



## **APPLICATION OF WUDHU THERAPY IN COTROLLING EMOTIONS FOR PATIENT WITH VIOLENT BEHAVIOR: A CASE REPORT**

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### **ABSTRACT**

To control emotions in patients with violent behavior, spiritual application in the form of wudhu therapy can be carried out, because wudhu therapy is a therapy that is easy to apply according to the patient's culture and religion but has not been widely applied in mental hospitals. The purpose of this study was to determine the effect of wudhu therapy on emotional control in patients who experience violent behavior problems. The method used was case report with the study sample being one patient with violent behavior at Mental Hospital X. The data collection process was carried out by interviewing, observing, and comparing the patient's medical record data. The results showed before being given the intervention, 9 (64.2%) signs and symptoms of violent behavior appeared and after being given the intervention this decreased to 1 (7.1%). Wudhu therapy nursing intervention can be provided because it is effective in controlling emotions in patients with violent behavior.

Keywords: emotion control; violent behavior; wudhu therapy

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### **INTRODUCTION**

Violent behavior refers to situations where a person commits actions that have the potential to cause physical harm to themselves, others, or the environment. This is a reaction to fear and unmet needs and is considered a threat and is accompanied by uncontrolled emotions (Wardhani et al., 2020). Emotions are every complex feeling and reaction that shows something physically or mentally. When emotions control a person, the ability to think logically tends to be reduced or even lost (Maharani, 2020). With a process like that, people will behave outside the limits of their awareness, which is uncontrollable. Things like this can trigger violent acts due to uncontrolled emotions. Uncontrolled emotions are one of the signs and symptoms of violent behavior (Musleha et al., 2022).

A form of emotional management is controlling emotions in a stable manner because emotional control is related to the individual's ability to adapt psychologically, namely that the individual is able to determine, acknowledge, and be able to manage it well (Fauzi & Sari, 2018). Emotions can lead to bad behavior by creating an angry attitude and from this attitude regret will emerge after the emotion subsides. When emotional, a person will feel less balanced in their thinking patterns and their ability to think realistically will decrease so that the individual will have difficulty controlling their emotions (Maharani, 2020). Habits that are difficult to control emotions can generally have an impact on mental health. One type of

mental disorder that is often found is schizophrenia (Musleha et al., 2022). Patients with violent behavior with uncontrolled emotions can occur in schizophrenia patients. Schizophrenia is a mental disorder characterized by disorder in thinking patterns, perception processes, affection and social behavior (Gaebel & Zielasek, 2015). Basic Health Research (Riskesdas) in 2018 indicated that the prevalence of schizophrenia in Indonesia was 7.1 per 1000 population. This data has increased from 2013, which was initially only 1.7 per 1000 population.

Treatment of patients with violent behavior can be carried out using pharmacological and non-pharmacological strategies (Irma & Dwi, 2019). There are various types of routine interventions that have been implemented at Mental Hospital X. Starting from group activities therapy (TAK), listening to folklores, gymnastics, leisurely walks, and spiritual therapy. The spiritual therapy applied includes listening to lectures from ustadz who visits patients, praying together, praying in congregation, and listening to the prophet's blessings. Before performing congregational prayers, patients are usually advised to perform wudhu first individually. In fact, if wudhu therapy is taught correctly and seen from its benefits, it can be used as a spiritual therapy intervention option for patients with violent behavior problems. Apart from being easy to implement, this wudhu therapy only uses water as a medium, but this wudhu therapy has not been implemented at X Mental Hospital.

Wudhu helps clear the mind, calms the mind, reduces stress, worry and anger, and stimulates the nervous system to increase effectiveness (Muslimah, 2014). The benefits of wudhu related to a person's physical and mental health include maintaining personal hygiene (Syahminan et al., 2022). During wudhu, the mind which was previously restless and unstable becomes calm, allowing a person to think calmly and clearly (Muslimah, 2014). Wudhu directly stimulates the nervous system and increases its effectiveness. This stimulation has a positive impact on the performance of the brain's central nervous system. This makes a person feel fresh after performing wudhu and can reduce mental tension, stress, worry, uncontrolled emotions and other mental illnesses (Oktaryanto et al., 2019). The application of wudhu therapy can be carried out routinely for at least three consecutive days by observing changes in signs and symptoms of violent behavior. This is in line with Musleha's (2022) research and Rakhmawati's (2023) research which applied wudhu therapy for three consecutive days on patients with violent behavior. It was seen that from the first to the third day after the application of wudhu therapy, there were significant changes in the signs and symptoms of violent behavior.

At Mental Hospital X, this patient is one of the youngest patients compared to other patients and is included in the teenage category, but is already experiencing mental disorders at an age that should be a meaningful period for his life. This patient experiences uncontrolled emotions, often has tantrums, is irritable, speaks harshly and is indecent. This patient is a patient who has the worst condition compared to other patients because he was forced to have restraints on both hands and legs because his behavior was at risk of endangering himself, others and the environment. The patient's condition showed problems with violent behavior and the uniqueness of the patient made researcher interested in using it as a case in this study. In dealing with violent behavior in these patients, spiritual application in the form of wudhu therapy can be carried out, because wudhu therapy is a therapy that is easy to apply according to the patient's culture and religion but has not been implemented at X Mental Hospital so researchers want to see how it affects the patient. Based on this statement, the aim of this research is to determine the effect of wudhu therapy on emotional control in patients who experience violent behavior problems.

## **METHOD**

This research used a case report approach (nursing case report) which was carried out at X Mental Hospital from 23 May to 03 June 2023. The subject in the application was one patient (An.A aged 15 years) with the criteria of the patient being willing to be a respondent, the patient with the main problem is violent behavior, the patient is cooperative in following the implementation, the patient is Muslim, the patient has no disabilities in speaking and hearing.

The data collection techniques used were interviews and observation using 5 stages, namely assessment, diagnosis, intervention, implementation and evaluation. The interview was carried out in the form of a 3-day assessment of the patient by asking about the signs and symptoms the client had previously felt, the impact of his actions, and carrying out a physical examination on the patient. Then, we continue observing the patient to see the patient's daily life in the room, the patient's attitude towards the surroundings, and symptoms that indicate violent behavior. The data obtained from the results of the patient's assessment are then validated with the nurse and the patient's medical records to determine a nursing diagnosis which becomes a reference in determining nursing interventions and nursing evaluations for patients, namely patients with violent behavior.

The application of wudhu therapy is carried out for three consecutive days by observing changes in signs and symptoms of violent behavior. This research instrument uses the wudhu SOP and an observation sheet containing 14 signs and symptoms of violent behavior which are marked with a check mark (✓) if found and (left blank) if not found. Data analysis in this scientific paper was carried out by looking at changes in signs and symptoms before (pre) and after (post) wudhu therapy. The results obtained will be documented to be presented and then discussed about the percentage results before and after wudhu therapy to obtain a comparison.

In this case report, the researcher carried out a harmless action, there was approval before the action, this research is anonymous, only initial will be used and is confidential, information provided by the patient will not be shared. The data obtained was then analyzed by looking at the signs and symptoms before therapy was carried out, then compared with the signs and symptoms after therapy was given for 3 days (starting from the first day to the third day). The results obtained are then analyzed and listed in a table to make it easier to see the comparison (Table 1).

## **RESULTS**

Based on the research results, it is known that patient An. A was admitted to a mental hospital because  $\pm$  2 weeks previously the patient often talked and laughed to himself, spoke incoherently, was irritable, had tantrums and was verbally abusive. The patient is the youngest of seven children who lives with his parents. The patient was taken by his older sister to a mental hospital because there was no improvement after several days of changes in the patient's attitude. The family said his condition was getting worse and decided to take him to a mental hospital for his recovery. According to medical records, the patient had never had a previous history of mental disorders and the patient said he had not experienced the same thing in the past, and no family members had experienced similar problems.

During the initial assessment the patient's general condition looked confused, spoke harshly and dirtyly such as discussing sensitive matters, fought/acted hostile, the patient was restrained, and the patient often gave obscene hand symbols. For  $\pm$  1 week the patient could not be communicated with because his words were still not connected, but after undergoing Electroconvulsive Therapy (ECT) twice, the patient finally began to be able to communicate

and the restraint placed on the patient was removed. The patient said that his daily lifestyle was often smoking, using illegal drugs, and consuming alcohol. The patient said that the cause of the change in his character that led him to be treated was due to the impact of consuming illegal drugs or narcotics. The patient said that his life was very wild and realized that he was in the wrong company and there were several friends who asked him to do negative things. The patient also said that he had an unpleasant past, namely that his ex-girlfriend was stolen by his close friend, so he felt emotional when he saw his friend. The patient said that his emotions were unstable and if someone bothered him or annoyed him, the patient often felt like hitting that person.

The medical diagnosis recorded in the patient's medical record is residual schizophrenia. Residual schizophrenia is a chronic state of schizophrenia with a history of at least one clear psychotic episode and symptoms progressing towards more prominent negative symptoms. Examination of the patient's vital signs was within normal limits with blood pressure 120/80 mmHg, pulse 80x/minute, breathing 20x/minute, temperature 36.4°C, and oxygen saturation 98%. The drugs consumed by the patient were lorazepam 5 mg (oral), lodomer 5 mg (IM), and frimania 200 mg (oral).

The patient's affect is unstable (the patient's expression changes). When communicating, the patient occasionally appears to be smiling broadly, but a few moments later the patient returns to screaming, getting angry, and speaking rudely and dirty. Interaction during the interview, the patient is often uncooperative and maintains eye contact during the assessment with sharp eyes, every time the patient is asked, he always answers by saying rude words and occasionally speaking dirty words such as discussing sensitive matters, the patient only wants to eat and finishes his portion of food when helped by a woman, the patient likes to bite the spoon when eating, likes to bite the glass when drinking and spits out the drinking water given, and the patient likes to vomit back the oral medication he is taking.

Based on the results of the study above, it was found that the nursing diagnosis that emerged was violent behavior. As for dealing with violent behavior experienced by patients, the author creates a nursing care plan with generalist therapy which includes SP 1: building a relationship of mutual trust, conducting discussions about the causes, detrimental behavior when angry, the consequences of the behavior, and how to control violent behavior with deep breathing exercises. to patients, SP 2: train patients to control violent behavior by physical means, namely hitting the mattress or pillow, SP 3: control violent behavior socially or verbally by behaving politely and assertively, SP 4: controlling violent behavior spiritually by applying wudhu therapy to controlling the patient's emotions, and SP 5: telling the patient to take medication regularly.

The intervention that patients most often apply starting from SP 1 – SP 5 is spiritual therapy in the form of wudhu therapy and this wudhu therapy has not been implemented in the X Mental Hospital room. This intervention is applied for three consecutive days by observing changes in signs and symptoms of violent behavior what happens to patients. The patient said that when he performed wudhu he felt refreshed and felt that his emotions were more stable, so if he was emotional about one of his friends, he would apply this wudhu therapy.

According to Pardede (2020), there are 14 signs and symptoms of violent behavior. Signs and symptoms of violent behavior include threatening, cursing with harsh words, loud voices, speaking curtly, attacking others, injuring yourself or others, destroying the environment, aggressive/raging behavior, glaring, sharp gazes, clenched hands, clenched jaws. , flushed

face, and stiff body posture. Of the 14 signs and symptoms, the author examined the changes over three consecutive days. The author made observations on An. A by looking at changes in signs and symptoms before and after the implementation of wudhu therapy. Based on this, there are quite significant changes and are presented in the table 1.

Table 1.  
Signs and Symptoms of Violent Behavior

No	Signs & Symptoms	Patient Response			
		Pre	Post		
		Day 0	Day 1	Day 2	Day 3
1	Threaten	-	-	-	-
2	Swearing with harsh words	√	√	√	-
3	Loud noise	√	√	√	√
4	Speak harshly	√	-	-	-
5	Attacking others	√	-	-	-
6	Hurt yourself or others	-	-	-	-
7	Damaging the environment	√	-	-	-
8	Aggressive/raging behavior	√	√	√	-
9	Glaring	√	√	-	-
10	Sharp gaze	√	√	-	-
11	Hands clenched	√	√	-	-
12	Jaw clenched	-	-	-	-
13	Face flushed	-	-	-	-
14	Stiff body posture	-	-	-	-
	Score	9	6	3	1

From the table 1, it can be seen that before performing wudhu therapy, An.A had 9 signs and symptoms with a percentage of 64.2%. The first day of implementing wudhu therapy on An.A, the signs and symptoms decreased to 6 with 42.8%. On the second day after the wudhu therapy, the signs and symptoms decreased again to 3 signs and symptoms or the equivalent of 21.4%, and on the third day, there was still 1 sign and symptom or the equivalent of 7.1%.

## DISCUSSION

Based on the assessment carried out on the patient, there are several signs and symptoms that lead to a nursing diagnosis of violent behavior. Violent behavior is a form of behavior that is intended to hurt someone physically or psychologically and can be directed verbally at oneself, other people, or the environment (Muhith, 2015). One of the interventions given to An. A way to control emotions is spiritual application in the form of wudhu therapy.

After undergoing wudhu therapy for three consecutive days, the evaluation results showed that the client began to be able to control his anger, the client's subjective data reaction felt calmer, and his feelings of anger subsided, and showed that the client began to accept the method taught. The client said he still gets angry if someone bothers him, but he is starting to be able to control it, the patient socializes well, and the client's objective data appears calmer. The patient's assessment is that the problem of violent behavior has been partially resolved. The action plan is to add wudhu therapy as one of the intervention options in the X Mental Hospital room with patients with violent behavior. The score for signs and symptoms of violent behavior was 64.2% before implementing wudhu therapy and after three days of implementing wudhu therapy it decreased to 7.1%.

This is in accordance with Musleha's research (2022), namely the results of the study showed signs and symptoms before administering wudhu therapy, amounting to 35.7% in Subject I and 42.8% in Subject II. The level of signs and symptoms after being given wudhu therapy to

subject I on the first day was 21.4%, on the second day 14.2%, and on the third day 7.1%. Meanwhile for subject II on the first day it was 35.7%, on the second day it was 21.4% and on the third day it was 14.2%. The results of the application showed that both subjects experienced a decrease in signs and symptoms for three consecutive days after the wudhu spiritual therapy was applied.

Other research conducted by Rahmawati (2023), showed that wudhu therapy had an effect on reducing signs and symptoms of the risk of violent behavior in mental patients in the Arjuna ward at RSJD Dr. Arif Zainuddin Surakarta. The results obtained before the wudhu therapy intervention was given appeared 9 (37.5%) with signs and symptoms of the risk of violent behavior assessed, namely glaring eyes, pacing, harsh speech, high voice, loud voice, cursing, blaming/demanding, feeling disturbed, and irritated. After being given the wudhu therapy intervention, signs and symptoms of the risk of violent behavior decreased to 4 (16.6%), namely blaming, loud voices, cursing, and pacing. Other research conducted by Oktaryanto et al., (2019) shows that ablution therapy has an effect on emotional stability in clients of the Ar Rahman Palembang Drug Rehabilitation Center so that it can be stated that the hypothesis proposed is proven. This is because wudu uses water as a medium which is cooling for the body and water is easy to find in everyday life. Based on research supported by research journals, it was found that nurses can use it in acts of violence, and wudhu therapy is an effective aid to overcome violent behavior. Patient preparation and a calm environment must be prepared to support the implementation of wudhu therapy.

A limitation in this research is that the observation sheet containing signs and symptoms of violent behavior was only studied when the researcher was in the room so it was not studied for a full day. As long as the researcher does not assess, there is a possibility that the patient will show signs and symptoms of violent behavior that the researcher did not see before, so that these may not be recorded during the implementation. In order to avoid this bias, it would be best for future research to examine patients with violent behavior for 24 hours and collaborate with nurses and other workers during the research and, if necessary, provide observation sheets for the research being studied. Another limitation is that there is a possibility that changes in signs and symptoms of violent behavior experienced by patients are not entirely due to the implementation of wudhu therapy. These changes in signs and symptoms also occur due to assistance from drug therapy and other therapies (such as ECT) which can speed up the patient's healing process.

## **CONCLUSION**

From the study carried out, it can be concluded that wudhu therapy has an effect on reducing emotions in patients with violent behavior problems at Hospital The results obtained before the wudhu therapy intervention were given showed that 9 (64.2%) signs and symptoms of violent behavior were assessed, namely cursing with harsh words, loud voices, cursing speech, attacking other people, destroying the environment, aggressive/raging behavior, bulging eyes, staring. sharp, and hands clench into fists when emotional. After being given wudhu therapy intervention for three consecutive days, the signs and symptoms of violent behavior decreased to 1 (7.1%), namely the voice was still loud.

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