

PHENOMENOLOGICAL DIFFERENCES OF DELUSIONS BETWEEN SCHIZOPHRENIC PATIENTS OF TWO CULTURES OF MALAYSIA

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ABSTRACT

Two hundred and seventy schizophrenia patients were interviewed using the Present State Examination to elicit the phenomenological symptoms of the illness. Cultural factors and ethnicity were found to be significant variables associated with the symptoms. Higher prevalence of religious and other subculturally related delusions were common in Kelantan patients. Our general belief that Malaysian culture influences symptomatology of mental illness seems to be proven.

Keywords : phenomenology, delusions, schizophrenia

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INTRODUCTION

Evidences have indicated that the phenomenology of delusions in schizophrenia is influenced by the culture of the patients. This is important especially in a country like Malaysia where the cultures of the people are quite diverse. Cultural values change from west to east coast and even within peninsular Malaysia.

It is a well known fact that the psychiatric symptomatology is largely dependent on the cultural and religious beliefs. Thus it is not uncommon to find a lot of superstitious belief in community of region where cultural or religious feelings are strong. In Malaysia, Penang and Kelantan offer a very good example of different culture and its values. Penang has mainly Chinese population and its rapid urbanisation and greater integration of western principles and culture into the people's daily life has changed the people's outlook. Kota Bharu, on the other hand, as the eastern centre has predominantly Malay population whose subcultural beliefs are quite different from the Penang Malays and Chinese and also is less urbanised.

Lucas et al⁽⁸⁾ studied an unselected series of 405 hospitalised schizophrenics and noted that 71% of them were deluded; delusions were significantly more common among females. Fourteen percent of their patients showed no evidence of delusions and the remaining 15% were either mute or their speech incomprehensible because of gross thought disorder, so that the presence or absence of delusions could not be determined. They also categorised the delusions by their content and found that paranoid or persecutory delusions were by far the most common. They also found that delusions of a sexual nature were almost twice as frequent among women as among men but there were no other

significant differences between the sexes.

The present study was done to find out the psychopathology of schizophrenia in different races in Malaysia and the differences in psychopathology of schizophrenia among them.

MATERIALS AND METHODS

Two states were chosen to represent the East and West side of Peninsular Malaysia. Penang was chosen because of its mainly Chinese population and its rapid urbanisation and greater integration of western principles into the people's daily life and culture, while Kota Bharu was chosen as the eastern centre mainly because of its predominantly Malay population whose subcultural beliefs are slightly different from the Penang Malays and is less urbanised than Penang.

The Penang study group was taken from two places, ie, the Klinik Pakar, Universiti Sains Malaysia (USM) and the psychiatric unit of Penang General Hospital. All patients diagnosed as schizophrenic in the clinics were included in the study. About 100 patients are admitted to the wards at any one time. Most of the patients admitted are diagnosed as schizophrenic.

The Kelantan study group was also taken from two places, ie, the Psychiatric Ward of the USM Hospital, Kubang Kerian, and the Psychiatric Unit of Kota Bharu General Hospital. The psychiatric unit of Kota Bharu General Hospital has at any one time about 100 patients. Most of the patients admitted are diagnosed as schizophrenic.

All the patients subsequently admitted by independent psychiatrists at each of the centres and diagnosed as schizophrenic based on the ICD-9 criteria⁽²⁾, were included in the study. The patients were supplied with a semi-structured questionnaire covering the psychiatric history and the major symptoms of schizophrenia and subsequently seen by the interviewers using the PSE (Present State Examination)⁽³⁾. Those patients who could not respond to the questions due to severe psychotic features or were mute or uncooperative were retested on two separate occasions and were dropped if after 3 attempts no information could be obtained. Altogether 290 patients were seen, of which but 20 patients had to be dropped due to the above factors. Of the 110 patients seen in Kelantan, 6 were dropped due to various other factors; and of the 180 patients seen in Penang, 14 had to be excluded due to various factors before the full PSE could be administered. Out of the remaining 166 patients, thirty were from the USM Klinik Pakar and 136 were from Psychiatry Unit, Penang General Hospital.

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PSE was selected due to its proven reliability and validity⁽⁴⁻⁶⁾. The results of the questionnaires were then tabulated and the frequencies for the various symptoms and phenomenological syndromes were matched according to the various demographic data. The significance of each of the results was calculated using the t-test and z-test.

RESULTS

Table I shows that persecutory delusions were the most common. Grandiose delusions were less common among the Kelantan Chinese patients. Delusions of reference was equally common among both the groups. Sexual delusions were more common among the Penang patients (19%). Nihilistic delusions were more seen in the Kelantan Malay patients (12%) and so were delusions of guilt (12%). Religious delusions were significantly more common in the Kelantan Malay patients (49%) and so were other subculturally related delusions (35%).

Kelantan Malay patients were deluded with having power (27%) and of having wealth (33%). On the other hand, 48% of Penang Malay patients and 54% of Penang Chinese patients were having grandiose delusions regarding their high social status. Among the Kelantan patients, the delusions were regarding interpretation of the Quran, being sinful, being specially chosen by God, being given powers by God, being descendent of God or Prophet.

The Kelantan Malay patients (55%) believed that they could tell the future through skills given to them either by God or by the legendary Puteri Sardon; 24% of them believed they were descendents of Puteri Sardon and 24% believed they were being possessed. Although a lot of people in Kelantan believe in Puteri Sardon, it is not common to find people being possessed by her.

Analysis of patients with persecutory delusions showed that 25% of the patients believed that members of their families were harming them, and 35% believed that their close associates, workmates or neighbours were harming them. More than 30% of them would not specify their persecutors. Also, 40% of the Malay patients were unable to specify the reasons of harm but a majority of the Penang Malay patients believed that their high status was the reason (22%); the Kelantan Malay patients on the other hand believed that their

wealth was the main reason (33%). The Penang Chinese also believed that their high status was the reason (33%).

DISCUSSION

This study attempted to find out the differences in the psychopathology between the people of Penang and Kelantan. Penang was chosen because of its predominantly Chinese population, its rapid urbanisation and integration of western principles in people's life. The people are modern in thinking as well as in living. On the other hand, the people of Kelantan are simple, God fearing and very much less influenced by the western culture. Their religious values are strong and they are proud in sticking to their cultural values.

The findings in this study revealed major similarities with the findings of the World Health Organisation report of the International Pilot Study of Schizophrenia⁽⁷⁾. However, certain aspects of this study are different from the WHO report because this study goes into greater detail of the subcultural delusions of the Malays in Kelantan.

Lucas et al⁽⁸⁾ found 71% of their patients were deluded. Fourteen percent of their patients showed no evidence of delusions and the remaining 15% were either mute or their speech incomprehensible because of gross thought disorder, so that the presence or absence of delusions could not be determined. In this study all patients who delusions and this is because all the patients who were mute or had incomprehensible speech were excluded from the study. If included, our proportion would have been almost the same. Paranoid or persecutory delusions have also been found to be common⁽⁸⁾ which was similar to our study where 70% of the patients had persecutory delusions. Grandiose delusions were also common among our patients(40%) while their study found 44% of their patients had grandiose delusions. Their study found that delusions of a sexual nature were almost twice as frequent among women as among men. In our study it was more common in the Chinese patients of Penang. Nihilistic delusions among the Kelantan Malay patients seemed to be higher (12%) than that of Lucas et al's patients (nil). The most significant finding is that religious delusions were definitely high (44%) among the Kelantan Malay patients compared with the Penang group.

The majority of the patients in a study by Lucas et al⁽⁸⁾

Table I - Content of delusions in Malay and Chinese schizophrenic patients

Content	Penang (n=166)		Kota Bharu (n=104)	
	Malay n=82 (%)	Chinese n=84 (%)	Malay n=84 (%)	Chinese n=20 (%)
Paranoid	59 (72)	60 (71)	61 (72.6)	14 (70)
Grandiose	33 (40)	37 (44)	33 (39.2)	5 (25)
Reference	26 (19)	16 (19)	11 (13)	1 (5)
Sexual **	16 (19)	36 (42)	3 (3.5)	1 (5)
Jealousy	13 (16)	22 (26)	3 (3.5)	1 (25)
Nihilistic	3 (4)	5 (6)	10 (12)	- -
Primary	- -	- -	- -	- -
Guilt	3 (4)	5 (6)	10 (12)	- -
Religious**	9 (11)	4 (5)	37 (44)	- -
Others	5 (6)	2 (2)	29 (35)	1 (5)

** p<0.01

could identify their alleged persecutors as relatives, neighbours, workmates, etc or as members of a defined group such as Jews, Freemasons, Communists or police, but 34% cited unspecified people. Our study revealed almost similar results: 34% of the Kelantan Malay patients and Penang Malay patients could not identify their alleged persecutors. About 25% of all patients believed that members of their families were harming them, while about 35% of them alleged that their close associates, workmates or neighbours were persecuting them.

With regards to content of religious delusions, there were no studies available to make a comparison. In this study, the delusions were found mainly in the Kelantan Malay patients, again indicating that a difference in cultural practices can result in different symptomatology. Most of the religious delusions however were also grandiose in nature, for example, being given special powers of healing by God because he is an "alien" (a religious person), or that he has been chosen by God to lead a new religion; (however they do not possess other manic symptoms or mood disturbance to make a diagnosis of mood disorder). The Kelantan patients also had other significant differences eg having other culturally related delusions not found in any other groups of patients such as being descendent of Puteri Sardon, or being married to Puteri Sardon or being possessed by devils.

Thus it can be seen that the contents of delusion differ according to the cultural values. The people of Penang, being more modern and influenced by western culture, have thought disorder on those lines as compared to the people of Kelantan who are more religious, less modern and are sticking to their old cultural values.

CONCLUSION

Differences were seen in the specific symptomatology of

schizophrenia in most Kelantan Malay patients and some Chinese patients, eg sexual delusions were common in the Chinese; nihilistic delusions and delusions of guilt were more common in the Kelantan Malays, religious delusions were significantly higher in the Kelantan Malays; there was a difference in the pattern of grandiose delusions between the Chinese patients and the Malay patients.

Similarities were also seen in that there was no difference in the character of paranoid delusions between the two groups. The findings indicate that anecdotal observation that Malaysian culture influences the symptomatology of mental illness seems to be proven.

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