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ATYPICAL PSYCHOSIS: REPORT OF TWO CASES

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SUMMARY

In general, psychotic symptomatology falls within the major categories of mental disorders such as schizophrenia, affective disorder and organic mental disorder. Those that do not fit the proposed diagnostic criteria for the aforementioned disorders are usually classified under the DSM-III diagnosis of atypical psychosis. In the eastern culture, such symptoms are accepted as part of the cultural beliefs rather than being regarded as illness. Several such cases were seen at the University Hospital, Kuala Lumpur and two such cases are reported in this paper. Cultural influences in determining symptomatology are also discussed.

INTRODUCTION

Psychotic disorders are commonly encountered and they are usually classified under the categories of schizophrenia, paranoid disorders, affective disorders and organic mental disorders. However, there is a residual category of psychotic disorders which do not fit the criteria for any specific mental disorder. Such disorders are classified in the DSM-III[1] as atypical psychoses. Although in the western countries, the unusual experiences of these patients are regarded as abnormal, in the eastern countries, they are not uncommonly regarded as part of the normal beliefs and behaviour of everyday life rather than specific disorders or illnesses.

In 1983, two patients with atypical psychosis were seen at the University Hospital, Kuala Lumpur. These two patients had vivid, visual experiences in clear consciousness and their affect, speech and cognitive functions were intact. They were also able to carry on their daily routines and work while they were suffering from their visual experiences. Their case histories are reported in this paper.

Case 1

N, a 36-year-old unemployed single male Indian of the Hindu faith, came with the complaint of experiencing an apparition in the form of a large, hairy, voluptuous female which had been disturbing him for the past nine years. He first observed the apparition nine years ago in the evening of the festival of the Hindu goddess, Kali. Kali is usually portrayed as a fierce-looking, hairy female with ten arms and hands, each of which holds a

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human head or a bloody skull. While N. was praying and offering food to the deity, the tray fell at her feet. He later felt some religious guilt and sought the advice of a priest who told him that the action was harmless. That night, N. witnessed the apparition of a small, childlike figure, purple in colour that sucked blood and energy' from him. The apparition allegedly reached into his heart and attempted to 'loosen' it. She visited him every night for the next three years. However, N. claimed that during the fourth year, the apparition had transformed herself into a sixty-feet tall, dark, hairy, voluptuous adult female figure. The apparition manifested itself during the day too. Her appearance was usually preceded by a flickering of the electric light bulb, a peculiar sound from the fan-regulator box or a ray of blue light. The apparition would transform into a beautiful woman of normal size after entering his room and would kiss him, suck blood from his neck and finally suck his genitalia, drawing seminal fluid. He claimed to have resisted the apparition's assault and became very tired in the morning. The more he was aroused, the more the apparition's actions persisted. He claimed to have felt and touched her. According to him, the phenomenon seemed to continue throughout the night. The apparition would disappear in the morning, in the form of a ray of blue light.

N. claimed to have experienced the aforementioned events at the onset of sleep and then in full consciousness. He had sought treatment from a traditional healer and a psychiatrist, who told him that his condition might have been caused by sexual conflicts. He was presumably treated for psychosis with Inj. Fluphenazine Decanoate (Modecate). He apparently did not respond to any of the above treatments. His appetite was normal but he had lost 25 lbs in four years. He denied any alcohol or substance abuse.

N. was a rather quiet and studious boy and passed Sixth Form education. At 17, N. had dated a female classmate for about three months, but denied any sexual relationship. The relationship ended when she was engaged to another man. Since then, he had not dated any females. He masturbated but denied any excessive fantasising or experiencing any hetero or homosexual activities. He had aspired to be an astrophysicist. He had taught physics in a secondary school for ten years, and was later employed as an accounts clerk in a private firm for four years. In 1983, he resigned due to overtiredness and inability to concentrate.

There was no past medical history of significance. His past psychiatric history included the following experiences. Firstly about 18-19 years ago, he witnessed an orange ball-like object which was thought to be an unidentified flying object (UFO) flying over his head at 7.45 p.m. in an open field in Ipoh. Two years later, he experienced a similar event and a third event in 1981, both at about the same time (7.45 p.m.).

Other perceptual experiences regarding the apparition included : (a) the apparition wanting to take him somewhere but he physically resisted; it lifted him but he struggled and fell; it lay next to him in the form of a giant power-like cable: (b) whenever he talked to or interacted with a female, the apparition would attack him more severely that evening; (c) in August 1981, he witnessed a whirlwind spinning on top of his body, gradually taking the form of a huge, greyish, male figure that was battling with the female apparition: he claimed that the male apparition was trying to prevent the other from disturbing him; the female apparition was transformed into a beautiful figure and later turned to pray to the male apparition: (d) he claimed to have seen the famous guru, Sai Baba on several occasions in dreams; in his dreams, the guru brushed the female apparition away and took five reddish-black worms from his right hand: (e) the apparition would wake him by holding and squeezing his hand to draw his energy: (f) in August 1982, he claimed to have felt restoration of energy after meditation. There were three such experiences.

Coming from a conservative Hindu family of five children of which three were boys and two were girls, he worshipped Kali. There was no family history of mental illness or spiritual encounters. His family was supportive towards him and they thought the problem had a psychological basis. He appeared to have a schizotypal personality.

The mental status examinations appeared normal except for the presence of visual, auditory and tactile hallucinations in clear consciousness, secondary delusional ideas (to the hallucinations), and the experience of influence. His physical examination revealed no physical or neurological deficit. He obtained high scores on several psychotic and neurotic scales of the Minnesota Multiphasic Personality Inventory (MMPI). A diagnosis of atypical psychosis was made.

He was initially treated at the University Hospital with Trifluoperazine 5 mg. b.d., et. 10 mg Nocte and Benzhexol 2 mg t.d.s. for two weeks but he was reluctant to take the medication due to their sedating effects. Post-hypnotic suggestion that the apparition would not disturb him any longer was given. Four months after the initial interview, he continued to have these symptoms. He had expressed the wish to seek faith-healing from Sai Baba in India.

Case 2

S., a 38-year old married Malay male factory-worker was first admitted to the psychiatric ward of the University Hospital, Kuala Lumpur in September, 1982 for disturbed behaviour. He was found to have episodes of fear and shouting for a week. During such episodes, he often said: "Don 't come near me!" and he saw in full consciousness a black, hairy, old man who was very frightening and threatening in appearance. He was rather unmanageable at home and he could not work. The first episode occurred at the time of the Muslim festival of Hari Raya Haji. His wife mentioned that there were financial problems at home and his work schedule was rather busy that month. There were no family and past history of mental illness. He appeared to have a passive, dependent personality traits with low threshold to emotional stresses.

The mental status examination revealed that his talk was rational, coherent and relevant; his affect was appropriate and there was no feeling of passivity. There were visual hallucinations of a black, hairy old man, although there was no auditory hallucination. His physical examination revealed no abnormalities.

A diagnosis of brief reactive psychosis was made and he was treated with Haloperidol 3 mg t.d.s. and Benzhexol 2 mg t.d.s. Within a week, his psychosis had subsided and by the twelfth day, he was well enough to be sent on home-leave from which he returned well. He subsequently defaulted follow-up because he had consulted a *'bomoh'* (traditional healer) who had supposedly cured him.

On 25 August 1983, he was seen at the Emergency Clinic of the University Hospital, Kuala Lumpur for another episode of abnormal behaviour of two days' duration. Again there was financial stress. This time, he saw in full consciousness, a black, hairy old man who tried to press himself against his body. He was otherwise intact on reality-testing and his affect, speech and cognitive functioning were normal.

S. was diagnosed as a case of a typical psychosis. He was treated with Chlorpromazine 100 mg t.d.s. and Benzhexol 2 mg t.d.s. and was told to come for follow-up on 30 August 1983. On follow-up, he reported that he had improved and that as from 28 August 1983, he had stopped seeing the black, hairy old man but this time, he saw a pair of twins, white, hairy, beautiful women who did not appear threatening to him. Again, his affect was appropriate; his speech was rational, coherent and relevant; there were no auditory hallucinations and his cognitive functions were intact.

Subsequently, he was put back on the previous regime of Haloperidol 3 mg t.d.s. and Benzhexol 2 mg t.d.s. He requested permission to see his 'bomoh' to effect a cure, which was granted. Two months after his second episode, he remained asymptomatic and he could carry out his normal work.

DISCUSSION

The two cases presented do not fit into classical definitions of schizophrenia, major affective disorder or organic mental disorder, and were classified as atypical psychoses. In various world classifications of mental disorders, the constitutional symptomatology of atypical psychosis is vaguely defined and is currently under scrutiny. Generally, atypical psychosis has a cultural basis and manifestations of the condition varies from culture to culture.

Manschreck and Petri[2] have claimed that researchers worldwide have agreed upon a general pattern of atypical psychotic disturbance that arises acutely, frequently is associated with precipitating events, lasts for a short period and usually remits completely. The aforementioned two cases do not completely fit within these patterns. For example, the duration of N. 's illness is neither brief nor does there seem to be any trend towards recovery. S.'s illness started only two years ago and it is difficult to predict at this stage the course of his illness.

Several lines of research have mentioned precipitating events or undefined stress that may trigger the psychosis (Mc Cabe[3] and Jannsson[4]). Retterstol[5] in his study of reactive paranoid psychosis has pointed to somatic illness, over-exertion, alcohol and drug abuse, change of environment and others that are of a sexual nature as triggering events. Others, for example Jannsson[4], have postulated that stress and other exogenous agents might release unresolved emotional conflicts within this particular group of patients. In both our cases, there seem to be precipitating events leading to illness. In the first case, they were clearly related to guilt feelings for dropping food at the feet of the goddess. Probably, he had sexual conflicts. In the second case, the financial problems and over-exertion seem to have precipitated the illness. Interestingly, this also started at the time of a religious festival.

Visual experiences seem to be the common symptom underlying the psychoses in our two cases. In both the cases, the apparition changed its size over a period of time (dysmegalopsia). In the case of N., the apparition first came as a small girl and then as a giant-like figure which transformed later on into a normal size female. In the second case, the apparition initially came as a threatening black, hairy old man, but later on came as a pair of twins, white, hairy, beautiful non-threatening women. Visions are known to occur in toxic states, ecstatic states, stress situations, altered states of consciousness, psychosis and even under ordinary states that do not permit facile explanation. How each society integrates and attributes visual experiences reveals much of the structure of that society. Even though most visions today would be considered hallucinatory phenomena by western psychiatrists (Goodwin, Alderson & Rosenthal[6], Hare[7] and Horowitz[8]), such experiences are considered to be non-pathological by the lay-person in the east. However, both N. and S. seemed to consider their symptoms as pathological in nature. The reason could be the impact of westernization and modernization that has vastly influenced their local culture. It is interesting to note that both the patients had sought treatment from traditional healers and such belief in traditional healing methods is not uncommon in an eastern country like Malaysia.[9] Even though new labels are attached according to western models, it does not mean that there is no recognition of cultural-specific disorders. Several researchers (Lee,[10] Carr and Tan)[11] have pointed out that it is the recognition of these supernatural elements that distinguishes the eastern from the western perception of these disorders.

The aforementioned problems contribute to the difficulties in establishing the diagnostic criteria for atypical psychoses. Atypical psychosis seems to be the consequence of multiple determinants that are particularly shaped by socio-cultural influences.

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