

Can the behaviours
of psychotic disorders
be developed?



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Can the Behaviours of Psychotic Disorders be Developed?

Rationale

The statement has been made that Psychological Disorders are contagious. A psychotic disorder is considered as a severe mental disorder where this mental disorder causes abnormal thinking and perceptions (MedlinePlus, 2019). There are two main symptoms to a psychotic disorder; delusions and hallucinations. Delusions are false beliefs for example a person falsely believing someone is trying to hurt them, whereas hallucinations are false perceptions of either seeing, hearing, or feeling something that is not there (MedlinePlus, 2019). The originally developed research question was, can psychotic disorders be contagious? Mental disorders aren't contagious in the sense of the common cold. For this report the term contagious will be defined by behaviors, thoughts, or feelings being mirrored or adapted by another individual. Examples of psychotic disorders that include those three factors can include schizophrenia, bipolar, schizoaffective disorder, delusional disorder, shared psychotic disorder, paraphrenia as well as a list of others. All of these disorders include delusions, hallucinations and other forms of disordered thinking ("What Are Psychotic Disorders?", 2019).

The original research question was not specific enough to narrow down the numerous amounts of studies that have already been completed. Ultimately, a further question was developed to state, can the behaviors of psychotic disorders be adapted? However, there this question could easily be misinterpreted to mean faked or imitated. The final version of the research

question was formed as, can the behaviors of psychotic disorders be developed?

Evidence

The first ever report of shared psychotic disorder was in 1860 and was discovered by Baillarger who was a French psychiatrist (Saif & Khalili, 2019). The concept of shared psychotic disorder is that a delusional idea is shared or transferred between two people with close relationships for example two siblings or two people in an intimate relationship (Saif & Khalili, 2019). Gralnick, a psychiatrist, did an extensive review of 103 cases in 1877-1885 where he found that there are roughly four types of shared psychotic disorder; imposed psychosis, simultaneous psychosis, communicated psychosis and induced psychosis (Saif & Khalili, 2019).

Imposed psychosis is the transfer of delusions from one individual to the another whilst engaging in an intimate relationship. As soon as the intimate relationship ceases the delusions disappear. Simultaneous psychosis occurs when both partners share the psychosis simultaneously normally due to long social interactions most commonly between siblings. Communicated psychosis occurs when more resistance is applied, but the other partner does eventually adopt the delusions even after separation. Induced psychosis is when two mentally ill people start to add new delusions from one another in a relationship.

The actual cause of shared psychosis is still unknown although there have been discoveries regarding certain risk factors; the length of the relationship, nature of the relationship, social isolation, if an individual suffers from a <https://assignbuster.com/can-the-behaviours-of-psychotic-disorders-be-developed/>

personality disorder, age, gender, and cognitive impairment (Saif & Khalili, 2019). Saif and Khalili (2019) state that shared psychosis is more common in females in both the primary (person with the mental condition) and secondary partner (person who adapts the condition).

Arnone, Patel, and Ming-Yee Tan from the United Kingdom conducted a systematic review of cases involving shared psychotic disorder between the years of 1993-2005. There were 64 cases in this study which, of those cases, 42 met the criteria to be considered as shared psychotic disorder (Arnone et al, 2006). By the end of the investigation the psychiatrists came to the conclusion that shared psychotic disorder is not a phenomenon and happens more frequently than they believed (Arnone et al, 2006). Arnone et al. (2006) also introduced another term 'induced delusional disorder' that can be used interchangeably with 'shared psychotic disorder'.

	Primary	Secondary
Mean Age	52.7 (17.1)	45.9 (16.3)
M: F	13: 28	14: 28

Figure 1: The table demonstrates the findings of the mean age of the primary and secondary person as well as the male to female ratio.

In the years 1993-2005 mean age was 52.7 for primaries (SD = 17.07) and 45.9 (SD = 16.3) for secondaries. This difference was not statistically significant ($p > 0.05$). In the years 1993-2005 gender was reported as 13

men and 28 women in primaries. 14 men and 28 women in secondaries. The difference between men and women in the primaries and secondaries was not statistically significant. Whilst inside the cluster of secondaries gender variation was not a significant statistic. Authors recorded an excess of women in the primaries which reached statistical significance ($p= 0.005$).

Evaluation

The studies show that there definitely is an appearance of shared psychotic disorder within people over the years. It isn't as much as a phenomenon as psychiatrists once thought it was. However, it is still quite unclear whether or not every single psychotic disorder can be developed by another person or if everyone who enters a relationship with someone who has a psychotic disorder will then develop shared psychotic disorder. There are already four types of shared psychotic disorder this can mean that there are still more types that still haven't been discovered. So can the behaviours of a psychotic disorder be developed? In short yes the behaviours can be developed by another individual. The true extent of the possibilities is still unknown of the spread of behaviours. It is known however that siblings, or a parent and child can develop shared psychotic disorder from one another.

Reference

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