

The Process of Self-Acceptance in Patients With Paranoid Schizophrenia

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Abstract: Self-acceptance is an important aspect for paranoid schizophrenic patients because it affects their ability to adapt and their quality of life. This study aims to describe the process of self-acceptance in paranoid schizophrenic patients. A qualitative design was used with semi-structured interviews of patients diagnosed with paranoid schizophrenia who were undergoing treatment at a mental hospital in East Java. The results showed that the subjects experienced five stages of self-acceptance, including aversion, curiosity, tolerance, allowing, and friendship. The subjects also experienced emotional dynamics: denial, anger, bargaining, depression, and acceptance. The implications of this study on the self-acceptance process of paranoid schizophrenia patients, through interrelated cognitive and emotional stages, are not always linear and require time and environmental support. The results of this study are expected to contribute to the development of psychological interventions to support the self-acceptance process in patients with similar disorders.

1 INTRODUCTION

In 2022, the WHO released findings that 1 in 300 people (0.32%) worldwide have schizophrenia. This means that approximately 24 million people have schizophrenia. Schizophrenia is often associated with significant stress and disorders that affect individuals, families, social life, education, work, and other important areas of life. The stigma surrounding schizophrenia is so strong and widespread that it causes individuals to be socially excluded and affects their relationships with others, including family and friends. This contributes to discrimination, which can then limit patients' access to health services, education, employment, etc. (World Health Organization, 2022). The WHO also notes that people

with schizophrenia are 2 to 3 times more likely to die prematurely than the general population.

This is often caused by physical illnesses such as cardiovascular disease, metabolic disorders, and infections. The cause of schizophrenia itself has not yet been identified with certainty. It is estimated that interactions between genes and various environmental factors can cause schizophrenia. Psychosocial factors can also influence the onset and progression of schizophrenia. Excessive marijuana use is also associated with an increased risk of the disorder. Not only that, neurobiological dysfunction can also be a contributing factor in schizophrenia (Azhari, 2023).

According to a survey by the Indonesian Ministry of Health (KEMENKES) released in June 2024, the prevalence of households with members experiencing psychosis/schizophrenia nationwide reached 4 per thousand in 2023. This means that out of every 1,000 households in Indonesia, there are 4 households where one family member experiences this mental disorder. According to the Ministry of Health, psychosis/schizophrenia is a severe mental disorder typically characterized by fundamental and abnormal deviations in thought and perception (Muhamad, 2024).

Based on data from the 2023 Indonesian Health Survey (SKI), the Special Region of Yogyakarta (DIY) has the highest number of people with psychosis/schizophrenia. The data shows that 9.3% of the DIY province has the highest prevalence of households with members who have symptoms of psychosis/schizophrenia (Asfahan, 2024). This is followed by other provinces such as Central Java at 6.5%, West Sulawesi at 5.9%, NTT at 5.5%, DKI Jakarta at 4.9%, West Sumatra at 4.8%, South Kalimantan at 4.8%, South Sulawesi at 4.8%, Aceh at 4.6%, East Java at 4.2%, and other provinces.

The American Psychological Association (2024) defines schizophrenia as a psychotic disorder characterized by disturbances in thinking (cognition), emotional responses, and behavior. Schizophrenia usually appears between late adolescence and mid-30s. It is generally characterized by fundamental and characteristic deviations in thought and perception, as well as inappropriate or blunted affect. Clear consciousness and intellectual ability are usually preserved, although certain cognitive impairments may develop later. In DSM 5, schizophrenia has several types. Types of schizophrenia include

paranoid schizophrenia, hebephrenic schizophrenia, catatonic schizophrenia, residual schizophrenia, simplex schizophrenia, etc.

Paranoid schizophrenia is a type of schizophrenia with clinical features dominated by relatively stable delusions, often paranoid in nature, usually accompanied by hallucinations, especially auditory hallucinations, and perceptual disturbances (Lubis, 2023). Subagyo et al., (2022) note that in paranoid schizophrenia, delusions and/or hallucinations are highly prominent. Focus on one or more delusions is a key feature of paranoid schizophrenia. The main feature of paranoid schizophrenia is a focus on one or more delusions involving grandeur, persecution, jealousy, anxiety, or confusion without any evidence (Nisaa' et al., 2022).

Paranoid schizophrenia can be diagnosed if the general diagnostic criteria are met. Namely, the presence of prominent hallucinations and/or delusions, including threatening or commanding auditory hallucinations, or nonverbal auditory hallucinations in the form of whistling, humming, or laughing sounds. Then there are olfactory or gustatory hallucinations, or sexual hallucinations, or other bodily sensations where visual hallucinations may be present but are rarely prominent. In addition, there are delusions that can be of almost any type, but delusions of control, delusions of influence, or delusions of passivity, and various beliefs of being persecuted are the most characteristic. There are also affective disorders that are relatively insignificant or not prominent.

One psychological factor that contributes to an individual's mental health is self-acceptance. Hurlock (in Khoiryasdien & Warastri, 2020) explains that self-acceptance is a state in which individuals have

confidence in their characteristics and are able and willing to live with those characteristics. Thus, individuals with self-acceptance have a realistic assessment of their potential combined with appreciation for themselves as a whole. Individuals who have self-acceptance know their potential and can accept their weaknesses.

Self-acceptance is an individual's ability to accept themselves as they are. Acceptance is characterized by a positive attitude, recognition or appreciation of individual values, but also includes recognition of one's behavior (Kubler-Ross, 1998). A realistic attitude of acceptance is characterized by the ability to view one's own weaknesses and strengths objectively. Meanwhile, unrealistic acceptance is characterized by an attempt to overestimate oneself, trying to reject one's own weaknesses, denying or avoiding bad things within oneself, such as past traumatic experiences (Dariyo, 2007).

Self-acceptance is defined by Germer (in Indrawati & Kaloeti, 2022) as an individual's ability to have a positive view of who they really are, and this cannot arise on its own, but must be developed by the individual. Individuals with good self-acceptance will feel secure when accepting others, paying attention to others, and maintaining an interest in others.

In a study conducted by Kanila et al., (2023) it was mentioned that individuals with bipolar disorder who have high self-acceptance will have the motivation to achieve recovery or emotional management. When individuals are able to accept themselves, this condition will bring about positive emotions in them. This is important in life because this condition plays a role in an individual's mental health (Pratitis et al., 2022).

Riastri et al., (2020) in their research showed that in terms of self-acceptance, subject I with schizophrenia was found to be less positive than the other subjects. Subject I did not have a positive attitude towards himself because he often felt disappointed, considered himself worthless, and felt that others would not appreciate him because of his negative behavior. Subject I was able to recognize their weaknesses, but they were unable to recognize their strengths. Meanwhile, subject II appeared to be more capable of self-acceptance. Subject II was better able to recognize both their weaknesses and strengths.

In a study conducted by Akbar (in Riastri et al., 2020) on psychological well-being, it was found that in terms of self-acceptance, subjects with schizophrenia accepted their condition because they had a family history of similar disorders. However, in several other aspects or dimensions, it was found that subjects experienced difficulties, namely in terms of environmental mastery.

Research conducted by Nadyastuti et al., (2023) shows that there is a significant influence of self-compassion, self-acceptance, and life satisfaction on psychotic elderly people. This means that self-compassion and self-acceptance have an influence on the life satisfaction of psychotic elderly people. This is because individuals with good self-acceptance have tolerance for frustration or annoying events, and tolerance for their own weaknesses without having to become sad, disappointed, angry, stressed, or experience mental disorders because elderly people who are able to accept themselves are elderly people who can accept their shortcomings as well as their strengths.

Self-acceptance among schizophrenia patients is said to be low because many patients still do not

fully understand their condition and sometimes have negative preconceptions about others, whether family members or the community, who stigmatize patients (Hadiansyah et al., 2022). Meanwhile, Rogers' concept of self-acceptance (in Utami et al., 2025) emphasizes that self-acceptance is a key factor in mental recovery.

Based on the results of previous studies described in the previous paragraph, it can be seen that research that raises and discusses in detail the process of self-acceptance in paranoid schizophrenic patients is still very lacking and difficult to find. The majority of existing studies focus on interventions that can be given to increase self-acceptance in schizophrenic or psychotic patients or make self-acceptance another dimension in research. Paranoid schizophrenia has also not been widely discussed in previous studies.

Based on these conditions, it can be seen that what distinguishes this study from previous studies is the depth of the variables and the more specific criteria for research participants. Namely, this study focuses on the description of the self-acceptance process in paranoid schizophrenic patients. Although previous studies have used paranoid schizophrenia patients as participants, it is known that these studies have not explained in detail how the participants' self-acceptance process works.

In this study, the approach was conducted on a participant who was a paranoid schizophrenic patient in a hospital in East Java. The participant was a 28-year-old woman who was also a wife and mother of one child. The patient was hospitalized for approximately 2-3 weeks after being diagnosed with paranoid schizophrenia. From the interviews and observations conducted by the researcher, a brief

description of the self-acceptance of paranoid schizophrenic patients can be obtained. At present, the patient seems to be able to accept herself with all her shortcomings and strengths, even though initially the condition was very difficult and disrupted the patient's life. The patient mentioned that she was grateful for what she had experienced and tried to take every lesson for a better life.

Therefore, the purpose of this study is to determine the process of self-acceptance in paranoid schizophrenic patients. The researcher is interested in conducting research on the process of self-acceptance in paranoid schizophrenic patients. Has the patient reached a level of self-acceptance, and how did the patient go through this process.

2 METHOD

This study uses a qualitative research method with a phenomenological design. Qualitative research is used to understand or explore information from specific individuals or groups selected based on the issues to be studied (Creswell & Creswell, 2022). The phenomenological design is used to reveal how an experience occurs (Henriksen et al., 2022). This study relies on simple descriptions of individuals' experiences that convey what the experience was actually like. Thus, the description of life experiences is referred to as phenomenological, which means characterizing phenomenology in a certain way and reinforcing the concept of phenomenology related to what the experience was like (Leigh-Osroosh, 2021).

The main focus of this study is to explore and deeply understand the experiences of paranoid schizophrenia patients. There are no specific criteria in this study, either in terms of gender or age.

However, this study focuses on the experiences of Ms. X, a patient diagnosed with paranoid schizophrenia at a hospital in East Java whom the researcher met while doing an internship program. Sampling was conducted using purposive sampling techniques. This technique is used in research studies to select specific individuals or groups for analysis. The analysis was conducted starting from data collection, data reduction, and then presented in narrative form (Creswell & Creswell, 2022). Participants were selected deliberately, resulting in the following:

Table 1 Participant Profile

Name	Age	Gender
Mrs. X	28 years	Woman
(name withheld)	old	

Data collection was conducted through semi-structured interviews. The interview questions were broadly formulated so that participants could provide in-depth narrative descriptions. There was no interview guidelines based on the perspective of the literature or the researcher's prior knowledge, thus allowing participants to move beyond the context and delve into the psychological experience of the phenomenon. This was also encouraged by interpersonal interactions where relevant questions arose from the interviewer taking a certain stance, as well as the possibility of questions that had already been answered in previous questions (Henriksen et al., 2022). Before the interview was conducted, the researcher first obtained informed consent and built rapport with the participants so that it would be easier to explore the information provided by the participants. The interview was conducted face-to-face by recording and transcribing the conversation with the consent of the parties involved.

3 RESULT

Feelings

The participant initially felt denial/rejection of what she was experiencing when she had schizophrenia symptoms. Although not directly mentioned, the participant said that she initially believed that she was just experiencing baby blues due to a lack of attention from her family, especially her husband, after giving birth. The participant also explained that initially they felt unable to accept their diagnosis of paranoid schizophrenia. They experienced regret and sadness, but ultimately allowed the condition to be because they felt that nothing could be changed about what had already happened.

“Aku kan baby blues toh dek [...] Sakjane yo rodok gelo (sebenarnya ya agak sedih) dek, maksud e kenapa kok sampe gitu itu, tapi ya yaopo maneh (gimana lagi) kan? [...] Awal e aku ya nggak terima....”

(X, Partisipan)

Self-Acceptance Process

Participants experience various processes in self-acceptance and recovery.

Various efforts have been made to recover from adversity and sadness. So that later they can accept their circumstances and contribute again as whole individuals. For example, by confiding or complaining to others who have similar difficulties, finding out about the difficulties and disorders they are experiencing, seeing these difficulties from a more positive perspective by applying gratitude because it turns out that many people have more difficult circumstances than herself.

“Jadi akeh koncoku (temanku) cerita curhat, seng senasib... [...] akhirnya aku cari-cari apa itu skizofrenia paranoid, kenapa kok bisa kayak gitu, terus muncul gini-gini-gini. Terus ya... memang harus berobat [...] Terus maringunu (habis gitu) lama-lama... nggak cuma ngeliat di atas kan, di bawah juga. Akhir e aku dari situ, “oh... ternyata banyak loh yang lebih parah dari aku” ya kan? Orang-orang seng (yang) kecil-kecil.” (X, Partisipan)

Form of Acceptance

After going through a long process of recovery, participants showed more positive changes. Participants were more grateful for what they had experienced, because they could learn many lessons from their condition and use them as preparation for

starting a new life. Not only did they develop a more positive mindset, but their behavior also became more positive, as they limited their use of social media, which was considered a source of stress.

*“Iyo... tapi sekarang wes berubah drastis... [...] Iya dek. Aku masuk sini itu kayak ngerasa alhamdulillah. Aku jadi punya banyak teman, kayak ketemu mbak ***, mbak ***, si *** (subjek menyebutkan pasien lain). Terus ketemu perawat-perawat, kalian-kalian anak magang juga. Wes alhamdulillah.” (X, Partisipan)*

“... Terus nyadarno (menyadarkan) aku juga. Jadi agak nerimo lah akhir e [...] Soal e banyak hikmah ngunu loh dek... [...] Lebih tenang dek nek (kalau) sekarang. Alhamdulillah wes nggak tiktok-tiktok lagi, stress aku dek lama-lama. Wes tak jalani opo seng ndek depanku.” (X, Partisipan)

4 DISCUSSION

During the process, participants experience various dynamics and fluctuations during the recovery period of schizophrenia. Germer (2009) in his Stage of Acceptance theory, describes the stages of acceptance, which are divided into five processes: aversion, curiosity, tolerance, allowing, and friendship. Meanwhile, in Kübler-Ross (2014) book, there are five stages that also accompany the acceptance process. This theory is known as the Five

Stages of Grief: denial, anger, depression, bargaining, and acceptance.

Individuals experience five stages in the acceptance process. It begins with aversion, characterized by feelings of discomfort or attempts to find ways to eliminate those feelings. The second stage is curiosity, which is the process of recognizing feelings or understanding what is happening. The third stage is tolerance, where individuals are able to “endure the pain” but still hope that the condition will go away or disappear. Next is allowing, where individuals allow all forms of feelings to come and go on their own. After adapting to the previous conditions, individuals reach the final stage, which is friendship, a condition in which individuals are able to see the hidden wisdom. At this final stage, individuals are better able to make peace and befriend what they are experiencing (Germer, 2009).

Kubler-Ross (1998) has a different concept of self-acceptance. In achieving acceptance, individuals face four other stages. Similar to Germer's avoidance theory, Kubler's theory also includes a stage of denial, where individuals are unable to accept their circumstances and still do not believe what is happening. Anger is the stage where individuals feel angry at fate or their circumstances. Then there is the depression stage, where individuals feel down and experience extreme sadness. It is only in the bargaining stage that individuals begin to weigh the situation positively, even though negative feelings still accompany the process. Then there is the acceptance stage, which is the stage when individuals are able to accept the situation or condition they are experiencing, whether positive or negative.

The results of the study show how participants with a diagnosis of paranoid schizophrenia accept

themselves. Based on these two theories, participants have gone through the **aversion (Germer)** and **denial (Kubler-Ross)** phase. This condition is characterized by feelings of sadness and questioning why this happened to them (**aversion**). Initially, participants even believed that they were experiencing baby blues (**denial**). This condition is in line with the research by Riastri et al., (2020) which shows that a positive attitude is not usually found in individuals who do not have self-acceptance.

The aspect of **curiosity (Germer)** was demonstrated in the participant's explanation when he began to find out what paranoid schizophrenia was, what caused it, and how it was treated. In the study by Utami et al. (2025) It was shown that schizophrenia patients who had difficulty accepting their condition had irrational thinking patterns and showed resistance to treatment. Therefore, the participant's awareness to find out what was happening to them was a positive sign towards acceptance.

The **Kubler-Ross stages of anger and depression** are characterized by feelings of denial in the early stages of paranoid schizophrenia diagnosis. Participants found it difficult to accept the reality of their condition at that time. Participants mentioned that there were times when they questioned why this could happen. They also admitted to feeling deep sadness upon learning that they had a mental disorder. In a study conducted by Wijiarto (2023), it was mentioned that low self-acceptance can cause individuals to be unable to accept the reality of their condition, lack self-confidence, and even lose their motivation to live.

In the **tolerance (Germer)** and **bargaining (Kubler-Ross)** stages, participants explain that even

though they feel unpleasant, sad, depressed, and so on, they realize that there is nothing they can do to change what has happened. This condition is in line with Germer's explanation that tolerance is achieved when individuals are able to 'endure the pain' but still hope that the condition will go away or disappear (Germer, 2009). Both tolerance and bargaining are stages where positive and negative feelings are still closely related to each other.

In the **allowing (Germer)** stage, participants are willing to accept whatever comes their way, whether good or bad. He also mentions that he has become calmer and reduced his use of social media because he realizes that this is where stress is created. By allowing everything to happen as it should, participants are then able to achieve mindfulness and a sense of calm. A mindful person lives fully in the moment (Carson & Langer, 2006).

The stages of **acceptance (Kubler-Ross)** can be achieved when individuals can once again play their role as whole human beings with all their strengths and weaknesses. Participants revealed that through various processes, they were finally able to realize and accept what they were experiencing and strive to live their lives better. This condition creates a drastic change in them towards a more positive direction. For example, they no longer use social media as a standard and are able to see every situation in a more positive light. This is relevant to the research by Prinanda & Prasetyaningrum (2024), which states that when subjects are able to understand their weaknesses and strengths, they are able to bring about positive changes in their personal perspectives.

Meanwhile, in the final stage of **Germer's theory**, it is stated that **friendship** is achieved when individuals are able to see hidden wisdom. At this

final stage, individuals are better able to make peace and befriend what they are experiencing. This stage is marked by the patient's ability to see the positive side of the events they are experiencing, for example, being able to see that they are not the only person who has difficulties. Participants also realize the wisdom behind the difficulties they face, such as gaining many new friends during their treatment who support their recovery. This is in line with research by Karindra (2021) that as a result of self-acceptance, patients realize that not everything has to go as expected. Thus, patients are able to view a problem from a different perspective. Patients no longer fixate on a single thought based on irrational beliefs.

Participants also mentioned that they are now calmer in facing what is happening in their lives. Participants explained that they no longer use social media content as a standard for happiness, realizing that such content actually makes them more stressed and prone to comparing themselves to others. These results are relevant to research conducted by Nadyastuti et al., (2023), which states that self-acceptance can help psychotic patients achieve life satisfaction. Individuals with good self-acceptance have tolerance for frustration or annoying events and their own weaknesses without becoming sad, disappointed, angry, or stressed.

This condition cannot be separated from the role of the people around them, both family and other parties who support the participants' recovery process. The participants' families, health workers, and even other patients in the hospital greatly support the patients' recovery process. The support provided includes material and emotional support. For example, when participants feel greatly helped by being able to confide in others. This condition is in

line with the research by Kanila et al. (2023)) that high social support can help bipolar disorder patients accept themselves. Patients who have high self-acceptance will be enthusiastic about achieving recovery or managing their emotions.

This study is expected to provide new knowledge for all parties regarding how schizophrenia occurs and affects individuals. In addition, this study is also expected to provide insight and lessons on self-acceptance for schizophrenia patients, especially those with paranoid schizophrenia.

5 CONCLUSIONS

Based on the results of the research conducted, participants went through all stages of self-acceptance in accordance with Germer's theory, namely Stage of Acceptance, and Kubler-Ross's theory, namely Five Stages of Grief. Germer's theory consists of five stages of self-acceptance, which are divided into five processes: aversion, curiosity, tolerance, allowing, and friendship. Meanwhile, in Kübler-Ross's book (2014), there are five stages that also accompany the acceptance process: denial, anger, depression, bargaining, and acceptance. Self-acceptance in patients with paranoid schizophrenia can be achieved not only through the individual's own efforts, but also through several factors that can help patients more easily achieve self-acceptance and recovery.

The researchers acknowledge that there are many shortcomings in this study. For example, the selection of subjects was limited to patients with paranoid schizophrenia. Therefore, it is hoped that

future studies will use a larger number of participants with various types of schizophrenia. For example, using male and female participants with various backgrounds and ages, as well as with various types of schizophrenia.

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