

Movie Diagnosis Case

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Introduction to the Client

The client of this case is a character named John Nash, in the film *A Beautiful Mind* (2001) that is founded on a true story around a person who existed in real life. The mathematician John Nash was a Nobel Laureate in Economics. He made a significant contribution in economics through inventing the so-called “Nash equilibrium” and solutions that are used in game theory. John Nash in real life suffered from a mental health illness, the core feature of it was paranoia. Thus, for example, he believed that people wearing red ties are in a conspiracy against him, that they plan to establish a government, and that they are secretly communists (Nasar, 1994). In this writing, I will be focusing on a fictional character by the name of John Nash. I chose this film because it made a great impression on me when I first watched it in 2011, and because it features a character with mental health disturbances. In this paper, I will try to establish the nature of the character’s disturbances.

Presenting Problem

In the film, graduate student of mathematics at Princeton University, John Nash accepts a project in cryptography with the government, or so he thinks. He is charged with uncovering the pattern of a Soviet plot in the newspapers and popular magazines. This project leads Nash to the rabbit hole of conclusions where the border between reality and his mind’s games is increasingly blurred. In the course of the movie, it has been established that this government cryptography project is a play of his imagination. For example, his wife discovers that the government agents with whom John Nash constantly talks, simply do not exist. Believing that one of these agents is watching his child, John leaves the child in a running bathtub, thus endangering the child. According to Nash, the doctors who try to save him from having hallucinations and involuntarily

commit him to a psychiatric institution are Soviet agents who are out to get him because he is about to uncover the secret Soviet plot. After a course of treatment, John Nash returns to teaching. He admits that he is suffering from delusions because he realizes that the government agents and other characters who he imagines do not age. However, the viewer cannot be absolutely sure where reality ends and hallucinations begin. We are not exactly sure whether John Nash is delusional, or his family and his doctors do not accept that he is really doing an important secret work for the government and consider him to be insane. In the end of the movie, the character is given an award for his work. His imaginary friends, or hallucination characters, follow him from afar and seem to congratulate him on his work.

Diagnosis

The symptoms of the character's mental health issues seem to constitute a strong case for diagnosing the character with schizophrenia. Incidentally, this is a diagnosis that the character is given in the movie by his doctors. Of course, the film presents a fictionalized account of schizophrenia. It is probably exceedingly rare that people have hallucinations in such an organized manner that they have whole developed characters with their own plot lines who appear again and again in an unchanged form. I suggest that it is probably rare because *Diagnostic and statistical manual of mental disorders* does not describe this form among "bizarre" or "nonbizarre" delusions (American Psychiatric Association, 2022, p. 101).

However, at the same time, there are symptoms exhibited by the character that allow to make a diagnosis of schizophrenia. The character imagines that he is given a secret assignment, and that the Soviet plot will be published in popular newspapers in cryptic forms. These is a type of delusion that could be characterized as referential (American Psychiatric Association, 2022, p. 101), wherein a person believes that unrelated signs and messages relate to them directly or

organize into coherent messages. The character further believes that the psychiatrists are Soviet agents and are out to get him. This is a delusion of persecution: a person believes that they are being harmed or harassed by an organized group (American Psychiatric Association, 2022, p. 101). That the character experiences hallucinations is a strong indicator of schizophrenia (American Psychiatric Association, 2022, p. 102). Hallucinations can also appear in manic episodes of bipolar disorder. What prevents us from giving the diagnosis of bipolar disorder is that the character does not experience depression. There are no detectable “poles” or opposites of mood between which he swings. This is not a mood disorder that he is suffering from. His symptoms are better explained through schizophrenia as he exhibits many symptoms that fit this diagnosis.

Theoretical Treatment

To work with this character as a mental health counselor, I would use a cognitive behavior theory, based on the personality of the client. The client is a scientist and enjoys detecting patterns in big masses of information. I would use bibliotherapy to educate him on the issues he is experiencing. This is the kind of client when it is appropriate to print a chapter about schizophrenia from the manual and give it to him asking him to detect which symptoms he might be experiencing. One of the tasks of the therapy would be to shake his denial regarding his condition and to challenge him to accept the course of treatment. It would also be helpful to challenge his assumptions about the work he is supposedly given by the government. Rational emotive behavior theory could work, wherein the counselor would challenge the plausibility of the belief that the client was given a task to sort out a secret plot through the analysis of newspapers. I would ask questions like, do you think it is a usual practice in governments of different countries to give their scientists such assignments? Do you think the Soviet state will publish the secret plots in the popular newspapers where it could be detected by readers? Who do

you think are the recipients of these publishing efforts? I would speak to the rational part of the client as opposed to the delusional part.

In the movie, the character is initially treated by psychiatric intervention that includes medication and electroconvulsive therapy. He finds the side effects of medications unpleasant. After he stops taking medications, he relapses. He begins seeing his government agents, who are also his hallucinations, again. As a mental health counselor, I would work with the client on identifying the negative side effects of his medication. I will then enable him to relate his findings to his psychiatrist. The psychiatrist will then be able to select the medications for him that will suit him better. As he begins taking medications that would not have severe adverse side effects, the client would be able to waste less time struggling with his mental illness without the help of medications. This back-and-forth between the counselor, the client, and the client's psychiatrist is only possible if the relationship between the client and the counselor is established and there is trust from the client in this relationship. Therefore, the first task, before the above interventions become possible, will be establishing rapport.

Conceptualization of Client

The client is educated and accomplished. He is a talented mathematician. The client is a privileged white man in the American society. We don't know his family history, but that would be useful to learn more about it and solicit information from him about environmental and hereditary factors potentially impacting his mental health. I presume that he is also coming from an educated middle-class family, given that he was able to commit to a graduate school in Princeton after college, which is expensive. As such, he is in the privileged position to afford his treatment and benefit from it, provided he realizes that he needs help.

Whether the treatment will be successful or not depends on whether it is possible to overcome the client's denial. One of the symptoms of severe mental health disorder that often accompanies it is a denial of the condition. The manual compares it to "*anosognosia*" (American Psychiatric Association, 2022, p. 116), unawareness of sickness that results from brain damage. That means that the denial of the condition is part of the condition itself, which complicates attempts to alleviate it. The success of the treatment depends on whether it is possible to get the client to admit that there are issues that he is suffering from. He could better the conditions of his life by admitting that he has issues. The prognosis is favorable because the client is highly intelligent and will probably respond well to being rationally challenged. I am not claiming that a high level of intelligence is a guarantee that the treatment of mental health issues is going to be successful. My point is because the client is intelligent, logical, and a mathematician, he would probably respond well to the methods and techniques of rational emotive behavior therapy that is challenging irrational thoughts.

Reflection

This was an interesting assignment proposing to diagnose a movie character as opposed to an actual human case study. I felt more at ease and in control over the character of the movie knowing I can't harm him by assigning him a chapter of a diagnostic manual to read. I might be more reluctant to assign such readings to real-life clients. When a client is experiencing a crisis, such methods are not going to work because a person who is restless or on new medications will not be able to read a chapter of densely packed medical information.

In this exercise, I was putting myself in the position of somebody in control over a delusional client who needs decisive intervention and a lot of therapy. He is potentially a danger to others as he left his child in the bathtub unattended, risking the drowning of a child. In real

life, people who are in this state need to be closely supervised and be at least in a part-time attendance of a mental health outpatient facility during their crises, if not committed to psychiatric institution. However, they can also function independently when they are on a course to their remission if they have a strong support system.

References

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