

# The Occurrence of Mental Disorders in Adolescents with Social-Emotional-Intellectual Disabilities

Fitri Aulia<sup>a</sup>, Ridwan<sup>b</sup>, Nurul Anwar<sup>c</sup>, Guidance and Counseling, Universitas Hamzanwadi, Indonesia<sup>a,b,c</sup>, Email: <sup>a</sup>fitriaulia04@gmail.com, <sup>b</sup>ridwan0761@gmail.com, <sup>c</sup>anwariwank0@gmail.com

Many parents may not realise that their children are suffering from a "mental disorder". Mental disorders that are identified late for adolescent individuals may cause social-emotional and intellectual obstacles later in life. This research aimed to examine the main factors underlying the experience of 'Mental disorder' for men during adolescence. The most visible indicator of the presence of a mental health disorder present in a male adolescent man is the weak interaction between himself, his family and the community. The research method used case studies which were analysed using a purposive sampling technique with the characteristics of a number of 19-year-old adolescent respondents who were male and had been diagnosed with mental disorders. In partnership with The Organization of Applied Psychology Center (APC) UIN Sunan Kalijaga Yogyakarta, we carried out instrumentation assessments. The results showed that: (1) Hypnotherapy doesn't have a significant effect on adolescent males with a mental disorder; (2) Attending to removing trauma must be considered when dealing with teen mental disorders and; (3) The main factors underlying mental disorder are parenting and trauma.

**Keywords:** *mental disorders, social-emotional and intellectual disability, trauma, hypnotherapy.*

## Introduction

In this study, a 'Mental disorder' is defined as a condition where a person presents with a below-average abnormal intelligence that has been expressed since the development period of birth to childhood (Moffitt, 2017; Schaefer et al., 2017). 'Mental disorder' here is characterized by intellectual limitations and a lack of conversational success in social interactions (Gadow, 2018; Sigstad, 2017). 'Mental disorder', based on the *Guidelines for Classification and Diagnosis in the third edition of mental disorders* (ref.), is defined here as a state of stalled or incomplete mental development, which is mainly characterised by the

occurrence of particular skills that are under-developed compared to others at the same stage of development, that in turn influence a person's expressed cognitive, language, motoric abilities, and social intelligence (Hopkins et al., 2017; Matson et al., 2019). 'Mental disorder' can also occur with or without other physical disorders.

The level of 'Mental disorder' in a person is categorised as expressing an IQ of: (a) Slow to learn, 85-90; (b) The border level or more borderline IQ 70-84; (c) Mild 'Mental disorder' or defile or moron mild, IQ = 55-69; (c) Mental moderate retardation moderate, IQ 36-54; (d) Severe / imbecile mental retardation, IQ = 20-35 (e) very severe or idiot profound, IQ 0-19 (Aydemir & Kayhan, 2013; Gadow, 2018; Hollingworth, 2019; Milgram, 2017).

'Mental disorder mild' may also be referred to as 'The retardation group that can be educated' (Aydemir & Kayhan, 2013). According to Aydemir and Kayhan, at preschool age (0-5 years), these children can develop social and communicative skills and can develop sensory-motor skills. At this age, children with a mild disorder are not identifiable. At the age of adolescence, they can excel in academic fields up to sixth grade level (grade 6 elementary school). Children with 'Mental disorder mild', have several abilities that can be developed, namely: Reading, writing, spelling, counting, adjusting, and they do not rely on others. A mildly-affected child can become educated and train in academic, social, and other working fields.

Eighty-five percent (85%) of people diagnosed with a 'Mental disorder' are in this group (Bryant-Waugh et al., 2008). As adults, they are usually competent in social and vocational relationships with enough categories without help but may require supervision, guidance, and help, especially if they experience social pressure or economic pressure (Aydemir & Kayhan, 2013). With reasonable help, people with 'Mental disorder mild' can usually live successfully in society, either independently or under supervision (Hashiba et al., 1970; Hoertel et al., 2015).

There are several potential causes for 'Mental disorder': (1) Infection and intoxication where there is damage to brain tissue due to infection of the brain because of serum or other toxic substances (Spitzer et al., 2018); (2) Before-birth traumas such as X-rays, contraceptives, and abortion have been linked to mental disorder (Arns & Linney, 1993); (3) Metabolic disorders related to growth or nutrition where severe malnutrition and lasts long before the age of four years, affects brain development which can cause 'Mental disorder abnormal'; (4) Real postnatal brain disease due to neoplasms (not including secondary plants because of forced or inflammation and some real brain cell reactions but not yet known the etiology suspected heredity); (5) Disease and or unclear prenatal influences. This condition usually exists for the child before birth, but the etiology is not known (Hoertel et al., 2015); (6) Abnormal chromosomes (Spitzer et al., 2018; Topaloğlu et al., 2015).

In this study, while 'trauma' can be injury, tissue damage or shock, we interpret trauma in terms of a psychological trauma – as a severe and sudden anxiety stemming from events in a person's

environment that requires them to exceed the comfortable limits of his or her ability to survive, overcome or avoid (Baker et al., 2002; Farmer & Peterson, 1995).

Hypnotherapy refers to 'hypnosis', and namely the artificial consciousness change that occurs with increased suggestibility upon that characteristic of a person. Hypnotherapy is a condition that resembles sleep that can be intentionally applied to people, where they will respond to the questions posed and are very open and receptive to the suggestions given. Hypnotherapy is a technique or practice in influencing others to enter hypnosis. Hypnosis is a suggestion that increases against suggestions given by others (Heap, 2016). Hypnosis is a focused state of attention on certain physical objects or mental images that are characterized by increased suggestibility as an effect of cooperating with others (Barber, 1962; Gunawan, 2013). Suggestion derives a response that is obedient without criticising the idea or influence. We can also say hypnotherapy is a mental therapy and healing technique that uses hypnotic methods to give positive suggestions or commands to the subconscious mind to cure a psychological disorder, applied to change thoughts, feelings, and behavior for health (Barber, 1962; DeLee, 1955; Sapp, 2015).

People who are experts in using hypnosis for therapy are called hypnotherapists. Hypnotherapy in the Encarna Dictionary is defined as a condition that resembles sleep that can be intentionally done to people, where they will respond to the questions posed and are very open and receptive to the suggestions given by hypnotherapy and is a technique or practice of influencing others to enter hypnosis (Eiblmayr, 1980). According to Eiblmayr, hypnosis involves dissociation of various segments of psychological processes so that both logical and trance-logical thinking can occur simultaneously or at different levels.

## **Methods**

This research uses qualitative methods with a case study approach. This approach was chosen because we considered it the most appropriate for expressing two important things, namely how and why. The question of how in this research is the primary key for researchers in exploring the behavioral patterns of mental disorder patients. While the question of why will be the second tool to deliver researchers to phenomena underlying the behavior patterns of sufferers mental retardation. These two questions will also find a phenomenon about the extent of the role of hypnotherapy as a treatment (Harrison et al., 2017; Padgett, 2016; Schaefer et al., 2017).

The sample uses a purposive sampling technique. With the characteristics of 19-year-old adolescent respondents. Male. People with mental disorders. Data collection in this study will use interviews, observation, and study documents. The interview technique will involve several parties, (1) mental disorder patients, (2) siblings with dation. We carried instrumentation assessment out by the organization of applied Psychology center (APC) UIN Sunan Kalijaga Yogyakarta. The next technique is instrument observation; the researcher does not make the

slightest distance from the correspondent, that all into mental disorder got becomes complete and has high validity (Palinkas et al., 2015; Sutton & Austin, 2015). Research lasts up to 2 more years.

Data analysis using the model of Miles and Huberman with four stages, namely: (1) collection data, including data collection interviews, observation results, and various documents. Technically, the data collection includes (a) linking the results of the IQ test and the Rothwell Miller Interest Blank (RMIB) test with the respondent's behavior (b) analyzing the results of the hypnotherapy given by the therapist and seeing changes in the respondent, (2) data reduction, which classifies, directs, and selects unneeded data by making summaries of field notes, (3) display data are finding patterns before drawing concluding the form of narratives, images, and tables, (4) conclusions (Onwuegbuzie & Weinbaum, 2016).

## Results and Discussion

Since the age of four, the subject had to lose his father because of illness. The AM mother's depression influences the parenting process. AM is the youngest child who, in all activities, is under the supervision and control of the mother. This physical closeness often puts AM as the object of impingement on stress. The four other siblings were studying outside the city, and this showed separate physical contact with the mother. Some events that are often experienced by AM in the delivery of mothers, for example, when subjects are reluctant to follow requests for simple reasons such as laziness, unwillingness to obey, and not concentrating on doing something are often a negative stimulus for the mother to give punishment both physically and psychologically. Physical punishment such as being pinched, slapped, beaten, while psychological punishment takes the mental disorder of verbal and non-verbal harsh words.

2018 subject was move residence. Failure to adjust. The responses shown were returning home late at night, not wanting to eat all day, being indifferent and rarely communicating, just leaving when invited to talk, not carrying out routines and tasks appropriately.

Even this move still has not become the right solution in improving AM development. During the three years of vocational school (AM), AM showed increasingly extreme deviations in behavior. (a) very close to family members (b) being rude to all family members, (c) decreasing level of discipline, (d) praying in congregations that are not well conditioned, (e) and reciting increasingly rare habits, (f) including an academic achievement that does not increase. Even AM also expressed his despair, because of the difficulty in attending school, to submit a request to change schools to his family, especially his mother. (Eronen, 1995; Gardner, 2017).

The phase of children with a mental disorder has been hampered in developing social and communicative skills in the school environment, and the playing environment (Sohibatus, 2018). The subject is also still able to create sensory-motor abilities. It is evidenced by the subject of the hobby of playing a bicycle since childhood. At 20 years, the subject could become

a good chicken mental retardation. The subject still has big goals that he must achieve, such as wanting to become a chicken mental retardations, study Japanese, go abroad for school and work, be able to master the concept of mathematical calculation and have the desire to realize these goals. The factors mental disorder AM is: 1.) parenting 2.) trauma 3.) self-understanding 4) father's death (McNally et al., 2015).

The weak strength in socializing and adjusting AM is the main reason. Various situations that do not want to occur, often make AM feel uncomfortable and depressed. Although the two plans have been rehabilitated, the weakness of the child mental disorder in understanding the problem has made the AM worse. AM's sister, who tried to explain, was no longer welcomed with reasons for disappointment. Interactions that are unhealthy are often the trigger of a fight. Being in a new environment, it did not make can adjust well. A variety of negative self-concepts that have formed negative AM characters are slowly starting to emerge in establishing relationships with new families. Some negative behaviors include (1) confining themselves in a room, (2) limiting interaction with family members, (3) ignoring and leaving when invited to talk, (4) not complying with the daily activity schedule that has been prepared by themselves, (5) going home late at night, (6) joined in hanging out at the patrol post which was dominated by teenagers having problems in the community, (7) being weak and not showing interest in everything. The following are the patterns of AM development.

The picture above shows the pattern of AM's mental and emotional development in very confusing and complex conditions. Each problem can be trigger other problems. But the root of the problem still cannot be well described. It is continued until Brother AM's plan to meet a psychologist was successfully realized. From this introduction, it continues with the agreement to conduct a therapy session between the therapist and AM. After an agreed day and place, finally, a discussion and initial diagnosis process occur. As per the therapist's mapping, it will carry the therapy process out up to 5 meetings.

### **The behavior pattern of sufferers mental retardation**

Based on observations on various situations and long tempos, there are several patent patterns that AM has shown in responding to the environment.

#### **1. Suspiciously**

Aware of the lack of self, making AM feel the environment is always not on his side. It makes the sensitivity of trust still active in various situations, especially in new environments. The desire to get the confidence that is always not filled with the environment always makes him suspicious. Suspect that the person he will meet cannot believe it. It makes AM develop a feeling of not wanting to try to be lazy to show his abilities (Van der Kolk, 2017).

This suspicion then becomes basic AM to develop several other negative things that he can show to the environment whenever he feels uncomfortable and threatened. Factors that influence self-change are (1) physical condition, (2) development and maturity, (3) psychological state, (4) environmental conditions, (5) and the level of religiosity and culture (Baker et al., 2002)

AM's past is full of conditions missing support from parents, especially their mothers, there psychological, emotional, and social developments. It indirectly forms the foundation of disappointment that IPs increasingly rooted in AM. The role of an authoritarian (not democratic) mother makes AM increasingly weakly in honing her abilities in the social environment. Hurlock said that children raised in a democratic home environment have a better adaptation to people outside the home than children from a gentle and authoritarian atmosphere (Miller, 2015).

A sense of suspicion in the environment when AM confronts a situation that threatens her results in results that match her expectations with missing support. This process will strengthen the button of disappointment that continues and repeatedly (Costello & Maughan, 2015; Fazel & Betancourt, 2018; Kranke et al., 2015; Organization, 2017).

## 2. Weak intelligence VS lazy tried

Many factors, including one indeed, influence AM's inability to carry out his duties to adapt to various environments) weak intelligence itself (which is precisely the main factor according to the Stem), 2) full of suspicion, and 3) easy disappointed. These three factors are boomerang, which makes AM worse off in carrying out his day. Although ability and willingness have different power in a person to be a motive for learning, we cannot separate these two things (Ferro & Boyle, 2015; Van der Kolk, 2017). The amount of feeling lazy to try in AM will make AM's ability in thinking and learning will stop. There is not even thinking and learning that will take place at all.

## **Hypnotherapy for Adolescents with mental retardation**

The client's mild mental retardation problem is caused by trauma in childhood. The trauma is formed by parenting parents to clients who are not right. Other causes are also because the client has a deep sense of disappointment in his brother and family.

Before being given hypnotherapy, an assessment is carried out instrumentation assessment out by the organization of applied Psychology center (APC) UIN Sunan Kalijaga Yogyakarta. Using the Advanced Progressive Matrices (APM), and Rothwell Miller Interest Blank (RMIB) talent interest test. The results showed (1) from assessment showed that respondents' IQ tests were between 70-79, including the borderline defective category, and the RMIB aptitude interest test shows the respondent's interest is in the practical field which demands practical work.

It carries hypnotherapy out for three sessions and a variety of techniques, (1) suggestion, (2) hypnoanalysis, (3) EFT (emotional freedom technique) (Sebastian & Nelms, 2017) and (4) Qur'ani therapy (El Syakir, 2014), The results of the therapy show a change for the better. Likable to make peace with the past and reduce his heartache (Gardner, 2017; Gunawan, 2013; Rutten et al., n.d.).

Therapeutic action 1: remove trauma to the client's subconscious mind using suggestive therapeutic techniques, hypnoanalysis, EFT or emotional freedom techniques (Clond, 2016), and Qur'ani therapy (good therapy for psychological or anatomical clients by reading al-Qur verses) for 1-2 hours. Then given various treatments to the client with techniques that emulate the sunnah of the Prophet Muhammad to support the healing of the client).

Therapeutic action 2: strengthen amnesia against trauma in the subconscious mind of the client using suggestive therapeutic techniques, hypnoanalysis, EFT (emotional freedom techniques) (Gaesser & Karan, 2017). Provide education about forgiving others, the importance of learning, praying five times, and reciting the Qur'an for a smooth future. Therapeutic action 3: strengthen amnesia against trauma in the subconscious mind of the client using suggestive therapy, hypnoanalysis, EFT (emotional freedom technique). Embed suggestions into the subconscious mind of the client to make learning, praying five times, and reciting the Quran is a necessity. The client's family continues to guide and re-teach clients with a Montessori approach (Joyce Pickering, 2017; Lane-Barmapov, 2016), conduct behavioral therapy, socialization therapy, play/ recreation therapy (I, 2015; Knell, 2015). Perform more intense Qur'ani therapy to soften the heart. Dealing with children's mental disorder requires (1) hard, and sustainable effort (2) Strong will have self (3) Strong family and community environment support (4) Comfortable environment (5) Availability of therapeutic facilities.

AM is in mild mental retardation because the subject is still accomplished of being educated to be better even though it requires time and perseverance. In contrast to moderate mental retardation, where sufferers can only be trained. The subject, in this case, still can think well and accept the educational process well, even though it takes a long time and is full of accompaniment.

Social-mental-intellectual measurement of respondents carried out by observation guidelines, which consists of 7 items. Each item has a minimum score of 20 and a maximum of 45 with a mean of 52.21 and a standard deviation (SD) of 6.3. Data summary of pre-therapy, post-therapy, and one month after therapy showed in Table 1.

Based on the analysis, it was found that adolescents with mental disorders are vulnerable to personal and social conflicts. The new environment has minimal effect on the improvement of mental disorders. It is in line with Jane Costello's statement that Optimal outcomes are predicted by a mixture of personal characteristics and environmental supports (Costello & Maughan, 2015). Weak parenting is the main trigger for the formation of adolescent mental



disorders as well as being a source of tension for sufferers with various environmental demands. This finding is intriguing to confirm that treating trauma with hypnotherapy is not the only effort that is considered successful. The trauma experienced when children are very difficult to cure even with a variety of hypnotherapy techniques. Conditioning the new environment also does not provide permanent change. Trauma must be the main focus before giving action. It is in line with Morgan's statement that removing trauma requires a lot of techniques and requires a short amount of time, for example, being able to combine EFT with cognitive behavioral therapy and requires lengthy research (Clond, 2016).

The above data further confirms that adolescent mental disorder requires special education. In line with Aydemir's research, which states, the students with mild mental retardation are disabled children who need special education, even need special counseling services (Aydemir & Kayhan, 2013).

### **Conclusion**

In understanding the behavior of the sufferer's mental retardation, it needs a complete and sharp analysis. It is because there are so many factors that shape this behavior pattern. Parenting from the social environment, especially the family's internal environment, is still ranked first in Farmingdale retardation a behavior. Mothers in all conditions who are psychologically, mentally, and emotionally unprepared should be given education in advance to carry out their child growth care so that the mental behavior of people with a mental disorder can still adjust to the social environment.

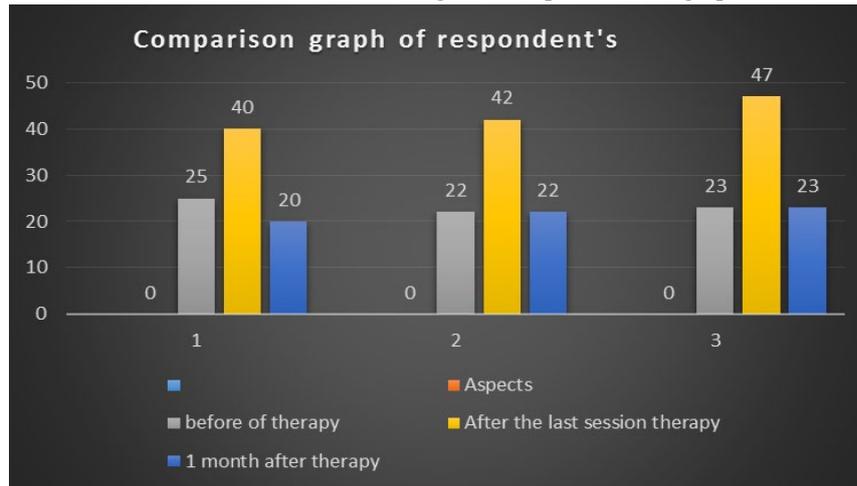
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**Table 1. Obtaining an observation score**

Aspects	Before therapy	After the last session therapy	1 month after therapy
Social	25	40	20
Emotion	22	42	22
intellectual	23	47	23

Based on the table, the following data are presented in graphical



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