

Predisposing and Precipitating Factors of Schizophrenic Clients with the Risk of Violent Behavior and Hallucination

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Abstract: *The management of schizophrenia clients especially those who are at risk of violent behavior and hallucinations clients, its takes a long time. The management can be successful if it focuses on predisposing and precipitation factors. This study aimed to determine the predisposing and precipitation clients of risk factors for violent behavior and hallucinations. This research was descriptive analytic study. The sample was obtained with a total sampling of 48 respondents who met the inclusion criteria. Data were collected using a checklist of predisposing and precipitation factors and analyzed by frequency distribution. The predisposing factors found that caused schizophrenic clients to experience the risk of violent behavior and hallucinations were history of previous mental disorders (72.9%), unpleasant experiences and negative self-concept (100%) and the condition of clients who did not work (79.2%). Most of the precipitation factors found were drug withdrawal (50%), problem solving was 41.7%, and not working which reached 66.7%. Clients with schizophrenia who are at risk of violent behavior and hallucinations can be managed properly by considering the predisposition and precipitation that triggers the client to experience schizophrenia and relapse.*

Keywords: *Hallucinations, Recurrence, Risk of Violent Behavior Schizophrenia predisposition, Schizophrenic Precipitation.*

INTRODUCTION

Schizophrenia is a state of the decline of cognition, perception, emotion, behavior, and social abilities experienced by an individual (Varcarolis, 2010). Furthermore, it is also a severe neurobiological disease (Stuart, Keliat, & Pasaribu, 2016). Severe schizophrenia is characterized by disruptions in perspective, delusion, hallucination, and behavior (Rhoads, 2011). However, schizophrenic clients can generally experience varying symptoms, both positive and negative symptoms.

Symptoms of schizophrenic clients, both positive and negative, are classified based on the conditions experienced by the clients (Townsend, 2014; Videbeck, 2011). The positive symptoms often found in schizophrenic clients include hallucination, delusion, illusion of violent behavior, and thought disorders. Negative symptoms include alogia, flat affect, apathy, self-withdrawal, and attention decline (Stuart, Keliat & Pasaribu, 2016). These symptoms most frequently experienced by schizophrenic clients are violent behavior and hallucination.

Violent behavior is found in schizophrenic clients in negative responses to emotions, which are generally manifested in anger. The cause of violent behavior is when clients feel inferior, anxious, afraid, depressed, and rejected by the environment due to their condition with schizophrenia (Stuart, Keliat & Pasaribu, 2016). In addition, the trigger of violent behavior is frequently due to hallucination, resulting from schizophrenic clients who are often alone.

A hallucination occurs in schizophrenic clients when finding the client hears voices. Triggers of violent behavior by hallucination occur due to the content of hallucination that controls schizophrenic clients to commit violent behavior (Pardede, Keliat, & Yulia, 2015). A hallucination occurs in 70% of schizophrenic clients (Stuart, Keliat & Pasaribu, 2016). A Hallucination is caused by stressors that the

clients cannot handle, impacting the clients' inability to recognize and control the hallucination (Stuart, Keliat & Pasaribu, 2016). To conclude, violent behavior and hallucination are interrelated signs and symptoms of schizophrenia. If left untreated, it will evolve into more complex problems in schizophrenic clients.

Schizophrenic clients primarily with the risk of violent behavior and hallucination can experience life-changing functions and quality of life (Stuart, Keliat & Pasaribu, 2016; Ural & Bell, 2013). Clients are troubled in living their personal and social life functions (Ural & Bell, 2013). Changes in cognitive function cause clients to experience difficulties in living their personal and social abilities and can even increase the severity of the experienced symptoms (Shives, 2012). Clients experience productivity decline due to impaired independence. Clients will experience an ability decline in working, studying, and maintaining personal relationships (Shives, 2012). It can directly cause the clients to experience an inability to live their daily activities, decreasing their quality of life.

The management of schizophrenic clients who require long-term care worsens if schizophrenia occurs in a complex form. Therefore, one of the effective treatments to prevent the relapse of schizophrenia must focus on the precipitating and predisposing factors of schizophrenia. Predisposing factors can cause clients to experience schizophrenia (risk of violent behavior and hallucination) in the last six months. If this factor occurs more than the last six months, it is classified as a precipitating factor. The implication of controlling violent behavior and hallucination in schizophrenic clients makes researchers investigate the predisposition and precipitation of schizophrenic clients with the risk of violent behavior and hallucination. Researchers believe it is fundamental because relapse is often associated with uncontrolled predisposing and precipitating factors. In addition, not many studies have explored the factors that cause schizophrenic clients to experience the risk of violent behavior and hallucination.

METHOD

This quantitative research was an analytical descriptive study. The research population was all schizophrenic clients with the risk of violent behavior and hallucination in the Pekalongan Regency. The sample was obtained with a total sampling of 48 respondents who fulfilled the inclusion criteria, including those experiencing schizophrenia who had routine treatment for at least three months using a nursing diagnosis due to the risk of violent behavior and hallucination, undergoing beyond a symptom of the risk of violent behavior and hallucination during the study and being capable of communicating fluently. Respondents in this study were schizophrenic clients who had prolonged treatment after post-hospitalization for a maximum of 1 month from data collection and had home health care treatment by a caregiver. Data were collected using a checklist of precipitating and predisposing factors. The checklist was the point of the assessment process conducted directly to the clients. Data were then analyzed by frequency distribution.

RESULTS

Predisposing and precipitating factors of schizophrenic clients with the risk of violent behavior and hallucination were categorized into biological, psychological, and socio-cultural predisposition and precipitation. The following were predisposing and precipitating factors presented in the table below.

Table 1 shows that the highest biological predisposing factor that causes schizophrenic clients to experience the risk of violent behavior and hallucination is due to a record of previous mental disorders (72.9%). Psychological and socio-cultural predisposing factors are caused by unpleasant experiences and negative self-concepts (100%) and the condition of non-working clients (79.2%).

Table 1. Predisposing Factors of Schizophrenic Clients with the Risk of Violent Behavior and Hallucination (n=48)

Predisposing Factors	Total	%
Biological		
Previous mental disorder	35	72.9
Alcohol consumption	5	10.4
Use drugs	5	10.4
Smoking habit	28	58.3
Hereditary	21	43.8
Don't want to take medicine	7	14.6
Psychological		
Unpleasant experience	48	100
Harboring problems	38	79.2
Negative self concept	48	100
Wish not fulfilled	12	25
Socio-cultural		
Drop out of study	4	8.3
Doesnt work	38	79.2
Economy problem	31	64.6
Not married or not	33	68.7

Table 2. Precipitating Factors of Schizophrenic Clients with the Risk of Violent Behavior and Hallucination (n=48)

Precipitating Factors	Total	%
Biological		
Alcohol consumption	3	6.25
Use drugs	1	2.1
Smoking habit	20	41.7
Drug withdrawal	24	50
Psychological		
Repeated unpleasant experience	19	39.6
Unable to ma a decision and solve the problems	20	41.7
Disturbed self concept	19	39.6
Repeated ish not fulfilled	15	31.3
Socio-cultural		
Condition of non-working	32	66.7
Economic needs are not met	31	64.6
Desire to have a live partner	25	52.1

As shown in table 2, the most biological precipitating factor is drug withdrawal (50%); the most psychological precipitating factor is a problem-solving skill, 41.7%; and the most social precipitating factor is the condition of non-working clients, which reaches 66.7%.

DISCUSSION

Predisposing and precipitating factors consist of biological, psychological, and socio-cultural factors. The results showed that the highest biological predisposing factor that caused schizophrenic clients to experience the risk of violent behavior and hallucination was due to a record of previous mental disorders. Psychological and socio-cultural predisposing factors were caused by unpleasant

experiences, negative self-concepts, and the condition of non-working clients. These three factors are interrelated and can trigger the occurrence of schizophrenia.

Biological factors, namely the condition of previous mental disorders, could affect the activity of neurotransmitters in clients, one of which was due to heredity. Previous mental disorders experienced by clients could be caused by heredity/genetic factors; genetic factors can be passed down from generation to the next generation (Yosep, 2013). The most significant risk factor is a positive family record. Concerning schizophrenia, the risk factor is 6.5% and becomes 40% if it occurs in monozygotic twins. Schizophrenia can occur due to an imbalance of neurotransmitters in the brain. Schizophrenia occurs due to excessive dopamine activity or abnormal dopamine sensitivity. In addition to dopamine, several neurotransmitters stated that serotonin and norepinephrine play a role in the onset of schizophrenia (Elvira & Hadisukanto, 2014).

Psychosocial factors are psychological stressors experienced by clients due to pressure and life experiences. The pressure that occurs continuously, repeatedly, or permanently can lead to disruption of mental stability and further cause symptoms of schizophrenia (Utomo, 2013). Socio-cultural factors are related to work status and the fulfillment of daily needs. A person with low economic status has six times the risk of acquiring schizophrenia. The work status accounted for 6.2 times more significant to schizophrenia occurrence in the population of non-working clients (Zahnia & Sumekar, 2016).

The most biological precipitating factor is drug withdrawal; the most psychological precipitating factor is the problem-solving skill; furthermore, the most social precipitating factor is the condition of non-working clients. Takeuchi, Suzuki, Uchida Watanabe, & Mimura (2012) explain that schizophrenic clients can relapse due to drug withdrawal within two years after the first episode. Emsley, Chiliza, Asmal, & Harvey (2013) assert that relapse of schizophrenic clients occurs after the first episode due to irregular medication. As mentioned in another study, drug withdrawal contributes to 50% of relapses in schizophrenic clients (Li et al., 2014). It is in line with the assessment results, which found that drug withdrawal was one of the precipitating factors for treated clients.

Socio-cultural precipitating factors are obtained because the clients do not work. People who do not work will be more pessimistic and feel inferior in life, which impacts the production of stress hormones (catecholamines) and results in helplessness (Olson & Hergenbahn, 2013). Someone who does not work will lower his economic status and affect his life. Difficult economic conditions trigger people to be susceptible to schizophrenia.

Schizophrenic clients experience problems with the risk of violent behavior due to several risk factors. Biological risk factors are caused by past-untreated symptoms of psychosis, drug and alcohol abuse, and mood disorders. Drug and alcohol abuse disrupt the clients' neurotransmitter balance. The risk of psychological factors includes the victims' experience of abuse, sexual and physical abuse, and personality disorders. Psychological factors are factors that cause the clients' traumatic experiences. The risk of socio-cultural factors includes young age, gender, divorce victims, family and social conflicts, hostility, inability to establish social relationships, lower social and economic status, and environmental factors that are not good (Steven et al., 2015).

The risk factors of hallucination are also divided into biological, psychological, and socio-cultural factors. Biological factors include the previous record of schizophrenia, neurochemical disorders, brain lesions, and metabolic responses to stress (Schultz & Videbeck, 2013). Neuropathology and neurotransmitter imbalance are biological factors of hallucinations that lead to maladaptive behavior (Townsend, 2014). Neuropathology can involve the limbic system, frontal lobe, and hypothalamus, which can affect thought disorders, emotion regulation, mood, and motivation. Hallucinations can be derived from an imbalance of some neurotransmitters.

Psychological factors include prolonged anxiety, unpleasant experiences, low self-esteem, closed communication patterns, and low self-confidence (Suryani, 2013; Sari & Wijayanti, 2014; O'Brien et al., 2014; Day et al., 2014). Social factors include family problems and failing to achieve developmental tasks (Stuart, Keliat, & Pasaribu, 2016).

CONCLUSION

The highest biological predisposing factors that caused schizophrenic clients to experience the risk of violent behavior and hallucination were a record of previous mental disorders. Psychological and socio-cultural predisposing factors were caused by unpleasant experiences, negative self-concepts, and the condition of non-working clients. The most biological precipitating factor was drug withdrawal; the most psychological precipitating factor was a problem-solving skill; furthermore, the most social precipitating factor was the condition of non-working clients. Schizophrenic clients with the risk of violent behavior and hallucination can be adequately managed by considering the predisposition and precipitation that trigger the clients to experience schizophrenia and relapse into schizophrenia.

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