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REDUCING VIOLENT BEHAVIOR IN SCHIZOPHRENIA PATIENTS USING HAPPY SPIRITUAL INTERVENTION THROUGH RUFA CARING SYSTEM MONITORING

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ABSTRACT
Competent psychiatric nurses are required to be capable of treating schizophrenia patients so that they can behave adaptively. This study aimed to determine differences in violent behavior among patients with schizophrenia before and after the happy spiritual intervention through the RUFA Caring System. The research employed a pre-experimental study with a pre-post-test without a control group design was conducted among 50 schizophrenia patients in stable wards. The sample in this research is schizophrenia patients who were diagnosed with violent behavior and able to communicate and were purposively recruited. The happy spiritual intervention was given four times for 30 minutes each. Data on violent behavior were collected using the RUFA (General Response of Adaptive Function) scale presented in the RUFA caring system application. The paired t-test was used for data analysis. The mean ± SD of the RUFA caring system score was (29.0±3.4) and (19.3±8.7), before and after the intervention, respectively. The paired t-test analysis found a decreased score of 10.3±5.3 with a p-value of 0.000 ($p<0.005$) and an effect size of 1.94 ($d>0.8$). Happy spiritual intervention through the RUFA Caring System is highly effective for mentally disordered patients to control their emotions so that they can reduce violent behavior.

Keywords: *Violent behavior; Schizophrenia; Happy spiritual; RUFA*

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INTRODUCTION

Schizophrenia is a chronic mental disorder in the form of a neurobiological disorder that can cause disturbances in thinking, including delusions and hallucinations (Liu et al., 2020). Schizophrenia is one of the 15 leading causes of disability worldwide and significantly impacts various aspects of life (Crespo-Facorro et al., 2021). The global prevalence shows that around 24 million people, or 1 in 300 people (0.32%) worldwide, suffer from schizophrenia (WHO, 2022). Furthermore, the 2018 Basic Health Research results estimate that around 450,000 people, or 7 out of 1,000 households in Indonesia, experience schizophrenia (Kemenkes RI, 2018).

Violent behavior is a typical problem in schizophrenia patients due to their inability to control emotions or express thoughts and feelings effectively and assertively. This situation can lead to aggressive behavior, both verbally and non-verbally which is directed at oneself, other people, and the surrounding environment (Sutini et al., 2024). The negative impacts of Violent behavior are loss, death, social stigma, and rejection of patients since people assume that schizophrenia patients are violent and dangerous, and this will be a barrier in the recovery process and improving the patient's quality of life (Di Lorenzo et al., 2023).

Appropriate therapeutic management is required to deal with violent behavior, including a preventive, anticipatory, and containment strategy. This strategy includes improving the patient's environment and pharmacological and psychological therapies (Adeniyi et al., 2021). However, there are sometimes obstacles in the therapy process that make the patients commit repeated violent behavior, such as being non-adherent in the treatment process (Faay & Sommer, 2021). In addition, non-compliance is one of the consequences of pharmacological therapy (Read & Williams, 2019). Therefore, other interventions, in addition to pharmacological therapy, are highly needed to promote patient awareness and provide provisions for patients to control their emotions, thereby reducing repeated violent behavior.

The focus of nursing care for schizophrenia patients is to improve the patient's health status and prevent or help patients control themselves. This approach is guided by the belief that humans are holistic beings with bio-psycho-social and spiritual aspects (Imkome, 2023). The holistic approach that researchers can use focuses on a spiritual-based intervention since spirituality can contribute to the health and well-being of individuals, including greater tolerance for emotional demands and physical illness, such as reduced pain, stress, depression, and negative emotions (Harrad et al., 2019). Furthermore, providing spiritual care helps individuals restore and maintain the integrity of their body, mind, and spirit. In addition, it also provides internal energy and strength to realize the healing potential (Munif, Dwidiyanti, Sholihin, Fahmi Pamungkas, et al., 2024).

One of the spiritual interventions that can be given to schizophrenia patients is happy spiritual intervention. This spiritual intervention focuses on clearing negative emotions from unresolved past events (Dwidiyanti & Munif, 2022). Individuals are taught several steps of mindful moments in raising intentions and impulses to cleanse the soul of unpleasant emotions. It is performed by considering that violent behavior connects with emotions; the spiritual approach is expected to help restore the patient's psychological condition. As a result, mindful individuals will accept things with full awareness and try to improve their ability to solve various problems because they believe in the help of God Almighty (Dwidiyanti et al., 2024).

The application of this intervention should be adjusted to the patient since he/she can have the unpredictable condition and always moves in adaptive and maladaptive ranges. The patient's condition can usually be seen from his/her responses. For this reason, violent behavior monitoring is carried out massively and periodically using the General Response of Adaptive Function (RUFA) scale (Adeniyi et al., 2021). This instrument is developed into an application to make it easier for healthcare workers to monitor the patient's conditions, considering that monitoring is vital during the treatment (Dwidiyanti et al., 2021). Accordingly, this study was conducted to determine differences in violent behavior among schizophrenia patients before and after the application of happy spiritual interventions through the RUFA caring system monitoring.

METHODS

Study Design

This research was a pre-experimental study with a pre-post-test without control group design. The research was conducted in a sample group and compared the values before and after the intervention.

Setting

This study was conducted in the stable wards of Dr. Amino Gondohutomo Psychiatric Hospital, Central Java, Indonesia, for 1.5 months, from July to September 2022.

Research Subject

Purposive sampling was employed to recruit the samples that met the inclusion criteria, namely schizophrenia patients who were diagnosed with violent behavior and able to communicate well. The nurses in the hospital assisted in the recruitment of participants, with a total of 50 participants

Instruments

The RUFA scale, which is a psychiatric emergency assessment scale developed from the General Adaptive Function (GAF) based on nursing diagnoses, was used for data collection. This scale describes the patients' behavioral, verbal, emotional, and physical responses. The scores are classified into three categories: intensive I (score 1-10), intensive II (score 11-20), and intensive III (score 21-30). In this study, the research instrument was developed into an innovative application called the RUFA Caring System to make it easier for nurses to monitor by changing the questionnaire data to categorical (interval) data.

The questionnaire was tested for validity and reliability on 20 respondents who met the research criteria but were not included in the research participants. The validity was examined using Pearson's product-moment test by comparing the score of each item with the total score of all question items and determining the significance value of the relationship for each question. The calculated r value is compared to the r table value. The questions are declared valid if the r count is higher than the r table with a significance value of 5% (the r table is known to be 0.444). The Pearson test showed that, out of 30 questions, the r value was >0.444, indicating that the questions are valid. The reliability test was carried out using Cronbach's alpha, in which the alpha value closer to 1 indicates a higher reliability value on the scale. The instrument is said to be reliable if the r alpha is more than the r table. The Cronbach's alpha test showed a reliability coefficient of r = 0.82 or r>0.444, meaning that the questionnaire is reliable. The RUFA application can be downloaded via the URL https://rufa-keKerasaan.nfcworld.web.id. This application consists of several features, which include patient identity, RUFA assessment of violent behavior, intervention guidelines that should be given according to the phase, evaluation, and a graph summary of the results from the beginning to the end. In this study, 12 research assistants who were nurses at the hospital where this study took place helped with the data collection. Each research assistant has an account in the RUFA Caring System application. In addition, they monitored and intervened for at least four patients each.

Figure 1. The home feature of the RUFA Caring System application

Intervention

The happy spiritual intervention used in this study is mindfulness spiritual. Mindfulness spiritual Intervention is an exercise that focuses on clearing negative emotions from unresolved past events. Such emotions are removed by the pleasure of the help of God

Almighty (Munif, Dwidiyanti, Sholihin, Pamungkas, et al., 2024). In this study, the participants were guided to practice the intervention in nine core stages, including intention, self-evaluation, repentance, sincerity, prayer, body scan, detoxification, relaxation, and trust. The intervention was given to the patients eight times with a duration of 30 minutes each in two weeks.

Data Analysis

Univariate and bivariate analyses were done. Respondents' variables of occupation, education, marital status, admission frequency, and predisposing factors were analyzed using frequency distribution, while age was analyzed using mean and standard deviation. In the bivariate analysis, the researchers first tested the normality of the data on violent behavior based on the monitoring value of the RUFA Caring System before and after the intervention using the Shapiro-Wilk test. The result showed a p-value of >0.005, indicating that the data were normally distributed. The paired t-test was then used to find differences in violent behavior before and after the intervention based on the monitoring value of the RUFA Caring System.

Ethical Consideration

All research procedures in this study complied with the institutional/national research committee ethical standards. Before data collection, the respondents were informed of the purpose and procedures of the study. They also signed an informed consent letter for their participation. This study received approval from the Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital, Central Java, Indonesia, with a reference number of 420/15783 on 27 May 2022.

RESULTS

Table 1. Characteristics of the respondents (n=50)

Variables	Intervention	
	f	%
Age (year)		
Mean ± SD (Min-Max)	33.6 ± 10.2 (15.0-69.0)	
Employment		
Private employee	11	22.0
Entrepreneur	14	28.0
Unemployed	25	50.0
Education		
No formal education	2	4.0
Elementary school	9	18.0
Junior high school	20	40.0
Senior high school	19	38.0
Marital status		
Married	17	34.0
Unmarried	28	56.0
Divorced	5	10.0
Frequency of admission		
1-3 times	35	70.0
4-6 times	11	22.0
7-10 times	4	8.0
Predisposing factor		
Psychological state	20	40.0
Biological state	16	32.0
Economical/financial state	10	20.0
Social state	4	8.0

Table 1 describes the general characteristics of the respondents. This study was conducted among 50 schizophrenia patients diagnosed with violent behavior. The mean age of the respondents was 33.6, with a range of 15-69. The majority were unemployed (n=25; 50.0%), junior high school graduates (n=20; 40.0%), and unmarried (n=28; 56.0%). Also, the majority of respondents had an admission frequency of 1-3 times (n=35; 70.0%) and a psychological predisposing factor (n=20; 40.0%).

Table 2. Differences in the respondents' violent behavior based on the RUFA caring system monitoring values before and after the intervention (n=50)

Variables	Happy Spiritual Intervention	N	Mean±SD	Mean difference	*p*-value	effect size
Schizophrenia patients with violent behavior in stable wards	Before	50	29.0±3.4	10.3±5.3	0.000	1.94
	After	50	19.3±8.7			

Paired t-test

This study showed that the respondents' violent behavior score (mean±SD) before the intervention was (29.0±3.4), and after the intervention, the score decreased to (19.3±8.7). Furthermore, based on the paired t-test analysis, a mean difference of (10.3±5.3) with a p-value of 0.000 (p-value <0.005) was found before and after the intervention with an effect size of 1.94 (d >0.8) which means the level of effectiveness is high or large. This result shows a significant difference in the level of violent behavior before and after the intervention. In other words, the intervention was highly effective in helping schizophrenia patients control their emotions

DISCUSSION

The research results show that the mean age of the respondents was 33.6. Also, the majority were unemployed (n=25; 50.0%), junior high school graduates (n=20; 40.0%), and unmarried (n=28; 56.0%). Furthermore, most respondents had hospital admission 1-3 times (n=35; 70.0%) and psychological predisposing factor (n=20; 40.0%). This finding is in line with a study by Budiarto et al which showed that the predisposing factors that put schizophrenia patients at risk for violent behavior were a history of previous schizophrenia (72.9%), unpleasant experiences or psychological trauma (100%), and unemployment status (79.2%) (Budiarto et al., 2022). Previous research also found that there in general, three factors cause violent behavior among schizophrenia patients: biological, psychological, and social factors. The biological factors include the history of previous schizophrenia and the young age at the onset of the disease, while the psychological factors include the patient's inability to solve problems that result in psychological trauma. Lastly, the social factors include unemployment, unmarried status, and low level of education (Budiarto et al., 2022).

This study showed a significant difference in the level of violent behavior before and after the happy spiritual intervention with a p-value of 0.000 (p<0.005). In this study, the respondents were given the intervention four times for approximately 30 minutes each and monitored using the RUFA scale through the RUFA Caring System application. At the end of the measurement, decreased signs and symptoms of violent behavior were reported, as indicated by an increase in the RUFA intensive score to 3. Furthermore, an effect size of 1.94 (d>0.8) was also obtained, indicating that the intervention was highly effective in reducing violent behavior among patients with schizophrenia.

Violent behavior occurs due to the individual's inability to control emotions or express thoughts and feelings effectively and assertively (Dwidiyanti et al., 2022). Violent behavior most often occurs in schizophrenia patients, and it results in the emergence of maladaptive aggressive behavior, both verbally and non-verbally, directed towards oneself, others, and

the environment (Rizki & Wardani, 2020). Several areas in the brain have a vital role in the emergence of violent behavior among schizophrenia patients, including the orbitofrontal cortex (OFC) and anterior cingulate cortex (ACC). Meanwhile, the regions involved in psychiatric symptoms are the hippocampus and prefrontal cortex (PFC). Findings from previous research consistently show a decreased volume of the hippocampus and frontal lobe (especially OFC and ACC) in schizophrenia patients. Previous neuroimaging studies have shown a link between frontal-limbic dysfunction and aggression or violent behavior in schizophrenia patients (Munif, Dwidiyanti, Sholihin, Fahmi Pamungkas, et al., 2024). Damage or dysfunction in these areas can interfere with sending input to the limbic system and increase the risk of maladaptive behavior. This condition is a significant issue in violent behavior among schizophrenia patients (Budiarto et al., 2022).

Dysfunction in the human brain does not necessarily settle down since the human brain can change its structure and adapt to experiences from the surrounding environment, depending on the genetic variation and the susceptibility level of everyone towards aggression and violent behavior. However, many neurobiological studies support the effectiveness of the therapy, such as spirituality with a mindful state, on a more stable emotional state (Kim et al., 2022). Controlling violent behavior through a spiritual approach is one of the implementation strategies that should be given to patients with violent behavior. Spiritual intervention in this study was given to revive spiritual strength in patients to deal with and respond to their illness, in this case, mental illness (Pribadi & Djamaludin, 2019). In this study, happy spiritual intervention was given to overcome violent behavior in schizophrenia patients. This intervention is a spiritual practice to help patients regulate emotions and emphasize negative or unpleasant events that cause emotions in patients.

The happy spiritual intervention is taught in nine steps of mindful moments to bring up the intention of the heart to cleanse the soul of negative emotions, accept destiny, and get closer to God. With this mindful state, the individual will be able to accept all events with full awareness. Apart from that, there will also be determination and effort to increase the ability to solve various problems with the belief in help from God (Dwidiyanti & Munif, 2022). This mindful state also reduces aggression in clinical and non-clinical populations. In a mindful state, the ability to regulate individual emotions will also increase (Kim et al., 2022). Individuals in a mindful state will also be able to increase their emotional awareness. Emotional awareness is the ability to feel, identify, and understand various emotional states and experiences in oneself and others so that individuals will have a flexible emotional range to maintain stability and resilience when faced with challenges or unpleasant situations (Dwidiyanti et al., 2019).

In practicing the therapy, the patient will be guided to accept unpleasant events that cause emotions by praying to God. In other words, the patient will be searching for meaning from his/her experiences with other orientations or interconnections that go beyond the connection with himself, namely with his God (Whitaker et al., 2021). In addition, the patient is also expected to continue practicing the therapy to manage emotions through situation selection, situation modification, changing focus, changing thoughts, and modulating responses (Dwidiyanti et al., 2021).

The practice of happy spiritual therapy among schizophrenic patients requires intense focus or a mindful state. Under this condition, the brain will activate and change the functional connectivity related to violent behavior in its regions. Furthermore, spiritual experiences and practices are also closely related to neurotransmitters in the brain, both stimulating and inhibiting. Some of these neurotransmitters include dopamine, serotonin, and acetylcholine. Dopamine is the primary neurotransmitter in the brain's reward system and is associated with positive emotions. Individuals involved in spiritual practice show changes in increased connectivity in the dopaminergic system (increased connectivity between the pallidum, which

is the main dopaminergic region), resulting in increased self-awareness processes (Datta & Newberg, 2020).

Changes in the brain's decreased connectivity also occur due to regular spiritual practice. The decreased connectivity occurs between the cerebellum and limbic structures, such as the hippocampus and para-hippocampus. The cerebellum plays a role in coordinating emotional processes, especially negative emotions. Therefore, decreased connectivity in this area, either ipsilaterally or contralaterally, reflects a more positive emotional response. In the context of this study, repeated happy spiritual practices allow individuals to constantly reflect on personal growth in a positive direction. This will also raise the possibility of a decreased regulation of negative emotions by the cerebellum (Wintering et al., 2021).

The decrease in the connectivity between the superior parietal lobe and the superior temporal gyrus happens consistently, resulting in an increased sense of connectedness and oneness, a distinctive expression of patients' spiritual experiences. Several activities, such as meditation, silence, prayer, self-reflection, and personal spiritual guidance, can influence human brain function (Wintering et al., 2021). A study by Kober et al. showed a higher self-control ability in respondents who often prayed than those who rarely prayed. The individual's ability to control his brain activity is related to the volumetric aspect of the human brain. Repeated and regular spiritual practice given to respondents in this study was evident to be able to increase the respondents' ability to collect and accept all kinds of information and experiences, as well as avoid thoughts that are irrelevant to what should and should not be done (Kober et al., 2017; Wintering et al., 2021).

This study indicated decreased violent behavior among the respondents. In other words, the patients have succeeded in increasing their emotional awareness in a better direction, affecting their ability to regulate emotions. Good emotional regulation will impact reducing violent behavior, as seen in the decreased RUFA score of the patients. The effectiveness of providing spiritual interventions, as proven in this study, is congruent with a study by Pribadi and Djamaludin (2019) concerning psycho-religious therapy to reduce violent behavior in schizophrenia patients (Pribadi & Djamaludin, 2019). The present study also showed the effect of psycho-religious therapy on reducing violent behavior. The mean score of violent behavior decreased from 16.7 to 13.0 with a p-value of 0.000. Patients who perform this therapy are considered to be able to control their emotions which will affect their thought process and muscle tension. This psycho-religious therapy can limit the patients' movements because the patients must focus on religious activities that should be carried out to reduce their aggressiveness (Pribadi & Djamaludin, 2019). Similarly, a case study involving two patients conducted by Martini et al. also showed that patients could control anger; the spiritual intervention helped them control themselves and their emotions. The spiritual method used in this research is to carry out activities such as ablution, prayer, and dhikr (Sri Endriyani et al., 2022).

In general, the results of this study are congruent with previous research on the effects of spiritual intervention on violent behavior. However, there are differences in the techniques and steps taken. A spiritual intervention given to patients with violent behavior will significantly reduce violent behavior if it is carried out regularly and consistently following the belief and faith of each patient

CONCLUSION

study showed the patients' decreased violent behavior after applying happy spiritual intervention. This intervention can help schizophrenia patients with violent behavior control their emotions so that the symptoms of violent behavior can be reduced, as indicated by decreased RUFA scores from scale 2 to scale 3. In addition, spiritual intervention could help patients calm their hearts and minds, which helps them control their violent emotions and behavior. Future studies are recommended to explore spiritual interventions that can help

schizophrenia patients with violent behavior be more adaptive in controlling their angry emotions so that the patients can have a better quality of life.

SUGGESTIONS

This study has limitations. The provision of the intervention is still focused on patients and health workers at the hospital without the intervention of the patient's family and in this study, there is no control group. This is due to the limited time set for the completion of this study. In addition, the patient's condition is sometimes unpredictable, making the data collection process longer since it needs to be adjusted to the patient's stable condition.

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DECLARATION CONFLICT OF INTEREST

The authors declare that they have no conflict interests

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AUTHOR CONTRIBUTION

All authors have sufficiently contributed to all research stages. Furthermore, the authors have more opportunities to discuss the entire research process with the research team and assistants. As a result, this study has obtained more diverse considerations to produce research data that is more valid and concrete.

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