

***The Effectiveness of Art Therapy on Controlling Negative Behavior of
Schizophrenia Patients in Bali Province***

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Abstract

This study investigate the effectiveness of art therapy, specifically weaving activities in managing negative behaviors by patient diagnosed with schizophrenia. Individuals with schizophrenia tend to manifest behaviors that pose risks to themselves and others. These negative behaviors are attributed to responses such as fight and flight (escape), reaction to resistance, and immobility. The technique of weaving plaits is proposed as a therapeutic intervention to mitigate these negative behaviors. This experimental research uses a pretest-posttest control group design. The participants, comprising hospitalized individuals diagnosed with schizophrenia (n=8), were selected through a simple random sampling technique. The two groups include the experimental group (n=4) and the control group (n=4). Pre and post-measures were conducted using the Mini-Mental State Examination (MMSE) to assess the severity of psychotic symptoms and the Positive and Negative Syndrome Scale-Excited Component (PANSS-EC) to evaluate behavior control. The Mann-Whitney test analysis found a difference in behavioral control scores in the experimental and control groups with $p = 0.020$. This result shows that art therapy through weaving has proven effective in controlling negative behavior in schizophrenic patients.

Keywords: Art Therapy Intervention, Negative Behavior Control, Schizophrenia

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Introduction

Schizophrenia is a chronic mental disorder characterized by hallucinations, delusions, disorganized thinking, grossly disorganized motor behavior, and several other negative symptoms (APA, 2013). According to current data (Ministry of Health of the Republic of Indonesia, 2018; *Riset Kesehatan Dasar* (Riskesdas 2018), the highest prevalence of schizophrenia was found in Bali area at 11.1% and Yogyakarta at 10.4% of a total of 1000 households in Indonesia. Communities in the province of Bali have a vulnerability to mental disorders, especially schizophrenia (Ministry of Health of the Republic of Indonesia, 2018). The aforementioned data is corroborated by findings extracted from medical records obtained from the Bali Provincial Psychiatric Hospital in 2018. These records showed the prevalence of schizophrenia among patients, with 7,647 individuals seeking polyclinic visits, 391 receiving emergency room treatment, and 3,553 admitted to inpatient rooms. Consequently, the cumulative count of schizophrenic patients stands at 11,591 individuals (Suciati, 2019).

The Onset of Schizophrenia

The onset of schizophrenia can be attributed to poverty, many traditional rituals, and family problems associated with inheritance (Khafifah, 2019). Schizophrenic disorder can affect individuals across a broad age range, with an onset typically observed between 15 and 55 years (Kaplan & Sadock, 2015). However, this disorder can be particularly disruptive for individuals in their productive years, where they are engaged in fulfilling developmental tasks as human beings (Sadock & Kaplan, 2015). Schizophrenia is influenced by multiple factors, encompassing genetic, biological, biochemical, socioeconomic, psychosocial, and drug abuse aspects (Sadock & Kaplan, 2015). Individuals diagnosed with schizophrenia often exhibit specific negative behaviors that pose risks to themselves and others (Martini, 2018). The manifestation of these behaviors adds complexity to the challenges faced by individuals grappling with schizophrenia. Understanding the diverse factors contributing to the emergence of schizophrenia is crucial for developing comprehensive approaches to address and manage this complex mental health condition.

Negative Behavior of Schizophrenia

According to Rahayu (2019), negative behavior is also expressed as an attitude or ability of a person to respond to things that deviate or are not in accordance with rules and norms that have an impact on self-decrease (Rahayu, 2019). These negative behaviors can be detrimental to oneself and others such as violent behavior, criminal acts, aggressiveness, and others. Violent behavior is often accompanied by rampant behavior and uncontrolled agitation (Dermawan, 2018). In addition, people with schizophrenia also show symptoms of disorganized behavior which includes uncontrolled motor activity such as aimless movements, repetitive movements, stiff movements, aggressiveness, agitation, and inappropriate expressions (Maramis, 2009). There are identified signs and symptoms of aggressive behavior, namely red face, tension, sharp eyes, clenching hands, clenching the jaw tightly, speaking harshly with high intonation, screaming, or shouting, threats verbally or physically, throwing, hitting, damaging goods, and has no control in preventing or controlling his/her own violent behavior (Muhith, 2015). The symptoms shown will certainly affect the lives and bodies of people with schizophrenia so that they become less responsive to the environment (Halgin & Whitbourne, 2009). The lack of information about the symptoms that appear in schizophrenics causes family members to have difficulty recognizing and

dealing with these symptoms so schizophrenic do not get proper treatment (Rachmayanti, 2007).

According to Suro Dharmono Head of the PP Community Psychiatry Section (PDSKJI) (2014), if schizophrenics do not get proper treatment, it will cause various impacts such as violence in society, juvenile delinquency, and suicidal tendencies (Medcom, 2014). There is research conducted by Mahmud Abbasi which shows that schizophrenics can commit crimes caused by the influence of the hallucinations they experience (Abbasi, 2012). According to Berk (2006), individuals who have self-control will tend to avoid negative behavior, but on the contrary, individuals who are weak in controlling their behavior will tend to show symptoms of undisciplined behavior that violates or deviates. Therefore, it is necessary to have a treatment or intervention that can help control negative behavior and treat people with schizophrenia so that it can prevent the emergence of negative behavior in schizophrenics. Various methods of handling and intervention can be carried out, such as administering drugs regularly and providing psychotherapy to regulate the mindset and behavior of schizophrenics (Fervaha, 2014). In addition, providing support by family, friends and the surrounding community is also needed for schizophrenic (Puspitasari, 2009).

Art Therapy as Treatment for Schizophrenia

Treatment to cure schizophrenia does not always have to be in the hospital, but life with the surrounding community is the main resource in the healing process for schizophrenics (Khafifah, 2019). Various kinds of interventions and therapies can be carried out to support the healing process of schizophrenia, one of which is using art therapy. Art therapy is therapy through art media, and creative processes, the result of art is exploring a feeling and conflict in emotions with objectives to increase self-awareness, improve cognitive and sensory-motor functions, control behavior and addiction, improve reality orientation, develop social skills, reduce anxiety, and increase self-esteem (American Art Therapy Association, 2017). According to Malchiodi (2012), art therapy is used in various medical cases in both children and adults. Art therapy is based on a thought that the creative process in making a form of art or art can make it easier for individuals to recover and is a nonverbal communication about individual feelings and thoughts (Malchiodi, 2012). The art therapy that will be used in this research is weaving using materials from bamboo slats. Making matting is one of the art therapy techniques that can help someone express their imagination so that they can create something new (Meriyati, 2020).

Weaving activities have benefits in developing fine motor skills, expressing one's feelings, training one's emotional control well, practicing eye and hand coordination, increasing concentration, and others (Christianti, 2013). So that this weaving activity can be given to help people who have difficulties in self-control and behavior, especially in schizophrenic disorders. Furthermore, this weaving activity has become a common culture in Bali, so that the implementation of weaving activities will be easier to do and the materials used are easier to obtain, namely bamboo slats. A few of the research results show that art therapy can assist in the healing process for people with mental disorders, especially schizophrenia, such as research conducted by Lynch, Holtum, and Huet (2018), who examined the experience of art therapy in individuals with a first diagnosis of a psychotic disorder. The results show that there is a relationship between feelings of pleasure and attachment to art-making. Moreover, the process of art therapy can create communication between individuals and make individuals have emotional experiences that represent feelings of comfort in the art therapy process (Lynch, 2018). Some therapy participants say that the art that is made is a representation of

the participant's experience. The art therapy process can also be used as a coping strategy to support recovery.

Additionally, the participants can enjoy their works of art (Lynch, 2018). Then there are study by Edward and Hegerty (2017) explored the effectiveness of art therapy groups combining origami and mindfulness for youth with mental mental issues. The results showed that there was asignificant change in the group following art therapy. Participants showed an increase in feelings of well-being, such as feeling motivated, feeling more relaxed, and feeling less stressed and anxious. Furthermore, the group that took part in art therapy felt the benefits of art therapy activities such asfeeling calm, and happy, being able to socialize with other people, and being able to improve art skills. An additional benefit identified by the participants was the opportunity to practice accepting difficult emotions such as frustration (Edward & Hegerty, 2017). Subsequent research was conducted by Eli Furryanti and Diah Sukaesti (2018), entitled "The Effect of Free Painting Art Therapy on the Patient's Ability to Control Hallucinations" (Furryanti, 2018). The research states that art therapy can control hallucinations in schizophrenic patients. This is because the influence of free painting activities can be a communication of the patient's subconscious (Furryanti, 2018). This can be seen based on the symbols that appear in the picture which represent the patient's subconscious expression. In addition, improvement in cognitive, affective, and psychomotor aspects can be done through painting activities (Furryanti, 2018).

Based on the three research results that have been described previously, there are several similarities in the results, namely art therapy a) can represent self-expression, personal experience, and emotional self, b) foster feelings of comfort, and calm, and c) can be used as a coping strategy in dealing with conditions experienced related to stress, anxiety, and frustration. However, based on the results of previous studies,there has been no research on art therapy using matting techniques as therapy for schizophrenics. Therefore, related to the problem of individuals living with schizophrenia, further research is needed to find out the application of art therapy in controlling the behavior that appears in people with schizophrenia, especially by using matting techniques. Making matting is one of the art therapy techniques that can help someone express their imagination so that they can create something new (Meriyati, 2020).

Conclusion

Art therapy intervention through making matting is proven to be able to control negative behavior in schizophrenia. The patient no longer appears rowdy and agitated; patients no longer show excessive reactive responses and are easier to interact with researchers. Then, the patient is no longer as hostile as before,the patient is not easily angered, nor does he swear and curse. If previously there were patients who tended to be passive aggressive, now this attitude no longer appears; instead, they became more cooperative. Patients more easily accept and followinstructions; their activities also seemed quieter. Previouslythe patient looked restless, a bit shaky at work and sweating excessively. Now these conditions are not visible and behavior control is also shown through the patient's emotions which are more controlled and directed so that the patient experiences development in receiving and carrying out the instructions given.

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