

Understanding the Uniqueness of Hebephrenic Schizophrenia: A Case Study

Memahami Keunikan Skizofrenia Hebefrenia: Studi Kasus

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Abstract. *This clinical case study explores the uniqueness of the case and the challenges of diagnosis in a hebephrenic schizophrenia patient at RSJ X Malang. The subject was a 32-year-old woman with a history of aggressive and erratic behaviour, assessed over a period of 2 weeks through comprehensive psychological assessment, namely autoanamnesis, alloanamnesis, and daily observation. The methodology used was qualitative methodology with a case study approach to find out the uniqueness of the case in depth. This study identifies the psychopathological features and challenges of patients with hebephrenic schizophrenia. The subject exhibited typical symptoms of hebephrenic schizophrenia, onset of the disorder between the ages of 15-25 years and disorganisation in thought processes. In addition, the subject fulfils the main diagnostic criteria of schizophrenia, namely the presence of thought eco, disconnected thought flow, and dull emotions. Delusions and hallucinations were not apparent during the examination. This case is expected to provide insight into the complexity of the disorder, especially the challenges faced in subjects with hebephrenic schizophrenia so that it can be a useful input for the subject's support system.*

Keywords - hebephrenic schizophrenia, psychological assessment, study case

Abstrak. Studi kasus klinis ini memahami keunikan kasus dan tantangan diagnosis pada pasien skizofrenia hebefrenik di RSJ X Malang. Subjek adalah seorang wanita berusia 32 tahun dengan riwayat perilaku agresif dan tidak menentu, dinilai selama jangka waktu 2 minggu melalui penilaian psikologis yang komprehensif, yaitu autoanamnesis, alloanamnesis, dan observasi harian. Metodologi yang digunakan ialah metodologi kualitatif dengan pendekatan studi kasus untuk mengetahui keunikan kasus secara mendalam. Penelitian ini mengidentifikasi ciri-ciri psikopatologis beserta tantangan dari pasien dengan skizofrenia hebefrenik. Subjek menunjukkan gejala khas skizofrenia hebefrenik, yaitu onset gangguan antara usia 15-25 tahun dan disorganisasi dalam proses berpikir. Selain itu, subjek memenuhi kriteria diagnosis utama skizofrenia yaitu adanya thought eco, arus pikiran yang terputus, dan emosi yang tumpul. Untuk delusi dan halusinasi tidak begitu nampak pada saat pemeriksaan. Kasus ini diharapkan dapat memberikan wawasan tentang kompleksitas gangguan terutama tantangan yang dihadapi pada subjek dengan skizofrenia hebefrenik sehingga dapat menjadi masukan yang berguna bagi sistem dukungan subjek.

Kata Kunci - skizofrenia hebefrenik, asesmen psikologi, studi kasus

I. INTRODUCTION

According to data from the Basic Health Research (Riset Kesehatan Dasar) in Indonesia during the years 2013-2018, the prevalence of schizophrenia or psychosis in 2013 reached 1.7% of the total population of Indonesia. Additionally, Riskesdas 2018 noted a decrease in the proportion of households with at least one family member suffering from schizophrenia or psychosis who had ever been restrained. In 2013, this figure was 14.3%, while in 2018 it decreased to around 14% of the total population of Indonesia in both urban and rural areas [1]. Schizophrenia is a complex and challenging mental disorder to diagnose and treat. It is characterized by severe abnormal behaviors (psychotic symptoms) that can affect an individual's thoughts, feelings, and behaviors. The term "schizophrenia" originates from the Greek words "schizo," meaning split or cracked, and "phren," meaning mind or soul, reflecting the fragmented thinking often observed in this disorder [2] [3]. According to the PPDGJ-III (Indonesian Classification of Mental Disorders, Third Edition), schizophrenia is described as a syndrome with a wide range of symptoms and a broad course of illness [4]. The onset of schizophrenia may be marked by significant deviations, characterized by abnormal thoughts and perceptions, as well as inappropriate or blunted affect. Despite these symptoms, individuals with

schizophrenia can retain clear consciousness and intact intellectual abilities, although there may be certain cognitive declines that can develop over time.

Schizophrenia does not occur on its own; there are contributing factors in genetic, physical, and socio-cultural domains. There are several causes of schizophrenia including heredity, temperament, early deprivation, stress, social development, and economic status [5]. Schizophrenia has two categories of symptoms: positive and negative symptoms [6]. Positive symptoms are the most visible in patients, typically appearing during exacerbations and often decreasing or disappearing with antipsychotic medication. Positive symptoms such as delusions and hallucinations are often striking and prompt patients to seek medical help. On the other hand, negative symptoms are less overt but crucial in schizophrenia, as their severity can predict the long-term course of the illness. Negative symptoms may include blunted affect, loss of interest and motivation, anhedonia (inability to feel pleasure), decreased verbal communication abilities, difficulty initiating purposeful behavior, impaired initiation of motor activities, and social withdrawal.

Hebephrenic schizophrenia is a type of schizophrenia often characterized by signs of regression, meaning that behavior and thoughts of the affected individuals revert to primitive developmental phases. Additionally, this type is associated with noticeable affective changes [3]. The onset of hebephrenic schizophrenia typically occurs earlier compared to other types of schizophrenia. Individuals with hebephrenic schizophrenia often display odd and childish behavior, with a tendency to act silly and laugh without clear reasons. They may exhibit loose thought associations, although delusions and hallucinations are not as prominent.

Hebephrenic schizophrenia diagnosis according to PPDGJ-III meets the general criteria for schizophrenia and is typically occurred in adolescence or young adulthood (15-25 years old). Premorbid personality shows characteristic traits such as shyness and a preference for solitude. They are tend to display irresponsible and unpredictable behavior, often preferring solitude with aimless activities and lacking normal emotional expression. They frequently exhibit shallow and inappropriate affect, characterized by inappropriate giggling or self-satisfied expressions, nonsensical smiling, laughing in an odd manner, and rough joking. They may also display hypochondriacal concerns and repetitive use of certain words.

Handling patients with hebephrenic schizophrenia requires a deep understanding of the various symptoms and emerged behavioral patterns. One intriguing case for the uniqueness case was a 32-year-old woman treated at RSJ X Malang diagnosed with hebephrenic schizophrenia. This study aims to understanding the uniqueness case of hebephrenic schizophrenia through a case study. The study provides an overview of the diagnostic approach, including self-history, family history, and daily observations. In addition, researchers also want to know the importance of early diagnosis and personalized treatment plans in managing hebephrenic schizophrenia to improving their quality of life.

II.METHOD

The purpose of this study is to understanding the uniqueness the case of subject was diagnosed hebephrenic schizophrenia. This research conducted through a qualitative research with a case study approach. A case study is an in-depth investigation focusing on an individual, group, organization, program, or other entity over a specific period. Its goal is to provide a comprehensive description of the entity by collecting and analyzing data to generate theories [7]. This approach was chosen because it allows for a deep and comprehensive exploration of complex phenomena such as hebephrenic schizophrenia. Case studies enable researchers to explore various aspects influencing the uniqueness

conditions of hebephrenic schizophrenia within specific contexts. This research was conducted over 2 weeks at RSJ X Malang.

To gain an in-depth understanding of the challenges in diagnosing this condition, the study employed three main data collection methods: documentation study, involving official documents (medical records, clinical reports) and scholarly literature (journal articles, textbooks), observation, autoanamnesis with the subject, and alloanamnesis with significant others (ward nurses). The research subject is a 32-year-old woman with a history of unpredictable and aggressive behavior, and the study received approval from the institution to conduct a case study on this subject. Below are the identity of the research subject:

Table 1. Subject Identity

Name	MS
Place and date of birth	Nganjuk, 11 July 1991
Age	32
Sex	Woman
Ethnic	Javanese
Religion	Islam
Last Education	Bachelor Degree
Job Title	-
Marital status	Not married
Address	Nganjuk, East Java
Order in family	2 of 4 siblings
Hobby	Cooking

III.RESULT AND DISCUSSION

In this case study, subject was diagnosed with hebephrenic schizophrenia in 2024 at RSJ X Malang. This is the second relapse for subject. The first time subject was hospitalized was in 2017. This relapse was precipitated by the announcement of her older sibling's fourth pregnancy, causing subject to respond aggressively by throwing objects within her home. Based on the result of the study, it was found the risk factor that caused the subject suffering hebephrenic schizophrenia.

To explore deeper into the psychological dynamics of this case, researchers use Sigmund Freud's theory of defense mechanisms. Freud's psychoanalytic theory offers a profound framework for

elucidating mental disorders by highlighting the subconscious's role in shaping individual behavior and experiences. According to Freud, traumatic experiences or unresolved emotional conflicts often become repressed into the subconscious, yet continue to exert unconscious influence over an individual's behavior and thoughts [8]. Freud's theory explains how individuals unconsciously protect themselves from anxiety and internal conflicts through various defense mechanisms. These mechanisms include repression, projection, rationalization, sublimation, and others, which function to reduce psychological pressure and maintain mental balance [9]. By applying Freud's theory of defense mechanisms, researchers can identify and understand the underlying causes of the disorder experienced by the subject.

In his theory, Freud classified personality into three parts: Id, ego, and superego. The Id is the core component of personality that operates without control, aiming to fulfill desires and reduce internal tension. On the other hand, the superego represents the individual's moral values system, formed through the child's identification with parental standards and existing social norms. Freud viewed the superego as a mechanism to control the sexual and aggressive impulses of the id. Meanwhile, the ego acts as a mediator between the id and the external reality, striving to satisfy the id's impulses while facing the demands of reality.

During childhood, subject was not close to both parents. Subject's father often dictated the activities that subject engaged in; for example, when subject wanted to join the scouts (id), her father forbade it and instructed subject to focus solely on studying the Quran. Throughout her father's lifetime, subject felt constrained and obedient to her father's commands, even when they conflicted with the subject's desires. This could be due to psychological pressure from the father and the subject's own pressure to meet the expectations or norms imposed by the father (superego). Unable to resist her father's decisions, subject suppressed her own desires and sought ways to justify her father's choices. In this case, subject used repression and rationalization mechanisms, burying her desires as a way to reduce anxiety or discomfort and rationalizing that Quranic study was more spiritually and morally beneficial than scouting. After her father passed away, subject felt liberated from the pressure and expectations, and began to pursue desires that had previously been suppressed due to the absence of external factors hindering her. This was evident during high school, when subject joined the scouts to fulfill her desires that repressed since elementary school.

Freud explained that if the ego fails to effectively resolve conflicts between the id and superego, anxiety will arise [10]. This anxiety leads to psychological discomfort, prompting individuals to employ defense mechanisms, whether consciously or unconsciously, as a way to alleviate this discomfort. When defense mechanisms are used excessively or in an unbalanced manner, they can contribute to the development of mental disorders. The subject often faced challenges in resolving problems encountered in specific situations. One such instance was deciding on her college major. Her mother wished for her to pursue Arabic studies, but the subject preferred agriculture. Due to financial constraints, however, she ultimately chose sociology as her major. The subject selected sociology to ease tension between her personal aspirations and her mother's expectations (superego). She rationalized her choice by considering it more financially viable for her family at that time, despite her stronger inclination towards agriculture. This rationalization aimed to minimize internal conflict with her mother and foster acceptance of her decision.

During her college years, the subject encountered difficulties with her political science professor. She received low grades in the course and felt humiliated by her professor due to her poor performance. The subject harbored resentment (id) towards her lecturer for belittling her in political science class. This feeling could be a source of stress and discomfort for the subject. However, unable

to express her frustration directly to her lecturer (superego), the subject suppressed these feelings of resentment. She employed the defense mechanism of repression, wherein she attempted to reduce the discomfort arising from her resentment, aligning with her superego's standards. The subject would feel more comfortable and secure by not directly expressing her feelings of resentment. Unable to effectively resolve the conflict she experienced, despite feeling upset about being humiliated regarding her grades, the subject remained unmotivated to take action to improve her performance in the course.

After completing her undergraduate studies, the subject experienced difficulties in building social relationships. From her time working to throughout her postgraduate program, she struggled with making friends and adapting to the routines of graduate school. This left her feeling lonely and without companions to talk to, ultimately leading to harbored negative feelings during her Master's program that may have been hidden in her subconscious mind. The impact of unresolved problems and anxieties brought by subject triggered an incident where she became aggressive while pursuing her postgraduate studies in Yogyakarta due to financial issues. These problems originated from subject's difficulty in controlling her anger towards her mother. The anger stemmed from anxiety felt by subject, arising from a confusing situation where she had received money from her mother for her Master's tuition but then she lent that money to her boyfriend to start a business together. This led to additional conflict, as subject couldn't pay her tuition fees because of the money she had lent. Despite her boyfriend being the direct cause of the financial problem, subject directed her anger towards her mother instead.

In this situation, subject redirected her anger from the source of conflict or anxiety, her boyfriend, to an easier target, her mother. This defense mechanism is known as displacement. Despite her boyfriend being directly responsible for her financial troubles, subject didn't express her anger towards him due to fear of consequences like a breakup. Instead, subject used displacement to transfer her anger from her boyfriend to her mother, whom she felt safer or more comfortable directing her anger towards. When subject displaced her anger onto her mother, it didn't resolve the root of her issues or conflicts. This resulted in the underlying anxiety not being addressed, and her feelings of distress being temporarily relieved. Shortly after this incident, subject's boyfriend decided to end their relationship, further plunging subject into despair. This event eventually triggered subject to react aggressively by throwing objects around the house.

During her subsequent relapse, subject's aggressive behavior was triggered by news of her sister's pregnancy, which brought forth repressed feelings within her. Previously, subject had repressed negative emotions regarding her responsibilities in caring for her sister's children and concerns about her family's unstable economic situation. As a result, subject experienced a relapse, exhibiting aggressive behavior such as throwing glasses and plates.

IV. CONCLUSION

Based on the case study of subject, a woman with hebephrenic schizophrenia, it is evident that this disorder significantly impacts various aspects of her life. Subject exhibits symptoms such as restlessness, irritability, difficulty sleeping, and a tendency to engage in tangential self-talk. This disorder appears to stem from unresolved conflicts and imbalanced defense mechanisms, particularly concerning financial issues and complex interpersonal relationships. Her aggressive behaviors, including damaging household items, represent peaks of stress she experiences. Subject's relapse in 2024 indicates that life changes, such as news of a family member's pregnancy, can trigger intense emotional reactions and the return of aggressive symptoms.

In managing cases like this subject, a holistic therapeutic approach is crucial. This includes appropriate medication management to control symptoms, teaching stress management skills to cope with emotional triggers, and supportive family approaches to help subject express and address her feelings in a healthy manner. RSJ X Malang, where subject is treated, needs to provide a safe and supportive environment with varied routine activities such as group therapy and physical activities to promote recovery and enhance patients quality of life. With integrated care and consistent support from the medical team and family, it is hoped that subject can better cope with her mental challenges and achieve long-term stability.

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