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Reduce Violent Behavior Schizophrenia: A New Approach Using LT (Laughing Therapy) and DRT (Deep Relaxation Therapy)

Muhammad Suhron[1], Faisal Amir[1]

STIKES Ngudia Husada Madura, Indonesia

ABSTRACT

Violent behavior is one example of mental disorders that often occur in people's lives. Based on a preliminary study for 3 months (January, February, March) in 2018 showed that 50-60% of patients treated at Wijaya Kusuma were violent patients. The purpose of this study was to analyze the differences in the effectiveness of DRT and LT in patients with violent behavior. For that, the next investigator is expected to compare the use of other complementary therapies more effective in patients with violent behavior.

This research method used Two group pre-test-post-test design. The population in this study were patients with violent behavior in the Wijaya Kusuma room. The sample was taken using simple random sampling with 112 respondents and divided into respiratory relaxation therapy group and laughing group therapy. With the independent variables of deep breathing relaxation therapy and laughter therapy and the dependent variable of patients with violent behavior. The instrument in this research is observation RUFA. Data were analyzed using paired t-test and continued with independent t-test with significance value α <0,05. The result of paired t-test statistic for deep breathing relaxation therapy was obtained (p-value = 0,001 <0,05) and light therapy group obtained the result (p = 0,001 <0,05). While independent test t-test shows significant value p-value = 0.370> 0.05. It can be concluded that there is an effect of deep breathing relaxation therapy and laughter to patients with violent behavior, but there is no significant difference between patients with violent behavior given deep breathing relaxation therapy and given laughter therapy.

Keywords: *LT (Laugh Therapy), DRT (Deep Relaxing Therapy), Violent Behavior, T-Test*

INTRODUCTION

Schizophrenia has been associated with heightened stress responsivity in adolescence that precedes onset of psychosis. We now report that multiple stressors during adolescence in normal rats leads to deficits in adults analogous to that seen in schizophrenia patients. Although mental health problems are not regarded as a disorder that causes death directly. However, such disturbances can lead to the inability of individuals in the work and the inaccuracy of individuals in behaving that can disrupt groups and communities and can hamper development because they are not productive [1]

WHO estimates there are about 450 million people in the world experiencing mental health problems. In the general population there are 0.2 - 0.8% of schizophrenia patients and of the 120 million population in Indonesia there are approximately 2,400,000 mentally ill children Basic health research (Riskesdas) in 2013 shows that people with severe mental disorders in Indonesia with prevalence of 1.7 per mil with DI Yogyakarta, Aceh, South Sulawesi, Bali and Central Java as the city with the most severe mental disorder, while East Java is located just below the province of Central Java with a prevalence of 2.2 per mile. Based on a preliminary study on September 2nd, 2015 at WK room of Mental Hospital of Menur Surabaya, the patient data of violent

Corresponding author :
Muhammad Suhron
STIKES Ngudia Husada Madura. Indonesia
E-mail: desuhron@gmail.com
Telp +6282231230066

behavior during the last 3 months since June, July and August are as follows. Factors causing violent behavior are predisposing factors consisting of psychological, biological and socio-cultural factors and precipitation factors originating from clients and the environment [2,3]

As psychotic relapses and consequent risk of aggressive behaviour are often associated with a poor compliance, purpose of the present manuscript is to give an overview of the available data about the use of depot antipsychotics for the management of violence in patients with schizophreniaViolent behavior has physical, psychological, social, and spiritual impacts on the victims and also affects the whole family and community system. Events that reflect violent acts such as murder, riots, arson, beatings, and torture. The violent action causes the sufferer to harm others. Violent actions that will cause patients to tend to have a destructive attitude, anger and resulted in the emergence of violent behavior if it cannot be controlled[4]

Violent behavior gets a variety of therapies from group therapy to individual, the therapies are given are also beneficial for mental disorders. There is also a laughing therapy, laughter therapy is a therapy to achieve joy in the heart that is issued through the mouth in the form of laughter or a smile that adorns the face, feelings of a loose and happy heart, a broad chest, smooth blood circulation that can prevent disease and maintain health[5]

Given the many impacts of aggressive behavior on teenagers, parents should be able to overcome this by giving more attention and direction to teenagers to express their feelings through better things. Effective training of methods for dealing with conflict on an ongoing basis is essential and beneficial to aggressive children such as creating a non-aggressive environment, developing empathy, and punishment. Of course, the above things are expected to reduce teenagers violent so that teenagers can control themselves and not behave aggressively. In addition, aggressive behavior can also be prevented by preventing children if they will vent their anger with aggressive behavior, treat children patiently, should not be aggressive when children do aggressive behavior, teach children how to get along well, limit friends mingle, create an atmosphere of togetherness in the family[5,6]

MATERIAL AND METHOD

The research method used in this study used research type *pre-experimental: two group pre-test-post-test design.*

The dependent variable in this study is the violent behavior of 15 patients. The sampling technique used is *simple random sampling*. Analysis for pre and post using *paired t-test and independent test*

FINDINGS

Table 1 behavior of violence before and after given (Deep Relaxing Therapy)

Code Respondent	PRE	Description	POST	Description
TR01	10	Medium	7	Light
TR02	8	Medium	8	Medium
TR03	9	Medium	7	Light
TR04	8	Medium	8	Medium
TR05	12	Medium	12	Medium
TR06	8	Medium	7	Light
TR07	9	Light	8	Medium
TR08	9	Medium	7	Light
TR09	5	Lightweight	4	Light
TR10	10	Medium	9	Medium

Cont... **Table 1 behavior of violence before and after given (Deep Relaxing Therapy)**

TR11	10	Medium	8	Seda ng
TR12	13	Medium	13	Medium
TR13	8	Medium	6	Light
TR14	8	Medium	6	Light
TR15	4	Medium	3	Lightweight
Mean±SD:	8.73 ± 1.41		7,53 ± 1.12	

Table 2 of patient's violent behavior before and after LT is given (Laugh Therapy)

Code Respondent	PRE	Description	POST	Description
TT01	9	Medium	6	Light
TT02	8	Medium	7	Light
TT03	12	Medium	12	Medium
TT04	9	Medium	8	Medium
TT05	9	Medium	9	Medium
TT06	2	Lightweight	1	Light
TT07	5	Lightweight	4	Lightweight
TT08	6	Lightweight	5	Light
TT09	9	Medium	7	Lightweight
TT10	7	Lightweight	6	Lightweight
TT11	9	Medium	7	Lightweight
TT12	6	Lightweight	4	Light
TT13	10	Medium	8	Medium
TT14	6	Lightweight	2	Lightweight
TT15	10	Medium	8	Medium
Mean±SD:	7.80 ± 2 , 22		6,27 ± 1,76	

DISCUSSION

Based on the results of research in space Wijaya Kusuma Mental Hospital Menur Surabaya obtained the data of respondents as many as 30 people and divided into 2 groups of 15 respondents entered the relaxation breath in the group and 15 respondents entered the LT (Laugh Therapy) group. In the DRT (Deep Relaxing Therapy) group, prior to therapy, the number of violent behavior patients with moderate category amounted to 13 people (86.7%), while the light was only 2 people (13.3%). In the LT (Laugh Therapy) group, prior to therapy, the number of patients with moderate violent behavior was 9 (60%), while the light category was 6 (40%).

Based on gender demographic data, the respondents showed that in the respiratory relaxation therapy group, most of the respondents were male (12%) and only 3 (20%) were female. While in the laughter therapy group most of the respondents were male (9) (60%) and 6 (40%). This shows that gender is one of the risk factors for violent behavior. In accordance with the statement

of Kaplan & Sandock stating that the risk factor for violent behavior is male gender. The process of cognition, emotion, behavior and unconsciousness can interact causing a person to feel bad about themselves or produce negative relationships with others. After adjusting for age, socioeconomic status, severity of disease and psychiatric history, the quality of sleep of the experimental group improved, with the results at posttest achieving significance. Heart rate variability parameters were also significantly improved [8]. This is reinforced by research conducted a total of 62 (79.5%) of male sex respondents and only 16 (10.5%) of female respondents. Men more often or easily experience psychiatric disorders violent behavior, according to Soejono's theory that men tend to experience frequent changes in the role and decreased social interaction and job losses. This is often the cause of men who experience mental disorders due to [7,8]

Age over 25 years is a mature age with a fairly complex problem so it is one of the risk factors of violent behavior. Basic health research mentions the prevalence of emotional mental disorders such as depression and anxiety in people aged 26-35 years to reach 9.6% of this shows people living in emotions and psychiatric conditions problematic. This is because at this age personality problems often appear so widespread and complex[7]

From the characteristics of educational background, the researcher got the result that respondent of DRT group with the highest educational background with the number of 6 people (40%) while in the LT group most of the respondents have SD education background with 5 people (33,3%). A low level of education in a person will make the person susceptible to anxiety. Anxiety occurs because the individual cannot solve the problem well, the higher the level of education will affect the ability to think. The formation of one's actions is based on behavior, behavior based on knowledge will be more lasting than behavior that is not based on knowledge [7,8]

From the respondents' occupation data on the DRT group in the researcher get the result. Work is a very affect a person's self-concept, especially on the role of individuals. A person who does not have a job may affect the self-concept which is influenced by self-ideal and self-esteem. Ideal self is the individual's perception of his behavior, tailored to the ideals, hopes, and desires to be achieved. But the self-ideal of the unemployed will decrease because the individual feels that he or she is unable to make ends meet, and feels unsuccessful so that the individual feels anxious and inferior, the individual will feel that he has low self-esteem, is not recognized, able to face life in controlling him. Individuals become negative thinking, thus making social relationships become maladaptive. suggests Frustration occurs when the desire of individuals to achieve a failure that will cause a situation that will encourage individuals to behave aggressively. Example: Job Loss[7,8,9]

After DRT was given to 15 respondents of DRT group experienced a decrease in the moderate category to 7 people (46.7%) before therapy was 13 people (86.7), while the light category increased to 8 people (53.3%) before therapy was given 2 people (13.3). Thus the effectiveness of DRT in reducing violent behavior in violent behavior patients is good enough, effective, efficient and easy to do alone. By doing this exercise the body will respond to expand blood vessels, improve alveoli ventilation and provide a feeling of calm and comfort.In theory, relaxation is basically related to the working system of the human nerves, which consists of the central nervous system and autonomous [10]

Relaxation of breath in stimulating the body to release endogenous opioids is endorphin and enkephalin. The release of endorphin hormone can strengthen the immune system, keep brain cells young, fight to age, decrease aggressiveness in human relationships, boost spirits, endurance, and creativity [11,18].While 15 subsequent respondents who get LT, before given the respondents Laughter is the best antidote to stress, cheap, and easy to do. Laughter is one of the best ways to relax muscles. Laughter widens the blood vessels and sends more blood to the ends and to all the muscles throughout the body. One good round of laughter also reduces the levels of stress hormones, epinephrine and cortisol. It can be said that laughter is a form of dynamic meditation or relaxation LT is useful to suppress the secretion of epinephrine and multiply the secretion of endorphin, so the feeling of being peaceful [12]. Another benefit is the freshness and comfort, because when laughing the muscles will relax and the blood circulation smoothly so that the needs of oxygen fulfilled. This makes the client's emotional state improve so as to suppress the desire to anger. there is the influence of laughter therapy in controlling patient of violent behavior [7,14]

There is no significant difference between DRT and

LT in violent behavior patients. Based on the results of the test indicate that the group of DRT and LT there is an influence to the decrease of violent behavior but not too significant, it can be seen from the result of paired T-Test in breath DRT and LT with p-value equal to 0.000. If we look at the distribution of pre-post differences between the DRT group and LT it has a difference in the mean value of DRT group in 1.20, while in the LT group 1.53. After the Independent T-Test was conducted, there was no significant difference between the two therapies. The DRT technique not only causes a calming effect but also calms the mind. Therefore some relaxation techniques such as a deep breathing can help to improve the ability to concentrate, self-control, decrease emotions, and depression [7, 15,16]. So it can be said that DRT can help reduce violent behavior in patients violent behavior.

CONCLUSION

Based on the results of data analysis research that has been done, it can be concluded things as follows:

There is influence before and after the provision of deep breath relaxation therapy in patients, violent behavior can be derived with DRT in space Wijaya Kusuma Mental Hospital Menur Surabaya. There is influence before and after giving LT to a patient of violent behavior in space of Wijaya Kusuma Mental Hospital of Menur Surabaya. There is no difference in the effectiveness of DRT and LT in violent behavior patients in the Wijaya Kusuma Mental Hospital Menur Surabaya.

Conflict of Interest: The Author (s) declare that they have no conflict of interest

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