

Providing Spiritual Dhikr Therapy to Patients with Sensory Perception Disorders and Auditory Hallucinations

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Abstract:

Hallucinations could cause someone to be unable to distinguish between what was real and what was merely an illusion. During hallucinations, the client could react with suspicion, fear, curiosity, insecurity, anxiety, and confusion. In this case, Mr. H experienced auditory hallucinations in the form of male whispers. Spiritual dhikr therapy could be used as an approach to healing mental illness, emphasizing inner strength. This study aimed to apply spiritual dhikr therapy to patients with sensory perception disorders: auditory hallucinations. The method used was a case study on a patient with hallucinations, with spiritual dhikr therapy intervention provided for 7 days to the patient. The therapy included reciting the phrase "Alhamdulillah" 33 times, "Subhanallah" 33 times, "Astaghfirullah" 33 times, and "Allahu Akbar" 33 times over 10-15 minutes. The client underwent hallucination management intervention and was given spiritual dhikr therapy. After being conducted for 7 days, the client experienced a decrease in the level of hallucinations and an improvement in hallucination control. Improvement in hallucination control could be achieved by providing continuous hallucination management and spiritual dhikr therapy, enabling the client to awaken their will and belief and understand the techniques being taught. Conclusion: The application of spiritual dhikr therapy could yield positive results and serve as an effective non-pharmacological therapy for clients with auditory hallucinations or schizoaffective disorders.

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INTRODUCTION

Mental health is an important dimension in achieving holistic health, where health is a state of complete physical, mental, and social well-being, not merely the absence of disease (Alexandrova, 2021). Mental health is integral to this definition, necessitating equal prioritization alongside physical health (Søvold et al., 2021; Maharani et al., 2024). Mental disorders, including schizophrenia and schizoaffective disorder, remain a global concern due to their high prevalence and profound impact on individuals' quality of life (Pavlichenko et al., 2024). Addressing these conditions requires comprehensive, evidence-based interventions to mitigate symptoms and enhance functional outcomes (McDonagh et al., 2022).

Schizoaffective disorder is a complex mental illness that combines symptoms of schizophrenia, such as hallucinations and delusions, with mood disorder episodes like depression or mania (Dennison et al., 2021). This dual presentation disrupts cognitive processes, emotional regulation, and behavioral patterns, significantly impairing daily functioning (Javitt, 2023). Key symptoms include disorganized speech, auditory or visual hallucinations, prolonged sleep disturbances, manic episodes, and depressive states marked by sadness or worthlessness (Kusumadewi et al., 2025).

While hallucinations are a hallmark feature, mood disturbances often play an equally critical role in exacerbating functional decline (Kim et al., 2024; Saputri et al., 2024).

Managing hallucinations in schizoaffective disorder involves both pharmacological and non-pharmacological strategies (Slamanig et al., 2021). Antipsychotic medications, such as haloperidol and chlorpromazine, are commonly prescribed to alleviate psychotic symptoms, while electroconvulsive therapy (ECT) may be used in severe cases (Mowafi & Millard, 2021). Non-pharmacological interventions, including generalist, occupational, music, and psycho-religious therapy, focus on improving coping mechanisms and emotional resilience (Barbini et al., 2022). These approaches aim to reduce symptom severity and support patients in reclaiming autonomy over their lives (Sun et al., 2024).

Psychoreligious therapies, particularly spiritual dhikr practices, offer a holistic pathway to address mental health challenges by integrating spiritual, emotional, and cognitive dimensions (Zaeske et al., 2024). Dhikr—the rhythmic recitation of divine phrases such as “Astaghfirullahal’adzim,” “Subhanallah,” “Alhamdulillah,” and “Allahu Akbar”—promotes inner peace, mental clarity, and emotional stability (Purwanto et al., 2023). Research highlights its efficacy in reducing hallucination intensity by fostering mindfulness and spiritual connection. This therapy aligns with cultural and religious values, making it a culturally sensitive intervention for populations where spirituality is deeply ingrained (Currier et al., 2023).

In nursing practice, dhikr therapy complements conventional treatments by addressing spiritual needs often overlooked in biomedical models (Hidayat et al., 2023; Nabila et al., 2024). By guiding patients through structured dhikr sessions (10–20 minutes daily), nurses can help individuals refocus their minds, achieve tranquility, and strengthen their psychological resilience. This intervention not only alleviates hallucinations but also empowers patients to manage stress and emotional distress (Ihsanudin et al., 2024; Amir et al., 2023). Its non-invasive nature and alignment with religious beliefs enhance patient adherence and acceptance, particularly in faith-oriented communities (Eseadi, 2023).

This study investigates the application of spiritual dhikr therapy in managing sensory perception disturbances, specifically auditory hallucinations, among patients in the Camar Room of RS Radjiman Wediodiningrat Lawang. The research evaluates how dhikr therapy can be optimized within psychiatric care settings by analyzing nursing care protocols and patient outcomes. The focus on auditory hallucinations stems from their prevalence and debilitating impact, necessitating innovative, culturally relevant interventions to improve treatment outcomes (Lian et al., 2024).

The findings of this study are expected to advance nursing practices by validating dhikr therapy as a viable adjunct to conventional treatments for schizoaffective disorder (Ngubane et al., 2024). By bridging spiritual and clinical care, the research underscores the importance of holistic, patient-centered approaches to mental health (Grabenweger et al., 2024). Furthermore, it advocates for integrating culturally sensitive therapies in institutional settings, particularly in regions where spirituality is central to daily life. Ultimately, this work contributes to broader efforts to enhance mental health care accessibility, effectiveness, and cultural relevance.

STUDY DESIGN

The research was conducted in the Camar Room (IPCU) of Radjiman Wediodiningrat Lawang-Malang Hospital. The study lasted from August 6, 2024, to August 12, 2024. The participant in this research was Mr. H, who has a medical diagnosis of schizoaffective disorder and a nursing diagnosis of sensory perception disturbance: auditory hallucinations, treated in the Camar Room (IPCU) of Radjiman Wediodiningrat Lawang-Malang Hospital. Inclusion criteria for participant selection

included patients willing to be respondents and cooperative during treatment, patients experiencing sensory perception disturbances and hallucinations, Muslim patients, and patients without physical limitations. The exclusion criteria included patients with unstable emotions and potential harm and patients with decreased consciousness. The research utilized a case study approach with the provision of nursing care. The case study focused on delivering spiritual dhikr therapy interventions to reduce the level of hallucinations in patients with sensory perception disturbances. The spiritual dhikr therapy focused on inner or spiritual strength by reciting the dhikr phrases: "Alhamdulillah" 33 times, "Subhanallah" 33 times, "Astaghfirullah" 33 times, and "Allahu Akbar" 33 times. This spiritual dhikr therapy was administered over 7 days for 10-15 minutes each session.

Initially, the researcher provided explanations to the patient regarding the purpose, procedure, benefits, and interventions of spiritual dhikr therapy to reduce signs of hallucination. The researcher sought the patient's consent to participate in the study and included an informed consent form acknowledged and signed by the Clinical Instructor (CI) as evidence of readiness and assurance of data confidentiality. After obtaining consent, the researcher conducted a nursing assessment to determine the patient's condition status. Data sources were obtained from primary data through interviews with the patient and secondary data from information provided by the ward nurses and the patient's medical records in the Camar Ward of Radjiman Wediodiningrat Lawang-Malang Hospital. Data collection techniques in this study involved direct interviews and analysis of the patient's medical records. The data collection flow included researcher orientation in the Camar Ward, establishing Trusting Relationship Building (BHSP) with the patient, including introductions and explanations of the study's purpose, assessments according to the nursing care format from RS Dr. Radjiman Wediodiningrat Lawang-Malang, and the formulation of nursing care with data analysis, diagnosis, intervention implementation, and evaluation provided over seven consecutive days. The data analysis method in this study used documentation of the patient's mental nursing care, encompassing assessment, diagnosis, intervention, implementation, and nursing evaluation. Data were obtained through observation, interviews, physical examinations, and the patient's medical records. Nursing care results were compared with previous research and relevant theories related to the research topic. There were three principles of ethical feasibility (Zulmi et al., 2021); among these are Respect for persons, respondents will receive information regarding the research, and after understanding that information, they have the right to decide on their participation in the study. Beneficence and non-maleficence are the research that should provide benefits to the respondents and have a positive impact on the community. Researchers must avoid any physical and psychological risks that respondents may encounter during the study. Justice is the research that upholds the principle of justice by providing equal treatment to respondents by moral and legal rights. Researchers are responsible for any unforeseen issues and must ensure the confidentiality of the information and data obtained from respondents.

PATIENT INFORMATION

The assessment was conducted on patient Mr. H on August 6, 2024, in the Camar Room (IPCU) and Garuda Room at Radjiman Wediodiningrat Lawang-Malang Hospital. The patient was admitted to the Camar IPCU (Intensive Psychiatric Care Unit) on August 5, 2024, presenting with anxiety, confusion, and a tendency to talk and sing to himself in a disoriented manner. He was transferred to the Garuda Ward (Intermediate) on August 8, 2024, in a state of reduced anxiety and confusion. Data collected from Mr. H through direct assessment via patient interviews and medical records indicated that he was unaware of the reason for his admission to Radjiman Wediodiningrat Hospital. He claimed to feel healthy. The patient also reported frequently hearing and responding to

voices. The assessment revealed the patient's details: he is a 41-year-old male, has a vocational education background, practices Islam, is unmarried, and helps his father sell meatballs. The patient reported hearing whispers from a male voice that invites him to talk, with a frequency of hallucinations occurring approximately 3-5 times a day for about 2 minutes each time. These auditory hallucinations typically occur during the day or at night while he is resting and tend to arise when the patient is alone. He usually responds to these whispers but sometimes ignores them.

According to the patient's medical records, he had previously been treated at Radjiman Wediodiningrat Hospital in 2023 with a diagnosis of schizophrenia after breaking a neighbor's car mirror and window without reason. The patient regularly attended follow-ups but began to miss appointments in June and July, citing a refusal to take medication, frequent anger, and a tendency to talk to himself, even hiding his medication at times. During the assessment, the patient mentioned having been insulted and ostracized while working at a limited company in the past for securing a decent job, which he still remembers. Throughout the assessment, the patient spoke clearly and was quite talkative, often asking questions and explaining things to the researcher and others. His facial expressions sometimes showed confusion or anxiety due to not knowing why he was brought back to Radjiman Wediodiningrat Hospital. The patient stated that he could perform daily activities independently, such as eating, bathing, and dressing. The medical diagnosis was F.25.1 Schizoaffective Disorder, depressive type. The patient was prescribed several medications, including Soroquin XR (Quetiapine) 400 mg orally, Valproic Acid 250 mg orally, Lorazepam 2 mg orally, Zypin (Olanzapine) 10 mg IM, Lisinopril 10 mg orally, Glimepiride 2 mg orally, and Acetylcysteine 200 mg orally.

CLINICAL FINDINGS

The assessment results indicated that the patient's condition aligns with the symptoms of hallucinations. Subjective data revealed that the patient frequently hears whispers in his ear, as if a man is inviting him to talk, occurring about 3-5 times daily. These voices emerge when he is alone or inactive. Objective data showed sensory distortion, with the patient occasionally pacing, frequently talking, and singing to himself. The second diagnosis identified was the risk of violent behavior, supported by subjective data indicating that the patient often feels angry and easily irritated with his parents due to their constant requests. The patient mentioned having broken a car window and mirror without reason. Objective data reflected the patient's facial expressions, which varied according to the topics discussed, showing slight emotion when recounting those incidents.

THERAPEUTIC INTERVENTION

The nursing care plan or interventions suitable for Mr. H, who is experiencing sensory perception disturbances and auditory hallucinations, consists of hallucination management interventions (I.09288) with specific strategies (SP) for hallucinations (1-4). The interventions for hallucination management include observation: monitor behaviors indicating hallucinations, adjust activity levels and environmental stimulation, and monitor the content of hallucinations (e.g., violent or self-harming themes). Therapeutic: maintain a safe environment, implement safety measures when behaviors cannot be controlled (e.g., limit setting, area restrictions, physical restraint, seclusion), discuss feelings and responses to hallucinations, avoid debating the validity of hallucinations, and provide dhikr therapy to control hallucinations. Education: Encourage self-monitoring of situations that trigger hallucinations, suggest talking to trusted individuals for support and corrective feedback, recommend distraction techniques (e.g., listening to music, engaging in

activities, and relaxation techniques), and teach the patient how to manage hallucinations. Collaboration: Collaborate on administering antipsychotic and anti-anxiety medications, if necessary.

The implementation strategies (SP) 1-4 include SP 1: reprimanding, SP 2: Ensuring the 'six rights' of medication administration, SP 3: Conversation practice, and SP 4: Engaging in activities. Daily evaluations will be conducted and integrated into the daily schedule. The final intervention involves spiritual dhikr therapy, which is administered for seven consecutive days, including reciting: tahmid (Alhamdulillahirobbil'alamin), tasbih (Subhanallahi wabihamdihi subhanallahil'adzim), istighfar (Astaghfirullahal'adzim), takbir (Allahu Akbar). Each session consists of 33 repetitions and lasts 10-15 minutes.

Implementation Result

The results of the implementation carried out by the researcher over seven consecutive days from August 6 to 12, 2024, in providing nursing care through strategies SP 1-4 and spiritual dhikr therapy are as follows. The researcher performed nursing implementation during shifts, aligning with the schedule in the Camar Room from 07:00 to 12:00 and from 13:00 to 18:00. Implementation occurred while the patient was in the Camar Room until he was transferred to the Garuda Room. In SP 1, the researcher identified the type, content, timing, frequency, triggering situations, and responses to hallucinations. The researcher taught the patient how to reprimand and explain and provided dhikr therapy, suggesting that this method be incorporated into the daily schedule. In SP 2, the researcher evaluated the patient's daily activity schedule, which included practicing reprimanding and dhikr therapy, and trained the patient on how to control hallucinations through medication. In SP 3, the researcher evaluated the patient's daily activity schedule and trained the patient on controlling hallucinations through conversation activities, suggesting that these activities be included in daily routines. In SP 4, the researcher thoroughly evaluated the previous schedules (SP 1, 2, and 3) and recommended two additional daily activities that could be performed. Before nursing actions, a contract was made with the patient, which included an explanation of the procedures and the expected roles of the patient. The implementation of these activities can serve as a daily schedule to reduce hallucination issues in patients with auditory sensory perception disturbances.

Table 1. Implementation

Day, Date, and Time	Implementation	Result
Tuesday, August 6, 2024 / 11.00 WIB	a. Implementing SP 1	1) The patient can recognize the hallucinations (content: male voice; time: every day but often at night; frequency: 3-5 times a day; triggering situation: alone, not active; response feelings: indifferent or responding).
	1. Doing BHSP (Assessment of Hallucinations)	2) The patient still cannot control the hallucinations by addressing them.
	2. Identifying the type of hallucination	3) The patient is willing to take medication regularly.
	3. Identifying the hallucination: content, frequency, time of occurrence, triggering situation, feelings, responses	4) The patient understands the spiritual technique of dhikr.
	4. Explaining how to control hallucinations: addressing, medication, conversing, engaging in 2 activities.	5) The patient is still not entirely focused on dhikr.
	5. Training the method to control hallucinations by addressing.	
	6. Scheduling activities for practicing addressing.	
	b. Implementing SP 2	
	1. Training the method to control hallucinations with medication	
	2. Explaining the "6 rights": type, purpose, dosage, frequency, method, and continuity of	

Day, Date, and Time	Implementation	Result
	medication intake. 3. Scheduling activities for practicing addressing and taking medication. c. Providing dhikr therapy exercises for the patient	
Wednesday, August 7, 2024 / 16.00 WIB	a. Repeating SP 1 1. Doing BHSP (Assessment of Hallucinations) 2. Identifying the hallucination: content, frequency, time of occurrence, triggering situation, feelings, responses 3. Explaining how to control hallucinations: addressing, medication, conversing, engaging in 2 activities. 4. Training the method to control hallucinations by addressing. 5. Scheduling activities for practicing addressing. b. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: when alone; frequency: 3-5 times a day; triggering situation: alone, not active; response feelings: indifferent or responding). 2) The patient can control the hallucinations by addressing them and is willing to take medication regularly. 3) The patient understands the spiritual technique of dhikr and can focus on practicing it.
Thursday, August 8, 2024 / 15.00 WIB	a. Implementing SP 3 1. Doing BHSP (Assessment of Hallucinations) 2. Evaluating the practice of addressing and medication intake. Give praise. 3. Practicing conversation during hallucinations. 4. Scheduling activities for practicing addressing, taking medication, and conversing b. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: when alone; frequency: 3-4 times a day; triggering situation: alone, not active; response feelings: indifferent). 2) The patient can control the hallucinations by addressing them. 3) The patient is willing to take medication regularly. 4) The patient cannot practice conversing due to concentrating on new things. 5) The patient understands the spiritual technique of dhikr and can practice it.
Friday, August 9, 2024 / 16.30 WIB	a. Repeating SP 3 1. Evaluating the practice of addressing and medication intake. Give praise. 2. Retraining the method to control hallucinations by conversing during hallucinations. 3. Scheduling activities for practicing addressing, taking medication, and conversing. b. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: rarely hears hallucinated voices; frequency: 2 times a day; triggering situation: alone, not active; response feelings: indifferent). 2) The patient can control the hallucinations by addressing them and taking medication regularly. 3) The patient can practice conversing when hallucinations occur, such as chatting with other patients or nurses. 4) The patient understands the spiritual technique of dhikr and can practice it.
Saturday, August 10, 2024 / 16.00 WIB	a. Implementing SP 4 1. Doing BHSP (Assessment of Hallucinations) 2. Evaluating the practice of addressing, medication, and conversing. Give praise. 3. Training the method to control hallucinations by engaging in daily activities (starting with two activities). 4. Scheduling activities for practicing addressing, taking medication, conversing, and daily activities. b. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: rarely hears hallucinated voices; frequency: 2 times a day; triggering situation: alone, not active; response feelings: indifferent). 2) The patient is beginning to be able to control the hallucinations by addressing them, taking medication regularly, and conversing. 3) The patient can perform daily activities such as exercising and sweeping the room. 4) The patient understands the spiritual

Day, Date, and Time	Implementation	Result
		technique of dhikr and can practice it.
Sunday, August 11, 2024 / 15.30 WIB	a. Evaluating SP 1-4 1. Doing BHSP 2. Evaluating the practice of addressing medication, conversing, and daily activities. Give praise. 3. Training in daily activities. 4. Assessing the individual's ability to be independent. 5. Evaluating whether the hallucinations are controlled. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: rarely hears hallucinated voices; frequency: 1 time a day; triggering situation: alone, not active; response feelings: indifferent). 2) The patient is beginning to be able to control the hallucinations by addressing them, taking medication regularly, conversing, and engaging in daily activities.
Monday, August 12, 2024 / 16.00 WIB	a. Evaluating SP 1-4 1. Doing BHSP 2. Evaluating the practice of addressing medication, conversing, and daily activities. Give praise. 3. Training in daily activities. 4. Assessing the individual's ability to be independent. 5. Evaluating whether the hallucinations are controlled. b. Providing dhikr therapy exercises for the patient	1) The patient can recognize the hallucinations (content: male voice; time: rarely hears hallucinated voices; frequency: 1 time a day; triggering situation: alone, not active; response feelings: indifferent). 2) The patient is beginning to be able to control the hallucinations by addressing them, taking medication regularly, conversing, and engaging in daily activities.

Evaluation Result

The evaluation results of the nursing implementation conducted over 7 days on a patient with sensory perception disturbances and auditory hallucinations through hallucination management interventions, SP 1-4, and spiritual dhikr therapy on Mr. H are as follows: On the first day, August 6, 2024, SP 1 (reprimanding practice) and SP 2 (six rights of medication) were carried out. The evaluation showed that the patient was able to recognize his hallucinations, reporting hearing whispers from a male voice inviting him to talk, occurring 3-5 times a day, often when he was alone or inactive. The hallucinations typically appeared daily, frequently at night, and the patient mentioned that he sometimes responded to or ignored these whispers. The patient was willing to take the prescribed medication and could easily engage in dhikr therapy, as he often recited prayers in the ward. However, on the first day, he struggled with the reprimanding practice and dhikr due to being focused on discussing other topics. On the second day, August 7, 2024, SP 1 (reprimanding practice) was repeated, and the evaluation revealed that the patient still reported hearing whispers from a male voice, with the same frequency and conditions as before. By the second day, the patient was willing and able to practice reprimanding. He was also able to take his medication and perform dhikr independently. On the third day, August 8, 2024, SP 3 (conversation practice) was implemented, and the results showed a decrease in the frequency of hallucinations to 3-4 times a day, still occurring when alone or inactive. The patient stated that he now only ignored the sounds. He could perform reprimanding, take medication, and engage in dhikr independently. However, on the third day, he mentioned still having difficulty with the conversation practice due to being focused on new topics.

On the fourth day, August 9, 2024, SP 3 (conversation practice) was repeated, and results indicated a further decrease in hallucinations to 2 times a day, appearing when alone, with the patient continuing to ignore the sounds. He could perform reprimanding, take medication, and engage in dhikr independently. By the fourth day, he could focus on conversation practice and was willing and able to converse with other patients and nurses. On the fifth day, August 10, 2024, SP 4 (engaging

in daily activities) was implemented, revealing that the patient reported still hearing a male voice with hallucinations occurring 2 times a day when alone, yet he continued to ignore the sounds. He could perform reprimanding, take his medication, engage in conversation practice, and dhikr independently. On the fifth day, the patient established two activities: exercising outside with other patients and sweeping the room. He reported enjoying these activities and not feeling forced to participate. On the sixth day, August 11, 2024, an evaluation of SP 1-4 showed that the patient reported a decrease in hallucination frequency to once a day, occurring when alone, and he continued to ignore the sounds. He could perform reprimanding, take his medication, engage in conversation, participate in two daily activities (sweeping and preparing food), and practice dhikr independently. On the seventh day, August 12, 2024, an evaluation of SP 1-4 revealed that the patient could control his hallucinations and independently practice everything taught. The evaluation results indicated a decrease in the frequency of hallucinations to once a day, occurring when alone, and the patient's response was to ignore the sounds.

Table 2. Evaluation

Day, Date, and Time	Evaluation
Tuesday, August 6, 2024 / 11.00 WIB	S : - Hallucinations: content: male voice; time: every day but often at night; frequency: 3-5 times a day; triggering situation: alone, not active; response feelings: indifferent or responding. - The patient reports difficulty practicing addressing the hallucinations and struggles to focus on dhikr due to being focused on new things. - The patient can explain the medication being taken O : - Sensory distortion - The patient is still pacing. - Frequently talk to themselves A: Sensory perception disorder is not yet resolved. - Verbalization of hearing whispers has decreased (2). - Sensory distortion has decreased (3). - Hallucination-related behavior has decreased (3). - Pacing has decreased (3). - Response to stimuli has improved (3) P: Repeat SP 1
Wednesday, August 7, 2024 / 16.00 WIB	S : - Hallucinations: content: male voice; time: when alone; frequency: 3-5 times a day; triggering situation: alone, not active; response feelings: indifferent or responding. - The patient reports being able to practice addressing the hallucinations and focus on dhikr. - The patient can explain the medication being taken. O : - Sensory distortion - The patient is still pacing. - Frequently talk to themselves A: Sensory perception disorder is not yet resolved. - Verbalization of hearing whispers has decreased (2). - Sensory distortion has decreased (3). - Hallucination-related behavior has decreased (3). - Pacing has decreased (3). - Response to stimuli has improved (3). P: Continue SP 3
Thursday, August 8, 2024 / 15.00 WIB	S : - Hallucinations: content: male voice; time: when alone; frequency: 3-4 times a day; triggering situation: alone, not active; response feelings: indifferent. - The patient reports being able to practice addressing the hallucinations and explain the

Day, Date, and Time	Evaluation
	medication. - The patient says it is challenging to practice conversing because they are focused on other things. O : - Sensory distortion - The patient frequently paces. - The patient does not talk to themselves. A: Sensory perception disorder is not yet resolved - Verbalization of hearing whispers has decreased (3). - Sensory distortion has decreased (4). - Hallucination-related behavior has decreased (3). - Pacing has decreased (3). - Response to stimuli has improved (3). P: Repeat SP 3
Friday, August 9, 2024 / 16.30 WIB	S : - Hallucinations: content: male voice; time: rarely hears hallucinated voices; frequency: 2 times a day; triggering situation: alone, not active; response feelings: indifferent. - The patient reports being able to practice addressing the hallucinations and explain the medication. - The patient states they can focus on practicing conversing. O : - Sensory distortion - The patient rarely paces. - The patient does not talk to themselves A: Sensory perception disorder has been partially resolved - Verbalization of hearing whispers has decreased (4). - Sensory distortion has decreased (4). - Hallucination-related behavior has decreased (4). - Pacing has decreased (4). - Response to stimuli has improved (4). P: Continue SP 4
Saturday, August 10, 2024 / 16.00 WIB	S : - Hallucinations: content: male voice; time: rarely hears hallucinated voices; frequency: 2 times a day; triggering situation: alone, not active; response feelings: indifferent. - The patient reports being able to practice addressing the hallucinations, explain the medication, and practice conversing. - The patient chooses two daily activities, exercising and sweeping the room, and does so willingly. O : - Sensory distortion - The patient rarely paces. - The patient does not talk to themselves. A: Sensory perception disorder has been partially resolved - Verbalization of hearing whispers has decreased (4). - Sensory distortion has decreased (4). - Hallucination-related behavior has decreased (4). - Pacing has decreased (4). - Response to stimuli has improved (4) P: Evaluate SP 1-4
Sunday, August 11, 2024 / 15.30 WIB	S : - Hallucinations: content: male voice; time: rarely hears hallucinated voices; frequency: 1 time a day; triggering situation: alone, not active; response feelings: indifferent. - The patient reports being able to practice addressing the hallucinations, explain the medication, practice conversing, and engage in 2 daily activities in the room. O : - Sensory distortion - The patient is no longer pacing.

Day, Date, and Time	Evaluation
	- The patient does not talk to themselves. A: Sensory perception disorder has been partially resolved - Verbalization of hearing whispers has decreased (4). - Sensory distortion has decreased (4). - Hallucination-related behavior has decreased (5). - Pacing has decreased (5). - Response to stimuli has improved (5). P: Evaluate SP 1-4
Monday, August 12, 2024 / 16.00 WIB	S : - Hallucinations: content: male voice; time: rarely hears hallucinated voices; frequency: 1 time a day; triggering situation: alone, not active; response feelings: indifferent. - The patient reports being able to practice addressing the hallucinations, explain the medication, practice conversing, and engage in 2 daily activities in the room. O : - Sensory distortion - The patient is no longer pacing. - The patient does not talk to themselves A: Sensory perception disorder has been partially resolved - Verbalization of hearing whispers has decreased (4). - Sensory distortion has decreased (4). - Hallucination-related behavior has decreased (5). - Pacing has decreased (5). - Response to stimuli has improved (5). P: Evaluate SP 1-4

DISCUSSION

Nursing Assessment

Based on the assessment results, key data was obtained regarding Mr. H's case, indicating that the patient frequently hears whispers from a male voice inviting him to talk. The patient was observed speaking to himself and pacing back and forth. Additionally, the patient was readmitted to the hospital due to refusal to take medication, hiding it at home, which led to episodes of anger and a resurgence of hallucinations. Auditory hallucinations are the most common symptom experienced by individuals with schizoaffective disorder, where individuals hear voices that do not correspond to any real visual objects (Sadh et al., 2020). patients often hear voices calling their names, especially when alone and trying to sleep (Woods et al., 2021). These voices cause the patients to feel restless, disturbed, and unable to relax. The patients exhibit restless behavior, pacing back and forth and talking to themselves.

1. Gender

In this case, the patient is male. Gender is one of the predisposing factors for mental health disorders. Males tend to experience mental health issues more frequently due to higher stress levels, which can lead to withdrawal. They are more vulnerable to stress compared to females, as they often have difficulty expressing their feelings, making it challenging to cope with stress from personal problems (Shi et al., 2021). From this, the researcher opines that men and women exhibit differences in responding to stress, which may influence their experiences of hallucinations. Women are generally more open in expressing emotions and are more likely to seek support and share their experiences. In contrast, men are more prone to feeling pressured and tend to conceal their feelings. This can lead to intense stress and social demands, making men more susceptible to sensory perception disorders, such as hallucinations.

2. Age

In this case, the patient is 41 years old, which falls within adulthood. At this age, individuals are expected to have matured emotionally, cognitively, and behaviorally. Age is a factor often associated with health. Failure to achieve this maturity can make it difficult for individuals to meet developmental demands, potentially leading to mental health disorders (Arango et al., 2021). The researcher assumes that individuals are expected to achieve emotional, cognitive, and behavioral maturity. Failure to attain this maturity can hinder the fulfillment of developmental demands, thereby increasing the risk of mental health disorders. The inability to adapt to the complexities of life can also lead to psychological stress and mental health issues. In adulthood, individuals are expected to contribute to themselves, their families, and their communities and experience enhanced thinking abilities and greater responsibilities.

3. Occupation

The data from the research indicates that Mr. H is helping his father sell meatballs. The patient mentioned having worked at a limited liability company (PT) but left due to being ridiculed and ostracized by colleagues because he secured a decent job. Employment is closely related to an individual's income and economic status. Those who are unemployed are vulnerable to stress. Research shows that stress among members of lower socioeconomic groups contributes to the development of schizophrenia or hallucinations (Schneider et al., 2022). The researcher believes that employment affects stress levels and mental health, as work supports overall well-being. Unsuitable jobs can lead to stress and anxiety. Additionally, negative experiences in previous workplaces, such as feelings of ostracism, can contribute to more significant psychological stress. Research indicates that individuals who are unemployed or belong to lower socioeconomic groups are more vulnerable to stress, which can trigger or worsen mental health conditions, including the risk of developing schizophrenia, schizoaffective disorders, or hallucinations.

4. Education

The patient has a final education level of vocational school (SMK). An individual's education level influences their ability to absorb information, solve problems, and behave appropriately. An individual's education level is a crucial factor in decision-making. The researcher assumes that education level affects an individual's knowledge, ultimately influencing their perception of understanding, accepting, and mastering information. Education is crucial in decision-making. Vocational school (SMK) graduates may face different social pressures compared to graduates from other schools, particularly regarding the demands of securing employment and meeting family expectations, which can negatively impact mental health.

Nursing Diagnose

The assessment results from this study indicate that Mr. H experiences auditory hallucinations, hearing whispers from male voices that engage him in conversation. These voices frequently appear in the morning, afternoon, evening, and night before sleep. Additionally, the patient appears to pace back and forth and talks and sings to himself. The symptoms of sensory disturbance include both major and minor symptoms. Significant subjective symptoms involve hearing whispers, while objective symptoms include sensory distortion. Minor signs and symptoms can include pacing and talking to oneself.

Sensory perception disturbances arise due to psychotic symptoms. Signs of sensory perception disturbances include auditory hallucinations such as hearing whispers, perceiving sounds through hearing, behaving as if listening, poor concentration, and a tendency to talk to oneself (Nishimura et al., 2024). The signs of auditory hallucinations can arise in various mental health conditions, such as schizophrenia, bipolar disorder, depression, trauma-related disorders,

dissociative disorders, personality disorders, and parasomnia. Additionally, neurological conditions like tinnitus, brain tumors, traumatic brain injury, epilepsy (particularly temporal lobe epilepsy), viral encephalitis, delirium, and cardiovascular events in the brainstem can also lead to auditory hallucinations. Other causes include neurodegenerative conditions, damage to peripheral sensory pathways, chromosomal abnormalities, autoimmune disorders, and immune deficiencies. Research indicates that auditory hallucinations may also occur as a response to extreme physiological and psychological stress (Strachan et al., 2022).

According to the researcher, there is alignment between the facts and existing theories, as the patient exhibits signs of auditory hallucinations evidenced by behaviors such as pacing, frequently talking and singing to himself, and reporting that he hears whispers from male voices engaging him in conversation. Therefore, hallucinations must be addressed promptly, as they can have fatal consequences if left untreated. Hallucinations can lead to self-harm or harm to others; for instance, individuals experiencing auditory hallucinations may follow dangerous commands from the voices they hear without realizing it. Moreover, hallucinations can affect an individual's daily functioning; in addition to psychological factors, numerous neurological and medical conditions can cause auditory hallucinations, such as tinnitus, brain tumors, and epilepsy. The various potential causes of the patient's hallucinations indicate that they can also be triggered by extreme physiological and psychological stress experienced by the patient, such as being ridiculed and ostracized by colleagues in his previous workplace.

Nursing Intervention

From the nursing interventions based on the study subject, it is hoped that sensory perception will improve, with outcome criteria including decreased verbalizations of hearing whispers, reduced sensory distortion, diminished hallucination behaviors, improved pacing, and enhanced responses to stimuli. According to the Indonesian Nursing Intervention Standards (SIKI), the primary nursing intervention for patients with sensory perception disturbances is hallucination management. Actions or implementations are carried out through observation, therapeutic measures, education, and collaboration, as well as applying Strategic Implementation (SP) and therapy, specifically spiritual dhikr. The spiritual dhikr therapy is administered for seven consecutive days, involving recitations such as tahmid (Alhamdulillahil'alamin), tasbih (Subhanallahi wabihamdihi subhanallahil'adzim), istighfar (Astaghfirullahal'adzim), and takbir (Allahuakbar). Each session consists of 33 repetitions and lasts 10-15 minutes. Prior to the intervention, there were four signs of hallucination, including hearing whispers, sensory distortion, irritability, and daydreaming. By the last day of the intervention, the number of symptoms decreased to one, with the patient still frequently daydreaming (Agustin et al., 2022).

According to the researcher, there is an alignment between facts and theory that positions hallucination management as the primary intervention for controlling hallucinations. In nursing interventions, outcome criteria can serve as measurable guidelines for evaluating the success of the interventions. Patients with sensory perception disturbances often struggle to differentiate between real and unreal stimuli, necessitating hallucination management to control these symptoms. Therapy can be approached through both pharmacological and non-pharmacological methods. Non-pharmacological therapies may include managing hallucinations and implementing Spiritual Practices (SP) 1-4, along with spiritual dhikr therapy. For patients accustomed to performing sholawat and interested in dhikr, this familiarity can facilitate the researcher's implementation of the intervention, making it a viable alternative to non-pharmacological therapy to control hallucinations and promote a sense of calm. Effective interventions that combine hallucination management with

spiritual dhikr therapy can significantly enhance the well-being of patients with sensory perception disturbances.

Nursing Implementation

Implementation was conducted with the patient over 7 days to help establish a daily routine. This timeframe also provided sufficient opportunity to experience the effects and benefits of the interventions. The implementation adhered to the interventions and Spiritual Practices (SP) set according to the patient's diagnosis, explicitly focusing on hallucination management, SP for hallucinations and spiritual dhikr therapy. During the evaluation of SP 1, the patient was able to understand the type, content, timing, frequency, situations, and responses related to their hallucinations. The patient learned how to control these hallucinations, demonstrated the ability to reprimand them, and incorporated this into their daily schedule. The patient showed cooperativeness and could practice according to the nurse's instructions. In SP 2, the patient evaluated their daily activity schedule, explained the medications taken, and integrated them into their daily routine. The patient continued to demonstrate cooperativeness and followed the nurse's instructions. In SP 3, the patient evaluated their daily schedule, practiced conversation exercises, and included these into their daily activities. Again, the patient showed cooperativeness and followed the instructions. By SP 4, the patient could evaluate their daily schedule, engage in daily activities such as sweeping and preparing food, and include these tasks in their routine.

Throughout SP 1-4 evaluations, the patient demonstrated the ability to assess their daily schedule and independently practice their skills, showing consistent cooperativeness in following the nurse's guidance. Additionally, spiritual dhikr therapy was applied daily during each SP implementation. Initially, the patient expressed difficulty focusing on dhikr due to distractions. However, the patient began concentrating better over time and even incorporated daily sholawat into their practice. The spiritual dhikr intervention was carried out alongside the Strategic Implementation (SP) and hallucination management. Each session lasted 10-15 minutes and included recitations such as tahmid (Alhamdulillahirobbil'amin), tasbih (Subhanallahi wabihamdihi subhanallahil'adzim), istighfar (Astaghfirullahal'adzim), and takbir (Allahuakbar). This approach proved effective in controlling hallucinations, demonstrating that a religious approach can be beneficial for various health issues.

Dhikr is effective in lowering the level of hallucinations. Implementing strategic practices can enhance the success of dhikr therapy and further reduce the frequency of hallucinations. Dhikr therapy can provide calmness and assist in healing chronic illnesses and mental disorders (Lestari et al., 2023). The researcher assumes that there is an alignment between facts and theory. The researcher implements the planned strategies in nursing care to achieve the expected outcome criteria. Both the patient and the nurse can apply the Strategic Practices (SP) to address hallucinations by recognizing the types of hallucinations and educating the patient on how to control them.

Furthermore, the spiritual dhikr therapy intervention can enhance the ability to manage hallucinations in patients with schizophrenia and schizoaffective disorders. Regularly engaging in therapy is crucial for optimizing the control and management of hallucinations. During the assessment, the patient mentioned frequently performing sholawat at home and engaging in worship voluntarily or under parental guidance. However, once spiritual dhikr therapy was introduced, the patient was willing and able to participate, even though they initially struggled with focus due to other distractions. Activities like sholawat also helped spark the patient's interest in dhikr. Therefore, the implementation of spiritual dhikr therapy in hallucination management has significant potential to

improve the well-being of patients with sensory perception disturbances, providing psychological support and reinforcing the spiritual aspect of the healing process.

Nursing Evaluation

The evaluation was conducted continuously, and its success was attributed to the cooperation between the patient and the nurse. The evaluation used the SOAP method. From the nursing care evaluation results for Mr. H, the patient was administered pharmacological therapy to address schizoaffective disorder and auditory hallucinations. The pharmacological treatment involved medications that could depress the central nervous system and provide a calming effect for the patient. Meanwhile, non-pharmacological therapies, such as reprimanding, conversation exercises, scheduled activities, and spiritual dhikr therapy, supported and helped control the patient's condition. The evaluation over seven consecutive days revealed that at the beginning of the assessment, the patient exhibited four symptoms of sensory perception disturbances, including auditory hallucinations (content: male voice; timing: daily, often at night; frequency: 3-5 times a day; triggering situation: alone, inactive; response feeling: indifferent or responding). The patient also displayed restlessness, frequently talking to themselves, and sensory distortion. By the fourth day, the patient showed three symptoms, including auditory hallucinations (content: male voice; timing: rarely hearing hallucinations; frequency: 2 times a day; triggering situation: alone, inactive; response feeling: indifferent), sensory distortion, and reduced restlessness. On the sixth day, the patient exhibited a decrease in 2 symptoms, including auditory hallucinations (content: male voice; timing: rarely hearing hallucinations; frequency: 2 times a day; triggering situation: alone, inactive; response feeling: indifferent) and sensory distortion. By the seventh day, the patient reported two symptoms with a frequency reduction to 1 time per day, including auditory hallucinations (content: male voice; timing: rarely hearing hallucinations; frequency: 1 time a day; triggering situation: alone, inactive; response feeling: indifferent) and sensory distortion.

The evaluation results are consistent with research indicating that spiritual dhikr therapy affects controlling hallucinations, as evidenced by a decrease in signs and symptoms in patients with hallucinations. This is shown by a calm state, not talking or smiling to themselves, and the disappearance of disturbing false voices (Ibad et al., 2024). Patients experiencing confusion and depressed moods may experience increased anxiety and stress, which stimulates the adrenal cortex to secrete excess cortisol and decreases dopamine production. This can lead to excessive emotions and symptoms of hallucination that are difficult to control (Stewart, 2024). Therefore, engaging in dhikr activities can redirect the patient's attention and thoughts away from hallucinations, allowing them to focus more on spiritual practices. As a result, through consistent practice, patients can learn to manage their emotions and stress, contributing to a reduction in the frequency of hallucinations.

From previous research, the researcher assumes that if the implementation is carried out effectively, it can yield the desired results and criteria. Additionally, the reduction in the level of hallucinations, from initially having four symptoms to a final count of 2 symptoms, can also serve as a strategy for the effectiveness of the implemented actions. Dhikr also functions to provide tranquility and comfort for individuals. The regular use of medication is crucial for patients experiencing hallucinations, as stopping medication can increase the risk of relapse. Therefore, a combination of pharmacological and non-pharmacological therapies, along with continuous evaluation, represents a comprehensive strategy that is quite effective in enhancing the well-being of patients with schizoaffective disorders and auditory hallucinations, emphasizing the importance of integrating various methods in mental health care.

CONCLUSION

The assessment results indicated that the patient experienced auditory hallucinations, characterized by hearing a male voice that frequently engaged him in conversation, especially when he was alone or inactive. He exhibited restlessness and often talked and sang to himself. The primary nursing diagnosis was sensory perception disturbance: auditory hallucinations caused by psychological and social stress due to being mocked and ostracized by friends. The nursing evaluation showed that hallucination management and spiritual dhikr techniques were effective in enhancing the patient's ability to control his hallucinations. Regular engagement in therapy needs to be optimized for better management. Spiritual dhikr therapy can reduce the frequency of auditory hallucinations in patients with schizoaffective disorder.

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CONFLICT OF INTEREST

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