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Application of Deep Breathing Relaxation for Anger Control in Patients with Violent Behavior: A Case Study

Dodi Aflika Farama
Nursing Program, Health Polytechnic of Palembang, South Sumatera
Corresponding Author: Dodi Aflika Farama
dodiaflikafarama@poltekkespalembang.ac.id

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A B S T R A C T

Violent behavior is a psychiatric nursing problem that may lead to harm to patients, families, and the surrounding environment. This case study aimed to describe the implementation of anger-control management through deep breathing relaxation in patients with violent behavior. A descriptive case study was conducted in the working area of Bandar Jaya Public Health Center, Lahat, South Sumatra, from April 18–20, 2026. Three male outpatients aged 25–65 years participated. Nursing care included assessment, diagnosis, intervention planning, implementation, and evaluation. Deep breathing relaxation was practiced for three consecutive days. All participants demonstrated improved ability to perform the technique independently and reported feeling calmer. BPAQ scores decreased from 65 to 56, 61 to 54, and 67 to 59, respectively. Deep breathing relaxation may be a feasible complementary nursing intervention for anger control.

INTRODUCTION

The current era of globalization has brought significant changes in social, economic, and political conditions. Social instability, unemployment, poverty, and crime may increase psychosocial stress and contribute to the emergence or worsening of mental health problems. Mental disorders can be defined as patterns of psychological or behavioral disturbances that cause significant distress, dysfunction, and impairment in an individual's quality of life (Wiscarz, 2016). Mental health refers to a state of well-being in which individuals are able to function effectively, fulfill their responsibilities, adapt to their environment, and maintain satisfactory interpersonal relationships (Risnasari Norma, 2020). Therefore, mental health is an important component of overall health and well-being.

Mental disorders are manifested through disturbances in behavior, emotions, cognition, and psychological functioning. These disturbances may affect an individual's ability to perform daily activities and interact appropriately with others. Clinically, a mental disorder can be described as a psychological or behavioral syndrome associated with significant distress, disability, impairment in important areas of functioning, or an increased risk of suffering and loss of independence (Abdul Nasir & Abdul Muhith, 2015). The burden of mental disorders remains substantial worldwide. According to the World Health Organization (WHO, 2019), approximately 246 million people experience depression, 45 million experience bipolar disorder, 50 million experience dementia, and 20 million experience schizophrenia. A considerable proportion of people with mental disorders live in developing countries, where access to mental health services may remain limited.

Mental health problems are also an important public health concern in Indonesia. The Basic Health Research (Riskesdas) reported substantial changes in the prevalence of mental health disorders over time. The prevalence of severe mental disorders was reported at 4.6% in 2007, decreased to 1.7% in 2013, and increased to 7% in 2018 based on the indicators reported in the respective surveys (Riskesdas, 2018). The prevalence of schizophrenia or psychosis varied across provinces, with relatively high prevalence reported in Bali (11.1%), Special Region of Yogyakarta (10.4%), West Nusa Tenggara (9.6%), West Sumatra (9.1%), and South Sulawesi (8.8%). These findings indicate that mental health disorders remain a significant health challenge and require continuous efforts to strengthen community-based mental health services.

In South Sumatra Province, mental health services have been developed through community health centers. In 2021, 345 community health centers across 17 districts and municipalities provided health services for people with severe mental disorders. A total of 12,199 individuals, or 71.23%, received mental health services (Bidang P2P Dinkes Prov, 2022). In Lahat Regency, data from the District Health Office recorded 1,131 individuals with mental disorders across 33 community health centers. Approximately 80% of patients received treatment at community health centers, while the remaining patients were reached through home visits because some families experienced embarrassment or stigma toward family members with mental disorders (Dinas Kesehatan Kabupaten Lahat,

2021). These conditions demonstrate the importance of strengthening nursing interventions that can be implemented not only in health facilities but also in community settings.

One of the major behavioral problems requiring nursing attention among patients with mental disorders is violent behavior. Data from Bandar Jaya Public Health Center showed that, from January to November 2023, there were 90 patients with mental disorders in its working area. Of these patients, 35 experienced violent behavior, 20 experienced hallucinations, 6 experienced social isolation, 7 experienced low self-esteem, and 22 experienced self-care deficits (Profil Puskesmas Bandar Jaya, 2023). Patients with violent behavior were adults aged approximately 25–65 years. The relatively high number of patients experiencing violent behavior highlights the need for appropriate nursing interventions to prevent escalation and reduce the potential for harm to patients, families, and the surrounding environment.

Violent behavior may be manifested through several behavioral and emotional changes, including a loud tone of voice, threatening behavior, tense facial expressions, agitation, restlessness, pacing, aggression, excessive verbal activity, elevated voice intensity, and emotional instability. Disturbances in thought processes may also be observed through disorganized speech and reduced ability to solve problems. Patients may also experience difficulties with orientation and demonstrate persistent restlessness (Pardede et al., 2020). Violent behavior can emerge when an individual perceives a threat or experiences unmet needs. Such situations may trigger anxiety and feelings of inadequacy, which can subsequently develop into anger. When anger is expressed aggressively, violent behavior may occur and potentially cause harm to oneself, other people, or the surrounding environment (Suharsono et al., 2012). Therefore, early management of anger is important to prevent the progression of emotional responses into destructive behavior.

One nursing intervention that can be used to manage violent behavior is anger-control management. Anger-control management is an approach that helps individuals regulate their thoughts, emotions, and impulses in an appropriate and socially acceptable manner, thereby preventing behaviors that may harm themselves or others (Pardede et al., 2019). Anger-control management can involve several strategies, including recognizing triggers, expressing anger appropriately, using coping strategies, and practicing relaxation techniques. Among these approaches, deep breathing relaxation is a simple, non-invasive, and easily taught nursing intervention that can be incorporated into anger-control management.

Deep breathing relaxation is a technique that teaches patients to perform slow and deep breathing, maximize inspiration, and gradually exhale. Relaxation techniques are intended to reduce physical tension and subsequently decrease psychological tension. Deep breathing may improve alveolar ventilation, maintain gas exchange, prevent atelectasis, improve coughing efficiency, and reduce stress and anger (Zakiyatul Ulya et al., 2018). For patients with violent behavior, the technique may be particularly useful when early signs of anger, such as restlessness, pacing, clenched fists, shouting, or increased muscle tension,

begin to appear. Because the technique is relatively simple, patients can potentially practice it repeatedly and independently after receiving appropriate nursing instruction.

Previous studies have demonstrated the potential effectiveness of deep breathing relaxation in controlling anger among patients with mental disorders. Sutinah (2019) reported that establishing a therapeutic relationship or building a helping relationship can increase patients' trust and facilitate effective interaction. Patients who demonstrate signs of anger, such as restlessness, pacing, glaring eyes, clenched fists, shouting, or an urge to become aggressive, can be encouraged to perform deep breathing relaxation by inhaling slowly through the nose until the abdomen expands and then exhaling gradually through the mouth. Amin and Nurul Akifah (2021) reported that the application of deep breathing relaxation was beneficial in improving patients' ability to control violent behavior.

Furthermore, Sumirta et al. (2013) examined the effect of deep breathing relaxation on anger control among patients with violent behavior who had a medical diagnosis of schizophrenia and experienced anger. The intervention was administered for three days, with three sessions per day and approximately 15 minutes per session (Agus Waluyo, 2022). The findings support the use of structured relaxation as part of nursing care for patients experiencing anger and violent behavior. Similarly, Sudia et al. (2021) reported a case involving the application of deep breathing relaxation in a patient with violent behavior. After three days of intervention, the patient appeared calmer and more relaxed and demonstrated an improved ability to control emotional responses. The patient also reported a reduction in anger, indicating that deep breathing relaxation may be useful as a non-pharmacological strategy for anger control.

Evidence from Jayanti et al. (2022) further supports this approach. Their study found that deep breathing relaxation was effective in addressing anger among people with mental disorders following three intervention visits. Before the intervention, anger levels were categorized as moderate in 70% of participants and severe in 30%. After the intervention, 60% of participants were categorized as having mild anger, 35% as moderate, and 5% as severe. Statistical analysis demonstrated a significant effect of deep breathing relaxation on anger control among patients with schizophrenia ($p < .001$). These findings suggest that deep breathing relaxation may contribute to reducing anger intensity and improving patients' ability to control their emotional responses.

Despite evidence supporting deep breathing relaxation, the implementation of this intervention as part of community-based nursing care remains important, particularly for patients with violent behavior who require practical strategies that can be practiced repeatedly in their daily environment. The intervention is relatively simple, inexpensive, non-invasive, and does not require specialized equipment. Its application may therefore support nurses in providing individualized interventions for patients who experience difficulty controlling anger. However, documentation of its implementation in community settings, particularly within the working area of Bandar Jaya Public Health Center, remains limited.

Based on the high number of patients with violent behavior recorded in the working area of Bandar Jaya Public Health Center and the evidence supporting deep breathing relaxation as an anger-control strategy, this case study was conducted to describe the implementation of nursing anger-control management through deep breathing relaxation in patients with violent behavior. The case study specifically focuses on the application of deep breathing relaxation and changes in the patient's ability to control anger following the intervention.

LITERATURE REVIEW

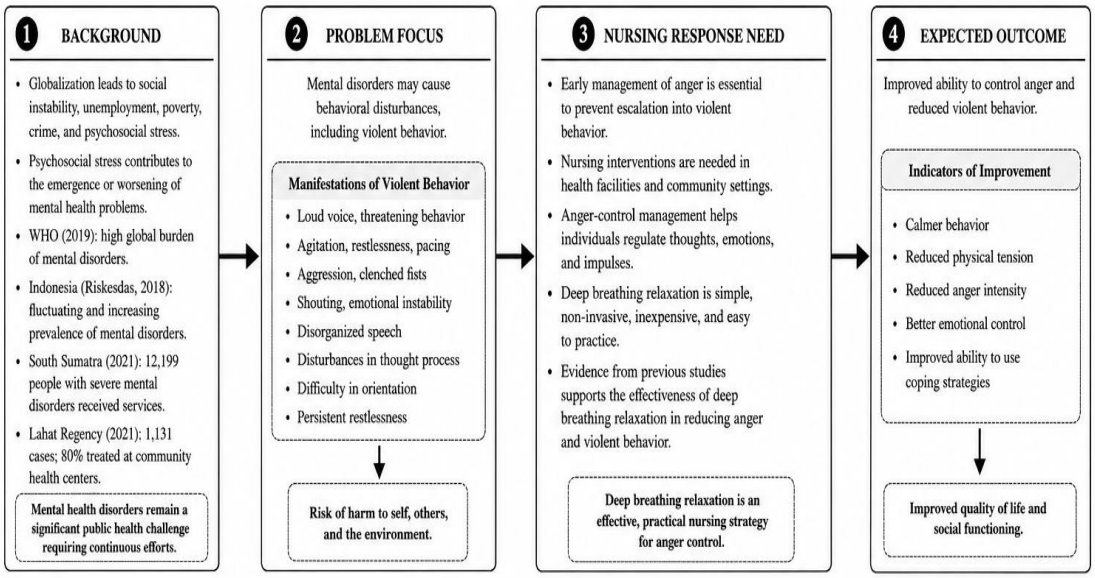

Figure 1. Conceptual Framework

METHODOLOGY

Research Design

This study employed a descriptive case study design focusing on the implementation of psychiatric nursing care for patients with violent behavior. The case study was conducted through the nursing process, consisting of nursing assessment, nursing diagnosis, nursing intervention planning, nursing implementation, and nursing evaluation. The main nursing intervention was anger-control management through deep breathing relaxation. The implementation focused on describing the patients' responses and changes in their ability to control anger following the nursing intervention. The Buss–Perry Aggression Questionnaire (BPAQ) was additionally used as a supporting instrument to describe aggression levels before and after the intervention.

Setting and Participants

The case study was conducted in the working area of Bandar Jaya Public Health Center, Lahat, South Sumatra, Indonesia, in April 2026. Three male outpatients with violent behavior were selected as case study participants. The inclusion criteria were: (1) male patients aged 25–65 years; (2) patients experiencing violent behavior and identified as having a related psychiatric nursing problem; (3) cooperative and able to communicate effectively; (4)

receiving outpatient care at Bandar Jaya Public Health Center; and (5) willing to participate in the case study. Patients who were unable to communicate cooperatively, unable to follow the intervention procedure, or did not complete the intervention were excluded.

Nursing Care Process

The case study was conducted according to the psychiatric nursing care process. Nursing Assessment. The assessment was the initial stage of the nursing process and included collection of subjective and objective data through interviews, observation, and review of relevant health records. The assessment focused on the patient's identity, history of mental health problems, predisposing and precipitating factors, stressors, coping resources, coping abilities, emotional condition, anger triggers, behavioral manifestations, and signs and symptoms of violent behavior. The patient's level of aggression was also assessed using the BPAQ as supporting data. Family members and healthcare personnel were interviewed when relevant to obtain additional information.

Nursing Diagnosis. Assessment data were analyzed and grouped to identify the patient's priority psychiatric nursing problems. The nursing diagnosis was established based on the signs, symptoms, and clinical findings related to violent behavior and the patient's difficulty in controlling anger. The nursing diagnosis and nursing care plan were developed with reference to the Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcomes Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI).

Nursing Intervention Planning. Based on the identified nursing diagnosis, a nursing care plan was developed with a focus on anger-control management. Deep breathing relaxation was selected as the main non-pharmacological nursing intervention. The intervention plan included therapeutic communication, identification of anger triggers and early signs of anger, explanation and demonstration of deep breathing relaxation, guided practice, and evaluation of the patient's ability to use the technique to control anger.

Nursing Implementation. The planned nursing interventions were implemented directly with each patient according to the established Standard Operating Procedure (SOP) for deep breathing relaxation. Patients were guided to assume a comfortable position, inhale slowly and deeply through the nose, allow the abdomen to expand, briefly hold the breath, and exhale slowly through the mouth. The technique was practiced repeatedly while the nurse provided therapeutic communication and monitored the patient's emotional and behavioral responses. The patient's ability to perform the technique, level of calmness, anger expression, and behavioral responses were documented during the implementation.

Nursing Evaluation. Evaluation was conducted by comparing the patient's condition before and after the nursing intervention. Changes in anger intensity, behavioral manifestations, emotional responses, and the patient's ability to perform deep breathing relaxation were documented. The BPAQ was administered before and after the intervention as supporting data to describe changes in aggression. The evaluation also considered the patient's verbal

statements and observed behavioral responses to determine whether the expected nursing outcomes related to anger control were achieved.

Instruments and Data Collection

The instruments used in this case study consisted of a psychiatric nursing assessment form, a checklist of signs and symptoms of violent behavior, the Buss–Perry Aggression Questionnaire (BPAQ), an anger intensity rating scale, an observation sheet for emotional and behavioral responses, a deep breathing relaxation ability checklist, and an SOP for deep breathing relaxation.

The nursing assessment form was used to collect subjective and objective data during the assessment stage. The violent behavior checklist was used to document relevant signs and symptoms. The BPAQ was used as a supporting measure to describe aggression levels before and after the intervention. The anger intensity scale and behavioral observation sheet were used to monitor changes in anger and behavioral responses during the nursing care process.

Data were collected through direct interviews, observation, BPAQ administration, and review of relevant health records. Data collection was conducted throughout the nursing care process, from the initial assessment through the final evaluation.

Data Analysis and Presentation

Data were analyzed descriptively according to the nursing care process. The assessment findings were analyzed to establish the nursing diagnosis, formulate the nursing care plan, implement the intervention, and evaluate the patient's response. Changes in BPAQ scores, anger intensity, behavioral manifestations, emotional responses, and the ability to perform deep breathing relaxation were compared descriptively before and after the intervention for each case.

The findings were presented in tables and narrative descriptions for each patient. Relevant subjective statements and objective observations were included to illustrate changes during the nursing care process. Patient confidentiality was maintained by using initials or case codes rather than participants' real names. The findings were subsequently discussed in relation to psychiatric nursing theories and previous studies concerning violent behavior, anger-control management, and deep breathing relaxation.

RESEARCH RESULT

Participant Characteristics

This case study described the implementation of psychiatric nursing care in three male patients with violent behavior who received community-based mental health services in the working area of Bandar Jaya Public Health Center, Lahat, South Sumatra, Indonesia. The nursing care process was conducted in April 2026 and included assessment, nursing diagnosis, intervention planning, implementation of anger-control management through deep breathing relaxation, and evaluation. The three participants were identified as Mr. P, Mr. U, and Mr. C. All participants were male and had a history of mental health problems associated with violent behavior. Their demographic and clinical characteristics are presented in Table 1.

Table 1. Characteristics of Case Study Participants

Characteristics	Mr. P	Mr. U	Mr. C
Age	26 years	42 years	45 years
Sex	Male	Male	Male
Education	Elementary school	Senior high school	Senior high school
Marital status	Unmarried	Married	Divorced
Religion	Islam	Islam	Islam
Occupation	Private worker	Laborer	Unemployed
Residence	Kota Baru, Lahat	Pasar Lama, Lahat	Kota Baru, Lahat
Previous psychiatric treatment	Bandar Jaya Public Health Center	Ernaldi Bahar Mental Hospital	Ernaldi Bahar Mental Hospital
Family caregiver	Mother	Wife	Son
Nursing problem	Violent behavior	Violent behavior	Violent behavior

The participants had several similarities, including male sex, a history of mental health problems, and difficulty controlling anger. Differences were observed in age, educational level, marital status, occupation, previous psychiatric treatment, and family caregiver.

Nursing Assessment Findings

The initial nursing assessment was conducted through interviews, direct observation, and review of relevant patient information. Assessment focused on the patient's history of violent behavior, anger triggers, emotional responses, behavioral manifestations, coping mechanisms, psychosocial conditions, and mental status. The assessment was conducted during April 18–20, 2026, at the participants' homes in the working area of Bandar Jaya Public Health Center. All three participants were cooperative during the assessment.

The assessment findings showed that all three participants had difficulty regulating anger and demonstrated maladaptive coping responses. Common manifestations included restlessness, tense appearance, sharp gaze, emotional instability, and a tendency to respond aggressively when experiencing anger. Mr. P primarily expressed anger through damaging objects and aggressive behavior toward family members, while Mr. U and Mr. C demonstrated aggression toward other people and the surrounding environment.

Table 2. Initial Nursing Assessment Findings

Assessment Component	Mr. P	Mr. U	Mr. C
Main complaint	Difficulty controlling anger	Difficulty controlling anger and emotions	Difficulty controlling anger, particularly with family

Assessment Component	Mr. P	Mr. U	Mr. C
History of violent behavior	Hitting family members with nearby objects, breaking plates, hitting walls	Hitting others, shouting, damaging household objects, kicking doors	Breaking household furniture, shouting, threatening others
Emotional state	Restless, easily angered	Restless, easily offended, emotionally unstable	Restless, easily angered and irritated
Facial expression	Serious with sharp gaze	Serious with sharp gaze	Serious with sharp gaze
Speech	Clear, occasionally elevated when discussing anger	Clear, occasionally loud	Clear, occasionally loud
Motor response	Restlessness and occasional clenched hands	Restlessness and occasional clenched hands	Restlessness and occasional clenched hands
Anger trigger	Feeling disturbed or hearing words perceived as offensive	Problems associated with medication adherence and interpersonal situations	Conflict with family members
Coping mechanism	Maladaptive; tends to damage objects	Maladaptive; tends to hit others	Maladaptive; tends to respond aggressively
Social interaction	Reduced participation due to feeling rejected or mocked	Limited interaction and prefers staying at home	Reluctant to interact with others
Nursing problem	Violent behavior	Violent behavior	Violent behavior

Predisposing and Precipitating Factors

The assessment identified a history of previous mental health problems in all three participants. Mr. P reported a history of mental health problems of approximately three years and had received treatment at the community health center. Mr. U had experienced mental health problems for approximately five years and had previously received psychiatric treatment. Mr. C reported a history of mental health problems for approximately eight years and had previously been hospitalized in a mental health facility.

All three participants reported that previous treatment had not completely resolved their emotional and behavioral problems. None reported a history of sexual abuse or physical abuse during childhood. However, all three participants reported experiences of social rejection or negative responses from people in their surrounding environment. Mr. P and Mr. C also reported unpleasant experiences related to unsuccessful intimate relationships. Mr. U reported previous aggressive behavior toward others.

These findings indicated that previous mental health problems, social rejection, interpersonal difficulties, and maladaptive coping were relevant factors associated with the participants' difficulty controlling anger.

Physical Examination

Physical examination showed that all three participants were in generally stable physical condition and did not report significant physical complaints.

Table 3. Physical Examination Findings

Parameter	Mr. P	Mr. U	Mr. C
Blood pressure	110/80 mmHg	120/70 mmHg	140/90 mmHg
Pulse	80 beats/min	85 beats/min	90 beats/min
Temperature	36.5°C	36.8°C	36.0°C
Respiratory rate	20 breaths/min	23 breaths/min	21 breaths/min
Height	165 cm	172 cm	170 cm
Weight	68 kg	70 kg	85 kg

Overall, the participants were physically stable during the nursing assessment. Mr. C had a blood pressure measurement of 140/90 mmHg, while the other participants had blood pressure measurements within the normal range.

Psychosocial and Mental Status Findings

The psychosocial assessment indicated that all three participants had difficulties related to social interaction and community participation. Mr. P reported feeling embarrassed when people mocked him because of his mental health condition. Mr. U tended to stay at home and had limited interaction with the surrounding environment. Mr. C also tended to avoid social interaction and reported feeling embarrassed because of negative comments from neighbors. Regarding self-concept, all participants reported satisfaction with their physical appearance and were able to identify themselves correctly.

All three participants expressed a desire to recover. However, difficulties were observed in social functioning and emotional regulation. During the mental status examination, all participants appeared adequately dressed and were able to communicate clearly. They were cooperative during the interview, but all demonstrated a tense appearance, restlessness, sharp gaze, and labile affect. Their consciousness was clear, and they were oriented to person, place, and time. No perceptual disturbances were reported during the assessment, and thought processes were generally coherent and understandable. All participants were able to perform simple calculations and make simple decisions.

Coping Mechanisms and Knowledge

The assessment showed that all three participants used predominantly maladaptive coping mechanisms. When confronted with problems or situations that triggered anger, they tended to respond with shouting, aggression, damaging objects, or thoughts of physically attacking others. All participants demonstrated basic knowledge regarding their mental health condition and the medication they were prescribed. However, Mr. U and Mr. C still required family supervision to maintain medication adherence. The participants also demonstrated an understanding that anger and emotional dysregulation were associated with their behavioral problems.

Nursing Diagnosis and Intervention Planning

Based on the comprehensive assessment, the primary nursing problem identified in all three participants was violent behavior. The nursing care plan was developed according to the Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcomes Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI). The intervention focused on anger-control management through deep breathing relaxation. The planned nursing care included establishing a therapeutic relationship, identifying anger triggers and early signs of anger, providing education regarding anger control, demonstrating deep breathing relaxation, guiding the participants in practicing the technique, and evaluating their ability to use the technique independently.

Implementation of Deep Breathing Relaxation

Deep breathing relaxation was implemented over three consecutive days. The intervention began with therapeutic communication and identification of situations that triggered anger. The researcher then explained the purpose and benefits of deep breathing relaxation and demonstrated the procedure. Each participant was subsequently guided to practice the technique.

Progressive improvement was observed in all three participants. During the first session, participants required guidance to perform the technique correctly. By the third day, all participants were able to perform deep breathing relaxation independently. They also reported feeling calmer and more capable of managing their anger.

Table 4. Implementation of Deep Breathing Relaxation

Session	Mr. P	Mr. U	Mr. C
Day 1	Therapeutic relationship established; anger triggers identified; participant practiced the technique with guidance	Therapeutic relationship established; anger triggers identified; participant practiced the technique with guidance	Therapeutic relationship established; anger triggers identified; participant practiced the technique with guidance
Day 2	Participant followed instructions and practiced deep breathing with minimal guidance	Participant followed instructions and practiced deep breathing with minimal guidance	Participant followed instructions and practiced deep breathing with minimal guidance
Day 3	Participant performed the technique independently and reported feeling calmer	Participant performed the technique independently and reported reduced anger	Participant performed the technique independently and reported feeling calmer
Final response	Able to demonstrate the technique independently	Able to demonstrate the technique independently	Able to demonstrate the technique independently

Changes in Aggression Based on the BPAQ

The Buss–Perry Aggression Questionnaire (BPAQ) was administered before and after the implementation of deep breathing relaxation to provide supportive information regarding changes in aggression.

Table 5. BPAQ Scores Before and After Deep Breathing Relaxation

Participant	Pre-intervention	Category	Post-intervention	Category	Reduction
Mr. P	78	Moderate	71	Moderate	7
Mr. U	82	Moderate	74	Moderate	8
Mr. C	85	High	77	Moderate	8

The BPAQ scores showed a modest reduction in aggression following three days of deep breathing relaxation. Mr. P's score decreased from 78 to 71, while Mr. U's score decreased from 82 to 74. Mr. C demonstrated a reduction from 85 to 77, accompanied by a change from the high to moderate category based on the interpretation used in this case study. Although the reductions were not substantial, all three participants demonstrated a consistent decrease in aggression scores following the intervention.

These changes were accompanied by subjective and behavioral improvements. The participants reported reduced anger and greater calmness and demonstrated an improved ability to perform deep breathing relaxation independently. The BPAQ findings were interpreted descriptively and were used as supportive information alongside the nursing assessment and behavioral observations.

Evaluation of Nursing Care

At the final nursing evaluation, all three participants demonstrated improvement in their ability to recognize and manage anger. They were able to identify situations that triggered anger and describe deep breathing relaxation as a strategy for managing emotional responses.

Mr. P reported reduced feelings of anger and demonstrated an improved ability to remain calm when discussing situations that previously triggered aggressive responses. Mr. U reported greater awareness of his emotional changes and demonstrated an improved ability to use deep breathing when feeling angry. Mr. C also reported feeling calmer and demonstrated the ability to perform deep breathing relaxation without assistance.

Overall, the three cases showed improvement in emotional and behavioral responses following the implementation of anger-control management through deep breathing relaxation. The intervention was feasible to implement in a community-based primary healthcare setting and could be performed independently by the participants after appropriate nursing instruction.

DISCUSSION

Nursing Implementation and Theoretical Foundation

This chapter discusses the implementation of nursing care through anger-control management using deep breathing relaxation in patients with violent behavior at Bandar Jaya Public Health Center, Lahat, South Sumatra, Indonesia. The nursing care was implemented from April 18 to 20, 2026, and included the nursing process consisting of assessment, nursing diagnosis, intervention planning, implementation, and evaluation. The main focus of the nursing intervention was to help patients recognize anger triggers, identify early signs of

anger, and improve their ability to control emotional responses through deep breathing relaxation.

According to the theoretical foundation, violent behavior is a response to stressors that may be expressed through verbal or nonverbal behaviors and may be directed toward oneself, others, or the environment. Manifestations may include speaking loudly, a sharp gaze, restlessness, clenched hands, threats, hitting, damaging objects, and other aggressive behaviors (Sujarwanti & Budiman, 2023). The assessment findings in the three cases were consistent with these characteristics.

Mr. P demonstrated anger by hitting family members with objects around him, breaking plates, and hitting walls. Mr. U was easily offended, had difficulty controlling his emotions, spoke in a loud voice, and had a history of aggressive behavior toward others and damaging household objects. Mr. C frequently shouted, became angry without an obvious reason, damaged household furniture, appeared restless, and demonstrated a sharp gaze. These findings indicated that all three patients experienced difficulties in emotional regulation and demonstrated behavioral manifestations consistent with violent behavior.

Implementation of Anger-Control Management Through Deep Breathing Relaxation

The subjects in this case study consisted of three male patients with the nursing problem of violent behavior. Nursing care was provided systematically from assessment through evaluation. The assessment showed that all three patients experienced difficulties in controlling anger and predominantly used maladaptive coping mechanisms when faced with emotional stressors.

For Mr. P, the main problem was recurrent anger without a clear reason, accompanied by hitting family members with objects, breaking plates, and hitting walls. Mr. U demonstrated irritability, difficulty controlling emotions, loud speech, and a history of aggressive behavior toward others. Mr. C demonstrated restlessness, frequent shouting, anger without an obvious reason, destruction of household furniture, and a sharp gaze. All three patients also demonstrated emotional manifestations such as tension, restlessness, and labile affect.

The management of patients with violent behavior may involve pharmacological and non-pharmacological approaches. Pharmacological treatment may include antipsychotic medication according to medical indications, whereas nursing interventions may include anger-control training, deep breathing relaxation, assertive communication, medication adherence, and spiritual approaches (Keliat, 2020). In this case study, the nursing intervention focused on anger-control management through deep breathing relaxation.

The intervention began with establishing a therapeutic relationship through therapeutic communication. The nurse then identified the causes and situations that triggered anger, explained the signs of increasing anger, explained the purpose and benefits of deep breathing relaxation, and demonstrated the technique. The patients were subsequently guided to practice the technique and were encouraged to incorporate deep breathing relaxation into their daily activities.

On the first day, all three patients received an explanation and demonstration of deep breathing relaxation and were accompanied during practice. On the second day, the patients practiced the technique with minimal assistance. By the third day, Mr. P, Mr. U, and Mr. C were able to perform deep breathing relaxation independently. All three patients also reported feeling calmer and experiencing reduced anger after practicing the technique.

Differences in response were observed among the participants. Mr. P and Mr. U were relatively more responsive to instructions and were able to perform the technique independently after repeated practice. Mr. C required more repetition and assistance during the initial practice; however, by the end of the intervention, he was also able to demonstrate the technique independently. These differences indicate that individual responses to nursing interventions may be influenced by emotional condition, previous experiences, coping ability, and the patient's ability to understand and practice the technique.

The findings are consistent with Sudia (2021), who reported that the implementation of deep breathing relaxation for three days in patients with violent behavior helped patients become more relaxed, calmer, and better able to control their anger. Deep breathing relaxation provides patients with an opportunity to replace an immediate aggressive response with a more controlled response when emotional tension increases.

Deep breathing relaxation is a simple technique that may help reduce physical and emotional tension. The technique involves slowly inhaling through the nose, holding the breath according to the patient's ability, and slowly exhaling through the mouth. Regulation of breathing may help patients reduce tension when they begin to experience signs of anger (Ulya, 2018).

The findings are also consistent with Sutinah et al. (2019), who emphasized that establishing a trusting relationship is an important component of nursing care for patients with violent behavior. An effective therapeutic relationship can help patients feel safer and become more willing to follow instructions and participate in nursing interventions. When patients begin to demonstrate signs such as restlessness, clenched hands, a sharp gaze, or an urge to become angry, they can be encouraged to use deep breathing relaxation as an emotional-control strategy.

Amin and Nurul Akifah (2021) also reported that deep breathing relaxation can improve the ability of patients to control violent behavior. This supports the present case study because deep breathing relaxation is simple, requires no specialized equipment, and can be practiced independently after adequate instruction.

Changes in Anger-Control Ability and Aggression Scores

Changes in the patients' conditions after the intervention were assessed through nursing observation and supported by the Buss–Perry Aggression Questionnaire (BPAQ). The BPAQ was administered before and after the intervention to provide additional descriptive information regarding changes in aggression.

The results showed a decrease in BPAQ scores in all three participants after three days of deep breathing relaxation. Mr. P's score decreased from 65 to

56, representing a reduction of 9 points. Mr. U's score decreased from 61 to 54, representing a reduction of 7 points. Mr. C's score decreased from 67 to 59, representing a reduction of 8 points. Although all three participants demonstrated lower aggression scores after the intervention, their scores remained within the moderate category.

The decrease in BPAQ scores indicates a positive change in the participants' aggression responses; however, it does not indicate that the problem of violent behavior had been completely resolved. The relatively modest reduction may be reasonable because the intervention was conducted for only three days and violent behavior is influenced by multiple psychological, social, environmental, and treatment-related factors.

The BPAQ findings were also consistent with the changes observed during nursing care. All three participants demonstrated improved participation in the intervention, appeared calmer after practicing deep breathing relaxation, and were able to perform the technique independently. Therefore, the BPAQ results provided supportive information that complemented the subjective reports and nursing observations.

The findings are consistent with Jayanti et al. (2022), who reported that deep breathing relaxation was associated with improved anger-control ability in patients with mental disorders. Following the intervention, there was a shift toward lower levels of anger, and the statistical analysis demonstrated an association between deep breathing relaxation and anger control. These findings support the present case study, although the current study used a descriptive case-study design and therefore the results should not be interpreted as statistical evidence of intervention effectiveness.

Previous findings by Sumirta et al. also demonstrated that deep breathing relaxation can be used as an intervention to support anger control in patients with violent behavior. Repeated practice provides patients with an opportunity to develop an alternative response when emotional tension begins to increase.

Nursing Evaluation

The final evaluation showed positive developments in the three participants' ability to control anger. Mr. P was able to identify situations that triggered his anger and perform deep breathing relaxation independently. Mr. U demonstrated improved awareness of emotional changes and was able to use the breathing technique when he began to feel angry. Mr. C, who initially required greater assistance, was also able to perform the technique independently after repeated practice.

The findings indicate that anger-control management through deep breathing relaxation can be incorporated into nursing care for patients with violent behavior. The intervention does not replace pharmacological treatment or other psychiatric nursing interventions but may serve as a complementary strategy to help patients regulate emotional tension and reduce aggressive responses.

Overall, the findings demonstrated consistency between the nursing implementation and the theoretical foundation. The three participants showed manifestations of violent behavior during the initial assessment and

demonstrated improved ability to perform deep breathing relaxation following three days of nursing intervention. The reduction in BPAQ scores also indicated a downward change in aggression, although all participants remained within the moderate category.

Therefore, deep breathing relaxation may be considered a simple, accessible, and feasible nursing intervention to support anger control in patients with violent behavior. Its implementation is particularly appropriate when combined with therapeutic communication, identification of anger triggers, medication adherence, family involvement, and other appropriate psychiatric nursing strategies.

CONCLUSIONS AND RECOMMENDATIONS

Deep breathing relaxation as part of anger-control management was associated with improved emotional control in three male patients with violent behavior. After three consecutive days of nursing care, all participants were able to perform the technique independently and reported feeling calmer. BPAQ scores also showed a modest decrease after the intervention. These findings indicate that deep breathing relaxation is a simple and feasible complementary nursing intervention for patients with violent behavior in community-based mental health care.

Deep breathing relaxation is recommended as a complementary psychiatric nursing intervention, particularly when combined with therapeutic communication, identification of anger triggers, medication adherence, and family support. Further studies involving larger samples and comparison groups are recommended to provide stronger evidence of its effectiveness.

ADVANCED RESEARCH

Future research should involve a larger number of participants and a controlled study design to further evaluate the effectiveness of deep breathing relaxation in controlling anger and reducing aggressive behavior. Subsequent studies may also examine longer intervention periods and repeated BPAQ assessments to determine whether the observed improvements are sustained over time

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