PHENOMENOLOGY OF DELUSIONS AND HALLUCINATIONS IN SCHIZOPHRENIA IN CENTRAL PUNJAB, PAKISTAN

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Abstract

Objective: To examine the variations in the frequency and contents of delusions and hallucinations in schizophrenia and correlates the significant findings with other studies across culture.
Study Design: Case series study
Place and Duration of Study: Psychiatry Department CMH Kharian for four year duration.
Material and Methods: Eighty consecutive patients of schizophrenia (62 men and 18 women) were registered and evaluated for frequency of different delusions and hallucinations. The patients belonged to central Punjab (Pakistan). DSM-IV diagnostic criteria were used for diagnosis.
Results: Most patients i.e. 72.25% belonged to lower social class. Auditory hallucinations were the commonest (81.25%) followed by tactile hallucinations (14.75%) and visual hallucinations (7.5%). Delusions of persecution were found in very high percentage (91.25%) delusions of reference in 42.5% and delusions of control in 31.25%. The patients believed that they were influenced by magic, demons and pirs. First rank symptoms of schizophrenia were present in 76.25% of patients; made affect, made impulse and made volition were present in (40.8%) and somatic passivity were present in (18%) of cases.
Conclusion: Sociocultural background of the patients is likely to contribute in shaping the phenomenology of delusions and hallucinations and it is recommended that more elaborate/different diagnostic criteria may be designed for diagnosis of schizophrenia in developing countries.

Keywords : Delusions, Hallucinations, Sociocultural background.

Article

INTRODUCTION

Schizophrenia is a syndrome mostly comprising disorders of emotion, perception, thought and motor behavior. The symptomatology in general and delusions and hallucinations in particular are greatly influenced by socio-cultural factors as well as the ethnicity1. The frequency as well as content of the symptoms is affected by the culture. The prevalence of 1st rank symptoms of schizophrenia is quite variable in different countries, e.g. 26.71% in 221 Malay patients2 as compared to 78.3% in 60 Nigerian patients3. Gender and social class may affect the phenomenology. A study in Pakistan found that male and wealthy patients had delusions of grandiose identity believing that they had special powers while female and poor group had delusions of persecution and being controlled and of erotomania4. A transcultural study in Pakistan, UK and Saudi Arabia concluded that cultural factors are more important than religious affinity in defining symptomatology5. Immediate environment may have a stronger influence on the pathogenesis of delusions and hallucinations6. Modern technology and a rapid change of cultural patterns may also be influencing the expression of schizophrenia. There are only a few themes of extraordinary anthropological importance for the organization of human relationship which can be found in every epoch and different cultures (persecution, grandiosity, guilt, religion, hypochondria, jealousy and love). With the exception of persecution and grandiosity, these themes showed certain variability over times and between cultures. The new themes referring to the development of modern technology and a rapid change of cultural pattern turned out to be only the shaping of basic delusional themes7. Delusional themes that seem sensitive to socio-cultural and political situations include guilt, love/sex, religion and somatic change8. The present study designed to examine the role of socio-cultural influences in

determining the content, the frequency as well as the variations in the phenomenology of delusions and hallucinations in our set up. It further examined the possibility of any peculiar symptom which may be more relevant and of help in refining the diagnostic criteria with regard to our population.

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MATRERIAL AND METHOD

The study included 80 consecutive cases who were diagnosed to be suffering from schizophrenia on the basis of DSM IV diagnostic criteria. These patients were enrolled at the psychiatry department, of combined military hospital Kharian Cantonment (Central Punjab). They were accompanied by their relatives who provided detailed account of the current behavior of these patients. All the patients were not taking any psychotropic medication at the time of examination. The subjects experienced delusions or hallucinations or both. They also had other diagnostic symptoms of schizophrenia. The diagnosis of schizophrenia was independently established by two psychiatrists on different occasions before starting active treatment. Only symptoms considered as definitely present were recorded on the proforma for this study.

RESULTS

The sample composed of 62 (77.5%) male and 18 (22.5%) female patients. Their ages ranged from 14-35 years (mean age was 30 years). Seventy seven (96.2%) patients were Sunni Muslims and three (3.8%) belonged to Shia sect. Twenty seven (33.8%) cases were illiterate, 39 (48.8%) had studied from class 5th to 10th and only 14 (17.5%) were graduates. Thirty three (41.2%) patients were first born, 13 (16.2%) were second born, 23 (28.8%) were middle born and 11 (13.8%) were last born. Forty patients (50%) were married and 40 (50%) were single. Fifty eight (72.5%) patients came from poor social class, 19 (23.8%) from middle class and 3 (3.8%) from upper class. Majority of the patients i.e. 65 (81.2%) belonged to rural area whereas only 15 (18.8%) cases were from urban background. There was positive family history of psychiatric illness in 42 (52.5%) patients and in 38 (47.5%) patients the history was suggestive of definite past episode of schizophrenia. Seventy three (91.25%) had delusions of various kinds out of which 33 (45.21%) were primary and 40 (54.79%) were secondary delusions. Sixty four (80%) patients had hallucinations while 61 (76.25%) had both delusions and hallucinations. Twenty one (28.77%) believed they were persecuted by relatives, 42 (57. 35%) by neighbors and 10 (13.70%) by outside agencies. Other associated delusions were that of grandeur (23.75%), marital infidelity (14.75%), which is more common in this study as compared to other studies2. Hypochondriacal delusions occurred in 6.25% and delusions of love and of guilt 3.75% each. Among hallucinations, auditory hallucinations figured prominently and were present in 81.25%. In our sample tactile hallucinations occurred in 14.75%. Visual hallucinations came across in 7.5% of patients. Sense of presence and hallucinations of pain and deep sensation were found in 2.5% only (Table-1).

Table-1: Distribution of delusions and hallucinations.

DELUSIONS			HALLUCINATIONS		
a.	Persecution	91.25%	a.	Auditory	81.25%
b.	Reference	42.5%	b.	Tactile	14.75%
c.	Control/influence	31.25%	c.	Visual	7.5%
d.	Grandiosity	23.75%	d.	Sense of presence	2.5%
e.	Marital Infidelity	14.75%	e.	Pain and deep sensations	2.5%
f.	Hypochondriacal	6.25%	f.	Olfactory	1.25%
g.	Love	3.75%	g.	Gustatory	0%
h.	Guilt	3.75%	h.	Vestibular	0%

These hallucinations were present along with other types of hallucinations. Variations in the prevalence of Schneider's first rank symptoms has been another prominent finding on comparison with the transcultural studies (Table-2).

Table-2: Frequency of first rank symptoms across cultures.

	UK (Mellor) (n-173)		Saudi Arabia (n-69)		Nigeria (n-56)		Punjab (Pakistan) (n-61)	
	n	%	n	%	n	%	n	%
Audible thoughts	20	11.6	6	11.6	7	13	3	4.9
Voices arguing	23	13.3	11	21.1	15	27	11	18.0
Voices commenting	23	13.3	11	21.1	29	34	4	6.5
Somatic passivity	20	11.6	39	75	15	27	11	18.0
Thought withdrawal	37	21.4	6	11.5	11	20	3	4.9
Thought insertion	34	19.6	7	13.5	19	34	3	4.9
Thought broadcast	17	9.8	9	17.3	13	23	6	9.8
Made affect	11	6.3	18	34.6	11	20	4	6.5
Made impulse	5	2.9	23	44.2	--	--	7	11.4
Made volition	16	9.2	19	36.5	22	29	14	22.9
Delusional perception	11	6.3	4	7.7	3	5	11	18.0

DISCUSSION

The purpose of this study was to analyze the differences across various cultures in the content and frequency of delusions and hallucinations in schizophrenia. Schizophrenia has been described in all cultures and socioeconomic groups. In industrialized nations disproportionate number of schizophrenia patients is in the low socioeconomic groups9, a finding that has been replicated in the present work. The most common hallucinations in schizophrenia are auditory which is consistent with the findings in this study. Tactile hallucinations were the 2nd and visual ones the 3rd most common perceptual disturbance. Most of the patients claimed having seen people, demons, pirs and angels. Visual hallucinations were previously considered very rare in schizophrenia10,11. The subsequent studies however, have shown that these are not that rare12-14. Increased frequency of visual hallucinations can be attributed to brain insults due to various environmental causes (traumatic, toxic and infective pathology), thus giving rise to such symptoms in less developed world15. Care should however, be taken to exclude any underlying organic condition whenever tactile or visual hallucinations constitute a part of phenomenology in any patient.

Delusions of persecution have been found to be the commonest delusions in studies carried out in Pakistan and abroad4,16. The frequency (90%) in this study was, however, extremely high. An increased incidence of delusions of persecution was not a chance finding. This probably originated from existing uncertain, insecure and hostile environmental conditions faced by the society. Delusions of control/influence figured very prominently. Such an increased frequency is however not very surprising. In this phenomenon the patients believed that they were either possessed by jins/ demons or influenced by pirs and magic. Such beliefs are a part of our cultural belief system. These delusions are usually shared by the family and the patients are therefore taken to religious/faith healers before being brought to a psychiatrist17-18. This symptom was taken as delusion only in those cases where other diagnostic symptoms were present. Hypochondriacal delusions were reported to be frequent in patients suffering from schizophrenia but this was not replicated in our study. Delusions of marital infidelity were found to be more frequent and were related to the paranoid delusional system19. A variation in the frequency of symptoms of diagnostic importance was another characteristic observation of our study (Table II). First Rank symptoms of schizophrenia occurred in 61 patients (76.20%) in this study which is consistent with study by Malik (67%)15. This probably was because of better expression of this symptom by our people. Other differences in this frequency of symptoms across cultures can be explained on the basis of use of different diagnostic criteria, method of eliciting the symptoms as well as the design of the study. Research diagnostic criteria were used in Nigerian study whereas diagnostic criteria employed in Saudi study were very vague20,21. Similarly in some studies the findings were based on retrospective case notes only.

CONCLUSION

Socio-cultural background is likely to affect the phenomenology of delusions and hallucinations in schizophrenic patients. Multiple factors including brain insults, social class, prevailing cultural beliefs and overvalued ideas and immediate environment may contribute to the variation in themes. First rank symptoms of schizophrenia are useful in establishing the diagnosis but their absence doesn't exclude it. Further studies with better design and methodology across the subcultures within and

outside Pakistan are required to establish the differences in phenomenology and their relation to specific variables like social class gender, religion and language. This may help in refining the diagnostic criteria of schizophrenia in the socio-cultural context.

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