



# Influence of *Begu Ganjang* Culture on Persecutory Delusional Disorder: A Case Report

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**Abstract. Background:** *Begu Ganjang* is a traditional term for a spirit that could cause misfortune to others. Social comparison, financial and political problems are some factors that might contribute to the use of *Begu Ganjang*. Delusion is defined as a psychiatric disorder with a belief of deception as its main symptom, which should be differentiated from mood disorder and schizophrenia. Persecutory delusional disorder is one of the most common types where patients believe that they or closely related persons are being treated maliciously. Environmental and cultural factors often influence the psychiatric symptoms of delusional disorder.

**Case Report:** We found a persecutory delusional disorder case of 27 years woman. For the past seven months, the patient had been feeling anxious, irritable, and suspicious towards her ex-boyfriend, cooperating with a shaman to harm her through *Begu Ganjang*, turning her into a lunatic-like person. In addition, patients had a history of divorced parents, a brother with a history of drug use, and a previous relationship with a married man.

**Conclusion:** Delusional disorder has symptoms of mood disorder that are consistent with the presence of delusions, which is different from schizophrenia as there was an absence of distraction in the fantasy, such as hallucinations. We concluded that cultural and environmental factors contributed to the delusional disorder of the patient. A better prognosis could be achieved through proper treatment, which requires trust, a good relationship between doctors and patients, and patients' adherence.

**Keywords:** *Begu Ganjang* · delusional disorder · persecutory type

## 1 Introduction

Shaman practice has had a long history in human society. In Indonesia, dark magic or shaman practice is still being inherited through generations and is still popular in modern societies [1]. In a simple and literal context, '*begu*' means spirit, and '*ganjang*' means tall. *Begu Ganjang* should be viewed in a bigger context than the traditional theological and religious aspects of the own Batak Toba tribe for better understanding. *Begu Ganjang* is a conventional term for a type of spirit that could cause misfortune to others. Social

-comparison, financial, and political problems are some factors that might contribute to the use of *Begu Ganjang* [2].

The presence of delusional disorder does not appear unexpectedly; thus, many factors must be analyzed for better understanding. Some factors that could affect mental disorders include biological, psychological, and socio-cultural factors [3]. Social, marriage, or occupational problems could arise from delusional beliefs. Cultural beliefs should be considered before diagnosing for mental disorder [4].

Delusional disorder is a psychiatric disorder with a belief of deception as its main symptom. Delusion is a false belief based on inaccurate interpretation from external reality despite the presence of contradictory evidence. The diagnosis of delusional disorder is made when an individual shows one or more delusions in at least one month that could not be associated with other mental disorders or explained by other physiological factors, use of substances, medical or other mental conditions [3, 4].

Prevalence of delusional disorder is about 0.2% with incidence rate of 0.7–3.0 per 100,000 population. Delusional disorder is not as common as other mental conditions such as schizophrenia, bipolar or other types of mood disorder. The average age of onset is approximately 40 years, although it could range from 18–90 years [3, 4]. Persecutory is the most common type of delusional disorder [5].

The previous case could be assessed as delusional disorder based on the DSM-V diagnostic criteria. The criteria are [5]:

- a. One (or more) delusion in a month or more.
- b. Criteria A for schizophrenia has never been fulfilled. Notes: Hallucination, if present, does not stand out and is still related to the delusions (for example, the sensation of being infected by bugs is related to delusional infestation).
- c. Ability to maintain relatively good function and no odd behaviour despite the delusions or their related effects.
- d. When a manic episode or severe depression occurs, the duration is relatively short compared to the time of the delusional period.
- e. The disorder is not caused by physiological effects of a substance or other medical conditions. It could not be explained by other mental disorders, such as body dysmorphic or obsessive-compulsive disorder.

Several types of delusional disorder should be determined when making the diagnosis. This includes persecutory (a belief of being harmed by someone), jealousy (an idea that partner is being unfaithful), erotomanic (a belief that one, often someone with high status, is in love with them), somatic (a belief of having a physical disorder), and grandiose (a belief of superiority or being impressive). There are also mixed or uncategorized types, which are usually a combination of different kinds that are vague or could not fall under a category [4].

The epidemiology of delusional disorder is not well documented due to its rare cases. The causes of the condition are not well known despite the number of theories. Many patients with the condition can function well in society and, thus, never have access to psychiatric attention. Psychiatrists could only diagnose patients when evaluating other mental disorders, such as severe depression [1]. The age of onset usually occurs later than schizophrenia, and gender might not be a contributing factor. The leading causes

of delusional disorder are not well known. Social, marriage, or occupational problems could occur due to delusional beliefs. Cultural beliefs should be considered before the diagnosis as they could also affect the delusions [4, 5, 6].

The overall functional ability is generally better than schizophrenic patients and is usually stable, although it could develop into schizophrenia in some individuals. Treatment for delusional disorder requires trust and a good relationship between doctor and patient. The attempt to solely deny and refuse the delusions could develop distrust and damage the therapeutic relationship with the patient. Although doctor is not required to validate the misconceptions, doctor needs to validate patients' experiences and feelings. The history of a patient's adherence to treatment is the best guide to select the appropriate antipsychotic drugs. Antipsychotics should be given in a six-weeks trial followed by the evaluation of drug effectivity. It should be started from a lower dose and titrated based on the patient's needs [7, 8, 9].

The current evidence is only limited to observational studies and a series of cases. Antipsychotics might be quite effective and might be the best pharmacological option for the current treatment of delusional disorder. On the other hand, antidepressants could be a potential alternative to antipsychotics or serve as an additional treatment. There was added benefits in the administration of First-Generation Antipsychotics (FGA) compared to Second-Generation Antipsychotics (SGA) in terms of effectivity, although we had insufficient data to assess the tolerability [10, 11, 12, 13].

## 2 Case Report

A 27-year-old Ms. MP complained about feeling anxious, irritable, and suspicious towards her ex-boyfriend, cooperating with a shaman to harm her through *Begu Ganjang*, turning her into a lunatic-like person for the past seven months. The relationship with the ex-boyfriend was fine initially, although it ended last year due to repeated conflicts and the ex-boyfriend status who was already married. Based on the patient's statement, the ex-boyfriend could not accept the decision to end the relationship and, thus, tried to harm the patient. Furthermore, the patient felt that she could not get involved in other ties as part of the deal between her ex-boyfriend and shaman. For the past eight years, the patient often consulted with the shaman as she believed that shaman could enhance her 'beauty charm' to attract men. The patient had consulted the complaints to different shamans; however, the issues did not improve and worsened over the past three months. The patient had a history of divorced parents during junior high school, then was raised by a grandmother who died when patient graduated from senior high school. When the patient reached 20, her mother re-married with a male her age. The patient was disappointed with her mother and unable to maintain a good relationship with her. Patient also had a brother who was involved in drug use.

There was no previous history of mental or emotional disorder from the patient or her family. The history of drug use was denied, and the history of general medical condition was satisfactory. During the mental status assessment, appropriate affect and euthymic mood were observed. Furthermore, there was no disorder in the thinking process, perception orientation, concentration, memory, abstraction, and judgement. From these, it was concluded that the patient had suffered from persecutory type delusional disorder for the past three months. The history of auditory and visual hallucinations was denied.

**Table 1.** Positive scale PANSS score and pharmacotherapy dose

PANSS	Week 2	Week 2	Week 3	Week 4	Week 5	Week 6
Positive scale	43	37	32	20	15	9
Aripiprazole dose	15 mg	20 mg	30 mg	30 mg	30 mg	30 mg

Notes: Aripiprazole dose was raised to 20 mg in the second week as there was no decline in the positive scale PANSS score >50%. The dose was further raised to 30 mg during the third week due to a similar reason and was maintained at week four as the positive scale PANSS score >50% had decreased.

The patient was diagnosed with delusional disorder. Also, the positive and negative syndrome scale (PANSS) was 23 for the positive scale (Table 1). The patient was treated with Aripiprazole 15 mg/day. PANSS score was measured once per week.

3 Discussion

The diagnosis was made based on the classification of mental disorders according to Guidelines for Mental Disorder Classification and Diagnosis in Indonesia, Third Edition (PPDGJ-III), International Classification of Diseases, Tenth Edition (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The patient was interviewed, and it was found out that there were delusions with a duration of more than one month where the patient felt anxious, irritable, and was being suspicious towards her ex-boyfriend, cooperating with a shaman to harm and turn her into a lunatic-like person. This fear came from the patient’s beliefs. However, there were no reasons to believe those issues, as during the interview with the patient’s family members, there was no mention of an ex-boyfriend or shaman trying to harm her. Patients did not have visual or auditory hallucinations. Thus, the psychiatrist concluded that it was a delusion, a malicious one, categorized as a persecutory type [1].

The patient had an 8-year history of shaman beliefs, divorced parents during junior high school, and was then raised by a grandmother who died when the patient graduated from senior high school. When the patient reached the age of 20, her mother re-married a male her age. The patient was disappointed with her mother and unable to maintain a good relationship with her. Patient had one brother who was involved in drugs use. The cultural and environmental conditions had created a bond between the patient’s delusions. The issues and delusions hypothetically bonded together to project fears and hope to balance the patient’s flaw, thus giving a real target towards the patient’s hostile behaviour.<sup>1</sup>

Doctors should properly assess and further question patients’ delusions. During an assessment, a complete check of mental status should be done. Doctors should consider interviewing family members or close friends as they could provide better details on the delusions and timeline of symptoms occurrence [8].

In this case, the leading cause of the delusional disorder was unknown; however, family issues and the patient’s belief in shaman were believed to have contributed to the disorder. Social, marriage, or occupational problems could arise from delusional beliefs.

Doctors are required to consider these issues before making a diagnosis. Furthermore, cultural beliefs could also affect the delusions [4, 5].

Patient was treated with 15 mg of Aripiprazole per day. A positive scale PANSS score was measured once per week. The aripiprazole dose was raised to 20 mg in the second week as there was no decline in the positive scale PANSS score >50%. The amount was further raised to 30 mg during the third week due to a similar reason and was maintained at week four as the score had decreased. Aripiprazole is a D2 antagonist, however, it could also act as partial D2 agonist. A partial D2 agonist competes with endogenous dopamine at the D2 receptor, lowering dopamine's functional activity. A 4–6-week short-term study comparing Aripiprazole with haloperidol and risperidone in patients with schizophrenia and schizoaffective disorder showed that all drugs had a comparable effectivity. Dose of 15, 20, and 30 mg per day was found to be effective. A long-term study also showed that Aripiprazole was effective as maintenance medication with a daily dose of 15–30 mg [1].

A better prognosis of the patient's delusional disorder could be achieved through treatment and adherence. Nearly 50% of patients had an excellent response to treatment; more than 20% reported lower symptoms, and less than 20% reported minimum or no change in symptoms. Delusional disorder is often considered a chronic condition, if treated properly. A better prognosis was also related to social function and better occupation, early onset before 30 years, sudden onset of symptoms, and short duration of time [9].

## 4 Conclusion

Delusional disorder has symptoms of mood disorder that are consistent with the presence of delusions, which is different from schizophrenia in terms of the absence of distraction in the delusion, such as hallucinations. We concluded that cultural and environmental factors contributed to the delusional disorder of the patient. A better prognosis could be achieved through proper treatment, which requires trust and a good relationship between doctors and patients, as well as patients' adherence.

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