

Exploring Hebephrenic Schizophrenia through the Lens of Adlerian Individual Psychology Theory

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Abstract: Hebephrenic schizophrenia is a subtype of schizophrenia marked by disorganized thinking, emotional disturbance, and impaired social functioning. Beyond its medical aspects, hebephrenic schizophrenia can be explained from a psychological lens through Adler's individual theory. Adler's theory emphasizes the importance of life meaning, social interest, and responses to feelings of inferiority in shaping one's personality and behavior, rather than solely focusing on clinical symptoms. This study aims to explore the psychological dynamics of a person with hebephrenic schizophrenia using Adlerian theory as a conceptual lens. This research uses a qualitative method with a case study approach. Data were collected through in-depth interviews, direct observations, and reviewing the patient's medical records, involving one patient and one significant other. The findings reveal that the patient experiences intense feelings of inferiority, rooted in a history of neglectful parenting during childhood. This contributed to the development of a maladaptive lifestyle, making emotional expression difficult and prompting the creation of an imaginary world where the patient feels important and accepted. The study highlights how Adlerian concepts can offer deeper insight into the patient's psychological experience beyond clinical symptoms. These findings suggest the potential of Adlerian-based interventions in supporting individuals with hebephrenic schizophrenia.

Keywords: Hebephrenic Schizophrenia, Adlerian Individual Theory, Inferiority Complex, Maladaptive Lifestyle, Social Interest.

1 INTRODUCTION

Schizophrenia refers to a type of psychotic disorder that significantly affects an individual's personality, accompanied by notable changes in thinking, emotional regulation, and social interaction (Putri, 2022). Based on WHO data in 2016, it shows that there are around 21 million people with schizophrenia, while based on the latest WHO data in 2022 there are around 24 million people, the data shows a significant increase in people with schizophrenia disorders worldwide (Glenasius & Ernawati, 2023), the data shows if there is a significant increase in people with schizophrenia disorders worldwide. Kraepelin (Maramis & Maramis, 2009) classified schizophrenia into five types, one of which is Hebephrenic Schizophrenia. This type of mental disorder is characterized by disorganized behavior, speech, and thinking. Individuals with hebephrenic schizophrenia often display unusual or bizarre behavior, such as regressive actions resembling childlike traits, inappropriate emotional responses, exaggerated facial expressions, sudden bouts of laughter or crying without clear reasons, and social withdrawal (Nissa & Kurniawan, 2024). Compared to other types, the hebephrenic subtype tends to have a worse prognosis. This is due to the complexity and diversity of its symptoms, which can severely impair an individual's ability to function effectively in society. Special attention must be given to this condition, as symptoms may progressively worsen without appropriate intervention (Eddy et al., 2017).

Hebephrenic schizophrenia as a severe mental disorder, should not be understood only from a biological or medical perspective, but also through a psychological approach that captures the complexity of patients' subjective experiences. A psychological approach aims not only to classify symptoms but also to explore the underlying causes of seemingly irrational or abnormal behaviors and the cognitive dynamics that may contribute to the onset of the disorder. One of the relevant psychological frameworks for comprehensively understanding individuals is the psychological theory of individual Alfred Adler. Adler emphasized that human behavior is largely influenced by feelings of inferiority, which motivate individuals to strive for superiority in an effort to find meaning and their place in society (Alwisol, 2019). Adler's theory offers a perspective that not only addresses observable symptoms but also considers how individuals interpret their lives, respond to feelings of inferiority, and build or lose social connections. This approach views patients not merely as individuals with mental illness, but as human beings with goals, hopes, and complex internal conflicts. Therefore, this discussion is deemed essential to deepen our understanding of hebephrenic schizophrenia, while also opening pathways for more empathetic and individualized psychological interventions.

2 MATERIALS AND METHODS

This research uses a qualitative method with a case study approach. Qualitative method is phenomenologically oriented, where the researcher explores and seeks to understand a phenomenon in order to obtain data and information from the perspective of individuals or groups, based on existing human or social phenomena (Creswell & Guetterman, 2018). According to Basrowi & Suwandi (Fadli, 2021), qualitative research allows the researcher to engage closely with the subjects, experiencing aspects of their lives firsthand. According to Basrowi & Suwandi (Fadli, 2021), qualitative research allows the researcher to engage closely with the subjects and experiencing aspects of their lives. Through this immersive process, the researcher gains a deeper understanding of the context, situations, and natural phenomena being studied. In the qualitative method, data are collected using various data collection techniques and are sourced from multiple informants. Data collection is carried out iteratively until information that aligns with the research objectives is obtained.

The researcher employed interviews, observation, and document study as data collection methods to obtain the necessary information from the patient. Interviews are a method of data collection conducted through interpersonal communication involving two individuals in a question-and-answer conversation (Sugiyono, 2013). According to Werner & Schoepfle, observation is a systematic process of observe subject activities, carried out in a continuous and intensive manner within a natural setting, in order to generate factual data (Hasanah, 2016). Document study refers to a data collection technique involving the compilation and analysis of documents, which may include written materials, images, creative works, or electronic records (Nilamsari, 2014). In the context of this research, document analysis serves not only as a complementary method but also as a means of triangulation, allowing for the validation and verification of findings obtained from interviews and observational data, thereby strengthening the overall information and trustworthiness of the research.

This study aims to obtain data and information regarding the condition of a patient diagnosed with hebephrenic-type schizophrenia, as well as the underlying factors contributing to the onset of the disorder. This study uses a purposive sampling technique. The purposive sampling technique is a sampling method that is carried out with several requirements and certain considerations based on criteria that have been determined by the researcher (Sugiyono, 2018). In this study, the researcher selected a one respondent and one significant others to obtain deeper insight into the patient's background, behavior, and family dynamics. Subject is a patient currently undergoing inpatient treatment at RSJ X. The selection was based on the following characteristics: (1) The patient has been diagnosed with hebephrenic schizophrenia; (2) The patient is currently hospitalized at RSJ X; (3) The patient has been treated at least once at a RSJ.

3 RESULTS

The patient, referred to as D, is a farmer from Kediri who has been diagnosed with hebephrenic-type schizophrenia. The primary complaint involves significant difficulty in emotional regulation. Over the past several months, the patient has exhibited frequent episodes of irritability and anger. These episodes have been accompanied by aggressive behaviors, such as throwing household objects and directing physical aggression toward household pets. The patient is also reported to frequently paced around the village, carrying a sharp weapon. When confronted or reminded about this behavior, the patient becomes verbally aggressive and irritable. In addition, the patient has disturbed neighbors by knocking on their doors without cause and throwing stones onto their rooftops. Sleep disturbances have also been noted in recent days, along with disorganized speech and behavior, including talking to themselves and making incoherent statements. There has been a notable change in the patient's appearance, including dressing like a traditional shaman. When family members attempt to intervene or offer guidance, the patient reacts with anger and destructive behavior, such as throwing objects within the home.

The patient is the eldest of four siblings. The family's economic condition is relatively poor. The patient's mother works as a traditional cake maker, while the father sells the cakes. Due to the family's financial difficulties, the patient was required to assist in the household economy by delivering the cakes to nearby shops. At home, the patient did not receive adequate emotional support or affection from his parents. Furthermore, due to the economic situation, his needs cannot be fully met by his family. Academically, the patient was considered disobedient and underperforming in school. He frequently received disciplinary actions from teachers for truancy and failure to complete assignments. The patient's parents ignored their child's behavior, they only hoped that the patient would attend school and graduate. After graduating from elementary school, the patient continued his education at an Islamic boarding school (pesantren). During his time there, he actively participated in various activities and developed a close relationship with one of his teachers, which earned him a degree of recognition within the community. However, throughout his years at the boarding school, the patient was never visited by his parents. He expressed feelings of sadness and abandonment, especially when observing that his peers regularly received visits from their families. After several years, the patient decided to leave the boarding

school. Following his departure, he worked as a street vendor to earn a money. Once he felt financially stable and capable of meeting his basic needs, the patient made the decision to get married.

The onset of the patient's behavioral changes began following his divorce. The emotional distress that had been repressed over the years surfaced as a result of the separation. Since then, the patient has exhibited increased irritability, frequent outbursts of anger, and destructive behavior, such as throwing or damaging household items. During his marriage, the patient was frequently subjected to verbal criticism from his in-laws. His mother-in-law, often exerted significant pressure on him, demanding that he consistently provide a large income. The patient responded to this treatment with passive compliance, feeling powerless and unable to assert himself. It is known that, during childhood the patient experienced a neglectful parenting style, characterized by a lack of attention and emotional support from his family. Financial hardship within the family further contributed to this dynamic. As a result, the patient developed low self-esteem and struggled with emotional expression. The accumulation of unprocessed emotions and psychological distress over the years ultimately manifested after the divorce. Due to the severity of his symptoms, the patient was admitted to a psychiatric hospital (RSJ) for further evaluation and treatment.

After receiving treatment, the patient's condition remained highly fluctuating. At times, he was able to carry out daily activities normally. However, when faced with unpleasant interactions, he would become easily offended and respond with anger and irritability. The patient later remarried, but the marriage was short-lived. He experienced another divorce due to persistent emotional instability, which his spouse cited as the primary reason for separation. This event triggered a relapse, and the patient required readmission to a RSJ for further treatment. After returning home, the patient initially showed improvement and was able to function relatively well. However, over time, The patient changes in behavior has began to emerge. The patient developed a growing interest in spiritual practices. He claimed to have acquired the ability to heal others and to ward off ghost. Subsequently, he began offering spiritual healing services from his home. To increase his knowledge, the patient frequently visited cemeteries, forests, and plantations at night, and routinely performed spiritual rituals in his home. He was also observed walking around the neighborhood carrying a sharp weapon. The patient reported receiving internal "whispers" or commands directing him to specific locations to obtain supernatural powers. In addition, the patient claimed to have frequent encounters with supernatural beings, stating that he often fought and "killed" these ghost, later burying them in the yard of his home.

4 DISCUSSIONS

According to Adler, human beings are born in a state of weakness. This initial condition gives rise to a sense of inferiority (feelings of disability) that is inherent in human life. The patient was born into a poor family and raised in an limitations. During childhood, the patient did not receive affection or support from his parents. Feelings of neglect and constant demands became internalized and deeply rooted within the patient's psychological. From these feelings the patient develops his lifestyle. Adler (Jaenudin, 2015) said that individuals construct their personality and lifestyle based on their perceptions and interpretations of their environment. In the patient's life, there was a continuous effort to compensate for earlier feelings of inferiority by seeking affection and emotional validation. However, the patient reportedly never received sufficient love and attention from his parents. This was largely due to a neglectful parenting style, characterized by a lack of care and responsiveness. As described by (Bakri et al., 2023), neglectful parenting involves behaviors in which parents often ignore, dismiss, or fail to attend to the emotional and developmental needs of their children.

During his elementary school, the patient expected for attention and affection from his parents. In an effort to fulfill this emotional need, he attempted to attract their attention through all the ways he can do. While in elementary school, the patient frequently violated rules and ignored instructions from his teachers. As a result of these behaviors, he was often reprimanded and punishment from their teachers at school. These actions can be interpreted as the patient's way of seeking recognition and validation from his parents. However, despite his efforts, his parents continued to disregard him and didnt respond to his needs or behaviors. Consequently, the patient was unable to achieve a sense of superiority in the form of parental attention. This unfulfilled need further reinforced his feelings of inferiority, particularly the deep-seated sense of being neglected.

After that, the patient again tried to achieve his superiority by choosing to continue his education at an Islamic boarding school (pondok pesantren). Being in a new place, patients need to adjust back to their new conditions. Over time, he was able to adapt well and became socially accepted within the boarding school community. He actively participated in various activities, which earned him attention and a degree of prestige among his peers and teachers. According to Schultz (Cahyaningtyas et al., 2020), feelings of inferiority can serve as a motivating force that drives individuals to strive for achievement. In the patient's case, these efforts were apparent in his dedication to his new environment. However, despite his achievements and efforts, the patient was never visited by his parents during his time at the boarding school. This lack of family support reinforced his sense of inferiority. Although the patient received recognition and affirmation from the

boarding school community, he continued to feel emotionally unfulfilled due to the absence of attention and affection from his parents. After several years, the patient decided to leave the boarding school in search of new experiences. Persistently unable to obtain the attention he desired from his family, the patient began to suppress his emotional needs and redirected his efforts toward seeking validation elsewhere. Because of his efforts to get attention and affection, finally in the end not for a while the patient decided to get married and start his new life.

The journey of the patient's marriage life is experiencing various challenges. After getting married, he encountered a range of difficulties, one of that was the persistent pressure and verbal criticism he received by their in-laws due to situation that is felt to be lacking to fulfill his household life. These experiences further reinforced the patient's sense of inferiority. Negative responses from others can exacerbate an individual's feelings of inferiority, often leading to diminished self-worth (Triharsari, 2021). As a result, the patient began to exhibit symptoms of withdrawal and persistent sadness. Over time, he was unable to maintain the stability of his marriage, which ultimately ended in divorce. This event represented yet another failed attempt to achieve superiority in the form of receiving affection and emotional validation. Divorce deepened the patient's existing feelings of inferiority, reinforcing a pattern of emotional insecurity and unmet psychological needs.

The patient first showed his aggressiveness when he was 34 years old. From the perspective of Adler's Individual Psychology (Alwisol, 2019), failure in an individual's life can occur when one possesses under developed social interest and adopts a rigid lifestyle. This lack of adaptability renders the individual unprepared to cope with life's challenges, often leading to the expression of unresolved feelings of inferiority. At that time the patient was divorced by his wife, which triggered the onset of psychotic symptoms. He became angry, restless, agitated, and engaged in destructive behaviors, such as throwing household objects. The patient's behavior patterns were shaped by a consistent lifestyle and repeated life experiences from earlier developmental stages. The patient's deep-seated sense of neglect manifested as aggression, which can be understood as an externalized form of his unfulfilled desire to achieve superiority. The aggression emerged from longstanding emotional deprivation, starting with unmet expectations of parental attention during childhood and further intensified by the experience of being abandoned again through divorce. As a result of this psychological and behavioral deterioration, the patient was admitted to a psychiatric hospital (RSJ) for the first time, initiated by his father.

After returning from the hospital, the patient condition returned to a stable and was able to accept the fact that he had failed in his marriage. However, the failure of his first marriage didn't make the patient surrender to achieve his superiority. One year later, he decided to remarry, hoping that his second marriage would offer a more fulfilling and successful marital experience. Although the patient hopes so, the patient's second marriage also ended in failure, resulting in another divorce. The failure of this second marriage triggered a recurrence of his aggressive behavior. The patient became irritable, agitated, and once again engaged in destructive acts, such as yelling and throwing household items. Due to the worsening of his psychological condition, the patient was once again brought to the RSJ for treatment, this time also facilitated by his father.

After the second marriage failed, the patient tried to get his sense of superiority by increasing his prestige within the community. He became more actively involved in social activities and community life. Social interest gives encouragement to individuals to achieve their superiority (Jaenudin, 2015). The patient's desire to maintain a sense of prestige in his environment led him to pursue actions that could enhance his social value. The patient start studying spiritual knowledge and initiating an alternative healing practice. This newly established goal led to a transformation in the patient's lifestyle. Motivated by his aspirations, the patient began to increasingly deepening knowledge in spiritual studies and practices. Individuals may have the fictional goals set by him, where the goal cannot be separated from the lifestyle and creativity of the individual itself (Jaenudin, 2015). Through out his pursuit of his goal, the patient encountered various obstacles, many of which were related to his mental health condition. As these challenges arise, the patient experienced renewed feelings of inferiority. In response, he sought to compensate for these perceived weaknesses by engaging his imagination through his creative self. The patient create a creating a stronger and more powerful personal figure. Essentially, the patient development of a new identity characterized by superiority and control. This constructed identity provided the patient with a sense of emotional fulfillment and perceived control, compensating for unmet emotional needs in his real-life experiences. Thus, the patient's emerging belief in his spiritual abilities functioned as a psychological mechanism to reinforce his sense of superiority and restore a sense of self-worth.

The creation of certain imagined personas and situations provided the patient with a sense of superiority, which in turn helped elevate his self-esteem. This occurred as he began to believe that he possessed something unique, in the form of spiritual power or knowledge that others didn't have and which could potentially serve as a means of solving other people's problems. In the real world, this belief fostered a sense of being respected and valued, as he perceived himself to be achieving a new form of accomplishment and recognition. However, within this context, such imagination represents part of the fictional final goal constructed by the patient. He regarded his perceived powers and extraordinary abilities as

genuine and legitimate, even though in reality, imaginative constructs developed as a means of coping with psychological and situational barriers. These beliefs served as compensatory mechanisms to manage unresolved feelings of inferiority and to establish a stronger, more empowered sense of self.

Over time, the patient's condition was getting worse, causing increasing concern and distress within his family. He developed delusional beliefs, perceiving himself as a powerful figure and a savior. These ideas were accompanied by potentially dangerous behaviors. The patient frequently experienced visual hallucinations involving supernatural entities that he believed intended to harm him. In response, he was often seen running around his home carrying a sharp weapon, acting under the belief that he needed to defend himself by confronting and destroying these perceived entities. Additionally, the patient experienced auditory hallucinations, reporting voices that instructed him to go to isolated places such as cemeteries, remote areas, and cliff edges. Due to the increasingly bizarre and unsafe nature of his behavior, the patient was once again brought to the RSJ by his younger sibling and father. Upon admission, he was diagnosed with schizophrenia and subsequently underwent inpatient treatment.

5 CONCLUSIONS

Based on the case study above, it can be concluded that the emergence of hebephrenic schizophrenia symptoms in the patient is closely associated with the event of his divorce. This life event served as a significant triggering factor that exacerbated the patient's psychological condition. However, the onset of hebephrenic schizophrenia in this case is not attributable to a single cause, but rather results from the complex interplay of multiple interacting factors. These contributing factors include psychological aspects such as stress and emotional pressure, psychosocial components such as poor interpersonal relationships and low levels of social support, unstable economic conditions, and an unsupportive living environment. Additionally, demographic variables such as educational attainment, socioeconomic status, and geographic location are also suspected to play a role in increasing an individual's vulnerability to this disorder. These findings are supported by research conducted by (Wafa & Cahyanti, 2022), which emphasizes that schizophrenia is not solely influenced by biological factors but is also significantly affected by psychological, social, and demographic variables. One limitation of the present study is that it involved only a single participant. This limits the generalizability of the findings and constrains the ability to fully capture the dynamics and complexity of hebephrenic schizophrenia. Therefore, it is recommended that future researchers include a larger and more diverse sample to gain a broader and deeper understanding of the patterns, risk factors, and clinical characteristics of hebephrenic schizophrenia.

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