

Psychodiagnostic Assessment of a Patient with Schizophrenia: A Case Study

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ABSTRACT

Schizophrenia is a chronic and severe psychiatric disorder characterized by disturbances in perception, thought, emotion, and behavior. The present case study aimed to assess the psychological functioning of a 30-year-old female patient through detailed case history, Mental Status Examination (MSE), and standardized psychological tests. The patient presented with symptoms such as decreased sleep and appetite, aggressive behavior, wandering tendency, muttering and singing to herself, auditory hallucinations, and delusions for the past seven years. Psychological assessment included the Wechsler Digit Span Test, Bell Adjustment Inventory, Sack's Sentence Completion Test, Beck Depression Inventory, Locus of Control Scale, and Multiphasic Personality Questionnaire. The findings indicated impaired attention, poor adjustment, moderate depression, external locus of control, disturbed thought process, hallucinations, and poor insight. Based on clinical history, MSE, and psychological assessment, the patient fulfilled the diagnostic criteria for schizophrenia. The study highlights the importance of comprehensive psychodiagnostic evaluation for accurate diagnosis and effective treatment planning.

Keywords: *Schizophrenia, Psychodiagnostic Assessment, Hallucination, Delusion, Mental Status Examination, Case Study*

Schizophrenia is one of the most disabling mental disorders worldwide and affects approximately 1% of the global population. It involves disturbances in thinking, perception, emotions, and behavior that significantly impair an individual's personal, occupational, and social functioning.

The disorder commonly begins in late adolescence or early adulthood and follows a chronic course with repeated relapses if untreated. Patients often experience hallucinations, delusions, disorganized thinking, emotional disturbances, and cognitive impairment.

Psychological assessment plays a vital role in understanding symptom severity, cognitive functioning, personality characteristics, emotional adjustment, and treatment planning.

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REVIEW OF LITERATURE

Bleuler (1911) introduced the term "schizophrenia" and described disturbances in thought, emotion, and behavior as its primary features.

Kraepelin (1899) described dementia praecox as a progressive mental disorder beginning in adolescence.

Kaplan and Sadock (2022) emphasized that schizophrenia is associated with deficits in cognition, attention, memory, perception, and executive functioning.

DSM-5-TR (APA, 2022) states that diagnosis requires persistent psychotic symptoms for at least six months with significant impairment in functioning.

Objectives

The objectives of the present study were:

- To obtain a detailed psychiatric case history.
- To assess mental status.
- To evaluate cognitive functioning.
- To identify personality characteristics.
- To assess emotional adjustment.
- To establish psychological diagnosis.

METHODOLOGY

Research Design

A descriptive single-case study design was adopted.

Sample

One female patient aged 30 years diagnosed with schizophrenia.

Tools Used

- Clinical Interview
- Case History Format
- Mental Status Examination (MSE)
- Wechsler Digit Span Test
- Bell Adjustment Inventory
- Sack's Sentence Completion Test
- Beck Depression Inventory (BDI)
- Locus of Control Scale
- Multiphasic Personality Questionnaire (MPQ)

Case History

The patient was a 30-year-old unmarried female belonging to a low socioeconomic background.

The illness had an insidious onset approximately seven years ago.

Initially, she developed disturbed sleep and poor appetite followed by irritability and aggressive behavior. Gradually she began talking, laughing, singing, and dancing to herself. She also reported hearing sounds and exhibited auditory hallucinations and delusional beliefs.

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She had previously received psychiatric treatment at RINPAS.

No history of epilepsy, head injury, substance abuse, or significant family history of mental illness was reported.

Mental Status Examination

- The patient was cooperative and maintained eye contact.
- Speech was clear and coherent.
- Orientation to time, place, and person remained intact.
- Attention was aroused but poorly sustained.
- Mood was euthymic with appropriate affect.
- Thought content revealed delusions of reference.
- Perception was disturbed by auditory hallucinations.
- Insight was Grade I, indicating complete denial of illness.
- Judgment remained socially satisfactory.

Psychological Assessment

1. Wechsler Digit Span Test

- The patient demonstrated impaired attention and concentration.
- Bell Adjustment Inventory.
- Poor adjustment was observed, particularly in family and home situations.

2. Sack's Sentence Completion Test

- The responses indicated severe interpersonal conflicts, disturbed family relationships, poor self-concept, and emotional insecurity.

3. Beck Depression Inventory

- The patient obtained a score indicating moderate depression.
- Locus of Control Scale
- Results showed an external locus of control.

4. Multiphasic Personality Questionnaire

- The personality profile revealed prominent psychotic symptoms including hallucinations, anxiety, disturbed thinking, and schizophrenia-related characteristics.

RESULTS

The assessment findings indicated:

- Impaired attention and concentration
- Poor social and family adjustment
- Moderate depressive symptoms
- External locus of control
- Delusions
- Auditory hallucinations
- Poor insight
- Disturbed thought process

DISCUSSION

The findings are consistent with the diagnostic features of schizophrenia described in DSM-5-TR.

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The patient demonstrated both positive symptoms (hallucinations, delusions) and cognitive impairment (poor attention and concentration). Personality assessment further supported psychotic features.

Poor insight and impaired adjustment suggest the need for long-term psychiatric care, psychosocial rehabilitation, and family intervention.

CONCLUSION

The present psychodiagnostic assessment confirms that the patient meets the clinical features of schizophrenia.

A multidisciplinary treatment approach including antipsychotic medication, psychotherapy, family counseling, and rehabilitation is recommended for improving functional outcome.

Limitations

Single-case design limits generalization.

Psychological assessment was conducted during active illness.

Follow-up assessment was not available.

Recommendations

- Regular psychiatric consultation.
- Compliance with prescribed medication.
- Individual psychotherapy.
- Family psychoeducation.
- Cognitive rehabilitation.
- Social skills training.
- Vocational rehabilitation.
- Periodic psychological assessment.

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Conflict of Interest

The author(s) declared no conflict of interest.

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