

**Delusions Content in the Algerian Schizophrenic Inpatients- A Clinical psychoanalytic Study:
Case Study in the Psychiatry Hospital of Tiaret**

محتوى الهذيان لدى المريض الجزائري المصاب بالفصام بمستشفى الأمراض العقلية- دراسة عيادية
نفستحليلية: دراسة حالة بمستشفى الأمراض العقلية بتيارت

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Abstract: The current study aims at identifying the content of delusions within persons diagnosed by mental physician being schizophrenic based on the nature, the type, and the motives in the light of the two main perspectives the Freudian theory on psychosis and the Lacanian Theory on psychosis. The Content Analysis method has been adopted to analyse in depth the collected data through utilizing a designed questionnaire by the research conductor targeting at collecting delusions from patients hospitalized in the district psychiatry. The study focused on a purposive sample of three participants inserted since a time in the psychiatric hospital in the area of Tiaret. The Study reveals that there exist delusions in the psychotic discourse although being medicated with anti-psychotic medicines. The study also resulted in an agreement with Sigmund's Freud vision to the type, nature, and origin of delusions which is the quality of the Mother-Infant Relationship which shows a clear pathology in the discourse of the three cases, as well as Jacques Lacan's perspective which, but, thumbs the concept of the Name-of-the Father; this latter reveals that the father is either absent or he has been absented in the triad relationship: Mother-Infant-Father demonstrated in the obtained results of the current study.

- Keywords: Schizophrenia – Delusion - Content Analysis Method - Algerian Society – Psychoanalysis - Sigmund Freud - Jacques Lacan

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الملخص: تهدف الدراسة الحالية إلى معرفة محتوى الهذيان لدى الأشخاص المشخصون من طرف الأخصائيين في الطب العقلي بالفصام من حيث نوعه، طبيعته، ودوافعه في ضوء النظريتين الأساسيتين نظرية سيجموند فرويد ونظرية جاك لاكان. كما أن الباحث قد استخدم منهج تحليل المحتوى لتحليل البيانات المتحصل عليهما من خلال استخدام استبيان مصمم من طرف الباحث يهدف إلى جمع الهذيان من المصابين بالفصام بمستشفى الأمراض العقلية بولاية تيارت بحيث تم اختيار عينة قصدية تتكون من ثلاث حالات دخلت المؤسسة الاستشفائية للأمراض العقلية بتيارت منذ مدة تتوفر فيهم مجموعة من المحكات ليتم قبولهم. أظهرت الدراسة أن المصاب بالفصام القابع بالمستشفى بالرغم من تلقيه للعلاج الكيميائي إلا أنه يعاني من هذيان في خطابه، كما أن الدراسة أسفرت عن نتائج خلصت إلى اتفاقها مع نظرية فرويد والتي تعلقت بنوع وطبيعة ومصدر الهذيان الذي يرجع إلى نوعية العلاقة الثنائية بين الأم-الطفل والتي تبين جليا أنها مرضية، كما توافقت مع نظرية جاك لاكان والذي يركز فيها على اسم الأب والذي وجدناه أيضا إما غائبا أو تم تغييره من العلاقة الثلاثية أم-طفل-أب، وهذا ما خرجت به أيضا نتائج الدراسة الحالية.

الكلمات المفتاحية: الفصام؛ الهذيان؛ منهج تحليل المحتوى؛ المجتمع الجزائري؛ سيجموند فرويد؛ جاك لاكان.

1. Introduction:

Schizophrenia, a disabling disease, represents very acute and disturbing symptoms which spread out very on the three components of the personality; thought, emotion, and behaviour. Thus, the schizophrenic loses all life aspects; in its individual and social. The other doesn't understand his speech, of his most linguistic contexts, most of his words. All together they do not form a meaningful and pragmatic language; a pathological discourse.

Schizophrenia's major symptom is 'delusion' which is shown out through the meaningfulness and unpragmatism of the schizophrenic speech. Delusions are defined as a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. The onset of delusions is usually rapid; within hours or a few days. (Mayo Clinic Family Health Book, 2019).

Algeria's schizophrenic patients do, also, suffer from a delusional state in which they experience strange thoughtful, emotional, and behavioural reactions. People do not understand them; seen strangely and even alienated, marginalized, and even segmented. (Bouhafis Mebarki and al, 2012). However, clinical psychology's main objective is to understand all the different psychological pathogenic structure; amongst, delirium as a symptom in schizophrenia.

1. Problem Statement:

Delusion is a serious and common disorder of cognition, attention, and consciousness. Its presentation is typically varied, ranging from subtle symptoms to the florid and dangerous. (Christopher.J.Basten, and all, 2000).

Delusions disturb the patient's life in all its aspects. It's impossible for him to coordinate between his thoughts, emotions, and behaviours. His reactions are described to be outcontexted and discontented lacking to the semantic and pragmatic dimensions of the discourse (A.Bouzouina, 2017). The schizophrenic, when in a social context, can hardly understand and/or produce an adequate communicative act with the other. Understanding default refers to the neurotransmission deficit (Gravin.P. Reynolds.2008),(ص.ص.71-59, دت، عكاشة، أحمد) but the thought and/or language production deficit refers to the errored reception to the exterior stimuli in addition to his own interior hallucinations; visual, auditory, kinaesthetic, etc. In consequence to, the mass of words, phrases and expression produced by the patient doesn't fit the communication situation and judged to be 'Delusions'.

However, delirium differs in content from a patient to another in what concerns the 'Organiser and Organisation'. What organises the delirium are two main elements; mechanisms and themes. Delirium Mechanism is represented in judgement distortion, perception alteration, imaginative proliferation, loss of privacy, disappropriation, mental automatism, and intuition, but its themes belong to persecution, influence, megalomania, mystic, hypochondria, dysmorphophobia, negation, poisoning, and filiations.

Algeria's statistics of schizophrenic patients overcomes 4000 persons according to the 'EST' newspaper (April 17th, 2017). As the main symptom that characterizes schizophrenia; delusion, is universal, the present study is going to identify the content of the delusions within the Algerian Schizophrenic Patients, recognize its nature and types as well as understanding its causes and motives in the light of the psychoanalytic theory. Psychoanalysis has deeply worked on this issue especially; S. Freud, J. Lacan, and many others of course. This discipline has uncovered the mysteries of that symptom by referring to the infancy of the patient to well understand his emotions, thoughts, and behaviours in their strange and weird dimension. No other psychological theory according to Ioannis Grammatopoulos (2016) could grasp in depth the causes and the motives of this disorganised thoughts, emotions, and behaviours; delusion. This study is very significant as it's among the fewest ones in the Arab world and particularly Algeria discussed the issue of 'Delusions' in the light of psychoanalysis; S. Freud and J. Lacan. (عبد الهادي الفقيه، 2014، صص 102-140)

So, the study's main questions are as follow:

- a. What is the main composition of the delirium within the Algerian Schizophrenic Patient?
- b. What are the main causes and motives behind this delirium according to the psychoanalytic theory?

2. Significance:

The main interests of the present research are as follow:

- a. Bring out a new conception to the content of the Algerian Schizophrenic Delusion.
- b. Bring out an addition to the psychological diagnosis of the 'psychosis' in an Algerian cultural context.
- c. Tackle the study of 'Delusion' within the psychoanalytic theory in the Algerian cultural context.

3. Objectives:

The main objectives of the present research are as follow:

- a. Extract out the content the content of delusions produced by the Algerian Schizophrenic Patient.
- b. Identify the nature and causes and motives of delusions content.
- c. Analyze the Algerian schizophrenic patient delirium content (words, phrases, expressions, thoughts, feelings, emotions.....) within the classical and contemporary psychoanalytic theory.

4. Literature Review:

The issue of delusions has widely been investigated in different aspects and fields in many Europeans countries. However, less has been done in the Arab psychological institutions to comprehend delusions; their nature, sources, origins, characteristics and variations. Thus, these are the studies I could find that they meet with mine in the objectives and significance.

A. Harold S. Zamansky (1958):

This research entitled 'An investigation of the psychoanalytic theory of paranoid delusions' aims at investigating the content of the paranoid delusions. Using the exploratory research method by exerting an objective, partially validated technique, the study results into the strong presence of homosexual impulses within the paranoid delusion.

B. Sylvia Mohr and al (2010):

In this study entitled 'Delusions with religious content in patients with psychosis: how they interact with spiritual coping', we attempt to compare between two categories of delusions; patients with delusions with religions content and patients with other sorts of delusions. The contrastive method was applied on five sample designs using a questionnaire. The research results into the fact that patients with delusions with religious content are clinically less severe than other sorts of

delusions such as: persecution, influence, and self-significance. Besides, patients with delusions with religious and spiritual content have the ability to cope with their illness.

C. Dhrubajyoti Bhuyan and P. K. Chaudhury (2016):

The present study whose title is '**Nature and Types of Delusion in Schizophrenia and Mania – Is There A Difference?**' comes to examine the content of delusions in schizophrenic and maniac patient and compare their types and nature. The researchers exerted the Present State Examination -10 (PSE -10) of Schedule for Clinical Assessment in Neuropsychiatry (SCAN) on a total sample of 60 patient (30 in each schizophrenia and mania) sampled randomly in the hospital of Debrugarh in India. This study resulted into the following:

- Delusion of reference was by far the most common delusion in schizophrenia and as many as 25 patients had Delusion of reference.
- 23 patients had Delusion of persecution.
- Delusion of Grandiose Identity and,
- Delusion of Grandiose Abilities was found to be significantly high in Mania as compared to Schizophrenia.

D. Stijn Vanheule (2017):

He conducted the present research under the title 'Conceptualizing and treating psychosis; a Lacanian Perspective. He argued that psychosis makes up a structure with a precise status for the unconscious. The author explores how, from a Lacanian vision, the treatment of psychosis is organized by giving a particular attention to the specificity of the psychotic symptom; delusion. Its occurrence means 'a subjective crisis' in which signifiers retrieve to give meaning to both the 'EGO' and the 'OTHER'. The research adopted the analytical descriptive method exerting the case study on a one case as a sample to describe the psychotherapeutic process of an analyst dealing with a psychotic delirium.

E. Catalina Bronstein (2018):

This research entitled 'Delusions and Reparation' aims at exploring and expanding Freud's notion to 'delusion' as an attempt of reparation. It has a complex content and function which protect the Ego from persecutory anxiety.

A case study method was utilized within a psychoanalytic session interview. It has been found that most of the delusion content belong to a persecutory anxiety showing upward to defend the Ego and conserve it from the total collapse.

5. Fundamental Concepts of the Research:

The present research included some fundamental concepts. We propose explanations of the given concepts within the psychoanalytic theory.

a. Schizophrenia:

S.Freud didn't, in fact dealt with the concept 'Schizophrenia, but rather he had spoken about psychoses in general; he called it Dementia Praecox. According to S.Freud (1895-1910) schizophrenia belongs to an infantile psychic state. He affirmed that symptoms such as *delusions* of grandeur reflect this primitive state. He added that auditory *hallucinations* reflect the persons attempt to re- establish ego control. Freud assumed that patients with Schizophrenia regress to a state of primary narcissism. (B. Palmowski, 1989)

In the same line, Eugene Bleuler and Harry Stack Sullivan got attracted by Sigmund Freud conceptional pathway. In 1911, Eugene Bleuler emphasized on particular characteristics in the family of schizophrenic patients, such as extreme *inflexibility, incapability of communication*, and mutual *hostility*. (Avramaki, E Tsekeris, 2011).

Operationally: Schizophrenia is a set of diseases diagnosed in the DSM5 to present:

- a. Positive symptoms:** 1) disorganised thinking, 2) false beliefs, 3) disorganised or catatonic behaviour, and 4) hallucinations.
- b. Negative symptoms:** Diminished Emotional Expression (Avolition), and Social/Occupational Dysfunction.

b. Delusions:

In essence, a delusion is a false belief that is firmly held. More specifically, a delusion can be broadly (and vaguely) defined as an unsubstantiated belief that is close to, or at times, impervious to counter evidence. (Melzer, 2014)

Operationally: It is assessed through the Confusional Assessment in a way: **1)** Acute Onset, **2)** inattention, **3)** disorganized thinking, **4)** altered level of consciousness, **5)** Disorientation, **6)** Memory Impairment, **7)** Perception Disturbances, **8)** Psychomotor Agitation, **10)** Psychomotor retardation, and **10)** Alter sleep-wake Cycle.

c. Psychoanalysis:

Psychoanalysis is a global concept for both a set of psychological theories and a group of techniques that, strongly, consider the unconscious as an essential factor in producing human adaptation and behaviour. Sigmund Freud (1856–1939), an Austrian neurologist and psychiatrist, originally invented the technique of psychoanalysis as a treatment for affective and emotional disorders. In addition to, Freud applied his insights find out a psychoanalytic theory which focus on the role of the unconscious in all psychological and mental life.

Operationally: A set of postulates, premises, principles, insights, views, and beliefs belonging to the psychoanalytic theory to interpret the patients' responses to the questionnaire items.

d. Psychoanalytic Delusions Collection Questionnaire: (Designed by the Researcher)

An assessment designed by the researcher based on the psychoanalytic theory. It aims at extracting out the content of the delirium through responding on the 50 prompts divided into five (05) dimensions and identifying its nature, types, and orientation upon the psychoanalytic theories.

6. Methodology:

In this section we will discuss the methodology that has been implement in the current research.

6.1. Method:

The Integrative Approach was adopted in what concerns the study of the method of research. He selected the following:

- a. The Clinical Method:** as the present study belongs to psychopathology and the concept has to be diagnosed clinically.
- b. The Case Study Method:** as the present study is going to be help and applied on a restricted number of cases (3 patients) in order to study them in depth and rigorously in the sake of collecting as much information as possible.
- c. Content Analysis Method:** as the collected data from the patient produced delusions are going to be analyzed within a psychoanalytical theory.

6.2. Sampling:

The study has been applied on a sample group of 3 purposively selected schizophrenic patients from the psychiatric hospital in the province of Tiaret. All of them respond to the selection criteria cited down:

- a.** The sample group must be under an anti-psychotic treatment (antipsychotic medication).
- b.** The sample group must show a rate of what follow:
 - A disorganised speech. (incoherent words, phrases, and expressions; thoughts)
 - Delusions. (an incoherent verbal, physical, or emotional response due to hallucinations)
 - Hospitalization.

6.3. Study limits:

A. Geography:

The sample group of schizophrenic patients has been selected from the HMPD (Hospital of Mental and Psychological Disorders) located in the area of Tiaret in Algeria.

B. Duration:

The practical aspect of the present research has been performed in the period between the end of June and the end of October; almost 5 months during the researcher could reassure meeting-interviews with his schizophrenic patients.

6.4. Tools of the study:

The researcher has basically adopted psychoanalytic tools of investigation and data collections. They're as follow:

6.4.1. The clinical interview:

The semi-structured interview adopted to gather information from key informants who have personal delusional schizophrenic experiences, attitudes, perceptions and beliefs.

6.4.2. The clinical observation:

As being based on watching carefully with all the sensory organs in an integrated manner the delusional pathway produced by the schizophrenic patient, the researcher targeted what follow:

- a. The linguistic flow.
- b. The thinking process flow.
- c. The emotions flow.
- d. The sum of behaviours and its (in)coherence to the set of linguistic
- e. flow, emotions, and thoughts.

6.4.3. Questionnaire:

It is the crucial research instrument, designed by the research conductor, consisting of fifty (50) questions for the purpose of gathering information from respondents. It has been designed upon the psychoanalytic theory basically the Freudian and Lacanian perspectives. The questionnaire tackles 5 dimensions: (سوسن) شاکر حلي، (2005)

Chart (1) : Describing the questionnaire dimensions

Phenomenon	Dimensions	Number of Statements
Delusion	Patient-Mother Relationship	10
	Patient-Father Relationship	10
	Patient-Brotherhood Relationship	08
	Patient-Other Relationship	11
	Level of the Ego	11
Totality	Dimensions = 05	Sts= 50

Chart (1) describes the tool that has been utilized in this study; a questionnaire conceiving the collection of delusions from the schizophrenic speech.

7. Study Obstacles:

As the study took place during the period of Covid-19 pandemic, the researcher encountered some hardships:

- The strict lock-down of hospitalized schizophrenic patients because of fears of contagion.
- Tense and irritability of the medical staff working in the psychiatric hospital.
- Lack of psychological comfort especially within patients.

8. Displaying Data and Discussing the Hypotheses.

This section will be devoted to displaying data and interpreting them in the light of the psychoanalytic theory.

8.1. Participants Demographic Features:

The study has adopted 3 participants from the psychiatric hospital of Tiaret to come out to the following data:

Chart (2): Sample characteristics

Variables	State	
Age (Mean):	45.33	
Education	Primary Stage	0
	Middle Stage	0
	Secondary Stage	3
	Higher Education	0
Gender	Male	3
	Female	0
Religion	Muslim	3
	Other	0
Domicile	Urban	3
	Rural	0
Marital Status	Married	0
	Unmarried	3
Occupation	Jobless	3

Chart (2) demonstrates some demographic features that characterize the sample participants of the current study. All the participants belong to the adulthood category with a mean of (44.33). All the participants have pursued their secondary education in public secondary schools. (100%) of the sample group are jobless males belonging to the Islamic religion living in the city-state of Tiaret and didn't get a wedding experience.

8.2. Global Data Displaying:

The study utilized a particular delusions collection scale designed by the study conductor and the interview accompanied by the observation.

8.2.1. Questionnaire outcomes:

The Delusions Collection Scale resulted into the following data:

❖ **Dimension One: Mother-Patient Relationship:**

Chart (3): Mother-Patient Relationship

Dimension	N°	Item	A	B	C	D
Mother-Patient Relation	1	I love my mother.	0	1	1	1
	2	I feel angry when she is absent.	1	0	1	1
	3	I do everything with her.	1	1	1	0
	4	I think about her.	1	0	2	0
	5	She is my image.	0	0	0	3
	6	I hate my mother.	0	0	0	3
	7	I feel happy when she is absent.	0	0	0	3
	8	I don't like to do things with her.	0	0	0	3
	9	I don't like her in my life.	0	0	0	3
	10	I don't like to be like her.	0	0	3	0

As noticed in chart (3), (0%) of the participants' responses in what concerns the 'Mother' with a strong love , (25%) of the participants love their 'Mother' with the alternative (ENOUGH), (25%) of them also have a love to their 'Mother' with the alternative (WEAKLY ENOUGH), and (0.25%) of them also with the alternative (NEVER). The mental representation of the issue 'MOTHER' as analysed throughout the items (2,3,4,5), there's seems an ambivalence in 'Mother' love as the responses spread out on all the alternatives.

However, when it comes out to the second section of the dimension of 'HATE' (6,7,8,9,10), (100%) respondents agree on same feeling towards their mothers; they don't hate their mothers, they are not happy in the absent of their mothers, they like doing things with their mothers, and they like them in their life.

Besides, the 10th statement shows that the participants don't identify in their mothers.

❖ **Dimension One: Father-Patient Relationship:**

Here down we find the collected data of the second dimension:

Chart (4): Father-Patient Relationship

Dimension	N°	Item	A	B	C	D
Father-Patient Relation	11	I have a father.	2	0	1	0
	12	I love my father.	1	0	2	0
	13	I feel angry when he is absent.	1	0	0	2
	14	I do everything with him.	1	0	0	2
	15	I think about him.	1	0	2	0
	16	He is my image.	1	0	2	0
	17	I hate my father.	0	0	0	3
	18	I feel happy when she is absent.	0	0	1	2
	19	I don't like to do things with him.	0	0	2	1
	20	I don't like him in my life.	0	0	0	3
	21	I don't like to be like him	0	0	2	1

In chart (4), it's obvious that (2/3) of the participants recognize that they have a 'FATHER' and 1/3 responded with the alternative (WEAKLY STRONG). Besides, 1/3 of the participants don't possess the feeling of 'Belonging' to a 'Father' which is registered in the statements (11.12.13.14.15.16); the 'Father' has no presence neither in their thought nor emotions systems. Meanwhile, (100%) of the participants' responses go for a positive feeling to the in the issue of 'HATE; they don't hate 'HIM' as they want to be with Him, but (75%) of them they do everything with Him, they like Him in their life as well as being identified into Him.

❖ Dimension One: Brotherhood-Patient Relationship:

Here down we find the collected data of the third dimension:

Chart (5): Brotherhood-Patient Relationship

Dimension	N°	Item	A	B	C	D
Brotherhood -Patient Relationship	22	I have brothers and sisters.	2	0	0	1
	23	I love my sisters and brothers.	1	0	1	1
	24	My sisters are closer to my heart than	1	0	0	2

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		my brothers.				
	25	I share everything with my sisters.	1	0	0	2
	26	I share everything with my brothers.	2	0	0	1
	27	I hate my sisters and brothers.	0	0	1	2
	28	I want them in my life.	2	0	1	0

In chart (5), it's observable that the schizophrenic patient is well-conscious about the issue of brotherhood. 2/3 of the sample has brothers and sisters, but 1/3 possesses neither brothers nor sisters. (50%) of Patients with brothers and sisters seem to be in a good strong relationship with them as he responded positively on the statements (23.24.25.26.27), which is not the case for the second (50%) who replied quite negatively on the same statements.

❖ **Dimension One: The EGO Level:**

Here down we find the collected data of the third dimension:

Chart (6): The EGO Level

Dimension	N°	Item	A	B	C	D
Ego Level	29	I know who I am.	2	0	1	0
	30	I know where I am.	2	1	0	0
	31	My way of thinking is right.	2	0	1	0
	32	I perceive the world as it is.	2	1	0	0
	33	People are friendly with me.	1	2	0	0
	34	People represent a threat to me.	1	0	0	2
	35	I am satisfied in my life.	1	0	2	0
	36	I don't find any pleasure in my life.	0	0	1	2
	37	I feel sick.	1	0	0	2
	38	I am confused in this life.	1	0	0	1
39	I don't have an envy to live.	1	0	0	2	

Chart (6) overview, to some extent, a confusion within the schizophrenic patients though the Standard Medical Care they receive. (66.66%) of the participants

seem to be well-oriented in time and space as noticed in statements (1.2.3) which a presence of the 'SELF', but (33.33%) is still disoriented in time, space, and depersonalized to some extent as shown in the same statements. Nevertheless, when it comes to their representation and perception to people, we notice a contradiction. For instance, (66.66%) of the participants affirm in statement (23) that people are friendly with them and just down in statement (24), they degraded the intensity of people's friendship to them which is read inversely with the rest of participants (33.33%); there's a sort of ambivalence.

Besides, when dealing with the issue of life, we noticed controversial responses. (66.66%) of the participants are weakly satisfied with life and at the same time find a pleasure in their life! 2/3 of the participants deny their illness and 1/3 of them realizes that he is sick and need treatment. Moreover, (66.66%) of the sample wants life and only one participant doesn't have an envy to live.

❖ Dimension One: Other -Patient Relationship:

Here down we find the collected data of the third dimension:

Chart (7): -Patient Relationship

Dimension	N°	Item	A	B	C	D
Other-Patient Relation	40	I like people	1	2	0	0
	41	People are friendly with me	1	1	1	0
	42	I trust people.	1	0	0	2
	43	People help me.	0	0	1	2
	44	I have friends.	1	0	1	1
	45	I have a boyfriend / girlfriend / married	0	0	0	3
	46	I ha4te people.	1	0	0	2
	47	People hate me.	0	0	2	1
	48	People are jealous of me.	0	0	1	2
	49	People hurt me.	0	1	0	2
	50	People criticise me.	0	0	2	1

Chart (7) clarifies well that 100% of the participants like people, and only 66.66% believe that people are friendly with them, but 33.33% don't. Only 1/3 of the sample trust people and 2/3 feel it hard to trust people. When it comes to possessing friends, only 1/3 of the sample is clear in his response that he has friends. The 2/3 answered with a very low certainty to this item. 100% of the sample strongly refuses the idea of having a friend, a girlfriend, a boyfriend, or to get married. In statement (47), 1/3 of the sample believe that he hates people and the 2/3 of them said they never hate people but 2 of them believe that people hate them a bit and 1/3 believe that people don't hate him.

Patients' responses to statements (48.49.50) seem to be homogeneous as it deals with the theme of delusions. 2/3 of the sample believes that people neither hurt nor aggressive nor jealous of them. But when it concerns criticism, 2/3 believes that people criticise them with a low intensity.

8.2.2. Interview outcomes:

The research conductor ran out an intense clinical interview with the sample participants. Here down are the outcomes:

■ **Case one K.S:7**

A. Presentation of the Case:

K.S is a 43 man with schizophrenia for more than 10 years of illness living alone in a hotel in the city-state of Tiaret in Algeria. He reached the third year in secondary school to find himself a dropout and without job. He did more than 19 relapses because of the medical care refusal to be hospitalized in local psychiatry once replasing. His mental state is disturbed. According to witnesses, he's with a hyperactivity that makes him live a high degree of anxiety. He's with a sick look.

B. The Interview Outcome:

K.S who has been bred by his grandmother doesn't show any love to his mother and no representation to his father as this latter is always absent. His mother used to be extremely hard in her education to her children. She didn't let them play

with children outside and after school because she was scared that people abuse her children especially K.S. The case never made friends even though they desired it. He used to spend most of his time at home until the age of 17 when he could understand his existence to some extent. The mother referred to punishment; 'she hit me hard and a lot, so long as her child K.S played with children.

K.S got his first 'Delusional Puff' at the age of 24 to be driven to some spiritual therapists in the region. After 2 years of unsuccessful spiritual therapy, he was driven to the psychiatric hospital where he was treated with anti-psychotic medications because he was diagnosed schizophrenic. His mental state stabilized to go out and conduct a difficult psychotic life. K.S didn't accept taking medications because they sedated him a lot; he felt so heavy at a point he couldn't move softly and rapidly, he couldn't fix his posture, and fall asleep all the time. He had more than 10 readmissions into the psychiatric hospital of Tiaret.

K. S's delusions content is a strong response to his hallucinations with very narrow themes such as:

Chart (07): Delusions Content of K.S

Hallucination	Delusional thoughts	Theme
Auditory	Hearing huge different sounds	<u>Erotomaniac:</u> <ul style="list-style-type: none"> - He always hears erotomaniac words related to sexual relations. - They ask him to do sexual poses and gestures. - They harass him with verbal sex.
Visual	Seeing pornographic naked persons.	<u>Erotomaniac:</u> <ul style="list-style-type: none"> - He sees homosexual pornographic sexual relations. - He constantly sees naked people.
Tactile	Feels sexual harassment.	<u>Erotomaniac:</u>

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		<ul style="list-style-type: none"> - He feels someone violating him. - He feels he is raped all the time.
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Chart (07) illustrates clearly the unsafe delusional state of the patient. His delusions derive from three types of hallucinations; auditory, visual, and tactile. Delusions' content is well-systemized and organized as it deals with one theme only; Erotomantic delusions. The patient is in very strong struggle with and to the content of those delusions since they are heard, seen and felt. His story tells that he is a real victim to rape, sexual harassment, and sexual abuse.

■ **Case two M.I (32):**

A. Presentation of the Case:

M.I is a boy of 37 living in his grandmother house with his divorced mother. He is the unique infant. He reached the secondary school and failed the Baccalaureate exam twice. He's a thin, tall, white man very short hair and large piercing eyes. He entered the psychiatric hospital of Tiaret for the first time when he was 24 years old.

B. The Interview Outcomes:

M.I had a very strange infancy. He had it difficult to make friends or a girlfriend. As he lived far of his father, he doesn't feel a real love to him. The father never asks about him or shows affection to him. The case made more than 7 relapses to be hospitalized then. Because of persecutory delusion, he always flees the house to find himself in Ouaregla where he got the first psychotic onset. Thanks to Standard Care (anti-psychotics) he seems stabilized, but there's a trace of some delusional thoughts such as: 'People hate me', 'I don't have friends', and 'People criticize me a lot'. M.I's delusions content is a strong and a bit diversified:

Chart (08): Delusions Content of M.I

Delusion Theme	Example	Frequency
Persecutory	People hate me; look at me in a fierce way.	10
Reference	People talks about me a lot because I	03
Erotomaniac	/	00
Grandiose	I am a great person.	02

Chart (8) shows well the diversity of delusions themes produced by M.I. believe that people hate him a lot and these thoughts were very frequent in his speech. In a session of 45minutes, MI delivered 10 sentences including persecutory delusions. Persecution feelings are accompanied with delusions of reference because in the same speech he repeated 03 different contexts with reference delusions and automatically he twisted them with 02 phrases contacting delusions of grandiose.

■ **Case two S.M. (32):**

A. Presentation of the Case:

S.M is a 56-year schizophrenic patient. He's from Tiaret. He got trained in nursery but he never practised. He got the first psychotic attack in 1986 when he was 21. It was after a strong shock that submerged him through a one-side love. He felt depressed and rejected by the whole world. He was driven to hospital after a deep mental degradation in 1986. Since then S.M made more than 23 relapses because pf discontinued medication.

B. The Interview Outcomes:

S.M speech is centred on love, rejection, and punishment. During the talk, he seemed being controlled or commanded by someone else. He was hyperactive, moving up and down, left and right. He feels, and constantly, people are beating him, punishing him, torturing him because they kidnapped his love; his darling. He believes that people are extremely jealous of him and of the one (girl) he did love.

Chart (09): Delusions Content of S.M

Delusion Theme	Example	Frequency
Persecutory	I feel a band is beating me with cans and daggering me with long knives.....	25
Jealousy	I have a very pretty girlfriend and they want to take her away from me.....	10

Chart (9) demonstrates in depth the intensity of persecutory delusions (25 sentences) produced by S.M. He believes and feels he's threatened and even beaten by a band of criminals just because of his love to a girl. Besides, he has some 10 jealousy statements during the same speech.

9. Discussing the collected data in the light of the psychoanalysis theory:

The main study hypothesis states for investigating on the schizophrenic delusions content to conclude the presence of polymorphic delusions. Despite the anti-psychotic medication, all the participants responded during the interview with delusional contexts referring to their infancy experiences. 2/3 of the study sample present persecutory delusions; they have fear because of the infantile discontinued psychosexual development explained by S. Freud his inventions. The study outcomes meet with Ruwan M and Jaya Tunge study(2017) , Sylvia Mohr (2010), Dhurbajyoti Bhuyan and P.K. Chaudhury (2016), Catalina Bronstein (2018), The 'EGO' hadn't emerged safe, but bloomed distorted. Thus, they couldn't read the 'REALITY' as it is seen a big mess, a source of threat, and full of contradictions as a result to his inability to code the 'external world' during his first four years. The sample participants can't conduct a thoughtful communication with the 'OTHER' because s/he (OTHER) is "uncoded" to be read later as an unsafe object and be treated with an out-context communication called 'delusion' a false belief. This consequence is obviously due to the relationship quality with the mother in the first three years (Dual Relationship). She used to be for the case of K.S a schizophrenic and extremely authoritarian mother.

She treated him with a deep hardship; 'We couldn't play with children, and if we do, we got punished', he added: 'She was beating me all the time;', to say another time; 'My mother is a monster.' As seen that K. S's mother was of a bad quality to disturb the psychic development of her child. He grew up with a disintegrated 'EGO'. K.S wants to be neither like his mother nor his father. There's a total 'misidentification' to his parents which is a condition in psychotic states only. It wasn't K.S only who misidentified to his parents, but even M.S who didn't like to be like his parents as as being told received a harsh life condition. In addition to, the present study outcome go side to side with Herold Zamansky (1958) and (1990 (يوسف جمعة السيد، عبد الله عسكر، 2001)) and

conclusions as the case K.S suffers with a high intensity from Erotomantic delusions as a result to his archaic mother's warning from the 'External World'. Delusions of jealousy are also omnipresent in 1/3 of the study participants which confirms what the descriptive diagnosis of S.Freud to one of his patients in his writing "Delusion and Dreams Jensen's Gradiva 1907'. S. M's delusional puff contains romantic contexts addressed to a regressive condition 'Beloved Girl of 1980). The 'Girsl' rejected him in reality, but he is still in love with her, talks to her, lives with her under the same roof, she loves him and she's ready to face the whole world to save their love; he believes falsely.

The totality of cases reacted with a rich content of delusional context in the issue of Fatherhood. 2/3 of the study participants couldn't symbolized 'The Father' in his dimensions; imaginary, symbolic, or real portrait. This goes literally with the J.Lacan assumptions in his seminars The Seminar of Jacques Lacan : Book XXIII ; The Sintho, meThe Ego in Freud's Theory and in the Techniques of Psychoanalysis (1954-1955), The Seminar of Jacques Lacan: Book V; The Formation of the Inconscious (1957-1958) when he strengthened the accent on the fundamental concept in his theory "The Name of The Father" and its strong importance in stabilizing the psychic system of the individual. 2/3 of the study sample "forclosed" the name of the father; as if he doesn't exist or he's never existed. When the psychologist asked them to choose

the most attractive statements from the scale of delusions collection, both of them chose 'I strongly don't have a father'. The Name of the Father allows the infant understands the world, makes meaning to its components, tie links with its objects, and address communication to its elements. This wasn't the case of K.S, M.S, and S.M. All of them don't feel the presence of the father. They didn't make that ideal beautiful image of HIM, they couldn't feel his presence when being absent, and they were not able to see HIM when he was there. According to 2/3 of the participants, the mother was a ghost and she swallowed the father to erase HIM totally from the house. As the Father is the factor of the external world symbolization and significance maker, the psychotic person could signify this 'OTHER' to get in touch, communication, and relationship with 'HIM'.

10. General Conclusion:

The issue of 'Delusions' in psychoanalysis is crucial and of a great importance. Thanks to, we can understand the individual infantile experiences, the quality of motherhood he had, the condition of fatherhood he perceived, and the psychic representation to the 'Other'. The present study sample, in spite of the pharmacological care, produces delusional contexts summarized in persecution, erotomania, jealousy, and grandiose. All of these various themes issued from the 'Triad Relationship' Mother-Infant-Father. When this relationship doesn't follow out the normal cycle, it ends to discoded, dissignificant, dissymbolized and reality leading the individual psyche responding to the pseudo-perception of the world and not to the real world itself.

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