

Reduce Stigmatization towards Schizophrenic Patients using Acceptance and Commitment Therapy

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Abstract: People with mental disorders are more vulnerable to stigmas in society. Schizophrenia is a stigmatized mental disorder. Stigmas can cause people with mental disorders, such as schizophrenia, to not receive the right treatment. Families can associate with the stigmatization of the patient. Stigmatization from their family can worsen the prognosis. Acceptance and Commitment Therapy (ACT) is an intervention that has been proven to reduce stigmatization. This therapy encourages individuals to receive the internal experience that occurs without trying to judge and simultaneously establish the behaviors that serve as the objectives to be achieved. This research used quasi-experimental design using a single-subject design on four participants (caregivers). Data collection techniques using the Attribution Questionnaire-27 (AQ-27). Data analysis was conducted by using visual analysis to observe changes in each subject. The results of data analysis show that Acceptance and Commitment Therapy can reduce stigmatization in each caregiver to schizophrenic patients. The findings of this study can serve as a basis in supporting and improving families' acceptance of patients' conditions, to provide a better view of schizophrenic patients.

1 INTRODUCTION

Mental health problems in Indonesia need to receive more attention because the number of mental disorders continues to increase, creating a burden on the state and a decline in human productivity over the long term (Minister of Health Republic of Indonesia, 2016). Based on the World Health Organization (WHO) data (2017), mental health problems such as depression are suffered by more than 300 million people of all ages around the world, and the number of people with schizophrenia problems based on WHO data (2018) is more than 21 million people worldwide. In Indonesia, based on data from Indonesia Health Research (Riskesmas) 2013 (Minister of Health Republic of Indonesia, 2016) revealed the prevalence of severe mental disorders, such as schizophrenia reached about 400,000 people or as many as 1.7 per 1,000 people.

People with psychiatric problems are more vulnerable to stigmas in society. Stigmas occur when people give different labels to humans and mix beliefs in with the culture of unwanted people or negative stereotypes (Link and Phelan, 2001). Stigmatization as described by the Goffman concept

(1963 as cited in Overton and Medina, 2008) was related to social identity. He discussed that people are stigmatized when they become disfavored or rejected in society and then they become outcasts. According to WHO (2016), stigma, discrimination, and human rights violations are common in people with schizophrenia. People with psychotic disorders also have a high risk of human right violations, such as long-term confinement in a shelter institution.

Stigma, discrimination, and the inability to recognize mental disorders are still a major obstacle to treatment. In Indonesia, the incorrect assumption is made that mental disorders are related to the supernatural (Minister of Health Republic of Indonesia, 2015). Schizophrenic patients are also often regarded as strange and dangerous people so they do not immediately receive medical treatment but are hidden or taken to "orang pintar" (Hawari, 2012). The conditions of schizophrenic patients require attention regarding various aspects. Gerety and Edwards (2014) revealed that schizophrenia can affect someone's well-being, shorten their life, and can be one of the main causes of global disability. This condition is often ignored and misunderstood and is a heavy burden on the individual, family members, and caregivers.

There has been no single treatment for schizophrenia until now, but patients may have to undergo lifelong treatment. Effective treatment for patient with schizophrenia is medication and psychosocial support (WHO, 2016). Families, as part of providing support to schizophrenic patients, have an important role in their treatment. Care and the presence of a patient's family members are considered necessary because their involvement will support the patient recovery process (Setyanto, Hartini and Alfian, 2017).

Families, who are an important part of handling people with mental disorders, certainly do not all accept the fact that their family members are suffering from a disorder (Community Care for People with Schizophrenia in India, 2012). Families can become agents of stigmatization due to a lack of adequate information and resources and the burden of daily care that leads to strong social exclusion behavior and the family's distrust during recovery (Sousa, Marques, Curral and Queiros, 2012). Living with a patient with a mental disorder in a family context can lead to a variety of negative emotions, including fear of the patient's reactions and behavior, especially when the patient becomes aggressive, which is often unpredictable. A family may feel threatened by the patient, thus reject acceptance and trigger the patient's withdrawal (Vicente, Mariano, Paiano, Waidman, and Marcon, 2013). Therefore, if a family is not ready when the patient leaves hospital and returns to the family and community, their attitude will tend to lead to possible stigma and prejudice, even aggression towards the patient.

Stigma is one of the factors that inhibits intervention treatment; however, specific action to reduce stigma in various mental illnesses has proved beneficial and achieved better results. Reducing stigma can be a way to reduce the risk of recurrence and worse outcomes caused by the a stigmatized environment (Shrivastava, Johnson, and Bureau, 2010).

Masuda et al. (2009) reveal that a high stigma of mental health is associated with high psychological distress. This condition is due to reducing psychological flexibility. Psychological flexibility is the ability to be open and full of any experience, which drives value that leads to a worthwhile goal (Hayes, Luoma, Bond, Masuda and Lillis, 2006, in Masuda and Latzman, 2011). Acceptance and commitment therapy (ACT) is proven to provide positive clinical outcomes to improve psychological flexibility (Hayes et al., 2006).

Several studies have shown that acceptance and commitment therapy (ACT) can reduce stigma. Masuda et al., (2007) differentiate the provision of ACT and stigma-related education to people with psychological disorders. The results showed that both interventions could reduce the stigma attached to psychological disorders. Participants with emotions avoid, blend in with their thinking, and unable to take value from difficult thoughts and feelings, and when given educational interventions, they are unable to benefit from such interventions. This is in contrast to participants who received ACT intervention, suggesting that interventions can reduce their stigmatization.

Based on the above, it is necessary to provide treatment in the form of acceptance and commitment therapy to families to reduce their stigmatization towards schizophrenia patients. The treatment is expected to develop new understanding in increasing the acceptance of family members who are affected by schizophrenia. Finally, this is an effort to reduce stigma and discrimination for people with mental disorders, which result in the threat of human rights on the deprivation experienced by mental health patients.

2 METHOD

The research was conducted using a quasi-experimental design, using single-subject design with a reversal A-B design category. The aim of this research is to know understand acceptance and commitment therapy to reduce the stigmatization of a family towards a schizophrenic patient in the family. Inclusion criteria of the subjects in this study were one family member who treated the schizophrenia patient and still had a negative judgment on the patient, which was measured using the attribution questionnaire (AQ)-27 resulting in the medium to high range. Exclusion criteria is domicile outside the city of Surabaya. Based on the measurement results there were four research subjects.

This research used the attribution questionnaire (AQ)-27 and the acceptance and action questionnaire-stigma (AAQ-S). AQ-27 was developed by Corrigan (2012) and consisted of nine stereotypes of people with mental disorders, including blame, anger, pity, help, dangerous, fear, avoidance, separation, and coercion. Questionnaires from each stereotype consisted of three items so altogether there are 27 items. Data collection using AAQ to measure the psychological flexibility that is

associated with stigmatization. AAQ-S consists of 21 items with a reliability of 0.84.

Intervention using acceptance and commitment therapy developed from the research of Masuda et al. (2007) based on the manual acceptance and commitment therapy (ACT) by Hayes et al. (1999). Interventions were conducted based on six basic principles of ACT compiled into five sessions, including the discussion of problems and practice of acceptance, diffusion, being present, self as context, values, and committed action.

Data analysis of the single-subject design research using visual analysis is presented in the line graph. The graph shows a change in condition from the baseline phase to the treatment phase. Visual analysis provides a visualization of the changing conditions of each research subject.

3 RESULT

The results of the visual analysis from each subject is seen from the measurement with AQ-27. Data collection were made twice during the baseline phase (A) and five times during the treatment phase (B). The condition of each can be explained as follows:

3.1 Subject 1

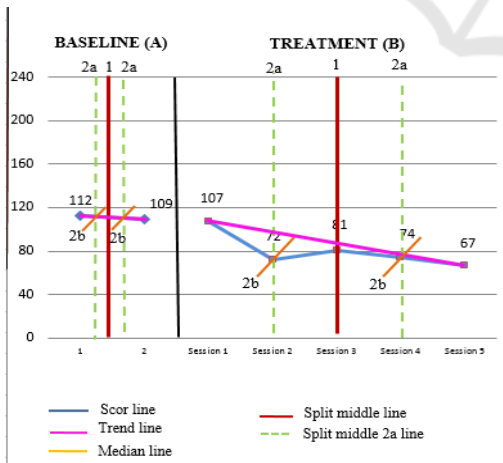


Figure 1: Subject 1.

Subject 1 shows that there is a positive trend towards the change in levels from the baseline phase to the treatment phase, and that there is a two-point reduction. The average values of the baseline phase and the treatment phase decreases. This proves that

the subject's condition has improved since the treatment was given.

The analysis in subject 1 shows a 20% overlap of data, which indicates that the treatment can influence 80% to reduce stigmatization.

3.2 Subject 2

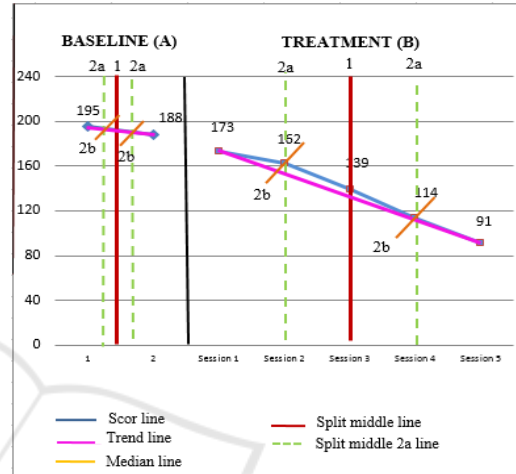


Figure 2: Subject 2.

Subjects have decreased from the baseline phase to treatment phase; this is shown by a downward trend and positive change in level. The level change is indicated by a score of 15 and an overlap of 0%, which means there is a large influence on the intervention.

3.3 Subject 3

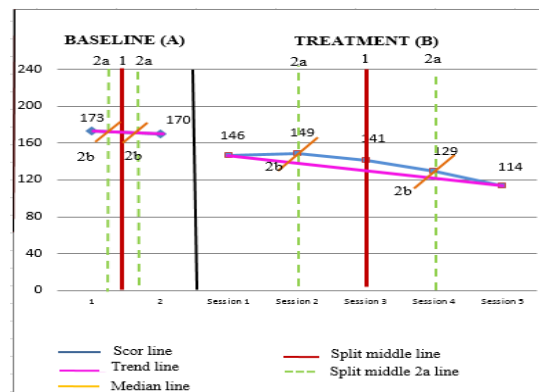


Figure 3: Subject 3.

The result of the stability effect decreased, and the level changed positively from the baseline to 24 after the intervention. It is also supported by overlap percentages of 0%. This overlap condition indicates that the intervention has a 100% effect, which is positive in reducing stigmatization.

3.4 Subject 4

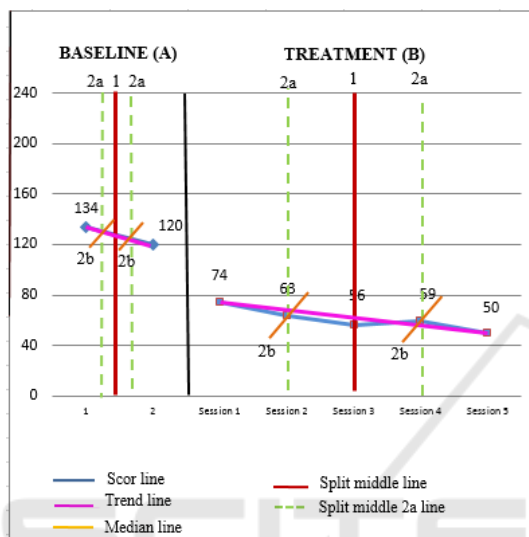


Figure 4: Subject 4

Subject 4 shows a decrease in stigmatization. This can be seen from the stability effect with a downward positive level change with a change in the score of 46. Data shows an overlap of 0%, which means that the intervention has a 100% effect. This is substantial in reducing stigmatization.

3.5 Analysis AAQ-S

The result of the AAQ-S questionnaire analysis, related to the psychological flexibility of each subject is between 63 and 71. The entire subject showed a high degree of psychological flexibility. The results were not comparable to participants who had low levels of psychological flexibility, so there was only one group of participants with high psychological flexibility.

4 DISCUSSION

Mental health problems are often associated with stigma. Families often contribute to stigmatization. Families may raise doubts over medical treatment

due to minimal changes in patients, which prompts them to complain that the condition does not demonstrate significant change. Also, there is an emergence of the view that the patient is less competent, which ultimately leads to the family's dissatisfaction with the patient's condition. This condition was also shown by some families of relapsing study subjects; a lack of change in patients causes the family to be disappointed with the condition of the patients.

The results showed that acceptance and commitment therapy can reduce the stigmatization of schizophrenia patients for a family. Acceptance and commitment therapy (ACT) in reducing stigmatization is in line with previous studies. Masuda et al. (2007) shows that acceptance and commitment therapy can reduce stigmatization in subjects with either low or high levels of psychological flexibility. In this study, the overall subjects had high psychological flexibility. This will ultimately make the subject's condition to readily improve over the course of the intervention process since act itself attributes the role of psychological flexibility in providing intervention.

Psychological flexibility is the process of engagement with personal psychological events such as thoughts, feelings without judgement, evaluations, alterations, corrections or regulations. Psychological flexibility enables a person to accept all events without judgment, even if they are seemingly negative thoughts and feelings, which ultimately becomes a possibility for a person to have those thoughts and feelings without making the impact of those thoughts and feelings a truth or reality (Masuda et al., 2009).

Psychological flexibility is associated with mental health stigma. Mental health stigma is closely related to negative psychological outcomes for people who are stigmatized, including those with psychological health disorders. Psychological flexibility is found to be inversely related to mental health stigma and negative psychological outcomes. Further analysis revealed that the relationship between mental health stigma and poor psychological outcomes was partially considered by such psychological flexibility (Masuda et al., 2009). These conditions illustrate from the research subjects that when they have high psychological flexibility, it is easier for them to lower the stigma they have, including the behavior they bring, and the burden they feel to experience a positive change. This is in line with research conducted by Hayes et al (2004) to reduce the stigmatization of drug addict counselors to their clients through ACT. The results

indicate that the stigmatization attitudes of the counselor decreases after the intervention is delivered. The intervention can reduce the burnout of the counselor so that the intervention, in addition to lowering stigma, also has the influence to promote the welfare and effectiveness of their professionalism.

In the family, acceptance is also an important part of reducing stigmatization of schizophrenic patients. Acceptance is an important part of behavioral interventions, including ACT (Cordova et al., 2001). Acceptance as an important part of the ACT intervention process and is related to psychological flexibility. ACT can increase psychological flexibility to gain a more meaningful life by directing the values of life (Butler, 2015). Acceptance is part of creating a warm relationship, fixing emotional issues, coping with mismatches, and irreconcilable differences and problems that cannot be resolved. Paul and Nadkarni (2014) state that family support is an important part of stigma for schizophrenic patients. Some families play a strong role in supporting people recovering from schizophrenia by expanding family acceptance to reduce stigma and discrimination in schizophrenic patients.

5 CONCLUSION

Based on the results of data analysis and the discussion of research, it can be concluded that acceptance and commitment therapy can reduce stigmatization towards schizophrenic patients in families. Reducing the stigmatization of each subject is indicated by changes in the different psychological dynamics between subjects. The findings of this study can serve as a basis in helping to increase family acceptance of the patient's condition to provide a better view of schizophrenic patients. These conditions can improve the quality of the relationship between the family and the patient to improve their welfare and provide a better quality of life.

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