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## PREDISPOSING PSYCHOSOCIAL EXPERIENCES IN SCHIZOPHRENIA: THEMATIC APPROACH FOR DELUSIONS

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### ABSTRACT

*The current research was aimed to explore the psychological and social factors that are predisposing in onset of delusions in patients with schizophrenia. Qualitative research design was used and thematic analysis was used to taken the themes out of the interviews conducted with patients with schizophrenia. Sample of 10 patients was taken from different mental health rehabilitation centers and hospitals. 5 men and 5 women took part in this research. Before that, verbal informed consent was taken from the patients. Interviews were written on paper with pencil and not recorded in audio or video form. The result of the study claimed different psychological and social factors as loss and death of loved ones, betrayal, physical abuse, unemployment, breakup, and divorce and sibling's rivalry served as predisposing factors of delusions in patients with schizophrenia. However, these results are not able to be generalized on a larger population because of small sample size and individual differences. Besides, results of the study would be helpful in future for the understanding and counseling of patients with schizophrenia and their families.*

**Keywords:** Schizophrenia, Delusions, Patients, Psychological

### INTRODUCTION

Schizophrenia a serious mental condition nearly prevailed all over the world and somehow its manifestation in quite similar in different geographical spheres. However, perception and myths related to its expression are diverse from culture to culture (Ahmed & Naqvi, 2015). Moreover, it is universally condemned as a serious disorder where the chances of complete recovery is nearly up to zero but the people who diagnosed at an early stage and took consistent therapeutic treatment and management of daily basis improved to an extent that they can do their chores by themselves and work on their physical hygiene independently (McNally, 2016). Moreover, schizophrenia in other words marked with lack of association with the real world of earthly bipeds. It is claimed as a persistent disease due to change in neurology of human mind (Sensky et al., 2000).

Not only this, schizophrenia is a condition where coordination of bodily organs is suffered and a person either exhibits rigid behavior patterns or absences of demanded behavior (Aleman et al., 2003). Onset of schizophrenia is claimed to be in late adolescence and early adulthood. Consequently, it keeps on progressing with increase in age and it not only affects the sufferer but also the caregivers and family of those who are diagnosed with any stage of schizophrenia and its related disorders (Addeley, 2012). Schizophrenia is a severe mental disorder that affects more or less than one and half percent of the general population caused by different genetic, environmental and neurological factors (McGrath et al., 2008).

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. However, it is further classified into two subgroups including those who exhibits fixed behaviors as catatonic stupor or

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delusional beliefs and the other group is exposed lack of interest in their earthly existence as expression of alogia and avolition. Spat effect is the most representative feature of the second group and they are verbalized as negative schizophrenic patient. However, delusions, hallucinations and catatonic behavior is the resultant expression of positive schizophrenic symptoms (McNally, 2016). Other than behavioral, cognitive symptoms are also commonly observed in patients with schizophrenia and related disorders. Cognitive symptom includes difficulty processing information to make decisions, planning, executive functioning and self-control (APA, 2013).

There are different expressions of schizophrenic behavior, delusional believes are one of them which are reported as an irrational belief that are too tough to shatter and a person visualize it through hallucination in most of the cases. Despite this, delusions are the conceptual framework of an individual's mind where a person usually makes an imaginary world (Gilbert et al., 2000). In this regard, delusions are further classified into different types, predominantly, sexual, persecutory or grandiose. Besides thoughts insertion, thoughts withdrawal and broadcasting thoughts delusions are commonly explored in patients with schizophrenia, delusional and other related disorders (Fowler & Garety, 2000).

Besides, there are different risk factors associated with delusions specifically and schizophrenia generically, however most of them are categorized into three types biological which describes gene, neurology and differences in brain anatomy, secondly to the psychological factors which includes trauma and sudden mental abuse and thirdly by not the least one is due to the environmental factors such as a great loss, post-natal factors such as deficiency of oxygen after birth or living in a pathogenic condition for a long span of time (Frith, 2009). Different researches on schizophrenia and related disorders suggested that it is most commonly identified after any infectious disease specifically mother in first or last trimester of pregnancy of children in initial five years after their birth (Ventura et al., 2003). Moreover, excessive smoking and abuse of nicotine during pregnancy by the mother is the most functional cause of schizophrenia at a universal level. There is a large data compiled by American Psychological Association (APA) regarding the abuse and usage of different drugs that directly cause harmful changes in human brain and leads to schizophrenia and perception of delusions. In this regard, pregnancy of the mother is the most crucial phase of one's life where an embryo develops its internal make up (Aleman et al., 2003).

Genetics and DNA structure also plays a pivotal part in development of schizophrenia and delusions specifically. Adoption studies including the sample of 2000 adolescents revealed that they have developed symptoms of schizophrenia despite being adopted by the non-schizophrenic patients (Brown & Wing, 2007). Despite of it, different studies on monozygotic and deizygotic twins also showed that more or less genetics is a most functional and obvious feature in development of schizophrenia in adolescents. Moreover, about 80% of the twins who were identical developed symptoms of schizophrenia and 64% of those who were fraternal twins exhibited the symptoms of schizophrenia (Schneider, 1959).

## Literature Review

In recent literature, delusions in patients of schizophrenia is said to be least explored in countries like Pakistan where there is a lack of awareness of mental health issues (Khattak et al., 2017). Pakistani community who belonged to rural, unprivileged and backward areas still believes that disorders like schizophrenia and delusional disorders are the byproducts of evil eye, charms and homage of evil spirits in human body (Zaman et al., 2019). However, those patients who are institutionalized are reported to have multiple delusional expressions of psychological and social nature. The previous literature highlighted the importance of conducting a research on delusional patients who are institutionalized and having treatment in order to produce psychotherapeutic treatment plans and to conduct trainings to educate people about preventative steps so that predisposing factors would be avoided and wellness of those patients would be ensured (Zald et al., 2008). Different researches previously conducted suggested the role of genetic predisposition, age of mother as pregnancy in premature age, birth time difficulties and endocrine system abnormalities as leading cause of predisposing causes of occurrence of delusions and onset of schizophrenia in people. However, late onset of schizophrenia is also reported in few researches where the signs and symptoms were prevalent and exposes in teen age before or after pubertal changes (Jones et al., 2005).

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In this regard, different researches on schizophrenia and related disorders suggested that it is most commonly identified after any infectious disease specifically mother in first or last trimester of pregnancy of children in initial five years after their birth (Ventura et al., 2003). Another theory in this regard highlighted the role of family system in this regard and suggested that family structure also have a very essential role in development of different mental health problems including the relationships of family members, any long-term illness of a family member, domestic responsibilities and communication issues (Izadinia et al., 2010).

Different psychosocial factors are highlighted through previous researches as leading causes of development of delusions in schizophrenia patients where it is believed that delusions developed before the other symptoms of schizophrenia such as alogia, negative symptoms and catastrophist behavior (McEwen, 2001). Other than that, different researches linked the onset of delusions with stress in mothers during the first trimester of pregnancy as a vital predisposing factor for the subsequent progress of schizophrenia in the progeny where a psychological prospective study that look at or inspect the symptoms and patients with schizophrenia in early or late onset symptoms suggested that a birth cohort of more than 11,000 patients with major delusional expression found the risk of later delusions or schizophrenia for confounding factors such as socio-demographic, or prenatal conditions of pregnancy (Luna & Sweeney, 2004).

Different theoretical explanation roaming about expression and manifestation divides them into two major groups' primary and secondary delusions. Schneider classified primary delusions or delusional perceptions as those which are too bizarre to be understandable in terms of the person's background, personality, underlying conflicts or recent stresses, and secondary delusions as those which are understandable in these terms. It is particularly the ego-related delusions of persecution and grandiosity that fall within this category. In similar vein, Jaspers saw primary delusions as direct, intrusive awareness of meaning which is not mediated by thought, and is not understandable in terms of personality and experiences, and used the term delusion-like idea to refer to those delusions which are deemed understandable in these respects (Jaspers, 1963). Another theory in this regard is psychoanalytic theory, presented by Sigmund Freud and neo Freudians who claimed that it is directly related to the initial years of a child, tales about his fixation on different stages and unresolved conflicts which are heaped up until express in the gigantic formation of delusions or sometimes, delusions are the byproduct of defense mechanism such as regression or reaction formation where a person has no control on his world and subsequently he veiled himself with a persona of illness and delusions are the expression of self-defense. In accordance to it, persecutory delusions are directly linked with reaction formation, which is a very dominant and widely studied defense mechanism in few other researches, persecutory delusions are symbolized with projection as in persecutory delusions a person blamed all his thoughts and acts to another person in order to release his own anxiety and fears. Neo Freudian suggested that when a person found himself helpless with no control on his environment, he developed persecutory thoughts and started blaming others and nurture hostile aggression which are actually projection to the other persons by that person and this a quite natural phenomena in an individual life and a rich source of relief (Klaf & Davis, 2003).

Review of the previous literature on delusional perception in patients with schizophrenia suggested a prospective longitudinal study found that patients who reposted psychotic symptoms are more or less very prone towards relapse of the ir specific condition who had consistent predisposition factors as continues factors such as living in between the people who were traumatic for them in past or continues exposure to that places which were triggering and related to a threatening past of the life of the patients (Tull et al. 2013). Another research claimed that higher number of life events in the 1-month preceding the relapse than in the same month during the non-relapse period. In patients with childhood physical abuse such as beating o parents especial e threatening of father and his torturous behavior towards the patients In early or middle childhood stages and over half of the patients who experienced a psychotic relapse did not have a major life event of medical terminologies such as neurological damage or and any other physical assault in the month preceding the relapse that directly highlighted the role of role of o environmental factors in this regard as home environment or threatening social relationship (Hirsch et al., 2004).

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prone towards relapse of the in specific condition who had consistent predisposition factors as continues factors such as living in between the people who were traumatic for them in past or continues exposure to that places which were triggering and related to a threatening past of the life of the patients (Hall et al., 2009). Previous literature claims the importance of conducting a research on Patients with schizophrenia where the psychosocial factors of different delusions would be highlighted that are predisposing in nature because there is a gap in previous literature that highlighted the psychosocial themes of delusions that are predisposing in nature for the schizophrenic patients. Other than that, there is no such research in Pakistan which finds out the different predisposing themes of patients with schizophrenia especially of psychological or social nature. All these factors highlighted the need of conducting an indigenous research that is qualitative and comprehensive in nature to find out the themes of delusions of patients with schizophrenia that are psychological and social. For that, semi structured interviews are used to collect the data of patients with schizophrenia in order to assess the themes of their delusions that highlighted the role of different psychological and social factors as predisposing factors of the onset of delusions in schizophrenic patients.

## Research Question

What are the psychological and social themes of delusions that are predisposing in nature in patients with schizophrenia?

## Method

### Research Design

The delusional experiences of patients with schizophrenia were explored via a qualitative, thematic research study. Qualitative research aims to generate knowledge through description, attention to process, and “collaboration within in a social structure and with its people” (Hays & Singh, 2012). Due to the richness of the data that can be gathered through qualitative research, this type of methodology was chosen for this topic as it allowed for an in-depth investigation that could generate different themes regarding predisposition nature of delusions of patients with schizophrenia that has not been studied before in the Pakistan. This definition aligned with the intention of this investigation, which was to gain a more in-depth understanding of the psychosocial issues experienced by patients with schizophrenia and how there are predisposed with their delusions. Thematic Analysis was ultimately chosen for this study to gain an in-depth understanding of delusions of patients with schizophrenia living in Pakistan.

### Institutional Review Board

The present research was approved by institutional review board committee after discussion about all ethical concerns. The data collection is done from various private and government hospitals.

**Sampling technique.** Purposive sampling technique method was used to identify potential participants for the study, “because they can offer a research project insight into a particular experience” (Smith et al., 2009). Potential participants were identified via opportunities, or from my own contacts, to ensure the participants met the sample criteria (Smith et al., 2009). The population to be examined through this study was patients with schizophrenia in residual phase fall in adult category from Pakistan. According to the operational definition and inclusion exclusion criteria, sample was selected. In an effort to create a homogenous sample, as recommended for Thematic Analysis (TA), individuals who fit definition were invited to participate in study by giving interview. In addition, TA studies focus more on the “detailed account of individual experience, where quality is celebrated more than the quantity; therefore, a moderate sample of 10 participants was utilized for this study.

### Participants

Homogeneous group is an essential feature of the TA research. Therefore, in order to gain and report on a homogeneous sample in detail and contextualize participants’ individual experiences, it was necessary to

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collect the demographic information. Schizophrenic patients in residual phase, Adult schizophrenic patients are surveyed, Where (N=10).

**Inclusion Criteria.** The patients must be in residual phase and hospitalized schizophrenic patients and both male and female schizophrenic patients are included.

**Exclusion Criteria.** The patients must not be with other mental illness and those patients who are not hospitalized will be excluded. Schizophrenic patients with any other physical illness will be excluded.

## Measures

**Constructing the interview guide.** For this investigation, my role as a researcher was to develop an interview Guide as well as create optional prompts for the interview. An interview Guide was prepared (Appendix A) to facilitate the interview procedure and not to dictate the interview or make participants answer questions in any particular way. A semi-structured interview guide will be developed that will involve questions about the psycho-social dynamics schizophrenic patient's delusional beliefs, the challenges and issues experienced by patient and family of the patient.

Questions of interview Guide were informed by scientific literature available on the perspective of delusional, psychosocial themes of patients with schizophrenia. Interview Guide was validated by two expert's opinions, which thoroughly read and suggested some changes in the interview, suggested changes in Interview Guide were carefully incorporated.

## Demographic Questionnaire

The demographical form acquiring about gender, age, marital status, and family status, level of education and years of experience will be used. This demographical questionnaire will have used to assess the personal information of the participants that will be helpful in analysis.

## Procedure

### Phase I: Interview Guide

Firstly, permission letter was signed by the director for institutional approval to conduct this study. Then a semi structured interview guide was developed based on literature review and discussion with the supervisor. Once a tentative interview guide was developed, it was shared with an expert to check its validity and the feedback will be incorporated. Informed consent of the participants regarding audio recording of their interviews was taken and later on the interview was recorder for better analysis.

### Phase II: Pilot Study

In this phase, those institutions that are approved to conduct the study was visited to conduct a pilot study. Two interviews were conducted as a part of pilot study to evaluate the appropriateness of the interview guide questions, comprehension, and the time required to complete each interview. Both the interviews were conducted after taking an informed consent and developing rapport with the participants. After it, the interviews were transcribed and then analyzed to see whether they provide the required information or not and the required changes was made in the interview guide accordingly. Purpose of this interview was to assess the appropriateness, question clarity and sensitivity of the questions. This was assessed through personal reflection and feedback received from the participants. As result of incorporation of the feedback, changed sequence of the questions, addition of new questions and terminology of the questions was changed. Interview was transcribed and preliminary analyzed to find out if questions of the Interview Guide were able to produce suitable and rich data. The data was rich enough to confirm the presence of phenomenon and suitability of the questions.

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## Phase III: Main Study

In this phase, in-depth interviews were conducted for the main study from ten residual states of schizophrenic patients. A behavioral observation of the participants was also made along with the interview. After conducting the interviews, the interviews were transcribed and various themes were elicited and discussed.

**Data collection and data handling.** To initiate the procedure of data collection, different hospitals and Mental Health centers were consulted and approached. On the day of appointment, patient was given in the consultation room of the respective mental health institute where they found themselves to be comfortable for the interview. The interview discussions began with dictating the opening interview script and informed consent form. The transcripts of interviews were sent to the participants upon completion to review its accuracy. The respondents were asked to respond with any changes or clarification to the transcription.

All personal identifying information was either replaced with pseudonyms or not included in the transcripts in order to maintain the participants' anonymity. The informed consent form included the purpose, description, data collection methods, participant's rights and approximate timeline for the interview. As outlined in the Informed Consent Forms and verbal instructions, participants were offered counseling services if they needed.

**Data Analysis.** After conducting a total of ten interviews it was transcribed on paper. Margins were left on the pages to write down comments, assumptions, phrases and interpretations about the chunks of transcribed data which found to be either interesting or useful. Later these comments were used to derive the primary themes. Data analysis using Thematic Analysis is supposed to be a flexible and fluid process but there are some outlined steps which were used to guide the process of data analyses (Smith et al, 2009).

## Ethical Considerations

As it is the case with any study involving participants to consider relevant ethical issues. Accordingly, data collection was started after receiving approval of the institute of clinical psychology's Institutional Review Board (IRB). After getting the approval, briefing was given which included that participants were explained clearly in detail and they understood the purpose of the study, what they were going to ask, confidentiality of the data, their right to not answer any question or stop the interview any time they wanted. Participants were provided with all of this information in the Informed Consent form (which each participant was required to sign before beginning with the interview. Participants' were told that their involvement and participation would be totally voluntarily and they have the right to withdraw anytime. Participants were informed about the potential risks of their participation in the study. Furthermore, the study participants reserve the right to withdraw research interrogation at any time. Lastly, the anonymity of the participants and confidentiality of the data will be maintained.

## Results

### Sample

The study aimed to explore the predisposing themes of delusions in patients with schizophrenia. Therefore, a sample of 10 patients with schizophrenia was taken including 5 men and 5 women from age range 21 to 46 were institutionalized in that respective institute from past six months and before. Before, starting the interview a verbal informed consent is taken from the participants for the sake of permission that they are willing to be a part of the research.

### Data Analysis

Interviews were transcribed and verbatim was done by the principals if Thematic Analysis (TA). Analysis yielded many emergent themes in each case. Analysis yielded many emergent themes in each case. The similar and different themes were clustered under Major themes. Tables representing major themes of each case were developed for better understanding the delusions of patients with schizophrenia.

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The master table was developed after developing major themes tables for both participants. The master table consisted of all the themes present in both cases. Master table provides the complete information about all the themes emerged from participants during analysis.

The table of master themes represents the contribution of each participant in the development of each major theme.

**Table 1**  
*Delusions Reported by the Patients with Schizophrenia*

| Patient | Verbatim of the Patients  | Delusions   |
|---------|---|---|
| I.A     | I have a jet and an aqua car<br>I can go anywhere on my flying car<br>Family member try to harm me other than my mother   | Delusions of Grandiose<br><br>Persecutory Delusions |
| A. A    | My son used to beat me a lot. Despite of the patient had no son<br><br>My brother killed me once and now it is my second birth.   | Delusion of Grandiose                               |
| M.A     | My brother and his wife left me here in order to have all the property of my father<br>After taking the medicine given by the colleague<br>I felt like he stated controlling my thoughts  | Persecutory Delusions<br><br>Persecutory Delusions  |
| N. D    | He inserted whatever he wanted in me<br>On the first day of my birth, I was physically abused<br>I was sexually abused at the age of two months<br>I was raped 25 times in initial 10 years of his life from both genders   | Sexual Delusions                                    |
| A. S    | Had sexual relationship with the girl living in street but there was no such girl in neighborhood was reported later<br><br>Mother is an evil. Due to her my wife left me. She never loved me concerned about my money and that's why left me here. Otherwise I am okay having no issue | Persecutory Delusions                               |
| S. F    | Maternal aunt made my life hell with her black magic. She wanted to take revenge. Due to her magic, I am here<br>My husband is in sexual relationship with the wife of his elder brother  | Persecutory Delusions                               |
| S. S    | My husband has extra marital affair but he blames me for this   | Sexual Delusions                                    |

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|      |   |                       |
|------|---|-----------------------|
|      | My mother in law killed my baby before his birth  |                       |
|      | Mother in law do magic on me so that my husband leaves me   | Persecutory Delusions |
|      | My mother in law does not want to see me happy  |                       |
| S. A | Husband used to beat me and torture me a lot but my brothers intentionally left me there because he wanted to kill me |                       |
|      | My brother hates me and leaves me with a toxic person to live. Maybe he used to do it all on asking of his wife       | Persecutory Delusions |
| Z. N | 5 boys rapped me together and still now they used to come into my dream to rape me                                    | Sexual Delusions      |
| B. F | The boy I used to love came to meet me and we have sex daily.   |                       |
|      | I am happy in the present institute because here I am able to have sex with the boy I love                            | Sexual Delusions      |

**Table 2**  
*Predisposing Psychosocial Experiences of Patients with Schizophrenia*

| Superordinate Themes | Themes                  | Subordinate Themes/Verbatim of the Patients   |
|----------------------|-------------------------|---|
| 1. Death             | Death of father         | My father died cannot live without him  |
|                      | Miscarriage             | It was tension every time that's why my kid was died  |
| 2. Abandonment       | Divorced                | She left me and I am alone without<br>I wanted to live with her                             |
|                      | Breakup                 | He left me it means he did not love me  |
|                      | Abandonment by siblings | Being Alone and abundant. no one was with me  |
|                      | Separation              | I have no affiliations with parents' because they left me when I needed them more           |
|                      | Separation with Wife    | My mother and sister were the only reasons why my wife left me otherwise she loved me a lot |



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|                       |                               |  |
|-----------------------|-------------------------------|--|
| 3. Rivalry            | Siblings Rivalry              | I used to erase and tore their homework.<br>I wanted to be the favorite of my father and did not like when he paid attention to my sisters<br>My fellows insulted me |
|                       | Bullying                      |  |
| 4. Guilt              | Getting married               | Married against father will  |
|                       | Lack of achievement in Career | I had not achieved good marks to become doctor   |
| 5. Financial Concerns | Property issues with brother  | He wanted to sell the house of my father that is why he left me here   |
|                       | Child Labor                   | I was the elder and left my studies for job  |
|                       | Joblessness                   | I always failed to get job and started becoming stressed   |
| 6. Parenting          | Neglected Parenting           | My parents did not bother when I was expelled from school  |
|                       | Unplanned child               | They were never concerned about me and siblings  |
|                       |                               | My parents did not want another child. I was eleventh  |
|                       |                               | I was an unwanted baby who was not aborted due to medical complications  |
| 7. Betrayal           | Betrayal of Partner           | I loved her but she left me for money and status   |
|                       | Extra Marital Affairs         | My mother had extra marital affair that's why she did not pay attention on me  |
| 8. Disliking          | Disliking for father          | They never did anything for us especially my mother  |
| 9. Drug Abuse         | Cannabis Abuse                | I used to rake so many drugs and a daily abuser of cannabis. It's in my blood and veins  |
|                       | Heroine intake                | I was habitual of  |

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heroin

10. Sexually abuse

Rape

I was raped and it was  
a biggest insult of life

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## Discussion

Results of the present study was ground breaking which highlighted different psychological and social factors that causes the onset of delusions in patients with schizophrenia. Different predisposing factors such as parenting conflicts, death of a parent, sibling's rivalry, lack of familial acceptance, betrayal of partner, breakup issues, divorce, miscarriage, unemployment and physical abuse are highlighted significantly by the results of study in hand. In this regard, previous literature available on predisposing factors of delusions in schizophrenic patients also supports the results of this research in a way as it also highlighted death, physical abuse and trauma as the most obvious causes of delusions onset in patients (Aleman et al., 2003). Not only this, there are plethora of researches which one way or the other supports this research and enlighten the newly emerged factors.

Another such research was conducted in western culture where more than 50 patients with schizophrenia was studied qualitatively where semi structured interviews were conducted with the patients and different themes were emerged that where social as well as psychological in nature. The results of the aforesaid research were accepted at a very broader level which directly suggested that failure in intimate relationships such as divorce and premarital breakups are one of the very leading predisposing factor of those patients. Moreover, the results of this research also highlighted the same themes which were taken out from the interviews that were conducted with the patients with schizophrenia (Addeley, 2012).

Semi structured interviews let the patient disclosed their history since childhood to their present state which suggested their relationship with parents and familial acceptance as leading predisposing factors of delusional formation in the patients with schizophrenia. In previous literature, a great emphasis was given on parenting styles and positive child rearing practices as well as consequences like delusions in later life was also mentioned in western studies. On the other side, parental conflicts are also suggested as psychological and social factors of delusions formation in schizophrenic patients (Jaspers, 1963). Physical or sexual abuse especially in childhood or early adolescence years also predispose different mental health issues as depression, anxiety, post traumatic disorder and specifically schizophrenia or delusional disorder (Dehili & Coffman, 2013) which is also highlighted through the results of the present research which was conducted with 10 patients in residual phase of schizophrenia who had delusional believes and the responses got from semi structured interviews conducted with them showed that delusions were developed or expressed in those patients after trauma of physical and sexual abuse or exaggerated after such exposure.

There are several researched conducted in past with schizophrenic patients which directly supports the results of this research and few others indirectly give direction to the themes emerged from the responses given by schizophrenic patients having delusions in response to semi structured interviews conducted with them.

## Conclusion

A qualitative research was conducted to explore the predisposing psychological and social themes of delusions in the patients of schizophrenia where thematic analysis was used to taken the themes out of the interviews conducted with patients with schizophrenia. Sample of 10 patients was taken from different mental health hospitals. 5 men and 5 women took part in this research. Before that, verbal informed consent was taken from the patients. Interviews were written on paper with pencil and not recorded in audio or video form. The result of the study claimed different psychological and social factors as loss and death of loved ones, betrayal, physical abuse, unemployment, breakup, and divorce and sibling's rivalry served as predisposing factors of delusions in patients with schizophrenia. However, these results are not generalizable on a larger population because of small sample size and individual differences, Besides, results of the study would be helpful in future for the understanding and counseling of patients with schizophrenia and their families.

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## Limitations and Suggestions

First of all, sample size of the study is 10 patients with schizophrenia including 5 men and 5 women which is very small to generalize the results on a larger population therefore in future sample size would be increased to get variety of themes. Secondly, data taken from the government hospitals of Lahore and to get more adverse data it must be taken from private hospitals too. In future, more researches would be conducted on patients with schizophrenia institutionalized in different private hospitals. Lastly, the results of the study is also not generalizable on larger population because the data was taken from Lahore city only, to get more adverse experiences and having unique themes different other big cities would be included in the data set. However, in future there must be different researches conducted on patients with schizophrenia in order to understand the nature, themes and predisposes of the delusions in them so that it would be helpful in providing counseling and psychotherapy for them. Not only this it would facilitate different preventative steps taken for them and gradually improve the condition of patients with schizophrenia having delusions.

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