

# Case study: john nash and paranoid schizophrenia assignment

[Psychology](#)



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Paul Balls (2006: Internet) of the Department of Psychiatry at Thomas Jefferson University, the individual has feelings of being persecuted or plotted against. Affected individuals may have grandiose (over-the-top) delusions associated with protecting themselves from the perceived plot. The key symptoms are delusions and auditory hallucinations. Paranoid schizophrenia usually does not involve the disorganized speech and behavior that is seen in other types of schizophrenia. Patients with paranoid schizophrenia typically are tense, suspicious, guarded, and reserved.

There are no physical tests being used in mainstream medicine as yet to diagnose schizophrenia. However certain tests are performed to eliminate other disorders or illnesses that have similar symptoms. Schizophrenia. Com (2007: Internet) states these possible disorders include seizure disorders, metabolic disorders, thyroid dysfunction, brain tumor and drug use.

Currently, there is research being performed in various universities in the United States into new physical tests to confirm schizophrenia. They are experimenting with blood tests, special IQ tests, eye tracking, brain imaging and smell tests.

It will be a few more years before the results can be confirmed. For now a Psychiatrist must diagnose a person with schizophrenia. Usually a person suffering from the disorder will exhibit positive (hallucinations), negative (poor social functioning) and cognitive (difficulty concentrating) reactions. To diagnose a person with schizophrenia, a person must symptoms: Two or more of the following, each present for a significant portion of time during a one-month period (or less, if successfully

treated) delusions or hallucinations or disorganized speech (e. G. Frequent  
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derailment or incoherence; speaking in abstracts). See thought disorder. Grossly disorganized behavior (e. G. Dressing Inappropriately, crying frequently) or diatonic prognosticative symptoms, I. E. , affective flattening (lack or decline in emotional response), loggia (lack or decline in speech), or violation (lack or decline in motivation). Note: Only one of these symptoms is required if delusions are bizarre or malocclusion consist AT nearing one evolve participating In a running commentary AT the patient's actions or of hearing two or more voices conversing with each other. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care, are markedly below the level achieved prior to the onset. Duration: Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less, if successfully treated).

Additional criteria are also given that exclude the diagnosis; thus schizophrenia cannot be diagnosed if symptoms of mood disorder or pervasive developmental disorder are present, or the symptoms are the direct result of a substance (e. G. , abuse of a drug, medication) or a general medical condition. (American Psychiatric Association, 2004). Statistically speaking, the earlier the diagnosis, the better the outcome in the long run, but here in Queensland there is only one registered Early Psychosis Centre, it is located at the University of Queensland, SST Lucia campus.

Victoria, New South Wales and South Australia have four, six and one centre respectively. Here in Australia there are two websites, one run by the Early

Psychosis Prevention and Intervention Centre in Melbourne, [www.Psychosis Prevention and Intervention Centre in Melbourne, www.](http://www.psychosis.org.au)

Relationships. Org, and <http://www.asinine.flinders.edu.au/index.php> which is maintained by Flinders University in Adelaide. Also [www.schizophrenia.com](http://www.schizophrenia.com).

Mom has an online early detection test for schizophrenia that is for either family members of those that might be affected or for individuals who are trying to understand what is happening to them.

There are three stages of schizophrenia; they are acute, stabilization and residual. In the acute phase, the patient has a clear break from contact with reality usually displayed by a psychotic episode. This will usually lead to intervention and treatment. The second stage, the stabilization phase, is when the patient's symptoms have been brought under control but the treatment must be continued to avoid a relapse. The residual stage, is where the patient is moderately stable and usually kept on anti-psychotic medication however relapses can occur.

John Nash first began to show signs of entering the acute stage of schizophrenia in early 1959 when his wife Alicia, was pregnant. ... As a consequence I resigned my position as a faculty member at M. I. T. And, ultimately, after spending 50 days under " observation" at the McLean Hospital, traveled to Europe and attempted to gain status there as a refugee (Nash, 1994). For some time after that he would be in and out of hospitals. At times his involuntary admission to hospitals would last up to eight months.

Eventually he began reject his delusions and return to mathematical research. This period of time, John Nash himself refers to as enforced

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rationality. He may have been thought to be entering the Residual stage however this would turn out to be incorrect. In truth it can be said he had not completed the Stabilization period. In the late 1950s, he returned to work and was scarred as a cream-like delusional hypothesis, however managed to avoid being admitted to hospital by behaving as normally as he could.

This can be said to be his transition into the Residual stage. Although he had a slight relapse, he himself began to understand on an intellectual level that his delusions were exactly that, delusions. He is now thinking rationally and continuing to further his studies in mathematics with the hope that he can provide something useful to the field. Many people, including John Nash himself believe that his schizophrenia in one way or another actually aided his work, thinking outside the box so to speak.

John Nash once said: I would not dare to say that there is a direct relation between mathematics and madness, but there is no doubt that great mathematicians suffer from maniacal characteristics, delirium and symptoms of schizophrenia. It is suggested that the fragmented mind allows and concocts irrational ideas that can become rational solutions. Many great people with great ideas and influences have been affected by the illness. Some of those include Peter Green from Fleetwood Mac, Syd Barrett of Pink Floyd, Isadora Duncan the Russian dancer and Jazz musician and composer, Tom Harebell.

Some people even refer to Tom Harebell as the John Forbes Nash, Jr. of Jazz. Treatment for paranoid schizophrenia and other mental disorders has changed irately in the last Sixty years. In the early Nineteen-fifties,

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Chlorinating was developed. It was a phenolphthalein antispasmodic used to treat schizophrenia, bipolar and as an Anti-emetic which is used for vomiting and nausea. The side effects of a phenolphthalein based drug include drowsiness, which is basically restlessness, tardive dyskinesia, which is a neurological disorder which affects voluntary movement that can continue after treatment has ceased, and weight gain (Wispard, 2007).

The use of Chlorinating has been discontinued however John Nash would almost certainly have been treated with it. He was also exposed to insulin shock therapy. This was a method used to induce a coma. He stopped taking drugs in 1970 and recovered slowly without them over the next twenty. According to the World Health Organization, the long term outcomes of schizophrenia are far worse in United States than they are in countries such as India and Nigeria where antispasmodic medication is not as readily available.

There is more. In 1987, psychologist Courtesan Harding reported that a third of chronic schizophrenia patients released from Vermont State Hospital in the late 1970s completely recovered. Everyone in this "best-outcomes" group shared one common factor: All had weaned themselves from antispasmodic medications. The notion that schizophrenics must spend a lifetime on these drugs, she concluded, is a "myth" (Whitaker, 2002). In 1994, Harvard Medical School researchers found that the outcomes for U. S. Schizophrenia patients are no better now than they were about one hundred years ago when they would simply put patients into bathtubs for hours on end. There has also been reasonable success in Finland where doctors have used counseling, community support and little or no antipsychotic medication.

John Nash's recovery is nothing short of remarkable but many people say that he was allowed relative freedom at Princeton aided his recovery without medication.

There has been a shift in mentality towards the treatment of schizophrenia and other mental illnesses. A growing wave of professionals are starting to accept that there is merit to the at least partial abandonment of antipsychotic drugs. John Nash may be the figurehead for the movement, but more conclusive research is needed to detect whether the disuse of antipsychotics is subjective to select patients or can be applied to a more widespread group of sufferers of this mental disorder.