

The Effectiveness of Quran Murottal Therapy in Reducing the Risk of Violent Behavior in Schizophrenia Patients at Panti Gramesia Cirebon

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ABSTRACT

Schizophrenia is a chronic mental disorder that causes disturbances in thoughts, emotions, and behavior. According to WHO (2022), there are 24 million people with schizophrenia worldwide, with a prevalence in Indonesia of 1.8 per 1,000 population. At Panti Gramesia Cirebon, 24 patients were recorded to have a risk of violent behavior. To provide a real-life overview of nursing care for Mr. H, a schizophrenia patient with the nursing problem of risk of violent behavior. This study employed a case study design, with data collection through observation, interviews, and documentation. The subject was one patient at risk of violent behavior. Implementation was conducted for three days and showed improvement. Initially, the patient demonstrated strong violent impulses, such as making threats or self-harm. After interventions, the patient showed a significant reduction in violent urges, with better emotional control and reduced aggressive behavior. The combination of pharmacological therapy and non-pharmacological therapy (Quran Murottal Therapy) was effective in managing violent behavior. Collaboration between pharmacotherapy, nursing implementation strategies, and Quran Murottal Therapy proved effective in reducing aggression and symptoms of violent behavior risk.

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1. INTRODUCTION

Schizophrenia is one of the most common severe mental disorders, characterized by disharmony in thought processes, emotions, and behavior. It is classified as functional psychosis, recurring over time, and often presents with violent behavior [1]. Violent behavior refers to actions that endanger oneself, others, or the environment, usually triggered by extreme

emotional responses such as unmanaged anger or fear [2].

Individuals with violent behavior often display threatening attitudes, restlessness, pacing, loud voices, tense expressions, aggressive postures, or excessive excitement. Their problem-solving skills decline, and they may show disorientation of time, place, and people, accompanied by anxiety [3].

Globally, WHO (2020) reported approximately 379 million people with

mental disorders, 20 million of whom had schizophrenia. By 2021, the number reached 24 million worldwide. In Indonesia, schizophrenia cases rise 1–2% annually. Based on the 2018 Basic Health Research (Riskesdas), West Java had 22,489 schizophrenia patients, with Cirebon Regency contributing 1,022 cases ($\approx 4.5\%$). A preliminary study at Panti Gramesia Cirebon found 836 schizophrenia patients between 2020–2022, with 233 cases (28%) as the largest contributor. By 2025, 24 patients were recorded, 11 of whom had schizophrenia.

These findings indicate that schizophrenia remains a major mental health issue in Indonesia, especially in Cirebon. Uncontrolled violent behavior worsens patient conditions and increases injury risk to self, others, and the environment.

Treatment approaches include pharmacological (e.g., Risperidone, Olanzapine) and non-pharmacological therapies such as Group Activity Therapy (TAK), Electroconvulsive Therapy (ECT), psychotherapy, and Quran Murottal Therapy [4]. Previous studies [5] showed Quran Murottal Therapy significantly reduced aggression (Wilcoxon Signed Rank Test, $Z =$

4.123, $p < 0.01$), increasing tranquility and emotional control.

2. METHODS

This scientific paper used a case study design with two cooperative patients meeting the following criteria: Muslim, without hearing impairments, and willing to participate. The study was conducted at Panti Gramesia Cirebon from April 11–13, 2023.

Data collection methods: interviews and observation using five stages of nursing care—assessment, diagnosis, intervention, implementation, and evaluation.

Instruments: A checklist of nine symptoms of violent behavior adapted from [6]. Symptoms were marked (\checkmark) if present and (0) if absent.

Data analysis: Comparison of pre- and post-intervention using Quran Murottal Therapy (Surah Ar-Rahman). Results were presented in percentage form with the formula:

$$\text{Score} = (\text{Total Points} / \text{Number of Items}) \times 100\%$$

3. RESULTS AND DISCUSSION

Table 1. Subject Profile

Data	Information
Nama	Mr. H
Age	19 Years
Gender	Male
Religion	Islam
Occupation	Unemployed
Last Education	Single
Marital Status	None
Family History of Mental Illness	None
Reason for Admission	The patient was admitted due to anger outbursts, hitting a cupboard, and taking family jewelry. According to family statements, the patient was an outstanding student but felt like a failure after not being accepted into the Faculty of Medicine at UNNES due to insufficient grades. According to the statement from the attending nurse, the patient was brought to the facility due to episodes of agitation and anger outbursts.
Data obtained	The patient reported hitting a cupboard and taking family jewelry, which was then pawned to buy a mobile phone. His facial expression appeared tense, and his gaze was sharp.
Predisposing factor	After graduating from high school in 2023, the patient took the SNBT entrance exam for the Faculty of Medicine at UNNES but did not achieve the required score, which led to frustration.

Data	Information
Precipitating factor	The patient became angry with himself because he perceived himself as a failure and useless
Physical examination	BP: 90/80 mmHg, HR: 80 bpm, Temp: 36.5°C, RR: 21/min.

Table 2. Signs and Symptoms of Violent Behavior Before and After Quran Murottal Therapy (Surah Ar-Rahman):

No	Sign & Symtoms of Risk of Violent Behavior	Before	After
1	Threatening	-	-
2	Swearing / using harsh words	-	-
3	Expression of wanting to hit/hurt	V	V
4	Flushed and tense face	V	V
5	Intense gaze	V	-
6	Clenching jaw tightly	v	V
7	Clenching fists	v	V
8	Speaking harshly	v	V
10	Loud voice, screaming, or shouting	-	-
Total		6	5
Percentage		67%	65%

Based on the table above, it was found that before the implementation of Quran Murottal Therapy, the subject (Mr. H) exhibited 6 signs and symptoms (67%) of risk of violent behavior. After the implementation of Quran Murottal Therapy, there was a decrease, with 5 signs and symptoms (56%) of risk of violent behavior observed.

4. CONCLUSION

Quran Murottal Therapy is effective in reducing the risk of violent behavior in schizophrenia patients. It helps calm emotions, enhance spirituality, and accelerate recovery.

Recommendations: Quran Murottal Therapy should be implemented as a routine nursing intervention in mental health facilities.

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