# CHAPTER I

# INTRODUCTION

## 1.1 Background

Mental health is an important component of overall health because it affects the way individuals think, manage emotions, and carry out their social roles. One of the severe mental disorders that is still a public health problem is schizophrenia, which is a chronic mental disorder characterized by disorders of thinking, perception, emotions, and behavior. In schizophrenic patients, one of the problems that often arise is the risk of violent behavior, characterized by difficulty controlling emotions and the appearance of aggressive behavior that has the potential to harm oneself and others.

Globally, the World Health Organization (2022) reported that schizophrenia is experienced by around 23 million people, equivalent to a prevalence of around 0.29% of the world's population. In Indonesia, the number of cases of mental disorders has increased significantly from 315,621 cases in 2023 to 668,608 cases in 2024, or an increase of 111.8% within one year, with schizophrenia as the most dominant diagnosis (Ministry of Health of the Republic of Indonesia, 2024). The 2023 Indonesian Health Survey recorded the prevalence of households with members with symptoms of psychosis or schizophrenia of 0.40% nationally and 0.42% in East Java Province (Ministry of Health of the Republic of Indonesia, 2024).

The high number confirms that schizophrenia, and the associated risk of violent behavior, is no longer a problem that can be handled completely in a mental

hospital inpatient room, but must also be affordable for primary health services at the community level. This need demands the availability of interventions that are not only clinically effective, but also easy to adapt and apply sustainably by health workers in health centers, given the limited resources and the diverse characteristics of patients encountered in the field.

The picture of these needs is reflected in the data in the work area of the Bantur Health Center, Malang Regency. A preliminary study in May 2026 recorded 193 patients with mental disorders, 168 of whom were schizophrenic, and 69 of whom showed a risk of violent behavior. This means that about 41% of schizophrenic patients in the region are at risk of violent behavior, proportion for the scale of primary services and shows that this problem is not an incidental case, but rather a real and ongoing case burden for health centers as the spearhead of mental health services in the community.

One of the 69 patients was Mrs. S, who showed the risk characteristics of violent behavior in the form of irritability, raised voice, tense facial expression, and threatening behavior. During the review process, Mrs. S gave short responses to the questions asked, generally consisted of only one to two words, took longer to answer, and had several times difficulty understanding the meaning of the questions presented. It is this characteristic that distinguishes Mrs. S's case from the outset from the patient's description of the risk of violent behavior in general: speech poverty and the slowing of response she experiences are a challenge when the intervention to be given, i.e. progressive muscle relaxation, is generally designed by relying on relatively long verbal instructions and the patient's ability to report his own subjective responses.

This kind of response pattern is in line with the characteristics of negative symptoms in schizophrenia, in the form of speech poverty and psychomotor slowdown, which makes the patient not always able to respond to instructions consistently as assumed by most nonpharmacological intervention protocols (Nopiandri, A., 2025). In a community setting, this kind of situation risks making patients like Mrs. S less accessible to the intervention approaches available.

Previous studies on progressive muscle relaxation in patients at risk of violent behavior have largely still had limitations relevant to the condition. First, the majority of research was carried out in psychiatric hospital inpatient rooms with relatively more cooperative patient conditions than patients in primary services (Ariska, 2024; Destyany et al., 2023; Liliana, 2023; Ma'sum et al., 2026). Second, the procedures used generally remain in the form of standard verbal instructions, so there has not been much discussion of adaptive approaches for patients with speech poverty and psychomotor slowing as negative symptoms of schizophrenia. Third, there are limited reports of the implementation of progressive muscle relaxation in patients with minimal and slow verbal response characteristics as experienced by Mrs. S. Fourth, its application in the setting of health centers or communities, as the context of services that most reach patients with post-treatment mental disorders, is still rarely studied. This gap is the basis for considering adjusting the way therapy is delivered in Mrs. S's case, without changing the substance of the relaxation technique.

The risk of violent behavior is a condition that requires intervention from the appearance of early signs of aggressiveness so that it does not develop into more severe violent behavior. Therefore, strategies are needed that help patients

recognize and reduce physical and emotional tension when angry responses begin to appear. One of the nonpharmacological interventions that can be given to manage the risk of violent behavior is Progressive Muscle Relaxation (PMR), which is a technique of gradually tensing and relaxing muscle groups accompanied by breathing regulation to reduce physical and emotional tension when signs of anger begin to appear. Physiologically, PMR works through the activation of the parasympathetic nervous system that inhibits the sympathetic response, resulting in a decrease in blood pressure, pulse rate, and respiratory rate as objective parameters for reducing tension (Tanriverdi, 2022; Purwasih et al., 2023). A number of studies support its effectiveness in patients at risk of violent behavior, Sovianti et al. (2024) found that the administration of PMR reduced the signs and symptoms of risk of violent behavior. Ramadita and Putra (2025) reported a decrease in the level of violent behavior after the administration of PMR. Pratama et al. (2024) showed an increase in patients' ability to control anger, while Ma'sum et al. (2026) found a decrease in the intensity of angry behavior after the implementation of PMR.

Although the effectiveness of PMR has been widely proven, the success of its implementation is greatly influenced by the patient's ability to follow the instructions given. Therefore, in patients with special characteristics such as Mrs. S, adjustments are needed to the method of delivery of therapy so that the goal of the intervention can still be achieved. The principle of person-centerd practice emphasizes that nursing interventions need to be tailored to each individual's actual capacity, including replacing complex verbal instructions with physical guidance and gradual repetition when patients are not always able to respond to verbal instructions consistently (McCormack & McCance, 2017). This principle is the

basis for considering adjusting the way PMR is delivered in Mrs. S's case, without changing the substance of the relaxation technique.

In addition, support from the immediate environment plays an important role in the sustainability of the care of schizophrenic patients at home. Studies in the work area of the Bantur Health Center show that although families are sufficiently understanding of the care of schizophrenic patients, their ability to actively assist in practice is still not optimal (Kumboyo & Alfianto, 2023). In cases with response patterns such as in Mrs. S, family involvement becomes increasingly important, both as a companion during the exercise and as a party who can observe and report behavioral changes that the patient may not necessarily be able to convey verbally (Rosnawanty et al., 2022).

Based on this description, this study was prepared with three adjustments that distinguish it from previous studies. First, the implementation of PMR emphasizes more on physical guidance and gradual demonstrations rather than lengthy verbal instructions, so that it is more in line with the characteristics of patients who experience speech poverty and slowing response. Second, the family is actively involved as a companion during the exercise as well as the main source of information in the evaluation of patient behavior changes. Third, the implementation of PMR is carried out in a community-based primary health service setting, namely in the work area of the Bantur Health Center, which is still rarely reported in previous research. In addition to observing behavioral changes, the evaluation of implementation results is also supported by monitoring physiological parameters in the form of blood pressure, pulse rate, and respiratory rate as objective indicators of relaxation response caused by PMR (Ma'sum et al., 2026).

Based on this description, the author is interested in compiling a final scientific paper entitled "Implementation of Progressive Muscle Relaxation with an Adaptive Approach and Family Involvement in Mrs. S Experiencing Schizophrenia with Risk of Violent Behavior at the Bantur Health Center, Malang Regency".

## 1.2 Problem Statement

Based on this background, the formulation of the problem in this final scientific paper is: "How is the Implementation of *Progressive Muscle Relaxation* with an Adaptive Approach and Family Involvement in Mrs. S who Experiences Schizophrenia with Risk of Violent Behavior at the Bantur Health Center, Malang Regency?"

## 1.3 Objectives

### 1.3.1 General Objective

The general objective of this final scientific work is to find out the implementation of *progressive muscle relaxation* with an adaptive approach and family involvement in Mrs. S who experiences schizophrenia with the risk of violent behavior at the Bantur Health Center, Malang Regency.

### 1.3.2 Specific Objectives

The specific objectives of this final scientific work are:

1. Identify the initial condition, patient characteristics, anger response and physiological parameters in Mrs. S with schizophrenia at risk of violent behavior before being given progressive muscle relaxation.
2. Implement progressive muscle relaxation therapy with an adaptive approach and family involvement according to the abilities and characteristics of Mrs. S who experiences schizophrenia with a risk of violent behavior.

3. Identify changes in conditions, patient characteristics, anger response and physiological parameters in Mrs. S with schizophrenia with a risk of violent behavior after being given progressive muscle relaxation therapy.

## 1.4 Benefits

### 1.4.1 Practical

This final scientific work is expected to be one of the illustrations for the application of progressive muscle relaxation in schizophrenic patients at risk of violent behavior. This intervention can be used as a simple exercise to help patients recognize body tension, control emotions, and reduce angry behaviors with the assistance of a nurse or family.

### 1.4.2 Theoretical

This final scientific paper is expected to increase understanding in the field of psychiatric nursing, especially regarding the application of progressive muscle relaxation as a nonpharmacological therapy in patients at risk of violent behavior. In addition, this work can be an additional reference material for nursing students in arranging psychiatric nursing care.

### 1.4.3 For Development

This final scientific work is expected to be considered in the development of the application of psychiatric nursing interventions in health services, especially in patients who experience angry behavior. The results of this implementation can also be a simple input for future nursing practice in using progressive muscle relaxation as part of an exercise in controlling emotions.