

## Application of Group Activity Therapy in Improving Social Interaction Skills in Patients With Social Isolation at UPT Bina Laras Pasuruan

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**Abstract:** Social isolation is a major nursing problem in patients with schizophrenia, characterized by withdrawal, limited interaction, and impaired social functioning. This condition may interfere with the rehabilitation process and reduce patients' ability to adapt socially. **Objective:** This study aims to evaluate the effectiveness of Group Activity Therapy in improving social interaction skills among patients with social isolation at UPT Bina Laras Pasuruan. **Methodology:** This study used a case study design involving five patients diagnosed with social isolation. Data were collected through direct observation of behavioral symptoms and communication abilities before, during, and after the intervention. The therapy was conducted over two weeks in 30-minute sessions using the Nursing Action Implementation Strategy and six structured group activity sessions. **Findings:** The results showed a marked reduction in symptoms of social isolation. Of the nine symptoms identified on the first day, only two remained by the eleventh day, namely limited eye contact and purposeless movements. Patients also showed progressive improvement in verbal and non-verbal communication, including introducing themselves, initiating conversations, maintaining appropriate posture, and participating actively in group activities. **Implications:** Group Activity Therapy can be applied as an effective non-pharmacological nursing intervention in psychiatric rehabilitation settings to improve social interaction, communication, and interpersonal functioning. **Originality:** This study provides practical evidence that a structured and staged group therapy approach can produce measurable behavioral improvements in patients with schizophrenia experiencing social isolation.

**Keywords:** Social isolation; Schizophrenia; Group Activity Therapy; Social interaction skills; Psychiatric nursing

## INTRODUCTION

Mental disorders constitute a global health issue with steadily rising prevalence and profound impacts on individuals' quality of life. These disorders are characterized by disruptions in emotional, cognitive, and behavioral functions that impede individuals' ability to interact effectively with their environment (Falah & Puspitasari, 2021). Among the most severe forms is schizophrenia, a chronic condition marked by impaired reality testing, communication difficulties, cognitive decline, and behavioral disturbances such as aggression and agitation (Falah & Puspitasari, 2021). These impairments often lead to

significant challenges in maintaining interpersonal relationships, ultimately contributing to the development of social isolation (Right et al., 2024).

Social isolation refers to a state in which individuals experience diminished or absent interpersonal interactions, accompanied by feelings of rejection, loneliness, and an inability to form meaningful relationships (Ruswadi, 2023; Slametingsih et al., 2022). Patients with social isolation frequently withdraw from their environment, struggle to communicate, and have difficulty expressing emotions or needs appropriately (Sukaesti, 2020). When left unaddressed, chronic social isolation can lower self-esteem, heighten anxiety, and increase vulnerability to additional psychological complications (Yuswatiningsih, 2020).

Globally, mental health disorders represent a growing public health concern. The World Health Organization (WHO) estimates that more than 450 million individuals worldwide suffer from mental disorders (Karadjo & Agusrianto, 2022). Reports from the National Institute of Mental Health indicate that mental disorders account for 13% of the global disease burden and are projected to rise to 25% by 2030. In Indonesia, the prevalence of mental health issues exceeds 28 million people, with severe mental illness affecting an estimated 17% of this population (Hidayah et al., 2023). In East Java alone, 75,427 individuals or approximately 0.19% of the population are diagnosed with mental disorders (Zulaekhah et al., 2022). These data underscore the urgency of improving management strategies for conditions such as social isolation.

The development of social isolation is influenced by predisposing and precipitating factors. Predisposing factors include developmental shortcomings, ineffective parenting dynamics, biological vulnerabilities, and sociocultural influences (Fatimah & Nuryaningsih, 2020). Precipitating factors, such as prolonged stress, psychological conflict, and social pressures, may exacerbate withdrawal tendencies and reduce an individual's capacity for interpersonal engagement (Slametingsih et al., 2022). Individuals lacking adaptive coping mechanisms may become more prone to withdrawal, suspicion, and maladaptive relationship patterns (Listiana & Effendi, 2021).

Nurses play a crucial role in addressing social isolation through the implementation of evidence-based nursing interventions, particularly the Nursing Action Implementation Strategy (SPTK). These interventions aim to build trust, help patients recognize the causes of their isolation, and gradually enhance their social interaction abilities (Agustina & Rafiyah, 2023; Apriliyani, 2023). One of the most effective non-pharmacological interventions is Group Activity Therapy (GAT).

Group Activity Therapy involves structured, stepwise activities designed to help patients develop social skills in a supportive group setting. Through multiple sessions, patients learn to introduce themselves, initiate conversations, express thoughts, share experiences, and build cooperative relationships (Saputri et al., 2023). Empirical studies have shown that GAT significantly improves social functioning, reduces maladaptive behaviors, and enhances psychological well-being among individuals with social isolation (Ningrawan et al., 2023; Suwarni & Rahayu, 2020). Moreover, GAT fosters internal motivation, reduces anxiety, and supports long-term improvements in quality of life (Rahayu et al., 2022).

Considering the high prevalence of social isolation and the demonstrated effectiveness of group-based psychosocial interventions, further application of GAT is essential in clinical practice. Therefore, this study focuses on the implementation of Group Activity Therapy to improve social interaction abilities in patients experiencing social isolation at UPT Bina Laras Pasuruan. The results are expected to contribute to the development of evidence-based mental health nursing practices and enhance the quality of psychosocial care provided to patients.

## RESEARCH METHOD

This study employed a qualitative case report approach within a psychiatric nursing framework. The case report design was used to provide a detailed description of symptoms, signs, nursing diagnoses, interventions, and follow-up outcomes in patients with social isolation who received Group Activity Therapy (GAT) (Ilhami et al., 2024). This design allows an in-depth exploration of clinical phenomena and nursing care processes in a real-world setting.

The study was conducted at UPT Bina Laras Pasuruan, an institution established by the local government to provide social rehabilitation services for individuals with mental disabilities or psychotic disorders. The facility offers physical, mental, and social guidance, skills training, resocialization, and follow-up support to its clients. Data collection was carried out over a two-week period, from 6 October 2025 to 18 October 2025.

The participants in this case report study were five clients at UPT Bina Laras Pasuruan who had been clinically diagnosed with social isolation. A case report approach enabled the researcher to directly interact with each client through interviews and observations and to obtain an in-depth understanding of their clinical condition and social context. Selection

of participants was based on the presence of nursing problems related to social isolation and their suitability for participation in Group Activity Therapy.

Data collection followed the principles of case-based qualitative inquiry, focusing on a comprehensive analysis of each individual case. Data were obtained from patients and health-care staff using the following techniques.

1. **Interviews**

Semi-structured interviews were conducted to explore patients' subjective experiences of social isolation, their perceptions of interpersonal relationships, and their responses to GAT. Interviews are defined as a form of communication between an interviewer and an interviewee, conducted face-to-face for the purpose of obtaining information or data. In this study, interviews were carried out directly with the participants without intermediaries.

2. **Observation**

Non-participant observation was used to record patients' behaviors, emotional expressions, and interaction patterns before, during, and after the implementation of GAT. Observation is a data collection technique in which the researcher systematically observes phenomena or behaviors in the field in their natural context (Wani et al., 2024). Field notes were used to document relevant behaviors and situational factors.

3. **Documentation Review**

Secondary data were collected through a review of medical records, nursing documentation, and institutional records related to patients' history, diagnoses, and previous interventions. Documentation serves as an important secondary data source that helps verify information obtained from interviews and observations. This triangulation strengthened the credibility of the findings.

The instruments used in this study included an interview guide, observation sheets, and nursing documentation forms prepared according to the standards of psychiatric nursing care at UPT Bina Laras Pasuruan.

Data were analyzed using a qualitative descriptive approach. Qualitative research aims to understand phenomena in their natural context by emphasizing rich description, interpretation, and deep understanding of the subjective meanings involved (Wulandari et al., 2024).

The analysis followed the steps proposed by Sugiyono, namely:

1. **Data collection** (from interviews, observations, and documents);
2. **Data reduction**, by selecting, simplifying, and organizing raw data according to the focus of social isolation and the effects of GAT;
3. **Data display**, by arranging data in narrative form and simple matrices to compare conditions before and after the intervention; and
4. **Conclusion drawing and verification**, by identifying patterns of change in social interaction abilities and confirming them with field notes and documentation.

### **Ethical Considerations**

This study adhered to fundamental research ethics principles, namely respect for persons, beneficence, non-maleficence, and justice (Suryanto, 2020).

#### **1. Respect for Persons**

- *Informed consent*: Participants (or their legal guardians) were informed about the purpose, procedures, benefits, and potential risks of the study. Participation was entirely voluntary, and respondents had the right to refuse or withdraw at any time without any negative consequences.
- *Autonomy*: Participants were given freedom to decide whether to participate in interviews and GAT sessions and could decline to answer specific questions.

#### **2. Anonymity and Confidentiality**

Anonymity was ensured by not using full names or identifiable personal data in any research instrument or publication; only initials or codes were used. Confidentiality was maintained by securely storing all data and ensuring that information provided by participants was not disclosed to unauthorized parties.

#### **3. Beneficence and Non-maleficence**

The intervention was designed to provide maximum therapeutic benefit while minimizing any potential discomfort or harm. GAT was implemented according to existing nursing standards, and the researcher closely monitored participants for any signs of distress, providing appropriate support when needed.

#### **4. Justice**

All participants received equal opportunity to benefit from the intervention and were treated fairly throughout the research process. The distribution of benefits and burdens of participation was kept as balanced as possible (Suryanto, 2020).

## RESULT

### Client Profile and Initial Assessment

The client (Mr. D), a 46-year-old male, was admitted to UPT Bina Laras Pasuruan due to persistent withdrawal, self-isolating behavior, and inability to interact socially. His history included significant traumatic events such as the death of his mother in 2020 and a robbery in 2019, which contributed to emotional instability and avoidance tendencies. He exhibited negative symptoms of schizophrenia such as apathy, flat affect, minimal speech, poor eye contact, and marked social withdrawal.

### Problem Tree (Root Cause Analysis)

The problem tree analysis revealed that Mr. D's social isolation was rooted in significant predisposing factors, including emotional loss, traumatic events, and prolonged patterns of withdrawal. The death of his mother deeply affected him and resulted in unresolved grief, which triggered his disengagement from social activities at home. The robbery incident, which impacted his self-worth and financial security, further lowered his confidence and contributed to persistent withdrawal. Additionally, his tendency to confine himself to his room, lack of communication with family, and hallucinatory experiences served as internal triggers that strengthened the pattern of isolation.

Precipitating factors such as refusing to engage in basic self-care, staying alone for extended periods, and daydreaming intensified the isolation. Over time, these combined factors resulted in chronic low self-esteem, making him more susceptible to prolonged withdrawal and reluctance to form relationships. Ultimately, these dynamics converged to form the core problem of social isolation, with hallucinations emerging as a downstream effect rather than the primary cause. This structured analysis highlights the complexity of Mr. D's condition, emphasizing that his isolation was not merely behavioral but deeply tied to psychological trauma, lack of support, and impaired coping skills. To better illustrate the underlying factors contributing to the client's social isolation, a root cause analysis was conducted and is presented in Figure 1.

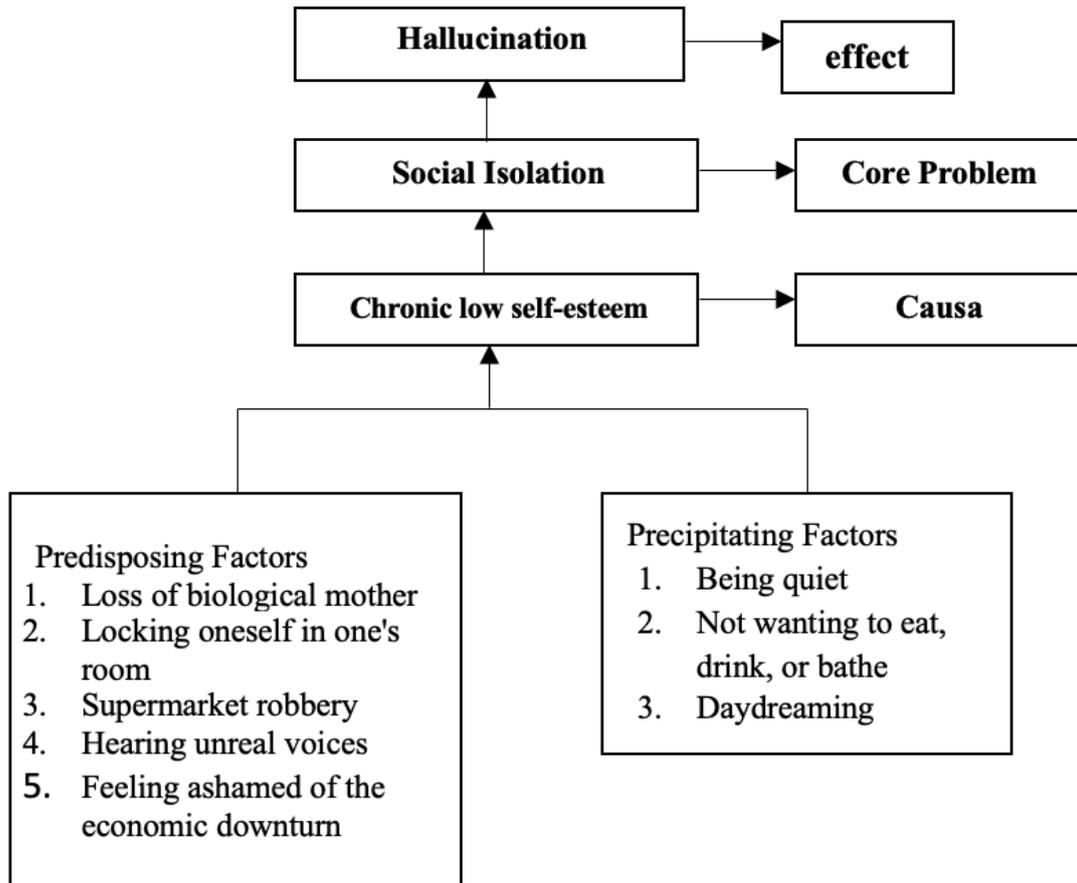


Figure 1. Cause Root

**Changes in Symptoms of Social Isolation (with Table)**

Significant symptom reduction occurred during the 11-day intervention. On day 1, Mr. D showed nine social isolation symptoms, including withdrawal, flat affect, low motivation, poor eye contact, and purposeless movements. These symptoms suggested profound negative symptomatology consistent with chronic schizophrenia. Improvements began after repeated SPTK sessions and Group Activity Therapy, showing early progress by day 6.

By day 11, only two symptoms remained: limited eye contact and occasional purposeless movements. The client no longer sought solitude, became more willing to join group activities, and showed improved emotional responsiveness. This indicates that the therapeutic combination effectively reduced both major and minor symptoms of isolation.

Table 1. Major & Minor Symptoms Across 11 Days

Symptoms	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11
Flat affect	✓	✓	✓	✓	✓	-	-	✓	✓	✓	-

Symptoms	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11
No eye contact	✓	✓	✓	✓	✓	-	-	✓	✓	-	✓
Lethargy	✓	✓	✓	✓	✓	-	-	✓	-	-	-
Purposeless movement	✓	✓	✓	✓	-	-	-	✓	✓	-	✓
Unable to meet expectations	✓	✓	✓	✓	✓	-	-	-	✓	✓	-

**Improvement in Verbal Communication (with Table)**

Mr. D initially required full assistance for all verbal tasks. He struggled to initiate conversations, introduce himself, or ask questions. His speech was slow, unclear, and lacked confidence. However, as interventions progressed, he transitioned from total dependence to partial guidance, and finally to independence in several abilities. By mid-intervention, he demonstrated clearer speech and consistency in responding when engaged by staff.

By day 11, he was capable of introducing himself independently and asking simple questions with minimal prompting. His voice became louder and clearer, indicating improved confidence and reduced anxiety. These developments highlight the effectiveness of structured interaction training and repetition.

**Table 2.** Verbal Skills Progress

Verbal Ability	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11
Initiating conversation	T	T	T	T	T	B	B	B	B	B	B
Introducing oneself	T	T	T	T	B	B	B	M	M	M	M
Clear speech	T	T	T	T	T	B	B	B	B	B	B
Ability to ask questions	T	T	T	T	B	B	B	M	M	M	M

**T = Total help, B = With assistance, M = Independent**

**Improvement in Non-verbal Communication**

Non-verbal skills also improved significantly. In early sessions, Mr. D avoided eye contact entirely, slouched when seated, and demonstrated minimal expressive behavior. As therapy continued, he began maintaining posture, using more appropriate gestures, and showing increased presence during group tasks. Encouraged social modeling helped strengthen his non-verbal engagement.

Although eye contact remained inconsistent, by day 11 he could maintain it intermittently during structured conversation. He also followed activities from beginning to end, demonstrating sustained attention an important improvement in social functioning.

**Table 3.** Non-verbal Skills Progress

Non-verbal Ability	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11
Eye contact	T	T	T	T	T	T	B	B	B	B	B
Upright posture	T	T	T	B	B	B	M	M	M	M	M
Appropriate body language	T	T	T	T	T	B	B	B	B	B	M
Following full activity	M	M	M	M	M	M	M	M	M	M	M

**Overall Therapeutic Progress**

By the end of the 11-day intervention, Mr. D demonstrated substantial gains in communication, motivation, and social behavior. He transitioned from complete withdrawal to consistent participation in structured group sessions, including simple games, exercises, and recreational tasks. His ability to identify feelings, articulate benefits of social interaction, and respond appropriately to others showed improved insight and emotional processing.

Although challenges remained particularly with eye contact and occasional purposeless movements the overall progress was strong and clinically meaningful. These findings indicate that SPTK combined with Group Activity Therapy is highly effective for clients with chronic social isolation, supporting its continued use in psychiatric rehabilitation settings.

**DISCUSSION**

**Assessment Analysis**

The assessment findings in this case show that Mr. D’s social isolation cannot be separated from his life history and accumulated psychosocial stressors. The loss of his mother, economic decline following a robbery, and longstanding patterns of self-confinement contributed to feelings of hopelessness, shame, and withdrawal. These findings are consistent with previous studies which report that traumatic experiences such as the death of a loved one and major life losses are significant stressors that may precipitate schizophrenia and deepen social withdrawal (Yoseph et al., 2020). In Mr. D’s case, grief and perceived failure appear to weaken his psychological resilience and increase his tendency to isolate himself rather than seek support.

In addition, the assessment highlights the weak role of family support in this case. Mr. D rarely received visits from his family, and there was little indication of emotional involvement or encouragement from them. This aligns with findings that family support is a key determinant of social functioning and recovery in people with mental illness (Pahlawan & Az Zahra, 2025; Rumoga, 2025; Yoseph et al., 2020). When individuals feel unloved, unappreciated, or even rejected by their families, they are more likely to adopt maladaptive coping mechanisms such as withdrawal and persistent self-isolation (Nimah & Fitria, 2021). In this context, Mr. D's coping pattern avoiding interaction, daydreaming, and choosing solitude can be understood as a learned response to unresolved grief and insufficient social support.

### **Diagnosis Analysis**

Based on the assessment, three nursing diagnoses were identified social isolation, chronic low self-esteem, and sensory-perception disturbance (hallucinations) with social isolation selected as the priority problem. Social isolation is defined as a condition in which a person experiences or is at risk of experiencing diminished or absent social contact, accompanied by feelings of rejection, loneliness, and inability to maintain meaningful relationships (Kiranti & Jesika, 2020). In this case, Mr. D's behavior avoiding interaction, preferring to be alone, feeling different from others, and showing flat affect clearly fits this definition. His pattern of behavior also matches the negative symptoms commonly observed in undifferentiated schizophrenia, which include diminished emotional expression, reduced social drive, and limited spontaneous activity (Wulandari et al., 2024).

The literature suggests that these negative symptoms are often associated with earlier psychological trauma, chronic stress, and inadequate social reinforcement (Dewi & Budiarti, 2024). Mr. D's experiences of loss and robbery, combined with the absence of consistent supportive relationships, appear to reinforce his belief that withdrawal is safer than engagement. This is reflected not only in his social behavior but also in his self-perception he feels ashamed, believes he has failed, and lacks confidence to re-enter social situations. Thus, prioritizing social isolation as the main nursing diagnosis is appropriate, as it represents the central problem that both arises from and reinforces his other psychological difficulties.

### **Intervention Analysis**

The primary intervention strategy for Mr. D's social isolation involved the implementation of SPTK (SP1–SP4) and Group Activity Therapy. The SPTK components helping the client recognize the causes of isolation, understand the advantages of having friends, and practise step-by-step social interaction are consistent with recommendations from previous studies, which emphasize the importance of graded exposure and social skills training for clients with isolation problems (Setiawan, 2024; Sukaesti, 2021). By starting from simple tasks such as introducing oneself to one person and gradually progressing to interacting with larger groups, the intervention reduces anxiety and builds confidence incrementally.

In parallel, Group Activity Therapy was used to foster socialization in a structured, supportive environment. Earlier research has shown that group-based interventions can significantly enhance social skills, encourage mutual support among clients, and reduce the severity of social isolation symptoms (Agustina & Rafiyah, 2023; Suwarni & Rahayu, 2020). In this case, the therapy sessions focusing on identifying strengths, setting goals, adjusting the environment, engaging in recreational group activities, and strengthening internal motivation allowed Mr. D to practise new behaviors in a safe setting. The marked reduction in symptoms and improvement in verbal and non-verbal communication observed in the results support the effectiveness of this combined intervention approach.

### **Implementation Analysis**

The implementation of the nursing care plan was carried out over 11 days, during which Mr. D received SPTK sessions (SP1–SP4) and six sessions of Group Activity Therapy. Practically, this meant that each day he was encouraged to perform specific tasks: identifying the reasons for his isolation, practising how to greet and introduce himself, interacting with 2, then 4–5, and finally 7–8 people, and participating in structured group activities. This stepwise implementation mirrors findings from previous work indicating that repeated, short, focused sessions (15–30 minutes) are effective in changing social behavior in clients with isolation problems (Agustina & Rafiyah, 2023; Listiana & Effendi, 2021).

The observed improvements particularly the shift from total dependence to partial guidance and, finally, to independence in several communication skills demonstrate that the chosen intervention intensity and duration were clinically adequate. At the same time,

the implementation highlighted the importance of therapeutic communication techniques such as maintaining appropriate posture, eye contact, and relaxed body language, which are emphasized by Stuart and Sundeen and cited in recent work (Wijaya et al., 2023). These techniques helped create a safe therapeutic relationship, enabling Mr. D to experiment with new ways of interacting. The remaining limitations, such as inconsistent eye contact, suggest that continued practice and reinforcement would be beneficial beyond the 11-day intervention period.

### **Evaluation Analysis**

The evaluation shows that the nursing goals for social isolation were largely achieved. Mr. D was able to build a trusting relationship, express the feelings that underlay his withdrawal, and gradually engage in social interaction with others. He learned to recognize the benefits and disadvantages of interacting or not interacting with others and could demonstrate appropriate social behaviors such as introducing himself, maintaining posture, and participating in group activities. These outcomes are comparable to those reported by (Listiana & Effendi, 2021), where SPTK and related interventions led to improved contact, clearer speech, and increased social participation, even though some residual difficulties remained.

However, the evaluation also highlights several constraints. Family-related goals could not be achieved due to the absence of family involvement, which is consistent with studies emphasizing that comprehensive mental health care requires continuous and collaborative efforts between professionals, clients, and families. Moreover, as noted in studies on clinical learning, factors such as limited time, confidence, and supervision can influence the effectiveness of student-delivered interventions. Despite these limitations, the overall evaluation in this case indicates that the combination of SPTK and Group Activity Therapy was effective in reducing social isolation and improving Mr. D's functional social abilities, and that continued, longer-term intervention could further consolidate these gains.

### **CONCLUSION**

Based on the analysis of the intervention outcomes, it can be concluded that patients with social isolation at UPT Bina Laras Pasuruan benefit significantly from the implementation of Group Activity Therapy. This intervention effectively facilitates the gradual development of social interaction skills by providing structured opportunities for

patients to engage, communicate, and participate in group settings. Through step-by-step exposure and consistent therapeutic guidance, patients demonstrate notable improvements in interaction, emotional expression, and adaptive social behavior.

The intervention, conducted for approximately 30 minutes per session over a two-week period, resulted in marked behavioral changes. Patients appeared calmer, more relaxed, and increasingly willing to engage with others. The findings indicate that Group Activity Therapy is an effective non-pharmacological approach for reducing maladaptive behaviors, enhancing social participation, and strengthening interpersonal functioning in patients with schizophrenia experiencing social isolation. Overall, the therapy proved to be a meaningful and impactful component of psychiatric nursing care in this setting.

### **Recommendations**

This case study is expected to encourage patients to continue practising positive social activities and sustain participation in group interactions while living at UPT Bina Laras Pasuruan. Ongoing involvement in structured group activities may further enhance communication confidence and social engagement.

This study may serve as a reference for future researchers, particularly those exploring therapeutic interventions for schizophrenia and social isolation in Indonesia. Future studies are encouraged to develop additional therapeutic modalities, increase the duration of follow-up, and expand the sample size to strengthen evidence for clinical practice.

The findings of this study are expected to support the nursing profession in applying evidence-based interventions to reduce symptoms of social isolation. Group Activity Therapy can be adopted as a routine therapeutic modality in psychiatric nursing practice to promote emotional well-being, improve social functioning, and support holistic recovery for patients with schizophrenia.

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