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## ORIGINAL RESEARCH

# Expressive writing therapy for 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. This paper reported a case study of Ms R, a 24-year-old woman diagnosed with schizoaffective disorder. She has self-esteem problems, hallucinations, and post-traumatic syndrome that interfere with her productivity and social functions. The generalist psychiatric nursing care process and expressive writing therapy were implemented for her treatment for 18 days. The result supports that the combination of the two interventions positively impacted reducing signs and symptoms of low self-esteem, hallucinations, and anxiety symptoms in a client with schizoaffective.

**Keywords:** Schizophrenia; mental health; nursing care; psychiatric nursing; community nursing

### Introduction

The global prevalence of schizophrenia reaches 20 million people (WHO, 2020). The prevalence of Schizophrenia in Indonesia ranges from 6 to 7 people per 1000 population, with an estimated 450 thousand people with schizophrenia in Indonesia (Riskasdas Kemenkes RI, 2018; Infodatin Kemenkes RI, 2019). Schizophrenia is a mental disorder characterized by distortions in thinking, perception, emotions, language, feelings of self and behaviour (WHO, 2020). The aetiology of schizophrenia is multifactorial and includes interactions between genetic susceptibility, environmental contributors, and 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 severe psychological conditions such as Schizophrenia (Jain & Mitra, 2021). Individuals with bipolar disorder, over a long period without medication and psychiatric intervention, will believe in 'the reality' according to their thoughts, which 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 aetiology of schizoaffectiveness (Wy & Saadabadi, 2021). The brain compounds, especially dopamine and serotonin, influence the mood and behaviour of schizoaffective sufferers. Schizoaffective sufferers may experience a medical diagnosis of Post-Traumatic Stress Disorder (PTSD) because the response of people with Schizoaffective to specific events will be more dramatic. The diagnosis of post-traumatic syndrome is rarely diagnosed in people with schizophrenia or schizoaffective in particular. The leading cause of this misdiagnosis is the establishment of a suspected diagnosis arising 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 post-traumatic syndrome as a nursing problem (Dallel, Cancel & Fakra, 2018).

Schizoaffective symptoms include hallucinations, delusions, mood swings and difficulty concentrating (Hull, 2021). Clinical manifestations of people with schizoaffective include poor communication (incoherent speech), disorganized or catatonic behaviour, reduced emotional expression, and loss of motivation or interest (Wy & Saadabadi, 2021). The social aspect of people with schizoaffective disorder can be disturbed by communication

disorders or incoherent speech, which can impact ineffective communication, low self-esteem and social isolation. The general treatment for schizoaffective patients consists of pharmacotherapy and psychotherapy. One therapy that meets the criteria as a therapy that focuses on normalizing thought processes helping 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 over 6 weeks period has an 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 significant 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). A study showed that expressive writing therapy was carried out in three patients, increased self-esteem in the second patient, and overcame auditory hallucinations in the third patient (Algristian, 2019). Due to the 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. This study was conducted to analyze the impact of expressive writing therapy on reducing 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 worldwide 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 events or traumatic events, without any limitation, such as a formal writing format, the client is encouraged to express his feelings. Previous studies using expressive writing methods with free themes have positively impacted clients, resulting in the ability to channel their feelings through expressive writing therapy (Schroder, Moran & Moser, 2018). The nursing intervention method used in this study is applying expressive writing therapy. Expressive writing therapy carried out in this study uses mixed methods: writing down unpleasant or traumatic events, interspersed with writing about the client's feelings about everyday events she experienced and writing about hopes and the client's dreams in the future. This mixed method is the aspect of innovation of expressive writing therapy. This innovation should consider the client's condition, such as age, ability to write, and severity of the symptoms.

## **Results**

The evaluation of signs and symptoms of chronic low self-esteem decreased from a score of 13 to 3 after nursing care and expressive writing therapy were 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; behaviour; and the client's social response (Hargiana & Salsabhila, 2020). Evaluation of hallucinatory signs and symptoms was carried out using the PSYRATS instrument, which showed that the frequency of hallucinations decreased and disappeared on the second implementation day. Post-traumatic syndrome symptoms were evaluated by measuring the client's anxiety symptoms using the DASS-21 questionnaire. The data obtained initially showed the client's anxiety score was 9 with the interpretation of severe anxiety, and the final score was 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 the 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 research results on age differences, gender compatibility, and the effect of those factors on low self-esteem show that men have higher self-esteem than women (Kaplan & Harrow, 2019). The problem of low self-esteem that most women experience 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 prioritises male dominance over females in various aspects of life, which triggers 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 behaviour. Subjective data found that the cause of Ms R feels less confident because of her physical appearance, which she thinks is not attractive and does not fit most people's definition of attractive characteristics.

The age of Ms R indicates that the stage of development 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. In this case, the client 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 her. 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 disorders (Baryshnikov et al., 2020). Ms R is unmarried, has no 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 influences behaviour the most is the imbalance in brain chemistry (Hull, 2021). In the client's case, the biological predisposing factor is that 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 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 the 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, impacting mood episodes and depressive episodes that occur in Ms R. The psychosocial predisposing factors of Ms R were analyzed. From toddler age to 13 years, the client lived with an extended family, namely his father's sister, who lived with his nuclear family. The relationship between the biological mother and her aunt was not harmonious, so Ms R feels uncomfortable in an internal conflict. The client also 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. The client had been vaccinated just before she re-experienced hallucination and anxiety symptoms. 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 vaccinating an individual, 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 experienced sexual harassment at the hospital when she was diagnosed with COVID-19. The client was terrified that she would be confirmed as COVID-19 positive and must be re-treated in the hospital. This fear triggered the client's flashbacks and symptoms of post-traumatic syndrome and increased her anxiety level. The coping mechanism of the client is avoidance, where the client keeps her problems and 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 channelling negative feelings that should be consulted or sought solutions. This finding follows the study's results that maladaptive coping mechanisms are more likely to experience deviant health behaviours than appropriate mechanisms (Algorani & Gupta, 2021).

Generalist Psychiatric Nursing Care was implemented for chronic low self-esteem, hallucinations and post-traumatic syndrome from the first week to the second week. At the same time, 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 positively impacts the client's ability to assess herself and 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 essential 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 low 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, and it takes continuous habituation and positive affirmations 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 experiences hallucinations on the second day. Symptoms of hallucinations are reduced rapidly because generalist nursing care activities influenced it 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). Approving activities and activities trigger an adaptive response in the range of hallucinatory responses by shifting the client's focus cognitively, affectively and psychomotor so that hallucinatory symptoms do not reappear.

There are three aspects of the treatment to control hallucinations: 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 distracted by hallucinations. Generalist nursing care that is applied daily affects the activity and distracts the client's mind, so 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 significant anxiety symptoms in post-traumatic syndrome nursing problems. The most prominent post-traumatic syndrome symptom 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 during the trauma (Qian et al., 2020). The client cannot channel this fear and feeling of being appropriately hurt, so the hurt feeling reappears whenever she sees something that reminds her of the traumatic event. Expressive writing acts as a therapy to channel the client's pain, anger and anxiety, as proven by the decrease in the client's anxiety level score after the client writes down her anxiety. Implementing generalist nursing care also positively impacts the client's ability to control anxiety by implementing deep breathing and guided imagery techniques. The 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, and the client has not received justice because the perpetrator of sexual harassment has not been identified, so the client still feels unsafe.

## **Conclusion**

The results showed that 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 a therapy to channel the negative feelings felt by the client so that the client can better control her anxiety when she encounters things that remind her of the traumatic event. The author's advice for further research would be to apply this intervention directly to the client because this research was done during the pandemic when the expressive writing intervention was implemented through a video call platform.

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