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Contents of the Delusions of the Pakistani Paranoid Schizophrenics Females

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Abstract

The present study was aimed to analyze the content of delusions by female paranoid schizophrenic patients' caregivers. Sample of the study was consisting of 4 young paranoid schizophrenic females' caregivers. Semi-structured interview was designed based on the previous literature to investigate the content of delusion. Delusions were reported verbatim from patients' caregivers' narratives. Content analysis was carried out to identify key delusional themes, and sub-themes. Analysis of the transcripts revealed six common type of delusion i.e delusion of persecution, delusion of influence and being controlled, delusion of religion, delusion of grandeur and delusion of jealousy.

Keywords: *Schizophrenia, Female Paranoid Schizophrenic Patients' Caregivers, Content Analysis, Verbatim, Transcripts, Delusion, Delusion of Persecution, Influence, Religion, Grandeur, Jealousy.*

Introduction

Paranoid schizophrenia is a chronic psychological disease in which an individual fail to remain in contact with reality (psychosis). The main attributes of paranoid schizophrenia are to possess delusions and hallucinations regarding objects which are not exist in reality. In paranoid schizophrenia, individual's ability to think and routine functioning may be better in paranoid than individuals having other categories of schizophrenia. Person might not exhibit as many difficulties with concentration, recollection, or distorted feelings. Nevertheless, paranoid schizophrenia is a severe, long-lasting state that may result in several difficulties comprising suicidal tendency (APA, 2000).

The marked symptom of Schizophrenia is Delusions, which are false beliefs that are rigid and illogical (Garety, 1991). According to DSM-IV-TR, delusion is generally defined as a fixed false belief. Delusions are not related to any specific disorder. Delusions mostly occur due to neurological or mental illness, and have been found to occur with several psychiatric conditions may be mutually physical and psychological. They have a specific significance in diseases related to psychosis and mainly in paranoid schizophrenia regarding diagnosis. Most paranoid schizophrenics do not seem to realize that other people find their delusional beliefs are unbelievable (Harrow, Rattenburry, & Stoll, 1988).

Delusional beliefs can be simple and temporary. In a study of delusional patients, researchers identified four qualities of delusions (Kendler, Glaser, & Margenstern, 1983). Firstly, the *conviction* with which a delusion is held is the intensity to which the person is convinced of the delusion. Secondly, the *extension* of the delusion is the degree to which it involves other people. Thirdly, *disorganization* involves the degree of internal consistency of the delusional system. Fourthly, the *pressure* of the delusion is the intensity to which the person is pre occupied with the belief.

Delusions are further classified into four different groups: Bizarre Delusion, Non- bizarre Delusion, Mood-congruent Delusion, Mood-neutral Delusion (Spitzer, 1990).

Research Question

- What are the indigenous Contents of the Delusions of the Female Paranoid Schizophrenic Patients in Pakistan?

Rational of the Study

Most of the work has been done in west. So there is a need to investigate the content of delusions experienced by female paranoid schizophrenics with reference to the Pakistani cultural context.

Objectives of the Study

- To analyze the content of delusions by female paranoid schizophrenic patients.

Method

Sample

Sample of the study was consisting of 4 young paranoid schizophrenic females' caregivers.

Instrument

Semi- Structured interview was designed based on the previous literature to investigate the content of delusions experienced by the female paranoid schizophrenics.

Procedure

Semi structure interview was conducted with caregivers of female paranoid schizophrenic patients to gather information about the content of the delusion of their paranoid schizophrenic family members. Delusions were reported verbatim from patient's caregivers narratives. Content analysis of caregivers' interview used to identify key delusional themes, sub-themes, and sub-categories. These were then tabulated.

Analysis of Data

A thematic content analysis methodology was used (Howitt, 2010) which is common in qualitative content analysis. The content of delusions is subject to influences from the wider culture, and we can therefore expect to find differences in the content of delusion between different cultures (Maher & Spitser, 1993). Freeman and Garety (2001) suggested that there were a strong relationship between environment and content of delusion.

Results

Table 1: Themes of Delusions in Female Paranoid Schizophrenic Patients in Pakistan

Types of Delusion	Themes
Delusion of Persecution	• Disloyalty of her husband • Deceiving • Suspicious thoughts • Family hate the patient • Being poisoned by her relatives • conspiracy
Delusion of Influence and being Controlled	• being possessed by a jinn or supernatural power • body and brain being changed by magic and jinn
Delusion of Religion	• receiving a special signs of God or Allah
Delusion of Grandeur	• having a special power • having heavy bank balance
Delusion of Jealousy	• other feelings jealous of patient such as females members and In laws family members of patient's family

Table 2:Frequency and percentage of different types of delusion in female paranoid schizophrenics (N=4)

Types of Delusion	f (%)
Delusion of Persecution	4 (100%)
• Disloyalty of her husband	2 (50%)
• Deceiving	1(25%)
• Suspicious thoughts	2 (50%)
• Family hate the patient	3 (75%)
• Being poisoned by her relatives	1 (25%)
• Conspiracy	2 (50%)
Delusion of Influence and being Controlled	3 (75%)
• being possessed by a jinn or supernatural power	3(75%)
• body and brain being changed by magic and jinn	3(75%)
Delusion of Religion	1(25%)
• receiving a special signs of God or Allah	1(25%)
Delusion of Grandeur	2(50%)
• having a special power	1(25%)
• having heavy bank balance	1(25%)
Delusion of Jealousy	4 (100%)
• other feelings jealous of patient such as females members and In laws family members of patient's family	4(100%)

Discussion

The current results confirmed that the content of delusions reflected interaction relationship between patient and her environment and surrounding milieu. Thus social affairs and cultural context were reflected in the content of delusion (Rhodes, Jakes & Robinson, 2005).

The first and most frequent delusion was persecutory delusion, respectively in the present study. Persecutory delusions have been reported to have higher frequencies in the extant literature. The most common persecutor in persecutory delusions was family and the other in laws relatives. It has been found

that in Pakistan female patients, the persecutors are usually family members and it has been suggested that the delusion of being persecuted by family members is typical of cultures with strong family ties. The nature of persecutors in persecutory delusions reflects social and cultural norms and it also reflects family structure and ties. For example in the present study females identified their persecutors in the first rank as members of their families. This reflects the structure of Pakistani society which considers domestic and familial ties. In the current study reflect that females often are fully occupied by family affairs and issues. For example it is reported by one participants that her paranoid schizophrenics patients have following content of delusion

"My In laws try to harm me and kill me to get money. Because I have lot of money in bank" Current results were consistent with a Turkish study (Gecici, Kuloglu, Guler, Ozbuluts, et al., 2010) which showed that family related persecutory appeared among traditional large families in Eastern Turkey whilst unknown persecutors appeared within western Turkey in people with Western backgrounds and characteristics.

The content of delusion of jealousy are influenced by the sex variable which highlighted the nature of Pakistani society and the double standard in dealing with or judging men and women's issues. In the present study, jealousy delusions were also most reported delusion. It suggest that the frequency of jealousy delusions in females is result in part because it is a usual way of complaining about the lack of interest of their husbands of illegitimate relationship.

As it is reported that
"They hate me because they are jealous"
Magic, jinn, or supernatural power themes were also dominate among all female patients. For example one patients have delusion that

"Jinn follow me and guide me about all aspect of life"
Delusion of grandiosity was the most common delusion in the current study. The findings were consistent with previously reported findings (Kala & Wig, 1982; Azhar et al., 1995; Tateyama et al., 1993). Previous reports from India and Pakistan confirmed the findings that, delusion of grandiose is the frequent delusion among these populations. Rao (1966) conducted research on 950 schizophrenic cases in Bihra and found the delusion of grandiose predominantly common. From Pakistan Suhail and Cochrane (2002) found that Pakistani patients from Lahore are preoccupied with belief of grandiosity. The reason was suggested that the delusion of grandiosity may, in part be attributed to the large economic and social disturbances found in Pakistani society and difficulty in achieving upward social mobility for people from economic disadvantaged background.

Female showed more frequently beliefs in their grandiose ability, grandiose identity and religious pattern. Idea of someone is trying to help, special power, he/she a prominent person, being controlled by someone together with paranormal phenomenon with explanation through external forces and famous person are also more frequent in females. The findings of this research are consistent with various other studies. Grandiose delusions are frequently found in Korean patients (Kim et al., 1993). Religion was the commonest content of grandiose symptoms in all cultures but relatively higher in Africa and Jamaican group among which there is fundamentalist acceptance of the God and Devils has personal control of one's health and diseases well as belief in spirits and ghosts are present than the other groups (Netdetei & Vadhar, 1985).

Religious delusions are commonly found in female schizophrenic patients (Siddle et al., 2002). The significant differences regarding religious delusions was also consistent with the findings that religious delusions are more common in Korean, German and in immigrants to great Britain particularly from Africa, Asia and West Indies (Kim et al., 1993; Tateyama & Hashimoto, 1998; Nedetei, 1985).

Conclusion

The thematic analysis of delusion among Pakistani female paranoid schizophrenic patients confirms the presence of delusion of persecution, influence, religion, grandeur, jealousy likewise other female worldwide. Future researches should focus intervention and awareness of the factors related to gender roles, cultural impacts and environmental factors.

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