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The study of difference between the frequency of positive and negative symptoms of schizophrenia in people with different cultural backgrounds

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ABSTRACT

The overall goal of this research is to investigate the difference between the frequency of positive and negative symptoms of schizophrenia in people with different cultural backgrounds. The population consisted of all patients with schizophrenia to patients with schizophrenia Baharan Psychiatric of Zahedan and Ibn Sina Psychiatric of Mashhad from April 2013 to September 2013. In order to achieve appropriate statistical analysis is provided that allows a group of participants, as a whole, 64 patients were selected for this project, the 32 patients with schizophrenia in Baharan Psychiatry of Zahedan and 32 patients with schizophrenia in Ibn Sina Psychiatry of Mashhad were selected in this study is available in sampling methods. Tools used TST PANSS (Positive and Negative Syndrome Scale for schizophrenia). For data analysis, descriptive statistics, frequency tables were used. . The results showed that the frequency of hallucinations according Location Mashhad 15 people have auditory hallucinations , visual 1 , 6 auditory - visual hallucinations and 10 are also associated with the frequency depending on the type of illusion Location Zahedan showed that 10 cases of illusion hearing , 4 out of sight, 3 people hearing – vision and 15 were not hallucinations. In terms of content, frequency of hallucinations Mashhad Location 8 contains the illusion that sound familiar, 10 unfamiliar voice, one people, religious, political n = 3 and 10 contained no illusion. Zahedan is also associated with the frequency content of the delusion in terms of location reveals that hallucinations are 5 contains sound familiar, 10 unfamiliar voices, 1 Other, 1 and 15 were political.

Keywords: *schizophrenia, type and content of delusions, cultural backgrounds.*

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INTRODUCTION

Schizophrenia is a common psychiatric disorder that occurs in about one percent of the population and the process is such that patients will have suffered personal life, family and community (Khodadadi, 2010). I can say that no mental disorder schizophrenia is more complicated and strange. Schizophrenic thought disorder and mood is irritable. This disorder is thought to be difficult to maintain focus and attention is evident in the formation of concepts. This can lead to false perceptions and beliefs, to the great difficulties in understanding reality, and lead to similar problems in language and emotional expression. "Schizophrenia" is not a single disorder but rather a set of psychosis (Rouznahand and Seligman, 2008: 105-106). "Ample evidence in the research literature suggests that schizophrenia appear differently in men and women. The average age of onset in men than in women 18 to 25 years old and is from 25 to mid-30. Double exponential distribution, age of onset in women and the second peak occurs in the course of the next life, but men have a view. Approximately 3 to 10 percent of women with the disorder begins after age 40, while a late start is less common in men. The function of the disease is better in women than men. Most of mood symptoms in women with schizophrenia, paranoid delusions, and hallucinations, while men are more negative symptoms (such as emotional apathy, passivity, and social isolation) show "(America Psychiatric Association, 2010: 474). Rosus, Spencer, Jeffrey, 1991, stated that, unlike the etymology of the word is from the Greek word schizein (half off) and phren (mind) stems, schizophrenia Mind "two-piece or multi-piece" does not mention and a similar identity disorder is not disrupted (formerly known as multiple personality disorder or multiple personality known) but is a condition in which there is often

confusion and turmoil (quoting Pasha, Bakhtiarpour and Akhavan, 2010). Belviler to explain his theory about the mental discontinuities patients, although fundamental sign (or initial) specific for schizophrenia noted. These symptoms were associated impairment particularly lethargic or associations in the affective disorders, autism, and tics, which are summarized as four A show: Associations, emotional state, autism, and indecisive. Belviler a series of symptoms secondary was also claimed that include hallucinations and delusions were the main characteristics of Kaplan were early dementia (Kaplan and Saduk, 2008: 13-14). Hallucinations may be in any of the five sensory (eg, vision, hearing, smell, taste, tactility or hearing) but on certain etiological factors are likely to incite illusory phenomena specific leads. (America Psychiatric Association, 2010: 474). The study, by doctor M. Leaf and colleagues associated with the prevalence of hallucinations in schizophrenic patients in Golestan Hospital during 2006 - 2007 was conducted, the findings in this study, the most common delusions, auditory hallucinations, visual hallucinations with 82%, followed by 36 per cent, 24 per cent of tactile, olfactory, 12%, 10% pain, proprioception, taste and feel the presence of either 6% felt atrial 4 percent, function and reflexes were 2% each. In terms of synchronization between auditory hallucinations and delusions, visual, olfactory and tactile There was a significant correlation (Bargi, 2009). The West schizophrenia auditory hallucinations are more common in Africans, less aggression and more frequent affective Kennedy while in Iranian patients Italian cabinet was to photograph these symptoms. Quoted by Mehrabi, Iran is one of the few published studies in this area during the years 1985 to 1991 on 922 schizophrenic patients admitted in various centers of Psychiatry country is doing the most common symptoms include depressed mood, emotions inappropriately, apathy and persecutory delusions and auditory hallucinations have been damaged (quoting Ahmad Zadeh and Karim Zadeh, 2000). Also Gecici stated that after reviewing the most frequent auditory hallucinations, including hearing voices and sounds of the spoken commentary was. Hallucinations Bassiri see spirits, was the most common topic. Conclusions The findings indicate a relationship between the content of delusions and live in different regions of a country. But it seems to geographical location is of paramount importance in understanding the phenomenon. (Gecici, 2010) In examining the culture and frequency of hallucinations in schizophrenia has been suggested that, in addition to demographic factors, clinical, familial and biography, culture and ethnicity may also be partly a considerable influence on the development of hallucinations, delusions findings indicate fundamentally different from the prevalence of various types of samples. But the sequence of events was similar. Auditory hallucinations in Australia and the states of Georgia and more reps relatively low among patients who were younger age with the disease was more common. Hallucinations compared with those of five other countries, was more frequent among patients in South Africa. Conscious fantasies within Ghana and was more common in patients with disease duration of more continuity. The conclusion shows that the prevalence of various types of hallucinations in schizophrenia is caused by the interaction of various factors such as cultural patterns and clinical parameters have emerged. According to this study, it appears that culture played a crucial role and that is why it is necessary to further cultural considerations to be addressed regarding the psychotic syndrome (M Bauer, 2010). In some cultures, audio or visual religious content might be considered part of normal religious experience. (America Psychiatric Association, 2010). Culture is a mixture of beliefs, values, customs, language, history and technology are an ethnic group (Hassanzadeh, 1998). The dictionary contains cognition models (overt and covert) and embodied in social institutions, practices, and human artifacts are a group of people from those and other groups could be distinguished. This objective cognitive and behavioral patterns, provides a resource for understanding individual and collective goals "(Joshnloo and Rostami, 2009: 11). "Lowry Thomas Maddox and Hart (1998) acknowledges that culture has a special feature. Firstly, culture is learned. They say kids from childhood, attitudes, beliefs, values, behaviors, language, customs, songs, history, stories, foods, tastes, and many other concepts from adults, peers, and learn from others in their culture. Secondly, dynamic culture, rarely cultures remain static over time. Because much foreign interference and foreign powers, cultures are often forced to change even when they do not want to change. Thirdly, culture is pervasive and dominant. objects around us are both tangible and intangible, that make up our culture. It identifies the most pervasive language with which we speak, the clothes you wear, our bathing habits, the foods we eat, our religious beliefs, our behaviors, the women and men and even personal assets"(quoted by Richmond, Mac Korosky, 2008: 520). Individual psychological processes and structures as well as his active efforts to coordinate the behavior of the meanings and practices prescribed by the culture he finds. The expected impact of cultural systems shape people can have deep psychological structure. Interact with each culture in turn influences the thoughts, behavior and personality of the group "(Joshnloo and Rostami, 2009).

Materials and Methods

Reviews research method is descriptive - comparative and statistical analysis using spss software is. For data analysis, descriptive and inferential statistics will be used both in descriptive statistics, frequency tables, mean and standard deviation and inferential statistics test and chi-square test was used as appropriate to the research questions. It all statistical calculations have been performed by using SPSS version 18. The population consisted of all patients with schizophrenia to patients with schizophrenia Baharan Psychiatric of Zahedan and Ibn Sina Psychiatric of Mashhad from April 2013 to September 2013. For the group of subjects which can be provided by statistical analysis, a total of 64 students were selected for this project, the 32 patients with schizophrenia in psychiatric Baharan of Zahedan and 32 patients with schizophrenia Ibn Sina Psychiatry of Mashhad were selected in this study is available in sampling methods. Tools used TST PANSS (Positive and Negative Syndrome

Scale for schizophrenia) that in 1987, Abraham Fysezban, Opler and Stanley Lewis Kay, released and to evaluate any subsequent cognition and schizophrenia is presented. Each of the three levels to describe, explain and prescribe the appropriate scope of clinical psychology and counseling matters. First, so long as the nature of the trauma is not known, we cannot give an apt description of the disorder. If the first condition is not met, spoken to or given an explanation would be futile. Basically, the structure factors for each disorder diagnostic categories is necessary, because if it is realized, it will be easy to describe the disorder and the more readily it can be manipulated simply by changing the mechanisms provided. A group or set of signs or symptoms that are a result of a factor analysis of the test data obtained from the research carried out. A major factor is that such disruptive renowned scholar, a set of signs or symptoms dictate. In this study, these factors through factor analysis of test data from a questionnaire on the PANSS (Positive and Negative Syndrome Scale) are obtained. PANSS scale based on the concept of rent on the factor structure of psychotic disorders and tries to cater to all the positive and negative symptoms in that category. This scale has been developed for the assessment of schizophrenia symptoms (Ghamari Givi, Molavi and Heshmati, 2010).

Reliability and validity PANSS:

PANSS test for assessing the scale and typology of the phenomenon of schizophrenia and has 30 questions that assess positive and negative symptoms of the patient based on semi-structured clinical interview Deals. Also included are three questions to assess the likelihood of aggression. Every question is a seven-item scale of Likert method was not marked up too high it is answered. Test the reliability and validity of DSM-IV-TR diagnostic criteria based on 101 patients, who were given a diagnosis of schizophrenia was evaluated. The alpha reliability coefficients indicate high similarity between the query and ranking factor of 73 to 83 percent for each of the rates. Reliability indices for the following categories of patients at follow-up three to six months, 89 percent, 82 percent, 81 percent and 77 percent for positive symptoms, negative, general psychopathology scale synthesis, respectively (Phayezi B, 2008) . Positive and Negative Syndrome Scale to assess symptoms of schizophrenia is used. The scale consists of 30 articles, and implementing a clearly defined procedure for assessment of positive symptoms, negative symptoms and, based on official and semi-structured clinical interview. Supplementary material is investigate the possible anger Tuesday at the end of the scale. Time scale of 30 to 40 minutes is suggested. The questionnaire was completed at the end of this thesis is attached (Mohammadi et al, 2007).

RESULTS AND DISCUSSION

Depending on the frequency of hallucinations Location

Table 1. Frequency of hallucinations by Location

Depending on the frequency of hallucinations Location Zahedan			Depending on the frequency of hallucinations Location Mashhad		
Frequency Percent	Frequency	Type illusion	Frequency Percent	Frequency	Type illusion
31.3	10	Hearing	46.9	15	Hearing
12.5	4	Vision	3.1	1	Vision
9.4	3	Auditory - visual	18.8	6	Auditory - visual
46.9	15	No	31.3	10	No
100.0	32	Total	100.0	32	Total

Table findings in relation to the abundance of location Mashhad based illusion show that 15 people have auditory hallucinations, one person with vision, hearing 6 - 10 people have visual hallucinations

The findings in relation to the table in terms of frequency of hallucinations Location Zahedan show that 10 people have auditory hallucinations, 4 Sight, Hearing 3 people - 15 people have visual hallucinations.

The frequency content of the delusion by Location

Table 2. contains a lot of illusion by Location

Depending on the frequency of hallucinations Location Zahedan			Depending on the frequency of hallucinations Location Mashhad		
Frequency Percent	Frequency	Delusional content	Frequency Percent	Frequency	Delusional content
15.6	5	Sound familiar	25.0	8	Sound familiar
31.3	10	Unfamiliar voice	31.3	10	Unfamiliar voice
3.1	1	Religious	3.1	1	Religious
3.1	1	Political	9.4	3	Political
46.9	15	No	31.3	10	No
100.0	32	Total	100.0	32	Total

Findings in relation to the frequency content of the table reveals that hallucinations in terms of Mashhad Location 8 contains hallucinogenic sound familiar, 10 unfamiliar voice, one people, religious, political n = 3 and 10 contained no illusion. The

findings in relation to the table in terms of the frequency content of the hallucination illusion Location Zahedan shows that 5 contains sound familiar, 10 unfamiliar voices, 1 Other, 1 and 15 are not political.

Discussion and conclusions:

- The illusion of the two groups in terms of location it was found that a greater percentage than auditory hallucinations, visual hallucinations devotes his but this difference is not significant and the findings of the investigation with the culture and frequency of hallucinations in schizophrenia that auditory hallucinations, which are expressed at relatively low repetition more countries, Australia and Georgia and among patients who were suffering from this disease more common in younger age was inconsistent. (M Bauer et al, 2010).
- The location was determined by the frequency of delusional content that an unfamiliar voice in a higher percentage than other types of content dedicated to his hallucinations, but this difference is not significant and the findings of the DSM-IV-TR states that the auditory hallucinations usually familiar and unfamiliar voices understand gained.

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REFERENCES

- Ahmad Zadeh GH and Karim Zadeh D. 2000. Examine the relative frequency of positive and negative symptoms in chronic schizophrenia, Archive of SID, Research in Medical Sciences, Issue 1, pp. 9 -12.
- America Psychiatric Association. 2010. Text revised Diagnostic and Statistical of Mental Disorders DSM-IV-TR, Fifth Edition, published by Speak, Tehran.
- Bargi M, Taghva A, Ebrahimi M, Mousavi S and Shahmiri C. 2009. Prevalence of hallucinations in schizophrenic patients in Golestan hospital. Journal of Army University of Medical Sciences, Iran, Issue 3, 196-200.
- Bauer S, Schanda H, Karakula H, Olajossy-Hilkesberger L, Rudaleviciene P, Okribelashvili N, Chaudhry H, Idemudia S, Gscheider S, Ritter K and Stompe T. 2010. article in press Sciencedirect Comprehensive Psychiatry
- Gecici O, Kuloglu M, Guler O, Ozbulut O, Kurt K, Onen S and Ekinci O. 2010. Phenomenology of Delusions and Hallucinations in Patients with Schizophrenia. 2010. Klinik Psikofarmakoloji Bülteni/ Bulletin of Clinical Psychopharmacology, Vol: 20, N.: 3, 2010
- Ghamari Givi H, Molavi C and Heshmati R. 2010. examine the factor structure of the scale of positive and negative symptoms of schizophrenia spectrum disorders, Journal of Clinical Psychology, Year 2, pp. 1-10
- Hassanzadeh M. 1998. a look at mental illness from the perspective of popular culture, of thought and behavior, fourth, No. 1, pp. 57-61.
- Joshanloo M And Rostami R. 2009. Cross-Cultural Psychology, printing, publishing venerable Tehran.
- Khodadadi N, Baghaei C, Mahmoudi A and Sheykh Al-eslami P. 2010. Quality of life of schizophrenic patients, Journal of Radiation Research, 2012, Volume 14, Issue 1, Pages 61-66.
- Mohammadi M, Mesgar Pour B, Sahimi Izadian A and Mohammadi M. 2007. psychological testing and psychiatric medications for children and adolescents publications Teymourzadeh, Tabib publishing: Tehran
- Pasha Gh, Bakhtiarpour SA And Akhavan G. 2010. The effect of music on memory and attention in patients with schizophrenia, women, Journal of Women and Culture, Second Year, No. V, pages 19 to 30
- Phayezhi B. 2008. Efficacy of selgilin in schizophrenia negative symptoms. A double- blind study. Iran clin psychiatry 2008, 131-9 (Article in Persian).
- Richmond V, Mac Kroski J. 2008. Nonverbal behavior in interpersonal relationships, Second Edition, published Danzh: Tehran.
- Rouznahan D And Seligman M. 2008. Psychopathology Volume II, Eighth Edition, published Arasbaran Tehran.
- Saduk B And Saduk V. 2008. Synopsis of Psychiatry: Behavioral Sciences / Clinical Psychiatry, printing, publishing venerable Tehran.