Indian Journal of Psychiatry, October **28** (4), pp. 281-286

A PHENOMENOLOGICAL STUDY OF DELUSIONS IN SCHIZOPHRENIA

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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 systematised 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 (1974 a, 1974 b).

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 emphasised 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 project 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

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* Paper presented at the 38th Annual Conference of the Indian Psychiatric Society, Jaipur, January 3-5, 1986.

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 *Q*, 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.

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.

Table 2
Frequency distribution of types of delusions in the deluded group of patients (n = 98)

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
Subculturally influenced delusions	17.3
Delusions of grandiose identity	15.3
Religious delusions	14.3
Delusions of alien forces penetrating	12.2
Morbid Jealously	12.2
Sexual delusions	12.2
Delusions of assistance	11.2
Delusional explanation in terms of physical forces	8.1
Hyponchondriacal delusions	8.1
Delusions of guilt	7.1
Delusions of catastrophe	4.1
Delusions of depersonalization	3
Primary delusion	2
Simple delusion concerning appearance	1
Delusion of pregnancy	0
Fantastic delusions	0

It was seen that 84 patients (85.7 percent) had some degree of systematisation 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.

Table 3
General ratings of delusions (n = 98)

	No. of patients	%
Systematization	84	85.7
Evasiveness	14	14.3
Preoccupation with Delusion	55	56.1
Acting out	64	65.3

Since evasiveness can pose methodological problems in research, this particular PSE 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.

Table 4
Relationship between evasiveness and socio-demographic and clinical variables

Clinical/Socio-demographic variable	Evasiveness due to concealment	Evasiveness due to incoherance etc.
Age		
Upto 30 years	5	3
above 30 years	3	3
Sex		
Male	6	2
Female	2	4
Education		
Upto Matric	5	3
above Matric	3	3
Marital Status		
Married	6	2
Single	2	4
Diagnosis		
Hebephrenic	0	1
Catatonic	0	1
Paranoid	7	1
Acute	0	2
Chronic	1	1

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

Table 5
Relationship between socio-demographic variables and delusion (n = 98)

Type and general rating of delusions	Total +ve cases	Age <30	Age >30	Sex M	Sex F	Marital Status M	Marital Status S	Education <Matric	Education >Matric
Delusion of persecution	83	42	41*	48	35*	37	46	38	45
Delusion of reference	72	39	33	37	35	41	31*	27	45*
Delusional misinterpretation	44	24	20	24	20	24	20	12	32*
Delusional explanation by paranormal phenomena	33	18	15	16	17	18	15	16	17
Delusions of thought being read	31	15	16	19	12	12	19	6	25*
Delusion of control	29	15	14	18	11	15	14	10	19
Systematization	84	54	30*	43	41	40	44	38	46
Acting out	64	41	23	28	36	31	33	32	32
Preoccupation with delusions	55	31	24	30	25	28	27	23	32

* Significant at $p < 0.02$.

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 Ndetei 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 Ndetei 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 tangiable 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. Ndetei 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.

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