

Schizophrenia Self-Development and Self-Adjustment in the Community

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Abstract: *This study aims to determine the client's personal development and adjustment in the community after being diagnosed with schizophrenia. The method used in this research is qualitative, single-case experiment. The assessment techniques used in this study are interviews, observations, and psychological tests conducted by researchers on the client with schizophrenia. Based on the results of the assessment, the diagnosis, and the prognosis, an intervention is given to the client. The intervention given is behavior activation therapy. That is, a process whereby an individual diagnosed with schizophrenia is encouraged to develop himself and adjust to society by doing daily activities that he has never done before. The client, who was a 24-year-old male, relapsed 4 times in a period of 4 years. After the intervention and monitoring of daily activities of the client and follow-up, the results showed that the client could perform daily activities such as praying, cooking rice, doing exercise, cleaning the house, washing clothes, watering plants, taking medicine regularly and even improving his ability by working in a mattress factory. Understanding the client's potential is useful and helps increase his self-confidence. The client also managed to change his condition by increasing his contribution, from previously only useful for a few people, to be useful for many people. The client chose a new activity by working at home selling fried sausages and fruit juice in front of the house.*

Keywords: *Self-Development, Self-Adjustment, Schizophrenia, Society*

Introduction

The initial development stage of early adults who age between 18 - 35 years is to find friends and love. The relationship they are seeking is one that provides mutual pleasure and satisfaction, mainly made through marriage and friendship. The success at this stage creates intimacy at a deep level. By contrast, failure at this level makes someone isolate himself, walk away from others, feel depressed, or even feel superior to others as a form of ego defense. A significant relationship is through marriage and friendship (Papalia et al., 2008).

Failure in early adulthood in the form of schizophrenia is one of the most severe disorders of other psychiatric disorders by showing many different types of symptoms that indicate one's loss of contact with reality (Stefan et al., 2002; Oltsmans & Emery, 2013). Schizophrenia is also associated with deficits in starting and sustaining both individual and social activities (Cuijpers et al., 2007; Hopko et al., 2011; Mairs et al., 2011; Scholten et al., 2006).

The prominent behaviors in individuals with schizophrenia vary, one of which is the lack of initiative in performing daily activities at home, especially the ones they have never done before. When self-adjustment is lacking, it indicates that someone has great difficulty overcoming or adjusting to something, assuming that it is a source of stress. This behavior is characterized by an inability to decide something, loss of will, sleeping too much, being reluctant to move, and having difficulty doing daily activities (Oltmans & Emery, 2013;

Davidson et al., 2012).

The problems mentioned above were often experienced by the client, where the lack of willingness to do daily activities caused him to feel sleepy and tired. The client was a schizophrenic patient who had been discharged and finished treatment at the Atmajaya Dian Lawang Foundation in Malang. The client had been diagnosed with schizophrenia since the age of 19 in 2015 and had been relapsed 4 times. The client repeatedly experienced a relapse, due to the absence of daily activities and ignorance of the family in handling the client after being declared healed and returning home. Because of this ignorance, when the client's sister works outside the house, the house is locked from the outside. The client was left in the house to sleep all day; the client's sister assumed that the client was ill and not allowed to do any work/activity, except for a break. Also, the client's sister feared that the client would leave the house and do harmful things.

The lack of activity and loss of willingness to manage himself has led to bad behavior in the client, such as irregular bathing, being lazy to carry out activities, and no interaction with the environment in which the client lived. This kind of behavior creates a malfunction of a relationship in people with schizophrenic disorders (Oltmans & Emery, 2013). Thus, the appropriate intervention in overcoming the client's problem is behavior activation therapy.

In several previous studies, behavior activation therapy was found to be an effective, simple technique in

problems related to loss of motivation and mood, which reduce negative symptoms in schizophrenia and reduce symptoms in depressed patients (Cuijpers et al., 2007; Hopko et al., 2011; Mairs et al., 2011; Scholten et al., 2006). Behavior activation therapy can overcome negative behaviors and help reduce negative symptoms for adherence to client medication control (Mairs et al., 2011; Rusch, 2009; Martell et al., 2010).

Method

The assessment method used is interviews and observations to obtain complete and comprehensive information about the client's condition based on client problems and psychological tests. The interviews were carried out with the client, the client's sister, and the chairman of the Dian Foundation. The observation was conducted by observing the client's behavior in everyday situations and psychological tests, including graphics, wais, and ssct.

Results of Assessment

The results of interviews, observations, and psychological tests provide basic information about the client; that is, he was a young adult aged 24 years, the fourth child among four siblings. His parents died, and there seemed to be something wrong in the parenting, which made him unable to adjust to the current situation, felt confused, got angry, and often said harsh words.

When the client entered college and joined a student orientation, he violated the rules set by the campus. He was punished by being not allowed to eat. He subsequently felt pressured and had negative thoughts that his brother hated him and deceived him. Then he was not able to continue joining the student orientation and quit college.

After returning home, he consistently said something harsh to his brother. He sat silently with a blank face, and his arms and legs were shaking like having a cold. When told to take a shower, he did it with his clothes on. He also talked digressively so other people could not understand what he was saying. Even worse, he carried a knife, and when being asked, he said that he did it just in case someone would abuse him. This behavior made his family worried.

The results of the assessment showed that the client was diagnosed with schizophrenia with poor adjustment problems because he had not been taught about daily activities by his parents. Also, his sibling's lack of knowledge when dealing with his situation after the client was declared healed made him relapse.

To overcome behavioral problems in the client, the therapist used behavioral therapy by providing activities and scheduling activities as intervention targets.

Discussion

Behavior activation therapy is one of the successful

therapies in treating some medical issues (Balan et al., 2016). The results of the study are in accordance with the therapy given to the client, which improved his daily activities after completing therapy for almost 2 months, with 8 days of intensive therapy. The increasing number of activities means that the client could afford and was willing to carry out activities with a schedule posted in the client's room and encouraged by the client's sister. The activity was a positive activity chosen by the client that made him feel comfortable and pleasant. Using the behavior activation technique, the client was asked to choose positive activities he wished to carry out, such as bathing, praying, cleaning the house. He even managed to work outside the home in a mattress factory.

The two principles of behavior activation implemented were shaping and happing. The former involved responses in completing activities or homework, where the client was given a variety of activities tailored to his wishes and abilities of clients. The activities reflected on the personality and intelligence of the client. When this principle is done concretely, practically, and efficiently, it will have a good impact on a regular basis. The latter principle was strengthened by the client's commitment and desire to recover and reluctance to return to the Foundation. On the other hand, he was encouraged to make a high commitment to carry out activities and not being lazy.

These two mutually reinforced principles increased client activity and adapted clients to these activities. Negative symptoms were shown by the client's lack of initiative and lack of motivation to do something or lack of interest. The structure and schedule of activities carried out by the client must be followed according to plan, not feeling. With the schedule of activities and according to the agreed plan, although not all were carried out continuously, the client continued to be encouraged by other activities.

The family has an essential role in preventing recurrence in schizophrenic patients (Davidson et al., 2004). The results of the intervention showed an improvement in the client's daily activities, such as praying, cooking rice, doing exercise, cleaning the house, washing clothes, watering plants, taking medicine regularly, and developing his ability by working in a mattress factory. Understanding the client's potential is useful and helps increase his self-confidence. The client also managed to change his condition by increasing his contribution, from only useful for a few people, to be useful for many people. The client chose a new activity by working at home selling fried sausages and fruit juice in front of the house.

Conclusion

The client manages to change his circumstances and show his potential. Behavior activation therapy is instrumental in helping a schizophrenic patient reduce

negative symptoms. The daily activities of the client improve, and the psychological condition gets better. The active role of the family and community to provide guidance and support for the client to lower the risk of relapses.

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