

Case Study

Understanding Schizophrenia: A Case Study

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ABSTRACT

Schizophrenia is characterized mainly, by the gross distortion of reality, withdrawal from social interaction, disorganization and fragmentation of perception, thoughts and emotions. Insight is an important concept in clinical psychiatry, a lack of insight is particularly common in schizophrenia patient. Previous studies reported that between 50-80% of patients with schizophrenia do not believe, they have a disorder. By the help of psychological assessment, we can come to know an individual's problems especially in cases, where patient is hesitant or has less insight into illness. Assessment is also important for the psychological management of the illness. Knowing the strengths and weaknesses of that particular individual with psychological analysis tools can help to make better plan for the treatment. The present study was designed to assess the cognitive functioning, to elicit severity of psychopathology, understanding diagnostic indicators, personality traits that make the individual vulnerable to the disorder and interpersonal relationship in order to plan effective management.

Keywords: *Assessment, Cognitive functioning, Personality, Psychopathology, Schizophrenia*

Schizophrenia is a chronic disorder, characterized mainly by the gross distortion of reality, withdrawal from social interaction, and disorganization and fragmentation of perception, thought and emotion. Approximately, 1% world population suffering with the problem of Schizophrenia. Both male and female are almost equally affected with slight male predominance. Schizophrenia is socioeconomic burden with suicidal rate of 10% and expense of 0.02-1.65% of GDP spent on treatment. Other co-morbid factors associated with Schizophrenia are diabetes, Obesity, HIV infection many metabolic disorders etc.

Clinically, schizophrenia is a syndrome of variables symptoms, but profoundly disruptive, psychopathology that involves cognition, emotion, perception, and other aspects of behavior. The expression of these manifestations varies across patients and over the time, but the effect of the illness is always severe and is usually long-lasting. Patients with schizophrenia usually get relapse after treatment. The most common cause for the relapse is non-adherent with the medication. The relapse rate of schizophrenia increases later time on from 53.7% at 2 years to

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74%–81.9% after 5 years, if treatment were not performed adequately. The clinical presentation of schizophrenia includes four separate sets of symptoms or behaviors: delusions, hallucinations, thinking/discourse disorder, and negative symptoms. Emotional intelligence is the indicator of mental wellness, which schizophrenic patient mostly feels impaired.

The schizophrenia is a chronic mental illness, which, due to its severity, often poses a problem for the individual-patient, his or her family and a wider community, a whole social core. This illness poses a threat, causing difficulties in the functioning of the individual, within one or more segments of the individual's life. Therefore on-time evaluation and counseling is very important.

Schizophrenia and assessment:

Schizophrenia is a very complex disorder with a range of symptoms such as deteriorating grades or quality of work, withdrawal from family and friends, moodiness, suspicion, anxiety, fear, aggressiveness, changes in personal care and hygiene, which causes concern, lack of interest and motivation, loss of feeling or emotions. An essential step during the assessment period is to identify clear cut symptoms, which may exist and come to an accurate diagnosis. Some conditions may need to be ruled out before deciding on a formal diagnosis of schizophrenia. This kind of complex assessment will involve a range of specialists including psychiatrists, psychiatric nurses, social workers and psychologists. It may take a number of days for fully understand the disorder. The role of each specialist is unique. The assessment needs to provide as complete picture as possible, so that treatment can be perfectly fitted to the individual. The clearer would be the picture the better would be the recovery. Assessments must also be ongoing throughout a person's life. Some tests need to be repeated regularly as a way of keeping track of overall health and wellness.

Rational for the study:

Lack of insight is the most prevalent symptom in schizophrenic disorders, and it also occurs more frequently in schizophrenia than in other psychotic disorders, such as depressions. One of the most important consequences of lack of insight is a failure to recognize the need for treatment, leading to treatment non-adherence. By the help of psychological tests, we come to know an individual's problems especially in cases where patient is hesitant or has less insight into illness. We can also draw an inference about the severity of the problem, the complexity of the problem and the degree of impairment in the patient's socio-occupational functioning due to illness, this is most important especially, in the psychological management of the illness.

The present study was designed to assess the Cognitive functioning, to elicit severity of psychopathology, understanding diagnostic indicators, personality traits that make the individual vulnerable to the disorder and in order to plan effective management.

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Study design:

Participant: The assessment was carried out with 30 year old, Hindu, unmarried male, pursuing for MD pathology from higher socio-economic status hailing from urban Bihar with nil contributory of family history, past history of mental illness in his mother and elder brother but diagnosis was not clear due to lack of information. Pre-morbid personality was not well adjusted with insidious onset, course continuous and progress deteriorating with predisposing factor, continued stressors in the form of torture for stammering by his classmate. Came here with the chief complaints of delayed language milestones, difficulty in speaking from age of 4 years, withdrawn, behavior from 2004, suspicious attitude and anger outbursts from 2011. Impact of illness present on the patient social, personal and family adjustment.

After taking detail history about the patient illness psychologist has found that there is no hearing of voices, seeing things no one else can see, smelling odors others can't, sadness, decreased energy, loss of interest in surroundings, reduced concentration and attention, suicidal thoughts, increased talkativeness, increased psychomotor activity, increased spending beyond means, racing thoughts, excessive worry, feeling anxious, restlessness, racing heart, sweating, shortness of breath, sense of doom, checking, cleaning, organizing, rituals, obsessive thinking, counting, nightmares, flashbacks, startle response, fear of spiders, heights, planes.

Psychological tests for establishing Schizophrenia:

Since the history and behavioral observation did not reveal a clear cut diagnosis and due to some peculiarities in his pre-morbid personality, there is a need to assess his personality and also for formulating the appropriate management plan, the following tests were used.

Rationale 1: To assess Cognitive Functioning.

- **Eysenck's Series of Digit Span Test (ESDST)**-Index patient has adequate level of attention and concentration.
- **Bender Visual Motor Gestalt Test (BVMGT)**-Test findings show no dysfunction in Visio-motor coordination. Qualitative Interpretation shows: Closure Difficulty-Emotional disturbance, difficulty in interpersonal relationship, Schizophrenia. Excessive Margin-Anxiety, inadequacy feeling with efforts at self-mastery. Placement of design in upper left hand corner - Anxiety, timidity. Irregular sequence- Inadequate impulse control. Difficulty with angles-Emotional lability.

Rationale 2: To elicit psychopathology, diagnostic indicators, and personality traits interpersonal relations to plan management.

(A). Objective Tests:

- **Minnesota Multiphasic Personality Inventory-2 (MMPI-2):** Test findings suggest that profile is valid and interpretable. He might be rebellious toward authority figures. He blames family members for difficulties. He might be impatient and has limited frustration tolerance. He might be impulsive and due to this strives for immediate gratification of

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impulses. He also has a sarcastic and suspicious attitude. Feels alienated, misunderstood, and unaccepted. He does not feel part of his environment. He may be confused, disorganized and disoriented. Feels resentful, hostile and aggressive. He feels insecure, inferior, incompetent and dis-satisfied. Typically responds to stress by withdrawing into daydreams and fantasies. He is very insecure and uncomfortable in social situations. He feels more comfortable alone or with a few close friends. He is quite over-controlled and not likely to display feelings openly.

- **Harris Lingoes Sub scales of MMPI-2-** revealed that he might be resentful towards societal and parental standard and customs, thus having trouble with the law. He may feel uncomfortable and unhappy. He may have problems of concentrating. Feels that other people do not understand him. Feels depressed and in despair, tends to be restless, hyperactive and irritable, and may be experiencing unusual thought content.
- **Personality Psychopathology Five Scales (PSY-5) of MMPI-2:** Indicate that he might have delusions of reference, may feel alienated. He may also experience disconnection from reality, has few or no friends. He might be verbally and physically aggressive, and may often use this aggression to dominate and control others.

(B). Projective Tests:

- **Draw A Person Test (DAPT):** Test findings reveals, patient might have masculine inadequacy, psychotic tendency, felt lack of status and low self-esteem. Maternal dependence, somatic pre occupation problem with control of anger anxiety, insecurity aggression, regression sexual inadequacy, pre occupation with sex compensation for felt weakness, guilt dependent, oral erotic oral aggressive, simple schizophrenia sexual role conflict, assertiveness, auditory hallucination, ideas of reference, paranoid tendency, Schizophrenia paranoid grandiosity, manic tendency externalized aggression, paranoia.
- **Sacks Sentence Completion Test (SSCT):** Test findings indicate severe conflict in the area of interpersonal, in the subarea of superior at work and school, Colleagues at work and school and self-area in the sub area of Fears, Guilt feeling, Own abilities.
- **Object Sorting Test (OST):** Test findings indicate there are criteria met singular, disjointed, and peculiar-an unrealistic use of an object, Fused-use a single concept to explain the group of object sorted. Impoverished-poverty of association, Cumulative Active, cumulative passive, which indicate that presence of thought deviance.
- **Rorschach Inkblot Test:** He might be experiencing some distress. He might be apparently under considerable situational related stress, this impact on his overall functioning. It signifies something about the processing effort and strategy. He might be experiencing more seemingly random disconnected pattern of thinking than is customary, these are usually provoked by the presence of more ungratified needs. He seems to have excessive internalization of feeling and he would prefer to externalize, leading to anxiety. This person may be striving to accomplish more than reasonable in light of his current resources, which increases the probability of failure to achieve objectives, leading to experience of frustration. He is very guarded and mistrustful and tries to minimize involvement with any perceived ambiguity. He has significant mediational impairment and impaired reality testing. He seems to be prone towards unconventional behavior, which is most likely to be induced by forms of mediational dysfunction and problems in reality

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testing. He might have significant disorganization in cognitive processing, which is typical of schizophrenia. His thinking may tend to be disorganized, inconsistent and is frequently marked by flawed judgments. Sometimes this may be accompanied with bizarre conceptualizations, a mistrusting attitude towards environment and an extreme concern with safeguarding personal integrity. He also has significant ideational impairment. He seems to have introversive style and prefers to keep his emotions aside during problem solving. He also tends to delay initiating any behavior, until; he has had time to consider various options. He seems to rely more on internal evaluation rather than external feedback. He seems to be inhibiting the release of emotion much more frequently than do most people. He seems to deny the presence of irritating unpleasant emotions by substituting them with inappropriately positive emotions. He seems to have persistent difficulty with the modulation or control of emotions. He tends to be much more involved with himself than are most others. Negative features in self-concept that promotes a pessimistic view of self. Unusual body concern about body and self-image. He is usually interested in positive interactions, but his interactions tend to be marked by aggressive forms of exchange. He seems to have more dependency behavior. He seems to more defensive in interpersonal situations.

Positive findings:

ESDST	DF=5, DB=4
BVMGT	Raw score=6, Z=42.
MMPI-II HHarris Lingos Subscales	VRIN=75, TRIN=79, Psychopathic Deviate (Pd)=74, Schizophrenia (Sc)=72, Social Introversion (Si)=69 Authority problem=84, Self Alienation=66, Social alienation=68, Emotional alienation=69, Lack of ego mastery, Defective inhibition=68, Bizarre sensory experiences=70
SSCT	Interpersonal area=11, self-area=21.
OST	Grand total weight score=4 criteria met=4
DDAPT	Area depicted as broken, cut, damaged, body distortion, disheveled, unkempt figure. buttons in mid line, collar tight, broken line, finger long, foot phallic, hand large, mouth open, teeth shown, opposite sex drawn first, hair emphasis, ear emphasized or enlarge, bizarre feature, large centre figure, eye emphasized.
Rorschach	Eb=4:1, FM=7, SumC'=2, D=0, W:D:Dd=8:3:5, W:M=4:3, XA%=0.56, WDA%=0.63, X%=0.44, X+%=0.50, PTI=5, EB=6:1.5, Lambda=0.45, MOR=2, WSum6=21, HVI=2, EII=1.8, SumC':WSumC=2:1.5, CP=1, Afr=0.77, Egocentricity Index=0.56, An+Xy=4, COP=2, AG=2, FOOD=1, PER=2
IPDE	Criteria met=5,
PANSS	Score=68. Positive score=18, Negative score=18, general psychopathology=32, composite index score=0
SPQ	Score=43, Domain, Cognitive perceptual=21, interpersonal=16, disorganized=5.
BDI	Score=10

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Scales administered

Rationale: To assess the severity of psychopathology

- **International Personality Disorder Examination (IPDE):** As per the patient, there is a probable diagnosis of schizotypal personality and avoidant personality. As per the informants is schizotypal personality.
- **The Positive and Negative Syndrome Scale (PANSS):** Test findings indicate that presence of positive and negative symptoms.
- **Schizotypal Personality Questionnaire (SPQ):** Test findings indicate presence of schizotypal trait. Problem in cognitive perceptual which include ideas of reference, odd beliefs, unusual perceptual experiences, paranoid ideas.
- **Beck Depression Inventory (BDI):** The patient's responses were scored, which indicated presence of mild depression.

Diagnostic indicators:

- Vigilant, mistrust of others and suspiciousness (Rorschach, MMPI, DAPT, IPDE, SPQ, PANSS).
- Thought deviance, significant mediational impairment, poor reality contact. (Rorschach, MMPI, OST, SPQ).
- Aggressive and problem with affective modulation (Rorschach, DAPT, MMPI).
- Poor interpersonal relationship (MMPI, Rorschach, BVMGT).
- Conflicts related to self (DAPT, SSCT).

DISCUSSION

Index patient has fair level of attention and concentration as well as visual motor coordination. He might be having lack of feeling and empathy, hostile towards others, sensation seeking, and liking odd and unusual things. He might be apparently under considerable situational related stress; this impacts his overall functioning. He might be rebellious toward authority figures, which leads to blames family members for any difficulties and result for poor interpersonal relationship. He might be having lack of impulse control due to this strives for immediate gratification of impulses. He seems to have excessive internalization of feeling and he would prefer to externalize, leading to anxiety. He seems to have excessive internalization of feeling and he would prefer to externalize, leading to anxiety. He seems to have persistent difficulty with the modulation or control of emotions. He has negative features in self-concept that promotes a pessimistic view of self. He also feels insecure, inferior, incompetent and dissatisfied because of this he feels that other people do not understand him and feels uncomfortable in social situations. He might be having feeling of restless, hyperactive and irritable, and may be experiencing unusual thought content which leads to presence of thought deviance. His thinking may tend to be disorganized, inconsistent and is frequently marked by flawed judgements. Sometimes this may be accompanied with bizarre conceptualizations, a mistrusting attitude towards environment and an extreme concern with safeguarding personal integrity. Also he has significant mediational impairment and impaired reality testing.

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Psychological testing gives the test profile of the individual. The basic purpose of psychological assessment revolves around prediction and diagnosis. Whether a diagnosis, can be based on the psychological report of a patient remains an area of dispute. Indeed a psychological report gives the diagnostic indicator of a patient. Some people such as, William H. Hunt particularly stressed upon the diagnostic value of psychological tests. He said that “Diagnostic testing is one area where the peculiar and unique competence of the clinical psychologist is accepted by his colleagues in the clinical team”. Still, the diagnosis of patient is seldom based upon the psychological assessment report as most of the psychological tests are based on psychological constructs and not upon the diagnostic systems such as the DSM or ICD.

CONCLUSION

Test findings indicate presence of poor reality contact, thought deviance, suspiciousness and poor interpersonal relationship, suggestive of features of schizophrenia. These are some prognostic factors, which are the predictor for the disorder. The good prognostic factor is patient has adequate family support and the bad prognostic factor are the long duration of illness and poor insight of the patient.

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REFERENCE

- Aaron T. Beck, Neil A. Rector, Neal Stolar, Paul Grant: *Schizophrenia: Cognitive Theory, Research, and Therapy*; Guilford Press, Oct 29, 2008
- Anastasi, A., Urbina, S. (2005). *Psychological Testing* (7thed.). Delhi: Person Education, 18-145.
- Chong HY, Teoh SL, Wu DB, Kotirum S, Chiou CF, Chaiyakunapruk N. *Global economic burden of schizophrenia: a systematic review*. *Neuropsychiatr Dis Treat*. 2016 Feb 16;12:357-73
- D. Robinson, M. G. Woerner, J. M. Alvir et al., “Predictors of relapse following response from a first episode of schizophrenia or schizoaffective disorder,” *Archives of General Psychiatry*, vol. 56, no. 3, pp. 241–247, 1999.
- Giffen, Martin B., James A. Kenny, and Theodore C. Kahn. "Psychic ingredients of various personality types." *American Journal of Psychiatry* 117.3 (1960): 211-214.
- J. D. Mayer, P. Salovey, and D. R. Caruso, Mayer-Salovey Caruso; *Emotional Intelligence Test* (MSCEIT) User’s Manual, MHS, Toronto, Canada, 2002
- Jleff, N, Sartorius, A, Jablensk Y, A Korten A: D G, Ern Berg, The International Pilot, Study of Schizophrenia: five-year follow-up findings. *Psychological Medicine*, 1992,22, 131-145.

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- Maruish, M. E. (1999) *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment*. Pp. 1083 (Lawrence Erlbaum Associates, 1999)
- Mayoclinic, *Schizophrenia Symptoms Causes*, Available at <http://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/dxc-2025319>.
- Salokangas RK: Medical problems in schizophrenia patients living in the community (alternative facilities). *Curr Opin Psychiatry*. 2007 Jul;20(4):402-5.
- Susana Ochoa, Judith Usall, JesúsCobo, Xavier Labad, and Jayashri Kulkarni; Gender Differences in Schizophrenia and First-Episode Psychosis: *A Comprehensive Literature Review*, Volume 2012 (2012), 9.
- T. S. S. R. Group, "The Scottish first episode schizophrenia study VIII. Five-year follow-up: clinical and psychosocial findings," *British Journal of Psychiatry*, vol. 161, pp. 496–500, 1992.

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