

## Analysis of the Application of Murottal Al-Quran to the Signs and Symptoms of Hearing Hallucinations

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### Abstract:

Schizophrenia is a serious mental health problem where one of the symptoms is hallucinations. Signs and symptoms of hallucinations include feeling more comfortable with their situation, the client is seen laughing and talking to himself or expressing things that are not actually real, so pharmacological and non-pharmacological therapy management is needed. One of them is by providing Murottal Al-Qur'an therapy. The aim of this research is to explain nursing care and determine the analysis of Al-Quran murottal therapy on reducing the signs and symptoms of auditory hallucinations experienced by patients. This research design uses descriptive research with a case study method. Therapy is given for 7 days for 15 minutes by listening to the chanting of holy verses from the Koran, one of which is Surah Ar-Rahman and Surah Al-Jinn. The results of the research were a decrease in the signs and symptoms of hallucinations in clients and the ability to control their hallucinations by carrying out positive activities, conversing with people around them and murottalizing the Koran. Providing Al-Quran murottal therapy can reduce the client's signs and symptoms of hallucinations, namely daydreaming, isolating himself, smiling, talking to himself, lack of eye contact and hearing voices that are not real.

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## INTRODUCTION

Schizophrenia is a collection of psychotic reactions that can affect various areas of an individual's functioning, including patterns of thinking, communicating, feeling, and showing emotions, as well as brain disorders characterized by chaotic thoughts, delusions, hallucinations, and strange behavior (Pardede et al. 2021). Schizophrenia is part of a psychotic disorder that is characterized by a loss of understanding of reality and a loss of self-knowledge (Herawati & Afconneri, 2020; Dewi et al., 2023). Schizophrenia cannot be interpreted as a single disease because it is a disease process that includes many types and various symptoms (Arniamantha, 2022). Schizophrenia is a disorder that occurs in brain function and is something that involves various factors. These factors include changes in the anatomical structure of the brain, changes in the chemical structure of the brain, and genetic factors (Priyatama et al., (2023).

Hallucinations are the loss of the human ability to differentiate between thought and external world stimuli (Akbar & Rahayu, 2021). According to Rosyada & Pratiwi (2021), Hallucinations are a symptom of mental disorders where clients feel stimuli that do not actually exist. People who experience hallucinations cause changes in sensory perception and unreal feelings in the form of

sound, sight, touch, or smell, as well as feeling stimuli or stimuli that are not real (Agustin et al., 2022; Anggara et al., 2024).

Schizophrenia is a severe and chronic mental disorder that affects 20 million individuals worldwide. The prevalence of schizophrenia, according to WHO, is 1% of the world population, while in Indonesia, it reaches 1.7%, and the highest is in Aceh and Yogyakarta (Arniamantha, 2022). Based on the results of basic health research (2018), it was found that the prevalence of schizophrenia sufferers in Indonesia was 1.8 per 1000 population. According to Basic Health Research (RISKESDAS) in 2018, the prevalence of visual hallucinations was ranked second in most cases in Indonesia with an average of 20% (Depkes RI, 2019). Based on data obtained from the Jember District Health Service, it is written that the number of visits for mental disorders in Jember District health service facilities in 2020 was 23,805 mental visits consisting of 17,271 male patients and 6,534 female patients (Dinkes, 2021). Meanwhile, in 2023, the target for severe ODGJ in the Jember Regency is 4,731 people, 3,032 of whom will receive mental health services (Dinkes, 2024). Meanwhile, data from RSJ dr. Radjiman Wediodiningrat Lawang Malang from July to August 2023 found 1,030 patients with mental disorders. A total of 73% suffer from sensory perception disorders.

Often, the impact of auditory hallucinations that individuals hear can cause changes in behavior, such as aggressive behavior, suicide, withdrawal from the environment, and hurting themselves or others around them (Manuputty & Nurbaya, 2024). So, to control hallucinations, correct management is needed to minimize the behavioral consequences that arise from hallucinations. Efforts have been made to reduce the frequency of hallucinations with nursing intervention and implementation. Nursing actions that can be taken are helping patients recognize hallucinations, the content of hallucinations, the time when hallucinations appear, the frequency of hallucinations, the situations or conditions that cause hallucinations to occur, and the patient's reaction when hallucinations occur. Then, provide training to rebuke hallucinations, converse with other people, carry out scheduled activities, and take scheduled medication (Syahdi & Pardede, 2022).

Apart from that, there is therapy to reduce the frequency of auditory hallucinations, namely by applying non-pharmacological techniques, namely Al-Quranic therapy. According to Emulyani & Herlambang (2020), Al-Quranic therapy affects the client's ability to control hallucinations. It is hoped that after the patient is given Al-Quranic therapy, the client will be able to master and even eliminate hallucinations when they appear. This statement is also supported by research conducted by Gasril et al. (2020), which shows that Al-Quran psycho-religious therapy can increase the patient's ability to control hallucinations. Al-Quranic therapy can provide inner peace and serenity to the soul to avoid stress, anxiety, fear, and restlessness. Therefore, Al-Quranic therapy can be one of the therapies given to patients with auditory hallucinations.

Seeing the negative impacts and risks that can occur in hallucinating clients and based on the success of providing Al-Qur'an murottal interventions, researchers are interested in this therapy because it appears to be effective in reducing the signs and symptoms of hallucinations. Apart from that, the use of this therapy can increase the client's independence in controlling their hallucinations by listening to murottal Al-Qur'an.

## STUDY DESIGN

This research uses a descriptive research design with a case study method providing Al-Qur'an murottal therapy interventions for signs and symptoms of sensory perception disorders: auditory hallucinations. Sampling used non-probability sampling techniques based on inclusion

criteria, namely schizophrenic patients with symptoms of auditory hallucinations in the working area of the Jember Regency Community Health Center, and exclusion criteria for uncooperative patients, patients, and families who were unwilling to become respondents. The research location was carried out in the work area of the Jember Regency Panti Community Health Center. The research was conducted for 7 days from 13 - 20 June 2024.

The measuring instrument used to measure hallucinations is the Auditory Hallucinations Rating Scale (AHRS), which is a measuring instrument to determine the description of auditory hallucinations. The assessment criteria developed by Haddock are related to the signs of auditory hallucinations that are felt and seen in the patient, so the AHRS measuring tool in assessing auditory hallucinations uses a score of 0-4, which consists of frequency, duration, location, strength of hallucinatory sounds, confidence, number negative sound content, degree of negative sound content, level of sadness or unpleasantness of the sound heard, the intensity of sadness or unpleasantness, disruption to life due to sound and ability to control sound (Pujiono & Asep, 2022).

This research data was obtained from documenting clients' mental nursing care, including assessment, nursing diagnosis, nursing intervention, nursing implementation, and systematic nursing evaluation through observation, interviews, and physical examination methods. Data collection was carried out by paying attention to the principles of research ethics, which include social, beneficial, confidentiality, and justice

## PATIENT INFORMATION

Table 1. Characteristics of Respondent

Characteristics of Respondent	Information
<b>Name</b>	Mrs. R
<b>Age</b>	28 years
<b>Gender</b>	Female
<b>Religion</b>	Islam
<b>Last Education</b>	SMA
<b>Marital Status</b>	Divorce
<b>Work</b>	Doesn't work
<b>Family history of mental disorders</b>	There isn't any
<b>Predisposing factors</b>	In the past, clients with mental disorders experienced changes in behavior, namely that the client was often angry and remained silent in his room. in 2016 and was treated at RSJ Lawang in 2017 for approximately 1 month.
<b>Precipitation factor</b>	The client said he often heard someone's voices inside him, these voices appeared when he was silent and alone. The family also said that the client had experienced changes in behavior since 7 years ago, often getting angry, locking himself in his room and speaking slurredly.
<b>Data obtained</b>	Mrs. R often daydreams, talks to himself, laughs to himself, lacks eye contact, has a complicated way of speaking and says he often hears voices that arise within him.
<b>Physical examination</b>	Blood Pressure: 110/90 mmHg, Pulse: 89x/minute, Temperature: 36.2°C, RR: 21x/minute

## CLINICAL FINDINGS

Table 2. Auditory Hallucination Rating Scale (AHRS)

Score Sheet	Date						
	13	14	15	16	18	19	20
Frequency	3	3	3	2	2	2	2
Duration	2	2	2	1	1	1	1
Location	2	2	1	1	1	1	1
Sound power	1	1	1	1	1	1	1
Confidence in the Origin of Sound	1	1	1	1	1	1	1
Number of Negative Votes	2	2	1	1	1	0	0
Negative Noise Intensity	0	0	0	0	0	0	0
Number of Oppressive Votes	1	1	1	1	1	1	1
Stressful Sound Intensity	2	2	1	1	1	1	1
Sound-Induced Disorders	2	2	2	2	1	1	1
Control Over Sound	2	2	2	2	1	1	1

Table 3. Observation Sheet for Signs and Symptoms of Hallucinations

Signs and Symptoms	Date						
	13	14	15	16	18	19	20
<b>Cognitive (mind)</b>							
Seeing/hearing/feeling objects/people/something that does not have an object	√	√	√	√	√	√	√
Slow verbal response	√	√	√	-	-	-	-
Disorientation of time, place, people	-	-	-	-	-	-	-
<b>Affective/ Emotional/ Situational</b>							
Suspect	√	√	-	-	-	-	-
Afraid	-	-	-	-	-	-	-
Worry	-	-	-	-	-	-	-
Annoyed	-	-	-	-	-	-	-
Easily offended	-	-	-	-	-	-	-
<b>Behavior</b>							
Smile and talk to yourself	√	√	√	√	-	-	-
Close your eyes/ears/nose	-	-	-	-	-	-	-
Move your lips silently	-	-	-	-	-	-	-
Speaks incoherently and doesn't make sense	√	√	√	√	√	√	√
<b>Social</b>							
Not interested in daily activities	-	-	-	-	-	-	-
No eye contact	√	√	-	-	-	-	-
Withdrawing from others/alone	√	√	√	√	-	-	-

## DISCUSSION

### Gender and Age

The client in this research case is 28 years old and female. Based on the research results of Febrita et al. (2021), there were 32 male respondents (88.9%) and 4 female respondents (11.1%). Based on this data, men are more susceptible to mental illness than women. Men are more likely than women to experience hallucinations due to changes in roles, decreased social interactions, and loss of work. Looking at the culture in Indonesia itself, men must take full responsibility for the

family because they have more physical strength than women and are required to work hard. This amount of pressure puts men at risk of experiencing hallucinations. The client in this case study is in the adult age group, namely 28 years, with predisposing factors for experiencing something unpleasant, not working, and not having close friends. The precipitating factor is the lack of support from family and the surrounding environment. A study by Agung et al. (2022) found that the age group 19 to 56 years was the most frequently affected by auditory hallucinations, namely 95% of cases. According to Febrita et al. (2021), the age range of clients who experience hallucinations is between 18-45 years old. The client's age was in his late teens when signs of hallucinations first appeared, and he had to fulfill his developmental tasks. However, if you fail to achieve this, you will have difficulty meeting the demands and tasks of further development, which will be balanced by a lack of support from your family and environment, so you will be at risk of experiencing mental disorders.

Based on the description above, researchers assume that men experience more hallucinations than women because, in general, men tend to have more difficulty controlling their emotions than women; this is due to the neuroprotective effect of the female hormone estrogen (Emulyani & Herlambang, 2020). Changes in roles and the demands of a man's responsibilities can turn into pressure that has a negative impact on mental health. Women have the hormone estrogen, but it cannot be denied that women can also experience mental disorders that are caused by lack of family support and failure to meet the demands of their environment.

### **Education**

The latest educational background of Mrs. R is in high school and does not work. Based on research by Febrita (2021), it was found that the number of elementary school participants was 27 people, 66.7%, and 9 people (33.3%) were not in school and their employment status was more than 77.7% unemployed and 22.2% employed. %. Education is one of the factors related to the incidence of hallucinations. In overcoming the problems faced, there is a need for the ability to receive information, which is related to a person's level of education, and through education, they can have broader insight, receive more information, and influence the knowledge of each individual.

Based on the data obtained, researchers believe that the level of education has quite a big influence on the incidence of hallucinations because the knowledge a person has will influence how he thinks. However, it cannot be denied that a high level of education can affect a person's mentality. Apart from that, researchers found that the level of education influences a person's way of thinking, employment status, and social status. Little or no education causes low employment opportunities and a person's income, which affects their financial condition and whether or not their daily needs are met. It then becomes the cause of stress factors and is one of the causes of hallucinations.

### **Marital status**

The client's current marital status is divorced. Research conducted by Kumala (2019) regarding the dominant types of hallucinations at RSJ Menur Surabaya shows that out of a total of 43 respondents, 37 clients (86%) were unmarried, 4 people (9.3%) were widowers. and 2 people (4.7%) were married. The results of another study conducted by Rohmani et al. (2020) regarding the effect of group activity therapy on patients with hallucinations stated that the total number of respondents was 19 people, 18 of whom (94.7%) were not married and 1 person (5.3%) was married. Marry.

Most hallucinatory patients will find it difficult to adapt in society, especially in dealing with other people. From the data that has been obtained, researchers assume that clients who are widows are due to the loss of loved ones, repeated failures in life, namely divorce from their husbands and one of the factors above. Marital status is very important because it can influence a person's cognitive and affective functions. This failure can trigger the emergence of negative behavior that influences individuals not to be able to interact with other people as a result of liking to be alone and hearing other voices.

### **Major Nursing Problems**

Subjective data on nursing problems can occur due to predisposing factors and precipitating factors. Safitri (2020) said that sociocultural factors cause the tendency that occurs in patients with hallucinations, and clients have difficulty adapting to sociocultural demands due to low self-concept and destructive coping mechanisms. Social factors that can influence the emergence of hallucinations include marital relationships, financial problems and work problems. The client has experienced changes in behavior since seven years, the client often becomes angry, locks himself in his room and speaks slurredly. Based on the explanation above and the data obtained, the researcher assumes that the symptoms that appear in the client are hallucinations. The client said that he often heard voices from within himself; the family also said that the client sometimes talked and laughed to himself; apart from that, during the assessment, the client's way of speaking was complicated. So, in this study, the researcher took the main nursing diagnosis of sensory perception disorders: auditory hallucinations.

### **Nursing Intervention**

Al-Qur'an therapy is given for approximately 15 minutes in accordance with research by Febrita et al. (2021) to reduce the frequency of hallucinations. This therapy can be done when the client has finished his KDM affairs and by reading and listening to the chanting of the Al-Qur'an, such as Al-Baqarah and Ar-Rahman. According to Nurlaili et al. (2019) clients with symptoms of hallucinations are unable to overcome stressors and lack the ability to control hallucinations, so they can be overcome by providing therapeutic modalities such as individual therapy, environmental therapy, biological therapy or somatic therapy, family therapy, behavioral therapy, cognitive therapy, play therapy, as well as spiritual therapy. The spiritual therapy given in this case is Al-Qur'an therapy. The activity of listening to murottal Al-Qur'an surah Ar-Rahman and Al-Jinn has a positive influence in reducing stress. It has been proven that the Koran has high spiritual power, which is able to influence a person's soul (Sabri, 2018). According to Febrita et al. (2021), this therapy can be a good stimulus for the brain. Listening to the holy verses of the Koran can provide a relaxed, calm and comfortable response.

Based on the description above, the researcher assumes that by providing additional murottal therapy from Al-Qur'an Surahs Ar-Rahman and Al-Jinn, it can help clients reduce the signs and symptoms of hallucinations experienced by clients. Apart from that, several studies say that mutual Al-Qur'an has a positive influence; it can stimulate the brain to reduce stress hormones, thereby helping the body to be more relaxed, and calm, and able to be distracted from sounds that disturb the client.

### **Nursing Implementation**

Implementation is carried out every day for 7 days, starting from Wednesday, 13 June 2024, to 21 June 2024. Clients do SP1-SP4 and receive Al-Qur'an therapy at around 09.00. SP 1- SP 4 is carried out for approximately 15 minutes and Al-Qur'an therapy is given for 10-15 minutes.



During therapy, the problem that occurred with the client with hallucinations occurred at the beginning because when he was invited to communicate, the client was complicated. Researchers use the AHRS questionnaire so that every day, they ask about the contents of the AHRS to observe the client's signs and symptoms of hallucinations. According to Febrita et al. (2021), people who listen to or read verses from the Koran regularly can reduce their level of depression. Reading or listening to verses from the Koran stabilizes nervous vibrations and reduces the hormone cortisol, helping clients to calm themselves and control hallucinations (Wahid and Nashori, 2021).

Based on the description above, the researcher assumes that providing implementation of Al-Qur'an murottal therapy with clients listening to Surah Ar-Rahman, giving time for 15 minutes in each session which is carried out once a day for 7 days can help clients interact with other people, clients feel the voices he hears have begun to decrease so that it can be applied effectively to clients with auditory hallucinations. Researchers also believe that Al-Quran therapy intervention is an appropriate additional activity for clients with hallucinations because this can divert the client's thoughts and attention to something more positive.

### **Evaluation of Intervention Results**

Evaluation of the Al-Qur'an therapy intervention for the diagnosis of sensory perception disorders showed an effect on reducing the signs and symptoms of client hallucinations after 7 days of therapy. Providing intervention for 7 days also influences the client's ability to control hallucinations, which is in line with research by Zainuddin, (2019) stating the effectiveness of murottal Al-Qur'an in controlling auditory hallucinations. Apart from reducing signs and symptoms, clients also experience a decrease in the frequency of hallucinations, in line with research by Febrita et al. (2021), which states that Al-Qur'an therapy can be used on clients with mental disorders, including clients with auditory hallucinations, Al-Qur'an therapy which affects reducing the frequency of hallucinations. Providing murottal Al-Qur'an therapy to clients with auditory hallucinations can not only reduce signs and symptoms, but frequency can also help clients control their hallucinations by always diverting the signs and symptoms that appear by doing positive activities, one of which is listening to murottal Al-Qur'an surah The beneficent.

This study analyzes Al-Qur'an murottal therapy in patients with auditory hallucinations. The reduction in signs and symptoms of auditory hallucinations is something that researchers will analyze. Based on the evaluation results, the level of reduction in signs and symptoms of hallucinations after intervention for 7 days decreased. During treatment, the client received cyclone treatment 25 mg/mL 1 month x 1 ampoule, which is a class of hard drugs used for psychotic disorders and to treat conditions such as hallucinations and delusions. The client also received the drug risperidone, which is a benzisoxazole derivative antipsychotic used in the treatment of acute and chronic schizophrenia. The above therapy is a confounding factor that is associated with a decrease in signs and symptoms of auditory hallucinations.

### **CONCLUSION**

Patients with auditory hallucinations are characterized by the patient often hearing other voices within themselves, being alone, having complicated communication, and often daydreaming, which can be influenced by factors such as gender, age, education, and marital status. Providing Al-Qur'an therapy intervention for 7 days in approximately 15 minutes can improve the mental and emotional state of clients with the nursing problem of auditory hallucinations. After carrying out Al-Qur'an therapy for 7 days, the client communicated more with

other people in his home environment. Apart from that, the signs and symptoms of hallucinations experienced by the client decreased. Providing murottal Al-Qur'an therapy by listening to the letters Ar-Rahman and Al-Jinn, apart from influencing the signs and symptoms of hallucinations, can also reduce the client's frequency of hallucinations. Apart from that, it can help clients independently control the signs and symptoms of hallucinations they are experiencing.

Hopefully, this research can become material for knowledge and application-oriented development in research or research methodology. become a reference source to increase insight into providing Al-Qur'an therapy interventions and become an effective non-pharmacological therapy for clients with auditory hallucination problems.

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