A PHENOMENOLOGICAL STUDY OF DELUSIONS IN SCHIZOPHRENIA

P. KULHARA
K. CHANDIRAMANI
S. K. MATTOO
A. AWASTHI

SUMMARY

112 patients with final clinical diagnosis of schizophrenia were subjected to detailed mental status examination using a structured interview schedule the present state examination. Phenomenology of delusions was determined according to the definitions and criteria of this schedule. The relationships of phenomenology with socio-demographic variables were also studied. It was seen that delusions of persecution were significantly more in males and in patients above the age of 30 years. Educated patients had more delusional misinterpretation, delusions of references and delusions of thoughts being read. Systematization of delusions was more in younger patients. Married patients had more delusions of reference.

Introduction

Delusions often dominate the manifest psychopathology of schizophrenics and are usually complex, bizarre, highly systematized and frequently affect the behaviour of patients. Many authors have studied delusions from phenomenological and developmental points of view, the most notable being the studies of Jaspers (1962), Kretschmer (1974) and Schneider (1974a, 1974b).

It was proposed by Lucas et al (1962) that symptoms of patients can be more meaningfully related to their socio-cultural background than to the diagnosis of their disorder. It is generally agreed that prevailing cultural and social beliefs and values influence the content of various psychopathological patterns and many investigators have emphasized cultural determinism of the content of delusions (Carothers 1947, Yap 1951, Stainbrook 1952 & Lambo 1955).

In our country, the study of delusions has not received much attention. Bhaskaran (1963) observed male patients to be more deluded than females and also noted delusions of persecution and grandiosity to be more in males. Bhaskaran and Saxena (1970) again reported similar findings in a group of schizophrenics. The frequency of occurrence of delusions has been reported by Subramaniam and Verghese (1977) and Kulhara and Wig (1978). Kala and Wig (1978) commented that the content of delusions was influenced by socio-demographic factors. Significant work has been done by Sharma and Gupta (1978) and Singh and Sachdeva (1981).

Most studies with the exception of Kala and Wig (1978) have only estimated the frequencies of various types of delusions in schizophrenics. Though there is considerable evidence supporting the notion of influence of socio-cultural factors on the content of delusions, there is very little evidence that the form of delusion is affected by such factors. In fact, one of the largest multicentre projects on schizophrenia did not find much difference in the form of delusions across various centres of different cultural background (WHO 1973).

Most of the studies on phenomenological
aspects of schizophrenia from our country have grave methodological shortcomings. Many studies have not utilised any structured interview technique of proven reliability and applicability to ascertain the type of delusions. Kulhara and Varma (1985) in a review discussed these issues and pointed out that phenomenology of schizophrenia is an area that warrants more research.

The present study was undertaken with the aim of eliciting the types of delusions and their relationship to various demographic parameters. By employing a structured interview schedule, the Present State Examination (PSE) (Wing et al 1974), a certain degree of credibility and reliability in the assessment of psychiatric phenomena, which was hitherto lacking, has been introduced.

Material and Methods

Consultant colleagues in the Department were requested to refer to research team patients with a final clinical diagnosis of schizophrenia. The diagnosis of schizophrenia conformed to ICD-9 (WHO 1978) concept of schizophrenia. Within 3 to 7 days of referral, the patients were evaluated by one of us (PK) using the 9th Edition of PSE (Wing et al 1974). The presence of delusions and associated phenomena were determined on the basis of PSE criteria.

Analysis of Data

The PSE data were analysed at the Institute of Psychiatry, Denmark Hill, London, U.K. using CATEGO programme. Chi-square test with Yates correction as applicable was used to determine the level of significance for non-parametric variables.

Results

The total number of patients seen by the research team was 112. Of these 59 were males and 53 females. The mean age of patients was 27.65 years with a standard deviation of 7.61 years. The subtyping of schizophrenia according to ICD-9 (WHO 1978) was as follows, 5 Hebephrenic, 10 catatonic, 58 paranoid, 19 acute, 12 chronic, 3 schizo-affective and 5 others. According to CATEGO classification, 76 patients belonged to CATEGO class S, 16 to class O, 8 to class P, 6 were classified as D, 4 were categorised as M and 2 as N. Thus, the rate of general agreement between ICD-9 and CATEGO classes of schizophrenia is good being 82.1 percent.

The socio-demographic characteristics of the total patient sample and the deluded group are shown in Table 1.

| Sample characteristics | For total sample (n = 112) | For deluded patients (n = 98) |
|------------------------|---------------------------|-----------------------------|
| Age (in Years)         |                           |                             |
| 15 - 29                | 65                        | 56                          |
| 30 - 44                | 39                        | 34                          |
| 45 +                   | 8                         | 8                           |
| Sex Distribution       |                           |                             |
| Males                  | 59                        | 50                          |
| Females                | 53                        | 48                          |
| Marital Status         |                           |                             |
| Single                 | 53                        | 50                          |
| Married                | 59                        | 48                          |
| Education              |                           |                             |
| Upto Matric            | 53                        | 44                          |
| Matric - Graduate      | 45                        | 41                          |
| Post - Graduate        | 12                        | 11                          |
| Unknown                | 2                         | 2                           |
| Locality               |                           |                             |
| Urban                  | 78                        | 71                          |
| Rural                  | 34                        | 27                          |

There are 23 different types of delusional phenomena described in the PSE (Wing et al 1974). Of the 112 patients studied 98 (87.5 percent) patients had delusions of one type or the other. Delusions of persecution
were the commonest being present in 83 (84.6 percent) patients. The other frequently occurring delusional phenomena were delusions of reference 72 (73.5 percent), delusional explanation in terms of paranormal phenomena 33 (33.7 percent), delusions of thoughts being read 31 (31.6 percent), and delusion of control 29 (29.6 percent). Delusions of grandiose abilities were seen in 19 (19.3 percent), delusions of grandiose identity in 15 (15.3 percent) and religious delusions were seen in 14 (14.3 percent) of the patients. The frequency distribution of various types of delusions in the deluded group of patients is shown in Table 2.

| Type of delusion                        | % frequency |
|----------------------------------------|-------------|
| Delusions of persecution                | 84.6        |
| Delusions of reference                  | 73.5        |
| Delusional misinterpretation            | 44.9        |
| Delusional explanation in terms of paranormal phenomena | 33.7 |
| Delusions of thoughts being read        | 31.6        |
| Delusions of control                    | 29.6        |
| Delusions of grandiose abilities        | 19.3        |
| Subcultural influenced delusions         | 17.3        |
| Delusions of grandiose identity         | 15.3        |
| Religious delusions                     | 14.3        |
| Delusions of alien forces penetrating   | 12.2        |
| Morbid jealousy                         | 12.2        |
| Sexual delusions                        | 12.2        |
| Delusions of assistance                  | 11.2        |
| Delusional explanation in terms of physical forces | 8.1 |
| Hypochondriacal delusions               | 8.1         |
| Delusions of guilt                      | 7.1         |
| Delusions of catastrophe                 | 4.1         |
| Delusions of depersonalization          | 3.0         |
| Primary delusion                        | 2.0         |
| Simple delusion concerning appearance   | 1.0         |
| Delusion of pregnancy                   | 0.0         |
| Fantastic delusions                     | 0.0         |

It was seen that 84 patients (85.7 percent) had some degree of systematization of their delusions. 14 patients (14.3 percent) had evasiveness, 55 patients (56.1 percent) were preoccupied with their delusions and 64 (65.3 percent) of the deluded patients exhibited acting out behaviour in relation to their delusions. It should be stressed that only deluded patients can be rated to have evasiveness.

Since evasiveness can pose methodological problems in research, this particular FSE item was subjected to further analysis. No definite relationship between socio-demographic variables and evasiveness was observed. All patients who had evasiveness were noted to have delusions of persecution, reference and misidentification. 6 patients were noted to have evasiveness because of incoherence, excitement etc. In 8 patients it was felt that evasiveness was because of active concealment on the part of the patients. It is interesting to note that of the 8 patients who were actively concealing delusions, 7 were paranoid schizophrenics. These results are displayed in Table 4.

Younger patients were seen to have significantly more systematization. Patients above the age of 30 years had significantly more delusions of persecution. Male patients were observed to have significantly more persecutory delusions. Apart from this, sex of the patient did not have any significant contribution in determining the type of delusions. Delusions of reference were seen more frequently in married and educated patients. Educated patient (education more than matriculation) had significantly more delusional misinterpretation and delusions of thoughts being read.
The place of residence did not have any significant influence on the type of delusions displayed by the patients. The relationship of these socio-demographic variables with the types of delusions is displayed in Table 5.

**Discussion**

Firstly, our choice of ICD-9 (WHO 1978) diagnosis of schizophrenia requires some explanation. Had we used any other definition of schizophrenia, we might have introduced certain degree of bias towards eliciting delusions as many of the contemporary systems for the diagnosis of schizophrenia depend on the presence of a particular type of delusion in the patient. The concept of schizophrenia as described in ICD-9 is broad and does not specifically depend on any particular symptomatology or phenomenology to the exclusion of others for the diagnosis of schizophrenia. Moreover, the high rate of agreement between ICD-9 diagnosis and CATEGO class of
schizophrenia (Wing et al. 1974) lends further credibility to the clinical diagnosis.

In our study 87.5 percent were found to be deluded. This finding is in agreement with Ndetci and Singh (1982), but is higher than the figures reported by Lucas et al. (1962), Kulhara and Wig (1978), Sharma and Gupta (1970) and Bhaskaran and Saxena (1970).

We have found that delusions of persecution, delusions of reference, delusions of mind being read and delusional explanation in terms of paranormal phenomena are more common than subculturally influenced delusions, fantastic delusions, simple delusions concerning appearance etc. This is in agreement with the findings reported in the literature.

Our observation that male patients had more delusions of persecution is in agreement with the findings of Bhaskaran (1963), Bhaskaran and Saxena (1970) and Lucas et al. (1962) but at variance with Ndetci and Singh (1982). It is also observed that married people have more delusions of reference than single patients. There does not seem to be any tangible explanation for this.

Educational level of the patients appears to have curious influence on the type of delusions. Delusions of reference, delusional misinterpretation and delusions of thoughts being read were seen significantly more in better educated patients. It could be argued that these patients have better linguistic competence and as such can elaborate and express delusions in a better way. Varma (1982) and Varma et al. (1985) have consistently argued that higher linguistic competence is one of the important factors that lends to sustenance and further systematization of paranoid delusions.

Surprisingly enough, place of residence of the patients as a variable did not have any significant influence on the type of delusion. The observation that rural patients have significantly more delusional elaboration in terms of paranormal phenomena and urban patients in terms of physical phenomena, as observed by Kala & Wig (1978) is not substantiated by our study.

The relationship between current age of the patient and delusions is intriguing. Though older patients have excess of persecutory delusions, younger patients have significantly more systematization. Ndetci and Singh (1982) did not find any such difference. We are unable to offer any reasonable explanation for our findings.

To conclude, it can be said that delusions are an important association of schizophrenia as identified in this study. The relationship between education and certain types of delusions is striking and needs further exploration particularly in the context of linguistic competence.

References

BHASKARAN, K. (1963), A psychiatric study of paranoid schizophrenia in a mental hospital, Psychiatry Quarterly, 37, 374-380.

BHASKARAN, K. & SAXENA, R. M. (1970), Some aspects of schizophrenia in two series, Indian Journal of Psychiatry, 12, 177-182.

CARTER, J. S. (1957), A study of mental derangement in Africans and an attempt to explain its peculiarities, more especially in relation to the African attitude to life, Journal of Mental Science, 93, 548-597.

JASPERS, K. (1962), General Psychopathology (Trans. Hoeing, J., Hamilton, M. W.), Manchester, Manchester University Press.

KALA, A. K. & WIG, N. N. (1978), Contents of delusions manifested by Indian Paranoid Patients, Indian Journal of Psychiatry, 20, 227-231.

KERTSCHER, E. (1974), The sensitive delusions of reference, in Themes and Variations in European Psychiatry (Eds, S. R. Hirsch & M. Shepherd), Bristol, John Wright & Sons Ltd.

KULHARA, P. & WIG, N. N. (1978), The chronicity of schizophrenia in North-West,
India. Result of a follow-up study, *British Journal of Psychiatry*, 132, 186-192.

KULHARA, P. & VARMA, V. K. (1985). Phenomenology of schizophrenia and affective disorders in India, A review, *Indian Journal of Social Psychiatry*, 1, 148-169.

LAMBO, T. A. (1955), The role of cultural factors in Paranoid Psychosis among the Yoruba Tribe. *Journal of Mental Science*, 101, 239-266.

LUCAS, C. J., SAINSBURY, R. & COLLINS, J. G. (1962), A social and clinical study of delusions in schizophrenia, *Journal of Mental Science*, 108, 747-758.

NIDENTEI, D. M. & SINGH, A. (1982). Study of delusions in Kenyan schizophrenics patients diagnosed using a set of Research Diagnostic Criteria, *Acta Psychiatrica Scandinavica*, 66, 208-215.

SCHNEIDER, K. (1974a), The concept of delusions, In Themes and Variations in European Psychiatry (Editions, S. R. Hirsch & M. Shepherd), Bristol, John Wright & Sons Ltd.,

SCHNEIDER, K. (1974b), Primary and Secondary symptoms in schizophrenia. In Themes and Variations in European Psychiatry, (Eds. S. R. Hirsch & M. Shepherd), Bristol, John Wright & Sons Ltd.,

SHARMA, I. & GUPTA, S. C. (1979), Socio-clinical aspects of delusions in schizophrenia, *Indian Journal of Psychiatry*, 21, 169-175.

SINGH, G. & SACHDEVA, J. S. (1981), Acute schizophrenic episodes, Are they schizophrenics? *Indian Journal of Psychiatry*, 23, 200-206.

STAINBROOK, E. (1952), Some characteristics of psychopathology of schizophrenic behaviours in Bahian Society, *American Journal of Psychiatry*, 109, 330-335.

SUBRAMANIAM, K. & VERGHESE, A. (1977), A psychosocial study of 292 schizophrenic patients treated in a psychiatric hospital. *Indian Journal of Psychiatry*, 19, 36-43.

VARMA, V. K. (1982), Linguistic competence and psychopathology. A cross-cultural model, *Indian Journal of Psychiatry*, 24, 107-114.

VARMA, V. K., DAS, K. & JILOHA, R. C. (1985), Correlation of Linguistic Competence with Psychopathology, *Indian Journal of Psychiatry*, 27, 193-199.

WING, J. K., COOPER, J. E. & SARTORIUS, N. (1974). The measurement and classification of Psychiatric symptoms-London, Cambridge University Press.

WORLD HEALTH ORGANISATION. (1973), The Report of International Pilot Study of Schizophrenic, Geneva, WHO.

WORLD HEALTH ORGANISATION, (1978), Mental Disorders, Glossary & Guide to their classification in accordance with the Ninth Revision of the International Classification of Diseases, Geneva, WHO.

YAP, P. M. (1951), Mental disease peculiar to certain cultures. *Journal of Mental Science*, 97, 313-327.