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Exploring the typology problem of delusions using qualitative thematic analysis of lived-experience of people with schizophrenia diagnosis

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ABSTRACT

The typology problem of delusions involves determining the type of mental state instantiated by reports labeled as delusional. This paper explores this problem through qualitative thematic analysis (QTA) of phenomenologically guided clinical interviews with eight individuals diagnosed with schizophrenia. The analysis focused on lived experiences related to the formation, development, fixation, and maintenance of delusions. Results show that (1) delusions often emerge from altered perceptual-affective atmospheres and are shaped by auditory hallucinations; (2) people displayed epistemic circularity and intersubjective opacity, including secrecy, anticipated misunderstanding, and ineffability; and, that (3) delusions are frequently accepted passively, yet justified through narrative elaboration and affective salience. We conclude that the typology has inherited oversimplistic notions of belief, and that the lived-experience data supports a plural and graded account, accommodating delusions as atypical and qualitative rich beliefs rather than excluding them from that category. The findings challenge the dichotomy between doxastic and non-doxastic models by showing that delusions instantiate a hybrid structure of propositional commitment shaped by embodied-affective and intersubjective disrupted components.

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'Belief is more properly an act of the sensitive, than of the cogitative part of our natures'
David Hume

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1. Introduction

The typology problem of delusions involves the characterization of the type of mental state instantiated by reports labeled as "delusional" (Bortolotti, 2009; Green et al., 2018; López-Silva, 2016, 2023; P. A. López-Silva & Cavieres Fernández, 2022). Currently dominant neuropsychiatric models characterize delusions as an anomalous type of belief, and the initial appeal of this so-called doxastic approach comes from how delusions are reported in clinical settings, and the type of relationship that subjects tend to establish with them (Bayne, 2010; Bongiorno & Corlett, 2024; Bortolotti, 2009; Buckwalter & Turri, 2013; Connors & Halligan, 2020; Sullivan Bissett & Noordhof, 2024). Green et al. (2018, p. 320) note the popularity of this view when claiming that "*with rare exceptions [. . .] psychologists who study delusions typically assume that they are beliefs*". The adoption of this stance seems reinforced by the significant, though variable, therapeutic effects of approaches that conceptualize delusions as beliefs, such as, among others, Cognitive Behavioral Therapy and Metacognitive Training (Acuña et al., 2022; Díaz-Cutraro et al., 2023; López-Silva, 2016; Meinhart et al., 2025; Morrison et al., 2014). For some, part of the effectiveness of these approaches is explained by the idea that delusions behave, in part, as beliefs (Fowler et al., 1996; Morrison et al., 2014).

Typological considerations have helped the progress of experimental initiatives in psychiatry (Castiello et al., 2024). If delusions are produced by the disruption in the process of formation of a certain type of mental state M, explanatory models could benefit from specifying how M is paradigmatically produced and how alterations in this process could lead to delusions. This could lead, in turn, to the development of more specific therapeutic tools targeting the mechanisms behind the origin and maintenance of delusions. Although this way of thinking about the connection between conceptual and experimental research on delusions has been fruitful over the years, some important questions remain open, particularly concerning the explanatory power of traditional doxastic approaches (Feyaerts, Henriksen, et al., 2021; Feyaerts, Kusters, et al., 2021).

From an ethical point of view, typological specifications could inform the kind of attitude that practitioners should adopt regarding persons' delusional statements and the type of responsibility we attribute to them. As Bortolotti (2009) argues, such attributions will depend on our ability to understand a person's behavior in usual "commonsensical" or "folk-psychological" terms (e.g., in terms of their beliefs, desires, intentions, and so on). So, the subtype of mental state we consider a delusion can have important implications for fundamental ethical issues in psychiatry, such as the person's capacity to consent to psychiatric treatment, inclusion, social justice, testimony, epistemic justice, among many others (Cavieres et al., 2026).

However, despite its clinical and conceptual popularity, the doxastic approach to the typology problem remains contested. While anti-doxastic views converge on the claim that delusions are not beliefs, they diverge in their accounts of what delusions actually are (see Currie, 2000; Currie & Jureidini, 2001; Egan, 2008; Hohwy & Rajan, 2011; Murphy, 2011; Schwitzgebel, 2011b).[1] Currie (2000), for example, claims that delusions are not beliefs, but *imaginings* that the person mistakes for beliefs. This alternative seeks to explain why certain delusions are not acted upon appropriately, a common objection against the doxastic approach.[2] Egan (2008) characterizes delusions as *bimaginations*, namely, states that share the functional profile of both beliefs and imaginations, but which fail to fit the profiles of any of them fully. Egan's model is supposed to account for the observed deviances from both belief-like and imagination-like causal stereotypes in a delusional subject's behavior. More radically, Berrios (1991) has suggested that delusional reports are *"empty speech acts"* for they do not carry any epistemically meaningful information about the world or the subject, and, for this reason, delusions cannot be characterized as beliefs.

A different anti-doxastic type of argumentation is found in phenomenological psychiatry. L. Sass and Byrom (2015, p. 164) claim that doxastic approaches reduce delusions to the mere product of reasoning errors. Instead, '*delusions would involve a mutation in the ontological framework of experience that can alter the overall sense of existence and the world, including changes in felt reality-status, time, space, and self-experience* (see also Bovet & Parnas, 1993; L. A. Sass, 1992). The idea is that the delusional subject's entire experience of reality has radically changed in a way that cannot be characterized solely in terms of belief (L. A. Sass, 1992, 1994; L. A. Sass & Pienkos, 2013). Delusions, in consequence, would pertain to a different type of reality (Henriksen et al., 2019; Parnas & Henriksen, 2016a, 2016b), arising from an all-encompassing change in the shape of experience and thought (Ratcliffe, 2008). Doxastic approaches would neglect all the fundamental shifts in temporality, affectivity, embodiment, and intersubjectivity that precede, allow, and sustain delusional phenomena (Fuchs, 2013, 2018, 2020). Revisiting some of these ideas, Feyaerts, Henriksen, et al. (2021), Feyaerts, Kusters, et al. (2021) have recently claimed that the qualitative richness and complexity of delusional phenomena cannot be accommodated into the explanatory framework provided by doxastic models, therefore, delusions should not be categorized as mere beliefs.

Here, the debate tends to also turn on the discussion about the mode of formation of delusions. Classical phenomenological accounts characterize primary delusions as non-inferential, revelatory, and imposed forms of experience rather than as the result of ordinary inferential belief-formation processes (Conrad, 1958; Feyaerts et al., 2021, 2021; Jaspers,

1963; Parnas & Henriksen, 2016a). By contrast, views more characteristic of cognitive sciences treat delusions as the outcome of aberrant but continuous belief-formation processes operating within the ordinary – albeit altered – cognitive architecture of the human mind (Connors & Halligan, 2020; Fineberg & Corlett, 2016; Fletcher & Frith, 2009).

In this context, our study focuses specifically on the lived experience of the formation, development, and fixation of delusions. By examining how participants describe the emergence, consolidation, and maintenance of their delusions, we aim to provide empirical data directly relevant to the typological debate rather than presupposing a theoretical conclusion. In addition, in order to avoid merely juxtaposing first-person reports with pre-existing theoretical positions, we start our interpretation of data within the doxastic/non-doxastic debate by endorsing a set of minimal operative criteria. The guiding idea is that, at a minimal level, a mental state could qualify as a belief insofar as it involves (i) a high degree of subjective endorsement or commitment to a certain state of affairs as being the case (this, contrasting with states being "desired," "imagined," and the like), (ii) integration within a broader network of attitudes, and (iii) some degree of action or narrative guidance. Now, it is important to note that although such criteria are the target of ongoing philosophical debate, our endorsement reflects an operative decision rather than a definitive philosophical stance. In this sense, they provide a framework for examining accounts rather than a definition of belief or a set of conditions sufficient to establish that delusions are beliefs. Both the presence and the particular form of these dimensions are equally important, leaving open whether their atypical expression is best understood as a variation within belief or as an indication of a different kind of mental state. Finally, such criteria have been explicitly applied to the debate on delusions in many places in the literature, and they seem to capture some of the heterogeneity of beliefs and belief-like states (Bayne & Pacherie, 2005; Bortolotti, 2009, 2020; Schwitzgebel, 2011; Connors & Halligan, 2015; McCormick, 2024).[3] For these reasons, we think they represent a reasonable place where to start of examination. As the analysis unfolds, the limitations of these criteria will become clear as well as the need for a richer notion of the very concept of belief within the debate.

2. The study

2.1. Description

The present study focuses on a preliminary task within the typology debate. Most of the time, formulations of this debate – especially in the philosophy of mind – are based on highly speculative intuitions and over-intellectualized clinical vignettes that hardly resemble what subjects

experience (López-Silva, 2024b; McCormick, 2024; A. Mishara et al., 2023). At other times, the same cases are quoted again and again without context or further clinical description, even comparing delusional states that seem to belong to very different pathological processes and clinical conditions (this seems very common in the philosophical literature). In order to counter this, we explored the lived experience of people diagnosed with schizophrenia using phenomenologically guided clinical interviews (Fuchs, 2005; Parnas & Zandersen, 2020) and qualitative thematic analysis – QTA henceforth – (Braun & Clarke, 2006, 2012, 2021). When applied to in-depth phenomenologically guided interviews, QTA allows for the systematic organization of peoples' accounts, thereby contributing to a more articulated description of delusional experience that is able to represent the phenomenon more accurately.

Rather than advancing a specific solution to the typology problem, our study aims to map the phenomenon by examining how individuals diagnosed with schizophrenia experience the early stages of the formation, development, fixation, and maintenance of their delusions. In this context, QTA facilitates the identification of patterned similarities and differences across participants' accounts, which in turn makes visible aspects of the heterogeneity of delusional experience within the sample. Due to the focus of our study on delusions as they arise within alterations of reality-experience traditionally associated with schizophrenia, inclusion criteria were restricted to participants with this diagnosis in order to ensure clinical and phenomenological coherence within the sample.

We believe that the mapping of what it is like to experience delusions provided by first-person accounts (self-reports) can inform the profiling of the type of mental state instantiated by delusional reports through the analysis of the way they are experienced. This, in turn, could promote a more nuanced dialogue between clinicians and patients during clinical interviews by encouraging clinicians to attend not only to the propositional content of delusional reports, but also to patients' first-person experiences, the contextual circumstances in which these experiences arise, and how patients themselves make sense of them. Such an approach could, in turn, contribute to the development of more context-sensitive models of delusion formation and maintenance (Chadwick, 2006; López-Silva, 2024b; Parnas & Zandersen, 2020; Stanton & David, 2000).

2.2. Methods and sample

We conducted extensive semi-structured interviews with eight individuals diagnosed with schizophrenia. Each interview lasted approximately 90 minutes and focused on the participant's first-person accounts of how their delusional experiences developed over time (early onset, development,

fixation, maintenance). The interviews were carried out by an expert trained researcher in psychiatry between January and December 2024. The final sample size was determined according to the criterion of theoretical saturation – that is, the point at which additional data collection no longer yielded new or relevant insights into the phenomenon under investigation (Fusch & Ness, 2015; Martínez-Salgado, 2012; Ortega-Bastidas, 2020).

2.3. Procedures and data analysis

Interviews were guided by a phenomenological approach aimed at eliciting rich, first-person accounts. All interviews were audio-recorded and transcribed verbatim. The interview protocol was designed to explore participants' experiences concerning the early stages of delusion formation, including their development, fixation, and maintenance over time. In addition to mapping the temporal evolution of the phenomenon, the interviews probed the events participants identified as potential causes of their delusions, their initial responses (e.g., active attempts to confirm the content, passive acceptance), and the perceived impact of these experiences on their daily lives, including routines, life goals, and social relationships. During the interviews, aspects of delusional experience relevant to our target debate – such as conviction, perceived origin, relation to evidence, and practical consequences – were explored through open-ended, phenomenologically guided questions. Participants were not asked to apply explicit theoretical categories (e.g., "belief" or "imagination"), but rather to describe their lived experience in their own terms. Content analysis based on full interview transcriptions was performed by using Atlas.ti version 9 software.

QTA was applied to data collected from the interviews, allowing the categorization of lived experiences through a systematic process of coding and identification of patterns in the data (Braun & Clarke, 2022). Coding construction process considered explicit ideas registered in dialogue, the manifest delusional content, the way people relate to that content, and the context where these ideas arise as expressed by the subjects (Guix Oliver, 2008). After systematic readings of the transcripts, descriptive labels (*codes*) were assigned to specific segments of the data that captured key ideas, phrases, or elements of the lived experience of subjects. Each code was accompanied by a working definition that guided discussions of the research team. Following QTA standards, code saturation was reached when no new codes appeared, and existing codes comprehensively represented the data (Ando et al., 2014; Braun & Clarke, 2006, 2022).

Codes were then grouped into broader *categories* through an iterative process based on their contents' commonalities and relationships. These categories represent patterns in the data that provide deeper insight into the core aspects of the lived experience of subjects. Each coding frame

was then refined and modified as new subcategories emerged in the course of the analysis. Similar subcategories were grouped together to attain the minimum number of themes that adequately captured all the data. All subcategories were accompanied by representative quotes extracted from the transcription documents, trying to have quotes from the diversity of the sample (see *Results Section*). The research team met systematically to triangulate the results by presenting their coding and categorization proposals to the rest of the team members. Agreement by 2/3 of researchers was considered acceptable. Methodological rigor was considered in light of Lincoln and Guba's (1986) criteria of credibility, transferability, dependability, and confirmability. Credibility was enhanced through iterative coding and discussion among researchers. Transferability was supported by providing detailed contextual and procedural descriptions. Dependability was addressed by documenting analytic decisions throughout the coding process. Confirmability was fostered through reflexive awareness of the study's theoretical background and its potential influence on interpretation.

Thematic analysis was conducted following a realist orientation, aiming to identify patterned meanings in participants' accounts while acknowledging that themes are analytic constructions shaped by the research questions and broader theoretical background (Braun & Clarke, 2006, 2022). The analysis was primarily inductive in that initial codes and patterns were generated from participants' narratives rather than derived from predefined theoretical categories. At the same time, the study was not methodologically neutral with respect to the broader doxastic/non-doxastic debate, which functioned as a sensitizing framework in the interpretative phase of analysis, guiding attention to issues such as formation, endorsement, and epistemic integration. Thus, while coding was data-driven, the conceptual articulation and organization of themes were informed by ongoing theoretical discussions. The notion of saturation was used pragmatically to indicate analytic sufficiency – namely, the point at which additional interviews did not substantially refine the coding framework – rather than to suggest that themes preexist independently of interpretation.

2.4. Ethical disclosure

This study was approved by the Ethics Committee of the Servicio de Salud Valparaíso San Antonio. Participants agreed to participate freely and voluntarily; all signed an informed consent form. Inclusion criteria for participants were age between 18 and 60 years old, diagnosis of schizophrenia by DSM-5 criteria and agreement of the medical board, and the presence of moderate to severe delusions (PANSS-P1 ≥ 4). The following table

summarizes the demographic information of the sample and the main delusional theme per participant.

3. Results

3.1. Categories and subcategories[4]

In this section we describe the categories and subcategories derived from QTA analysis. Each subcategory is exemplified with some of the most representative quotes. Additionally, we explore how the subcategories relate to relevant literature in phenomenological psychopathology and cognitive sciences in order to foster potential points of convergence between these different traditions.

3.2. Category 1: The origin of the delusion

This category captures some of the core aspects of the early onset of delusions as described by the participants. The accounts captured by this category describe how a content becomes available to the person and how it comes to be endorsed as true.

3.2.1. Something strange is happening

During the early onset of their delusions, subjects describe perceiving something*strange*in the environment and/or in themselves; at the same time, they are not able to specify what it is. Interviewee 3 reports that during this period, *"I felt like a vacuum in my head, and I saw everything in a different way,"* adding that *"it was problematic to perceive reality."* Participants do not only report a feeling of strangeness toward reality and themselves, but also, the certainty that something was happening. Interviewee 1 reports that, during that period "*there was something coordinated,"* realizing that *"everyone knew what was going to happen except me."* Often these experiences were accompanied by negative feelings, a sense of general confusion and expectation, and a generalized sense of unreality (see also 1.4). Our findings seem consistent with what phenomenological research has found in the early stages of delusion formation in schizophrenia. Regarding these stages, Fuchs (2005, p. 134) has suggested that, during this period "*the environment obtains a strange, artificial and puzzling character. It seems arranged like a stage setting and things give the impression of being only covers or imitations for an undeterminable purpose*." During this pre-psychotic period, full-blown delusions are not still clearly identified by subjects, rather, "*patients feel uncanny and that there is something suspicious afoot*" (Jaspers, 1963,

p. 98). As suggested by L. A. Sass (1994), during this period everything (outer and inner reality) is experienced as strange, everything looks unreal, and the entire world loses its predictability (Gross & Huber, 1972; A. L. Mishara & Corlett, 2009).

3.2.2. Hallucinations reveal the content of the delusion

Evidence has shown that delusions in schizophrenia are preceded and accompanied by different types of hallucinatory phenomena (López-Silva et al., 2024; Rosen et al., 2022; L. A. Sass & Pienkos, 2013). Considering the co-occurrence and relatedness of delusions and other psychopathological symptoms over time, delusions in schizophrenia arise and develop as part of psychopathological constellations creating complex and multimodal subjective episodes (López-Silva et al., 2022). What subcategory 1.2 seems to show is that it is hallucinatory phenomena (mainly auditory) that, most of the time, set or fix the delusional contents in most of the participants. In other words, auditory phenomena work as the means through which the content of delusions are revealed. Interviewee 2 claims that he was certain about the content of his delusions because "*they told me in my mind*." When asked about how the content of his delusion was revealed, Interviewee 5 reports that *"my mind was telling me . . . as I was telling myself that I was God"*. In these cases, hallucinatory voices would also communicate to the interviewee things like "*It's time for you to do what you have to do* [explicit name of the interviewee]." Interviewee 7 claims that the certainty of the delusional content *"is something stronger"* exactly because *"they told me that they read my mind."* Similarly, when asked about how he found out about the content of his delusions, Interviewee 8 replies *"because the voices told me."*

This explicit connection between delusional content and hallucinatory phenomena seems to reinforce the idea proposed in contemporary phenomenology that delusional phenomena are a way of making sense of highly confusing anomalous experiences. Arguably, the connection supports the idea that delusions have an important quasi-sensory physicality rather than being purely cognitive states (A. Mishara et al., 2023), this partly explaining the degree of commitment that people show toward their delusions. In addition, the connection could support the idea that delusions and hallucinations are likely to be distinct phenomena occurring as part of the same psychotic episode. For example, Interviewee 7 reported that the voices she heard through a microchip implanted in her head told her that she was going to be a millionaire, adding that this was *"a future that I did not know would occur"*. During a severe delusional episode, a delusion was structured around the idea of becoming a millionaire by winning the lottery, so the voices were key in supporting the delusional narrative itself. This is not to establish a causal connection between voices and delusions, but our findings

are consistent with the co-occurrence and relatedness between delusions and hallucination over long periods of time found in the literature. Future research could focus on how voices could act as the origin of certain delusions.

3.2.3. Interpenetration of dream and delusional content

This subcategory describes how delusional and dream content become intermingled. Sometimes, delusional content is reported to be revealed through dreams. Interviewee 7 reports that during the onset of delusions "*I feel that I transport myself in dreams to other universes* [. . .] *I have dreams that I know I'm dreaming and I'm aware of the dream,"* adding that "*in one of the dreams they showed me that they were reading my mind."* Interviewee 7's report establishes an explicit connection between dreaming episodes and the revelation of the delusional content, namely, that external agents were reading her mind. When asked about this, Interviewee 7 replied that "*I feel that my dreams revealed the truth to me*." In other cases, delusional contents contaminate dreams. Interviewee 8 reports that "*I don't know how they transported themselves from my dreams to real life. Because I started out dreaming about them. But then they started appearing in my life*."

One might say that these findings seem consistent with literature that refer to delusions as being *dream-like* at the phenomenological level (Scarone et al., 2007; Skrzypińska & Szmigielska, 2013; Voss et al., 2018; Waters et al., 2016). However, it is important to note that what our findings show is that the *delusional content itself* (not the form of experience) can be revealed in dreams, and, at the same time, that delusional contents can contaminate dreams.[5] Our findings seem to point toward a bidirectional influence between dreams and delusions, perhaps, allowed by the partial preservation of the participants' ability to distinguish between these two states, and, perhaps, reinforced by the phenomenological similarities reported in the literature (Limosani et al., 2011; L. A. Sass & Parnas, 2003; Windt & Noreika, 2011).

The relationship between dreams and delusions offers a further illustration of how delusional states can become self-perpetuating rather than static. On the one hand, once a full-blown delusion is established, it may shape the themes, emotions, and imagery of dreams, effectively extending the delusional narrative into sleep. On the other hand, the reverse pathway may also operate as dreams with particularly vivid or emotionally salient content can, especially where reality monitoring is impaired, be misremembered or misattributed as waking experience, thereby supplying apparent "evidence" that feeds the development or consolidation of a delusion (Noreika, 2011; Noreika, Valli, et al., 2010; Noreika, Windt, et al., 2010). The result is a closed feedback loop in

which dream content and delusional content mutually reinforce one another, making the delusion progressively more entrenched and harder to revise through ordinary corrective evidence. Arguably, this seems to show that what sustains a delusion need not be a single fixed belief-maintenance mechanism, but can involve distributed, self-reinforcing processes that operate even outside waking cognition and as a part of an extended integrated network of different mental states and attitudes.

3.2.4. False memory

Participants confuse delusional contents with non-veridical biographical memories, i.e., they present delusional contents as memories of something that did not really occur. In the literature, this has been called "false memories" (Brainerd & Reyna, 2005; Favre et al., 2020). For example, Interviewee 1 reports as follows: "*they asked me what I wanted to do in the world and I said politician, then they asked for a politician I trust and I said* [name of a well-known Chilean politician]. And that day [name of the politician] called me! I had him on the phone." When asked about that conversation, Interviewee 1 reports that "[name of the politician] told me they were involved." A similar case is observed in Interviewee 3:

> They scheduled me for a third meeting. A well-known person for the Lottery was there, a notary was there in the meeting room. At that moment the voices were telling me 'we are going to guide you, we will show you what to do to get the Lottery paid.' There were two lawyers, that was proof that all that was happening was real. And they started reading the numbers to me: "You say you won the Lottery. Right now, we're following a procedure to verify your account," "Your account is not the winning one; the numbers are such-and-such." And then I started talking, but talking confidently, like I knew exactly what I was doing: "Look, I'm going to be honest with you. At this moment, I'm the winner of the Lottery prize. Things will proceed as they must.'

When asked for more details, Interviewee 3 reported that he told the lawyers '*I have the recording from the official broadcast – the one done by the lottery for the draw and the selection of numbers. At this point, we have a right, and you need to figure out how you're going to follow this procedure. The document I sent you outlines several things to pressure the Lottery authorities . . . .*"

Interviewee 3's vignette illustrates a further dimension of delusional meaning-making, namely, its capacity to reshape not only present and future experience but also the past. The vignette is considerably longer than the others and centers on a rich, factually incorrect memory. Read alongside the rest of the interview, this memory-like narrative appears to function as an *après-coup* construction – an attempt, retrospectively, to render a number of otherwise disparate delusional themes coherent by embedding them in a shared personal history. In this sense, the case suggests

that delusions can operate retroactively on autobiographical memory, generating false memories that could lend the present delusional narrative a sense of continuity and coherence, arguably, in the same way in which some beliefs could retrospectively resignify past events (Bortolotti, 2009; Moritz et al., 2004).

3.2.5. Movie-like quality of the experience

Subjects explicitly mention that during the onset of their delusional episodes, reality feels like a movie. When asked, Interviewee 1 replied: *"of course, if you ask me if it could be real, I'm telling you it looked like a movie!."* Similarly, Interviewee 7 reports that the delusional onset was like living *"in a science-fiction movie,"* referring to a sense of general confusion and fear ("I *don't know what to think, I don't know what to do*"). The same frightening quality is mentioned by Interviewee 2 who claims that: "[his delusional episode] *was like a movie, I imagined I was going to di*e." This subcategory seems closely related to 1.1. In each case, participants had the conviction that something strange was happening, however, the subcategory 1.5. shows that the concept of "movie" provides a hermeneutic framework for making sense of the strangeness and artificiality of the world as experienced by the participants.

This type of pre-psychotic experiences has been referred to as Truman *Shown symptoms*, taking Peter Weir's 1998 satirical comedy-drama film *The Truman Show* as a reference (Fusar-Poli et al., 2008). In the movie, Truman Burbank (Jim Carrey) is unaware that he lives his life in front of cameras for *The Truman Show*. Gradually, Truman becomes suspicious of his reality and decides to discover the truth about his life and to ultimately discover a "new world." Truman Show symptoms have been characterized as early, prodromal, or attenuated experiences in schizophrenia spectrum disorders where individuals report feelings of being watched, staged, or subtly manipulated, often accompanied by heightened self-referentiality, but without full conviction or delusional structure. A number of studies point toward this type of experiential alterations as core expressions of an impending vulnerability to schizophrenia (Fusar-Poli et al., 2008; Howes et al., 2012; Madeira et al., 2016; A. L. Mishara & Fusar-Poli, 2013).[6]

3.3. Category 2: Elaboration and evolution of the delusion

This category includes accounts that describe how delusional contents become connected within a developing narrative and integrated with other attitudes and everyday understanding.

As such, it captures the temporal trajectory of delusions, i.e., how they become progressively more elaborate and fixed over time, and how this

evolution is accompanied by shifts in the way subjects relate to and struggle to make sense of their own delusional experience.

3.3.1. Gradual progression

Participants mention that delusional contents form and acquire credibility gradually, either because they were revealed to them little by little, or because they acquired more complex meanings through other reinforcing actions and experiences. Interviewee 7 reports that *"I didn't know clearly at first, I only knew that if I put my fingers together they were reading my mind, but I didn't know who," "then I started to discover little by little who was reading my mind."* Similarly, Interviewee 5 reports that "*they told me that little by little [. . .] they did not tell me right away, it was like, how to explain . . . they told me little by little, like gradually*." Interviewee 5 added that "*later on, as time went by, he started telling me things about God . . . and about the things that were going to happen*."

In each case, even though core experiences of delusional quality are identified from the very beginning of the episode (minds being read, words from God, and the like), as time passes by, new elements are revealed to the subjects. In the former case, it is the external agent who is revealed gradually while, in the latter case, it is the content. This finding seems to show that full-blown delusional narratives – as the ones often communicated in clinical interviews – are the product of episodes gradually constructed and enriched through subtle and different experiences over a variable period of time (*see* subcategory 1.4.). This could also help to make sense of how delusions gradually integrate within a broader network of beliefs, affects, and attitudes in the subjects' mental lives.

Now, it is not uncommon to find in the literature descriptions of delusions as having a sudden and disruptive quality, something similar to a revelation. This "insight" quality (Cicero et al., 2010; Conrad, 1958; Kapur, 2003; Sips, 2019) is described as "a sudden new awareness" with "feelings of extraordinary insight," "revelation," or "apophany" (Conrad, 1958; Jaspers, 1963; Kapur, 2003; A. L. Mishara, 2012; Sips, 2019). A number of authors have specifically referred to this phenomenon using the concept of *aha-experience* (Conrad, 1958; Deikman, 1971; A. L. Mishara, 2012; Sips, 2019). Our findings call for a more nuanced view of this aspect of delusions in schizophrenia. Even if delusional reports show this sudden quality, our findings also show that individuals become aware of either the propositional content or the external agency responsible for their delusions gradually over time by integrating different experiences and actions into a cohesive narrative. In this sense, rather than a full-blown revelation, delusions can be also seen as a discovery process where delusional truths take form gradually.

3.3.2. Elaboration of secondary ideas supporting the delusion

This category captures ideas or proto-beliefs that derive from the main delusional theme. In most cases, such elaborations give more sense to the delusional experience, and, at the same, the delusion reinforces those narratives. During his interview, Interviewee 7 claims: I think they did witchcraft on me or something. Or, what I was telling the doctor about the reptilians, that maybe . . . that we live in a different world that we know about and that maybe you don't know either, but beyond that they control us from other dimensions and we are like an experiment. This narrative emerges as a way of providing more details and narrative elements to the main delusional theme, namely, having a chip implanted in her mind through which "they" were able to read her mind. Similarly, Interviewee 2 reported the delusion of being chased by hitmen. During the interview, he adds the following: "*I don't know, they speak to me . . . but it is like I don't know how to interpret it; they have a machine through which they talk to me, they also have telepathic powers!*." In both cases, the main delusional theme (see Table 1) is gradually surrounded by other narrative elements that seem to help the subjects to take sense of this core delusion.

3.3.3. Epistemic circularity

This subcategory captures the fact that the participants' justification for their delusional reports ultimately refers back to the delusion itself, without appealing to any independent evidence or shared criteria of reality. When asked about how he knew that it was the assassins who were talking to his mind, Interviewee 2 replied "*because they talked to my mind*," "*because I heard the voices of the assassins,"* or *"because they are not my voices, they were the assassins' voices."* Similarly, when asked about how he knew that it was God who was talking to her, Interviewee 5 replied "*because God did this,*

Table 1. Sample's demographic information and main delusional theme.

Subject	Sex	Age	PANSS score	Treatment (daily dose)	Main theme of delusion
1	Man	32	P:17 N: 28 G: 31	Olanzapine 30 mgrs.	He is the antichrist and will rule the world
2	Man	24	P:17 N: 25 G: 28	Risperidone: 6 mgrs	He is pursued by hired killers
3	Man	35	P:20 N: 30 G: 25	Risperidone: 6 mgrs	Superior beings will give him superhuman powers
4	Man	30	P:17 N: 26 G: 24	Risperidone: 3 mgrs	Beings from another dimension provoke sensations in his body
5	Woman	58	P:19 N: 30 G: 33	Risperidone: 4,5 mgrs	She will be transformed into God after an apocalyptic event
6	Man	48	P:22 N: 34 G: 27	Haloperidol decanoate 100mgrs. /month	He is pursued by the illuminatti
7	Woman	23	P:17 N: 14 G: 20	Clozapine:300 mgrs.	She has a chip implanted in her brain through which her thoughts can be read
8	Woman	28	P:16 N: 16 G: 20	Risperidone: 3 mgrs.	She is being followed by men dressed in red

when I was at the tarotist". In some cases, delusional reports tend to form a closed system of interrelated, self-validating ideas. This seems to create a *cognitive loop* in which the delusional person relies on the delusion to justify itself, rather than seeking or being responsive to external evidence or counterevidence, this clearly contrasting with regular beliefs (Fineberg & Corlett, 2016; Fletcher & Frith, 2009; Moritz & Woodward, 2002). Arguably, this epistemic circularity could be related to the role of delusions in creating a coherent narrative (subcategory 1.4.), and how they help to make sense of the general unpredictability of the world during delusional onset (subcategory 1.1. and 1.5.). Further research is needed in order to clarify how delusions cut off the person from shared standards of justification, creating the self-sealing logic characteristic of schizophrenia's quasi-solipsistic attitude.

3.3.4. Opposites

Subjects often refer to the experience of opposing forces (negative/positive entities, black/white aspects, splitting into parts, and the like). Interviewee 3 reports as follows: "*it was a very long process [. . .] they made me feel very bad because the two forces were just agreeing [. . .] the force of both the entities of the law and the private entities*." Also exemplifying this dichotomous narrative, Interviewee 3 reports "*the bad ones, had to get me sick to be able to pressure the good ones with the procedural element; I was the procedural element and we had a competition between them*". In a similar way, Interviewee 4 claims that "*I cannot generate energy outwards, that I am like inside, that I have my energy inside, that I am not generating energy outwards*," and Interviewee 5 reports "*it means horror, it means disaster, but also means love, love to all human beings even if I have to kill them all*".

Rather than reflecting epistemic ambivalence about the delusion itself, these dichotomies appear at the level of content. The idea is that the delusional world seems to be organized around polarized, often warring, forces. This recurring binary structure resonates with Jaspers's (1963) account of delusional mood (Wahnstimmung), in which the atmosphere of reality – and even its apparent opposites – becomes saturated with personal significance. Within this experiential context, the emergence of opposites may reflect an attempt to narratively organize a pervasive sense of ambiguity in a world experienced as uncanny and affectively charged, with delusional narratives retaining traces of the underlying contradiction – for instance, in experiences of being simultaneously blessed and cursed.

3.4. Category 3: Delusion and the intersubjective world

This category captures participants' feelings, conflicts, and worries about disclosing their delusional ideas to others – including anticipated reactions

to sharing their ideas with significant others, and, in some cases, actual experiences of having done so (e.g., Interviewee 8 reporting "I don't know if they don't believe me" and the like). It is important to distinguish this concern about disclosing delusional content from a separate, more general difficulty some participants reported in expressing themselves verbally, independent of the delusion. For instance, Interviewee 3 states "I am trying to express myself as best I can, but ideas are a little difficult for me, it has always been difficult for me," and Interviewee 6 similarly reports "I'm trying to be as logical as I can to express myself, but it is hard." Because both participants frame this difficulty as longstanding rather than tied to the delusional episode, we treat these instances as reflecting preexisting expressive difficulties and exclude them from this category. In this sense, this category seems to show how delusional contents may inform decisions about disclosure, providing a specific context in which their practical role can be examined.

3.4.1. Secrecy

Participants report that, in different ways, their delusions should be kept secret due to different reasons. Subcategory 3.1. captures how the delusional content is itself the source of this secrecy (cf. sub. 3.2.). Take the case of Interviewee 3 who claims: I am trying to explain myself as best as I can because at the moment they are not very happy with what I am talking about, they don't like me to talk to third parties and that's why it's very complicated for me. The conflictive nature of this secrecy is shown in Interviewee 2 report when he claims "*I'm so sorry but I'm risking my life here, I can get killed for doing this, for revealing my secret and, well, I don't know if I'm crazy or not, but I'm grateful to be alive.*"

Similarly, Interviewee 7 reports "*I might travel in time, or I can see the fourth dimension of pineal gland, all these things, but nobody, not even my best friend can find out that I'm special.*" When asked about the reasons for this, Interviewee 7 replies that "*because something bigger could find out that I discovered the truth and they could kill me in the same way they killed those famous people.*" As observed, delusional secrecy could be related to avoiding harm, keeping third parties safe, or, in some cases, because secrecy is part of the very thematic configuration of the delusions (I'm special, I've been chosen, and the like). However, in all cases, keeping the delusion secret seems to be a source of constant tension and conflict (Nelson & Sass, 2008; Rhodes et al., 2005; Stanghellini & Fuchs, 2013).

3.4.2. Feeling of lack of empathy

In strict relation to secrecy (3.1.), subcategory 3.2. refers to the fact that participants feel that others will not understand what is happening to them, or that people simply do not empathize with their ideas and

feelings. This experience of lack of empathy could act as a reinforcement for the secrecy of the delusion (*sub* 3.2.), but, contrasting with 3.1., this could be due to foreseen consequences in others such as distrust, distance, fear, shame, and the like (not due to the thematic configuration of the delusion). Interviewee 8 reports that "*I don't know if they don't believe me, but it has happened to me that people don't put themselves in my place, because people are not very empathetic.*" Interviewee 5 reports: "*actually I think they don't believe me … I mean, it's not that they don't believe me, but that they don't understand me.*" When further asked about why they had not told their friends about their delusions before, Interviewee 5 replies that "*they were going to believe I was crazy; my friend would get scared!*" and Interviewee 2 replied that "*they laugh at me, they think this is like a movie, they do not believe me*."

This subcategory seems to show that people with schizophrenia may choose not to communicate their delusions due to potential lack of empathy, fear of frightening others, or awareness of social consequences, this, in turn, suggesting a degree of preserved socio-cognitive functioning and action-guidance (Frith & Corcoran, 1996; Lysaker & Lysaker, 2002). As L. A. Sass and Parnas (2003) suggest, people with schizophrenia may retain enough social awareness to realize that their experiences are disturbing or confusing to others, and thus avoid sharing them, even if they believe them fully.

3.4.3. Ineffability

Participants often express that they cannot or do not know how to put their experiences into words when it comes to the description of their delusional episodes. Interviewee 3 indicates that "*It is very difficult to explain the sensation with words, but I had a lot of problems perceiving reality and I had several ways because I had them periodically every day when I was in the process.*" Similarly, when trying to describe his delusional episode, Interviewee 2 replies "*how did I know it was him? … I don't know … how … I don't know how to say it … I can't really explain it*", "*I started listening to his voice, I don't know.*" We include this subcategory into category 3 because it is in the encounter with the other where delusional ineffability becomes more pressing (and explicit). The effort of describing their experiences to others is an important source of conflict for the participants. Delusional ineffability has often been linked to broad alterations in the basic experience of reality in schizophrenia – atmospheric and ontological qualities, themselves quasi-ineffable, that erode subjects' sense of the world as unambiguously real, fully present, and shared with others (Feyaerts, Henriksen, et al., 2021).

3.5. Category 4: Delusions accepted as a reality (delusional fixation)

After the initial period, full-blown delusions are fixated. In this period, participants accept the delusion passively (with no opposition, or further questioning), expressing absolute conviction regarding the veracity of their delusions, and, sometimes, producing alternative narratives in order to reinforce the main delusional theme. It is important to note that while 4.1. involves passive acceptance of the delusional content, 4.2. and 4.3. capture two active ways of delusional justification.

3.5.1. Passive acceptance of the delusion

Participants do not question the reason for their delusions, rather, they accept the ideas with a rather passive attitude. When asked about the reasons to believe the content of her delusions, Interviewee 2 replied: *I don't know . . . I had the bad luck that this experience happened to me and well . . . the only proof is that they talk to me*. Similarly, Interviewee 1 was asked how he justified the content of his delusions, replying "*I don't know; that should be answered by other people, I have no answer; as I said, I have to wait*." Interviewee 7 mentions that she does not try to look for reasons *"because I'm just convinced this is the case."* This passive acceptance of delusions might relate to the way in which they are fixated in the subjects' minds. For Fuchs (2020), delusions may be accepted passively because they are not conclusions, but rather interpretive frameworks imposed by the type of altered experience observed in the period of delusional mood (category 1). As López-Silva (2024b) suggests, full-blown delusions would "hold" reality together, so initial opposition to them would be too costly for the subject. The dissolution of the initial conflict in believing the content of their delusions could be related to the way in which they provide a narrative center in an otherwise generally distinctively abnormal experience of reality and themselves. As Stanghellini (2004) suggests, delusions are narratives through which persons reclaim a position in the world that has become chaotic; delusions provide a framework, a structure, a sense of coherence, often when the very sense of self is dissolving. This role of delusions could be related to the epistemic circularity observed in 2.3. at the justification level.

3.5.2. Affirmation of the veracity of the delusion

When fixated and accepted, subjects justify the veracity of their delusions with second-order narratives. Participants reject the authorship of their delusions due to formal reasons; they consider it unlikely that they are their own ideas because they are too elaborate and detailed, unlike their usual thinking. For example, Interviewee 3 reports as follows:

> I have always searched for that explanation, and I repeat again that they are very elaborate things and unknown to me, so it has to be a third person who is doing something because if they were things that I am elaborating I would have found the clues.

Similarly, Interviewee 1 reports that:

> Yes, I did hear voices, but that's the thing—I've always said that it can't be a psychiatric problem of mine, or a problem with intelligence,[. . .]because they are concrete ideas that are put into my head, very complex, with details, very advanced things. [. . .] if these things are from my own mind, I don't know how I could divide myself into two people, and how, somehow, I would be telling myself things—even things I don't know why I'm being told—things that are very advanced.

Interviewee 1 continues as adds that: '*They tell me things and I don't know how I could be coming up with such complex thoughts, [. . .] and I accept them as complete – as complete ideas. That has always caught my attention – how this happens*. In these cases, the passive acceptance seems to be related to the impossibility of the subject coming up with those "complex" and "advanced" ideas.

Here, it is not the form that explains the externalization of authorship, but rather, the complexity of the content so the participant does not recognize himself as the author of that type of content. In other cases, the veracity of the delusions is asserted through the type of experience. Interviewee 7 mentions that: No, they are different types of headache. When I've had headaches, it hurts here [pointing a place in his head], when it is stress or migraine here [pointing to a different place in his head]. But this is on both sides of the head, I felt like I was put a helmet on, or something like that, so that's why I know they are reading my mind, but it is an invisible helmet. So, as we can see, the source of the reaffirmation of the veracity of the delusions can be the complexity or impossibility of the authorship of the content, or the type of experience that the delusion involves.

3.5.3. Reaffirmation of the veracity of the delusion

In strict relation with the subcategory 4.2., when delusions are firmly established (fixated), participants reaffirm their delusions with other antecedents and ideas, possibly, drawing from the narrative systems already fixated (4.1., 4.2.). So, in addition to the initial conviction (due to the content or form of experience), participants provide further narrative elements to justify their conviction. Interviewee 6 reports Let's start looking for arguments and in the end among the arguments I have tried millions of ways but I have not been able to come to the conclusion that I am wrong because in the end it is always the other people who are wrong. Interviewee 1 claims that "*but*

if we are talking about my case, it makes sense because if the government is involved or the aliens, it all makes sense! they are capable of making those connections!." As delusions get fixated, they start to structure a more rigid and self-contained narrative that is able to integrate new ideas in order to reaffirm itself (*see* sub. 4.1.).

3.6. Category 5: Questioning the delusion

Some participants manage to reflect and raise doubts about the veracity of their delusions during interviews. In some cases, participants consider the possibility of having a disorder that would explain or would be the origin of their delusions. Contrasting with the doubts during the prodromal stage, during this period the doubts continue. It is important to note that the coexistence of conviction, doubt, and alternative explanations provides a basis for examining whether commitment to delusional contents may be partial or context-dependent. Participants' accounts of medication further allow us to consider how perceived changes in experience relate to their appraisal of those contents.

3.6.1. Doubts about the delusion

Doubts about the delusional content are raised by some participants, highlighting elements that make it unconventional or impossible; however, this is not enough for the person to reject it. As *Interviewee 7* reports It is as if I had two minds. One knows that it is impossible for someone to read my mind, and the other is convinced that they read my mind, I don't know if you understand me. Interviewee 7 adds that she feels that her delusions could be *"imagination, but I also feel that it is real . . . I don't know how to explain it, it's like it is imagination, I know that it is an imagination that the sane [*name of the Interviewee*] tells me, . . . that tells me that I am sick, and then there is me that tells me that everything is real, that I am a special being."* Interviewee 5 comments that '*if I don't get medication I can think I have powers, but I don't like that because I know I don't have any powers*. As with the affirmation of delusions discussed in 4.2, doubt about their veracity draws on the same two grounds – the nature of the delusional content and the quality or form of the experience through which it is given – but here these features work against conviction rather than for it. Participants recognize the content as too improbable to fully accept, or find that the experience itself fails to sustain the sense of reality that would confirm it. This interface between doubt and reaffirmation of the content of a delusion seems consistent with the gradual way in which they are reported to

be revealed by the participants (sub 2.1.), and the generally rarified experience of reality in which they are adopted (*sub* 1.1, 1.3, 1.4., 1.5.).

3.6.2. Possibility of schizophrenia (psychotic disorder)

Sometimes, participants entertain the possibility of having a psychotic disorder, although they might not be totally convinced. For example, Interviewee 6 comments: *"out of the 100% of the stuff I think, I believe that 5% is an illness"*, and Interviewee 1 reports that: '*sometimes I see the fourth dimension with my pineal gland, but the other part of me tells me I have schizophrenia; but that part also tells me it might be that you are actually seeing the fourth dimension that are like ghosts, voices, and that kind of stuff."* Now, this possibility does not entail that participants find an explanation for what they are going through. For example, Interviewee 2 reports that *"I might have schizophrenia, I accept it . . . but I have the bad luck that this experience of hearing the voices of the hired assassins happened to me . . .,"* and Interviewee 1 comments that *"what you surely think is that this is a psychotic crisis, this is psychosis."* In these cases, there is a dissociation between the possibility of having schizophrenia or psychosis, and this being the explanation for what the interviewees have experienced. However, in other cases this alternative framework could help the subject to make sense of what is happening, providing some relief. As Interviewee 3 reports: "*I want to see if I can get some medication, something to make me feel better . . . I need an explanation for what is happening to me, that this is the product of an illness . . . I've always looked for that explanation."* In all these cases, the possibility of having a mental condition for the participants might act as an additional narrative element that does not necessarily involve insight into their clinical condition, but, in some cases, it could provide some hermeneutical tools for making sense of their delusional episodes, allowing some degree of intelligibility. As it has been suggested in the literature, taken as a narrative framework, psychiatric labels could sometimes offer relief, coherence, or meaning to subjects in the way in which they legitimate suffering and make it socially intelligible (Lysaker & Lysaker, 2002, 2009; Sims et al., 2021; Whooley, 2019; Yap et al., 2014); in others cases, psychiatric labels may be experienced as reductive or even alienating (Moncrieff, 2008; Szasz, 2010).

3.6.3. Perception of the effect of medication

Participants mention that when starting pharmacological treatment, the frequency and intensity of their delusional ideas change. Patients report that as the frequency and intensity of delusional ideas decreased, they were able to feel calmer. In the same, this effect was explicitly attributed to the medication. What is important is that the delusion apparently does not

resolve/become disconfirmed; rather, a. it begins to be relativized and b. its emotional impact diminishes. Both occur indirectly. As Interviewee *7* reports "*What happens is that I have the idea that the medication has something chemical that makes me not listen to so many voices,*" adding that after starting treatment, *"I don't think so many things, and I prefer to be calm like that . . . because when I don't get it my emotions get all crazy, I imagine things, but get I get it [the medication] I feel like that stops a little"*. Similarly, Interviewee 8 states that: "*before, when I was not under the adequate treatment, I used to think that my family was conspiring against me . . . with that treatment I feel calmer*." In the phenomenological literature, the experience of change after starting pharmacological treatment has been connected to the ways in which medication helps reintegrate the subject's sense of reality, reduce overwhelming anomalies in social and bodily self-awareness, and how this would promote a more coherent experience of the self and others (Berkhout & Zaheer, 2017; Dijkstra et al., 2024). In this context, subjects often describe feeling "more grounded" or "more present" after pharmacological treatment.

3.7. Category 6: Consequences of the delusion

Participants often mention potential consequences that their delusions may have for their lives, projecting them into the future. In some cases, participants might attribute positive effects to their delusions on their self-esteem and mood. Likewise, this category reflects the emotional impact of delusions in the participants' lives. The reported consequences in this section bear on the role of delusional contents in shaping expectations, self-understanding, and personal projects – functions relevant to the practical and narrative dimensions of belief. Their interpretation requires distinguishing emotional significance and anticipated consequences from intentions or actions actually undertaken.

3.7.1. Consequence in the future

Participants recognize that their delusions will impact their future in positive or negative ways. For patients, the delusional idea has, at minimum, some future consequences regarding what will happen to them or what they must do. In these cases, they are not merely "occurrences" but can be integrated into a broader narrative regarding their identity or goals which is foundation for a comprehensive understanding of the patients' experience. For example, Interviewee 3 reports that *"things will have to happen in the future, things will have to happen that are already being prepared, things are already being prepared for me to follow a path where I will have to do things because this whole process, although it is true that it is a process of private things in life, this process I am going through."* Interviewee *reports*

"I'm special, I'm one of the only persons that know what things are going on, or that I can have astral projections, or the fourth dimension, and I feel special but it also scares me because I feel it can kill me in the future." In both cases, delusions are projected into the future, allowing a narrative resignification of the participants' lives with neutral or negative consequences. This shows how delusional narratives can structure current interaction by not only making sense of past and present, but also projecting potential scenarios into the future. As Lysaker and Lysaker (2002, 2009) have suggested, delusions can be narrative attempts to regain a coherent self, and sometimes include goals, destinies, missions, or other future-oriented content. However, contrasting with what Ritunnano and Bortolotti (2022) have proposed, the projection of those scenarios and meanings into the future could be an important source of stress and fear in the participants (see sub 2.3. cf. sub 6.2.).

3.7.2. Positive consequences of delusions

This subcategory includes quotes where patients express increased self-esteem, excitement, and novelty as a consequence of the content of the delusion. As Interviewee 1 reports "*this is what I am going to dedicate myself to, that this is what gives me satisfaction and happiness. The truth is that I am very happy that this is my life project."* Interviewee 7 reports "*I don't know, I believe I'm special, and I like believing I'm special; I can travel to other worlds, I have a gift*," adding "*even though it makes me feel bad, I like to think that I'm special and that I'm not sick. My life would be boring without this*." It has been proposed that delusions may provide epistemic and emotional value by offering meaning, coherence, or identity during a time of crisis (Bortolotti, 2015, 2020; Bortolotti & Sullivan Bissett, 2018; Ritunnano & Bortolotti, 2022). Delusions may be attempts to reestablish coherence and meaning in an otherwise unintelligible or threatening world, and this, in some cases, could improve self-esteem, and the way participants see themselves in the future. In this way, delusions could help organize chaotic experiences, temporarily restore agency, or express a desire for coherence and belonging (Hamm et al., 2017; Lysaker & Lysaker, 2009). Clinical consequences of this approach are the current target of ongoing discussions in the literature, but they will not be discussed here (see, for example, Garson, 2022).

4. Discussion: On widening our conception of belief in the typology problem

Our findings suggest that delusions are heterogeneous, complex, and qualitatively rich phenomena that cannot be characterized in isolation from the altered experience of reality and the self in which they are adopted, as well as

the peculiar epistemic and narrative features they deploy (see Barnby et al., 2024; López-Silva et al., 2022; A. Mishara et al., 2023). Now, in order to determine delusions' typological status, this descriptive richness needs to be complemented by an assessment of whether delusions instantiate structural features constitutive of belief – for example, propositional commitment, and integration within inferential and practical contexts, understood as the extent to which the delusion is drawn upon as a premise in further reasoning, revised in light of new information, or reflected consistently in the subject's actions, rather than remaining functionally inert. A typology of delusions should therefore be built jointly from both dimensions – the phenomenological profile of the experience and this functional/structural profile – rather than from either in isolation, offering a more fine-grained alternative to typologies based on a single criterion such as belief/non-belief.

4.1. Beyond the traditional divide

Often, authors within the phenomenological tradition have argued that delusions' qualitative richness cannot be accommodated within doxastic frameworks (Feyaerts, Henriksen, et al., 2021; Feyaerts, Kusters, et al., 2021), not merely because of its complexity, but because delusions arise from a transformation in the sense of reality itself, potentially altering the background conditions for believing (Parnas & Henriksen, 2016a, *see* introduction). What remains unclear, however, is whether such transformations eliminate the possibility of propositional commitment altogether or, instead, they reshape the experiential background under which propositional commitment occurs. The central issue, therefore, is not only whether delusions are experientially rich, but also, whether such alterations undermine the attribution of belief in the standard sense or modify the conditions under which belief-like commitment is instantiated. Here, we argue that delusions are best understood as qualitatively rich embodied states that preserve relevant propositional commitment while emerging from altered experiential backgrounds. At the same type, we claim that traditional formulations of doxastic and anti-doxastic approaches have rested on oversimplified views of how belief work and feel like, neglecting their complex and rich phenomenological nature (see McCormick, 2022, 2024; for an overview).

If delusions preserve propositional commitment under altered experiential conditions, then the question is not whether they qualify as beliefs at all, but whether more refined accounts of belief can accommodate their distinctive epistemic and qualitative features. A number of authors within the phenomenological tradition reduce doxastic characterizations of delusions to "false beliefs" (Feyaerts, Henriksen, et al., 2021; Feyaerts, Kusters, et al., 2021). However, such a view neglects what modest

doxastic has long maintained, namely, that falsity is neither necessary nor sufficient for delusionality attribution (Bortolotti, 2009; Graham, 2015; López-Silva, 2024a). In addition, doxasticism is not incompatible with the target of analysis of phenomenology. As it has been defended in the philosophy of mind, beliefs themselves exhibit a rich qualitative profile; they are accompanied by a distinctive phenomenology that contributes to the way in which they are consciously experienced, and the role they play in behavior (Clutton, 2018; Kriegel, 2015; López-Silva, 2024a; López-Silva et al., 2022, 2024; McCormick, 2022, 2024; Pitt, 2004). As Kriegel (2015) writes: *"occurrent beliefs are often accompanied by a characteristic phenomenology, an intellectual seeming that makes the proposition in question feel true"* (p. 146). From this perspective, it seems that there is something it is like to think that p, something it is like to judge that p, and something it is like to believe that p (Pitt, 2004), and therefore, beliefs as such can be unproblematically located in the space of phenomenological analysis.

In the same vein, McCormick (2022, 2024) has lately proposed to understand beliefs as an emotional state involving not only a cognitive appraisal of its content, but also a different set of embodied feelings such as a "feeling of accuracy" and "feelings of rightness" that can vary in strength. This idea can be traced to Hume (*Treatise* 1.4.1, 2000) who claimed that *"Belief is more properly an act of the sensitive, than of the cogitative part of our natures"*. Similarly, de Sousa (2008) describes a "feeling of rightness" when propositions strike us as obviously true, namely, when we believe they are the case, and, for Cohen (1992), when I believe P I *"feel it true that p"* (p. 11), a phenomenological trace that seems to have a positive valence (McCormick, 2022). All of these points toward the idea that beliefs can also have rich qualitative profiles, being embodied and embedded in our habits and everyday practices. Beliefs color our everyday experience and flexibly adapt to our socially dynamic interchanges, all features that traditional approaches to beliefs do not seem to capture (Elgin, 2008; McCormick, 2022).

Considering this, even the classical distinction between primary and secondary delusions often posited in phenomenological psychiatry (Feyaerts, Henriksen, et al., 2021; Jaspers, 1963) may not decisively undermine a richer doxastic view. Often, it is claimed that doxastic approaches capture secondary phenomena rather than primary delusions i.e., beliefs about qualitatively richer experiential phenomena. However, although primary delusions are described as sudden, intrusive, and non-inferential experiences of meaning in order to qualify them as non-beliefs (Parnas & Henriksen, 2016a; Sips, 2019), the fact that some beliefs also arise non-inferentially and can shape experience in pervasive ways weakens the contrast between primary and secondary delusions as a way of resisting

doxasticism. Furthermore, our findings indicate that delusional contents may also emerge gradually over time, suggesting that abruptness and suddenness might not be an intrinsic feature of all delusions (see section 2.1.), thereby reinforcing the view that phenomenological features alone do not suffice to exclude delusions from the domain of belief and that more nuanced approaches could be explored.

In sum, phenomenological and doxastic approaches may be more compatible than is often assumed, although the specifics of this compatibility remain unclear and are worth exploring systematically. In our opinion, one central difficulty in this debate concerns the oversimplified notion of belief often employed in both cognitive science and phenomenological accounts of delusion (McCormick, 2024). If belief has been treated in overly coarse-grained terms, an appropriate response is – perhaps – not to abandon doxastic models, but to examine whether more articulated frameworks can illuminate the phenomena reported by patients. In order to explore this issue, let us turn to a popular model of belief-formation in cognitive sciences as a heuristic framework to examine whether and how core features of belief might be preserved under altered experiential conditions.

4.2. Belief-based models and the progression of delusions

Among contemporary doxastic accounts of belief and delusion formation, Connors and Halligan (2015, 2020, 2022) model – C&H henceforth – has gained traction over the past decade within cognitive neuropsychiatry, this making it a particularly relevant framework for focused analysis in the context of the typology debate. The model describes 5 stages in delusion-formation. The first stage described in C&H model refers to a precursor, namely, an event, idea, or memory that initiates belief-formation. In our data, this appears as a diffuse experiential alteration rather than a discrete trigger. Participants frequently described an ineffable strangeness at the onset of psychosis, including dream-like experiences, difficulties distinguishing imagination from reality, or recollections of implausible events. While reminiscent of Conrad's *Trema* or Jaspers' *Wahnstimmung*, these accounts do not point to a single identifiable precursor; instead, delusional content is often experienced as directly revealed, particularly through hallucinatory voices. The second stage in C&H model involves an active search for meaning that interprets the precursor. Although delusions have classically been understood as attempts to make sense of an uncanny reality – culminating in Conrad's (1958) apophanic moment – we found little evidence of an active search for meaning in the sample. This is consistent with the absence of a clearly identifiable precursor and suggests that meaning is often experienced as given rather than constructed. The third stage in the authors' model concerns the evaluation of proto-beliefs in terms of

explanatory power and coherence. Some participants described a progressive elaboration of their beliefs, incorporating new information from voices or generating secondary ideas that reinforced the original content. In the sample, this process was largely characterized by passive acceptance rather than active evaluation, suggesting that belief assessment is attenuated or asymmetrically biased toward confirmation during delusional processes. The fourth stage in C&H involves the integration of the belief within a broader belief-system. In our sample, this process appears inverted: rather than being integrated into an existing network, the delusional core often generates further secondary beliefs. Even when participants acknowledged illness or medication effects, this did not undermine conviction, which was frequently maintained through a form of double bookkeeping. Finally, C&H propose that beliefs guide action and shape subsequent cognition and emotion. Participants did not report consistent or overt behavioral changes as a direct consequence of their delusions, in line with classic descriptions (Bleuler, 1911; Jaspers, 1963). While some developed reinforcing secondary beliefs (Poupart et al., 2021), the most prominent impact appeared affective rather than behavioral.

Taken together, these observations suggest that delusional belief formation only partially conforms to the architecture described by C&H model. While elements such as progressive elaboration and the generation of secondary beliefs are preserved, other elements – including active meaning-seeking, critical evaluation, and robust action-guidance – are attenuated. Now, we suggest that, rather than excluding delusions from the belief category, our findings support the view that delusions instantiate recognizable forms of propositional commitment under altered experiential conditions, diverging from ordinary beliefs in the mechanisms through which they are formed, maintained, and expressed. At the same time, our findings reinforce the idea that beliefs enjoy a qualitatively rich and complex profile with strong affective import, and that delusions should be analyzed under this framwork (see McCormick, 2024; Poupart et al., 2021)

Our findings also shed light on the communicative and intersubjective difficulties associated with delusional experience. Participants consistently reported a marked difficulty in articulating both the content of their delusions and the grounds of their conviction. This difficulty appears to stem not only from general expressive limitations – sometimes related to formal thought disorder – but more fundamentally from the ineffable character of the experience itself. In this respect, our data align with Jaspers' observation that delusional content often functions as a symbolic expression of an experience that exceeds available conceptual and linguistic resources. As the German psychiatrist suggests, delusion would be rooted in a transformation of the total awareness of reality, such that no available content can fully capture the underlying

experience. At the same time, this ineffability can be understood, following, Fuchs (2015), as reflecting a disturbance in intersubjectivity: although patients may retain the capacity to understand others' perspectives, they struggle to adopt a reflective position from which their own experience can be compared, shared, or relativized within a common epistemic space (also see López-Silva, 2023, 2024b). This helps explaining both the instability of delusional narratives and the reliance on indirect or secondary forms of justification. It also helps to make sense of the intersubjective opacity observed in our data, as patients anticipate misunderstanding or fail to find adequate means to convey their experience, thereby reinforcing patterns of secrecy and withdrawal. Certainly, more research on the intersubjective dynamics underlying delusional phenomena and the role of language in formatting the transformation of reality underlying them is needed.

4.3. Doxasticism reconsidered

The preceding analysis motivates a limited but theoretically significant revision of the very concept of belief as it is typically employed in the typology debate. Standard accounts in the debate tend to assume that beliefs are formed through inferential processes, are governed by shared evidential norms, and are embedded within relatively stable networks of justification and action-guidance (cf. McCormick, 2024, Chapter 3). While these assumptions capture fundamental cases, our findings suggest that they do not constitute necessary conditions for the presence of doxastic commitment. Indeed, such criteria belief risks "*depopulating the category belief in a problematic way*" (McCormick, 2022, p. 105). It imposses parameters that only fewer beliefs can meet (e.g., purely rational beliefs for example). A plausible theory of belief should preserve the idea that humans have different types of beliefs, including some deeply irrational and rigid (such as racist and misogenistic beliefs). Not recognizing this doxastic diversity could have important ethical consequences when it comes to debates about personal responsibility, discrimination, ethical behavior, possibility of change, among many others. "Ivory tower" conceptions of belief risk overidealizing the notion, abstracting it to the point where it becomes an unrecognizable and unrelatable object of purely armchair intellectual scrutiny. As McCormick (2022, p. 105) rightly points out, "*it is important to have a sufficiently broad conception of belief so that irrational beliefs can be exposed and rationally assessed.*" Considering this, first, our data indicate that propositional commitment may arise from non-inferential and non-cognitive sources, including affective, perceptual, and hallucinatory experiences (Conrad, 1958; Ratcliffe, 2010, 2013; Jaspers, 1963). In such cases, subjects do not arrive at delusional contents through processes of reasoning

or hypothesis testing, but rather encounter them as given, often with a marked sense of immediacy, certainty, and experiential force. This suggests that belief-formation, at least in these contexts, cannot be reduced to inferential or deliberative processes.

Second, delusional reports display systematic departures from standard evidential norms, particularly in the form of epistemic circularity and limited responsiveness to counterevidence (Fineberg & Corlett, 2016; Fletcher & Frith, 2009). However, rather than warranting their exclusion from the category of belief, these features suggest that evidential responsiveness is better understood as a matter of degree rather than as a necessary condition. From this perspective, beliefs may vary in their sensitivity to evidence depending on the experiential and affective conditions under which they are formed and sustained. This point also challenges more restrictive or "strong traditionalist" views, according to which conformity to evidential norms is constitutive of belief (e.g., Adler, 2002; Gendler, 2008; Velleman, 2000). As Velleman (2000, p. 289) claims Aren't there people who believe that they are Napoleon (people other than Napoleon, I mean) Don't such people have a belief that isn't regulated for truth? I think the answer is that it isn't a belief. We think that such approaches risk drawing the boundaries of belief too narrowly, excluding not only delusions but also a wide range of ordinary, non-paradigmatic beliefs – such as certain political, religious, or identity-related commitments – that display varying degrees of evidential insensitivity.

Third, the presence of narrative elaboration, affective salience, and practical consequences indicates that delusions participate, at least partially, in the functional profile typically associated with belief. Delusional contents contribute to the organization of experience, shape expectations, and become integrated – sometimes retrospectively – into broader narrative structures. At the same time, the ambivalence and instability observed in some cases suggest that doxastic commitment may be fragmented, oscillatory, or context-dependent rather than fully unified. Finally, the marked intersubjective opacity associated with delusions – manifested in ineffability, anticipated misunderstanding, and secrecy – points to a disturbance in what may be described as a shared epistemic space (Bayne & Pacherie, 2005; Feyaerts, Henriksen, et al., 2021; Feyaerts, Kusters, et al., 2021). This does not imply the absence of belief, but rather a disruption in its communicability and social integration. In this sense, belief need not be fully accessible to intersubjective validation in order to be instantiated, but may nonetheless remain partially isolated from shared processes of justification and understanding.

Taken together, these considerations support a plural and graded conception of belief. On this view, beliefs are not defined by a fixed set of necessary and sufficient conditions, but by a constellation of features – including

propositional content, commitment, integration, and responsiveness – that may be variably instantiated. Delusions occupy a boundary region within this conceptual space: they preserve central aspects of belief, while diverging in their mode of formation, evidential grounding, intersubjective articulation, and phenomenological qualities. Importantly, this proposal does not entail a dissolution of the concept of belief into a heterogeneous set of mental states. Even under this expanded framework, beliefs remain propositional and truth-apt attitudes involving some form of commitment to how things are. What is revised is not their minimal structure, but the assumptions regarding the conditions under which such commitment must arise and be sustained. In this respect, delusions do not simply fall outside the category of belief; rather, they reveal its limits and contribute to its theoretical re-articulation.

5. Concluding remarks

This study has explored how individuals diagnosed with schizophrenia describe the early stages of the formation, development, fixation, and maintenance of their delusions from a first-person perspective during phenomenologically guided clinical interviews. We have contended that mapping what it is like to experience delusions, as provided by self-reports, can inform the profiling of the type of mental state instantiated by delusional reports – what has been called *the typology problem of delusions*. It is important to note that the qualitative richness described in the participants' delusional episodes – and also reported by authors in the phenomenological tradition – do not necessarily support the idea that delusions are not beliefs. On the contrary, they reveal that delusions possess many of the core features associated with belief – such as conviction, practical integration, and narrative coherence – albeit in atypical forms (Bongiorno, 2025; Clutton, 2018; McCormick, 2024). Rather than disqualifying delusions from the belief category, this data calls for the exploration of a more expansive and inclusive understanding of the notion of belief itself. In this sense, future research should build on a qualitatively richer foundation in several directions. First, larger and more diverse samples – spanning different diagnostic categories, illness stages, and cultural contexts – would help establish whether the categories identified here reflect general features of delusion formation or are specific to the population studied. Second, longitudinal designs following individuals from the earliest signs of delusional mood through fixation and maintenance would allow the developmental claims made in our study to be tested directly, rather than reconstructed retrospectively through interview. Third, the structural and functional criteria proposed here as a complement to phenomenological description would benefit from more systematic, cross-

case operationalization, so that the typology problem can be addressed empirically rather than through case-based illustration alone. Taken together, these directions point toward a research program in which first-person data and structural analysis are treated as mutually informative rather than competing routes to understanding what kind of mental state delusions are.

Notes

1. For replies to these criticisms, see Bortolotti (2009), López Silva et al. (2022) and López-Silva (2016).
2. The argument goes as follows: Traditional views of belief claim that action-guiding is a fundamental feature of belief. Then, if a certain mental state M fails to guide action (as it allegedly happens in the case of delusions), M would not be a belief (for a review, see McCormick, 2024).
3. We would like to clarify that these criteria are not intended as jointly necessary or sufficient conditions that sharply demarcate *bona fide* beliefs from other attitudes, but rather as dimensions that pick out central, gradable features of belief-like states. Each criterion admits of degree rather than functioning as a binary marker. A state can exhibit stronger or weaker subjective endorsement, be more or less integrated with other attitudes, and be more or less action- or narrative-guiding, without this variability disqualifying it from the doxastic domain (Bayne & Hattiangadi, 2013). Correspondingly, just as in the case of our everyday beliefs, we do not assume that action-guidance must be uniformly present across cases. In some cases, a delusional state guides behavior extensively, while in others it does so only. It is precisely this minimal, dimensional reading of the criteria that allows the typology to remain sensitive to the heterogeneity of belief-like states across clinical presentations, rather than forcing a premature binary verdict on their doxastic status.
4. In this section we only included the most representative quotes of each subcategory.
5. Certainly, this does not imply that psychotic experience could not share phenomenological features with dreaming-like states, but that's a different topic.
6. Truman Show Symptoms should not be confused with what Gold and Gold (2012) define as "Truman Show delusion" as a fixed, false belief that one's life is being staged for entertainment or surveillance – often with elaborate narratives and total conviction. In contrast, "Truman Show symptoms" may reflect a pre-delusional or prodromal state, typically with insight preserved or uncertainty remaining.

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