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PSYCHORELIGIOUS EXPERIENCES IN CONTROLLING EMOTIONS AMONG PATIENTS WITH VIOLENT BEHAVIOR

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ABSTRACT

Implementation strategies (SP) are carried out as a means of evaluation, in other words strategies used to carry out self-introspection in order to demand that oneself achieve better goals and results and minimize the possibility of deficiencies or failures.. The research aims to determine psychoreligious experiences in controlling emotions in patients at risk of violent behavior. The research used was descriptive qualitative, with data analysis using the Colaizzi method, with five participants. The inclusion criteria for participants were inpatients with a nursing diagnosis of risk of violent behavior and cooperative patients. This research was conducted at RSJD Dr. Amino Gondohutomo, Central Java Province. The results of interviews related to psychoreligious experiences in controlling emotions in patients at risk of violent behavior, all participants admitted that psychoreligious practices: prayer, dhikr and supplication were able to reduce emotions. Participants stated that they felt calmer when they were close to their God. These psychoreligious activities can be applied into daily activities for patients especially with violent behavior, this method can also be applied in daily life to feel calmer and able to live life well again.

ABSTRAK

Strategi pelaksanaan (SP) dilakukan untuk sebagai sarana evaluasi, dengan kata lain strategi yang digunakan untuk melakukan introspeksi diri guna untuk menuntut diri mencapai tujuan dan hasil yang lebih baik serta meminimalisir kemungkinan terjadinya kekurangan ataupun kegagalan. Penelitian bertujian untuk mengetahui pengalamanan psikoreligius untuk mengontrol emosi pada pasien resiko perilaku kekerasan. Penelitian yang digunakan adalah kualitatif diskriptif, dengan analisa data metoda Colaizzi, sebanyak lima partisipan. Adapun kriteria inklusi partisipan adalah pasien rawat inap dengan diagnosis keperawatan resiko perilaku kekerasan dan pasien kooperatif. Penelitian ini dilakukan di RSJD Dr. Amino Gondohutomo Provinsi Jawa Tengah. Hasil wawancara terkait pengalaman psikoreligius untuk mengontrol emosi pada pasien resiko perilaku kekerasan semua partisipan mengaku bahwa psikoreligius: sholat, dzikir dan berdoa mampu menurunkan emosi. Partisipan menyatakan bahwa perasaannya lebih tenang ketika dekat dengan Tuhannya. Kegiatan psikoreligius ini dapat diterapkan dalam aktivitas sehari-hari bagi pasien khususnya dengan perilaku kekerasan, cara ini juga dapat diterapkan dalam kehidupan sehari-hari agar merasa lebih tenang dan mampu menjalani hidup dengan baik kembali.

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INTRODUCTION

Mentally healthy individuals can develop physically, mentally, spiritually, and socially so as to be aware of their own abilities, can deal with stress, can work productively, and are able to contribute to the community. People with psychiatric problems that tend to have physical, mental, social, and developmental problems, or quality of life so problem they are at risk of developing mental disorders. People with mental disorders experience disturbances in thoughts, behaviours, and feelings that are manifested in the form of a set of symptoms and meaningful behavioral changes, and can cause suffering and obstacles in carrying out functions as humans (Odilia Esem, 2019).

Mental health is very crucial around the world, including that in Indonesia, around 21 million people experience a mental health problem of schizophrenia. Basic Health Research in 2018 explained

that there was an increase in the proportion of people with mental disorders, which is very significant when compared to basic health research in 2013, rising from 1.7% to 7%. The prevalence of data (per mile) of households with members suffering from schizophrenic/psychotic mental disorders in the Central Java Province shows an increase in sufferers with schizophrenic mental disorders (8.7%). The increase in mental health disorders in the community is a challenge for health workers, especially nurses (Keliat et al., 2007).

Someone with schizophrenia has difficulties in distinguishing reality from the contents of their own thinking. Schizophrenic patients have distinctive signs such as hallucinations, delusions, chaos of thought processes and behavioral disorders called positive symptoms, while negative symptoms that arise include decreased sociability. The main problem that often occurs in patients with schizophrenia is violent behavior that is manifested in behaving aggressively and raging. This condition must be dealt with immediately because the violent behavior that occurs can endanger the patients themselves, others, and the environment (Odilia Esem, 2019).

According to the data by WHO (2016), there are about 35 million people affected by depression, 60 million people affected by bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia. In Indonesia, the number of cases of mental disorders continues to grow, which has an impact on increasing the burden of the country and decreasing human productivity in the long run. Riskesdas (2018) data shows the prevalence of mental emotional disorders with symptoms of depression and anxiety for people aged 15 years old and older reaching around 6.1% of the population of Indonesia. While the prevalence of severe mental disorders, such as schizophrenia, reaches around 400,000 people or as much as 1.7 per 1,000 population (Saseno & Kriswoyo, 2018).

The National Alliance of Mental Illness (NAMI), based on the results of the 2013 US population census, has estimated that 61.5 million people over the age of 18 experience mental disorders and 13.6 million of whom experience severe mental disorders such as schizophrenia and bipolar disorder. The number of people with mental disorders from year to year has increased. This condition is not much different from mental health problems that exist in developing countries. One third of people who experience mental disorders live in developing countries and as many as 8 out of 10 people with mental disorders do not get treatment. Based on the data obtained from Basic Health Research (2013), the prevalence of severe mental disorders in the Indonesian population is 1.7 per mile. The most severe mental disorders are in Aceh, Yogyakarta Special Region (DIY), South Sulawesi, Bali, and Central Java. The highest prevalence of emotional mental disorders is South Sulawesi, West Java, and East Nusa Tenggara (Saseno & Kriswoyo, 2018).

The data recorded in the Central Java Provincial Health Office (Dinkes) shows that one in four people or 25% of Central Java residents experience mild mental disorders, whereas the category of severe mental disorders is on the average of 1.7 per mile or approximately 12 thousand people. This was revealed by the Director of Regional Mental Hospital of Dr Amino Gondohutomo, Central Java, dr. Sri Widyati, Sp.PK, M.Kes. during a dialogue with Central Java Governor, Ganjar Pranowo, at Regional Mental Hospital of Dr Amino Gondohutomo, Central Java. The data recorded on the Medical Record Installation, Dr Amino Gondohutomo Regional Psychiatric Hospital in 2016 shows that there were 2,894 patients with a diagnosis of depression, which were divided into 254 inpatients and 2,595 outpatients. In 2017, there were 3,135 patients with a diagnosis of depression, with 246 inpatients and 2,889 outpatients. Patients diagnosed with depression have the possibility of experiencing delusions, hallucinations, social isolation, low self-esteem, lack of self-care, risk of suicide, and violent behavior. These conditions require a difference in the treatment of nursing care, so that the therapeutic actions taken cannot be equated. Holistic nursing care which covers all aspects ranging from biopsychosocial and spiritual is very necessary in overcoming the effects that arise and the low quality of life that occurs in patients.

Risk of violent behavior is aggressive behavior with anger and one of the impetus to take actions in a destructive form that is still controlled (Moua, S., Vang, 2016). Risk of violent behavior is a feeling or emotion that arises as a reaction to increased anxiety and is felt as a threat (Riskesdas, 2018). Symptoms of anxiety, both acute and chronic are the main components for all psychiatric disorders. Some of the components of anxiety manifest in the form of panic disorders, phobias, obsessional compulsions, and so on (Iyus, 2009). Management of anxiety in the prevention and therapy stage require

a holistic approach, which includes physical, psychological or psychiatric, psychosocial, and psychoreligious psychology (Hamid, 2008).

One individual therapy that is useful for controlling the risk of violent behavior is through a religious/spiritual strategic approach. The spiritual dimension seeks to maintain harmony with the outside world, struggle to answer or gain strength when facing emotional stress, physical pain or death. This spirituality is based on a belief in its relationship with the Almighty and the Creator (Hawari, 2013). These spiritual beliefs can affect the level of mental health and behavior in patients. Spiritual needs are met if someone is able to develop gratitude, patience, and sincerity (Iyus, 2014).

Spirituality in schizophrenic patients can influence increased social integrity and decrease suicide risks. Research shows that religious coping can influence stress management and help in the healing process of disease (Hamid, 2008). Research shows that spirituality has a relationship in improving welfare. Spirituality has an important role in schizophrenic patients in helping them in healing and increasing life expectancy (Yusuf, 2016). In a study of 115 patients with schizophrenia, 45% thought that religion was an important element in their lives and could have a positive effect (Mohr et al., 2010).

Religious therapy in cases of mental disorders has turned out to bring benefits to mental patients. Schizophrenic conditions that follow religious activities are lower when compared to those who do not know it. Fanada research journal results in 2012 shows that by praying regularly accompanied by feelings of sincerity and not forced by someone else would have a good immune response and is likely to avoid infectious diseases, cancer, and mental illness. Medically, such prayers lead a person to have good endurance (Sari, SP & Wijayanti, 2014). Religious commitment is very important in the prevention of all events that violate the rules, norms, and values of life in society, so that someone does not fall ill while increasing one's ability to cope with suffering. If someone is sick, to speed up healing other than medical therapy, the dominant alternative is to use religious therapy (Moua, S., Vang, 2016).

Based on the data obtained from the diagnostic record in the Irawan Wibisono room, Regional Mental Hospital of Dr Amino Gondohutomo, Central Java, during the last 3 months January - March 2024, there were 113 patients with schizophrenic problems. The 113 patients, most of them experienced hallucinations (44.25%), 46.0% showed violent behavior, and the rest were patients with diagnoses of other disorders, such as social isolation and the risk of suicide. The patients with violent behavior in the Irawan Wibisono room showed a cooperative attitude, were aggressive and able to do spiritual activities. Based on the background of the proficiency level, the author is interested in observing psychoreligious experiences to control emotions in patients at risk of violent behaviour in the Irawan Wibisono's room.

METHOD

Method is arranged into manageable and detailed subsections. An example is given below.

Type of Research

This research was qualitative with a descriptive phenomenological approach. The sample was selected using a purpose sampling technique. The sample criteria used were patients diagnosed with violent behavior, patients with good communication. Data collection was carried out using a semi-structured in-depth interviews with open questions, allowing the participants to tell stories and provide more information.

Place and Time of Research

This research was conducted at Regional Mental Hospital of Dr Amino Gondohutomo, Central Java. Research time is January - March 2024.

Population and Sample

The number of participants in this research was 5 participants. All participants were male. In this study, the inclusion criteria used were: Patients with a nursing diagnosis of risk of violent behavior and cooperative patients with male gender. This is because men are more likely to be aggressive, irritable, and easily offended accompanied by chaos. This characteristic is caused by the influence of the testosterone hormone which occurs in the process of brain development since the baby is still in the womb.

Data Collection

The instrument in this study is an interview guide. The inclusion criteria for participants were inpatients with nursing diagnoses of risk of violent behavior but cooperative. This research has passed

the ethics committee of the STIKes Kendal ethics committee with number 002/EC/KEPK_STIKES_Kendal/I/2024.

Data Analysis and Processing

The data analysis was carried out using the Colaizzi model. In the research, a qualitative validity test has been carried out using data triangulation by checking data that has been obtained from various data sources such as interview results, archives and other documents.

RESULT

Psychoreligious experience to control emotions in patients at risk of violent behavior in this study is presented in the form of an interview report as follows.

1. What causes hospital admission?
   Tn.N : *"Aku ngamuk-ngamuk mergo ngelu mikir ekonomi, bayaranku sitik orak cukup kanggo kebutuhan bojo lan anakku"*
   "I'm furious, raging headaches because I was thinking of the economy, I made very little money not enough for the needs of my wife and kids"
   Tn.D : *"Saya marah karena saya merasa ada sesuatu yang memaksa saya untuk marah."*
   "I was angry because I felt something forcing me to be angry."
   Tn.K : *"Saya marah-marah karena saya difitnah yang tidak-tidak, saya direndahkan dan diasingkan."*
   "I was angry because I was slandered by a no-no, I was humiliated and exiled."
   Tn. J : *"Aku ngamuk gara-gara stres bojoku gak gelem neh karo aku. Aku bingung gara-gara gak kerjo."*
   "I was furious because my husband was stressed out. I was completely confused because I didn't work. "
   Tn. P : *"Aku bangkrut, dituduh pesugihan, duitku entek kabeh, aku arep diusir seko kampung."*
   "I went bankrupt, I was charged with money, I lost my money, I was going to be evicted from the village."

2. What do you do when you are angry?
   Three out of the five participants said they would damage goods or hurt themselves when they are angry.
   Tn.N : *" mbanting barang-barang mbak."*
   "Smash stuff."
   Tn.D : *" Aku njotos tembok, ngerusak warung e wong."*
   "I punch the wall, damage somebody's coffee stall."
   Tn.K : *"Aku kesel karo awakku dewe, aku njambak-njambak rambut, ngrusak barang neng kamar."*
   "I'm tired of myself. I forcefully pull off my hair and break things in my room."

   Two of the five participants said that they shout harshly and snapped loudly when angry.
   Tn.J : "*Aku bentak-bentak wong mbak, hawane kabeh arep tak amuk*."
   "I snapped other people, I rage all."
   Tn.P : " *Yaaa.. pokoke aku ngamuk, jengkel, ora seneng*."
   "Yeah .. I'm furious, I feel annoyed and unhappy."

3. How do you feel after being angry?
   Three out of the five participants said they felt sorry after being angry.
   Tn.D : " *Isin mbak rasane, nyesel*."
   "It feels embarrassing, it's something to regret."
   Tn.K : " *Nyesel mbak, awak e loro kabeh."*
   "I'm embarrassed and my body aches all over."
   Tn.J : " *Ya, saya menyesal."*
   "Yeaa, I feel sorry."

Two out of the five participants said it was normal after being angry and damaging the goods.
Tn.N : " *Alah, biasa wae mbak*."
"That's just alright. That's usual."
Tn.P : " *Plong!* "
"Relieved"

4. Do you know how to control anger?
   All the participants said they had been taught how to control anger.
   " *Sudah mbak. Saya pernah diajarkan pukul bantal, tarik nafas dalam, minum obat, sholat, ngaji, berdoa."*
   "Yes, I have already known it. I have been taught to hit a pillow, take a deep breath, take medicine, have pray, read the Qur'an, and pray."

5. What is most often done to control anger?
   Tn.P :" *Ingat gusti Allah mbak, saya wudhu, sholat, kalau gak ya istighfar*."
   "Remember Allah by heart. I take ablution, pray, or I simply seek forgiveness by heart."
   Tn.K : " *Sholawatan mbak biasanya."*
   "Supplication for God's blessings on the Prophet Muhammad, usually."
   Tn.D *:" Saya lebih seringnya dzikir mbak, lebih adem rasanya."*
   "I do *thikr* more often. It is soothing."
   Tn. N :" *Yo dicoba legowo mbak."*
   "I try to accept things whatever they are."
   Tn. J : " *Meneng wae mbak."*
   "I just try to calm down myself."

6. How do you feel after doing psychoreligious activities of making prayer, praying, and *thikr*?
   All the participants said they felt relieved and calm after doing a series of psychoreligious activities.
   Tn.N : *"Perasaanku luweh tenang mbak nek wes dzikir lan dongo. Tapi aku nek sholat kadang-kadang rasane males. Aku ki yo wes ngerti nek sholat ki wajib tapi kadang yo wegah*"
   "I feel so comfortable without being alone and feel peaceful. But I do not feel like praying sometimes. I don't know if I should pray. Sometimes I feel reluctant make prayer. "
   Tn.D : *"Lebih adem, tenang dan tentram di jiwa. Merasakan kedamaian, saat malam saya bangun sholat dan berdoa kemudian tidur lagi"*
   "I feel the tranquility. It's calm and peaceful inside. When I wake up at night and pray, it feels peaceful and then I sleep again."
   Tn.J : *"Sholat, dzikir dan berdoa mesti tak lakoni mbak. Sakwise rampung sholat aku dzikir atiku luweh tenang, ngamukku berkurang."*
   "Making pray, meditations and prayers must not be done. After the prayer, I thought my heart is at ease and my fury diminishes. "
   Tn.K : *"Hehehe.. rasane yo kepenak mbak neng ati, gawe aku maleh sadar nak ngamukku iku ora bener, aku luwih eling, sitik-sitik maleh iso nerimo omongane tonggo seng marai atiku loro."*
   "Yeah ... I feel comfortable. To me, I realize that my fury is not right. Bit by bit I can learn to accept any wrong saying of my neighbors."
   Tn.P : *" Tenang atiku mbak, anyes, rasane tentrem, damai, dadi ora pengen ngamuk."*
   "My heart feels comfortable, tranquil. It feels peaceful, so I don't want to get angry."

DISCUSSION

Four out of the five participants gave answers that the causes why they were escorted the mental hospital were the predisposing factors entrenched in the combination of social, cultural, and psychological issues. Those factors seem to have made the patients express violence at home so that the patients were taken to the mental hospitals (Abu-Raiya, H., Pargament, K. I., & Krause, 2016). The results of this study corroborate the results of (Kandar & Iswanti, 2019) research on the predisposing

factors and the precipitation of patients at risk of violent behavior which shows that the five participants were caused by psychosocial and psychological factors. This research shows a psychosposal factor which is a factor that dominates the occurrence of violent behavior (Iyus, 2014) . Unpleasant experiences with the closest people, disharmony in the environment, the existence of conflict, have driven the patients to want to always be angry and express rudeness. The results of this study meet the theory of (Yusuf, 2015), which explains that the factors that cause violent behavior include biological, psychological, and socio-cultural factors (Iyus, 2009).

The results of this study indicate that the patients with violent behavior often express negative actions such as damaging things, saying harsh things, even commit self-injury as a form of emotional and anger outlet. Since the process of getting angry, according to (Iyus, 2009), includes stress, anxiety, and anger, it actually is part of everyday life that must be faced by every individual. Stress can cause anxiety which creates unpleasant and threatened feelings, and anxiety can cause anger. The response to anger can be expressed in three ways namely, expressing verbally, pressing, and challenging as shown by the patients in this study of the three methods, the first is constuctive while the other two are destructive (Kandar & Iswanti, 2019). Running away or challenging will cause hostility, and if this method is used continuously, then anger can be expressed in oneself or the environment and will appear as psychomatic depression or aggression and raging.

According to (Kusumawati, 2010) violence is seen as an extreme result of anger or fear or panic. Aggressive behavior and violent behavior are often seen as a range where verbal aggression on one side and violent behavior on the other, which constitutes a situation that causes emotions, feelings of frustration, and hate or anger. This affects one's behavior as the patients in this study have shown. Based on the deep emotional state, sometimes the behavior becomes aggressive or hurtful because of the use of coping that is not good as indicated by the patients in this study.

The results of this study indicate that after being angry and overflowing their emotions, the patients feel satisfactied of themselves. This is the same as the exposure of psychologist, where someone is able to express all emotions, they will be happier than those who only harbor emotions and feelings inside (Iyus, 2009). Anger is something that can make someone say their feelings honestly, let go of arguments, and feel relieved and happy. Even thoug anger is often thought of to be related with violence, both are actually different. If acts of violence are accompanied with anger, they are destructive coping and negative (Kusumawati, 2010).

We can say that the activity of deep breathing and cushioning that was taught is a form of generalist therapy for patients at risk of violent behavior to control anger. The patients in Irawan Wibisono's room are taught about the implementation of strategies for every diagnosis of the disorder experienced by the patients, one of which is for those with the risk of violent behavior. The implementation of generalist therapy is done every day at 09.00-10.00 a.m. and in the afternoon at 3.00-4.p.m. while talking and as a series of Group Activity Therapy, why is it done at that time because at that time the patient can be invited to communicate. Outside of these hours there are other patient activity schedules. Based on observations, often the patients are taught to do generalist therapy which helps to speed up the recovery process of the patients. Generalist therapy that is usually taught to the patients at risk of violent behavior is to exercise emotional control with the physical activies of inhaling deeply, hitting a pillow, and move on spiritually.

The research by (Sujarwo & PH, 2019) shows that of the seven informants who were observed, five informants stated that the most effective way to control violent behavior was deep breathing (Schmid, 2019) The results show that there was a significant influence of deep breathing relaxation techniques on the emotional level of clients' violent behavior (Garvey, 2017). In addition, another research project suggests that there is an effect of providing deep breathing relaxation techniques on the patient's ability to control violent behavior in the Bratasena Room of Mental Hospital in Bali Province.

The psychoreligious activities are related to religious teachings aimed at healing a mental illness of each individual. The psychoreligious activities are related to mental or spiritual strength taking the form of religious rituals rather than medication. The activities help in strengthening one's faith so that they can ptimally develop potential and religious nature that they have by accepting the values stipulated in the Qur'ran and the Sunnah (Abu-Raiya, H., Pargament, K. I., & Krause, 2016). Psychoreligious activities analyzed in this study were prayer, *thikr* and praying activities. After conducting interviews with the five participants related to psychoreligious experiences, we found that the patients with violent

behavior make prayer, *thikr* and prayers to control anger. After carrying out prayer, thikr, and prayers, the participants said they felt calm, peaceful inside, and a sense of comfort that made their emotions or feelings of anger decrease or even disappear.

The fulfillment of spiritual needs is influenced by several factors such as illness, family support, and developmental stages. In spiritual fulfillment, the family is the closest environment in which individuals have views and experiences of the colorful world. The family has a role in teaching about religious life and behavior to others (Abu-Raiya, H., Pargament, K. I., & Krause, 2016) This is in line with research (Pratintya et al., 2014) wherein spiritual fulfillment by reading the holy verses of the Qur'an can reduce tension in the nervous system spontaneously. This relates to schizophrenic patients who experience emotional disturbances, so that they are expected to be calm (Sujarwo & PH, 2019).

Psychoreligious therapy with prayers and remembrance of God can lead to a positive emotional state, prevent a person from vulnerability, increase one's ability to cope with suffering when they get sick, and accelerate the healing process (Sujarwo & PH, 2019). Spiritual benefits in healing patients can be seen from the reduction in symptoms that appear such as speaking harshly, glaring eyes, clenched hands, annoying other people, being annoyed, and emotional (Yusuf, 2016). This is in accord with the research by (Juniarni et al., 2019) finding that the spiritual activities can benefit individuals with mental disorders of schizophrenia. The activities can reduce symptoms and contribute to improving the quality of life in terms of psychology. Spiritual activities can foster positive coping in generating a hope in life and also hope after a good death (Yusuf, 2016). In accordance with the results of (Mohr et al., 2010) study, praying and seeking for forgiveness can reduce the negative symptoms experienced by schizophrenic patients (Hawari, 2013).

Spiritual experiences of schizophrenic patients by making pyar, *thikr*, and reading the Qur'an affect the quality of life by 75% (Hawari, 2013). This is in line with the teachings in the Islamic religion, stipulating that when a person suffers from physical or psychological illness, it is required for them to try or endeavor to seek treatment from experts and accompanied by praying and *thikr* (Hadith narrated by (Pratintya et al., 2014) research shows that Islamic spiritual mindfulness interventions given to 11 participants have an increase in adherence to taking medication (Kandar & Iswanti, 2019). Consciouss can affect spiritual welfare and patients who routinely practice mindfulness and *thikr* have a good spiritual well-being (Pratintya et al., 2014).

A research project conducted (Hamid, 2008) provides an explanation that mindfulness or mindfulness training trains individuals to be aware of the problems being faced and restore the will to make changes in their lives (Pratintya et al., 2014). Mindfulness interventions with a spiritual approach using the calming technique shows the results that schizophrenic patients with violent behavior can feel calm and the patients are able to control anger (Role et al., 2010). In this study, making pray and prayers are activities that are very influential to emotional control. Making pray and prayers are the main components in religion that bring creatures closer to the creator.

Doing dhikr, istigfar, and prayer can relieve angry emotions and reduce symptoms which arise in mental health disorders (Nagara et al., 2021). Doing dhikr, istigfar, and prayer can relieve angry emotions and reduce symptoms which arise in mental health disorders (Miftahuddin., Zatrahadi., Suhaimi., 2020). Prayer also has many wrong benefits The only benefit is in the psychological or mental health aspect. Aspect Psychological itself is a feeling that arises from within our heart or soul. From a psychological aspect, the benefits obtained include peace of mind, emotional calm, and benefits for the human physical (Tias & Ananda, 2019).

In Islam, mental illness can be cured by means of worship such as prayer rituals, zakat, almsgiving, fasting, pilgrimage, praying, patient remembrance, prayer, istighfar and repentance. Because in essence, believing Muslims will not be easily attacked by mental illness (Ratna, 2021). Dhikr therapy is effective for patients at risk of violent behavior because it can make patients feel calm and relaxed (Amalia et al., 2023). Murottal therapy, the impact that appears on the patient shows calm and lives religiously, can provide encouragement or motivation and can calm emotions, Religious activities such as worship, prayer, prayer, dhikr, fasting etc. can strengthen self-confidence, hope and faith.which can support the process of recovering conditions to be even better so that they can fulfill their duties development and meeting their basic needs (Rivaldi et al., 2020). Prayer has health benefits both physically and mentally. Prayer is also often used as a psychological therapy (Juliana et al., 2020). The prayer service is able to overcome conditions of tension that affect emotions and thought processes.

CONCLUSION AND SUGGESTION

Psychoreligious experiences by participants including making pray, praying, and taking a religious thikr are attributable to the control of emotions in patients with risk of violent behavior. The participants claimed that psychoreligious activities can reduce emotions. They stated that their feelings were calmer when they were close to their Lord. The results of this study indicate that psychoreligious activities carried out by patients on a regular basis appear effective to reduce or even eliminate the emotional tensions. These psychoreligious activities can be applied into daily activities for patients especially with violent behavior, this method can also be applied in daily life to feel calmer and able to live life well again. It is hoped that future researchers will continue the research provide therapy to control emotions by hitting a pillow to reduce it risk of violent behavior, it is hoped that the results of this research can be used as basic data for future researchers, and research can be developed based on theory and supported by research journals

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