering the collective symptom severity, it falls below the average range. However, the general psychopathology score is "Much above Average," indicating a notable level of general psychopathological symptoms, such as anxiety and cognitive impairments. Additionally, specific symptom subscales show elevated levels of anergia (very much above average), thought disorder (slightly above average), activation (slightly above average), and paranoid features (much above average). The depression score falls within the "Average" range. This complex pattern suggests a significant presence of positive and general psychopathological symptoms, along with some elevation in specific symptom domains, which should be carefully considered when formulating a comprehensive treatment plan for the patient.

Management

Based on the GADF model, a suitable intervention approach for this client would be Cognitive Behavioral Therapy (CBT) along Antipsychotic medications to manage the symptoms of delusional disorder. They can help reduce the intensity of delusions, hallucinations, and disorganized thinking. Atypical antipsychotics are generally preferred due to their potentially lower risk of side effects compared to typical antipsychotics. CBT would aim to challenge and modify the cognitive biases, appraisals, and safety-seeking behaviors associated with persecutory delusions. The therapist would work with the client to examine the evidence for and against his delusional beliefs, develop alternative explanations, and provide strategies to manage anxiety and distress related to his delusions (Kanemoto & Kawasaki, 2024).

Short-Term Goals

- Relaxation training and deep breathing techniques can be very helpful in managing the symptoms of anxiety, including in case of delusional disorder with persecutory type delusions.
- Another short-term goal is to address the client's difficulty falling asleep. Sleep hygiene education and behavioral interventions, such as establishing a regular sleep schedule and implementing relaxation techniques before bedtime, can be incorporated into the therapy plan.
- Supportive Psychotherapy would provide emotional support, validation, and a safe space for the patient to express their feelings and experiences. It can help build trust between the patient and therapist, leading to better treatment engagement.

Long-term Goals

Challenge Persecutory Delusions

Through cognitive restructuring and evidence-based reasoning, the client will be able to address and lessen the burden of persecutory delusions throughout the course of the long term. This will be accomplished through the application of cognitive-behavioral therapy (CBT) procedures. The goal is to confront the severity and power of these beliefs by taking the client through the process of examining the evidence for and against the delusions and establishing alternative explanations. With cognitive behavioral therapy (CBT), the primary goal is to assist the client in recognizing and altering thought patterns and actions that contribute to the distressing feelings that are connected with the delusions. Through the promotion of cognitive flexibility and the provision of coping skills to the client, the purpose of this intervention is to enhance the client's overall functioning and well-being, hence promoting a good and sustainable outcome over the long term (Freeman, 2016).

Social skill training

The enhancement of interpersonal relationships is a primary long-term aim, with a specific emphasis on resolving the unsatisfactory connections with the client's wife and developing healthy communication patterns. There is also a focus on fostering good communication patterns. In order to accomplish this goal, it is possible to consider couples therapy or family therapy as helpful therapies within the context of addressing conflicts that

are associated with religious differences and improving the dynamics of relationships in general. In addition, the client will receive instruction in social skills in order to equip him with increased communication and social interaction abilities, which will enhance his capacity to engage successfully in day-to-day activities. This integrated approach seeks to generate positive and long-lasting improvements in the client's social functioning by focusing on both the quality of interpersonal connections and social skills. This, in turn, will lead to better well-being and an overall improvement in quality of life (Pilling et al., 2002).

Enhance Coping Strategies

One of the most important long-term goals for the client is to improve their coping techniques in order to successfully handle stresses and foster resilience during their treatment. The implementation of a complete strategy that includes the instruction of a variety of coping strategies will be carried out in order to accomplish this goal. It will be possible for the client to acquire key problem-solving skills through guidance, which will enable him to address problems and issues in a more effective manner. In addition, skills for regulating emotions will be taught in order to foster emotional well-being and provide the client with the tools necessary to deal with overwhelming feelings in a healthy manner. In order to strengthen the client's resilience and general adaptive functioning, the goal of boosting coping strategies is to provide the client with a wide range of skills that will enable him to traverse the challenges that life presents. The intervention aims to induce long-lasting positive changes and help the client in sustaining his well-being and effectively coping with a variety of obstacles that may come in the future (Rajji et al., 2022). This is accomplished by providing the client with these crucial coping skills.

CONCLUSION

In conclusion, the case of the 52-year-old Muslim guy who spoke Urdu and suffered from persecutory delusions sheds light on the intricacy of psychotic symptomatology and the enormous influence it has on the individual's day-to-day functioning and overall well-being. As a result of the client's presentation of persecutory delusions, auditory hallucinations, poor speech, and social anxiety, it is necessary to take a holistic approach to treatment. The GADF (Growth, Anomalous Experience, and Formulation) model of persecutory delusions, which was established by Daniel Freeman and colleagues, offers a helpful framework for comprehending and controlling the symptoms that the client is experiencing. The reduction of discomfort, the improvement of sleep quality, and the enhancement of social functioning are the primary focuses of short-term objectives. On the other hand, long-term goals aim to challenge delusional beliefs, strengthen interpersonal connections, and develop coping methods.

It is possible to treat the client's symptomatology and support long-term rehabilitation through the use of interventions such as cognitive-behavioral therapy (CBT), social skills training, and family therapy. These are all promising approaches. eventually, the case seeks to enhance the client's overall functioning and quality of life by adopting a holistic and collaborative strategy that incorporates the client, mental health experts, and the support system. This will eventually contribute to the client's well-being and the long-term treatment of his delusional condition.

Limitations

The client's age of 52 years presents a potential limiting factor in his responsiveness to therapy. As individuals age, they may be more set in their ways of thinking and less open to change, which could make it challenging for them to engage fully in the therapeutic process. Additionally, cognitive changes and memory decline associated with aging may impact the client's ability to recall and process information during therapy sessions. Furthermore, longstanding beliefs or coping mechanisms, such as the persecutory delusions in this case, might be deeply ingrained over time, making it more difficult to challenge or modify these beliefs through therapy.

Suggestions

Incorporating objective measures, such as neuroimaging or biomarkers, could provide additional insights into the neural basis of persecutory delusions and the effects of interventions. Another suggestion would be conducting long-term follow-up assessments would enable a comprehensive evaluation of the sustainability and generalizability of treatment outcomes over time. Further, collaboration among different mental health professionals, including psychiatrists, psychologists, social workers, and family members, can lead to a comprehensive and multidimensional treatment approach.

Conflict of Interests

The authors has declared that no competing interests exist.

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