Between Reality and Delusion: Psychological Case Study of a Paranoid Schizophrenia Patient in a Rehabilitation Setting

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Abstract: This article presents a clinical case study of a 42-year-old male patient diagnosed with paranoid schizophrenia who was undergoing rehabilitation at Panti Karya Asih. The study aims to understand the patient's psychological profile by exploring behavioral patterns, developmental background, and psychosocial stressors. Data were collected using a combination of autoanamnesis, alloanamnesis, structured interviews, observation, and review of medical and psychosocial records over a three-week period. The findings were analyzed using several psychological theories, including Erikson's psychosocial development theory, Baumrind's parenting style theory, and Adler's theory of individual psychology.

Keywords: Schizophrenia, Schizophrenia Paranoid, Psychological Dynamics, Delusion of Grandiose, Case Study

1 INTRODUCTION

Schizophrenia is one of the most severe mental disorders characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions. Paranoid schizophrenia, as a subtype, is predominantly marked by delusions of persecution and/or grandeur, often accompanied by auditory hallucinations. These symptoms can be extremely distressing and debilitating for the individual, leading to significant impairments in functioning. According to the World Health Organization (2022), schizophrenia affects approximately 24 million people worldwide, equivalent to 1 in 300 individuals. According to (Romas et al., 2022), this type of schizophrenia occurs due to neurological and cognitive impairment in individuals. In the active phase of this disorder, sufferers will experience severe mental disorders and tend to exhibit symptoms that can harm themselves and others. The most common symptoms are paranoid in nature, with patients being uncooperative, aggressive, angry, or fearful. (Sari, 2019) in her research states that auditory hallucinations and delusions often cause sufferers to experience anxiety and fear. Paranoid schizophrenia must meet the criteria of frequent/prominent delusions or auditory hallucinations. Patients often experience persecutory beliefs or grandiose ideation, which severely disrupts their daily functioning and social relationships. Recent studies highlight that paranoid schizophrenia accounts for a significant proportion of schizophrenia cases worldwide and is associated with higher rates of relapse and treatment resistance (Owen et al., 2016; Keshavan, Nasrallah, & Tandon, 2011).

Paranoid schizophrenia poses unique clinical challenges as patients often lack insight into their condition and demonstrate mistrust toward caregivers or health professionals, complicating therapeutic engagement (Sobiyanto, Tadjudin, & Frijanto, 2024). Thus, it becomes essential not only to study the symptoms but also to reconstruct the psychosocial background that contributes to the onset and persistence of the disorder. Clinical case studies are valuable in this regard, as they provide detailed accounts of how theoretical models can be applied to real-life cases, offering a deeper understanding of patients' subjective experiences.

This study aims to present a psychological case study of a 42-year-old male patient with paranoid schizophrenia at Panti Karya Asih, Malang. The objectives are threefold: (1) to describe the patient's psychological profile using clinical observation and qualitative assessment, (2) to analyze the developmental

and psychosocial factors underlying the patient's condition based on established psychological theories, and (3) to contribute to the literature on schizophrenia by offering insights into culturally specific aspects of rehabilitation in Indonesia. The findings are expected to enrich the understanding of paranoid schizophrenia in clinical and rehabilitative contexts, highlight the role of psychosocial dynamics, and inform future interventions tailored to patients in similar settings.

2 MATERIALS AND METHODS

This case study employed a qualitative descriptive method to explore the psychological condition of a patient with paranoid schizophrenia. The main techniques of data collection included: Autoanamnesis and alloanamnesis to gather subjective and objective accounts of the patient's history and behavior. Structured and semi-structured interviews conducted with the patient, caregivers, and professional staff at the rehabilitation center. Observation of the patient's daily behavior and social interactions within the communal environment of Panti Karya Asih. Data were collected during a three-week period in April 2025, with six structured observation sessions. Field notes, interaction logs, life-history, and medical record documentation were also used to triangulate findings. The interpretation of the data was guided by professional expert, namely a psychologist and several theoretical frameworks, theories were applied throughout the analysis to identify underlying psychological mechanisms and to contextualize behavioral patterns observed in the patient's life history and current functioning.
Below is the identity data of client :

Table 1. Identity data of Client WT

Name	: WT
Place/Date of Birth	: Tuban/17 August 1983
Age	: 42
Gender	: Male
Ethnicity	: Javanese
Religion	: Islam
Last Education	: S2 Magister
Occupation	: Entrepreneur
Marital Status	: Married
Address	: Tuban
Sibling Order	: Only Child
Hobbies/Interest	: Reading and Business
Purpose of Examination	: Psychological Evaluation
Location	: Panti Karya Asih
Examination Dates	: 10 April - 21 April 2025
Examiner	: Aula Rahma N., M.Psi., Psikolog

3 RESULTS

The subject of this case study, referred to as WT, is a 42-year-old male diagnosed with paranoid schizophrenia. Observations and interviews revealed persistent delusional themes involving persecution by family members and exaggerated beliefs about his personal status and capabilities. The subject's father died when the subject was around four years old. In an interview, the subject admitted that he was very close to his father and wanted to be like him, a religious leader who was admired in his community. The stepmother did not play a significant role as a substitute parent. Instead of providing emotional support, she often scolded the subject. At this stage, the subject lived entirely with and was raised by his stepmother, who tended to have a harsh and demanding character. In addition, the subject said that his mother rarely praised him when he successfully completed a task. The stepmother was described as someone who was often angry, overly controlling, and tended to demand that the subject follow her wishes, including in choosing a college major and direction in life. Furthermore, the subject said that his relationship with his older sister was not very close, and they often had differences of opinion. The subject also said that his older sister was a troublemaker. The subject said that the reason he was currently in the orphanage was because his older sister wanted to get rid of him so that he could take full inheritance rights. During adolescence, the subject admitted to receiving comments from others that he was not independent and was just an unemployed person. These comments were made when the subject returned home from Jakarta to his hometown. There were also times when the subject experienced repeated business failures during adolescence and adulthood. The subject also experienced conflict with his wife, which led to his wife and children leaving him. It can be concluded that the subject comes from an emotionally dysfunctional family background. These events

developed and manifested themselves in the form of grandiose delusions, whereby the subject believed that he had worked for state officials, been involved in an international IVF project, and had connections with world figures. In addition, the subject believes that he has his own assets, such as owning a large handicraft shop in Yogyakarta and owning land on the toll road, none of which are supported by objective evidence.

During structured and unstructured observation sessions, WT was noted to engage in repetitive behaviors such as pacing in circular patterns, muttering to himself, and avoiding group activities. He occasionally engaged in monologues that reflected grandiose thoughts and themes of persecution. However, during calmer moments, he wrote personal reflections and showed interest in discussing past events when approached non-threateningly. Life history mapping highlighted several stressors, including death of caregivers, rejection from educational institutions, lack of employment success, and the presence of unresolved issues in the family.

4 DISCUSSIONS

Losing a biological father figure at an early age is one of the psychological events that became the main trigger in the disorder experienced by the subject in this case. In this case, Erik Erikson's theory of psychosocial development is highly relevant to explain the profound impact of such loss on the subject's later personality development and mental health. The subject is in Erikson's third stage, initiative vs guilt, which takes place approximately at the age of 3 to 6 years. Success at this stage is highly dependent on emotional support from adults, especially parental figures. In the interviews that have been conducted, the subject stated that his father was a figure who was greatly admired, respected, and used as a role model. The existence of a stepmother as a substitute role does not play a maximum role, instead of being emotionally supported, the stepmother often scolds the subject when the subject accidentally makes a mistake or just asks like a child. (Nancye, 2021) in his research states that at this stage when children get a lot of prohibitions and like to be blamed, the child will grow up with a loss of initiative because they are afraid of doing wrong, which then this situation can trigger the emergence of self-confidence. So it is concluded that when at this stage the subject does not get adequate emotional support in forming his self-identity. Instead of building a sense of initiative and confidence, the subject grows up with feelings of guilt which then triggers self-confidence and gives up easily. Not only does it end at that stage but the accumulation of not completing the initiative vs guilt stage tasks will certainly affect the next stage of development, namely industry vs inferiority (6-12 years). In this stage, children should build a sense of pride in their achievements and abilities, especially in the realm of learning and completing tasks (Erik Erikson, 1959). At this stage the subject has fully lived and been raised by his stepmother who tends to have a strict and demanding character, besides that the subject said that his mother rarely gives him praise when he succeeds in completing tasks. According to (Pardede, 2020) encouragement from schools and parents in providing recognition and approval also triggers success at this stage. In the case of the subject, at this stage there are strong indications of an emerging sense of inferiority, this is shown when the subject is faced with social pressure at the age of adulthood when he knows that all his friends have achieved success and he always fails to achieve his goals of becoming TNI / POLRI, failing to become a civil servant, and developing his business which then makes the subject create delusions of grandiose that show that he is an important and great figure in order to protect his excessive feelings of inferiority.

In the subject's data analyzed further, one of the other crucial aspects that influenced his psychological development was the authoritarian parenting applied by the stepmother after the death of the biological father. The stepmother was described as a figure who was often angry, over-regulated, and tended to demand the subject to follow her wishes, including in the choice of college majors and life direction. (Baumrind, 1991; Baumrind et al., 2010) Authoritarian parenting is characterized by high control and low responsiveness. Parents who apply this style tend to emphasize obedience, discipline, and strict rules, without giving children space to dialogue, express opinions, or negotiate decisions. According to (Fikriyyah et al., 2022) this authoritarian style of parenting causes feelings of not being valued, feeling that they are always guilty, and low self-confidence in children. Authoritarian parenting has the impact that children will learn when they speak up or make mistakes then they will get punished. This is supported in research (Makagingge et al., 2019) that when children are afraid of making mistakes, in later developments they will always be afraid of failure. So that when the subject is afraid of failure, the subject will compulsively try hard to prove his value to others, especially his mother. In the case of the subject, this can explain the emergence of grandiose delusions as compensation for feelings of inferiority and worthlessness since childhood. Then the Subject said that his relationship with his sister was not very close, they often had differences of opinion. The subject also mentioned that his sister is a troublemaker whether in the home, school, or campus environment. The subject said that the reason why he is currently in the institution is because his sister wants to get rid of the subject because he wants to take full inheritance rights. The emergence of persecutory delusions in the subject, especially against his adopted brother, is a complex psychological response that does not only stand alone as a psychotic symptom, but is also the result of a build-up of negative emotional experiences, unresolved family conflicts, and maladaptive ego defense mechanisms.

One of the most prominent psychological dynamics in the subject's case between feelings of inadequacy and the compulsive need to look great, be important, and be recognized. According to (Adler, 1956), inferiority complex is a psychological condition in which the individual feels deeply that he or she is not valuable enough, incapable, or a failure compared to others. This feeling usually stems from childhood experiences. In the subject's case, there were several experiences that triggered the emergence of these inferior feelings, including: losing his father at an early age, his stepmother's authoritarian and lack of affection, and failure to achieve goals that were important to his identity (such as becoming a soldier or civil servant and his business). This feeling of inferiority complex triggers a psychological reaction often called striving for superiority, which is a strong urge that arises in individuals to show their superiority, outperform their social, achieve high status, this is not solely for growth, but as a cover for inner wounds and to emphasize that the individual is valuable (Umaroh, 2020; Setiawan & Darni, 2022). In the case of the subject, his failure so far and unfulfilled desires such as wanting to be appreciated, recognized, look great and important are manifested in the form of grandiose delusions, namely the subject believes he has worked for state officials, is involved in international IVF projects, and has connections with world figures, besides that the subject thinks that he has his own wealth assets such as owning a large handicraft shop business in Jogja and owning land property on the highway, where all the aspects mentioned there is no objective evidence to support these claims. This is in accordance with Adler's thinking that individuals will try to compensate for feelings of excessive inferiority by showing unbelievable strength (Adler, in Barton-Bellessa et al., 2015). So this is what happened to the subject: because the subject was unable to achieve recognition through realistic channels, the subject then developed delusions of grandeur as a "quick fix" to fulfill the need for superiority. A defense mechanism used to protect oneself from deep pain.

Therefore, subjects should begin to be guided to develop self-awareness regarding the disorder they are experiencing. This is an important and essential step that must be realized first. Subjects are advised to undergo psychological therapy, such as Cognitive Behavioral Therapy (CBT), which helps them to better recognize and correct incorrect thought patterns, such as delusions of grandeur and persecution. Subjects are expected to engage in more structured and meaningful activities, such as job training, writing books, or other social activities that help them improve their social functioning and sense of self-worth in a real way, rather than through delusions. This will also help subjects gradually let go of their feelings of inferiority. In addition, subjects are also advised to undergo supportive psychotherapy, where they need to cultivate a sense of self-acceptance and understand that humans do not always have to appear "perfect" in the eyes of others.

Every rehabilitation center should provide regular psychological therapy according to the needs of rehabilitation patients. In addition, the center needs to develop a daily schedule that not only regulates meal and rest times, but also includes physical, social, creative, and educational activities that rotate each day. The center can also collaborate with volunteers, interns, or the community to organize activities such as basic life skills training, social interaction simulations (role-playing, light discussions), and outings (planned and safe outing therapy). Each activity should be recorded, evaluated, and used as data on patient progress.

5 CONCLUSIONS

From the entire series of events experienced by the subject, it can be concluded that the psychological disorders that arise, especially delusions of greatness and delusions of persecution, are the result of psychosocial developmental failures that have taken place since childhood. This condition has a direct impact on the subject's inability to build self-confidence, initiative, and personal competence, thus affecting the next stage of development, namely industry vs inferiority, which makes the subject experience chronic feelings of inferiority in his life. Along with the series of failures he experienced, the subject felt helpless and had no value in the eyes of society and family. Then in this case, striving for superiority appears. The subject uses delusions as a form of compensation to cover up the deep wound of self-esteem. This delusion is built by the subject as a defense against the reality of life that does not match expectations. In addition, the emergence of persecutory delusions against the adopted brother is a form of psychological projection of anger, disappointment, and a sense of helplessness that cannot be managed healthily. The subject transferred his negative feelings to an external figure, namely (his brother) who was considered the main cause of his suffering. Thus, the delusional disorder in the subject does not appear suddenly, but is the result of a long process of failed psychosocial development at various stages, starting from the loss of a primary figure, authoritarian parenting, to social failure and destructive relationships. All these factors were never resolved and formed a fragile personality structure and poor defense system.

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REFERENCES

Adler, A. (1956). *The Individual Psychology of Alfred Adler*. New York: Basic Books.

Barton-Bellessa, S. M., Lee, J., & Shon, P. (2015). Correcting misconceptions about Alfred Adler's psychological theory of crime in introductory criminology textbooks: Moving Adler's theory of crime forward. The Journal of Individual Psychology,71(1), 34-57.

Baumrind, D., Larzelere, R.E., & Owens, E. (2010). Effects of preschool parents' power assertive patterns and practices on adolescent development. *Parenting: Science and Practice, 10*, 157–201.

Erikson, E. (1959). Theory of identity development. *E. Erikson, Identity and the life cycle. Nueva York: International Universities Press. Obtenido de http://childdevpsychology. yolasite. com/resources/theory% 20of% 20ident ity% 20erikson. pdf*.

Fikriyyah, H. F., Nurwati, R. N., & Santoso, M. B. (2022). *Dampak pola asuh otoriter terhadap perkembangan psikososial anak usia prasekolah. Jurnal Penelitian Dan Pengabdian Kepada Masyarakat (JPPM)*, 3(1), 11.

Freud, Sigmund. 2021. A General Introduction To Psychoanalysis: Pengantar Umum Psikoanalisis (Terj.). Yogyakarta: Penerbit Indoliterasi.

Keshavan, M. S., Nasrallah, H. A., & Tandon, R. (2011). Schizophrenia,"Just the Facts" 6. Moving ahead with the schizophrenia concept: from the elephant to the mouse. *Schizophrenia research*, *127*(1-3), 3-13.

Makagingge, M., Karmila, M., & Chandra, A. (2019). PENGARUH POLA ASUH ORANG TUA TERHADAP PERILAKU SOSIAL ANAK (Studi Kasus Pada Anak Usia 3-4 Tahun di KBI Al Madina Sampangan Tahun Ajaran 2017-2018). YaaBunayya Jurnal Anak Pendidikan Usia Dini, volume 3 n, 115–122. https://doi.org/10.24853/yby.3.2.16-122

Nancye, P. (2021). Stimulasi Perkembangan Psikososial Anak Usia Pra Sekolah. 26–34.

Owen, M. J., & Sawa, A. (2016). Mortensen pb. *Schizophrenia Lancet*, *388*, 86-97.

Pardede, J. A. (2020). Kesiapan peningkatan perkembangan anak usia sekolah. *Jakarta: OSFpreprints*.

Romas, M. Z., & Widiantoro, F. W. (2022). Studi Kasus Penderita Skizofrenia Paranoid. *Jurnal Psikologi*, *18*(1), 25-29.

Sari, P. (2019). Dinamika psikologi penderita skizofrenia paranoid yang sering mengalami relapse. *Jurnal Psikoislamedia*, *4*(2), 124-136.

Setiawan, Y. E., & Darni, D. (2022). Inferioritas Tokoh Utama dalam Novel Guwing Karya Suharmono Kasiyun (Kajian Psikologi Individual Alfred Adler). *JOB (Jurnal Online Baradha)*, *18*(3), 1035-1057.

Sobiyanto, M. N., Tadjudin, N. S., & Frijanto, A. . (2024). LONG CASE SKIZOFRENIA PARANOID : LAPORAN KASUS. *PREPOTIF : JURNAL KESEHATAN MASYARAKAT*, *8*(3), 6757–6764. https://doi.org/10.31004/prepotif.v8i3.36915

Umaroh, S. (2020). Inferioritas dan Superioritas Tokoh Aini dalam Novel Orang-orang Biasa Karya Andrea Hirata (Kajian Psikologi Individual Adlerian). *BAPALA*, *7*(1).

WHO. (2022, January 10th). Schizophrenia World Health Organization. Retrieved from https://www.who.int/news-room/fact-sheets/detail/schizophrenia