

Case Study Of Risk Factors Caused Residual Schizophrenia

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Abstract: Residual schizophrenia refers to the enduring symptoms of schizophrenia that persist even after acute psychotic episodes have been managed. This study utilizes Freud's psychoanalytic theory to explore how early trauma and authoritarian parenting styles contribute to the development and persistence of residual schizophrenia. Through a case study methodology involving clinical interviews and psychological assessments, this research integrates psychoanalytic insights with schizophrenia research. Findings indicate that early trauma, such as bullying during adolescence, combined with authoritarian parenting, significantly impacts the onset of schizophrenia. Freud's concepts of the id, ego, and superego provide a framework to understand the psychological conflicts and defense mechanisms involved, emphasizing how repressed memories and a strict upbringing can exacerbate symptoms. The study underscores the importance of psychoanalytic theory in examining the influence of early experiences and family dynamics on schizophrenia, suggesting that addressing these underlying psychological factors is crucial for effective treatment and recovery.

Keywords: Schizophrenia, Psychoanalytic Theory, Trauma, Authoritarian Parenting, Freud, Id, Ego, Superego, Defense Mechanism

1 INTRODUCTION

Schizophrenia is a complex and multifaceted mental disorder that affects approximately 1% of the global population, with symptoms such as hallucinations, delusions, and cognitive impairments manifesting typically in late adolescence or early adulthood (Miller et al., 2017). The aetiology of schizophrenia is multifactorial, with significant contributions from both genetic predispositions and environmental factors. Research has demonstrated that early-life adversities, such as trauma, neglect, and exposure to dysfunctional family environments, play a crucial role in the onset and progression of schizophrenia (McCutcheon et al., 2020). These early adverse experiences can disrupt normal brain development, potentially increasing susceptibility to psychosis and other psychiatric disorders later in life. Furthermore, genetic vulnerabilities, when combined with these environmental stressors, can lead to the development of schizophrenia, highlighting the interaction between biological and psychosocial factors in the disorder's aetiology (Walker et al., 2019).

In addition to these factors, the concept of residual symptoms is critical in understanding the long-term course of schizophrenia. Residual symptoms refer to the lingering symptoms of schizophrenia that persist even after acute psychotic episodes have been managed. These symptoms often include cognitive impairments, social withdrawal, and emotional flatness, which significantly impact the individual's daily functioning and quality of life (Misiak et al., 2021). Residual symptoms can be influenced by ongoing environmental stressors and family dynamics, which may exacerbate or mitigate the severity of these symptoms. For instance, a stressful family environment or continued exposure to trauma can perpetuate or aggravate residual symptoms, complicating treatment and recovery. This study aims to explore how early-life adversities and family dynamics contribute to both the initial onset and the persistence of residual symptoms in schizophrenia, utilising clinical data from RSUD X. By integrating a comprehensive literature review with clinical observations, this research seeks to elucidate the mechanisms linking these factors with the progression and persistence of schizophrenia, aiming to enhance treatment approaches and improve outcomes for individuals living with this debilitating disorder.

2 MATERIALS AND METHODS

In this study, a qualitative research design with a case study approach was employed to investigate the persistence of schizophrenia symptoms. This method allows for a detailed examination of complex psychological phenomena within their real-life contexts, where the researcher plays a crucial role in collecting and interpreting data. Qualitative research is particularly suited for understanding the nuances of individual experiences and is characterised by its use of multiple data sources and inductive analysis to generate comprehensive insights (Smith, 2020). This approach focuses on capturing rich, detailed descriptions rather than seeking broad generalisations.

Data collection was carried out through a combination of in-depth interviews and observations. Autoanamnesis interviews, conducted directly with the subject across five sessions, provided personal accounts of the subject's experiences. Complementary to this, alloanamnesis interviews were performed with the subject's psychiatrist and included a review of the subject's medical records. This approach ensured a well-rounded understanding of the subject's psychological state and treatment progress, allowing for a thorough analysis of the factors contributing to residual symptoms of schizophrenia (Braun & Clarke, 2021).

Table 1. Subject Identity

Name	HAA
Place and Date of Birth	Surabaya, June 9 1991
Age	33 years
Sex	Male
Ethnic	Javanese
Religion	Islam
Last Education	High School
Job Title	Entrepreneur
Marital Status	Single
Address	Surabaya
Order in Family	1 of 2 siblings
Hobby	Reading books, Watching sports, Photography

3 RESULTS

The findings from this study provide a comprehensive overview of the subject's psychological trajectory, shaped significantly by early life experiences and family dynamics. The subject, the eldest of two siblings, experienced a distinct

contrast in parental approaches. His father, embodying an authoritarian style, imposed strict demands with minimal flexibility, creating an environment marked by rigidity and control. This approach likely contributed to the subject's psychological difficulties, as such a parenting style has been linked to increased stress and diminished self-efficacy in adolescents (Baumrind, 2013). In contrast, his mother's parenting, while nurturing, was also characterised by strictness and social withdrawal, further limiting the subject's opportunities for peer interaction and social engagement. The combined effect of these divergent parenting styles, coupled with frequent parental conflicts and a decline in family economic stability following the father's retirement, created a multifaceted emotional and social environment that profoundly influenced the subject's psychological development.

The subject's academic experiences further illuminate the impact of these early life factors. His inclination towards solitude and difficulties in social interactions made him vulnerable to bullying during middle school, a critical period for social and emotional development. Research has demonstrated that bullying can have long-lasting effects on mental health, contributing to issues such as anxiety and depression (Arseneault et al., 2010). Although high school provided some relief through the formation of closer friendships and involvement in academic support activities, these improvements were insufficient to resolve underlying issues with social integration. Higher education posed additional challenges; the subject's initial enrollment in a university was short-lived due to the overwhelming demands of academic and social environments, leading to withdrawal after one semester. Attempts to enrol at other institutions were similarly unsuccessful, exacerbated by negative perceptions and financial losses. His final attempt to pursue higher education was marred by discomfort during a community service event, which led to another withdrawal despite initial intentions to continue.

Post-education, the subject's psychological distress manifested through behaviours such as object-throwing and shouting, prompting psychiatric intervention. Diagnosis of schizophrenia was made, and treatment included invasive procedures such as electroconvulsive therapy during a two-week hospitalisation. Despite discharge, the subject continued to experience symptoms including emotional instability and erratic speech, indicative of residual schizophrenia. The subject's treatment journey involved transitions across multiple psychiatric facilities, reflecting ongoing challenges in managing his condition. After periods at a naval hospital, a general hospital, and a prominent regional hospital, the subject reported a significant improvement in comfort and stability upon returning to a previously visited general hospital. This transition highlights the importance of continuity and a supportive treatment environment in managing schizophrenia effectively (Kopelowicz et al., 2019). The ongoing management of residual symptoms underscores the necessity for tailored treatment approaches and a stable therapeutic setting to support long-term recovery and stability.

The subject's residual symptoms included persistent cognitive impairments, social withdrawal, and emotional flatness. These symptoms, which continued despite treatment, align with the characteristics of residual schizophrenia, as outlined in the literature. The data from RSUD X provided detailed insights into these residual symptoms, revealing patterns consistent with those observed in other studies on residual schizophrenia.

4 DISCUSSIONS

The case of Subject HAA offers a detailed exploration into the intricate relationship between early adverse experiences, familial influences, and the development of schizophrenia. HAA's early life was marked by a significant authoritarian parenting style, where his father's rigid and punitive demands and his mother's controlling nature shaped his psychological landscape. These factors are consistent with literature suggesting that authoritarian parenting can impede emotional development and social skills, leading to an increased risk of mental health issues (Baumrind, 2018).

HAA's childhood experiences of bullying further compound the psychological impact of his upbringing. Research consistently demonstrates that bullying can have long-lasting effects, including the development of psychotic disorders like schizophrenia. The persistent bullying HAA experienced during his middle school years, combined with his difficulties in higher education, likely contributed to his psychological distress (Fazel et al., 2020). The recurrence of trauma during his community service in Jombang, exemplifies how unresolved traumatic experiences can trigger or exacerbate symptoms of schizophrenia, reinforcing the need for addressing past traumas in therapeutic settings (Morrison et al., 2018).

Applying Freud's psychoanalytic theory provides a framework for understanding HAA's condition. According to Freud, schizophrenia can be explained through disruptions in the balance between the id, ego, and superego. In HAA's case, the id, which embodies primal instincts and impulses, seems to be disproportionately dominant. This dominance may manifest as uncontrolled impulses, hallucinations, and delusions, aligning with HAA's experiences of auditory hallucinations and aggressive behavior. Freud's concept of repression is also evident; HAA has likely repressed painful bullying experiences,

which later surface as symptoms of schizophrenia. The role of projection, where HAA may attribute his internal fears and insecurities to others, explains his heightened sensitivity and mistrust in social interactions (Freud, 2019).

Furthermore, the underdevelopment of HAA's ego due to authoritarian parenting inhibits his ability to mediate between internal drives and external realities effectively. This dysfunction contributes to the severe disconnection from reality often seen in schizophrenia, as reflected in HAA's challenges distinguishing between hallucinations and actual experiences. The superego, shaped by an overly critical and punitive environment, exacerbates feelings of guilt and worthlessness, contributing to HAA's psychological turmoil (Greenberg et al., 2021).

This study's findings underscore the critical role of early trauma and family dynamics in the development of residual symptoms in schizophrenia. By integrating these findings with Freud's psychoanalytic theory, it becomes evident that unresolved psychological conflicts and defense mechanisms significantly contribute to the persistence of residual symptoms. Addressing these underlying factors in therapeutic settings is essential for improving management strategies and patient outcomes.

Overall, this case underscores the profound impact of early life experiences and familial dynamics on the development of schizophrenia. Integrating Freud's psychoanalytic theory with contemporary trauma research highlights the importance of addressing both psychological and environmental factors in understanding and treating schizophrenia. Future interventions should focus on trauma resolution, enhancing ego function, and addressing the impact of early adverse experiences to improve mental health outcomes.

5 CONCLUSIONS

The case study of Subject HAA highlights the significant impact of early life experiences and authoritarian parenting on the development of residual schizophrenia. The combination of stringent parental demands, limited social interactions, and persistent bullying contributed to HAA's psychological distress and diagnosis of schizophrenia. Applying Freud's psychoanalytic theory reveals how imbalances between the id, ego, and superego, as well as defense mechanisms like repression and projection, contribute to the persistence of symptoms. This study emphasizes the importance of addressing underlying psychological factors, such as trauma and dysfunctional family dynamics, in understanding and treating schizophrenia. Comprehensive therapeutic approaches should focus on resolving past traumas and enhancing psychological resilience to improve treatment outcomes and support long-term recovery.

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