

THE EFFECT OF EXPRESSIVE THERAPY ON THE MOOD AND AFFECT OF SCHIZOPHRENIA PATIENTS

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ABSTRACT

Schizophrenia is a very severe mental disorder. The most prominent symptoms are impaired thought processes, impaired willpower, and depersonalization or multiple personalities. Psychomotor disturbances such as mannerisms, neologisms, or childish behavior are common in hebephrenic schizophrenia, and delusions and hallucinations are numerous. The aim of this study was to determine the effect of providing expressive therapy, namely guessing emoji pictures, on hebephrenic schizophrenia patients. This quasi-experimental study used a One Group Pretest-Posttest Design. Two patients with hebephrenic schizophrenia and a maximum of mild cognitive impairment were recruited. Both patients were given interventions involving expressive picture guessing therapy activities based on a cognitive-behavioral framework and the application of modeling and role-play strategies. The interview stages include introducing yourself, explaining the purpose of your visit, explaining the interview material, and asking questions. Observations include activities, events, occurrences, objects, specific conditions or situations, and a person's emotional feelings. The steps in statistical data analysis include defining the problem, collecting data, analyzing it, and presenting the results. Emoji guessing therapy is effective in improving patients' mood and affect in psychosocial situations. However, in this therapy, the therapist is unable to complete the therapy session until the final session. Rewards must be consistent and routine to encourage patients to participate in therapy sessions. Rewards should also be given immediately once desired behaviors are achieved.

Keywords: affect; expressive therapy; mood; schizophrenia

INTRODUCTION

Schizophrenia is a very severe mental disorder. This disorder is characterized by positive symptoms such as disorganized speech, delusions, hallucinations, cognitive and perceptual disturbances; negative symptoms such as avolition (decreased interest and drive), reduced desire to talk and poor content, flat affect; and disruption of personal relationships. The symptoms of schizophrenia appear to cause severe impairments in an individual's ability to think and solve problems, affective life, and disrupt social relationships (Fang, 2025).

There are several opinions regarding the definition of schizophrenia. According to Gunadi, schizophrenia comes from the Greek words "schizen," meaning "separated" or "split," and "phren," meaning "soul." Schizophrenia refers to a splitting of the ego—the rational aspect of the psyche—so that sufferers can no longer distinguish between the imaginary and the real world. Kraepelin, for example, called it "dementia pre-cock," because schizophrenia experiences premature intellectual decline. Bleuler used the term schizophrenia to mean a split mind/soul. Bleuler emphasized the behavioral pattern, specifically the lack of brain integration that influences thoughts, feelings, and affections. Thus, there is a mismatch between thoughts and emotions, and between perceptions and actual reality (Ahmad, 2023).

Kraepelin divided schizophrenia into several types. Patients are classified into one type based on their primary symptoms. However, the boundaries of these types are unclear; symptoms can vary, or a patient may not be classified into a single type. Hebephrenic schizophrenia is a personality disorder with behavioral regression and a poor prognosis (Kohut, 2022). Hebephrenic schizophrenia tends to have an earlier onset than other subtypes and tends to develop more insidiously. Delusions and hallucinations are

relatively minor, and the clinical drawing is dominated by odd behavior, loose associations, and bizarre behavior (Cheng, Elamin, May, & Kennedy, 2023). Overall, patients' behavior appears childish. They may be preoccupied with themselves for no reason, aimless, often acting silly and laughing shallowly. At other times, they may be withdrawn and inaccessible. Some may display loose associations leading to incoherence. The onset is insidious or subacute and often occurs in adolescence or between 15 and 25 years of age. The most prominent symptoms are impaired thought processes, impaired willpower, and depersonalization or multiple personalities. Psychomotor disturbances such as mannerisms, neologisms, or childish behavior are common in hebephrenic schizophrenia, and delusions and hallucinations are numerous. The aim of this study was to determine the effect of providing expressive therapy, namely guessing emoji pictures, on hebephrenic schizophrenia patients.

METHOD

This quasi-experimental study used a One Group Pretest-Posttest Design. Two patients with hebephrenic schizophrenia and a maximum of mild cognitive impairment were recruited. Both patients were given interventions involving expressive picture guessing therapy activities based on a cognitive-behavioral framework and the application of modeling and role-play strategies.

Sample A, Mr. D, is 32 years old and has hebephrenic schizophrenia. He tends to be rambling. He has no issues with his appearance or hygiene. He tends to be unable to express his feelings and always says he wants to go home. While in the rehab room, he tends to be quiet and does not socialize with other friends. During observation, the patient does not have problems communicating or socializing, but he feels unwilling and prefers to be quiet and alone. He requires therapist assistance in accepting more than one task order. He has mild cognitive impairment and sensory perception disorders.

Sample B, Mr. G, is 29 years old. He was diagnosed with hebephrenic schizophrenia. He often talks incoherently, often hears whispers, has sleep disturbances, and is often confused. He has no problems with his appearance. However, during rehab, he was reluctant to mingle with others and tended to be quiet without talking much. He was less interactive during rehab, especially when the activities he did mixed with other patients. He did not have communication problems, but he tended to be quiet and rarely spoke. He showed good initiative and participation in groups. He did not experience cognitive impairment, and was quite good at understanding instructions and problem-solving.

The interview stages include introducing yourself, explaining the purpose of your visit, explaining the interview material, and asking questions. Observations include activities, events, occurrences, objects, specific conditions or situations, and a person's emotional feelings. Observations are conducted to obtain a realistic picture of an event or occurrence to answer research questions. The steps in statistical data analysis include defining the problem, collecting data, analyzing it, and presenting the results.

RESULT AND DISCUSSION

Therapists used the Comprehensive Occupational Therapy Evaluation Scale to compare general behavioral abilities, especially patient expression, before and after being given activities following expressive therapy. In sample a (patient with hebephrenic schizophrenia with mild cognitive impairment), for general behavior, the patient received a score of 7, the patient experienced disturbances in unproductive behavior, activity level, expression, and responsibility. On the interpersonal point, the patient received a score of 7, the patient experienced disturbances in socialization, attention-seeking behavior, and negative responses. On the task-carrying behavior point, the patient received a score of 12, meaning the patient experienced disturbances in performing tasks, concentration, neatness in activities,

problem solving, initial learning, interest in problem-solving activities, decision-making, and frustration tolerance (Tong, Yu, Fan, Sun, Zhang, Zhang, & Zhang, 2021).

Patient B (a patient with hebephrenic schizophrenia without cognitive impairment) scored 8 for general behavior, indicating impairments in activity, expression, and responsibility. He scored 6 for interpersonal skills, indicating impairments in cooperation, assertiveness, and socialization. He scored 4 for task-related behavior, indicating impairments in neatness of activity, initial learning, and frustration tolerance. According to the observation results during the evaluation, in sample A, the patient had shown a slight improvement in expressing his feelings. The patient no longer showed expressions that were inappropriate for his condition. The patient was able to express his feelings according to his condition and was able to apply them in activities, even if only briefly (Skovlund, Nielsen, Thaysen, Schmidt, Finset, Hansen, & Lomborg, 2020). In sample B, the patient also showed a slight improvement in expressing his feelings. The patient no longer showed expressions that were inappropriate for his condition, the patient tended to try to maintain conversations with others when invited to talk. However, entering STG 3, the therapist encountered obstacles because patient a went home when therapy entered session 5 and patient b went home when entering session 6 and was unable to complete the therapy session until the end. Likewise, the examination conducted by the therapist was not able to complete the examination fully.

Based on the data description and research results above, it is known that there was an increase in the COTE scale examination scores in both samples after the administration of the emoji guessing expression therapy activity. Both samples both had problems in the level of activity, expression, responsibility, socialization, and frustration tolerance. The sample used in this case had obstacles in inappropriate mood and affect because the patient had difficulty expressing his feelings (Shukla, Choudhari, Gaidhane, Syed, & Gaidhane, 2022). Therefore, with interventions that facilitate the patient's mood and affect problems (Mondimore, 2022). The therapist used this expression therapy to improve the patient's mood and affect in expressing the patient's feelings according to the condition experienced. Although in the application of STG 3, patient A and patient B went home without completing the therapy and also the therapist had not conducted a re-examination and re-evaluation.

CONCLUSION

Emoji guessing therapy is effective in improving patients' mood and affect in psychosocial situations. However, in this therapy, the therapist is unable to complete the therapy session until the final session. Rewards must be consistent and routine to encourage patients to participate in therapy sessions. Rewards should also be given immediately once desired behaviors are achieved.

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