

The Dynamics of Abusive Experiences Play a Role in The Emergence of Schizophrenia Symptoms: A Case Study Using the Diathesis-Stress Model

Dinamika Pengalaman Abusive Berperan dalam Munculnya Gejala Skizofrenia: Studi Kasus dengan Pendekatan Diathesis-Stress

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Abstract

Childhood marked by abusive experiences may serve as a vulnerability factor (diathesis) that can interact with stressors in adulthood and contribute to the emergence of schizophrenia symptoms. However, how such experiences are related to the emergence of schizophrenia symptoms at the individual level remains relatively underexplored, particularly through a qualitative approach. This study aimed to explore the dynamics of abusive experiences and the emergence of schizophrenia symptoms based on the diathesis-stress approach. A qualitative approach with a single-case study design was employed. The participant was a 47-year-old man diagnosed with hebephrenic schizophrenia (F20.13), who was hospitalized after approximately nine years of outpatient treatment. Data were collected through in-depth interviews, clinical observations, medical record review, and all anamnesis with three significant others. Data were analyzed using thematic analysis with source triangulation. The findings revealed three main themes: (1) abusive experiences contributed to psychological vulnerability, (2) this vulnerability developed into schizophrenia symptoms, and (3) stressors in adulthood triggered and maintained the symptoms. Physical abuse by the father, unstable attachment, and a passive parenting style of the mother contributed to the development of psychological vulnerability (diathesis) from childhood. This vulnerability then interacted with stressors in adulthood, including divorce, loss of a relationship with the child, and limited social support, which were associated with the emergence of psychotic symptoms, emotional dysregulation, cognitive distortions, and social withdrawal. These findings suggest that the diathesis-stress approach can help explain the relationship between abusive experiences, life stressors, and the emergence of schizophrenia symptoms in the participant.

Keywords: Diathesis-stress, Hebephrenic schizophrenia, Abusive experience

Abstrak

Masa kecil yang diwarnai pengalaman abusive diduga menjadi salah satu faktor kerentanan (diathesis) yang dapat berinteraksi dengan stresor kehidupan dewasa dan berkaitan dengan munculnya gejala skizofrenia. Namun, bagaimana pengalaman tersebut berhubungan dengan munculnya gejala skizofrenia pada individu masih belum banyak dikaji, terutama melalui pendekatan kualitatif. Penelitian ini bertujuan mengeksplorasi dinamika pengalaman abusive dan kemunculan gejala skizofrenia berdasarkan pendekatan diathesis-stress. Penelitian menggunakan pendekatan kualitatif dengan desain studi kasus tunggal. Partisipan merupakan seorang pria berusia 47 tahun dengan diagnosis skizofrenia tipe hebefrenik (F20.13) yang menjalani rawat inap setelah sekitar sembilan tahun menjalani rawat jalan. Data dikumpulkan melalui wawancara mendalam, observasi klinis, telaah rekam medis, dan anamnesis dengan tiga significant other. Data kemudian dianalisis menggunakan analisis tematik dengan teknik triangulasi. Hasil penelitian menunjukkan tiga tema utama, yaitu (1) pengalaman abusive membentuk kerentanan psikologis, (2) kerentanan tersebut berkembang menjadi gejala skizofrenia, dan (3) stresor kehidupan dewasa memicu serta mempertahankan gejala. Kekerasan fisik oleh ayah, kelekatan yang tidak stabil, dan pola asuh ibu yang pasif menjadi bagian dari terbentuknya kerentanan psikologis (diathesis) sejak masa kanak-kanak. Kerentanan tersebut kemudian berinteraksi dengan stresor kehidupan dewasa, seperti perceraian, kehilangan relasi dengan anak, dan minimnya dukungan sosial, yang berkaitan dengan munculnya gejala psikotik, disregulasi emosi, distorsi kognitif, dan penarikan sosial. Temuan ini menunjukkan bahwa pendekatan diathesis-stress dapat membantu menjelaskan keterkaitan antara pengalaman abusive, stresor kehidupan, dan munculnya gejala skizofrenia pada partisipan.

Kata Kunci: Diathesis-stress, Pengalaman abusive Skizofrenia hebefrenik

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INTRODUCTION

Schizophrenia is a serious mental health condition characterized by disturbances in thought processes, perception, emotions, and behavior, and it has a significant impact on an individual's quality of life due to its high level of disability. Symptoms of schizophrenia include delusions accompanied by distressing hallucinations, as well as negative symptoms such as social withdrawal and cognitive impairments that affect decision-making. This disorder not only impacts an individual's functioning but also imposes a significant social and economic burden. Recent data from the Global Burden of Disease (GBD) study show that between 1990 and 2021, the number of people with schizophrenia worldwide increased from 13.62 million to 23.18 million. (Yuan et al., 2025). Meanwhile, according to the (WHO, 2022) more than two-thirds of people with schizophrenia worldwide do not have access to adequate specialized mental health services. This situation is also evident in Indonesia, based on the 2023 Indonesian Health Survey (SKI), with the number of people affected reaching 4 per 1,000 households. (Badan Kebijakan Pembangunan Kesehatan, 2023).

Beginning in 1977, the understanding of the causes of schizophrenia shifted from a purely biological perspective toward a biopsychosocial model that emphasizes the interaction between individual vulnerability, coping abilities, and environmental stress. One widely used model to explain this interaction is the diathesis-stress approach, which emphasizes the interaction between individual vulnerability (diathesis) and environmental factors (stress) that contribute to the onset of symptoms (Zwir et al., 2023).

One environmental stressor that is frequently discussed is traumatic experiences during childhood, including physical and emotional abuse, neglect, and sexual abuse. Previous findings have reported that traumatic experiences and stress during childhood are associated with the development of psychotic symptoms later in life (Pastore et al., 2022). Trauma experienced during childhood can impact neurobiological development, such as an imbalance in the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the body's stress response and increase the risk of psychosis (Murphy et al., 2022). This imbalance can heighten an individual's sensitivity to stress, thereby increasing the risk of symptom onset.

Recent studies show that traumatic experiences not only increase the risk of developing schizophrenia but are also associated with symptom severity particularly negative symptoms and cognitive functioning (Pan et al., 2025; Ware et al., 2024). Baldini et al (2023) also reported their findings through a meta-analysis of 21 studies involving more than 6,000 individuals with schizophrenia spectrum disorders, revealing that traumatic experiences in childhood were associated with nearly a twofold increase in suicide risk (OR = 1.92). These findings also indicate that childhood trauma in individuals with schizophrenia not only impacts psychological well-being but is also associated with more serious clinical risks. In this context, traumatic experiences

can trigger additional vulnerabilities through stress mechanisms, as described in the diathesis-stress model (Cullen et al., 2023). Furthermore, a study by Valli et al (2016) found that the diathesis-stress model of psychosis is not only psychological in nature but also involves neurological mechanisms such as cortisol responses and changes in brain structure and function.

Although many studies have examined the relationship between childhood trauma and schizophrenia, the majority of these studies have employed quantitative methodologies or involved large populations (Pan et al., 2025; Pastore et al., 2022; Ware et al., 2024), so few have explored the dynamics of participants' experiences in detail. Quantitative research can provide an overview of the patterns of association between trauma and psychotic symptoms at the population level. However, such approaches cannot fully capture how traumatic experiences are felt, understood, and interpreted by the individuals who experience them.

Qualitative research specifically examining traumatic experiences in individuals with psychosis remains limited. One such study is that by Campodonico et al (2022) which used in-depth interviews to understand patients' subjective experiences regarding the relationship between trauma and psychotic symptoms. The study showed that some traumatic experiences previously identified through questionnaires did not always resurface when explored through narrative interviews. These findings suggest that relying solely on quantitative data may not be sufficient to capture the complexity of the traumatic experiences individuals undergo.

Given this, there remains room to further understand how traumatic experiences particularly abusive ones are related to the emergence of schizophrenia symptoms. Research examining this relationship through the diathesis-stress perspective particularly by deeply exploring individual experiences within the context of single-case studies remains very limited. Therefore, this study aims to fill this gap by examining how abusive caregiving experiences may interact with individual vulnerability and experienced stress to contribute to the emergence of schizophrenia symptoms.

The novelty of this study lies in the use of the diathesis-stress model to understand the relationship between abusive experiences within the family and the emergence of schizophrenia symptoms through a qualitative approach using the case study method. This study focuses on how past experiences of abuse can contribute to an individual's psychological vulnerability, how stressors experienced in adulthood are related to the onset and persistence of symptoms, and how these two factors interact to explain the participants' experiences.

RESEARCH METHODS

This study employed a qualitative method using a single-case study design. The main variables examined included: (1) experiences of abusive caregiving, which served as a vulnerability variable specifically defined as a history of exposure to physical and/or emotional abuse and/or neglect

experienced by the participants. (2) symptoms of schizophrenia, such as psychotic symptoms, emotional instability, withdrawal from social interaction, and thought distortions, as observed through clinical interviews and observation. (3) the diathesis-stress model, which serves as the theoretical framework to explain the interaction between the participants' experiences of abusive upbringing and the emergence of schizophrenia symptoms.

The participant in this study was a 48-year-old man currently being treated in a psychiatric unit with a diagnosis of schizophrenia; the participant had been receiving outpatient treatment for over a dozen years. Participants were selected using purposive sampling based on criteria such as (a) having a diagnosis of schizophrenia by a psychiatrist, (b) having a history of abusive experiences, (c) being able to communicate verbally, and (d) being willing to participate in the study.

Before selecting participants, the researcher first identified several potential participants based on a diagnosis of schizophrenia and a history of caregiving experiences relevant to the study's focus. Among these potential participants, some were found to meet the criteria. Specifically, having experienced abuse. However, not all potential participants could be included in the study because they did not meet all the specified criteria. Then, during the initial interviews and observations, some potential participants had difficulty communicating and providing information verbally. This was evident from their flat affect, which prevented in-depth interviews from being conducted optimally.

After considering the conditions of these potential participants, the researcher selected R, a 48-year-old male, as the participant because he best met the study criteria; furthermore, R had a diagnosis of hebephrenic schizophrenia and a history of abuse relevant to the study's focus. R was also able to communicate effectively and describe his experiences with sufficient clarity. During the interview, R demonstrated openness in recounting his life experiences, including his childhood, relationships with family, and the changes he experienced before and after the onset of symptoms. This allowed the researcher to explore R's experiences in greater depth in accordance with the study's objectives.

The researcher interacted with the participant throughout the course of treatment, which allowed for direct observation of the participant's clinical condition and behavior. The selection of a single participant was based on the goal of exploring in depth a complex phenomenon; a single-case study enabled the researcher to understand the dynamics of abusive parenting. This design was chosen because it allows for an in-depth exploration of complex phenomena within the participant's real-life context, taking into account the uniqueness of the case aspects that are difficult to uncover through conventional quantitative methods.

Data collection was conducted through direct participant interviews with the researcher serving as the research instrument, in which the researcher acted as the

planner, data collector, interviewer, and data analyst. Additionally, alloanamnesis was conducted with family members and nursing staff to enhance understanding of the participant's developmental history. The interview process was recorded and transcribed. The second technique involved observation during interaction sessions in the care unit, including observations of the participants' behavior, emotions, and communication patterns. The third technique involved a documentary study, which entailed analyzing the participants' medical records to obtain information regarding diagnoses, treatments, and clinical progress notes.

The data analysis process was conducted using source triangulation by combining information from these data collection methods. The analysis steps followed the thematic analysis framework developed by Braun & Clarke (2006) namely: (1) familiarization with the data through reading verbatim transcripts and observation notes; (2) initial coding; (3) theme identification; (4) theme review; (5) theme identification and naming; and (6) preparation of the results report. The identified themes were then interpreted within the framework of the diathesis-stress model to understand the relationship between abusive experiences, life stressors, and the onset of schizophrenia symptoms in the participants. Data validity was ensured through data triangulation by comparing and verifying the consistency of results from interviews, observations, medical records, and alloanamnesis (Patton, 2015).

RESEARCH RESULTS

Based on a thematic analysis of data from in-depth interviews, clinical observations, medical record reviews, and alloanamnesis of participant R, three main themes were identified that reflect the dynamics of experiences of violence in relation to the development of schizophrenia symptoms. These three themes are (1) Abusive experiences shaping psychological vulnerability, (2) Vulnerability developing into symptoms of schizophrenia, and (3) Life stressors that trigger and maintain symptoms. The relationship between vulnerability factors (diathesis) originating in childhood and adult life stressors results in a variety of clinical symptoms indicative of schizophrenia in Participant R. Together, these three themes answer the research question regarding how experiences of violence shape psychological vulnerability and develop into symptoms of schizophrenia in Participant R.

Table 1 Research Findings: Themes and Subthemes

Main Theme	Subthemes
Abusive experiences create psychological vulnerability.	Domestic violence, ambivalent attachment to the father, and passive parenting by the mother
Vulnerability that develops into symptoms of schizophrenia	Psychotic symptoms, social withdrawal, emotional dysregulation and impulsivity, and partial (low) insight
Life stressors that trigger and perpetuate symptoms	Divorce, the loss of relationships, and family demands and circumstances

1. Abusive Experiences Create Psychological Vulnerability

This theme illustrates how a violent and unstable upbringing from childhood onward shaped the foundation of the participants' psychological vulnerability. These findings indicate that repeated exposure to violence is not only a traumatic event but is also internalized as the way participants view themselves and their social world.

1.1 Domestic Violence

The participants grew up in a family environment marked by violence perpetrated by their fathers. The participants' fathers were described as individuals who were quick to lose their temper and often vented their anger aggressively ranging from hitting and throwing objects such as plates until they shattered into pieces, to threatening others with sharp weapons. These circumstances created an unsafe and tense atmosphere at home. The violence was not only experienced directly by the participants but was also frequently witnessed in the form of abuse directed at their mothers. Repeated exposure to such situations from an early age shaped profound and long-lasting emotional experiences.

[Dialogue S1:R2:35] "He's gotten so angry before that he threw things every single plate was smashed.."

[Dialogue S1:R2:50] "My father once got so angry at a neighbor that he brought out a machete he pointed it right at him with it"

1.2 Ambivalent Attachment to the Father

Despite experiencing violence from their father, the participants exhibited a complex emotional relationship a tug-of-war between fear and longing for their father. The participants continued to cherish fond memories of their time with their father, such as sharing moments over coffee, discussing life, and even viewing their father as a role model in certain ways. These two conflicting experiences appear to have been intertwined within the participant since childhood.

[Dialogue S1:R2:55] "Yeah, I'm scared of my dad, but I like being close to him. He often invites me to have coffee with him, usually served on a plate. He gives me a drink while we talk"

[Dialogue S1:R2:60] "Yeah, he'd give me coffee, and then we'd talk, me and my dad. He's also the one who taught me to smoke. After he passed away, all that's left is the addiction."

1.3 Passive Parenting by Mothers

The mother figure in the participants' lives was described as warm but somewhat lacking in firmness when it came to setting boundaries. In various

situations where the participants exhibited problematic behavior, the mothers more often took a passive stance and offered minimal feedback. This parenting style indirectly created a situation in which the participants did not learn to internalize clear and consistent behavioral boundaries.

[Dialogue S1:R3:115] "When my mother scolded me, sometimes he'd take my side, sometimes he wouldn't. When my mom and dad argued, my mom would talk back, sometimes she'd just stay silent"

[Dialogue S1:R3:130] "My mom was busy working, so at home it was just me and my younger siblings"

2. Vulnerabilities That Develop into Symptoms of Schizophrenia

This theme illustrates how psychological vulnerabilities that have developed since childhood evolve and manifest as various symptoms of schizophrenia, including positive, negative, and cognitive symptoms. These findings support the diathesis-stress model, which posits that psychotic disorders arise from the interaction between individual vulnerability and environmental stressors.

2.1 Psychotic Symptoms

The interaction between psychological vulnerabilities and various stresses experienced by the participants contributed to the emergence of psychotic symptoms, whether in the form of visual or auditory hallucinations. Participants reported seeing a frightening figure in the mango tree located near the window of the treatment room. In addition, they also reported hearing the whisper of their ex-wife's voice calling their name in a dark room, which occurred after their divorce. These findings are supported by information from medical records indicating that psychotic symptoms had been detected as early as their first outpatient visit in 2016.

[Dialogue S1:R2:10] "I once heard whispers from my ex-wife back when I was getting divorced."

[Dialogue S1:R2:25] "At home, I once saw two girl shadows yeah, they were in the room, the two of them. it was just normal. I wasn't scared"

2.2 Social Withdrawal

Participants do not have close friendships and have cut off communication with most of their old friends. Their interactions tend to be superficial, such as casual conversations at a coffee shop without any attempt to build deeper emotional bonds. This pattern of social withdrawal reflects limitations in interpersonal engagement.

[Dialogue S1:R2:90] "Nope, I never did, not back then. I was just messing around with my friend."

[Dialogue S1:R2: 100] "No, I prefer face-to-face"

2.3 Emotional Dysregulation and Impulsivity

Emotional dysregulation is one of the most striking and consistent symptoms in the participants' developmental history. The participants recognized that they had exhibited emotional tendencies since childhood. Impulsivity manifested in various forms of erratic behavior, such as stealing their mother's savings, selling the family's chickens without permission, and staying out late at night.

[Dialogue S1:R3:40] "...my mom had saved some money, and I took it to buy cigarettes."

[Dialogue S1:R1:30] "I can't. Sometimes I listen to YouTube Music. I usually hang around Lawang market, just chilling, then look for people who want a massage so I can earn some money — money for cigarettes. Then at 3 o'clock I head home"

2.4 Cognitive Distortions

The participant exhibited distorted thinking in several respects. He tended to view himself as inadequate, both economically and socially, and consequently felt unable to sustain his marriage. This negative self-assessment reflects a tendency to view failure as a comprehensive personal problem.

[Dialogue S1:R3:100] "One time, when my younger sibling got married, my dad gave them money. I asked him for the money, and he got angry"

[Dialogue S1:R1:105] "I felt like it wasn't fair."

2.5 Partial Insight (Low)

The participant demonstrated a limited understanding of his condition. He was able to name the diagnosis of his disorder and identify the healthcare providers treating him, but he did not fully grasp the clinical significance of his condition. This was evident in his refusal to take oral medication due to concerns about becoming dependent on it.

[Dialogue S1:R1:10] "I went to the tahlilan in shabby clothes — that's what my younger sibling said. I wore glasses and a jacket to the tahlilan."

3. Life stressors that trigger and perpetuate the symptoms of schizophrenia

This study identifies various life stressors experienced by participants in adulthood that significantly trigger the onset of psychotic symptoms and also serve as factors that maintain those symptoms. These findings indicate that stressors not only act as initial triggers but also as factors that reinforce and maintain existing symptoms.

3.1 The Emotional Impact of Losing a Relationship

His divorce from his wife in 2012 marked a pivotal period linked to the onset of the participant's psychotic symptoms. This event not only signified the loss of a life partner but also separated him from his only child. His attempts to see his child were often met with rejection, which deepened his already existing emotional wounds.

[Dialogue S1:R2:80] "Hehehe, yeah, my ex-wife's remarried now — to a firefighter. I once brought cassava to her house. But I got turned away, even though I'd brought a million rupiah for my kid, plus the cassava. But my ex-wife and her husband rejected me. I was disappointed, so I just went back home, bringing everything with me"

[Dialogue S1:R2:120] "I'm a man. A man is supposed to be the breadwinner of the family. A man also has to be responsible "

3.2 Family Expectations and Circumstances

The participant experienced significant psychological stress due to the demands of his role as a man expected to be the family's breadwinner, even though he was unable to meet those expectations because he did not have a stable, adequate job. This tension stemmed from the values of masculinity that had been instilled in him since childhood and was further exacerbated by his family's limited financial situation and the lack of stable social support in his life.

[Dialogue S1:R2:65] "I just like to work. Back then, I had overdue school payments, so I started working. I also bought books for my younger sibling."

[Dialogue S1:R2:125] "A man has to work — he's supposed to provide for the family. "

Table 3 Similarities and Differences in Findings Across Data Sources

Theme	Similarities	Differences
Abusive experiences create psychological vulnerability.	All sources (R participants and significant others) agreed that the father was abusive and frequently engaged in physical and verbal violence within the household.	The participant emphasized her ambivalent attachment to her father and her mother's lack of firmness in parenting as factors contributing to her vulnerability; subsequently, SO. confirmed the father's abusive behavior without addressing R's emotional relationship with her parents.
Vulnerability that develops into symptoms of schizophrenia	The participants and the SO agreed to report the onset of psychotic symptoms, as well as emotional dysregulation and impulsive behavior in the participants.	Participants emphasized internal experiences such as cognitive distortions (feeling worthless, insecure) and partial insight into their condition; SO placed greater emphasis on outwardly observable behavioral changes, such as being quick to anger, taking items without permission, and wandering off.
Life stressors that trigger and perpetuate symptoms	Both the participants and all the social workers attributed the divorce to being a key turning point in the emergence of behavioral changes and symptoms among the participants.	Participants emphasized the demands of their economic role as heads of households and their withdrawal from social relationships as sources of stress; the social worker then highlighted other factors, such as a history of head injuries and smoking, as triggers or factors contributing to relapse that were not directly mentioned by the participants.

Based on Table 3, it can be seen that across all three themes, participants and significant others held relatively similar views regarding the major events experienced by the participants. Both groups reported a history of abuse by the participants' fathers, the emergence of psychotic symptoms accompanied by emotional dysregulation, and divorce as one of the significant events followed by behavioral changes in the participants. The consistency of information from these two sources supports the validity of the data, which is further corroborated by source triangulation.

However, there are differences in the focus of the narratives presented by each source. The participant focused more on personal experiences and feelings, such as an ambivalent relationship with his father, the presence of cognitive distortions, low insight, and the pressure he felt in fulfilling his role as head of the household. On the other hand, the significant other described more directly observable changes, such as outbursts of anger, behavioral changes, and taking items without permission.

This discrepancy is understandable because participants and significant others have different experiences and perspectives. Participants are more aware of their own feelings and thoughts, while significant others primarily observe behavioral changes that emerge in daily life. Thus, these two sources do not contradict one another but rather complement each other in providing a picture of the participants' experiences of violence and the process by which symptoms of schizophrenia emerge.

Overall, the results of this study address the research questions regarding the role of past experiences of violence in shaping psychological vulnerability, the link between stress in adulthood and the emergence and persistence of symptoms, and the interaction between these two factors in explaining participant R's experiences. First, experiences of violence during childhood were one of the factors associated with the participant's psychological vulnerability. Abusive

treatment by the father, an ambivalent relationship with the father, and the mother's parenting style which tended to be passive and inconsistent created an unsafe environment. These conditions are believed to have influenced the participant's development of emotional and behavioral regulation skills. This aligns with Theme 1. This vulnerability subsequently manifested in various psychological issues, including psychotic symptoms, social isolation, difficulty controlling emotions and impulses, changes in thought patterns, and limited insight all of which align with Theme 2.

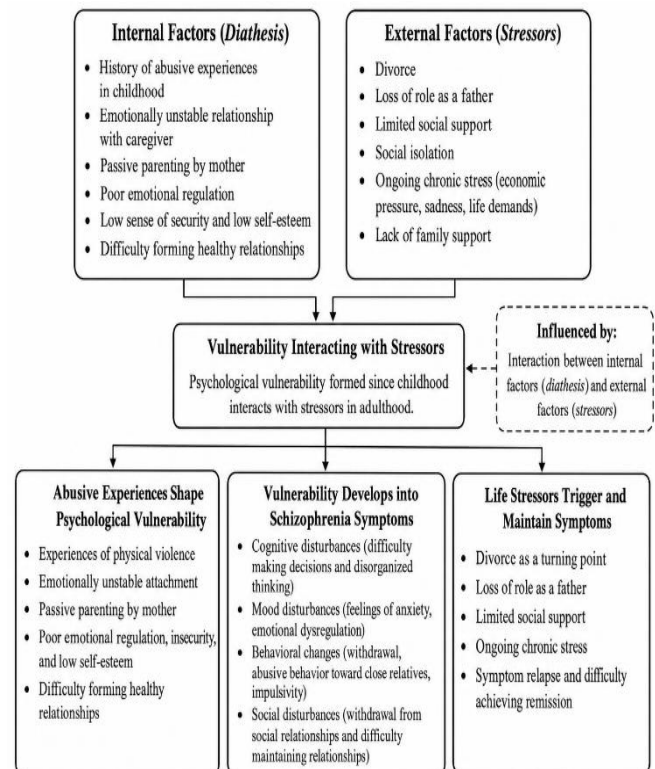


Figure 1: Research Results

Second, stressors in adulthood were associated with the onset and persistence of the symptoms experienced by the participants. Divorce in 2012 and the loss of contact with their children were significant events that coincided with the onset of psychotic symptoms. In addition, the responsibilities of being the head of the household, financial constraints, and a lack of social support were sources of stress that participants continued to face and that had the potential to worsen their psychological condition, as indicated by the findings in Theme 3. Third, childhood experiences and adult stress can be understood as two interrelated factors. Vulnerabilities formed by childhood experiences are thought to make participants more susceptible to stress in adulthood. Meanwhile, recurring stress has the potential to exacerbate pre-existing psychological conditions. This pattern aligns with the diathesis-stress model, which explains psychological disorders through the interaction between individual vulnerability and environmental stressors (Caswell et al., 2025; Zwir et al., 2023). Therefore, Participant R's experiences must be understood comprehensively by considering the interconnection between childhood experiences of violence and the stressors faced throughout their life, rather than viewing these two factors in isolation.

DISCUSSION

The experiences of violence that Participant R endured since childhood are crucial to understanding her current psychological state. Her father not only physically abused her directly but also frequently engaged in domestic violence, which she witnessed on several occasions. These circumstances caused her to grow up in an extremely dangerous, unstable, and unpredictable environment. From a young age, the participant lacked a caregiver who could provide a sense of security or help them manage their emotions effectively. Although her mother was present and known to be a loving figure, her parenting style was quite passive and inconsistent in setting boundaries, making her unable to counteract the impact of the violence perpetrated by her father. This aligns with the findings of a study conducted by Rose Jeannita Anyatazha Rose & Andrian Pramadi, (2024) which indicates that trauma experienced in early childhood including exposure to domestic violence can be a contributing factor to the development of schizophrenia in an individual. This is also supported by a study conducted by Zhou et al (2025), which used a meta-analysis of 183 studies involving a total of 349,265 participants and found that childhood trauma is significantly associated with the risk of psychological disorders.

What makes this finding more complex is the participant's mixed or ambivalent feelings toward his father. On the one hand, the participant feels anxious and angry about his father's behavior; on the other hand, he still longs for the times they spent together, such as enjoying coffee and chatting. This situation indicates that the participant's bond with his father was not entirely marked by negative experiences but also included moments of emotional closeness. Experiences in which a caregiving figure serves as both a source of security and a threat may be linked to the

development of insecure or disorganized attachment patterns. In individuals experiencing psychosis, repeated trauma, insecure attachment patterns, and dissociation are interrelated. Other studies also indicate that disorganized attachment and dissociative experiences may serve as a link in the relationship between childhood interpersonal trauma and negative symptoms (Grady et al., 2024; Yilmaz et al., 2025). However, the results of this study cannot be used as grounds to claim that the participant's experiences with her father caused difficulties in her marriage or divorce.

In R's case, the relationship with his father during childhood may serve as one context for understanding how the participant interprets closeness and a sense of security in social interactions. A meta-analysis of individuals experiencing psychosis indicates that insecure adult attachment styles are associated with poorer social and personal recovery outcomes. Furthermore, research on trauma and psychosis suggests that attachment styles may serve as one of the psychological mechanisms linking traumatic experiences to difficulties in interpersonal relationships (Grady et al., 2024; van Bussel et al., 2021). Nevertheless, the relationship between past experiences and participants' adult relationships should be viewed as a possible interpretation based on interview data, not as a definitive causal relationship.

After her father passed away in 2019, the participant appeared hesitant to discuss that loss. This attitude may indicate discomfort when discussing painful emotional experiences. However, the available information is insufficient to conclude that the participant is experiencing unresolved grief or employing specific defense mechanisms. Therefore, this interpretation must be calibrated with interview data, such as the participant's responses when asked about his father and the changes in emotional expression observed during the interview session. The literature on trauma and psychosis supports the importance of understanding the role of attachment patterns and the tendency to avoid painful emotional experiences. However, these findings do not directly prove that the participant is experiencing pathological grief (Eisma et al., 2023; Grady et al., 2024; Russ et al., 2024).

The findings of this study are consistent with various previous studies showing that experiences of physical and emotional abuse, as well as neglect during childhood, are among the types of childhood adversity most strongly associated with the risk of developing psychotic disorders (Pastore et al., 2022; Sætren et al., 2024). These experiences not only have psychological effects but are also associated with changes at the biological level. Recurrent stress from an early age, such as that experienced by the participants, can disrupt the regulation of the body's stress system including the HPA axis and is associated with reduced levels of BDNF in the hippocampus as well as epigenetic changes that tend to be persistent. These changes are considered key pathways that explain how childhood trauma can contribute to the onset of disorders such as schizophrenia (Murphy et al., 2022; Popovic et al., 2019).

The relationship between the mother and the participants indicates that physical presence is not always accompanied by sufficient emotional involvement. This is consistent with research by Wafa & Cahyanti (2023), which shows that neglectful parenting styles can contribute to psychological vulnerability even in the absence of overt violence. In line with this, Nezia et al (2025) found that parental divorce can be followed by a decrease in involvement from the parent who does not live with the child and changes in family dynamics. These conditions are also associated with a tendency toward anxious attachment in some young adults. These findings can serve as a framework for understanding how unstable family experiences are linked to a sense of insecurity in relationships. However, these findings cannot be directly applied to participant R because the study did not specifically address R's experiences or symptoms of psychosis.

Furthermore, Sætren et al (2024) emphasize that in many studies on psychosis, childhood adversity is often viewed solely through the lens of physical and sexual abuse. In reality, more subtle experiences such as witnessing domestic violence, insecure attachment, and unresponsive parenting styles also have significant impacts, even though they are often difficult to measure. Findings regarding Participant R reinforce this perspective. The complexity of the abusive experiences endured cannot always be explained by common categories, but their influence remains clearly evident in the participant's psychological development to this day.

Within the framework of the diathesis-stress model, this theme highlights three key elements domestic violence, ambivalent attachment, and passive maternal parenting styles which can be viewed as part of the diathesis, or psychological vulnerability, experienced by the participants (Rose Jeannita Anyatazha Rose & Andrian Pramadi, 2024). These three components do not exist in isolation; rather, they are interrelated and play a role in establishing the foundation of vulnerability from an early age. This finding aligns with the longitudinal study conducted by Caswell et al (2025) as part of the IMAGEN study, which showed that the combination of adverse childhood experiences and tendencies toward externalizing behavior during adolescence has a significant influence on predicting the onset of psychological problems. Interestingly, the impact of adverse experiences is stronger in individuals with lower levels of mesocorticolimbic reactivity. This relates to participant R's condition, who since childhood has exhibited intense emotions and impulsive behavior as forms of externalizing expression. Thus, the vulnerability observed in the participant cannot be viewed as the result of a single factor, but rather as the outcome of an accumulation of various interrelated experiences. Each difficult experience adds another layer to the pre-existing vulnerability. In this context, the stronger the diathesis formed from the outset, the lower the threshold required for a stressor to trigger. Every difficult experience adds another layer to pre-existing vulnerability. In this context, the stronger the diathesis that has developed from the outset,

the lower the threshold required for a stressor to trigger psychological symptoms (Cullen et al., 2023).

The symptoms of schizophrenia experienced by Participant R did not appear suddenly; rather, they can be understood as the result of a long-term process involving the accumulation of vulnerabilities beginning in early childhood, which subsequently interacted with various life stressors (Bloomfield et al., 2021). In other words, the symptoms currently observed are part of a process that began long ago, not something that emerged suddenly. One indicator of this process is the presence of emotional instability and a tendency toward impulsive behavior that has existed for quite some time (Degnan et al., 2022; Lv & Luo, 2026). Information from close relatives indicates that this pattern has been evident for more than twenty years, suggesting that difficulties in managing emotions stem from experiences of abusive parenting. The participant was also aware of this. He stated that as early as middle school, he had begun to recognize his tendency to get angry and act impulsively; he had even tried to commit to changing, but was unable to sustain those efforts. This suggests that the participant's experiences are not merely a matter of character or personality traits.

Furthermore, these conditions reflect issues with self-regulation that have developed from an early age. Research by Bloomfield et al (2021) and Williams et al (2018) reveals that psychological processes such as dissociation, emotional dysregulation, and negative self-beliefs can act as mediators between childhood trauma and the emergence of psychotic symptoms. These dysregulatory processes appear to be deeply ingrained; thus, by the time psychotic symptoms begin to emerge, the participants' foundational self-regulation abilities have already been structurally compromised since early development.

An interesting aspect of this finding is the role of affective processes as a bridge between past experiences of violence and the emergence of psychotic symptoms in individuals. Grady et al (2024) through a systematic review and meta-analysis, revealed that affective factors such as depression, anxiety, feelings of loneliness, emotional dysregulation, and insecure attachment patterns serve as important mediators between interpersonal trauma and psychosis. Although the effects found were relatively small, these results remain statistically significant and provide important insights into the mechanisms involved.

When examining Participant R's condition, this pattern becomes clearly evident. The experience of violence at the hands of the father did not directly cause symptoms such as hallucinations, but rather first established a specific pattern of emotional reactions. The participant exhibited a high level of emotional reactivity, difficulty managing feelings, and a tendency to interpret rejection in a more intense manner. In addition, an insecure attachment style further reinforced these dynamics. The combination of these various affective factors ultimately created a vulnerable state, which became increasingly prone to being triggered when the participant faced stressors in her adult life. Grady et al (2024) also

highlight that affective factors are not the only mechanism linking trauma to psychosis. However, their presence helps explain why not everyone who experiences trauma goes on to develop a psychotic disorder. Differences in individuals' ability to regulate emotions appear to be one distinguishing factor; thus, in the case of participant R, limitations in affective regulation became a key element that reinforced pre-existing vulnerability.

Psychotic symptoms in Participant R particularly visual and auditory hallucinations began to manifest clearly following his divorce in 2012. Meanwhile, his social isolation and changes in thought patterns developed gradually. This indicates that the onset of the disorder did not occur suddenly, but rather through a relatively lengthy process. The participant demonstrated a limited understanding of his condition. Despite his ability to state his diagnosis and recognize his doctor, he did not fully grasp the meaning and clinical consequences of the disorder he was experiencing. This understanding encompasses awareness of the disorder, the need for treatment, and the ability to recognize his experiences as symptoms (Belvederi Murri & Amore, 2019). This limitation is evident in the participant's refusal to take oral medication due to concerns about dependency. This attitude not only reflects noncompliance but may also be related to the participant's perspective and concerns regarding treatment. Although the lack of insight is associated with noncompliance, the refusal to take medication may also be influenced by concerns about side effects and risks associated with treatment. (Belvederi Murri & Amore, 2019; Ljungdahl, 2017).

The participants' limited perspectives can also be analyzed in the context of defense mechanisms that emerge from their life experiences. From a psychoanalytic perspective, denial and sealing over are considered defense mechanisms to avoid awareness of painful conditions, although there is still little empirical evidence to support this (Belvederi Murri & Amore, 2019). The participants' tendency to distance themselves from things that reduce their sense of self-control may be linked to unstable childhood experiences. These experiences can provide a context for understanding their need to maintain control over themselves, although this relationship cannot be definitively established as a cause-and-effect relationship. In this situation, low treatment adherence and refusal of treatment have the potential to hinder the recovery process, given that both are associated with poorer clinical outcomes as well as an increased risk of relapse and readmission (Belvederi Murri & Amore, 2019; Ljungdahl, 2017).

The findings of this study are also consistent with the explanation provided by Popovic et al. (2019), who state that childhood trauma is not only associated with an increased risk of positive symptoms such as hallucinations and delusions but also influences the severity of negative symptoms and cognitive impairments in individuals with schizophrenia. A similar finding is also reported in the literature: Lv & Luo (2026) show that individuals with a history of childhood maltreatment are more than four times as likely to experience psychotic disorders compared to individuals

without such a history. In the context of Participant R, this can be seen in the fairly clear emergence of negative symptoms in his daily life. Research by Ware et al (2024) provides a more detailed explanation, indicating that experiences of physical abuse and emotional neglect during childhood are closely associated with the severity of negative symptoms. This pattern is evident in Participant R, who exhibits anhedonia in social interactions, tends to display flat affect across various social contexts, and shows a lack of effort to form more meaningful relationships. This condition does not occur suddenly but is linked to caregiving experiences that were inadequate in meeting his emotional needs from the very beginning.

Furthermore, Caswell et al (2025) offer a neurobiological perspective by demonstrating that externalizing behaviors emerging in adolescence can serve as a link between childhood difficulties and the onset of psychiatric disorders. These findings reinforce the understanding that currently observed symptoms are actually part of a long-term process that began much earlier, rather than isolated occurrences. A systematic review and meta-analysis by Muddle et al (2022) also found that emotional stress reactivity is associated with psychosis. This means that individuals who exhibit stronger emotional responses when facing stress tend to have a higher likelihood of experiencing psychotic episodes, although this association varies across studies. Furthermore, the interaction between high emotional reactivity and stressful life events is known to trigger an increase in psychotic symptoms, particularly hallucinations and delusions. This provides additional insight into how participant R's emotional dynamics may contribute to the intensification or recurrence of the symptoms they are experiencing.

The diathesis-stress model explains that the symptoms experienced by Participant R can be interpreted as manifestations of a preexisting vulnerability that only emerged when faced with stress (Valli et al., 2016; Zwir et al., 2023). In other words, the current condition is not something that arose suddenly, but rather the result of a long process that eventually exceeded a certain threshold. From a biological perspective, early exposure to stress plays a role in disrupting the regulation of the body's stress system, particularly the HPA axis. This instability subsequently affects neurotransmitter systems, specifically dopamine and glutamate, which are known to play a crucial role in the emergence of psychotic symptoms (Popovic et al., 2019). These changes make the body's response to stress more sensitive and prone to overreaction (Cullen et al., 2023). In the case of participant R, experiences of childhood abuse laid the foundation for vulnerability both psychologically and neurobiologically. This vulnerability makes their stress regulation system more responsive than that of other individuals who have not had similar experiences. When faced with stress in adulthood, this already vulnerable system becomes unable to manage stress effectively and begins to struggle. At this point, the symptoms of schizophrenia become more clearly and comprehensively apparent.

The primary stressor in Participant R's clinical course was a divorce that occurred in 2012, which, over time, was directly linked to the first onset of psychotic symptoms. However, this event cannot be considered an isolated loss. The divorce triggered a series of other cumulative losses. The participant not only lost his spouse but also lost access to his only child, lost his role as an active father, and lost his identity as the head of the household with financial responsibilities. Each of these types of loss reinforced one another, making the emotional burden felt far heavier than if only one thing had been lost. The literature on psychosis indicates that stressful life events are associated with the severity of positive symptoms, while the loss of roles and relationships may be linked to changes in identity within the psychotic experience (Conneely et al., 2021; Ma et al., 2023). This situation can be explained using the framework proposed by Jones & Fernyhough (2007), as described in the neural diathesis-stress model: the most significant stressors that trigger schizophrenia symptoms are situations perceived as threats to social standing and that are also beyond the individual's control (Cullen et al., 2023; Pruessner et al., 2017).

In the context of Participant R, the experience of arriving with money and food only to be rejected and driven away by his ex-wife serves as a highly relevant example. This incident was not only emotionally painful but also touched upon aspects of self-esteem and a sense of self-worth as an individual, while simultaneously reinforcing a sense of helplessness in the face of the situation. Thus, this event was not merely a sad experience but also served as a very powerful trigger for a stress system that was already in a vulnerable state. The combination of deep emotional significance and a perception of loss of control made this stressor highly effective in triggering symptoms in the participant.

The gender role expectations ingrained in the participant also added to the burden he faced. The participant firmly believed that men must be the leaders of the family and bear financial responsibility. In reality, however, he did not have a reliable, steady job. This disconnect between his beliefs and reality led to feelings of shame, failure, and helplessness that constantly plagued him. The lack of social support from his family results in the individual having fewer psychological resources, making it easier for pre-existing vulnerabilities to surface (Astuti & Soeharto, 2021). Additional findings were also reported by Wakim et al (2025), involving 86 inpatients with schizophrenia. The study's results indicate that family involvement plays a crucial role in supporting an individual's quality of life a role that cannot necessarily be replaced by other sources of support. This condition can also be understood as an uncontrolled social-evaluative threat, as described by Jones & Fernyhough (2007), who noted that it is a highly potent condition that triggers a stress response particularly via the HPA axis and can exacerbate psychotic symptoms.

In the case of participant R, this pressure stemmed not only from the surrounding environment but also from the

standards she set for herself, making the burden she felt even heavier. Furthermore, a systematic review and meta-analysis conducted by Muddle et al (2022) showed that higher levels of reactivity to emotional stress are associated with psychosis and psychotic experiences, although the strength of this association varied across studies. Findings from longitudinal studies of individuals at high clinical risk also indicate that prolonged exposure to psychosocial stressors and an increasing inability to cope with stress may be associated with a worsening of positive symptoms (Ristanovic et al., 2020). This pattern is evident in Participant R, who has exhibited a tendency toward high emotional reactivity since childhood. Consequently, when faced with severe stress, their reactions become more intense and difficult to control. This condition is further exacerbated by a lack of consistent social support in the individual's life. This lack of support leaves the individual with fewer psychological resources to cope with the existing burden, thereby making pre-existing vulnerabilities more likely to surface.

Findings by Bhattacharyya et al (2023), based on a longitudinal causal analysis, indicate that stressful life experiences are not only associated with an increased risk of psychotic relapse but also reveal a causal relationship that gradually increases with the number of stressors experienced. This pattern is relevant to participant R's situation, in which the various stresses faced in adult life do not occur in isolation but rather occur simultaneously and reinforce each other's effects. Wafa & Cahyanti (2023) found that relationship conflicts whether with a partner, children, or family members are among the most severe stressors in triggering and perpetuating symptoms. This impact becomes more significant when individuals lack effective coping strategies. In the case of Participant R, limitations in regulating emotions and stress prevented existing conflicts from being resolved effectively, thereby prolonging and exacerbating the existing condition. Furthermore, Grady et al (2024) revealed that affective processes not only function in the early stages as vulnerability-forming factors but also continue to act as mechanisms that maintain symptoms.

Emotional instability and insecure attachment styles make individuals more vulnerable to facing difficulties again, even when the primary stressor is no longer present. In Participant R, the ambivalent attachment style that formed during childhood still appears to influence how she interprets and responds to social experiences in adulthood. Rejection and loss are not only perceived as painful experiences but also have deeper and longer-lasting emotional impacts. Consequently, each negative experience becomes more difficult to process and overcome, thereby contributing to the persistence of the symptoms experienced.

Within the framework of the diathesis-stress model, the various stressors experienced by Participant R in adulthood can be viewed as triggers that activate vulnerabilities established during childhood (Zwir et al., 2023). This vulnerability actually existed beforehand but only came to the surface when faced with significant life challenges. Caswell et al (2025) emphasize that the

relationship between difficult childhood experiences and stress encountered later in life cannot be viewed as a simple sum. These two factors interact and reinforce one another. The impact of childhood experiences tends to be more pronounced in individuals who already have minimal self-regulation skills. This is evident in participant R, whose difficult early-life experiences created a more vulnerable regulatory system when faced with stress in adulthood. Furthermore, Jones & Fernyhough (2007) underscore that not all stressors have the same impact.

Stressors related to threats to social evaluation and a perceived lack of control have the most significant impact on triggering stress responses, including increased cortisol levels, which can exacerbate psychotic symptoms. In the case of participant R, divorce and various losses in relationships not only served as initial triggers for symptoms but also remained recurring sources of stress. As a result, the already disrupted stress system continued to be triggered, causing symptoms to not only appear sporadically but also persist and recur over a long period even more than ten years.

These findings suggest that to understand an individual's condition, we must look beyond mere outward symptoms. Interventions should also focus on vulnerabilities that have been present from the outset, manage ongoing stress particularly that related to social aspects and support individuals in developing emotion-regulation skills and expanding their social support networks to reduce the risk of future relapse (Oktaviani et al., 2016).

Overall, this discussion reveals that traumatic childhood experiences particularly those related to harsh parenting, coercion, and a lack of emotional attachment to parents play a significant role in shaping an individual's psychological vulnerability. This vulnerability, if not balanced by effective coping skills and appropriate environmental support, can develop into various mental health issues, including the mental disorders experienced by clients. Furthermore, a lack of social support from the family also influences decisions made in adulthood whether regarding employment, marital relationships, or socioeconomic circumstances. Therefore, it is important to understand family dynamics not only as a source of risk but also as a potential protective factor if managed in a healthier and more supportive manner.

Nevertheless, the results of this study must be interpreted with an awareness of several limitations. First, this study employed a single-case study design, so the results cannot be directly generalized to larger populations. Second, certain elements such as ambivalence in the relationship with the father, distortions in thinking, and economic role pressure were derived solely from the personal accounts of the participants and their close relatives and have not been corroborated by other data sources, such as clinical data from medical specialists. Third, the retrospective nature of the study makes the data susceptible to recall bias when recalling childhood experiences, both for the participants and their close relatives. Fourth, this study focuses on risk factors and has not examined protective factors or resilience

in individuals with similar experiences who did not develop psychotic symptoms.

CONCLUSION

The results of this study indicate that experiences of abusive parenting contribute to psychological vulnerability in individuals, particularly in terms of emotion regulation, inconsistent relationship patterns, and the use of ineffective coping strategies. This vulnerability does not directly cause schizophrenia, but it makes a person more susceptible to stress. As they enter adulthood, other stressors such as relationship problems, societal pressures, and a lack of social support can trigger and sustain the onset of symptoms. Overall, these findings suggest that schizophrenia does not emerge suddenly but is the result of vulnerabilities established early in life and environmental stressors experienced throughout one's life, consistent with the diathesis-stress model.

SUGGESTIONS

Based on the limitations of this study as outlined above, there are several suggestions for future research. First, future research could involve more participants with a history of violence and a diagnosis of schizophrenia through a multiple-case study design. This would allow for a comparison of the diathesis-stress model to identify similarities and differences in experiences among participants.

Second, future research could employ a longitudinal or mixed-methods design by combining interviews with standardized quantitative measures. This approach would allow for a more in-depth observation of changes in symptoms, responses to stress, and the development of insight over time, rather than relying solely on participants' recollections of past experiences.

Third, future research could examine protective factors and resilience in individuals with similar childhood experiences who do not exhibit psychotic symptoms. The results are expected to help identify factors that support individual resilience and serve as a basis for developing interventions that focus not only on risk but also on strengthening protective factors.

Fourth, this study focuses on risk factors and has not yet addressed protective factors or resilience in individuals with similar experiences who do not develop psychotic symptoms. Future research could explore these factors as a basis for developing interventions that focus not only on risk but also on strengthening protective factors.

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ETHICS APPROVAL

This study obtained consent from all participants prior to conducting the interviews. The researcher ensured the

confidentiality of the participants' identities by using initials and ensured that all data was used solely for research purposes.

DECLARATION OF CONFLICT OF INTEREST

The author declares that there are no conflicts of interest related to this study.

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Data supporting the findings of this study are available from the corresponding author upon reasonable request. Access to the data is provided while maintaining the confidentiality of the research participants' identities and information.

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All authors contributed to the research and writing of this article.

AI USAGE STATEMENT

In preparing this manuscript, the author used artificial intelligence (AI) as a tool to edit the language and improve paragraph structure. All research data, case analyses, interpretations, and conclusions were compiled by the author. The author has also reviewed and double-checked the AI-generated results against relevant sources and assumes full responsibility for the content and accuracy of the manuscript.

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