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Removing Self-stigma: The Successes of People with Schizophrenia in Removing Self-stigma Through Self-control

Franciscus Adi Prasetyo and Jajang Gunawijaya
Faculty of Social and Political Sciences
University of Indonesia

Self-stigma experienced by people who experience schizophrenia has influence on reduced self-esteem, on powerlessness, the weakening of hope, and a motivation towards recovery. The aim of this study is to explain the efforts of people suffering schizophrenia to manage their self-stigma through self-control, using a case study approach. Based on the purposive sampling technique, five people with schizophrenia were selected as the cases to be studied. Data collection techniques utilized in-depth interviews, observation, and documentary studies. The analysis of the study data employed the stages of data reduction, data display, and data verification. Improvement in study quality employed the triangulation of data sources by checking the data to determine its consistency. The results of this study indicate that people with schizophrenia who have the ability to self-control can overcome self-stigma through changes in the manner of viewing themselves, self-training through activities, having endurance, having an honest approach, being able to explain schizophrenia from a positive viewpoint, having initiative, and having a positive attitude and the courage to face challenges.

Keywords: people with schizophrenia, self-stigma, self-control

Stigma diri yang dialami orang dengan skizofrenia (ODS) berpengaruh terhadap berkurangnya penerimaan diri, kurang berdaya, melemahnya harapan, dan rendahnya dorongan untuk pulih. Tujuan penelitian ini untuk menjelaskan upaya mengelola stigma diri pada ODS melalui pengendalian diri. Studi kualitatif ini menggunakan pendekatan studi kasus. Berdasarkan teknik *purposive sampling* dipilih lima ODS sebagai kasus yang diteliti. Teknik pengumpulan data mempergunakan wawancara mendalam, observasi, dan studi dokumentasi. Analisis data penelitian menggunakan tahapan reduksi data, *display* data, dan verifikasi data. Peningkatan kualitas penelitian menggunakan triangulasi sumber data dengan melakukan pengecekan data untuk mengetahui konsistensinya. Hasil studi ini menyatakan bahwa ODS yang memiliki kemampuan pengendalian diri dapat mengatasi stigma diri pada dirinya melalui perubahan cara pandang terhadap dirinya, melatih diri melalui aktivitas, memiliki daya tahan, bersikap ikhlas, mampu memaknai skizofrenia dari sisi positif, memiliki inisiatif, bersikap terbuka, dan keberanian menghadapi tantangan.

Kata kunci: orang dengan skizofrenia, stigma diri, pengendalian diri

The stereotypes and presumptions placed upon people suffering schizophrenia are identical with those of people who are incompetent, unable to socialize, unable to be rehabilitated, are dangerous, useless, mad, and perpetrators of criminal acts. This viewpoint itself has become a challenge for schizophrenics who have been declared medically rehabilitated on re-entering their societies. Because of this, the *World Health Organization* (WHO) has targeted the reduction of stigmatization as its principle action plan for the years 2013-2020 (WHO, 2013). Stigma and self-stigma for schizophrenics does not automatically disappear, although the schizophrenics have undergone a process of self-rehabilitation, in order to be acceptable for return by their societies, to undertake their social functions. On the basis of the results of the most recent systematic review, it is stated that the prevalence of schizophrenics with disturbance spectrum problems, who suffer self-stigma, is around 49 percent (Gerlinger et al., 2013).

People with serious mental disturbances, such as schizophrenia, are certainly susceptible to suffering unpleasant treatment from others, because of the stigma

Correspondence concerning this article should be addressed to Franciscus Adi Prasetyo or Jajang Gunawijaya, Faculty of Social and Political Sciences Universitas Indonesia, Jl. Prof. Dr. Selo Soemardjan, Pondok Cina, Beji, Kota Depok, Jawa Barat 16424. E-mail: adirosari@gmail.com/j_gunawijaya@yahoo.com

placed on them. Stigma is a process whereby someone simultaneously suffers discriminatory behavior, social sanctions, cautiousness and isolation (Manago, 2015). Stigma is the result not only of social consequences, such as isolation and loss of status, but also has direct consequences regarding education, health and life expectancy (Mcleod, Uemura, & Rohrman, 2012). Stigma is the negative public evaluation of a person suffering from mental disturbance. These attitudes, beliefs and negative conduct are then internalized and so become self-stigma (Vass et al., 2015). In short, stigma has consequences in social, physical and psychological forms (Lucas & Phelan, 2012). The concrete forms of these social consequences are the labeling as crazy, or not mentally stable, of a schizophrenic, which refers to his/her abnormal conduct, which is not in accord with the culture of his/her society. Society forthwith chooses to isolate schizophrenics because they are considered to be a disgrace to society (McNally, 2011). The self-stigma experienced by schizophrenics is the result of the internalization of stereotypes and presumptions concerning their condition, resulting in it having an impact on their behavior, seeking for help, and discipline in undertaking therapy (Butcher & Messer, 2017).

The results of the study give some clarification about the implications of self-stigma for schizophrenics, i.e. the impedance of rehabilitation, the bringing about of individual disempowerment, the emergence of discomfort with oneself and the inability to be self-accepting (Corrigan & Rao, 2012). This can occur because self-stigma has implications on changes in self-conceptualization of schizophrenics, who are convinced that they are people without value, dangerous, and of no use (Al-Khouja & Corrigan, 2017), so that they have absolutely no inclination to strive for self change, such as to seek work, because they already consider themselves as being useless people (Corrigan, Bink, Schmidt, Jones, & Rusch, 2015). Efforts to reduce the negative impacts of self-stigma on schizophrenics are conducted using an empowerment approach as a rehabilitation process for people suffering serious mental disturbances, in order for them to have the opportunity to have a better life and develop social relationships, as the principle goal of this process (Sutton, Hocking, & Smythe, 2012).

The actual challenges which must be faced by schizophrenics tend to be more psychological than medical. The stability of the condition after routine medical therapy does not yet guarantee to facilitate the process of the reintegration of schizophrenics into society. For as long as schizophrenics have difficulty because they do not possess the ability to control their emotions, so will it be more difficult for them to re-enter their social environment. One of the attempts which may be made in them facing their self-stigma is support for the formation of the ability for self-control in people suffering mental disturbances. Self-control is defined as the capacity to change and manage dominant responses, in the form of blocking the formation of undesirable conduct, and also in the promotion of desirable conduct, for the long-term goals (deRidder, Lensvelt-Mulders, Finkenauer, Stok, & Baumeister, 2012).

Results of study consistently prove that someone's ability to self-control is associated with the achievement of a better life condition, such as the ability to achieve good academic results, to achieve sound health, to build interpersonal relationships, and to achieve self adaptation (Cheung, Gillebaart, Kroese, & DeRidder, 2014). For schizophrenics, mastering the ability to control oneself is a greatly required ability to alter their situations, from being objects controlled by their social environment and self-stigma, to subjects who are able to control such matters, so that they are able to face the problems of stigma with feelings of self confidence. The ability to self-control is an important key, which has a role in managing schizophrenia, from it being a problem to becoming something which is of benefit to both the schizophrenic and society.

The principle topic of this study is that of the formation of the ability of schizophrenics to self-control, in an effort to overcome the self-stigma which is a hindrance to them, so that they become able to manage their negative thoughts and feelings, are able to manage problems associated with their psychotic symptoms, to understand their needs, and to centre their attention on their life goals. Having the ability to self-control makes it possible for schizophrenics to overcome conflict and to discover a solution to the conflict brought on up to now by self-stigma, as well as to concentrate their attention on the achievement of long-term life goals, as their guide. Therefore, the individual with sound ability at self-control tends to have a happier life (Cheung, Gillebaart, Kroese, & DeRidder, 2014). The results of this study are hoped to be able to contribute to the efforts of schizophrenics to overcome self-stigma, through their abilities to self-control.

Schizophrenia, Self-stigma, and Self-control

Veling (2008), classified schizophrenia as a serious mental disturbance, which may be caused by the

occurrence of a long-term disability. Schizophrenia is said to be a clinical syndrome, and it will be manifested during the late teenage years or early adulthood, accompanied by serious and long-term effects, both physical and mental, as well as by obstruction of the psychosocial functions. The characteristics of schizophrenia generally cover three areas: firstly, the psychotic symptoms which follow schizophrenia are hallucinations and delusions; secondly, there are negative symptoms which lean more towards the inability to demonstrate emotional expression, such as by speaking in a monotonous tone, by showing apathy, by the inability to feel happiness, and; thirdly, thinking disturbances, comprising hindrances to concentration, slowness in digestion of ideas, in learning and recalling, and in making decisions. This perspective takes the position that the source of schizophrenic incidents is more specific, i.e. it is centered on the brain, so that it provides erroneous information, which 'tricks' the person him/herself. This means that schizophrenia's nature is that of a disturbance, which may be experienced by anyone at all, without regard to neither supernatural reasons nor the morality of the individual.

Schizophrenia is defined as a serious mental disturbance, with its specific characteristics being the experiencing of mental disturbances in evaluating reality, a decline in the ability to think, in showing affection, in language ability, in perception and in the concept of the self. Every person with schizophrenia also has psychotic experiences, such as hearing voices and having delusions. In the long term, schizophrenia can damage functionality, through the loss of the capacity to achieve a quality life, or through failing to complete one's education (WHO, 2013). In general, people who suffer schizophrenia have to struggle against the symptoms of their mental disturbances. However, unfortunately, this problem is not the only one which must be faced. Another struggle which they must undergo is the stigma arising from the misunderstandings and preconceptions of society about mental disturbances, such as schizophrenia (Jensen, Vendsborg, Hjortoj, & Nordentoft, 2017).

The challenge for schizophrenics to achieve self-rehabilitation is related to their self-stigma. Self-stigma (Yanos, Roe, Markus, & Lysaker, 2008) is a process of transformational loss of the identity once possessed, and at the same time is a response to mental disturbances, such as schizophrenia. Self-stigma also is the result of the internalization of the stigma imposed by society on schizophrenia. Self-stigma has a correlation with increase in the seriousness of psychotic symptoms, such as positive symptoms (Lysakers, Roe, & Yanos, 2007), and negative symptoms (Lysaker, Vohs, & Tsai, 2009), a reduction in self observation, the impedance of social functionality and disturbances in attention functions. Schizophrenics who have suffered self-stigma are convinced that they have been rejected by society, and are unvalued as human beings (Livingstone & Boyd, 2010). This self-stigma becomes a hindrance to the self-rehabilitation of schizophrenics, so that it has an impact on the increase in depression, the devaluation of perception, in discrimination in the reduction in comfort with oneself, and in the decline in self empowerment (Boyd, Otilingam, & Deforge, 2014). The aspect of comfort with oneself is very important, underscored as a psychological aspect, which becomes stronger when schizophrenics experience self-stigma (Soundy et al., 2015).

The answer to these challenges is located in schizophrenics themselves, who must self-empower so as to have sufficient resilience to overcome the pressures produced by self-stigma. The concept of personal empowerment is defined as the opposite of self-stigma. Empowered people have strong hopes of achieving a state of comfort with themselves, are not afraid of being influenced by societal labeling, think positively and are capable of taking an active role in their own rehabilitation. Personal empowerment may be achieved by the support for increasing self-control (Reling, 2017). The approach of self-control has been developed to overcome problems connected to poor human behavior, such as a pattern of the consumption of fatty foods, addiction to alcohol, smoking, free sex, and also the absence of a real work pattern (Steel, 2007). The self-control approach has also been developed as part of psychiatric study, as one of the efforts towards the development of a schizophrenic's capacity (Palma, Segovia, Kassas, Ribera, & Hall, 2016). Self-control is related to the individual's capacity to focus his/her thoughts, feelings, and behavior, towards the achievement of his/her desired goals (Kross & Guevarra, 2015). Self-control will work effectively in a situation of conflict when facing making the best decision which must be made. There are two elements determining the process, identification and resolution of internal conflict (Kotabe & Hoffman, 2015). Additionally, it is necessary that there be an evaluation of the steps taken (Teixeira, 2015). Therefore, a person with the capability of self-control tends to live more happily, because he/she is able to overcome the challenges of his/her environment (Cheung, Gillebaart, Kroese, & DeRidder, 2014; vanDellen, Hoyle, & Miller, 2012). For this reason, with self-control, the individual is positioned as the principle actor to alter,

manage and emphasize his/her conduct, to be focused on the achievement of their long-term goals (Hagger, Wood, Stiff, & Chatzisarantis, 2010).

Method

This study about the eradication of self-stigma: the success of people with schizophrenia eradicating self-stigma through self-control, is qualitative in nature, with a case study approach. According to Neuman (2007), the principle goal of qualitative study is to clarify a case from a particular social context, in detail and scientifically. The cases selected in this study are those of schizophrenics who have recovered through their ability in self-control. The achievement of the condition of recovery makes it possible for these schizophrenics to be reintegrated into society, without feeling the fear or the threat of stigmatization. The technique of informant selection was by employing purposive sampling (Neuman, 2007), with the criteria for informant selection being those who have taken antipsychotic medicine, have become stable, who live in society and have lived with schizophrenia for a minimum of five years. The informants in this study were five in number, consisting of three males (M, Nd, and Rb), and two females (Fr and Wr).

The range of ages of the schizophrenics in the study was between 25 and 50 years. The informants with paranoid schizophrenia numbered four (M, Nd, Fr, and Wr), whilst there was one schizoaffective person (Rb). On the basis of residence, three informants live in Jakarta, one in Bekasi, and one in Cibinong. The location for the study was in the premises of the *Komunitas Peduli Skizofrenia Indonesia* (The Indonesian Community Concerned about Schizophrenia – KPSI), the address of which is Jalan Limo RT 005 RW 02 No 26 Bali Mester, Bali Mester, East Jakarta, Indonesia. The data collection technique was deep interview of the five informants, they being three men and two women. The five informants for the study were chosen with the proviso that they were capable of feeling comfortable with themselves, had controlled their remaining psychotic symptoms, had the sound practice of conscientiously taking their medication, were able to accept schizophrenic as being their identity, were able to work, were active in society, (through such activities as engaging in commerce, working, and forming art communities), were able to control their emotions, and were able to be open, by giving testimony to society. This study also conducted interviews with the informants' families, psychologists and psychiatrists, who are active in the Jakarta KPSI.

The data analysis technique used inductive conceptualization. This study used a semi-structured type of interview as the principle technique in collecting data, concerning the experiences of people with schizophrenia in fighting stigma, through their capabilities at self-control. The semi-structured interview is a type of interview having flexibility in its interviewing process. The authors certainly prepared topics as material for the interview, however they also had an open attitude to topics which emerged outside those prepared topics, and constructed open questions to delve deeper (Szombatova, 2015). A process of data acquisition, carried out employing interview and observation, was commenced firstly in the home of informant Nd, in the middle-class residential area of Cibubur, East Jakarta. Nd still lives with her parents, and has made a part of the house into an artist's studio. Her works are hung in the family's reception room. Secondly, data collection was conducted simultaneously at a small grocery stall owned by M in the Bekasi area, West Java. M lives with his wife, selling basic daily needs. M's grocery stall is filled with household requirements. At the time of the interview, M's wife was also interviewed. Thirdly, collection of data was made from Rb, who lives in the North Jakarta region. Rb is a private enterprise employee, owns a simple dwelling, and has two sons. Fourthly, interviews and observations were held with Fr, in the Cibinong area of Bogor, West Java. Fr lives with both parents in a village environment. The authors also interviewed Fr's parents, on the same occasion. Fifthly was the collection of data from Wr, who lives with his/her family in the Cibubur region, East Jakarta.

The concept of the data analysis was that of inductive-conceptualising, conducted through the deep collection of information by interview, observation and discussion, and the representation of this on the basis of the perspective of the study informant (Crowe et al., 2016). The analysis process of the study data was conducted with reference to the phases below (Ryan, Coughlan, & Cronin, 2009):

(1) Data reduction, comprising the arrangement of the data obtained from the interviews, and its simplification, was focused on the codification of data. This was conducted throughout the data collection;

(2) Data display was undertaken, by collecting data to see the connection between the data, and to compare similarities and differences;

(3) Data verification was conducted by making ex-

planations and conclusions, on the basis of the data collected.

Efforts to raise the quality of this study were attempted, by making a triangulation of study data resources, to determine the consistency of the study results, with the method being the comparison of the data resulting from the interviews, on the bases of: (1) the viewpoints of the study informants, as the parties who had directly experienced the process of the establishment of self-control and the overcoming of self-stigma; (2) the viewpoints of the families (wives and parents) of the informants, as the parties who directly interact with the informants on a daily basis; and (3) the viewpoints of the KPSI psychologists, as the parties with the competency to make explanations regarding the psychological situations of the informants.

Results and Discussion

The results of the study into the five schizophrenics, given case by case in this study, are as follows:

The Case of Rb

Rb is a schizoaffective type of schizophrenic. Rb first experienced psychotic symptoms in 1992, when in Class 2 of senior high school (SMA) Rb suddenly left home fully dressed and carrying a bundle of documents in a plastic folder. Over a period of several days, Rb became a psychotic vagrant, wandering aimlessly, because of just following his delusions, until nothing was left on Rb's body except his short pants. Finally Rb came to a housing complex and made a disturbance by throwing stones at a house owned by a member of the Indonesian Defence Force. As a result of this, Rb became the target of a mass of people running amok, till finally being handed in to a police station. When being questioned, Rb regained awareness, and so was able to answer questions about his school. On the basis of that information, the police were able to contact Rb's school and family. Subsequently, the family took Rb to undergo treatment in the mental ward of a hospital.

After graduation from senior high school, Rb worked in a private firm producing musical instruments, in the industrial region of North Jakarta. Rb worked in the production supervisory section, which gave him the opportunity to go around to the factories owned by the firm, outside Jakarta. When working, Rb experienced a relapse, because he felt he had recovered, and did not continue taking the medication. As a result, Rb was always angry at the office, including upbraiding the manager of the firm. Rb's family then decided that he should again undergo treatment in the hospital. Whilst under treatment, Rb. hallucinated that he saw an unknown person arise from the grave. After three weeks treatment, Rb was declared fit to return home, because his condition had stabilized. When Rb returned to work, he had been transferred to another section, which he considered to be one of less importance. This caused him to feel useless, so that he suffered depression, though it did not yet trigger off suspicion. Rb felt unwilling to accept the situation, but, with a heavy heart, the decision was accepted, and Rb remained at work, because he had a responsibility to his wife and children.

Rb certainly has still suffered relapses, on several occasions, triggered off by both ceasing his medication, as well as depression because of the deaths of his parents. Eventually, Rb thought that he could not continue on in a situation which, by his analysis, involved thinking negative thoughts about himself. Up to this time, Rb had evaluated himself as being the cause of problems for his family. For this reason, Rb saw himself as a family head, who should be able better to take the responsibility for the livelihoods of his family; that it was Rb, himself, who should be able to find a solution to these problems within himself. Since that time, Rb has become active on the Internet, collecting information about schizophrenia, and seeking communities of people like himself. In 2011, Rb directly asked the doctor examining him about the disturbances he was suffering. The doctor then said he was suffering schizophrenia. At that time, Rb felt as if he had been hit, because that meant he was suffering a disturbance known to the general public as madness. For three months Rb suffered depression, and became silent. When he was depressed, Rb's wife took the initiative of making an appointment to take him to the doctor, even though it was not long since his most recent appointment. The doctor then increased the dosage of the medication, to stabilize the depression.

Rb's struggle continued on, when he discovered the KPSI, whose members are schizophrenics. Through meetings, and seeing directly the situations of others more serious than himself, Rb slowly began to alter his view of himself. He then understood that schizophrenics cannot be cured, but can be rehabilitated, and must take medication as a routine practice. Schizophrenia is to be seen as a personal short-coming, and every person has his own shortcomings. Therefore, Rb decided to accept schizophrenia as a part of

himself. He also does not want to feel excessively sorry for himself. However, this does not mean he may not complain. Rb is very thankful that he may get together with the Facebook group of the KPSI, because, according to him, it may be made a means to express his negative thoughts and feelings. His efforts to increase his feelings of self-worth are made by giving educational assistance to one of his nieces/ nephews.

Finally, Rb is of the view that he would be better just to accept his situation as a schizophrenia sufferer. Rb has decided that it would be best that he focus on the happiness of his family, which is much more important than having every day to experience stressful feelings because of schizophrenia. Rb has freed himself of self-stigma by sharing his recuperation experiences with others, and in doing, so has strengthened his conviction that he still may be of use to others. Rb has become thankful for this. Although he now works in a position which is not really suitable for him, none the less he was not dismissed by his firm. At this time, Rb has been given the responsibility for calculating the costs of production of a new type of musical instrument, to be sold on the market. According to him, it is only he who is capable of making these calculations, and the results of his work are always accepted by management. This has helped to raise his feelings of usefulness, even though he still does not work in his original position.

The Case of M

M comes from a family with a military background, living in the military housing complex of Cijantung, East Jakarta, and has been diagnosed as suffering paranoid schizophrenia. M's father worked as a member of the medical staff of the Gatot Soebroto Central Army Hospital (RSPAD), in Central Jakarta. Since he was in Class 3 of junior high school (SMP), M was active in the taking of banned drugs, and continued to do so up to undertaking a Diploma III (D. III) in English, at the Institute of Education and Teaching Science (IKIP), Jakarta – now the Jakarta State University (UNJ). As a result of the misuse of banned drugs, M became delusional. He felt that he was a famous author, or a famous person. Seeing changes in his child, his father immediately made the decision to take M for treatment. At the time he was undergoing treatment at a mental asylum, M saw people around him suffering the same things as himself. M became very scared and closed himself off from others. He continued to be convinced he was not mad. Post treatment, M read a piece of paper stating that he was 'post-psychotic', but did not clearly understand what the meaning of 'post-psychotic' was.

After treatment for the condition, M was able to improve, and was able to endure for some time, and eventually was able to complete the D. III training in English, at the IKIP Jakarta. Later on, M worked in a self-service shop, in the butchery section. At that time, he had stopped taking his medication, feeling he was cured. As a result, M began to have urges to murder people. When this was conveyed to the shop supervisor, M asked to be allowed to go home. His parents, becoming aware of the matter, then took him to hospital for treatment. Besides this, M also had alternative medicine therapy around Jakarta, to exorcise the spirits possessing him. M. is included amongst those schizophrenics who have suffered repeated relapses, as the result of stopping his treatment, so that he was unable to retain his employment, because of his need to undergo repeat treatment.

A change in M commenced when he realized he was getting older, and his parents had passed away. He felt that he had to be able to overcome the problems in his life by himself. Finally, he was able to join the KPSI and get the correct education concerning schizophrenia, and how it can be overcome. He took part in an educative movement at the Dharmawangsa Hospital, and met a person who told him of his own life experiences with schizophrenia. This story apparently awakened M's awareness, and became an inspiration. He eventually accepted that he was suffering from schizophrenia and became at peace with himself. However, this did not mean the problem had disappeared, because the self-stigma problem still surfaced when M began to develop a serious relationship with a woman, whose initial is U, whom he met through a matchmaking program at a private enterprise radio station. Through short message communications, M said that not all women would want to become his wife, because he was suffering an illness no-one would want to suffer. M still considered himself unsuitable to become anyone's life partner. According to U, the beginning of her relationship with M was less than harmonious because he would often go off without telling her where. After there being no communications for months, M would suddenly contact her again.

In the end, with support from friends at the KPSI, M was able to believe in himself enough to form a serious relationship with U. Slowly, M began to open up to U about the schizophrenic disturbances he suffered. He also invited U to attend a general seminar at the KPSI, and, to date, she is still active in promo-

ting the issues of mental health to society, by affixing educational mental health banners to the front of the store. U is also always open, when there are residents who ask questions of her about mental disturbances. At this time, M is active as a volunteer, assisting in the struggle for the rights of people suffering mental disturbances to obtain cordial services. He has on several occasions appeared on television and radio, and has been invited to give testimonies at certain events, where mental health is discussed. Home life for M and U continues well, to this time. The two of them manage the grocery shop together. Domestic disputes can always be resolved to good end, and M is always open with his wife when he feels too listless, and needs to rest before the normal time. Also, U's attitude towards her husband is always one of making an effort not to make excessive demands of M.

The Case of Nd

Nd is one of those people who suffer paranoid schizophrenia. Nd is an alumnus of an Interior Design Study Program at a well known private university in Jakarta. After completing her studies in 2004, Nd worked in an interior design firm. After working for a year, she felt dissatisfaction within herself, because her idealism as a designer was not being utilized. She saw herself as no more than an illustrator, whose job was to realize others' concepts into the form of illustrations. This drove her to resign, and move to another firm. However, is seems Nd felt the same way, including when she worked in a well-known bridal firm. Going into 2005, Nd began to feel that her situation was different. Her head space seemed to be filled to the brim with internal dialogues. As time went on, her situation became worse, because she lost her sense of taste, her eyesight became blurry, her anxiety heightened because she felt she was being followed by someone, and she became afraid of wind and birds. She also felt she had become a super devil, whose job was to destroy the world, beginning with destroying her own family, the environment, and society at large. She didn't wish to see her family destroyed because of the super devil, so she began to get the urge to kill herself, as the only way to destroy the super devil.

According to Nd, she was like a mad woman, who was only a burden to her family. She felt useless, and was sad to see both of her parents, of advanced age, be forced to endure so much trouble over and over again, staying with her in her room, because of fear of leaving her there alone. Nd herself also felt burdened, living her life. For about two years, Nd had to go through a trial process with the medication her doctor prescribed. In this therapy process, during the decision-making as to what was suitable, she said to her doctor he could do whatever he liked to her. She would have accepted even his giving her an injection, causing her to die. According to her, death was the best solution to end the problem. After she had succeeded in achieving her self-rehabilitation, she reflected that her attitude of resigning herself to her fate assisted her in not opposing anything at all, related to schizophrenia and its therapy. Her attitude has certainly altered, and she is of the view that she now pays no heed to the word 'mad', or being called a 'mad woman'. This is no longer important for her, because now her attitude is just to accept it, as the fact is, she certainly does suffer schizophrenia.

In the end, the trial process regarding medication was successful, and produced a medication mix appropriate to her condition. Slowly, changes began to influence changes. Her hallucinations and delusions decreased, and she began to be able to have two-way communications with her family. According to her, one of the keys to her success in undergoing treatment was not resisting that treatment. She controlled her resistance by accepting her fate, and totally trusting the doctor treating her. After she began to stabilize, Nd decided to recommence her activities at home, beginning with drawing. Through these activities, she learned to develop the feelings which had disappeared. Step by step, she formed a new self-concept, related to schizophrenia. She realized that she was not a mad woman. Schizophrenia was not an obstacle to being creative, in fact, she stresses, when schizophrenia can be capitalized in a positive way, she has proven that, in fact, it can be productive, through her works which are also derived from her life experiences with schizophrenia. Nd also pays no heed to a society which sees her as being mad. She has accepted herself and has no objection to being said to be mad. The important thing for her now is to make her family happy, and to create artistic works, to make others laugh. According to her, laughter is now a valuable thing in her life, as it was lost to her family.

At this time, Nd is active in the Performance Art in Jakarta (PADJAK) artistic community, which she formed. According to her, amongst the members of that artistic community, there are some suffering bipolar disorders, and others HIV/AIDS. Through art, Nd is educating the public through her works, telling the story of her life experiences with schizophrenia, both through art exhibitions in co-operation with the Japan Foundation, performance art on campus, be-

coming a speaker in church, being active in radio campaigns concerning mental health, and has been invited by a pharmaceutical company to support announcements about Mental Health Day. Nd has developed a dialogic relationship with her hallucinations and delusions. Each time the voices re-emerge, Nd takes the attitude of being an active listener, and takes notes of the ideas brought up by the voices, which are later on just written down as a deposit account of ideas. Moreover, when she is painting, Nd also hears voices speaking badly of her painting. She adopts a calm attitude, and makes room for the voices. Normally, after the painting is completed, the voices vanish of their own accord. Nd works on the principle that life is a work of art, so living it requires its own art form. She gives as an example that, when she is experiencing anxiety, she just calms herself towards it, and that, according to Nd is in itself an art.

The Case of Fr

Fr is the first female of three siblings, and has completed her studies as a Bachelor of Pharmacy at one of the private universities in Bogor, West Java. She experienced a psychotic episode when undertaking her tertiary studies in her third year. According to her, on the basis of the doctor's diagnosis, she suffers from paranoid schizophrenia. The onset of this occurred when she was participating in a camping outing for new students, at Mount Bunder. On her arrival home, her behavior changed, she became a person quick to anger, subject to running amok, throwing down plates and glasses, speaking rude words, and abusing her parents, without clear reason. During the student committee evaluation of the outing, she felt that her fellow committee members forced her into a tight spot, and it was judged that the committee evaluation had failed, because of her. Making a decision about the changes in Fr, both her parents immediately contacted the university to demand that they accept responsibility for the occurrences affecting her. The university responded to this, by, using a university vehicle, taking Fr, who was hallucinating that she was a well-known artist, to the VIP ward of the Bogor mental hospital. Fr was treated for only a week there, because her parents decided that she should be an outpatient, considering the costs involved.

The family decided she should undergo non-medical therapy, such as placing writings, such as Arabic characters, in her folded clothing, having her drink young coconut water, applying hot wet compresses to the back of her head, to the extent that the skin of her head was chafed raw. After these non-medical efforts had not produced any changes, her parents took her back to hospital, using the facility of the government's BPJS (*Badan Penyelenggara Jaminan Sosial* – Social Insurance Administration Organization) health insurance scheme. After undergoing in-patient treatment for around a month, Fr's condition had improved, and she considered herself cured, so she no longer needed to take her medication, and threw away her the remainder by the roadside. Not long after-wards, Fr experienced a relapse, and again ran amok at home. According to Fr's mother, she ran out of the house, where her mother pursued her. At the time, she was castigating herself. Fr's mother realized that her child was doing so because of her mental disturbance. Her mother explained that her daughter had run after the town bus, which bore on its side a picture of a national soccer player. According to Fr, she was convinced that the soccer player was her husband, so she chased it, calling his name. Seeing the condition Fr was in, both her parents again took her to hospital for inpatient treatment. During that time, according to Fr's mother, the ambience at home was extremely busy, like the *Idul Fitri* (Muslim celebration) holiday, because of the great numbers of her family and friends who came to visit her.

At the lowest point in her life, Fr thought of herself as the eldest child, who should have been an exemplary, but was unable to demonstrate that to her parents. Fr felt she had become a burden to her parents, and was unable to be of any use in helping to lighten that burden. She admits she felt sad to see her parents, who had to go to great trouble to accompany her to hospital and to receive a social education about schizophrenic disturbances in the hospital. It seems that the experience of meeting with others who had had similar experiences actually became the trigger for the turnaround for her change. At each meeting, she saw the situation of others, whose condition was worse than hers. This supported her in not wanting again to make similar mistakes. She decided that she needed to pursue a different life path, so that her parents could have a happier life. This was the life goal she determined for herself.

Fr decided just to accept her situation, that she suffered from schizophrenia. She built a more positive concept of herself, by following the directions conveyed at every meeting at the "*Kopi Darat*" (Indonesian term, meaning face-to-face meeting) program conducted by the hospital and the KPSI on the first Sunday of every month. Through these meetings, Fr was taught that she was not mad, but just suffering schizo-

phrenic disturbances. The motivation she received revived optimism within Fr that, as a human being, she is a creature who is useful, and has potential. For this reason, Fr has developed an aspiration to become rich, so she can make her parents happy. She is aware that, after discovering her new self-concept, she must practice mastering her skills in controlling her emotions and her remaining psychotic symptoms.

Practice in controlling her emotions is carried out jointly, during her regular appointments with her doctor. She realizes that her doctor arrives late, but chooses to think that he is testing her patience. Because of this, she chooses to remain calm, not wishing to be influenced by her emotions. She also reacts mildly to the schizophrenic disturbances she experiences, and has not attempted to find out about schizophrenia more deeply, through the Internet. When she first heard the word 'schizophrenia', she adopted the attitude that the term 'schizophrenia' sounds unique to her.

At this time, Fr feels thankful to have experienced schizophrenia, and to have been able to be rehabilitated. According to her, thanks to schizophrenia, she has been able to take part in activities in Kalimantan (Indonesian provinces on the island of Borneo), meeting with fellow sufferers of mental disturbances. At these meetings, she has had the opportunity to give testimony that a schizophrenic can be rehabilitated. She also has summoned up the courage to reveal her status to all who ask. Through this, she feels that she may be of use to others who have similar experiences, but who do not yet know the methods by which they can be rehabilitated. She has also been able to control her emotions when playing with children living near her home. At these times, the children have showed off *gangnam* (Korean Pop) style movements, mimicking her conduct when she suffered a relapse. She responds to them only by smiling and being understanding, because the children do not comprehend the significance of their actions. After completing her Bachelor of Pharmacy studies, Fr. is now working as a pharmacist, in a private hospital in the Bogor region.

The Case of Wr

Wr is a person who has experienced paranoid schizophrenic disturbances. She was anxious others might read her thoughts. She is the youngest of three siblings, and lives with her parents in the Cibubur region of East Jakarta. She was very convinced that when she was thinking hard, there were thought waves which shone out from her, which could be read by people in the vicinity. In the beginning, Wr felt she was the victim of psychological violence committed by her senior high school classmates, who said that she was *kuper* (a person wishing to join in with a group, but who is normally shunned by the rest), a strange person, stupid. When planning to continue her education to tertiary level, Wr purposely chose Bandung (capital city of West Java) as the city she would go to, because she realized that she would again meet with her classmates, if she continued her education in one of the well-known state universities in Jakarta. She was accepted at the university in Bandung, however she had been severely traumatized by unpleasant treatment she had received through her time at senior high school, and did not want to be re-acquainted with her classmates, many of whom had chosen to undertake tertiary study at that state university in Bandung.

Wr's thoughts were obviously confused. Whilst in Bandung, her condition was becoming increasingly serious. She heard voices scolding her, with the words, 'harlot', 'suicide', 'coward', 'she says she wants to die', and other crude utterances. These voices caused Wr to suffer sleep disturbances, so that, nearly every night, she fell asleep nearing dawn, because she was exhausted. She also had clashes with her landlady, because of misunderstandings. Wr said that her landlady had scolded her, whereas actually the landlady was watching television. Finally, an argument broke out, so that in the end Wr, decided to move to another boarding house. She was increasingly under pressure as her studies had been impeded, whereas her fellow students from the same year had completed theirs. On one occasion, when depressed, she ate leaves along the roadside, till the people around her avoided her.

Wr took the initiative, seeing a psychiatrist in Bandung, and was prescribed Valium. However, she took that medication for only six months, because her mother forbade it. According to Wr, her mother was still convinced that she was not suffering mental disturbances. After that, she did not take any medication at all. In an attempt to put up with the disturbances, she wrote down the things said by the voices, as recommended by the psychologist she consulted. Medical treatment was continued in Jakarta, after Wr, had said to her parents that she could take no more. To date, she is still struggling to find the medication suitable for her.

The members of the social environment where Wr works have stigmatized her as a peculiar person, because she is often solitary. She certainly admits she is odd, agreeing with the view of the people in her workplace. However, Wr does not react to excess to the internalization of that stigma. This is done under the

influence of a book which has become her source of inspiration, which says that of a certainty in this world there are many strange people. She says that she is convinced that the schizophrenia she suffers at this time will bring about a greater good. She rejects self-stigma and social stigma directed at her, because she wants to prove that schizophrenia will not become an obstacle to her being employed. Therefore, whilst working as a member of the IT (information technology) staff in a telecommunications company, she is also preparing a paper on the experiences of people suffering mental disturbances.

Psychological Explanations

Mrn (a counseling psychologist involved in helping the KPSI members) explains that self-stigma has a far greater influence than just stigma, so that if schizophrenics maintain self-stigma in their thinking, this will impede them accepting themselves, even if others do not stigmatize them. Therefore, the principle goal in the efforts to promote the self-acceptance of schizophrenics is cognitive change, to reduce self-stigma. Certainly acceptance of the fact that a person is suffering a serious mental disturbance is not a simple matter. Knowing that one has been found by the doctor to be suffering a serious mental disturbance, such as schizophrenia, of itself causes its own stress. Therefore, a person has to strive to overcome feelings of fear and to become resigned to taking medication long-term, including facing the unpleasant side effects.

The solution offered by Mrn in efforts to reduce self-stigma in schizophrenics is through education. Schizophrenics need really to know about their disturbance, the steps which have to be taken to overcome it, such as consulting a psychiatrist, will give the strength to continue to make contact with associates, and, as far as is possible, that they should not withdraw from their social environment. The families must also be more rational, by not making too high demands of schizophrenics. The family's hopes are best kept in line with the developments of the schizophrenic's own rehabilitation. The family can also allocate simple tasks, such as shopping at a nearby store, so that schizophrenics may still maintain contact with their social environments.

In relation to self-control, Mrn stresses the importance of the self-empowerment of schizophrenics, achieved by re-acquainting themselves with their sources of strength, both those within themselves and those external. Certainly the ability of every schizophrenic to self-empower is different, and therefore the role of the family always to give support is very important to increase the opportunities for schizophrenics to discover their ability to self-control.

Self-stigma in Schizophrenics

The self-stigma experienced by schizophrenics will have strengthened negative feelings within themselves, because it internalizes public stigma, so that the schizophrenics lose all of their self-identity (Yanos, Roe, Markus, & Lysaker, 2008), and view themselves as useless individuals, without meaning, strange, abnormal and crazed. The results of this study show that, in relation to experiences of discrimination, the experience of schizophrenics who are removed from their positions in their workplaces is that this brings forth feelings of uselessness, lack of capability and of unimportance, because they feel removed from their original responsibilities.

In relation to believing public stereotyping, this occurs: firstly, in their efforts to establish relationships with those of the opposite sex. Schizophrenics also become nervous in making a decision to establish a serious relationship with women, because of feeling they are unsuitable, because they have a disturbance which certainly they do not wish to be suffered by anyone else. This self-stigma is still present in the situation where the schizophrenic has joined the KPSI and been educated about schizophrenia; secondly, concerning a schizophrenic's relationship with his/her family, the self-stigma he/she suffers is related to feelings of uselessness as a member of a family, who should be capable of bringing happiness to his/her parents. Schizophrenics feel they have become burdens to their families, so that in the middle of the critical phase of the condition, they experience symptoms of psychosis, and an urge surfaces to surrender themselves to medicative efforts, including being prepared to be killed by injection, because schizophrenics consider themselves as surely wishing to die. Thirdly, when being treated in a mental ward in a hospital, schizophrenics experience fear and strive hard to strengthen their self-belief that they are not mad; fourthly, schizophrenics experience depression after being told by a doctor, who has treated them for nearly a year, that they are suffering from schizophrenia. Schizophrenics feel stressed because they comprehend that as meaning they are suffering something the public think of as madness. It should be known that this occurs when schizophrenics are undertaking efforts to rehabilitate themselves, fifthly, is something which happens when a schizophrenic ad-

mits he/she is certainly odd. The domination of negative feelings within a schizophrenic is an impedement for him/her in restoring his/her social functionality. At this point, a schizophrenic can lose all hope, as a result of being uncomfortable with him/herself (Soundy et al., 2015). This phase is characterized by worry and anxiety on the part of a schizophrenic, concerning the possibility of being rejected.

On the bases of these cases, it can be ascertained that self-stigma in schizophrenics can occur, beginning from the first time they are treated in hospital, when they are in their social environments, such as their workplaces, when they establish relationships, and can continue when they are undergoing self-rehabilitation. This indicates that self-stigma can befall schizophrenics in several different life situations, so that it has an influence on their efforts at self-rehabilitation. (Boyd, Otilingam, & Deforge, 2014). This is in line with the study data conveyed by Mrn, that self-stigma is assuredly a very serious personal problem towards which a stance must be taken by schizophrenics, because it can become an impedement for them to make changes in themselves, when they are unable to overcome it. A number of impediments may be identified in relation to mental resilience, such as what occurred in the case of Rb This case clarified the position of Rb, who was in the process of endeavoring to achieve changes in himself, who had to undergo several months of depression, after finding out the nature of the disruption from which he was suffering.

Self-stigma can also influence schizophrenics when they make decisions, as in the case of M, who postponed a decision to develop a serious relationship with U. Support from the KPSI eventually gave the strength to which he needed M, until he could realize his relationship, finally marrying. Another problem which impedes schizophrenics as a result of self-stigma is the cognition by which they consider themselves odd, crazy, useless and lacking importance, as was discovered in the five cases described above. These cases impart knowledge about the complexity of the situations of schizophrenics experiencing self-stigma, because it is capable of causing them to become powerless, so that they have a negative self-concept. Self-stigma in schizophrenics certainly has the potential to increase the seriousness of positive symptoms (Lysakers et al., 2007), and negative symptoms (Lysakers, 2009), and strengthens convictions of rejection and lack of worth (Livingstone et al., 2010).

Self-control and Self-stigma

Self-stigma is a condition which causes schizophrenics to become powerless. Psychologically, schizophrenics experience difficulties in attaining a feeling of comfort with, and have a lack of belief in, themselves. The implication is that it is difficult to re-integrate schizophrenics into their social environments, and for them to re-seize the opportunity to improve their quality of life. For those reasons, schizophrenics are required to control this self-stigma, so as to be able fully to re-empower themselves, without being burdened with self-stigma, and be to able to live comfortably with their schizophrenia. Self-control is a form of behavioral awareness by an individual, placing him/her as the principle actor to change, regulate and suppress a tendency towards certain behavior, and to focus on the achievement of long-term goals. (Hagger, Wood, Stiff, & Chatzisarantis, 2010). Basically, the practice of self-control cannot be separated from the various daily life activities of every person, who must practice self-regulation and strive to overcome all urges, and to control them so as not to do anything to excess, such as to eat fatty foods, drink alcohol, use drugs, denigrate others, indulge in extravagance, and practice free sex. One must also strive to work well (Steel, 2007). In the context of schizophrenics, self-stigma is a problem of daily life, which must be overcome in order to be able to once again engage in joint activities with society.

The construction of the capability to control oneself needs planning, because it is very closely related to planning and the steps which must be taken by a person to bring an end to a problem by choosing to take alternative steps. A person must also make an evaluation of the steps he/she takes, using his/her goal as a reference (Teixiera, 2015). On the basis of the results of this study, the process of building self-control in overcoming self-stigma for schizophrenics is as follows:

Formulating the basis for self-change. The first step which must be taken by schizophrenics at this point is to perform an observation and evaluation of themselves and of the situation. The goal here is to build a sensibility of oneself in order to comprehend the essentials concerning the importance of overcoming personal problems related to self-stigma. This is a very important strength, as a basis for confronting temptations which may arise in the future (DeRidder, Lensvelt-Mulders, Finkenauer, Stok, & Baumeister, 2012). In reference to the study data, in general it is family factors which are the informants' principle bases to make

basic changes in themselves. They needed awareness that, as long as they are controlled by strong useless feelings, this will only cause problems for their families, who will bear the burden, causing a loss of happiness. Therefore, the informants wished to strive for the return of family happiness, particularly that of their parents. Rb carefully examined his own personal reason, which was the growth of anxiousness within him, over his future estrangement from his family if he was not able to show changes in his behavior. In the case of M, it was the factor of increasing age and the death of his parents which became the reason for him to realize the importance of making changes. Meanwhile, the personal reasons for Wr were derived from a book, which inspired him to realize that in this world there are very many odd people, so that he felt that every person has his or her own oddity. A some-what unique reason was given by Nd, who stated that, when she was in the midst of making a decision, an attitude of resignation to her fate had made her come to terms with self-stigma. After that, Nd was able to be very attentive to whether she was crazy or considered by others to be crazy, because in fact that was the way it was. Fr's reasons were, based on him really accepting the fact he suffers schizophrenia, as it could not be rejected. Therefore, it was better just to accept it.

In the initial process of self-control for these schizophrenics, three important components were involved, these being the process of psychological change, by accepting their status, or admitting the reality of themselves, so as not to deny their situations, by establishing the long-term goals they wished to achieve, in this case family happiness, and by taking steps to achieve those (Teixeira, 2015). Success in discovering these reasons became the bases for the schizophrenics to bring about self-change. They were able to see their own weaknesses, see the results they wished to achieve in the future, as well as to arrange working plans to realize the changes in the direction they wished to achieve in the future.

Collecting information. At this stage, the schizophrenics have begun to strive to realize their plans for change, by taking the initiative to collect information related to schizophrenia. Based on the study data, it is known that there have been several efforts made by the schizophrenics to collect information related to schizophrenia, through the Internet, by asking doctors directly to obtain clarification, by taking part in public education regarding schizophrenia, and by joining the KPSI, the community for people who have experience of mental disturbances. This information, on the one hand, is very helpful to schizophrenics in understanding their disturbances. However, on the other hand, it is also necessary that the schizophrenics monitor their responses, after they have obtained this information. Through the case of Rb, it is known that self-stigma can resurface, as when a doctor was open in explaining his status. This is known from Rb's responses, his experiencing depression and then becoming withdrawn for three months, after his meeting with the doctor. In M's case, he chose to postpone a decision to establish a serious relationship with the woman who was close to him.

The psychological instability which causes the re-emergence of self-stigma is something which may possibly occur during the early period of the building up of the ability to self-control. This happens because there is conflict between the self-stigma and the reinforcement received from external parties towards efforts to develop a positive concept of oneself. This situation must be monitored by schizophrenics and their families, so that both parties may be able to identify it early, if there are indications of the re-emergence of self-stigma. The role of the family and the community in giving continuous support is certainly a very important one in creating and strengthening the schizophrenic's mental resilience, for instance by taking the schizophrenic regularly to the doctor, or in motivating the schizophrenic to realize that he/she is of use, and has importance.

Forming self-confidence through activities. People with mental disturbances who have experienced self-stigma have feelings of isolation, and withdraw from their social environment (Brohan, Gauci, Sartorius, & Thornicroft, 2011). Based on characteristics such as these, it may be for the best if schizophrenics get together in communities, though it is not always thus, depending on the individual. For Rb, M, and Fr, being in a community is very helpful to them in building a more positive self concept, because they feel accepted, valued, and able to see the reality that there are still people whose conditions are far more serious than theirs. The exchange of knowledge and experiences which occurs helps them form a positive way of looking at themselves, such as them accepting the fact that their schizophrenia has arrived only at the limits of rehabilitation, that they are not cured. Meanwhile, for Nd and Wr, both are more in the individual processes of building self-control in facing self-stigma, although both are part of the KPSI. Nd is forming feelings of being useful through her art, of which she is fond of, whilst Wr is doing this by

maintaining dreams of creating a profession, through the book which he/she is writing.

Schizophrenics must certainly use their own methods to strive for the growth of feelings of self-confidence. This can be achieved by meeting with other people who have had similar experiences, which may inspire them to change, such as what happened to M, who read a book which inspired him, or like Wr, having a hobby such as painting, and Fr, practicing emotional control through positive thinking, such as when the doctor is late for her appointment, having the view that her patience is being tried, so that she can be calm, or in other forms more suited to the schizophrenic him/herself. These feelings of self confidence certainly have the potential to increase, when schizophrenics perform activities which they can accurately comprehend as efforts to increase their own usefulness, such as those made by Rb, continuing to work and help the members of his family. Simple matters such as this can increase feelings of happiness and self-confidence for schizophrenics, because they can themselves feel that they are obviously of use, not like they have for a long time felt.

Being at peace with schizophrenia. At this stage, the schizophrenics have arrived at the choice to be at peace with the schizophrenia they suffer. This is made possible by at the schizophrenics' way of looking at their disturbances, from a positive viewpoint. Based on the study data, it is known that the informants have chosen to accept schizophrenia as a part of themselves which cannot be abolished. This has happened because they have undergone changes in their way of viewing themselves regarding their schizophrenia. In Rb's case, she has accepted schizophrenia as a personal weakness, and every person, in all truth, has his/her own weaknesses. With Nd, M, and Fr, they have similar reasons, those being resigning themselves to the facts, because that is God's will. However, according to Wr, his self-acceptance is because of his/her conviction that there is a greater good from him/her having schizophrenia. The schizophrenics no longer think too much about self-stigma, because their concentration is centered on the happiness which will be achieved on reaching their long-term goals (Cheung et al., 2014; vanDellen, Hoyle, & Miller, 2012).

The schizophrenics are also able to see that living with schizophrenia can still be productive, and that they can be useful to others. This is shown by the informants having the courage to open themselves up in public, concerning the status of the schizophrenia which they suffer, and the process by which they can overcome self-stigma, becoming able to be empowered individuals. One of the examples of this is Fr, who admits that, by being able to overcome self-stigma, she obtained the opportunity to help others with similar disturbances to hers. Being open has given the opportunity to others to receive help in discovering a solution to being able to overcome their problems. Helping others is certainly proven to increase feelings of self confidence, of usefulness, of being needed, of being of value and of having sensitivity towards others' problems.

At this stage, self-stigma in the schizophrenics is on the decline, whilst being comfortable with themselves is on the rise. The schizophrenics feel more empowered, because they have been trained through a series of dynamic processes, unique for each individual, to go through a number of challenges which needed to be faced in the process of building the ability to self-control, to overcome the self-stigma. The achievement of this stage has caused the schizophrenics to become more resistant to the stigmas imposed on people having mental disturbances, because these do not have too much influence regarding the surfacing of negative feelings for them.

Abilities at self-control. This section is the final stage of a series of processes in the building of the ability to self-control for schizophrenics in overcoming self-stigma. In this section, schizophrenics may be said to have positive self concepts and sound resilience in undertaking life activities and solving their challenges. The informants are able to control their daily activities, without being influenced by self-stigma. Rb at this time has been given the trust by his boss of calculating production costs; M is living together with U, his wife, and they manage their business together; Nd is active in the arts and simultaneously in educating the public about mental health, through art; Fr is working in a hospital as a pharmacist, and; Wr works in a telecommunication firm as an IT staff member, managing the firm's server. From the results of this study, it may be stated that through the mastery of the ability to self-control, it has been possible to reduce the impact of self-stigma on the schizophrenics, and to increase the feelings of usefulness, so that the schizophrenics can have positive attitudes towards themselves.

The mastery of the ability to self-control indicates that the schizophrenics are surely ready to take their places in society, to engage in activities in company with other members of society, without having to feel fearful of being the recipients of unpleasant behavior. Fr has given as an example that she is capable of responding mildly, when the children in her environment

flaunt *gangnam* (Korean Pop) style movements in front of her, whilst laughing at her. Fr's actions prove that self-control can work effectively in the middle of a conflict situation, when faced with making the best decisions, and becoming the principle actor in controlling all of her life (Kotabe & Hoffman, 2015). This indicates that self-empowerment has taken place, so she is able to control her emotions when faced with social pressures (Reling, 2017). Her ability to self-control has developed the capacity for her to be able to make important decisions for her future, such as the decision dutifully to take her medication (Palma et al., 2016). The conduct of schizophrenics can be controlled by them regulating their way of thinking and their feelings (Kross & Guevarra, 2015), so as not to be tricked by the positive and negative symptoms of schizophrenia (Veling, 2008). The ability of the schizophrenics at self-control which the schizophrenics have is proven to be able to become an instrument of assistance to oppose the stigma which has its source in the misunderstanding of the public (Jensen, Vendsborg, Hjortoj, & Nordentoft, 2017).

Limitations of the Study

This study has covered only schizophrenics who come from one community, i.e. the KPSI. Therefore, study needs to be further developed to reinforce the scientific evidence that self-control is an important ability in efforts to empower people with schizophrenia. The number of informants, the type and gender of the people suffering schizophrenia, and the communities examined, must be widened, to enrich the sum of knowledge concerning the benefits of self-control in opposing stigma for people with schizophrenia.

Conclusions and Recommendation

Self-control is an ability which is very greatly needed by people with schizophrenia, to enable them to be empowered in managing self-stigma, so they can be able comfortably to live their lives. They may live their lives with others, without having to feel fear of being the recipients of unpleasant conduct, because of being able to manage self-stigma. Families and the public also need not fear living and undertaking social activities with schizophrenics who have self-control, because the ability to self-control has made then able to return as members of the public, and in general to be able to perform their functions and roles.

Through this study we may know about efforts by schizophrenics to build the ability to self-control, as part of self empowerment to overcome self-stigma. Therefore, it is recommended that schizophrenics who have the capability of self-control should also take the initiative of from other communities of supporters, so as to broaden access for families and schizophrenics to exchange knowledge and experiences with fellow sufferers.

References

Al-Khouja, M. A., & Corrigan, W. P. (2017). Self-stigma, identity, and co-occuring disorder. *Israel Journal of Psychiatry and Related Sciences, 54*(1), 56-61. https://doi.org/10.1080/15504263.2013.777988

Boyd, J. E., Otilingam, P. G., & Deforge, B. R. (2014). A brief version of the internalized stigma of mental illness (ISMI) scale: Psychometric properties and relationships to depression, self-esteem, recovery orientation, empowerment, and perceived devaluation and discrimination. *Psychiatric Rehabilitation Journal, 37,* 17-23. https://doi.org/10.1037/prj0000035

Brohan, E., Gauci, D., Sartorius, N., & Thornicroft, G. (2011). Self-stigma, empowerment and perceived discrimination among people with bipolar disorder or depression in 13 European countries: The GAMIAN-Europe study. *Journal of Affective Disorders, 129*(1-3), 56-63. https://doi.org/10.1016/j.jad.2010.09.001.

Butcher, R. D., & Messer, M. (2017). Intervention for reducing self-stigma in people with mental illness: A systematic review of randomized controlled trials. *German Medical Science, 15,* 1-12. https://doi.org/10.3205/000248.eCollection2017

Cheung, T. T. L., Gillebaart, M., Kroese, F., & De Ridder, D. (2014). Why are people with high self-control happier? The effect of trait self-control on happiness as mediated by regulatory focus. *Frontiers in Psychology, 5,* 1-6. https://doi.org/10.3389/fpsyg.2014.00722

Corrigan P., Bink A., Schmidt A., Jones N., Rusch N. (2015). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health, 25*(1), 10-15. https://doi.org/10.3109/09638237.2015.1021902

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry, 57*(8), 464-469. https://doi.org/10.1177/070674371205700804

Crowe, A., Averett, P., Glass, J. S., Dotson-Blake, K. P., Grissom, S. E., Ficken,…, Holmes, J. A. (2016). Mental health stigma: Personal and cultural impacts on attitudes. *Journal of Counselor Practice, 7*(2), 97-119. https://doi.org/10.22229/ spc801925

deRidder, D. T. D., Lensvelt-Mulders, G., Finkenauer, C., Stok, M., & Baumeister, R. F. (2012). Taking stock of self-control: A meta-analysis of how trait self-control relates to a wide range of behaviors. *Personality and Social Psychology Review, 16,* 76-99. https://doi.org/10.1177/1088868311418749

Gerlinger, G., Hausert, M., De Hert, M., Lacluyse, K., Wampers, M., Correll, C.U. (2013). Personal stigma in schizophrenia spectrum disorders: A systematic review of prevalence rates, correlates, impact and interventions. *World Psychiatry, 12* (2), 155-164. https://doi.org/10.1002/wps.20040

Hagger, M. S., Wood, C., Stiff, C. & Chatzisarantis, N. L. D. (2010) Ego depletion and the strength model of self-control: A meta-analysis. *Psychological Bulletin, 136,* 495-525. https://doi.org/10.1037/a 0019486

Jensen, K. B., Vendsborg, P., Hjorthoj, C., & Nordentoft, M. (2017). Attitudes toward people with depression and schizophernia among social service worker in Denmark. *Nordic Journal of Psychiatry, 71*(3), 165-170. https://doi.org/10.1080/08039488. 2016.1197309

Kotabe, H. P., & Hoffman, W. (2015). On integrating the components of self-control. *Perspectives on Psychological Science, 10*(5), 618-638. https://doi. org /10.1177/1745691615593382

Kross, E.., & Guevarra, D. A. (2015). *Self-control*. Retrieved from http://oxfordbibliographies.com

Livingstone, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science and Medicine, 7,* 2150-2161. https://doi.org/10.1016/j.socscimed. 2010.09.030

Livingstone J. D., Vohs, J. L., Tsai, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science and Medicine, 7,* 2150-2161. https://doi.org/10.1016/j.socscimed. 2010.09.030

Lucas, J. W., & Phelan, J. C. (2012). Stigma and status: The interrelation of two theoretical perspectives. *Social Psychology Quarterly, 75*(4), 310-333. https://doi.org/10.1177/0190272512459968

Lysakers, P. H., Roe, D., & Yanos. P. T. (2007). Toward understanding the insight paradox: Internalized stigma moderates the association between insight and social functioning, hope, and self-esteem among people with schizophrenia spectrum disorders. *Schizophrenia Bulletin, 32,* 192-199. https:// doi.org/10.1093/schbul/sbl016

Lysakers, P. H., Vohs, J. L., Tsai, J. (2009). Negative symptoms and concordant impairment in attention in schizophrenia: Association with social functioning, hope, self-esteem, and internalized stigma. *Schizophrenia Research, 110,* 165-172. https://doi. org/10.1016/ j.schres.2009.01.015.

Manago, B. (2015). *Understanding the social norms, attitudes, beliefs, and behaviors toward mental illness in The United States*. Retrieved from http://na tionalacademies.org

McLeod, J. D., Uemura, R., & Rohrman, S. (2012). Adolescent mental health, behavior problems, and academic achievement. *Journal of Health and Social Behavior, 53*(4), 482-497. https://doi.org/10. 1177/0022146512462888

McNally, R. (2011). *What is mental illness*. Cambridge, MA: The Belknap Press of Harvard University Press.

Neuman, W. L. (2007). *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn and Bacon.

Palma, M. A., Segovia, M. S., Kassas, B., Ribera, L. A., & Hall, C. R. (2016). Self-control: Knowledge or perishable resource? *Journal of Economic Behavior & Organization, 145,* 80-94.

Reling, J. (2017). *Reducing stigma associated with schizophrenia* (Master's thesis). Portland State University, Portland, USA. Retrieved from http://pdx scholar.library.pdx.edu/honors theses

Ryan, F., Coughlan M., & Cronin P. (2009). Interviewing in qualitative research: The One-to-one interview. *International Journal of Therapy and Rehabilitation, 16*(6), 309-314. https://doi.org/10. 12 968/ijtr.2009.16.6.42433

Soundy, A., Stubbs, B., Roskell, C., Williams, S. E., Fox, A., & Vancampfort (2015). Identifying the facilitators and process which influence recovery in individual with schizophrenia: A systematic review and thematic synthesis. *Journal of Mental Health, 24*(2), 103-110. https://doi.org/10.3109/0963823 7.2014.998811

Steel, P. (2007). The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure. *Psychological Bulletin, 133,* 65-94. https://doi.org/10.1037/0033-2909.133.1.65

Sutton, D. J., Hocking, C. S., Smythe, L. A.. (2012). A phenomenological study of occupational engagement in recovery from mental illness. *Canadian*

Journal of Occupational Therapy, 79(3), 142-150. https://doi.org/10.2182/cjot.2012.79.3.3

Szombatova, V. (2015) The semi-structured interview in foreign language education research. *Journal of Language and Culture Education, 3*(2). https://doi .org/10.1515/jolace-2015-0009. The International Conference on Language and Literature in Education and Research 2016 Prague 15/09 - 17/09/2016

Teixeira, P. J. (2015). A premier in self-regulation and health behaviour change [Editorial]. *Archives of Exercise in Health and Disease, 5*(1-2), 326-337. https://doi.org/10.5628/aehd.v5il-2.184

vanDellen, M., Hoyle, R. H., & Miller, R. (2012). The regulatory easy street: Self-regulation below the self-control threshold does not consume regulatory resources. *Personality and individual differences, 52*(8), 898-902. Retrieved from https://www.ncbi.nlm.nih.gov

Vass, V., Morrison, A. P., Law, H., Dudley, J., Taylor, P., Bennett, K. M., & Bentall, R. P. (2015). How stigma impacts on people with psychosis: The mediating effect of self-esteem and hopelessness on subjective recovery and psychotic experiences. *Psychiatry Research, 230*(2), 487-495. https://doi. org/ 10.1016/psychres.2015.09.042

Veling, A. W. (2008). *Schizophrenia among ethnic minorities: Social and cultural explanations for the increased incidence of schizophrenia among first- and second-generation immigrants in the Netherlands* (Thesis Erasmus MC), University Medical Center Rotterdam.

World Health Organization (2013). *Mental health action plan 2013-2020*. Retrieved from http://apps. who.int/iris/bitstream/10665/89966/1/978241506021

Yanos, P. T., Roe, D., Markus, K., Lysaker, P. H. (2008). Pathways between internalised stigma and outcomes related to recovery in schizophrenia spectrum disorders. *Psychiatric Services, 59,* 1437-1442. https:// doi.org/10.1176/appi.ps.59.12.1437