Delusional Procreation Syndrome: Report from TURUVECARE Community Intervention Program

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ABSTRACT

New insights on Delusional Procreation Syndrome (DPS), a sequence of delusions in the cycle of human procreation are emerging in recent times. Till date, most of the data on DPS are reported from the clinical samples. Authors report case series of having delusions related to DPS from a rural community sample of schizophrenia patients. Delusion of having spouse, delusion of delivery, and delusion of being a parent are reported in this case-series. This evidence is a forward step towards the validity of DPS as a syndrome.

Key words: Case series, community sample, delusional procreation syndrome

INTRODUCTION

In an interesting development, new psychopathological insights about human procreation have emerged recently.^[1-3] Manjunatha *et al.*,^[1] described Delusional Procreation Syndrome (DPS) that consists of sequential delusions in every possible stage of procreation such as having spouse/partner, getting pregnant, having delivered a child (labor and childbirth), becoming parents/grand-parents and so on. These are the 'self-referential delusions' referring to the involvement of patient himself/herself in its content. The 'delusion of proxy procreation' (i.e. procreation cycle in another person), another dimension of the proxy delusion was reported by Manjunatha *et al.*^[2] DPS is

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a latest addition to the list of interesting delusional syndromes.

Among DPS, delusion of pregnancy is believed to be commonly reported.^[4,5] Others are delusion of having a spouse or partner,^[1] delusion of delivery (labor and childbirth),^[1,6] and delusion of being parents.^[1,3,7] All these are reported from clinical settings except the delusion of proxy procreation.^[2]

Authors report a case series in this paper to demonstrate the presence of delusions related to DPS in a rural community sample. All these cases from a community intervention programwhose aims are identification, treatment, and regular follow up of all schizophrenia patients in Turuvekere, a south Indian taluk (a local administrative block). These cases do not have any relation by blood or marriage. They don't have contact with each other either.

CASE REPORTS

Case 1

A 40-year-old never married male, studied till

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class VII, presented with diagnosis of paranoid schizophrenia (International Classification of Diseases (ICD)-10) of 2 years duration. In his psychopathology, he had a delusion that he has a 10-year-old royal looking son by name 'Vikramanka'. He also falsely believes that Vikramanka is a topper in his class and is studying in a government run school; he is living in his friend's house. Patient has not revealed any further information about his wife. The dominant psychopathology in this patient was 'delusion of paternity' (father of a son).

Case 2

A 25-year-old separated female, studied till class VII, presented with diagnosis of undifferentiated schizophrenia (ICD-10) of 6 years duration. Patient had a delusion that she delivered a baby girl I year back and is yet to have a name for her baby. She gives an interesting description of delivery of this baby girl: Labor pain started when all her family members had gone out of the house. She also reports that the labor process got completed spontaneously without any complication and that soon after the delivery, the child was kept in an orphanage for children which no family member was aware of. Additionally, patient reports that her girl is growing in that ashrama and has been studying in primary school. However, she has not revealed any other information. Delusion of delivery (labor and childbirth) was concluded to be present.

Case 3

A 30-year-old widow for the last 4 years with no formal education presented with diagnosis of undifferentiated schizophrenia (ICD-10) of 4 years. Soon after her husband's death, she developed a delusion that she got married for the second time with a person by name 'Shankarappa' who is a hair dresser (who is from different community) by profession; however, he was an 'honest' man and was free from any 'bad' habits such as drinking alcohol, smoking nicotine, etc. Her 'husband' absconded from the village 2 years back after her family of origin threatened him and she is not aware of his whereabouts. She is sure that he will come back and take care of her. She also has a belief that she has a daughter by name 'Shantala', now 2 years old, staying with her maternal great grand-mother as patient's mother is not allowing the daughter to stay with them. 'Delusion of having spouse' and 'delusion of maternity' (mother of a daughter) was present in her.

Case 4

An 18-year-old never married female, educated up to class X, presented with a diagnosis of schizophrenia NOS (ICD-10) of 1 month duration. In her psychopathology, patient had a delusion that she has a 7-year-old daughter by name 'Kavya' who is going to

pre-school. Patient did not reveal any information on Kavya's father except the information that he works in a garment factory. Patient also claims that she is taking care of Kavya's day-to-day activities such as bathing, dressing, feeding, and dropping, and picking from her school. When asked about the name of the school, she says that she does not know about it. Patient wishes that her daughter should become a good teacher and serve in her hometown. 'Delusion of maternity' (mother of a daughter) was present in this patient.

Case 5

A 46-years-old widow, educated up to class VI, and staying with her parents presented with a diagnosis of paranoid schizophrenia (ICD-10) of 4 years duration. In her psychopathology, she had a delusion that she has a husband (by name 'Chandrakanth') and two children (8 year-old boy named 'Prabhakar' and a 5-year-old daughter name 'Mala'). Son was reportedly studying in second grade and daughter in anganavadi (a government run pre-school) in her village. Patient also reported that she was staying in her mother's house with these two children. Husband, who is working in a garment factory in a city 150 km away from the home town, visits them once fortnightly. 'Delusion of having spouse' and 'delusion of maternity' (mother of a son and a daughter) were present in her.

Case 6

A 47-years-old never married male without any formal education presented with a diagnosis of undifferentiated schizophrenia (ICD-10) of 16 years duration. In his psychopathology, patient had a delusion that he had a wife by name "Lavanya", married a year back against the wishes of his family in a temple called as Ram Mandir in the presence of some of his friends and villagers. He also reported that he used to work as a daily wage labourer before his marriage. After marriage, he and his wife started business of selling coconut which is running successfully with huge profits. He is planning to purchase jewelry for his wife from the profit of their business. With this, he believes that he will gain respect from his family and society. 'Delusion of having spouse' was present in him.

DISCUSSION

Authors report delusion of having spouse in three cases (case 3, 5, and 6) in this community sample (as single delusion in case 6 and with other delusions in cases 3 and 5), which is second report after previous one. Authors report third case as a whole and second in female of delusion of delivery (labor and childbirth)' in case 2. The 'Delusion of paternity' in case 1 is the third report. After three cases, [1,7] 'delusion of maternity' in

case 4 is the fourth report. Besides these, delusion of maternity was also present in cases 3 and 5 along with delusion of having spouse. From the same community sample, authors have already published a case of 'delusion of polygamy in proxy (delusion of proxy procreation).^[2]

In contrast to the existing belief, no case of delusion of pregnancy was observed in this community sample. It suggests that delusion of pregnancy may not be the commonest delusion of DPS in communities because, delusions related to pregnancy are more likely to be brought to clinical attention more often because 'being pregnant' without being married is considered stigmatizing and is a cause of great concern to the family. Its absence truly may reflect its lesser prevalence than anything else.

CONCLUSION

Delusions related to DPS could also be present in rural communities. Delusion of pregnancy was not the common delusion among DPS in our sample. Further studies on psychometric properties of DPS are suggested.

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