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Languishing and flourishing experiences in schizophrenic patients during hospitalization

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Abstract: Hospitalization affects the emotional, psychological, and social well-being of schizophrenic patients. The process can produce experiences of both flourishing and languishing. This study aims to identify and describe such experiences of schizophrenic patients during hospitalization. A phenomenological qualitative method was employed with six schizophrenic patients hospitalized at Ernaldi Bahar Hospital in Palembang, Indonesia. Research data were collected using semi-structured interviews and documentation methods. These were analyzed using thematic analysis. The findings demonstrate the developing experiences of schizophrenic patients during hospitalization; there are three themes: 1) experiencing increased contact with and awareness of reality, 2) finding a meaning and purpose in life, and 3) finding positive relationships among patients. Languishing experiences were also classified into three themes: 1) feeling bored and confined, 2) experiencing unpleasant events on arrival, and 3) experiencing social isolation. In particular, clinical struggle, functional recovery, and cultural struggle are predictors of the flourishing and languishing experiences of hospitalized schizophrenic patients. The findings contribute to developing the concept of languishing and flourishing among such patients through evidence-based empirical data regarding the efforts to foster and maintain their subjective well-being during hospitalization.

Keywords: flourishing; hospitalization; languishing; schizophrenic patient

Abstrak: Hospitalisasi berdampak pada kesejahteraan emosional, psikologis, dan sosial pasien skizofrenia. Proses ini dapat mendatangkan pengalaman *flourishing* maupun *languishing*. Tujuan penelitian ialah untuk mengidentifikasi dan mendeskripsikan pengalaman *flourishing* serta *languishing* pada pasien skizofrenia selama masa hospitalisasi. Metode kualitatif fenomenologis diaplikasikan. Partisipan adalah 6 pasien skizofrenia yang sedang menjalani hospitalisasi di Rumah Sakit Ernaldi Bahar Palembang. Data penelitian dikumpulkan menggunakan metode wawancara semi-terstruktur dan dokumentasi. Analisis data dilakukan dengan mengelompokkan makna ke dalam tema. Temuan penelitian ini menunjukkan pengalaman *flourishing* pada pasien skizofrenia selama hospitalisasi dikelompokkan ke dalam 3 tema, yaitu: 1) peningkatan kontak dan kesadaran dengan realitas, 2) menemukan sumber kebermaknaan dan tujuan hidup, 3) menemukan hubungan positif antar pasien. Sementara pengalaman *languishing* juga diklasifikasikan dalam 3 tema yang meliputi: 1) merasa jenuh dan terkurung, 2) mengalami peristiwa tidak menyenangkan ketika pertama kali datang, 3) mengalami isolasi sosial. Kondisi klinis, pemulihan fungsional, dan perjuangan melawan budaya merupakan prediktor terciptanya pengalaman *flourishing* dan *languishing* pasien skizofrenia. Temuan ini berkontribusi memberikan data ilmiah berupa pengembangan konsep *flourishing* dan *languishing* pada pasien skizofrenia sebagai upaya memunculkan dan mempertahankan kesejahteraan subjektif pasien skizofrenia selama masa hospitalisasi.

Kata Kunci: *flourishing;* hospitalisasi; *languishing*; pasien skizofrenia

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Introduction

The World Health Organization (WHO) reported that the number of people with schizophrenia had reached 24 million, or 0.32% of the worldwide population (WHO, 2022a). Recent Basic Health Research (Riskesdas) by the Health Ministry Research and Development Agency of Indonesia (Kementerian Kesehatan Republik Indonesia, 2018) produced statistical data on 450,000 Indonesians suffering from severe mental disorders such as schizophrenia. South Sumatra is ranked ninth out of the ten provinces of Indonesia for the incidence of schizophrenia (Kementerian Kesehatan Republik Indonesia, 2018). According to the recent annual report of Ernaldi Bahar Hospital, Palembang (2022), most hospitalized and outpatients are schizophrenic patients with paranoia. The number of cases in 2021 included 921 who were hospitalized, and 18,121 who were receiving treatment.

A global study of burden diseases revealed that schizophrenia is one of the 20 causes of disability worldwide (James et al., 2018). As a chronic and severe mental health disorder, it became the first mental illness to be included in national healthcare insurance (Langer et al., 2017). Schizophrenia is a psychological disorder characterized by various symptoms, including extreme peculiarities in perceptions, thoughts, actions, self-esteem, and relations with others (Hooley et al., 2018). Other symptoms that distinguish schizophrenia from other mental health disorders include persistently bizarre behavior (Andreasen, 1982), and the loss of significant contact with reality, leading to hallucinations, delusions, and highly disorganized thoughts beyond the realm of reality. This condition is referred to as psychosis (Pomerantz, 2019).

Hospitalization is a highly recommended treatment for schizophrenic patients, since mental health professionals such as psychiatrists, clinical psychologists, and nurses can work together to provide the necessary psychiatric care and monitor patient health development (Hooley et al., 2018). Previous studies have found that through psychiatric treatment in hospitals, subjective well-being in schizophrenic patients can be improved by optimizing antipsychotic treatment (Vothknecht et al., 2011); maximizing psychological interventions such as by using a positive psychological approach (Valiente et al., 2019); defining values; and developing the self-efficacy of patients (Krzyzanowski et al., 2021).

Today, treating patients with severe mental illnesses such as schizophrenia has been developed for broader purposes, not merely to manage and stabilize symptoms. In addition to implementing pharmacotherapy, social institutions such as mental hospitals also provide treatment focused on recovering patient functions (Vita & Barlati, 2019). In Indonesia, pharmacotherapy combined with psycho-educational intervention is a systematic effort to help schizophrenic patients regain their functions in daily life. Psychoeducational interventions include cognitive remediation, social skills training, and vocational therapy. The goal is to build patients' readiness to return to community life. Furthermore, patients and families are also provided with the knowledge to identify and manage prodromal symptoms, in order to prevent any recurrence in the future (Kementerian Kesehatan Republik Indonesia, 2015).

According to Shinozaki et al. (2020), schizophrenic patients who received psycho-educational intervention reported higher subjective well-being. Additionally, mindfulness-based psychoeducation has been shown to effectively reduce stigma faced by such patients (Yılmaz & Kavak, 2020). The American Psychiatric Association (Keepers et al., 2020) also

state the importance of administering anti-psychotic drugs to schizophrenic patients to reduce existing psychotic symptoms. In addition, psychoeducational intervention conducted by nurses in hospitals have increased the awareness and acceptance of schizophrenic patients to take antipsychotic drugs (Matsuda & Kohno, 2016). Together with psychoeducation, optimal integration between pharmacotherapy and psychosocial interventions has been demonstrated to benefit the treatment of schizophrenic patients in the United States. Some patients developed functionality and their psychotic symptoms were successfully controlled (Goff, 2020).

Psychiatric intervention provided to schizophrenic patients during hospitalization combines empirically tested clinical practices. Effective practices and methods provide broad strategies for recovering individual mental functions, including emotional, psychological, and social ones. According to Vita and Barlati (2019), despite clinical severity, all schizophrenic patients have internal power and resources that can help with the rehabilitation process. Despite being diagnosed with clinical disorders, individuals may still be able to perform certain mental functions.

This is line with the WHO definition of mental health as not merely the absence of mental disorders. Mental health is a prosperous condition that allows individuals to overcome normal pressures in their lives, realize self-esteem, be able to learn well, work productively, and contribute to society (WHO, 2022b). The concept of mental health proposed by WHO focuses on a particular psychopathological approach and adds positive mental health characteristics. This concept of mental health is a breath of fresh air for individuals with a psychiatric diagnosis, as developing strength and positive functionality will reduce the severity of existing mental illness (Keyes et al., 2010).

One of the mental health models based on the WHO concept is the two continua model. In this model, Keyes (Keyes, 2002) viewed mental illness and mental health as two distinct but related continuums in order to identify individual well-being status. The model posits that the absence of mental illness does not guarantee the presence of good mental health, but that the presence of mental illness does not indicate the absence of some degree of good mental health. In the two continua model, subjective well-being is linked to the ability of individuals to function in emotional, psychological, and social dimensions (Fink, 2014).

The emotional dimension measures emotional well-being as a group of symptoms that reflect an individual's positive feelings for life (Keyes, 2002). Measurements of emotional well-being consist of clusters reflecting symptoms of emotional vitality. Psychological and social dimensions represent individual functionality in everyday life; the integration of the two results in a positive function that results in an individual's subjective well-being. Measurements of psychological well-being are personal and are often associated with intrapersonal relationships, including self-acceptance, personal growth, creating a purpose in life, environmental mastery, independence (autonomy), and a positive relationship with others (Ryff & Keyes, 1995; Ryff & Singer, 2008).

The social dimension assesses the capacity of individuals for interpersonal interaction (Keyes, 2002). The five factors of this dimension are social ability and the acceptance of social differences (social acceptance); the perception of social life as meaningful and sustainable (social coherence); the perception of society as an entity with a potential for self-development (social actualization); the ability to define life in terms of one's contribution to society (social contribution); and contributing behavior and a sense of belonging to a community (social integration) (Keyes, 2005).

Based on these three dimensions, individuals are classified into three mental health continuum categories: flourishing, moderately mentally healthy, and languishing. Flourishing is described as a state in which people have a high level of subjective well-being and feel life to be complete and satisfying. Moderately mentally healthy characterizes individuals as having an intermediate level of well-being and psychosocial functioning. At the lowest level, languishing reflects an empty state and the stagnation of individuals, with a lack of positive emotions and meaningful life engagement (Keyes, 2002).

The two continua model is valid and reliable for tracking well-being in both clinical (patients with affective disorders) and nonclinical samples (Ferentinos et al., 2019). The prevalence of flourishing and languishing among schizophrenic patients has been the subject of various studies. According to Chan et al. (2018), personal recovery in schizophrenic patients can positively predict subjective well-being, regardless of their clinical stability and functional competence. In line with this, Chan et al. found that 28.2% of schizophrenic patients were flourishing, 52.5% had moderate mental health, and 19.3% were languishing. In addition, a study conducted by Stanga et al. (2019) analyzed data showing that 33.1% of schizophrenic patients belonged to the flourishing group.

However, the limitations of the research methods in previous studies have led to the concept of languishing and flourishing in schizophrenic patients not being comprehensively explained. Referring to the limitations of these studies, there is an urgent need to conduct further research in order to understand the concepts of flourishing and languishing in schizophrenic patients in different cultures and contexts more comprehensively. Therefore, based on the previous discussion, we aim to identify and describe the experiences of languishing and flourishing among schizophrenic patients during hospitalization in Indonesia.

Methods

The study focuses primarily on the experiences of languishing and flourishing of schizophrenic patients during hospitalization. These are identified by considering the emotional, psychological and social dimensions found in the two continua model. Consequently, the meaning of flourishing and languishing experiences in schizophrenic patients will become clear.

The results presented explicitly demonstrate human experience and underlying mental activity. The experience is not separated from the social environment in which humans interact and their viewpoints. Therefore, the study method employed was qualitative (Madill & Gough, 2008). During the data collection and analysis, we used phenomenological approaches to develop themes and meaningful relationships of phenomena because of its emphasis on understanding things from the first-person perspective (Howitt & Cramer, 2011; Neubauer et al., 2019).

The research is a phenomenological qualitative method was employed with six schizophrenic patients hospitalized at Ernaldi Bahar Hospital in Palembang, Indonesia. after receiving ethical approval from the Health Research Ethics Committee (KEPK) of the hospital (list of participants can be seen at Table 1). It is a psychiatric hospital that provides treatment for people with mental health disorders. The qualitative study involved patients with mental illness as the participants, meaning they were more vulnerable compared to other people. They were selected through purposive sampling (Madill & Gough, 2008). The selection criteria were that they were: 1) Hospitalized schizophrenic patients willing to participate. 2) Able to speak coherently.

Table 1
List of Participants

No.	Participant	Diagnosis
1	P1	Undifferentiated schizophrenia
2	P2	Paranoid schizophrenia
3	P3	Paranoid schizophrenia
4	P4	Paranoid schizophrenia
5	P5	Paranoid schizophrenia
6	P6	Paranoid schizophrenia

The head of the ward assisted in the participant selection. Based on her recommendations, six selected patients were chosen and interviewed. Before conducting the data collection investigation, the patients were informed about the study and asked to sign an informed consent, which they all did. The informed consent was developed by the research team in accordance with WHO guidelines, and consisted of 35 statements. We were committed to maintaining and respecting the privacy of the participants. Therefore, we used specific codes when reporting their characteristics.

We used semi-structured interview and documentation methods during the data collection. This type of interview falls into the category of in-depth interview, meaning it is more accessible for researchers than structured interviews. The goal is to explore any problems more openly, involving the ideas and opinions of the interviewer (Madill & Gough, 2008). The research instrument was a list of interview questions composed of three dimensions in a two-continuum model, namely the emotional, psychological, and social.

In addition to the interview, we also used documentation to collect the data. According to Roberts and Ilardi (2008), this is generally used as an additional instrument that strengthens or enhances the reliability of the main instrument, in this case, the interview. The documentation may include personal documents such as diaries, journals, letters, autobiographies, or films. In addition, it can also take the form of official documents, such as medical records, marriage licenses, and court records (Roberts & Ilardi, 2008). The study used the participants' medical records during psychiatric treatment as patients at the Ernaldi Bahar Hospital in Palembang.

We employed source triangulation techniques to check the validity of the data and examined the medical records to confirm psychiatric diagnosis and hospitalization duration, and to validate some of the information provided by the participants during their interviews. Therefore, the documentation data collection process was conducted in the second stage after we had obtained the data from the interviews. In terms of analysis, we applied each step of phenomenological research, involving bracketing, horizontalization, reduction, and clustering of the meanings into themes (Sudarsyah, 2016).

Results

We followed the phenomenological study method to collect the data using narrative interviews, which produced narratives of the participants' personal experiences. First, we triangulated the sources by comparing the interview results with the patients' medical records obtained using documentation

techniques. Details of the patients' medical records are shown in Table 2.

Subsequently, we analyzed the data, applying bracketing, horizontalization, reduction, and clustering to produce themes. We then checked the validity of the themes and expressions by verifying whether these were explicit in the interview transcripts. Finally, we identified themes related to the languishing and flourishing experiences of the schizophrenic patients during hospitalization. These were defined based on statements or topics which repeatedly appeared across a dataset.

Experiences Related to Languishing

Languishing generally refers to individuals with low emotional well-being and low positive functioning. They have little enthusiasm for life and exhibit poor psychological or social functioning. A person who is languishing sees life as empty and boring. They also do not maximize their potential and lose interest in realizing their aspirations and dreams. Languishing themes prominent in the participants included feeling bored and confined, experiencing unpleasant events on arrival, and experiencing social isolation.

Feeling Bored and Confined

This theme describes the feelings of patients during their hospitalization period. Most of the participants used words such as 'bored' and 'confined' to represent their emotional state. As stated by P1:

> "Actually, it's a bit uncomfortable here. I feel confined." (P1)

On the other hand, P2 described life in the hospital as like being in a prison, since the ward doors were rarely opened.

> "It feels like living in prison, the door has rarely been opened. It is only opened in the morning. At noon to night is not opened again. It's locked." (P2)

Meanwhile, P6 felt that hospitalization limited his movement space.

> "It's locked. I can't get out. It's better at home, I can go anywhere, it's free." (P6)

In addition, the limited and monotonous activity caused a saturated feeling for P2.

> "All I do is eat, drink, and sleep, so yeah I feel bored." (P2)

Table 2

Patient Medical Data

Patient Medical Data					
No.	Participant	Gender	Age	Diagnosis	Duration of Hospitalization
1	P1	Female	34	Undifferentiated schizophrenia	14 days
2	P2	Female	18	Paranoid schizophrenia	11 days
3	P3	Male	20	Paranoid schizophrenia	21 days
4	P4	Male	32	Paranoid schizophrenia	8 days
5	P5	Male	26	Paranoid schizophrenia	9 days
6	P6	Male	24	Paranoid schizophrenia	11 days

In the case of P5, the lack of facilities such as cell phones, refrigerators, rice cookers, and cigarettes in the hospital also triggered saturated feeling.

> "There's no TV, no cell phone, no refrigerator, no rice cooker, how boring. It's bored. Well, there are no cigarettes here, either. Oh God." (P5)

Other negative emotions that the patients felt, such as anxiety, sadness, worry and loneliness, were also classified as experiences related to languishing because they adversely affected their emotional well-being.

Experiencing Unpleasant Events on Arrival

The unfamiliar hospital environment was a challenge for all the participants. They felt various emotions when they were first admitted to the hospital. The majority admitted that they were confused and nervous because they had no information about the environment in which they would live for a period. This is reflected by statements by P4 and P5:

> "I felt little confused because it was the first time I came here. I really don't know anything. But after taking medication, it's not bad. I'm getting used to it slowly." (P4)

> "I was nervous, because you don't know the environment, so yeah you get nervous. But after living here I enjoy it. Feels like there's no burden." (P5)

The unpleasant moments experienced by the participants were also related to the treatment they received. The majority came tied up and were only untied when they arrived at the ward.

> "I was tied up at that time. Felt like I was being put in prison. When I arrived at the ward, I was untied." (P2)

> "I came here at the family's wish. Without compromise, without first talking, in such a rude way. Not nice. My feelings are still shattered now. Are they really my family? How sad." (P1)

The patients were tied up because they were considered as having an unstable mental state when they first arrived at the hospital. This is reflected by the claim made by P6, who describes how chaotic his condition was when he first underwent hospitalization.

> "I was so anxious and chaotic. There was a voice telling me to die. He said, "Go, kill yourself." (P6)

The feelings and events experienced by the participants were subjective. However, in some cases they were related to their awareness and self-acceptance of their psychological problems. The levels of self-awareness and acceptance will affect a patient's perception of events occurring in hospital. For example, in the case of P1, who denied the psychological problems she was experiencing, she considered the treatment she was receiving as a form of heartless activity.

> "My feelings are shattered. They think I'm a crazy person who has no thoughts, can't control myself, can't control my mind and my soul. Well, they tied me up all of a sudden. Even though there was no talk before. If I'm crazy, look t o see if there are any marks on my son." (P1)

A similar case was found with P6, who was able to identify the auditory hallucination disorder which he was experiencing. However, the following statement shows he did not accept his illness.

> "I don't want to get medical treatment because I'm healthy. There's nothing wrong with me. It was because my mom asked me to get medical treatment. I love my mom and my dad. So, yeah, I decided to come here." (P6)

The two participants' statements reflect their low self-acceptance and awareness of their mental illness. Self-acceptance is a psychological function. In addition to the low self-acceptance experienced by some participants, the majority felt confused and nervous on arrival as they were entering an unfamiliar environment and there-

fore needed time to adjust. Therefore, we conclude that the patients initially showed low environmental mastery and that the unpleasant events experienced by them when they arrived at the hospital can be identified as languishing experiences.

Experiencing Social Isolation

The majority of participants reported that they missed their family, friends and neighbors, as P2 stated:

> "I have a twin sister. I miss her. She cried when I was brought here." (P2)

Undergoing hospital treatment requires the participants to be apart from their family members for a certain period. This situation made P1 worried about his only child's condition.

> "I'm worrying my child. My child is only one year and eight months old. He was still sick. I don't know how my child was. So, I always think about him. Especially when I was brought here, my child was sick. I think a lot about him." (P2)

In addition to living apart from family and friends, the participants faced a new environment and the diversity of patients in the ward where they were hospitalized. Some feel overwhelmed by the situation. For example, P2 felt lonely because it was difficult to establish communication with the other patients.

> "Feeling alone and bored. Those people just can't be talked to. We're not connected to each other. I want to go home badly." (P2)

Meanwhile, P3 felt uncomfortable with the noisy ward atmosphere caused by the other patients. He preferred to be alone.

> "They talk very loudly. On the other hand, I prefer to be alone. It makes me feel uncomfortable around them." (P3)

The difficulty of establishing connections with other patients indicated no complete form of social acceptance in the participants. This hindered their integration with the environment and the people around them during hospitalization. Therefore, these conditions relate to the languishing experience in the social dimension.

Experiences Related to Flourishing

Flourishing is a continuous development process related to emotional, psychological, and social well-being. Individuals who are flourishing have enthusiasm for life and positive psychosocial functioning. They are also actively and productively involved with others and society. In schizophrenic patients however, flourishing is a challenge, so their flourishing state cannot be separated from their existing psychotic symptoms. Hospitalization improves the subjective well-being and functioning of schizophrenic patients, encouraging them to learn to flourish. The following experiences can describe flourishing in schizophrenic patients.

Experiencing Increased Contact with and Awareness of Reality

Pharmacotherapy intervention during hospitalization can successfully reduce psychotic symptoms in schizophrenic patients. As a result, they experience increased contact with and awareness of reality. The study participants claimed that antipsychotic drugs were able to control their psychotic symptoms.

> "The treatment at this hospital is important to me. Every time I take medicine, the hallucinations are gone." (P5)

The decrease in psychotic symptoms helped the participants perform the psychological function of autonomy. They regained control of themselves and were able to fulfil basic needs such as eating and sleeping.

> "It feels better. The diet increases, it is not disturbed. My sleep gets better without interruption. When I was at home, I was disturbed by whispers from morning to afternoon so I couldn't sleep." (P4)

> "It feels comfortable here, I eat regularly. Take medicine. I can control myself not to get mad and act aggressively anymore." (P3)

In addition, through psychoeducational intervention, the participants developed emotional management and self-acceptance skills and began to experience life satisfaction.

> "Now I have the ability to control myself. It hurts when I punch a wall to release my anger, so I don't do it anymore. In exchange, I punch a pillow." (P2)

> "I feel more affection for myself. I feel useful. Hospital treatment opens the way for me, my confidence becomes high, I keep feeling useful for people." (P4)

Finding a Meaning and Purpose in Life

The decline in psychotic symptoms in the participants made their lives more conscious. This condition followed a positive development in other functions, such as finding a meaning and purpose in life. Most participants referred to their family as a source of a meaningful life and were determined to make them happy.

> "After being here, it turns out that we just realized that something we have is valuable. Especially my son. Well, my son is not here with me. That's when I felt that my son was really precious." (P1)

In the following statement, P1 expressed her motivation to become a better mother to her child after completing treatment.

> "I promised myself, I would be a better mother to my child." (P1)

P6 promised to make his parents happy and continue to live because his father's words as a loved one were stuck in his head.

> "I want to make my parents happy. I will not kill myself as my brother did. Because my dad once said, '*no matter how much trouble you have, do not follow your brother's decision to commit suicide*'. I will do that. I really will not kill myself, because I really love my parents." (P6)

Furthermore, all the participants provided a similar answer regarding their purpose in life. They wanted to recover and move on in their work.

> "Be healthy." (P3)

> "When I have finished treatment at the hospital, I will continue working with my boss." (P5)

Another purpose in life that participants mentioned was the wish to get married and have children.

> "Get married. Then have a child so that I have someone who takes care of me when I get old." (P4)

Finding Positive Relationships among Patients

Participants found it managing to establish positive relationships. The meaningful interaction and communication became one of the sources of happiness and self-functioning of some participants during hospitalization. As P4 stated:

> "Thankfully there are friends here. If they did not exist, I must be lonely. That's why I prefer to talk to them. Because they help my mind become more developed." (P4)

P5 also provided assessment of the significance of relationships with other patients:

> "I like to talk to other patients more often. Because without interaction with them, the time feels longer." (P5)

Meanwhile, in the case of P3, although he did not like the crowded ward atmosphere, it transpired that he had one close friend, whose presence became something he appreciated.

> "Since we're right for each other, I'm grateful he's here as my friend." (P3)

Discussion

Olivares et al. (2013) reported hospitalization as a proxy for relapse in patients with schizophrenia. The effects of relapse in such

patients include impaired functioning and reduced quality of life. It is evident that some patients are vulnerable to languishing, especially in the early stages of treatment in mental hospitals, when experiencing unpleasant events.

We observed and found that some languishing participants were also struggling with internalized stigma. This is experienced when an individual becomes aware of the stereotypes that describe the stigma group, agrees with them, and finally applies them to themselves (P. W. Corrigan et al., 2009). Internalized stigma has devastating repercussions for people with mental illnesses. It can result in label avoidance, a process in which people are reluctant to be diagnosed and seek treatment for mental illness (Corrigan, 2004). Hospitalization of schizophrenic patients may increase internalized stigma, higher levels of which have been associated with poorer quality of life in three domains (psychological, social relationships, and environment) (Picco et al., 2016).

Morgades-Bamba et al. (2019) also explain that internalized stigma reduces the quality of life. Previous studies found that groups reporting high internalized stigma showed lower subjective well-being (Barlati et al., 2022). In our study, some participants denied their psychiatric problems and did not accept their presence in the mental hospital. They perceived mental hospitals as places to care for the sick, so they believed they did not deserve to be there. As a result, they experienced social isolation. They also felt bored and confined during hospitalization. As stated by Grant (2021), despite having enough energy to perform daily activities, most individuals describe life as a 'shell' that refers to feelings of emptiness, hollowness and stagnation. These experiences are related to languishing.

However, in this study most participants developed functionality during hospitalization. This phenomenon occurred because the psychoeducation therapy and pharmacological intervention provided by the hospital successfully suppressed their psychotic symptoms. Those of schizophrenia, such as hallucinations and delusions, may prevent individuals from experiencing a happy and meaningful life. Accordingly, improvements in symptoms related to schizophrenia are one of the keys to promoting flourishing (Chan et al., 2018). Therefore, flourishing experiences in hospitalized schizophrenic patients are different and unique. This is because such patients more likely to re-experience psychotic symptoms in the future. Their decline can be interpreted as a flourishing experience because it opens the way for participants to experience a series of other positive developments in life. Consequently, flourishing in schizophrenic patients during hospitalization includes experiencing increased contact with and awareness of reality; finding a meaning and purpose in life; and finding positive relationships among patients.

The themes of languishing and flourishing, which were covered in the preceding part, are examined in more detail below in light of pertinent literature and earlier study findings, with a focus on Keyes' conceptualization of emotional, psychological, and social well-being. A qualitative study by Knoesen & Naudé (2018) highlighted the importance of integrating these three dimensions in creating an individual's flourishing and languishing experience, while Rojas (2017) argued that well-being results from human experience and a subjective perspective. That is, well-being is personal. The following description explains the well-being of the schizophrenic patients during hospitalization.

In this study, the participants tended to be more inclined toward negative emotions such as sadness, anxiety and loneliness, and commonly described their lives as being in confinement. Certain patients clearly articulated that the

unfamiliar environment, social isolation, and lack of social relationships with other patients caused these negative emotions. However, when patients became familiar with the hospital environment and with the other patients, they tended to express more positive emotions, such as feeling comfortable, calm, healthy and happy.

The results show that in achieving emotional well-being, the patients involved aspects that exist in the psychological and social dimensions. In the psychological dimension, evident aspects include the patient's awareness and self-acceptance of a condition with psychiatry problems requiring medical treatment. According to Gamayanti (2016), schizophrenic patients who have made peace with their illness will be more productive and active in the social environment, even though the level of self-acceptance might differ across patients. Self-acceptance, along with self-awareness and self-adjustment, assists patients in developing more positive perceptions of their hospitalization experience. In the psychological dimension, this competence is called environmental mastery, which refers to the ability to manage and adapt to the environment in which one lives (Keyes & Haidt, 2003).

Patients in this study who successfully achieved both aspects showed the development of independence in fulfilling basic needs (autonomy), such as eating and sleeping. Furthermore, they also found a meaning and purpose of life. The majority of patients reported their intention to move on with their work. Some of them expressed a desire to build a family and identified families as the primary source of the meaning of life. Warm, reliable, intimate relationships between patients and families reflect the positive aspect of relationships with others in the psychological dimension. The existence of their family and the social support they provide was confirmed by the patients to have a tremendous effect on the achievement of subjective well-being (Latipun et al., 2019). Other findings also showed that relationships with families are the most widely mentioned source of meaning for flourishing and languishing groups (Wissing et al., 2021).

In addition, Lee et al. (2021) highlight that emotional discomfort in schizophrenic patients is related to individual functionality in the environment in which they find themselves. Patients who show confidence in social behavior and environmental mastery can achieve life satisfaction. It is evident that in fulfilling the emotional dimension, patients need the intervention from another, the social dimension. Many schizophrenic patients judge their life events well; view their social life as understandable and meaningful; feel part of society; and see themselves able to contribute to society. Therefore, social and emotional well-being can be a force that some people with schizophrenia can use to improve their quality of life (Strauss et al., 2012).

Furthermore, our study also found that participants who able to accept and respect the diversity of other patients (social acceptance), then build meaningful interactions with them, experienced the benefits of self-development in the form of a sense of usefulness to society from social activities (social integration). According to Chan et al. (2018), more than a quarter of people with schizophrenia can continue to experience emotional vitality and feel optimistic about their lives.

However, in this study, some participants reported needing longer to adjust to the hospital environment. They did not feel connected to it and other patients during the process of hospitalization. As a result, participants reported more negative perceptions of hospital treatment, and negative emotions such as feeling lonely, confined and bored, together with intention to discharge themselves from hospital soon.

Another finding is that clinical struggles, functional recovery, and cultural struggles are predictors of flourishing and languishing experiences in hospitalized schizophrenic patients. The development of effective interventions targeting neurocognitive functions will impact their clinical and functional outcomes (Lepage et al., 2014). In addition, involving positive cultural values in psychoeducational interventions will help patients overcome cultural struggles, especially internalized stigma (Alonso et al., 2019).

This study is the first in Indonesia to examine languishing and flourishing through the personal experiences of schizophrenic patients during hospitalization. It contributes to developing the concept of languishing and flourishing among schizophrenic patients through evidence-based empirical data regarding the efforts to develop and maintain their subjective well-being during hospitalization. The comprehensive discussion presented in this study could be a reference for future research.

Despite the promising results, this study has several limitations. First, its generalization to a wider sample or population is limited. Second, we involved only a small number of participants (six), so recommend that future research be based on a larger sample. Conducting multicenter studies involving several mental hospitals in Indonesia with more specific mental illness patients would be beneficial for further research, given the complexity of mental health problems and associated care in Indonesia.

Conclusion

This study investigated the languishing and flourishing experience of schizophrenic patients who were receiving hospitalization. During hospitalization, the emotional, psychological and social well-being of such patients is crucial in determining whether they flourish or languish. The clinical struggle, functional recovery, and cultural struggle were highlighted as predictors for flourishing and languishing experiences in patients.

The results demonstrate that findings contribute to developing the concept of languishing and flourishing among schizophrenic patients regarding efforts to produce and maintain the subjective well-being of schizophrenic patients during hospitalization. Developing effective psychiatric interventions for psychotic symptoms will help patients learn to flourish and overcome languishing.[]

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Author Contribution Statement

Amirah Fathinah: Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing

Original Draft; Writing & Editing. **Listya Istiningtyas:** Conceptualization; Methodology; Validation; Mentoring; Monitoring; Review. **Dominikus David Biondi Situmorang:** Conceptualization; Methodology: Validation: Review.

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