

## Case Study #5a — Psychosis

### Background Information

Jessica is an 18 year-old female with recent abnormal behaviour and perceptual disturbances. *She describes a history of recurrent depressive feelings since the age of twelve.* Last year her feelings of depression intensified, resulting in food-intake restriction and a loss of twenty pounds. In June of 2008 Jessica was *hospitalized for one week after an overdose of sleeping pills.* After discharge she saw a therapist weekly and underwent noticeable improvements in her mood and functioning. Jessica was suddenly re-hospitalized in February of this year for four days.

*Hospitalization was necessary following an episode at school during which Jessica became highly disoriented and confused, convinced that her boyfriend had died based upon signs that were presented to her* (e.g. the school counselor wearing white, the nurses wearing cross necklaces).

### Unusual Thought Content

*Jessica commented that things seem strange and “crazy all the time” since her most recent hospitalization.* She described frequent *déjà vu* experiences; for example she was certain that she had seen the assessor before the interview “at the hospital, in the shower but it was another girl who kept getting thicker and thicker.”

*Daily Jessica feels thoughts are being put into her head “like a high force is interfering” and she can read other people’s minds. She also feels music is communicating with her and sending special messages “every day of my life.*

Jessica believes she can *predict the future* as evidenced by thinking about or dreaming things, which then occur. *On a daily basis she has the feeling that she is “dead, in paradise or heaven but my parents still exist.”* Jessica also *described seeing*

*significant signs in her everyday experiences*, which she is unable to interpret [this quotation is an example of very disturbed thought content indicative of psychosis]:

“I want to know the benefits and effects of what’s happening to me. I see angels, reflections and license plates that say June or July. Every day is happy birthday to me because things are so beautiful and life is wonderful. I

am bleeding by love and miss my lover. It’s like breathing, like this (Jessica stands up and reaches toward the light fixture in the interview room), like an umbilical cord. Take it one step at a time. China Town. Little Tokyo. I learned a lot from their cultures. I love all cultures.”

### Suspiciousness

Since hospital discharge Jessica *has felt “watched”.* *She constantly feels hypervigilant*, “I pay attention to every detail in the room. I feel I have to control it all.” Jessica has recently felt *mistrustful and*



*feels others are thinking of her in a negative way.* Jessica feels increasingly uneasy and suspicious that people are against her or may cause her harm. She will not walk through her school campus alone even in the day time and she is watchful for any “suspicious” behaviors from people around her such as wearing a large coat in the summer. Because of her uneasiness Jessica is becoming more seclusive and commented “I want to go out but can’t because I am the center of attention”.

### **Grandiosity**

Jessica believes that she has special gifts and talents and thus displays severe grandiosity: *“I can dance, sing and act exceptionally well. At the hospital I pretended to be Paris Hilton, who I think is wonderful. I also pretended to be Cinderella which, who knows, I could be.”*

### **Perceptual Disturbances**

*Jessica has auditory, visual and olfactory hallucinations.* During her hospital stay, Jessica thought she heard “horse’s hooves,” which she interpreted as her boyfriend coming to rescue her, adding, “He is a Sagittarius so I thought he was half-horse half-man.” *Several times a day she also frequently hears him calling her name and she will respond by looking for him.* Jessica believes that colors appear brighter since her hospitalization, and *describes recently seeing her boyfriend’s fully formed image everywhere.* In the past two months Jessica has become *aware of an extremely foul odor, which goes unnoticed by others.* Jessica expressed concern that it was poison. In an attempt to make the odour disappear Jessica puts soap in her nostrils.

Jessica experiences this odor several times a week for periods as long as 30 minutes.

### **Communication Disturbances**

Jessica has *substantially impaired communication.* During the course of the interview, Jessica often rambled and lost track of the topic. *Her speech patterns were highly tangential, incoherent and often failing to reach the point.*

### **Comments**

Jessica presents with many defining characteristics of psychosis with thought, perception and behavior being markedly disordered:

- Jessica has severely disturbed **thought content** at a psychotic level of intensity for prolonged time periods on a daily basis. Jessica displays disorganized speech/thinking and grossly disorganized behavior. She has been hospitalized twice for being a danger to herself.
- Jessica has severe and psychotic **perceptual disturbances** involving vision, hearing and smell. These hallucinations are recurrent and are perceived as real.
- Jessica presents with **suspiciousness** at a severe level of intensity and frequency. She is constantly hypervigilant and her behavior is influenced by her beliefs. Jessica is avoidant of certain situations (e.g. walking alone through school campus) and she is becoming more seclusive.

- **Grandiosity** is at a psychotic level. Jessica has an exaggerated self-opinion and special identity.
- Prior to the emergence of psychotic symptoms Jessica had a prolonged prodromal period marked by depression.

