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Original Article

'The algorithm is hacked': analysis of technology delusions in a modern-day cohort

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Background

Research exploring delusions among individuals with psychosis often focuses on form, rather than content, and on prevalence, rather than change in a cohort over time. While delusional forms are mostly consistent across cultures and historical periods, the content of delusions is shaped by sociopolitical factors.

Aims

We explored the form and content of delusions in a modern sample of individuals with psychosis, examining the extent to which the internet and new technologies become incorporated into delusional frameworks. We investigated whether there was a change in the prevalence of technology delusions over time and how gender, age and education level impacted the probability that a subject would experience technology delusions.

Method

We reviewed the medical records of 228 adults with psychosis who were seeking treatment at a large academic medical centre between 2016 and 2024 and extracted any description of delusional thought content. We characterised delusions into subtypes and explored the ways these delusions feature the internet and new technologies. To examine temporal trends in the content of delusions, we conducted a binary logistic regression analysis with year as the predictor variable and the presence of technology-related content in delusions as the outcome variable.

Results

Most subjects (88.2%) reported delusional thought content, with over half (51.7%) describing technology delusions. Logistic regression between the year and technology-related delusion outcome revealed statistically significant ($\beta = 0.139$, $p = 0.038$, 95% CI (0.008, 0.270)) correlation. For each 1-year increase, the odds of a subject presenting with technology delusions increased by approximately 15% (odds ratio 1.15).

Conclusions

Among individuals with psychotic disorders, the internet and new technologies are increasingly salient in delusional frameworks. Clinicians should be aware of these themes while eliciting symptoms from patients and also while educating trainees.

Keywords

Psychotic disorders/schizophrenia; diagnosis and classification; general adult psychiatry; phenomenology; qualitative research.

Delusions are a core feature of schizophrenia-spectrum disorders. Broadly defined in the DSM-5 as 'fixed beliefs that are not amenable to change in light of conflicting evidence',[1] delusional beliefs are commonly described thematically as erotomanic, grandiose, jealous, persecutory or somatic. These central motifs have been shown to recur consistently in schizophrenia, with persecutory delusions being most common.[2–4] Additionally, 'delusions of influence' refer to passivity experiences, or beliefs that one's mind or body are controlled by external forces.[5] Most individuals with schizophrenia who experience delusional thoughts experience more than one delusional form simultaneously.[4]

Form and content of delusions: a brief review of the literature

Research that explores delusional thoughts often focuses on form, rather than content, and on point prevalence, rather than change in a cohort over time.[6] A review of over a century of medical records in Slovenia showed increases in influence delusions following the widespread availability of radio and television,[5] while a South Korean study of persecutory delusions from the 1990s through the 2000s showed a decrease in political persecutors, parallelling the democratisation of the South Korean government during this period.[7] A 2025 study of symptom networks among individuals with first-episode psychosis showed a greater centrality of depressive symptoms at baseline and a greater centrality of hallucinations and persecutory delusions at 12-month follow-up.[8]

Unlike delusional forms, which are mostly consistent across time and place, the content of delusional thoughts is informed by environmental factors. Decades of research have shown that salient cultural, social and political themes repeatedly become incorporated into delusional frameworks. The fall of the Berlin Wall in 1989, the North Korean nuclear threat in 1994, the criminal trial of O.J. Simpson in 1995, and the Labour Party campaigns in 1996 are examples of events that quickly became incorporated into delusional schema.[9] A review of medical records in an American psychiatric institution over the course of the twentieth century found an increase in delusions about syphilis during the early 1900s, about Germans during the Second World War and about spies and Communists during the Cold War.[10]

Technology delusions

During the past three decades, new technologies have advanced with astonishing speed and sophistication. Given what is already known about how delusions are influenced by the sociocultural milieu, it is not surprising that themes including the internet, smart phones, WiFi networks and social media platforms have made their way into delusional frameworks.

A case report from 1997, several years after the World Wide Web was made available to the public, described a man with 'systematised delusions involving the internet'.[11] This person believed a neighbour was publishing his personal information online and that his life was controlled by the internet. Case reports and case series since then have described individuals who enact

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erotomanic delusions through social media platforms;[12] believe that they can access the internet through mind control[13] or that they are being monitored through internet chat rooms;[14] and who are convinced their photographs, activities or thoughts are being broadcast on the internet.[15–17] Fourteen years after the release of the 1998 science-fiction comedy 'The Truman Show', Drs Joel Gold and Ian Gold described the eponymous delusion, the belief that one's life is being filmed and broadcast to the world.[2]

The purpose of this paper is to explore the form and content of delusions in a modern sample of individuals with psychosis and, more specifically, to examine the extent to which the internet and new technologies (heretofore referred to as 'technology delusions') have become incorporated into delusional frameworks. Among a modern cohort of individuals experiencing psychosis, we explored the prevalence of delusional forms and examined the ways in which they featured new technologies. We additionally investigated whether there was a change in the prevalence of technology delusions over the 8-year study period, hypothesising that technology delusions would become increasingly prominent. Finally, we explored how gender, age and education level impacted the probability that a given individual would experience technology delusions, hypothesising that younger people would have a greater likelihood of experiencing these delusions.

Method

The Thought Disorders Intensive Outpatient Program (TD IOP) is a day programme at the University of California, Los Angeles (UCLA) that focuses on the management of psychotic disorders. Participants are adults aged 18 years or older who have any psychotic disorder (primarily schizophrenia or schizoaffective disorder), are stably housed and are not actively using alcohol or drugs, including cannabis. Patients enrolled in the programme receive group therapy and also meet weekly with a psychiatrist and a therapist for a recommended duration of 6 weeks. For this study, we extracted data from the medical records of all patients enrolled in the TD IOP between December 2016 and May 2024. The study involved both qualitative and quantitative analysis. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2013. All procedures involving human subjects/patients were approved by UCLA's Institutional Review Board, which determined that the study was exempt from full review (IRB #24-000009). We were not required by the IRB to obtain subjects' consent for this retrospective chart review.

Qualitative analysis: exploring technology delusions

We hand-reviewed the initial psychiatric assessment and subsequent psychiatric progress notes for each programme participant. We extracted any description of delusional thought content and explored these descriptions utilising Atlas.ti (version 25.0.1 for macOS; Lumivero, Denver, Colorado, USA; https://shop.atlasti.com/), a software program that assists in coding, organising and visualising qualitative data. To remain consistent with previous literature, we first explored the frequency of established delusional forms: erotomanic, grandiose, jealous, persecutory, somatic or influence. We then separately explored our primary variable of interest, technology delusions, by extracting any mention of new technology irrespective of delusional form. This led to the development of the following technology delusion subtypes: involving devices (mobile phone/computer) or WiFi being hacked; involving hidden cameras, microphones or other equipment; involving social media; or involving The Truman Show delusion. All applicable delusions were coded for each participant, with many participants expressing more than one delusional form simultaneously. Three researchers (A.V.B., E.M.H. and A.B.C.) reviewed notes and coded the appropriate delusional forms. Ten percent of the sample was cross-coded by two researchers (A.V.B. and E.M.H. or A.V.B. and A.B.C.) to ensure concordance.

Quantitative analysis: temporal trends in technology-related delusions

To examine temporal trends in the content of delusions, we conducted a binary logistic regression analysis with admission year as the predictor variable and the presence of technology-related content in delusions as the outcome variable (coded as 0 = absent, 1 = present).

Prior to conducting the main analysis, we examined potential demographic confounding variables including gender, age, history of substance abuse, history of prior in-patient psychiatric hospitalisations and education level. Preliminary analyses revealed that none of these demographic variables were significantly associated with the presence of technology-related delusions (see Table 1). Given the lack of association between these demographic factors

Table 1 Demographic characteristics of the study sample

Characteristic	Patients without technology-related delusions ($n = 154$)	Patients with technology-related delusions ($n = 77$)	p-value*
Gender (Female *n*, %)	55 (35.7)	30 (39.0)	0.736
Age (year, s.d.)	29.6 (10.6)	28.6 (10.5)	0.506
Prior hospitalisation (*n*, %)			
0	10 (6.5)	3 (3.9)	0.742
1	43 (27.9)	27 (35.1)	
2	36 (23.4)	16 (20.8)	
>2	65 (42.2)	31 (40.3)	
Substance use (Yes %)			
Cannabis	74 (48.1)	42 (54.5)	0.429
Meth	9 (5.8)	5 (6.5)	0.720
Cocaine	19 (12.3)	7 (9.1)	0.606
Opiates	3 (1.9)	5 (6.5)	0.162
Education completed (*n*, %)			
No high school	5 (3.2)	4 (5.2)	0.644
High school	96 (62.3)	48 (62.3)	
College	40 (26.0)	19 (24.7)	
Graduate degree	13 (8.4)	6 (7.8)	

*t-test is used for continuous variables and chi-square test is used for categorical variables.

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and our outcome variable, they were not included as covariates in the final logistic regression model.

The logistic regression was performed using the statsmodels package (version 0.14.4 in Python for Windows; https://www.statsmodels.org/). Statistical significance was set at $p < 0.05$, and 95% confidence intervals were calculated for all regression coefficients. Odds ratios were derived by exponentiating the regression coefficients to aid interpretation.

Results

Table 1 shows the demographic characteristics of the study sample, which included 228 subjects. Eighty-five (37.3%) were female and the average age was 29.1 years. Most subjects (94.3%) had been psychiatrically hospitalised at least once. Just over half (50.9%) reported a history of cannabis use, while 11.4% had used cocaine, 6.1% had used methamphetamine and 2.5% had used opiates. Most subjects (63.2%) had completed high school only, 25.9% completed college while 8.3% held graduate degrees.

Most subjects (88.2%) reported delusional thought content. Of these 201 subjects, 96 (47.8%) reported persecutory delusions; 50 (24.9%) reported influence delusions; 38 (18.9%) reported grandiose delusions; 25 (12.4%) reported somatic delusions; 4 (2.0%) reported erotomanic delusions and 2 (1.0%) reported jealous delusions.

Qualitative analysis: exploring technology delusions

Of the 201 subjects who reported delusional thought content, 104 (51.7%) mentioned new technologies when describing delusional frameworks. The most common theme, reported by 40 subjects, was the belief that their computer, mobile phone or WiFi networks had been hacked. One subject believed someone put 'spyware' in his mobile phone, while another '"tested" her cell phone … and noticed static in the background, which lead to her thinking that "someone is listening" to her conversation'. A subject 'became suspicious when he saw his router was re-set twice', and another refused to use his mobile phone at home and believed that 'his upstairs neighbors are tampering with his WiFi'. One subject was 'concerned that her phone was hacked and felt that messages she received were "weird" and that people had changed the captions on photos'; another 'reports believing that her mother was tapping her phone or putting a tracking device on her phone, and she also believed that her brothers were monitoring her'. One man, fearful of being tracked and cyberbullied, 'tore apart his home and got rid of all electronics'.

Around a quarter of those with technology delusions incorporated social media. Instagram was the specific platform identified most frequently, followed by YouTube, Facebook, Twitter/X and others including Reddit, Snapchat and Spotify. Social media-related referential thoughts were commonly reported, such as the subject who believed that 'people on Instagram were mocking her', one who believed he was receiving 'special messages in his Spotify playlists' and another who was 'triggered' by postings on Instagram that she thought meant something about her in particular. One woman described the belief that the 'changing Facebook profile photos and posts' of an acquaintance were 'encoded messages to her'. Several believed that they were communicating with celebrities through direct messaging or that celebrities were sending them covert messages through their posts. One subject reported receiving messages from God through YouTube videos and that YouTube messages would 'pop up with my exact thought', while another thought Instagram was 'responding to her thoughts in real time'. Several reported a subjective increase in disturbing thoughts when they checked social media, such as the woman who described her mind going on 'overdrive'.

Another common belief, held by 21 subjects, involved hidden cameras, microphones, or other devices. One subject believed she was being 'monitored through electronic equipment in the ceiling' while others believed their house was 'bugged', that voices were 'coming from speakers located behind walls', and that they were being watched 'on an infrared camera through a microphone'. Several reported the belief that someone had implanted a microchip or other device in their head.

Finally, 11 subjects reported a version of The Truman Show delusion. One subject believed 'that she is tuning into a "radio frequency" and that this is proof that she is on a reality TV show'. Another believed 'he is in a "staged interaction" or that things have been "scripted" just for him'. Some believed they were 'on a TV set' or that their 'life was designed'. A man reported belief that 'his "real" parents replaced the lamps in his home, and now they are "camera lamps"' and that his 'whole house has been a show to the world. Everyone knows everything'. One subject described feeling like a 'Tamagotchi pet in an aquarium'.

A more complete collection of subject quotes is published in a supplemental table (Table S1 available at https://doi.org/10.1192/bjp.2025.10452).

Quantitative analysis: temporal trends in technology-related delusions

Logistic regression between admission year and technology-related delusion outcome revealed statistically significant ($\beta = 0.139$, $p = 0.038$, 95% CI (0.008, 0.270)) correlation, indicating a positive relationship between more recent admission years and the likelihood of presenting with technology-related delusions. The model suggests that for each 1-year increase in admission date (e.g. from 2016 to 2017), the odds of a patient presenting with technology-related delusions increase by approximately 15% (odds ratio 1.15, Fig. 1).

Discussion

This study examined the form and content of delusional beliefs among a contemporary population of adults with psychotic disorders, primarily schizophrenia, who were receiving treatment in an intensive out-patient programme. Almost 90% of subjects endorsed delusional beliefs at some point during their treatment. Persecutory delusions were most common, followed by influence delusions and then grandiose delusions. Over half of subjects with delusions incorporated new technology into their delusional frameworks – involving compromised electronics and WiFi networks, hidden and implanted devices, social media and The Truman Show delusion.

While none of the demographic variables studied, including age, was associated with the presence of technology delusions, there was a statistically significant positive correlation between admission year and the presence of technology delusions, with the odds of a subject presenting with technology delusions increasing by around 15% per year during the 8-year study period. The rapid incorporation of new technology into delusional frameworks parallels the pace at which they are developed and the quickly shifting internet landscape we navigate. The prominence of technology delusions is expected, given prior research into the way sociopolitical themes influence delusional thought content.

In a 2005 case-series of 'internet delusions,' Dr Vaughan Bell and colleagues described two primary ways, both evident throughout our sample, that the internet features in delusional

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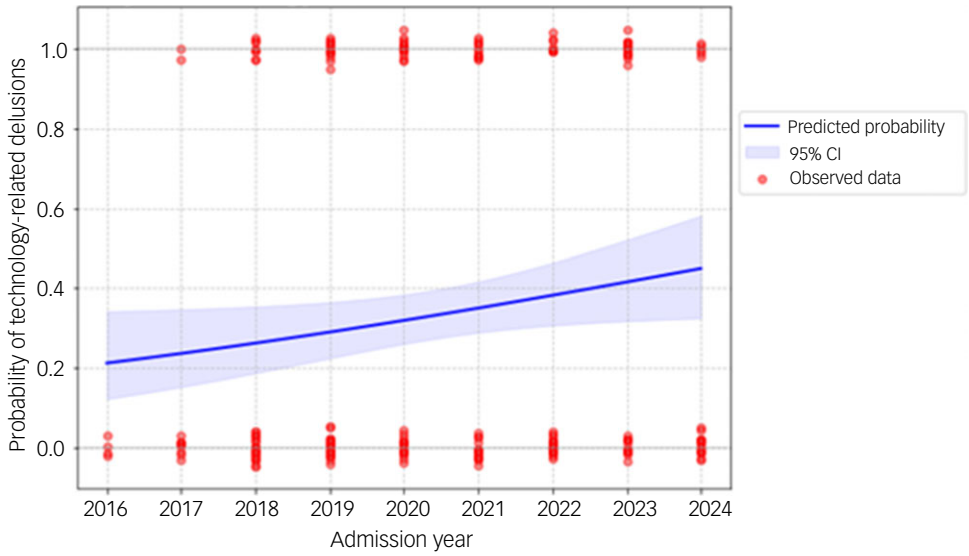

Fig. 1 Predicted probability of technology-related delusions by year of admission. The solid line represents the predicted probability of technology-related delusions (1 = present, 0 = absent) based on the logistic regression model with admission year as the predictor. The shaded region indicates the 95% confidence interval for these predictions. Dots represent the actual observations in the data-set, with slight vertical jittering applied to improve visibility of overlapping points. The model demonstrates a significant positive relationship between later admission years and increased probability of technology-related delusions ($\beta = 0.139$, $p = 0.038$, 95% CI (0.008, 0.270)), with each additional year associated with 15% higher odds of presenting with technology-related delusions.

thought content: to explain anomalous experiences (such as voice hearing) and as a medium through which subjects feel they are persecuted.[17] There are two other notable ways that the internet and new technologies were linked with delusional thought content among our study subjects. Misinterpretation of routine processes or errors, that were misunderstood by the subject due to lack of knowledge, often led to persecutory fears. For example, one subject became fearful when the name of her 'Twitter' app changed to 'X,' while others grew suspicious when they were unable to log into their computers or when their WiFi router was re-set.

Subjects additionally described paranoia related to reality-based features of the internet and new technologies, including that they may be monitored by the government based on political content posted on social media, that social media pages have been 'made' for them or that apps they download are accessing different parts of their phone. These fears are considered delusional only vis-à-vis their context, the degree of distress they cause and their level of self-referentiality, and as such may be considered more similar to 'delusion-like beliefs.'[18] Other subjects voiced thematically similar beliefs that are clearly delusional in the present time but may not be in the near future, given the rate at which technology is evolving. These include subjects' beliefs that their thoughts are transmitted via text message, microchips are implanted in their heads and social media is responding to their thoughts. The distinction between 'bizarre' and 'non-bizarre' delusions has appropriately been abandoned in the DSM-5. We have reached the point when 'further technological breakthrough might render delusions previously considered bizarre as simply false,' as predicted in the 2005 case-series of 'internet delusions.'[17]

Do technology delusions represent a new form?

Technology delusions can be considered variations of classical themes that have long formed the foundation of delusional thoughts.[19] The belief that a famous person is in love with you and is sending you encoded messages through Instagram posts is both erotomanic and referential. The belief that there are cameras hidden in the bedroom walls is persecutory, while The Truman Show delusion can be considered persecutory, grandiose and referential. As Drs Gold and Gold wrote in their 2012 paper describing The Truman Show delusion, 'The variety of delusions across cultures obscures the important fact that the basic motifs of delusion are both universal and rather small in number'.[2]

Nonetheless, the internet and new technologies have drastically altered the core experience of being alive. Interpersonal connections made online 'are unique in the distortion of spatial perception and geographical distance', instantly linking people who are separated by time zones and oceans. Communication is 'hyperpersonal' while simultaneously detached from facial expression and nonverbal cues.[20] The internet influences the content of delusions while also influencing the form.[17] In their 2010 paper on 'Delusions of Technical Alien Control', Drs Hirjak and Fuchs describe four features of technology that are particularly salient to the 'schizophrenic self-experience', namely: concealed workings of modern technology; dissolution of time and space boundaries; the ease of production of visual and auditory illusions and the 'reification of the mental experience'.[21] Given these factors, some have even argued that internet- and technology-based delusions should be considered novel delusional forms.[13,15,21]

Limitations

There were several limitations to this research. Data were extracted retrospectively from the treatment notes of a naturally occurring sample of patients. They were not recruited as part of a research study and thus standardised scales and interview tools were not used. Because of this, it is possible that the incidence of technology delusions is under-reported and the content of these delusions under-described. Additionally, greater awareness of technology delusions among members of the treatment team over the course of the 8-year study period may have resulted in an increasing propensity to ask specifically about technology delusions. Finally, given the characteristics of the study population – housed, insured

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and generally young adults who are stable enough to participate in group therapy – the results of this study may not be representative of the general population of individuals with schizophrenia.

Summary

Among our sample of subjects with psychotic disorders, more than half described delusions involving the internet and new technologies. These most commonly included concerns that computers, mobile phones or WiFi networks were hacked; worries about social media; concerns about hidden or implanted devices; and The Truman Show delusion. Delusional beliefs incorporated the internet and new technologies to explain anomalous experiences and as channels of persecution, while subjects with lack of knowledge about technology expressed delusional beliefs based on a misunderstanding of routine processes or errors. Subjects were significantly more likely to describe technology delusions with each passing year. Given the salience of technology and the internet in modern delusional frameworks, it is crucial that clinicians incorporate questions about these themes when interviewing patients with psychosis in order to fully understand, and more effectively treat, delusional beliefs. For those involved in educating psychiatry residents, teaching the mental status examination should include suggestions for specific questions to explore the presence of technology delusions.

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Supplementary material

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Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study.

Author contributions

A.V.B. developed the research question. A.V.B. and K.N. designed the study. E.M.H. and A.B.C. assisted in data extraction. H.W. performed quantitative data analysis. All authors were involved in interpreting the data and writing the article.

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Declaration of interest

None.

Transparency declaration

We affirm that the manuscript is an honest, accurate and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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