SUPPORTIVE THERAPY USING PERSUASIVE METHOD TO INCREASE SELF-SOCIALIZATION IN PATIENTS WITH PARANOID SCHIZOPHRENIA

Lita Gading[1i],
Tri Ratna Murti[2]
Rilla Sovitriana[3]
[1]M.Soc.Sc, M.Psi, Psikolog,
Professional Psychology Magistrate Study Program (Psmpp),
Faculty of Psychology Universitas Persada Indonesia Y.A.I,
Jakarta, Indonesia
[2]Prof, Dr, M.M, Psikolog
[3]Dr, M.Si, Psikolog

Abstract:

H was a 27-year-old boy. He was a patient living at Kedoya social home and had characteristics such as following: had no social contact towards his friends, towards officers, inadequate eye contact during conversations, lack of politeness, unable to take care of himself, et cetera. Schizophrenia is a type of severe psychosis, with personality as the main source of disorder. Therefore, schizophrenia patients had disorders of thinking process, mood and feelings, as well as psychomotoric functions; marked with association disorder, affect, activity, attention, ambivalence, and autism. In this case, H was managed with supportive therapy and persuasive technique in order to evaluate socializing function of paranoid schizophrenia patients. The aim of the intervention is to report increases in all aspects, especially in social function, which includes a person's learning process to discover and apply the culture of the community around him. This research was designed as a single case report, "ABA", in which A was the early phase of intervention (baseline), B was the treatment phase, and A was the follow up phase, using data collection method, which includes observation, interview, and psychological test, as well as persuasive method, which consisted of influencing process, directing, providing examples, advices, as well as guidances up until a positive effect is created. At the end of the research, H was able to have social contacts with his friends, the officers, provided adequate eye contact during conversations, able to socialize, showed good manners (was polite), and was able to take care of himself, even though it was not optimal yet.

---

[i] Correspondence: email lita.gading@yahoo.com

Keywords: paranoid schizophrenia, supportive therapy, persuasive method, increase socialization

1. Introduction

1.1 Background Issue

Schizophrenia is a clinical syndrome, which consisted of various disturbing psychopathological conditions involving the thinking process, emotions, perceptions, and behaviors. Schizophrenia is a psychotic disorder, which is characterized by loss of insight and the inability to assess reality. The condition of the patient which suffers from this disorder is usually discovered in late stage by his family, as it was commonly perceived falsely as a form of self-adaptation. In early stages, patient usually seems apathetic and unemotional. They usually started to separate themselves from the community including from socializing with friends, family, and other community members. Paranoid schizophrenia is the most common type of schizophrenia to occur. The most apparent symptoms include primary delusion, accompanied with secondary delusion and hallucination.

Delusion according to Maramis (1998), Keliat (1998) and Ramdi (2000) was a belief regarding content of thought which is not congruent to the reality, or is inconsistent with the intelligence level or cultural background of an individual, which is strongly maintained by the individual and is unable to be changed by another person.

Therapy in these patients aims to recover the social function so that the patients can resume their social role in the community. Patients with paranoid schizophrenia are usually given risperidone as the main choice of treatment.

Supportive therapy helps schizophrenia patients in developing better social skills and in adapting themselves to the demand of life as a community. Guidance in social skills includes programs which helps individuals to gain some social and vocational skills. Patients diagnosed with schizophrenia usually experiences difficulties in fulfilling their roles in the community or in employment, these difficulties limit their functions to adapt and to socialize.

The definition of 'socialization' according to "Kamus Besar Bahasa Indonesia" (The Great Dictionary of Indonesian Language) is the "learning process of a member of the community to discover and apply local cultures of the community which surrounds him". While according to (Soejono Soekanto, 2004), it was *"a social process in which an individual discover the way to form his attitude in order to behave as how others behave in his group"*; therefore, in patients diagnosed with paranoid schizophrenia, implementation of supportive therapy using persuasive method may hopefully hasten their recovery even though it has to be achieved gradually and continuously while under the influence of culturalization process and well-acceptance by the family.

In this case report, the patient being studied was a patient from Bangun Daya I social home (PSBIBD1) - Kedoya, West Jakarta. Patient was admitted by his mother as she was no longer able to control H who, at the time, often acted hostile, hit, cursed,

threw tantrums, used profane words, was aggressive, and threw/broke home appliances or furnitures. The aim of this report was to provide awareness and comprehension so that H's mother and family are able to recognize and acknowledge the background of H's condition, as well as provide solutions for H's problems. Therefore, the author conducted a series of observations, psychological test and measurements, interviews or anamnesis, assessments, interventions and evaluations.

Individual supportive psychotherapy provided practical guidance in order to help patients return to their community. Supportive psychotherapy using persuasive method is conducted by providing logical explanations regarding the symptoms of the disorders, which occurs due to process of thought, feelings, and behaviors towards problems that are encountered by the patients, so that it is able to influence the patients in instilling self-confidence that the symptoms experienced by the patients would eventually subside and that the patients would be able to solve their problems.

Persuasive technique was conducted by influencing, directing, providing examples, providing advices, and providing guidance while showing empathy and compassion so that the patient would be able to understand himself better in order to resolve his own problems, to socialize and to adapt to his community. Hopefully, the patient would be able to interact with other persons, including other patients, nurses, and physicians, as well as to prevent the patient from isolating himself, as shutting away oneself may establish harmful habits.

Factors affecting the success of supportive therapy are also evaluated from various aspects, including the evolution of diagnosis, patient's age, patient's intelligence level, emotional maturity, family circumstances, social aspects, financial aspects, as well as patient's flexibility. The results of the study by (Hamada et al., 2002) regarding schizophrenia patients reported that supportive therapy using persuasive method was able to provide positive effects towards family burden; therefore, the method was recommended or suggested to families whose family members were afflicted with mental disorders.

1.2 Research Purpose

This research aims to gain knowledge regarding:

1) To evaluate socialization process in patients diagnosed with schizophrenia using supportive therapy and persuasive method.
2) To evaluate the result of supportive therapy using persuasive method approach to improve social functions.

2. Literature Review

The definition of paranoid schizophrenia was first identified in the year 1908 by a Switzerland psychiatrist, Eugen Bleuer, to describe a collection of mental disorders which are characterized by broken (schizo) thoughts (phrenia). They were divided into:

2.1 Etiology of Paranoid Schizophrenia

A. Somatogenic Theory:
a. Genetic;
b. Endocrine;
c. Metabolism;
d. Central Nervous System.

B. Psychogenic Theory:
a. The Adolf Meyer Theory: According to Meyer, schizophrenia is a false reaction, a maladaptation, resulting in personality disorganization which eventually causes the person to distance himself from reality (autism).

b. Based on the theory of Sigmund Freud, there were:
a) Weakness of ego, which may occur due to psychogenic or somatic etiology.
b) Superego was detached until it was powerless and Id took the position, such that a regression towards narcissism phase occurred.
c) Loss of capacity for transference so that psychoanalytic therapy was no longer possible.

C. Eugen Bleuler Theory
The use of the term "schizophrenia" emphasizes the main symptom of this disorder, which is a broken psych, a shattered or disharmonized link between thinking process, feelings, and conduct. Bleuler classified the symptoms of schizophrenia into two groups, namely primary symptoms (disorder of thinking process, emotions, desire, and autism) and secondary symptoms (delusions, hallucinations, as well as catatonic symptoms or other psychomotoric disorders).

2.2 Positive Symptoms of Paranoid Schizophrenia
Delusions, hallucinations, or delirium. Feeling of grandiose, thoughts full of suspicions, being hostile.

2.3 Negative Symptoms of Paranoid Schizophrenia
Blunt and flat affect, self-withdrawn, poor emotional control, unable to converse, quiet, passive and apathetic, retreat from social functions, unable to think in abstracts, stereotypical thinking patterns, lack of or decreased avolitions, lack of initiative, lack of attempts or efforts, lack of spontaneity, monotonous, lack of impulse, idle (loss of desire) (Hawari, 2009).

2.4 Socializations
In his nature, every person in this world needs another person, therefore, a process called socialization occurs between those individuals, which functions as source of intimacy for it members and is one of the resources which helps develop an individual's personality. Hence, a person's personality greatly depends on his method of socializing with other individuals (Soerjono Soekanto, 2001). Socialization is a process that helps individuals to learn and to adapt themselves to the way of life and to the process of

thought of his social group, so that an individual may remain and assume a functional role in his group (Charlotte Buhler, 2003).

2.5 Supportive Therapy using Persuasive Method
a. Definition of Supportive Therapy
Supportive therapy is a form of alternative therapy which aims to help patients in adapting well to certain problems encountered in life as well as to gain comforts in life regardless of mental disorders.

Supportive psychotherapy also aims to help patients to better understand themselves so that they would be able to resolve their own problems and able to adapt to their surrounding in order to be able to interact and to socialize (Lahargo Kembaren, 2009).

There are various types of supportive therapy, including: Guidance, Environmental Manipulations, Externalization of Attention, Suggestive-prestigious, Reassurance, Pressure and Coercion, Persuasion, Acceptance and Direction.

Supportive therapy using the persuasive technique was conducted by providing advices while maintaining empathy and understandings so that patient will be able to understand himself better, in order to resolve his own problems and to adapt (socialize) better, as well as providing guidance and counseling so that patient will be able to adapt himself to his community better after recovery. The following techniques may be employed: influencing, directing, providing examples, providing advices, providing guidances.

The requirements of providing supportive psychotherapy as an intervention, are as following: 1). patient's level of education is not very high, 2). mild-to-moderate mental disorders, 3). strong premorbid personality of the patient accompanied by strong self-recovery attempt, as well as 4). well-acceptance from the family (Hamada et al., 2002).

2.6 Research Framework
  a. Social behaviors which manifested as objects (social skills and self-adaptation) according to (Zainuddin, 1989) include: lack of social contacts towards friend, lack of social contacts towards officers, lack of eye contact during conversations, refusal to interact or to socialize, refusal to follow the rules, impoliteness, unable to keep the cleanliness of one's surrounding environments, unable to take care of oneself, unable to keep oneself safe, as well as being passive in various activities.
  b. Persuasive technique: to influence, to direct, to provide examples, to provide advices, as well as to provide guidance.
  c. Changes in patient's self after receiving the therapy, including: able to provide social contacts towards friends and officers, able to maintain adequate eye contacts during conversations, able to socialize, able to follow the rules, being polite/able to show good manners, able to keep the environment clean, being

active during activities, able to maintain one's health, as well as able to take care of one's self even though it may not be optimal yet.

3. Research Methods

3.1 Research Design

This research was designed as a single case report for clinical studies. The aim of single case design in clinical practice according to Anderson & Kim (in Robert & Hardi, 2003:76) is as a process to evaluate the effects of intervention to patient's (in this case, H) behavior and conduct as well as to prove if the intervention chosen for the patient was effective or not.

One such type of research design was used in this research, namely the "A-B-A" design according to Jackson (2009:330). The "ABA" design involved the measurement of baseline (A), application of intervention (B), which was then rested, until the moment for re-measurement of baseline (A).

3.2 Research Subject and Research Location
3.2.1 Characteristics

Subject in this research was a 27-year-old male patient named H. H was thin and lanky. H's ethnicity was Betawi. H lived at Bekasi area and agreed to become a research subject, with indications such as following: a). lack of social contacts with friends, b). lack of social contacts with officers, c). lack of eye contacts during conversations, d). unwilling to interact or to socialize, e). refuse to follow the rules, f). lack of politeness, g). unable to keep the cleanliness of his environment, h). being passive during activities, i). unable to maintain his health, and j). unable to take care of himself.

The patient had a cold, expressionless face, which seemed calm, withdrawn, and often pensive. In his room at Kedoya social home, H had a friend who was sent to the social home at the same time as him from Soeharto Heerdjan Mental Hospital (RSJSH) Grogol, Jakarta Barat. H had no interests in participating in activities and mostly sat while daydreaming and smoking. He admitted that he preferred to stay alone and was not interested in socializing as he was easily offended and was forced to restrain his anger. He often broke his own promises or commitments that he made himself. He admitted that he did not like to stay at home since his family members did not like him, especially his mother who once attempted to poison him and always tried to dismiss him by sending him to shelters or rehabilitation facilities for problematic people or people with difficulties. Hence, H felt hatred towards his mother and considered that his mother was the one who caused H to become unlucky person and hated by everyone around him [H's personal feeling only].

3.3 Data Collection Technique and Intervention Technique
   a.   Interview, observation, psychological test, and Socialization Skill Rating.

b. Psychological intervention designed for H was aimed to raise his comprehension regarding his own personality and support H in searching for solutions based on his apprehension as well as to train H in being responsible for his job and develop social relationships between himself, his friends, and his community through supportive therapy using persuasive method. The therapy was planned gradually in 12 meetings.

3.4 Research Data Analysis

a. Description of Socialization using Pattern Matching Method

Before therapy, H was a paranoid schizophrenia patient with clinical traits and characteristics based on psychological theory such as following: delusions, auditory hallucinations, flat affect, incoherent speech, reluctant to participate in activities, grandiose, often seduce (catcalls) women whom he considered as pretty, highly suspicious towards others, labile emotions, unable to socialize, often daydreamed, withdrawn, autistic; however the signs and symptoms that were apparent in H were: a). lack of social contact towards friends, b). lack of social contact towards officers, c). lack of eye contact during conversations, d). refusal to interact or to socialize, e). unwilling to follow the rules, f). was impolite, g). unable to retain cleanliness in his environment, h). being passive during various activities, i). unable to keep his own health, and j). unable to take care of himself. However, after receiving supportive therapy using persuasive method, H experienced significant improvements and H was eventually able to change his harmful habits. Persuasive techniques including: a). influencing, b). directing, c). providing examples, d). providing advices, and e). providing guidance, were proved to be efficient and successful in managing the therapy for patients. H eventually underwent changes in his social behaviors, including: a). able to have social contacts with friends, b). able to have social contacts with officers, c). provide adequate eye contacts during conversations, d). able to socialize, e). willing to follow the rules, f). show good manners (polite), g). able to keep the cleanliness of his environment, h). being active in activities, i). able to maintain his health, and j). able to take care of himself although it was not optimal yet.

3.5 Comparison of Pre- and Post-Test Data using Scores from Rating Skills

Comparison of data from assessment and observation of CP to evaluate the behaviours before and after therapy (pre-test and post-test) was conducted in order to evaluate patient's development. The pre-test result of the patient was 13.5; patient was categorized as "poor" in organizing his social relationship, especially in socializing process. However, the post-test of patient was 45.5, which meant that patient was categorized as "good" in building social relationships, especially in socializing process. [Test forms were included as attachment].

4. Case Reports

4.1 Integrations of Psychological Test Results

H had the intelligence level of under average (**C-FIT 3A**), he was categorized as inferior person who tends to fantasize, was unstable or easily changed, and was lacking in self-confidence. However, H also tended to consider himself as an important person, was selfish, anxious, and had high suspicions towards others. As H was lacking of affection, he tended to be demanding, disregarding of other people and looked down on other people. Furthermore, H also tended to act hostile, aggressive or emotional, unable to be held responsible for his actions and often opposed authorities **(DAP).** H also had rebellious behaviors and attitude, a closed personality, was impulsive, had problems in controlling his emotions, was regressive, had unclear concepts of self, was not confident in himself, and was easily influenced by others. In his social circles, H had problems in adapting and was not flexible, was naïve and unproductive (BAUM). H had interests in outdoor, mechanical, and practical sectors. Meanwhile, the type of employment he was interested in included driver, ojek (motorbike 'taxi'), mechanics (not supported by knowledge and skills as a mechanic), security, cleaning services, gardener, as well as parking officers (**RMIB**). H later stated that he wanted to become a successful person, respected and understood by many people. H claimed that such future would be pleasant and he hoped that it could be reality so that one day his parents would be proud of him and other young adults would be able to take examples from him (**SSCT**).

4.2 Impressions and Interpretations

H was unmarried male patient, aged 27-year-olds and was the last child of four children. During infancy, H acquired his needs and excessive attention from his mother. This overindulgence developed excessive self-confidence within himself which made him prone to be naïve and fragile towards deceits in the future. During early childhood, his parents were unable to educate H well and instead followed and abide by H's whims; therefore, H grew to be a rebel, stubborn, and impulsive, as well as had never felt ashamed or remorseful towards his conducts.

During the young adult period, the inability of H to build intimacy resulted in his inability to take chances/opportunities provided by one's identity in sharing intimacies. This inability indirectly induced aggressive expression towards his parents and his environment, and manifested as other behaviors, which could not be accepted by general norms, his family, or the community. Furthermore, as he was unable to pass this psychological development phase, a pathological base continued to accumulate after each phase, until eventually an impulsive, easily offended, aggressive, irresponsible, lack of remorse, cheating, deceptive, repeatedly criminal behavior and pathological mental symptoms was created. Other signs and symptoms included fixation towards paranoid or persecutory delusions, flat affect, chaotic behavior, and incoherent conversations in the forms of profane swearing without apparent reason.

4.3 Multiaxial Diagnosis

Axis I:295.30 Schizophrenia, Paranoid type (early active phase at Soeharto Heerdjan Mental Health Hospital and Duren Sawit Mental Health Hospital)

Axis II: Antisocial personality;

Axis III: No diagnosis;

Axis IV: There were issues in child, parents, and family relationships;

Axis V: GAF = 60 (initial psychological assessment);

4.4 Evaluation of Intervention Results

4.4.1 Pattern Matching and Pre- and Post-Test Analysis:

Data analysis using Pattern Matching showed that initially, H was a paranoid schizophrenia, with the characteristics such as following: difficulties in performing social contacts with his friend and the officers from the social home, unable to provide adequate eye contact during conversations, unable to follow the rules, unable to retain politeness (good manners), unable to keep his environment clean, unwillingness to work, unable to keep himself and his environment safe, although he was able to take care of himself albeit sub-optimally.

These changes in behaviors were supported by pre- and post-test results using social behaviors scale. The results were 13.5 for pre-test (socialization category: "poor") and 45.5 for post-test (category: "good").

5. Conclusions and Recommendations

5.1 Conclusions

Description of social habits and behaviors of the paranoid schizophrenia patient in this report includes lack of social contact towards friends, lack of social contact towards officers, lack of eye contact during conversations, inability to interact and socialize, inability to follow rules, inability to retain proper manners (politeness) to everyone, inability to retain cleanliness in his environment as well as inability to interact in his work environment. However, the patient was able to take care of himself although it was not optimal yet.

As the results of the intervention through supportive therapy using persuasive technique, H was able to interact socially with his friends as well as the officers of the social home, was able to provide adequate eye contact during conversations, interact and socialize, follow the rules, was polite and able to show good manners, help keep the cleanliness of his environment, participate actively in activities, was able to keep himself safe and take care of himself.

These changes in behaviors were supported by pre- and post-test results using social behaviors scale. The results were 13.5 for pre-test (socialization category: "poor") and 45.5 for post-test (category: "good").

5.2 Recommendations

1) H should be able to continue to socialize with this friends and to show good manners towards the officers.
2) To participate in positive activities and think positively as well as to socialize positively towards family and community.

References

American Psychiatric Association (2000): *Diagnostic and Statistical Manual of Mental Disorder*, A Text Revision, Washington DC.

Hawari, Dadang (2001). Pendekatan Holistik Pada Gangguan Jiwa Skizofrenia, Jakarta: Fakultas Kedokteran Universitas Indonesia.

Hawari, Dadang. Skizofrenia dalam Pendekatan Holistik Pada Gangguan Jiwa, Penerbit FKUI, Jakarta, 2003.

Marne, Gary Groth-t (2010). *Hand Book of Psychological Assessment*; Hoboken New Jersey

Davison, Gerald C. (2004). Psikologi Abnormal. Edisi ke-9. PT.Raja Grafindo Persada, Jakarta.

Davison, Gerald C., John M. Neale, Ann M. King (2006). Psikologi Abnormal; Grasindo Jakarta.

Gunarsa, Singgih D. (2001). Konseling dan Psikoterapi, Jakarta: PT BPK Gunung Mulia

Lindzey & Hall, C. S. (1993). *Theories of Personality* (Yustinus, penerjemah Yogyakarta; Kanisius (1978).

HIMPSI (2008). Standar Pelayanan Psikologi Klinis; Jakarta

Elizabeth Hurlock, B., (1990) Psikologi Perkembangan Erlangga; Jakarta.

Prawitasari Johana E. (2011). Psikologi Klinis, pengantar terapan mikro dan makro; Erlangga.

Santrock John W. (2002). Life Span Development, alih bahasa, Jude Damanik, editor Herman Sinaga, Ed.5 Jakarta Erlangga 2002.

Surya, Moh (1985). Kesehatan Mental, IKIP. Bandung.

Jeffrey, S. Nevid, dkk (2002). Psikologi Abnormal.Erlangga; Jakarta.

Muslim, Rusli (2001). Diagnosis Gangguan Jiwa, PPDGJ III ; Nuh Jaya Jakarta.

Maslim, R. Pedoman Penggolongan dan Diagnosis Gangguan Jiwa di Indonesia, edisi 3, Direktorat Kesehatan Jiwa Departemen Kesehatan RI, Jakarta, 2002, hal 46-51.

Sarwono, Sarlito W. (2002). Berkenalan dengan Aliran-Aliran dan Tokoh Psikologi ed, ketiga, Bulan Bintang, Jakarta, 2002.

Wikipedia (21 juni 2011), *Taksonomi Bloom* artikel diambil pada tanggal 23 Februari, 2014, dari http://id.wikiedia.org/wiki/Taksonomi_Bloom.