

Anger Management to Reduce Angry Behavior in Schizophrenia Patients

Ryan Ainul Azhar, Herlan Pratikto

Fakultas Psikologi, Universitas 17 Agustus 1945 Surabaya

ABSTRACT

Schizophrenia is a serious mental disorder characterized by hallucinations, delusions, disorganized thoughts, and difficulty managing emotions, often leading to aggressive behavior. This study explores the effectiveness of anger management interventions in helping patients with schizophrenia manage aggression, specifically targeting a 38-year-old patient diagnosed with paranoid schizophrenia. The study employs a qualitative approach through observations, interviews, and psychological testing to assess the patient's psychological state and identify factors contributing to emotional dysregulation. Psychological assessments, including WAIS, SSCT, WWQ, SRQ-20, and projective tests, revealed that the patient displayed a below-average IQ, social withdrawal, mood instability, impulsivity, and paranoia. The intervention included six sessions of anger management techniques based on Novaco's cognitive-behavioral approach, aiming to help the patient recognize anger triggers, improve emotion regulation, and foster positive coping strategies. Results demonstrated a notable reduction in aggressive behaviors, with the patient showing progress in emotional control, appropriate social communication, and engaging in beneficial activities to redirect anger. Although some behavioral challenges persisted, the patient exhibited improved self-awareness and applied relaxation techniques learned during the intervention. This study highlights the significance of individualized anger management programs as an effective approach for reducing aggression in schizophrenia patients.

Keywords: Schizophrenia, Angry Behavior, Anger Management

Corresponding author

Name: Ryan Ainul Azhar

Email: 1522200002@surel.untag-sby.ac.id

INTRODUCTION

Schizophrenia is a debilitating mental illness characterized by a range of symptoms, including delusions, hallucinations, disorganized speech and behavior, and emotional dysregulation (Wright, 1999). Patients with schizophrenia often experience difficulties with anger management, which can lead to aggressive and violent behaviors that pose a significant challenge for healthcare professionals, particularly psychiatric nurses. Aggression in this population can be triggered by various factors, such as environmental changes, contact with unfamiliar individuals, and invasive or painful medical procedures, which can contribute to a perceived loss of independence and

autonomy. Improving the management of agitation and aggression in patients with schizophrenia is crucial, as poor management can result in adverse consequences, including increased risk of harm to staff and patients, delays in treatment, and prolonged hospital stays (Brathovde, 2020).

Schizophrenia symptoms can be observed through two main categories: negative and positive symptoms. Negative symptoms involve a reduction or loss of normal functions and behaviors. People with negative symptoms may struggle to express their emotions, often appearing emotionally flat or unresponsive. They may lack motivation to engage in daily activities, withdraw from social interactions, and show little interest in self-care, making it difficult to maintain their hygiene or personal appearance (Nevid et al., 2018). Positive symptoms, on the other hand, are behaviors or experiences added to typical functioning, such as delusions, hallucinations, and disorganized thinking or speech. These positive symptoms often include strongly held false beliefs, sensory experiences like hearing or seeing things that are not present, and patterns of thought or communication that are jumbled and hard to follow.

The exact cause of schizophrenia is still unknown, but several known triggering factors exist, including genetic, familial, psychosocial, and premorbid personality factors. Genetic factors can contribute to schizophrenia, as individuals with a biological family member who has schizophrenia are at a higher risk of developing this mental disorder (Tomb, 2004). Additionally, family factors play a significant role in increasing the risk of schizophrenia. This can be observed when there are stress triggers in the family environment, such as a cold or tense relationship between both parents, parents who are rarely at home or have little time for their children, parental separation or divorce, the death of one or both parents, and poor communication between parents and children, which may include excessive expression of emotions with impatience, hostility, short temper, harshness, criticism, or authoritarian behavior, as well as low socioeconomic status (Chandra, 2005).

Research indicates that patients with schizophrenia are more prone to exhibit aggressive behavior, with studies showing that the paranoid subtype of schizophrenia has a higher tendency toward aggression (Ridenour et al., 2015). The practitioner aims to address this case by using techniques that will be determined, thus requiring adequate skills and resources to intervene and de-escalate potentially uncontrollable situations. One key strategy for managing anger and aggression in patients with schizophrenia is the implementation of comprehensive anger management programs. These programs can provide patients with cognitive-behavioral techniques and coping mechanisms to help them regulate their emotions and impulses, as well as teach them effective communication and problem-solving skills. Anger management programs have been shown to be effective in reducing the frequency and severity of aggressive incidents in this population, leading to improved patient outcomes and safer clinical environments. (Wahbeh et al., 2022) (Sim et al., 2020).

METHOD

This research utilizes a qualitative approach with observation and in-depth interview methods to explore the psychological condition of a 38-year-old subject, referred to as "S," diagnosed with schizophrenia. The methods involve various psychological instruments and additional information sources from the subject's close environment, as well as psychological testing to confirm the diagnosis and understand the subject's psychological dynamics. Observation is conducted to identify visible behaviors of the subject in real situations, including emotional expressions, social interactions, and potential psychotic symptoms such as hallucinations, delusions, and disorganized behavior. Direct interviews aim to understand the subject's perceptions and subjective experiences related to their condition. Interviews are also conducted with the subject's close family members to gather additional information on early development, illness history, and behavioral changes experienced by the subject since the onset of schizophrenia symptoms.

In addition, the practitioner also used the WAIS (Wechsler Adult Intelligence Scale). This test is used to measure the subject's overall intelligence level. The WAIS results help identify whether there are cognitive impairments associated with schizophrenia and assess the subject's abilities in areas such as verbal comprehension, logical reasoning, and problem-solving. The SSCT (Sack's Sentence Completion Test) is used to reveal the subject's unconscious internal conflicts, fears, and hopes. This test further explores the subject's thought patterns and personality, particularly in terms of their responses to social and emotional environments. The WWQ (World War Questionnaire) focuses on assessing the level of stress and trauma experienced by the subject, which may contribute to the development or exacerbation of schizophrenia symptoms. The WWQ helps identify past traumatic experiences related to the subject's mental disorder.

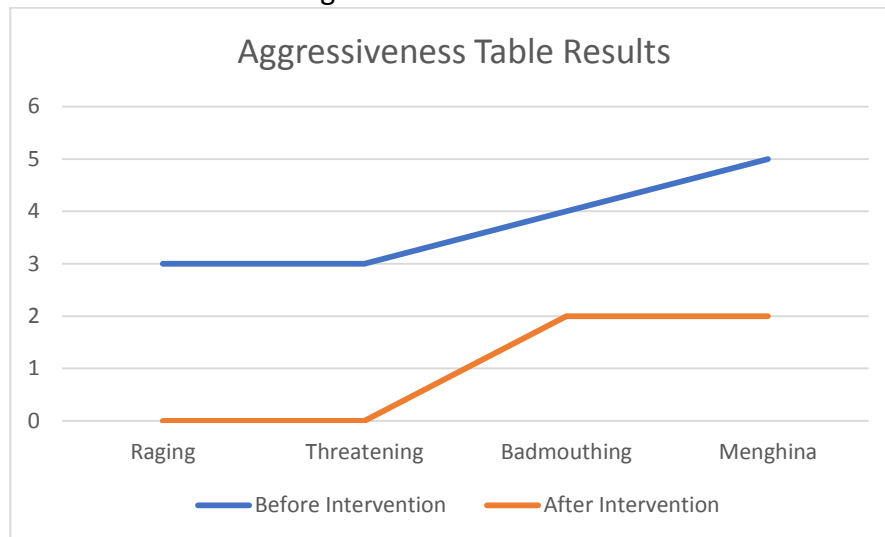
To further support the diagnostic process, the practitioner also used screening tools like the SRQ-20 (Self Reporting Questionnaire). The SRQ-20 is an instrument for screening symptoms of mental disorders such as anxiety, depression, and psychotic symptoms. In the context of schizophrenia, the SRQ-20 is used to monitor emotional symptoms that may not be revealed through direct interviews. Lastly, graphic tests (BAUM, DAP, and HTP) were utilized, as the interpretation of graphic and projective test results helps uncover emotional conflicts and psychological dynamics underlying the subject's schizophrenia.

FINDING AND DISCUSSION

Based on the test results, it was found that the client has a VIQ (Verbal IQ) of 79, PIQ (Performance IQ) of 91, FIQ (Full Scale IQ) of 83, and OIQ (Overall IQ) of 83. This indicates that the client's intelligence is below average compared to individuals of the same age. The client has a temperamentally introverted personality, leading to unstable emotions and a tendency to isolate. While the client can still use their abilities optimally in daily tasks or activities, there are indications of intellectual decline affecting cognitive

functions, such as memory and decision-making. The client also has the ability and desire to engage in activities but is often hindered by intrusive thoughts that prevent them from taking action, resulting in social withdrawal. This is compounded by the client's tendency for unstable emotional shifts, difficulty controlling feelings, and excessive anxiety in social situations.

The client also experiences mental disorders such as paranoid schizophrenia and depression, leading to extreme suspicion of others and significant guilt related to past experiences. Additionally, the client suffers from somatic issues, including sleep disturbances and organ dysfunction, as well as impulsivity problems. Impulsive and antisocial behaviors make it difficult for the client to build healthy interpersonal relationships. The client's psychological condition is also influenced by symptoms like drastic mood changes, hallucinations, and delusions, indicating difficulties in controlling emotions and thoughts, which can lead to feelings of anger or hostility towards themselves and their surroundings.



This research aims to reduce the client's anger behaviors by implementing an Anger Management intervention. This approach is used to help the client improve emotional regulation and communication skills and decrease excessive anger behaviors, enabling better adaptation to their surroundings. Based on Novaco's (1975) Anger Management framework, this approach seeks to reduce emotional responses and expressions of anger that could harm the client, others, or the environment. The approach is grounded in cognitive-behavioral perspectives, emphasizing the importance of learning how to manage emotions and anger behaviors through repeated practice and instruction. During this intervention, the client is also taught to understand their anger patterns to manage it more effectively. The intervention targets specific goals: the client should reduce angry behaviors by exhibiting desired behaviors, such as refraining from tantrums, threats, vulgar language, and insults. The intervention is conducted over six sessions.

Through the Anger Management intervention, the approach proved to be quite successful. The client appeared cooperative and was willing to participate in both assessments and the intervention sessions provided. The client gained new skills and understanding regarding anger management, successfully reducing angry behaviors. For example, the client was able to manage the intensity of outbursts by practicing relaxation techniques and redirecting emotions into beneficial or enjoyable activities. The client also reduced threatening behaviors by using taught relaxation techniques, showed moderate improvement in using more polite and controlled language (though occasional inappropriate words still occurred), and was reasonably able to respect others and avoid hurtful remarks. However, these behaviors occasionally reemerged, especially during visits from friends.

During the intervention, the client was able to understand the mental disorder they were experiencing and recognize its negative impacts. The client also appeared to understand the consequences and risks associated with their anger. Through the Anger Management intervention, the client was eventually able to apply anger prevention strategies by practicing relaxation techniques and redirecting anger into beneficial or enjoyable activities, such as tidying their bed, helping with daily tasks for their mother, contacting their spouse or children, and listening to the radio. Although the client's intelligence is below average, they were generally able to follow instructions, though repetition was necessary, as the client frequently needed clarification on the material. Repetition of relaxation techniques is essential to help the client internalize and fully experience the relaxation process to maximize its benefits.

CONCLUSION

Based on the assessment and interventions conducted, it can be concluded that, although the client has below-average intelligence and faces various challenges in daily life, including difficulties in managing emotions and distinguishing reality from hallucinations, the intervention has led to positive changes. The client has shown progress in understanding and managing anger through the strategies taught, such as practicing relaxation and redirecting attention to positive and productive activities. With the client's cooperation throughout the assessments and intervention, they have gained new insights into anger management and have applied the techniques taught to address and control anger-related behaviors. The client also learned to implement preventive strategies by engaging in enjoyable and beneficial activities.

The importance of repeated material on anger management highlights that an individualized approach in intervention is crucial, especially for individuals with learning difficulties or cognitive limitations, to ensure they can understand and apply the taught concepts effectively. Supported by the findings above, it can be concluded that anger management is an effective intervention for reducing anger behaviors in patients with schizophrenia. Anger management interventions help patients identify anger triggers, develop healthy coping strategies, and manage anger more effectively.

REFERENCES

- Al Baqi, S. (2015). Ekspresi Emosi Marah. *Buletin Psikologi*, 23(1), 22. <https://doi.org/10.22146/bpsi.10574>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Brathovde, A. (2020, April 13). Improving the Standard of Care in the Management of Agitation in the Acute Psychiatric Setting. *SAGE Publishing*, 27(3), 251-258. <https://doi.org/10.1177/1078390320915988>
- Davison, C., & Neale, J., Kring, A. (2010). *Psikologi Abnormal*. Ed. Ke-9. Jakarta: Raja Grafindo Persada
- Faupel, A., Herrick, E., & Sharp, P. M. (2016). *Anger Management* (Vol. 4, Issue 1, pp. 1–23).
- Fitrianingsih, F., Lasan, B. B., & Indreswari, H. (2020). Peningkatan Keterampilan Mengelola Emosi Marah Melalui Strategi Emotional Literacy. *Jurnal Pendidikan: Teori, Penelitian, Dan Pengembangan*, 5(7), 1032. <https://doi.org/10.17977/jptpp.v5i7.13826>
- Neetu, S., & Ahmad, N. S. (2014). Effectiveness of anger Management training program in Managing Aggressive behavior of Adults with Mental retardation. *International Research Journal of Social Sciences ISSN Int. Res. J. Social Sci*, 3(9), 2319–3565.
- Pradnyasari, P. A., & Tjakrawiralaksana, M. A. (2021). Efektivitas Penerapan Anger Management Dalam Meningkatkan Kemampuan Mengelola Emosi Marah Pada Remaja Laki-Laki. *Jurnal Psikologi Insight*, 5(1), 19–29. <https://doi.org/10.17509/insight.v5i1.34134>
- Ridenour, M., Lanza, M L., Hendricks, S., Hartley, D., Rierdan, J., Zeiss, R A., & Amandus, H. (2015, June 9). Incidence and risk factors of workplace violence on psychiatric staff. *IOS Press*, 51(1), 19-28. <https://doi.org/10.3233/wor-141894>
- Sim, I O., Ahn, K M., & Hwang, E J. (2020, July 17). Experiences of Psychiatric Nurses Who Care for Patients with Physical and Psychological Violence: A Phenomenological Study. *Multidisciplinary Digital Publishing Institute*, 17(14), 5159-5159. <https://doi.org/10.3390/ijerph17145159>
- Spielberger, C. D., Krasner, S. S., & Solomon, E. P. (1988). *The Experience, Expression, and Control of Anger*. 89–108. https://doi.org/10.1007/978-1-4612-3824-9_5
- Tyas, D. S. (2023). Mengontrol perilaku marah pada penderita skizofrenia dengan anger management. *Procedia : Studi Kasus Dan Intervensi Psikologi*, 11(1), 25–30. <https://doi.org/10.22219/procedia.v11i1.23601>
- Wahbeh, S., Anastasiadis, F., Sundarakani, B., & Manikas, I. (2022, November 25). Exploration of Food Security Challenges towards More Sustainable Food Production: A Systematic Literature Review of the Major Drivers and Policies. *Multidisciplinary Digital Publishing Institute*, 11(23), 3804-3804. <https://doi.org/10.3390/foods11233804>

- Wright, S. (1999, January 1). Physical restraint in the management of violence and aggression in in-patient settings: A review of issues. Taylor & Francis, 8(5), 459-472. <https://doi.org/10.1080/09638239917166>
- Zuhdi, M. S. (2019). *Eksplorasi Emosi Marah Dalam Budaya Indonesia*