ABSTRACT

The phenomenon of 'lost fetus' to orang bunian is quite commonly heard of in our culture. It may present in psychiatric settings and may potentially create confusion and difficulties in diagnostic and management aspects. A case of feigned full-term pregnancy followed by a pregnancy loss is described. This review emphasizes the need to recognize this phenomenon of ‘lost advanced pregnancy’ in context of the Malay belief. Possible etiological factors, diagnostic indicators of factitious disorder and management strategies are discussed. The possibility of cultural beliefs being used as psychological defenses is also discussed.

Keywords: lost pregnancy, orang bunian, Malay mystical belief, factitious disorder

CASE REPORT

S.U is a 43 year-old clerk referred for a psychiatric assessment by her employer for allegedly taking maternity leave without being able to produce evidence of delivery. She was seen four months after the so-called delivery. She described an experience of full term pregnancy and claimed to have maternity check-up at a particular maternity center. She claimed an ultrasound done at 30 weeks showed a female fetus. Interestingly her husband never witnessed her check-up sessions, even though he verified the signs and symptoms of pregnancy in her such as morning sickness, increased appetite, weight gain, amenorrhoea, and increasing abdominal distension.

S.U later experienced a spiritual event few days before her supposed due date. She was first, visited by an unknown lady preparing her for delivery and later had a dream of a man telling her that she had lost her baby. Her husband sent her for an ultrasound following her concern about the lost baby. The ultrasound film showed non-pregnant uterus. Her husband could not detect any sudden changes in her abdominal size, as she was an obese person. She believed her baby was taken away by orang bunian. Interestingly, her husband, relatives and
The possibility of psychosis was also considered in trying to explain whether she is experiencing delusion of pregnancy. In such case, she should have reacted to it by seeing the doctors and argue with them when told otherwise. She did not have to create evidences to convince others that she was really pregnant. That she was going out of her way to convince others was because she herself was fully aware that she was not pregnant. This has excluded delusion. Furthermore, the belief that her pregnancy loss is caused by a spirit is shared by her husband and relatives. It is still a belief among some Malays that the developing child is vulnerable to evil spirits including orang bunian (3). It is recognized more as cultural belief rather than delusion. There is also clearly no other form of psychosis noted as evidenced by the absence of thought disorder, perceptual disturbances or disorganized behavior. She has been noted to be mentally healthy prior to this event.

Discussion

Establishing a diagnosis has been of central importance in the management in this lady. The feigned ‘pregnancy' could be considered as a form of 'somatization' called pseudocyesis. Somatization occurs when a person is trying to communicate the underlying psychological distress with somatic symptoms (1). Pseudocyesis in particular is described in DSM-IV as ‘Somatoform Disorder Not Otherwise Specified' when there is a false belief of being pregnant without the objective signs of pregnancy (2). This condition can occur in the absence of conception; the menstrual periods nevertheless ceased, the abdomen becomes enlarged and the woman may report sensation of fetal movements (2, 3). However, this condition is less likely in this patient as investigations reveal no evidence of medical contact related to her ‘pregnancy', which is typical in this diagnosis. Pseudocyesis rarely reaches advanced stage of pregnancy or delivery.

Her mental status was stable with no features suggestive of grief or depression. She has no explicit thought abnormality or perceptual disturbance. She was overtly concerned and angry with the investigations about the ‘pregnancy’ and the ‘lost fetus’. She did not show expected grief reactions towards the supposedly lost precious baby. The physical examination revealed no evidence of recent pregnancy except for obese abdomen. No clinical evidence was found to suggest any underlying gynecological problem.

She denied any past psychiatric or medical history. She was brought up in a family environment, which adopts strong beliefs of orang bunian. She completed secondary school, secured a job as a telephone operator and was able to maintain the job and get promoted. She was quite a shy person. She perceived herself as an unattractive person and had an arranged marriage at the age of 37. She received pressure from her husband and relatives to have children and in response she was hoping to conceive as soon as possible.

Traditional healers also shared the belief. She then took maternity leave for two months until her employer started an investigation on her for being absent from work without any evidence of delivery.
There are evidenced in this case that indicates the presence of factitious disorder. First, the discrepancy between her claims and investigative findings which suggest that the pregnancy was feigned. For example, the details of her pregnancy were inconsistent and showed that the pregnancy was deliberately and intentionally created to convince others that she was pregnant. In this process, she made few basic mistakes which were in accord with her educational level and personal experiences. Secondly, there were many reasons for the need to feign the pregnancy in this lady. In her condition, pregnancy serves as a way to gain attention and sympathy from her husband and relatives. This could be in consequence of a threatened loss of both woman's role and her marriage. A common cultural phenomenon was being used to explain the mysterious events. She was sure that the phenomenon of 'losing her baby' through this mysterious way would be well accepted by her husband and relatives knowing it was within their cultural belief system. Thirdly, factitious disorder is also considered after the exclusion of medical or other major psychiatric conditions.

However, there were few atypical presentations of factitious disorder in this lady. First, the symptoms that she intentionally produced were not illnesses and she herself did not regard those symptoms as an illness. Secondly, she did not want to be cared for in a hospital and was not eager to undergo further medical investigations. She was not suffering from any underlying personality disorders, had no history of child abuse and no desire to deceive or to test authority figures and no wish to assume the role of a patient which were typically described in this condition. (2, 4).

There is also a possibility of malingering. However, she clearly did not have anything external incentives to gain (5). There was no evidence to show that she was trying to escape from work duty or facing any criminal prosecution. The maternity leave that she took was more to convincing others that she was really pregnant. She knew that the faked pregnancy would not entitle her for any financial compensation through insurance claims, lawsuits, or workers' compensation. Her feigned pregnancy was also not meant to reach doctor's attention or prescription. Furthermore, she did not have any antisocial attitudes and behaviors (antisocial personality) which were typical in malingering (2, 4).

Some patients have only one or two episodes of factitious disorders while others develop a chronic form that may be lifelong. Even though successful treatment of the chronic form appears to be rare, psychotherapeutic intervention and medication such as antidepressant or antipsychotic have been useful in certain cases (6,7). In this lady, the focus of long-term psychotherapy is to assist her in handling all the fears with more adaptive coping. The use of medications is not indicated as there are no clear cut depressive or psychotic features. Further gynecological assessment would certainly improve her insight toward the chances of her getting conceived. The medical report that was sent to her employer explaining her underlying psychological problems has enabled her to return to work. The phenomenon of orang bunian stealing or abducting human baby remains as one of the many interesting psycho-cultural issues in the
Malaysian context that needs further understanding.

Su's clinical picture illustrates a conflict of intellectual conception between science and superstition among the Malays regarding this phenomenon. Even though this phenomenon is commonly reported in tabloid magazines and newspapers in the Asian regions, there has been not much discussion regarding this cultural phenomenon. One of the reasons could be the common claim about the so-called pregnancy being validated by medical professionals has never been challenged. This phenomenon probably occurs more commonly among housewives, which does not involve occupational consequences as it happens in this case.

By understanding Su's cultural belief, the development of Su's symptoms can be explained. It also helps to develop emphatic therapeutic relationship with Su and minimize negative counter-transference.

REFERENCES


* Department of Psychiatry, UKM

Correspondence:

Dr. Ruzanna ZamZam
Department of Psychiatry
Faculty of Medicine
Jalan Yaakob Latiff
56000 Cheras
Kuala Lumpur
E-mail: ruzanna@mail.hukm.ukm.my