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Introspective Article

Aushwietzergaden: A Process of Lusion

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Abstract

Lusion is something that you have that gives you common sense and a clear state of mind. It depends on many factors for an individual person or patient. It is what many people and patients seek. However during medical school the education is often focused on psychopathology rather than the ideals that patients and other people strive for. During my experience with the psychiatric system in the United States of America and Jamaica, the factors that were affecting my state of mind were not thoroughly investigated through history taking and engaging me in helpful conversation. Or adequately with psychotherapy. Instead the treaters seem to want to merely prescribe medication and verify compliance. Engaging in understanding the lusion of a patient can and will assist many patients to overcome factors that affect their clear state of mind.

In accordance with my interactions with the psychiatric system in the United States of America and Jamaica, it has become quite apparent to me that much of the time psychiatrists and therapist transfer their own beliefs, stereotypes, and understanding of the literature to conclude at a particular diagnosis, in place of asking all of the simple questions of a patient's history. And especially including questions about race identification, methods of educational attainment, effects of immigration, perceived cultural differences, family differences, and religious beliefs.

These questions are quite important in establishing lusion of a person, since a professional's beliefs and stereotypes or own insecurities and fears can bias them from accurately diagnosing a person or patient, accurately prognosing a person or patient, and understanding that person or patient completely and properly.

Furthermore, communicating clearly and asking a patient if they have any questions is also important as it assists with creating lusion.

In my own personal experience, I was under the impression that many providers were judging me to be delusional without even investigating or asking me the specific questions that would have enabled me to appropriately tell my story. This was captured in a case report, that I had initiated, as far as I know, by suggesting to a resident of psychiatry, who was attempting to treat me, that a case report be done and published [1]. At that point I divulged everything that I could think of. I do not know if other patients just tell their doctors what they deem to be important. I, on the other hand, wait to be asked and then merely reply and respond. This does not make me delusional or paranoid. I just usually did not have much to say.

I had to struggle to understand the specifics of lusion, and more specifically starting with delusion. However, I kept relying on a simple part of it that was quite clear to me. A delusion is a fixed belief that is firmly maintained despite being contradicted by what is generally accepted as a reality. The only partial delusion that I had was about the existence of god and what god actually is. And, now god is merely men. But that was not a firm belief of mine. I was even seeking to discuss these things with a well-informed psychiatrist. These discussions never happened until I took the initiative and volunteered the information that I thought to be important, as the treaters were merely interested in completing their evaluations in a timely manner, confirming their diagnosing of me, prescribing psychiatric medications, which some of the treaters were convinced would make a difference, and ensuring my compliance to their medications within the limits of the law.

Furthermore, they did not discuss with me factors like genetic differences, cognitive differences, cognitive ability, and intelligence.

I do fully acknowledge that belief in god is a delusion now, and while it can become an individual's reality, it is without objective evidence.

However, for me, rather than being a delusion, it was more of a semilusion. A *semilusion* being a temporary belief that maybe wrong, but assists in developing an explanatory model that aids in survival, helps with understanding reality, and is adjustable, but may also become reality. I have decided to create a separate term for this since I am sure in english semilusion is already used in a slightly different way, and also because there probably is already an adequate term for this concept or state of being which just has not been introduced to me yet. So this term is *aushwietzergaden.*

Aushwietzergaden - referring to semilusion - which is a temporary belief that maybe wrong, but assists in developing an explanatory model that aids in survival, helps with understanding reality, and is adjustable, but may also become reality.

As I was searching for other forms of delusions, it finally occurred to me that it is based on lusion, and finally started finding the other terms and concepts of lusion that explain a person's state of mind as they are interacting on earth and throughout the universe.

Unfortunately, during medical school, they just taught about delusion and illusion, relying on us to merely understand psychopathology rather than what most well informed people strive for, which is lusion, at least to some extent.

I have created a venn diagram showing how they might be interrelated. See figure 1 and figure 2. These seem to be interrelated, with most people striving for a state of lusion. Lusion is something that you have that gives you common sense and a clear state of mind. Without it you become delusional.

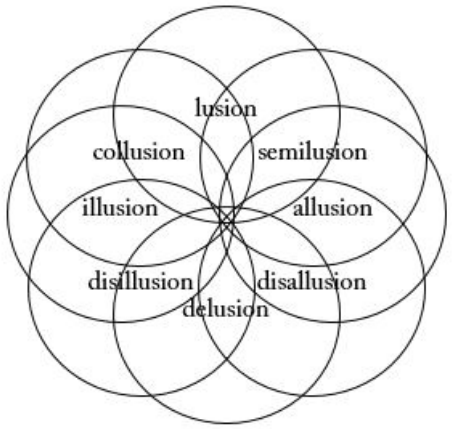

Figure 1: *A venn diagram of the different forms of lusions*

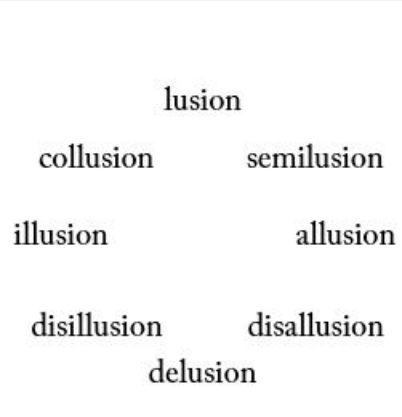

Figure 2: *A spatial diagram of the different forms of lusions*

In figure 1, while the lines of the circles help to visualize the overlap, unfortunately they also make it seems as if it is finite and this concrete all of the time for everybody. Whereas it might in fact be infinite and with less discreteness, at least initially. And therefore a spatial diagram shown in figure 2, might be more apropos.

Regarding the order of lusion, it does seem to have an order, with some variability in the process from lusion, back to lusion. It is exemplified by the timeline in figure 3.

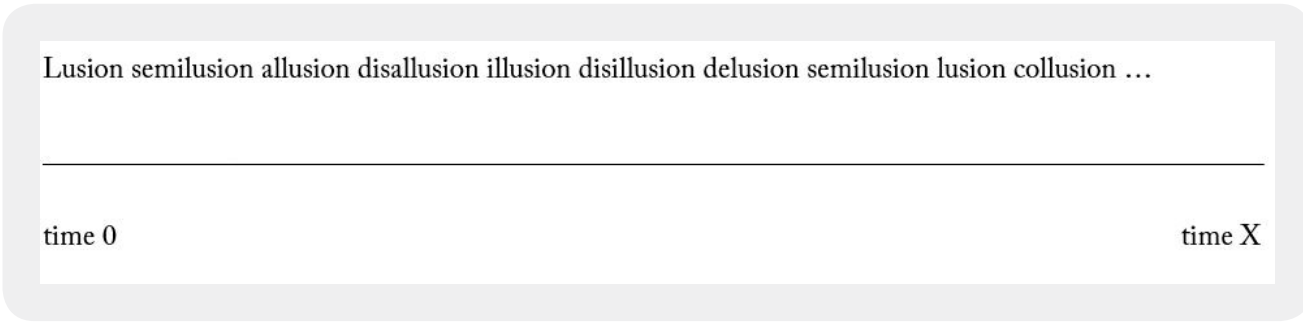

Figure 3: *An exemplary timeline of lusion and aushwietzergaden.*

Infact, regarding lusion. It does seem that there is a clear order, and it is related to time over a person's life, which is shown in figure 3.

At least for me anyway. I was lusional as an infant, just eating and existing, pooping and peeing, and sleeping. And then eventually exploring. As I was introduced to more and more things, I started to wonder and became semilusional. And then as things became more and more confusing, I became allusional, disallusional, illusional, disillusional, and even delusional. But eventually, I regained a state of semilusion and then back to lusion as an adult, by the age of 38 years and 7 months and 24 days. It was all real. There is some variation in the process between semilusion and then back to semilusion. And even possibly between two points of lusion also. There may even be multiple points of lusion depending on the person or patient. Therefore, it is a fluid and dynamic process with a variety of outcomes.

So that is an introduction to lusion, semilusion, allusion, disallusion, illusion, disillusion, delusion, and collusion from a single perspective. And it would seem that all forms of lusion can and do interact with each other through different personalities and states of being.

Definitions

lusion - something that you have that gives you common sense and a clear state of mind [2].

semilusion - a temporary belief that maybe wrong, but assists in developing an explanatory model that aids in survival, helps with understanding reality, and is adjustable, but may also become reality. This type of semilusion is called aushwietzergaden.

allusion - a reference to something or someone. It can be direct or implied [3].

disallusion - if one believed or believes that something was or is an allusion when in fact it was or is not [4].

illusion - something that deceives the mind or senses by creating a false impression of reality [3].

disillusion - to free from or deprive of illusion, belief, or idealism. Disenchant. Also, a freeing or a being freed from illusion or conviction [5].

delusion - a false belief or opinion. In the context of mental health, a delusion can be defined as a fixed belief that is resistant to reason or confrontation with actual fact [6,7].

Collusion - when two or more lusive entities come together.

In Conclusion

Pooping and peeing, eating and sleeping is all that we have to do. Not necessarily in that order. And eventually, dying is the end of an individual's existence as a living being in a specific body. And lusion has many different forms and can be considered to become disordered, but even the disorder is still rooted in reality. For people struggling with understanding their reality it is often semilusion, or more specifically, aushwietzergaden, because they are aware that they what they are thinking might or might not be based on an accepted reality.

Primary Language Summary

This article defines lusion, a concept that is already known and suggests that focusing on lusion rather than delusion will be more beneficial to patients and treaters. It also defines a new term aushwietzergaden, which is a specific form of semilusion. It also provides a physician's recount of experiences with the psychiatric system, and his amazement in realizing that his providers were content to merely prescribe medications and ensure compliance rather than assist in specific psychotherapies that would have been more meaningful.

Dr. Adrian Dane Kenny has no conflicts of interest to disclose and no funding sources to report.

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