

Effectiveness of Pillow Hitting Technique in Controlling Anger in Patients At Risk Of Violent Behavior With Schizophrenia

Putri Azizah Tiara Ningrum¹, Suhanda¹, Asep Gunawan¹

¹ STIKes Muhammdiyah Ciamis, Jawa Barat , Indonesia

Correspondence author: Putri azizah Tiara ningrum

Email: putriazizahtiaran@gmail.com

Address: Jl. Kiyai Ahmad Dahlan No. 20, Ciamis, Jawa Barat, Indonesia 46216

DOI: <https://doi.org/10.56359/kian.v4i2.568>



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

ABSTRACT

Introduction: Schizophrenia is a serious mental disorder that can cause disturbances in thinking, emotions, and behavior, including the emergence of violent behavior due to an individual's inability to manage emotions, especially anger. One non-pharmacological approach that can be used to help control anger is pillow-hitting therapy.

Objective: This study aims to determine the effectiveness of pillow hitting therapy in controlling anger in schizophrenia patients at risk of violent behavior.

Method: The research method used a quasi-experimental design with a pretest-posttest approach and a control group. The study sample consisted of schizophrenia patients at risk for violent behavior, divided into two groups: an intervention group given pillow-hitting therapy, and a control group not given the intervention.

Result: The results of the study showed a significant decrease in anger levels in the intervention group after being given therapy.

Conclusion: The conclusion of this study is that pillow hitting therapy is effective in helping to control anger in schizophrenia patients at risk of violent behavior, so it can be recommended as a nursing intervention strategy in mental health services.

Keywords: schizophrenia, violent behavior, anger, pillow hitting therapy

Introduction

Mental health is a dynamic condition that allows individuals to develop optimally in physical, mental, spiritual, and social aspects. With this condition, a person is able to recognize their potential, manage stress effectively, work productively, and play an active role in community life (Ayuningtyas & Rayhani, 2018). Mental disorders are one of the four major health problems facing developed countries, along with cancer, degenerative diseases, and accidents (Nasriati, 2017). As time goes by, the prevalence of mental disorders is predicted to continue to increase. Schizophrenia is a form of severe mental disorder with a relatively high prevalence globally, affecting approximately 24 million people, or 1 in 300 of the world's population (World Health Organization, 2022). The WHO (2019) also recorded 264 million people with depression, 45 million with bipolar disorder, 50 million with

dementia, and 20 million with schizophrenia. In Indonesia, the 2023 Indonesian Health Survey (SKI) showed a total of 630,827 people with mental disorders. The 2018 Basic Health Research (Riskesmas) recorded 9.8% of people with emotional mental disorders, such as depression and anxiety, an increase compared to 6% in 2013. Meanwhile, the prevalence of severe mental disorders in 2013 was 1.7 per million, or 1,728 people, a decrease from 4.6 per million in 2007 (Ayuningtyas & Rayhani, 2018). The highest prevalence of psychosis and schizophrenia was recorded in Yogyakarta and Aceh (2.7‰), as well as South Sulawesi (2.6‰), and the lowest in West Kalimantan (0.7‰). In West Java, the number of people with mental disorders (ODGJ) and people with mental disorders (ODMK) in 2021 was recorded at 72,000 cases, based on a prevalence of 1.6 per 1,000 residents out of a total population of approximately 47 million (Mustakima et al., 2023). In 2018, the prevalence of households with schizophrenia in West Java was 5.0 per thousand, or approximately 55,133 people (Kustiawan et al., 2023). Schizophrenia causes dysfunction in both personal and social aspects and is classified as a complex and difficult-to-treat mental disorder. Symptoms include positive symptoms (hallucinations, delusions) and negative symptoms (apathy, withdrawal) (Putri, 2022).

One of the nursing problems that frequently arises in patients with schizophrenia is violent behavior, which is physical or verbal actions aimed at harming oneself, others, or the environment (Untari, 2021). This behavior is an outburst of emotions such as anger, frustration, and hatred (Zainul Arifin, 2023), triggered by internal or external stressors (Arnanda, 2022). If left untreated, this condition can lead to environmental damage, physical injury, or even suicide (Monika, 2023). Nurses, as professionals, play a crucial role in providing nursing care to control violent behavior, both through medical and non-medical interventions. Non-pharmacological therapies, such as distraction techniques, can be used to help patients manage their emotions. One distraction technique used is pillow-hitting therapy, a method of redirecting anger toward a physical object (a pillow) to prevent harm to oneself or others (Soekarno, 2015; Auliya, 2024). Research shows that three days of pillow-hitting therapy combined with deep breathing relaxation can reduce the risk of violent behavior (Nay & Avelina, 2024). This technique is effective in helping patients express anger safely and reducing the frequency and intensity of aggressive behavior. Data from Banjar City Hospital indicates that schizophrenia ranked sixth among the top 10 cases in 2021, with 1,799 cases recorded through 2022. From January to May 2024, the number of schizophrenia patients increased to 13 cases. Based on the results of a nursing assessment of schizophrenia patients with violent behavior at Banjar City Regional Hospital, it was found that the pillow-hitting technique as a nursing intervention was effective in controlling anger. Therefore, the author is interested in conducting a case study entitled: "The Effectiveness of Pillow-Hitting Therapy in Anger Control in Patients with Schizophrenia at Risk for Violent Behavior at Banjar City Regional Hospital," as an effort to develop a holistic and effective strategy for treating mental disorders within the nursing context.

Objective

The purpose of this study was to evaluate the effectiveness of applying the pillow-hitting distraction technique in controlling anger in patients with violent behavior due to schizophrenia in the Tanjung Ward of Banjar City Hospital. This study specifically aims to provide comprehensive nursing care that includes assessment, establishing nursing diagnoses, planning, implementing actions, and evaluating nursing interventions based on non-pharmacological physical techniques. With this approach, it is hoped that clients will be able to manage their emotions more adaptively, reduce the risk of relapse, and improve the quality of social and spiritual interactions of patients during the healing process.

Method

Design and setting

This research employed a qualitative approach with a case study design. This approach aimed to gain in-depth understanding through the collection of descriptive data in the form of written and spoken words, as well as directly observed behavior. The case study design encompassed the nursing process, from assessment and diagnosis to planning and implementation, evaluation, and documentation. This research was descriptive and analytical, focusing on the application of the pillow-hitting distraction technique as an anger management technique in patients with violent schizophrenia.

Research Location and Conditions The research was conducted in the Tanjung Room of Banjar City Regional Hospital, a special treatment room for patients with mental disorders. This room has facilities and competent health personnel in providing psychiatric nursing care. The research was conducted on May 19–21, 2025. The selection of this location was based on the presence of schizophrenia cases with violent behavior and the availability of patients who met the criteria for participation in the case study.

Population and sampling

Sampel dalam penelitian ini diambil menggunakan pendekatan purposive sampling, yaitu Subject selection was based on specific criteria that align with the case study's objectives. The sample consisted of one male client treated in the Tanjung Ward of Banjar City Hospital, diagnosed with mental illness and violent behavior. The client was selected because he met the requirements: willing to participate, able to communicate verbally, and in the active phase of violent behavior. The selection of this subject was based on the characteristics of the qualitative case study approach, which emphasizes in-depth analysis of a single case to obtain essential meaning. The client's specific health condition, as well as suitability for the intervention being studied (pillow hitting technique), were the primary considerations in determining the study subject.

Instrument and measurement

The instruments in this study were developed based on a qualitative approach with a case study design of nursing care. Data collection was conducted through three main techniques: interviews, observation, and documentation, tailored to the client's characteristics and the research objectives. These instruments were used in an integrated manner in the assessment, intervention, evaluation, and documentation processes of nursing care. The data obtained were then analyzed inductively to identify patterns, meanings, and implications for the effectiveness of interventions in managing anger in clients with violent behavior.

Data collection and analysis

Data collection in this study used a qualitative approach with a case study method. Data collection techniques included in-depth interviews, participant observation, and documentation. Interviews were conducted face-to-face with clients, their families, and nurses to elicit subjective information regarding emotional experiences and violent behavior. Observations were used to observe client behavioral expressions during the intervention, while documentation was obtained from

medical records as secondary data to strengthen the information from the interviews and observations. Data collection took place naturally within the context of daily nursing care.

The sample size in this study was one client diagnosed with violent behavior who was treated in the Tanjung Ward of Banjar City Hospital. Participants were selected based on inclusion criteria, namely clients who were willing to be research subjects, able to communicate, and showed symptoms of violent behavior. Data collection was carried out through three main methods, namely in-depth interviews, direct observation, and medical record documentation. Interviews were conducted with clients, families, and nurses directly involved in care, while observations were carried out continuously to monitor client behavior during the intervention. Documentation included medical records and nursing reports. Data analysis was carried out inductively, starting with organizing data from interviews, observations, and documentation into transcripts. Data were then reduced to be filtered and grouped based on thematic categories, followed by presentation of data in narrative or tabular form. The final stage was drawing conclusions, which was carried out by comparing field findings with theories and previous research. Data validity testing was carried out using the source triangulation method, extended observation time, and maintaining the integrity of the researcher as the main instrument. All procedures were carried out by upholding the principles of research ethics, including informed consent, anonymity, and confidentiality of participant data.

Result

The patient who became the subject of the case study was Mrs. T, a 31-year-old female, Muslim, unmarried, a junior high school graduate, originally from Cikadu Panumbangan. Her daily language is Sundanese. The patient has a history of a medical diagnosis of schizophrenia and is registered at Banjar City Hospital with medical record number 486286. The patient has been treated since May 17, 2025.

During the assessment on May 19, 2025, at 4:00 PM WIB, the patient's general condition was quite stable and he was cooperative during the interview, although he still appeared unable to control his emotions. The patient exhibited verbal and physical anger, talking continuously, and banging on the walls. Perceptual disturbances in the form of auditory hallucinations were also found, with the patient reporting hearing disturbing whispers. From the mental status aspect, the client appeared cooperative but restless, affectively unstable, and appeared irritable. The level of consciousness was good, orientation to time and place was maintained, and short-term memory was still functioning. However, the coping mechanisms used were maladaptive and negatively expressive to emotional stress. Examination of vital signs showed results within normal limits (BP: 120/80 mmHg; N: 88 x/min; RR: 21 x/min; Temperature: 36.5°C).

The patient was brought to the hospital by his family and community health center staff because he was exhibiting dangerous behavior, such as hitting walls and damaging household items. This incident was triggered by questions from neighbors about his romantic relationship, which reminded him of the trauma of being abandoned by his girlfriend who married someone else. The patient had a history of previous treatment at the community health center since junior high school, but often stopped taking the medication due to boredom. There was no history of mental disorders in the family. From a psychosocial perspective, the patient maintains a good relationship with his immediate family and demonstrates the ability to interact with his peers on the ward. He reports being able to perform daily activities independently, including eating, bathing, dressing, and praying. He has also received medical therapy in the form of diazepam and olanzapine injections..

Tabel 1. data analysis

Symptom	etiologi	problem
DS The client said that his girlfriend left him to get married, which made him upset, angry and emotional. The client often hit the wall and talked continuously. disebabkan oleh bisikan yang Disturbing DO: - The client's face looks irritated - The tone of voice is loud and rapid - The client's voice sounds somewhat harsh - The client's hands are clenched into fists, gripping the door tightly. Vital Signs - BP: 120/80 - N: 88x/minute - RR: 21x/minute - T: 36.5°C	Violent Behavior ↑ Self-harm ↑ Sensory Perception Disorders: Auditory hallucinations	Violent Behavior

Discussion

The results of the assessment showed that the patient experienced significant behavioral changes following emotional conflict due to past trauma, characterized by anger, aggressive behavior, and auditory hallucinations. The subjective and objective data found were largely consistent with the theories proposed by Nurfalah (2023) and Madhani (2021), although there were minor differences due to the timing of the assessment, which was two days after the patient received initial intervention from the hospital.

The primary diagnosis was "Violent Behavior Related to Sensory Perception Disorder: Auditory Hallucinations." This diagnosis was considered a priority due to its potential for harm to the patient and others. No signs or symptoms of functional grief were found, so this diagnosis was excluded. The intervention was implemented through three strategies: building a trusting relationship (BHSP), training in pillow-hitting techniques as an emotional diversion method, and education on medication use and scheduling relaxation techniques. These

interventions were deemed relevant and supported by factors influencing therapy success, such as self-esteem, personality, and environmental conditions (Nay & Avelina, 2024). *Implementation was carried out according to plan, using a therapeutic communication approach and gradual technique training. The patient's response on the second day showed improved emotional control and active participation in the technique training. The patient demonstrated cooperation, was able to remember instructions, and understood the importance of the technique in anger management. Evaluations showed that the pillow-hitting technique was effective in helping patients manage anger. Patients appeared calmer, more cooperative, and able to apply the technique independently. These results align with the findings of Nay and Avelina (2024), who demonstrated that pillow-hitting and deep breathing therapy significantly reduced the risk of violence within a short period of time.*

Restate the Key Findings

Given the high prevalence of mental disorders, particularly schizophrenia, and the increasing number of cases of accompanying violent behavior, appropriate nursing interventions are needed to manage emotions and reduce the risk of violence. Violent behavior in schizophrenia patients is generally triggered by internal factors such as perceptual disturbances, as well as external factors such as environmental pressures. If not treated quickly and appropriately, this condition can be dangerous to the patient, others, and the surrounding environment. One non-pharmacological approach that can be used to help control anger in patients with violent behavior is the physical distraction technique of pillow hitting. This technique aims to physically redirect anger onto a safe object, allowing negative energy to be channeled without causing destructive effects. By considering the theory, empirical data, and the results of previous studies, it can be formulated a hypothesis that the application of the pillow hitting technique is effective in helping schizophrenia patients with violent behavior to control anger, reduce the intensity of violence, and increase the ability to regulate emotions independently and safely.

Interpret the Results

Based on the results of the assessment, intervention, and evaluation of nursing care for patients with violent behavior due to schizophrenia in the Tanjung Ward of Banjar City Hospital, it can be interpreted that the application of the pillow hitting technique as a form of physical distraction therapy has a positive influence on the patient's ability to control emotions, especially anger. Although differences between subjective and objective signs and symptoms were found compared to the theory, this was influenced by the timing of the assessment, which was conducted after the patient received initial therapy at the hospital. In general, the patient's clinical data still aligns with the characteristics of violent behavior described in the literature, such as rapid emotional changes, aggressive verbal behavior, and self-harm. The established nursing diagnosis of violent behavior associated with impaired sensory perception (auditory hallucinations) is a priority problem requiring immediate treatment to prevent the risk of injury. The interventions, which included a therapeutic approach, education, and training in pillow-hitting techniques, were shown to increase the

patient's awareness and skills in safely de-escalating anger. The evaluation showed gradual behavioral improvements. The patient became more cooperative, was able to identify emotions, and demonstrated the ability to practice the techniques taught. This is consistent with the findings of Nay and Avelina (2024), who stated that physical therapy such as deep breathing relaxation and pillow-hitting techniques can reduce the risk of violence within a short period of time. Overall, the results of this study support the effectiveness of non-pharmacological interventions in psychiatric nursing practice, particularly in managing violent behavior in patients with schizophrenia. The success of these interventions is also influenced by the active involvement of nurses and a sustained and structured approach.

Compare with Previous Studies

The results of this study indicate that pillow-hitting, a form of physical distraction therapy, is effective in helping schizophrenic patients with violent behavior manage their anger. These results align with the findings of Nay and Avelina (2024), who found that pillow-hitting and deep breathing relaxation therapy significantly reduced the risk of violence within a short period of time. Consistently administered over three days, the intervention yielded positive results, including a reduction in the intensity of aggressive behavior and an improvement in the patient's ability to recognize and manage emotions.

This study also aligns with research by Auliya (2024) and Soekarno (2015), which confirmed that the pillow-hitting technique is beneficial in safely diverting negative emotions such as anger without harming oneself or those around them. Compared to pharmacological approaches that rely on antipsychotic drugs, non-pharmacological approaches such as physical therapy offer alternatives that support psychological recovery and patient independence. However, there are differences with the findings of Nurfalah (2023) and Madhani (2021) regarding the manifestation of subjective and objective symptoms in patients. This is likely due to the difference in assessment timing, where the authors conducted the assessment two days after the patient received initial intervention from the hospital, resulting in some symptoms already decreasing in intensity..

Highlight the Implications

The results of this study provide important implications for psychiatric nursing practice, demonstrating that the pillow-hitting technique can be implemented as a simple, safe, and effective intervention strategy in addressing violent behavior. These findings confirm that nurses, as professionals, can utilize this technique to improve the quality of non-pharmacological nursing care, particularly in situations of limited resources or for patients who are resistant to drug therapy.

Furthermore, this therapy empowers patients to recognize and manage their emotions, which contributes to improved adaptive functioning in social settings. The success of this technique also emphasizes the importance of collaboration between caregivers, patients, and families in the recovery process.

Discuss the Limitations

Despite the promising results, the study has several limitations. First, the intervention only lasted three days, preventing a comprehensive evaluation of the long-term effects of the therapy. Second, the study design, a single case study of a single patient, limits the generalizability of the results to a broader population. Third, there was no control group to objectively compare the effectiveness of pillow-hitting therapy with other methods. In addition, the involvement of external factors such as family support, ward environmental conditions, and patient commitment to therapy were also not evaluated in depth, even though these factors can influence the effectiveness of the intervention.

Conclusion

Based on the results of the assessment and implementation of nursing care for Mrs. T with a nursing diagnosis of violent behavior at Banjar City Hospital for three days (May 19–21, 2025), it can be concluded that the pillow hitting technique has proven effective in helping clients control anger. The nursing care process carried out includes assessment, determination of nursing diagnoses, planning, implementation of nursing actions, and ongoing evaluation. The client's positive response was seen from changes in calmer behavior, the ability to control emotions, and statements that the client felt happy and was better able to manage anger after participating in pillow hitting therapy. These findings indicate that the pillow hitting technique can be used as a simple, applicable, and positive non-pharmacological intervention for schizophrenic patients with violent behavior.

Acknowledgement

Acknowledgement is a brief statement to recognize individuals or institutions who contributed to the research but are not listed as authors.

Author Contribution

The author is fully responsible for the implementation of the case study, from the assessment process and data analysis to nursing intervention planning, therapy implementation, and documentation of evaluation results. The author also independently compiled this scientific report based on scientific principles and nursing professional ethics. This study is expected to provide a practical contribution to the development of non-pharmacological approaches to psychiatric nursing therapy.

Conflict of Interest

The author declares no conflict of interest in the preparation or implementation of this case study. All data and findings reported are objective and based on observations and actual nursing interventions in the field.

Ethical Clearance

This case study was conducted with verbal and written ethical clearance from Banjar City Hospital, as well as informed consent from the patient's family. All activities were

conducted while maintaining the confidentiality of the patient's identity and adhering to the ethical principles of the nursing profession, namely respecting the rights, dignity, and privacy of the client.

Funding

This research is not funded by any party and is not intended for any financial gain.

References

- Ayuningtyas, Dumilah, and Marisa Rayhani. 2018. "Analisis Situasi Kesehatan Mental Pada Masyarakat Di Indonesia Dan Strategi Penanggulangannya." *Jurnal Ilmu Kesehatan Masyarakat* 9(1):1–10.
- Kustiawan, Ridwan, Peni Cahyati, and Empon Nuralisah. 2023. "Hubungan Pengetahuan Keluarga Tentang Skizofrenia Dengan Dukungan Sosial Keluarga Dalam Perawatan Pasien Skizofrenia." *Media Informasi* 19(1):1–6
- Mustakima, Karmina, Milla Evelianti Saputri, and Andi Julia Rifiana. 2023. "-: Analisis Faktor Perawatan Keluarga Pada Klien Orang Dengan Gangguan Jiwa (ODGJ) Di RSUD Depok-Jawa Barat, Tahun 2023." *Journal of Nursing Innovation* 2(1):28–35
- MONIKA, HANI. 2023. "PENERAPAN LATIHAN ASERTIF TERHADAP KEMAMPUAN MENGENDALIKAN MARAH PADA PASIEN PERILAKU KEKERASAN DI BLUD RSU KOTA BANJAR.
- Nasriati, Ririn. 2017. "Stigma Dan Dukungan Keluarga Dalam Merawat Orang Dengan Gangguan Jiwa (ODGJ)." *MEDISAINS: Jurnal Ilmiah Ilmu-Ilmu Kesehatan* 15(1):56–65.
- Nay, Andrianus, and Yuldensia Avelina. 2024. "Intervensi Relaksasi Napas Dalam Dan Pukul Bantal Dalam Mengurangi Gejala Risiko Perilaku Kekerasan." *Jurnal Kesehatan Saintika Meditory* 7(1):231–35.
- Putri, Ike Asana. 2022. "Skizofrenia: Suatu Studi Literatur." *Journal of Public Health and Medical Studies* 1(1):1–12
- Untari, Silvia Nilam. 2021. "Asuhan Keperawatan Jiwa Pada Pasien Dengan Resiko Perilaku Kekerasan