

EXPLORING PARANOID SCHIZOPHRENIA: A CLINICAL CASE STUDY IN SURABAYA

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Abstract: This study aims to identify symptoms, causes and diagnosis of paranoid schizophrenia of patient in one of hospital at Surabaya. The research method used is a qualitative method with a case study technique. To explore in depth an event in a real context through observation, interviews, and documentation. The patient is a 32-year-old man who believes he is a person with magical powers. He has delusions and auditory hallucinations such as supernatural whispers. He experienced a divorce with his wife and have conflict with his siblings. The results of the data show that the emergence of paranoid schizophrenia is caused by stress experienced by patient and he cannot solve his problems. The cause of schizophrenia is also experienced due to genetic factors, brain biochemical factors, or organic disorders in the brain. This shows that paranoid schizophrenia occurs due to internal and external factors.

Keywords: Paranoid, Schizophrenia, Psychotic Symptoms

1 INTRODUCTION

Psychology is the science that studies human behavior and mental processes. This includes how people think, feel, and behave in various conditions or situations. The science of psychology aims to understand individuals through scientific methods and use knowledge to help overcome various problems in life, such as mental disorders to improve individual performance. Psychology has branches of science, one of which is clinical psychology. According to the American Psychological Association (APA, 2020), clinical psychology is a branch of psychology that focuses on the diagnosis and treatment of mental, emotional, and behavioral disorders. Clinical psychology involves the use of various psychotherapy methods and techniques to help individuals overcome individual personal problems and improve psychological well-being.

There is a biological perspective that sees abnormality as a mental disorder. This mental disorder causes abnormal behavior in behavior, this occurs because of damage to the central nervous system, sympathetic nervous system, and parasympathetic. It is explained in Lubis (2019) that abnormalities occur due to biological things such as genetic disorders, damage to brain and nerve cells, abnormalities in the production of chemicals in the body, and hormonal imbalances. Thus, mental disorders are conditions that can significantly affect a person's thoughts, emotions, behavior, and social functions. Individuals who experience mental disorders can have an impact on their abilities when living their daily lives, including in work, relationships, and other activities.

Therefore, to support a more in-depth discussion on mental disorders, it can be done by providing opportunities for Psychology students, especially in the clinical field of Surabaya State University, to conduct Field Work Practices or internships which are useful for facilitating students to conduct field work practices that directly study mental disorders in humans. This internship can provide opportunities for students to hone their abilities and skills in the clinical world of work later, where this field work practice activity is carried out at a Hospital, Surabaya. The implementation of this internship was carried out at a Hospital in Surabaya, because it is supported by professional medical or non-medical personnel.

2 MATERIALS AND METHODS

The research method used in this study is a qualitative method with a case study technique. Qualitative research with a case study technique is a method used to explore in depth a phenomenon or event in a real context. This technique is often used to understand the complexity of a particular case and provide in-depth insight. The steps that the author took in this research method are the first by selecting a case, the author chooses a case that is relevant to the research question that is relevant to paranoid schizophrenia disorder. The second step the author collects data by conducting observations, interviews, and documentation.

The author conducted in-depth interviews, namely semi-structured or unstructured interviews with individuals related to the case. This interview allows the author to gain an in-depth perspective. In addition, the author conducted direct observation, namely observing situations or events related to the case to obtain data that was not revealed through interviews. The author also conducted documentation by collecting data on individuals with schizophrenia through interview notes, observation notes, and medical record notes, as well as observation results from friends or caregivers of individuals with schizophrenia to enrich understanding. Furthermore, the author triangulated data using various sources of interview data, observations, and patient medical record data.

Data analysis used by the author with thematic analysis, namely the author identifies the main themes that emerge from the data and how schizophrenia cases are related to each other. Then, the author conducts an in-depth description, by making an in-depth description of the paranoid schizophrenia case, including its symptoms and causes. And then, the author draws conclusions about the phenomenon of paranoid schizophrenia by connecting relevant theories and literature. However, this case study technique has limitations, namely, it cannot be generalized to all cases of paranoid schizophrenia, but to provide in-depth insight into paranoid schizophrenia cases and the potential for researcher bias in interpreting important data.

3 RESULTS

The interview results obtained by the author in this study include the patient's family situation, the patient's educational background, the patient's work experience, the patient's hobbies, the patient's social activities, and the patient's use of free time. In an interview with the patient, the author found data that the 32-year-old patient is the 4th child of 8 siblings. Currently, the patient lives alone because he has divorced his wife and has a daughter. The patient has a bad relationship with his older siblings and younger siblings, but the patient has a good relationship with his first sibling, which is because the age gap is not much different and has the same hobbies. In addition, the patient has a bad relationship with his brothers and sisters, the patient also has a bad relationship with his parents because both of his parents have divorced and remarried.

Based on the interview that has been conducted, the patient is a 5th grade elementary school graduate in Sampang, Madura. Then, he started working in 2006 until his parents' furniture business, then continued to work in Malaysia as a construction worker in 2015 to 2016, after becoming a construction worker in Malaysia, the patient continued to work as a tarpaulin tailor in Jakarta which only lasted for 8 months. After that, the patient decided to sell doormats and napkins in Sampang, Madura for 6 years. The patient's hobbies are watching videos on the Youtube platform and playing games on his cellphone. The patient also likes to spend time at coffee shops with his friends or his eldest sibling. In his spare time, the patient chooses to do activities such as fishing alone or spending time at coffee shops.

In an interview with the patient, the patient said that he had powers and amulets that gave him supernatural powers. The patient was taken and treated at a Hospital, Surabaya, by his family, because the patient had a fight with his older brother. Based on the patient's statement, his two older brothers came to his house to ask for amulets or powers that the patient had, which made the patient angry and made him taken and treated at a Hospital, Surabaya. The patient also said that he had committed a violation when selling doormats and napkins by kissing one of the female customers at that time. This was because the patient heard a whisper to kiss one of the female customers at that time.

The supernatural powers possessed by the patient at that time were due to the patient often visiting a sacred tomb located in Madura, the patient visited the tomb just to pray. However, as the patient visited the tomb, the patient admitted that he had amulets, spells, and supernatural powers that the patient believed he got because he often visited the tomb. The patient admitted that he could travel on a flying motorbike, stand on a coconut tree, and had the ability to fly. The patient's parents and siblings who knew that he often visited the sacred tomb, tried to forbid the patient, but the patient ignored the prohibition from his parents and siblings. Not only the amulets, spells, and supernatural powers that he got, the patient admitted that he often heard whispers from people he didn't know and saw scary apparitions.

From the results of the interviews that have been conducted, the patient said that he did not like to socialize with his neighbors and tried to withdraw from his social life. This was done by the patient because the patient perceived that the neighbors or other people were talking about the spells, amulets, and supernatural powers that the patient had. The person wanted to seize the spells, amulets, and supernatural powers that the patient had. Because the patient did not give the amulets, spells, and supernatural powers that he had, the patient felt that he was being shunned and considered a strange person by others.

Meanwhile, from the results of observations with patients in the ward. The patient looks quiet, tends to be alone and even withdrawn, does not seem to have any interest in interacting with his wardmates. When the patient is invited to talk to the author, the patient speaks in a very small voice and sounds stuttering, like having difficulty in making sounds, and tends not to make eye contact when talking, a blank stare, and often says he doesn't feel at home in a Hospital environment in Surabaya and wants to go home quickly. Although the patient is reluctant to talk to other people, the patient still does the routine that must be carried out in the ward, namely doing morning exercises and walking around the room. When undergoing Art therapy in the psychosocial rehabilitation room, the patient looks enthusiastic about telling about himself in the hope that the patient can go home soon.

The condition of the patient's living environment while undergoing treatment in the ward is neat, clean, with slightly stuffy air, which is due to the lack of sunlight entering the ward. The patient's bedroom looks quite neat and clean, which is because the patient likes cleanliness, so the patient really maintains the cleanliness and tidiness of his bed. In addition, there are also cleaning staff who help maintain cleanliness in the mental hospital ward. Based on the results of interviews and observations conducted, the patient's thought process was obtained, the patient was cooperative in conducting interviews and various routine activities carried out at the Surabaya Mental Hospital. The patient understood the various questions given to him even though there were some questions that had to be repeated and explained again to the patient.

Usually patients ask to re-explain the questions given due to lack of focus and disturbances around them, such as other patients watching television with loud sound, and other patients who are chatting or joking. Patients also have obstacles in conducting interviews, namely when patients are asked to tell the chronology of the story in detail or to tell about their childhood, so that the information and data obtained from the interview results are limited. Patients tend to be enthusiastic when telling about their supernatural powers, but sometimes patients deny when there is information about themselves that they think does not match them. In the patient's medical data obtained by the author, the patient suffered from paranoid schizophrenia.

4 DISCUSSIONS

Schizophrenia comes from two words, namely "schizo" which means cracked or broken and "frenia" which means soul. Therefore, individuals who have schizophrenia are people who experience a splitting of personality. Schizophrenia according to Putri (2022) is a chronic heterogeneous syndrome characterized by irregular thought patterns, delusions, hallucinations, inappropriate behavioral changes, and impaired psychosocial function. In PPDGJ III, schizophrenia is a description of a syndrome with a wide variety of causes (many are still unknown) and diseases (which are not always chronic or "deteriorating"), as well as a number of consequences that depend on genetic, physical, and socio-cultural influences. Generally characterized by fundamental deviations and characteristics of thought and perception, as well as by inappropriate or blunted affects.

Schizophrenia is a term for a group of psychoses with various personality disorders accompanied by typical changes in the way of thinking, feeling, and their relationship with the environment (pharmacology and toxicology). Schizophrenia is a psychotic disorder that affects an individual's function, including the way of thinking, communicating, feeling, and showing emotions, a brain disorder characterized by chaotic thoughts, delusions, hallucinations, and strange behavior. Meanwhile, according to Krisna (2020) schizophrenia is a psychotic disorder that is identified by major disorders of thought, emotion, and behavior. The function of the mind in schizophrenia patients is disturbed, namely there is no logical relationship in their thinking. In addition, there are errors in the patient's perception and attention. Schizophrenia patients have behavior that withdraws from the environment and reality.

According to Maramis (2012) sometimes schizophrenia patients feel controlled by external forces, delusions, disturbed perceptions. Eugen Bleuler, who was nicknamed the "father of schizophrenia" divided the symptoms of schizophrenia into two type namely primary symptoms and secondary symptoms. Primary symptoms include thought process disorders, emotional disorders, volitional disorders, and autism. Meanwhile, secondary symptoms include delusions, hallucinations, catatonic symptoms or psychomotor disorders. Bleuler considered that primary symptoms were manifestations of an unknown disease, while secondary symptoms were manifestations of the sufferer's efforts to adjust to the primary disorder. So, secondary symptoms are psychologically understandable.

Psychotic symptoms are characterized by abnormalities in the form of thought content, perception, and emotions and behavior. Symptoms that can be observed in individuals with schizophrenia disorders, such as general appearance and behavior; presence of speech disorders, In individuals with schizophrenia, disorders appear, especially association disorders, or what are commonly called *loose association*. Which means there is no relationship between ideas, the sentences are not related to each other; behavioral disorders, salah satu gangguan aktivitas motorik pada skizofrenia adalah gejala katatonik yang dapat berupa stupor atau gaduh gelisah (excitement). Patients with stupor do not move, do not speak, and do not respond even though they are fully conscious. Meanwhile, patients with catatonic agitation show uncontrolled motor activity. These two conditions sometimes occur alternately; affective disorder, which includes shallowness of emotional response, parathymi, paramimi, and emotional sensitivity; disturbance of perception; disturbance of thought Individuals with schizophrenia do not realize that what is happening to them is a fact that cannot be changed by anyone. Mayer Gross groups 2 types of delusions, such as primary delusions and secondary delusions. Primary delusions arise illogically, arise without any known external cause. Meanwhile, secondary delusions usually sound logical, can be followed. Delusions are divided according to the type of delusion, such as delusions of grandeur or expansiveness, nihilistic delusions, delusions of persecution, delusions of satire, delusions of sin, and so on. Primary delusions are still rare and difficult to determine with certainty. According to Suyasa (2021) in general, the symptoms of schizophrenia attacks are divided into 2, namely, positive symptoms or real symptoms and negative symptoms or the same symptoms. Positive symptoms or real symptoms, such as hallucinations, delusions, ecospraxia, flight of ideas, perseveration, loose associations, ideas of reference, and ambivalence. Meanwhile, negative delusions or the same symptoms, such as apathy, alogia, flat affect, blunt affect, anhedonia, catatonic, and no will.

According to Suyasa (2021), schizophrenia is not a disease but a syndrome so that the risk factors for schizophrenia are still unclear. The theory regarding risk factors for schizophrenia is supported by organobiological factors (genetics, viruses, and fetal malnutrition), psychoreligious, and psychosocial factors including psychological, sociodemographic, socio-economic, socio-cultural, population migration, and population density in rural and urban environments. All factors are interrelated with each other, resulting in vulnerable psychological conditions. In the next phase, if external stress arises, such as a poor economy, failure to achieve a goal, unresolved conflicts, and others can be triggers for the development of schizophrenia. According to Maramis (2012), there are various factors that cause schizophrenia. Which is usually not caused by internal factors alone, but can be caused by external factors that affect internal factors. There are factors from within the body that play a role in the occurrence of schizophrenia, such as genetic factors, brain biochemical factors, organic disorders in the brain.

A person who experiences schizophrenia can be said to have at least one clear symptom and usually two or more symptoms if the symptoms are less sharp or less clear based on PPDGJ-III, such as:

- a. (-) "Thought echo" is the contents of one's own thoughts that are repeated or echo in one's head (not loudly) and the contents of repeated thoughts, even though the contents are the same, the quality is different; or
- b. (-) "Thought insertion or withdrawal" is the content of thoughts that are foreign from outside entering his mind (insertion) or the content of his mind being taken out by something from outside himself (withdrawal); dan
(-) "Thought broadcasting" is the contents of his thoughts being broadcasted outside, so that other people or the general public know about it.
(-) "delusion of control" is a delusion about oneself being controlled by a certain external force, or
(-) "delusion of influence" is a delusion about oneself being influenced by a certain external force, or
(-) "delusion of passivity" is a delusion about oneself being helpless and resigned to an external force; (about "oneself" = clearly referring to body/limb movements or to specific thoughts, actions, or senses);
(-) "delusional perception" is an unusual sensory experience, which has a very special meaning for the person, usually mystical or miraculous in nature;
- c. Auditory hallucinations:
(-) Hallucinatory voices that comment continuously on the patient's behavior, or
(-) Discussing the patient among themselves (among other voices speaking) or
(-) Another type of hallucinatory voice that comes from one part of the body.
- d. Other types of persistent delusions, which are considered culturally unreasonable and impossible, include religious or political beliefs, or superhuman powers and abilities (e.g., being able to control the weather or communicate with aliens from another world).

Or at least two of the following symptoms must always be clearly present:

- e. Persistent hallucinations from any of the five senses if accompanied by either floating or half-formed delusions without clear affective content, or accompanied by persistent over-valued ideas, or if they occur every day for weeks. continuous weeks or months;
- f. Persistent hallucinations from any of the five senses if accompanied by either floating or half-formed delusions without clear affective content, or accompanied by persistent over-valued ideas, or if they occur every day for weeks. continuous weeks or months;

- g. A break or interpolation in the flow of thought, resulting in incoherence or irrelevant speech, or neologisms;
- h. Catatonic behavior, such as excitement, posturing, or cheerful flexibility, negativism, mutism, and stupor;
- i. 'Negative' symptoms, such as marked apathy, infrequent speech, and blunted or inappropriate emotional responses, usually resulting in social withdrawal and reduced social performance; but it must be clear that these are not due to depression or neuroleptic medication;
 - (-) The presence of the typical symptoms above has lasted for a period of one month or more (not applicable to every nonpsychotic prodromal phase);
 - (-) There must be a consistent and significant change in the overall quality of some aspects of personal behavior, manifested as loss of interest, aimless living, doing nothing, self-absorbed attitude, and social withdrawal.

According to Suyasa (2021), paranoid schizophrenia is characterized by delusions of persecution (feeling like a victim or being spied on) or delusions of grandeur, hallucinations, and sometimes excessive religiousness (focus on religious delusions), or aggressive and hostile behavior. According to Sari (2019), paranoid schizophrenia is often seen with auditory hallucinations and delusions that cause anxiety or fear. According to Maramis (2012), the striking symptoms of paranoid schizophrenia are primary delusions, accompanied by secondary delusions and hallucinations. This type of schizophrenia often begins after the age of 30. The personality of people with schizophrenia disorders is easily offended, likes to be alone, is somewhat arrogant, and does not trust others. Meanwhile, in PPDGJ it must:

- a. Meets the general criteria for a diagnosis of schizophrenia.
- b. In addition, hallucinations and/or delusions must be prominent:
 - 1) Hallucinatory voices that threaten the patient or give commands, or auditory hallucinations without verbal form such as whistling, humming, or laughing;
 - 2) Hallucinations of smell or taste, or of a sexual nature, or other bodily sensations; visual hallucinations may be present but are rarely prominent;
 - 3) Delusions may be of almost any type, but delusions of control, influence, or "passivity" and beliefs of being persecuted of various kinds are most typical;
 - 4) Disturbances in affect, volitional drive, and speech, and catatonic symptoms are relatively unremarkable.

According to Sigmund Freud in Fitrikasari (2022) schizophrenia is caused by fixation on psychological development, earlier in the day which then causes neurosis. Fixation causes the effect of ego development which then causes the symptoms of schizophrenia to appear, ego disintegration in schizophrenia sufferers causes the ego to be in a condition like when it first formed. The ego's ability to interpret reality and control inner drives such as sex and aggression is automatically disrupted. Intrapsychic conflict due to early fixation and ego effects due to poor early object relations, encourage the development of psychotic symptoms. According to Maramis (2012) Sigmund Freud's theory also includes the theory of psychogeny, if using Freud's formula, then in schizophrenia there are:

- a. Ego weakness, which can arise due to psychogenic or somatic causes.
- b. The superego is put aside so that it no longer has power, the id takes power and a regression occurs to the phase of narcissism.
- c. Loss of capacity for transference so that psychoanalytic therapy is impossible.

According to Ardiansyah (2022), the personality structure proposed by Sigmund Freud consists of the id, ego, and superego.

- a. Id: According to Pradnya (2020), an idea is a completely unconscious personality or a component that is not fully recognized by the personality. The function of the id is to obtain satisfaction so it is called the pleasure principle. An idea is something amoral, not immoral or violating normal. All the energy of the id is to achieve the goal of pleasure alone without caring whether the pleasure is appropriate or not to be displayed. The id is a biological aspect, an original system in personality or also called the human inner world that has no direct relationship with the objective world, it contains things that are carried since birth (instinct) and as a reservoir of psychic energy to move the ego and superego. Therefore, its nature is unrealistic and seeks pleasure.
- b. Ego: different from the id, according to Ardiansyah (2022) the ego is a psychological aspect of personality that arises because of the organism's need to relate to reality. The ego adheres to the secondary process, a process of thinking about reality and with this process the ego formulates a plan to satisfy needs and tests whether the plan is successful or not. The ego is the only area of the mind that has contact with reality. The ego is controlled by the reality principle which seeks to replace the id's pleasure. Thus, the ego seeks to control the irrational behavioral demands of the id and superego with the realistic demands of the outside world.
- c. Superego: while the superego according to Pradnya (2020) is a sociological aspect of personality, a representative of traditional values, and the ideals of society as interpreted by parents to children in the form of commands or prohibitions, so that children can adjust their behavior to those commands and prohibitions. The superego contains conscientia (conscience) and ich ideal (ideal ego). Conscientia punishes people with feelings of guilt, while ich ideal rewards people with feelings of pride in themselves. A well-developed superego will play a role in controlling sexual

and aggressive urges through repression. Thus, the superego is more about achieving perfection than achieving pleasure.

According to Freud in (Helaluddin, 2022), the soul has three levels of consciousness, namely conscious, preconscious, and unconscious. Freud argued that personality is a system consisting of 3 elements, namely das Es, das Ich, and das Ueber Ich (in English stated as the Id, the Ego, and the Super Ego), each of which has its own origin, aspects, functions, operating principles, and equipment. The id, ego, and superego are described by Freud as chunks of ice, which are the main concepts in the theory put forward by Sigmund Freud. These three components interact to shape an individual's behavior and personality. Thus, the relationship between the id, ego, and superego is a dynamic and complex interaction that shapes an individual's behavior and personality, and influences mental and emotional health.

Personality dynamics according to Freud, the id operates on the pleasure principle, seeking immediate satisfaction of basic needs and desires, the id tends to ignore reality or morality. The ego operates on the reality principle, trying to mediate between the id, the reality of the outside world, and the demands of the superego, using defense mechanisms to overcome conflicts between ideas and the superego and to cope with stress. While the superego represents the internalization of moral and ethical values from society and parents and provides standards for behavior that is considered good or bad. Personality dynamics, according to Freud, is how psychic energy is distributed and used by the id, ego, and superego. According to Freud in (Helaluddin, 2022), the ego defense mechanism is a strategy used by individuals to prevent the open emergence of the drives of das Es (Id) or to deal with the pressure of das Uber Ich (superego) on das Ich (ego), with the aim that the anxiety experienced by the individual can be reduced or relieved. Freud stated that the ego defense mechanism is a complex mechanism. The following are 7 types of ego defense mechanisms that according to Freud are generally found, namely repression, sublimation, projection, displacement, rationalization, reaction formation, and regression. According to Freud, the individual's personality has been formed by the end of the fifth year, and further development is largely a refinement of that basic structure. Furthermore, Freud stated that personality development proceeds through 5 phases, which are related to sensitivity to erogenous areas or certain parts of the body that are sensitive to stimulation. Freud's five phases of personality development are the oral phase, the anal phase, the phallic phase, the latent phase, and the genital phase.

The patient is the 4th child of 8 siblings. Among his siblings and parents, only the patient has paranoid schizophrenia. The patient is currently 30 years old. Based on the Autoanamnesa data which was first conducted with the patient. The patient stated that he has spells, amulets, and supernatural powers that he obtained because he diligently visited sacred tombs. This is related to the theory of psychoanalysis, which was developed by Freud regarding the disorders experienced by patients by emphasizing unconscious internal conflicts and the use of ego defense mechanisms. This is reinforced by the story from the patient who said that he was uncomfortable communicating with his parents and siblings, besides that since childhood the patient's father remarried and he often fought with his half-siblings.

Freud's theory of personality dynamics revolves around the interaction and conflict between three core components: the id, the ego, and the superego. In the context of schizophrenia, especially paranoid schizophrenia, understanding these dynamics can provide insight into the underlying psychological mechanisms. In the id component, it operates on the pleasure principle, seeking immediate satisfaction of basic needs and desires and disregarding reality or morality. This is reinforced by the case experienced by the patient that the patient seeks satisfaction of basic needs and desires without regard to reality or morality, in the patient's statement he said he often visited sacred tombs and received supernatural powers through his activities, this made him not in the principle of reality.

The patient was diagnosed with Paranoid Schizophrenia (F20.0) which is a subtype of schizophrenia characterized by prominent delusions and auditory hallucinations, often involving persecution or grandeur, the patient believes that he is being targeted, spied on, or harassed. In the Id is a basic unconscious drive that expresses itself in the form of delusions and hallucinations. For example, repressed aggressive or sexual urges can appear in the form of beliefs that others want to take the patient's supernatural powers and want to hurt the patient because they want to seize the supernatural powers possessed by the patient. The ego component, in the patient's case, is likely a disturbed ego component resulting in an inability to mediate between the demands of the id and reality. This causes difficulty in distinguishing between reality and fantasy. As in patients who cannot distinguish between reality and fantasy with the supernatural powers they have, so that patients live in their fantasy world, which is due to the inability to distinguish between the demands of the id and reality.

In the superego component, conflict with the superego can give rise to intense guilt or feelings of worthlessness, which can then be manifested in the form of delusions of persecution (feeling punished). In the patient's case, he had a sense of worthlessness because since childhood he felt unloved and often had conflicts with his family, so that the patient until now feels that he is always being scolded and judged by his family, especially the feeling that he has supernatural powers, so that he strongly believes that his family or other people want to take his supernatural powers.

In Sigmund Freud's theory, there are seventh ego defense mechanisms that can influence an individual's personality, in the context of the patient's case of fear and anxiety displacement, the patient may have deep-seated fears or anxieties that they are not aware of or accept as part of themselves. To cope with this discomfort, the patient projects their fears onto external entities such as amulets, spells, or their supernatural powers. In the case experienced by the patient, in response to internal conflict, when the patient feels guilty, angry, or has aggressive urges that are unacceptable to themselves or society, the patient allows this conflict to be resolved by believing that the supernatural power (supernatural powers) they possess is responsible for the patient's feelings or behavior. This allows the patient to maintain a more positive self-image by avoiding acknowledging unacceptable thoughts or feelings.

Displacement is a strong emotion or drive that may be diverted from its original source to a safer or less threatening target. In the case of a patient with paranoid schizophrenia, this can mean that internal fears or aggressive drives are diverted into beliefs that others are trying to harm the individual. This is in accordance with the patient's case that he believes that others are trying to harm him because they want to take his supernatural powers. In this case, the patient faces a stressful situation that he cannot control, as a way to provide an explanation or a sense of control. This can also provide comfort or a sense of security for the patient. It can be concluded that there are several factors that drive patients to experience schizophrenia. Based on psychoanalytic theory, patients have root problems in their family environment. One of the main concepts in psychoanalysis, which is the defense mechanism, is used by the ego to protect itself from anxiety and internal conflict. Withdrawing from the environment can be seen as a form of defense mechanism, such as projection and displacement. Freud also argued that human behavior is often influenced by conflicts between the id (drive), ego (reality), and superego (morality). When individuals experience intense internal conflict, they may feel overwhelmed and unable to cope with pressures from the outside world, thus choosing to withdraw.

Traumatic experiences or poor relationships with parents during childhood can cause individuals to have a tendency to withdraw from the environment as a way to protect themselves from emotional pain. Freud emphasized the importance of childhood experiences in shaping adult personality and behavior. And the presence of anxiety in patients towards others, so that patients have a tendency to withdraw to reduce anxiety generated by internal conflict or avoid situations that patients consider threatening.

5 CONCLUSIONS

Based on the research that has been obtained from interviews and observations through autoanamnesis and alloanamnesis, it was obtained that the patient had paranoid schizophrenia. Symptoms experienced before being treated were in accordance with the criteria for paranoid schizophrenia disorder, where the prominent symptoms experienced by the patient were auditory and visual hallucinations, and the presence of other types of persistent delusions. The patient also showed affective disorders in the form of difficulty in controlling emotions and catatonic symptoms. However, the patient admitted that since being treated at a Mental Hospital, Surabaya, the patient had never heard of the disorders he was experiencing. Based on the data that had been collected, the patient received a prognosis of *dubia ad malam*. *Dubia ad malam* it self is a condition that tends to worsen or a condition that is getting worse. *Dubia ad malam* is an expression that means "doubt about evil". Because patient compliance in treatment and family support are needed in the healing process. Meanwhile, self-motivation to recover and poor work motivation in patients. However, this does not prevent patients from recovering from schizophrenia and has an effect on other behaviors. The paranoid schizophrenia experienced by this patient is influenced by family and work environment factors. The paranoid schizophrenia disorder in patients is still visible, but the symptoms of paranoid schizophrenia have decreased.

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