

Summary Article

**Delusions and hallucinations in East Asians with
Schizophrenia**

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Kim K, Hwu H, Zhang LD, Lu MK, Park KK, Hwang TJ, Kim DH, Park YC. Schizophrenic delusions in Seoul, Shanghai and Taipei: a transcultural study. *Journal of Korean Medical Science*, 16: 88-94, 2001a

Kim K, Zhang LD, Lu MK, Park K-K, Park Y-C, Kim DH. Schizophrenic hallucination in Shanghai and Seoul: a transcultural study. (Korean) *Journal of Korean Neuropsychiatric Association*, 40: 767-775, 2001b

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INTRODUCTION Culture influences and shapes the content of delusions and hallucinations among schizophrenic individuals (Murphy, 1982; Tseng, 2001). However, due to a scarcity of literature in this area and also because of methodological difficulties in controlling and dismantling other socio-demographic factors embedded in 'culture,' empirical support for this relationship has been very weak and at best exploratory.

Several mechanisms that may explain the relationship between schizophrenic symptomatology and culture were suggested several decades ago. These include cultural sources for interpreting primary unusual experiences, cultural expectations and suggestions with regard to an individual's response to the primary symptom, and the conventional choice of target in the projection of an inner conflict (Devereux, 1958; Murphy, 1967).

During the last three decades, efforts have been made towards finding cross-cultural differences in the phenomenology of schizophrenia. These include the World Health Organization's (WHO) international study of schizophrenia (1973), the comparative study among ethnic groups in England (Nderei & Vadhler, 1984; Suhail & Cochrane, 2002), a study of patients in Japan and China (Fujimori et al., 1988), a comparison between the two subcultures of Malaysia (Azhar et al., 1995), a comparison between Japanese and Germans (Tateyama et al., 1993), a comparison among patients in Tokyo, Vienna and Tübingen (Tateyama et al., 1998), a comparison of hallucinations between patients in Saudi Arabia and England (Wahass & Kent, 1997), a comparison of secondary symptoms between South Africa and Namibia (Maslowski & Oosthuizen, 1993-1994), and a comparison of the first rank symptoms of schizophrenia between UK and Greek immigrants in Australia (Coffey et al., 1993). These studies have consistently reported that some types and content of delusions and hallucinations may differ among different cultures, which implies that some cultural elements may influence the manifestation of psychotic symptoms in schizophrenia. At the same time, some of the studies mentioned above do have limitations in terms of carefully controlling other variables, such as social and clinical backgrounds that may affect and account for the differences among the groups.

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The three articles (Kim et al., 1993; Kim et al., 2001a; Kim et al., 2001b) listed here for summary are comparative studies of schizophrenic delusions or hallucinations between Chinese and Korean patients with differences in nationality and ethnicity. Each study used similar stringent methods of assessment and careful screening.

The authors and assessors met several times to discuss the strategy and to increase the reliability of sampling and assessment. They also had several workshop sessions for the assessors. To be included in these studies, patients must have had a Diagnostic and Statistical Manual (DSM-IV) diagnosis of schizophrenia and also a hospital stay between one and six months duration. These patients were approached using a five-stage stratified random sampling, which matched five clinical and demographic variables (sex, age, education, clinical subtype and duration of illness). For symptom assessment, attending psychiatrists used a semi-structured interview with 15 to 19 questions regarding various types and contents of delusions and hallucinations, and they recorded the answers verbatim. Each report was translated into Korean by a bilingual Korean-Chinese psychiatrist and was carefully read and classified by the first author. After data analysis, the authors met several times to interpret and discuss the results.

SUMMARY OF FINDINGS In the first article (Kim et al., 1993), the frequency, form and content of the schizophrenic delusions were compared among Korean patients, Korean-Chinese patients, and Chinese patients. Subjects were 457 Korean patients from two hospitals in Seoul, South Korea, and 290 Korean-Chinese patients and 231 Chinese in two psychiatric hospitals in Yanbien, China. In the form of delusions, grandiosity, persecution, guilt and jealousy were most frequently seen in Koreans, but were the least prevalent in Chinese subjects, and were seen at an intermediate frequency in Korean-Chinese patients.

Delusional themes that seemed to be under the influence of cultural and political factors were: family, love affairs, being raped, religious matters, economic matters, specific physical damage, and political themes. Delusions about family, love affairs, being raped, supernatural/religious matters and economic and business matters were most frequent in Koreans. Delusions regarding blood-relatedness, longevity and political themes were most frequent in Korean-Chinese patients, while delusions of 'bloodsucking, and brain or viscera extraction' and 'poisoning, or being pricked by a poisoned needle' were most prominent in Chinese subjects.

The authors interpreted these differences using differences in social, political and environmental systems instead of comparing differences between the two traditional cultures. The authors also acknowledged the fact that Korean-Chinese patients represented a midpoint of the symptom spectrum between Chinese and Koreans in terms of their cultural pluralism between China and Korea.

In the second article (Kim et al., 2001a) schizophrenic delusions were compared among patients in Seoul, Shanghai and Taipei. Subjects were 240 Korean inpatients from two hospitals in Seoul, South Korea; 255 Chinese patients from two mental health centers in Shanghai, China; and 155 Taiwanese-Chinese from two hospitals in Taipei, Taiwan. The authors found that both the frequency and content of delusions differed among the three groups, and that these differences could perhaps be explained by the varying socio-cultural and political situations found in the respective countries. Grandiose delusions were the most predominant in the Seoul cases, least frequent in Shanghai patients, and intermediate in those patients from Taipei. Delusions of jealousy were most frequent in patients from Seoul, least predominant in Taipei patients, and seen at an intermediate level in Shanghai patients; and delusions of guilt were extremely high in the cases from Seoul.

Delusional themes that are sensitive to socio-cultural or political situations include guilt, love/sex, religion, somatic damage, economics/business and politics. Delusions regarding longevity, love/sex, dysmorphophobia / dysosmophobia, religion or supernatural matters, and espionage/spy

stories were most frequent in patients from Seoul. Those in Taipei predominantly had delusions about possession, religion, supernatural matters, superpowers/hypnotism, and mass media/computers. Shanghai patients often had delusions of poisoning, being pricked by poisoned needles, having their brains and viscera extracted, and being a family member of the political authorities.

The authors also investigated characters of persecutors among the patients that had persecutory delusions. Neighbors or friends were most frequent in Shanghai patients (37.3%), whereas religious or supernatural beings were most frequent in patients from Seoul (23.5%). Robbery/theft/gangs were most prevalent in Taipei cases (11.8%). Finally, TV/radio/mass media were most prevalent in Taipei cases (15.5%), least frequent in Shanghai cases (3.6%), and present at an intermediate level in Seoul cases (11.8%). Among the three groups, however, no differences were found in the persecutors being family members, socially prominent individuals, medical personnel, machines and computers or political authorities.

The last article (Kim et al., 2001b) is a comparative study of schizophrenic hallucinations between patients in Shanghai and Seoul. Subjects were 182 Chinese cases admitted to two Shanghai mental health centers in Shanghai, China; and 214 cases admitted to the National Seoul Mental Hospital and Hanyang University Hospital in Seoul, Korea. Frequencies in types of hallucinations were not different between the two groups. However, the content and major themes were different. Political themes and related content were dominant in the Shanghai cases, whereas supernatural/religious themes and related content were dominant in the Seoul patients. The authors concluded that the content and themes of the hallucinations were closely related to the delusional content and themes, and such patterns were considerably influenced by socio-cultural characteristics.

A successful trans-cultural study on psychopathology depends on the research strategy. Techniques like well-defined inclusion and exclusion criteria, the use of the structured interviews for diagnostic criteria, and reliable assessment of symptoms by evaluators help ensure success. Evaluation of symptoms may depend on the training backgrounds of the evaluators (Kendall et al., 1971). In the above-mentioned studies, the first author evaluated all the verbatim reports to minimize inter-rater differences. Compared with previous literature, findings from these studies may be more credible due to the larger sample size and the more stringent sampling method described above.

DISCUSSION The three studies are interesting in that the groups used as the subjects of the study are distinctively different in their respective cultural traditions, social milieu and political systems. Mainland China had been closed under communist control for the past half century, and was just beginning to open to the world at the time of this study. In this context, China has confronted serious acculturation problems. Taiwan and South Korea have had democratic and capitalistic sociopolitical systems, but they also have different cultural traditions. However, the Korean-Chinese patients are the second, third and fourth generations of agrarian immigrants who have adapted to China in a pattern of cultural pluralism. As a result of the established communist government in China following World War II, the government had close political ties with communist North Korea. Over the past 15 years there has been an increasing amount of individual and economic interchange with capitalistic South Korea, resulting in a more dramatic acculturation problem due to the rapid changes of society and living patterns from the ideology of socialism to that of capitalism.

Differences in the content of schizophrenic delusions and hallucinations could be successfully interpreted in terms of culture and psychopathology in these studies.

The most dramatic theme seems to be the subject of political delusion. Delusions regarding spies were predominant in Seoul patients, yet almost absent in other groups. The spy stories were

usually similar: "I know he is a spy from North Korea, so I reported him to the police." This may reflect South Korea's continued political and military threat from North Korea. However, delusions about being a prominent political person, or a member of the royal family were most frequent among Chinese patients, which perhaps reflects the fact that politics remains a dominant topic in the entire nation. Two examples of these delusions include: "Everybody regards me with envy because I am a nephew of Mao Tse-Tung," and "They (political authorities) pulled out my brain, so I could not think any more".

The authors also noted a trend in the chronological change of political delusions and discussed this trend in terms of acculturation and psychopathology. Political delusions were the most frequent form of delusions in all three countries over the past several decades (Yu-Feng & Neng, 1981; Kim & Park, 1983).

During the last six decades in Korea, the common delusional themes related to politics have changed. During the Japanese occupation prior to 1945, the most common delusions had been those of poverty; during the five years after liberation from Japanese rule, grandiose delusions with political themes dominated; after the Korean War had broken out in '50s, persecutory delusions involving spies or communists were frequent; and during the 25 years of military dictatorship from the 1960s to the 1980s, persecutory delusions about secret agents, the army, or the police were popular (Kim, 1991). Political delusions have become less dominant during the last decade due to the process of democratization.

In Taiwan, the political situation is similar to that of Korea in terms of the political tension due to a divided country. During the 1950s and 1960s, political delusions involving spies and communists were predominant. However, these delusions have become less frequent due to the recent peaceful communication with mainland China. Mainland China has been under communist rule for the past five decades, and it was found that patients during this time were inundated by political delusions of being persecuted and obeying a prominent authority figure, as suggested by Yu-Fen and Neng's 1981 study. In a study done in 2001 (Kim et al., 2001b), less frequent political delusions were manifested compared to Yu-Fen and Neng's study, which reflects the recent decrease in political tension in mainland China. However, Korean-Chinese patients have the most complicated and dramatic political delusions. Grandiose delusions of being a person of political authority such as 'a member of the Communist Party' or a 'military officer', and of being a family member of political authorities are much more prevalent in Korean-Chinese schizophrenics than in Chinese patients. They have been culturally influenced by North Korea's communist regime, and politically influenced by China's communist government. Furthermore, they had the traumatic experience of being persecuted during the Cultural Revolution. The Korean-Chinese patients in our study have lived through more political crises than the Korean and Chinese patients. Delusions regarding political themes were thus highly sensitive to the local political situation.

Delusions involving love and sex, including the delusion of jealousy, are also an area of interest. Although the delusion of jealousy is well known to be quite prevalent in Asian societies regardless of religious affiliation (Murphy et al., 1967; World Health Organization, 1973), this type of delusion was most common among the Koreans in all of the studies. In Taiwan, the delusion of jealousy was prevalent in the 1950s, but it has recently decreased in frequency. However, the delusion of jealousy is still most prevalent in Korea, least frequent in mainland China, and of an intermediate frequency in Taiwan. In contrast, the theme of being raped was reported to be frequent in Koreans, absent in Chinese as well as Korean-Chinese, and rare in Taiwanese-Chinese patients. Incidents of delusions and hallucinations regarding sex, love, jealousy, and rape sensitively reflect traditional sexual rigidity, sexual morality and public order in the respective cultures.

Another delusional and hallucinatory theme revolves around somatic or physical ideas. The frequencies of somatic themes as a whole were not different between patient groups, but certain themes did show some differences. For example, dysosmophobia and dysmorphophobia, particular

manifestations of *taijinkyofusho*, were prevalent in Seoul patients. The *taijinkyofusho*, an offensive type of social phobia, has proven to be a culture-bound syndrome specific to Japanese and Koreans (Kasahara, 1987; Prince, 1991). In a transcultural study of *taijinkyofusho*, the tendency was found to be equally dominant in both Japan and Korea, but extremely rare in China (Kitanishi et al., 1995). The Koreans' traditional attitudes of sensitivity to the opinion of others may be responsible for the higher frequencies of dysosmophobia and dysmorphophobia delusions.

Delusions related to religious and supernatural matters were significantly different among the patient groups. These delusions were more prevalent and variable in Korea and Taiwan and almost absent in China. Taiwan and Korea are multi-religious societies, whereas in China religion has been completely oppressed by the communist government for the last five decades. Therefore, individual conflicts are easily projected as religious matters in Korea and Taiwan. Mainland Chinese have no religious channels for projection. When Taiwanese say, "I am a master of Tao," and Koreans say, "I have a special mission from God to save the world," Chinese say, "I am a nephew of Mao Tse Tong".

The last area of focus regards the delusion of guilt. This delusion is far more prevalent in Korean and Taiwanese patients than in Chinese patients. The delusion of guilt has conventionally been reported as rare in Asian cultures (Murphy et al., 1967; World Health Organization, 1973). In reality, it has been reported that the delusion of guilt is rare among patients with depression and schizophrenia in mainland China (Cheng & Kato, 1991; Tseng & Hsu, 1969; Yu-Feng & Neng, 1981). However, these delusions have been reported to be quite frequent in depressed and schizophrenic Koreans and Taiwanese (Kim et al., 1999). In mainland China, people do not have a concept of guilt in a religious sense, but they do recognize crime due to communist ideology and a lack of religious influence.

These studies reconfirmed that delusional and hallucinatory themes or content are sensitively influenced by a patient's cultural or political experiences at the time. Likewise, their symptomatic manifestations may be influenced by the state of acculturation in each country. In the studies, China, Taiwan and South Korea have recently experienced a rapid and vigorous process of acculturation in different ways. Successive follow-up studies of delusions and hallucinations in the same regions may reflect further social and cultural changes in the minds of schizophrenic patients. In particular, intercultural comparisons within China are desirable because China is a multi-racial society.

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