

Case Study of Schizophrenia (Paranoid)

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Abstract

Ms. Sk was young lady of 25 year a university student contacted to the therapist through Facebook and got appointment. She was in the company with her close friend when visited the clinic first time and was nervous and perplexed at this occasion, even did not confide therapist for a private sitting. She complained sleeplessness, aggression and strong feelings of dirtiness most of time and feared that CIA would arrest her. On noticing someone staring her she always got startled, and informed in the presence of her friend that she has been under treatment from different psychiatrists for last seven years. She was regularly taking the Cipralex and Lexotanil (anti-depressant). During the treatment as cited above she had been visiting different female clinical psychologists. She was treated by the methods of cognitive behavior therapy (CBT) and counseling but all in vain.

Keywords: Schizophrenia (Paranoid); Hypotheses; Fear stimuli identification therapy (FSIT)

Introduction

Major purpose of this particular case study was to reaffirm and prove the efficacy of fear stimuli identification therapy (FSIT) on empirical grounds [1]. It was also intended to use FSIT in order to eliminate the symptoms of Schizophrenia (Paranoid). Ms. Sk was suffering from. The therapy (FSIT) was already used successfully to remove the symptoms of various disorders in different cases [2,3].

Hypotheses: "It is expected that the FSIT method would effectively cure the Schizophrenia (Paranoid). From which the above referred person Ms. Sk is suffering."

Fear stimuli identification therapy: FSIT is Base on Missing References. When some fear stuck due to stimulus and became negative association in the unconscious at childhood or teen age. Unconscious state of mind at that time is unable to caught full references of the incident it taken only negative reference. At that time of early childhood capacity of mind to capture some incident with full reference is not possible so, there is the chance due to these missing reference can create a problem that may result in different disorders and FSIT is a technique that can be used to complete these specific missing reference.

Method

Participants: Ms. Sk (client)

Materials: No any specific material used in this case study.

Procedure: In the first three sessions semi-structured interviews were conducted with Ms. Sk. Assessment was made in the light of these interviews and reasons/causes for disorders were dig out. DSM-IV was consulted to decide the nature or type of disorder. In the subsequent ninety sessions Ms. Sk was asked to write on specific topics. Cross-questioning was carried out over the ideas mentioned in the writings.

Result and Discussion

Result

After diagnosis of Schizophrenia (Paranoid), treatment was started in the light of FSIT method. Ninety sessions were conducted five sessions per week. In the course of treatment, she and her friend reported about Positive behavioral change in different spheres of Ms. Sk's life. Clinical observations during treatment also indicated a gradual positive change in his personality. The difference between pre-assessment and post-assessment confirmed precision of hypotheses and efficacy of FSIT. Feedback was obtained on weekly basis for a

period of three months from Ms. Sk's about any possible reappearance of symptoms of Schizophrenia (Paranoid). and this was confirmed that there was no reoccurrence of disorder's symptoms anymore.

Discussion

Before visiting my clinic Ms. Sk have had already consulted different psychiatrists and clinical psychologists and was mostly treated by means of anti-depressants and therapies like CBT etc. This had no significant effects upon client's disorder. Anyhow these medications helped him in sleep as before he was not able to sleep.

Case history: The client's profile-family history, social history and medical history was prepared through detailed interviews and incisive questioning pertaining to sensitive issues of his life.

Family history: Her father is retired employee from a low grade position in govt. job while her mother was an illiterate house wife. Client is at ninth (9th) number in the series of nine sisters and brothers.

Social history: She lived in big joint family system. Three of her brothers were married and lived in the same house with all their children and two youngest sisters. The family has vast social contacts with their other maternal and paternal relatives

Medical history: As stated already, she has been under treatment from various psychiatrists and female psychologists and has been taking different anti-depressant medicines and was using Cipralex and lexotanil for last two years back from the time dating when she visited me but all this did not help her to recover from disorder

Assessment

During the first session for assessment, Therapist asked her to let him meet her parents and elder sister to get some information but she vehemently refused. Even she refused for a conversation by telephone. In this situation the only source of information/history was Ms. Sk herself.

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After first three sessions the opinion established that she was a victim of sex abuse in her childhood. For assertion of this opinion it was asked the client to write on the topic of sex. She attempted to write in absence of any one as it was attempt to provide her with isolated environment. After 30 minutes she handed me over her piece of writing. Her writing was absurd and meaningless. There were a lot of cuttings and crosses in her writing. It was asked her how was her experience of writing. She told that during writing she felt aggressive and irritable. She also felt burden over shoulder and at the back of her head. This all was almost a clear confirmation to my initial assessment.

I told the client about my opinion of sex abuse and encouraged her to express clearly of any sort of incident she had gone through. She elaborated hesitatingly about the incident she encountered at the age when she was only nine and half year old. The details of the event are as under:

She used to sleep with the young wife of her elder brother for day-sleep in the summer season. One day the wife of her brother put her hands under the client's shirt and started rubbing over the upper private parts of child's body. The client was frightened and shocked. According to my opinion when a child or even a mature person is encountered to any type of action which is harmful but particularly and specifically becomes a stimulus to fear instinct but the element of terror is also included to fear in such cases.

The client told that this act have been repeated continuously for seven consecutive days. On eighth day, she informed about all this to her mother. Her mother admonished the wife of client's brother for this shameful act. The client forgot about this incident after few days.

Interestingly, at the age of 15 years i.e. after five and half years later, the client incidentally read an article in a magazine on the topic of sex abuse. She came to know from that article that the child who is subject to sex abuse develops a sense of filthiness in her/his mind. This article also informed her that such child also feels herself/himself a sinful and guilty conscious. After reading that article the client developed the feelings of filthiness guilt and sinful in her mind. It resulted in thought disorder. Sense fear as this was developed in her mind and this sense made her think that she will be arrested by CIA. She felt vulnerably by the staring eyes of people around her which also made her think that the people know about the sin she has committed. This was a terrible state of mind which she was passing through for last 10 years to the day she visited me. After knowing all this history as stated it was established that the client is suffering from Schizophrenia (Paranoid).

Treatment

The treatment prolonged for more than one hundred days consisted of 90 sessions. Five sessions per week were conducted. The method of "Fear Instinct Stimuli Identification" was used for psychoanalysis. I have developed this method through my prolonged clinical experiences

and always find this method the most effective as comparison to all other conventional and contemporary methods of treatment.

In the subsequent sessions, I handed her over different topics to write upon. These topics related to her problem and were of different types. The first one was the topic of "Sin"

She wrote on this topic very elaborate but the writing was absurd and contained a lot of crosses and cuttings.

It was inquired her about the how was her feelings during the process of writing. She informed that she felt burden on the back side of her head and over her shoulders as well.

During cross-questioning and on examining her writings it was learnt that she has established a much preformed thought in her mind that she will be answerable and be punished for the sin, she has committed. On the same pattern she was given with the more topics to write upon which included guilt, sense of dirtiness and the last one was "My Fears".

During the total process of writing she was subjected to the same feelings of burden as cited above.

After conducting a deep analysis of her fears, the positive references were related to the particular incident of sex abuse she had been subjected to. Relationship of positive references was also established to the article which patient had read at the age of 15 years as already referred.

Conclusion

- i. The client was suffering from Schizophrenia (Paranoid).
- ii. The main reason for disorder was unexpected even of sex abuse which acted as the major stimulus for fear instinct.
- iii. The Article on sex abuse made the client recall forcibly about the sex abuse incident she was subjected to at the age of nine and half years
- iv. Different feelings like dirtiness, sense of guilt and sense of sin were associated to that particular event by unconscious level of mind and that even without reference to context. These feelings caused thought disorder in the client.
- v. After conducting 90 sessions all the symptoms were eliminated and the client became normal. It is worth mentioning that client totally abandoned the use of medicines as a result of my treatment.

References

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