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Pragmatics of Eco-compassion in Angelic Speech Therapy: An Effective Communication Strategy for Individuals with Serious Mental Illness

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Abstract: Misunderstanding and misperception in communication often occur due to listeners' failure to grasp the accurate meaning of a speaker's utterances. These failures are typically caused by a lack of pragmatic competence in understanding the contexts and conditions of speakers when interacting with listeners in specific situations. An example of communication failure is seen with individuals experiencing serious mental illness (SMI). Communicating and interacting with SMI is challenging due to their communication disorders. Their speech and behavior are often impacted by hallucinations, delusions, disorganized talk and abnormal thought processes. This study aimed to explore effective communication strategy to deal with SMI. The case study involved 3 (three) SMI who met the eligibility criteria. An inductive qualitative method employing participant observation and documentary analysis was used. Data collection included primary, secondary and tertiary sources, which were triangulated with in-depth interviews with their families. Data analysis was conducted through thematic coding, which revealed that pragmatic competence (80%), Compassionate Psychiatric Care (CPC; 15%) and ecological conduciveness (5%) are key factors in improving communication fluency with SMI. This article concludes that the speech therapy method developed by Angelicdolly, which combines pragmatic principles with compassion for the ecological conduciveness of SMI is an effective strategy for enhancing communication with these individuals.

Key_words: communication strategy, ecological conduciveness, mental illness, pragmatic phrase

Abstrak: Kesalahpahaman dan persepsi keliru dalam komunikasi sering kali terjadi akibat kegagalan pendengar dalam memahami makna yang tepat dari ucapan pembicara. Kegagalan ini biasanya disebabkan oleh kurangnya kompetensi pragmatik dalam memahami konteks dan kondisi pembicara saat berinteraksi dengan pendengar dalam situasi tertentu. Salah satu contoh kegagalan komunikasi dapat dilihat pada individu dengan gangguan jiwa yang serius (ODGJ). Berkomunikasi dan berinteraksi dengan individu ODGJ merupakan tantangan karena

gangguan komunikasi yang mereka alami. Ucapan dan perilaku mereka sering kali dipengaruhi oleh halusinasi, delusi, pembicaraan yang tidak teratur, dan proses berpikir yang abnormal. Penelitian ini bertujuan untuk mengeksplorasi strategi komunikasi yang efektif dalam berinteraksi dengan ODGJ. Studi kasus dalam penulisan artikel ini melibatkan tiga (3) individu ODGJ yang memenuhi kriteria kelayakan. Metode kualitatif induktif digunakan, dengan observasi partisipan dan analisis dokumenter. Pengumpulan data mencakup sumber data primer, sekunder, dan tersier, yang ditriangulasi melalui wawancara mendalam dengan keluarga mereka. Analisis data yang dilakukan menggunakan pengkodean tematik menunjukkan bahwa kompetensi pragmatik (80%), Compassionate Psychiatric Care (CPC; 15%), dan kondisi ekologis yang mendukung (5%) adalah faktor-faktor utama yang dapat meningkatkan kelancaran komunikasi dengan ISMI. Artikel ini menyimpulkan bahwa metode terapi wicara yang dikembangkan oleh Angelicdolly, yang menggabungkan prinsip-prinsip pragmatik dengan rasa kepedulian terhadap lingkungan ekologi ISMI, merupakan strategi yang efektif untuk meningkatkan komunikasi dengan mereka.

Kata kunci: strategi komunikasi, konusivitas ekologis, gangguan jiwa, frase pragmatik

INTRODUCTION

To understand the accurate meaning in communication, listeners must recognize the context that influences the speaker. This context includes the situation, conditions, gestures, and environment where the speaker communicates. The field of pragmatics, a branch of linguistics, examines these contextual factors. Specifically, pragmatics in linguistics provides a comprehensive understanding of meanings (Taguchi & Kadar, 2023).

Ignoring the pragmatic context often causes miscommunication. In cases influenced by mental health issues, ISMI frequently experience communication disturbances. These disturbances affect their communication styles, which may appear as disorganized speech (Olarewaju et al., 2023), compulsive speech (VonStietz, 2021), euphoric speech (Cherry & Umhau, 2024), or dysarthric speech (Perrotta, 2020).

An abnormal communication style in ISMI individuals can distract conversations and lead to misperceptions because it is often difficult to understand unless the listeners possess pragmatic competence in the relevant field. Therefore, pragmatics, particularly as reflected in the communication impairments of ISMI utterances, requires solutions to improve their communication style and produce clearer utterances. In this context, a specific type of speech therapy is essential.

Most ISMI individuals are influenced by unconscious behaviors, including tendencies toward anger, aggression, or violence (Rueve & Welton, 2008). People who observe them often feel fear and concern. This creates uncomfortable situations, causing those around them to experience anxiety, trauma, and stress, further exacerbated by victimization and recurring violence (Wildman et al., 2023). Research by Rossa-Roccor et al. (2020) and Wildman et al. (2023) identified the overall common rates (see Table 1) that contribute to communication disturbances as follows:

Table 1:
Common Rates Affected to Communication Disturbances

Common Rates	Percentage of ISMI
Committed general violence	51.20 %
Committed physical violence (in one year)	21 - 84 %
Verbal violence (in one year)	42 - 62%
Psychological violence	56 - 88%
Committed property destructions (over two weeks period)	5 - 45 %
Engaged in sexual harassments	50.60 %
Financial violence (during 6 months)	19 - 20 %

Source: Rossa-Roccor et al., 2020; Wildman et al., 2023

ISMI can potentially disturb those around them by breaking objects or even attacking others. Their disturbances often include talking to themselves and shouting loudly without awareness. These behaviors create stress and emotional strain for those in their environment (Cham et al., 2022). Misunderstandings and misperceptions frequently arise between ISMI and the people around them. When ISMI individuals harm others, these actions are often caused by impaired communication (Vashist & Kaur, 2018).

Treating ISMI is complex and requires both clinical (Gnanapragasam et al., 2021) and non-clinical approaches (Roughead et al., 2017). Clinical interventions are typically managed by psychiatrists using antipsychotic and antidepressant medications. Non-clinical interventions, on the other hand, are often carried out by clinical psychologists and psychiatric nurses specializing in mental health care (Krans & Kubala, 2024).

Most ISMI individuals have a deficit in insight into their illness, which leads them to believe they are not unwell (Thirioux et al., 2020). Consequently, they often refuse to visit psychiatrists, clinical psychologists, or psychiatric nurses. Instead, their families typically consult psychiatrists and bring antipsychotic medications home. Unfortunately, many ISMI individuals refuse to take these medications because they do not perceive themselves as ill, due to their disrupted awareness of illness (Amador, 2012; Thirioux et al., 2020).

Managing ISMI is particularly challenging for families, who often struggle to make decisions about what to do. After hospitalization, patients frequently relapse, while psychiatrists, nurses, and other caregivers sometimes provide conflicting suggestions. Due to communication disorders, most ISMI individuals require interventions to address communication breakdowns (Dall et al., 2022). Emerson and Enderby (1996) found that 72% of ISMI communication cases are affected by pathological speech. Communication disorders, often caused by the manifestation of mental illness symptoms, lead to aggressive behavior, loud talkativeness, or disorganized speech. These symptoms vary in severity, ranging from mild to profound communication impairments (ASHA, 1993).

The impairments can involve sentence meaning or semantics (Pintos et al., 2022), the context of phrases or utterances or pragmatics (Cummings, 2012), or abnormal speech acts (van

Dijk, 2008). A review of literature on addressing communication disorders in ISMI reveals two significant gaps.

The first gap concerns whether ISMI individuals believe their speech is coherent and accurate, while those around them recognize it as disorganized (Gillette & Saripalli, 2022). To investigate this, we used an inductive qualitative method to explore why ISMI participants produce disrupted utterances.

The second gap pertains to why ISMI individuals can deliver fluent narrative utterances, even though their speech lacks logical coherence. These gaps can only be addressed through research that delves deeper into the pragmatics of their phrases. Such research will help develop effective strategies for managing ISMI communication disorders.

Since communicating with ISMI requires a specialized approach, this paper aims to explore effective strategies to improve the way ISMI individuals communicate with others. Based on the issues described above, the authors recognized the need for a specific approach to engage effectively with ISMI individuals. To address this need, the research focused on identifying the types of pragmatic phrases commonly observed in ISMI utterances. Understanding the meanings behind these pragmatic phrases is essential for developing effective therapeutic communication. By integrating pragmatic competence with targeted speech therapy, we aim to find a method to enhance fluent communication with ISMI individuals and provide an effective strategy for managing interactions with them.

THEORETICAL FRAMEWORKS

A. Pragmatics as a Grand Mind

Pragmatics is a branch of linguistics that investigates how language is used in context (Slotta, 2021) or studies how context contributes to meaning (Betti, 2021). Pragmatic context can be both linguistic and non-linguistic (Jiangli, 2021). In the context of mental illness, what ISMI verbally express often carries a different meaning and reflects a different situation from what is actually occurring. To derive accurate meaning, ISMI's pragmatic phrases must be analyzed in terms of the relevant themes, fields, situations, and conditions. This is because, both the linguistic and non-linguistic experiences of ISMI individuals can influence how they perceive communication (Tsvetkova, 2019).

B. Pragmatics of Eco-compassion

Everyone needs love and to feel loved. It is not just for those who make others happy or but also for those who are in need of love. This includes the unwanted people, the burdened sick, the poorest of the poor, to the marginalized and to ISMI. True love goes beyond pity. It must touch the hearts of people around and deals with the pain and heartbreak of people we dearly care for. The deep quality of love is known as giving compassion. The feeling of compassion may start through a hormonal level, where a secretion of oxytocin hormone or love hormone (Carter, 2022) creates a natural feeling of to love and being loved. A compassionate love has a deeper quality of love that not only addresses the care for others in need, but also rooted in spiritual love. This combination of hormonal and spiritual compassion nurtures altruistic behavior.

Altruistic behavior; however, is effective only when ecological aspects are considered. A conducive ecological environment, such as a private and comfort space, with fresh, natural air with high levels of oxygen, natural settings, and caregivers with compassionate hearts - can significantly improve speech fluency and reduce ISMI communication barriers. This pathological speech are overcome with an effective intervention of speech fluency (Sylvestre et al., 2002). An ecological compassion or eco-compassion is, thus, referring to a form of love driven by the influence of oxytocin that manifested an altruistic behavior. It considers the aspects of ecological conduciveness where love and care interact a meaningful environment for those who needs and wants to give love. Thus, to analyze this interactional context, a pragmatic of eco-compassion is necessarily studied to understand the kinds of utterances caregivers and ISMI have.

C. Pragmatics of Eco-compassion in ISMI

Pragmatics is a broad and diverse field that explores the role of context in communication (Dey, 2023). In the case of ISMI, their symptoms usually comprise abnormal behaviors, such as aggression, a very upset feeling or emotional distress, and experiences harassment or any kinds of violence. These symptoms usually influence their language abilities that lead to communication deficits and disorders (Peter, 2015).

To know the meaning behind the disordered utterances requires people who have the knowledge and skills in pragmatic accuracy, particularly in relation with the speakers' contexts (Pranowo, 2020). Communications with ISMI, is therefore, challenging because ISMI exhibits disorganized speech or seemingly normal speech that is effected by underlying mental illness symptoms (Smith & Applegate, 2018). In this matter, therapists or professional caregivers must have a foundational pragmatic concept that is tailored to mental illness symptoms. Examples include the recognition of unconscious euphoria, visual hallucinations, sexual delusions, disorganized thoughts, and disorganized speech (Magdi, 2019). The pragmatics of eco-compassion in the context of ISMI, thus, refers to the application of understanding how to merge both skills of being compassionate and alert to ecologically conducive environments. When these are implemented while focusing on empathy, context awareness, and supporting interactions, they serve as a strategy to enhance better communication with ISMI.

D. Ecological Conduciveness

The key to treating ISMI is providing a conducive ecological environment. The conduciveness should be based on the comforting situations for ISMI. Examples include the feelings of safety, provisions of an individual's well-being and meeting up with their environmental needs. Well-being factors such as compassion, love, respect, kindness, altruism, dedication, neuroplasticity, social economy, and both physical and psychological wellness are important to provide ecological conduciveness for ISMI. Bodeker et al. (2020) support this because they believe that the importance of mental health well-being potentially leads to a high trust environment of mutual respect and psychological safety for ISMI.

The ecological conduciveness that supports ISMI that are influenced by the factors of safety, comfort, well-being and environmental considerations are within the work of professional psychiatric care. Natural elements from the environment that produces human respects and conducive homestay are favorable contributions for mental health conduciveness (Gupta et al., 2024). Therefore, not only psychiatrists but also professional caregivers should find ways to make

ISMI feel happy, relaxed and accepted by others (Tian, 2023). In other words, it is important to have a communicative caregiver who takes responsibility for the psychiatric care of making ISMI feel safe (Pelto-Piri et al., 2019).

E. Effective Communication Strategy

As mentioned above, it is important to develop a communication strategy for ISMI based on pragmatic competence by acknowledging ISMI symptoms, ecological conduciveness and aspects of compassion. Communication styles of ISMI are complex and often fragmented (Bauman, 2019). For example, an ISMI might say “I am God’s messenger. The world was broken into pieces and I ate it already, so I didn’t need to eat anything else”. This kind of utterance is very difficult to understand (Prizant et al., 1990). A certain communication strategy is needed to encounter a fluent conversation with ISMI (Johanna et al., 2022). To effectively communicate with ISMI, caregivers should make an effort in minimizing misconceptions and misunderstandings. It becomes even more complex when the ISMI is aggressive and show violence or harassment.

To communicate with ISMI, caregivers should reduce any misunderstandings by carefully considering the context of every ISMI’s statements. Due to this complexity in perspective of pragmatic utterances, a question arises: can pragmatic linguistics be applied to clinical pragmatics? For Cummings (2007), the answer is yes. Understanding communication deficits and abnormalities in ISMI is key to developing an effective communication strategy (Bowie & Harvey, 2008). An effective communication strategy for ISMI should, therefore, fulfill the following conditions: (a) it should avoid misunderstanding and misconception between the professional caregiver or researcher with ISMI, (b) it should promote speech fluency.

The strategy tailored for ISMI should be based on an ecological approach that is supported by empirical data on dominant symptoms of ISMI. To be successful, trained caregivers are required to express an honest acceptance for ISMI and encourage the ISMI’s confidence in improving their communications (Coneva & Ilievski, 2013) through specific speech therapy (Muir, 1996).

METHOD

To get a clear picture on the empirical participant’s pragmatic views, a participant observational data and documentary study were used for collecting data. The participant observational research (Bogdan, 1973; Kawulich, 2005; Prus & Jorgensen, 1990; Uwamusi & Ajisebiyawo, 2023) is the best way for encountering the ISMI, by which the researcher could observe and get experience in clear context. By this way, the pragmatic context would be more clearly. The study was conducted at the Angelic’ Supporting House of Yayasan Griya Malaikat (YGM), a rehabilitation and aftercare facility for individuals with mental illness located in Purwokerto, Indonesia, over the term of six months, from September 2023 to December 2023.

A. Research Design

This article reports a research that was designed in accordance with the ethical guidelines established by relevant national and institutional committees on human subjects (CIOMS, 2016). The guidelines adhered to the protocols for ISMI research (Chiumento et al., 2017; Nabil & Shitindo, 2022; Schleim, 2022). All participants provided written informed consent prior to

their involvements in the study (Dyer & Bloch, 1987; Ezeruigbo et al., 2022; Nnebue, 2010). The research followed a case study approach (Chowdhury & Shil, 2021; Pandey & Patnaik, 2019) that combined participant observation, which served as the empirical data for developing a communication strategy for dealing with ISMI. Data analysis was conducted through thematic coding to identify key outcomes. Finally, an inductive framing process was used to create a model of communication strategy for ISMI. The research design is illustrated in Fig 1.

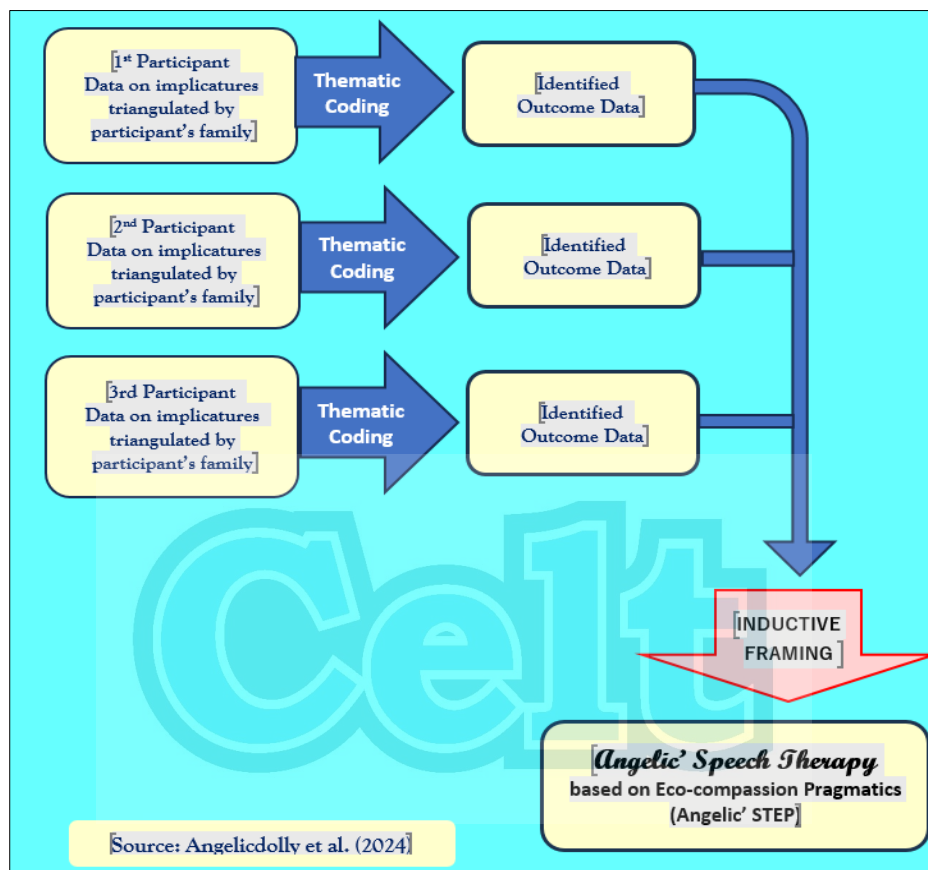


Figure 1:
Research Design

B. Type of Research

The research employed an inductive qualitative approach (Thomas, 2006). This is necessary because inductive research involves condensing a wide range of raw data that is then developed into a concise summary. It has to establish clear links between the research objectives and the summarized findings. This research was done to explore an effective communication strategy for dealing with ISMI, focusing on participant observational approach in the pragmatic context of communication with ISMI. Thus, the qualitative aspects of the research were based on actual communication data with ISMI.

C. Research Subjects

The participant selection followed specific inclusion and exclusion criteria (Meline, 2006). The participants had to meet the following eligibility criteria of they having:

- (1) serious mental illness at baseline,
- (2) disorganized speech,

- (3) either sex, aged ≥ 17 years,
- (4) treatment at YGM,
- (5) a cooperative family willing to support the research.

D. Data Collection

Data collection for this case study included demographic data and transcripts of impaired utterances spoken by ISMI. These data were gathered through participant observation and documentary research on mental illness, while the data validity ensured through in depth interviews with the ISMI participants' families. The data collection process followed the theories from Baxter & Jack (2010) and Onggo & Hill (2014) who outlined methods for case studies' data collection. The techniques of collecting the data followed the proper thematic coding supplied by Braun & Clarke (2012) and Christou (2023). The techniques were as follows:

1. Participant Observation

During participant observation, the researcher took notes on a prepared sheet of paper and approached the ISMI with an open mind and readiness to accept them as they are; whether they were talkative, angry, aggressive or showing impaired communication (Aznar-Huerta et al., 2021; Vicente et al., 2013). The main researcher focused attentively to the ISMI's utterances, while observing their behavior, and recording any relevant field notes on their habits, interactions and non-verbal communications. During the process, the researcher remained calm but alert, particularly in anticipating potential violence (Arbach-Lucioni et al., 2011; Watts et al., 2022).

2. In depth Interviews

In depth interviews were conducted to clarify the ISMI's impaired communications and identify dominant disturbances in their utterances. The interviews were held with the ISMI's family members to triangulate and validate the data. To gather more detailed information, the main researcher used semi-structured interviews focusing on psychiatric and environmental knowledge. This is accordance to a research finding that engaging with natural environments improves mental health outcomes by 98% (Nejade et al., 2022). This aligns also with Rutledge & Hogg (2020), who argue that "To assist clinicians to talk effectively with individuals about their mental health, communication protocols and training need to be further developed and assessed".

3. Scientific Study

The scientific component of this research involved applying psychiatric and ecological knowledge to analyze and code the ISMI's utterances. Examples included consulting resources from PPDGJ-III (Kemenkes, 1993) guiding book and literature on communication deficits in mental illness (Cohen et al., 2014).

E. Data Analysis

Data analyzed for the research were on how the ISMI symptoms affected their impaired communications. The ISMI's utterances were examined using thematic coding within a pragmatic context. A speech therapy tailored to specific types of mental illness symptoms exhibited by the ISMI (Ventura et al., 1993) were employed and analyzed. The analysis helped to identify key outcomes to develop a speech therapy model to interact with ISMI. In the process, concepts on deepening the pragmatic understanding of ISMI (Zumstein & Riese, 2020) was formulated.

RESULTS AND DISCUSSIONS

A. Disturbed Utterances

The cases selected in accordance to the inclusion and exclusion criteria showed that 3 (three) participants of ISMI met the eligibility criteria for this case study. The demographic characteristics of these ISMI participants are presented in Table 2 below.

Table 2:
Demographic Characteristics of Participants

Participant number	Pseudo Name of participant	Gender	Age (years)	Background of Education
1.	Budi	Male	38	Uneducated
2.	Tati	Female	29	Uneducated
3.	Sinta	Female	39	Uneducated

Source: Primary data; Angelicdolly (2023)

As shown in Table 2, Participant 1 was male of 38 years old. He is uneducated. Participant 2 and Participant 3 are females, aged 29 and 39, respectively. Both of them are also uneducated. Participant observations were done once a week over the course of three months. The results of this study provide insights into how the ISMI used impaired utterances. The data samples of the pragmatic context in mental illness are presented in Table 3:

Table 3:
Participant 1 (Budi)

Pragmatic Implicatures (Indonesian)	Pragmatic Implicatures (English)	Thematic Coding
@ Budi, kamu makan dulu ya! *(Budi berteriak): Tidak, kalau aku mau makan pasti aku beli sendiri, daripada kamu racuni aku!	@ Budi, you eat first, please! *(Budi shouted): No, if I want to eat, I will buy them myself, rather than you would poison me!	1 Symptom of suspicion
@ Budi, kenapa kamu menyerang orang-orang yang tak bersalah? *Mereka menghina aku, mereka membuli aku dan bersekongkol mau membunuhku!	@ Budi, why did you attack people who did no wrong? *They insulted me, they bullied me and made a conspiracy to kill me!	2 Symptom of suspicion
*Bu, tadi ada maling! @ Mana malingnya? *Sudah saya bacok. Tangannya berdarah! Terus malingnya dibawa ke Rumah Sakit oleh tetangga!	*Mom, there was a thief! @ Where is the thief? *I've already slashed him. His hands were bloody! Then the thief was brought to the hospital by our neighbor.	3 Symptom of suspicion 1 Visual hallucination
*Aku takut kemana-mana karena banyak polisi di luar rumah! Bahaya!	*I am frightened to go anywhere since a lot of police are outside! It's dangerous!	4 Symptom of suspicion
*Tapi aku tadi sempat pergi ke dekat sekolahan. Di sana banyak preman mengeroyok aku. Jadi mereka semua aku pukul. Ketika mereka lari, aku lempar mereka dengan batu!	*But I've managed to go to the nearest school. There were a lot of gangsters who caught me up. So, I punched them. When they ran, I threw them with stones!	5 Symptom of suspicion

<p>@ Budi, kamu sudah tiga hari tidak makan. Makan dulu ya! *(Budi marah): Sudah dibilang aku puasa. Kenapa ditawarkan makanan terus? Mau meracuni aku lagi?</p>	<p>@ Budi, you haven't eaten for three Have a meal, please! *(Budi was upset): I've already told you. I am fasting. Why do you keep asking me to have a meal? Will you poison me again?</p>	<p>6 Symptom of suspicion</p>
<p>@ Budi, kamu makan obat dulu ya, biar cepat sembuh! *(Budi ngamuk sambil membuang obat antipsikotik): Minum saja sendiri. Sudah dibilang aku sehat. Engga percaya? Ini semua kan obatnya orang gila. Emang aku gila? Kau tuh yang gila. Hahaha...</p>	<p>@ Budi, take your medicine first please, to recover! *(Budi came in mad and threw the antipsychotic drugs): Take them yourself! I've told you, I am well. Don't you trust me? These are medicines for mad people. Am I mad? It's you yourself who is mad. Haha..</p>	<p>1 Lacking of illness insight</p>
<p>@ Oke, oke, Budi. Sekarang sebaiknya kamu mandi dulu! Kamu sudah lama tidak mandi! (sudah tiga tahun tidak mandi) *(Budi ngamuk dan lempar barang): Sudah berapa kali aku bilang kalau aku sudah mandi. Jadi tidak perlu mandi. Tahu? Kau ngomong sekali lagi, aku bunuh kamu lho!</p>	<p>@ Okey, okey, Budi. Now it's better you take a bath, first! You haven't taken a bath for long time! (no bathing for three years) *(Budi came in mad and threw the things): How many times have I told you that I've already taken a bath? Once again you tell me, I'll kill you!</p>	<p>1 Self-neglected symptom</p>
<p>*(Budi ngamuk dengan membanting semua barang di kamarnya): Bu, kenapa barang-barangku dipindah semua? Atau kau curi semua? @ Bukan dipindah, sayang! Cuma dirapikan. *(Budi berteriak-teriak): Sudah dibilang jangan masuk kamarku, kok tetap saja masuk kamarku. Kamar itu privacy. Tahu gak? Sekali lagi berani masuk ke kamarku, aku pukul kuat-kuat biar kamu masuk neraka!</p>	<p>*(Budi came in mad by banging all things in his private room): Mom, why did you move all of my things? or, have you robbed it? @ Not moved, dear! It was only to tidy them up. *(Budi shouted and shouted): I told you already not to enter my room, but you keep entering my room. The room is private, don't you know? Once again you enter my room, I'll strongly hit you, so you will go to hell!</p>	<p>1 Needs conducive homestay</p>
<p>*Ibu dan kakak mau pada kemana? @ Mau pergi ke pasar sebentar! *(Budi marah): Kenapa aku tidak diberitahu? Kenapa aku tidak diajak? Aku sudah tidak dihargai di rumah ini? Dibiarkan sendiri? Sudah tidak dianggap sebagai anak?</p>	<p>*Mom and sister, where will you go? @ We will go to the market for a while! *(Budi upset): Why didn't you inform me? Why did you not ask me to join? I haven't got any respect at all at home? You let me be alone? Am I not accepted as a son?</p>	<p>1 Needs understanding on acceptance 1 Needs respect on human dignity</p>
<p>*Kenapa ibu mau jadi temanku? Bukannya lebih enak berteman dengan orang kaya? Kemana-mana dijemput mobil. Kalau berteman denganku, paling-paling aku boncengin ibu pake motor... ya kejujuran begini? Terima kasih ya bu, ibu itu temanku yang tulus dan setia. Tidak pandang uang!</p>	<p>*Why will you be my friend? Wouldn't you be better off making friends with a rich man? Wherever you go, you'll be picked up by car. If you make friends with me, you will just go by motorcycle... you'll be wet by rain like this Thanks mom, you are such a sincere and faithful friend. Not influenced by money!</p>	<p>1 Needs faithfulness 1 Needs simplicity</p>

<i>*Bu, aku pengen jalan-jalan ke gunung, tempat yang indah dan segar. Kapan-kapan aku diajak jalan-jalan ya bu... ibukan baik, penuh pengertian!</i>	*Ma'am, I want to go for a walk to the mountains, a beautiful and fresh place. Next time you should take me for a walk, ok ma'am.. you are kind, and full of understanding!	1 Needs sincere compassion 1 Needs natural environment for refreshing.
<i>*Budi bicara pada ibunya: Hai babu.. kamu ngapain? Jangan malas, dasar babu.. mana makananku? Aku sudah lapar. Ayo cepat, babu.. masak bikin singa goreng!</i>	*Budi speaks to his mom: Hey maid.. what are you doing? Don't be lazy, such a maid! Where is my meal? I am hungry. Quickly, maid.. make me a fried lion!	1 Impaired speech manifestation 2 Visual hallucination

Source: Primary data; Angelicdolly (2023)

The utterances of Participant 1 are influenced by a serious communication impairment that was characterized by frequent suspicions as his dominant symptom. The suspicion was mostly on the medicine he had to take, which he thought was poison. This is why he thought, the mentally sick were the people who gave him the drugs. Table 3's thematic coding consisted of 6 symptoms of suspicion (46.15%), 2 symptoms of visual hallucination (15.38%), and 1 (0.07%) each for self-neglected symptom, lacking of insight of illness, manifestation of impaired speech, feeling of self-neglect, and the need for conducive homestay, natural environment for refreshing, respect on human dignity, acceptance, faithfulness, simplicity, and sincere compassion. The following Table 4 discussed yet another kind of pragmatic utterances delivered by Participant 2.

Table 4:
Participant 2 (Tati)

Pragmatic Implicatures (Indonesian)	Pragmatic Implicatures (English)	Thematic Coding
<i>Ayah dan ibunya sibuk bekerja sebagai buruh gula kelapa. Mereka mulai bekerja pada pukul 04.00 dan selesai bekerja pukul 22.00.</i>	Her mom and dad are busy working as palm sugar laborers. They start working from 4 AM and finish working at 10 PM	1 Needs CPC (Compassionate Psychiatric Care)
<i>Tati sering tidak mendapat makanan karena kehabisan makanan di rumah. Maka ia sering berkunjung ke rumah tetangga, agar diberi makan. Kebiasaan makan dari pemberian tetangga memicunya untuk sering keluar rumah, hingga terjerumus pergaulan bebas.</i>	Tati often gets no meal since there are no more food at home. She often goes to her neighbor to ask for food. Having a habit to get food from her neighbors influences her to frequently go out until she got caught into having free sex.	1 Needs understanding 1 Needs acceptance 1 Needs respect on human dignity 1 Needs conducive homestay
<i>Ia sering marah dan mengamuk ketika orang mengganggu dan mengatakan: "Kamu gila! Kamu gila...!"</i>	She is often upset and mad when people bother her and tells people: "You are mad! You are mad...!"	2 Needs CPC
<i>Ia bersahabat dengan orang yang memperlakukannya dengan sikap belas kasih kemanusiaan.</i>	She became friends with people who treat her with compassion and human dignity.	2 Needs respect on human dignity 1 Needs sincere compassion
<i>Ia sering tertawa aneh dan berlebihan, meski tidak ada yang lucu.</i>	She often laughs in a strange way, even when there is nothing funny.	1 Euphoria

<i>Ia bercerita: “Aku punya anak bu! Waktu itu aku diajak ke kuburan, disuruh tidur di sana dan diberi uang Rp.5.000,-”</i>	She told a story: “I have a baby, ma’am! At that time I was picked to go to the cemetery, was told to lay down there and was given Rp.5.000,-”	1 Sexual delusional behavior 3 Needs respect on human dignity
<i>Ia dan rombongan dari Yayasan Griya Malaikat (YGM) mengikuti kegiatan outbound ke pantai Teluk Penyu di Cilacap. Di sana ia terlihat senang dan bercerita: Bu, aku senang diajak jalan-jalan seperti ini, jadi tidak banyak pikiran.</i>	She and her group from Angel House Foundation (Yayasan Griya Malaikat – YGM) joined an outbound activity at Teluk Penyu beach in Cilacap. There she seemed happy and said: Ma’am, I am happy you brought me here, so I don’t have many things to think about.	1 Needs natural environment 2 Needs sincere compassion 1 Needs simplicity
<i>Terus, soal laki-laki, sebelum tinggal di YGM, aku sering disuruh tidur sama laki-laki. Kadang pagi, kadang siang, kadang malam.</i>	Then, about men, before staying in YGM, I was often brought to lay down with men. Sometimes in the morning, sometimes in the day, sometimes at night.	2 Sexual delusional behavior 4 Needs respect on human dignity
<i>Aku sering keluar rumah, siang dan malam.</i>	I often go out, day and night.	3 Sexual delusional behavior
<i>Aku ingin tidur di rumah, tapi di rumah tidak ada yang memberi uang dan tidak ada makanan.</i>	I want to sleep at home, but there is no one giving me money and also no food.	1 Needs food 1 Needs money 2 Needs acceptance 2 Needs understanding
<i>Kalau ada laki-laki yang sayang dan memberi uang, ya aku senang diajak pergi dan tidur bersama laki-laki, soalnya diberi makan dan diberi uang Rp. 5.000,-</i>	When there is a man who loves and gives me money, I like to be taken out and sleep together with the man, since I was given food and money of Rp. 5.000,-”	4 Sexual delusional behavior 5 Needs respect on human dignity
<i>Bu, badanku sering pegal-pegal, rasanya badan ini tidak enak, sering mual, tidak enak makan.</i>	Ma’am, my body often feels pain, my body felt uncomfortable, often nauseous, not good to eat.	5 Pregnancy impacted by sexual delusion
<i>Di YGM banyak orang yang mencintai aku. Aku tidak pernah kekurangan makan, dan selalu ada jajan yang aku makan!</i>	In YGM there are many people who loves me. I never lack for food, and each time there are a lot of snacks for me to eat!	2 Needs food & snack 3 Needs compassion 3 Needs understanding 2 Needs conducive homestay
<i>Di rumah sering tidak ada siapa-siapa, bapak dan ibu pergi dari pagi sampai malam.</i>	At home, there is often no one, my mom and dad go from morning to night.	3 Needs conducive homestay
<i>Aku sering diberi uang Rp. 5.000,- dan sering disuruh tidur sama laki-laki. Kadang mereka kasar sama aku. Kadang aku yang marah.</i>	I am often given Rp. 5.000,- and often instructed to lay down with men. Sometimes they are rude to me. Sometimes I am the one who is upset.	5 Sexual delusional behavior 6 Needs respect on human dignity
<i>Badanku pegal-pegal. Lama-lama aku tidak suka makan, karena sering mual. Aku berpikir bahwa ini berarti aku hamil, ya. Terus, nanti aku melahirkan bayi!</i>	My body is painful. More and more I don’t feel like eating, since I often feel nauseous. I think this means that I am pregnant, right? Then, I would give birth to a baby!	6 Pregnancy impacted by sexual delusion. 3 Needs CPC 7 Needs respect on human dignity

Source: Primary data; Angelicdolly (2023)

Table 4 above showed another kind of dominant symptom shown by Participant 2. It confirmed that in the process of thematic coding the ISMI experienced of euphoria, sexual

delusions, pregnancy impacted by sexual delusion, and needs CPC, food, snack, money, understanding acceptance, sincere compassion, simplicity, respect on human dignity, conducive homestay and natural environment. The speech of Participant 2 was severely affected not only by communication impairments but also by a sexual delusion as her dominant symptom. This was proven with her repeating her experience of being laid down by men until she thought she got pregnant and will have a baby soon.

The other female participant showed the characteristics of insecure feeling due to not having the meal she needed and being frightened to an imaginary corpse (see Table 5). To cure her insecure feelings, she needed eco-compassion. Luckily the priest and the researcher could offer what she needed.

Table 5:
Participant 3 (Sinta)

Pragmatic Implicatures (Indonesian)	Pragmatic Implicatures (English)	Thematic Coding
@ <i>Piye kabare dek? Wis maem? (disertai gesture caregiver sebagai tanda welcome pada ODGJ)</i> *Apik, wis maem.. ning maem maneh yo.. pengen seblak sing pedes?	@ How are you, younger sister? Have you eaten? (followed by the caregiver's gesture to sign a welcome for the ISMI) *It's good that you had your meal.. but you should have another meal.. Do you want 'hot seblak'?	1 Having a secured feeling of caregiving's welcome 2 Have the courage (secure feeling) to ask for food
@ <i>Oke, ning Sinta papung disik yo..</i> *Papung nang omahe ibu? Nang kene iki? @ <i>Yo kono kae, nang kamar mandi!</i>	@ Okey, but Sinta needs to have a bath first.. *How about bathing in mom's house? In here? @ Yes, right there, in the bathroom!	1 Needs conducive homestay
* <i>(Sinta makan seblak bersama peneliti). Aku kesenangan ditutokke seblak, bu! Enak tenan! Suwun yo, bu Angel. Ibu eman ki karo aku!</i>	* <i>(Sinta had 'seblak' together with the researcher): I like the idea that you bought me 'seblak', ma'amm! It's very tasty! Thanks, ma'am Angel. You care for me!</i>	1 Needs compassion 1 Needs understanding 1 Needs acceptance
<i>Sinta gila, Sinta gila! (Sinta mengamuk, memukul mereka dan melempar batu orang-orang yang membulinya.</i> * <i>Emoh.. emoh.. emoh.. (sambil menangis).</i> @ <i>Ngopo Sinta, koq nangis? (Ketika didekati peneliti, Sinta berhenti menangis dan mencium tangan peneliti). Ayo, melu ibu! Jalan-jalan! Ia menurut jalan kaki bersama peneliti, sambil ngajak bercerita.</i>	<i>Sinta is mad, Sinta is mad! (Sinta was upset, beat people and threw stones to people who bullied her.</i> * <i>No.. no.. no.. (while crying)</i> @ <i>Why are you crying, Sinta?</i> <i>(When the researcher come close to her, Sinta stopped crying and kissed the hands of researcher). Come with me! Let's go for a walk! She walks with researcher, while telling stories.</i>	2 Being upset for insecure feeling 3 Crying for insecure feeling 1 Needs CPC 2 Letting her to kiss elder's hands was a sign of letting her to feel of acceptance of cultural adaptation in Indonesia
<i>Bu, suwun yo.. aku kesenangan sering ditukokno mie ayam.. bu Angel eman karo aku. Suwun bu.. Wongwong liyo podo jahat karo aku. Okeh lonte, okeh wong jahat!</i>	<i>Ma'am, thank you.. I am happy you bought me chicken noodle.. ma'am Angel loves me. Thanks ma'am.. Other people are wicked. There are many bitches, many wicked people!</i>	2 Needs understanding 3 Needs acceptance 2 Needs sincere compassion

<p>Aku dolan? Karo sembahyang nang kono kae? Karo ibu? Nang guo yo? Opo nang taman? @ Yo... ayo mlaku alon-alon!</p>	<p>I can go anywhere? While I pray over there? With you, ma'am? To the cave? Or in the garden? @ Yes.. let's walk slowly!</p>	<p>4 Needs acceptance 4 Needs feeling of secure 1 Needs natural environment</p>
<p>*Komo (Romo), Komo (Romo)... hihhi.. wedi, wedi.. ono bajing! (sambil berlari menghampiri Romo) @ Ia menundukkan kepala di depan Romo, lalu Romo menenangkan Sinta yang ketakutan melihat bajing. Lalu ia mencium tangan Romo. Setelah itu, ia menyapa peneliti: Bu Angel, tukokke maem.. karo sate. Sesudah makan ia mencuci piring tanpa disuruh.</p>	<p>*Komo (Priest).. Komo (Priest).. hihhi.. frightened.. frightened.. there is a squirrel! (while running to the priest) @ She bowed her head before the priest, then the priest calmed her who was frightened to see a squirrel. Then she kissed the priest's hands. Afterwards, she greets the researcher: Ma'am Angel, please buy me food.. with satay. After having the meal, she cleaned the dishes without being asked.</p>	<p>5 Needs acceptance 5 Needs feeling of secure for her symptom of anxiety 6 Ask blessing to a priest who used to bring the feeling of secure for her 2 Needs CPC 1 Needs cultural adaptation 2 Needs conducive homestay</p>
<p>*Bu, bar maem terus aku ngombe obat yo? Karo sirup yo bu? @ Yo, ki obate! Ki sirupe! *Sirupe meneh, bu! @ Oke, oke.. *Suwun bu, suwun.. aku kesenengen. Bu Angel eman tenan karo aku..!</p>	<p>*Mom, after the meal I'll take the medicine? With syrup, right mom? @ Yes, this is the medicine! This one with syrup! *More syrup, ma'am! @ Okey, okey.. *Thanks mom, thanks.. I am happy. m'am Angel takes care of me a lot..!</p>	<p>1 Achieving repair for the illness insight 1 Saying thanks for compassionate care.</p>
<p>*Aku bobo kene yo bu? @ Yo, bobo kono kuwi! *Suwun, bu!</p>	<p>* I sleep here, ok, ma'am? @ Yes, sleep there! *Thanks, ma'am!</p>	<p>3 Feeling good for conducive homestay</p>
<p>Setelah bangun tidur, ia mandi, lalu membersihkan kamar mandi tanpa diperintah.</p>	<p>After waking up, she bathes, then cleansthe bathroom without any instructions.</p>	<p>1 Achieving repair on self-neglection</p>
<p>Bu, endi Komo (Romo)? Komo (Romo) nang endi?</p>	<p>Ma'am, where is Komo (priest)? Komo (priest), where is he?</p>	<p>1 Missing loving care</p>
<p>Komo (Romo) eman karo aku. Suwun, ibu Angel yo eman tenan karo aku.</p>	<p>Komo (priest) takes care of me. Thanks, ma'am Angel, you also take care of me.</p>	<p>2 Missing loving care 2 Saying thanks to a priest 3 Saying thanks to ma'am Angel for CPC</p>
<p>Setiap pagi Sinta datang ke penginapan peneliti. Sore atau malam hari baru ia pulang ke rumahnya. Ia makan dan tidur siang di tempat peneliti menginap.</p>	<p>Everyday Sinta comes to researcher's lodging. At noon or afternoon, she went home. She has a meal and naps in the researcher's room</p>	<p>4 Needs conducive homestay 1 Needs respect on human dignity 6 Needs acceptance</p>
<p>Setiap hari Sinta merasa nyaman untuk bertemu Romo, karena Romo menyapa dan mengajak bicara dengan perhatian penuh kasih.</p>	<p>Everyday Sinta feels comfortable to see the priest since the priest greets and asks her to talk with compassion.</p>	<p>2 Needs understanding 7 Needs acceptance 3 Needs sincere compassion</p>

<i>Setiap pagi, sebelum peneliti selesai ikut doa pagi, Sinta sudah masuk penginapan peneliti yang tidak dikunci. Ia sudah menyapu tanpa diperintah.</i>	Every morning, before the researcher finished her morning prayer, Sinta has already come into the researcher's room as it wasn't locked. She swept the floor without any instructions.	5 Needs conducive homestay 8 Needs acceptance
<i>Suatu hari ia ngambek karena peneliti pergi ke luar kota selama satu bulan. Begitu peneliti kembali, Sinta berteriak: Emoh.. emoh.. emoh..! Setelah peneliti menghampirinya, Sinta langsung mencium tangan peneliti.</i>	One day she was in a bad mood since the researcher went out of town for one month. When the researcher came, Sinta shouted: No.. no.. no..! After the researcher came to her closely, Sinta hurriedly kissed the researcher's hands.	1 Bad mood 3 Needs CPC 3 Needs understanding 9 Needs acceptance 4 Needs sincere compassion 2 Needs cultural adaptation
<i>*Bu, ayo... tuku mie ayam nang kono kae lo..! Sing pedes! @ Oke, ning klambine ganti disik.. sing apik.. ben tambah ayu!</i>	<i>*Ma'am, let's... buy chicken noodle there..! The hot one! @ Okey, but you change your clothes first.. the good one.. to be more beautiful!</i>	6 Have trust to researcher 7 Have secured feeling in communication with researcher
<i>*Bu Angel, Komo (Romo).. endi? @ Biasane nang taman. *Nggoleki Komo (Romo) yuk, bu! Ning, tukokke seblak disik yo..! @ Ayo, ayo..!</i>	<i>*Ma'am Angel, Komo (priest).. where is he? @ He used to be in the garden. *Let's see Komo (priest), ma'am! But, buy 'seblak' first for me, please..! @ Let's, let's ...</i>	8 Having secured feeling 3 Needs understanding 10 Needs acceptance 4 Needs CPC
<i>(Bertemu Romo): Komo (Romo).. aku seneng ditukoke seblak nang bu Angel. Komo (Romo).. arep seblak? @ Oh, untukmu saja..! Seblak ki opo, to? Enak ya? Bu Angel eman karo Sinta? *Yo, Komo (Romo). Bu Angel eman karo aku... seblak ki ngene lo, Komo (Romo) – Sinta menunjukkan seblak pada Romo.</i>	<i>(Meeting with the priest): Komo (priest).. I am happy for being given 'seblak' from ma'am Angel. Komo (priest).. do you want 'seblak'? @ Oh, it's better for you! What is 'seblak'? Is it tasty? Ma'am Angel takes care of you? *Yes, Komo (priest). Ma'am Angel takes care of me.. 'seblak' is like this, Komo (priest) – Sinta showed seblak to Komo (priest).</i>	9 Having secured feeling to tell all things without any judgement and accepted as a faithful close friend
<i>Komo (Romo), mau bengi aku wedi.. wedi.. weruh ono mayit! @ Romo menenangkan Sinta dan ngajak dia bercerita.</i>	<i>Komo (priest), last night I was frightened.. frightened.. I saw there was a corpse! @ The priest calmed Sinta and led her to tell more stories.</i>	10 Asking for secured feeling since she was frightened.

Source: Primary data; Angelicdolly (2023)

Analyzing Table 5 shows a thematic coding of the ISMI mostly needing the feeling of acceptance (19.23%), although following this is the show of having a secure feeling to do something (17.31%) which was more than the insecure feeling she had (11.53%). The insecurity consisted of the need for a conducive homestay (9.61%), compassion (7.69%), CPC (7.69%) understanding (5.77%), loving care (5.77%), cultural adaptation (3.84%), natural environment (1.92%), respect on human dignity (1.92%).

The cause for insecurity was partly due to having a bad mood (1.92%). Thus, she needed a conducive natural environment and respect on human dignity. Although there were many kinds of negative traits, however, the secure feelings felt by Participant 3 enabled her to be confident into asking for some food and saying thank you to the Priest and the professional caregiver

(5.77%) by doing some household chores voluntarily. This finding proves that using the correct pragmatics strategy of using compassionate language will result ISMI patients who are loyal and helpful.

B. Eco-compassion Pragmatics' Speech Therapy

The following utterances mentioned in Table 6 is a modeled sample of Angelic' Speech Therapy that is based on Eco-compassion Pragmatics (Angelic' STEP). By referring to a boxed rice that the Participant 1 favors, better communication is also created, hence accepting the professional caregiver as a best friend (see Figure 2).

Table 6:
Example of Utterance Formulae in Angelic' Speech Therapy

Pragmatic Implicatures (Indonesian)	Pragmatic Implicatures (English)	Thematic Coding
@ Budi, kamu makan obat dulu ya, biar cepat sembuh!	@ Budi, take the medicine first please, to recover soon!	The caregiver asked Budi to take the medicine
*(Budi ngamuk sambil membuang obat antipsikotik): Minum saja sendiri. Sudah dibilang aku sehat. Engga percaya? Ini semua kan obatnya orang gila. Emang aku gila? Kau tuh yang gila. Hahaha...	*(Budi came in mad and threw the antipsychotic drugs): Take it yourself! I have told you that I am well. Don't you trust me? These are medicines for mad people. Am I mad? You yourself are mad. Haha..	Impaired utterances as ISMI felt he was not ill
@ Budi, lihat ini.. aku bawa sesuatu untukmu! *Bawa apa bu? @ Lihat saja dulu.. kuning-kuning nih.. (sambil tersenyum pada Budi) *Wao.. ibu bawa sirup orange. Apa itu untukku, bu? @ Ya, ini untukmu!	@ Budi, have a look.. I am carrying something for you! *What do you bring, mom? @ See this, first.. It's yellow in color.. (while smiling to Budi) *Wow.. you brought me orange syrup. Is it for me, ma'am? @ Yes, this is for you!	The caregiver gave ISMI his favorite drink
*Waduuuh, ibu kok pakai repot-repot bikin sirup orange untukku!	*Wow, you are so nice in preparing an orange syrup for me!	ISMI got surprised by the compassionate psychiatric who cares (CPC) for him
@ Untuk Budi sahabatku, boleh lah aku repot sedikit!	@ For Budi my best friend, it's okey if I have been a little bit busy preparing it for you!	The caregiver took part in the friendship and shows him the willingness to make sacrifices for him
*Terima kasih ya bu! Ngomong-ngomong kok ibu tahu ya kesukaanku sirup orange?	*Thanks ma'am! By the way, how did you know I like orange syrup?	ISMI feels thankful for experiencing CPC
@ Yupps, namanya saja sahabat. Kan ada kontak batin di antara kita. Jadi tahu kesukaanmu. Pakai feeling!	@ Yupps, we are best friends. There is a soul link between us. So, I know your what you like. I use my feelings!	The caregiver convinced ISMI

*Oke, oke bu... terima kasih sudah mau jadi sahabatku!	*Okey, okey ma'am... thanks for willing to be my best friend!	that she is his best friend.
		ISMI said thank you to the caregiver's readiness to be his best friend
@ Budi, ngomong-ngomong... kamu sehat?	@ Budi, by the way.. are you well?	The caregiver asked about ISMI's healthiness
*Ya bu, aku sehat. Ibu sehat juga?	*Yes mom, I am okey. Are you also okey?	ISMI responded to the caregiver's attention and ISMI asked the same thing to the caregiver
@ Ya, aku juga sehat. Tapi aku minum vitamin setiap hari, meskipun aku sehat. Biar fit, tidak gampang sakit! *Oh, begitu ya bu?	@ Yes, I am also well. But I take vitamins everyday even when I am okey. To be fit, so I don't get ill easily. *Oh, really, ma'am?	The caregiver leads ISMI to have the will to taking antipsychotic drugs
@ Iya, lebih baik minum vitamin daripada sakit baru minum vitamin. *Oh, gitu ya bu? Ngomong-ngomong aku suka pegal-pegal bu! Apa ibu tahu? Vitamin apa yang dipakai untuk pegal-pegal?	@ Yes, it's better to take the vitamins rather than I got sick and then take the vitamin. *Oh, is it that right ma'am? By the way, I often feel painful. Do you know ma'am? What vitamin can I take for my pains?	ISMI started to follow the caregiver's idea in taking antipsychotic drugs
@ Lho... ternyata kamu pegal-pegal juga? Kalau begitu kamu minum saja vitaminku ya.. *Boleh bu, kalau kurang nanti ibu beli lagi ya!	@ Oh... you also get pains? So, it's better you take my vitamins.. *Okay ma'am, if you need them, you may buy more later!	ISMI followed the caregiver's idea in taking antipsychotic drugs
@ Ya, oke.. no problem! Ini vitamin untukmu! (Caregiver memberi obat antipsikotik pada ODGJ)	@ Yes, okay.. no problem! This vitamin is for you! (The caregiver gave antipsychotic drugs to ISMI)	ISMI asked for antipsychotic drugs
*Terima kasih ya bu, terima kasih atas perhatian dan kebaikan hati ibu! (Budi mengambil obat antipsikotik dari tangan caregiver) @ Oke, oke!	*Thanks ma'am (the ISMI took the antipsychotic drugs from the caregiver's hand), thank you for your care and kindness to me! @ Okay, okay!	ISMI received antipsychotic drugs

Source: Primary data; Angelicdolly (2023)

As informed, in the case of initially not wanting to take the medicine, the caregiver managed to make use of compassionate language to influence Participant 1 to see the medicines as vitamins that should be taken each day to keep fit. In this way, the suspicion of medicines that are poisonous for him is put away. As a result, Participant 1 willingly takes the colorful vitamins and thanked the caregiver for giving the care and attention that he needed.

Meanwhile, the case study on Participant 3 started with a professional caregiver studying ISMI's pragmatic phrase (see Figure 2), which confirmed that the cause of her illness was not

getting any food to eat and the attention she needed from her parents. This made another professional caregiver to help be close to Participant 3 by providing *durian* and *seblak* to eat (see Figure 3). Participant 3 was unique as she manifested also numerous anxieties, which caused her to be frightened (see Table 5). A priest was touched to assist in conducting the Angelic Speech Therapy. The therapy consisted of giving compassionate attention and calmly communicating with her until her mood became stable (see Figure 4).



Figure 2:
A professional caregiver gave a boxed rice while analyzing the symptoms in ISMI's pragmatic phrase



Figure 3:
Another professional caregiver paid a Compassionate Psychiatric Care (CPC) to Participant 3 by giving her *durian* and *seblak*



Figure 4:
A priest assisted to conduct the Angelic STEP by paying compassionate attention and comforting communication

This kind of treatment was also continued by the main researcher who introduced herself as her professional caregiver. The professional caregiver not only bought her fried glutenous flour snack called *seblak*, and chicken noodle called *mi ayam* but also *durian* to be close to her. Due to this nice way of getting close to Participant 3, she willingly cleans and washes dishes without being told to do so (see Figure 5).



Figure 5:
 An ISMI with her conducive homestay willingly helps the caregiver wash the dishes

All utterances shown in the Table 3,4, and 5 proved how the Angelic Speech Therapy has worked successfully on the three ISMI patients. Through analyzing the kinds of thematic coding on the three participants, the top three elements found were forms of Pragmatic Competence (PC; 80%), Compassionate Psychiatric Care (CPC; 15%) and ecological conduciveness (EC; 5%).

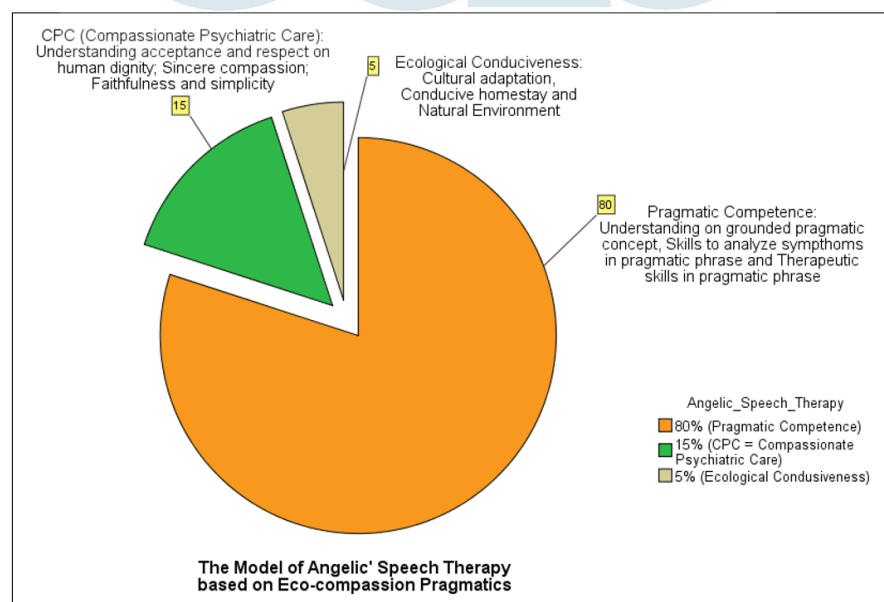


Chart 1:
 The novel model for Angelic STEP

As shown in Chart 1, CPC comprised from an understanding, acceptance, and respect on human dignity, as well as sincere compassion, faithfulness and simplicity shown by the ISMI. Meanwhile, EC comprised of the elements of homestay conduciveness, cultural adaptation, and the natural environment provided to the ISMI. Lastly, PC was made possible by giving an understanding of pragmatic concepts, skills to analyze the symptoms through the pragmatic phrases used by ISMI, so appropriate therapeutic skills were exercised by the caregivers.

C. Effectiveness of Communication Strategy

The utterance transcripts in the implicatures of Table 3,4, and 5 above are evidences of using Angelic' Speech Therapy. During the pretest, the ISMI had an impaired communication, e.g. the ISMI did not want to take the medicine. Yet, later, by using pragmatic competence in the post-test the ISMI could communicate better without any barriers, thus achieving repair by having an insight to his illness and feelings of self-neglect. This resulted the ISMI to willingly accept the medicine, and thankfully takes it. This action means that (a) there are no more misunderstandings and misconceptions between the caregiver and the ISMI, and (b) the utterances impairment has improved the ISMI's fluent communication.

D. Angelic Speech Therapy: a Research Finding

This research article highlights the role of a compassionate priest and the main researcher serving as caregivers for three participants who are classified under Individuals with Severe Mental Illness (ISMI). These individuals are diagnosed with Acute Paranoid Schizophrenia (Participant 1), Acute Schizophrenia with Sexual Delusion (Participant 2) and Participant 3 had Disruptive Mood Dysregulation Disorder (DMDD), which is a term defined by Laporte et al. (2021). The main researcher, as shown in Figure 2; and the priest, as shown in Figure 3, played a pivotal role in implementing the modeled Angelic STEP (Speech Therapy based on Eco-compassion Pragmatics), which is categorized as an empowerment program. By respecting human dignity and demonstrating wholehearted care, the caregivers fostered understanding, compassion, and adaptive actions, thus, creating a foundation for effective therapy. As illustrated above, one of the ISMI, Participant 3 in this study, successfully visited the researcher's lodging regularly to receive Angelic STEP therapy. Throughout the process, the caregivers' compassionate involvement has contributed significantly to addressing the ISMI's communication deficits and emotional needs. As a consequence, a profound impact of empathetic care on therapeutic outcomes has resulted. As also illustrated through Chart 1 above, three main components build up the Angelic STEP model. A detailed discussion on them are as follows.

1. Pragmatic Competence (PC)

Pragmatic competence constitutes 80% of the overall speech therapy composition and plays a pivotal role in the speech therapy for ISMI. The development of pragmatic competence is grounded in the clinical pragmatics of the science of mental illness (Xiang et al., 2024). It is within this field that a pragmatic context analysis is possible. Based on evidence from this research, pragmatic competence in ISMI communication involves (a) an understanding of grounded pragmatic concepts, (b) the caregiver's skills to analyze mental illness symptoms in pragmatic phrases, and (c) the caregiver's therapeutic skills in pragmatic phrases.

a. Understanding grounded pragmatic concepts

In understanding grounded pragmatic concepts, a caregiver had to apply thematic coding analysis to find deeper implicatures rather than simply interpreting the written transcript of pragmatic context. This is because pragmatic studies must investigate utterances to determine accurate meanings within real conditions and situations relevant to dominant communication fields (Allott, 2005). By having an understanding of grounded pragmatic concept as an essential part of pragmatic competence, the caregiver, henceforth have the skills to analyze the ISMI's symptoms.

b. Skills to analyze mental illness symptoms in pragmatic phrases

Analyzing data through thematic coding necessitates a deeper understanding of pragmatic context beyond linguistic interpretation. Communicating with ISMI required identifying and analyzing what disrupted their communication. This research article discussed the primary disturbance in ISMI communication has stemmed from cognitive changes or mental illness symptoms (Cohen et al., 2014). That was why the skills to analyze the ISMI's pragmatic phrase were so important in building up the thematic coding. Cognitive impairments or dominant symptoms in ISMI had to be observed and analyzed to further provide appropriate responses to the kinds of communication deficits exhibited by the ISMI.

c. Therapeutic skills in pragmatic phrase

In treating ISMI, caregivers needed training to apply the correct therapeutic skills in making use of ISMI's pragmatic phrases as data. The pragmatic phrases that ISMI exhibits are usually influenced by responses to their mental illness symptoms, thus, specific therapeutic skills are required to repair their communication deficits. These skills include both verbal and non-verbal communication strategies. According to Muralidharan et al. (2018). disorganized speech in ISMI is often caused by the severity of mental illness symptoms. This is why therapeutic skills in pragmatic phrases should focus on creating responsorial phrases tailored to the dominant symptoms exhibited by ISMI.

2. Compassionate Psychiatric Care (CPC)

Having Compassionate Psychiatric Care makes the role of a professional caregiver different from a therapist. A professional caregiver devotes more of his/ her time to intentionally treat ISMI than a therapist. As a consequence of this relationship, a good relationship between professional caregiver and ISMI becomes a powerful factor in repairing the communication deficits in ISMI (Lauzier-Jobin & Houle, 2021). As evidenced by the outcome of the research, professional caregivers required the essential attitudes, such as wholehearted compassion, intentional care, sincerity, honesty, faithfulness, simplicity, friendship and readiness to accept ISMI and foster a secured feeling for them. As illustrated in Chart 1, as many as 15% of CPC contributed to Angelic STEP. The overviews of the CPC elements are explained as follows:

a. Understanding acceptance and respect on human dignity

A professional caregiver should have a simple presence, trustworthy presence in the eyes of ISMI. These qualities are significant in leading the ISMI to accept, give respect and feel the loving care on the human dignity of the ISMI (Rivero & Erdmann, 2007). Unexpected challenges may arise, such as when an ISMI's family is uncooperative or misinterprets the caregiver's role. For this reason, to facilitate the ISMI's recovery, it is also essential for the caregiver to treat ISMI in her/his immediate eco-environment, so a triangular communication experience happens with the family, caregiver and ISMI.

b. Sincere compassion

Sincere compassion is an essential element in conducting specific speech therapy. Positive caregiver-ISMI relationship fosters an ISMI's trust to the professional caregiver. Neglecting sincere compassion is impossible for the caregivers to effectively conduct good speech therapy process. ISMI often display heightened sensitivity and emotional reactivity. Understanding the symptoms of mental illness becomes a foundational guide for to respond appropriately to the ISMI's communication difficulties. When caregivers know how to manage ISMI's behaviors, they can create a sense of security for the ISMI during therapy. This sense of security allows the ISMI to feel and experience the caregiver's sincere love and support, hence, further reinforcing the success of the therapeutic process.

c. Faithfulness and simplicity

Faithfulness and simplicity are vital components in building trust between ISMI and caregivers, too. This adheres with scholars' opinions that professional caregivers should serve as faithful companions to the ISMI (King et al., 2016; Manchanda et al., 2023), so all of the caregivers' suggestions are accepted by ISMI. Simplicity in the caregivers' approach is an added value for ISMI, who often struggles with complex thoughts. Gambrel & Cafaro (2009) believe that simplicity, in the caregiver's approach and language plays a significant role in ISMI's overall achievement, which included their improvement of an effective communication.

3. Ecological Conduciveness

Last but not least, a supportive environment is powerful to build the conduciveness of mental health issues. This research revealed that ecological conduciveness contributed 5% of the overall components of speech therapy. Based on the utterances analyzed in Table 3, 4, and 5, thematic coding identified three key elements of ecological conduciveness: (a) cultural adaptation, b) a conducive homestay, and (c) a natural environment. Details are discussed as follows:

a. Cultural Adaptation

The cultural aspect in this research provided a conducive influence on the effectiveness of speech therapy for ISMI. As shown in Table 5, the ISMI kissed the hands of the researcher as a professional caregiver. For the ISMI, this act was culturally significant. It symbolized the ISMI's acceptance and respect for the caregiver, in addition to the ISMI's feelings of being blessed, happy, and peaceful.

The act, is approved by Subiyanto (2018) who sees it as a meaningful form of connection and reassurance.

b. Conducive Homestay

Creating a conducive homey atmosphere is particularly challenging for ISMI, especially those with mood disorders. To enhance a more favorable environment for speech therapy, attention should be given to the little things that will potentially cause discomfort or distress to ISMI. The little things include how caregivers communicate with ISMI, such as touching the head of the ISMI as a sign of reassurance, how to choose appropriate phrases to give comfort for ISMI to take the medicine, have a meal, take a bath, and how to ask them to perform daily tasks, such as cleaning the dishes, go to bed, and gather socially in comfort.

c. Natural environment

Doing outdoor activities, such as walking in nature or enjoying fresh air, can have restorative effects both mentally and physically. The green space, fresh air and restorative environment can help reduce ISMI's stress levels and rejuvenate brain function (Grahm & Stigsdotter, 2003; Zepp, 2018). It is proof that natural environment plays an important role in speech therapy by providing a restorative effect, thus making it an integral part ecological conduciveness.

CONCLUSION

This article has shown that understanding the symptomatic causes of ISMI's communication deficits is essential for analyzing the pragmatic context and in developing effective strategies for speech therapy. The speech therapy strategy discussed in the article is shown to have enhanced the improvement of ISMI's communication skills. As a novelty of this research, the model of Angelic Speech Therapy based on Eco-Compassion Pragmatics (Angelic STEP) is one that can be trained to other potential ISMI caregivers.

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