

Original Research/Systematic Review

Application of Psychoreligious Therapy: Dhikr in Mental Health Nursing Care for Auditory Hallucination Patients

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ABSTRACT

Background: Mental disorders are maladaptive responses to internal and external stressors that lead to changes in patterns of thinking, perception, behavior, and emotions. Schizophrenia, as a severe mental disorder, is often characterized by an inability to distinguish between reality and illusion, one manifestation of which is auditory hallucinations that affect an individual's thought processes; therefore, non-pharmacological management such as dhikr therapy is required. This study aimed to apply dhikr therapy as an intervention in mental health nursing care for patients experiencing auditory hallucinations in the Flamboyan Ward of Prof. HB Saanin Mental Hospital, Padang.

Methods: The study employed a case report design involving two participants over a five-day nursing care period, following the stages of the nursing process including assessment, diagnosis, intervention, implementation, and evaluation, which were analyzed by comparing theoretical frameworks and previous studies.

Results: The results showed a reduction in the severity of auditory hallucinations from a moderate to a mild level, indicated by a decrease in the hallucination score of patient FT from 20 to 9 and patient FF from 22 to 10.

Conclusion: Therefore, this study is expected to serve as a reference for nurses in implementing generalist nursing interventions combined with dhikr therapy and to provide a basis for future researchers to use daily pre-post measurements throughout the intervention period.

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INTRODUCTION

Mental disorders are a disorder similar to other physical disorders, but mental disorders are more complex, ranging from mild such as anxiety, fear to severe levels in the form of severe mental disorders (Nies and Mcewen 2019). Mental disorders according to the WHO (World Health Organization) are a condition of complete physical, social, and mental well-being and are not only free from disease or disability (Pranata et al., 2023).

Based on data from Indonesia's health profile (2020), there are around 111 people with mental disorders in West Sumatra province. 016 people. Data from the Padang City Health Office (2022) shows that cases of 2,424 with chronic psychotic cases, and those who received health services with mental disorders in 2022 were 1,925 people (Padang Health Office 2022) From the data obtained, it can be said that the number of mental disorders is high both in the world and in Indonesia, where one form of severe mental disorder is schizophrenia. Based on data from the recording of medical records at the psychiatric hospital of Prof. HB Saanin Padang in 2022, nursing problems were found in inpatients, namely hallucinations in 2,252 patients, violent behavior in 1,816 patients, low self-esteem in 100 patients and in 27 patients. From the data above, hallucination cases include the highest case at HSJ HB Saanin Padang. It was obtained that hallucination data from September 2024-2025 in the flamboyant room was 151 cases.

One of the mental disorders in a person is schizophrenia. Schizophrenia is a chronic mental disorder known for unclear thoughts, strange behaviors and unreal sensory experiences. It affects how a person thinks, feels and acts, and can make it difficult to distinguish between what is real and what is not real (keliat, 2023). It takes implementation, namely pharmacology and non-pharmacology. Appropriate handling to overcome the impact of hallucinations is very important, nurses in carrying out their role as nursing caregivers are expected to be able to apply nursing care standards such as implementation strategies (SP) for hallucination patients, namely reprimanding, taking medication, talking to friends and doing scheduled activities (Nashirah, Aiyub.and alfiandi 2022).

Nurses can also make modifications by Doing modality therapy, one of which is psychoreligious therapy with dhikr therapy, which will arouse confidence and a sense of optimism. These two things are important for the cure of an illness in addition to medical therapy and medication (Rosyanti and hadi 2022). One of the therapies that can be used in controlling auditory hallucinations is with Psychoreligious dhikr therapy (Badori, Hendrawati, dan Kurniawan 2024). Psychoreligious Dhikr Therapy is a therapy that uses the medium of dhikr in the process of its application.

Based on the results of the study (Akbar and Rahayu 2021) shows that the application of dhikr spiritual therapy by reading dhikr recitations solemnly and calmly greetings for 10-20 minutes every day for 2 days showed that dhikr psychoreligious therapy can help control hallucinations. In line with research (Number 2023) which shows that there is an effect of dhikr spiritual therapy on the level of hallucinations ($p=\text{value } 0,000$).

Based on a preliminary study conducted in the flamboyant room of the HB Saanin Padang Psychiatric Hospital, in April 2025 there were 21 patients with the main diagnosis of auditory hallucinations. Flamboyant room data for the last 6 months, September and April 2025, showed 151 patients with a hallucination diagnosis. The results of observations and interviews by researchers in the flamboyant room of RSJ HB Saanin Padang found that the problems that arise in patients who experience hallucinations are those that produce strange sounds, close their ears, laugh themselves, talk to themselves, and anger themselves. The efforts that have been made by the room nurse are: training patients to reprimand hallucinations, providing information about obedient taking medication, training patients to converse with others, and training patients to control hallucinations by doing scheduled activities. However, this requires repeated practice to get maximum results. Based on the above data, the researcher conducted "Psychiatric nursing care for auditory hallucination patients with the application of psychoreligious therapy: Dhikr in the flamboyant room of RSJ Prof. HB Saanin Padang.

MATERIALS AND METHOD

This research uses a descriptive observational research design in the form of a case report. A case report is a descriptive description of a problem or a case that has rare or unusual manifestations (Utarini, 2022). In this study, the researcher described nursing care for patients with auditory hallucinations with the application of psychoreligious therapy: Dhikr in the Flamboyant Room of RSJ HB Saanin Padang. This research was carried out in the Flamboyant room of RSJ HB Saanin Padang in 2025. The research time starts from April 2025 – May 2025. The application time for nursing care starts from April 21 - May 10, 2024. The sample in this study is 2 patients with hallucinations who are at the Prof. HB. Sa'anin Padang in 2025. The data collection technique in this study uses multiple sources of evidence, namely data collection techniques that combine various existing data collection techniques. In this study, the researcher used data collection techniques through interviews, observations, measurements, and documentation studies.

RESULTS

The research conducted on participant 1 (Mr. F) found that Mr. F's client entered for the second time with a disturbing condition since 1 week, damaged household furniture, entered a neighbor's house, followed his own will, unstable emotions, and slept poorly. The client said he heard a whisper calling out to him, and told him to damage the furniture and enter the neighbor's house. Every night the client said that he was often bothered with his hallucinations that told the client to be naked, and said bad things in his whispers, thus making the client's sleep disturbed in the second participant Mr. F the client entered for the first time with a disturbing state since 1 month, naked out of the house without direction, uneasy emotions, pacing, often developing whispers, sleep lack. The client said that he heard a whisper calling out to him, and told him to undress and go for a walk, the client felt himself useless and every night the client said he was often bothered with his hallucinations telling the client to get naked, and saying bad things in his whispers, thus disturbing the client's sleep. The client said the sound bothered him a lot, it appeared when he was alone, especially at night. The results of the research conducted by the researcher on Mr. F's participants have been admitted to the hospital twice. Prof. HB Saanin Padang, the psychological factor in which Mr. Ft entered for the second time experienced unpleasant behavior in his environment. None of the client's family has a mental disorder. predisposing factors obtained Patients with a history of mental disorders 2 times with non-routine treatment (experiencing relapse due to lack of adherence to taking medication) Meanwhile, the research of Mr. FF participants that the researcher found was that he had entered the hospital for the first time. Prof. HB Saanin Padang

In accordance with the Diagnosis of nursing priorities based on the nursing diagnosis enforced in Mr. F's participants, namely hallucinations, the researcher prepared a nursing intervention in accordance with the existing theory, namely using a strategic approach to the implementation of nursing actions for patients. Nursing interventions for the first priority nursing diagnosis of auditory hallucinations using a patient-implementation strategy approach from one to four, namely building trusting relationships; assess the client's awareness of the hallucination and the recognition of the hallucination: content, frequency, time of occurrence, triggering situation, feelings, client's response, and the efforts that the client has made to control the hallucinations; Train clients to control hallucinations by: reprimanding hallucinations, taking medication regularly with the principle of 6 correct taking medication, conversing with others, doing daily activities, and applying dhikr therapy.

After the first day of dhikr therapy was carried out on Mr. F, Mr. F said he listened to the sounds that bothered him 2-3 times, namely in the morning and at night for 5-10 minutes, the client's response by doing the sp that had been taught, the dhikr therapy given to the second participant Mr. F, Mr. F said he listened to the sounds that bothered him 2-3 times a day at night

for 5-7 minutes, The client responds by doing the SP that has been taught. Evaluation on the second day after being given dhikr therapy on the second day, patient 1 said that he still listened to the sounds that bothered him 2-3 times a day at night for 5-9 minutes, the client's response had started to apply the dhikr therapy that had been taught, and patient 2 said that still listening to the sounds that bothered him had begun to decrease 2 times a day, namely for 5-8 minutes, The client responds by applying dhikr therapy.

Evaluation on the third day after being given dhikr therapy said that he was still listening to the voices on the third day after being given dhikr therapy patient 1 said he still heard sounds that bothered him 2 times a day within 5-7 minutes, the client's response had applied dhikr therapy and had felt calmer. And the 2nd patient said that still listening to the sounds that bothered him had begun to decrease 1 time a day within minutes, the client was able to apply dhikr therapy and began to feel calmer and more comfortable. Dhikr therapy was given for 5 days, where on the fourth day after being given dhikr therapy, patient 1 obtained a hallucination score that decreased from the hallucination level of a score of 20 to 9 with a mild hallucination interpretation and patient 2 obtained a hallucinatory score decreased from a score of 22 to 10 with a mild hallucination interpretation.

DISCUSSION

Predisposing factors where clients are not good at dealing with the stress they experience (Juniarto and Apriliyanti 2023). Based on the psychiatric nursing diagnosis in Mr. F, and Mr. A, it was found that social isolation and HDR were the causes, with sensory perception disorders: hallucinations as a core problem, and the risk of violent behavior as a result. The results of the study are in line with the study (Dita and Arni, 2023), which states that the nursing problem that arises in the case is sensory perception disorders: auditory hallucinations, this is in accordance with the data obtained, including patients saying that they hear whispering sounds and that sounds appear when the patient is alone in which the patient is asked to do something dangerous. For the objective data obtained, the patient's face was tense, eye contact was lacking, looked confused and restless, and the patient was easily distracted.

In accordance with the Theory (Ruswadi 2021), it is stated that the problem tree in patients with sensory perception disorders is social isolation as the cause, hallucinations as the core problem, and the risk of violent behavior as a result. This is in accordance with the priority of the problem raised by the researcher based on the problem tree and findings in practice in the field. In accordance with (SDKI DPP PPNI 2018), it is stated that from the main data, subjective data assess negative self-esteem, feel ashamed/guilty, exceed negative values about self-esteem, and objective data are talking slowly and calmly, refusing to interact with others, walking down, bowing posture, then HDR can be raised as a causal diagnosis.

Based on the theory of Wahab and Hutari (2017), the implementation is carried out in accordance with the interventions listed in the nursing plan. Implementation is an important stage in the nursing care process. It involves the implementation of a pre-prepared action plan to help patients overcome their health problems, which are centered on the patient's needs including their individual, psychological, and social needs. This statement is in accordance with research (Lalla and Yunita 2022), with the statement that nursing implementation is adjusted to the nursing action plan and the patient's condition and patient needs.

CONCLUSION

The results of the assessment obtained from patient 1 (Mr. FT) and patient 2 (Mr. FF) were in accordance with the theoretical assessment, namely the hallucinations experienced by the patient, namely biological, psychological, and environmental factors. In patient 1 (Mr. FT) there was also non-compliance in taking medication and in patient 2 (Mr. FF) there was an inability to deal with stress. The nursing diagnosis that is enforced according to the theoretical

diagnosis is low self-esteem and social isolation, hallucinations as the main problem, and violent behavior as a result.

The nursing intervention begins with the administration of generalist hallucinatory therapy which is prepared based on a theoretical nursing care plan and continues with psychoreligious therapy: dhikr. The implementation of nursing begins with the provision of generalist intervention, namely by implementing the strategy of implementing actions, then continued with the provision of Dziki therapy. Evaluation of hallucinatory nursing problems, after being given generalist therapy low self-esteem, there was a decrease in scores. using the Auditory Hallucinations Rating Scalev (AHRs) observation sheet after psychoreligious therapy: dhikr for 1 time in 1 day with a duration of 10 mevnit for 5 days of continuous review of the second revspondevn mevgvori of the category of hallucination level sevdang mevnbecome mild. The score of Mr. Ft was obtained from 20 mevn to 9, and FF from 22 mevn to 10.

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