

The Application of Music Therapy and Dhikr for Anger Management in the Context of Nursing Care for Clients at Risk of Violent Behavior in the Family of Mrs. S in RW 05, Rawasari

Ananda Rahayu¹, Diva Fadhillah Al Rasyid¹, Suheni Marzeti¹, Nuraenah¹

¹Universitas Muhammadiyah Jakarta, Jakarta, Indonesia

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Corresponding Author :

Nuraenah

E-mail : nuraenah151@gmail.com

ABSTRACT

Background & Objective: The risk of violent behavior is a mental health nursing problem characterized by an individual's inability to control angry emotions, which may endanger themselves, others, and the environment. Management can be carried out through pharmacological and non-pharmacological therapies. Non-pharmacological interventions such as Mozart classical music therapy and dhikr (remembrance of Allah) are considered safe, easy to apply, and effective in providing relaxation and emotional calmness. **Method:** This case study involved two clients diagnosed with the risk of violent behavior living in a home environment: Mrs. C (41 years old) and Mr. R (65 years old). Both clients were Muslim. The intervention consisted of Mozart classical music therapy and dhikr, administered as scheduled therapeutic activities for three days (January 19–21, 2026). Evaluation was performed using an observation sheet for signs and symptoms of violent behavior risk and measurement of vital signs before and after the intervention. **Result:** After the implementation of the intervention, both clients demonstrated a reduction in signs and symptoms of violent behavior risk. Mrs. C's total score decreased from 31 (high risk) to 12 (stable). Mr. R's total score decreased from 29 (high risk) to 12 (stable). Both clients showed an improved ability to recognize early signs of anger, control emotions adaptively, and exhibited reduced aggressive behavior. Vital signs also showed a decreasing trend, particularly in blood pressure and pulse rate. **Conclusion:** Mozart classical music therapy and dhikri are effective as non-pharmacological nursing interventions in reducing the risk of violent

behavior among clients with mental disorders in the family setting.

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Introduction

Mental disorders are abnormalities in thought processes, emotions, and behavior that can reduce a person's quality of life (Keliat & Akemat, 2021). The World Health Organization (WHO) estimates that 350 million people worldwide suffered from mental disorders in 2019. In Indonesia, it was found that 20% of the population – or about 1 in 5 people – is at risk of developing a mental disorder (Indonesian Ministry of Health, 2021). According to the Basic Health Research (Riskesdas), the prevalence of mental disorders in Indonesia reached 6.1% of the population (Riskesdas, 2018).

One manifestation of mental disorders is the risk of violent behavior (RPK). The risk of violent behavior refers to behavior that indicates a person may harm themselves, others, or their environment – whether physically, emotionally, sexually, or verbally (Harford et al., 2018). According to Pardede & Hulu (2019), RPK is a condition in which an individual exhibits aggressive tendencies that, if left unchecked, could endanger themselves, others, or their surroundings.

RPK can be managed through both pharmacological and non-pharmacological approaches. Easily implementable non-pharmacological therapies include music therapy and dzikir (Agnecia et al., 2021). Research by Ismaya & Asti Dwi (2019) showed that classical music therapy can reduce emotions or feelings of anger in patients with a history of violent behavior. Mubarok & Budiman Aji (2024) reported a reduction in signs and symptoms of RPK from 83.3% to 33.3% after three days of classical music therapy.

Physiologically, music therapy can lower heart rate, blood pressure, and respiratory rate through activation of the parasympathetic nervous system, as well as reduce levels of stress hormones such as cortisol (Terzoni et al., 2025). Meanwhile, rhythmic dzikir can slow breathing and activate the parasympathetic nervous system, thereby reducing biological stress (Perry et al., 2024). A study by Ernawati et al. (2020) also demonstrated that Islamic spiritual therapy is effective in helping patients control violent behavior.

Based on this discussion, the author is interested in providing nursing care that incorporates music therapy and dhikr for the RPK client in Mrs. S's family, RW 05 Rawasari.

Objective

To implement ergonomic exercises as a means of lowering blood pressure in Mr. E's family, who suffer from hypertension, in the Rawasari neighborhood, Cempaka Putih subdistrict, Central Jakarta.

Method

This study employed a case study design involving two clients diagnosed with a risk of violent behavior.

Two clients diagnosed with a risk of violent behavior (RPK) living in a home setting:

1. Mrs. C: Female, 41 years old, medically diagnosed with schizophrenia and a history of epilepsy; previously hospitalized in the psychiatric ward at RSCM.

2. Mr. R: Male, 65 years old, suspected of having a chronic mental disorder without treatment, history of divorce.

Location and Time

The study was conducted in RW 05 Rawasari, Central Jakarta, from January 15–23, 2026, with the main intervention – music therapy and dzikir – taking place from January 19–21, 2026.

Interventions

1. Interventions were carried out in accordance with the RPK Implementation Strategy (IS):
2. IS 1: Physical exercise 1 (deep breathing)
3. IS 2: Physical exercise 2 (hitting a pillow or bolster)
4. IS 3–4: Mozart classical music therapy (15 minutes) + dhikr (33x istighfar, 33x takbir, 33x tasbih, 33x hauqalah)
5. IS 5: Education on medication adherence

Evaluation Instruments

1. Observation sheet for RPK signs and symptoms (scale 0–4)
2. Pre- and post-intervention vital sign measurements
3. Subjective and objective evaluation using the SOAP approach

Data Analysis

Data were analyzed descriptively by comparing RPK sign and symptom scores before and after the intervention.

Results

Client Characteristics

TABLE 1. Characteristics of the Two Clients at Risk for Violent Behavior

Characteristics	Case I (Mrs. C)	Case II (Mr. R)
Age	41 years old	65 years old
Gender	Female	Male
Highest level of education	High school graduate	Elementary school education
Marital status	Married	Divorced
Occupation	Unemployed	Scavenger
Medical diagnosis	Schizophrenia + epilepsy	Not assessed
Medical history	Attends routine follow-up appointments, adheres to medication regimen	Has never sought medical treatment
Violent behavior	Verbally aggressive (yelling, ranting), history of physical assault	Prone to anger, outbursts, incontinence, and using coarse language

Preliminary Assessment Findings

Based on the assessment findings, both clients exhibited significant signs and symptoms of RPK. Mrs. C was found to have predisposing factors, including a history of epilepsy, head trauma, experiences of bullying, and the tragic loss of her father. Mr. R had a history of divorce, role loss, and a family history of mental disorders (Yosep & Sutini, 2016). Both clients used maladaptive coping mechanisms such as heavy smoking, withdrawal, and venting their emotions through harsh words.

Results of Subjective and Objective Evaluations

Subjectively, both clients reported feeling calmer, more relaxed, and better able to control their emotions after listening to Mozart's music and performing dhikr. The clients stated that dhikr helped calm their hearts and minds (Muvid, 2018).

Objectively, both clients demonstrated:

1. A decrease in speaking tone (no longer loud or high-pitched)
2. More relaxed facial expressions
3. No display of aggressive behavior
4. The ability to independently practice the therapeutic techniques again
5. Willingness to incorporate therapy into their daily schedules

These results align with the study by Karimah & Budiman (2023), which reported a decrease in RPK symptom scores from 58% to 17% (objective) and from 83% to 17% (subjective) following Mozart classical music therapy. Research by Sasongko & Hidayati (2020) also demonstrated that music therapy and dzikir lower the anger threshold while promoting calmness and enhancing positive thinking.

Discussion

Assessment

The assessment of both clients revealed that predisposing and precipitating factors play a significant role in the onset of RPK. For Mrs. C, psychological factors (the trauma of losing her father, marital failure, and being bullied) and biological factors (a history of epilepsy) were the primary triggers. For Mr. R, social factors (divorce, loss of role) and family history were dominant. These findings align with Yosep & Sutini's (2016) theory regarding the causal factors of RPK.

Nursing Diagnosis

The primary diagnosis for both clients is RPK related to an inability to control emotions and ineffective individual coping. For Mrs. C, the supporting diagnosis is low self-esteem and self-ideal disturbance. For Mr. R, the supporting diagnosis is low self-esteem and self-care deficit. This aligns with the concept proposed by Azizah et al. (2016) regarding the problem tree of RPK.

Interventions and Implementation

The implementation of Mozart's classical music therapy and dzikir for three consecutive days yielded positive results. Mozart's classical music was selected because it features rhythms, melodies, and high frequencies that can stimulate alpha waves (8–13 hertz), which are characterized by calmness and mindfulness (Sartika et al., 2025). Dhikr was performed using the phrases of istighfar, tasbih, takbir, and hauqalah, which are known for their ability to bring peace of mind and erase sins (Kurniasih, 2021; Sitoresmi, 2022).

The results of this study are consistent with those of Purwandari et al. (2023), who stated that Mozart classical music therapy can lower RPK levels, as well as with Wulandari & Sundari (2025), who demonstrated that three days of dzikir therapy can reduce aggressive behavior and stabilize the emotions of patients with schizophrenia.

Evaluation

After five sessions (with three focusing on music therapy and dzikir), both clients showed a decrease in RPK scores from the high-risk category to the stable category.

The decrease in blood pressure before and after the intervention indicates a physiological relaxation effect. Both clients were able to identify signs of anger, control their emotions through deep breathing, hitting soft objects, music therapy, and dzikir, and incorporate all these strategies into their daily schedules.

In the case of Mr. R, although there was a reduction, the change was not as significant as that of Mrs. C, likely due to his advanced age and the fact that he had never received treatment before.

Conclusion

1. The assessment of Mrs. C and Mr. R identified risk factors for violent behavior, including a history of trauma, relationship breakdowns, divorce, and maladaptive coping.
2. The primary nursing diagnosis for both clients is Risk of Violent Behavior, with supporting diagnoses of low self-esteem for both clients, as well as a distorted self-image (Mrs. C) and self-care deficit (Mr. R).
3. Interventions were organized into five Implementation Strategies (IS), with a focus on Mozart classical music therapy and dzikir in IS 3 and 4.
4. Implementation took place over five days, with core interventions on days 3 through 5: listening to Mozart's music for 15 minutes + reciting dzikir 33 times per phrase.
5. The evaluation showed a decrease in Mrs. C's RPK score from 31 (high risk) to 12 (stable), and Mr. R's from 29 (high risk) to 12 (stable). Both clients were able to adaptively control their anger.
6. Mozart classical music therapy and dzikir are effective in reducing signs and symptoms of violent behavior risk in clients with mental disorders within a family setting.

Implications for Clients

The application of music therapy and dzikir has positive implications: improved ability to adaptively control anger, a sense of psychological calm and relaxation, independence in using non-pharmacological therapies, and spiritual strengthening in accordance with Islamic and Muhammadiyah values (QS. Ar-Ra'd: 28; Rahmadi Wibowo Suwarno & Qaem Aulassyahied, 2021).

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