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Reducing Sign and Symptoms of The Risk of Violent Behavior in Schizophrenia Patients Through Therapeutic Writing

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Abstract

Schizophrenia is a common and widely encountered mental illness, characterized by perceptual disturbances and significant changes in behavior. Patients with schizophrenia have complex disorders, one of which is a disorder of the frontal lobe brain region which plays an important role in emotional experience and mood expression. This can cause individuals with schizophrenia to have difficulty controlling their emotions and moods, which can have an impact on the risk of violent behavior. The risk of violent behavior is vulnerable to behaviors that can be physically, emotionally, and/or sexually harmful to oneself or others. The purpose of this scientific work is to identify the application of de-escalation using *therapeutic writing* in reducing signs and symptoms of risk of violent behavior in patients with schizophrenia. Patient initials Mr. I, 27 years old and has a history of violent behavior of raging and hitting parents at home. Nursing action for the risk of violent behavior is given for 10 days with the application of de-escalation: therapeutic *writing*. This scientific work is written based on a case study using a signs and symptoms evaluation instrument developed by the Department of Mental Nursing, Faculty of Nursing Sciences, University of Indonesia. The results of the application of *therapeutic writing* on the patient showed a decrease in signs and symptoms of risk of violent behavior from a score of 12 to a score of 1. De-escalation therapy with *therapeutic writing is* expected to be applied as an alternative nursing action to reduce signs and symptoms of risk of violent behavior in patients.

Keywords: Schizophrenia, Risk of Violent Behavior, Therapeutic Writing, Sign and Symptoms

Introduction

Mental health conditions include mental disorders and psychosocial disabilities and other mental conditions associated with significant distress, impaired functioning, or risk of self-harm (World Health Organization, 2022). According to the World Health Organization (2016), one of the most prevalent mental disorders in the world is schizophrenia. According to McCutcheon, Reis, & Howes (2019) schizophrenia is a common and severe mental illness that is widely encountered. Individuals with schizophrenia are characterized by impaired perception and Individuals with schizophrenia have an average life expectancy about 15 years shorter than the general population and a 5% to 10% risk of death by suicide (McCutcheon, Reis, & Howes., 2019).

Individuals with schizophrenia have complex disorders with various causes,

one of which is the disruption of the role of major circuits involving the frontal, temporal, and mesostriatal lobe brain regions, so that people with schizophrenia have characteristic positive, negative, and cognitive symptoms (McCutcheon, Reis, & Howes., 2019). The frontal lobes play an important role in emotional experience and mood expression (Stuart, 2013). Therefore, individuals with schizophrenia will be vulnerable to experiencing difficulties in controlling their emotions and moods, which can have an impact on the risk of violent behavior. Risk of violent behavior (RPK) is vulnerable to behaviors that indicate that it can be physically, emotionally, and/or sexually harmful to oneself or others (NANDA International, 2021). Violent behavior can be verbal, physical, or environmental (Keliat et al., 2019).

One of the generalist nursing actions that can be taken in patients with RPK is de-escalation (Keliat et al., 2019). De-escalation is an activity to express feelings that can be done verbally or in writing. De-escalation can be done one of them by doing *therapeutic writing*. *Therapeutic writing* is a form of therapy to improve physical or mental health that can be used in children, adolescents or adults and among different clients, such as individuals with chronic diseases or healthy (Nyssen, Taylor, Wong., 2016). In Indonesia, research on *therapeutic writing* (Carol Ross, 2016) that directly links its effectiveness to reducing signs and symptoms in schizophrenia patients with risk of violent behavior is still difficult to find. Therefore, this study focuses on identifying nursing care for the application of *therapeutic writing* in reducing the signs and symptoms of individuals at risk of violent behavior.

Methods

This scientific work is prepared based on a case study of a patient in the Arimbi room of Dr. Marzoeki Mahdi Hospital Bogor with nursing problems at risk of violent behavior who has been given generalist nursing care and alternative *therapeutic writing* interventions. Measurement of the decrease in signs and symptoms of the risk of violent behavior through *therapeutic writing* therapy in patients with the risk of violent behavior is measured from five aspects of patient response, consisting of cognitive, affective, physiological, behavioral, and social aspects. Researchers used the "Evaluation of Signs and Symptoms of Patients at Risk of Violent Behavior" sheet instrument developed by the Department of Mental Nursing, Faculty of Nursing Science, University of Indonesia in 2023. *Therapeutic writing* is a practice developed by Carol Ross, where patients are given the freedom to choose what they want to write.

The duration of this *therapeutic writing* intervention varies, with a minimum of 5 sessions for up to 16 weeks. Patient criteria for this intervention include patients at risk of verbal and psychomotor violent behavior who have received previous generalist nursing actions and have the ability to write. This intervention gives the patient the freedom to choose what to write. This therapy lasts for 15 - 30 minutes, which consists of 5 - 15 minutes for writing and 15 minutes for reading what is written and discussing (Nyssen, Taylor, Wong., 2016).

Results

The results of the assessment of the patient initials Mr. I. I, 27 years old, was admitted to the hospital on the grounds of hearing voices and hitting parents at home. The patient is of Sundanese origin and currently resides in Bogor. A week before entering the hospital, the patient

had a history of self-injury. This is the first time the patient has been admitted to Marzoeki Mahdi Mental Hospital. Medical diagnosis with Paranoid Schizophrenia.

Prior to de-escalation therapy through *therapeutic writing*, the patient had received generalist nursing actions, namely relaxation techniques, good speaking practice, worship activities, and obedient practice of taking eight correct medications. In addition, the patient also received drug therapy, namely olanzapine and trihexyphenidyl.

Biological predisposing factors, the patient had a history of caffeine, alcohol and nicotine use since junior high school. Psychological predisposition, the patient has dissatisfaction with his self-image and experienced physical abuse since childhood by his biological father. Socio-cultural predisposition, namely the patient has a history of physical abuse against a girlfriend (2019), the patient does not have a job, and since childhood has no friends and is rarely accompanied by family.

Biological precipitation factors, the patient rarely took medication while undergoing outpatient treatment. Psychological precipitation, the patient had dissatisfaction with his self-image, status and position, and social relationships. The patient's coping was maladaptive, namely self-injury, smoking, and drinking alcohol. And the patient's socio-cultural precipitation was that in 2023 the patient hit his neighbor, the patient had no place to complain, the patient was not allowed to leave the house since he injured himself, the patient was not involved in community groups.

Nursing care carried out on patients is to train de-escalation with *therapeutic writing*. The intervention carried out on the patient was for 10 sessions in 10 days. After the intervention, the results showed a decrease in signs and symptoms of risk of violent behavior, as follows.

Figure 1. Evaluation of Signs and Symptoms of Risk of Violent Behavior

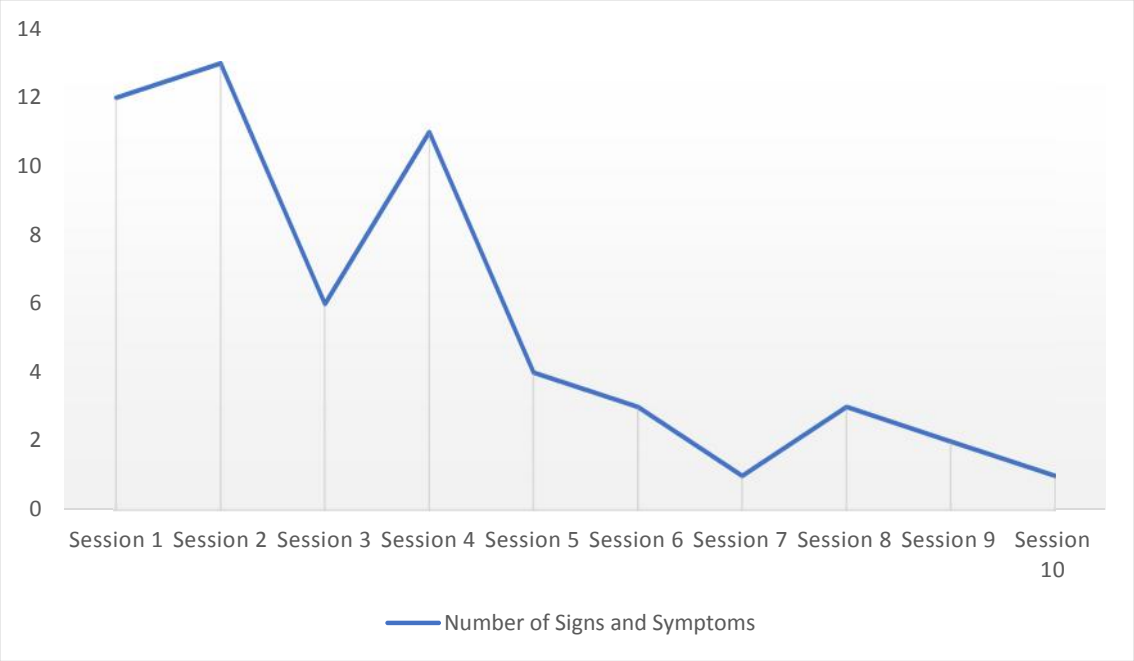

Figure 1 shows the number of signs and symptoms that appear during each *therapeutic writing* session. During the nursing action, the score of signs and

symptoms of risk of violent behavior on the first day that appeared was 12. The signs and symptoms include the following. In the cognitive aspect, the patient still feels negative thinking in dealing with stressors, expressing inability to communicate, dominating the conversation, and.

On the affective aspect, the patient felt irritable, felt uncomfortable, felt irritated, appeared frustrated, moody, and showed indifference to the environment. On the physiological aspect, the signs and symptoms that appear are sharp eyes. On the behavioral aspect, signs and symptoms of risk of violent behavior are not visible. And in the social aspect, the patient still appears to be withdrawn in the neighborhood and isolates himself. After the intervention on the last day, the score of signs and symptoms of risk of violent behavior in the patient decreased to 1, namely in the affective aspect the patient still felt upset.

Discussion

Client I is a 27-year-old male. The patient's medical diagnosis is *paranoid schizophrenia* and has been diagnosed since his outpatient treatment in June 2023. Schizophrenia is more common in early adulthood or young adulthood which can cause individuals' thinking and emotional activity to be disrupted (Parpiyeva & Ostanaqulov, 2019). Early adulthood in Videbeck (2020) is in the age range of 25 to 45 years. In addition, research conducted by Pasaribu, Hamid, & Mustikasari (2013), on the effect of productive age on patients with violent behavior, found that the risk of violent behavior occurs in productive young adults, namely ages 20 to 42 years. This is in line with the age of patients who are still included in the young adult age range. In a study conducted by Amimi, Malfasari, Febtrina, and Maulinda (2020) regarding the analysis of signs and symptoms of risk of violent behavior in schizophrenic patients, it was found that the majority of patients were male, where men are more likely to engage in violent behavior than women. According to Westly (2010) in Amimi et al (2020), the male gender is more easily angered, offended, and aggressive followed by chaos.

There are several factors that put patients at risk of violence. Genetic factors of the patient's history of consuming addictive substances, such as caffeine, alcohol, and nicotine since junior high school. Based on research Nehlin, Grönbladh, Fredriksson, & Jansson, (2013) shows a significant relationship between smoking and alcohol use in psychiatric patients. There are ingredients in cigarettes and alcohol that can stimulate the central nervous system, stimulate the heart muscle, and relax the smooth muscles of the *bronchus*. In addition, the combined effect of alcohol and nicotine can also induce the release of dopamine in the human brain (Tizabi et al., 2007). Increased dopamine activity in the brain is associated with increased impulsive violent behavior (Victoroff, 2017).

In addition, the psychological factor is that the patient has a low self-concept. Low self-esteem can cause patients to experience unstable psychological conditions which can lead to the risk of violent behavior. According to Setiawan et al (2015), individuals who have disturbances in self-concept such as low self-esteem have a risk of committing violent behavior because they are supported by egocentric personalities and unstable psychological conditions.

Socio-cultural factors in the patient are that the patient has a conflict with his neighbor because he feels excluded which ends in the patient hitting his neighbor. The disharmony of the living environment that makes the patient upset

is the trigger for the patient to commit violent behavior (Kandar & Iswanti, 2019). In addition to the factors mentioned earlier, unpleasant experiences can also cause the risk of violent behavior. According to Upthegrove et al (2017), unpleasant experiences can cause early psychotic symptoms.

In the first to third *therapeutic writing* sessions, patients wrote down their memories or unpleasant experiences, both in the present and in the past. Patients can express things that are a burden on the mind and can express them verbally and in writing so that patients become more relieved. This is in accordance with the purpose of *therapeutic writing* therapy, which is for patients to express their personal thoughts and feelings using the act of writing as an instrument so as to improve the psychological well-being of patients (Ruini & Mortara, 2022).

In addition, rewriting the memory to express the memory can have a positive impact on the patient. So that this positive impact can reduce the signs and symptoms of risk of violent behavior in patients. According to Carol Ross (2016) rewriting memories can have positive benefits, namely individuals can externalize and reduce emphasis on problems, individuals can see the past from a more helpful perspective, and individuals can see the future more hopefully (Nyssen, Taylor, Wong., 2016). This is evidenced by the signs and symptoms of risk of violent behavior that appear in the third session of applying *therapeutic writing to* be reduced. Signs and symptoms that are reduced in the cognitive aspect, the patient has no desire to hit people and has been able to express communication skills. In the affective aspect, the patient no longer appears frustrated and moody, and has shown concern for the surrounding environment. In physiological aspects, the patient's gaze no longer looked sharp and the face looked calm. In the behavioral aspect, the patient still expresses the desire to hurt themselves/others. And on the social aspect, the patient is no longer attractive and alienates himself from the neighborhood.

In the 4th session, signs and symptoms of risk of violent behavior in patients increased, this was due to a precipitating factor that made the patient angry, namely there was one patient in the Arimbi room who mocked him when the patient's mother visited. In the 4th session the patient said he wanted to deescalate *therapeutic writing* verbally only. According to Kandar & Iswanti (2019), there are predisposing and precipitating factors that affect the risk of violent behavior. In this scientific work, the increase in the score of signs and symptoms of risk of violent behavior in patients in session four is due to precipitation factors, namely patients being teased by others.

In the 5th session of applying *therapeutic writing*, the patient expressed his annoyance to one of the patients. This made the patient want to hit his head but he did not and ended up apologizing to the person who upset him. During verbal *therapeutic writing*, the patient said his actions at that time were not good and should not have been done, so he had apologized to the person who upset him. In this case, the application of *therapeutic writing* carried out on the patient is in accordance with the purpose of therapy, because the patient can not only express himself but the patient can reflect on his own actions. What happened to the patient is in accordance with the purpose of therapy, which is for patients to be able to use writing and verbal as a means of expressing and reflecting on themselves (Ruini & Mortara, 2022).

On the next day, after the patient expressed his feelings or thoughts, the patient was also able to write and verbally express his hopes for the events that occurred and himself. On the last day, in addition to expressing feelings and hopes verbally and in writing, the patient thanked the nurses and doctors who had helped her in Arimbi's room and said this writing and storytelling therapy really helped her to express her feelings so that her mind and heart became more relieved and calm, and could plan her hopes for the future.

This is in line with research conducted by Carol Ross regarding the application of *therapeutic writing* which provides benefits in the form of calming individuals, reducing anxiety, increasing mental focus, improving mood, and increasing self-expression (Nyssen, Taylor, Wong., 2016). So it can be said that the benefits of the application of *therapeutic writing* therapy that have been given can indirectly reduce the signs and symptoms of risk of violent behavior in patients. And on the last day of intervention, the score of signs and symptoms of risk of violent behavior in patients decreased to 1, on the affective aspect, namely the patient still felt upset.

The obstacle experienced by the author in applying *therapeutic writing* to patients is the inadequate environment or place in the Arimbi room. The Arimbi room does not yet have a closed room that is conducive to *therapeutic writing*. And the courtyard or place that is carried out for interventions on patients is an open room that is combined with the Drupadi room. Therefore, the intervention provided is less than optimal because patients from other rooms or from the same room can make patients become distracted. This is quite an obstacle for the author in doing *therapeutic writing*. What the author did to solve this obstacle was trying to find an adequate place (enough light and conducive/minimal disturbance) so that it could minimize the distraction of patients during the intervention.

Conclusions

The application of de-escalation nursing actions with *therapeutic writing* can reduce signs and symptoms of risk of violent behavior in patients. Signs and symptoms of risk of violent behavior are measured by evaluating signs and symptoms of risk of violent behavior. Before de-escalation nursing action through *therapeutic writing*, the score of signs and symptoms of risk of violent behavior was 12. And after *therapeutic writing*, the patient's RPK signs and symptoms score decreased to 1.

Implications for nursing services include reducing the signs and symptoms of risk of violent behavior in patients that can have a negative impact, nurses need to implement nursing actions to reduce the impact. For the scientific field, this scientific work shows that the risk of violent behavior is common in patients with schizophrenia. Therefore, material regarding nursing care in patients at risk of violent behavior is important to learn, especially for nursing students. And for the research field, because scientific works that discuss *therapeutic writing are* still difficult to find, this scientific work can be used as a reference to conduct deeper research related to *therapeutic writing*.

The hospital and the room are expected to work together to build or prepare a conducive room (minimal distraction) to support the implementation of this *therapeutic writing* intervention. For health workers, especially nurses, *therapeutic writing* therapy can be applied as an alternative intervention to de-escalation therapy that can be done independently. In addition, before performing *therapeutic writing*,

nurses can perform generalist nursing actions first to patients.

Patients and families at home can also apply this therapy as a technique to control emotions. Suggestions for the scientific field, especially mental nursing educational institutions, are expected to add discussions about alternative de-escalation interventions with *therapeutic writing*. And for the academic community, especially the nursing field, the results of this scientific work are expected to be a reference for interventions to reduce signs and symptoms in patients at risk of violent behavior using *therapeutic writing* therapy.

In the field of research, future researchers can use this scientific work as a reference to conduct deeper research related to *therapeutic writing* therapy. In addition, future researchers can examine whether this intervention can also be carried out in patient groups with a risk of violent behavior.

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