

Psychological Dynamics of a Male Child Patient with Paranoid Schizophrenia Symptoms

Margaretha Oktaviana Suryaningrum¹, Fitriana Maghfiroh²

¹ Universitas Negeri Surabaya, Surabaya, Indonesia

² Universitas Negeri Surabaya, Surabaya, Indonesia
fitrianiamaghfiroh@unesa.ac.id

Abstract: Paranoid schizophrenia is one of the variants of schizophrenia characterized by the dominance of paranoid symptoms, such as delusions often related to suspicion or threats from others, and it may also be accompanied by auditory hallucinations, which involve hearing voices that are not present. Paranoid schizophrenia, according to PPDGJ, is a subtype of schizophrenia marked by the presence of dominant delusions or auditory hallucinations. Delusions commonly observed in paranoid schizophrenia may include mistrust, suspicion, or the belief that the individual is in danger or being attacked by others. These symptoms can trigger a tendency for the individual to become obsessed with these negative thoughts or beliefs, which in turn can affect their behavior and social interactions.

Keywords: Schizophrenia, Schizophrenia Paranoid, Study Case, Psychological Dynamics, Medical Treatment

1 INTRODUCTION

According to the Guidelines for Classification and Diagnosis of Mental Disorders (PPDGJ), paranoid schizophrenia is one variant of schizophrenia characterized by the dominance of paranoid symptoms, such as delusions often related to suspicion or threats from others, and it may also be accompanied by auditory hallucinations, which involve hearing voices that are not present. Paranoid schizophrenia, according to PPDGJ, is a subtype of schizophrenia marked by the presence of dominant delusions or auditory hallucinations. Delusions commonly seen in paranoid schizophrenia may include mistrust, suspicion, or the belief that the individual is in danger or being attacked by others. These symptoms can trigger a tendency for the individual to become obsessed with these negative thoughts or beliefs, which in turn can affect their behavior and social interactions. It is important to note that the diagnosis of paranoid schizophrenia should be made by a qualified mental health professional, such as a psychiatrist or psychologist, through careful observation and evaluation of the symptoms experienced by the individual. This article employs case study as a qualitative research method. The case study approach is chosen to gain an in-depth understanding of the phenomenon under investigation by examining specific cases within a relevant context. This approach allows for a detailed analysis of the dynamics, challenges, and solutions in real-world situations related to the research topic. Data is collected through various techniques such as in-depth interviews, observations, and document analysis to provide a comprehensive and contextual view of the case being studied.

In paranoid schizophrenia, individuals often experience paranoid delusions, which are false beliefs that certain people or entities are trying to harm or control them. They may also have auditory hallucinations, such as hearing voices that are not present, often related to paranoid themes. However, intellectual and cognitive abilities are usually preserved in paranoid schizophrenia, allowing individuals to lead relatively normal daily lives. Nevertheless, proper medical treatment and therapy are still necessary to manage symptoms and improve the individual's quality of life (Landra & Angelina, 2022). In the subject's case, the axis has not yet fully developed because the subject is under 18 years old. Therefore, even though the subject shows symptoms of hallucinations and delusions, a definitive diagnosis cannot be established yet, and axis 2 notes "dd (symptoms) of paranoid schizophrenia."

2 MATERIALS AND METHODS

Qualitative data analysis technique is a research method that focuses on collecting and processing data, such as texts, interviews, observations, and visual artifacts to explore and understand the meanings, concepts, characteristics, and social phenomena from various perspectives. In contrast to quantitative analysis that relies on numbers and statistics, qualitative analysis focuses more on an in-depth understanding of the context and subjective nuances of the data collected.

Below is the identity data of client EPL :

Name	:	EPL
Place/Date of Birth	:	Surabaya / September 28, 2010
Age	:	13 years
Gender	:	Male
Ethnicity	:	Javanese
Religion	:	Islam
Last Education	:	Elementary School
Occupation	:	Student
Marital Status	:	Single
Address	:	Rungkut
Sibling Order	:	1 of 2 siblings
Hobbies / Interests	:	Listening to music, cooking, playing games
Purpose of Examination	:	Psychological Evaluation
Location	:	Psychology Clinic
Examination Dates:	:	April 19 and 22, 2024
Examiner:	:	Margaretha Oktaviana Suryaningrum

3 RESULTS

The subject was diagnosed with schizoaffective type depression with symptoms of paranoid schizophrenia and recurrent depressive disorder, current episode severe with psychotic symptoms. Typical personality disorders lead to Borderline along with a history of increased body temperature above normal as a child and disorders in the digestive system, namely gastric ulcers. The subject's condition worsened due to the death of his mother. GAF Scale during the initial examination was included in severe disability in communication and judgement and almost did not function in all areas, then after 1 year GAF decreased to moderate symptoms and moderate disability.

Subject assessment was conducted twice. The first was on Friday, April 19, 2024 at 09.00-11.30 WIB and the second was on Monday, April 22, 2024 at 10.00-12.00. Activities in the first meeting, namely: 1) CFIT 2 Psychological Test 2) BAUM and DAP Graphic Tests 3) FSCT. The above test activities aim to determine the development of the subject. After the psychological test is completed, it is continued with interviews and observations with the subject and significant other (the client's biological father). Before taking the FSCT test, the subject felt a headache or dizziness due to the influence of the drugs he was taking so the test was postponed until April 22, 2024. The activities in the second meeting aimed to dig deeper into the subject's data and continue the FSCT psychological test because the subject felt dizzy when working on the FSCT on April 19, 2024 and to dig deeper into the subject's information and background.

Data was obtained through identification of medical records, observation, and interviews with subjects and significant others (client's biological father).

The subject's family situation was initially still going well. The subject's father and mother were married in a secret marriage and then officially married when the subject was one year old. Although at first the subject's mother did not get the blessing of her family, namely her mother and younger sibling, the subject's parents still decided to keep the marriage. The subject's mother's family was also reluctant if the subject's father visited their house just to establish family ties. Therefore, the relationship between the subject's father and his wife's family was not good. The subject was closer to his mother than to his father because the intensity of the meeting was uncertain. Sometimes it could be once every two months or once every two weeks, and so on because of the need to work outside the city as a trader. In addition, the subject's father also had a strict and disciplined nature, in contrast to his mother who was loving and kind, making the subject more comfortable being around his mother. The subject and his family lived in a house that had not been inhabited for 8-9 years so that it became haunted. He lived there from when he was a baby until he was 2-3 years old.

In the social environment, the subject is known to like drinking hard liquor, such as Balinese arak for the first time as much as 6-8 small glasses since 2023. Then the second time around 3-4 months ago he drank Singaraja as much as 10 small glasses so that his digestion was sensitive and caused stomach ulcers. Singaraja is a traditional Balinese beer that consists of fermented grapes or local beer that has a bitter taste with a low alcohol content. In addition, the subject also likes to drink tea 2-3 times a day, if drinking coffee is considered rare, once a week. The subject has also committed acts of stealing his aunt's money and causing unrest by pointing a knife at his neighbors if he feels threatened, especially when his neighbors tease him that he suffers from mental illness. Since 6th grade of elementary school until the beginning of junior high school, the subject smoked 1-2 cigarettes a week for about 3 months. As the age increases, the subject is used to finishing 1 pack of cigarettes for 2 days. The cigarettes used are usually those with a candy-like sensation, for example LA Purple and Carmen.

4 DISCUSSIONS

In paranoid schizophrenia, individuals often experience paranoid delusions, which are false beliefs that a person or entity is trying to harm or control them. They may also experience auditory hallucinations, such as hearing non-existent voices, which are often associated with paranoid themes. However, intellectual and cognitive abilities are usually preserved in paranoid schizophrenia, allowing individuals to live relatively normal daily lives. However, proper medical care and therapy are still needed to manage symptoms and improve the individual's quality of life (Landra & Angelina, 2022). In the subject's case, the axis has not been fully formed because the subject is still under 18 years old. Therefore, although the subject's hallucinations and delusions are visible, the diagnosis cannot be confirmed and axis 2 includes the description of dd (symptoms) of paranoid schizophrenia.

Social Psychoanalytic Theory by Karen Horney suggests that social and cultural factors, especially childhood experiences, have an important influence in shaping an individual's personality. Lack of affection and attention during childhood can result in basic hostility toward parents, which can then lead to basic anxiety. Horney explains that individuals tend to develop defense mechanisms to deal with basic anxiety through interactions with others. Horney believed that every individual is born with the potential to develop, and a supportive environment, including genuine acceptance and love, is needed to create feelings of security and satisfaction. An environment that meets these needs will allow individuals to express their true identity (real self). However, in reality, the ideal environment is often not achieved due to various limitations or inabilities of parents. This dissatisfaction can result in children feeling insecure and dissatisfied. Although they may not directly show hostility toward their parents, these feelings can become internalised and unconscious, which can then produce basic anxiety, leading to feelings of isolation and helplessness. Basic anxiety and hostility are interrelated and can reinforce each other, ultimately contributing to neurosis. Humans develop defence mechanisms to cope with this anxiety. Horney initially identified three general ways in which humans cope with neurotic tendencies: 1. approaching, 2. resisting, or 3. distancing (Feist, 2017).

Social and cultural factors, especially childhood experiences, have a significant impact on shaping an individual's personality. Lack of affection and attention in childhood can lead to the development of basic hostility towards parents, which can then lead to basic anxiety. This is also the case with EPL, from childhood to adolescence he was not very close to his father figure because the frequency of meetings was uncertain due to work, and he was also abandoned by his mother, which made him even lonelier. EPL needs a figure who makes him not lonely, so he looks for it in his social environment.

1. Horney's Neurotic Needs Horney suggested that there are ten neurotic human needs to combat the anxiety that exists in him, namely:

a. The neurotic need for affection and approval :

It means the need for affection and acceptance. EPL subjects want a sense of compassion and acceptance from his family, but what he hoped for has not been fully fulfilled

Because his mother died followed by other family members. EPL fathers strive to meet these needs,

But the subject harbours hatred as well as affection for his father. Hate stems from alleged EPL that his father had tried to hurt his mother, even though at that time EPL's father wanted to help his mother to heal, feeling pity comes from the fear of losing because currently EPL's father is suffering from a heart attack. Because a symptomatic disease of schizophrenia, EPL is ridiculed by his friends and is poorly accepted by other family members.

b. The neurotic need for a powerful partner:

The subject has low self-confidence due to his shortcomings, so he tries to get closer to friends who he considers to have a strong position or influence on him. However, in the end the subject chooses the wrong social environment, for example, he likes to drink alcohol and smoke.

c. The neurotic need to restrict one's life within narrow borders :

The subject does not really like to stand out and has a way of life like most people, even though the subject has schizophrenia.

d. The neurotic need for power :

The need for power. It is known that the subject does not really care about this need.

e. The neurotic need to exploit others :

The need to take advantage of others for personal gain. It is known that the subject does not really care about this need.

f. The neurotic need for social recognition or prestige :

The need for social recognition or prestige. It is known that the subject does not really care about this need.

g. The neurotic need for personal admiration :

The need to be amazed at oneself. It is known that the subject does not attach much importance to these needs and on the contrary, the subject tends to have a lack of self-confidence.

h. The neurotic need for ambition and personal achievement :

The need for personal ambition and achievement. It is known that the subject does not attach much importance to this need.

i. The neurotic need for self-sufficiency and independence :

The need for independence and freedom. The subject has the tendency to want to be free, for example playing with friends without knowing the time and following bad habits of his friend to smoke and drink alcohol.

j. The neurotic need for perfection and unassailability :

The need for perfection and the impossibility of error. It is known that the subject does not attach much importance to this need.

5 CONCLUSIONS

Karen Horney's Social Psychoanalysis theory posits that social and cultural factors, particularly childhood experiences, play a crucial role in shaping an individual's personality. A lack of love and attention during childhood can lead to feelings of hostility towards parents (basic hostility), which may then give rise to basic anxiety. There is a significant role played by the social environment, including both family and peer interactions. The subject has experienced repeated losses, which have contributed to their worsening state, and there are also influences from genetic factors as well as interactions with friends. Psychoeducation, family interventions, cognitive behavioral therapy (CBT), and rehabilitation are provided to patients and their families. The goal is to increase their understanding of symptom recognition, symptom management, treatment (including goals, benefits, and side effects), as well as to improve coping skills, improve communication among family members, build social support, and improve skills in dealing with daily problems.

ACKNOWLEDGEMENTS

The author would like to extend heartfelt thanks to all those who contributed to this research. Special thanks are also given to the lecturer who played a crucial role in facilitating participation in this scientific activity, as well as for the valuable discussions and guidance throughout the research process. Additionally, the author is grateful for the support from family and friends.

REFERENCES

- Alwisol. (2019). *Psikologi Kepribadian: Edisi Revisi*. UMM Press
Feist, J., Feist, G. J., & Roberts, T.-A. (2017). *Teori kepribadian (8th ed.)*. Salemba Humanika.
Landra, I. K. G & Angelina, K. D. I. (2022). SKIZOFRENIA PARANOID PARANOID SCHIZOPHRENIA. *Ganesha Medicina Journal*, 2(1) , 66 – 71.

Maslim, Rusdi. (2013). *Diagnosis Gangguan Jiwa, Rujukan Ringkas PPDGJ-III dan DSM-V. Cetakan 2 – Bagian Ilmu Kedokteran Jiwa Fakultas Kedokteran Unika Atma Jaya*. PT Nuh Jaya.