Case Report

**Schizophrenia: All in the Brain? : A Case Report.**

Aditi Acharya  
G.K.Vankar

**Abstract:**
Mrs X, a 52 year old, Gujarati speaking housewife presented to the psychiatric OPD with auditory hallucinations of her two dead sisters, secondary delusions of control that the sisters would enter her body from her nose, mouth, vagina and take control of her body which also caused her burning abdominal pain. The duration of illness was 2 years and was continuous in nature. Patient also had two suicidal attempts earlier due to family squabbles. Family history revealed that two of her sisters had committed suicide and one other sister had illness similar to her. Provisional diagnosis of schizophrenia was made and antipsychotics were started. But patient responded to neither typical nor atypical antipsychotics. Even after giving ECTs, there was no significant improvement in her hallucinations.

It was then that we conducted a more thorough psychiatric interview of the patient to understand the underlying psychodynamic aspects. There was always a strong dissociative component along with the psychotic component. In the interview, we tried to explore her relationship with her siblings and their problems and the nature of their illness.

Through this case report, we wish to highlight the fact that dissociative disorders can also present with psychotic symptoms like hallucinations and we should not be preoccupied with the features of schizophrenia and approach every case with an open mind.

**Key words:** Schizophrenia, Psychodynamic.

**Introduction:**
There is a considerable overlap between the Schneiderian first rank symptoms (FRSs) of schizophrenia and symptoms of dissociative identity disorder which makes differential distinction of the two disorders extremely difficult. In fact, Kluft (1987) reports that 100% of a 303-patient Dissociative Identity Disorder (DID) sample endorsed the presence of Schneiderian FRSs, with a mean FRS index of 3.6 per patient.¹
Ross & Joshi (1992) say that Schneiderian symptoms are linked to other dissociative symptom clusters characteristic of individuals who have suffered chronic childhood trauma and if these findings are replicated and accepted then it would lead to reconceptualization of psychotic symptoms as post-traumatic and dissociative in nature. In this case report we present a 52 year old woman with auditory hallucinations and secondary delusion of control who was diagnosed as having schizophrenia initially but she turned out to be having dissociative disorder later on.

**Case Report:**

Mrs X, a 52 year old, married, Gujarati speaking Hindu female, came to the Civil Hospital OPD with her husband complaining of hearing of voices and suspiciousness that her two sisters were controlling her body. She heard the voices of her two dead sisters throughout the day continuously; they came from near as if from her own body and gave running commentary on her actions and also commanded her. The voice of her elder sister was soothing but that of her younger sister troubled her a lot as she said that she would kill her and make her a spirit like them. She also heard some other voices which she could not recognize. The voices reduced when she engaged herself in some household work. But, otherwise the voices were continuous and intrusive and did not allow her to lead her routine life. As the voices told so, she believed that the spirits of her two elder sisters resided in her body; sometimes in her ears, sometimes in her stomach and ate up all the food, so she felt hungry repeatedly and felt burning pain in the abdomen. They also entered her body from her mouth and vagina. Because of all these complaints she could not sleep properly, had sadness of mood, lack of interest and could not do any productive work.

Tracing the origin of her symptoms 3 years back, it was found that she had visited a faith-healer with her sister who had hearing of voices of her dead sisters. Patient had gone with her sister for the treatment of her infertility. But, there her sister got cured and the spirits entered her body. Later on, the faith-healer died, so patient could not go to him for cure. Family history was strongly positive; her eldest and youngest sisters had major depressive disorder and had committed suicide after family squabbles. One of her living sisters also had been troubled by the dead spirits like her earlier. Her sister-in-law also used to get possessed by the two spirits occasionally and the spirits left her as the family offered milk under a banyan tree to the spirits. Patient herself had past history of two suicidal attempts 20 years back due to quarrels with in-laws. Later on, her relations with in-laws and husband improved, but she was much distressed as she was childless.

After interviewing her in detail, a provisional diagnosis of schizophrenia was made and she was given oral haloperidol 10 mg with benzhexol hexachloride 6mg. But she returned within a week, complaining of severe restlessness. Considering it as akathisia, she was then given different antipsychotics like olanzapine 20mg, clozapine 200mg and risperidone 6mg. But there was no response with any medications. ECTs were also given but no improvement was noted. When nothing seemed to be working for her, we decided to change our approach. All antipsychotics
were stopped and more exploratory sessions were conducted in which she talked in detail about her being childless, relationship with her sisters and her poor financial condition compared to her sisters. She had chronic dissatisfaction for being childless, at the same time, it also hurt her that her sisters did not treat her with respect she deserved owing to her poverty.

Taking a hint from her history, we tried to offer her culturally congruent solution to the problem. We asked her to tell the spirits of her dead sisters that she would keep a place for them in her house as also she would feed them milk under a banyan tree. As she started following this, the voices started talking of leaving her body. Now they do not trouble her much. She can do her routine activities and now hears only one voice, that of her younger sister that also does not abuse her much as it used to do earlier.

**Discussion:**

The present case illustrates very well how we often over-diagnose schizophrenia based on Schneiderian first rank symptoms. The acute onset of her illness, immediately after her elder sister got rid of the spirits, her sister-in-law suffering dissociation, all these factors strongly suggest that the patient was most likely suffering from dissociation. Inspite of so many points favoring dissociation, we first thought of schizophrenia as the likely diagnosis. This highlights the fact that we are so pre-occupied with the diagnostic criteria that many a times we tend to overlook the overt reality. The fact that she developed akathisia on a trial of antipsychotic should have raised the suspicion that her illness was probably neurotic in origin.

The voices that she heard were in fact a part of her own self which was so split from her that she failed to recognize it. Fromm Reichmann had explained about the hallucinations in dissociation. He stated that dynamically speaking, the hallucinations owe their inception to the bursting-through into awareness of certain dissociated impulses which become so overwhelmingly strong that they cannot be retrieved in dissociation. Federn (1952) hypothesized that psychotic symptoms such as hallucinations could result from dissociation which occurred when thoughts were "object cathected," rather than "ego cathected". According to Federn, reduction in "ego cathexis" would result in an analogous loss of reality testing for the psychotic individual.

Many studies have shown that dissociative disorders are very often misdiagnosed as psychotic disorders and this leads to iatrogenic worsening in the disease course due to several years of misdiagnosis and mistreatment.

When exploratory sessions were conducted, and she was patiently heard, reassured and was instructed to be at peace with the dead spirits and honor them, her symptoms reduced drastically. Although, she does not have complete symptomatic improvement, psychotherapeutic work with her is still in progress, to which she is responding very well.

Dell says that auditory hallucinations in DID are actually voices of the alter personalities most of the times, sometimes auditory component of flashbacks and rarely genuinely psychotic.
argued that awareness of other alter personalities is a common occurrence in DID. He also emphasized that present DSM IV TR description of DID is grossly deficient as it focuses solely on alter personalities. In the present case report also the patient does not fit the DSM IV TR criteria for DID in spite of having dissociative symptoms very prominently. These lacunae in DSM IV TR need to be specifically addressed in the DSM V. In fact, in the proposed DSM V criteria, in the criterion A, the phrase “an experience of possession” has been added and the description of phenomenological variation in pathological possession trance has been included. These changes would make the DID diagnosis more inclusive and reduce the diagnosis of dissociative disorder not otherwise specified.

Thus, we wish to highlight the fact that dissociative disorders can also present with psychotic symptoms like hallucinations and we should not be preoccupied with features of schizophrenia and approach every case with an open mind.

References:


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Aditi Acharya, MD, Resident
G.K.Vankar, MD,DPM,Professor and Head
Department of Psychiatry
B.J.Medival College and Civil Hospital
Ahmedabad 380016

Correspondence:
Dr.Aditi Acharya
602,Udyan Darshan,Plot No.84
Kanjur Co-operative Housing Society
Near Paranjpe Hall,Bhandup(East)
Mumbai 400042
e-mail:adtacharya@yahoo.co.in
Cell: +919869207127
Phone: 022-2567127