DEVELOPMENT OF A CULTURE SPECIFIC (NIGERIA)
SCREENING SCALE OF SOMATIC COMPLAINTS INDICATING
PSYCHIATRIC DISTURBANCE

ABSTRACT. In a pre-study it was seen that somatization complaints formed the basis of
the distress of the mentally ill in Nigeria and there was need for somatic complaints to be
employed in evolving a psychodiagnostic system which would lead to a better understanding
of mental illness in Nigeria. In pursuit of this goal, some 65 somatic complaints were drawn
from protocols of patients treated at the Psychiatric Hospital, Enugu, from 1978–1981.
These complaints were administered in form of questions to 179 psychiatric patients and
349 students (normals) of the Institute of Management and Technology, Enugu. Forty-six
of the 65 complaints distinguished male normals from the psychiatric patients and 30 items
of the 65 distinguished the female normals from the female psychiatric patients at the 0.05
level or better. In a further step each subject was rated. A positive response to each of the
discriminant items was scored as one point. The mean, standard deviation and cumulative
frequency percentage of both groups were calculated. These values are recommended for
use in discriminating normals from the mentally ill in Nigeria. This study is seen as a first
step leading towards a much wider study involving somatizations in a psychodiagnostic
endeavor, as well as throwing more light into the problem of classification of psychiatric
disorders in Nigeria.

INTRODUCTION

Mentally ill patients in Nigeria and indeed in West Africa very often complain
of various types of somatic distress. These complaints are made independently of
the diagnosis of the mental illness and whether or not it is very acute. Examples
of such psychosomatic complaints are: heat in the head, crawling sensation of
worms and ants, headache, heaviness sensation in the head, biting sensation all
over the body, etc.

Various authors in Nigeria have described such symptoms as somatization
of emotional distress (Ayorinde 1977; Boroffka and Marinho 1963; Lambo
1963; Mbanefo 1966; Okhomina and Ebie 1973; Ebigo and Ihezue 1981, etc).
Ayorinde (1977) is of the opinion that “paraesthesia (whether heat in the head
or pain in the back or creeping feelings in the leg) is a valuable non-verbal
communication. It gives the psychiatrist some hint that his patient, who may
verbally deny any psychic distress, is actually under some unbearable psycho-
logical stress”. Indeed Pfeiffer (1978) mentions that the pictorical presentation
of somatic symptoms in West Africa can very often lead to a wrong diagnosis
such as hysteria or schizophrenia. Collomb (1961) tried to link these hypo-
chondriacal somatic complaints with “a genuine depressive state”.

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No study, as far as the author knows, has focussed on these somatic complaints in a diagnostic endeavor.

PRESTUDY

In an effort to understand the relationship between psychiatric complaints and diagnosis, the case notes of all the patients admitted to the Enugu Psychiatric Hospital from 1970–79 were scrutinized. It was found that over 50% of the case notes bore no diagnosis, not even a provisional diagnosis. For example, in 1972 a total of 991 patients were admitted for psychiatric treatment. Out of this number only 404 bore diagnostic labels while 586 had none; in 1974 a total of 960 patients were treated, out of whom only 243 bore diagnostic labels while 717 bore none. For 1976 a total of 1075 patients were treated out of which only 391 had diagnostic labels with 784 patients having no labels at all. Examining the case notes of those diagnosed, it was found that they bore such broad provisional and final diagnoses as neurosis, schizophrenia, psychosis or such descriptive labels as ‘brain-fag’, ‘toxic confusion’, ‘excitement’, etc.

In a second step the case notes of 50 patients with the diagnostic label “anxiety neurosis” were selected and their complaints listed as follows: Heat in the head and body, severe headache, profuse perspiration without adequate physical exercise, crawling sensation in the head and body, sensation of heaviness in the head, insomnia, loss of appetite, etc. A female undergraduate of Psychology (without psychiatric training) was instructed to select case notes of patients at the Psychiatric Hospital, Enugu, in which the above listed complaints featured alone or predominantly. To qualify for further consideration, a case note had to bear a final or provisional diagnosis. One hundred and sixteen cases notes which either bore a provisional or a final diagnosis were evenly selected from cases treated between 1970 and 1979. These case notes were scrutinized and their diagnostic labels were reproduced as they were in the case notes (see Table I).

It did not seem necessary to group such labels as ‘anxiety personality’, ‘anxiety state’, ‘anxiety depression’, etc., into one category. It was seen that various types of diagnoses were made from virtually the same complaints. From these studies the author has come to the conclusion that:

(a) To have an effective diagnostic instrument for discriminating normals from abnormals and categorizing groups of abnormals among themselves in Nigeria, psychosomatic complaints must form the basis of such an instrument.

(b) Virtually all psychiatric illnesses in Nigeria present with a standard core of paraesthetic or psychosomatic symptoms such as listed above. If these core symptoms are accompanied by irrational talk, hallucination and delusion, the illness is labelled schizophrenia. If the symptom bearer is a student who cannot study because of the symptoms, his illness is called ‘brain-fag’ (Prince 1960). If the patient loses appetite and weight he is called a depressive, etc.