EXPRESSIVE WRITING THERAPY TO A CLIENT WITH LOW SELF-ESTEEM, HALLUCINATION AND POST-TRAUMATIC SYNDROME

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ABSTRACT

Schizoaffective is a mental disorder that exhibits psychotic symptoms of schizophrenia and mood disorders which can be depressive episodes, manic episodes, or a mixture of the two episodes. Nursing Care Process for people with schizoaffective aims to facilitate clients to express their feelings, improve social skills and increase productivity. Due to the increasing case of Covid-19 Pandemic, expressive writing intervention could be one of the interventions that can be applied indirectly or online. This discovery would be valuable to mental health nursing innovation, regarding to the feasibility of the treatment, and the effectivity of the intervention. Ms. R is a 24-year-old woman diagnosed with schizoaffective disorder, has chronic low self-esteem problems, hallucinations and post-traumatic syndrome that interferes with her productivity and social life functions. The implementation of expressive writing therapy was carried out for 18 days and showed that the interventions had a positive impact to reduce signs and symptoms of chronic low self-esteem, hallucinations and post-traumatic syndrome. Author recommends the expressive writing therapy with positive themes to effectively increase the client's self-esteem and expressive writing therapy with the traumatic events theme as a therapy to reduce anxiety symptoms.

Keywords: Expressive writing; Hallucination; Low Self-Esteem; Post-Traumatic Syndrome; Schizoaffective.

INTRODUCTION

The global prevalence of Schizophrenia reaches 20 million people (WHO, 2020). Prevalence of Schizophrenia in Indonesia ranges from 6 to 7 people per 1000 population, with the estimated number of 450 thousand people with schizophrenia in Indonesia (Riskesdas Kemenkes RI, 2018; Infodatin Kemenkes RI, 2019). Schizophrenia is a mental disorder characterized by distortions in thinking, perception, emotions, language, feelings of self and behavior (WHO, 2020). The etiology of Schizophrenia is multifactorial and includes interactions between genetic susceptibility and environmental contributors as well as psychological conditions caused by social interactions (Stilo & Murray, 2019). Different combinations of risk factors cause schizophrenia to develop into different types of schizophrenia. Schizophrenia can develop from other mental conditions, such as bipolar disorder. Bipolar disorder with neuroanatomical changes leads to the development of severe psychological conditions such as Schizophrenia (Jain & Mitra, 2021). Individuals with bipolar
disorder over a long period of time without medication and psychiatric intervention, will believe in ‘the reality’ according to their thoughts, which over time turn into symptoms of psychosis and may develop into Schizoaffective.

Schizoaffective disorder is a chronic mental health condition in which a person experiences symptoms of schizophrenia and mood disorders (Hull, 2021). The cause of schizoaffective is uncertainly known. Several studies have suggested that abnormalities in dopamine, norepinephrine, and serotonin may play a role in the etiology of schizoaffectiveness (Wy & Saadabadi, 2021). The brain compounds especially dopamine and serotonin are very influential on the mood and behavior of schizoaffective sufferers. Schizoaffective sufferers may experience a medical diagnosis of Post-Traumatic Stress Disorder (PTSD) because the response of people with Schizoaffective to certain event will be more dramatic. The diagnosis of post-traumatic syndrome is rarely diagnosed in people with schizophrenia or schizoaffective in particular. The main cause of this misdiagnostic is the establishment of a suspected diagnosis arises from a wrong judgment due to hallucinations, and perceived as unreal experience. The results of the meta-analysis found that 12.4% of patients with schizophrenia had PTSD comorbid which indicated a post-traumatic syndrome as a nursing problem (Dallel, Cancel & Fakra, 2018).

Schizoaffective symptoms includes hallucinations, delusions, mood swings and difficulty to concentrating (Hull, 2021). Clinical manifestations of people with schizoaffective include impaired communication (incoherent speech), disorganized or catatonic behavior and reduced emotional expression and loss of motivation or interest (Wy & Saadabadi, 2021). The social aspect of people with schizoaffective can be disturbed by communication disorders or incoherent speech, so that it can have an impact on ineffective communication, low self-esteem and social isolation. The general treatment to schizoaffective patients is consist of pharmacotherapy and psychotherapy. One of the therapy that meets the criteria as a therapy which focusing on normalizing thought processes and helps clients understand symptoms and focusing on social interaction is expressive writing therapy. Expressive writing is a therapy invented by James W. Pennebaker in 1997, in which an individual is asked to express his deepest thoughts and feelings about the life events he is experiencing through writing (Pennebaker, 2018).

Related research shows that expressive writing therapy of 6 weeks period has the impact on increasing resilience, reducing depressive symptoms and reducing anxiety in subjects who have a history of traumatic events in the past (Glass et. al., 2019). Expressive writing performed on women with post-traumatic syndrome showed that writing about traumatic experiences significantly reduced the major symptoms of post-traumatic syndrome (Qian et. al., 2020). The application of expressive writing therapy to a patient with schizophrenia who showed symptoms of chronic low self-esteem decreased in several sessions with the method
of writing traumatic events or everyday events (Hargiana & Salsabhila, 2020). Research in Surabaya, Algristian (2019), showed the results that expressive writing therapy was carried out in three patients, increased self-esteem in the second patient, and overcome auditory hallucinations in the third patient. Based on several positive impacts of expressive writing therapy, the authors are interested in analyzing whether there is a positive impact if expressive writing therapy is applied together with generalist mental nursing care.

**OBJECTIVE**
This study was conducted to analyze the impact of the expressive writing therapy on the reduction of signs and symptoms of chronic low self-esteem, hallucinations and post-traumatic syndrome clients.

**METHOD**
The methods to apply expressive writing therapy in several studies around the world vary widely. The most basic method of expressive writing applied by Pennebaker—the inventor of this intervention, is by giving the client time to write down unpleasant event or traumatic event, without any limitation such as formal writing format, the client is encouraged to express his feelings. Previous studies using expressive writing methods with free themes have a good impact on clients, resulting the clients whose able to channel their feelings through expressive writing therapy (Schroder, Moran & Moser, 2018). The nursing intervention method used in this study is applying the expressive writing therapy. Expressive writing therapy which carried out in this study is using mixed methods, which is writing down unpleasant or traumatic events, interspersed with writing about the client's feelings about everyday events she experienced, as well as writing about hopes and client's dreams in the future. This mixed method is the aspect of innovation of expressive writing teraphy. This innovation should be considering the condition of the client, such as the age, the ability to write, and the severity of the symptoms.

**RESULT**
The evaluation of signs and symptoms of chronic low self-esteem decreased from a score of 13 to a score of 3 after nursing care and expressive writing therapy implemented for 18 days. Evaluation of signs and symptoms of chronic low self-esteem was carried out using a questionnaire from a previous study at the University of Indonesia, consisting of 17 points of signs and symptoms of chronic low self-esteem which are divided into 5 sub-sections which are cognitive responses; affective; physiological; behavior; and the client's social response (Hargiana & Salsabhila, 2020). Evaluation of hallucinatory signs and symptoms was carried
out using the PSYRATS instrument, which shown the frequency of hallucinations decreased and disappeared on the second day of implementation. Evaluation of post-traumatic syndrome symptoms was focused to measure the client’s anxiety symptoms using the DASS-21 questionnaire, the data obtained initially the client's anxiety score was 9 with the interpretation of severe anxiety and the final score became 4 with the interpretation of mild anxiety.

**DISCUSSION**

The analysis conducted on the client's demographic data shows several comparisons from related research, showing that client’s gender, age, marital status, education or occupation, coping mechanisms and parenting patterns of the client’s family environment are vulnerable factors of experience psychiatric problems and nursing diagnosis such as low self-esteem, chronic pain, hallucinations and post-traumatic syndrome. The results of research on age differences, gender compatibility and the effect of those factors to the problem of low self-esteem shows the fact that men have higher self-esteem than women (Kaplan & Harrow, 2019). The problem of low self-esteem that were experienced by most women is influenced by many factors, one of which is the role demands that must be displayed by a woman based on patriarchal culture. Patriarchal culture is a view that prioritizing male dominance than female in various aspects of life, which triggering discriminatory treatment against women (Apriliandra & Krisnani, 2021). Women are required to conform to the ideal format physically and psychosocially from a patriarchal cultural perspective, it creates pressure and affects the self-esteem of a woman who may experience discriminatory actions related to her appearance or behavior. Subjective data found that the cause of Ms. R feels less confident because of her physical appearance which she thinks not attractive, does not fit the definition of beautiful or attractive characteristic from the majority of people.

The age of Ms. R indicates that the stage of development that she is currently experiencing is intimacy vs isolation based on Eriksson's theory, where ideally the client begins to seek a more intimate relationship with the opposite sex. The client in this case stated that she was afraid to start a relationship with the opposite sex because she felt inappropriate and was afraid of the stigma of people with mental illness which might affect the perception of the opposite sex towards him. Clients aged 24 years fall into the age category of 13-39 years, which is proven to have a greater likelihood of experiencing psychiatric disorders that can develop into schizoaffective disorder (Baryshnikov et. al., 2020). Ms. R is not married, does not have a permanent job, and lives in a middle economic status. The client's marital, occupational and economic status are included in the characteristic group at risk for mental disorders. Statistics show that most people with mental disorders have middle to lower
economic status, are unmarried and do not have a job (Sanchaya et. al., 2018; Dharmayanti, 2018).

The biological factor that influence behaviour the most is the imbalance in brain chemistry (Hull, 2021). In the client's case, the biological predisposing factor is in her childhood she had experienced head trauma when she fell down the stairs, and had experienced memory loss for two weeks, because she had hit a bench when breaking up his friend's fight when she was in high school. Related research shows a reduction in hippocampal volume and different deformations in the medial and lateral thalamic regions of the brains of individuals with schizoaffective disorder (Wy & Saadabadi, 2021). The collisions experienced by client during childhood and in her teenage experience may affect areas in the brain that indirectly affect the balance of dopamine and serotonin compounds in the brain, resulting an impact on mood episodes and depressive episodes that occur in Ms. R.

Psychosocial predisposing factors of Ms. R was analyzed that from toddler age to 13 years, the client lived with an extended family, namely his father's sister (Budhe) who lived with his nuclear family. The relationship between the biological mother and her aunt was not harmonious, so Ms. R feels uncomfortable being in the middle of an internal conflict between the two. Client also had experienced bullying and rejection at a young age (junior high school). Family dynamics in childhood and psychosocial experiences during adolescence may affect the development of low self-esteem that clients have at this time, related to research which states that less adaptive social relationships affect an individual's self-esteem, which has an impact on low self-esteem and vice versa (Harris & Orth, 2020).

The biological precipitation factor experienced by the client is the biological reaction to the Covid-19 vaccination. Client had vaccinated just before she began to re-experience hallucination and anxiety symptomps. Antipsychotic drugs may have adverse effects when combined with the Covid-19 vaccine. Influential antipsychotics have differential effects on several cytokines in people with psychosis, resulting in anti-inflammatory effects in some individuals. This anti-inflammatory effect is undesirable when an individual is vaccinated, as it is likely to suppress antibody formation and trigger Covid-19 symptoms (Mazereel et. al., 2021). The impact of vaccination that causes physical symptoms may trigger the appearance of hallucinatory symptoms and affect the client's level of anxiety, because the client has experienced sexual harassment at the hospital when she was diagnosed with Covid-19. The client were very afraid if she is confirmed as Covid-19 positive and must be re-treated in the hospital. This fear triggered client’s flashbacks symptomps of post-traumatic syndrome and
increase her anxiety level.

The coping mechanism of client is avoidance, where the client keep her own problems, does not want to tell the problems or feelings she is experiencing. The client has another maladaptive coping mechanism, namely suppression, in which she consciously tries to suppress and forget memories of the traumatic event, without channeling negative feelings that should be consulted or sought solutions. This finding is in accordance with the results of the study that maladaptive coping mechanisms are more likely to experience deviant health behaviors compared to appropriate mechanisms (Algorani & Gupta, 2021).

Implementation of Generalist Psychiatric Nursing Care for chronic low self-esteem, hallucinations and posttraumatic syndrome had implemented from the first week to the second week, while the expressive writing intervention was trained first in the first week, then carried out routinely and continuously in the second and third weeks. The evaluation carried out to measure the score of signs and symptoms of chronic low self-esteem showed slow progress in the first week when the implementation was only generalist nursing care, then began to decrease in the second week when generalist nursing care was combined with expressive writing therapy with the theme of writing traumatic events. Expressive writing therapy with the theme of the client's life story experience has a positive impact on the client’s ability to assess herself that she can survive until the present time, despite unpleasant events that happened in her life. Research shows that writing about life stories can increase self-esteem and suggests that building positive self-esteem may be an important function of life stories (Steiner, Pillemer & Thomsen, 2019).

Expressive writing therapy in the third week was applied with the theme of positive aspects, goals and expectations of clients in the future. Evaluation of los self esteem scores with the application of expressive writing therapy about positive things and hopes for the future showed a faster reduction in the intensity of the symptoms. Evaluation at the time of termination of nursing care showed that signs and symptoms such as complaining about the physical, self-criticizing and disturbed sleep patterns were still present in the client. The habit of self-criticism and complaining about physical appearance is not likely to disappear in a short period of time, it takes habituation and positive affirmations that are continuous to help validate the client’s confidence.

Hallucinations have been resolved since the first week, as evidenced by the client’s confession that she no longer experience hallucinations on the second day and so on. Symptoms of hallucinations are reduced rapidly because it was influenced by generalist
nursing care activities carried out so that clients have activities that indirectly become distraction therapy. Positive activities act as distractions so that they can prevent the occurrence of auditory hallucinations in clients (Haddock, Bentall, & Slade, 2019). Positive activities and activities trigger an adaptive response in the range of hallucinatory responses, by shifting the client's focus cognitively, affectively and psychomotorly, so that hallucinatory symptoms do not reappear.

There are three aspects of the treatment to control hallucinations, namely cognitive, behavioral and psychological (Hayward, 2018). The behavioral aspect is related to the activities or activities carried out by the client and the cognitive aspect is related to thoughts that are distracted from hallucinations. Generalist nursing care that is applied every day affects the activity and distracts the client's mind, so that the control of hallucinations used is the management of behavioral and cognitive aspects. Expressive writing therapy acts as a therapy that distracts clients from the habit of withdrawing and spending time alone in the room to reflect and cry. Previous research on psychotic symptoms has shown that withdrawn behavior and feelings of loneliness can trigger psychotic symptoms such as hallucinations (Lincoln et. al., 2021). Clients who are busy writing indirectly feel less lonely, because expressive writing acts as therapy for clients to express their feelings and communicate to themselves through writing.

Generalist psychiatric nursing care and expressive writing have an impact on reducing major symptoms of anxiety in post-traumatic syndrome nursing problems. The most prominent post-traumatic syndrome symptoms in clients is flashbacks (Watkins, Sprang & Rothbaum 2018). Ms. R experienced flashback symptoms, such as feeling suddenly weak, pounding, cold sweats and shortness of breath when passing by or seeing health workers using hazmat. Flashback symptoms were positively associated with feelings of pain and fear at the time of the trauma (Qian et. al., 2020). This fear and feeling of being hurt cannot be channeled properly by the client, so every time she sees something that reminds her of the traumatic event, the hurt feeling reappears. Expressive writing acts as a therapy to channel the pain, anger and anxiety felt by the client, as proven by the decrease in the client's anxiety level score after the client writes down her anxiety. The implementation of generalist nursing care also has a good impact on the client's ability to control the anxiety, with the implementation of deep breath techniques and guided imagery techniques. Guided imagery technique has been tested as an effective relaxation technique to reduce symptoms of anxiety and reduce symptoms of depression (Smith, Goodby & Johns, 2019). Symptoms of anxiety shown by the client at the final evaluation are still present, such as feeling palpitated when going to a health facility for treatment. The cause of the anxiety symptoms is that the post-traumatic
syndrome problem has not been resolved, where the client has not received justice because the perpetrator of sexual harassment has not been identified, so the client still feel not safe.

CONCLUSION
The results showed that the expressive writing with a positive theme, signs and symptoms of low self esteem were more effectively diminished, than expressive writing with the theme of writing down traumatic events. However, generalist nursing care and expressive writing therapy with the theme of traumatic events act as therapy to channel the negative feelings felt by the client, so that the client is better able to control her anxiety when she encounters things that remind her of the traumatic event. The author advice for further research would be to apply this intervention directly to the client, because this research was done in pandemic period, where the expressive writing intervention was implanted through video call platform.

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