

The Effectiveness of Acquaintance Therapy on Improving Interaction Skills in Clients with Social Isolation at Radjiman Wediodiningrat Hospital

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Abstract:

Hebephrenic schizophrenia presents with symptoms such as disorganized thinking, emotional disturbances, and behavioral issues that often lead to social isolation. Clients experiencing social isolation demonstrate impaired interpersonal relationships and a tendency to withdraw from social settings. Acquaintance therapy is a psychiatric nursing intervention conducted gradually to enhance the client's social interaction capabilities. This study aims to determine the effectiveness of acquaintance therapy in improving interaction skills in a client with social isolation at Garuda Ward, Radjiman Wediodiningrat Hospital, Lawang, Malang. Using a case study design, this research involved a 30-year-old male client diagnosed with hebephrenic schizophrenia and social isolation. The intervention was conducted over six consecutive days, lasting 15 to 30 minutes each. Data collection included observation, interviews, and nursing documentation. The study revealed a significant improvement in the client interaction skills after the intervention, with symptoms of social isolation reducing from 13 to 2. The client could introduce himself, converse with others, and participate in group activities. These findings indicate that acquaintance therapy is effective in enhancing social interaction in clients with social isolation and can be considered a recommended non-pharmacological approach in psychiatric nursing practice.

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INTRODUCTION

Mental disorders represent a significant and escalating global health burden, imposing substantial challenges on healthcare systems and societies worldwide (Patel et al., 2023). Among these, schizophrenia stands out as a severe and chronic mental illness frequently encountered within psychiatric services, demanding specialized and sustained care interventions (Smith et al., 2024). The complexity and debilitating nature of schizophrenia underscore the critical need for practical therapeutic approaches to manage its diverse symptoms and improve long-term patient outcomes, particularly concerning functional recovery and social integration (Giordano et al., 2022).

Hebephrenic schizophrenia, also recognized as disorganized schizophrenia, constitutes a particularly severe psychotic subtype characterized by profound disorganization in thought, speech, and behavior, coupled with markedly inappropriate or flat emotional expression (Rizvi et al., 2024; Dewi et al., 2023). This subtype typically manifests during the vulnerable developmental period of late adolescence to early adulthood, a critical social and occupational identity formation phase. Crucially, hebephrenic schizophrenia is associated with a notably poorer prognosis compared to

other schizophrenia subtypes, often leading to significant functional impairment and chronic disability if not adequately addressed through comprehensive treatment strategies (McCutcheon et al., 2023; Ilhamifan et al., 2025).

A core and pervasive challenge for individuals diagnosed with hebephrenic schizophrenia is social isolation, a condition defined by a significant reduction or complete absence of meaningful social interactions and relationships (Fulford & Holt, 2023). Clients experiencing social isolation often exhibit profound difficulties initiating or sustaining interpersonal relationships, report intense discomfort in social settings, and actively withdraw, preferring solitude (Ni'mah et al., 2025). This withdrawal is not merely a preference but frequently stems from the core symptoms of the disorder itself, including disorganized thinking, hindering communication, and inappropriate affect, causing social confusion or rejection (Khanna, 2025).

The prevalence and impact of social isolation extend far beyond the clinical diagnosis, reflecting a widespread societal issue with profound implications for mental well-being. Supporting evidence comes from large-scale studies, such as the 2021 German survey of 3,075 respondents, which revealed alarming rates: 83.4% reported experiencing loneliness, 59.1% perceived themselves as socially isolated, and 28.9% met the criteria for objective social isolation (Surkalim et al., 2022). This data highlights the critical intersection between clinical conditions like hebephrenic schizophrenia and broader societal trends in isolation, emphasizing the urgency of targeted interventions for vulnerable populations (Mezzina et al., 2022).

The etiology of social isolation in hebephrenic schizophrenia is multifaceted. While directly linked to the disorganized symptoms and emotional dysregulation inherent to the disorder, it can also be exacerbated or triggered by traumatic or unpleasant past social experiences (Pardede & Ramadia, 2021). These negative encounters often lead to internalized feelings of rejection and alienation, fostering persistent negative self-perceptions. Consequently, individuals may develop debilitating low self-esteem, profound social withdrawal, behavioral inactivity, and a neglect of essential daily living activities, creating a self-perpetuating cycle that severely impedes recovery and community integration (Lee et al., 2024).

Given the centrality of social isolation as a nursing problem in hebephrenic schizophrenia, psychiatric nurses occupy a pivotal role in implementing therapeutic modalities designed to foster re-engagement (Suhanda et al., 2022). Acquaintance therapy emerges as a specifically tailored nursing intervention aimed at systematically addressing social withdrawal and isolation (Chafidoh et al., 2024). This approach utilizes a structured, gradual process of acquaintance, where the nurse-client relationship is the foundation for rebuilding social confidence (Pombaile & Hidayati, 2023). Through consistent, non-threatening interactions, the therapy provides a safe space for clients to express themselves, practice social skills, and incrementally reduce social anxiety, thereby facilitating the development of essential interaction competencies (Filia et al., 2021).

Therefore, addressing social isolation in clients with hebephrenic schizophrenia is not merely beneficial but a critical imperative within psychiatric nursing practice. The profound impact of isolation on prognosis and quality of life necessitates evidence-based, nurse-led interventions. Acquaintance therapy, focusing on stepwise reintegration and building therapeutic rapport, presents a promising strategy for improving interaction skills and mitigating isolation (Paquet et al., 2023). A comprehensive understanding of the debilitating nature of social isolation in this population and the mechanisms of effective interventions like acquaintance therapy is essential for developing targeted nursing care plans to foster meaningful social reconnection and enhance overall client functioning. Further rigorous evaluation of its effectiveness is warranted to solidify its role in standard care protocols (Chafidoh et al., 2024).

STUDY DESIGN

This study employed a case study approach, focusing on implementing acquaintance therapy to improve interaction skills in a client experiencing social isolation. The intervention was conducted gradually over six sessions using direct observation techniques, interviews with the client and nurse, medical records, and evaluation of the client's responses. The subject of this study was a client, identified by the initials Mr. C, who was receiving treatment in the Garuda Room of Radjiman Wediodiningrat Hospital. The study was conducted over six consecutive days, from January 28 to February 2, 2025, with each session lasting 15–30 minutes in the Garuda Ward of Radjiman Wediodiningrat Hospital, Lawang, Malang.

Data collection tools used in this study included indicators of social isolation symptoms based on the SDKI (Indonesian Standard Nursing Diagnosis). Data analysis was conducted using a descriptive method, which involved collecting and organizing the data for further analysis. The study utilized psychiatric nursing care documentation covering assessment, nursing diagnoses, interventions, implementation, and evaluation. The results were compared with previous studies and relevant theoretical frameworks related to the research topic.

This study obtained ethical approval from the Faculty of Nursing, Universitas Jember, ensuring that all research procedures complied with ethical standards for research involving human participants. The approval confirms that the study adhered to principles of informed consent, confidentiality, voluntary participation, and the protection of participants' rights and well-being. The ethical review process carefully assessed the research design, data collection methods, and potential risks to participants to ensure the study's integrity, transparency, and ethical integrity.

PATIENT INFORMATION

Nursing assessment was conducted on the client, Mr. C, on January 28, 2025, in the Garuda Ward of Radjiman Wediodiningrat Hospital, Lawang, Malang. The client was admitted through the hospital's emergency department on January 20, 2025, due to a relapse after four years. Symptoms included frequent anger, restlessness, destruction of household items, throwing stones at neighbors, difficulty sleeping at night, wandering, talking and laughing to himself, and incoherent speech. The client was transferred to the Garuda Ward on January 22, 2025, in a condition of anxiety, restlessness, wandering while talking to himself, and frequent outbursts of anger.

Data were obtained through direct observation, interviews with the client and ward nurse, and a medical record review. During the assessment, the client reported feeling healthy and fine. He expressed unawareness of the reason for being brought to the hospital, claiming that his father had taken him out to buy new clothes.

Based on the assessment, the client was identified as Mr. C, a 30-year-old male, a farmer, with a junior high school level, a muslim, and previously married but currently divorced. The client reported seeing a white shadow that attempted to introduce itself to him before being admitted to the hospital. However, he claimed not to have seen the shadow again since hospitalization.

According to the client's medical record, he had previously been admitted to Radjiman Wediodiningrat Hospital in 2021 with a diagnosis of schizophrenia, presenting with similar symptoms such as frequent anger and talking to himself. During the interaction between the client and the nursing student, the client demonstrated poor eye contact and was easily distracted. He often stared blankly and avoided eye contact during conversations. The client frequently isolated himself, sat in silence on his bed, and appeared to have no interactions with others.

The client was medically diagnosed with F20.1 Hebephrenic Schizophrenia, along with psychosocial and environmental issues. Pharmacological therapy included oral medications such as clozapine 25 mg tablets and olanzapine 10 mg tablets (as needed for agitation), in addition to supportive psychotherapy.

RESULT

Based on the results of the nursing assessment and physical examination, the nursing diagnosis was Social Isolation related to changes in mental status and an inability to establish interpersonal relationships, as evidenced by withdrawn behavior, lack of interaction, and minimal social communication. The intervention provided was based on evidence-based nursing (EBN), specifically the application of acquaintance therapy, supported by the Indonesian Nursing Intervention Standards (SIKI), which included activity therapy and the SP 1–4 protocol for social isolation. Acquaintance therapy and SP 1–4 were implemented to address social isolation from January 28 to February 2, 2025. In the first session, SP 1 was initiated by establishing a therapeutic relationship built on mutual trust. During the second session, acquaintance therapy sessions 1 and 2 were conducted alongside continued SP 1 activities. These activities included identifying the causes of isolation, discussing the benefits of interacting with others versus the consequences of not interacting, and teaching the client how to introduce themselves, including the purpose and benefits of the therapy.

In the third session, acquaintance therapy session three and SP 2 were carried out, focusing on evaluating the client's basic acquaintance skills such as eye contact, smiling, and body language, practicing acquaintances with one person, and incorporating this into the client's daily schedule. In the fourth session, acquaintance therapy session four and SP 3 were implemented, which included evaluating the client's ability to introduce themselves to one person, simulating acquaintances in public places, practicing with two people, adding this activity to the daily schedule, and facilitating discussion and reflection on the simulation. During the fifth session, acquaintance therapy session five and SP 4 were conducted, evaluating the client's ability to introduce themselves to two people, practicing group conversation skills, including handling interruptions and continuing a conversation, and helping the client incorporate group interaction into their daily schedule. The sixth session involved an acquaintance with therapy session six and an evaluation of SP 4, focusing on the client's ability to initiate acquaintances with three people, practicing group conversations, assisting the client in integrating group conversations into their daily routine, and evaluating the application of these skills in both hospital and home settings.

No significant obstacles were encountered throughout the implementation of acquaintance therapy and SP 1–4 interventions, and the client remained cooperative during all activities. After six days of intervention, the client's interaction abilities showed improvement, as reflected in the changes in clinical symptoms of Mr. C's social isolation, based on the SDKI indicators:

Table 1. Differences in Signs and Symptoms of Social Isolation in the Client Compared to SDKI Indicators Before and After the Intervention

Signs and Symptoms of Social Isolation	Before Intervention	After Intervention				
		Day 1	Day 2	Day 3	Day 4	Day 5
Major Signs and Symptoms						
Expresses a desire to be alone	Yes	Yes	No	No	No	No
Feels unsafe in a public place	Yes	Yes	No	No	No	No
Withdrawn behavior	Yes	Yes	No	No	No	No
Lack of interest or refusal to interact with others or the environment	Yes	Yes	No	No	No	No
Minor Signs and Symptoms						
Feels different from others	Yes	Yes	Yes	Yes	Yes	No
Preoccupied with their thoughts	Yes	Yes	Yes	No	No	No
Lacks a clear sense of purpose	Yes	Yes	Yes	Yes	Yes	Yes
Flat affect	Yes	Yes	Yes	Yes	No	No
Sad affect	Yes	Yes	Yes	Yes	Yes	No
History of rejection	Yes	Yes	Yes	Yes	Yes	Yes
Displays hostility	No	No	No	No	No	No
Unable to meet others' expectations	Yes	No	No	No	No	No
Presence of physical disability	No	No	No	No	No	No
Engages in meaningless behavior	No	No	No	No	No	No
Avoids eye contact	Yes	Yes	Yes	No	No	No
Developmental delay	No	No	No	No	No	No
Appears unmotivated or lethargic	Yes	Yes	Yes	Yes	No	No
SCORE/YES	13	12	8	6	4	2

Based on the table above, the results indicate that acquaintance therapy effectively reduced the symptoms of social isolation experienced by the client. Before the intervention, the client exhibited 13 symptoms. However, after five days of implementing the acquaintance therapy, 11 of these symptoms had decreased. The client was gradually encouraged to interact with others, which helped them become more accustomed to and comfortable communicating with people in their surroundings.

DISCUSSION

Mr. C has been experiencing hebephrenic schizophrenia since the age of 26, which falls within the young adult phase (15–30 years), an age range considered vulnerable to the onset of severe mental illness. Schizophrenia with onset during young adulthood is associated with a poorer prognosis, as individuals are not yet fully mature emotionally and socially (Brunette et al., 2023). The onset of illness during this productive stage of life, as seen in Mr. C, often results in impaired social relationships and disrupted family roles.

Mr. C's male gender is also associated with the emergence of negative symptoms of schizophrenia, such as social isolation, apathy, and flat affect. Correll et al. (2020) reported that males are more susceptible to early-onset schizophrenia and tend to exhibit more prominent negative symptoms than females. Mr. C's last formal education was junior high school, a factor that may contribute to his limited understanding of his condition and difficulty in participating in therapeutic programs. This is supported by Poudel et al. (2024), who found that lower education levels are linked to reduced health literacy and difficulty forming social relationships. Consequently, individuals with lower education are at a higher risk of developing schizophrenia due to delayed treatment-seeking behavior and inability to adhere to structured therapy.

Mr. C demonstrated social isolation symptoms such as withdrawal, lack of interest in social interaction, and flat affect. According to (Ni'mah et al., 2025), these are hallmark characteristics of social isolation, which also contribute to poor treatment adherence due to limited support from family and the surrounding environment. Social isolation impacts a patient's motivation and adherence to therapy. In addition, Mr. C had a history of trauma, including divorce and the loss of his mother during adolescence. These findings are in line with (Gecer & Yildirim, 2023), who noted that adverse life experiences increase the risk of emotional disorders and psychological stress. Bornheimer et al. (2022) also supported this view, stating that past trauma raises the likelihood of psychotic symptoms, including delusions and hallucinations. Mr. C's poor emotional regulation and ineffective coping strategies may serve as underlying factors in his social isolation and worsening mental condition.

The primary nursing diagnosis for Mr. C was Social Isolation related to changes in mental status and inability to establish interpersonal relationships, as evidenced by withdrawal, lack of interaction, and minimal social communication. Symptoms such as isolating behavior, refusal to interact, and poor eye contact indicated that social isolation was the client's core problem. If left unaddressed, the researcher suggests that these symptoms could lead to hallucinations, increasing the risk of violent behavior. Correll et al. (2020) found that social isolation is often caused by a history of rejection and an inability to build social relationships. This is supported by Pardede et al. (2021), who stated that clients often use isolation to avoid unpleasant past experiences. Therefore, the focus of intervention was addressing social isolation as the foundation of recovery.

The nursing interventions provided were acquaintance therapy based on Evidence-Based Nursing (EBN) and the Nursing Action Implementation Strategy (SPTK) for Social Isolation stages 1 to 4. Such interventions are crucial in managing severe mental illness. Acquaintance therapy, combined with SP 1–4, helps clients recognize their problems and gradually develop social interaction skills. The integrated application of acquaintance therapy and SP 1–4 aims to establish trust, identify client problems, and improve social interaction skills step by step.

For Mr. C, nursing implementation over six consecutive days involved a combination strategy of acquaintance therapy and SP 1–4 for social isolation. A study by Pombaile et al. (2023) showed reduced isolation symptoms after three sessions of acquaintance therapy. Research by Pardede et al. (2021) demonstrated improved social functioning among clients who participated in aerobic exercise and social interaction therapy. The researcher concludes that the group dynamics fostered through acquaintance therapy enhance client interaction by motivating them through shared success with peers.

Nursing evaluation was conducted using the SOAP method daily for six consecutive days. The client received a combination of pharmacological and non-pharmacological therapy. Evaluation based on the SDKI scoring showed reduced social isolation symptoms from 13 to 2 after five days of acquaintance therapy. The client improved interaction skills, such as initiating greetings, introducing himself, and reporting that he had made a friend. These findings align with Pombaile et al. (2023) and Pardede et al. (2021), who concluded that evidence-based, structured interventions such as acquaintance therapy effectively enhance clients' social interaction skills. The researcher asserts that 15–30-minute sessions of acquaintance therapy over six consecutive days can promote interpersonal openness, client satisfaction in interaction, and increased interaction ability among clients with social isolation.

CONCLUSION

After six days of nursing care provided to Mr. C, who was diagnosed with social isolation in the Garuda Ward of Radjiman Wediodiningrat Hospital, it can be concluded that the implementation of

acquaintance therapy and Social Isolation Interventions SP 1–4 effectively improved the client's ability to interact with others and his surrounding environment. Before the intervention, the client could not introduce himself, initiate greetings, engage in personal conversations, or discuss specific topics. Following the intervention, the client could introduce himself, initiate social interactions, and converse with others.

Acquaintance therapy can serve as an initial intervention for clients experiencing social isolation in psychiatric care settings. Nurses should receive specialized training in therapeutic communication to enhance the effectiveness of this therapy. Future research should involve more participants and a longer intervention duration.

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CONFLICT OF INTEREST

This research did not receive specific grant funding from public, commercial, or non-profit organizations.

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