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

THESIS



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ABSTRACT

Azizah, L. S. (2020). Miles' Recovery from Schizophrenia Reflected in Nic Sheff's Schizo. English Department, UIN Sunan Ampel Surabaya. Advisor: Dr. Wahju Kusumajanti, M. Hum.

Keywords: recovery process, schizophrenia, family role, psychiatrist role.

This study aims to discuss the recovery process of a schizophrenic sufferer in the *Schizo* novel. This study then reveals several treatments and interventions used to treat the patient as well as the impact on their recuperation. This study focuses on two research questions: How did the family and the psychiatrist roles play their part in Miles' cure and how did it affect Miles' cure?

This research applied a qualitative method. It used schizophrenia treatment theory that relies mainly on ways family support can assist in the management of mental illness and psychiatric management. The theories helped to explore the answers to the research problems. The researcher found the characteristic of family support and psychiatric management represented through the quotations and narratives about Miles' recovery process in the *Schizo* novel.

The result of this study shows that Miles' family and the psychiatrist supported his recovery. The family assisted Miles' treatment by providing the best care, raising people's awareness about the schizophrenia issue, identifying the warning sign of relapse, and empowering him to come back on his social life. Meanwhile, the psychiatrist helped Miles by examining his condition, setting the treatments, promoting treatment adherence, fixing his delusion, until educating both Miles and his family to deal with the illness. The cooperation between both of them in supporting Miles' recuperation brought significant impacts on Miles' cure. Miles' condition was getting stable. He started to be open about his illness with others. Besides, he also accepted his schizophrenia and gained hope to be recovered.

ABSTRAK

Azizah, L. S. (2020). Pemulihan Miles dari Penyakit Skizofrenia yang Tercermin dalam Novel "Schizo" Karya Nic Sheff. Program Studi Sastra Inggris, UIN Sunan Ampel Surabaya. Pembimbing: Dr. Wahju Kusumajanti, M. Hum.

Kata Kunci: proses pemulihan, skizofrenia, peran keluarga, peran psikiater.

Penelitian ini bertujuan untuk membahas proses pemulihan penderita skizofrenia dalam novel *Schizo*. Penelitian ini kemudian mengungkapkan beberapa perawatan dan intervensi yang digunakan untuk mengobati pasien sekaligus pengaruh yang ditimbulkan terhadap kesembuhan pasien. Studi ini berfokus pada dua rumusan masalah; Bagaimana peran keluarga dan psikiater berperan dalam penyembuhan Miles, serta bagaimana pengaruhnya terhadap kesembuhan Miles?

Penelitian ini menerapkan metode kualitatif. Penelitian ini menggunakan teori pengobatan skizofrenia yang berkaitan dengan cara dukungan keluarga dapat membantu pasien dalam manajemen gangguan mental serta manajemen kejiwaan. Peneliti menerapkan teori-teori tersebut untuk mengungkapkan bagaimana Miles menyembuhkan penyakit skizofrenia yang ia derita sekaligus pengaruhnya untuk kesembuhan Miles. Peneliti menemukan karakteristik dukungan keluarga dan manajemen kejiwaan digambarkan lewat kutipan dan narasi tentang proses pemulihan Miles dalam novel *Schizo*.

Hasil penelitian ini menemukan bahwa proses pemulihan Miles didukung oleh keluarganya dan psikiater. Keluarga membantu pengobatan Miles dengan cara memberikan perawatan terbaik, meningkatkan kesadaran masyarakat tentang isu skizofrenia, mengenali tanda-tanda kekambuhan Miles, dan mendorong Miles untuk kembali pada kehidupan sosialnya. Sementara itu, psikiater membantu Miles dengan cara memeriksa kondisi Miles, menetapkan perawatan, meningkatkan kepatuhan dalam pengobatan, membantu Miles meluruskan khayalannya, hingga mendidik Miles dan keluarganya untuk menangani penyakit Miles. Kerjasama antara pihak keluarga dan psikiater dalam mendukung pemulihan Miles membawa dampak positif terhadap penyembuhannya. Kondisi Miles semakin stabil. Dia mulai bersikap terbuka tentang penyakitnya kepada orang lain. Selain itu, dia juga bersedia menerima penyakitnya dan memperoleh harapan untuk sembuh.

TABLE OF CONTENTS

| Inside Cover Page | i |
|----------------------------------|------|
| Declaration | |
| Thesis Advisor's Approval Sheet | |
| Thesis Examiner's Approval Sheet | |
| Acknowledgments | |
| Abstract | vii |
| Abstrak | viii |
| Table of contents | |

CHAPTER I INTRODUCTION

| 1.1 Background of the Study | 1 |
|-------------------------------|---|
| 1.2 Objectives of the Study | 5 |
| 1.3 Significance of the Study | 5 |
| 1.4 Scope and Limitation | 5 |
| 1.5 Methods of Study | |
| 1.5.1 Research Design | 6 |
| 1.5.2 Data Source | 6 |
| 1.5.3 Data Collection | 6 |
| 1.5.4 Data Analysis | 7 |

CHAPTER II REVIEW OF LITERATURE

| 2.1 Treatments of Schizophrenia | 8 |
|---------------------------------|---|
| 2.1.1 Family Support | 9 |
| 2.1.2 Psychiatric Management | |
| 2.2 Review of Related Studies | |

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

| 3.1 Family and Psychiatrist Role in Assisting Miles' Cure | . 21 |
|---|------|
| 3.1.1 Family's Role | . 21 |
| 3.1.1.1 Providing the Best Care for Miles | . 23 |
| 3.1.1.2 Raising the Issue of Schizophrenia | . 28 |
| 3.1.1.3 Identifying Miles' Warning Signs of Relapse | . 30 |

| 3.1.1.4 Helping Miles Going Back to His Social Life | |
|---|----|
| 3.1.2 Psychiatrist's Role | |
| 3.1.2.1 Evaluating Miles | |
| 3.1.2.2 Arranging Miles' Treatment | |
| 3.1.2.3 Promoting Treatment Adherence to Miles | |
| 3.1.2.4 Fixing Miles' Problem | |
| 3.1.2.5 Providing Education for Miles and His Family | |
| 3.2 The Effect of Family and Psychiatrist Role On Miles' Cure | |
| 3.2.1 Miles' Stable Condition | |
| 3.2.2 Being Comfortable to Communicate about His Illness | |
| 3.2.3 Accepting His Illness | |
| 3.2.4 Gaining Hope | |
| | |
| CHAPTER IV CONCLUSION | 73 |
| REFERENCES | 75 |
| | |
| | P |

CHAPTER I

INTRODUCTION

This chapter discusses the background of the study, the problem of the study, the objectives of the study, significance of the study, scope, and limitation, and research method.

1.1 Background of the Study

Schizophrenia is the most severe mental illness (Ayano, 2016, p. 3). The lifetime prevalence of this illness is generally estimated at approximately 1% globally. It implies, about 78 million people within the world suffer from schizophrenia. Nurmalisyah et al. (2014, p. 407) claim this illness as a chronic mental illness since it disrupts the sufferer's brain functions, including cognition, emotion, perception, and mental behavior function. Those disturbances debilitate the sufferer's ability to assess reality precisely, especially when they experience hallucinations and delusions (Warner, 2004, p. 3). As a consequence, they have some difficulties in recognizing reality and fantasy.

Living with schizophrenia can make it hard for the sufferer to go through their daily life because they not only experience hallucination and delusion, but also have trouble with disorganizing speech, behavior, and impaired cognitive ability (Hernandez-Yanez et al., 2015, p. 1). Hence, they may experience difficulty interacting with people, studying at school, or having a job. Moreover, Ayano (2016, p. 3) asserts that schizophrenia may provoke the sufferer to do unreasonable violence. It appears as a response to their hallucination and delusion.

1

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

3

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?

1.2 Objectives of the Study

Based on the statement of the problems above, the aims of this study are:

- To portray how the family and the psychiatrist roles played their part in Miles' cure in *Schizo* novel.
- 2. To find out the effects of Miles' cure on his illness in *Schizo* novel.

1.3 Significance of the Study

The researcher hopes this present study can give a clear overview of the schizophrenia issue through literature, especially about the recovery process. Moreover, this study expected to increase the reader's knowledge of the person with schizophrenia, how they get a cure for healing their illness, and the importance of the family and the psychiatrist's role to help and support them during the recovery treatment. For academic readers, the researcher hopes that this present study will become a reference and comparison between other researches that examine the schizophrenia issue and the recovery treatment for healing schizophrenia.

1.4 Scope and Limitation

A novel *Schizo*, written by Nic Sheff, becomes the scope of this study. To prevent the broader discussion, the researcher focuses on the way Miles got a cure for his schizophrenia and the effect on Miles' cure as the impact of the treatment. In gaining this data, the researcher relies on the data of Miles' family and the psychiatrist roles who play their part in Miles' recovery. Then, the researcher also considers the data of Miles as the main character to see the effect on his cure.

1.5 Methods of Study

The researcher in conducting this study discussed the method as the following.

1.5.1 Research Design

This study applied a qualitative method, which relied on the researcher's interpretation of the data based on the theory (Creswell, 2009: 175). Therefore, the researcher analyzed the data by interpreting them from the *Schizo* novel. By using this method, it gave an in-depth understanding of the data.

1.5.2 Data Source

The primary and secondary data sources were the essential aspects of this research. *Schizo* novel became the primary data source of this research, while books, articles, journals, and previous researches that were related to the issue of this research became secondary data sources.

1.5.3 Data Collection

In collecting the data, the research follows the steps below:

- 1. The researcher read the novel first to get a firm understanding and a clear overview of the issue used as the topic of the research.
- 2. The researcher made a table analysis to interpret every quotation from the novel.

- The researcher collected the quotations that would support her statement on the way Miles got a cure for his schizophrenia and the effects on Miles' cure. The type of quotation was in the form phrase, narration, or dialogue between characters.
- 4. The researcher also collected the supporting data from journals and books which were relevant and able to support the explanation of the primary data.
- The researcher grouped the data into ways Miles' cure and its effect on his cure.
- 6. Last, the researcher related the quotations with the theory or other information applied in this study to support the analysis.

1.5.4 Data Analysis

To conduct the analysis, the researcher followed the step below:

- The researcher divided the analysis into two significant issues, i.e., the way Miles' family and the psychiatry roles took their part in Miles' cure and its effect on his cure.
- The researcher explained Miles' family and the psychiatry roles in assisting Miles' cure and its effect on Miles' cure by applying theory about schizophrenia treatment, family support, and also psychiatric management.
- 3. Through the analysis, the researcher interpreted the result.
- 4. The researcher drew conclusions.

CHAPTER II

REVIEW OF LITERATURE

At this point, the researcher discusses the theories that are applied to study the novel. The theory is used as the essential foundation to analyze the novel and answer the research questions. Therefore, this present study applies the theory of schizophrenia treatment that consists of two significant clusters on family support and psychiatric management to reveal how Miles got a cure for his schizophrenia. To analyze the impact on Miles' cure, the researcher relies on the theory about the benefits of family support and the psychiatrist management for the patient. Further explanation about the theory is below:

2.1 Treatments of Schizophrenia

According to Ayano (2016, p. 4), two main treatments can help the recovery treatment of schizophrenia, such as; antipsychotic medication and psychosocial treatments. Moreover, the supportive environment from the family also potentially able to support the recovery process (Naheed et al., 2012, p. 83). Because the family holds a role as the caregiver who provides long-term care for the patient, thus it can be said that the first treatment involves the family role. While the second treatment involves the psychiatrist's role in managing effective treatment through antipsychotic medication and psychosocial treatment (National Institute of Mental Health, p. 4). The following paragraphs will explain clearly the family support and the psychiatric management for assisting a patient to go through the illness.

2.1.1 Family Support

Chovil (2003, p. 7) believes that families of people with severe mental health can be an invaluable source of support in the management of mental disorders. It happens because the sufferer usually either lives with their family or has regular progressing contact with them. Here, the family often becomes the first figure who recognizes behavioral changes of the sufferer diagnosed with mental illness. They are potentially able to help the sufferer connecting with mental health services.

Regarding the schizophrenia issue, family plays the role of a caregiver who provides long-term care and continues support for the sufferer (Caqueo-Urízar et al., 2017, p. 2). Family is not only willing to participate in the treatment, but also willing to give financial support, emotional support, and energy as well (MacCourt, 2013, p. 7). The family may help the patient get through their daily routine, monitor symptoms and medications, provide financial support to pay the treatment and others. Also, their support provides a sense of physical and psychological comfort, warmth, and reassurance for its member (Peterson, 2009, p. 2). Here, family support can ease the burden and comfort its members who feel depressed or stressed.

Due to their essential role, it is important to involve family support during the recovery treatment to help the patient copes with their symptoms. Because the family is potentially able to provide support to manage stress levels, give a positive attitude like empathy, and affection to the patient. According to Chovil (2003, p. 7) that some actions recognized as ways in which family support can assist in the management of mental disorders:

(1) Learning about mental illness

The family needs to gain a strong understanding of the illness. It includes; the symptoms, cause of the illness, treatment options, and the coping strategy to deal with it (Chovil, 2003, p. 7).

(2) Engaging the patient in the treatment plan

To support the patient's recovery, the family needs to consult with the psychiatrist. The purpose is to determine the right treatment and medication for the patient (Chovil, 2003, p. 7).

(3) Identifying warning signs of relapse

The family can prevent the patient from possible relapse by identifying the warning signs of relapse. In this case, they need to understand well about the cause of the illness, like substance abuse, trauma, depression, and others. Therefore, the family can identify the trigger and avoid it. Besides, they can reduce the patient's stress levels to prevent relapse (Chovil, 2003, p. 7).

(4) Managing medications

The family is potentially able to assist the patient in developing the medication routine. In this case, they can monitor medication adherence, and

encouraging their loved ones to take their medication regularly (Chovil, 2003, p. 7).

(5) Working with their relative to develop a crisis plan for relapse

The family needs to develop an emergency plan when the patient relapse. It includes the steps to take after when the patient feels a warning sign of relapse. Likewise, increasing the medication dose, reaching the psychiatrist, or taking time off work. The proper plan can make the family able to handle the situation (Chovil, 2003, p. 7).

(6) Helping to foster a conducive lifestyle to recovery

To foster a conducive lifestyle for the patient, the family must provide social support. Likewise, they can encourage independence and allow their loved ones to come back on their social life like work, school, social activities, and others (Chovil, 2003, p. 8).

Through their support, the family is potentially able to play a valuable role in assisting the patient's recovery (Chovil, 2003, p. 8). Involving their support during the treatment not only improves the recovery progress but also makes the patient feel loved and understood by the family (Neufeld and Harrison, 2010, p. 31). Establishing a supportive family environment can enhance a positive personal outcome. It can encourage the patient to view himself more positively (Greenberg et al., 2006, p. 6). Besides, family support can reduce the patient's stress. When the patient feels less stress, it will stabilize their condition and prevent relapse (Chovil, 2003, p. 7). Therefore, family support can help the patient to go through their illness.

2.1.2 Psychiatric Management

A psychiatrist is an expert in mental health that specializes in diagnosing and treating mental illness patients (Bhugra et al., 2015, p. 417). The psychiatrist offers many interventions and supports to manage the patient's illness. It represents through the psychiatric management that includes; the strategy on establishing a diagnosis, medical care, social care, and psychological interventions (Fiorillo et al., 2016, p. 2). Based on Lehman et al., (2004, p. 17) in *Practice Guideline for the Treatment of Patients with Schizophrenia*, there are some steps in psychiatric management.

(1) Assessing symptoms and establishing a diagnosis

Establishing an accurate diagnosis is vital for the psychiatrist to determine the effective and appropriate treatment for the patient. To establish an accurate diagnosis, the psychiatrist not only assesses the patient's symptoms but also the anxiety and stress level as well. In this stage, they usually conduct many evaluations through direct interviews with the patient and its family, brain scans (CT scans), and blood tests. To follow up on the patient's condition, they need to reevaluate the patient's recovery progress and the medication side effect frequently. Therefore, the psychiatrist can adjust the treatment and also the medication (Lehman et al., 2004, p. 17-18).

(2) Developing a treatment plan

Formulating the treatment plan is the next step that is conducted by the psychiatrist after assessing the patient's diagnosis. In choosing the best treatment option, the psychiatrist must consider the patient's diagnosis, phase of illness (acute, stabilization, stable), and also treatment setting (Lehman et al., 2004, p. 18). For example, when an acute patient hospitalized, it is crucial to choose the right treatments to stabilize the patient's condition. Moreover, the psychiatrist needs to reevaluate and develop the treatment plan since the patient's condition changes over time. Based on Ayano (2016, p. 4), the right combination of the treatment can improve the patient's recovery progress. Moreover, the right treatments are sufficient to stabilize the patient's condition and reduce their symptoms like hallucination and delusion. There are two types of treatments, i.e., antipsychotic medication and psychosocial treatment.

(a) Antipsychotic Medication

Antipsychotic medication is the primary treatment used to manage schizophrenia symptoms. There are two generations of medication. The first generation antipsychotic is the traditional medication that has more side effects and high risks of movement disorder for the patients. It includes chlorpromazine, fluphenazine, haloperidol, and others. While the second-generation medication is known as the newer medication that has lower side effects and proved to be more effective for the patient's recovery. It includes aripiprazole, clozapine, olanzapine, and others. Here, antipsychotic medication can balance a particular brain chemical, stabilize the patient's mood, emotions, and symptoms (Ayano, 2016, p. 4).

(b) Psychosocial Treatment

(i) Family Intervention

The family intervention aims to develop collaboration between the psychiatrist and the family for healing the patient. In this treatment, the psychiatrist educates them about all of the information about schizophrenia, the management of stress reduction, and coping strategies to deal with the sufferer (Caqueo-Urízar et al., 2015, p. 147). It helps the family getting a strong understanding of the illness, stress management, and coping strategy when they take care of the patient at home.

(ii) Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) concerns on reevaluating the patient's psychological problem. It helps the patient to manage and solve their problem, and also feel less depressed (National Institute of Mental Health, p. 5).

(iii) Social Skills Training

Davison et al. (2018, p. 485) state that social skills training aims to make the person with schizophrenia become more independent and enhance their social performance in every social situation. It can improve the patient's communication and social interaction.

(iv) Cognitive Remediation

People with schizophrenia usually experience cognitive impairment. It makes them difficult to memorize and understand something. So, cognitive remediation is a treatment that concerns improving the sufferer's memory, attention, and organization skills. (Ayano, 2015, p. 6).

(v) Self-Help Group

National Institute of Mental Health (p. 5) explains if this treatment provides an opportunity for schizophrenia patients to share about their illness, personal experiences, feelings, worries, and treatment they had chosen. By joining this treatment, the patient will gain empowerment from others and feel less stressed.

(3) Develop a therapeutic alliance and promote treatment adherence

To help the patient during the recovery treatment, the psychiatrist needs to develop a therapeutic alliance. The continuity care of the same psychiatrist is recommended (Lehman et al., 2004, p. 19). So, the psychiatrist can understand the patient's condition as a person and develop trust and willingness from the patient to collaborate in treatment. The problem happens when schizophrenia patients stop participating in treatment and taking medication because of the patient's belief about the need for treatment, discrimination with the illness, lack of family support, medication side effect, and others. As a consequence, it makes their condition worse. Here, the psychiatrist takes a responsibility to assess the factors that cause the patient to become non-adherent and encourages them to improve treatment adherence (Lehman et al., 2004, p. 19).

(4) Provide education and therapies for both family and patient

In managing the patient's illness, the psychiatrist must collaborate with both patient and its family to enhance the recovery progress. Here, the psychiatrist can educate them about the illness, symptoms, treatment options, and also the coping strategy to deal with it. The intervention between the psychiatrist usually involves face to face meetings. It can increase the family's understanding of the illness. Moreover, it also can enhance the positive quality of life for the patient (Lehman et al., 2004, p. 20).

(5) Treating comorbid condition

In treating the schizophrenia patient, the psychiatrist must consider the patient's comorbidity (Lehman et al., 2004, p. 20). It is a condition when the patient suffers from two or more chronic illnesses or conditions. For example, schizophrenia patients may have a problem with depression, substance use disorder, and other illnesses like diabetes and obesity as the side effect of medication (Lehman et al., 2004, p. 20). Due to the patient's comorbidity, so the psychiatrist needs to work with primary care clinicians to diagnose, monitor the

patient's condition, and also provide the right medication that appropriates with the patient's condition (Lehman et al., 2004, p. 21).

(6) Attend to the patient's social circumstances and functioning

Lehman et al. (2004, p. 21) state that social circumstances also play a role in producing stress for the patient. It includes the patient's living situation, family involvement, amount of income, and others. Here, the psychiatrist needs to explore more about the patient's problem for helping them found the solution.

(7) Integrate treatments from multiple clinicians

Schizophrenia patients often require a variety of treatments from multiple clinicians. However, those treatments may create confusion for the patients who have difficulty in organizing the treatments. Therefore, it is crucial to integrate the treatment through the establishment of treatment teams led by a psychiatrist who conducts a discussion periodically within the clinicians to review the patient's progress, goals, and an obstacle to improving the treatment (Lehman et al., 2004, p. 21). Known as case management, the treatment teams provide the patient assistance for gaining an integration of the recovery treatments. Hence, they take responsibility to ensure that the patient receives comprehensive treatment.

(8) Documenting treatment

Schizophrenia patients may have different practitioners during their treatments. The practitioner's transition happens because of the change in

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

18

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.

20

CHAPTER III

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

In this chapter, the researcher analyzes Miles' recovery process on his illness. Miles was a sixteen years old teenager living with schizophrenia. To cure his illness, he was supported by some figures who took part in his treatment. Those figures were Miles' family and the psychiatrist. So, the researcher divided this chapter into two discussions. First, she examined the way Miles got a cure for healing his illness through the help from family and psychiatrist role. Second, she discussed the effect of their role play in Miles' cure process.

3.1 Family and Psychiatrist Role in Assisting Miles' Cure

Ayano (2016, p. 4) states that a person with schizophrenia treated effectively through antipsychotic medication and psychosocial treatment. Also, the supportive environment from the family can improve the recovery process as well (Naheed, et al., 2012, p. 83). Here, *Schizo* novel represented the collaboration between the family and the psychiatrist to help the sufferer went through his illness. Based on the data collection, the researcher found that Miles' family and psychiatrist altogether supported his recovery.

3.1.1 Family's Role

To give a context of the issue of the research, the researcher gives a brief description of the novel. *Schizo* told about a young man named Miles Cole. He

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.

3.1.1.1 Providing the Best Care for Miles

The family is potentially able to assist in the recovery process by engaging the patient in the treatment plan. In Miles' case, it was reflected when his family brought him to the hospital and arranged the treatment with the psychiatrist.

(1) Bringing Miles to the Hospital

Bringing their son to the hospital was the first action that Miles' family did in assisting Miles's recovery. In *Schizo* novel, it was represented when they brought Miles after he got his first schizophrenia attack and also after he tried to end his life.

(a) The First Phase

On the first day of Miles' schizophrenia attack, Miles and his family were on the beach. At that time, Miles was found out by the fireman banging the locked toilet door. He was hysteric when the fireman helped him by breaking the lock with an ax. Being unable to control the hallucination, the fireman sedated him to make him quiet (Sheff, 2014, p. 20).

so I screamed even louder when I saw them and tried to run and I had to be tied down and then sedated. It was an entire day later that I came to in the hospital. I woke up and the doctor explained my diagnosis (Sheff, 2014, p. 20)

The quotation above showed that Miles' parents were responsible people. Although Miles was not hurt, they took him to the hospital after the accident. They worried about their son's condition because there was something strange. A young, strong boy liked their son was so afraid that he could not help himself out of the restroom. Therefore, they asked the doctor to check their son's condition. The doctor diagnosed their son with schizophrenia (Sheff, 2014, p. 20). Here, by bringing Miles to the hospital, it means they tried their best to help Miles because they wanted to free their son from the illness.

(b) The Second Phase

Taking Miles to the hospital also happened two years later. It was the day when Miles tried to end his life by cutting his wrists because he felt desperate with his life (Sheff, 2014, p. 207). Miles' parents were so shocked when they found their son in a tragic condition. Fortunately, 911 came on time (Sheff, 2014, p. 208). Therefore, they could take him to the hospital within the help of 911. When they brought their son to the hospital, they also accompanied him there. Mom felt so sad when Miles' condition got unstable. She saw Miles tried to escape from the hospital because of his hallucination (Sheff, 2014, p. 217).

And then there is a loud sobbing noise next to me, and I turn and finally recognize something: my mother. She is hunched over, crying, her shoulders heaving, and at the same time shouting, 'He needs his medication! Please! I told you! He needs his medication!' (Sheff, 2014, p. 217)

It was evident that mom worried about Miles' condition. Being panic, she cried a lot besides Miles. She screamed at the doctor and nurse to help her son by giving him the medication. Through mom's utterance and gesture, it indicates that mom hoped by bringing Miles to the hospital, so the doctor could help Miles' condition became stable.

(2) Setting Treatment for Miles

Miles' family also participated in setting their son's treatment. In *Schizo* novel, it was represented when they engaged Miles in the treatment plan by arranging the aftercare plan with the psychiatrist to support Miles' recovery.

(a) The First Phase

Setting treatment for Miles was the second action depicted by Miles' family in providing the best care for their son. Even though at first they felt shocked by their son's condition, however, they decided to accept it. They consulted with the psychiatrist to arrange the aftercare plan for their son. It represented when the family approved the psychiatrist for taking remedial action to help Miles. So, the psychiatrist could run Miles' first medication and observe his condition in three days. Their action was an indication that they concerned about their son's recovery treatment (Sheff, 2014, p. 20).

Besides that, they also set Miles' aftercare plan with the psychiatrist (Sheff, 2014, p. 248). They find a psychiatrist to manage Miles' illness within a therapy. Because the psychiatrist could assess their son's progress regularly, adjust the medication, and help him deal with the illness. Therefore, they believed that the expert could help their son went through his illness. "I'm not sure how my parents found this guy. Or how they're paying for him. What I do know is that my visits have finally been cut down to twice a month." (Sheff, 2014, p. 9). The quotation proved it. When Miles' parents initiated Miles' recovery treatment, it means they were willing to give financial support as well. They paid all of Miles' treatment since they believed that taking care of him was their responsibility. However, at that time, they faced financial problems. The insurance ran out, and the school where Miles' mom worked had cut her job hours. Therefore, it was hard for them to pay the treatment twice a week as usual (Sheff, 2014, p. 12). Nevertheless, they did not neglect to pay for it. They tried to provide the best care for supporting their son's treatment even though they should decrease his therapy schedule from twice a week into twice a month (Sheff, 2014, p. 9).

(b) The Second Phase

Two years later, Miles' parents set the treatment again after their son tried to end his life. Feeling worried if their son's condition would get worse after the incident, they decided to meet Dr. Fliederer, the doctor who managed their son's condition on the suicidal attempt incident. They consulted with the doctor about the aftercare treatment due to their son's terrible condition (Sheff, 2014, p. 219). After they found the best solution for Miles, they decided to visit him for explaining the treatment.

'well, I've been working with your parents on your continuing care plan.'...'We just want to do what's best for you,' he says, shifting his weight from one foot to the other.'That's right,' my mom says, walking up between my dad and the doctor (Sheff, 2014, p. 219-220)

Through the quotation above, Dr. Fliederer told Miles that he had worked

with Miles' parents regarding Miles' continued treatment. Mom and dad were also

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. They brought him to the hospital and arranging the aftercare plan within the psychiatrist. It showed that they tried to provide the best care for the sake of Miles' recovery.

3.1.1.2 Raising the Issue of Schizophrenia

To support the sufferer, the family needs to learn more about the illness. They could ask the help from the psychiatrist to explain more about the illness, treatment option, and the coping strategy to deal with the sufferer at home. However, they also could learn by themselves by reading articles, journals, and books to gain more knowledge about the schizophrenia issue. Miles' dad represented it.

When his son diagnosed with schizophrenia, Miles' dad did some research about schizophrenia issues in San Francisco. It happened because he concerned about his son's condition. So, he wanted to know more about the illness and the issue around it. As the following action, dad, who worked as a journalist, wrote a great article about schizophrenia issues (Sheff, 2014, p. 11).

My dad wrote this big article about it for the Chronicle a few years ago, claiming it goes back to the eighties when Reagan cut funding for mental health programs. They were all thrown out into the street, and there they've fucking stayed. (Sheff, 2014, p. 11)

In his article, he criticized San Francisco that way was full of people with mental illness. He claimed that San Francisco's condition was going back to the 1980s when President Ronald Reagan cut the funding for mental health programs. As a result, many people who had schizophrenia were thrown in the street because they could not receive the treatment. It reflected in San Francisco's condition 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).

3.1.1.3 Identifying Miles' Warning Signs of Relapse

At this point, Miles' family should recognize the sufferer's warning sign of relapse, especially about the trigger and stress because those things could trigger a relapse.

(1) Identifying the Trigger and Avoiding It

Some reasons caused Miles' schizophrenia, such as; his smoking marijuana habit (Sheff, 2014, p. 4) and his depression of his crush, Eliza, who rejected his love confession and left him two years ago (Sheff, 2014, p. 48). Those two things could trigger Miles' schizophrenia. However, after the doctor diagnosed Miles with schizophrenia, he prohibited him from smoking weed because it could ruin his medication effect. Working hard on medication, Miles decided to stop smoking (Sheff, 2014, p. 4). Things run well till Eliza came back to school two years later.

Since Eliza came back to school, mom was aware that Eliza's presence could trigger Miles' schizophrenia (Sheff, 2014, p. 55). She thought that seeing Eliza could make her son's condition depressed. Eliza was the reason why her son got stress in the past and caused schizophrenia (Sheff, 2014, p. 173). Mom's assumption was right; her son's stress reaction toward Eliza represented when he saw Eliza for the first time in the corridor (Sheff, 2014, p. 46)—seeing Eliza again increased Miles' anxiety. It made him stress and feeling so unwell that he puked in the bathroom. In this case, Eliza's presence triggered his sickness. Here, mom worried about Eliza's presence represented when her son started talking about

Eliza with her.

'Well, are you gonna be okay? Have you talked to her yet?'
'No, I haven't. But, uh, yeah, of course, I'll be all right. It's just weird, is all.'
My mother stares like she's trying to see something hidden inside me. I stay quiet.
'Well, just be careful, Miles.'
My mom sits up a little straighter. She takes a sip of her coffee and then leans forward even closer this time.
'I'm serious, Miles.' (Sheff, 2014, p. 55-56)

From the quotation above, she asked her son whether his condition and feeling would be all right after he met Eliza. Because she understood well if it would be hard for her son if he and Eliza meet again, moreover, it would make him depressed again. Then, her son stated that he had not talked yet with Eliza, but it felt weird to meet her again. However, as Miles' mom, she told her son if he needed to be careful with Eliza. It indicated that mom wanted if her son could stay away from Eliza. Mom's action indicated that she tried to protect her son's condition by identifying Miles' schizophrenia triggers and avoiding it. Therefore, mom asked her son to avoid Eliza. By avoiding the trigger and stressor, it could prevent Miles' relapse.

(2) Reducing Miles' stress

Miles' family was aware that stress and depression could trigger relapse for Miles. As a caregiver, it was essential for them to manage Miles' stress level. Therefore, they maintained a warm and harmonious atmosphere in the family to reduce his stress (Sheff, 2014, p. 39). Their actions represented it, such as; involving their son in the family activity and interest, giving emotional support, and encouraging his self-worth by praising him.

(a) The First Phase

To reduce Miles' stress, Miles' family involved their son in the family interest and activity. Miles' family was fascinated with movies and songs. Fortunately, Miles had the same attentiveness as them since he was young (Sheff, 2014, p. 29). So, they loved to spend their time watching movies, television series, or listening songs from the records. Involving Miles to the family interest was represented when Miles' family watched "To Kill a Mockingbird" movie with Miles.

My mom and dad and Jane are all watching some black-and-white movie on TV I can't place, but Jane gets up from the couch when she sees me and comes to give me a hug, and I kiss the top of her head. 'Hush,' my mom says. 'Come on, quiet, this is the good part. She's referring to the movie, and I suddenly recognize it as To Kill a Mockingbird with Gregory Peck—the courtroom scene.' (Sheff, 2014, p. 186)

The quotation above showed that Miles' family welcomed him warmly when he gathered with them. Jane even got up from the couch for hugging her brother. Mom also welcomed him by asking him to be quiet because it was a good part of the movie. Here, by watching a movie together with Miles, it indicated that they wanted to make him feel comfortable and accepted at home. When they spent their time together, they would create a happy moment for him (Sheff, 2014, p. 187). Here, the warm atmosphere at home and the acceptance from the family would reduce Miles' stress. Moreover, Miles felt calm and relieved when he watched the movie. He could enjoy the movie without being overthinking with his illness and miserable condition (Sheff, 2014, p. 26). However, when the movie ended, he felt sad again. He realized that he must face his confusing reality and uncomfortable feeling for having schizophrenia (Sheff, 2014, p. 26). It indicated that watching a movie with family could decrease his stress for a while.

Miles' family also kept giving emotional support to reduce Miles' stress. For example, they did not blame him for having schizophrenia. They understood well if having a mental illness was beyond Miles' control. Moreover, they knew if Miles had struggled a lot during the two years since society also judged him as a crazy person (Sheff, 2014, p. 27). In this case, they did not want if Miles blamed himself because of his illness. So, they showed their affection by not blaming him. Jane represented it. She did not fault Miles when he started to talk about his anxiety regarding his schizophrenia. Miles kept telling her if he would fix everything. Jane, who assumed that Miles was feeling guilty of his illness, tried to soothe her brother.

'Jane,' I say distractedly, 'I know things have been hard around here. But . . . I just . . . It's gonna get better. I promise. I'm going to fix everything.' Her eyes open wide at me. 'But everything is okay, isn't it?' 'Sure, yeah, of course. But . . . you know what I mean.' She shakes her head. 'Don't worry about that.' (Sheff, 2014, p. 141)

Jane told Miles that everything was fine even though he had schizophrenia. Jane kept telling him to not worry about his illness since she did not matter with it. Jane still loved and respected him as her brother. Jane's statement showed that she did not blame Miles for having schizophrenia because, as his sister, she accepted Miles' condition.

Miles' family also kept giving emotional support whenever Miles felt depressed. They wanted Miles felt comfortable and less stressed because the highstress level could make his condition get worse than before. It was showed when mom saw her son went home in a messy condition within a wet vomit on his shirt (Sheff, 2014, p. 98). Seeing her son's pale face, mom directly measured his temperature. Then she asked about his condition. Feeling comfort with mom's presence, Miles suddenly cried. He said that he got sick. As a mother, she understood well if her son had experienced a bad day. Therefore, she tried to give emotional support by hugging him.

'Oh, sweetie. Come here, love,' she says, putting her arms around me. 'But I'm all gross.'

She tells me not to worry, and so I cry into her sweatshirt and the warmth of her as she holds me and I feel so tired—so completely exhausted. (Sheff: 2014, 99)

It was apparent if she wanted to reduce Miles' stressed. In the beginning, Miles rejected her affection. Her son thought that he was gross within a wet vomit in his shirt. However, she told him if it did not matter. She did not feel disgusted about it. Finally, her son gave up and hugged her tightly. She even heard her son sobbed while hugging her. Miles told her if he got sick because he forgot to eat before taking all of his medications at once. It happened before going to Preston's party. As a result, it made his stomach acid increase, and he got extremely nauseous (Sheff, 2014, p. 99). Pitying her son, mom asked Miles to clean himself and got ready for dinner. She would cook something for her son (Sheff: 2014, 99). She knew that Miles must eat since he had not eaten anything before taking all of his medication. Besides, she was worried about her son's condition. A few moments later, Mom already prepared a grilled cheese sandwich and some hot chocolate for Miles.

My mom turns the movie back on, and I eat silently and lean against her. My mom whispers, 'I love you, sweetie.' I close my eyes and open them. 'I love you, too, Mom.' We watch the movie together. And for now, at least, that is enough. (Sheff, 2014, p. 100)

Mom accompanied Miles for having dinner while watching a movie together. It made her son feel calm and relax. Seeing Miles leaned on her, mom told her son if she loved him. Even though Miles had schizophrenia, she would try her best to help his recovery. By saying it, mom had given Miles emotional support. Her utterance made Miles feel if he was loved. It also reduced his stress.

(b) The Second Phase

Miles' family also gave emotional support when Miles hospitalized after his suicidal attempt. At that moment, Miles asked them whether his crush, Eliza knew if he hospitalized or not. He was afraid if Eliza might know about his condition, which was getting worse. He felt embarrassed about it.

'Does Eliza know?' The sound of the overhead fluorescent lighting is loud, crackling through the silence. 'Don't worry,' my dad finally whispers. 'That's all behind you now.' He puts a hand gently on my forehead and tells me again not to worry. (Sheff, 2014, p. 222) 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

the family interest, giving him emotional support and encouraging his self-worth. By doing those actions, they could prevent Miles from a possible relapse.

3.1.1.4 Helping Miles Going Back to His Social Life

Referring to the previous discussion above, the family should encourage their loved ones to come back to their social life. It was reflected in this novel when Miles' family allowed Miles to come back to school and to promote independence to Miles.

(a) The First Phase

The last role depicted by Miles' parents was helping Miles to get back to his social life. They were aware that their duty not only supported their son's treatment but also took a responsibility to bring back their son on his social life. So, After Miles was diagnosed with schizophrenia and run his first treatment, they brought back their son to school (Sheff, 2014, p. 27). They hoped that their son could continue his education and socialize again with his friends.

However, everything was not secure when their son started to come back to school. At that time, Miles' condition was unstable because he experienced another schizophrenia attack at school (Sheff, 2014, p. 27). Moreover, all kids in school started to alienate their son since they knew if Miles had a mental health problem (Sheff, 2014, p. 26). By bringing Miles back to school, mom and dad wanted if their son learned how to deal with the situation and stigma around him as the schizophrenic sufferer. Therefore, it would make their son stronger. Miles' parents not only allowed Miles to come back to school but also allowed him to take a part-time job as an employee at the grocery store every weekend (Sheff, 2014, p. 13). They supported him to do this job. Mom even concerned with Miles' salary outcome. One day, when Miles spent his money on buying the record, mom complained to her son. She thought Miles wasted his money on the record. Mom stated that Miles better used his money to pay his cell phone and help them paying his medication since the insurance was running out. She hoped that Miles became wiser to use his money (Sheff, 2014, p. 38).

My mom shakes her head. 'You know you're only supposed to spend your money on your cell phone . . . and to help out with your medicine now that the insurance has run out.' ... 'Oh, honey, come on. He works hard for that money...' (Sheff, 2014, p. 38-40)

On the other hand, Miles' dad tried to give an understanding to his wife regarding the record. He assumed that Miles already worked hard on his part-time job. So, it was okay for their son to use a few amounts of his money to buy some stuff (Sheff, 2014, p. 40). Through the quotation above, it showed that Miles' parents supported their son to do his job. They empowered and trusted him if he was also capable of taking a part-time job as a typical teenager even though he had schizophrenia. Therefore, Miles could learn to be independent.

(b) The Second Phase

Helping Miles to get back on his social life also happened two years later, after Miles took treatment in the psych ward. Here, Miles' family was so happy since they could gather with Miles again. As usual, they spent many times with him started having breakfast until having a small family talk together. In this case, 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.

3.1.2 Psychiatrist's Role

The role of psychiatrists is significant for helping the schizophrenia patient since they are experts in treating people with mental illness. Referring to the previous discussion, the psychiatrist assisted the patient's recovery through psychiatric management. It proved the psychiatrist's role in helping Miles to cure his illness. The psychiatrist took many roles like examining Miles, arranging the treatment, promoting treatment adherence, fixing Miles' delusion, and educating both Miles and his family to deal with the illness. The psychiatrist role played in two phases. The first phase happened after Miles experienced schizophrenia attack on the beach while the second phase happened two years later after he tried to end his life.

3.1.2.1 Evaluating Miles

Assessing the patient's symptoms and the condition is the first step in psychiatric management. *Schizo* novel reflected it when the psychiatrist evaluated Miles' condition to establish an accurate diagnosis and determine an effective treatment.

(a) The First Phase

The first role that was done by the psychiatrist to help Miles was examining Miles' condition. It happened when Miles was brought on the hospital after he experienced his schizophrenia attack on the beach. As an expert in mental health, the psychiatrist directly evaluated Miles' condition for establishing an 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.

3.1.2.2 Arranging Miles' Treatment

The psychiatrist not only considered the patient's diagnosis but also the phase of illness (acute, stabilize, stable) and the treatment setting to arrange the best treatment option. In *Schizo* novel, the researcher found that the psychiatrist gave both of the medication and psychosocial treatments to help Miles.

(a) The First Phase

Arranging the treatment was represented when the psychiatrist ran the medication after Miles got diagnosed with schizophrenia (Sheff, 2014, p. 20). At that time, Miles' condition was unstable after he experienced his first schizophrenia attack. Considering Miles' symptoms and the acute phase of illness, the psychiatrist determined to run the first round of medication. Here, the psychiatrist understood well if antipsychotic medication held a vital role in restoring a certain chemical balance in the brain, decreasing schizophrenia symptoms, and preventing the possible relapse. Therefore, the psychiatrist used it to help Miles during his recovery treatment.

Dr. Frankel also arranged Miles' cognitive behavioral therapy (Sheff, 2014, p. 13). It is a treatment that concerns revaluating the patient's psychological problem, especially about psychotic symptoms like hallucination and delusion. Moreover, this treatment also able to address depression and anxiety associated with the symptoms. Therefore, it could help Miles to reduce his stress and manage his symptom. This treatment played an important role in healing Miles. By engaging this treatment, Dr. Frankel could evaluate Miles' progress, dig deeper about Miles' problem, and help Miles deal with his illness.

During this treatment, Dr. Frankel also arranged Miles' medication by considering Miles' mental status evaluation. In this case, Dr. Frankel assumed that Miles was still haunted by his guilty feeling when he remembered his first schizophrenia attack on the beach (Sheff, 2014, p. 23). Seeing Miles' guilty feeling, Dr. Frankel decided to increase medications dose in the quotation, "… 'I think maybe we should try upping the Abilify then, along with the Zyprexa. Does that sound agreeable to you?' (Sheff, 2014, p. 23)

Abilify is an antipsychotic medication that helps to restore the balance of a particular natural chemical in the brain (WebMd, para. 1). The function is more focused on decreasing the frequency of mood swings. Zyprexa is used to help the patient to think more clearly (WebMd, para. 1). By adjusting Miles' dose of medication, it indicated that Dr. Frankel hoped that both Abilify and Zyprexa would help Miles to deal with his guilty feeling and think more clearly.

On that accounts, it is clear that in the first phase, the psychiatrist arranged Miles' treatments through cognitive behavioral therapy and medication treatment. The psychiatrist also kept adjusting the medication's dose along with his evaluation of Miles' progress.

(b) The Second Phase

When Miles got hospitalized after he tried to end his life, the psychiatrist also arranged Miles' treatment. At that time, Dr. Fliederer, who managed Miles'

48

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

50

therapy. Those treatments not only made Miles' condition get better but also made him less stress and gained empowerment from others.

3.1.2.3 Promoting Treatment Adherence to Miles

The psychiatrist needs to promote treatment adherence for the patient. Because, when the patient stops participating in the treatment, their condition will become worse. This role was represented by Dr. Frankel when Miles told him about his unpleasant side effect of medications during his therapy session. "… 'I still get hella nauseous when I take 'em all at once.' 'So, maybe don't take them all at once.' I laugh. 'Yeah, I know. But it's hard to remember otherwise.' He suggests I make myself a schedule," (Sheff, 2014; 12)

Regarding the side effects, Dr. Frankel suggested that it would be better for Miles not to take them all at once. However, it was hard for Miles to remember the schedule of his medication. Understanding Miles' problem in organizing something, Dr. Frankel gave him another suggestion. He told Miles to make a schedule for his medication. Through the quotation above, it is clear that Dr. Frankel tried to encourage Miles on his medication adherence. He did not want Miles to stop taking his medication because it would make his condition worse. Therefore, he asked Miles to make a schedule, so Miles could organize his medication without getting any unpleasant side effects.

3.1.2.4 Fixing Miles' Problem

Referring to the previous discussion in the psychiatric management, the psychiatrist needs to explore more about the patient's problem. So, they can reduce the patient's stress and improve the recovery process. It was represented by the psychiatrist when he fixed Miles' problem related to the hallucination and delusion. In this case, Miles got a challenge to distinguish between fantasy and reality since he had schizophrenia. So, hallucination and delusion haunted his life (Sheff, 2014, p. 27-28). Due to Miles' condition, the psychiatrist took a responsibility to help him find the truth regarding his delusion and hallucination. By fixing Miles' problem, the psychiatrist would reduce his stress and prevent him from endangered his life.

It started when Dr. Frankel got cognitive behavioral therapy with Miles in the psych ward (Sheff, 2014, p. 235). At first, Dr. Frankel apologized to Miles because Miles' suicidal attempt made him realize that the prior medication could not help Miles to deal with his schizophrenia symptoms. As a response, Miles told him if he stopped taking his medication a while ago (Sheff, 2014, p. 234). Knowing this fact, Dr. Frankel asked Miles to tell him about what was going on during the time, for he wanted to dig deeper into Miles' problem since Miles never being open about his illness to him.

'... Can you tell me what happened?'
I nod. 'Yeah, I guess so.'
'Just take your time. It's all going to be all right.'
I nod some more, staring down at my shoes, chewing at the inside of my cheek. But as soon as I start talking, it all comes pouring out of me, everything: about the crows, the voice, Eliza, Teddy being dead.

'Teddy.' Dr. Frankel stops me, holding his hand up. 'You've talked about him before, haven't you?' 'Yeah, of course.' He clears his throat. 'Yes, but who is this Teddy?' (Sheff, 2014, p. 234-235)

Miles started to tell Dr. Frankel about all of his experiences since two years ago. He told Dr. Frankel about the crows which always stalked him, the voice who guided him to find Teddy and end his life, Eliza, and the fact about Teddy being dead. After hearing all of Miles' story, Dr. Frankel found if Miles' problem was Teddy. So, he started to dig deeper into who is Teddy, since it was incoherence with Miles' reality. During this time, Dr. Frankel thought that Miles talked about Teddy Bryant, a missing boy in Ocean Beach. Then, he understood that Miles had a delusion about Teddy, whom he believed as his brother that kidnapped on the beach two years ago (Sheff, 2014, p. 235).

As the following action, Dr. Frankel tried to fixing Miles' hallucination and delusion by explaining the truth. Dr. Frankel said that Miles did not have a brother, but he had a sister, Jane (Sheff, 2014, p. 235). "… 'Miles … I'm sorry, but you have no brother. I don't know how to make you understand. But you have no brother. This is . . . It must be a delusion brought on by your illness.' (Sheff, 2014, p. 236).

Dr. Frankel convinced Miles if he has no brother, and Teddy Bryant was part of Miles' delusion. It indicated that Dr. Frankel tried to make Miles realize that Teddy Bryant was not part of Miles' family. However, Miles was so angry with Dr. Frankel's explanation. Dr. Frankel understood if Miles denied the fact about Teddy. Because during this time, the only priority on Miles' life was to find 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

54

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.

3.1.2.5 Providing Education for Miles and His Family

In this novel, it was apparent that psychiatrists held a significant role in educating both Miles and his family about the illness, especially about the symptoms, treatment options, and the coping strategy to deal with it.

(1) Educating Miles to Accept His Illness

It was important for the psychiatrist for educating Miles to accept his illness. This role aimed to emphasize support and encouragement for Miles. So, he would not give up on his recovery treatment.

(a) The First Phase

In the first phase, Dr. Frankel emphasized encouragement to Miles when he had a therapy session with Miles (Sheff, 2014, p. 13). As a psychiatrist, he understood well if Miles felt depressed since he had schizophrenia. Besides, Miles kept telling Dr. Frankel that he felt insecure about his condition. He thought his healing treatment would be useless. He would stay as a crazy person. Miles started to feel hesitant about his future. He was afraid if he could not live like a normal person since he understood if schizophrenia could not be cured (Sheff, 2014, p. 13).

Seeing Miles looked hopeless, Dr. Frankel convinced him about his future. "… 'You can do anything you want.' 'Yeah right.' 'I'm serious, Miles. Your life is just beginning.' (Sheff, 2014, p. 13). Through the quotation above, Dr. Frankel 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. Dr. Frankel understood if it was hard for Miles to live with schizophrenia on his age. However, this illness was entirely beyond Miles' control. Instead of regretting it, Miles needed to accept his condition, whatever it is. He also kept telling Miles if no one blamed him for having schizophrenia. Here, Dr. Frankel tried to soothe Miles' guilty feeling by educating him to accept his illness.

(b) The Second Phase

Educating Miles to accept his illness not only happened in the first phase but also the second phase. At that time, Miles felt depressed after he realized his delusion. Thus, both Dr. Frankel and Dr. Dubonis tried to educate Miles to accept his illness by telling him the reason why Miles tended to blame himself. It happened because Miles felt guilty and ashamed of his illness. Therefore, Miles was difficult to accept if he had schizophrenia. Miles tried to run away from the fact that he was mentally ill by creating his fantasy narrative about Teddy (Sheff, 2014, p. 241). Through the psychiatrists' explanation, it showed that they wanted Miles to understand his guilty feeling first. So, as the following action, they could emphasize encouragement and educate Miles to accept his illness.

But in here, they're trying to teach me how to accept my illness and learn how to love myself (as fucking lame as that sounds) in spite of it. They keep telling me it's not my fault. And I know it's not my fault, but I guess I don't always feel that way. So they're trying to get me to know it, like, for real inside of me. (Sheff, 2014, p. 241)

In educating Miles to accept his illness, Dr. Frankel and Dr. Dubonis gave him an understanding that suffering from schizophrenia was not his fault. This illness was completely beyond Miles' control. So, Miles did not need to blame 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. 'Go ahead, Miles.' I nod. 'Well...uh... I tried to kill myself,' I say. 'But I didn't.' There's some laughter. 'Well, would you like to share your diagnosis with us?' the doctor asks me, not letting up. I shrink back into my chair a little more. 'Sch-... schizophrenia.' (Sheff, 2014, p. 228)

Miles felt nervous because he never told strangers about his illness. He felt like all of the patients were looking at him right now (Sheff, 2014, p. 227). However, Dr. Dubonis asked him to continue his story. Then, Miles said that the reason he was here because he failed to kill himself. As the response, Miles heard that one of the patients congratulated him sarcastically. From the quotation above, it showed Dr. Dubonis persuaded Miles to talk more. It proves that Dr. Dubonis educated Miles to be confident in sharing about the guilty experience of his illness. This action also could increase Miles' self-esteem and confidence.

Thus, two ways used by the psychiatrist to educate Miles. At first, the psychiatrist encouraged him and emphasized self-love. In the second, the psychiatrist educated Miles by teaching him to be confident to share about his illness. By doing those actions, the psychiatrist not only educated Miles to accept his condition but also cultured the coping strategy to deal with it. It could increase Miles' self-love and self-esteem.

(2) Educating Miles' Family

The psychiatrist also collaborated with Miles' family in Miles' treatment. It showed when the psychiatrist gave the family intervention by educating them about Miles' condition and the coping strategy to deal with it. This intervention helped the family gained a strong understanding of how to treat the schizophrenia patient like Miles at home.

It started when Dr. Frankel and Dr. Dubonis arranged a meeting with Miles' parents before Miles left the psych ward. At that time, mom was unsure if Miles was ready to leave the psych ward. She was afraid if her son's condition became unstable when he came home. Moreover, she had a trauma when Miles suddenly disappeared because he slept over with Eliza (Sheff, 2014, p. 249).

As an action, both Dr. Frankel and Dr. Dubonis tried to convince them about Miles' readiness by explaining about Miles' diagnosis. Dr. Frankel said that Miles' obsessive behavior to Eliza happened because he was on the wrong medication. According to Miles' medical report, Dr. Dubonis' stated that it happened two years ago, after Miles' first schizophrenia episode (Sheff, 2014, p. 250). The reason was that Miles was not open about his symptom to the psychiatrist, so the psychiatrist could not take an accurate evaluation to determine the exact medication for him.

'The way I understand it, Mrs. Cole, is that part of Miles' obsessive behavior with Eliza was due to the fact that he was simply on the wrong medication.' 'That's right,' Dr. Dubonis adds, looking at his clipboard as though reading something. 'Miles appears to have been in a semi-psychotic, not properly medicated state for the entire two-year period following his first incident.' (Sheff, 2014, p. 250)

By explaining the diagnosis, it means that the psychiatrist wanted Miles' parents to understand Miles' condition clearly. It also indicated that the psychiatrist convinced them if Miles' obsessive behavior to Eliza would not happen again since Miles changed his medication into Clozaril. Furthermore, this

61

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' 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.

63

3.2 The Effect of Family and Psychiatrist Role On Miles' Cure

The cooperation between Miles' family and the psychiatrist on participating in Miles' recovery treatment brought a remarkable impact on Miles' condition. The impact not only influenced his psyche but also improved his acceptance toward his illness. The following paragraphs below would explain clearly about the impact:

3.2.1 Miles' Stable Condition

Based on Ayano (2016, p. 4), the right treatments are sufficient to stabilize the patient's condition and reduce their symptoms like hallucination and delusion. This impact represented through Miles' better condition. When he got hospitalized after he tried to end his life, the psychiatrist gave him a new medication called Clozaril. The psychiatrist stated that Clozaril was proven to be a miracle drug for schizophrenic patients (Sheff, 2014, p. 221). Moreover, it was true since Miles changed his medication; he felt his condition got better than before.

CLOZARIL, MAN, I HATE sounding like a goddamn advertisement, but it does seem to be working. The crows are gone, Teddy is gone, the voice of God or the universe or whatever is gone, even my obsession with Eliza seems pretty well gone. (Sheff, 2014, p. 241)

From the quotation above, it said that antipsychotic medication held a significant impact on stabilizing Miles' condition. He felt satisfied with Clozaril since the medication was working on him. He was not haunted anymore by the

crow, Teddy, and his obsession with Eliza (Sheff, 2014, p. 241). His reaction proved that his body gave a positive response to Clozaril. His condition became stable. Miles also still had a cognitive behavioral therapy session with Dr. Frankel twice a week to follow up on Miles' condition (Sheff, 2014, p. 258). Here, consuming Clozaril and having therapy regularly was a good point that could increase his recovery progress. Because the combination of the right medication and psychosocial treatment would manage his condition become stable.

3.2.2 Being Comfortable to Communicate about His Illness

Another psychosocial treatment that Miles took was a self-help group. National Institute of Mental Health (p. 5) states that in this treatment, the patient can share about their illness with other patients without being ashamed. As a result, it can reduce the patient's stress and gain empowerment from others.

This impact also depicted in Miles' cure. It made him feel comfortable communicating about his illness. During two years, Miles had low self-esteem. He felt incredibly guilty and ashamed about his illness. Therefore, he chose to keep all of his fears and doubts by himself. He never told others about his delusion and hallucination (Sheff, 2014, p. 146). However, when Miles joined the support group in the psych ward, he learned to be brave in communicating about his illness (Sheff, 2014, p. 228). This treatment helped him to feel comfortable sharing his guilty experience with others. It was represented on the quotation when Miles told his doubt about his readiness to leave the psych ward with his friend on the psych ward "... 'How ... how do you deal with knowing that so much of what you thought was real ... totally wasn't?' (Sheff, 2014, p. 244)

Miles looked unsure if he was ready to leave the psych ward tomorrow. He had no idea with the coping strategies if he experienced another delusion after he went out of the psych ward. He felt worried if he could not face the situation. Thus, he decided to ask Wanika's opinion to give him an enlightened. As a response, Wanika encouraged him by saying that Miles could do it as long as he had the bravery to leave the psych ward. After hearing Wanika's response, Miles knew that he must be brave. He wanted to come back to his real-life within his family and friends (Sheff, 2014, p. 245). So, by telling Wanika, it indicated that Miles already felt comfortable telling his fears and doubt to others. If in the past, he was afraid if people would call him crazy and judge him, but now, he already felt the confidence to share his fears.

Communicating his doubt with Wanika made him realize that Dr. Frankel's suggestion was right. Miles needed a friend now to talk and share about his problem (Sheff, 2014, p. 245). He found Wanika. Sharing with her made him feel comfortable since they both had schizophrenia. Therefore, both of them could understand each other. He also felt grateful because he had a best friend like Jackie, who understood him well. He was pretty sure if he could trust Jackie and Wanika for sharing everything with them (Sheff, 2014, p. 255).

I have two real friends now. And I can talk to them about anything. It's the shame and fucking secrets that will kill me. They almost did before. And they totally will again—if I'm not 'rigorously honest,' as they kept saying in treatment. To tell the truth about who I am and what's going on with me, that is everything. Sharing. Asking for help. I gotta do that shit. I gotta try. (Sheff, 2014, p. 255)

Miles realized if the insecurity of his illness made him hide his hallucination and delusion from others. As a consequence, it placed him on the dangerous condition. That was why he realized that it was essential to be honest, and comfortable to communicate about what was going on with him. He must be confident to share and ask for help from others to make his state safe. He would always try to do it.

Miles also realized if it was essential to be open about his illness on his family since his family loved him (Sheff, 2014, p. 247). At least, he needed to tell them about his delusion and hallucination. So, his family would be more understand his condition. Regarding his insecurity about his illness, finally, he realized if keeping his illness and hiding the symptom like hallucination and delusion would make the recovery process become hard (Sheff, 2014, p. 247).

Because as it is now, I still haven't told them anything about what happened.

I guess it makes sense. Keeping our disease a secret—and hiding our symptoms—is part of what makes recovery from this fucking thing so goddamn hard. That's what they say here, anyway. I've got to learn how to open up about my illness. Like those crows I was seeing all the time; I should've talked about them with someone— Dr. Frankel, at least. (Sheff, 2014, p. 247)

In this case, if no one knew about Miles' problems and fears, it would be hard for them to help him. Therefore, Miles learned that he must be open about his illness, especially when he experienced hallucinations like when he saw the crows or something weird. At least, he should talk about it with someone or with his psychiatrist (Sheff, 2014, p. 247). From the discussion above, the impact of the self-help group and encouragement from the psychiatrist made Miles became brave to communicate about his illness. Instead of feeling ashamed, now he felt comfortable to share anything with his family, friends, and psychiatrist. Hence, he believed that all of them could help him to fix his problem, especially about his disturbing reality. Besides, Dr. Frankel also could help him by adjusting his medication.

3.2.3 Accepting His Illness

The psychiatrist's role in providing education for the patient holds a significant impact for the patient to understand more about the illness, reduce stress, and enhance the positive quality of life for the patient (Lehman et al., 2004, p. 20). This impact was evident when the psychiatrists educated Miles to love himself and accept his illness. They kept encouraging him by saying that having schizophrenia was not his fault. By the time, Miles realized that he could not escape from his illness by hiding it. Instead, he should learn to accept his illness. Even though it was hard at the beginning, but he still learned to accept it (Sheff, 2014, p. 241).

It's all easier said than done, but I'm working on it. And it is getting easier. If anything, being with the people here, I've almost started to feel a little proud of my illness. Well, not proud of it exactly, but proud that I'm facing it and finally learning how to live. (Sheff, 2014, p. 241)

Being in the psych ward with all of the schizophrenia patients had made Miles realize that he was a strong person. At least, after all of the chaos things, he still survived. He started to proud of himself when he was able to face 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.

3.2.4 Gaining Hope

Greenberg et al. (2006, p. 6) assert that a supportive family environment can encourage the patient to view himself more positively. Lehman et al. support him (2004, p. 20) that the psychiatrist's role can enhance the real quality of life for the patient. It said that the collaboration between them brought positive outcomes for the patient. In *Schizo* novel, it was represented through Miles' hope to be recovery. Here, a hope could encourage Miles to go through his illness and continue his recovery treatment. Miles' hope represented when Miles met his parents in the psych ward before he allowed to come back home. At that time, he saw his mom looked pale and exhausted. Pitying his mom, Miles wished that he could change his mom as he had changed in the psych ward (Sheff, 2014, p. 248). Living in the psych ward for three days had changed his mindset. Now, he had accepted his illness and gaining hope.

Because I really have started to believe since being here that it's possible for me to live a good, normal life on medication. That's the biggest fucking gift they could've given me. And they have given it to me. I have hope. And it seems totally founded. We've had so many guest speakers come in to share with us about how great their lives are now that they're stabilized on medication. (Sheff, 2014, p. 249)

Miles believed that he could live a healthy life like other people. For him, it was the most significant gift that he received in the psych ward. He found hope from many guest speakers that came to the self-help group to share their success story for dealing with their schizophrenia. All of them could have a healthy life like having a job, married, and built a family. From them, he started to believe if his life would be okay as long as he found the right medication and treatment. He had found Clozaril, the right medication. It made all of his hallucinations and delusion vanish. So, he could think clearly and mentally stable now. He felt so grateful for those things. Thus, he started to believe that he had hoped since everything was okay within the medication and therapy with Dr. Frankel (Sheff, 2014, p. 249).

Miles' hope also represented when he came back home with his family. It happened because he felt grateful to live with his family, who loved and accepted his presence. They were willing to do anything for him as long as his condition was excellent. They took care of him and did not blame him for having this illness. It made him became optimistic (Sheff, 2014, p. 255).

So I eat my breakfast with my family. My mom, my dad, Jane. We are all together. Through everything. And I have hope. Real fucking hope. That I can have a normal life. And do all the things that normal people do. If I just hold on. And I don't let go. (Sheff, 2014, p. 255)

Miles realized that whatever the condition, he had his family who loved and supported him. The affection and encouragement from his family had given him hope to be recovery. He believed if he could have a healthy life like other people. As long as he focused on his recovery treatment and did not give up on his illness, he believed everything would be fine (Sheff, 2014, p. 255). Here the affection from Miles' family and the treatment from the psychiatrist had given Miles hope to be recovery. The conclusion was that the cooperation between Miles' family and the psychiatrist on Miles' treatment could bring a good impact on Miles' condition. It proved on Miles' better condition, and the changing on his mindset, who realized that he should accept his illness and being confident to share about his illness. Moreover, the affection from his family and the effort on the psychiatrist to manage his treatment had emphasized hope on Miles. Therefore, he started to believe that he had a hope to live a healthy life again, as long as he did not give up on his recovery treatment.

CHAPTER IV

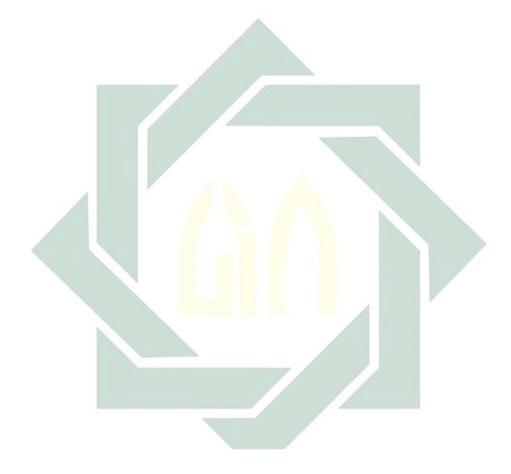
CONCLUSION

Schizo by Nic Sheff is a novel about sixteen years old teenager living with schizophrenia in San Francisco named Miles Cole. This study found two conclusions which are following the statement of the problems. First, this study reveals that Miles' recovery was helped by his family and the psychiatrist role. It found that Chovil's theory of family support is represented in Miles' family role to support their son's recovery. It includes: providing the best care for Miles by hospitalizing and consulting with the psychiatrist to set the treatment, raising people's awareness about the schizophrenia issue, identifying the trigger, reducing Miles' stress, and empowering him to come back on school and take a part-time job. Meanwhile, psychiatrist in assisting Miles' treatment, such as: examining Miles' condition, arranging the treatment, promoting treatment adherence, helping him deal with his delusion about Teddy and educating both Miles and his family to deal with the illness.

Second, this study found that the collaboration between Miles' family and the psychiatrist during the treatment brings a good impact on Miles' cure. It can be seen through Miles' stable condition after he changes his medication into Clozaril. It also encourages Miles to view himself more positively. Instead of feeling ashamed, finally, he learns to be open about his illness with his family, friends, and psychiatrist. He believes that all of them could help him to fix his problem, especially about his confusing reality. Besides, Miles is willing to accept

73

and learn to manage his illness. Last, the support from Miles' family and the psychiatrist has emphasized hope for Miles on his recovery, as long as he never gives up on his treatment. To conclude, those good impacts enhance Miles' recovery process and help him went through his illness.



REFERENCES

Abrams, M. H. (1953). *The mirror and the lamp: romantic theory and the critical tradition*. New York: Oxford University Press.

Amriani, N. (2017). The schizophrenia in C.E Christiansen's "The Roommate".

Thesis. Makassar: Universitas Islam Negeri Alauddin Makasar. Retrieved on 21 May 2020 from <u>http://repositori.uin-alauddin.ac.id/1840/1/PDF.pdf</u>

Ayano, G. (2016). Schizophrenia: a concise overview of etiology, epidemiology

diagnosis and management: review of literatures. *Journal of Schizophrenia Research*, 3(2), 1. Retrieved on 21 November 2019 from <u>https://www.researchgate.net/publication/318012024 Schizophrenia A C</u> <u>oncise Overview of Etiology Epidemiology Diagnosis and Manageme</u> <u>nt Review of literatures</u>

Bhugra, D., Ventriglio, A., Kuzman, M. R., Ikkos, G., Hermans, M. H. -M., Falkai,

P., Fiorillo, A., Musalek, M., Hoschl, C., Dales, J., Beezhold, J., Rossler, W., Racetovic, G., & Gaebel, W. (2015). EPA guidance on the role and responsibilities of psychiatrists. *European Psychiatry*, 30. 417. Retrieved on 12 April 2020 from http://www.europsy.net/app/uploads/2013/11/4.-EPA-Guidance-on-the-role-and-responsibilities-of-psychiatrists.pdf

Caqueo-Urízar, A., Rus-Calafell, M., Urzúa, A., Escudero, J., & Gutiérrez-

Maldonado, J. (2015). The role of family therapy in the management of schizophrenia: challenges and solutions. *Neuropsychiatric Disease and Treatment*, 11. 145. Retrieved on 8 February 2020 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4298308/

Caqueo-Urízar, A., Rus-Calafell, M., Craig, T. K. J., Irarrazaval, M., Urzúa, A.,

Boyer, L., & Williams, D. R. (2017). Schizophrenia: impact on family dynamics. *Current Psychiatry Reports*, 19(2). Retrieved on 8 February 2020 from <u>https://pubmed.ncbi.nlm.nih.gov/28097634/</u>

Chovil, N. (2003). How families can help in self-management of a mental disorder.

Visions Journal, 1(18), 7. Retrieved on 19 May 2020 from <u>https://www.heretohelp.bc.ca/sites/default/files/visions_self_manage.pdf</u>

Creswell, J. W. (2009). *Research design: qualitative, quantitative, and mixed methods approach (3rd ed.)*. California: SAGE Publication, Inc.

Davison, G. C., Neale, J. M., & Kring, A. M. (2018). Psikologi abnormal edisi ke-

9. Depok: Rajawali Pers.

Fiorillo, A., Volpe, U., & Bhugra, D. (2016). Psychiatry in practice: education, experience and expertise. United Kingdom: Oxford University Press.

Greenberg, J. S., Knudsen, K. J., & Aschbrenner, K. A. (2006). Prosocial family

processes and the quality of life of persons with schizophrenia. *National Institute of Health Public Access*, 57(12), 1771. Retrieved on 8 February 2020 from <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396525/</u>

Hernandez-Yanez, H. D., Reyes-Tovilla, J. E., Juárez-Rojop, I. E., González-

Castro, T. B., Villar-Soto, M., López-Narváez, M. L., Nicolini, H., Genis, A., & Tovilla-Zárate, C. A. (2015). Family support and adherence to treatment in patients diagnosed with schizophrenia in Tabasco, Mexico: a case-series study. *Journal of Psychiatry*, 18(5), 1. Retrieved on 8 February 2020 from https://www.longdom.org/open-access/family-support-and-adherence-to-treatment-in-patients-diagnosed-withschizophrenia-in-tabasco-mexico-a-case-series-study-2378-5756-1000304.pdf

Isnaeni, Tri. (2019). Analisis fungsi keluarga dalam membantu proses pemulihan

penderita gangguan skizofrenia dalam serial Its Okay That's Love karya Noh Hee-Kyung. *Skripsi*. Purwokerto: Institut Agama Islam Negeri Purwokerto. Retrieved on 8 February 2020 from http://repository.iainpurwokerto.ac.id/6418/

Lehman A. F., Lieberman, J. A., Dixon, L. B., McGlashan, T. H., Miller, A. L.,

Perkins, D. O., & Kreyenbuhl, J. (2004). *Practice guideline for the treatment of patients with schizophrenia* $(2^{nd} ed)$. American Psychiatric Association; Steering Committee on Practice Guidelines.

MacCourt P., (2013). National Guidelines for a Comprehensive Service System to

Support Family Caregivers of Adults with Mental Health Problems and Illnesses. Calgary, AB: Mental Health Commission of Canada. Retrieved from <u>http://www.mentalhealthcommission.ca</u>

Naheed, M., Akter, K. A., Tabassum, F., Mawla, R., & Rahman, M. (2012). Factors contributing the outcome of Schizophrenia in developing and developed countries: a brief review. *International Current Pharmaceutical*, 1(4), 81. Retrieved on 21 November 2019 from https://www.researchgate.net/publication/236296631 Factors contributing https://www.researchgate.net/publication/236296631 Factors contrib

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 <u>http://eprints.ners.unair.ac.id/828/1/The%20Effect%20Of%20Psychoeduc</u> <u>ation%20On%20Family%20Functions%20In%20Treating%20Schizophre</u> <u>nia%20Patients%20In%20Home-%20Systematic%20Review.pdf</u>

Peterson, R. (2009). Family first: keys to successful family functioning family roles. Retrieved on 31 March 2020 from https://pdfs.semanticscholar.org/8635/a2b023a59f091b3a6f4e68f1ba2f41b 78a06.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 <u>http://digilib.uinsby.ac.id/30925/1/Shafira%20Azhari%20Salsabila_A7321</u> <u>5072.pdf</u>

Sheff, N. (2014). Schizo. USA: Penguin Group.

Warner, R. (2004). *Recovery from schizophrenia: psychiatry and political economy* (3rd 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