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The Impact Of Cultural Beliefs In Paranoid Schizophrenia: A Case Report

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Abstract: **Background: Schizophrenia is a chronic psychiatric disorder with clinical manifestations often influenced by sociocultural factors. In societies where beliefs in ancestral spirits and mystical phenomena are deeply ingrained, psychotic symptoms may take culturally specific forms. Understanding these cultural contexts is essential for accurate diagnosis and effective, patient-centered care.**

Case Presentation: We report a case of a 36-year-old Balinese male diagnosed with paranoid schizophrenia, whose psychotic symptoms were strongly influenced by the local cultural concept of *melik*. The patient experienced persistent delusions of spiritual possession, believing himself to be spiritually unique and targeted by black magic. He also reported daily auditory hallucinations instructing him on various actions. These symptoms caused significant distress and impaired his ability to function normally. Treatment included pharmacological intervention with risperidone and culturally sensitive supportive psychotherapy to address both the psychopathology and the culturally embedded beliefs.

Discussion: Although the patient's beliefs were consistent with the culturally accepted notion of *melik*, they also displayed hallmark features of psychosis—loss of reality testing, fixed non-negotiable delusions, and functional decline. The DSM-5 Cultural Formulation Interview underscores the importance of differentiating between culturally normative experiences and pathological symptoms. In this case, incorporating cultural understanding into the clinical assessment facilitated accurate diagnosis and guided a respectful yet effective treatment approach.

Conclusion: This case underscores the importance of cultural sensitivity in the evaluation and management of psychosis, allowing clinicians to distinguish between culturally normative beliefs and psychopathology, thereby ensuring both empathy and diagnostic accuracy.

Keywords: **Schizophrenia, Paranoid schizophrenia, Cultural beliefs, *Melik*, DSM-5.**

I. INTRODUCTION

Schizophrenia is a chronic psychotic disorder characterized by disruptions in thought processes, perceptions, emotions, behavior, and social functioning. Paranoid schizophrenia, in particular, is marked by prominent delusions and hallucinations, often with themes of persecution or grandiosity. Despite having an exact same psychopathological features, the content and form of psychotic symptoms are significantly influenced by the sociocultural context in which a patient lives.[2] Culture plays a decisive role in many aspects of psychiatric clinical presentation. The cultural psychiatry considers as the discipline that deals with the description, assessment and management of all psychiatric conditions to the extent that they reflect and are subjected to the patterning influence of cultural factors and variables as broad as ethnicity, race and identity or as focused as language, religion, gender and sexual orientation, education, traditions and beliefs, sociodemographic status, dietetic modalities or financial philosophies.[13]

In Balinese cultural context, for example, the belief in Melik permeates social and religious practices. Melik is a symptom or paranormal characteristics in a person seen from the day of birth, special signs on the body or other physiological conditions that are considered special. People tend to associate *melik* with paranormal abilities of an indigo child, but it's actually not the same. *Melik* is a gift for someone, but if one is unable bring it to good things, then the great energy within will bring death. Therefore, a child with melik characteristics usually has a special ceremony called *nebus melik* to neutralize the energy that is churning within a person so as not to harm them. There are three types of *melik: melik adnyana, melik ceciren* and *melik kelahiran*. *Melik adnyana* is characterized by a person's ability to comunicate or to dream about spiritual thing. *Melik ceciren* is a type of melik that can be seen from the characteristics on a person's body. The most obvious characteristics are the presence of a mole on a person's genital, etc. *Melik kelahiran* is someone who was born on a certain date with a certain condition.[14] Mystical experiences, visions, and "communication" with spirits are often interpreted as signs of spiritual sensitivity rather than as pathological phenomena. As a result, the early signs of psychosis may be overlooked, misinterpreted, or even socially validated, delaying the recognition and treatment of psychiatric disorders.[5–7] Patients with schizophrenia may put the elements of their cultural beliefs into their delusions and hallucinations. Clinicians must differentiate between culturally sanctioned beliefs and pathological delusions while maintaining respect for the patient's background. Misinterpretation in either direction — pathologizing normative beliefs or normalizing pathological symptoms — can disrupt therapeutic engagement and outcomes.

This case report presents a 36-year-old male patient diagnosed with paranoid schizophrenia whose psychotic symptoms prominently featured cultural narratives involving ancestral spirits and mystical experiences. The case highlights how deep embedded cultural beliefs can influence the content, severity, and patient insight into psychotic phenomenon, make a unique challenges in diagnosis and management.

II. CASE PRESENTATION

A 36-year-old male patient was brought to the emergency room accompanied by his father and brother and was said to be confused and wandering around. The patient was examined in the room in a sitting position on the bed. When approached, the patient seemed to be looking down continuously and didn't want to make an eye contact with the examiner. The patient was massaging his forehead and rubbing his eyes occasionally. He was wearing loose and dirty clothes. The patient's fingernails were black. His hair looked messy. The patient didn't talk too much. When being asked, the patient tended to always be silent for a few seconds before answering. The patient sometimes did not answer according to what was asked. When the doctor was asking about his name and how old he is, the patient answered his name was Nyoman that he is around 37 or 38 years old. The patient came accompanied by his family. The patient knew very well that he was in the hospital and also recognized the doctor in front of him. The patient could— hardly, mentioned the objects pointed by the examiner such as a pillow, a blanket, and the wall. After some time, the examiner bring out again about the objects that the patient had mentioned earlier, and the patient was only able to point out without mentioning the objects again. He said that he forgot the names of the objects. The patient said that he was taken to the hospital because his family thought that he had an error in his head. The patient agreed that his head felt uncomfortable because he often saw, heard, and even felt scenarios in his head that other people couldn't see. The examiner tried to say that it wasn't real, but the patient insisted that it was. He insisted that he could do *melik* since he was a kid. His parents told him he was born entangled to his own umbilical cord all over his body, so that they believed it was *melik* thing. It was getting worse since one year ago when he started to feel an ancestral spirits possessing his body. The patient said there was a *chakra* light that entered his body resembling a priest. The priest whispered him advices every single day to his ears and said that his holy spirit entered the patient's body because the patient was the only one shining. The Priest then told the patient that he died because of black magic and wanted him to know that, but then, turned out everyone accusing he; the patient, who caused it. All these things make the patient's daily life felt disturbed because sometimes, the priest's thoughts inserted his mind that he couldn't control it, because when that happened, he tended to always answer the voices of the priest (talking to himself) and finally he couldn't focus on what he was doing at the moment. During the anamnesis, the patient often pointed to several parts of his body that felt painful; the chest, head, legs, and even the throat. The patient said that it was the result of being exposed to black magic by people around. When telling all of this, the patient often went silent several times in the middle of the story and had to be reminded again by the examiner.

Due to his complaint, the patient said that his feelings lately were just flat. It's not sad, happy, or angry. When saying all that, the patient was seen looking down and shaking his head several times and blinking also furrowing his eyebrows. The patient said he could sleep well every day. The patient agreed that he was sick and was willing to get better by taking

medicine, but he doubted that the voices and the visions he has of people who already died would disappear, because it was a power he had since he was a kid.

Based on the Heteroanamnesis coming from the patient's father and brother, the patient began to show behavioral changes since 15 days ago, in the form of talking to himself, muttering, and as if communicating with people who died. Sleep disturbances were reported to start since 3 days ago. The family said the patient also stated that his hands and feet were missing or cut off, and expressed the belief that everyone around him was eating human flesh. In addition, the patient refused to take a bath since 2 days ago and experienced a decrease in appetite since the last 1 day. It is known that the patient has a closed personality and is easily suspicious and rarely talk about his personal problems. The family said that the patient indeed *Melik* and already being purified in the temple. The patient has no problem with family but was really quiet and prefer to be home than going out of the house. The patient also rarely made friends or had any romantic relationships with women. According to his older brother, the patient easily got bored in everything. He brought a female friend home once, but within a few weeks, they were no longer together. It did the same with work. He couldn't stay long with only one job. The patient previously worked on a construction project in the Denpasar area. According to the patient's father, a few days before his behavioral changes, the patient said he wanted to die, but only verbally with no real action.

The patient was diagnosed with Paranoid Schizophrenia (F20.0) multiaxial diagnosis on axis 2 found the patient with paranoid personality traits with ego defense mechanisms of repression and projection. On axis 3 and 4 no diagnosis was found, axis 5 with Global Assessment of Functioning 40 to 31 which means some disabilities in relation to reality and communication, severe disabilities in some functions. The patient was treated with pharmacotherapy which is risperidone 2 milligrams every 12 hours intraoral. The patient was also given non-pharmacological management with supportive psychotherapy in the form of reassurance and ventilation.

III. DISCUSSION

As in this case, the patient's illness seemed to begin with a delusion of grandeur in which the patient believed that he was special according to his *Melik* ability. He believed he was a vessel for the deceased saints because he was the only one shining. Therefore, the patient experienced delusions of control in which he believed these spirits took over his body to the point that he sometimes could no longer control his own body. Over the years, his delusions became more complex, organized, and systematic. He believed that all the pain in his body was caused by black magic sent by his neighbors and the reason he wasn't married to a woman yet is, because every time he tried to have a relationship, the world would be against him— the trees would whispered him anything bad to make it crashed. Sometimes, he could also see all these spirits appeared (visual hallucination). The patient also experienced symptoms where his mind was entered by the unknown thoughts from outside (thought insertion).

The patient already had all the symptoms since he was a kid. He described it as a special ability named *Melik* and was the only one who has it among the family. He once has a great great grandfather who lived as a Priest (*Mangku*) and in Balinese culture, from generation to generation believe that if someone is born with the umbilical cord wrapped around their entire body then they automatically became one of those special person who did *Melik*. Because of that beliefs, the patient purified himself by *nebus melik* when he was 3 months old and 21 years old— in hope to get a better and normal life because however, his special ability need a special treatment as well to prevent him being in trouble —but failed. The patient still feel disrupted doing his daily activities.

All of these details reflect deeply rooted factors of culture, which influence the content of symptoms, such as their paranoid delusions.[13]

Although the content of these symptoms was culturally accepted beliefs about ancestral spirits and mystical energy, the patient seemed to be disrupted by these ability. All these disorganized behavior, job loss, disrupted social relationships, and impaired reality testing; the intensity, rigidity, and impairment caused by these beliefs aligned with psychotic pathology as defined by DSM-5. His functional decline further supports the diagnosis.[9]

Differentiating culturally sanctioned beliefs from psychotic delusions is a critical clinical challenge. DSM-5 explicitly acknowledges the influence of culture in shaping symptom content and cautions clinicians to avoid misdiagnosing culturally normative experiences as psychopathological. However, DSM-5 also emphasizes that a belief becomes a delusion when it is firmly held despite clear evidence to the opposite and leads to significant distress or dysfunction. In this patient, the beliefs were fixed, idiosyncratic, and clearly impairing his functioning, supporting the classification as delusions.[9]

Clinically, the patient demonstrated a disorganized communication pattern, difficulty maintaining attention, and poor insight — all of which are consistent with schizophrenia. While he recognized his condition as an "error in the head," he simultaneously insisted on the authenticity of his mystical experiences. This ambivalence is a characteristic of limited insight often found in schizophrenia and may be compounded by culturally reinforced narratives that legitimize such phenomenon.[10]

Psychodynamically, the patient exhibited paranoid personality traits and used projection as a defense mechanism. His attribution of bodily pain and emotional distress to "black magic" reflects externalization of internal conflict, a process that is both psychodynamically understandable and culturally reinforced in his sociocultural context. His identity as a *Melik* person may represent a culturally acceptable construct to explain and legitimize his abnormal experiences.[8,11]

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the diagnosis of schizophrenia requires at least two or more core symptoms — delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms — with at least one being delusions, hallucinations, or disorganized speech, persisting for a significant portion of a one-month period, with continuous signs of disturbance for at least six months. In this case, the patient met these criteria through organized and systematic delusions involving mystical themes, auditory hallucinations, and disorganized thought patterns observed over the past year.[9]

The treatment approach combined antipsychotic medication (risperidone) and supportive psychotherapy. Psycho education was delivered with cultural sensitivity, aiming to help the patient understand the nature of his illness without invalidating his spiritual worldview. This approach facilitated therapeutic alliance while gradually promoting insight into the pathological nature of some of his beliefs.[12] This case illustrates how cultural context shapes not only the presentation but also the interpretation of psychotic symptoms. Integrating cultural formulation, as suggested in DSM-5's Cultural Formulation Interview (CFI), can assist clinicians in making more accurate diagnoses and delivering culturally competent care. A thorough understanding of the patient's background is essential to distinguish between spiritual beliefs and psychotic symptoms, ensuring that interventions are both respectful and clinically effective.

IV. CONCLUSION

This case illustrates the profound influence of cultural beliefs on the manifestation and interpretation of psychotic symptoms in paranoid schizophrenia. Although the patient's delusions and hallucinations were embedded in culturally accepted narratives surrounding ancestral spirits and mystical experiences, the severity of functional impairment, loss of reality testing, and persistence of symptoms supported the diagnosis of schizophrenia based on DSM-5 criteria. Understanding and integrating cultural context into psychiatric assessment is essential to differentiate between normative cultural phenomenon and pathological psychotic experiences. Employing a culturally sensitive approach not only facilitates accurate diagnosis but also promotes therapeutic engagement and adherence to treatment. This case emphasizes the importance of utilizing tools such as the DSM-5 Cultural Formulation Interview to guide clinicians in delivering empathetic, respectful, and effective care for patients whose psychopathology is intertwined with local cultural beliefs.

REFERENCES

[1] Landra IKG, Anggelina KDI. Skizofrenia Paranoid Paranoid Schizophrenia. Ganesha Medicina Journal. 2022;2(1).

[2] Lam BYH, Hsu SSW. Psychological disorders. In: Psychology in Asia: An Introduction. 2024.

[3] Pastwa-Wojciechowska B, Grzegorzewska I, Wojciechowska M. The role of religious values and beliefs in shaping mental health and disorders. Religions (Basel). 2021;12(10).

[4] Al Hajiri AZZ, AS NA, Algristian H. Role of Religion and Spirituality in Managing Residual Schizophrenia: Article Review. International Islamic Medical Journal. 2022;3(1).

[5] Zaluchu MDL, Mudana IG, Sudira IP, Ardini NW. Implementation of Balinese Cultural Values to Increase Guest Satisfaction. International Journal of Glocal Tourism. 2021;2(4).

[6] Mangku DGS, Yuliartini NPR, Adnyani NKS. Indigenous Peoples 'Participation in the Management of Balinese Cultural Tourism. Legality: Jurnal Ilmiah Hukum. 2021;29(2).

[7] Kusumadewa BS, Mahardika IKA, Mulyati NP, Aryda LNT. Spiritual psychosis in a Balinese patient with cultural and religious influences. International journal of health & medical sciences. 2024 Nov 7;7(4):113–7.

[8] Grover S, Davuluri T, Chakrabarti S. Religion, spirituality, and schizophrenia: A review. Vol. 36, Indian Journal of Psychological Medicine. 2014.

[9] Vue NC, Gabor Q. Psychosis and Dhami-Jhankri: The Clinical Use of DSM-5 Cultural Formulation Interview in Understanding. Clin Schizophr Relat Psychoses. 2019;(aop).

[10] McLaughlin M, De Mamani AW. Cultural Issues in Caring for Patients With Psychosis. Psychiatric Times. 2022;39(6).

[11] Zay Hta MK, Ting RSK, Goh PH, Gan QH, Jones L. A systematic review on the cultural factors associated with stigma during pandemics. Current Psychology. 2024;43(14).

[12] Stępnicki P, Kondej M, Kaczor AA. Current Concepts and Treatments of Schizophrenia. Molecules : A Journal of Synthetic Chemistry and Natural Product Chemistry. 2018;23(8).

[13] Alarcon RD, editor. Cultural Psychiatry. Basel: Karger; 2013. 133 p. (Advances in Psychosomatic Medicine).

[14] Arti melik: Disenangi Bhatara, bisa terkena musibah – bagaimana cara menetralkannya? [Internet]. 2024 Mar 23 [cited 2025 May 17]. Available from: https://bali.tribunnews.com/amp/2024/03/23/arti-melik-disenangi-bhatara-bisa-terkena-musibah-bagaimana-cara-menetralkannya?page=all