

Discussion of "International Spirit"

Although the psychiatrist has his doubts, the patient's deviant behavior, not seen in other members of the movement, makes him inclined to diagnose a psychotic disorder. Unlike the healer in the previous case, N'Daffa's behavior is deviant even for those involved in the movement: he is incoherent, his behavior is bizarre (nudism, indiscriminate aggression), and his beliefs (e.g., that he can kill people by pointing his finger at them, and that he is going to be a "scientist") are not in keeping with the ideology of the movement.

It is not surprising that his symptoms are controlled with antipsychotic drugs, but return as soon as the drugs are withdrawn. Although N'Daffa describes his psychotic experiences in terms of the spirit-possession movement, his behavior is disorganized, and he is unable to function. His initial episode lasts only about 10 days, with apparent full return to his premorbid level of functioning, so the DSM-IV diagnosis Brief Psychotic Disorder (DSM-IV, p. 304) would be made. His subsequent episode lasts more than 1 month, but less than 6 months, so we, along with the local psychiatrist, change the diagnosis to Schizophreniform Disorder (DSM-IV, p. 291). Since the onset of the episode of illness was within 4 weeks of the first noticeable change in his usual behavior or functioning, and his social and occupational functioning before the episode were good, we specify With Good Prognostic Features.

Other Cases From Africa

THE ELEVENTH PREGNANCY

Nkechi M. is a 38-year-old housewife from the middle belt area of Nigeria. She is admitted to the inpatient unit following referral by her half-brother, who is a surgeon.

The patient complains of heat, heaviness, and pain in the precordial and sternal areas of her chest. She also describes epigastric pain and a sensation of "something moving" in the suprapubic region. Other symptoms include intermittent crawling sensations in the head and legs and

dizziness. These symptoms are of 3 months' duration. Her half-brother has examined her for duodenal ulcer by gastroscopy, but no ulcer was found. Symptomatic treatment of a possible duodenal ulcer, with antacids and cimetidine, a drug that inhibits gastric-acid secretion, was not helpful. Later, when an anti-anxiety agent, lorazepam, was given, she experienced short-lived relief. Gynecologic evaluation was normal.

Nkechi looked depressed on the ward, but denied any depressed feelings. When confronted with her depressed appearance, she listed all her symptoms and inquired from the examiner whether they were not enough to make anyone unhappy. When giving her history, she was irritable and demanded that she be given "pills" to eliminate her uncomfortable feelings, instead of being asked "all these questions."

Nkechi is one of 15 children from a polygamous family in which there are 3 wives. Her father died 2 years ago at a ripe old age. Her mother is the youngest wife, about 60 years old, and is now looking after Nkechi's children. She has five full siblings, three males and two females. She is the youngest, and has enjoyed a close relationship with her parents, especially her father. Her eldest sister, who lives in Lagos, has had a great influence on her.

Nkechi had the equivalent of a junior-high-school education, after which she went to typing school. She was employed as a government typist when she married a government driver, who was a Muslim. She gave up her job to rear her family, but refused to renounce her Christian upbringing. She regretted giving up her job, which she thought had more prospects than that of her husband. She had 10 children, 6 girls and 4 boys, who were given Muslim names by their father, but were taken regularly to a Christian church by Nkechi.

She thought she had too many children, but did not discuss limiting the size of her family with her husband. She thought he would be outraged and blame it on their religious differences. When she "took in" (became pregnant) again earlier in the year of the consultation, she made clandestine and rather clumsy attempts at terminating the pregnancy, such as using abortifacients and presenting to several hospitals with symptoms suggestive of inevitable abortion. Eventually, she aborted.

When her husband and sister realized that she had had an abortion, they were very angry. Her sister demanded to know why "you have done this kind of thing . . . I didn't know you were that kind of person." Nkechi now regretted terminating the pregnancy, recalling that her eldest sister had 13 children. "Maybe," she said, "this eleventh child would have been a special gift from God. I believe that all this movement I am having

inside my belly is a punishment from God for what I did." At times she thought that God wanted her life as well, especially when she found herself exhausted after very little exertion, or having palpitations for no apparent reason. She found it particularly terrifying to lie awake at night, unable to sleep or having "useless and bad dreams."

The lorazepam was gradually discontinued, and the patient was given diazepam when needed for sleep. The physician wanted Nkechi to give up the idea that pills for her stomach symptoms were a solution to her problems. Nkechi did not take to this approach easily. When she was upset—for example, when the physician was late for an appointment, or an expected visitor did not turn up—she demanded a reinstatement of the lorazepam prescription. When she was reminded of the disappointment that had preceded the exacerbation of symptoms, she charged that she was being accused of telling lies about sensations in her body. On one occasion she actually informed the doctor that she had been using a private stock of lorazepam. (The nurses disputed this and found no such tablets during a locker search.) On another occasion, when she was demanding discharge from the hospital on the grounds of desiring to go home to look after her children, confrontation with her weepy and miserable mood was more successful. She pointed out how long she had been in the hospital (4 weeks), and how nobody was prescribing drugs that her brother promised her would be used in relieving her internal heat, palpitations, and other symptoms. Sympathetic comments changed her tirade into an account of how difficult it had been to bring up 10 children, the oldest of whom was only 22 years old and still dependent on her.

She achieved much symptom relief and was discharged with a prescription for night diazepam. She never kept any outpatient appointments, since she had traveled a long way to seek help. However, the half-brother confirmed that she never needed any more treatment for "ulcers" or similar complaints.

Discussion of "The Eleventh Pregnancy"

The Nigerian psychiatrist who contributed this case noted that complaints emphasizing somatic symptoms rather than upsetting emotions are common in African patients. Adjustment, Anxiety,

Depressive, and various disorders involving cognitive impairment often present with somatic symptoms as the chief complaint. Even cases of Schizophrenia can be missed if attention is focused only on the chief complaint of somatic symptoms.

The most common somatic symptoms seen in African patients with mental disorders are internal heat (not fever), crawling sensations in parts or all over the body (e.g., worms, ants), peppery sensations on the skin, breathlessness, and dizziness. The sensations often are localized in parts of the body of current or dominant concern. Hence, students often complain of head or visual disturbances (sometimes referred to as "Brain Fog Syndrome"); infertile and menopausal women often present with suprapubic and back complaints.

The most common treatment approaches are the use of benzodiazepines or, more frequently, a combination of benzodiazepines and tricyclic antidepressants. Psychotherapy is not emphasized, as in the case presented. This case illustrates the kind of resistance that often discourages physicians from trying psychotherapeutic approaches. The patients are often given a prescription, to be renewed in 2 or 3 weeks; and patients then use their own support systems, which include religious organizations and traditional healers. This patient was admitted to the hospital because her significant relatives turned against her, and also because she had a physician half-brother who could arrange for modern psychiatric treatment.

We suspect that Nkechi has a Depressive Disorder, but she denies depressed mood, and there is no evidence of anhedonia or of the other symptoms that characterize the full depressive syndrome. Since her primary complaints are of physical symptoms which cannot be adequately explained by a known general medical condition, and since the duration is less than 6 months, the diagnosis is Somatoform Disorder Not Otherwise Specified (DSM-IV, p. 468).

POSTPARTUM PIETY

Zela is a 30-year-old high-school teacher living in Lagos, Nigeria. She is married and has five children. The birth of her last child was complicated