

# Cultural Conditioning Impact on Delusions

**Hitansh Sharma**

Student, Department of Applied Psychology  
Amity Institute of Psychology and Allied Sciences, Amity University, Noida, U.P., India

## I. INTRODUCTION

### Culture

Culture is an umbrella term that encompasses the social behavior, institutions, and norms of human society, as well as the knowledge, beliefs, arts, laws, customs, skills, and customs of the people of this category. Cultures often come from or are attributed to a particular region or place. Examples of cultures are western culture, youth culture, counterculture, & high culture.

### Conditioning:

Conditioning is a form of learning in which

- (1) a particular stimulus (or signal) is more effective in eliciting a response, or
- (2) the response occurs with increasing regularity in a well-defined and stable environment. The type of reinforcement used determines the result. One elicits a similar response when two stimuli are presented in appropriate timing and intensity ratios.

‘The process is described in which one of stimulus substitution. This procedure is called classical (or operant) conditioning.

### Delusion:

An altered belief or reality is generally associated with a mental disorder, regardless of unacceptable evidence or consent

People with persecutory delusions believe they are being spied on, drugged, stalked, slandered, deceived, or abused. can include someone who believes the boss is drugging the employees by adding a substance to the water coolant that makes employees work harder.

Delusions are characterised as constant and false ideals that contradict reality. it's far the persistent belief in matters which are not actual. The delusions are false and there are commonly contradicting evidence to show the delusions aren't genuine.

Delusions might be the result of misinterpreting occasions, or they will involve a few stages of paranoia. Delusions frequently are part of a psychotic ailment and might occur along with hallucinations, such is the case for schizophrenia.

The difference between delusions and hallucinations is that even as hallucinations are sensations that aren't actual, consisting of listening to voices or seeing matters which are not there, delusions are sturdy beliefs that cannot be real. no matter being distinctive, they're each part of experiencing a false truth.

Delusions may be either bizarre or non-weird. weird delusions are characterised as beliefs approximately something which can by no means appear, e.g., the belief that a man or woman has been kidnapped and cloned by way of aliens.

Non-weird delusions however are ideals which will be actual, consisting of the notion that an individual is being stalked, that someone is in love with them, or they are being cheated on by way of a spouse.

### Types of Delusions

Non-bizarre delusions but are ideals which can be true, such as the notion that a person is being stalked, that a person is in love with them, or they are being cheated on by means of a partner.

- **Erotomaniac:** This sort of delusion is the feeling, that a person, commonly someone who is famous or of a better social status, is in love with the person. as an example, the character experiencing this fantasy can also trust that the famous person is communicating secret messages to them at the tv display they celebrity in.

Stalking behavior is often not unusual with this type of fable as the individual may also attempt to make touch with the individual they accept as true with loves them.

- **Grandiose:** This kind of delusion is the perception that the character has an over-inflated sense of well worth, know-how, wealth, talent, energy, or repute, no matter a lack of evidence of this. as an example, someone with grandiose delusions might also agree with they have got made a critical discovery, or they had been sent by means of a spiritual entity to store the world.
- **Persecutory:** This form of delusion is the belief that the person, or a person close to them, is being spied on, followed, drugged, cheated on, or mistreated. They'll agree with that a person is making plans to damage them or someone close to them and as a consequence might also make repeated lawsuits to criminal authorities.
- **Jealous:** This kind of fantasy is the belief that a romantic partner or spouse is being untrue, despite a lack of evidence to show this. The person may consider their accomplice is meeting their mystery lover each time not in their presence or is sending their lover secret messages.
- **Somatic:** Type of delusion if the notion that the individual is experiencing bodily sensations, physical dysfunctions, or affected by a scientific situation. for instance, they may be convinced that they have an extraordinary infection or parasites living under their pores and skin, notwithstanding no proof of this being the scenario. Blended when the delusions being skilled do not fall into a single class or there are more varieties of delusions being skilled, this will be labelled as having mixed or unspecified kinds of delusions.
- **Cultural conditioning:** Cultural conditioning is a procedure via which we absorb and interpret the influences, norms, and messaging from our surroundings and translate them into what we believe to be appropriate behaviours. For example, different kinds of cultural conditioning are as follows:
  1. Regional cultures
  2. Organisational cultures
  3. Peer groups
  4. Spiritual and religious institutions
  5. Socioeconomic cultures
  6. Media

It's been stated that a definition of delusions calls for the invocation of cultural understandings, requirements of acceptability, in addition to conceptions of fact and the forces that animate it. For those reasons, the determination of delusional or normative ideation can simplest be affected properly inside particular cultural contexts. it is tough to split the delusional from the cultural; a perception patterned and culturally unique is, through definition a cultural, now no longer a delusional perception.

## **II. REVIEW OF LITERATURE**

Brandon K. Ashinoffab, Nicholas M. Single, Taryab Seth, C. Bakerab, Guillermo Horgaab In 2022, they conducted a study aimed at rethinking delusions: a selective review of delusional studies with computational lens. After reviewing the literature and theoretical considerations, they argued that the classical paradigm leading to decision making is not well suited to separating inference processes, and in addition, the frequently cited "prominent closure". He argued that the trends may not reflect delusional or speculative changes. Second, they discussed some improvements to the standard paradigm that could more effectively separate the reasoning process and the delusional changes within it. They also used recent studies to develop a discussion of certain delusional failure modes, consisting of previous overweight in high-level causal inferences about partially observable latent states. Finally, they evaluated a plausible neurobiological implementation of this potential delusional belief failure mode and outlined promising future directions in this area.

Niall Galbraith published an article on the pathology of delusions and beliefs in 2021. Understanding the conspiracy beliefs about the continuum of mental illness. Review current evidence of continuity between delusions and conspiracy beliefs. He also investigated whether social media and other online platforms increase the likelihood that vulnerable people will adopt unhealthy beliefs or delusions, the potential impact this has on mental health, and the wider social and political affairs. He examined the impact. Delusions are classified as a continuum that represents the extreme end of the spectrum of psychotic features. Consistent with this view, a milder form of delusional belief is found in the general

population and manifests itself as an abnormal idea that does not exceed the threshold of clinical symptoms but may represent susceptibility to psychotic disorders.

RyanTMcKay and Robert MRoss conducted a study in 2021 to examine the reported relevance and differences between religion and delusions. The relationship between religion and delusion-and the distinction-. They started by outlining and confirming their position, both of which included beliefs. They expressed the general psychiatric view that religious beliefs would not be delusional if they were culturally accepted. This cultural exception has controversial implications, but they argued that it has clinical value, is not purely epistemological, and is consistent with increased awareness of the social function of belief formation. Finally, they reviewed studies on the continuity between religious and delusional perceptions. This showed that religious content was very common in delusional beliefs and provides preliminary evidence of a positive relationship between religious and delusional beliefs in the general population.

A study was conducted in 2021 by Linden and Jade Lee Gronewald to provide the basis for precautionary measures taken in the treatment of mental illness. At the same time, they created awareness about the burden of psychosis, the most common symptoms, and the psychosocial determinants of psychotic spectrum disorders at Chainama Hospital. This was a retrospective meta-analysis of patients treated for psychosis at the Chainama Hospital in Lusaka. Data were collected from medical records, considered patients aged 15-35 years between 2015 and 2020, and analyzed using the Social Sciences (SPSS) software statistical package. The study included 250 participants. The psychosocial determinants examined in this study were demographics, family and social history compared to specific symptoms. The total number of participants consisted of 124 (49.6%) men and 126 (50.4%) women. The average age of participants was 27 years and the median was 26 IQR (24, 30). The majority of participants were Christians 215 (86.0%) and Muslims 35 (14.0%). Of the 250 participants, 81 (32.4%) had no delusions, 105 (42%) were not strange, and 64 (25.6%) had strange delusions. Of the 250 participants, hallucinations were recorded as follows: Hallucination 52 (20.8%), hearing 107 (42.8%), taste 37 (14.8%), tactile 24 (9.6%) There were 30 (12.0%) non-hallucinating patients. Speech symptoms were recorded. Tangent speech was recorded in 81 (32.4%), speech poverty in 156 (62.4%), and normal speech in 9 (3.6%). It was concluded that female patients had more delusions and hallucinations than male patients. The most relevant psychosocial determinants of developing psychosis were unemployment, higher education, African race, and abuse of alcohol and tobacco products.

Heike Anderson, Schmidt Katrin, Gade DörtheMalzahncSergiPapiolad Monika Buddea Urs HeilbronneraDanielaReich-Erkelenza Kristina Adorjanad Janos L. Kalmanade Fanny Sennerad Ashley L. Comesae Laura Flataua Anna Gryaznovaa Maria Hakea Markus Reittb Max Schmaußf Georg Juckelg Jens ReimerhJörgZimmermannhi Christian Figgei Eva Reininghausj Ion-George Anghelescuk Carsten Konradl Andreas ThielMartinvonHagenm Manfred Kollern Sebastian Stierlo Harald Scherkp Carsten Spitzerq Here Folkertsr Thomas BeckersDetlefE.Dietrichtu Till F.M.AndlauervFranziskaDegenhardtwx Markus M.Nöthenwx Stephanie H.Witty Marcella Rietschely Jens Wiltfangbzaa Peter Falkaid Thomas G.Schulzeab conducted a study in 2019 to clarify the effects of religious activity and the risk of polygenic schizophrenia on religious delusions. They examined 262 adult German patients with schizophrenia or schizoaffective disorder. The association with the lifetime occurrence of religious delusions was tested by multiple logistic regressions for the following putative predictors: self-reported level of religious activity, DSM-IV diagnosis, gender, age, education level, marital status, acute delusions: Existence Interview time, and risk score for individual polygenic schizophrenia. Results suggested that high religious activity and high SZ-PRS were independent risk factors for the development of religious delusions in schizophrenia and schizoaffective disorder.

A paper was written by José Eduardo Porcher in 2018 dealing with the question, "Why is faith in God not a delusion?" In the first half of the paper, he distinguished two types of religious beliefs: institutional and personal religious beliefs. He then reviewed how cognitive science describes the cultural process in the acquisition and transmission of organized religion beliefs. Later in his treatise, he presented a clinical definition of delusion and emphasized the fact that it excludes cultural beliefs from clinical diagnosis. Finally, he reviewed the cognitive models of intuitive attribution of mental illness and how they support cultural exemptions. By comparing models of cultural acquisition and cultural exemption in delusional attribution, he wanted to clarify that delusions, which may seem as strange as the case, people can easily see that their acquisition and communication if are embedded in the cultural context, then these are not the product of mental dysfunction.

João Caseiro and OfliaQueiros conducted a study in 2018 with the aim of clarifying the relationship between sociocultural characteristics and the content of delusional beliefs. They described the clinical case of two 17-year-old patients with the first psychotic episode in which football was the focus of their delusional beliefs. These two patients were admitted to the inpatient clinic with a five-month break after the authorities' intervention, and the authorities transferred them to the emergency department. Soccer has become a major global entertainment phenomenon in modern European society. Therefore, it was not surprising that the game participated in the delusional beliefs of the two young men who presented their first psychotic episode in the year when Portuguese football reached its most illustrious moment in winning the European Cup. .. In explaining these two clinical cases, they emphasized the relationship between sociocultural characteristics and the content of delusional beliefs.

Antonio Ventriglio, Iris Bonfitto, Fabiana Ricci, Federica Cuoco and Vishal Bhavsar conducted a research aiming the border between religion and psychiatry in 2018. They explored the interface between religion and psychiatry and discussed the boundaries between soul and spirit. Religious beliefs can affect behavior and are found in psychopathological continuums with overestimated thoughts and delusions. Overlapping between psychiatric and religious categories has been observed in research literature and attachments described by many cultural groups. Several studies suggest factors that may distinguish schizophrenia from the effects of demon possessions and report the effectiveness of exorcism in individuals with possession / psychosis. Diagnostic criteria for dissociative trance disorders or obsessive-compulsive disorders have been proposed. It was concluded that both mental health professionals and religious believers may need criteria to distinguish between adaptive and maladaptive expressions of religious experience.

Anand Mishra, Basudeb Das, and Nishitant Goyal in year 2018, designed a study on the effects of religiosity on religious delusions, their presentation, acute course, and the consequences in schizophrenia. This study was a scientific observational study. Patients with schizophrenia were divided into those with religious delusions (RG) and those with non-religious delusions (NG). Their premorbid religion was assessed using a simple multidimensional measurement of religion / spirituality (BMMRS), the Positive and Negative Symptom Scale (SAPS), Brown's Belief Scale (BABS), and Positive and It was evaluated on the Negative Symptom Scale (PANSS). . ) At the beginning of the study and 4 weeks later. Personal religious practices were more pronounced in patients with schizophrenia with religious delusions, and this group of patients had more serious illnesses and untreated psychosis compared to patients with non-religious delusions, also the time period seems to be longer for the religious delusion patients.

Douglas John Roy in his paper (2017) suggested that delusions are false and persistent. These properties can result from the interaction between the two basic learning processes,(1) the allotment of attentional resources among stimuli; and (2) the effects of feedback on learning . The former operates in a paradigm of learned irrelevance and potential suppression. The latter of studies on the effects of endurance training. Attention processes usually help limit the effectiveness of persistence training so that only valid associations get persistence. However, when endurance training is thus vulnerable, the mechanism can interact with a noisy environment to gradually separate maladapted associations from unconfirmed feedback. If left unchecked, these dynamics can result in systematic distortions of beliefs, and can become increasingly stubborn, regardless of their validity. Therefore, it is predicted that delusions will occur whenever the balance of (1) weakens in favor of (2), whether by experimental manipulation, trait-related factors, cultural causes, or evolutionary history. Existing evidence is consistent with the model and further implications were discussed in the paper.

VargaÉ J1, Herold R, TamásTényi, and Tényi T conducted a survey in 2016 aimed at discovering the impact of culture on delusions. Persecution and grandiose delusions. Changes in social norms and cultural influences set the background for its maturity, and within 15 minutes everyone-without profession or effort-became famous and attracted the attention of millions of people. Patients looking for the meaning of "changed" (depersonalization, derealization) are in some directed reality broadcast by television and other media in which the people around them play a given role. Always find the answer at. Similar to Capgras symptoms, they need to perform tasks to avoid unknown threats and get rewards, unlike what they sound like. This article not only outlines this rare psychopathological condition, but also uses three case studies observed in psychiatry and psychotherapy clinics.

A study was conducted by T. M. Luhrmann, R. Padmavati, H. Tharoor and A. Osei in the year 2015. It aimed at comparing hallucinations in three different cultures using an interview-based study. Anthropologists and several

psychiatrists interviewed participants from the United States, India, and Ghana about their voice experiences, each of the 20 who heard and met the criteria for schizophrenia selection. These observations suggest that local cultures shape the speech listening experience of people with severe psychotic disorders. These differences can have clinical implications.

Veronica Vioude in year 2015 conducted research to find whether religion are delusions or not. The results show that religion can have a variety of effects on mental illness, and that the family of an individual suffering from mental illness plays a major role in how deeply religion and spirituality are intertwined on a family-by-family basis. Religious guilt and shame have even driven some people into mental illness. The constant anxiety and fear of doing something wrong or breaking the rules increases anxiety for some clients, while others find it "sufficient" or "not worth it". Therefore, it can be a major cause of self-loathing. Some argue that religion is good for people suffering from mental illness. Because it is a healthy exit that tends to focus on negative psychosis.

In 2013, Frederick A. Ricci and AngieSu used qualitative data from a literature review to compare critical thinking with a focus on Europeans and Asians to show that cultural conditions influence critical thinking. decided whether to give The survey questions are: How does cultural heritage influence and support critical thinking skills? How do cultural influences determine how individuals think critically about government authority, moral and immoral judgments and decisions, and organizational success? Can individual frames of reference related to culture affect, influence, or affect critical thinking processes differently? Literature reviews have shown that cultural conditions and language influence a person's thinking and decision-making processes. Because educational institutions have diverse cultures among faculty, students, and staff, the academic environment provides an opportunity to consider cultural conditions and their impact on critical thinking during the decision-making process. In higher education, case studies provide students with the opportunity to answer questions, questions, and assignments that provide reasonable alternatives that are influenced by cultural conditions. Studies to understand critical thinking and cultural impacts help raise awareness of differences in decision-making processes and eliminate many of the misconceptions that arise when groups are guided to think strategically and plan.

Minas N.Kastanakis Benjamin G.Voyer studied the the effects of culture on perception and cognition and delivered pre-behavioral processes (perception and cognition). This article highlighted some important perceptual and cognitive differences between cultures and created new perspectives that make up these differences between cultures: "culturally determined" perceptual and cognitive orientations. To provide. In this article, they addressed some theoretical issues and suggested their implications for future research direction and management.

### III. DISCUSSION

The aim of this term paper was to study and understand the impact of cultures and cultural conditioning on the delusions, by reviewing various studies and papers related to the contents of the topic. Delusions are basically the false beliefs and are fixed in nature. Culture in which a person lives has a major impact on his/her thinking. Culture influences the thoughts and thinking of an individual. Religion being a major part of culture has been found to affect delusions. The religious beliefs a person might hold add up to their mental frame works and can further add up in the formation of delusions.

The ability to even recognize the delusional attribution is affected by the cultural context. It was observed that the mental dysfunction might not be realized by individuals if these delusions were embedded within their cultural context. Cultural conditioning even affects critical thinking of an individual.

Delusions are often formed when a person goes through psychosis- a series of symptoms indicating that one has lost touch with the reality. In various cases of serious psychotic disorders such as schizophrenia and schizoaffective disorders, religious activities have been a risk factor to the religious delusions. Some studies suggested that attempts to abide to cultural and religious standards, rules and regulations and failure to achieve them might induce a sense of not being "good enough" or "not worthy" these feelings may lead to negative psychosis and delusion.

### IV. CONCLUSION

It has been observed that culture has some amount of impact behind the formation of delusions. Culture impacts the reasoning ability of human beings and several beliefs such as religious beliefs could be formed due to that. These



beliefs can further inhibit the reasoning abilities of brain and may be a factor behind the formation of delusional thinking and psychosis. Therefore, it is necessary to understand the relation between the cultural conditioning and delusions. Though culture plays an important role in lives of people, cultural context is essential in order to get better understanding of delusions.

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