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Case Report of Manic-Type Schizoaffective Disorder with Auditory Hallucinations and Aggressive Behavior in a Young Adult Woman

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ABSTRACT

Purpose: This study aims to analyze the clinical manifestations, psychosocial factors, and management of a patient with manic-type schizoaffective disorder. The study focuses on auditory hallucinations, aggressive behavior, medication non-adherence, and relapse dynamics. It assumes that biological, psychological, and social factors interact in worsening symptoms and increasing relapse risk.

Research Method: This study used a qualitative descriptive case study design involving one patient diagnosed with manic-type schizoaffective disorder. Data were collected through clinical interviews, direct observation, and medical documentation. The data were analyzed descriptively to explore the patient's biological, psychological, and social conditions related to symptom development, treatment adherence, and relapse.

Results and Discussion: The findings showed that the patient experienced dominant auditory hallucinations, aggressive behavior, recurrent medication non-adherence, and psychosocial stressors, including family conflict and bereavement. These factors contributed to symptom exacerbation and relapse risk. The coexistence of psychotic and manic symptoms reflects the complexity of manic-type schizoaffective disorder. Integrated pharmacological treatment, psychotherapy, and family support are essential for symptom control and emotional stabilization.

Implications: The findings emphasize the need for holistic management that combines biological, psychological, and social interventions to improve adherence, prevent relapse, and enhance quality of life.

Originality: This study provides an in-depth case-based explanation of relapse dynamics in manic-type schizoaffective disorder by integrating clinical and psychosocial perspectives.

Keywords: aggressive behavior; auditory hallucinations; medication adherence; psychosocial; schizoaffective disorder.

1. Introduction

Schizoaffective disorder is a severe psychiatric disorder characterized by the coexistence of psychotic symptoms and mood disturbances, including manic or depressive episodes. This disorder presents substantial clinical complexity because it simultaneously affects perception, emotional regulation, cognition, and social functioning. One of the most prominent manifestations is auditory hallucinations, which often distort reality perception and trigger negative emotional responses, including irritability,

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aggression, and self-harming behavior. Previous studies have demonstrated that auditory hallucinations are among the dominant symptoms in severe mental disorders and significantly contribute to impaired social functioning and decreased quality of life (Ana & Nadirah, 2025; Fauzania *et al.,* 2025). In clinical settings, patients with schizoaffective disorder frequently exhibit emotional instability, impulsive behavior, and difficulties maintaining interpersonal relationships, thereby increasing the burden on both families and healthcare systems.

Globally, schizoaffective disorder and schizophrenia spectrum disorders remain major public health concerns due to their high relapse rates, chronicity, and substantial psychosocial burden. Relapse is commonly associated with repeated hospitalization, functional deterioration, and poor long-term prognosis. Among the most influential factors contributing to relapse is non-adherence to pharmacological treatment. Recent evidence indicates that medication non-adherence among patients with psychotic disorders remains high and is significantly associated with increased relapse and rehospitalization rates (Beyene *et al.,* 2025; Zewdu *et al.,* 2025). Furthermore, the risk of treatment discontinuation tends to increase after discharge from psychiatric hospitalization, when supervision and clinical monitoring become limited (Vega *et al.,* 2021). Despite advances in psychopharmacology, maintaining long-term adherence continues to be a major challenge in psychiatric care, particularly among patients with limited insight into their illness.

Recent studies have increasingly explored both pharmacological and non-pharmacological approaches for managing schizoaffective disorder and psychotic symptoms. Antipsychotic therapy has been shown to effectively reduce psychotic symptoms and prevent relapse, although treatment outcomes are highly dependent on patient adherence (Bogers, 2025). Evidence from The Lancet Psychiatry also highlights that appropriate therapeutic strategies can significantly decrease relapse risk and improve long-term outcomes (Taipale *et al.,* 2025). In addition, technological innovations such as mobile health applications have shown promise in improving medication adherence and symptom monitoring among psychiatric patients (Al Dameery *et al.,* 2023). From the psychosocial perspective, Cognitive Behavioral Therapy (CBT) has been reported to assist patients in coping with hallucinations, improving emotional regulation, and enhancing coping mechanisms (Alfriyani, 2025). Nursing interventions, including generalist therapy and distraction techniques, have also been shown to reduce hallucination intensity and improve patient functioning (Andrini *et al.,* 2024).

In the Indonesian context, severe mental disorders remain a significant challenge within the healthcare system. Limited access to mental health services, low mental health literacy, and persistent social stigma frequently lead to delayed treatment and poor therapeutic adherence. Family involvement plays an essential role in supporting treatment continuity; however, the implementation of effective family-based management strategies remains inadequate. Existing studies in Indonesia have primarily focused on symptom management or pharmacological interventions separately, while the interaction between psychosocial stressors, aggressive behavior, hallucinations, and chronic medication non-adherence has received limited attention. Moreover, few studies comprehensively analyze schizoaffective disorder within a biopsychosocial framework, particularly among young adult women experiencing recurrent relapse triggered by interpersonal and emotional stressors.

Previous research has also tended to examine hallucinations, aggressive behavior, or treatment adherence as isolated phenomena. Consequently, the complex relationship between persistent auditory hallucinations, impaired impulse control, psychosocial trauma, and relapse patterns remains insufficiently explored. Theoretical perspectives emphasize that psychotic disorders are influenced by interactions between biological vulnerability and environmental stressors, including grief, interpersonal

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conflict, and social dysfunction (Hafizah & Sulistyarini, 2025). However, empirical evidence integrating these dimensions into contextualized clinical case analyses remains limited. This gap highlights the need for a more holistic understanding of schizoaffective disorder that incorporates clinical manifestations, psychosocial dynamics, behavioral responses, and treatment adherence simultaneously.

Based on these gaps, this study aims to comprehensively analyze the clinical manifestations of manic-type schizoaffective disorder with auditory hallucinations and aggressive behavior in a young adult woman, while examining the role of psychosocial factors and medication non-adherence in influencing disease progression and relapse. The novelty of this study lies in its integrative analysis combining clinical, psychological, social, and behavioral dimensions within a contextual biopsychosocial framework. Unlike previous studies that predominantly focused on a single dimension, this case report specifically highlights the interrelationship between persistent auditory hallucinations, aggressive and self-harming behavior, chronic medication non-adherence, and psychosocial stressors such as bereavement and marital conflict within the Indonesian family context. Therefore, this study is expected to contribute to a more comprehensive understanding of schizoaffective disorder and provide practical implications for developing more effective and holistic psychiatric management strategies.

The remainder of this paper is organized as follows. Section 2 provides a literature review and hypothesis development. Section 3 presents the research method and design. Section 4 provides the results and discussion. Section 5 presents Concluding Remarks and Recommendations.

2. Literature Review and Hypothesis Development

2.1 *The Concept of Manic-Type Schizoaffective Disorder*

Schizoaffective disorder is a complex psychiatric disorder characterized by the combination of psychotic symptoms typical of schizophrenia and mood disturbances, including depressive or manic episodes. In the manic type, patients exhibit elevated mood, irritability, increased energy, and may also experience psychotic symptoms such as delusions and hallucinations. Based on the Indonesian Classification of Mental Disorders (PPDGJ-III), the diagnosis is established when psychotic and affective symptoms occur simultaneously or alternately within the same clinical episode. The case of the young adult female patient in this report demonstrates a combination of manic symptoms, including irritability, restlessness, and sleep disturbances, along with psychotic symptoms in the form of auditory hallucinations and paranoid delusions, which are consistent with the diagnosis of manic-type schizoaffective disorder.

2.2 *Auditory Hallucinations and Perceptual Disturbances*

Auditory hallucinations are dominant symptoms in schizoaffective disorder and schizophrenia, characterized by the perception of voices without external stimuli. A study by Ana and Nadirah (2025) showed that auditory hallucinations are frequently accompanied by anxiety, agitation, and negative emotional responses, which may worsen the patient's psychological condition. In the present case, the patient experienced persistent whispering voices calling her name, which triggered anger, self-talking behavior, and impaired social functioning. This condition is consistent with the findings of Andrini *et al.,* (2024), who reported that uncontrolled hallucinations can increase psychological distress and reduce patients' reality-testing ability.

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2.3 *Aggressive Behavior and Psychiatric Emergency Risk*

Aggressive behavior in patients with schizoaffective disorder often emerges as a response to hallucinations or delusions. Such behavior may involve verbal or physical aggression, including self-directed violence. In this case report, the patient exhibited aggressive behaviors such as damaging objects and attempting self-harm by banging her head against the wall. This phenomenon can be explained through the stress-diathesis theory, in which psychosocial stressors, such as family conflict and bereavement, trigger symptom exacerbation in individuals with biological vulnerability. This is consistent with the patient's history of relapse following marital conflict and the loss of a close family member.

2.4 *Medication Adherence and Risk of Relapse*

Medication adherence is a key factor in the management of schizoaffective disorder. A study by Al Dameery *et al.,* (2023) demonstrated that technology-based interventions, such as mobile applications, can improve patients' adherence to antipsychotic therapy. However, several studies have reported that non-adherence rates remain high. Vega *et al.,* (2021) and Zewdu *et al.,* (2025) found that non-adherence is a major cause of relapse and rehospitalization. This finding is reinforced by Beyene *et al.,* (2025), who identified factors such as poor insight, medication side effects, and inadequate family support as major predictors of treatment non-adherence. In this case, the patient had a long history of medication non-adherence to the extent that family members attempted to mix medication into her food, which still proved ineffective. This condition significantly contributed to the patient's recurrent relapses.

2.5 *Pharmacological Therapy and Relapse Prevention*

The primary treatment for schizoaffective disorder involves a combination of antipsychotics and mood stabilizers. The use of antipsychotics such as olanzapine has been proven effective in controlling psychotic symptoms, while mood stabilizers such as divalproex are used to manage manic symptoms. Bogers (2025) emphasized the importance of balancing relapse prevention with functional recovery in patients. Meanwhile, Taipale *et al.,* (2025) demonstrated that appropriate long-term therapeutic strategies can significantly reduce the risk of relapse in both first and recurrent episodes. In this case, the prescribed treatment consisting of olanzapine, divalproex, and trihexyphenidyl was consistent with evidence-based recommendations for simultaneously controlling psychotic and manic symptoms.

2.6 *Psychosocial Interventions and Psychotherapy*

Non-pharmacological approaches play an important role in improving patients' quality of life. Cognitive Behavioral Therapy (CBT) is effective in helping patients manage hallucinations and improve coping mechanisms (Alfriyani, 2025). In addition, supportive-expressive therapy may help patients regulate emotions, particularly among women with schizoaffective disorder (Hafizah & Sulistyarini, 2025). Other interventions, such as family therapy, also help improve treatment adherence and reduce relapse rates. Habibah *et al.,* (2025) demonstrated that family support has a significant relationship with medication adherence among patients with schizophrenia in Indonesia. In this case, the planned psychotherapeutic approaches included CBT, supportive therapy, and family therapy, which were relevant to the patient's needs in addressing psychosocial stressors and improving medication adherence.

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2.7 *Psychosocial Factors and Relapse Dynamics*

Schizoaffective disorder is influenced not only by biological factors but also by psychosocial factors such as loss, interpersonal conflict, and socioeconomic conditions. In this case, the loss of the patient's younger sibling and conflict with her partner became the primary triggers for symptom onset and relapse. Shen and Wu (2026) emphasized that strategies to improve treatment adherence should comprehensively consider psychosocial factors, including family support and social environment stability. Conclude this section by summarizing how the literature review and hypotheses align with your research aims, emphasizing the study's potential contributions to theory, practice, or policy. Therefore, based on this relationship, the hypothesis proposed in this study is as follows: Young adult women with manic-type schizoaffective disorder who experience persistent auditory hallucinations are more likely to exhibit aggressive behavior, particularly in the presence of psychosocial stressors and poor medication adherence. Comprehensive management combining pharmacological treatment and psychosocial interventions is expected to reduce psychotic symptoms, improve emotional regulation, and decrease the risk of relapse and aggressive behavior.

3. Research Method

This study employed a single exploratory variable focusing on the clinical manifestations of manic-type schizoaffective disorder. The sub-variables examined included auditory hallucinations, aggressive behavior, medication adherence, and psychosocial factors contributing to relapse. These variables were selected based on previous literature indicating that psychotic symptoms, aggressive behavior, and treatment non-adherence are major determinants in the progression and recurrence of schizoaffective disorder (Beyene *et al.,* 2025; Vega *et al.,* 2021). Operational definitions were established to ensure consistency in data interpretation throughout the study. Manic-type schizoaffective disorder was defined as a mental disorder characterized by the coexistence of psychotic and manic symptoms within the same clinical episode (Bogers, 2025). Auditory hallucinations are referred to as the perception of voices without external stimuli, such as whispering voices calling the patient's name, identified through clinical interviews (Ana & Nadirah, 2025). Aggressive behavior was defined as verbal or physical actions potentially harmful to oneself or others, often emerging as responses to hallucinations or delusions (Harun *et al.,* 2024). Medication adherence refers to the patient's consistency in following the prescribed therapeutic regimen, which plays a crucial role in relapse prevention (Al Dameery *et al.,* 2023; Habibah *et al.,* 2025). Psychosocial factors were defined as life stressors, including family conflict, bereavement, and social pressure, which may exacerbate psychiatric symptoms (Shen & Wu, 2026).

The population of this study consisted of patients with schizoaffective disorder experiencing auditory hallucinations. The research subject was a 29-year-old young adult woman diagnosed with manic-type schizoaffective disorder according to the PPDGJ-III criteria and treated at RSKD Duren Sawit. The subject was selected purposively based on clinical characteristics relevant to the study objectives, particularly the presence of psychotic symptoms, mood disturbances, and aggressive behavior (Vega *et al.,* 2021; Beyene *et al.,* 2025).

This study applied a descriptive qualitative case report design. The case study approach was chosen to explore comprehensively the clinical phenomenon of manic-type schizoaffective disorder with auditory hallucinations and aggressive behavior in a single individual, including the biological, psychological, and social aspects influencing the patient's condition. This approach enabled an in-depth

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analysis of disease progression, therapeutic response, and relapse risk factors. Case reports are widely used in psychiatric research to understand the complexity of mental disorders at the individual level (Fauzania *et al.,* 2025). Several clinical and documentary instruments were utilized in this study. Clinical interviews, including autoanamnesis and alloanamnesis, were conducted to obtain detailed information regarding the patient's illness history, symptoms, and psychosocial background (Fauzania *et al.,* 2025). Mental Status Examination (MSE) was used to assess the patient's psychological condition, including mood, affect, thought process, perception, and insight (Bogers, 2025). Medical records were reviewed to obtain objective data related to diagnosis, treatment history, and the patient's clinical progression (Vega *et al.,* 2021). The PPDGJ-III diagnostic guideline served as the primary reference for establishing the diagnosis of manic-type schizoaffective disorder in accordance with Indonesian clinical standards (Habibah *et al.,* 2025). In addition, literature-based approaches, such as Cognitive Behavioral Therapy (CBT) and strategies for improving medication adherence, were used as theoretical references to inform the understanding of relevant interventions (Alfriyani, 2025; Al Dameery *et al.,* 2023).

Data were collected through direct interviews with the patient and family members, clinical observations during hospitalization, and a review of medical records. Triangulation techniques were employed to enhance data validity by comparing multiple sources of information (Shen & Wu, 2026; Zewdu *et al.,* 2025). Data analysis was conducted using descriptive qualitative methods, with stages of data reduction, narrative presentation of data, and conclusion drawing based on the integration of case findings and theoretical perspectives. This approach enabled an in-depth interpretation of the relationships among clinical symptoms, risk factors, and therapeutic effectiveness (Beyene *et al.,* 2025; Bogers, 2025).

4. Results and Discussion

4.1 Analysis Results

4.1.1 *Characteristics of the Research Subject*

The subject of this study was a 29-year-old married woman with a bachelor's degree and two children. The patient previously worked as an Umrah travel staff member but was currently unemployed. Socially, the patient lived with her family and had a history of relatively good interpersonal relationships prior to the onset of the disorder. However, since the emergence of symptoms, there had been a decline in social functioning, communication ability, and daily activities.

4.1.2 *Clinical Presentation of Manic-Type Schizoaffective Disorder*

The anamnesis results revealed that the patient had experienced psychiatric disturbances since 2014, following the loss of a significant family member. The symptoms appeared intermittently and worsened after marital conflict. The chief complaint upon hospital admission was talking to herself, which had persisted for three days prior to hospitalization. Clinically, the patient demonstrated a combination of affective and psychotic symptoms. The affective symptoms included restlessness, irritability, sleep disturbances, and decreased appetite. Meanwhile, the psychotic symptoms consisted of auditory hallucinations and paranoid delusions. This combination of symptoms supported the diagnosis of manic-type schizoaffective disorder according to the PPDGJ-III criteria.

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4.1.3 *Manifestation of Auditory Hallucinations*

The patient experienced auditory hallucinations in the form of whispering voices continuously calling her name without any external stimulus. These hallucinations occurred throughout the day, including during daily activities, causing fatigue and sleep disturbances. The patient responded to these hallucinations by talking to herself and displaying anger because she felt disturbed by the voices. In addition, the patient also exhibited illusions, although no other types of hallucinations, such as visual, gustatory, or tactile hallucinations, were identified. This condition indicated that the dominant perceptual disturbance occurred in the auditory modality.

4.1.4 *Aggressive Behavior and Risk to Self*

Observational findings demonstrated significant aggressive behavior in the patient. These behaviors included damaging household objects, such as dismantling wardrobes and scattering clothes, as well as attempts at self-harm by banging her head against the wall. The aggressive behavior emerged as a response to the disturbing hallucinations experienced by the patient. Furthermore, the patient displayed increased irritability and difficulty controlling emotions, reinforcing the clinical picture of a manic episode with psychotic symptoms.

4.1.5 *Medication Adherence and History of Relapse*

The patient had a significant history of medication non-adherence since the initiation of treatment. Although she had received treatment since 2015, she frequently refused to take the prescribed medication. Family efforts to improve adherence, such as mixing medication into food, were unsuccessful because the patient continued to reject treatment. This non-adherence correlated with the patient's pattern of recurrent relapses, in which symptoms reappeared after periods of remission. The patient had also undergone previous hospitalizations due to similar conditions, indicating a chronic course of illness with repeated relapses.

4.1.6 *Psychosocial Factors Affecting the Patient's Condition*

The findings indicated that psychosocial factors played a significant role in both the onset and recurrence of symptoms. The loss of the patient's younger sibling, with whom she had a very close relationship, became the initial triggering factor for the disorder. In addition, conflict with her partner and separation from her husband served as major triggers for the most recent relapse. The patient also experienced psychological distress in the form of feelings of worthlessness due to unemployment, as well as decreased religious activities that had previously been an important aspect of her life. These factors contributed to emotional instability and worsened the clinical condition.

4.1.7 *Mental Status Examination Findings*

The Mental Status Examination showed that the patient was fully conscious (compos mentis) with relatively intact cognitive functioning, including orientation, memory, and concentration. However, disturbances were identified in perception and thought content, specifically auditory hallucinations and paranoid delusions. The patient's mood appeared hypotonic with a broad and appropriate affect. The thought process was coherent, although reality testing was impaired. The patient's insight was

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categorized as grade 1, indicating that she did not recognize her illness. This condition contributed to her poor medication adherence.

4.1.8 *Diagnosis and Management*

Based on the anamnesis and Mental Status Examination findings, the patient was diagnosed with manic-type schizoaffective disorder (F25.0) according to the PPDGJ-III criteria. The differential diagnosis considered was bipolar affective disorder, manic episode with psychotic symptoms. The management provided included pharmacological therapy consisting of a combination of antipsychotic medication (olanzapine), mood stabilizer (divalproex), and adjunctive medication (trihexyphenidyl). In addition, psychotherapeutic interventions, including Cognitive Behavioral Therapy (CBT), supportive therapy, family therapy, and interpersonal therapy, were planned to improve emotional stability and medication adherence.

4.2 Discussion

Manic-type schizoaffective disorder is one of the most complex psychiatric disorders because it involves the simultaneous interaction between psychotic symptoms and mood disturbances. The findings of this case study demonstrated a combination of auditory hallucinations, aggressive behavior, medication non-adherence, and psychosocial factors that interacted in worsening the patient's condition. These findings are consistent with the modern concept of schizoaffective disorder, which suggests that this condition is not merely a simple combination of schizophrenia and affective disorders, but rather a spectrum disorder with complex neurobiological and psychosocial dynamics (Pavlichenko *et al.,* 2024).

4.2.1 *Auditory Hallucinations as a Core Symptom*

The findings revealed that auditory hallucinations in the form of whispering voices calling the patient's name became the dominant symptom, triggering distress and behavioral disturbances. This finding is consistent with studies showing that auditory hallucinations are among the most common symptoms in psychotic disorders and are closely associated with emotional dimensions and other psychopathological experiences (Toh *et al.,* 2025). Phenomenologically, auditory hallucinations often appear in the form of highly personal voices, such as calling the patient's name or giving comments, which intensify the patient's emotional response (Javier *et al.,* 2025). In this case, the patient's responses, including talking to herself and displaying anger, indicate that hallucinations were not merely perceptual disturbances but also significantly affected emotional regulation and behavior.

4.2.2 *Aggressive Behavior as a Response to Psychosis*

The aggressive behavior demonstrated by the patient, such as damaging objects and engaging in self-harm, can be understood as a response to distress caused by hallucinations. Recent literature indicates that patients with schizoaffective disorder and schizophrenia have a higher risk of aggressive behavior, particularly when psychotic symptoms are uncontrolled. A systematic review showed that aggressiveness in psychotic patients is strongly associated with active psychotic symptoms and may be reduced through specific antipsychotic therapies (Faden & Citrome, 2024). This is relevant to the patient's condition, in which increased aggressiveness occurred during periods of intense hallucinations.

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4.2.3 *The Role of Psychosocial Factors in Relapse*

This case demonstrated that psychosocial factors, such as the loss of a family member and marital conflict, played a significant role in triggering both the onset and relapse of symptoms. These findings support the stress-diathesis model, which proposes that individuals with biological vulnerability experience symptom exacerbation when exposed to environmental stressors. Recent studies have shown that emotional stress and significant life changes can worsen psychotic symptoms, including increasing the frequency of hallucinations and mood instability (Javier *et al.,* 2025). Therefore, the interpersonal conflicts experienced by the patient in this case became strong precipitating factors for relapse.

4.2.4 *Medication Non-Adherence and Its Impact*

Medication non-adherence observed in this patient was a key factor influencing the course of the illness. The literature indicates that patients with schizoaffective disorder have high rates of non-adherence, which contribute to increased risks of relapse, rehospitalization, and social dysfunction. Recent studies suggest that pharmacological therapy in schizoaffective disorder requires a long-term approach and high treatment adherence to achieve symptom stability (Osser, 2025). In addition, treatment resistance is frequently observed among patients with poor adherence, thereby worsening the prognosis (Moriarty *et al.,* 2025).

4.2.5 *Integration of Psychotic and Affective Symptoms*

The findings of this study demonstrated that manic symptoms, such as irritability, restlessness, and sleep disturbances, occurred simultaneously with psychotic symptoms. This condition reinforces the primary characteristic of manic-type schizoaffective disorder, in which mood disturbances and psychosis overlap. Current research indicates that the presence of hallucinations in mood disorders is associated with greater severity and increased clinical complexity (Javier *et al.,* 2025). This explains why the patient in this case exhibited more severe symptoms and required multidimensional management.

4.2.6 *Implications for Management*

The findings of this study emphasize that therapeutic approaches should be holistic, encompassing both pharmacological and psychosocial aspects. The use of antipsychotics and mood stabilizers is necessary to control the core symptoms, while psychosocial interventions such as cognitive therapy and family support are important for preventing relapse. Recent approaches have also highlighted therapeutic innovations, including metabolic approaches and individualized therapy, which may improve patient outcomes (Laurent *et al.,* 2025). In addition, nursing interventions such as generalist therapy have been shown to help patients recognize and control hallucinations more adaptively (Fauzania *et al.,* 2025). Overall, the findings of this study reinforce evidence that manic-type schizoaffective disorder is a multidimensional condition influenced by the complex interaction of biological, psychological, and social factors. Auditory hallucinations function not only as core symptoms but also as triggers for aggressive behavior and social dysfunction. Medication non-adherence and psychosocial stressors further worsen the course of the illness and increase the risk of relapse. These findings are consistent

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with the development of modern psychiatric concepts emphasizing the importance of integrative and individualized approaches in the management of schizoaffective disorder (Pavlichenko *et al.,* 2024).

5. Concluding Remarks and Recommendation

The conclusion of this study shows that manic-type schizoaffective disorder is a multidimensional condition characterized by a complex interaction between psychotic and affective symptoms, which in this case manifests through auditory hallucinations, aggressive behavior, and significant emotional instability. Auditory hallucinations not only serve as the primary symptom but also trigger psychological distress that leads to the emergence of maladaptive behaviors. Additionally, psychosocial factors such as loss and interpersonal conflict have been shown to exacerbate the condition and trigger relapses, especially when accompanied by non-compliance with treatment. These findings emphasize that the management of schizoaffective disorder requires a holistic approach that integrates pharmacological therapy, psychosocial interventions, and family support to achieve patient condition stability and prevent sustained relapses.

Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

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