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Dhikr therapy for a patient at risk of violent behavior: A psychiatric nursing case study

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Abstract

Background: Risk of violent behaviour is a common behavioural problem among patients with schizophrenia and is characterized by an increased potential to cause physical or psychological harm to oneself, others, or the surrounding environment. In addition to pharmacological treatment, psychoreligious interventions such as dhikr may help patients regulate emotions and improve self-control.

Purpose: To describe the implementation of psychoreligious therapy using dhikr in reducing the signs and symptoms of risk of violent behaviour in a patient with schizophrenia.

Method: A qualitative descriptive study using a single-patient case study design was conducted at Wisma Srikandi, Grhasia Mental Hospital, Yogyakarta. The nursing diagnosis was established based on the Indonesian Nursing Diagnosis Standards (INDS), and psychoreligious therapy using dhikr was implemented as part of nursing care for five consecutive days, with each session lasting 10–15 minutes. Patient progress was evaluated through daily clinical observation using the Indonesian Nursing Outcomes Standards (SLKI).

Results: After five days of intervention, the patient demonstrated a reduction in the frequency of the signs and symptoms associated with the risk of violent behaviour. Improvements were observed in emotional control, anger management, willingness to follow therapeutic recommendations, and the patient's ability to control aggressive impulses based on daily nursing outcome assessments.

Conclusion: Psychoreligious therapy using dhikr may contribute to improvements in the clinical manifestations of risk of violent behaviour when provided as an adjunct to standard psychiatric nursing care. Because the findings are based on a single case, they should be interpreted cautiously and cannot be generalized to broader patient populations.

Keywords: Dhikr; Psychoreligious Therapy; Risk of Violent Behaviour; Schizophrenia.

INTRODUCTION

Risk for violent behavior is a common nursing problem among patients with severe mental disorders and may result in serious physical and psychological harm to patients, healthcare professionals, family members, and the surrounding community if not properly managed. In clinical settings, violent behavior may manifest as verbal threats, aggression toward others, property destruction, or self-harm (Permani, Apriliani, & Dewi, 2023). Therefore, effective management requires a comprehensive approach that includes close observation, therapeutic communication, psychosocial interventions,

antipsychotic medication, and spiritual therapy (Nay & Avelina, 2024). Psychiatric nursing interventions commonly include the four implementation strategies (SP), consisting of relaxation techniques such as deep breathing exercises and safe physical activities (e.g., hitting a pillow to release anger), assertive communication training, spiritual interventions such as prayer and dhikr, and adherence to prescribed medication (Indrianingsih, Hasanah, & Utami, 2023; Martini, Endriyani, & Febriani, 2021). In Indonesia, mental health services are regulated under Government Regulation Number 28 of 2024

concerning the implementation of the Health Law, which emphasizes promotive, preventive, curative, and rehabilitative mental health services while ensuring the rights of individuals with mental disorders (Government of the Republic of Indonesia, 2024).

Mental disorders remain a major global public health concern. Approximately 300 million people worldwide experience mental disorders, including depression, bipolar disorder, and dementia, while an estimated 23 million people are living with schizophrenia (World Health Organization, 2025). In Indonesia, the Ministry of Health reported 630,827 individuals diagnosed with mental disorders in 2023 (Ministry of Health of the Republic of Indonesia, 2023). These figures highlight the substantial burden of mental illness and the need for coordinated prevention, early detection, and comprehensive treatment strategies. In the Special Region of Yogyakarta, 9.3% of households reported having a family member with psychotic symptoms, and 7.8% of these individuals had received a medical diagnosis (Yogyakarta Special Region Health Office, 2024). Patients with schizophrenia frequently experience hallucinations and emotional dysregulation, which may increase the risk of aggressive or violent behavior if left untreated. Consequently, complementary interventions that address both psychological and spiritual dimensions have gained increasing attention, including Islamic-based spiritual therapies such as dhikr (Livana & Dawood, 2024).

Dhikr refers to the practice of remembering Allah through the recitation of His names or specific prayers. This spiritual practice is believed to promote inner peace, strengthen self-control, reduce psychological distress, and discourage destructive behaviors. Previous studies have shown that dhikr therapy can enhance emotional regulation and improve self-control among patients with mental disorders (Amalia, Martina, & Alfiandi, 2023). As a complementary nursing intervention, dhikr therapy offers a holistic approach by addressing not only psychological and behavioral problems but also patients' spiritual needs, thereby supporting the overall recovery process (Maulana, Platini, & Shalahuddin, 2020).

RESEARCH METHOD

A qualitative descriptive study using a single-patient nursing case study design was conducted at Srikandi Ward, Grhasia Mental Hospital, Yogyakarta,

from study in November 2025. The participant was selected through purposive sampling and was diagnosed with Risk for Violent Behaviour based on the Indonesian Nursing Diagnosis Standards (INDS), with a medical diagnosis of F25.1 Schizoaffective Disorder, Depressive Type. The inclusion criteria were patients with a nursing diagnosis of risk for violent behaviour, clinically stable, cooperative, able to communicate verbally, capable of participating in psychoreligious activities, and willing to provide written informed consent. Patients experiencing acute aggressive behaviour requiring physical restraint, severe cognitive impairment, hearing or speech disorders that interfered with communication, or those who withdrew during the study were excluded. The patient continued to receive routine psychiatric treatment prescribed by the attending psychiatrist, including pharmacological therapy and standard inpatient psychiatric nursing care. Dhikr therapy was implemented as an adjunct nursing intervention and did not replace routine medical or nursing management. Any additional interventions provided as part of routine care were documented throughout the observation period. Patient safety was continuously monitored during each session. If signs of escalating aggression were observed, the intervention was immediately discontinued and standard ward procedures for the management of aggressive behaviour were implemented.

The nursing intervention was based on the Indonesian Nursing Intervention Standards (SIKI), specifically the Violent Behaviour Risk Prevention intervention (I.14544). Psychoreligious therapy consisted of guided dhikr conducted individually once daily for five consecutive days, with each session lasting approximately 10–15 minutes. The intervention was facilitated by the researcher in a quiet environment. Patients were instructed to sit comfortably, perform slow and regular breathing, and repeatedly recite the phrases "Astaghfirullah," "Subhanallah," "Alhamdulillah," "Allahu Akbar," and "La ilaha illallah" according to the standardized intervention procedure while being encouraged to focus attention on the meaning of the recitations. The researcher used the same procedure, duration, sequence, and verbal instructions throughout all sessions to ensure intervention consistency. Patient outcomes were evaluated using the Indonesian Nursing Outcomes Standards (INOS) for Self-Control

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of Violent Behaviour, in which each indicator is rated on a five-point ordinal scale ranging from 1 (severely impaired) to 5 (consistently achieved/independent). Outcome scores were determined through structured clinical observation conducted collaboratively by the researcher and the responsible psychiatric nurse based on predefined SLKI indicators, including emotional control, verbal expression of anger, self-control ability, aggressive behaviour, and compliance with behavioural recommendations. Baseline assessments were performed before the first dhikr session, followed by daily clinical observations throughout the five-day intervention period and a final evaluation on the fifth day.

Data were collected through psychiatric nursing assessments, structured interviews, direct

observation, daily nursing documentation, and the Daily Activity Schedule. Data analysis was performed descriptively by comparing baseline and final SLKI outcome scores and narratively describing changes in the patient's clinical manifestations and behavioural responses during the intervention period. Written informed consent was obtained from the patient prior to participation after the attending psychiatrist confirmed that the patient's mental condition permitted meaningful participation and decision-making. Participant confidentiality and anonymity were maintained throughout the study in accordance with ethical principles for research involving human participants.

RESEARCH RESULTS

Table 1. Participant Demographic Characteristics

Characteristic	Description
Age	23 years
Gender	Female
Occupation	Tailor
Highest education	Vocational High School

Table 2. Daily Observation of Signs and Symptoms Associated with Risk for Violent Behavior

Signs and Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5
Verbal threats toward others	✓	✓	–	–	–
Verbal abuse	–	–	–	–	–
Aggressive behaviour	✓	✓	✓	–	–
Risk-related behaviour toward self or others	✓	✓	–	–	–
Loud voice	–	–	–	–	–
Harsh speech	✓	✓	✓	✓	–
Ability to control emotions	–	–	–	✓	✓

Table 2 presents the daily observation of signs and symptoms related to the risk of violent behavior during the five-day nursing intervention period. On the first and second days, the patient demonstrated several risk-related manifestations, including verbal threats toward others, aggressive responses, harsh speech, and indicators associated with increased risk of harm. On the third day, some manifestations began to decrease, as aggressive behavior and risk-related behaviors toward self or others were no longer observed. On the fourth day, improvement continued, with only harsh speech still occasionally observed. By the fifth day, the patient demonstrated improved

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emotional control and more appropriate communication patterns, with no observed verbal threats, aggressive behavior, or harsh speech during the evaluation period.

Table 3. Comparison of Nursing Outcome Scores Before and After Dhikr Intervention

Outcome Indicator	Pre-intervention (Day 1)	Post-intervention (Day 5)
Frequency of risk-related violent behaviour indicators	4 (moderately impaired)	2 (improved)
Ability to control emotional responses	2 (low)	5 (achieved)
Ability to express feelings appropriately	2 (low)	5 (achieved)
Ability to use dhikr as a coping strategy	1 (not demonstrated)	5 (achieved)

Table 3 shows changes in nursing outcome indicators before and after the five-day dhikr intervention. At baseline, the patient demonstrated limitations in emotional regulation, expression of feelings, and the ability to use adaptive coping strategies when experiencing anger or emotional distress. Following five days of individualized dhikr sessions as an adjunct to routine psychiatric care, improvements were observed in emotional control, expression of feelings, and the patient's ability to apply dhikr as a coping strategy. The frequency of risk-related violent behavior indicators decreased from baseline findings. No changes in prescribed pharmacological therapy were reported during the intervention period, and no adverse events occurred during the implementation of dhikr therapy.

Table 4. Patient's Ability to Apply Dhikr and Manage Risk of Violent Behavior During the Intervention Period

Indicator	Day 1	Day 2	Day 3	Day 4	Day 5
Reduced frequency of risk-related violent behaviour indicators	0	0	1	1	1
Able to explain the purpose of dhikr	0	1	1	1	1
Able to perform dhikr when experiencing anger	0	0	1	1	1
Reports feeling calmer after dhikr	0	1	1	1	1
Able to recite dhikr correctly	1	1	1	1	1
Able to express feelings appropriately after dhikr	0	1	1	1	1

Table 4 illustrates the patient's progress in applying dhikr and managing emotional responses throughout the five-day intervention period. On the first day, the patient was able to recite dhikr but had not yet demonstrated the ability to use it as a coping strategy during emotional distress. From the second to fifth days, gradual improvement was observed. The patient became able to explain the purpose of dhikr, reported feeling calmer after performing dhikr, used dhikr when experiencing emotional distress, and expressed feelings more appropriately. These findings indicate improvement in coping ability and emotional regulation during the observation period.

DISCUSSION

The implementation of psychoreligious therapy using dhikr for five consecutive days was associated with a gradual reduction in the signs and symptoms of risk for violent behavior. Improvements were observed in verbal threats, verbal abuse, aggressive behavior, self-harm or harm toward others, loud speech, and harsh communication, while the patient's ability to control emotions increased markedly. By the end of the intervention, the patient was better able to regulate emotional responses, remain calm, and focus through the practice of dhikr. These findings are consistent with previous research suggesting that dhikr therapy promotes adaptive responses to internal

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psychological stressors and improves self-control among individuals with mental disorders (Nabila, Kurniyawan, Deviantony, & Kusumaningsih, 2024).

The positive outcomes observed in this study may be attributed to the integration of spiritual therapy with standard psychiatric nursing interventions, including relaxation techniques, therapeutic communication, and anger management strategies. Previous studies have similarly reported that dhikr therapy effectively reduces negative emotional symptoms and enhances emotional regulation in patients with psychiatric disorders (Ustriyani, Agustini, & Syafwani, 2023). Throughout the intervention, the patient demonstrated progressive improvements, including reduced emotional sensitivity, decreased aggressive behavior, improved communication, and greater emotional stability. By the fourth and fifth days, the patient was able to perform dhikr independently when experiencing anger, reported feeling calmer and more comfortable, expressed emotions appropriately, and successfully completed the Daily Activity Schedule independently. These behavioral changes indicate increased self-awareness and improved coping abilities (Retno, Prayoga, & Ervina, 2024).

Dhikr is a simple spiritual practice that can be performed at any time and incorporated into patients' daily routines. Beyond its religious significance, dhikr has been reported to promote inner peace, strengthen self-control, and reduce maladaptive emotional responses (A'yuni, Septiantoro, & Apriliyani, 2024). As a complementary psychoreligious intervention, it can be integrated into routine psychiatric nursing care to support patients in managing emotional distress and preventing aggressive behavior (Sampurna, Mulyani, & Putra, 2025).

Overall, this case study suggests that dhikr therapy may be an effective complementary intervention for patients at risk of violent behavior. Consistent with previous evidence, the intervention contributed to reduced aggressive symptoms, improved emotional regulation, and enhanced spiritual well-being (Subandi, Chizanah, & Subhan, 2022; Sutejo, 2018). The patient reported feeling calmer, experiencing fewer episodes of anger, and being better able to control emotional responses following the intervention. These findings support the integration of dhikr therapy into holistic psychiatric nursing care to address both psychological and spiritual dimensions of recovery, although further studies with larger sample sizes are required to

establish its clinical effectiveness (Nia, Fahruji, & Arifin, 2024; Raudhah, 2025).

CONCLUSION

The integration of dhikr spiritual therapy with standard psychiatric nursing interventions may help reduce the risk of violent behavior in a patient with F25.1 (Schizoaffective Disorder, Depressive Type). The intervention was associated with improved emotional regulation, better impulse control, and increased psychological calmness. These findings suggest that spiritual-based nursing care can complement conventional psychiatric interventions by addressing both psychological and spiritual needs. However, further studies with larger samples are needed to confirm the effectiveness of this approach.

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