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Implementation of Deep Breathing Relaxation for Emotional Control in Patients at Risk of Violent Behavior: A Case Study

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A B S T R A C T

This case study aimed to describe the implementation of deep breathing relaxation as a complementary nursing intervention to support emotional control in patients at risk of violent behavior in a community-based mental health setting. A descriptive case study was conducted involving two male outpatients, aged 27 and 29 years, with a nursing diagnosis of risk of violent behavior at Usila Primary Health Center, Lahat, South Sumatra, Indonesia. Data were collected through interviews, observation, nursing assessment, medical records, and the Buss–Perry Aggression Questionnaire. Deep breathing relaxation was implemented over three consecutive sessions from February 25 to 27, 2025. Both participants demonstrated improved emotional control, calmer behavioral responses, and the ability to perform the relaxation technique independently. Buss–Perry Aggression Questionnaire scores decreased from 65 to 46 in Participant J and from 61 to 51 in Participant M. These findings suggest that deep breathing relaxation is a feasible complementary nursing intervention to support emotional regulation in patients at risk of violent behavior in community-based psychiatric care.

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INTRODUCTION

Violent behavior is a manifestation of mental disorders characterized by the expression of anger, fear, or helplessness through destructive responses. Patients may demonstrate a flushed and tense face, staring eyes, pacing, clenched fists, verbal threats, hitting, or destruction of objects. These responses indicate impaired self-control and may endanger the patient, others, and the surrounding environment (Nay & Avelina, 2024). Violent behavior may develop when an individual perceives a threat or unmet need, resulting in anxiety that is expressed through anger and potentially aggressive behavior (Ariyanti et al., 2025).

Mental disorders remain a significant global health problem. The World Health Organization (WHO, 2021) reported that approximately 300 million people worldwide experience mental disorders, including depression, bipolar disorder, and dementia, while approximately 24 million people experience schizophrenia. In Indonesia According to the 2023 Indonesian Health Survey (SKI 2023), the prevalence of mental health problems among the population aged ≥15 years was 2.0% nationally. In South Sumatra, the prevalence was 0.9%. In South Sumatra, 345 community health centers across 17 districts/cities provided health services for people with severe mental disorders, with 12,199 individuals (71.23%) receiving health services in 2021 (Bidang P2P Dinkes Provinsi Sumatera Selatan, 2022). In Lahat Regency, 1,318 people with mental disorders were recorded across 33 community health centers, with approximately 80% receiving treatment at health centers and 20% receiving home visits (Health Office og Lahat District, 2023).

This problem is also found in the working area of Usila Primary Health Center. In 2024, 22 patients with mental disorders were recorded, consisting of 4 patients with a risk of violent behavior, 6 with hallucinations, 6 with social isolation, 5 with low self-esteem, and 1 with a self-care deficit (Usila Primary Health Center, 2024). Patients at risk of violent behavior may exhibit a flushed and tense face, staring eyes, clenched fists, harsh speech, increased voice volume, tightly clenched jaws, and verbal threats (Anisa et al., 2021). Therefore, early and appropriate nursing management is needed to help patients recognize and control emotional responses before anger develops into destructive behavior.

One nursing approach that can be applied is hallucination management, particularly in patients whose hallucinations contribute to emotional and behavioral disturbances. Hallucination management aims to help patients regulate thoughts, feelings, and impulses appropriately to prevent harmful behavior toward themselves or others (Ariyanti et al., 2025. Deep breathing relaxation can be incorporated into nursing care because it helps reduce physical and psychological tension, improve concentration, and support emotional self-regulation (Aji et al., 2024).

Previous studies have demonstrated the potential of deep breathing relaxation to improve anger control. Waluyo (2022) found that deep breathing exercises improved patients' ability to control anger and reduced anger responses. Similarly, the study reported by Irawan and Hijriani (2024) showed an improvement in anger-control scores following deep breathing relaxation among patients at risk of violent behavior. Another study found that the

proportion of patients able to control violent behavior increased from 15.4% before intervention to 92.3% after intervention (Sutinah et al., 2019). Jayanti & Laksmi (2022) also reported that, following deep breathing relaxation, most patients with schizophrenia experienced a reduction in anger intensity, with 60% categorized as having mild anger.

Although previous studies support deep breathing relaxation as a non-pharmacological intervention for anger control, its implementation within community-based psychiatric nursing care, particularly in patients with a risk of violent behavior in primary healthcare settings, remains important to describe. A case study can provide a comprehensive description of the nursing process and the patient's response to the intervention in a real community setting. Therefore, this study aims to describe the implementation of psychiatric nursing care using deep breathing relaxation as part of hallucination management to support emotional control in patients with a risk of violent behavior in the working area of Usila Primary Health Center, Lahat, in 2025.

LITERATURE REVIEW

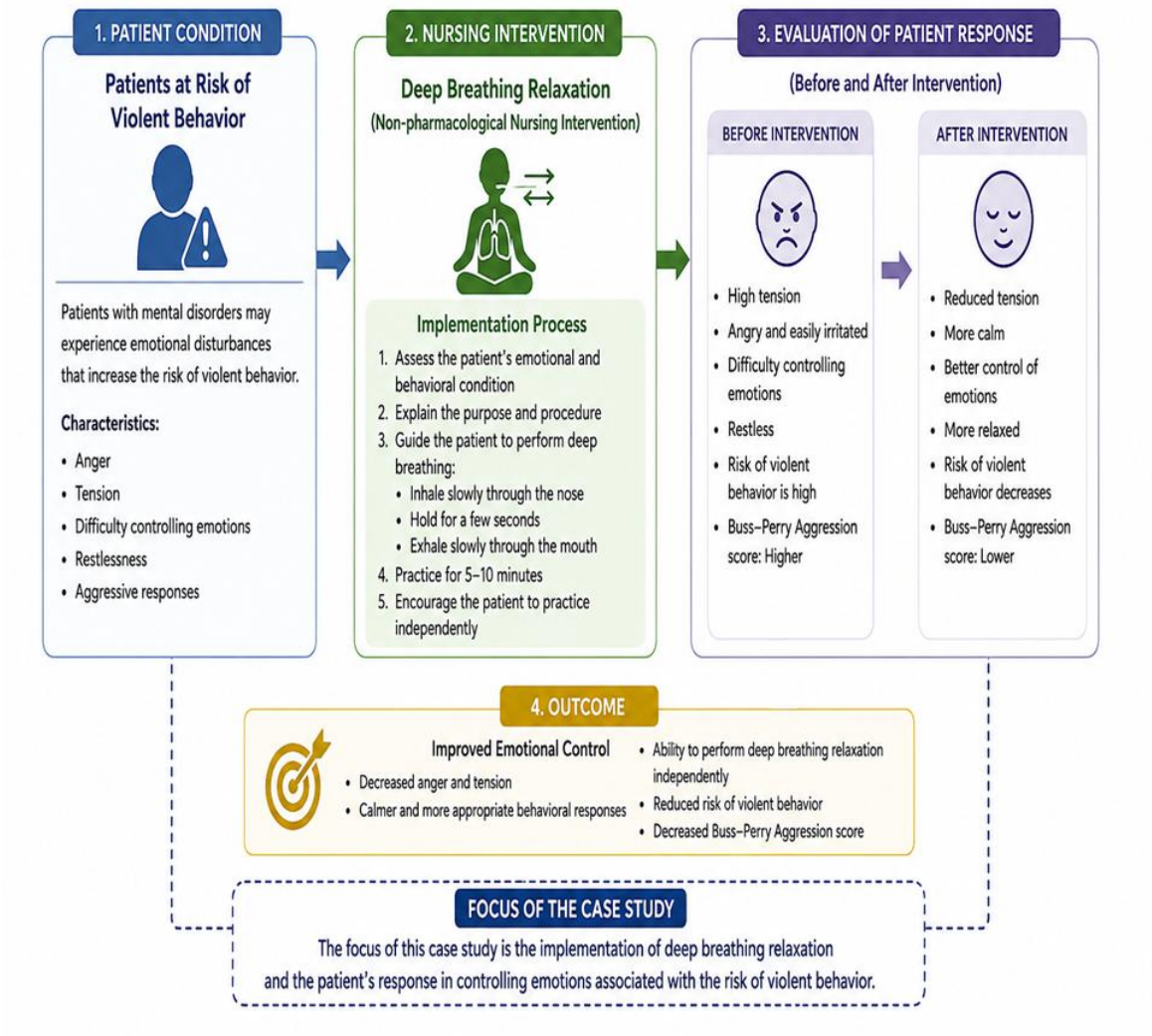

Figure 1. Conceptual Framework

METHODOLOGY

Research Design

This study employed a descriptive case study design to describe the implementation of psychiatric nursing care using deep breathing relaxation to support emotional control in patients with a risk of violent behavior. The case study focused on the nursing process, including assessment, nursing diagnosis, intervention planning, implementation, and evaluation of the patient's response to deep breathing relaxation.

Setting and Participants

The study was conducted in the working area of Usila Primary Health Center, Lahat, South Sumatra, Indonesia, in February 2025. Two male outpatients aged 20–40 years with the same nursing problem, namely risk of violent behavior, were selected as case study participants. Participants were included if they were willing to participate, cooperative, receiving outpatient care at Usila Primary Health Center, and had a nursing diagnosis of risk of violent behavior. Participants who were unable to communicate cooperatively or did not complete the intervention were excluded.

Data Collection Instruments and Procedure

Data were collected using an informed consent form, nursing assessment and care format, violent behavior assessment form, checklist of signs and symptoms of risk of violent behavior, the Buss–Perry Aggression Questionnaire (BPAQ), anger intensity rating scale, emotional control ability observation sheet, deep breathing relaxation ability checklist, patient progress and evaluation checklist, physiological response observation sheet, and a Standard Operating Procedure (SOP) for deep breathing relaxation.

The Buss–Perry Aggression Questionnaire (BPAQ) was used to assess the level of aggression before and after the intervention. The BPAQ assessment results were used to describe changes in aggression scores following the implementation of deep breathing relaxation. The nursing assessment and care format was developed based on the Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcomes Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI). Data were obtained through direct observation, interviews with patients and relevant family or healthcare personnel, administration of the BPAQ before and after the intervention, and review of secondary data from medical records.

Data Analysis and Presentation

Data were analyzed descriptively based on the results of assessment, nursing diagnosis, intervention, implementation, and evaluation. Changes in emotional and behavioral responses before and after the implementation of deep breathing relaxation were identified and compared descriptively between the two cases. Data were presented narratively and supported by relevant verbal expressions and observations from the participants. The findings were interpreted by comparing the case results with previous research and relevant psychiatric nursing theories.

RESEARCH RESULT

Participant Characteristics

This case study involved two male participants, Tn. J and Tn. M, who received outpatient mental health services at Usila Primary Health Center, Lahat. Both participants had a nursing problem of violent behavior and demonstrated difficulty controlling anger and emotional responses. The characteristics of the participants are presented in Table 1.

Table 1. Characteristics of Case Study Participants

Characteristics	Tn. J	Tn. M
Age	29 years	27 years
Sex	Male	Male
Education	Elementary school	Elementary school
Occupation	Unemployed	Unemployed
Duration of mental health problems	±5 years	±5 years
Previous psychiatric treatment	Ernaldi Bahar Mental Hospital	Ernaldi Bahar Mental Hospital
Treatment at Usila Primary Health Center	Since 2020	Since 2021
Family caregiver	Biological father	Biological mother
Nursing problem	Risk of violent behavior	Risk of violent behavior

Both participants had similar demographic characteristics, including male sex, elementary school education, unemployment, a history of mental health problems of approximately five years, and previous psychiatric treatment. The main difference was the duration of treatment at Usila Primary Health Center and the family member acting as caregiver.

Assessment Findings

The initial assessment showed that both participants had difficulty controlling anger and demonstrated behavioral and emotional manifestations associated with the risk of violent behavior. Tn. J reported frequent episodes of anger without a clear reason, shouting, and a tendency to express anger by throwing or damaging nearby objects. Tn. M reported being easily offended, losing control of his emotions, shouting, and having a history of hitting family members and damaging household furniture.

Table 2. Assessment Findings Related to Violent Behavior

Assessment Component	Tn. J	Tn. M
Main emotional complaint	Difficulty controlling anger	Difficulty controlling anger, particularly with family
Emotional state	Restless, tense, easily angered	Restless, tense, easily offended
Facial expression	Serious, sharp gaze	Serious, sharp gaze

Assessment Component	Tn. J	Tn. M
Speech	Loud voice	Loud voice
Motor response	Occasionally clenched hands and crossed arms	Occasionally clenched hands and crossed arms
History of aggression	Shouting and damaging nearby objects	Hitting family members and damaging furniture
Coping mechanism	Maladaptive; releases anger by damaging objects	Maladaptive; responds to problems by wanting to hit others
Social response	Reduced interaction because of perceived rejection and teasing	Reluctant to interact with the surrounding environment
Nursing problem	Risk of violent behavior	Risk of violent behavior

Both participants showed similar manifestations, particularly tension, restlessness, sharp gaze, loud speech, clenched hands, and difficulty controlling anger. The main difference was the form of aggressive response: Tn. J tended to direct anger toward objects, whereas Tn. M had a history of directing aggression toward family members and the environment.

Implementation of Deep Breathing Relaxation

The intervention was implemented for three consecutive days from February 25 to 27, 2025. Before the intervention, the nurse established a therapeutic relationship, identified factors triggering anger, and explained the purpose and benefits of deep breathing relaxation. The technique was then demonstrated and practiced by each participant. Participants were encouraged to practice the technique independently and include it in their daily activity schedule.

Both participants demonstrated progressive improvement in their ability to participate in the intervention. By the third session, both were able to perform deep breathing relaxation independently without assistance.

Table 3. Implementation of Deep Breathing Relaxation

Session	Tn. J	Tn. M
Day 1	Established therapeutic relationship and identified anger triggers; participant was cooperative	Established therapeutic relationship and identified anger triggers; participant was cooperative
Day 2	Practiced deep breathing relaxation with guidance; participant followed instructions	Practiced deep breathing relaxation with guidance; participant followed instructions
Day 3	Performed deep breathing relaxation independently and reported feeling calmer	Performed deep breathing relaxation independently and reported feeling calmer
Final response	Able to demonstrate the technique without assistance	Able to demonstrate the technique without assistance

Changes in Emotional Control and Aggressive Behavior

The response to the intervention was evaluated through subjective reports, behavioral observations, and the Buss–Perry Aggression Questionnaire. Both participants reported reduced anger and increased calmness following the intervention.

Table 4. Changes in Buss–Perry Aggression Scores Before and After Intervention

Participant	Pre-intervention	Post-intervention	Score Reduction	Category
Tn. J	65	46	19	Moderate
Tn. M	61	51	10	Moderate

The Buss–Perry Aggression Score decreased by 19 points in Tn. J and 10 points in Tn. M. Although both participants remained within the moderate aggression category, both demonstrated a reduction in aggression scores after three sessions of deep breathing relaxation.

Evaluation of Nursing Care

At the final evaluation, both participants demonstrated an improved ability to recognize and manage their emotional responses. Tn. J and Tn. M reported that feelings of anger and irritation had decreased and that they felt calmer after practicing deep breathing relaxation. Both participants were able to explain the purpose of the technique and demonstrate the procedure independently.

The findings from the three-day implementation indicated that deep breathing relaxation was associated with observable improvements in emotional and behavioral responses in both cases. The intervention was feasible to implement in a community-based primary healthcare setting and could be practiced independently by both participants.

DISCUSSION

Initial Characteristics and Assessment of Participants

The findings of this case study showed that both participants, Tn. J and Tn. M, had the same nursing problem, namely risk of violent behavior, with several similar manifestations. Both participants were male, unemployed, had a history of mental health problems for approximately five years, and had previously received psychiatric treatment. At the initial assessment, both participants demonstrated difficulty controlling anger, tension, restlessness, sharp eye contact, loud speech, and occasional clenching of their hands. These findings indicate that emotional dysregulation and maladaptive responses to stressors were still present in both participants.

Tn. J tended to express anger by shouting and damaging objects around him, whereas Tn. M had a history of hitting family members and damaging household furniture. The differences in the expression of aggression may reflect differences in individual coping responses and triggering factors. Tn. J reported becoming angry when he felt disturbed or heard comments that offended him,

while Tn. M was more likely to become angry in interactions with family members. Both participants also reported reduced social interaction and feelings of rejection from their surrounding environment.

These findings are consistent with the characteristics of violent behavior described by the Indonesian National Nurses Association (PPNI, 2017), which include a sharp gaze, clenched hands, tense posture, loud or harsh speech, verbal threats, and aggressive behavior toward oneself, others, or the environment. Sujarwanti and Budiman (2023) also explained that violent behavior may occur as a response to stressors and can be expressed verbally or nonverbally toward oneself, others, or the environment.

The presence of maladaptive coping mechanisms in both participants was also an important finding. Tn. J tended to express anger by damaging objects, whereas Tn. M tended to respond to problems with the urge to hit others. Ineffective coping may increase the likelihood that emotional tension will be expressed through aggressive behavior. Therefore, nursing interventions aimed at improving emotional regulation are important components of care for patients with risk of violent behavior.

Implementation of Deep Breathing Relaxation

The intervention in this case study consisted of deep breathing relaxation delivered over three consecutive sessions. The intervention was preceded by establishing a therapeutic relationship, identifying factors triggering anger, explaining the purpose and benefits of the technique, demonstrating the breathing procedure, and guiding the participants to practice it. Both participants were cooperative throughout the intervention and were able to follow the nurse's instructions.

The establishment of a therapeutic relationship was an important initial component because patients with violent behavior may have difficulty trusting others and controlling their emotional responses. Therapeutic communication can facilitate the development of trust between nurses and patients, thereby allowing patients to express their feelings and participate more effectively in nursing interventions. This finding is consistent with Sumangkut et al. (2019), who reported that therapeutic communication plays an important role in establishing a trusting relationship between patients and nurses and supports the nursing care process.

The implementation findings showed that both participants gradually became more capable of performing deep breathing relaxation independently. On the third session, Tn. J and Tn. M were able to demonstrate the technique without assistance and reported feeling calmer after performing the exercise. This finding suggests that repeated practice may help patients become familiar with the technique and use it as an alternative response when emotional tension begins to increase.

Deep breathing relaxation can reduce physical and psychological tension by regulating breathing and promoting a more relaxed state. Aji et al. (2024) explained that deep breathing relaxation can help reduce emotional tension and improve concentration and self-regulation. In patients with violent behavior, the

ability to regulate physiological arousal may be particularly important because increasing tension, restlessness, and anger can precede aggressive responses.

The present findings are also consistent with Waluyo (2022), who reported that deep breathing relaxation improved patients' ability to control anger and reduced anger responses. Similarly, Evania Raissa's study, as cited by Irawan and Hijriani (2024), showed an improvement in the ability to control anger following deep breathing relaxation in patients at risk of violent behavior. These findings support the use of deep breathing relaxation as a simple nursing intervention for helping patients manage emotional responses.

Changes in Emotional Control and Aggressive Behavior

The most important finding in this case study was the change in emotional and behavioral responses after three sessions of deep breathing relaxation. Both participants reported that feelings of anger and irritation had decreased and that they felt calmer. Behavioral observations also indicated that both participants were able to participate cooperatively and perform the relaxation technique independently.

The Buss–Perry Aggression Questionnaire scores also decreased in both participants. Tn. J's score decreased from 65 before the intervention to 46 after the intervention, representing a reduction of 19 points. Tn. M's score decreased from 61 to 51, representing a reduction of 10 points. Although both participants remained within the moderate aggression category, the decrease in scores indicates an improvement in the measured aggression response following the three intervention sessions.

The greater reduction observed in Tn. J compared with Tn. M may be related to differences in individual characteristics, emotional triggers, previous experiences, coping mechanisms, family support, and responses to the intervention. Tn. J initially expressed anger primarily through shouting and damaging objects, whereas Tn. M had a history of physical aggression toward family members. Therefore, although both participants had the same nursing problem, their emotional regulation needs and behavioral responses were not identical.

These findings are in accordance with Panjaitan (2024), who reported that deep breathing relaxation can improve the ability of patients at risk of violent behavior to control anger. Regular practice may help patients become more familiar with relaxation as a coping response when experiencing emotional tension. The present case study also supports the findings of Sudia (2021), who reported that after three days of deep breathing relaxation, patients with violent behavior appeared calmer, more relaxed, and increasingly able to control their anger.

The findings are further supported by Sutinah et al. (2019), who found that deep breathing relaxation improved the ability of patients with violent behavior to control aggressive responses. The technique can be performed by inhaling slowly through the nose, allowing the abdomen to expand, and then exhaling slowly through the mouth. Repeated practice may help patients use breathing regulation as an alternative response when signs of anger begin to appear.

Jayanti & Laksmi (2022) also reported that deep breathing relaxation was associated with improved anger control among patients with schizophrenia. In their study, the proportion of participants with mild anger increased after the intervention, while the proportion with severe anger decreased. These findings provide additional support for the present case study, in which both participants showed reductions in aggression scores and reported feeling calmer after receiving the intervention.

Clinical Interpretation of the Case Findings

The findings of this case study indicate that deep breathing relaxation can be incorporated into nursing care for patients with risk of violent behavior, particularly as a strategy for managing increasing emotional tension. The intervention is relatively simple, does not require specialized equipment, and can be practiced independently after the patient understands the procedure.

The changes observed in both participants should, however, be interpreted within the context of a case study. The reduction in Buss–Perry scores and improvement in observed emotional responses cannot be interpreted as statistical evidence of the effectiveness of the intervention because the study involved only two participants and did not include a comparison group. Other factors, including ongoing psychiatric medication, family support, therapeutic communication, previous treatment, and natural changes in the participants' emotional states, may also have contributed to the observed changes.

Both participants received the same pharmacological treatment, consisting of haloperidol, trihexyphenidyl, and chlorpromazine. Therefore, the changes observed after the intervention may not be attributed solely to deep breathing relaxation. Nevertheless, the ability of both participants to independently perform the technique and their subjective reports of feeling calmer provide clinically meaningful evidence that the intervention was acceptable and potentially useful as a complementary nursing strategy.

Overall, the case findings demonstrate that deep breathing relaxation was followed by improved emotional control, calmer behavioral responses, and reduced Buss–Perry aggression scores in both participants. These findings are consistent with previous studies reporting the usefulness of deep breathing relaxation for controlling anger and reducing aggressive responses in patients with violent behavior (Jayanti & Laksmi, 2022; Panjaitan, 2024; Sudia, 2021; Sutinah et al., 2019; Waluyo, 2022). The intervention may therefore be considered a feasible component of community-based psychiatric nursing care, particularly when combined with therapeutic communication, identification of anger triggers, medication adherence, family involvement, and other appropriate strategies for managing violent behavior.

CONCLUSIONS AND RECOMMENDATIONS

The implementation of deep breathing relaxation in two patients with risk of violent behavior at Usila Primary Health Center showed improvements in emotional control and behavioral responses. Following three intervention sessions, both participants were able to perform deep breathing relaxation independently and reported reduced feelings of anger, irritation, and tension. The Buss–Perry Aggression Questionnaire score decreased from 65 to 46 in Tn. J

and from 61 to 51 in Tn. M. Although both participants remained in the moderate aggression category, the reduction in scores and observed behavioral changes indicated an improved ability to manage emotional responses.

Deep breathing relaxation can be considered as a simple complementary nursing intervention for patients with risk of violent behavior, particularly in community-based mental health services. Nurses are encouraged to combine the intervention with therapeutic communication, identification of anger triggers, medication adherence, family involvement, and other appropriate psychiatric nursing interventions. Patients and families should also be encouraged to practice deep breathing relaxation regularly as an early strategy when signs of increasing anger or emotional tension occur.

ADVANCED RESEARCH

This case study has several limitations. First, it involved only two participants, so the findings cannot be generalized to patients with different characteristics or clinical conditions. Second, the intervention was conducted over a relatively short period of three sessions. Third, the study did not include a control or comparison group; therefore, the observed reduction in aggression scores cannot be attributed solely to deep breathing relaxation. Both participants also received pharmacological treatment, which may have contributed to changes in emotional and behavioral responses.

Further studies are recommended to involve a larger number of participants and longer follow-up periods. Future research may use a quasi-experimental or randomized controlled design with an appropriate comparison group to examine the effectiveness of deep breathing relaxation more rigorously. Further studies may also assess the sustainability of emotional control after the intervention and consider additional outcomes, such as frequency of aggressive episodes, anger intensity, physiological responses, medication adherence, and family support.

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