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Socio-Cultural Aspects of Paranoid States and Paranoid Schizophrenia : A Comparative Study

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ABSTRACT

The socio-cultural factors that may have a relation to paranoid states and/or paranoid schizophrenia were studied in 110 patients (60 with paranoid schizophrenia and 50 with paranoid states). It was found that paranoid states were commoner among elder, urban patients who probably lost one or both parents early before the age of 10 years. The loss was paternal more than maternal. Paranoid schizophrenia was commoner in younger male rural patients. As regards the birth order of the patient, it was found that the inbetween person generally suffers more from paranoid disorders (whether state or schizophrenia) than the elder and the last one. Explanations were afforded and the results were discussed.

INTRODUCTION :

The debate on the nosological status of delusional disorders has focussed on whether it is a distinct psychotic illness or a subtype of schizophrenia (Kendler, 1980).

Looking to paranoid state and paranoid schizophrenia as one continuum, has been present since the work of Kraepelin. He classified the paranoid forms of dementia precox under the headings "dementia paranoides gravis and mitis". He restricted the term paranoia to those patients with completely systematized delusions. In France,

chronic delusional psychoses are divided into non-progressive systematized chronic delusional psychoses which include various forms of paranoia, and those in which progressive deterioration occurs (paranoid schizophrenia). In Britain, the terms "paranoia" and "paraphrenia" have been almost entirely discarded, and paranoid is merely an adjective used to describe delusional states that are associated with ideas of reference (Walker and Broidie, 1980).

The DSM – I (1952) characterised paranoid reactions by persistent delusions and paranoid states were believed to be disorders of short duration, while paranoia was believed to be extremely rare with a well encapsulated delusional system in an otherwise normal personality. The schizophrenic reaction, paranoid type involves schizophrenic characteristics and paranoid delusions.

DSM – II (1968) separated paranoia and involutional paranoid states from schizophrenia paranoid type and paranoid personality with warning that there may be disagreement over whether they should be separated at all.

DSM – III (1980), separating paranoid schizophrenia from paranoid personality disorder and the paranoid disorders which include paranoia,shared paranoid disorder and paranoid states, continues the trend of stressing the imprecise diagnostic boundaries of these categories.

The DMP – I (1975) separated paranoid states from paranoid schizophrenia, stressing on the malsystematization of delusions in the latter with the absence of tendency to personality disorganization or ultimate deterioration in the former.

This work aims at comparing some social and cultural factors in both types of disorders, in a trial to discriminate and delineate the ambiguity.

MATERIAL AND METHOD :

110 patients (50 with paranoid state and 60 with paranoid schizophrenia) through the period 1980–1983 were collected. Their diag-

nosis was established according to the DMP – I (1975). All patients were assessed by at least two psychiatrists. After full psychiatric examination, special concentration was laid on some items which may be of importance. These items were :

1) Age range.

2) Sex distribution.

3) Subculture.

4) Early parental loss (before the age of 10 years).

5) The birth order of the patient.

RESULTS :

1) Age range (Table I):

Paranoid schizophrenia was found to occur in younger age than paranoid states (the mean ages were 27.1 years and 38.3 years respectively). The difference was statistically significant ($P < 0.005$).

2) Sex difference (Table II) :

Male patients predominate over female patients in both paranoid schizophrenia and paranoid states (66.7% and 58% respectively).

TABLE I

Age Distribution

Diagnostic category		Age Groups (years)							
		Total	10-20	21-30	31-40	41-50	Above 50	Mean	S.D.
Paranoid Schiz.	No	60	10	33	12	3	2	27.1	9.3
	%	100	16.7	55	20	5	3.3		
Paranoid State	No.	50	1	14	13	7	15	38.3	12.8
	%	100	2	28	26	14	30		

TABLE II

Sex Distribution

Diagnostic category	Total		Male		Female	
	No.	%	No.	%	No.	%
Paranoid schiz.	60	100	40	66.7	20	33.3
Paranoid state	50	100	29	58	21	42

Subculture (Table III):

In paranoid schizophrenia rurals were found to be slightly more than urbans (55% to 45%) while in paranoid states urbans were found more than rurals (56% to 44%).

4) Early parental loss (Table IV) :

Parental loss was found more in patients with paranoid states (34%), while it was present in only 18% of paranoid schizophrenia. As regards whom of either parent was implicated in paranoid states, it was found that the father loss was more than the mother loss (18% and 4% respectively). The loss of both parents was found in 12%. In paranoid schizophrenia the loss was 11.7% for father, 3.3% for mother and 3.3% for both.

5) Birth order (Table V):

In-between patients found to be more vulnerable to both paranoid states and paranoid schizophrenia (48.3% and 54% respectively) followed by the first child (36.7% and 30% respectively).

TABLE III

Subculture Distribution

Diagnostic category	Total		Rurals		Urbans	
	No.	%	No.	%	No.	%
Paranoid schiz.	60	100	33	55	27	45
Paranoid state	50	100	22	44	28	56

TABLE IV

Early Parantal Loss

Diagnostic Category	Total		Present		Absent	
	No.	%	No.	%	No.	%
Paranoid schiz.	60	100	11	18.3	49	81.7
Paranoid state	50	100	17	34	33	66

TABLE V

Birth Order

Diagnostic Category	Total		First		Inbetween		Last	
	No.	%	No.	%	No.	%	No.	%
Paranoid schiz.	60	100	22	36.7	29	48.3	9	15
Paranoid state	50	100	15	30	27	54	8	16

DISCUSSION :

The link between paranoid state and paranoid schizophrenia have been greatly a matter of controversy. From a familial aspect, based on genetic findings, Winokur (1977) stated that "if this link is present, it is not likely to be very strong". Rakhawy (1979) stated that "paranoid state and paranoid schizophrenia are descriptively different, while the former shares the ultimate goal of schizophrenia in cutting off object relation". This trial mainly aims at clarifying some differences from sociocultural aspects.

The age range, first of all, of paranoid schizophrenia was found to be significantly younger than of paranoid states (table I). This finding agrees with that of Raphael and Himler (1944) who reported that the mean age of persons developing paranoid reactions was 11.6 years above that of persons developing any form of schizophrenia. It also agrees with the work of Kolb and Brodie (1982). The meaning of this

difference in age range may be an artificial one, i.e. the product of our classification which limits paranoid states by definition to more or less systematized delusions without personality disorganization (DMP I – 1975; Rakhawy, 1979). However, these qualifications tend to rule out the adolescent and post-adolescent periods of stress and confusion, that is, periods of maximal drive, when an individual faces the challenges of his peer group alone and when problems of self identity (Erikson, 1956), career, marriage and parenthood become urgent. It is logical, though not necessarily correct, to assume a fundamental difference in personality structure of those who do not weather this phase (and become schizophrenic) and those who somehow weather it but succumb a decade or so later to paranoid reaction.

Another explanation is that sometimes when a person turns towards the middle age (30 – 40 years or so), comes the dowing- realization that his life span actully is limited. He develops fears that his lifelong hopes, overt or latent, will never be realized. His disappointment becomes more and deeper and disillusionment grows larger. He becomes frustrated and restricted and if vulnerable may react by delusional restitution.

On the other hand, both paranoid schizophrenia and paranoid states were commoner among males than females. This result agrees with the work of Kraepelin (1921). Also Winokur (1977) found that, of the 24 paranoid patients, 20 were males. However, Tyhurst (1958) reported that there is no good evidence concerning sex distribution of paranoid states. The question why paranoid disorders are commoner in males than females in our culture, can be answered if we notice that, males are overloaded by many responsibilities; caring about families, facing work troubles and shortage of income. At the same time, by living in a developing country, their ambitions are usually blocked by the shortage of equipments. They are also encouraged by the social codes to tolerate painful life experiences with supression and repression. All these variables may lead a vulnerable individual to

succumb and project the outcomes of his painful life events in a delusional form.

The sub-cultural variable appears somewhat different. So while in the present sample, paranoid schizophrenia was found slightly more common in rurals (55%), paranoid states were slightly more among urbans (56%). Urban inhabitants are nowadays more prone to various stressful reactions such as the loss of the sympathizing relations with neighbours, friends and relatives as well as loosening of the family ties. These factors start to threaten the psychic stability and make one loses trust in others. This may enhance the denial and projection mechanisms that lead to paranoid disorders.

In addition to the above factors, it was found that early parental loss has a great importance in paranoid state than paranoid schizophrenia. This directs the thinking towards the importance of the protective, sympathizing and dependency relation of the child to one or both of his parents. The loss of this relation may lead to frustration and even humiliation, the child may develop an attitude that the environment is consistently hostile. He may become hypersensitive to imagined slights. Also, he may learn early in life that affection is not returned. If added to these unresolved frustrations and disappointments, the child may consequently attempt to insulate and protect himself by a personality that is secretive, critical, hostile and humorless. This type of personality may develop into paranoid state when stressed. On the other hand, paranoid schizophrenia as well as paranoid states occur predominantly in the inbetween child. The inbetween child may have identity confusion (Erikson, 1956) and may be in a situation of jealousy since he neither attains affection and protection compared with the younger, nor the respect of the elder. The developing jealousy and envy lead, as Cameron (1963) stated, to paranoid disorder if this child is stressed later on.

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الموجـــــــــز

الجوانب الاجتماعية الحضارية فى الحالات البارانوية والفصـــام البارانوى : دراســـة مقارنة

درســـــت العوامل الاجتماعية ــ الحضارية التى يمكن أن يكون لها علاقة بالحالات البارانوية والفصام البارانوى لدى ١١٠ مريضـا (٦٠ يعانون من الفصـــام البارانوى و ٥٠ من الحالات البارانوية) ووجد أن الحـــالات البارانوية أكثر شيوعا فى السن الأكبر ، والذكور ، ومرضى المدن وكذلك عند هؤلاء الذين فقدوا أحد آبائهم (وبخاصـــة الأب) قبل ســـــن عشر ســـنوات .

أما الفصام البارانوى فهو أكثر شيوعا فى المرضى الأصغر فى السن ، المقيمين بالريف .

وفيما يتعلق بترتيب المريض بين الاخوة ، وجد أن الشـــخص الذى

يقع في المنتصف أكثر عرضة للاضطرابات البارانوية (سواء الفصام أو حالات البارانويا) أكثر من الأخ الأكبر أو الأصغر . وتناقش الدراسة التفسيرات الممكنة لهذه النتائج .

ABSTRAIT

Aspects Socio-culturels Des Etats De Délire Et De La Schizophrénie Paranoide: Une Etude Comparée.

Les facteurs socio-culturels, pouvant avoir relation avec les états de délire et/ou à la schizophrénie paranoide, ont été étudiés chez 110 malades (60 atteints de schizophrénie paranoide, 50 atteints d'état de délire.). Nous avons trouvé que les états de délire étaient plus répandus parmi les patients mâles, d'un âge avancé habitant la région urbaine et ayant perdu l'un ou l'autre de leurs parents avant l'âge de 10 ans. Cette perte était plutôt paternelle que maternelle. La schizophrénie paranoide était plus répandue parmi les patients mâles, d'un plus jeune âge, et de région rurale.

Les résultats de cette étude sont discutés.