

Research Article

Application of Deep Breathing Relaxation Therapy on the Violent Behavior of Patients with Schizophrenia

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Abstrak. Schizophrenia is a chronic mental disorder that triggers maladaptive emotional responses, such as violent behavior, which can endanger the patients themselves, others, or the environment. Deep breathing relaxation therapy serves as a non-pharmacological management that stimulates the parasympathetic nervous system, lowers stress hormones, and enhances anger control capabilities. To determine the effect of deep breathing relaxation therapy on violent behavior in patients with schizophrenia. This study utilized a one-group pre-test and post-test approach. The deep breathing relaxation therapy was implemented for 7 consecutive days with a duration of 15 minutes per day for 4 male respondents with violent behavior at RSJD Dr. Amino Gondohutomo. The instruments used were the Standard Operating Procedure (SOP) for deep breathing relaxation therapy along with a violent behavior observation questionnaire. This study has been declared ethically cleared under letter number 000.9/1347/II/2026. Prior to the intervention (pre-test), the respondents' average self-control capability score was 50% (poor). Following the intervention (post-test), the score increased to 82% (good). The patients became calmer, less irritable, and their aggressive impulses were reduced. The application of deep breathing relaxation therapy is effective and has a significant influence on enhancing self-control and reducing violent behavior in schizophrenic patients.

Keywords: Deep Breathing Relaxation Therapy; Psychiatric Nursing; Schizophrenia; Self-Control Ability; Violent Behavior.

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1. Introduction

Mental disorders are complex health issues that affect an individual's mental functioning, quality of life, and independence. The World Health Organization (WHO) reports that nearly 1.1 billion people worldwide live with mental disorders, making this a significant global health challenge (World Health Organization, 2025). These disorders involve alterations in thought processes (cognitive), the drive to act (volition), emotional regulation (affective), and behavioral control (psychomotor), all of which hinder the affected individual's social interactions (Arif & Zaini, 2024). In Indonesia, the prevalence of mental-emotional disorders is also notably high, with an estimated 20% of the population experiencing mental health issues at some point in their lives (Kemenkes RI, 2025).

Schizophrenia is a major type of severe mental disorder that warrants significant attention. Globally, it is estimated to affect between 20 and 23 million people (World Health Organization, 2025). In Indonesia, Riskesdas data indicates a schizophrenia prevalence of 6.7 per 1,000 households (Kemenkes RI, 2025). At the regional level, the Dr. Amino Gondohutomo Regional Mental Hospital in Central Java Province recorded 49,306 patients with mental disorders in 2023.

As a chronic mental disorder, schizophrenia impairs thinking, perception, emotions, and behavior (Lesmana, 2020). In cases of paranoid schizophrenia or among patients with psychotic symptoms, excessive suspicion, hostility, and uncontrollable anger often manifest, leading to a risk of violent behavior (Septiarani, 2025). A preliminary study at Dr. Amino Gondohutomo Psychiatric Hospital in 2025 identified 4,263 patients with schizophrenia (2,825 male and 1,438 female). Interviews with the Head of the Endro Tenoyo Ward confirmed the presence of impaired thinking and issues with self-acceptance among patients, which triggered physical aggression such as slamming objects, banging on tables, and striking other patients. These angry outbursts are typically precipitated by either internal stressors (illness, negative emotions) or external ones (mockery, loss of valuables) (Gustina et al., 2025).

Managing anger in patients at risk of violent behavior requires non pharmacological interventions, such as deep breathing relaxation techniques. These techniques function by reducing physical and mental tension, stimulating the release of endogenous opioids, and inducing a calming effect (Nurjanah et al., 2020). By regulating the pace and rhythm of breathing to be slower, patients can improve their concentration and ability to control emotions (Nopriani & Sauliah, 2025). The effectiveness of this method is supported by a study conducted by Gustina et al. (2025) involving 30 patients with schizophrenia, which found that administering deep breathing therapy for seven days (15 minutes daily) significantly reduced both verbal and physical aggression ($p < 0.05$). Based on this background, the present study aims to implement and evaluate deep breathing relaxation techniques to manage anger in patients with schizophrenia who are at risk of violent behavior.

2. Theoretical Study

Schizophrenia

Schizophrenia is a severe and chronic mental disorder characterized by disturbances in an individual's thought processes, perception, emotions, and behavior. The disorder causes sufferers to struggle in distinguishing between reality and internal experiences that do not align with reality, such as hallucinations and delusions. Schizophrenia typically emerges during late adolescence or early adulthood and significantly impacts the individual's social, academic, and occupational functioning (Chairina Ayu Widowati, 2023). The following are the characteristics of schizophrenia based on symptoms and their explanations, according to (Dewi et al., 2020):

a. Hallucinations

A sensory perception disorder in which the patient experiences sensations through the senses without any actual external stimulus. Examples include auditory, visual, olfactory, gustatory, and tactile sensations.

b. Social Isolation

A state of withdrawing from one's environment due to feelings of loneliness, threat, or insecurity. This condition impairs the ability to interact and communicate and can reduce the patient's productivity if not properly addressed.

c. Delusions

False beliefs (a disorder of thought content) that are firmly and persistently held despite contradicting reality. This condition is commonly found in cases of severe mental disorders, such as schizophrenia.

d. Low Self-Esteem

A negative self-evaluation arising from an accumulation of failures, rejection, or feelings of being unloved. Conversely, high self-esteem is developed during childhood through achievements, coping support, and positive acceptance from one's environment.

e. Risk of Violent Behavior

A state of lost self-control leading to destructive actions or harm directed at oneself, others (aggression), or the environment (destruction of property). Violent behavior represents the most extreme and maladaptive response to anger (such as a violent outburst or "amok"), triggered by anxiety or unmet needs.

Violent behavior

Violent behavior is a form of aggression that causes or is intended to cause suffering and harm to others, including animals and surrounding objects. Aggression can be distinguished as thoughts or feelings, and as tangible actions manifested as behavior. It typically arises in response to anger, disappointment, resentment, or a sense of threat that triggers emotions, leading individuals to express these feelings through violent behavior as a means of retaliation or punishment. Such behavior can range from attacking and destroying property to killing.

However, aggression is not always directed at others; it can also be turned inward for instance, through self-harm or even attempted suicide. Thus, violent or aggressive behavior constitutes actions intended to harm others or oneself, whether physically or psychologically (Sormin et al., 2023).

Deep breathing relaxation therapy

Deep breathing relaxation therapy is a non-pharmacological technique used to reduce physical and emotional tension through the conscious, slow, and controlled regulation of breathing patterns. This technique aims to activate the parasympathetic nervous system, thereby eliciting a relaxation response characterized by a decrease in heart rate, blood pressure, and muscle tension (Gustina et al., 2025). Activating this system leads to a reduction in heart rate, blood pressure, and muscle tension, allowing the individual to feel calmer and better able to control their emotional responses. Furthermore, deep breathing therapy aims to improve tissue oxygenation and lung function, while also helping to alleviate stress, anxiety, pain, and emotional tension (Wulandari & Adzillina, 2024). Key indications for deep breathing relaxation include anxiety, stress, acute and chronic pain, hypertension, sleep disturbances, and situations requiring emotional control including for patients with mental disorders at risk of violent behavior. This technique is selected because it is easy to perform, requires no special equipment, and yields significant physiological and psychological relaxation effects. The technique can be practiced for approximately 15 minutes (Susanto et al., 2024).

3. Research Method

This study employed a quasi-experimental design using a one-group pre-test and post-test approach, without a control group. The study focused on analyzing the effect of deep breathing relaxation therapy on improving self-control capabilities among four respondents exhibiting violent behavior at Dr. Amino Gondohutomo Regional Psychiatric Hospital, the therapy was administered for 15 minutes daily over a 7 day period. An observation sheet for measuring the risk level of violent behavior served as the research instrument.

4. Results and Discussion

This study involved four respondents who met the inclusion criteria and underwent deep breathing relaxation therapy to assess the reduction in the risk of violent behavior among patients with mental disorders at Dr. Amino Gondohutomo Regional Psychiatric Hospital.

Tabel 1. Respondent Characteristics.

No.	Name	Years	Gender
1.	Mr. D	47 Years	Male
2.	Mr. M	28 Years	Male
3.	Mr. J	38 Years	Male
4.	Mr. W	45 Years	Male

The table above shows that there are four respondents, all male: Mr. D (47 years old), Mr. M (28 years old), Mr. J (38 years old), and Mr. W (45 years old).

Tabel 2. The Effect of Deep Breathing Relaxation Therapy on Violent Behavior in Patients with Schizophrenia.

Respondent Code	Patient Initials	Pre-test Score Criteria (Day-1)	Post-test Scoring Criteria (Day-7)
1	Mr. D	51%	82%
2	Mr. M	51%	84%
3	Mr. J	47%	80%
4	Mr. W	49%	80%

The table above shows the pre-test scores for the four schizophrenia patients studied prior to therapy: Mr. D (51%), Mr. M (51%), Mr. J (47%), and Mr. W (49%). Following therapy, the post-test scores were: Mr. D (82%), Mr. M (84%), Mr. J (80%), and Mr. W (80%).

Discussion

Characteristics of Respondents at Dr. Amino Gondohutomo Psychiatric Hospital

Based on Table 4.1, four respondents fell within the 28 to 47 age range (adult males). This aligns with research by (Putri & Priatmaja, 2024), which indicates that adult male patients with schizophrenia are at a higher risk of exhibiting violent behavior. This is linked to the various role demands faced by adult men such as employment, economic pressure, and family responsibilities which can elevate stress levels. For men, such pressures are often not balanced by the ability to express emotions adaptively, due to masculinity norms that encourage individuals to suppress or bottle up their emotions. This situation can lead to an accumulation of stress that may eventually develop into mental disorders, such as schizophrenia, and potentially manifest as violent behavior.

Deep Breathing Relaxation Therapy for Violent Behavior in Patients with Schizophrenia at Dr. Amino Gondohutomo Regional Psychiatric Hospital

The results presented in Table 4.2 indicate that the implementation of deep breathing relaxation therapy over a seven-day period for schizophrenic patients exhibiting violent behavior can help control and stabilize their emotional responses. According to (Siska Amelia et al., 2023), diaphragmatic or deep breathing techniques physiologically enhance oxygen supply to body tissues, inhibit sympathetic nervous system activity, and reduce levels of stress hormones such as adrenaline and cortisol; consequently, individuals experience a sense of calm and gain a greater ability to control their emotions.

Furthermore, in psychiatric nursing practice, this technique is used to help patients manage negative emotions such as anger, anxiety, and tension that serve as primary triggers for aggressive behavior. Various studies indicate that deep breathing exercises can reduce anger levels, improve impulse control, and enhance patients' coping mechanisms; consequently, when performed regularly under the guidance of healthcare professionals, these exercises serve as an effective preventive measure to reduce the risk of violent behavior (Wulandari & Adzillina, 2024).

5. Conclusion And Suggestions

Based on the research and analysis conducted regarding the application of deep breathing relaxation for patients with schizophrenia exhibiting violent behavior at RSJD Dr. Amino Gondohutomo, the results from the four respondents over seven consecutive days showed an improvement in their self-control capabilities, with scores rising from 50% to 82%. Thus, it can be concluded that deep breathing relaxation therapy has an effect on the violent behavior of patients with schizophrenia. It is recommended that families and patients apply the deep breathing relaxation technique independently to manage violent behavior.

References

- Arif, F. I., & Zaini, M. (2024). Asuhan Keperawatan Jiwa pada Pasien dengan Masalah Defisit Perawatan Diri di Ruang Merpati Rumah Sakit Jiwa Dr Radjiman Wediodiningrat Lawang. *Health & Medical Sciences*, 1(2), 1–10. <https://doi.org/10.47134/phms.v1i2.33>
- Chairina Ayu Widowati. (2023). *Definisi Gangguan Jiwa dan Jenis-jenisnya*. https://keslan.kemkes.go.id/view_artikel/2224/definisi-gangguan-jiwa-dan-jenis-jenisnya
- Dewi, S., Bratha, K., Febristi, A., Surahmat, R., Miftahul, S., & Fitri, A. (2020). Faktor-Faktor Yang Mempengaruhi Kekambuhan Pasien Skizofrenia. *Jurnal Kesehatan*, 11, 250–256. <https://doi.org/10.35730/jk.v11i0.693>
- Gustina, E., Silalahi, M., & Afidah, H. (2025). Pengaruh Terapi Relaksasi Napas Dalam Terhadap Kemampuan Mengendalikan Amarah Pada Pasien Dengan Gangguan Jiwa Yang Memiliki Risiko Perilaku Kekerasan. *Ilmu Keperawatan*, 14, 98–103. <https://doi.org/10.35328/keperawatan.v14i1.2939>
- KemenkesRI. (2025). *Orang Dengan Gangguan Jiwa (ODGJ): Mitos, Stigma dan Upaya yang Dilakukan*. <https://ayosehat.kemkes.go.id/orang-dengan-gangguan-jiwa-mitos-stigma-upaya>
- Lesmana. (2020). *Buku Panduan Belajar Dokter Muda Ilmu kedokteran jiwa*. Lontar Mediatama : Yogyakarta.
- Nopriani, Y., & Sauliah, W. (2025). *Efektivitas Teknik Relaksasi Nafas Dalam Terhadap Stabilitas Emosional dan Tekanan Darah Pada Pasien Gangguan Jiwa dengan Hipertensi di Ruang Rawat Inap Rumah Sakit Ernaldi Bahar Provinsi Sumatera Selatan*

- Tabun 2025. 4(1), 5055–5062. <https://jerk.in.org/index.php/jerk.in/article/view/2562/1896>
- Nurjanah, D. A., Yuniartika, W., Kesehatan, F. I., & Surakarta, U. M. (2020). Teknik Relaksasi Nafas Dalam Pada Pasien Gagal Ginjal : Kajian Literatur. *Global Health Science Group*, 62–71. <https://jurnal.globalhealthsciencegroup.com/index.php/JPPP/article/download/2205/1660/>
- Putri, N. F., & Priatmaja, A. (2024). *Seorang laki-laki Dengan Skizofrenia Paranoid*. 209–215. <https://proceedings.ums.ac.id/kedokteran/article/view/4271>
- Septiarani, P. (2025). *Hubungan Antara Kontrol Diri Dan Kelekatan Orang Tua Dengan Perilaku Agresif Pada Remaja Di Smp “X” Pekanbaru*. <https://repository.uin-suska.ac.id/92712/>
- Siska Amelia, Pratama, O., Herdian, F., & Hadiyati, L. (2023). Penerapan Relaksasi Nafas Dalam Untuk Mengontrol Emosi Pada Pasien Dengan Risiko Perilaku Kekerasan Di Wilayah Kerja Puskesmas Ibrahim Adjie. *STIKes Dharma Husada*, 24, 1–8. [https://siakad.stikesdhhb.ac.id/repositories/400321/4003210044/ARTIKEL PDF.pdf](https://siakad.stikesdhhb.ac.id/repositories/400321/4003210044/ARTIKEL%20PDF.pdf)
- Sormin, T., Puri, A., & Vivinarti, S. (2023). the Effect Therapeutic Communication and Music Therapy on Anxiety of Preoperative Patients in Jenderal Ahmad Yani Metro City in 2021. *Jurnal Ilmu Keperawatan Indonesia (JIKPI)*, 4(1). <https://doi.org/10.57084/jikpi.v4i1.1108>
- Susanto, T., Yulianti, S., & Iriani, I. (2024). Implementasi Teknik Relaksasi Napas dalam pada Pasien Pre Operasi Stenosis Ureter terhadap Penurunan Tingkat Kecemasan di RSUD Undata Provinsi Sulawesi Tengah Implementation of Deep Breathing Relaxation Techniques in Preoperative Ureteral Stenosis Patient. *Jurnal Kolaboratif Sains*, 7(5), 1689–1694. <https://doi.org/10.56338/jks.v7i5.4388>
- WorldHealthOrganization. (2025a). *Mental disorders*. 1. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
- WorldHealthOrganization. (2025b). *Mental Health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Wulandari, D. P., & Adzillina, L. D. (2024). Efektivitas Deep Breathing Exercise terhadap tingkat Stress pada Lansia. *Jurnal Kesehatan Amanah*, 8(2). <https://ejournal.unimman.ac.id/index.php/jka/article/view/736/630>