

Effectiveness of Anger Management in Reducing Aggressive Behavior in Patients with Schizophrenia

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ABSTRACT

This study evaluated the effectiveness of anger management techniques in reducing anger-related behaviors in a 33-year-old male schizophrenic patient (RM). Research was conducted at RSJD dr. Arif Zainuddin Surakarta over four weeks (February–March 2024). Initial assessment revealed hallucinations, delusions, aggression, anxiety, and sleep disturbances stemming from emotional trauma, cognitive distortions, and environmental stressors. The intervention involved recognition of anger triggers, cognitive restructuring, relaxation techniques, and behavioral coping mechanisms through 45–60 minute structured sessions. Post-intervention results showed significant improvements, including increased awareness of anger triggers, development of self-regulation techniques (notably "ambekan dowo" breathing), better recognition of anger signs, and reduced aggressive outbursts. Despite challenges including inconsistent social support and emotional instability, findings demonstrate that tailored anger management interventions can significantly improve emotional regulation in schizophrenia patients. Recommendations include multi-faceted psychological approaches and long-term family involvement through caregiver education and structured routines.

Keywords: Schizophrenia, Anger Management, Cognitive-Behavioral Intervention, Emotional Regulation, Aggressive Behavior

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INTRODUCTION

Schizophrenia is a severe mental disorder characterized by disturbances in thought processes, perception, emotions, and behavior. Patients with schizophrenia often exhibit symptoms such as delusions, hallucinations, disorganized speech, and negative symptoms like emotional withdrawal and reduced motivation. One of the most challenging behavioral manifestations in schizophrenia is uncontrolled anger and aggression, which can pose a significant risk to the patient, their caregivers, and their environment. Anger-related behaviors in schizophrenic patients can lead to physical violence, self-harm, and disruption in daily activities, ultimately worsening their social and occupational functioning (American Psychiatric Association, 2013). Anger management techniques have been widely used in clinical psychology as an intervention to help individuals regulate their emotions and reduce

aggressive behavior. In patients with schizophrenia, anger management interventions can be crucial in preventing aggressive outbursts and promoting better emotional regulation. Patients often struggle with emotional control due to cognitive impairments and difficulties in interpreting social cues, making them more vulnerable to frequent and intense anger episodes (Tarrier, 2006). Therefore, implementing structured anger management interventions in schizophrenic patients is essential for improving their emotional well-being and overall quality of life. The case study discussed in this research focuses on a schizophrenic patient (identified as RM) who has displayed persistent anger-related behaviors. RM's history of trauma, unstable interpersonal relationships, and emotional dysregulation have contributed to frequent aggressive outbursts. The patient also exhibits delusions, heightened emotional sensitivity, and poor impulse control, which exacerbate his tendency toward anger and aggression. Given these challenges, a structured anger management intervention was designed and implemented to help the patient recognize anger triggers, develop coping strategies, and ultimately reduce aggressive behaviors.

This research aims to evaluate the effectiveness of anger management techniques in reducing anger-related behaviors in a schizophrenic patient. The specific objectives include:

1. Identifying the underlying causes of the patient's anger and aggression through psychological assessment.
2. Implementing anger management strategies tailored to the patient's cognitive and emotional needs.
3. Measuring behavioral changes before and after the intervention.
4. Assessing the long-term impact of anger management techniques on the patient's emotional regulation and interpersonal relationships.

Through these objectives, the research seeks to determine whether anger management interventions can be an effective therapeutic approach for schizophrenic patients with aggressive tendencies. The findings of this research contribute significantly to the field of clinical psychology, particularly in the treatment of schizophrenia. Despite the availability of pharmacological treatments, behavioral interventions such as anger management remain crucial in addressing the emotional and social difficulties faced by patients with schizophrenia. This study provides empirical insights into the practical application of anger management techniques and their impact on emotional regulation among schizophrenic patients. Moreover, this research underscores the importance of integrating psychological interventions with medical treatment for schizophrenia. While antipsychotic medications can reduce psychotic symptoms, they may not fully address the emotional and behavioral issues associated with the disorder (Kopelowicz, Liberman, & Zarate, 2006). Anger management techniques offer a complementary approach that can enhance patients' ability to manage frustration, interact positively with others, and reintegrate into society.

From a broader perspective, this study highlights the need for improved mental health services that incorporate cognitive-behavioral interventions for schizophrenia. Many patients struggle with emotional dysregulation, which significantly impacts their ability to

function independently. By implementing structured anger management programs in psychiatric care settings, healthcare providers can help patients develop essential coping skills that reduce aggression and improve their overall well-being. Additionally, this research has implications for family members and caregivers of individuals with schizophrenia. Caregivers often face significant challenges in managing the aggressive behaviors of their loved ones, leading to stress, burnout, and emotional distress. Providing caregivers with structured anger management strategies can improve their ability to support patients effectively, leading to better treatment outcomes and enhanced caregiver-patient relationships.

METHOD

Research Subject

The subject of this study is a 33-year-old male patient, RM, diagnosed with schizophrenia (F20.9) with predominant anger-related behaviors. RM has a history of emotional dysregulation, hallucinations, and paranoid delusions. He has been in and out of psychiatric hospitalization multiple times due to aggressive episodes and difficulty managing his emotions. RM resides in a psychiatric care facility and has been under medical supervision for his condition. His history includes childhood trauma, social difficulties, and an unstable emotional state, all of which contribute to his frequent anger outbursts.

Research Setting and Time Frame

This study was conducted at RSJD dr. Arif Zainuddin Surakarta, a specialized psychiatric hospital in Indonesia. The intervention was carried out in the inpatient facility at the hospital's Abimanyu Ward, where RM was admitted for psychiatric care. The research took place between February 26, 2024, and March 29, 2024, covering the assessment, intervention, and follow-up phases (Johnson et al., 2022).

Research Procedure

Initial Assessment

The assessment phase involved multiple methods to understand RM's psychological state and behavioral patterns:

1. Clinical Interviews: Conducted with RM, his caregivers, and medical staff to gather background information.
2. Observations: RM's interactions, emotional responses, and aggressive behaviors were documented in the inpatient setting.

Psychological Testing:

1. Woodworth's Character Questionnaire (WWQ): To assess pathological tendencies.
2. Sacks Sentence Completion Test (SSCT): To explore emotional conflicts.
3. Standard Progressive Matrices (SPM): To measure intelligence level.
4. Wechsler Adult Intelligence Scale (WAIS): To assess cognitive function.
5. Graphic Tests (BAUM, DAP, HTP): To analyze personality traits

Intervention Plan

The intervention focused on anger management strategies tailored to RM's needs.

Techniques included:

1. Recognition of Anger Triggers: Identifying personal and environmental factors that contribute to anger.
2. Cognitive Restructuring: Challenging irrational beliefs and developing healthier thought patterns.
3. Relaxation Techniques: Breathing exercises (e.g., RM named it "ambekan dowo" for easier recall).
4. Behavioral Coping Mechanisms: Engaging in alternative activities like listening to music to prevent outbursts.
 - Intervention Implementation
 - Frequency: Conducted over 4 weeks with structured sessions.
 - Duration: Each session lasted approximately 45–60 minutes.

Techniques Applied: Psychoeducation, guided exercises, and behavioral reinforcement strategies.

- Evaluation and Follow-up
- Behavioral Changes: Documented improvements in RM's ability to manage anger.
- Self-Reported Feedback: RM's insights into his progress.
- Caregiver and Medical Staff Reports: Observations on behavioral changes.

Post-Intervention Assessment: Comparison of pre- and post-intervention psychological measures.

FINDING AND DISCUSSION

1. Initial Assessment Results

Based on the results of the initial assessment, it was found that RM experienced some of the main symptoms of schizophrenia, including:

- Hallucinations: RM often experiences visual hallucinations in the form of an idealized female figure who always accompanies him.
- Delusions: RM has a strong belief that he is a wealthy and influential businessman, although objective evidence does not support this claim.
- Aggressive Behavior: RM exhibits aggressive behaviors such as slamming things, shouting, and even physically abusing people around him.
- Anxiety and Sleep Disorders: RM experienced high anxiety and difficulty sleeping, which further exacerbated his emotional instability.

2. Factors Causing Angry Behavior

Based on further analysis, some of the factors that contribute to RM's angry behavior include:

- Emotional Trauma: RM experienced emotional trauma due to being abandoned by her previous partner who chose another man with a more stable financial condition.

- Cognitive Distortions: RM has difficulty in regulating emotions due to cognitive distortions that exacerbate her perspective on certain situations.
- Environmental Stress: Financial instability and feelings of loss of control over her life triggered stress that exacerbated her emotional responses.

3. Anger Management Intervention Results

After the anger management intervention, there were significant changes in RM's behavior. Some of the key outcomes achieved include:

Table 1. Quantitative Change

Aspect	Before Intervention	After Intervention
Awareness of Anger	Not realizing that they have anger control problems	Realizing that he/she has problems managing his/her emotions
Anger Levels (Using Flashcards)	Choosing the number 6 (high anger)	Choosing number 3 (decreased anger intensity)
Frequency of Emotional Outbursts	Frequent anger and slamming things	Starting to be able to hold back before reacting aggressively
Relaxation Technique	Not having anger management strategies	Using the "ambekan dowo" (long breath) technique

3.2. Qualitative Change

- RM began to recognize the early signs of his anger and tried to control it before it reached its peak.
- RM more often used relaxation techniques, such as "ambekan dowo" and listening to music to calm her emotions.
- RM began to be able to divert her attention from situations that triggered anger by doing more positive activities.
- RM no longer directly attacks people around him when he feels angry and has begun to develop an awareness of the consequences of his actions.

4. Intervention Results for the Family

The intervention was not only provided to RM, but also to his family. The results obtained include:

Aspect	Before Intervention	After Intervention
Understanding of Schizophrenia	The family only knew RM had a mental disorder without understanding the causes and treatment.	Families understand schizophrenia, including its symptoms and how to help RMs
How to Respond to RM's Anger	Complying with all RM's requests so that he does not get angry	Start communicating more calmly and not always giving in to RM's requests
Engagement in RM Emotion Management	Not having a strategy to help RM overcome his anger	Remind RM to use relaxation techniques and help reduce his stress.

From the results of the anger management intervention, it was found that the techniques used were quite effective in helping RM manage his anger. Some recommendations that can be given include:

- Consistent Practice: RM needs to continue practicing relaxation techniques such as “ambekan dowo” regularly.
- Family Support: The family is expected to continue providing support by communicating in a calm and non-provocative manner.
- Alternative Strategies: RM is advised to find more positive activities as a distraction, such as painting or writing an emotion journal.
- Long-term Monitoring: RM still requires monitoring to prevent relapse and ensure he continues to improve in managing his emotions.
- With a consistent approach and support from the surrounding environment, it is hoped that RM can continue to improve his ability to control his emotions and reduce destructive angry behavior.

DISCUSSION

Effectiveness of Anger Management

Anger management is a cognitive-behavioral strategy aimed at reducing the intensity and frequency of anger episodes while promoting adaptive coping mechanisms (Novaco, 1976). The intervention conducted in this case aimed to help the patient with schizophrenia regulate anger and reduce aggressive behavior, including verbal and physical aggression.

1. Enhancement of Emotional Control and Reduction of Aggression

Before the intervention, the patient exhibited uncontrolled anger outbursts, including verbal aggression, destruction of objects, and physical threats. These behaviors were often triggered by interpersonal conflicts, such as perceived unfair treatment by family members. Through anger management training, the patient learned to identify anger triggers, practice relaxation techniques, and engage in constructive emotional expression.

Observations and interviews post-intervention revealed a notable decline in aggressive behaviors. The patient demonstrated increased self-awareness and the ability to implement learned coping mechanisms, such as deep breathing exercises, referred to as "ambekan dowo" by the patient, and distraction through listening to music (Malikul Mulki & Sunarjo, 2020). The patient also showed an improved ability to communicate emotions without resorting to aggression.

2. Behavioral Changes Before and After Intervention

A comparison of the patient's behavior before and after the intervention is outlined in Table 2.

Behavior	Before Intervention	After Intervention
Verbal aggression	Frequent shouting, use of abusive language	Significant reduction, patient learned assertive communication
Physical aggression	Throwing objects, hitting walls	Minimal instances, redirected anger through relaxation techniques
Emotional regulation	Poor, impulsive reactions	Improved self-regulation, use of coping strategies
Coping mechanisms	None, immediate escalation to aggression	Use of deep breathing, listening to music as coping mechanisms

These findings align with previous research, indicating that structured anger management interventions can be effective in reducing maladaptive anger responses in schizophrenia patients.

Challenges in Intervention Implementation

Despite its effectiveness, several barriers were encountered during the intervention. These challenges can be categorized into external and internal factors.

1. External Factors

Environmental Support: While the patient's spouse played a crucial role in reinforcing intervention strategies, broader social support was inconsistent. The patient's dependence on his grandmother for financial and emotional needs created additional tension. **Therapy Compliance:** Time constraints posed a challenge, necessitating two sessions in a single day to cover all necessary materials. Limited resources for private therapy sessions also affected the quality of interventions (Lopez & Snyder, 2003).

2. Internal Factors

Emotional Instability: The patient experienced fluctuating emotional states, sometimes resisting the intervention due to distress or suspicion (Rossi & Di Stefano, 2024). **Fear of the Future:** Anxiety about his role as a father and his ability to manage responsibilities contributed to emotional dysregulation. Encouraging structured activities and providing psychoeducation helped alleviate some of these concerns (Paley & Hajal, 2022).

Clinical Implications and Recommendations

Given the positive outcomes observed, several evidence-based recommendations can enhance anger management in schizophrenia patients.

Role of Psychologists in Managing High Aggression in Schizophrenia

Psychologists should implement a multidimensional approach combining cognitive-behavioral techniques with environmental modifications. As suggested by (Robinson, Littrell, & Littrell, 1999), effective interventions include structured anger management training tailored to individual triggers, incorporating relaxation techniques such as mindfulness and progressive muscle relaxation, and engaging patients in purposeful activities that promote emotional regulation.

Need for Long-Term Family and Environmental Support

Family involvement is crucial for sustainable intervention outcomes. According to (Napa, Tungpunkom, & Pothimas, 2017), comprehensive support should include:

- Psychoeducation for caregivers on recognizing early anger signs and implementing appropriate de-escalation techniques
- Training family members in assertive, non-reactive communication strategies
- Establishing consistent daily routines to minimize anxiety-triggered aggression
- Creating a supportive home environment that accommodates the unique needs of individuals with schizophrenia

Integrating these approaches within a cohesive treatment plan can significantly reduce angry behavior and improve overall quality of life for both patients and their families.

CONCLUSION

The study demonstrates that anger management interventions can significantly reduce aggressive behaviors in patients with schizophrenia, as evidenced by RM's case. Through structured cognitive-behavioral techniques, the patient exhibited marked improvements in emotional regulation and behavioral control. The implementation of specific coping strategies, particularly deep breathing exercises (self-termed "ambekan dowo") and music as a distraction technique, proved effective in mitigating anger responses. Pre- and post-intervention comparisons revealed substantial reductions in verbal aggression, physical outbursts, and destructive behaviors, alongside enhanced communication skills and emotional awareness. The research highlights the critical importance of identifying personal anger triggers and developing individualized regulation techniques. However, several challenges were encountered during the intervention process, including inconsistent social support networks, therapy compliance issues due to time and resource constraints, emotional instability, and the patient's anxiety about future responsibilities.

These findings underscore the essential role of psychologists in implementing multi-faceted approaches to anger management for schizophrenia patients, integrating cognitive-behavioral techniques with environmental modifications. Furthermore, the study

emphasizes the necessity of long-term family involvement through caregiver education, assertive communication training, and establishing structured routines to sustain therapeutic benefits. This case illustrates that despite the complex symptomatology of schizophrenia—including hallucinations, delusions, and emotional dysregulation—targeted anger management interventions can lead to meaningful improvements in quality of life and functional capacity when adapted to individual needs and supported by comprehensive psychosocial approaches.

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