

**MILES' RECOVERY FROM SCHIZOPHRENIA REFLECTED  
IN NIC SHEFF'S *SCHIZO***

**THESIS**



**BY:  
LINA SAFITRI AZIZAH  
REG. NUMBER: A73216118**

**ENGLISH DEPARTMENT  
FACULTY OF ARTS AND HUMANITIES  
UIN SUNAN AMPEL SURABAYA  
2020**

## DECLARATION

I am the undersigned below:

Name : Lina Safitri Azizah  
NIM : A73216118  
Department : English Department  
Faculty : Arts and Humanities  
University : UIN Sunan Ampel Surabaya

Truly state that the thesis I wrote is my original work and not a plagiarism/fabrication in part or whole.

If, in the future, there is a proof that this thesis results from plagiarism/fabrication, either in part or in full, then I am willing to accept sanctions for such actions under the applicable provisions.

Surabaya, June 5<sup>th</sup>, 2020

Signature



Lina Safitri Azizah

## APPROVAL SHEET

MILES' RECOVERY FROM SCHIZOPHRENIA REFLECTED IN NIC  
SHEFF'S *SCHIZO*

By:

Lina Safitri Azizah

Reg. Number: A73216118

Approved to be examined by the Board of Examiners, English Department,  
Faculty of Arts and Humanities, UIN Sunan Ampel Surabaya

Surabaya, June 5<sup>th</sup>, 2020

Thesis Advisor



Dr. Wahyu Kusumajanti, M. Hum  
NIP. 197002051999032002

Acknowledged by:

Head of the English Department



Dr. Wahyu Kusumajanti, M. Hum  
NIP. 197002051999032002

## EXAMINER SHEET

This thesis has been approved and accepted by the Board of Examiners, English Department, Faculty of Arts and Humanities, UIN Sunan Ampel Surabaya on June 5<sup>th</sup>, 2020.

The Board of Examiners are:

Examiner 1



**Dr. Wahyu Kusumajanti, M.Hum**  
NIP. 197002051999032002

Examiner 2



**Sufi Ikrima Saadah, M.Hum**  
NUP. 201603318

Examiner 3



**Abu Fanani, M.Pd**  
NIP. 196906152007011051

Examiner 4



**Suhandoko, M.Pd**  
NIP. 198905282018011002

Acknowledged by:  
The Dean of Faculty of Arts and Humanities  
UIN Sunan Ampel Surabaya



**Dr. H. Agus Aditoni, M. Ag**  
NIP. 196210021992031001



**KEMENTERIAN AGAMA**  
**UNIVERSITAS ISLAM NEGERI SUNAN AMPEL SURABAYA**  
**PERPUSTAKAAN**

Jl. Jend. A. Yani 117 Surabaya 60237 Telp. 031-8431972 Fax.031-8413300  
E-Mail: perpus@uinsby.ac.id

LEMBAR PERNYATAAN PERSETUJUAN PUBLIKASI  
KARYA ILMIAH UNTUK KEPENTINGAN AKADEMIS

Sebagai sivitas akademika UIN Sunan Ampel Surabaya, yang bertanda tangan di bawah ini, saya:

Nama : Lina Sapitri Azizah  
NIM : A73216118  
Fakultas/Jurusan : Fakultas Adab dan Humaniora / Sastra Inggris  
E-mail address : lazzah98@gmail.com

Demi pengembangan ilmu pengetahuan, menyetujui untuk memberikan kepada Perpustakaan UIN Sunan Ampel Surabaya, Hak Bebas Royalti Non-Eksklusif atas karya ilmiah :  
 Sekripsi     Tesis     Desertasi     Lain-lain (.....)  
yang berjudul :

Miles' Recovery from Schizophrenia Reflected in Nic Sheff's Schizo

beserta perangkat yang diperlukan (bila ada). Dengan Hak Bebas Royalti Non-Eksklusif ini Perpustakaan UIN Sunan Ampel Surabaya berhak menyimpan, mengalih-media/format-kan, mengelolanya dalam bentuk pangkalan data (database), mendistribusikannya, dan menampilkan/mempublikasikannya di Internet atau media lain secara **fulltext** untuk kepentingan akademis tanpa perlu meminta ijin dari saya selama tetap mencantumkan nama saya sebagai penulis/pencipta dan atau penerbit yang bersangkutan.

Saya bersedia untuk menanggung secara pribadi, tanpa melibatkan pihak Perpustakaan UIN Sunan Ampel Surabaya, segala bentuk tuntutan hukum yang timbul atas pelanggaran Hak Cipta dalam karya ilmiah saya ini.

Demikian pernyataan ini yang saya buat dengan sebenarnya.

Surabaya, 3 Agustus 2020

Penulis

( LINA SAFITRI AZIZAH )  
nama terang dan tanda tangan















It means the sufferers tend to put themselves on dangerous activities like doing violence, self-harm until suicidal attempts when they cannot bargain with their hallucinations and delusion. This circumstance can make the sufferers feel stressed and agitated.

Even though this illness has no cure yet, the term schizophrenia is not a death point for the sufferer. National Institute of Mental Health (p. 4) states that there are numerous effective treatments to heal this illness, such as antipsychotic medication and psychosocial therapy. Moreover, the supportive environment from the family also able to improve the recovery process (Naheed et al., 2012, p. 83). By having the proper treatment and support from their beloved one, the sufferer will become stable and able to manage their symptoms (Chovil, 2003, p. 8). Therefore, they can lead a healthy life and seek after their life goals like having a job, married, and build a family.

The real recovery process of schizophrenia had become a fascinating inspiration to many authors. The unusual plot that exposes the character's life within mental illness had given a new perspective for both the author and the reader to enjoy this kind of story. Besides, the character's struggle on his recuperation toward his illness represents a hope for the reader. It is evident if this phenomenon is relevant to the mimetic claim that art is a universe's imitation (Abrams, 1953, p. 8). By imitating the issue from reality, the authors use their literary works to portray it. Although the character and setting might not real, the literary work represents the real issue in reality. It includes the portrayal of people with schizophrenia and the recovery process for healing their illness.

Some literary works depict how the person with schizophrenia gets a cure for healing their illness. One of them is *Schizo*, the third novel written by Nic Sheff. Penguin Group published it in 2014. *Schizo* is a novel about 16 years old teenager living with schizophrenia in San Francisco named Miles Cole. Everything was hard for Miles. The hallucination and delusion haunted his days. Moreover, his delusion of losing his little brother, Teddy, made his condition worse. Even though Miles faced a hard time going through his illness, but he still took a recovery treatment for healing his illness. Furthermore, since the doctor diagnosed Miles with schizophrenia, his family and the psychiatrist always supported him. Although he once tried to kill himself because he felt depressed, in the end, he did not give up. By having treatment and support from his family and the psychiatrist, he struggled to heal his illness.

This novel becomes a meaningful substance to be studied because it reveals the schizophrenia treatments and portrays the support from the family and the psychiatrist for recuperating his illness. Nic Sheff, as the author, emphasizes the significance of the family and the psychiatrist's role in supporting the sufferer during his recovery treatment. The author also spreads hope through Miles' recovery process toward his schizophrenia. He succeeds in portraying the recovery process of Miles, a schizophrenic teenager who finally could manage his illness.

Literature that portrays the schizophrenia issue has valuable points for the readers because it can enhance their knowledge about numerous treatments for assisting the patient's recovery. The valuable points also attract some researchers

to examine the novels about schizophrenia and its characters who suffer from mental illness; likewise, the researches about schizophrenia treatment in *Shutter Island* (Salsabila, 2019) and *The Roommate* (Amriani, 2017). The prior researcher also found that the patient's recovery was assisted by the family support (Isnaeni, 2019). Meanwhile, *Schizo* novel has been studied by Richmond (2019) who focused on examining the character's struggle on his illness.

Since the prior research on *Schizo* novel only covered how the struggle in general, so that the researcher is interested in examining the details about the character's recovery process on his illness. Besides, there is still a lack of researches that discussed this issue in the literature. To fill the gap, the researcher tries to examine both family and the psychiatrist's roles altogether to treat schizophrenia. Another reason why the researcher is interested in this topic is that she wants to raise people's awareness that schizophrenia is not a death point for the sufferer. Because, by having the proper treatment and support from their beloved one, the sufferer will become stable and able to manage their symptoms. In this case, the family and the psychiatrist holds an essential role to support the recovery treatment. Furthermore, the researcher found that *Schizo* novel represented the collaboration between family and the psychiatrist to help the sufferer went through his illness. Therefore, the focus of this present study is how did the family and the psychiatrist roles play their part in Miles' cure and how did it affect Miles's cure?

































treatment venues (inpatient, outpatient, and others), program availability, insurance, the patient locale, and clinic personal (Lehman et al., 2004, p. 21). In each treatment, it is important to document the patient's information especially about prior medication, side effects, doses, and clinical response. The good arrangement of documents can give a clear overview of the patient's past and current treatment and response. Furthermore, it also can help the psychiatrist to arrange the treatment plan (Lehman et al., 2004, p. 21).

Overall, both of the family support and psychiatric management plays an important role to help the patient during the treatment. As a caregiver, the family can provide long-term care and support by reducing the patient's stress and empowering the patient within their affection. While the psychiatrist takes responsibility for enhancing the patient's recovery progress through the medication and psychosocial treatment. At this point, the researcher applies the theory of family support and psychiatric management to reveal how Miles got a cure for his illness through the family and psychiatrist support. Furthermore, the researcher relies on the theory about the benefits of the family support, and the psychiatrist management to find out the impact on Miles' cure.

## **2.2 Review of Related Studies**

A review of literature plays a significant role in research. The researcher needs to understand the previous researches that relate to her topic before she conducts her research. It will help the researcher to evaluate and improve the

research topic. For this study, the researcher discovered some previous studies that examined the recovery process of schizophrenia in literature.

The first, *Schizo* has been studied by Richmond (2019) in his book entitled *Mental Illness in Young Adult Literature: Exploring Real Struggles through Fictional Characters*. He compared the character's struggle from schizophrenia from four novels; *Your Voice Is All I Hear* by Leah Scheier (2015), *Freaks Like Us* by Susan Vaught (2012), *Challenge Deep* by Neil Shusterman (2016), and *Schizo* by Nic Sheff (2014). His study found that all of the main characters were represented in males figures who identified as white people. He revealed that the character's diagnosis fits with the criteria in DSM-5 and treated with medication and therapy. Furthermore, each character also experienced both positive and negative reactions from their family and friends.

The second is a thesis entitled *Andrew's Schizophrenia in Shutter Island* by *Dennis Lehane* (2019) conducted by Shafira Azhari Salsabila, an English Literature of UIN Sunan Ampel Surabaya. This study focused on analyzing the defense mechanism portrayed by Andrew to cover his trauma. The results of the study revealed two types of schizophrenia treatments, i.e., medication and psychodrama.

The third is a thesis conducted by Nur Amriani, an English Literature of UIN Alauddin Makassar. The title is *The Schizophrenia in C.E Christiansen's "The Roommate"* (2017). It analyzed the types of schizophrenia and its recovery treatments represented in "The Roommate" movie. This study found four types of

schizophrenia such as; simplex, hebephrenic, catatonic, and paranoid schizophrenia. Furthermore, the sufferer was treated by taking medication.

Last, is a thesis conducted by Tri Isnaeni (2019) who studied the family function in helping the recovery process of a person with schizophrenia in "*It's Okay That's Love*" Korean drama. Here, the researcher examined the schizophrenia symptoms depicted by the leading role. The researcher also elaborated on the study by revealing the family function to help the sufferer went through his illness. The findings showed that the family did some family functions like economy function, caring function, emotional support function, affection function, and protection function to support the leading role recovery.

All of the researches mentioned above have the same issue with this present study, which discusses the recovery process of schizophrenia. However, those researches have different main data sources and focused on one aspect of the treatment. It is treatment given by the psychiatrist or the treatment from the family support. It is different from this present study because the researcher examines both family support and psychiatric management to reveal how Miles got a cure for healing his schizophrenia. In analyzing this study, the researcher emphasizes the importance of the family and psychiatrist role to support Miles during his recovery treatment. The researcher also elaborates on the analysis within the impact on Miles' cure. So, this research will become original research for the reader.



was 16 years old. He was the first child of Audrey and Sam Cole (Sheff, 2014, p. 39). The youngest was Jane. Audrey was a librarian staff at Stanyan Hill school, which was Miles' school. Sam, the father, worked as a freelance journalist. This family was ordinary in many aspects. They were similar to many families in common. They lived in a small house in Outer Richmond district, San Francisco. Yet they were a happy family.

Things ran well till someday they found that their first child had a problem with his mental health. Miles was diagnosed with a severe mental illness called schizophrenia by the doctor after he got collapsed on the beach. Everything was so hard for their son to live with this illness. The hallucination and delusion haunted all of his days (Sheff, 2014, p. 27). Moreover, he was alienated by society because of his illness. Even though Miles faced a hard time, however, he was not alone since the family supported him during his treatment.

Referring to the previous discussion, the family played a valuable role in assisting the patient's recovery. It was represented by Miles' family to support Miles when he had schizophrenia. Their role reflected in many ways, such as: providing the best care for Miles, raising people's awareness of the schizophrenia issue, identifying the warning sign of relapse, and helping him back to his social life. Furthermore, the family role represented in two phases. The first phase happened after their son experienced a schizophrenia attack on the beach. The second phase happened two years later after Miles tried to end his life. The following discussions depicted Miles' family role when they took care of Miles.











there. They kept telling Miles if all they want to do is for his best (Sheff, 2014, p. 220). They wanted Miles to get better because they loved him. Here, they agreed about the doctor's suggestion for adjusting Miles' medication and moving him to the psych ward for three days.

Mom felt sad. She did not have the heart to send her son to the psych ward (Sheff, 2014, p. 221). However, both parents believed that decision was for Miles' sake. Therefore, they must do it. Mom also kept encouraging her son to move to the psych ward, even though Miles rejected the idea because he wanted to come home (Sheff, 2014, p. 221). She convinced him if it was okay because he just stayed for three days. Besides, they already set up Miles' therapy with his prior psychiatrist, Dr. Frankel, in the psych ward. It represented in the quotation, "... 'Dr. Frankel?' 'Yes, he's your private psychiatrist, isn't he?' 'Yeah, but. . . what's he doing here?' She lets her shoulders rise and fall. 'Guess your parents must've set it up.' (Sheff: 2014: 233).

From the quotation above, Miles looked a little bit shock when he saw Dr. Frankel's name in his therapy list. Because Dr. Frankel was his private psychiatrist, and he did not wonder if Dr. Frankel also managed his treatment here. The staff said that it must be Miles' parents who had set it up for him. Here, Miles' parents decided to choose Dr. Frankel because the doctor had managed their son's treatment for two years. Thus, they believed that Dr. Frankel knew Miles' condition well and could help him in his recovery process.

To conclude, in assisting Miles' recovery process, Miles' parents engaged their son with the treatment plan since they recognized Miles' behavioral changes.



now. Many sufferers became homeless. Therefore, they roamed the street and appeared with their weird act and attitude in public (Sheff, 2014, p. 11). By writing the article, he wanted to raise people's awareness about the schizophrenia issue. He wanted to make people understand that suffering from schizophrenia in San Francisco was a common thing since many of them were roaming on the street (Sheff, 2014, p. 11). Instead of judging the sufferers, he hoped that people could show their empathy to them.

Moreover, the article was the implementation of dad's support for Miles, who also suffered from this illness. Knowing well how the schizophrenia records on history and the environment around him had given him a broader understanding of this illness (Sheff, 2014, p. 11). He realized that having schizophrenia was not his son's fault. It happened because his son grew up in a city facing a mental health issue. So, Miles tended to feel high stress and depression (Sheff, 2014, p. 11).

Concluding the discussion above, learning about the illness made Miles' dad understand more about the schizophrenia sufferer struggle. It triggered him to write an article for raising people's awareness of this issue. He hoped that the article could decrease society's judgment toward his son's illness. This understanding also made him more natural to accept his son's condition and supported him in his recovery treatment. As a result, he never blames his son for suffering from this illness (Sheff, 2014, p. 39).















In the quotation above dad tried to soothe Miles. He knew that his son ever got depressed after Eliza left him two years ago (Sheff, 2014, p. 48). Therefore, he did not want if his son depressed again and made his condition get worse because of Eliza. As an action, Dad told his son if he did not need to worry about Eliza because she had become his past right now (Sheff, 2014, p. 222). By saying this, it means dad gave his son emotional support to reduce his stress. He convinced Miles that everything would be fine even without Eliza.

To reduce Miles' stress, they also encouraged his self-worth by praising him. It happened when they visited Miles on the psych ward to brought him home (Sheff, 2014, p. 248). Their encouragement was explicit when they greeted Miles in the quotation, "I walk into the room, and my mom and dad both get up, and they hug me, and my dad says, 'We're proud of you,' and my mom says, 'Hey.'" (Sheff, 2014, p. 248)

Miles' parents hug him warmly. Dad said that they were proud of Miles because their son would struggle against his illness. While mom also greeted him. Through their reaction, it indicated that they appreciated Miles' struggle for not giving up on his recovery treatment. Here, family encouragement could increase Miles' self-esteem and made him feel loved by his family. Moreover, it also could reduce his anxiety about his readiness for leaving the psych ward (Sheff, 2014, p. 144) because they were always there for encouraging and accepting him.

However, Miles's parents were still unsure if their son was ready for leaving the psych ward (Sheff, 2014, p. 249). They were afraid if Miles' circumstance got unstable if he came back to home. Then, the psychiatrist tried to

convince them by explaining Miles' condition and asking Miles to tell about his delusion about his missing brother, Teddy. Mom and dad were so sad when they knew if their son had a hard time because of his delusion about Teddy. During this time, their son never told them about Teddy, so they thought Miles felt guilty of his sickness. It made mom cry a lot and said sorry to Miles. Then Miles tried to soothe her by saying that it was not her fault (Sheff, 2014, p. 252).

The psychiatrist gave them an understanding if Miles would be better as long as he was honest and open about his fears to them (Sheff, 2014, p. 252). The psychiatrist also convinced Miles' parents if they did not need to worry because Miles still had therapy with him. After hearing the psychiatrist's suggestion, mom started to believe that her son was ready to come home. It represented in the quotation, "... 'I know you're ready,' my mom says to me, straightening my shirt. 'I can see you are.' She hugs me again." (Sheff, 2014, p. 252)

Mom hugged her son. She encouraged him by saying that Miles was ready to leave the psych ward. Mom and dad became optimistic if Miles' state would be better. She gave her son a spirit on his recovery. Encouraging Miles also indicated that Miles' parents accepted their son's condition no matter what because they loved him.

From the discussion above, there are some actions conducted by Miles' family for identifying Miles' warning signs of relapse. At first, they were able to identify the trigger, which in Miles' case was his crush, Eliza. Therefore, they asked him to avoid Eliza. Second, they reduced Miles' stress by involving him in







Miles' parents planned to bring back their son to school. The quotation below shows it. "My dad talks about the book he's reading, and my mom talks about school and asks me how I feel about starting again on Monday. 'Good,' I say—and that's the truth. (Sheff, 2014, p. 254)

At first, Miles' parents asked Miles' opinion about coming back to school. It indicated that they prioritized Miles' feelings first above all. They did not want to force him to go back to school if their son felt uncomfortable with it. Although, as parents, they wanted it because education was so crucial for Miles. Moreover, their son told them that it was okay if he came back to school on Monday. By going back to school, Miles' parents hoped that it would help Miles to come back on his social life.

To conclude the discussion above that Miles' family played their role very well. They hospitalized, consulted with the psychiatrist to set the treatment, raised people's awareness about schizophrenia, identified the signs of relapse, and helped Miles back to their social life. Through all of Miles' family action, the researcher concludes that they concerned about Miles' illness. So, they tried to give their best support for helping Miles on his recovery process. Although the family role played an essential point in supporting Miles' recovery, however, Miles also needed the role of a psychiatrist as an expert on mental illness. Therefore, the next discussion will analyze the psychiatrist's role in helping Miles going through his illness.



accurate diagnosis of his illness (Sheff, 2014, p. 20). The psychiatrist's assessment tool in the evaluating stage was the direct interview with the patient and its family.

However, Miles was still unconscious because the fireman sedated him, so the psychiatrist could not interview him (Sheff, 2014, p. 20). Instead, it was evident if the psychiatrist needed to interview Miles' family to have a broad understanding of Miles' past and depression. The psychiatrist also needed to interview the fireman because they could give information related to the signs of mental illness that were represented by Miles when he collapsed in the locked toilet at the beach. The firemen depicted when Miles got hysterical in the toilet and at the time when they saved him (Sheff, 2014, p. 20). By considering Miles' past and the symptoms, then the psychiatrist could diagnose his illness. Here, the psychiatrist concluded that Miles had schizophrenia (Sheff, 2014, p. 20).

As the following action, the psychiatrist also evaluated Miles' condition after he got his consciousness back. This quotation shows it, "It was an entire day later that I came to in the hospital. I woke up and the doctor explained my diagnosis—starting me on my first round of medications. They kept me on lockdown for another seventy-two hours," (Sheff, 2014, p. 20). This action aimed to verify Miles' progress and stability on his first round of medication, so the psychiatrist placed him in a locked room for three days. Here, the psychiatrist could evaluate and monitor Miles' schizophrenia symptoms and medication side effects. By doing this, it proves that the psychiatrist wanted to make sure if the first round of medication could stabilize Miles' condition (Sheff, 2014, p. 20).

After Miles was discharged from the hospital, the psychiatrist still reevaluated his condition regularly by having a therapy session with him (Sheff, 2014, p. 10). The aim was to follow up on his progress so that the psychiatrist could develop the treatment based on the evaluation. In this case, Dr. Frankel was the psychiatrist who had taken care of Miles since two years ago. He represented as a short and fat man who had an eccentric style. Dr. Frankel always evaluated Miles' condition first when he started his therapy session. The quotation shows it, "... 'Miles, my boy, how have things been? Better?' He's eating baby carrots out of a bag, so I keep my eyes focused on that strangely patterned rug of his. 'Uh, I don't know.'" (Sheff, 2014, p. 10)

As a psychiatrist, Dr. Frankel asked Miles due to his condition. By interviewing Miles, Dr. Frankel could measure his progress. The result of his evaluation also could help him to know about his patient's progress. However, since Miles felt unsure about his progress so, Dr. Frankel could not take an accurate evaluation of his condition.

Furthermore, Dr. Frankel tried to evaluate Miles by asking about the medication's effect. He understood well if the medication took a vital role in controlling Miles' symptoms and prevent relapse. Thus, for two years, Dr. Frankel had recommended Miles some medications that could help to overcome his schizophrenia. Those medications were Fluoxetine 60 mg per day for an antidepressant, Lamictal 200 mg a day for a mood stabilizer, Lithium 800 mg a day, Depakote 300 mg a day for reducing delusional thinking, Abilify 10 mg a day for decreasing the frequency of mood swing (Sheff, 2014, p. 113). So, Dr.

Frankel also took a responsibility to follow up on the side effect and the effectiveness of the medication as well. It showed when Dr. Frankel asked about the effectiveness of Zyprexa, the medication that he gave to Miles recently. "... 'The Zyprexa seems to be a winner, no?' ... And, yeah, to answer the good doctor's question, Zyprexa seems all right. I tell him that. He chuckles. 'Good, Miles, good' (Sheff, 2014, p. 12)

To satisfy Dr. Frankel, Miles said that *Zyprexa* had worked on him. Then, Dr. Frankel felt happy if it was useful to decrease Miles' hallucinations and help him to think more clearly. Here, by asking about the *Zyprexa* effect on Miles' condition, it was indicated that Dr. Frankel evaluated the effectiveness of Zyprexa on Miles' progress. If he found any complaints from Miles, so he could adjust the dose or change the medication.

Miles' response indicated that he was unsure whether *Zyprexa* had worked on him or not. Here, he was supposed to tell Dr. Frankel if he still experienced hallucinations and delusions (Sheff, 2014, p. 27-28). It could be a strong indication of the medication was not working for him. Because, if the medication were working, he would not get any hallucination and delusion. Besides, Dr. Frankel could help him by adjusting his medication.

Dr. Frankel also evaluated Miles' mental status by observing his behaviors and emotions. It started when Miles told Dr. Frankel if he felt like a burden for his family. He thought that his family would not forgive him for what happened (Sheff 2014: 14). Then, Dr. Frankel assumed that Miles believed that his parents blamed him for having schizophrenia since two years ago (Sheff, 2014, p. 24). Dr.



Frankel tried to ensure his assumption by asking Miles whether he still felt guilty when he remembered his first schizophrenia attack on the beach two years ago. Miles told him that he was unsure about it.

There should be good cooperation between a patient and the psychiatrist to make an accurate evaluation. The patient must be open in expressing his feeling or thought. So, the psychiatrist can give suggestions to the patient. In Miles' case, Dr. Frankel felt that Miles hide something from him. Therefore, Dr. Frankel convinced Miles to tell him more about his guilty feeling. Meanwhile, instead of telling his guilty feeling on his delusion about Teddy, whom he thought as his missing brother, Miles remained silent. He still believed that his parents blamed him due to Teddy's missing accident (Sheff, 2014, p. 22). Consequently, Dr. Frankel could not accurately evaluate Miles because Miles was not open to him about his delusion. Also, he could not choose the proper treatment to assist Miles' recovery.

Concluding the explanation above, the psychiatrist evaluated Miles in many ways. The psychiatrist started to assess Miles' mental health, diagnose his illness, and monitor his first-round medication on the hospital. As the following action, the psychiatrist kept evaluating Miles' progress during the therapy session by asking about his condition, the side effect of medication, and also about his mental status.

### **(b) The Second Phase**

The psychiatrist also evaluated Miles' condition when he got hospitalized two years later. Dr. Fliederer was the psychiatrist who managed Miles' condition after he tried to end his life. At that time, Miles was still unstable. Moreover, he experienced another hallucination that made him scream in terror (Sheff, 2014, p. 217). Therefore, the psychiatrist cooperated with the nurses to evaluate him by monitoring his symptoms and condition as well.

It was represented when Dr. Fliederer and the nurse came to Miles' room when he screamed because of his hallucination. Dr. Fliedere was so shocked because they found Miles fell from his bed. He knew if Miles' condition was unstable. However, he still evaluated him by checking his condition. The quotation below shows it, "... 'Your ribs are broken,' says a voice, 'from the CPR. Lie still.' I do as I'm told. I lie, blinking my eyes and trying to see. 'I'm sorry,' I say. 'Someone was here. Someone was making me leave.' (Sheff, 2014, p. 216-217)

Through the evaluation, Dr. Fliedere told Miles about his condition. Then, he heard if Miles said sorry to him. Miles thought that someone was here and asked him to leave his room. Through Miles' utterance, Dr. Fliederer concluded that Miles experienced a hallucination since no one there except Miles. Moreover, by considering his evaluation of Miles' suicidal attempt and the hallucination symptom, so Dr. Fliederer could arrange Miles' aftercare plan and adjust the medication as well.





condition, discussed with Miles' family about the aftercare plan (Sheff, 2014, p. 220). Regarding Miles' suicidal attempt, Dr. Fliederer assumed that Miles did not give any positive response to his prior medication. Because, if the prior medication worked, so his condition would be stable. Moreover, Miles' condition started to become worse since he stopped taking medication a while ago (Sheff, 2014, p. 115). So, Dr. Fliederer decided to rearranged his medication. "... 'But we have gotten you on a new medication. It's called Clozaril and it's proven to be somewhat of a miracle drug with severe schizophrenic patients. So that's something to be hopeful about'..." (Sheff, 2014, p. 221)

Dr. Fliederer adjusted Miles' medication by changing it into Clozaril. He chose Clozaril as Miles' new medication because Clozaril is effective in reducing the risk of suicidal behavior for people with schizophrenia-like Miles (Ayano, 2016, p. 5). Through Dr. Fliederer's explanation, it was evident if Clozaril was proven to be a miracle drug for severe schizophrenia patients. It happened because Clozaril could give more therapeutic benefits on reducing the positive symptom, i.e., delusion and hallucination. It also had a high success level to help the sufferer dealing with schizophrenia (Davison et al., 2018, p. 482). It indicated that the psychiatrist hoped that changed the medication into Clozaril would help Miles' condition got better (Sheff, 2014, p. 221).

Dr. Fliederer also developed Miles' treatment by moving him to the psych ward. "... 'And we are going to transfer you to our psych ward here at the hospital and keep you on a seventy-two-hour hold where you'll be seen by our specialist, Dr. Dubonis' (Sheff, 2014, p. 221). Through the quotation, the

psychiatrist believed that the psych ward was the best place for monitoring Miles since his condition was still unstable. Furthermore, if Miles moved to the psych ward, he thought that Miles could join with self-help group treatment that was managed by Dr. Dubonis (Sheff, 2014, p. 225). In this case, the psych ward provided the self-help group treatment for some patients who had schizophrenia. A self-help group treatment provided an opportunity for schizophrenia patients included Miles to share personal experiences, feelings, worries, and treatment they had chosen (Sheff, 2014, p. 227). By participating in the self-help group, the psychiatrist hoped it could reduce Miles' depression, teach Miles to be confident in sharing about his feeling, and gain hope and empowerment.

In the psych ward, Miles also got cognitive behavioral therapy with his prior psychiatrist, Dr. Frankel (Sheff, 2014, p. 234). Even though Miles' family set his treatment with Dr. Frankel, however, it was apparent if both of Miles' family and Dr. Frankel discussed the treatment before arranged it in the psych ward. It proves that cognitive-behavioral therapy was essential to evaluate Miles' mental health and dig deeper into Miles' problem that caused Miles to get relapsed.

Through the explanations above, it is clear that the psychiatrist gave both of the antipsychotic medication and psychosocial treatment to help Miles overcome his illness. It showed when the psychiatrist adjusted Miles' medication and transferred him to the psych ward so that he could join with self-help group treatment. Furthermore, the psychiatrist also arranged Miles' cognitive behavioral









Teddy and brought him back to his family. Then, it must be hard for him to accept the truth (Sheff, 2014, p. 236).

To convince Miles, Dr. Dubonis accompanied Dr. Frankel for explaining the truth about Teddy. In this case, he brought some papers about Teddy's missing news as evidence to Miles. The doctor stated that Teddy Bryant was the name of a missing boy in Ocean Beach two years ago, but Teddy was not Miles' brother. At first, Miles still believed that Teddy was his brother because he recognized Teddy's picture in the news. Then, Dr. Frankel kept guiding Miles to found the truth about Teddy. He asked him to read the news as evidence to make him believe if Teddy was not his brother. However, Miles still insisted that it was the news that published when his brother was missing. Then, Dr. Frankel explained about Teddy's identity. "... 'Teddy Bryant,' he continues, 'is the son of Bruce and Lorraine Bryant. He has a sister, Sophie Bryant. He was seven years old when, two years ago, he disappeared from Ocean Beach.'" (Sheff, 2014, p. 238)

Dr. Frankel told Miles if Teddy Bryant was the son of Bruce and Lorraine Bryant. He had a sister named Sophie Bryant. He was seven years old when he disappeared from Ocean Beach two years ago. According to Miles' life, Dr. Frankel assumed that Teddy's missing incident happened one week after Miles had his first schizophrenia attack at the same beach. Dr. Frankel wondered if Miles was still in his recovery process at the hospital, while Teddy's disappearance was all over the news (Sheff, 2014, p. 238).

Dr. Frankel also told his diagnosis-related to Miles' delusion. He assumed that after Miles was diagnosed with schizophrenia, Miles felt so guilty until he felt

if his family blamed him for having schizophrenia. Unable to face reality, Miles created an alternate reality (delusion) as a defense mechanism to cover his guilty feeling on his illness (Sheff, 2014, p. 239). Suddenly, Teddy Bryant's news mixed up with a guilty feeling. As a consequence, Miles believed that his family did not blame him for having schizophrenia, but they blamed him for Teddy's missing incident because Teddy was kidnapped on the same day he got his first schizophrenia attack. In Miles' case, Teddy Bryant became the manifestation of the guilty feeling of his illness. Dr. Frankel stated if it happened because Miles' consciousness needed to assign his guilt feeling to something concrete like a missing brother (Sheff, 2014, p. 239).

Miles kept listening to Dr. Frankel while he was reading the article. He read the names Bruce and Lorraine Bryant, the date, and the description of the incident. He realized that all of Dr. Frankel's explanations was make sense. He started to feel guilty when he knew that Teddy was part of his delusion. For two years, he blamed himself for Teddy's missing. He even tried to find Teddy, yet all of his efforts to found Teddy was a representation of his delusional act (Sheff, 2014, p. 239).

To conclude, the psychiatrist's role in helping Miles to fix his problem portrayed when Dr. Frankel dig deeper into Miles' delusion about Teddy. He convinced Miles if Teddy was not Miles' brother by giving him the fact about Teddy and guiding him to found the truth. By fixing Miles' problem, the psychiatrist helped him to found the truth and release his guilty feeling toward his delusion.



believed if Miles could get rid of his illness. He implied that Miles could get a job, married, and have family-like healthy people as long as he focused on his recovery process. Dr. Frankel said that everything has not over yet. Miles' treatment was the beginning process to heal his schizophrenia (Sheff, 2014, p. 13). Even though Miles' illness could not be cured, but the symptom of schizophrenia could be stabilized by consuming the right medication and participating in healing treatments. Through the quotation above, it proves that Dr. Frankel wanted Miles to be cheers up. He educated him to accept his illness by encouraging him to continue the treatment because Dr. Frankel believed that Miles had an opportunity to recover from schizophrenia.

For Miles, schizophrenia had ruined his life. Even though he respected Dr. Frankel's support, but he felt guilty since he felt hopeless about his future. He knew that a person like him had no chance. He even believed that, if he were gone, he would ease his family burden (Sheff, 2014, p. 13).

Dr. Frankel tried to change Miles' mindset by convincing him if Miles was not a burden for his family because they loved him. "... 'I promise you, Miles, you don't have to keep blaming yourself for having this disease. It is a disease, after all—completely beyond your control. You understand that, don't you?' He smiles. 'And no one blames you, either.'" (Sheff, 2014, p. 24). In this case, Dr. Frankel made Miles realize if his family loved him. They could not bear any pain if their son left them. Moreover, he also emphasized if Miles did not need to blame himself for having schizophrenia.





himself and feel guilty about it. Instead, he needed to accept his condition. The psychiatrist also emphasized that it was important for Miles to learn how to love and accept himself, for it would help him dealing with his illness.

The psychiatrist taught Miles to be confident to share about his illness. It happened because, during this time, Miles felt extremely ashamed and insecure about having schizophrenia. As a consequence, he never being open about his hallucination and delusion to everyone (Sheff, 2014, p. 146). He was afraid if people blamed him as a crazy person. However, if Miles continued hiding it from others, it could endanger his life (Sheff, 2014, p. 255).

Therefore, the psychiatrist asked Miles to join with the self-help group treatment when he stayed at the psych ward (Sheff, 2014, p. 226). In Miles' case, he joined the group treatment for schizophrenia patients. This treatment provided an opportunity for him to share his experiences and feelings with others. Besides, the psychiatrist also could educate Miles to be confident in sharing about his feeling, gaining hope and empowerment.

Dr. Dubonis was the primary care physician-led group discussion. He was a skinny and sickly-looking man, with pale yellow skin and a scruffy, and greying beard (Sheff, 2014, p. 225). On the first day when Miles joined the treatment, Dr. Dubonis started it by introducing Miles to all patients. Then Dr. Dubonis asked him to tell more about himself and the reason why he was here. It was the common habit that they did when a new person joined the self-help group. The quotation below represented when Dr. Dubonis taught Miles to be confident in sharing about his illness.





medication also made his condition stable so far. Therefore, Miles was ready to leave the psych ward.

Moreover, to convince Miles's parents, Dr. Frankel asked Miles to tell about his delusion to his parents. Thus, Miles started telling them about Teddy. They felt guilty after hearing their son's delusion, Miles told his parents if the reason why he never told them about Teddy was that he did not want to make his parents worry about him (Sheff, 2014, p. 251). Here, Dr. Dubonis explained that Miles' worried was the critical point that made him unwilling to share his guilty feeling with his parents.

'But that is exactly the point,' Dr. Dubonis says, clearing his throat as always. 'We need to get an open dialogue going among the three of you. We need to make sure Miles is comfortable expressing any fears or doubts he might have. If he's feeling shaky—even just the littlest bit—it's imperative that he can come to share that with you.' (Sheff, 2014, p. 251)

Through the quotation above, it was how Dr. Dubonis explained the coping strategy to deal with Miles' schizophrenia. He said that it was important for both Miles and his parents to communicate everything with the psychiatrist. Besides, they needed to ensure if Miles was being comfortable to share anything about his fears, doubt, anxiety, and also his symptoms with his family and the psychiatrist. So, they could help him to fix it by giving Miles' suggestion, encouragement, or even explaining what was real to him.

As a response, Miles's dad agreed with Dr. Dubonis's explanation. He stated that they always wanted Miles to be comfortable to share all of his problems because they loved him. Then, Dr. Dubonis told them if the reason why

he explained that point was that he wanted all of them had the same understanding of Miles' condition (Sheff, 2014, p. 251).

At the end of the meeting, the psychiatrist gave an understanding to them if everything would be all right as long as Miles was honest and open about his illness to other (Sheff, 2014, p. 252). It would help him during the recovery process. Dr. Frankel also reminded them if Miles still had a meeting with him twice a week, so they did not need to worry about Miles' condition. Here, the psychiatrist's role in educating the family focused on explaining the diagnosis and the coping strategy to manage Miles' condition. By doing this, it means the psychiatrist had helped both Miles and his family to get a broader understanding of Miles' condition and the coping strategy as well.

Thus, the researcher concluded that the psychiatrist's role was crucial for Miles' recovery treatment. The psychiatrist not only helped him by examining his condition, arranging his treatment, and fixing his delusion but also tried to educate both Miles and his family to deal with the illness. By doing those things, the psychiatrist helped Miles to stabilize his condition, have a positive mindset toward his illness, and also helped Miles' family to understand his illness.

From all of the discussion above, the role of Miles' family and the psychiatrist took a big part in Miles' recovery process. As a caregiver, Miles' family was willing to provide the best care, emotional support, and also reassurance for Miles. While as an expert in mental health, the psychiatrist role depicted through their psychiatric management intervention for helping Miles went through his illness.













and learn how to live with it. He also stated that all of the schizophrenic patients whom he met in psych wards like Sweet Pea, Yuka, and Max were the real survivors. He believed that all of them had to go through more chaos than him, but all of them were survive until this moment. For Miles, all of them might emotionally disturbed. However, they were good people (Sheff, 2014, p. 242). Miles' feelings indicated that he already accepted his illness. He did not longer felt ashamed since he could face his schizophrenia.

This quotation also indicated that Miles had accepted his illness, "If there's a silver goddamn lining to all this, it's that I'm learning to manage my illness. It doesn't get any fucking better than that. But, still, that's not so bad. Not really." (Sheff, 2014, p. 247). Instead of feeling insecure, now Miles could see a good thing behind his illness. He viewed himself more positively and learned to manage his illness by realizing two critical points. First, He realized that he should be open and share his fears to others, so his family and friends around him could understand his condition and help him whenever he had reality confusion (Sheff, 2014, p. 247). Second, as long as he was honest about his illness, he knew that his psychiatrist could help him by adjusting his medication (Sheff, 2014, p. 249). In conclusion, if Miles had accepted his illness and understood how to manage his illness, therefore it would improve his recovery progress. It also could increase his self-esteem and help him going back to his social life.

















- National Institute of Mental Health. *Schizophrenia*. Retrieved from  
<https://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml>
- Neufeld, A., & Harrison, M. (2010). *Nursing and family caregiving: social support and nonsupport*. New York: Springer Publishing Company.
- Nurmalisyah, F. F., Sustini, F., Ulfiana, E. (2014). The effect of psychoeducation on family functions in treating schizophrenia patients in home: systematic review. *Nurses at The Forefront in Transforming Care, Science, and research*. Retrieved on 8 February 2020 from  
<http://eprints.ners.unair.ac.id/828/1/The%20Effect%20Of%20Psychoeducation%20On%20Family%20Functions%20In%20Treating%20Schizophrenia%20Patients%20In%20Home-%20Systematic%20Review.pdf>
- Peterson, R. (2009). *Family first: keys to successful family functioning family roles*. Retrieved on 31 March 2020 from  
<https://pdfs.semanticscholar.org/8635/a2b023a59f091b3a6f4e68f1ba2f41b78a06.pdf?ga=2.45308007.211158232.1590039790-68455274.1590039790>
- Richmond, K. J. (2019). *Mental illness in young adult literature: exploring real struggles through fictional characters*. United States: ABC-CLIO, LLC.
- Salsabila, S. A. (2019) Andrew's schizophrenia in Shutter Island by Dennis Lehane. *Thesis*. Surabaya: Islamic State University of Sunan Ampel Surabaya. Retrieved on 4 March 2020 from  
[http://digilib.uinsby.ac.id/30925/1/Shafira%20Azhari%20Salsabila\\_A73215072.pdf](http://digilib.uinsby.ac.id/30925/1/Shafira%20Azhari%20Salsabila_A73215072.pdf)
- Sheff, N. (2014). *Schizo*. USA: Penguin Group.
- Warner, R. (2004). *Recovery from schizophrenia: psychiatry and political economy (3<sup>rd</sup> ed)*. USA: Brunner-Routledge.
- WebMD. *Abilify*. Retrieved from  
<https://www.webmd.com/drugs/2/drug-64439/abilify-oral/details>
- WebMD. *Zyprexa*. Retrieved from  
<https://www.webmd.com/drugs/2/drug-1699/zyprexa-oral/details>