

The Dynamics of Paranoid Schizophrenia Outpatients at Clinic X and Its Benefits to Humans

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Abstract

Schizophrenia is a mental disorder with positive, negative, cognitive, affective, and aggressive symptoms. Negative stigma against individuals with schizophrenia impacts on opportunities to exist in a social environment. This stigma also causes people with schizophrenia to withdraw from the environment, feel a sense of hopelessness and anxiety. The purpose of this study is to recognize the dynamics of outpatients with schizophrenia of paranoid sub-type at Clinic X. One person is the participant in this study with the selection criteria of purposive sampling method. This research uses case study method. The assessment carried out in this study employs the methods of observation, interviews, and psychological tests. The result of this study indicates that parenting style can impact behavior and mental health such as schizophrenia disorder. The condition of individual with schizophrenia disorder of paranoid sub-type can improve through supports from the surrounding environment, especially family members, with regular medication consumption. Meanwhile, the condition may get worse due to immature thinking patterns and a rigid attitude.

Keywords

dynamics; schizophrenia;
paranoid schizophrenia



I. Introduction

Negative stigma directed to a group of individuals caused by certain conditions result in ostracization from social settings. It can also lead to the emergence of negative perspective of the environment against those who suffer from severe mental disorders, one of which is schizophrenia (Djuari et al., 2021). Schizophrenia is a psychological disorder characterized by acute episodes involving the separation of individual from reality (American Psychiatric Association, 2013). The prevalence of individuals with schizophrenia in the world is around 24 million (WHO, 2022). Furthermore, in Indonesia, individuals who experience schizophrenia are 1.8 of 1000 people of Indonesian population (Riskasdas, 2018). Schizophrenia can appear in both male and female individuals. Symptoms of schizophrenia tend to appear in men aged 15-25 years, while in women symptoms appear at the age of 25-30 years (Djuari et al., 2021).

The causes of schizophrenia are not yet known with certainty, but it can occur due to biological factors, psychological factors, and social factors (Nevid et al, 2018). Biological factors can occur during pregnancy, such as experiencing complications during childbirth (MacDonald & Schulz, 2009). Additionally, marijuana use and psychostimulant abuse during pregnancy can increase the risk of developing schizophrenia (Howes & Kapur, 2009). It may also happen due to a psychological factor, in the perspective of psychodynamics, that the bad relationship between mother and child can make children withdraw from the environment, causing social anxiety and withdrawal from the environment. Furthermore, in the learning perspective, schizophrenic behaviour can be understood observationally (Habsara et al., 2021). Social factors, individuals living in urban areas are at high risk of experiencing schizophrenia due to socioeconomic

conditions, immigration, and winter births (Hooley et al., 2018). Soekanto in Ismail (2019) social change refers to changes in social aspects, community governance, and group behavior patterns.

Individuals with schizophrenia disorder experience several disorders in social functioning, interpersonal relationships, emotional recognition, and problem solving (Takaloo et al., 2020). When people with schizophrenia experience an acute episode, positive symptoms such as delusions, hallucinations, illogical thoughts, disorganized or jumbled speech, and disorganized behaviour may appear. Additionally, they will also show negative symptoms such as blunt affect or flat emotions, asocial behaviour or withdrawal from the environment, alogia or remaining silent and never starting a conversation, avolition or decreased willingness to take initiative so that they look apathetic and need the help of others to solve problems in performing daily activities, as well as anhedonia or loss of the ability to experience feelings of pleasure in things which are loved before experiencing schizophrenia (Habsara et al., 2021).

In the other, there are also cognitive symptoms, which are disturbances in memory, paying attention and concentration, when behaving based on social values, determining priorities, and impaired executive function. The symptoms due to a decreased mood is the feeling of sadness, loneliness, guilt or suicidal thoughts. Then, affective symptoms can be indicated by guilty, tense, and worried feelings. There are also aggressive symptoms characterized by self-injuring behaviour, damaging objects, and inability to control impulses (Djuari et al., 2021). Additionally, there is also an increase in mood swings, such as feeling of excessive pleasure or prone to anger (Habsara et al., 2021). These symptoms appear two or more for six months and must be actively persisted for one month when successfully treated (American Psychiatric Association, 2013). And, this study focuses on individual with schizophrenia of Paranoid sub-type.

The paranoid sub-type is characterized by delusions or frequent auditory hallucinations. The delusions which often arise are delusions of control, delusions of influence, delusions of passivity, and a belief of being chased by certain things. Furthermore, there are also smell and visual hallucinations, hallucinatory voices which threaten or give orders, and auditory hallucinations without verbal form (Maslim, 2013). Additionally, in this study, individuals who experienced schizophrenia of paranoid sub-type in childhood and adulthood are raised in families who implemented neglectful parenting. It can cause them to become socially incompetent, lack of self-control, low self-esteem, immaturity, and may be alienated from their families (Baumrind in Santrock, 2011). Under the explanation above, this study aims to look at the dynamics of individuals who have a schizophrenia of paranoid sub-type disorder.

II. Research Method

This study employs a case study with the assessment method using interviews, observation, and providing BDI (Beck Depression Inventory) is a 21 items, WWQ (Wood Worth's Question) is a 75 items, Graphics (Draw A Person/DAP, House Tree Person/HTP, and BAUM), TAT (Thematic Apperception Test), and SPM (Standard Progressive Matrices) scales. Interview and observation methods are carried out to understand the description of behavior, physical condition, and interaction with surrounding environment as well as getting an overview of the problems experienced by Nana. The BDI method is given to her to see how high the level of depression she might experience related to the problems at hand. The purpose of the WWQ questionnaire is to determine the tendency or pathological indications for it. The pathological indications revealed are emotional

expressions, obsessions, schizophrenic tendencies, paranoid tendencies, hypochondria, impulsivity, emotional instability, and antisocial behavior.

A graphic test is given to Nana to acquire a picture of her personality and to understand the way she performs in a social or family environment, as well as in her social relationships. The use of TAT aims to determine her needs, pressures, and perceptions in viewing the environment and the people in her life. The intelligence/SPM tests administered on her aims to reveal the cognitive function to know her ability in terms of concentration, memory, interpretation of the environment and understanding of the information she obtained.

The method of selecting participants is by purposive sampling technique or with certain criteria (Sugiyono, 2016), to one participant with the following criteria:

- a. The individual is diagnosed with schizophrenia and is outpatient
- b. Aged from 18-40 years old

The research is conducted with one participant who is an outpatient from Clinic X. The following is the identity of the participant in this study:

Table 1. Identity of Participant

Name	Nana (pseudonym)
Gender	Female
Birthplace, Date of Birth	Sidoarjo, November 18, 1978
Age	43 years old
Religion	Islam
Address	Sidoarjo
Education	High school
Occupation	Unemployed
Cultural Background	East Java
Ethnic Group	Javanese
Birth Order	8th of 8 siblings
Marriage Status	Divorced since April 2006
Daily Activities	Cooking rice and watching TV on spare time

Nana received a diagnosis of schizophrenia while doing outpatient treatment at Clinic X since 2016 she was 38 years old. However, her schizophrenia disorder started in 2003 she was 25 years old. She started laughed by herself and then in 2006 she had visual hallucinations, saw the shadows of homeless people and unemployed people in a transparent, flattened shape. The flattened image pierced her eyes whenever she was alone, with a yellow laser. She complains that “her eyes was hurt” when the laser shoots her in the eye. Additionally, she also has auditory hallucinations, namely hearing male and female voices calling her name all the time when no one is around. Previously, she had received treatment at Hospital X in 2006 for 1 year until 2007 and was diagnosed with depression. Furthermore, she did not receive treatment for 9 years, from 2006 to 2016.

III. Results and Discussion

The results of the assessment concluded that her condition, under the symptoms, meets the criteria for Paranoid Schizophrenia. She has a delusion of influence, which is one of the symptoms of schizophrenia of paranoid sub-type (Maslim, 2013). Additionally, she also has visual, auditory hallucinations, and negative symptoms, which is a blank expression of emotion. The presence of anhedonia is the loss of the ability to experience

feelings of pleasure in activities which used to be enjoyed before the disorder. Alogia is a condition where she never starts a conversation with other people but cooperative when spoken to. Asocial behaviour is a reduced social interaction after being sick, and avolition is a reduced motivation or initiative to perform an action.

Nana's condition began with laughed by herself since 2003 and having unstable emotions as a result of the baby blues after giving birth to her second child and knowing that her husband would leave her at 8 years of marriage. She found out about it at 5 years of marriage. Her condition got worse when her husband asked to divorce from her and to return to Indonesia without her two children with the excuse of visiting her father who was sick in 2006. The following are the results of the diagnosis made to her under DSM V and PPDGJ:

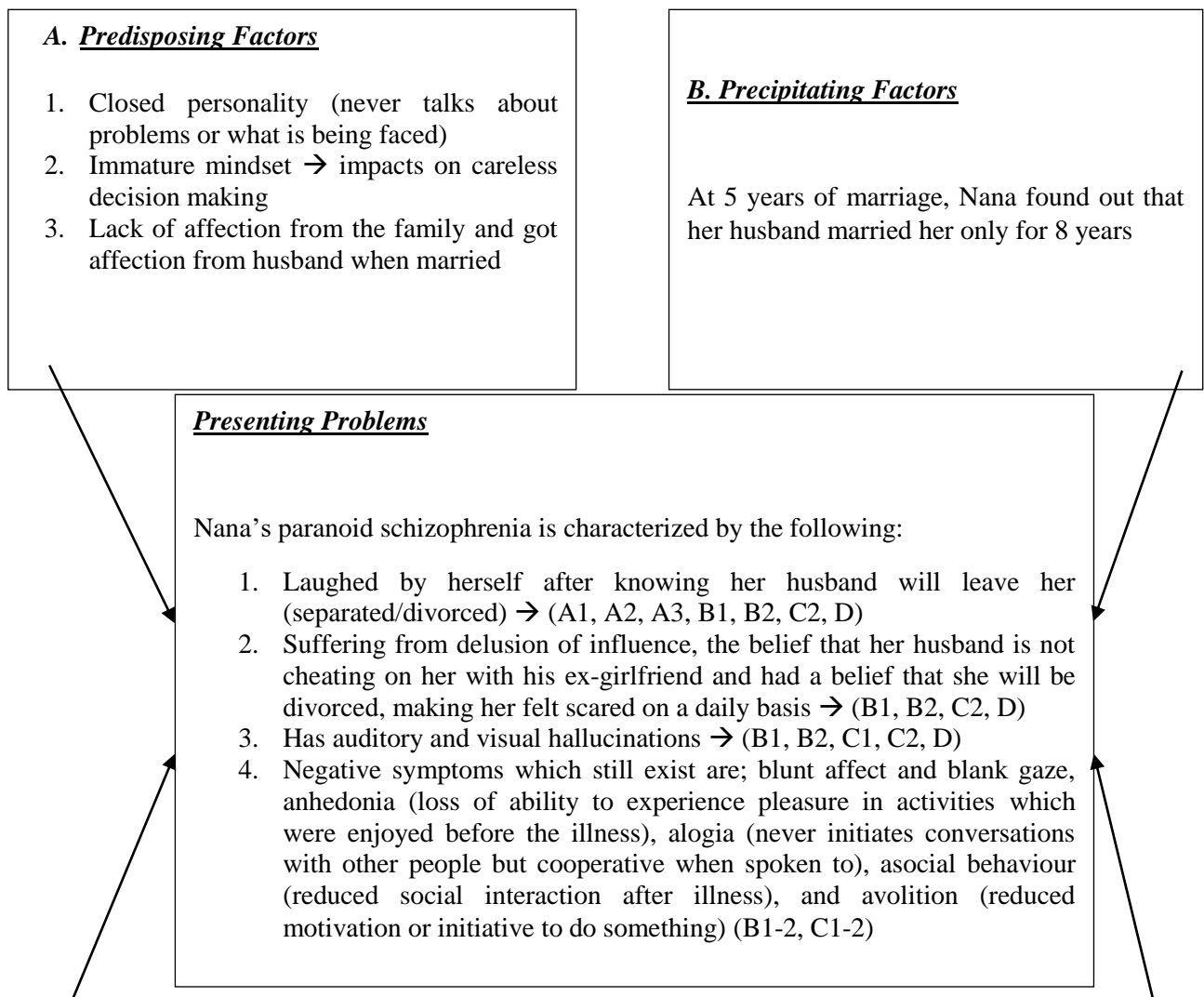
Table 2. Diagnostic Results

No	Data Source	Criteria	Characteristics	Checklist
DSM V				
A	Observation, interview, WWQ, TAT, graphic, SPM and BDI	Two (or more) of the following points, each present a significant portion of the time over a 1-month period (or less if successfully treated) at least one of the following (1), (2), or (3): 1. Delusion 2. Hallucination 3. Disorganized speech (e.g.: frequent slipping or disorganization) 4. Disorganized or catatonic behaviour 5. Negative symptoms (reduced emotional expression or lack of initiative/purpose)	- Experiencing auditory and visual hallucinations and delusions of belief (+- 18 years old) - Negative symptoms shown; blunt affect, asocial behaviour, alogia, avolition and anhedonia. Currently, Nana lacks social interaction, has lost the ability to experience pleasure in things she enjoyed before she was sick, her expression tends to be flat, reduced initiative (apart from doing daily activities) and is more silent and rarely starts a conversation.	v
B	Observation, interview, TAT, SPM, and graphic	For most of the time since the start of the disorder, the level of functioning in one or more major areas, such as work, interpersonal relationships or self-care, is well below the level achieved before the onset (or when the onset is in childhood or adolescence, there is	When she was first sick, Nana experienced laughing by herself, uncontrollable emotions, daydreaming, and just sitting still (not doing anything)	v

No	Data Source	Criteria	Characteristics	Checklist
		failure to achieve a defined level of interpersonal, academic, or occupational functioning)		
C	Observation, interview, TAT, and graphic	The signs of disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) which meet the criteria for a prodromal or residual symptom period. During the prodromal or residual period, signs of the disturbance may be manifested only by negative symptoms or by two or more of the symptoms listed in criteria A which is present in a weakened form (e.g., strange beliefs, unusual perceptual experiences).	Experiencing auditory and visual hallucinations and delusions of jealousy, believing that her husband is not having an affair with her ex-girlfriend. She believes that they are just colleagues (+-18 years old)	v
PPDJ (Paranoid Schizophrenia)				
a	Observation, interview, and TAT	Hallucinations and/or delusions which must be prominent: Hallucinatory voices which threaten or give orders or auditory hallucinations without verbal form, such as whistling, buzzing, or laughing	- Hearing male and female voices calling her name (all the time, when no one is around) - Hearing voices giving her orders in the form of "follow me", which made her leave the house in 2010	v
b	Observation, interview, and TAT	Hallucinations of smell and taste or of a sexual nature or other bodily feelings, or visual hallucinations may be present but are rarely prominent	Nana always saw the shadows of the homeless and the unemployed in a flattened, transparent form. The flattened shadow lasers her eyes every time she's alone. The laser colour is yellow.	v

No	Data Source	Criteria	Characteristics	Checklist
			She complains that "her eyes hurt" when the laser is shot on her.	
c	Observation, interview, and TAT	Delusions can be of almost any type, but controlled, influenced , or passivity delusions, and beliefs of being chased by a wide variety are the most common characteristics.	Nana has the belief that her husband is not cheating on her and has the belief that she will be divorced, therefore making her afraid on a daily basis.	v
d	Observation, interview, and TAT	Affective disorders, volitional drives, speech and catatonic symptoms are relatively not real	Hands and feet moved without her realizing it	v

The diagnosis results show that she has a paranoid sub-type of schizophrenia. The following is a case formulation, the dynamics of Nana's problem:



C. Perpetuating Factors

1. Once Nana started to get sick, the family (siblings) did not care with Nana's condition → avoidance
2. Husband separated Nana from her two children

D. Protective Factors

Last few months, Nana could communicate with her two children → as motivation and strength in life for Nana

Figure 1. Formulation of Case Dynamics

The results of the case dynamics formulation on Nana, it can be seen that there are factors which cause her to experience schizophrenia of paranoid sub-type, with her classified as an individual who never tells other people her problems. She also has an immature decision making because of an immature mindset caused by the lack of affection from the family, but after getting married, she received affection from her husband. However, when she was divorced, she lost the affection from her husband and children. This made her condition worse and the symptoms of paranoid schizophrenia then appeared in her.

Every parents has own belived to nurturing and educating their children. Parents should develop rules and be warm to their children. Based on Baumrind in Santrock (2011) their four types of parenting style, authoritarian parenting that is restrictive and punitive. Parents also argue children to obey parents and respect their efforts. Then, in authoritative parenting parents encourage children to be independent but still provide limits and control over the childs actions. Parents provide opportunities to verbal communicate. On the other hand, parents are warm and nurturing. Neglect parenting style, parents are not involved in the child's life. Children will perceive other aspects of their parents live as more important. In permissive parenting, parents are involved with their children and less demanding. Parents let their children do whatever they want. However, the result is that children do not learn to control their behavior and always expect their wishes to be obeyed.

Based on Nana's case neglect parenting that impact for their life. The impact is indirectly there when Nana is an adult and lives a wife. Paranoid schizophrenia disorder appeared in Nana because she felt neglected and abandoned by her husband. Nana really want unconditional love from new family because when she was before married she felt neglected. Parenting style that really impact for child's life (Loudova & Lasek, 2015). Neglect parenting shows negative phenomena in childs such as neurosis, mental and behavioral disorder, problem with control studying, and also began a schizophrenia disorder (Loudova & Lasek, 2015). The other things shows that, rejected and emotional neglected child make aggressive behavior and emotionally instable (Buresova, Steinhausel, & Havigerova, 2012).

Family environment and parenting style are important predictors for child development (Polier et al., 2014). Some research found that childhood experiences have been identified as major risk factors for the development of many disorders (Rokita, Dauvermann, & Donohoe, 2018). Schizophrenia disorder is the one impact from childhood experiences with parenting style and in a fact show that increase prevalence with rates 85% (Rokita, Dauvermann, & Donohoe, 2018). According that, family or parents can have part of child's certain metal disorders (Abbaspour et al., 2021). Some research found that warm, close, and empathy parenting style can be make child's with neglect parenting feel

comfortable. The opposite, controlling and over protection on children can make children with neglect parenting style become less independence (Parker in Abbaspour et al., 2021).

While schizophrenia disorder correlated between neglect parenting then stressor from children risk to bring out symptoms of schizophrenia in future life. Social environment when life was so stressful cause positive and negative symptoms schizophrenia in the individuals (Gallagher III & Jones, 2016). Moreover, neglect parenting while child increase negative symptoms in adult with schizophrenia disorder (Gallagher & Jones, 2013). Parenting parents that have an impact in schizophrenia disorder in children for next life because of a experience that are ignored from the family when children can become stressors in adult life if they receive neglect from other people or environment (Akun et al., 2016).

The results of this study that indicate that parenting parents style can have an impact on children's behavior and mental health. In line with our research, in the Vafaenajed et al., 2021 shows that psychological factors influence parenting style and it can have an impact on their child's personality. Another things, it will have an impact on children's lives in future and if stressors come from their environment can cause symptoms of schizophrenia. The benefit of aims study for individuals such as parents is parenting style important for child's personality and development for their future life. Providing appropriate educate for children can reduce the occurrence of mental disorders, especially schizophrenia disorder. Moreover, right parenting style can be improve self-efficacy and make their feel acceptance from environment (Zhou, Zhang, & Zhu, 2021).

IV. Conclusion

Based on the results of the assessment carried out to Nana, the sub-type paranoid schizophrenia she suffers is caused by the loss of affection she has always wanted. The affection is obtained from her husband and children because before marriage, she does not have the desired affection due to the neglectful parenting in her family. The paranoid schizophrenia disorder is getting worse since she is an immature and a rigid or strong-willed individual. On the other hand, one thing that can better her condition is that she has the willingness to take regular medication as she wants to recover. She also gets support from her sister and children, which can be an encouragement for her to get better. Parenting style that can influence their personality and development for individuals. Moreover, it can be make individuals have symptoms of schizophrenia disorder if environment is full of stressor. Further research may develop studies related to the dynamics of individuals who suffer schizophrenia with other subtypes.

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