

Clinical Assessment of Shinji Ikari

Bunny Falkie

School of Social Work, University of Maine

4/30/24

Clinical Assessment of Shinji Ikari in Gainax's End of Evangelion

Client: Shinji Ikari, "Third Child"
Social Worker: Hanna Falkie
Date: April 28th, 2023

Presenting Information:

1. Identifying Information

Shinji Ikari is a 14-year-old Japanese, adolescent male who relocated to New Tokyo-3 City twelve months ago through involuntary military enlistment with NERV. He is an only child; his mother is deceased, and his father is estranged. He spent the last ten years in kinship care with his "Sensei", and moved into an apartment with fellow pilot AL and his acting handler and commanding officer MK following . Shinji self-referred to the clinic with reports of increased clinical symptoms following a series of traumatic event experienced during his recent combat deployments.

2. Referral Sources

Shinji voluntarily self-referred to the IOP, and reports that his current services provided through the Military have been insufficient at addressing his mental health challenges. His services are paid through discretionary funding of NERV; mental health treatment is not a covered service under their plan. Shinji displays a willingness to self-pay, as these discretionary funds are contingent on Shinji's compliance with NERV orders.

3. Presenting Problem

The client reports significant distress in several areas, an insight he reports gaining following his killing of another pilot, KN, in a tactical crisis. Following this incident was another crisis, where he experienced the loss of several members of his outfit during combat and woke up on an empty battlefield with pilot AL. Shinji believes the unresolved symptoms he is experiencing are

actively impairing his ability to pilot his robot, contributing to the casualties of the most recent combat, and states he is at risk for military sanction should his condition not improve.

Personal History:

1. History of the Problem

Shinji was greeted by the clinician with a standard introduction, a statement of the clinician's role, and a review of confidentiality procedures. It was outlined that NERV gave the clinic access to his personnel files by the permission of his guardian, commanding officer MK. A conversation was had over what will need to be disclosed to her, and what can be requested by the military regarding his fitness for service. Shinji stated he understands the procedures and stipulations. When asked what led him to refer himself for Intensive Outpatient Services he revealed he is a conscripted child soldier, operating out of an underground military base in Tokyo-3, for a military organization that is currently headed by his father, GI. Shinji has not been able to verbalize why exactly he was chosen to pilot the robot "Unit 01", but believes this is due to his father's status within the organization. Due to the lifelong estrangement with his father, Shinji believes successful piloting of Unit 01 will gain him the respect and admiration he is desperately seeking. Over the past 12 months, Shinji has been deployed to several combat zones, and he recounts several instances where he directly witnessed the death, destruction, and killing intrinsic to warfare.

Of particular note is his description of an incident 2 months prior, where he was forced to engage and kill a fellow pilot after they revealed themselves as a counteragent and proceeded to infiltrate the NERV headquarters. Shinji was the only available pilot to mobilize, and he reports feeling "forced" to capture pilot KN. This agent provided Shinji the choice to kill him or allow him to complete his infiltration mission. Shinji reports significant guilt after having neutralized KN,

crushing him to death; he began to perseverate on the assertion that this was an action taken without direct orders, as his comm systems were down at the time.

Since the incident, he describes feeling unable to return to the military base, and has ignored attempts for communication by his commanding officers in pursuit of social isolation. Shortly after, pilot AL was hospitalized with life-threatening injuries after he refused to return for duty during another attack by foreign aggressors. Shinji feels he is to blame for the other pilot's injuries, as he "should've been there" during the mission. He reports that he visited her in the hospital while she was comatose, and while begging for her help, accidentally saw her naked. Shinji would not make eye contact with the clinician when he disclosed that he masturbated over her unconscious body. The client reinforced his perception that he is worthless, saying he's the "lowest of the low" and described increasingly avoidant behaviors.

During the most recent crisis, he was unable to be reached by his commanding officers and had to be physically extracted and brought to the hangar where Unit 01 was kept. Several officers were killed during the extraction, including his guardian MK. The crisis culminated with a state of shared perception between all humans, and Shinji was offered, by a divine force, the opportunity to "reset" the current world to a shape of his choosing. He describes an intensely psychological experience, where he spoke to various important figures in his life through dialogue about his own, and humanity's collective, value to the world. He disclosed he also spoke to his deceased mother, whom, he discovered, designed and supernaturally inhabits Unit 01. He informed the clinician that despite the fear that drives him, that he gave humanity another chance, and believes he was the first to reform from the primordial sea. He woke up alone in a destroyed landscape, and was shortly joined by pilot AL, and he disclosed that he once again "became overwhelmed" and began choking her, and revealed this is the second time he has

attempted to strangle her. There have been no witnesses or released documentation detailing these incidents.

2.Previous Counseling Experience

The client does not have any previous experience with formal counseling services. The clinician believes this is possibly due to his placement into kinship care diverting him away from state guardianship before his enlistment. Shinji has real-time neurobiology readouts generated for analytics anytime he is piloting Unit 01. When Shinji is intensely symptomatic, Unit 01 will not respond to his piloting. He has been placed on leave a few times due to this. He also receives psychiatric evaluations on regular intervals, and after combat missions, however, these are analytic in nature, measuring his fitness-for-duty and his ability to functionally pilot Unit 01, and do not involve a treatment component or referral process.

3.Family Background

Shinji is an only child and was raised in kinship care by a family friend he refers to as “Sensei” following the loss of his mother at age 3 in an occupation-related accident. He has spent these years estranged from his father, and only recently has reconnected when he was relocated to Tokyo-3 upon being enlisted in the Japanese military organization’s campaign. Though communication has been opened up, there remains no documented or client-stated plan for reunification with the biological father. Shinji suspects father GI only moved him to Tokyo-3 out of absolute necessity, as there are no adults or other children able to pilot the war machines. After receiving an extensive medical history from his military personnel file it can be seen that he was a child of the “Second Impact”.

4.Cultural Context

Shinji is a Japanese speaking adolescent male, born to academic parents and quickly abandoned after the death of his mother. He grew up with his adoptive caretaker, sensei, who lived in rural Okinawa and away from the general metropolitan population of Tokyo-3. This allowed him the space to be contemplative and unpressured, and perhaps impeded his ability to transition to his new life. His distance from his biological parents has caused Shinji to develop a deep complex about his self-worth, as he knew they did “important work” but wasn’t aware to what degree. He desperately seeks to win the approval of his father, and lacks developmentally appropriate social interaction with women to have confidence in his interactions with them. Shinji is a child of the Second Impact, and has never known the world as it once was, before the incursion of extraterrestrial threats, thus his generation is more adapted to loss and catastrophic tragedy.

5.Marital History

Shinji is an underage adolescent, and has never been married.

6.Sexual History

Shinji demonstrates reservations about speaking on his sexual orientation, and began questioning himself when he experienced romantic feelings toward male pilot KN, whom he recently killed. He currently self-identifies as “questioning”, and reports maltreatment by the women in his life. Shinji recently learned that fellow pilot RA is a clone of his mother, being sexually abused by his father, an insight he gained during the episode of merged consciousness. He has participated in sexual exploration with pilot and roommate AL, however, this eventually led to the first violent incident where Shinji attempted to strangle her following an interpersonal dispute. Shinji disclosed that his guardian MK engaged in physical contact of a sexual nature with him during the most recent mission, inappropriately kissing him. He has internalized this as

a sign of his own weakness, and demonstrates insight that this abuse was committed to manipulate him into piloting Unit-01 for the “greater good”.

7.Education

The client has achieved developmental milestones at a pace appropriate for an adolescent. He maintains above-average grades in high school and has been playing the cello for 6 years, though he reports that his desire to continue practicing and performing has decreased over the past 6 months. His responsibility to the military often prioritizes over school attendance, however, an MOU exists between NERV and his school system excusing his absences. Shinji is resentful of the fact his duty is prioritized by all the authority and caregivers in his life, and wishes he were able to transition to normalcy, despite the benefits of the ascribed status as pilot accrues for him—mainly the approval of his father.

8.Employment History/Financial Status

Shinji is an adolescent minor, and has not held any major occupations until he was conscripted into military service. The agency maintains massive military funds, and provides for all of his basic needs.

9.Spirituality/Religion

Shinji reports no affiliation with current religious or spiritual practices, asking why “God” would make such a world in his image: “full of lies, deceit, and confusion”. Shinji reports his biological parents are staunchly atheistic, engaging in science to quantify the metaphysical catastrophes plaguing the planet.

10.Mental Status

Shinji's physical appearance matches the stated demographic information. He is dressed in his school's uniform, it is neatly starched and well maintained. While he appears thin compared to

his above average height, his personnel files corroborate that his BMI is within healthy percentiles. His personal grooming and hygiene is sufficient, and he is fully conscious and alert to queries. His short hair is combed, and his nails appear neatly trimmed and clean. He displays sufficient orientation to time, space, detail, and situation and seems exceptionally alert to the clinical assessment. Facial expression can be assessed as tearful and often tense, but quickly becomes more relaxed when approached with unconditional positive regard.

His speech is observably quiet, and he speaks in level tone, however, his speech oscillates between long pauses as he appears to be perseverating and quick statements when he is in an observably pressured state. His vocabulary is large, and he speaks intentionally when feeling unpressured.

Shinji presents as polite, cooperative, and compliant with each query. There are noticeable moments of irritability, specifically as he recounts his relationship, and seemingly directed at himself. Shinji does not engage in a culturally-appropriate amount of eye-contact and frequently displays an contextually-consistent affect, occasionally averting gaze and minor psychomotor agitation as evidenced by hand wringing and consistent shifting and changing seats. Despite the relative peace time he has been in, he describes his mood as “melancholic”, and often cannot find enjoyment more days than not.

Shinji’s thought process is cogent, and presented in a logical format. He is able to answer questions sufficiently, despite his displayed discomfort in doing so. There are infrequent, but present, periods of perseveration where clinician has needed to prompt Shinji from long periods of silence. Thought content is complex: Shinji presents with often paranoid, self-deprecating verbalization of his perceptions of events and others’ intentions. Without prompting, he displays fixation on his perceived worthlessness and the pursuits of his father’s acceptance.

Shinji's disclosure of the shared-consciousness event is corroborated by debriefing documents in his personnel file. There currently exists no clinical basis to consider these as delusional, grandiose, or persecutory beliefs.

Memory is assessed as sufficient, as he is able to recall both series of three word object sequences from the beginning and middle of his assessment. Arithmetic calculations are also sufficient, and he can write his recent academic kanji vocabulary from memory.

Shinji displays acute academic knowledge of good judgment and exceptional self-insight on what the socially-accepted responses are for various situational ethic questions, and is able to verbalize when his response deviates from the socially-accepted range. He exhibits exceptional cortical functioning and reasoning skills, using complex and abstract metaphors to describe his disillusionment. Intellectually he presents as above average.

Clinical rapport was markedly easy to build, and he reports few circumstances where he has received unconditional positive regard, aside from that of deceased pilot KN, per his retellings.

Shinji completed a suicide screening with the clinician, and currently reports generalized ideation for self-harm but not suicide, citing his own cowardice and avoidance of harm. There is no current plan or intent to act on this generalized ideation. Previous violent outbursts are not reported to be connected to a larger cognitive schema, and seem to be highly reactive to intense psychological ego stressors. Shinji remains at moderate to high risk for violence without intensive clinical intervention, due to the unintentional and unplanned nature of his violent outbursts, as well as continual exposure to traumatic events. Impulsivity is assessed as low outside of combat or other crisis situations. There is an extensive history of subordination, violent outbursts, and running away in his personnel file.

11.Substance Abuse History

Shinji reports no history of intentionally using substances. Regular screening is done due to his occupation. Personnel files reveal Eva 01 is equipped with on-board chemical triage, and he has been unknowingly treated with sedatives during situations where he has been subordinate during combat situations.

12.Medical History

Shinji has no known allergies, and reports no medical conditions. He appears healthy, and his hospital discharge papers from combat deployment have outlined no grievous physical injury. There are no reported physical impairments or physical limitations. Shinji reports decreased sleep and both psychomotor retardation.

13.Strengths/Challenges

Due to current persistent mental health symptoms, Shinji is unable to relay his strengths/ However, from assessment it is able to be inferred that Shinji is an intelligent, well-mannered young teenager thrust into a role a child should never have to fulfill in place of adults. His exceptional capacity for inquiry and seeking understanding is both a strength and a risk factor for poor adjustment to the traumatic situations he is forced to confront.

14.DSM V Diagnosis

Shinji meets criteria for the following DSM-V diagnoses:

309.81 (F43.1) Post Traumatic Stress Disorder (principal diagnosis)

296.33 (F33.2) Major Depressive Disorder, recurrent, severe

300.23 (F40.10) Social Anxiety Disorder

Post Traumatic Stress Disorder: Shinji's combat exposure has provided a significant basis to be given a Post Traumatic Stress Disorder Diagnosis. The following criteria are met:

Criteria A: Shinji is frequently exposed to violent warfare and meets criteria A1, A2, A3, A4.

Criteria B: Shinji experiences many of the intrusion symptom subcriteria:

Criteria B1: This is most evident in his frequent recollections and ruminations over his killing of pilot KN.

Criteria B3: Shinji has recurring flashbacks of various combat traumas, most noticeably of his neutralization of pilot KN, and the death of one of the RA clones to foreign invaders.

Criteria B4: Shinji has been benched on more than one occasion from combat duty due to prolonged and intense psychological distress concerning being near his robot, Unit 01.

Criteria B5: Shinji has reported experiences of high heart rate, loss of sensation, and psychomotor retardation when confronted with the idea of returning to pilot Unit 01.

Criteria C: Shinji persistently avoids stimuli associated with traumatizing warfare scenarios as evidenced by both subcriteria:

Criteria C1: Persistent avoidance of thoughts and emotions regarding the traumas he's experienced.

Criterion C2: Shinji actively avoids his military base, Unit 01, battlefields, and people he associates with his personal failures in combat situations.

Criteria D: Shinji experiences negative cognitive alterations and moods associated with his traumatic events, these instances specifically related to the traumatic events rather than overarching depressive and anxiety symptoms:

Criteria D2: Persistent and Exaggerated negative self-beliefs and expectations. He has saved the world, yet believes he has still wronged everyone else.

Criteria D3: Shinji blames himself for all the traumas he's experienced.

Criteria D4: Shinji maintains a persistent negative emotional state of fear, guilt, shame, avoidance, anxiety, and failure both from his combat performance and separately due to fixed temperament.

Criteria D5: shinji is no longer practicing or performing with his cello.

Criteria D6: Detachment and estrangement, Shinji has not maintained contact with any NERV personnel following the most recent crisis.

Criteria D7: Shinji reports little satisfaction or mood elevation in daily activities.

Criteria E: Shinji experiences marked alterations in arousal and reactivity etiologically linked to traumatic events, worsened by repeated exposure to trauma. Seen by the following subcriteria:

Criteria E1: Shinji has had frequent emotional and physical outbursts, most noticeably at his manifested assaults towards pilot AL and verbal tantrums towards custodial guardian MK.

Criteria E5: Shinji is currently unable to pilot his robot due to lack of concentration and wellness.

Criteria E6: Shinji is experiencing low quality and infrequent sleep.

Criteria F: All disturbance related criteria have been present for more than one month.

Criteria G: Shinji is experiencing clear distress in his social, occupational, and daily areas of functioning.

Criteria H: There are no reported or documented physiological causes for these disturbances.

Major Depressive Disorder: Shinji has exhibited a pervasive depressed mood, this has been indicated by:

Criteria A1: Shinji reports a depressed mood most of the day, nearly everyday. He occasionally irritable, but it is not the main driving component of his observable mood presentations.

Criteria A2: Shinji reports diminished interest and pleasure in all activities, as evidenced by his decreased cello playing and recreational activities with his classmates.

Criteria A4: Shinji reports most nights are sleepless. He attempts to listen to cello music to stimulate sleep, but is often unsuccessful.

Criteria A5: Shinji can be observed in assessment to be experiencing psychomotor agitation, and this has also been reported in previous status reports by his handler MK.

Criteria A6: Shinji reports excessive exhaustion and lack of energy daily, even on days without military drill.

Criteria A7: Shinji's prevailing symptom is his repeated statements of worthlessness and guilt over his own actions, even in situations where it is inappropriate such as assessments of his personal failure towards his father.

Criteria A8: Shinji has experienced in inability to concentrate, as evidenced by the low psychometric readouts in his most recent psychiatric evaluations. His robot has not responded to his commands due to this.

Criteria A9: Shinji has recurrent thoughts of death and suicide, however, does not maintain an active plan to initiate with these thoughts.

Criteria B: Shinji is significant clinical impairment in his social and occupational roles, exhibited by his deteriorated social relationships with fellow pilots as well as his risk for military sanction due to mental health symptoms.

Criteria C: There are no current medical reports or reported injuries to lead clinician to believe this is attributed to medication or another medical condition. However, due to the nature of his involuntary sedation, this remain of interest for clinician's observation.

Criteria D: Shinji's psychotic symptoms are not better explained by schizoaffective disorders, schizophrenia, schizophreniform, delusional, specified or unspecified schizophrenia spectrum or other psychotic disorders.

Criteria E: There are no reported, documented, or observed manic episodes.

Social Anxiety Disorder: Shinji meets all diagnostic criteria for social anxiety disorder, and many, if not all, of his reports and documentation of the observable symptoms occur before his combat deployments, and are more etiologically rooted than his post-traumatic stress.

Criteria A: Shinji presents with traditionally avoidant behavior for social interactions, often avoiding recreational activities not mandated by his employer. He is extremely fearful of judgment from others, both by his peers and adults.

Criteria B: During his religious experience, he spoke comprehensively to his peers regarding his fear of being embarrassed and humiliated, and

Criteria C: Shinji reports "almost always" feeling pressured to avoid social situations to avoid fear and anxiety. His physical altercations (strangling) could be adolescent outburst related to intense experiences of rejection and judgment.

Criteria D: shinji reports having to repeat mantras to himself "Musn't be afraid" when having to move through social situations. Pilot RA has told him "he cannot count on his positive experiences like a rosary" to protect him through current distress.

Criteria E: Separating his social anxiety from military combat, his responses to distress in his interpersonal relationships is disproportionate to the social context.

Criteria F: The fear, anxiety, and avoidance is persistent, and has been present for over 6 months.

Criteria G: Fear, anxiety, and avoidance is the primary component of his occupational and social distress: Shinji relates these behaviors as causal to pain inflicted on others, especially in regards to his combat deployment.

Criteria H: There are no reported or documented physiological cause to the currently expressed symptoms.

Criteria I: The fear, anxiety, and avoidance predates exposure to combat.

Criteria J: There are no pre-existing medical conditions.

Differential Diagnosis:

Substance Use Disorders: Shinji reports no substance use, experimental or otherwise. Regular screening is done before each combat deployment and upon hospitalization, they have all been negative.

Generalized Anxiety Disorder: Shinji's underlying fear and worry all stem from his social perceptions towards others and his beliefs about others' perceptions of himself. He fears social rejection first and foremost.

Neurocognitive Disorders: Shinji presents with no recorded head injuries, no significant cognitive decline, and dementia symptoms are not present.

Disruptive Mood Dysregulation Disorder: Shinji's mood dysregulation and violent outbursts are irregular, and he does not display chronically irritable characteristics.

Adjustment Disorder with depressed mood: Though Shinji's mood episodes are largely attributed to his combat exposure, he still meets full diagnostic criteria for a Major Depressive Disorder, and so this is used instead.

Bereavement: Shinji's depressive symptoms fulfilling criteria have been occurring since before his first combat loss, and are clinically different from the early childhood loss of his mother, an event and a caregiver he does not remember.

Persistent Depressive Disorder: Shinji's depressive symptoms exceed that of the diagnostic criteria of persistent depressive disorder

15. Assessment Summary (Theoretical Framework & References; Treatment Recommendations; Summary of Findings)

Shinji demonstrates significant symptomatology similar to the experiences of a deeply traumatized soldier. Compounded with his intense, persistent dysphoric mood, and perhaps fueled by the underlying fears of social rejection and judgment, creates a volatile set of risks to remediate before return to duty. At this time he demonstrates sound-insight towards the seriousness of his symptoms and suggests himself amenable to treatment compliance. Shinji presents as appropriate for both Cognitive Behavioral Therapy and Dialectical Behavioral Therapy. CBT would be effective for identifying and addressing where his pattern thoughts of inadequacy come from and how to manifest more adaptive cognitions, while intensive dialectical therapy would help him mitigate the ruminations and worry over the realities that he will continue to be exposed to traumatizing factors and the subsequent cognitions as a soldier. There might be value of group therapy as an option, in a milieu composed of other children pilots, who can share their unique experiences in a safe, therapeutic environment. Psychopharmacology, potentially antidepressants and benzodiazepines, also presents as an option, should therapy prove

ineffective and he continue to experience despondency, excessive worry, and violent outbursts. Should the military not approve of psychopharmacology, beta blockers such as propranolol should be considered. Due to the seriousness of his outbursts, his continued exposure to combat trauma, and his willingness to complete treatment, Shinji presents as a strong candidate for Intensive Outpatient services, both individual and group.

References

Anno, H. (1997). *End of Evangelion*. Japan; Gainax.