

# Abnormal psychology patient case study



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The case study focuses on the key aspects of Adil's life, which presents the development of his illness, and what factors may have contributed to his disorder.

### Classification systems and Diagnosis

According to the classification system DSM-5, a person to be diagnosed with schizophrenia must have at least two of the symptoms, and these symptoms must be present for six months. The different types of schizophrenia are;

-Paranoid Schizophrenia, in which the patient suffers from delusions and are suspicious of others.

-Disorganised schizophrenia, in which the patient has disorganised behaviour speech and disturbance in emotional expression.

-Catatonic schizophrenia, the patient's psychomotor is affected.

-Undifferentiated schizophrenia, in which the patient shows signs of multiple different types of schizophrenia, however it cannot be classified to just one category.

-Residual schizophrenia, it is characterised by previous diagnoses of schizophrenia, though no longer having any prominent psychotic symptoms.

Adil displays different types of schizophrenia such as Disorganised schizophrenia and Paranoid schizophrenia during his last job. He would get confused by what people would say to him, and became suspicious about if they were being genuine. After he left his job, signs of Catatonic schizophrenia began to come to light, as he lost motivation to go outside, get

dressed, and take care of himself. Adil clearly shows symptoms of these three types, however it is difficult to place his diagnosis in one category, therefore his illness would be classed as Undifferentiated schizophrenia, due to multiple, different symptoms. Scheff (1966) criticises the diagnosis classification systems that labels an individual, as it may have many adverse effects, such as a self-fulfilling prophecy and lower self-esteem. Although classification and diagnosis, allows people within the medical field to communicate more effectively about a patient, to find the outcome of the disorder and to refer the suitable treatment for the patient. Rosenhan's case study on the reliability and validity of diagnosis of mental disorders, presents the problems of the classification system (Rosenhan., 1973). The case study involved 8 pseudo patients that were admitted to different psychiatric hospitals, however only one was not diagnosed with schizophrenia. Therefore, the diagnostic method used was proven to be not very reliable or valid, due to incorrect diagnoses of patients.

The Cognitive view of schizophrenia that abides with the biological view, is that during hallucinations and perceptual difficulties, the brains of people with schizophrenia are producing abnormal and unreal sensations triggered by biological factors. The disorder begins to reveal itself when the schizophrenic individual attempts to understand their abnormal experiences (TARRIER., 2008). When the delusions occur or other troubling sensations, they turn to friends or family to find an answer for what their experiencing. In responses they would deny what the individual is saying, thus leading to the belief that the friend or family member are against them. Another view of

schizophrenia is The Psychodynamic Explanation, in which Freud (1924), believed that schizophrenia develops from two psychological processes;

-regression to a pre-ego stage

-efforts to re-establish ego control

He explained that when an environment is very harsh to an individual, it can push that person to regress to the earliest point in their development, which is their pre-ego state of primary narcissism, where they recognise only their needs. Thus, leading to obtaining self-centered symptoms such as delusions of grandeur and loose associations. Another schizophrenic symptom occurs when the individual tries to re-establish ego control and contact with reality, however they develop auditory hallucinations as a result.

Chlorpromazine is a first-generation drug, which is the most prescribed and inexpensive drug that people with psychotic disorders such as Schizophrenia use. People with Schizophrenia are found to have too much dopamine at the D2 receptors, therefore Chlorpromazine helps by lowering the dopamine levels, which is a neurotransmitter that regulates mood and behaviour, by blocking the dopamine receptors. The experiment results show that 'chlorpromazine promotes a global improvement', however there are side effects to this effective drug (Adams et al., 2005). The side effects can range from having constipation, drowsiness, blurred vision and symptoms of Parkinson's due to the low dopamine levels. For Adil's case, I would refer the drug Clozapine, as it is an atypical second-generation drug, meaning it poses less of a risk of dangerous side effects than drugs of the first-generation, and is a favoured option for treatment-resistant schizophrenia. However, there is <https://assignbuster.com/abnormal-psychology-patient-case-study/>

a possibility of a severe side effect such as the loss of white blood cells that fight infections. There are newer antipsychotic drugs such as risperidone and olanzapine that are with less side effects, though the effectiveness of these pills is lower than clozapine.

There is also a different route than medication, which is Psychosocial treatments. These treatments include cognitive behavioural therapy, social skills training, family therapy and vocational rehabilitation. Psychosocial treatments, eliminates medication side effects. Therefore, it is a more healthy and beneficial process, that focuses on the individual's journey of improvement and gaining social skills to interact with others, in order to rehabilitate the individual to the normal functioning of life (Glynn SM., 1986).

An early form of a behavioural therapy technique is known as the Token Economy, in which the behaviour of an individual is changed through rewards and punishment (Ayllon T., 1968). It was mainly used for patients with schizophrenia that were ready prepared to re-enter into society, that lacked social skills, attention and motivation. Family Therapy would be a considered option for Adil, as there seems to be dysfunction within the family, due to conflict between his Mother and Father, in which his Father was deemed 'useless' who's 'never been any good!' by his Mother.

Evidence has suggested that family therapies prove to be effective, having a positive impact on the patient's recovery, and a drastic improvement in their social functioning (NICE., 2009). The family therapy provided a better understanding of the illness to the relatives, in order to re-instore family bonds. In addition, the family therapy works with the patient's relatives, and focuses to develop a cooperative relationship between the treatment

specialists and family, to help the patient develop to recover within a short amount of time. Bateson's double bind theory suggests that an individual who receives contradictory messages from their parents are most likely to develop schizophrenia (Gibney P., 2006). These communicative problems are likely to affect an individual that is confused by these contradictory messages. In Adil's case study, it suggests that he may have been affected at a very young age by the dysfunctional relationship of his Mother and Father, without having the opportunity to adequately respond to the situation. A prolonged exposure to this type of environment, prevents the individual from having a realistic perspective of reality, instead they adapt schizophrenic features such as delusions, hallucination, incoherent thinking and speech and so on.

Researchers propose that schizophrenia originates from a genetic vulnerability, paired with psychosocial stressors and environmental, on the principles of the diathesis stress perspective (Glatt, 2008). Studies suggest that people have different levels of inherited genetic vulnerability from high to low. The person may or may not develop the schizophrenia, however it depends on the vulnerability and the varying types of stresses the person may experience during life. Schizophrenia has been found common within relatives of the disorder, presented in family pedigree studies (Tamminga et al., 2008; Higgins & George, 2007). Also, the more closely related the relatives are to the schizophrenic, the chance is higher of developing the illness. (Higgins & George, 2007; Folsom et al., 2006; Gottesman, 1991) Studies have presented that if one identical twin has developed schizophrenia, there is a 48% probability that the other twin will do so as

well. However, for fraternal twins, the chance would be 17% of developing the disorder. The mother within the case study mentions that a distant aunt was sectioned just after she was married and was never the same after, this suggests the distant aunt may have a mental disorder, though the information is vague to know what the diagnosis of the illness is. Even if the distant aunt has schizophrenia or any other psychosis, according to the graph created by (Coon & Mitterer, 2007; Gottesman, 1991) the chance of Adil developing the distant aunt's illness is 2% or lower, therefore the risk presents to be the least likely option for Adil developing the disorder.

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