

## Case Study of Risk Factors Caused Paranoid Type Schizophrenia Disorder

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**Abstract:** Schizophrenia is a psychological disorder characterized by thought processes that are separated from reality, causing individuals to have a chaotic and frightening world. One type of schizophrenia that is often encountered in Indonesia is paranoid schizophrenia characterized by sufferers who often experience auditory hallucinations, visual hallucinations, various types of delusions or delusions accompanied by feelings of fear and anxiety. In the research method used is a case study with a qualitative approach. The assessment techniques used are participant observation or direct involvement in the subject's life during daycare rehabilitation, semi-structured interviews with patients and significant others (SO) and psychological tests (HTP, BAUM and DAM). The research subject is a male patient with the initials WH aged 37 years who has experienced history of relapses 8 times. The results showed that there were two factors causing the symptoms of schizophrenia in the subject, namely internal and external factors. The results of the study also analyzed the subject's psychological disorders based on Alfred Adler's parenting theory regarding being pampered or pampered which influenced the emergence of neurotic disorders in the subject. Based on the research, it can be explained that adherence to taking medication, supervision of the family environment and the institution is very influential on the subject's recovery during the treatment period.

**Keywords:** *Paranoid Schizophrenia, Study Case, Rehabilitation Patient*

## 1 INTRODUCTION

Schizophrenia is a word that comes from Latin, namely "schizo" which means split, and "phrenia" which means mind. (King, 2010). Schizophrenia is a psychological disorder characterized by thought processes that are separated from reality, causing individuals to have a chaotic and frightening world. King (2010) defines schizophrenia as a long-lasting disorder characterized by the appearance of odd thoughts, impaired communication, and inappropriate emotions. Individuals who suffer from schizophrenia will experience a split between thoughts, feelings, emotions and actions from themselves. Schizophrenia causes individuals to be unable to recognize the limits of the reality of everyday life and can occur repeatedly or continuously (Stauffer et al., 2011). Schizophrenia is a chronic and complex mental health disorder characterized by a range of symptoms, including delusions, hallucinations, disorganized behavior, and impaired cognitive abilities (Patel, 2014). Schizophrenia can also be characterized by cognitive symptoms, such as impaired attention, memory function, or executive function. In addition, relapse rates may occur due to positive symptoms, such as suspicion, delusions, and hallucinations (Mimica et al., 2019).

According to a study conducted by Saha et al. (2005) schizophrenia affects 4-7 people out of a total of 1000. In Indonesia, the prevalence of people with severe mental disorders reaches 6% with an age range of <15 years or the equivalent of 14 million people. According to the results of the study (Zahnia & Sumekar, 2016) it was found that Indonesia is a country with a population that has a high prevalence of schizophrenia. However, there is no accurate prevalence of schizophrenia. Based on data from Riskesdas (2013), the prevalence of schizophrenia in Indonesian society in 2016 reached around 400,000 people as much as 1.7 per 1,000 population. Sari (2019) explained that relapse is an event in which symptoms appear in patients with schizophrenia in uncertain conditions. Relapse that is not handled properly will actually have a negative impact on the community, families and sufferers themselves, so professional help is needed to treat and supervise people with schizophrenia carefully and carefully (Amelia & Anwar, 2013). One type of schizophrenia that is often encountered in Indonesia

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is paranoid schizophrenia. Paranoid schizophrenia is characterized by sufferers who often experience auditory hallucinations, visual hallucinations, various types of delusions or delusions accompanied by feelings of fear and anxiety (Nevid, S, 2014).

The cause of schizophrenia is still unknown, but several factors are thought to be driving the emergence of symptoms in people with schizophrenia, including genetic, psychosocial, environmental and neurotransmitter factors. A study explains that identical twins have a 50% higher risk of developing schizophrenia, in contrast to fraternal twins or dizygotic twins who have a 15% risk (Patel, 2014). Simanjuntak (2008) also stated that people with schizophrenia who experience distortion in an unfavorable relationship with a caregiver will influence and cause a feeling of a source of pressure (stressor) in him. Meanwhile, several epidemiological studies have shown that people with a history of psychoactive substance abuse doubled experience more psychotic symptoms such as schizophrenia (Kim et al., 2017; Rømer et al., 2017; Tyler et al., 2016). Another factor is the parenting style adopted by the parents and applied to the child. Parents who tend to pamper their children will foster minimal social interest, feelings and the desire to continuously pampered (Feist & Feist, G, 2006). According to Adler (Feist& Feist, 2016) a pampered child does not have an abundance of affection but a lack of feelings of love. A pampered child is too protected and guarded. The tendency to not be able to solve personal problems is often found in pampered children. A child who is usually spoiled by his mother will feel scared if his mother is not near him.

Based on the explanation above, researchers are interested in knowing the risk factors or things that can cause a person to experience paranoid schizophrenia. In addition, researchers also want to know what factors cause people with schizophrenia to experience recurrence or relapse repeatedly.

## 2 MATERIALS AND METHODS

This research will be conducted using qualitative research methods and study case approach. Qualitative is a method in research methodology that is used to explore in order to understand the behavior and meaning of individuals and groups more deeply in the problems in life that occur (Cresswell, 2013). The purpose of using qualitative methods is to be able to express problems based on a natural background and interpret the phenomena studied in depth (Denzin & Lincoln, 2013). The case study approach focuses on certain cases in depth so that can identify social relationships, concurrent processes and categories recognizable, distinctive, and unique. The study was conducted for 14 days at the Rehabilitation Installation of Mental Hospital X Jakarta. The purpose of the study was to look at the psychological picture of paranoid schizophrenia sufferers along with analysis related to internal and external factors that cause symptoms of paranoid schizophrenia disorder. The assessment technique used is a document study, namely the subject's medical record, supported by participant observation, anamnesis with the subject and alloanamnesis with significant others (subject manager, subject's mother, subject's roommate) supported by semi-structured interview guidelines and psychological test tools (HTP, BAUM and DAM). Some of these assessment techniques are used to provide information related to the needs of the research. The subject of the study was a patient with the initials WH aged 37 years who had experienced history of relapse (Hospital Admission) 8 times and has obtained personal and institutional approval to conduct a case study on the subject. The following is the identity of the research subject:

Table 1. Subject Identity

<b>Name</b>	<b>: WH</b>
<b>Place and date of birth</b>	<b>: Jakarta, 04 April 1985</b>
<b>Age</b>	<b>: 37</b>
<b>Sex</b>	<b>: Man</b>
<b>Ethnic</b>	<b>: Javanese</b>
<b>Religion</b>	<b>: Islam</b>
<b>Last Education</b>	<b>: Senior High School</b>
<b>Job Tittle</b>	<b>: -</b>
<b>Marital status</b>	<b>: Not married</b>

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<b>Address</b>	: West Jakarta
<b>Order in Family</b>	: 3 of 3 siblings
<b>Hobby</b>	: Motor racing and swimming

### **3 RESULTS**

In this case study, the client was diagnosed with paranoid schizophrenia in 2005 at RSJ X Jakarta and had a history of relapse and was treated at RSJ X JAKARTA 8 times. Clients often experience relapse or relapse due to non-compliance with taking the recommended medication and also due to aggressive behavior such as getting angry, hitting a friend's face and punching a glass at home. The main symptom of paranoid schizophrenia that appears from the client is the appearance of auditory hallucinations such as hearing orders to harm the mother, visual hallucinations in the form of seeing a scary black shadow and delusions of grandeur, namely the belief that he has led a war. Based on the results of the study, it was found several risk factors that cause client suffering paranoid schizophrenia, including:

#### **Long-term Use of Marijuana**

That the problem began with the client who first tried marijuana type drugs in 1998. Since consuming marijuana, the client claimed to always feel addicted and there would be several complaints such as excessive dizziness, fatigue that came continuously and feverish. Since he felt himself getting better when taking drugs, there was a very strong feeling to continue taking. Then, the client thought of lying to his parents by asking to add to his daily allowance which would be used to buy a packet of marijuana from his friend. In 2002, the client admitted that he began to feel that something was wrong with his vision (positive symptom), namely seeing a very large black shadow, about the size of a door and wide body (positive symptom, visual hallucinations). In 2005 the client was brought to the RSJSH because of his tantrum with his friend, the client was ordered by a whisper (positive symptom, auditory hallucination) to hit his friend. After the client returned, he did not take medicine according to the doctor's prescription. While at home, the client's friends kept coming to his house and kept bringing things that his mother didn't understand and believed to be drugs. Until 2006 and 2007, the client experienced another relapse, was hospitalized and stopped taking medication because he did not take medication according to a doctor's prescription. The client had suffered a minor head injury in 2009 due to a wild motorcycle race at night. In order to overcome the hallucinations, the client constantly buys marijuana and shabu-shabu. After being unemployed for a long time, the client had time to fill his time by working as a courier at a private company in West Jakarta in 2013. The client's job only lasted for two months because of the feeling of laziness and unmotivated that arose in him. Then, the client was hospitalized again with the same chronology, namely dropping out of taking medicine and uncontrolled behavior. And so on until 2015, 2017, and in 2019 the client felt someone was peeking and watching him. The client was raging and hitting things. Until 2021, the client's anger was so high that he almost hit his mother, according to the client it happened because he heard orders to do it. During the rehabilitation process, clients are often found to be hallucinating or having delusions of grandeur (delusions).

#### **Permissive or Indulgent Parenting**

Baumrind in Santrock (2011) that four kinds of parenting style, one of which is permissive style. In permissive style, parents are very involved in their child's upbringing and less demanding with their children. Parent let children do whatever they want and less control to them. However, the result for their children don't learn to control behavior and always expect that they want will be fulfilled. Based on client's case, his parent never rejected what he want, so permissive parenting has an impact on his behavior. Client has weak self-control, so it is make him easy to be influenced by his social environment or his peer group. Client knows that marijuana is not good, but he finds difficult to resist the influence of his friend and knows that effects of marijuana is calming enough for him. Client's mother also never forbids when his friend keep coming, even though mother knows that client's friends will give bad influence to client.

#### **Maladaptive Coping Strategy**

Adaptive coping is when someone could be flexible, efficient, and focused on their problem, while maladaptive coping strategies tend to be socially inappropriate (Holubova et.al., 2015). Usually, someone will tend to use repetitive coping strategies that they find effective for them. Coping strategies are used to manage and overcome difficult life events or when someone suffering stressful situation. People who experienced psychotic disorder, like paranoid schizophrenia, have been found tend to use maladaptive coping strategies (Holubova et.al., 2015). Based on client's case, he usually used maladaptive coping strategies. When he gets a problem, he will tend to avoidant with his problem and he will consume marijuana to make his condition better and forget his problem. Client cannot solve his own problem, so the problem is not resolved properly. When he faced a big problem, such as when he loses his father in 2004, he was unable to defend himself. His father's death was a traumatic event that triggered him to develop symptoms of schizophrenia.

## 4 DISCUSSIONS

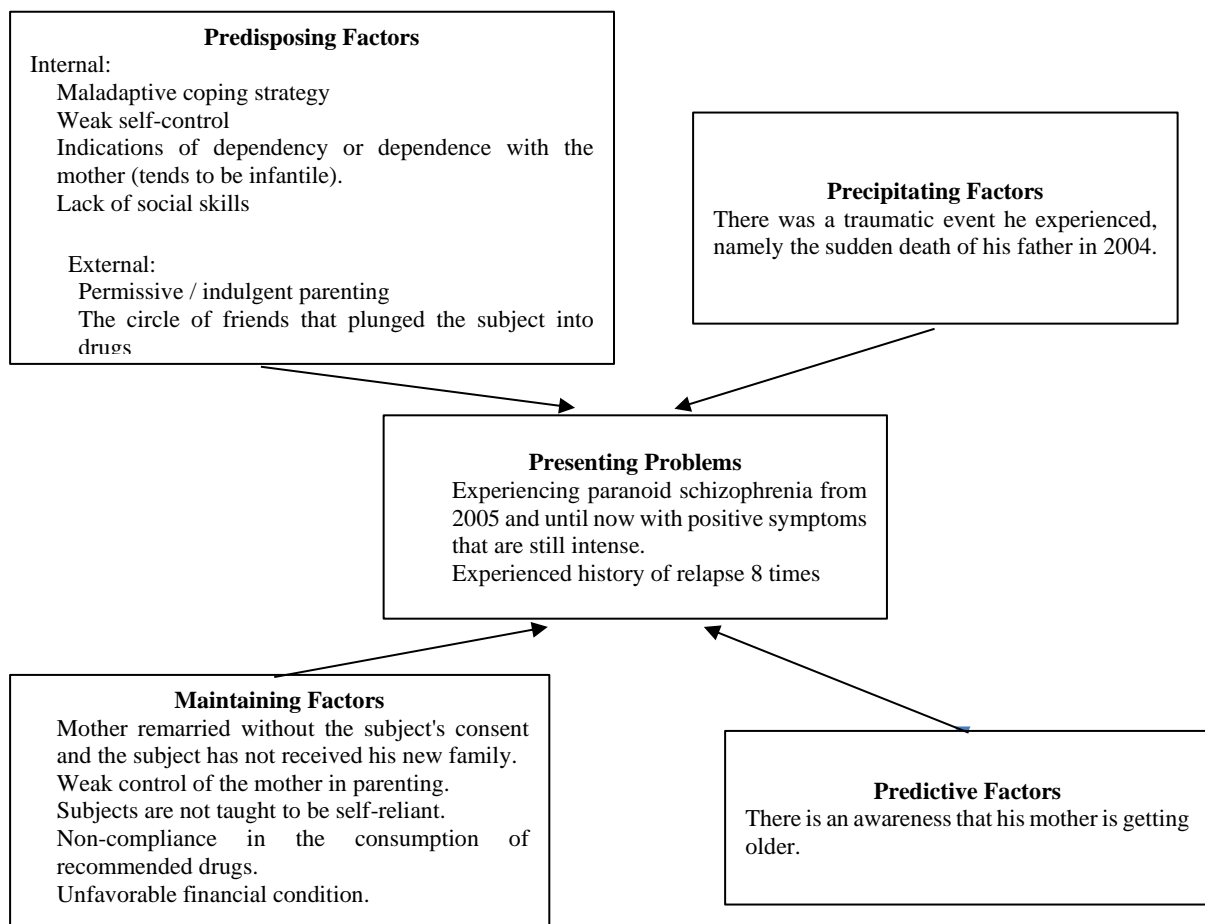


Figure 1. Dynamics of Subject Conditions

Based on the dynamic chart of the condition of the subject above, it can be explained based on predisposing factors, precipitating factors, maintaining factors, and predictive factors. In predisposing factors, it explains the risk factors that allow the subject's current condition. The risk factors that cause WH clients to experience disturbances can be viewed from internal factors, namely ineffective coping strategies, such as when he started entering junior high school, WH clients said that his friend offered him a marijuana to try, the client felt that marijuana was a sin and not in accordance with the teaching religion. However, because of his lack of self-control as a teenager, he encouraged clients to try marijuana. Since then, WH's clients have continued to consume drugs as a coping strategy, such as in 2004, the death of his father which brought grief to him. Several studies have explained how addictive substances consumed in quantity can trigger the emergence of schizophrenia symptoms in patients (Wilkinson et al., 2014).

In addition, the attitude of the WH client is still very dependent on the mother and the manager or person in charge. The subject's attitude of dependence on external parties, especially the mother, is the most dominant risk factor that affects the emergence of schizophrenia symptoms in the subject. During class, WH tend to be less firm in their choices, for example, the rehabilitation class which is almost entirely chosen by the Manager of The Day (MOD). Reinforced by the results of observations, how the client depends (dependent) all choices to the mother or other external parties that make him comfortable. Because since childhood he was accustomed not to determine the direction of his life personally. Judging from the first external factor is parenting. Adler's theory explains how a child who grows up with a pampered lifestyle will continue to grow up feeling comfortable and enjoying being pampered and developing a parasitic relationship with his mother (Feist & Feist, G, 2006). The client who since childhood has never experienced rejection from his parents regarding his request, is an individual who grows up without understanding the environment well because the client is the only child after the death of his two brothers. The second external factor is the influence of peers. The incident where the client was strongly influenced by his friend's offer in junior high is evidence that peer control does have an effect. Kusumastuti dan Hadjam (2019) through his study has also explained how the role of family control is very large in preventing drug abuse in adolescents. When the client has tried drugs, there will be physical and psychological dependence (Sumiati, 2009). Another factor that triggers the emergence of complaints is the financial situation of the client's family who slumped. The client's family cannot afford to pay for night care, lodging for rehabilitation patients. So they only rely on BPJS to participate in day care. The RSJ agency does not recommend this, but financial conditions cannot be forced.

The death of his father in 2004 was a traumatic event which became a trigger factor that caused the WH client to fall and be diagnosed with depression (based on medical records). Clients overcome feelings of loss by applying ineffective coping strategies, namely choosing to calm down using drugs. In 2005, the first WH client entered RSJ X Jakarta with positive symptoms, which until the research period was still quite intense. Aggravating the next factor is a history of drug withdrawal. Basically every human being is always struggling to get to a better life and reach the final goal (Feist & Feist, G, 2006). According to Alder, humans are born to be weak creatures and must struggle to be able to fulfil the tasks or roles they face. In the case of the WH client, he experienced inferiority because he was diagnosed with paranoid schizophrenia, then the client should achieve superiority or success by trying to get better or minimize the growing symptoms.

Several other factors that maintain or cause the client's condition does not lead to a better condition, including specifically related to the surrounding environment, namely the WH Client's mother. The WH Client's mother remarried without the consent of the WH Client. The WH client also showed minimal interest in discussing his mother's marriage with his stepfather, the client felt that his mother's attention would shift if the marriage occurred, the client continued to deny discussing the existence of a new family he had. This feeling comes along with the reason that since childhood, WH clients have never been trained to do everything independently or also known as maintaining factor.

In addition, another maintaining factor is the WH Client's non-compliance to take the drugs recommended by his doctor. clients tend to have a negligent attitude to taking medication. There is a possibility that this attitude is shown to attract attention from others so that he can be served. According to Sari (2019) adherence to taking medication is one of the keys to the success of a treatment that can prevent relapse in schizophrenic patients. The last factor in the case of the WH client is the awareness that the mother's age is getting older, there is a fear in the client that he must quickly get out of rehabilitation and accompany his mother in her old age, but this awareness does not continue to be real action.

## **5 CONCLUSIONS**

Based on the data obtained through observation or direct involvement in the subject's life during daycare rehabilitation, semi-structured interviews with patients and significant others (SO) and psychological tests (HTP, BAUM and DAM) that the client has paranoid schizophrenia disorder (F20.0). Internal risk factors that come from within the WH client are non-adherence to taking medication, dependent behavior supported by a diagnosis (suspect) of dependent personality disorder which is evident from the pattern of behavior towards the mother. to use drugs as a solution to the problems they face. Behavior that avoids the problem is also the cause. While external factors come from parenting and peers. Since childhood, parenting encourages clients to become

individuals who grow and depend on others. In relation to the results of the analysis using Alfred Adler's individual psychological theory, it is increasingly clear that WH clients have barriers to achieving superiority because they do not have an ultimate goal, clear encouragement and very minimal social interest. As a result of these factors, the symptoms of schizophrenia shown by the client are still quite intense. and often.

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