Self-control method to reduce aggressive behavior (hitting) in schizophrenia patient

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Kresna Hadi Seotjipto[1*], dan Cahyaning Suryaningrum[1]

Abstract

Schizophrenia, classified under psychotic disorders in the DSM-5-TR, is identified by the presence of two or more out of five symptoms. This intervention targets both the subject and her family. The intervention aims to reduce hitting behavior in the subject. The aim for the family is to enhance their understanding of schizophrenia and the subject's aggressive behavior and to increase family support for the subject. The subject is a 35-year-old woman. Assessment methods included clinical interviews, observation, psychological tests such as the Wood Worth Questionnaire, Wechsler Adult Intelligence Scale, Graphic Tests, WHO Disability Assessment Schedule 2.0, and document studies (medical records). Intervention techniques used self-control methods for the subject and psychoeducation for the family. The results of this intervention indicated that the self-control method was effective in addressing the issue of hitting behavior in the subject with schizophrenia. Psychoeducation provided to the family successfully improved their understanding of the subject's condition and increased their knowledge of the support they can offer to the subject.

Keywords

Aggressive behavior, family, psychoeducation, schizophrenia, self-control

Introduction

Schizophrenia is a type of disorder included in psychotic disorders in the DSM-5-TR, which is determined using two or more of the five symptoms that appear, namely delusions, hallucinations, organized speech disorders such as frequent deviance or incoherence, highly organized or catatonic behavior, and negative symptoms such as reduced emotional expression or avolition (American Psychiatric Association, 2022). Schizophrenia has two symptoms, namely positive symptoms consisting of delusions and hallucinations and negative symptoms consisting of flat affect, withdrawal, and anhedonia. These two symptoms can lead to a gradual decline in daily functioning (American Psychiatric Association, 2022).

Schizophrenia disorders can cause a decline in daily routines or activities (Mucci et al., 2021). The strength of the symptoms that appeared previously triggers the individual's life function. This phase is referred to as the prodromal phase. The prodromal phase is a phase that seems to form symptoms of psychotic disorders that have abnormalities, including social deficits, behavior, decreased cognitive function, and various social problems that have occurred for years (Verdolini et al., 2022). Families who have a history of psychotic symptoms or other mental tendencies proportionally have a high chance of passing on the same disorder to their offspring (Gregg et al., 2021). The prodromal phase can last for years, encompassing social aspects, daily activities, and academic and work productivity (Harvey & Isner, 2020; Maharani, 2021).

Schizophrenia has negative symptoms with an indeterminate period. Negative symptoms of schizophrenia include hallucinations, delusions, alogia, flat affect, daydreaming, silent behavior, withdrawal, and decreased social function. Individuals with schizophrenia tend to be less able to express appropriate emotions, so they sometimes have deviant behavior that is not influenced by environmental conditions. These adverse symptoms can appear in the prodromal phase (Correll et al., 2015). Subjects who display symptoms of schizophrenia eventually cause problems in everyday life. One of the problems that is important to overcome is the issue of aggressive behavior, specifically hitting behavior.

Aggressive behavior refers to actions or behavioral tendencies that are intended to harm others or oneself, physically or psychologically (Buss & Perry, 1992). Aggressive behavior is acquired through observing others, experiences accompanied by positive or negative reinforcement, and abstract beliefs (Feist & Feist, 2019). Aggressive behavior has several types, namely direct active physical aggression, direct passive physical aggression, indirect physical aggression, indirect passive physical aggression, direct active verbal aggression, direct passive verbal aggression, indirect active verbal aggression, and indirect passive verbal aggression (Buss & Perry, 1992). The behavior of hitting the subject is included in direct active physical aggression. Direct active physical aggression is an act of physical aggression carried out by individuals who face and make physical contact with the target, such as hitting, pushing, or throwing objects.

[1]Fakultas Psikologi, Universitas Muhammadiyah Malang, Indonesia.

***Correspondent Author:**
Kresna Hadi Seotjipto, Universitas Muhammadiyah Malang, Jl. Raya Tlogomas No.246, Kota Malang, Indonesia 65144
Email: krisnahads@gmail.com

Hitting behavior is an act of physical aggression carried out by an individual who directly confronts another individual, who is the target. There is direct physical contact that can be influenced by several factors, namely gender, age, socioeconomic status, comorbid disorders, and pre-existing aggressive behavior (Buss & Perry, 1992; Girasek et al., 2022). Hitting behavior can arise because someone feels overwhelming anger, so they carry out violent attacks in an unreasonable way (Huesmann, 2013). Hitting behavior in the subject arises because it has become a habit since childhood and is caused by his personality, which tends to be aggressive and impulsive. The subject's hitting behavior ultimately causes harm to himself and his surroundings. The subject gets less social support than he should need to support his recovery because the surrounding environment is afraid of the subject. This necessitates addressing the subject's hitting behavior.

Cognitive behavioral therapy based on psychoeducation is effective in reducing aggressive behavior in schizophrenia patients (Can & Budak, 2024). In addition, forgiveness therapy has also been found to reduce aggressive behavior in schizophrenia patients with changes in behavior and emotional regulation so that hitting and breaking objects can be reduced (Hikmat et al., 2025). The combination of cognitive behavioral therapy with social skills training can also reduce the risk of aggressive behavior in schizophrenia patients (Fitriani et al., 2021). These studies show similarities, namely increased self-control skills in schizophrenia patients. Self-control methods are effective in overcoming aggression problems in adults with schizophrenia (Tyas, 2023). Self-control methods have also been shown to be effective in reducing aggressive and violent behavior (Chester, 2023; Ciurbea et al., 2022; Dennisen et al., 2017; Khair, 2016; Madjid et al., 2022; Matulessy et al., 2018).

This study uses the self-control method for interventions based on previous findings. The reason for using the self-control method in this study is because this method is considered effective in reducing aggressive behavior (in this case, hitting) in schizophrenia patients. By increasing self-control, hitting behavior can be reduced. Thus, this study aims to determine the effectiveness of self-control interventions in reducing aggressive behavior in the form of hitting in schizophrenia patients.

Methods

Assessment

The psychological assessment methods used are clinical interviews, observations, psychological tests, and documentation studies. Clinical interviews are used to explore the subject's current problems and, identify symptoms and impacts that appear in the subject, see the history of the formation of the subject's problems, which include triggering events and how long the problems have been felt. Clinical interviews are also used to see the parenting applied to the subject, work history, education history, and the subject's social life and to obtain data that supports schizophrenia disorders based on DSM-5-TR. Clinical interviews are also used to see the causes, forms, intensity, frequency, and impacts caused by hitting behavior.

Observations are carried out to obtain data through direct observation that supports relevant behavior that supports the subject's schizophrenia disorder and the problem of hitting behavior. Observations are carried out in a room at the RSJRW where the subject is receiving treatment. Observations are carried out by recording behavior that appears according to the diagnostic criteria for schizophrenia from DSM-5-TR and seeing the frequency, intensity, and forms of hitting behavior from the subject.

The psychological tests used were the Wood Worth Questionnaire, Wechsler Adult Intelligence Scale, Graphic Test, and WHODAS 2.0. The Wood Worth Questionnaire was used to see the tendency or pathology of the subject that might support the condition of schizophrenia and the emergence of hitting behavior from the subject. This test is used to identify behavioral patterns and see the tendencies of the subject that make him show symptoms of schizophrenia and show hitting behavior every time an angry urge arises. The Wechsler Adult Intelligence Scale was used to determine the intellectual capacity of the subject, verbal barriers, and the subject's understanding of the instructions given so that it can support intervention and choose aspects of the subject that cause schizophrenia and the emergence of hitting behavior. The graphic test aims to see the dynamics of the subject's personality and understand the urges in the subject, the ability to control urges in the subject, the subject's view of himself, and observe the patterns of thoughts and feelings of the subject that might underlie the emergence of symptoms of schizophrenia and trigger the emergence of hitting behavior every time an angry urge is present in the subject. WHODAS 2.0 was used to see the level of functioning of the subject in his daily life so that it can be supported in classifying the subject's prognosis.

The documentation study conducted in this case is the medical record of the subject to obtain data or information based on the history of examination from the mental hospital which aims to add assessment data such as treatment history, history of admission and discharge from the mental hospital, results of assessments that have been carried out, and the identity of the subject which can be used as a support in establishing a diagnosis, prognosis, and determining interventions for the problems of hitting behavior and schizophrenia experienced by the subject.

Case Presentation

The subject is a 35-year-old woman who is the third of four siblings. The subject has two older sisters who currently work as coconut sellers and one adopted brother who works as a driver. The subject lived with her parents before being admitted to the mental hospital. The subject said that she is currently not divorced from her husband but no longer lives with her husband. This is because the subject feels that her husband has cheated on her several times, namely with neighbors, other people at work, and even her siblings. The subject feels hurt because she often sees her husband buying other people gifts, but her husband never buys the subject a gift. When she was in elementary school, the subject tended to have all her wishes fulfilled by her parents, especially her father. The subject was very spoiled, and none of her wishes were rejected.

When she was in junior high school, the subject often played with her friends, but the subject said that other people should always follow whatever she wanted. The subject's

friends always followed the subject's orders. She also often fought with her mother if her wishes were not fulfilled. When in high school, the subject was a child who liked to disobey her parents' orders, so she often fought with her parents, especially her mother. This made the subject often angry until the subject was in high school. The subject began to dare to retaliate against his mother's beatings during high school. He often hit both his parents and his older brother. The subject also often asked for money to go to clubs, buy cigarettes, or treat his friends. The subject always hit so that his parents were forced to comply with his wishes. After graduating from high school, the subject tried to work in a factory even though he was fired without knowing the reason. He was also forced by his mother to work and meet his own needs. During college, the subject went to clubs more often, got involved in promiscuity, and often smoked. The subject also met her current husband and dated even though he knew that her husband was married.

After graduating from college, the subject married her current husband and lived close to her parents. The subject always fought with her parents but more often with her mother. This made the subject always feel that her parents demanded her always to earn and give money to her parents. In addition, when the subject had a disagreement with her parents, the subject always hit them. The subject also said that she always felt suspicious of other people. She always felt watched by two people standing behind her. This happened because the subject had a conflict with her sibling, especially when the subject thought that her sibling was having an affair with her husband. She always suspected everything about her sibling. The subject believed that the two people standing behind her were her two siblings. She said that her two siblings always tried to influence other people not to buy her merchandise. This was because her sibling didn't like her. After being confirmed with the subject's older sibling, this was the subject's hallucination. The subject's older sibling never did that to the subject and tended always to be suspicious of everyone.

The subject also said that she was always suspicious of her husband. The subject said that she had seen her husband having affairs with several women. Her husband's first affair was with her neighbor. Her husband invited her to dinner, while the subject felt that her husband had never invited her to dinner. The second mistress was her sister. She said that she had seen her husband having an affair and that her first sister bought her three clothes, including some for her children. The subject said that this made her very angry with her husband to the point of beating him.

The subject said that when he felt angry, he always hit other people. He thought that hitting other people had become a habit that he did because it made him calmer and more satisfied and could make people obey and fear him. He admitted that he could not control himself from hitting other people when the urge to get angry arose. The behavior of hitting was said by the subject as a habit that had been done so far when angry.

The results of the psychological test found that the subject had idealism or fantasy that could influence his thoughts and direct them into a less realistic dimension and lacked regularity in thinking. The subject also had unstable emotions. He was less able to control the outbursts of anger that he felt. This was supported by his tendency to react impulsively to specific situations or stimuli and tended to be childish, which created less controlled behavior. In addition, the subject's intelligence level was also at the borderline level, which made him need help in managing information.

The dynamics of the formation of schizophrenia disorders in the subject can be explained using the diathesis stress model theory, which involves biological, psychological, and social vulnerabilities. Biological vulnerability in the subject was in the form of a genetic tendency based on the history of his biological mother. The subject's biological mother showed emotional instability, especially in controlling anger. The psychological vulnerability that occurs in the subject is the tendency of the subject to be aggressive and impulsive, which causes the subject to have difficulty controlling his emotions.

Since childhood, the subject has always had his wishes followed without ever being rejected at all. This causes the subject to be accustomed to asking for something rather than trying to get something. The subject always requires others to follow his wishes. However, after the subject was put in the boarding school, the subject felt that no matter what his requests were, it caused his condition to be like it is now. The subject's family, including his mother and siblings, also always demanded that he work to earn his own money when he was an adult. In addition, the environment around the subject always made fun of the subject's husband in front of him because they felt that the subject married the wrong person and was too obsessed with bad people. Since childhood, the subject has also always gotten what he wanted, even when angry, so until now, the subject is used to getting angry so that others obey or give in to him.

The existence of poor problem-solving makes the subject feel stressed and depressed about the problems they have. The way to solve problems to reduce feelings of stress or stress conditions in individuals is called coping. Based on the subject's issues, the coping strategy used is emotional-focused, dealing with the escape avoidance type, where the subject tries to avoid problems or stressful situations. The subject's excessive feelings of anger make him behave aggressively to the point of physically hurting others and can be seen as a form of emotional reaction used to divert attention from the main problem and become a mechanism to avoid the reality or complexity of the situation. This encourages the subject to behave aggressively by hitting others.

The dynamics of the formation of problems in the subject, namely aggressive behavior (in this case, hitting), can be explained using Skinner's behavioristic approach using the ABC model. The antecedent of the problem experienced by the subject is when the subject's wishes are not followed, and something is not in accordance with his wishes. The behavior in the problem experienced by the subject is hitting others. The subject gets positive consequences in the form of feeling satisfied and relieved because other people are afraid and follow his wishes. The consequences received by the subject are included in positive reinforcement. The subject repeats the same behavior when he is angry. As a result of this conditioning, the subject's hitting behavior has persisted to this day.

Diagnosis and Prognosis

Diagnosis Based on the dynamics of the problem above, the subject meets the diagnostic criteria for DSM-5-TR: F20.9 Schizophrenia with a focus on hitting behavior problems characterized by: (1) There are 4 of 5 symptoms in the subject, namely delusions with the type of suspicious delusions, hallucinations in the form of feeling something that is not there, disorganized speech, and negative symptoms in the form of decreased interest and motivation, changes in facial expressions, and decreased behavior that appears most of the time for more than 1 month; (2) The level of functioning in work and interpersonal relationships is far below the level achieved before the onset of symptoms; (3) The disorder continues for 3 years; (4) There are no major depressive or manic episodes that co-occur; (5) The disorder is not caused by the physiological effects of substances; 6) There is no history of autism spectrum disorders or communication disorders. Meanwhile, the hitting behavior experienced by the subject can be seen from the aspect of aggressive behavior (Buss & Perry, 1992), which meets the criteria (1) Physical aggression, (2) Verbal aggression, (3) Anger, and (4) Hostility.

In general, the subject's level of functioning showed a score of 3.2, which means that in the subject's life, it showed a severe level of functioning. This indicates that overall, the subject is disturbed in his life functioning. The areas that are severely disturbed are daily activities in the household. The areas that are disturbed are participation in the social environment, daily activities at work, and community participation. The areas that are quite disturbed are understanding and communication.

Prognosis The prognosis established in this case is the prognosis related to the subject's hitting behavior problem. The prognosis for the subject's hitting behavior problem is good. This prognosis determination is based on several factors where the subject has strong support from the family to be able to change his hitting behavior so that the subject no longer hurts others and can be accepted in his social environment. In addition, although the problem experienced by this subject has been going on for 3 years, this happened because the family and the subject himself did not know what to do to overcome the hitting behavior shown by the subject every time an angry urge arose. The severity of the subject's hitting behavior is also in the moderate category, which is based on the frequency of hitting carried out by the subject so that it is possible to overcome his hitting behavior. The subject's type of coping can also still be trained to be more adaptive so that he can overcome the problems he experiences even though he has schizophrenia. Based on this, it is concluded that the prognosis for recovery from the subject's hitting behavior problem is good.

Intervention

There are two targets in this intervention, namely, the subject and the family. The target of the intervention on the subject is to reduce hitting behavior when the urge to anger arises in the subject. The target of the family is to increase the family's understanding of the condition of schizophrenia and the subject's hitting behavior and to increase family support for the subject. The intervention used in this problem uses self-control techniques on the subject. The subject is taught the ability to control himself to reduce the behavior of hitting others when the urge to anger arises. The intervention given to the family uses psychoeducation with a lecture method to provide an understanding of the subject's condition and the support that the family can provide to the subject.

Self-control is the ability of individuals to control their behavior, cognition, and decisions, which include the ability to delay gratification, control impulses, and make rational choices (Buss & Perry, 1992). Individuals are taught how to manage their emotions and angry behavior by doing exercises or repeated learning (Novaco, 1975). Individuals are trained to be able to understand anger patterns in order to cope well. Self-control is effective in overcoming aggression problems in adults with schizophrenia (Tyas, 2023). Self-control methods have also been shown to be effective in reducing aggressive and violent behavio (Chester, 2023; Ciurbea et al., 2022; Dennisen et al., 2017; Khair, 2016; Madjid et al., 2022; Matulessy et al., 2018). Self-control is carried out so that subjects can control angry behavior when the urge to get angry arises. Subjects can identify the cause of the urge to get angry so that they can prevent hitting behavior that arises due to anger. The stages in implementing self-control use the procedures mentioned by Pear & Martin (2019) with the stages of this intervention as follows.

Session I: Educating the subject regarding the subject's condition and the intervention process, building a commitment to change, and informed consent. The subject has explained the condition currently experienced by the subject. The subject responded by agreeing to the explanation given and agreeing to the determination of the problem he was experiencing. Then, the subject was explained regarding the intervention that would be carried out by explaining the uses, benefits, and processes that would be undergone. The subject responded by agreeing to carry out the intervention and was willing to sign the informed consent. The subject was also asked to build a commitment to change and complete the intervention until it was finished. The result of this session was that the subject could understand the condition he was experiencing, determine the problems he was experiencing, and understand the intervention process that he would undergo. The subject was willing to build a commitment to change and was willing to complete it until the end of the session.

Session II: Analyzing the cause of the problem. The subject was invited to identify the causes and conditions that gave rise to his angry urges at the beginning of the session. The subject was asked to write down what conditions caused him to be angry. At first, the subject had difficulty identifying the urges that caused him to be angry. However, then, the subject was invited to recognize angry emotions such as a pounding heart, when he felt like hitting someone or throwing things, and other things felt when angry. Finally, the subject wrote, *"the house gets dirty quickly"*, *"when his wishes are not fulfilled"*, and *"when his second child is fussy."* The subject said that this often made him angry, and he finally carried out hitting behavior. Then, the subject was asked to write down the behavior that emerged when the urge to be angry was present. The subject wrote *"hitting someone else"* and *"must have his wishes fulfilled."*

The subject was invited to identify the behavior and discuss the advantages and disadvantages of his hitting behavior.

The subject felt satisfied and relieved because he got what he wanted and made other people afraid of him, but people became distant from him and behaved unpleasantly towards him. Some neighbors were also afraid of him, and many of his friends did not want to be friends with him anymore. The subject finally learned that the hitting behavior hurt him. The results of this session were that the subject was able to identify the causes of anger, realize the behavior that emerged from the urge to be angry and know the impact of the hitting behavior that emerged.

Session III: Family education and teaching self-control techniques against the urge to be angry and family education. The subjects were taught how to control themselves against the urge to be angry so that they do not cause hitting behavior. The subjects were taught deep breathing relaxation techniques first when they felt the urge to be angry emerging. Then, the subjects were taught several techniques that could be done if they had done relaxation, but the hitting behavior would still come out.

First, the subjects were taught self-talk techniques by giving themselves positive words so that they could control their anger and the hitting behavior that hurt them. Then, the subjects were also taught physical guidance techniques, with the subjects also asked to sit or sleep if the urge to hit could not be controlled. If it persisted, the subjects were asked to perform ablution or take a shower if the urge to hit did not subside with the aim that the subjects could cool their heads. Then, the subjects were also taught situational inducement techniques by avoiding people who made them angry temporarily by taking distance and time for themselves. The subjects responded by understanding and confirming the techniques given. The subjects said they understood the techniques taught. Then, the subjects were given homework to apply the techniques they learned when the urge to be angry emerged for 5 days while at home.

The subject's family was given education related to the subject's condition and understanding related to the problems experienced by the subject. The subject's family was also given an appeal to provide support to the subject by not giving too much criticism to the subject, who often showed anger and not ignoring the subject even though he had this condition. The family was also asked to help the subject in applying the techniques that had been given to the subject and explained the application of the techniques. The family responded by understanding the subject's condition and the techniques given. The family admitted that they had often criticized the subject because of the subject's behavior, but this had made his condition worse and often led to hitting behavior. The subject's family also showed a willingness to supervise and assist the subject in implementing the interventions taught. The results of this session were that the subject was able to learn self-control techniques, and the subject was given homework to apply the technique when at home. The subject's family had an understanding related to the subject's condition and the things that caused the subject's anger to appear to hit behavior. The family was also willing to help the subject overcome his problems.

Session IV: Homework evaluation, overall intervention evaluation and termination The evaluation was conducted at the subject's home during a home visit with the subject's family. The subject was asked to evaluate the homework given in the previous session. The subject said that there was a problem that made him angry and wanted to hit. However, the subject said that he had tried to apply relaxation, self-talk, and physical guidance. The self-talk used by the subject was to say, *"be patient, be patient. I can not hit. Be patient. Later I will be in the mental hospital again and everyone will stay away from me"*. The subject also said that he was furious and wanted to hit, so he did physical guidance by going to his room and sleeping on his bed. He said that he became calmer even though he was still angry and did not hit. The subject said that for a week, the subject did not hit.

The subject's family was also asked about the subject's condition after the previous session. The family said that usually, the subject could show hitting behavior about 5 to 6 times a week. However, during this week, the subject had indeed been angry several times but did not show hitting behavior. The family also reminded the subject about the techniques taught by telling him to do the techniques related to self-talk and telling him to go to his room to sleep on the bed so that his anger would subside.

Based on the homework that had been done, the subject had successfully applied the techniques taught so that his hitting behavior decreased. The subject was then asked to continue to apply the technique in the future, and the family was encouraged to continue to support the subject and remind the subject in the future. The subject responded by nodding and promising to apply the techniques taught and not to hit other people again. The family also responded by feeling helped by the existing techniques and knowing how to behave towards the subject. The subject had been able to learn the techniques taught and the time constraints available, so termination was carried out in this session.

The results of this session were that the subject was able to apply the techniques that had been taught, and there was a decrease in the frequency of hitting behavior compared to before based on family information. In addition, based on the evaluation of the subject's development, termination was carried out in this session.

Session V: Follow-up The subject was asked about the development after two weeks of practicing the skills that had been taught. Follow-up was conducted 2 weeks after termination. The subject said that he still often got angry about the causes that had been written. The subject said that he had hit his younger sibling once in 2 weeks because he annoyed him by making fun of him. However, after that, the subject was no longer angry because the subject remembered that later, people would stay away from him and could end up in the mental hospital again. Some of his neighbors started talking to him and were no longer afraid of him. The subject's family also treated the subject warmer than before. The subject continued to apply the skills he had learned and was satisfied with it. The subject's family was also asked about the frequency of hitting the subject for 2 weeks. In the first week, the subject had hit his younger sibling once because he had an argument with his younger sibling and lost control. However, the subject was reminded again to be calm and control himself. In the second week, the subject did not show any hitting behavior at all. The subject's family said that the subject almost hit someone else who made him angry, but this was not done because the subject chose to leave the place and

stay in his room, so for two weeks, the hitting behavior did not appear. The result of this session is that the subject can still apply the skills that have been taught, and the subject's social relationships tend to improve.

Result and Discussion

Result

The results of the self-control intervention on the subject and psychoeducation on the family that had been carried out successfully met the intervention target. The self-control method is effective in overcoming the problem of hitting behavior in subjects with schizophrenia. The psychoeducation given to the family also succeeded in providing an understanding to the family regarding the subject's condition and providing knowledge regarding the support that the family can provide to the subject.

The intervention carried out had a positive impact in helping the subject control hitting behavior. Previously, the subject always hit other people when the urge to get angry arose. After being given the intervention, the subject was able to control the hitting behavior when the urge to get angry arose in him. This shows that the target of this intervention has been met. The subject is aware of the problems he is experiencing and learns to apply ways to overcome his problems with the skills that have been taught, even though the urge to get angry still exists. The urge to get angry does still exist, but the subject's hitting behavior has decreased. The frequency data for behavior can be seen in Figure 1.

The frequency data of behavior before the intervention was taken from the family, with an average of hitting behavior in the first week being 4 times and the second week being 5 times. After applying the skills gained from the intervention, the subject was able to reduce it to no-hitting behavior after 4 days. Then, when a follow-up was carried out 2 weeks after termination, the subject showed hitting behavior once in the first week and did not show hitting behavior even though the urge to get angry still appeared in the second week. This indicates that the intervention given was able to reduce the hitting behavior of the subject.

The subject's family also experienced changes. Where before the intervention, the family was less able to understand the subject's condition and less able to provide support to the subject, so they continued to criticize the subject and ignore him. The subject's family became more aware of his condition so that they could provide support to the subject by helping him overcome the problems he was experiencing. The family was able to help the subject apply the self-control techniques that had been learned so as to support the decrease in the frequency of the subject's hitting behavior. In addition, the family became more aware that the subject needed the support of those around him, especially his family, to reduce his hitting behavior.

Discussion

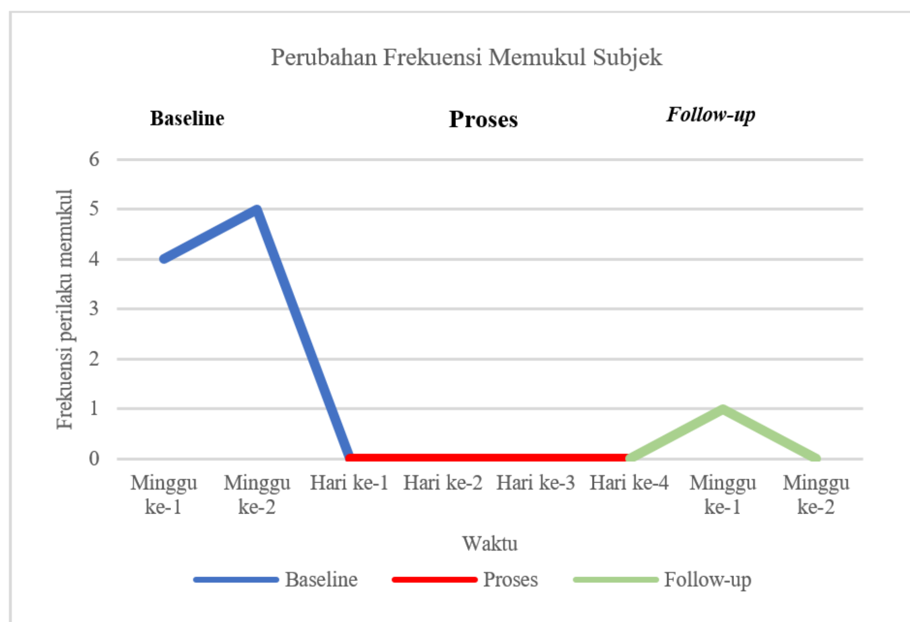
Self-control taught to subjects is effective in reducing hitting behavior in subjects, which is indicated by a decrease in hitting behavior when an angry urge arises. The quantitative results of the decline were obtained from the results of interviews where previously the subject could do hitting behavior five times a week to not doing hitting behavior for four days after being given the program. Self-control therapy is provided as a preventive effort and according to the needs of the subject. Subjects are taught how to control themselves to reduce the risk of hitting behavior in the surrounding environment and uncontrolled anger. These results support previous studies which state that self-control is effective in reducing aggressive behavior in schizophrenia patients (Chester, 2023; Ciurbea et al., 2022; Dennisen et al., 2017; Khair, 2016; Madjid et al., 2022; Matulessy et al., 2018).

The selection of self-control interventions is also based on the needs of families who consider that the behavior has an impact on the family. The self-control interventions taught involve the subject and family members, including the subject's siblings and mother, as caregivers after the subject is discharged from the hospital. Self-control has been widely used to help overcome aggression problems in adults with schizophrenia (Nurani, 2020; Tyas, 2023).

Initial changes in the subject begin when the subject is invited to work together to narrow down the problem of hitting behavior when the urge to get angry arises and set goals to reduce hitting behavior when the urge to get angry arises. At this stage, the subject understands that it is important for him to reduce this behavior so that he has motivation and undergoes intervention. This can put the goals of the intervention in line with the provisions that have been agreed upon at the beginning (Pear & Martin, 2019). Furthermore, subjects who are willing to build a commitment to change are also an important part of the success of the intervention. Commitment to change refers to statements or actions that refer to the importance of changing behavior, and the subject is aware of the benefits of carrying out the intervention and will try to do so. Commitment to the subject increases the likelihood of success of his behavioral change because a strong commitment can contribute significantly to behavioral change (Chester, 2023).

Subjects who successfully identify the causes of the emergence of hitting behavior in themselves make the subject aware that several things cause them to hit others. This is supported by previous research, which found that knowing the causes of aggressive behavior can provide a basis or foundation for applying self-control when an angry urge arises (Chester, 2023; Ciurbea et al., 2022). The self-control techniques used by the subjects were self-talk and physical inducement. The self-talk technique can help subjects reduce hitting behavior when an angry urge arises because this technique can eliminate emotional problems such as anger so that they can control themselves when facing situations or issues (Utami, 2022). Subjects use the physical inducement technique by sitting or sleeping to restrain their hitting behavior. Skinner (1953) said that to control behavior, individuals can exercise physical control or physical restraint so that the behavior does not appear. Subjects who sit or sleep can ultimately avoid hitting someone when an angry urge arises because this is done as a form of physical restraint.

Daily understanding and control of the subject's mental disorder condition have been adjusted to the subject's interests and abilities. However, it is not easy for schizophrenia patients to implement and control their behavior without direction and guidance from others. Therefore, the role of the family in providing direction and assistance to the subject is an



Picture 1. Change in Hitting Frequency.

essential factor in this intervention. The family has a vital role in improving intervention outcomes after being given information about the importance of regular medication consumption and family unity to support recovery. Social support for the subject is critical and has a significant influence on the success of the intervention on the subject (Bjørlykhaug et al., 2022).

The consequences of the formation of the ability to exercise self-control in the subject can form more adaptive behavior. When the subject can feel positive outcomes, such as happiness and calm when doing activities, the possibility of negative behavior can arise. Operant conditioning causes the behavior to reappear or not be repeated according to desire (Skinner, 1953). Self-assessment can occur when someone interacts with the environment, which includes how other people treat the individual and what other people say about the individual. Positive activities can reduce passive behavior in the subject and make the subject more active. This can be an individual coping so that the frequency of anger can decrease.

A family that has changed to provide support to the subject makes the subject's recovery possible. The support obtained from the family will greatly influence changes in the behavior of individuals, especially for individuals who need their families to be able to change (Wang et al., 2018). In addition, good cooperation between the therapist and the subject influences the subject's recovery so that they can undergo the intervention until the end well because there is trust in the therapeutic relationship (Feltham, 1999).

The limitation of this study is the limited time for the existing intervention, which makes it impossible to target more adaptive coping teaching to the subject. Coping is essential because the symptoms of schizophrenia can be caused by incorrect coping, so more adaptive coping teaching will be meaningful for people with schizophrenia (Rosa-Alcázar et al., 2021). However, coping teaching cannot be done in a short time. Therefore, the target of the intervention, in this case, targets the most disruptive behavior that has an impact on the subject and their environment. The time constraints also meant that changes could only be seen in a short time. In addition, subject changes could only be seen for 4 days, and long-term evaluations could only be done 2 weeks after termination. In addition, follow-ups were done via video calls and not in person.

Conclusion and Implication

The conclusion of this study is that intervention with self-control methods is effective in reducing hitting behavior when an angry urge arises in subjects with schizophrenia. Subjects who consistently apply anger management techniques and maintain positive relationships with others are expected to minimize angry outbursts. Psychoeducation for the subject's family also greatly supports understanding the subject's condition so that they can provide support for the subject's recovery. Psychologists or other professionals need to continue adaptive interventions and ongoing education to ensure the stability of schizophrenia symptoms and maximize the prognosis for the subject's recovery.

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Author Contribution

The first author designed the study, collected and analyzed the data, and wrote the manuscript. The second author provided direction and guidance in designing the study and input during the therapy process and writing the research report. All authors have read and approved the final version of this manuscript.

Conflict of Interest

All authors declare that they have no conflicts of interest, financial, professional, or personal, related to this research.

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