

A Case Study Of A Schizophrenia Patient And The Effect Of Insight On Illness Syndrome

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ABSTRACT

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Introduction: Syndrome of Schizophrenia may have relation with patient's awareness; therefore his insight may help him on accelerating his recovery. The aim of this paper is to survey the effect of insight and precognition in a case of schizophrenia, during the illness and after its cure, on illness syndrome. **Method:** the research is a case study upon a person who had experienced schizophrenia, and he has gained his recovery. Ex post facto method has been used during a year through three terms. The case was a B.A. student whom plain schizophrenia was detected with. Duration of the initial curing was 3 months. Means for this research were; insight scale, scale of assessing unawareness of mental disorder, subtlest scale of (MMPI) and semi structuralized interview. Data have been analyzed by mean, variance and t-test. **Findings:** results showed that the patient who had experienced the illness for one to two years has confessed that after becoming aware of his illness and its syndrome through personal study and experts' explanations, he gained an insight about the illness. And however it is more than 6 months that he has not used any drugs, the syndrome have been removed and the illness has not reappeared. Difference of t is a sign of recovery of illness syndrome with the certainty of %99. **Conclusion:** insight has impacted on(the) reduction of schizophrenia syndromes.

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Introduction

Insight is a challenging concept, and it is difficult to give it a clear definition that is acceptable for all experts and theorists [1]. Cognitive insight usually is an awareness of a kind of self-reflective (unusual) and self-certainty judgment in a patient which has been considered by clinical scientists of mental illnesses and improvement of mental health [2,3]. There are assessments of repeatedly ineffective thoughts among schizophrenia patients which have impeded cognitive insight and cognitive insufficiency among these patients is deeper than normal people[4], Also the intensity of cognitive and meta-cognitive lacks among schizophrenia patients are more than other psychotic groups like; psycho affective, mood disorder and anxiety disorder[5-7,9,11,35,36]. Which means that weakness of insight also has relation with patients other than schizophrenia ones, but among schizophrenia patients it is more intense [10], It is in a way that has an inverse relation with positive symptoms of schizophrenia. Interference in the therapy process of those patients who don't have insight of the symptoms and syndromes of their illnesses comes across with difficulties, because self-awareness and insight have positive effects on the illness [9]. Also people with schizophrenia disorder assess information more negatively and process it with more activity and more strength in comparison with major depression disorder and normal people [8,12]. Studies have shown that cognitive techniques are effective on decreasing the thoughts in paranoid schizophrenia[13], In some of these researches a combination of medicine therapy and cognitive therapy for schizophrenia patients has been used which has resulted in decreasing of the syndromes of these illnesses, and behavior- cognitive therapy has had the most

effective maintaining in schizophrenia disorder [13,14]. In other studies also it is proved that making insight in hospitalized patients with schizophrenia and mania has caused their recovery, but constancy and maintaining of mania patients have been more than the others, and depressed patients had the most and the schizophrenia ones had the least insight [9,15,16]. In other countries there are widespread study supports for researches about cognition method in curing mental disorders and this method is used side by side with other therapy methods, but unfortunately in Iran medical therapies are still emphasized and these medical interferences for these patients have made the nonmedical therapies the least. Therefore nonmedical and cognitive interferences for these patients and case studies seem necessary [13]. Another important matter that researchers must consider is level of study, cultural and other differences which may have effect on effectiveness and difference of therapy. Therefore insight in schizophrenia patients based on the differences may have different and separate effect. For example some researchers have shown that patients' mental abilities, level of study and insight have relation with their clinical conditions, also its relation with syndromes has been proved positive, in such a way that high level of study accelerates gain of insight and makes recovery process easier during the therapy [27-33]. Although hardly ever in some researches this relation had been negative, totally speaking high level of study accelerates positive syndrome during therapy process [34]. Accordingly this paper surveys the theory and the amount of insight changes in a schizophrenia patient during the term of cognitive therapy and its effect on the illness, therefore the main question is whether cognitive therapy will be effective for those patients which have weak insight and little self-cognition or not?

Case description

The case under the survey in this paper is a single male BA student of one of Tehran's universities, and he is about 25 old. He has a financially middle class family which hasn't had any experience of schizophrenia. It was about 6 month before the begging of the psychiatric therapy that for the first time the syndromes of schizophrenia were seen in him which based on DSMIV syndromes they are among schizophrenia syndromes.

Method

This study has been done in the vein of scientific-comparative in which the case has only attended two sessions of psycho logic counseling and based on Dsm-4 has been realized that had schizophrenia. Before the beginning of the counseling he has been tested different awareness and insight tests. the counseling has been continued for 50 days in to 8 sessions in which by the use of cognitive techniques and autobiographical method at the beginning the patient's information has been reviewed, in the second session based on the patient's awareness some aspects of cognitive therapy and insight making have been done simultanoly and the patient has been surveyed through some questions which had not hurt therapy process. Then the main counseling began during which he seemed completely relaxed. In forth session he confessed that he felt a little of the illness yet, but in the sixth session his fear to some extent has been removed. In the last session the patient himself said that he had a good feeling and offered to stop the therapy. (anent due to positive result that came up on patient's insight gaining, the end of the therapy was expected.) After the end of the therapy post- tests have repeated and a pursuit term of 4 months has been done in order to survey the constancy and quality of the results. The case said that if the syndromes would come back, he would know they would be unreal and he would ignore them.

Tools

A: Insight Scale (IS): This scale is a kind of eight- sect self-report which is formed to inform psychiatric or schizophrenia patients and assessment of their insight. The scores of the general scale are from zero to twelve. Studies have shown that the internal reliability of this scale has been 75percent and its retest reliability for all scale has been reported 96 percent. In Iran it has been done on forty normal and disorder in which the reliability of scale's general score has been reported 92 percent [13, 17]. In this test three micro-scales; awareness of the syndromes, awareness of the illness and the requirement of therapy are rated.

B: Scale to Assess Unawareness of Mental Disorder (SAUMD): This scale is used to assess the awareness of mental disorder, of consequences of mental disorder, of drug's

effect, of hallucination experiences, of thought disorder, of artificiality of emotion, of inability on gaining enjoyment and of lack of tendency to have emotional relationship. This tool in Iran has been translated and authenticated by Yoosefi and et al and 9 short questions have been added to it also scores have been rated from 1 to 3. In this vein that score 1 means the case is aware, score 2 means the case is to some extents aware and score 3 means the case unaware, in other words when the score is higher the more patients are unaware of their illnesses and syndromes. Validity and reliability of the test had been satisfactory [1, 9, 18, 19].

C: Positive and Negative Syndrome Scale (PANSS): This scale survey positive and negative syndromes in patient, and it has 30 questions which have five-choice answers (never, sometimes, average, high and so high). Sub scales of this questionnaire consist of negative syndromes (8 questions), psychotic (7 questions), positive syndromes (6questions) and depression and anxiety (5 questions). In different researches validity and reliability of questionnaire have been emphasized [19- 21-24].

D:Structured Clinical Interview Device (SCID-1):This device is used for realization which is used more than DSM-4 scale and any other scales that are used in realizing interviews which psychologist use in their studies, and its use is easy and beneficial for clinical experts.

E: Minnesota Multiphasic Personality Interview (MMPI):It is one of the most valid clinical tests which has been used. It has more than 567 clauses, 10 clinical sub-scales and 3 reliability sub-scales. So the test has a high reliability and validity that has been done for those who suffered from mental disorders like schizophrenia (25,26).It must be reminded that this test only one time and during the pursuit term has been token by the case, and because of enormous number of questions and its problems pretest and post-test haven't preformed.

Findings

In table 1 average of pre-test and post-test scores and rate of differences among insight scales and between awareness assessment and mental disorder and among positive and negative scales are seen. In insight scale (IS) average of scores in pre-test has been 2 which in post-test it has increased to 5 This shows the improvement of patient's insight condition. In SUMD scale also average of scores in pre-test has been 5 which has been decreased to 3 in post-test that shows the sudden decrease of mental disorder and improvement in this scale. In PANSS scale average of the scores in pre-test has been 25 which has decreased to 12 in post-test that shows a satisfactory recovery of patient's syndromes. In follow, In IS scale also constancy with a little improvement and score 5 and SUMD score 2 has been maintained. In PANSS scale also average of scores which has been 11 has had the most improvement.

Table 1: average and rate of differences of scales' scores in pre and post test of cases

Scales	Pretest	Post Test	Difference	Follow-Up
IS	2	5	3	5
SUMD	5	3	2	2
PANSS	25	12	13	11

The gained scores have been shown in MMPI-2scale which was done only one time during the pursuit time. In this scale all the scores are in normal level, and only in social introvert scale the scores are in high level which probably indicates that the case is still in the introvert mood and doesn't have self-confident and is sensitive on other's thoughts about him. Scale 27also is a little high which is somehow normal in cases who thad experienced mental disorder, and the scores are not in a risky level.

Table2: scores mean MMPI

SI(0)	MA(9)	SC(8)	PT(7)	PA(6)	MF(5)	PD(4)	HY(3)	D(2)	HS(1)	K	F	L	scales
83	70	63	67	63	56	61	64	68	60	48	61	52	Scores

In diagram 1 stability and therapy method in IS and SUMD scale has been shown, and in diagram 2 this information inside PANSS has been shown. In diagram 3 stability and therapy MMPI scores has been shown.

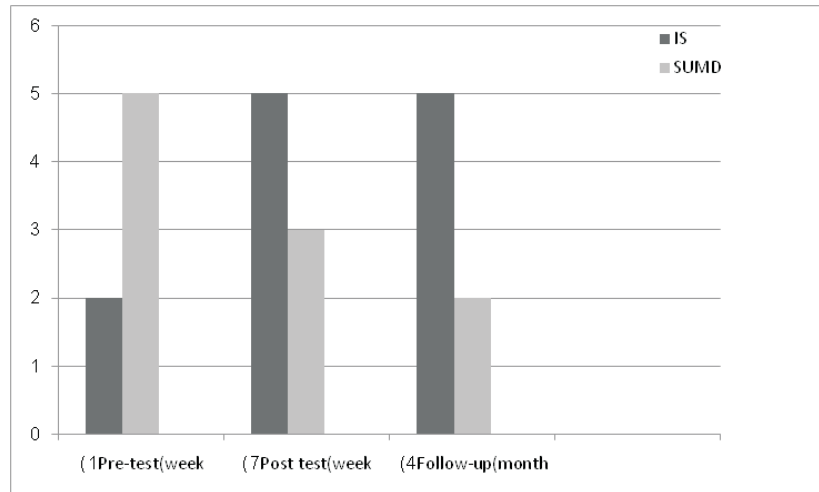


Diagram 1: changes of scores, averages of IS and SUMD scales in pre therapy, post therapy and pursuit terms

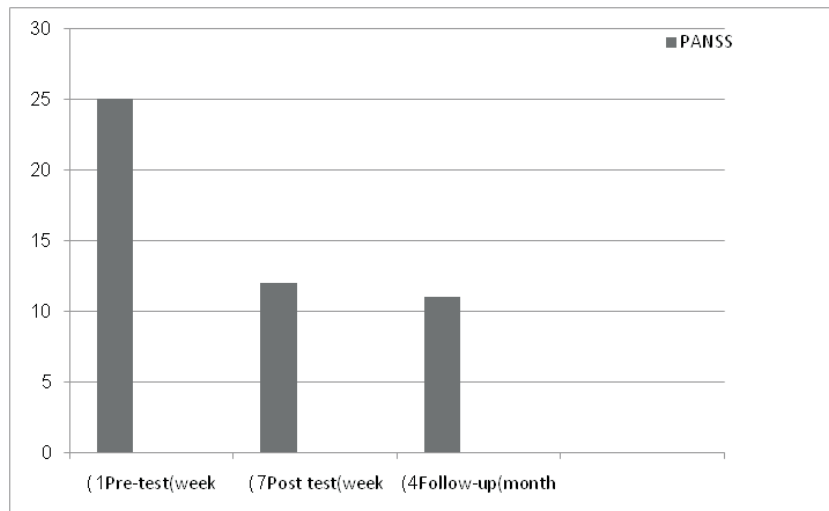
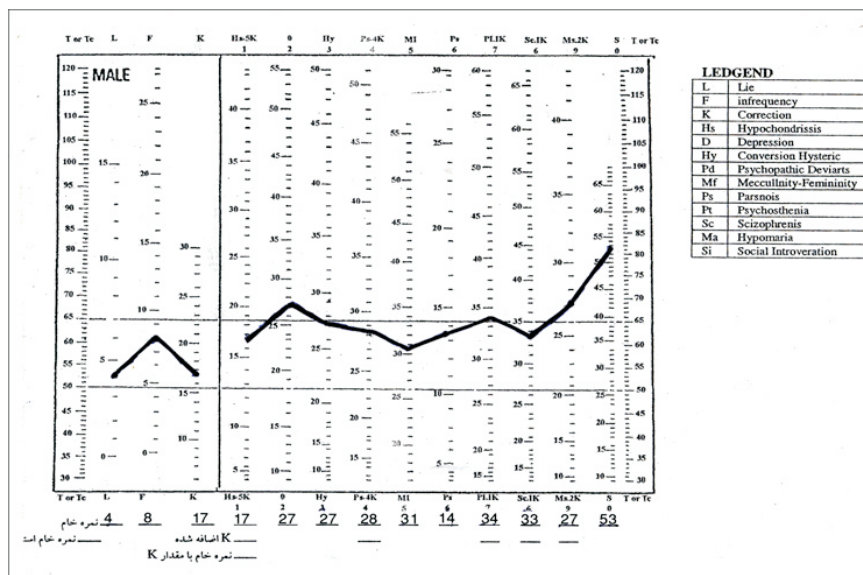


Diagram 2: changes of scores, averages of PANSS scale in pre therapy post therapy and pursuit terms



Conclusion

This paper has been done to survey the effect of cognitive counseling and insight of the syndromes and recovery process of a schizophrenia case. In realization survey opinions of three experts (two psychologists and a psychiatrist) and SCID-1 have been used. A survey on MMPI-1 has been done by use of DSM-4, SUMB and PANSS. The gained results were in consistency with most with most of recorded results both on its study and counseling and insight making aspects [2,3,9]. In scientific texts lack of insight in schizophrenia cases is one of the most important factors in their performances, although sometimes they support having high level of insight in the patients, but mostly they say that the patients have a very little level of insight. Usually schizophrenia patients have weaker insight level in comparing with other main mental illnesses like fundamental depression. However with the help of medical therapy in the primary stages of illness and by working on patients' insight and effectiveness of cognitive techniques we can be hopeful that a good recovery in the patient will be gained. It seems that making insight in patients would have constant effects also many finding ask as were mentioned confirmed this thought. On the other hand level of study and awareness of patients seem very important, so in this paper as the patient showed good ability in giving information an clinical problems, making insight in him with the aid of his mentioned characteristics gained sooner. Based on MMPI-2 sub-scale of introvert was high, so it seemed that the patient has recovered, but the case was still sensitive on others' thoughts about him that some solutions were offered for it. There are some cases of schizophrenia in university students which through considering better equipments for insight making and level of study for counseling we can conclude that working with these kinds of cases probably come to positive therapy conclusion sooner. Therefore findings of this paper offer that it is better for psychological training and therapy to concentrate and stress on mental training and detect malignant syndromes for better training, and with or without medical interference it must do its best for insight making in the therapy so that a more constant result will be gained.

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