

A Comparative Study of the Difference in Frequency of Type and Content of Delusions based on the Place of Residence in Persons Afflicted with Schizophrenia with Different Cultural Backgrounds**Samira Kian Manesh and Hossein Jenaabadi****Master of Clinical Psychology, Science and Research Branch, Islamic Azad University, Zahedan, Iran
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ABSTRACT: The overall goal of this study is to investigate the difference in frequency of type and content of delusions based on the place of residence in persons afflicted with Schizophrenia with different cultural backgrounds. The population of this study includes all the patients afflicted with Schizophrenia visiting Baharan Department of Psychiatry in Zahedan and all patients afflicted with Schizophrenia visiting Ebne-Sina Department of Psychiatry in Mashhad from April 2012 until September 2012. In order to access a group of subjects so that the possibility of proper statistical analysis is provided generally 46 individuals were selected among which 32 patients were afflicted with Schizophrenia in Baharan Department of Psychiatry in Zahedan and 32 patients were afflicted with Schizophrenia in Ebne-Sina Department of Psychiatry in Mashhad. In this study, the sampling method is the accessible method. The tool used is TST PANSS (scale of positive and negative syndromes for patients afflicted with Schizophrenia). For data analysis through descriptive statistics, the table of frequency has been used. The results showed that regarding the frequency of the type of delusion based on the place of residence patients afflicted with Schizophrenia in Mashhad have been allocated the highest percentage of persecutory delusions compared with the other delusions while patients afflicted with Schizophrenia in Zahedan have been allocated the lowest percentage of persecutory delusions compared with other delusions and the patients of Mashhad. Furthermore, regarding the frequency of delusion based on the place of residence the patients afflicted with Schizophrenia in Mashhad have shown a higher percentage of media content compared with the patients afflicted with Schizophrenia in Zahedan. Also, the family content of delusions based on the place of residence in Mahhad has been observed more compared with Zahedan.

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INTRODUCTION

Schizophrenia is a disease of which most people are unaware before encountering a person suffering from it and people even have inaccurate and legendary information about it; as up to the present time no useful treatment has been found for schizophrenia, the name of this disease is still synonymous with a horrifying and untreatable phenomenon for many people. Schizophrenia means the disjointed mind; therefore, some mistake it for the multiple personality disorder (MPD). Schizophrenia is a very complicated and refractory mental disease that affects the behavior, words and deeds of humans. Despite the painful life that the person suffering from that experiences, the diagnosis of the disease isn't a simple task and in fact the broad symptoms that are characteristics of this disease make the task difficult for the therapist [1].

Schizophrenia (mental breakdown) is a clinical syndrome including a variable but deeply destructive mental pathology that involves emotion, perception and other aspects of behavior. Emergence of these demonstrations varies in different people and over time but the impact of the disease is always severe and usually lasting. Schizophrenia usually starts before the age of 25, lasts until the end of one's life and none of social classes are immune from developing it. Inattention and social isolation that afflict patients due to general ignorance regarding this disorder, in most cases bother these patients and their families. Although Schizophrenia is described as a single disease, it is probably composed of a group of disorders that has a heterogeneous etiology and contains patients whose clinical demonstrations, therapeutic response and trend of disease aren't the same" [2].

Delusions include inaccurate beliefs and creeds that usually emerge as misinterpretation of perceptions or experiences. The content of delusions may be various subjects (e.g. persecutory, reference, somatic, religious or grandiose). Persecutory delusions are the most common type of delusions; in this state, the person believes that he/she is being harassed, followed, spied on, conspired against or mocked. Delusions of reference are common too. In this state, the person believes that specific gestures, expressions, statement from books, newspapers, and pieces of poetry or other environmental signs specifically address him/her [2].

Furthermore, delusion is a false belief that can't be corrected by logic and delusions are identifiers of psychoses. They are mostly observed in Schizophrenia; nevertheless, they aren't rare either among other psychoses including organic syndromes of brain, manic-depressive, paranoia and psychosis in the elderly [3].

In the investigation that was conducted by Dr. Davoud Shahmohamamdi et al. regarding preliminary study of cultural content of delusions of mentally ill patients hospitalized between the years 1992-1996, the findings showed that the persecutory delusions were more than other delusions and that delusions of grandiose ranked second in terms of frequency; consequently, although the content of delusions is more or less similar in different cultures, the cultural expressions of various countries, nations and religions play a significant role in formulation of delusions [4].

In investigating the phenomenology of delusions and hallucinations among patients afflicted with Schizophrenia, the goal was to investigate the impact of living in geographic areas of a country regarding phenomenology of delusion and schizophrenic hallucinations on a group of patients afflicted with Schizophrenia that in total included 373 patients afflicted with Schizophrenia hospitalized in three different mental hospitals in Turkey that were gathered in a place and their delusional statements were classified. The aforementioned patients were categorized according to the areas of the place of residence. The research findings in expressions of the two groups and the female and male participants were diagnosed to be delusions regarding persecution and frequent return; delusions of poisoning and erotomania were more prevalent among women than men. The most frequent auditory hallucinations included the hearing of interactive voices and interpretive voice. In visual hallucinations the seeing of ghosts was the most common issue. Conclusion of the findings of this study was indicative of the existence of a kind of relationship between the content of delusions and hallucinations, and living in different areas of a country; yet it seems that the geographic area of the place of residence has the highest importance in recognition of the phenomenon [5].

According to the issues expressed and as culture is a mixture of beliefs, values, customs, language, history and technology of a nation [6], in this study we intend to investigate the difference in type and content of delusions in two different cultures.

Cross-cultural psychiatry strives to investigate cultural similarities and changes all over the world. During the studies conducted in the recent decades, researchers have managed to introduce Schizophrenia as a brain disease with diverse clinical manifestations. These appearances and symptoms together create a considerable combination and diversity among people afflicted with that. Also, the different appearances and representations of Schizophrenia are such that they have turned the study of the relations between cultural, psychological-social and biological effects into a highly desirable issue [7]. consequences in persons afflicted with that vary depending on cultural conditions and circumstances; a mechanism during which cultural diversities may have led to protection of individuals against affliction with that or increase of the risk of affliction with that has still remained uncertain [8].

MATERIAL AND METHODS

The research method is of the type of descriptive-comparative investigations and its statistical analysis is conducted by means of SPSS software. In order to analyze the data the two descriptive and inferential statistics will be used and in the descriptive statistics the tables of frequency, mean and standard deviation and at the level of inferential statistics the test in accordance with the research questions such as Chi-square test was used. It should be noted all statistical calculations have been conducted by means of SPSS software version 18.

The population of this study includes all patients afflicted with Schizophrenia visiting the Baharan Department of Psychiatry in Zahedan and all patients afflicted with Schizophrenia visiting Ebne-Sina Department of Psychiatry in Mashhad from April 2012 until September 2012.

In order to access a group of subjects so that the possibility of proper statistical analysis is provided in general 64 individuals were selected for this project among which 32 patients afflicted with Schizophrenia in Baharan Department of Psychiatry in Zahedan and 32 patients afflicted with Schizophrenia in Ebne-Sina Department of Psychiatry in Mashhad were selected. In this study the sampling method is the accessible method.

The tool used is TST PANSS (the scale of positive and negative symptoms for patients afflicted with Schizophrenia) which has been published in 1987 by Abraham Fiszbein, Lewis Opler and Stanley Kay and has been presented for evaluation of all knowledge and aspects of Schizophrenia.

Each of the three levels of description, explanation and prescription in the domain of clinical psychology and consultation is of importance. At the first level unless the nature of mental damages has been recognized we can't render a proper description of a disorder. If the first condition isn't provided, speaking of explanation or prescription would be useless. Basically, identification of the structure of the factor for every disorder and diagnosis category is one of the important necessities since in case that is achieved both description of disorder is easily conducted and also merely through manipulation of that factor mechanisms of change can be provided more easily. That group or set of symptoms or signs which have been obtained as a result of implementation of the factor analysis test on the data, has been conducted based on the study. A main factor like fragmentation is a name given by the researcher to a set of signs or symptoms. In this study, these factors are obtained through implementation of the factor analysis test on the data obtained from the PANSS questionnaire (scale of negative and positive symptoms). The PANSS scale has been prepared based on KRA conceptualization regarding the factor structure of psychotic disorders and tries to classify all symptoms in the positive and negative dimensions. This scale has been prepared for comprehensive evaluation of symptoms of Schizophrenia [9].

Reliability and Validity of PANSS Test: The PANSS test has been created for dimensional evaluation and typology of the phenomenon of Schizophrenia and has 30 questions that evaluate the positive and negative symptoms of the patient based on the semi-structured clinical interview. Also, three questions have been contained there for evaluation of possibility of aggression. Every question is responded in a seven-point Likert scale from lack of sign to an excess of it.

The reliability and validity of this test on DSM-IV-TR was evaluated on 101 individuals that were diagnosed with Schizophrenia based on diagnostic criteria. The alpha coefficients showed high reliability and similarity among the questions with the ranking coefficient of 73 to 83% for each of the rates. The retest reliability indexes for sub-groups of patients in a three to six-month follow-up were obtained to be 89%, 82%, 81% and 77% for positive, negative and combined symptoms and level of general mental pathology [10].

Scale of positive and negative symptoms is used for evaluation of signs and dimensions of disorder of schizophrenia. This scale containing 30 articles is a clearly defined method and an implementation for evaluation of dimensions of positive and negative symptoms and other symptoms based on formal and semi-structured clinical interview. Three supplementary articles have also been presented at the end of this scale for investigation of possibility of aggression. The time period for doing this scale has been suggested to be 30 to 40 minutes and at the end this questionnaire has been completely attached to this thesis [11].

RESULTS

Frequency of Type of Hallucination Based on Place of Residence

Table 1. Frequency of type of hallucination based on the place of residence

Frequency of type of hallucination based on the place of residence in Mashhad			Frequency of the type of hallucination based on the place of residence in Zahedan		
Type of hallucination	frequency	Percentage of frequency	Type of hallucination	frequency	Percentage of frequency
persecutory	10	31.3	persecutory	2	6.3
grandiose	4	12.5	somatic	1	3.1
Suspicion and mistrust	1	3.1	grandiose	4	12.5
Grandiose and persecution	3	9.4	Suspicion and mistrust	3	9.4
Suspicion and mistrust and persecutory	1	3.1	Persecutory and control	2	6.2
Persecutory and reference	2	6.3	Grandiose and suspicion and mistrust	2	6.3
Control and reference	2	6.3	Grandiose and suspicion and mistrust	4	12.5
Control and reference and persecutory	2	6.3	Suspicion and mistrust and persecutory	2	6.3
Doesn't have	7	21.9	Persecutory and grandiose and reference	1	3.1
total	32	100.0	Doesn't have	11	34.4
			total	32	100.0

The table findings regarding the type of delusion based on the place of residence in Mashhad show that 10 persons have the persecutory delusion, 4 persons the delusion of grandiose, 1 person that of suspicion and mistrust, 3 persons that of grandiose and persecutory, 1 person that of suspicion and mistrust and persecutory, 2 persons persecutory and reference, 2 persons control and reference, 2 persons control and reference and persecutory and 7 persons don't have delusions.

Moreover, the table findings regarding the type of delusions based on the place of residence in Zahedan show that 2 persons have the persecutory delusion, 1 person the somatic, 4 persons the grandiose, 3 persons that of suspicion and mistrust, 2 persons that of grandiose and suspicion and mistrust, 4 persons grandiose and persecutory, 2 persons suspicion and mistrust and persecutory, 1 person persecutory and grandiose and reference, and 11 persons don't have any delusions.

Table 2. Frequency of content of delusion based on the place of residence

Frequency of content of delusion based on the place of residence in Mashhad			Frequency of content of delusion based on the place of residence in Zahedan		
Content of delusion	frequency	Percentage of frequency	Content of delusion	frequency	Percentage of frequency
Political	4	12.5	Political	6	18.8
Religious	4	12.5	Religious	3	9.4
Family	10	31.3	Family	6	18.8
Hospital staff	1	3.1	Hospital staff	1	3.1
Other	2	6.3	Other	4	12.5
Media	4	12.5	Media	1	3.1
Doesn't have	7	21.9	Doesn't have	11	34.4
Total	32	100.0	Total	32	100.0

The table findings regarding the frequency of content of delusion based on the place of residence in Mashhad show that 4 persons have a political content, 4 persons religious, 10 persons family, 1 person hospital staff, 4 people's media, 2 persons other, and 7 persons don't have the content of delusion.

Also, the table findings regarding the frequency of content of delusion based on the place of residence of Zahedan show that 6 persons have the political content, 3 persons religious, 6 persons family, 1 person the hospital staff, 1 person the media, 4 persons other, and 11 persons don't have the content of delusion.

DISCUSSION

-In investigating the frequency of the type of delusion based on the place of residence it was determined that the patients afflicted with Schizophrenia in Mashhad have been allocated the highest percentage of persecution compared with other delusions while in the patients afflicted with Schizophrenia in Zahedan have been allocated the lowest percentage of persecution compared with other persecutions and compared with the patients in Mashhad; and these findings are aligned with the conclusion of the study that was conducted by Dr. Davoud Shahmohammadi et al. regarding the preliminary study of the cultural content of delusions of mental patients hospitalized between the years 1992-1996. Their findings showed that the persecutory delusions are more than other delusions and the delusions of grandiose rank second in terms of frequency [4, 12].

-In investigating the frequency of content of delusion based on the place of residence, the patients afflicted with Schizophrenia in Mashhad have shown a higher percentage of media content compared with the patients afflicted with Schizophrenia in Zahedan; also, the family content of delusions based on the place of residence has been observed more in Mashhad compared with Zahedan and these findings are aligned with the research findings of Gecici et al. that states that the geographic area of the place of residence has the highest importance in recognizing the phenomenon [5].

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