UNDERSTANDING PATIENTS' KNOWLEDGE OF RISK BEHAVIOR IN MANAGING EMOTIONAL CONTROL

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ABSTRACT
Mental health remains an ongoing concern within both global and national contexts, with schizophrenia standing out as a significant manifestation marked by a spectrum of symptoms, including both positive and negative behavioral manifestations, such as violent tendencies. The propensity towards violent behavior signifies a facet of anger expression, often demonstrated through threats, self-inflicted harm, or harm towards others. This study endeavors to evaluate the emotional regulation capabilities of patients affected by this condition. Employing a descriptive research design, the study sample comprises 20 participants selected through purposive sampling methods. Data collection procedures encompassed observational techniques alongside structured interviews. Analysis of the gathered data employed univariate techniques, particularly through frequency distribution analysis. The findings underscore a prevalent tendency among patients to employ techniques such as deep breathing and physical engagement with pillows or mattresses as mechanisms for emotion regulation.

Keywords: ability; schizophrenic patients; the risk of violent behavior

INTRODUCTION

The issue of mental health has emerged as an unresolved challenge within societies, both on a global and national scale. Particularly exacerbated amidst the COVID-19 pandemic, the management of mental health concerns has become increasingly arduous (Dinkes, 2021). The repercussions of the COVID-19 pandemic extend beyond mere physical health, profoundly impacting the mental well-being of millions, irrespective of direct exposure to the virus. The 2018 Basic Health Research (Riskesdas) revealed that over 19 million individuals aged 15 and above experienced emotional and mental disorders, with over 12 million in the same demographic experiencing symptoms of depression. According to data from the Ministry of Health (KEMENKES) in 2019, the prevalence of mental disorders in Indonesia is notably high, with Bali Province ranking first at 11.1%, followed by DI Yogyakarta Province at 10.4%, NTB at 9.6%, West Sumatra Province at 9.1%, South Sulawesi Province at 8.8%, Aceh Province at 8.7%, Central Java Province at 8.7%, Central Sulawesi Province at 8.2%, South Sumatra Province at 8%, and West Kalimantan Province at 7.9%. Conversely, North Sumatra Province ranks 21st with a prevalence rate of 6.3% (KEMENKES, 2019).

Schizophrenia, a severe mental disorder, can lead to fatal outcomes. Effective management of this psychiatric condition necessitates a comprehensive approach involving therapy, rehabilitation, and counseling. The cornerstone of addressing mental disorders lies in the

active involvement of families and communities, with familial support being paramount in preventing schizophrenia relapses (Pitayanti & Hartono, 2020). Symptoms commonly associated with schizophrenia encompass both positive and negative manifestations, including violent behavior. The propensity for violent conduct often signifies an expression of underlying anger, which may manifest through threats, self-harm, or harm inflicted upon others. Physiologically, individuals may experience heightened blood pressure, heart rate, and respiration, coupled with emotional states characterized by anger, irritability, agitation, and potential self-inflicted harm. Impairments across cognitive, physiological, affective, behavioral, and social domains can significantly contribute to the risk of violent behavior. According to data from 2017, the prevalence of violent behavior risk is estimated at approximately 0.8%, indicating a notable level of risk for around 10,000 individuals (Perdede, 2020).

Violent behavior emerges as a response to encountered stressors, posing potential harm to oneself, others, and the surrounding environment. Individuals exhibiting such behavior often manifest behavioral alterations, including verbal threats, agitation, restlessness, pacing, heightened vocal intensity, tense facial expressions, enthusiastic speech, aggression, elevated tone, and exaggerated expressions of joy (Pardede, Siregar, & Halawa, 2020). Those at risk of engaging in violent behavior may experience cognitive deficits, temporal and spatial disorientation, and heightened agitation (Suryeti, 2017). The notion of risk encompasses actions that may pose threats to individuals, others, and the environment, necessitating familial involvement in addressing issues related to violent behavior. In light of these observations, it is imperative to undertake research aimed at delineating the knowledge profile of patients concerning the risk factors associated with violent behavior in the context of emotional regulation.

METHOD
The study employed a descriptive research method utilizing a quantitative approach. Purposive sampling was employed to select 15 participants meeting specific inclusion criteria: individuals diagnosed with mental disorders associated with the risk of violent behavior, cooperative patients exhibiting such risk, and those willing to partake as respondents. Data collection methods included observational techniques and interviews. The collected data were subjected to univariate analysis through frequency distribution for analysis.

RESULTS

Table 1.
Respondents Age (n=20)

Mean	Median	Standard Deviation	Minimum	Maximum
33,80	33,50	12,129	16	65

Table 1 depicts the age distribution of patients, revealing an average age of 33 years, ranging from a minimum of 16 years to a maximum of 65 years.

Table 2 illustrates the demographic characteristics of the respondents, revealing a homogeneous distribution in gender, with all participants being male, totaling 27 individuals. Furthermore, the majority of respondents have attained education up to junior high school level, comprising 9 individuals (45%), while a majority of 11 participants (55%) are married.

Table 2
Demographic Characteristics (n=20)

Variable	f	%
Gender		
Male	20	100,0
Female	0	0
Education Level		
Uneducated	5	25,0
SD (Elementary School)	1	5,0
SMP (Junior High School)	9	45,0
SMA (Senior High School)	5	25,0
Marital Status		
Unmarried	9	45,0
Married	11	55,0

Tabel 3.
Ability to Control Emotion (n=20)

Variabel	f	%
Ability to identifying problem		
None	14	70,0
Sometime	4	20,0
Always	2	10,0
Ability to take deep breaths and utilize pillow or mattress		
None	2	10,0
Sometime	3	25,0
Always	13	65,0
Ability to using effective communication		
None	3	15,0
Sometime	7	35,0
Always	10	50,0
Ability of medication compliance		
None	2	10,0
Sometime	10	50,0
Always	8	40,0
Ability of spiritual techniques practices		
None	4	20,0
Sometime	10	50,0
Always	6	30,0

Table 3 illustrates that the most prevalent method utilized by patients to control anger is through deep breathing and hitting pillows or mattresses.

DISCUSSION
Age
The research findings reveal that the average age of the patients is 33 years, with a standard deviation of 12.129. The youngest participant was 16 years old, while the oldest was 65 years old. This study is consistent with Sulistiawati, Keliat, & Wardani's (2014) research, which reported an average respondent age of 30.07 years, falling within the productive age range. Therefore, according to the researchers, an individual's age characteristics may indicate a correlation with their experience in utilizing support systems to cope with various stressors, as well as their support and skills in problem-solving mechanisms.

Gender
The research findings regarding gender characteristics indicate a predominance of male respondents, comprising 20 individuals (100%). This observation aligns with the findings of Jatmika, Triana, & Purwaningsih (2020), where 55.9% of respondents were reported as male,

suggesting a higher representation of males compared to females. This correlation resonates with the outcomes of the Basic Health Research (Riskesdas) in 2013, which underscored a higher prevalence of severe mental disorders among males than females. Gender distinctions encompass various aspects, including behavioral patterns, environmental influences, and social interactions in daily life, all of which may contribute to the susceptibility to mental disorders. In the context of gender characteristics, schizophrenia prevalence in males exhibits a threefold increase compared to females. This phenomenon is closely intertwined with the societal expectations placed upon males as primary breadwinners or familial pillars, necessitating them to endure rigorous labor despite constrained employment opportunities (Keliat, 2011).

Education level
The research findings regarding the educational background of patients reveal a predominance of individuals with junior high school education, comprising 9 participants (45%). This observation aligns with the study conducted by Sulistiawati, Keliat, & Wardani (2014), which reported that the majority of respondents had attained junior high school education, accounting for 39 respondents (65%). Thus, according to the researchers, education serves as a crucial determinant of an individual's ability to engage in effective interpersonal interactions.

Marital Status
The study on the marital status characteristics of patients indicates that the majority of patients, 11 individuals (55%), are married. This finding is in line with the research conducted by Maramis (2009), which suggests that individuals with mental disorders are predominantly found among married individuals, as marriage signifies progression into later stages of life and entails additional household responsibilities. However, this study reveals that the largest proportion of respondents is unmarried, attributed to the condition of respondents who have been suffering from mental disorders since a young age.

Emotional Control Ability
Problem Identification
The research findings indicate that the ability of respondents to identify problems has never been performed by 14 individuals (70%). Based on the researcher's assumption, it is inferred that patients have not yet acquired the ability to independently recognize violence-related issues.

Deep Breathing and Hitting Pillows or Mattresses
The research findings indicate that a majority of respondents, comprising 13 individuals (60%), consistently employ deep breathing and hitting pillows or mattresses as techniques to regulate their emotions when experiencing anger. This observation aligns with Sudia's (2021) study, which underscores the therapeutic impact of deep breathing relaxation techniques on individuals with mental disorders prone to violent behavior. Positive responses suggest that clients effectively adhere to deep breathing relaxation therapy programs, resulting in efficacious anger management, and active client engagement in therapy sessions. Furthermore, this finding resonates with Arditia's (2019) research, advocating for the efficacy of physical techniques like pillow hitting in mitigating the risk of violent behavior among clients. At Dr. Arif Zainudin Surakarta Mental Hospital, all three clients demonstrated the ability to autonomously control their violent behavior. Keliat's (2009) study also supports the notion that hitting pillows serves as a mechanism for physical release or the expression of suppressed emotions, a concept known as displacement. Additionally, the accessibility of

pillow hitting allows clients to channel their anger and emotional distress effectively. These results are consistent with Zelianti's (2011) research on the significant influence of deep breathing relaxation techniques on the emotional states of clients with violent behavior at Dr. Amino Gondohutomo Regional Mental Hospital. Furthermore, other studies have corroborated the efficacy of deep breathing relaxation techniques in enhancing patients' ability to manage violent behavior, particularly in the Bratasena Ward of the Bali Provincial Mental Hospital.

Ability to using effective communication
The study indicates that 10 respondents (50%) consistently demonstrate the ability to communicate effectively. According to the researcher's assumption, the more frequently patients are taught positive therapeutic communication, the more accustomed they become to using effective communication.

Ability of medication compliance
The research indicates that the majority of respondents, comprising 10 individuals (50%), occasionally adhere to medication regimens. This finding is consistent with the study conducted by Siauta, Tuasikal, & Embuai (2020), which demonstrated the efficacy of incorporating medication schedules for clients according to predetermined guidelines, resulting in increased client interactions with others. Consequently, clients with violent behavior demonstrated the achievement of expected intervention criteria, namely the reduction and controllability of perceived violent behavior.

Ability of spiritual techniques practices
This research indicates that the ability of respondents to engage in spiritual practices is occasionally performed by 10 individuals (50%). This finding is consistent with the study conducted by Wardhani & Prabowo (2020), which elucidates that by performing wudu (ritual ablution) according to the teachings of the Prophet Muhammad (peace be upon him) and contemplating each step and movement of wudu, combined with inner motivation to maintain wudu, all subjects were able to overcome obstacles and challenges. Moreover, through a 6-day habituation process of performing wudu, patients experienced physical and psychological benefits. Patients perceived wudu as providing comfort, peace, tranquility, and happiness as it protected them from negative influences, excessive anger, and facilitated ease in worship at any time. This tranquility encompassed cognitive, affective, and spiritual aspects for the patients. This aligns with previous research suggesting that anger management can be facilitated through spiritual approaches such as calming techniques and mutual forgiveness among schizophrenic patients with a risk of violent behavior (Padma, S. & Dwidiyanti, M., 2014). Additionally, psychiatric research has demonstrated a significant relationship between religious commitment and health, indicating that individuals who adhere to religious teachings tend to be healthier and better able to cope with illness, leading to faster recovery (Zainul, 2007).

CONCLUSION
The majority of respondents exhibit varying levels of proficiency in emotional control techniques, with a significant proportion demonstrating consistency in employing deep breathing and pillow or mattress hitting to manage anger effectively. Communication skills among respondents are somewhat mixed, with half of them demonstrating consistent effectiveness in communication. Adherence to medication regimens among respondents is inconsistent, indicating the need for interventions to improve medication compliance rates. Engagement in spiritual practices among respondents is sporadic, suggesting potential

benefits of integrating spiritual interventions into treatment plans for individuals with mental health issues.

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